

Present: Dr. Steve Briggs; Dr. Jeff Sather; Theo Stoller; Dr. Randy Szlabick; Howard Walth; Dr. Shelley Killen; Amy Eberle; Dr. Jeanette Viney; Lori Seim; William Vasicek; Leigh LaRoque; Rhonda Gunderson; Deb Hanson; Dr. Mischel; Vicky Black; Amanda Schlosser; Lori Huber; Michole Selzer; Jessi Nicola; Mary Waldo; Chris Price; Mandy Slag; Kerry Krikava; Sam Harrison

Absent: Mariann Doeling; Jared Marquardt; Kelly Dollinger; Brady Scribner; Deeanna Opstedahl; Margo Maxon; Todd Porter; Joe Eliason; Jody Ward; Wade Kadrmas

Welcome and Introductions: New ND State Trauma Coordinator, Mary Waldo, self-introduction and welcomed all to the meeting.

Trauma Rules Update:

- Rules were returned from the AG's office with a number of recommended changes.
- Mary sent document showing recommended changes from the AG's Office.
- Extensive discussion on section 33-38-01-11 Regional Trauma Committees
 - Recommendation from AG's Office to delete this section as there is no rule making authority to the "Regional Committees" in the ND Century Code.
 - 23-01.2-01: Regional Trauma Performance Improvement but not Regional Trauma Committees
 - Mary: discussed option to address the concern from the AG's office by changing wording in section 33-38-01-11 from Regional Trauma Committee to Regional Performance Improvement and removing the wording of "Regional Committee" throughout the Trauma Rules.
 - Amy Eberle: Who would do the regional PI?
 - Mary: We could take some of the wording from 33-38-01-11 and move to 33-38-01-09 to clarify the Regional PI process.
 - Dr. Sather: Clarified that we would be removing the rule making abilities of the Regional Trauma Committees and focusing on the Regional Performance Improvement Process
 - Dr. Szlabick: "Does the AG's Office really understand what we do with the Regional Trauma Committee".
 - Dr. Sather: "I agree with Randolph, maybe we need to clarify with the AG's Office that they understand that the Regional Trauma Committee is not a rule making committee and that they understand what we do at the Regional level now".
 - Mary: "Yes we can reach out to the AG's office, but we can't get hung up on the wording. Essentially, what we are doing is changing the wording but the function remains the same".
 - Chris: As we get into the rule making process, in AG's office review and as the law evolves we need to understand that the interpretation of the law may change as well. We need to be cautious that we are not creating law through the rules. We are going in the right direction, we can't get hung up on the wording. What we need to understand, according to the AG's Office, there is no authority in statue for a Regional Trauma Committee.
 - Howard: Discussed wording on the "Quality Improvement Process" and wording.

- Mary: Clarified where the wording came from in the Rules process from 33-38-01-09.
- Vicky: Should we leave the Regional PI as broad or should we say exactly what we are doing.
- Mary: As it is now, the wording for Regional PI is broad and it has been very broad. At times it is beneficial to remain broad so that if we change the PI process we do not have to go back to the Rules making process and change to reflect what we want to do.
- Amy: I think it is better if they allow us to be broad.
- Vicky: Recommended Section 33-38-01-09, wording should change to reflect the larger Regional PI Issues are reported back to the State Trauma Committee. “Findings from the Regional Performance process shall result in recommendations to emergency medical services, trauma centers, and the State Trauma Committee”
- Dr. Sather: “Yes I agree with that”
- Mary made changes to reflect.
- Dr. Sather: Discussed concern for who would be required to attend the Regional meetings.
- Mary: Discussed that even at this point there is no requirement for anyone to attend the Regional Meetings. The only requirement is that a Provider from a Level IV or V facility attend 50% of the Regional PI Meetings. If we feel this isn’t sufficient, then we can make that change in the Rules.
- Dr. Szlabick: We have had a lot of problems with getting people to attend the meetings, and that has been one of the weaknesses. We would be talking about cases and no one would be in attendance at the meetings who was on the case, or taken ATLS, or was writing orders and this was a huge problem for us. It was weak and kind of muddled, you weren’t talking to anyone who knew anything about what was going on.”
- Dr. Sather: Discussed how it feels like we are weakening the process and if anything we need to strengthen the process. Questioned if changing the wording is actually just changing wording of we are weakening the overall process.
- Mary: We can certainly look at strengthening who needs to attend the Regional PI activities and then send back to the AG’s Office and see if it passes. Agreed that there is errors in the Regional PI activities and that there is room for improvement. Maybe one way to address this is be more descriptive in who is required to attend the PI activities.
- Amy: The Rules already require that the trauma medical director must be in attendance at 50% of the Regional PI.
- Mary: Clarified that the rules require that, in order to maintain trauma designation, a facility must have a provider in attendance at 50% of the Regional PI meetings for Level IV and Vs.
- Dr. Szlabick: “So all we are doing is reducing the redundancy”.
- Amy: The only thing I don’t see, it doesn’t mention anything about the trauma coordinator being required to attend.
- Mary: It doesn’t. The current wording doesn’t require the trauma coordinator either.
- Amy: That’s right, we don’t require the trauma coordinator and maybe we need to consider that.
- Dr. Sather: Discussed the need to strengthen the wording for who should attend the Regional PI meetings. “Maybe we should focus on strengthen our Regional PI requirements and focus less on the redundancy of the wording”
- Dr. Sather: Questioned if the Regional Meetings are in statute.

- Mary: “No they are not in statute, that is the concern from the AG’s Office”.
- Dr. Sather: Discussed concern for throwing out the wording of the Regional Trauma Committee and changing the entire structure of the system. Where is the entire structure of our trauma system defined in Rules in then, our boundaries for the regions and everything we have been doing since the early 90s. If we throw out the section on the Regional Trauma Committee, are we undermining our entire system.
- Mary: What we are changing wording, as recommended from the AG’s Office because Regional Trauma Committee wording cannot exist as it does not occur in statute. If we want the Rules to continue through the change process we need to follow the recommendations from the AG’s Office.
- Amy: Suggested making the changes and moving stuff around and send out to committee for the committee can better visualize. What we are talking about is moving the stuff that exists in the rules around so that it comes under Regional Performance Improvement instead of Regional Trauma Committees.
- Mary: Confirmed Amy’s statement. Will work on typing everything up and then distributing to the Committee. Also discussed that we can strengthen who needs to be in attendance at the Regional PI meetings.
- Dr. Viney: Questioned if there was a timeline to complete and if the AG’s Office is able to change independently.
- Mary: No, they are not allowed to remove a paragraph or throw out a section without following the correct process that we are currently following.

Designations for 2020 and 2021:

- All state level designations and site visits are on hold due to the Governor’s Executive Order related to Covid-19.
- We do not know how long that Executive Order will last.
- Moving forward, we are looking at a virtual format for site visits.
- Deb Syverson: The Level IV and V facilities should take this time to review their last site visit survey and make sure they are making changes as recommended.
- Mary: Will make sure that to encourage the trauma coordinators from the IV and V facilities to take this time to review their site visit documents.
- Theo: Do we have an idea when the visits will resume.
- Mary: We don’t know. It will all depend on Covid and how things progress. There is a benefit in us remaining in a State of Emergency despite our numbers trending down and having a great roll out for vaccines when it comes to Federal funding.
- Theo: Right, but the state is doing some visits, life complaints and infection control, so why can’t trauma continue so that we don’t end up with such a large back log.
- Chris: The licensure that Health Facilities is doing is not the normal Department of Health visits. It is the visits required by their contract with CMS and so they need to continue. Discussed that the State of Emergency will likely be ending sometime in the spring.

Regional PI:

- Mary is looking at a different approach to the Regional PI process. A survey will be sent to the Level IV and V coordinators.

Other Business:

- Dr. Sather: Questioned if there are potential budget changes that will come with the new biennium.
- Chris: The trauma budget programming remains in tact coming from the Governor's office, that could change while in session but no changes from the Governor's Office. We did take some cuts in other areas of the Division of EMS budget but not in the trauma programming.
- Theo: Are there any advocacy things that should be on our radar that we should be working towards.
- Vicky: Discussed seatbelt laws. Encouraged everyone to get involved and follow the laws the apply to trauma or are of interest to their programs.
- Mary: SB 2121 is a primary seatbelt law. Is through the senate transportation committee and will go the floor with a "no recommendation" to the senate floor. That is one law that would be worth reaching out to your contacts and encouraging them to support the bill.

Upcoming Events:

- Sanford Trauma Tactics '21, Annual EMS Trauma Conference – February 21st (virtual)
- 18th Annual NW Region ND Collaborative Education Nursing Conference
- Trauma: The Lived Experience – Link open April 5th through April 11th (virtual)
- ND EMS Conference - April 8th-10th (virtual)
- ND Statewide Trauma Conference in Minot - October 6th & 7th, 2021

Next Meeting: March 17, 2021 12:00pm.

Motion to Adjourn: Dr. Viney

Second: Lori

Meeting adjourned unopposed.