



News Release

FOR IMMEDIATE USE
July 28, 2006

Contact: John Stieger
MDH Communications Office
(651) 201-4998

Tim Held
Trauma System Coordinator
(651) 201-3868

New statewide trauma system to help ensure prompt care for seriously injured Minnesotans

Hospitals invited to apply for trauma designation

Trauma—or serious injury—claims an average of 2,500 lives every year in Minnesota. It is the leading cause of death for Minnesotans ages 1 to 44 and the third leading cause of death for all age groups. Minnesota has taken a big step toward creating a statewide trauma system to help ensure that Minnesotans receive prompt and appropriate care following a serious injury. The Minnesota Department of Health, together with the State Trauma Advisory Council, has established criteria and a process by which hospitals can be designated as trauma centers. Officials anticipate this process will soon result in a trauma care system that will serve all parts of the state.

“This new trauma system will provide extra assurance that seriously injured Minnesotans—in any part of the state—will be promptly transported to and treated at facilities with resources to care for their injuries,” said Minnesota Commissioner of Health Dianne Mandernach. “This will be a valuable addition to Minnesota’s excellent health care system.”

The establishment of the statewide trauma system also promises to be a cornerstone of the Toward Zero Deaths (TZD) program, a multi-agency partnership that includes the Minnesota Departments of Transportation, Public Safety, and Health as well as the Minnesota State Patrol, Federal Highway Administration, county engineers, and the Center for Transportation Studies at the University of Minnesota. The TZD goal is to reduce the number of deaths and injuries resulting from traffic crashes in Minnesota by application of the “four Es” —enforcement, engineering, education, and, in the case of the statewide trauma system, emergency trauma care.

A small number of Minnesota hospitals have provided, and continue to provide, superb trauma care. Many Minnesotans live in parts of the state, however, that have traditionally been isolated from optimal trauma care resources. With this in mind, officials of the Minnesota Department of Health worked with representatives of nearly 15 professional organizations from 2003 to 2005 to develop a comprehensive statewide trauma care plan. In 2006 Governor Pawlenty proposed, and signed into law, trauma system legislation establishing the State Trauma Advisory Council. The council advises the Commissioner of Health on the development, maintenance, and improvement of a statewide trauma system.

On June 6, 2006, the council approved the final criteria that hospitals must meet to become designated as a trauma hospital. Hospitals that receive trauma designation will become part of the new statewide system.

Hospitals are not required to participate in the new system; however, those that do will receive one of four levels of trauma designation. The four levels correspond to the capabilities and resources within hospitals to provide for varying levels of trauma care.

-more-

Statewide trauma system—page 2

Levels I and II have the most trauma care resources, such as immediate surgical services along with various specialists. These levels are currently available in Minnesota, and the new statewide system will seek to supplement and integrate these resources with new Levels III and IV throughout the state. Though these new levels vary in their required resources, each will enhance the capability of care providers to rapidly assess, treat and, if necessary, transfer patients to a higher designated trauma center.

Small rural hospitals are crucial to the success of the system, so the process is designed to allow for their participation. No hospital will have to participate at a level other than what they choose, as long as they meet the criteria for which they apply.

Emergency Medical Services are also a key component of a comprehensive trauma system. State EMS leaders participated in the development of the system and with the council to assure that the system's pre-hospital care and transportation were seamlessly integrated into the new system.

Commissioner Mandernach encouraged hospitals across the state to apply for trauma center designation. "By applying to be designated as trauma centers, hospitals will help us achieve our last step in creating a statewide trauma system," Mandernach said. "This will be a major milestone in helping us address one of the leading causes of death in the state." Applications and the process for designation are now open and will remain open on an ongoing basis. The Minnesota Department of Health anticipates granting its first designations sometime this fall.

Trauma centers provide life-saving care for seriously injured people. The time between serious injury and receiving surgical care is the most important predictor of survival. This is called the "golden hour." As the golden hour winds down, so do the chances of survival. By designating Level III and IV trauma hospitals throughout the state and integrating them with Levels I and II, the trauma system can extend this critical golden hour and the chances for survival. Once the system is fully established, there should be no place in Minnesota where systematic, coordinated trauma care isn't available.

The impact of trauma is not limited to the more violent and congested urban areas of Minnesota. The leading cause of injury deaths in Minnesota is motor vehicle crashes, with 70 percent of all fatal crashes occurring in rural Minnesota.

Comprehensive statewide trauma systems have been responsible for decreasing motor vehicle crash deaths by 9 percent and increasing survival rates by 15 to 20 percent in seriously injured patients in states where they have been implemented.

MDH is providing technical support for hospitals that wish to apply for trauma center designation. More information is available at www.health.state.mn.us/traumasystem.

-MDH-