



State Trauma Advisory Council

Minnesota Statewide Trauma System

Trauma (physical injury) is the leading cause of death for Minnesotans ages 1-44 and the third leading cause of death for all Minnesotans.

Trauma accounts for 30% of all life years lost; more than cancer, heart disease and HIV combined.

States with mature trauma systems achieve a 9-23 percent reduction in all fatalities within 10 years of maturation.

In 2005, the Minnesota Legislature established a statewide trauma system and charged the Minnesota Department of Health (MDH) with implementation. Minnesota's trauma system recognizes the vital role that rural communities, ambulance services, hospitals and health care professionals play in the care and management of trauma patients.

It is the mission of the Minnesota Statewide Trauma System to create a voluntary, inclusive network of currently trained and equipped trauma care providers throughout the state ensuring that optimal trauma care is available and accessible everywhere.

Purpose

The State Trauma Advisory Council (STAC) advises, consults with and makes recommendations to the commissioner on the development, maintenance, and improvement of the Statewide Trauma System. The 15-member STAC is composed of clinical leaders and experts from emergency medicine,

family medicine, neurosurgery, orthopedic surgery, general surgery, pediatrics, trauma nursing, emergency medical services, and public safety. These subject matter experts provide guidance for the designation of hospitals as trauma centers; criteria for triage, transport, and inter-hospital transfers; and quality performance and outcomes. The STAC meets quarterly and is set to sunset on June 30, 2015. This proposal would extend the STAC through June 30, 2025.

Outcomes

Under the leadership of STAC, Minnesota's trauma system has grown exponentially since its inception, with 95% of all adult and pediatric trauma admissions now occurring across 131 designated trauma hospitals. STAC also oversees and supports the work of its six regional trauma advisory committees, which regularly conduct provider training and clinical peer review. This is a solid foundation toward the goal of a fully mature trauma system that significantly reduces death and disability from trauma across all ages.

But crucial work is still required by STAC to meet this goal. STAC must define, gather and analyze quality improvement measures, institute life-saving practice management guidelines, and target data-supported injury prevention initiatives. Ongoing monitoring and re-designations of 131 trauma hospitals and evaluation of current criteria must also continue. MDH relies on the breadth and depth of STAC for this oversight and accountability.