



Southern Minnesota Regional
Trauma Advisory Committee (SMRTAC) Meeting
April 21, 2016
1:00pm – 3:00pm

MN DOT Office
Owatonna, MN

Minutes

SMRTAC Voting Members Present:

	Bondhus, Jill	V	Hauge, Don		Walker, Laura
V	Crabtree, Robben	V	Morris, Dave		Williams, Pam
E	Drucker, Paul	V	Morris, Robert	V	Juntunen, Mike
V	Elsbernd, Terri	W	Schneider, Tom		Chestnut, Janet
V	Emanuel, Todd	V	Weller, Eric		

V - Present E – Excused W –Web P - Phone

SMRTAC Staff:

Sherrie Lejcher

Deb Horsman

STAC/MDH Staff:

Chris Ballard, MDH
Carol Immermann, STAC

Marty Forseth, MDH

Regional Attendees (as signed in):

Vicki Neidt	Margo Bjork	Tim Krueger
Maria Flor	Angela Schrader	Sandy Bushey
Ted Armon	Theresa Person	Kim Wolter
Rob Pearson	Karla Eppler	Randy Therkilsen
Gail Norris	Peggy Garber	Kim Lombard
Jen McLaughlin	Chris Kasal	Jill Hunchis
Laurie McLevis	Denise Klinkner	Arnie Graff
Deb Anderson	Robert Morris	Joseph Koo
Bethany Corlissch da Rocha	Libby Foster	

Call to Order at 1:00 pm, Welcome and Introductions Deb Horsman

Approve Agenda for April 21, 2016 and Meeting Minutes of December 10, 2015

The agenda for today's meeting with addition of TXA- North and Chair Appointment and the minutes from December 10th were approved by unanimous consent.

New Member Appointment

Action Item

Dr. Dave Morris announced that he will be leaving Rochester and returning to Salt Lake City UT, where most of his family lives. Chief Tom Schneider is retiring and resigning his position. Dr. Morris polled the membership present if anyone was interested in assuming the SMRTAC Chair position, membership declined assuming that role.

SMRTAC minutes April 2016

Open Level 1 Representative and Chair position: Dr. Dave Morris formally nominated Dr. Denise Klinkner as the Level 1 Representative and the SMRTAC chair position. Dr. Klinkner approved to be the Level 1 Representative and SMRTAC chair with unanimous vote.

Open EMS Representative position: Mike Juntunen formally nominated Karla Eppler to the EMS Agency Representative position vacated by Chief Tom Schneider's retirement. Ms Eppler was elected with unanimous vote. Both of these positions will still need to be approved by the Commissioner.

Financial Report/Grant Application

Dave Morris/ Deb Horsman

Dr. Morris applied for and received grant from Google which is available for non-profit organizations. This includes use of google hang outs and other applications. Let Sherrie know if you want a SMRTAC email address.

Dr. Morris, Sherrie and Mike have been working on updating the website. Some updates are still in progress. Let Sherrie know if you have events you want added to the SMRTAC calendar.

2016 Proposed Grant Deliverables include

- RTTDC offering to SMRTAC member hospital
- Sponsoring PI forum
- Support SMRTAC driving simulator presentations
- Support of SMRTAC educational offerings
- Support of SMRTAC participation at FarmFest: August 2, 3, & 4, 2016
- Raise trauma awareness- bumper stickers, vinyl clings, shirts

SMRT Foundation Update

Dave Morris

The foundation is the fiscal entity of SMRTAC. The by-laws were recently reviewed and revised. Maria Flor has been named Executive Director. John Osborn is SMRTFoundation Treasurer. We are looking to involve community partners to gather financial support and support outreach. SMRTFoundation has a current balance of \$15,651.00. The grant is federal money that passes through MDH to the regional trauma advisory committees. There may be less in the future with less flexibility with use of the money.

Statewide Burn Surge Project Update

Vicki Neidt

MDH- Burn Centers in MN (Regions and HCMC) have 35 burn beds with surge capacity to 50 total. Our region is working with Rochester as a Burn Surge Facility, with surge capacity up to 24 adults and 12-16 pediatrics. Local hospitals should prepare to be able to care for burn patient up to 6 hours, par level equipment, and education for staff. Burn surge annex has been written and will be added to SMRTAC MCI plan. The biggest gaps identified in the burn surge planning include supplies of petroleum gauze and bacitracin. South Central HHP region will be providing onsite education for the 15 hospitals located in the south central region. Southeast region continues to plan.

April Organ Donation Awareness

Molly Luhman

Handouts were available. Speaker was unable to attend.

B-Con for Educators Update

Dave Morris

Our bleeding control/tourniquet education for law enforcement has been revised and marketed for educators/school staff. Discussion focused on how to get the word out. SMRTAC members encouraged to connect with local school contacts as follow up to mailing of letter. This education could also be used with other employers or groups, such as Target Field, Vikings stadium, malls, etc. This work is in line with the "stop the bleed" campaign endorsed by the White House and the American College of Surgeons.

STAC Update

Carol Immermann

The last STAC meeting was March 8th. The Data work group shared their suggestions for revisions to the registry inclusion criteria. This came out for public review via the E-trauma updates.

St. Mary's (Adult and Peds) in Rochester and District One were redesignated trauma centers! Congratulations! Applicant Review Committee (ARC) recommended not to redesignate one Level III trauma center in the metro, 2 other Level IIIs were given extensions after presentation before the STAC by the said hospital's trauma leadership.

Minnesota Hospital Association (MHA) met in January with MDH Trauma program. Discussions around how the trauma system works and return on investment for hospitals.

Subcommittee Chair Reports

EMS – Don Hauge

Dr. Morris has written the Blunt Arrest Algorithm presentation. This presentation has been shared at the South Central EMS Conference, South East EMS Conference, as well as a few other groups. EMS Medical Directors: 14 medical directors in SE and 5 in SC. Work continues to engage EMS medical directors.

Education/Outreach – Meghan Lamp

Pediatric Education provided today!

Pediatrics – Denise Klinkner

The subcommittee is working on updating *The Initial Assessment of Major Pediatric Trauma Patient* PMG. Open to new members for this subcommittee. The group will continue to work with the Injury Prevention subcommittee for FarmFest project.

Performance Improvement- Dave Morris

PI Committee hasn't met for a while. PI Forum was held in Mankato on March 24th. One case is currently in the PI process, primary review.

Trauma Program Managers – Gail Norris

Four PMGs up for review- send suggestion for revisions to Gail. Also had request for new PMGs: geriatrics and bariatrics

Emergency Preparedness/Disaster – Vicki Neidt

Burn surge update- see above.

Injury Prevention – Peggy Sue Garber

The driving simulator request form on the website is working. 3 requests have come in this way. The simulator has been to Jackson farm and garden show, Madelia, Adams, and Hayfield. We have a request in Lewisville for June 18th from 1100-1600 (or shorter). Please let Peggy Sue know if you can facilitate this event. Farmfest planning is being scheduled.

Data - Deb Anderson

State Data work group has not met since prior to STAC meeting. No further meetings scheduled. Chris reports hospitals should be able to get their own data. Multiple Trauma Coordinators still report difficulty in getting own accurate data back from the registry.

TXA

North ground crews now carrying TXA. Letter dated March 1, 2016 from North Memorial Medical Directors was shared by North Air Care staff to SMRTAC members as awareness of this added treatment for trauma patients. Dr. Dave Morris shared studies done and supporting evidence.

Roundtable

The autolaunch criteria and associated PMG is in development. The PMG will need guidelines regarding the cancellation of auto launch services and who is responsible for that cancellation. If anyone has any suggestions or are interested in reviewing about this PMG, contact Deb Horsman.

TTA criteria: reminder that the discretion rule is a one way rule. You can include more, but not exclude patient that meets TTA criteria. Request to clarify # of stairs in fall. Unprotected fall is a free fall, like from a tree.

May is Trauma Awareness Month. Kim shared the focus for this year is falls. Injury Prevention resources were shared. Also a generic trauma press release was shared. Let Kim know if you use the press release or media interviews, etc. Kim also shared about the Stepping On program. This is an evidence based program that reduces risk by 31%. Kim can train others to conduct this class. Let her know if there is enough interest to grow this program and the next steps to conducting this program in your community.

Upcoming Meetings:

- 2016 SMRTAC Meeting dates
 - June 9
 - August 11
 - October 13
 - December 8th
- 2016 STAC Meeting dates
 - June 7

SMRTAC minutes April 2016

- September 13
- December 13
- Upcoming TZD Conferences
 - South Central- Mankato April 26
 - South East- Rochester May 5
 - State Conference- Duluth November 16-17

Meeting adjourned at 1504.

Submitted by:

Maria Flor

Attachments:

North Memorial Medical Directors Letter, March 1, 2016

May Awareness Month generic news release

01 March 2016

Dear Partner in Trauma Care,

North Memorial Ambulance is excited to inform you of a new medication that we will begin administering to trauma patients. Beginning in April we will begin stocking Tranexamic Acid (TXA) in all of our ambulances.

Tranexamic Acid is an inexpensive medication that has been used widely in the dental, orthopedic, and obstetric surgery fields. TXA is an anti-fibrinolytic agent that prevents the dissolution of blood clots, it does not create them. Two studies published in 2011 (CRASH-2 and MATTERs) demonstrated a significant decrease in mortality in severely injured trauma patients who received TXA, especially within 3 hours of the injury. Links to both articles are attached below for your review.

North Memorial Ambulance will be administering TXA as an initial bolus dose of 1 gram as described in the treatment protocol of the CRASH-2 trial. In addition to the initial bolus dose, the CRASH-2 protocol also calls for an infusion of 1 gram of TXA infused over the following 8 hours.

The ambulance staff will be identifying the patients that receive the 1 gram bolus of TXA in multiple ways. Our staff will inform you of the medication, dose, and time as part of their verbal report. The patient will also have wristband that identifies the medication, dose, and time it was administered. Finally, ambulance staff will also leave the infused bag with the patient as a further visual cue to communicate the administration of the TXA. Examples are below.

As partners in trauma care, we are asking you to review the attached articles and our treatment protocol. Our ambulance staff will begin administering TXA to eligible trauma patients starting 15 April 2016. We are hoping that your facility will consider incorporating the TXA infusion into your local hospital's trauma protocols as described in the CRASH-2 trial.

As always, if you have any questions, comments, or concerns, please feel free to contact us at any time.

With Regards,

Office of the Medical Directors
North Memorial Ambulance & Air Care
Brooklyn Center, MN

John W. Lyng, MD, FACEP, NRP
Medical Director
Marc Conterato, MD, FACEP
Medical Director
Pat Lilja, MD, MD, FACEP
Medical Director

Press Release: National Trauma Awareness Month 2016: “Safe Steps for Seniors”

This May, National Trauma Awareness Month celebrates its 28th anniversary with the campaign slogan “Safe Steps for Seniors” to focus on falls prevention. INSERT NAME OF ORGANIZATION invites the media to spotlight an issue that affects millions of people each year. Falls are the leading cause of fatal and non-fatal injuries for older Americans. It’s very likely that you know someone who has suffered a fall resulting in injury. One out of five older adult falls causes a serious injury such as broken bones or head injuries.

“Falls should not be looked at as a normal part of the aging process,” said INSERT NAME, INSERT TITLE, of INSERT NAME OF ORGANIZATION. “There’s clearly a relationship between a person’s risk for falling and a fall event occurring. If we can identify these risk factors, there’s the potential to provide interventions to reduce or eliminate a person’s risk for falling”.

The American Trauma Society reports that older adult falls result in more than 2.5 million injuries treated in emergency departments annually which equates to 1 older adult every 13 seconds. The financial toll for older adult falls is expected to increase as the population ages and may reach \$67.7 billion by 2020.

Not only do falls affect people over age 65, falls are also the leading cause of non-fatal injury in children younger than 14 years of age. Falls by children occur mainly in the warmer months. With outdoor temperatures increasing, this is the prime time to make the public aware of fall risks for young children. Risks vary depending on a child’s age and development level. Infants are at risk for falling in the home from furniture or stairs, toddlers are at risk for falling from windows, and older children are at risk for falling from playground equipment. Strategies vary for preventing falls at home and on the playground.

During National Trauma Awareness Month, we want to make sure people learn about steps that they can take to reduce falls for their loved ones or themselves. Local community resources and falls prevention programs are available.

LIST INFORMATION ABOUT YOUR ORGANIZATION (OPTIONAL)

Contact: To learn more about Trauma Awareness Month/Falls Prevention, please contact:

INSERT CONTACT INFO

NAME

ADDRESS

PHONE NUMBER

EMAIL