



# *Southern Minnesota Regional Trauma Advisory Committee*

**Southeastern MN Toward  
Zero Deaths Workshop**

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# Objectives

- Understand the significance of trauma in Minnesota
- Compare and contrast the state trauma system with regional trauma system

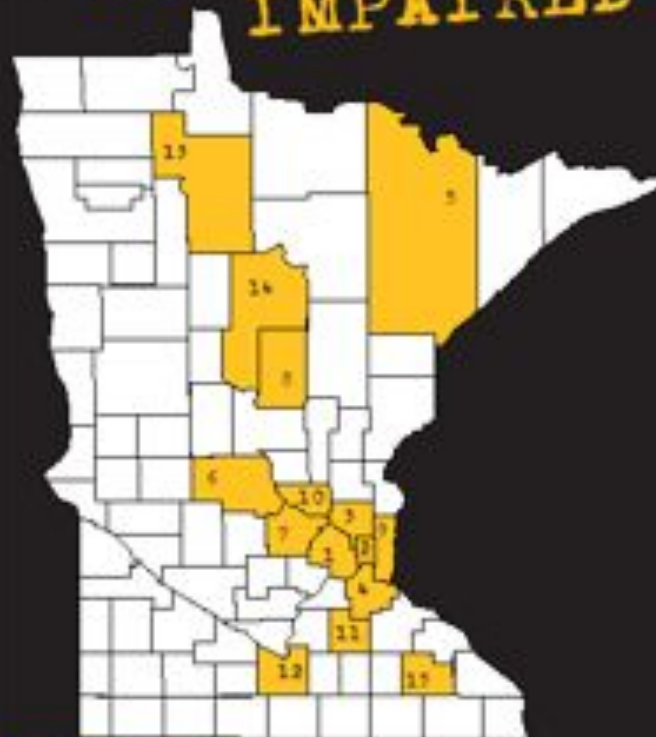


# The Trauma Problem in Minnesota

- 21,000 trauma deaths in the 1990's
- Highest cost in years of life lost of any Dz
- #1 cause of death ages 1-44
- Now 2400 deaths/year
- 9 hospitalizations for every death
- Staggering costs
  - MVC deaths = > \$568 million/year



# MINNESOTA'S 15 DEADLIEST COUNTIES FOR IMPAIRED DRIVING



1. Hennepin
2. Ramsey
3. Anoka
4. Dakota
5. St. Louis
6. Stearns
7. Wright
8. Crow Wing
9. Washington
10. Sherburne
11. Rice
12. Blue Earth
13. Beltrami
14. Cass
15. Olmsted

## 15 Counties' Facts, 2004-2006

74,483 DWI arrests  
272 alcohol-related traffic deaths  
762 serious injuries  
\$350 million economic impact of alcohol-related crashes



NightCAP (nighttime concentrated alcohol patrol) targets the state's 15 deadliest counties to arrest impaired drivers and to prevent alcohol-related traffic deaths and injuries. Enhanced patrols combine state, county and city law enforcement resources to saturate the deadliest traffic corridors.

Driving Minnesota Toward Zero Deaths.

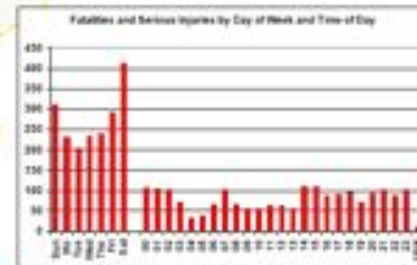
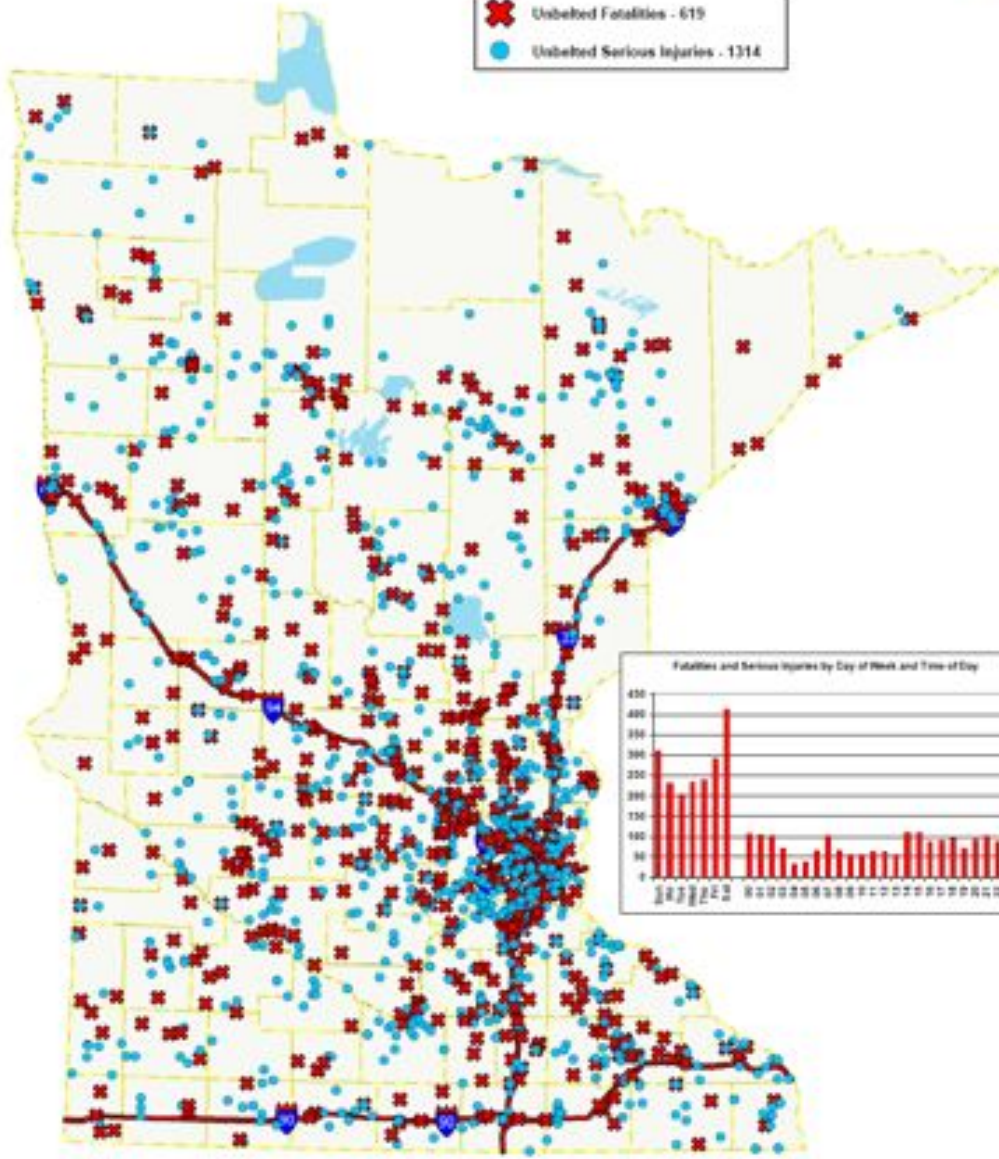






## Statewide Unbelted Fatalities and Serious Injuries

January 1, 2005 - December 31, 2007




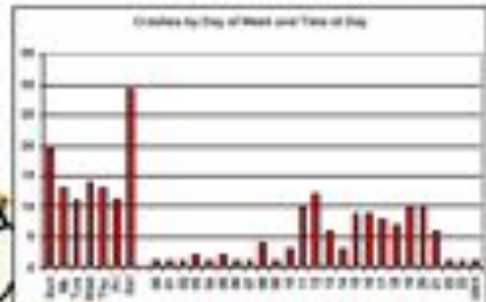
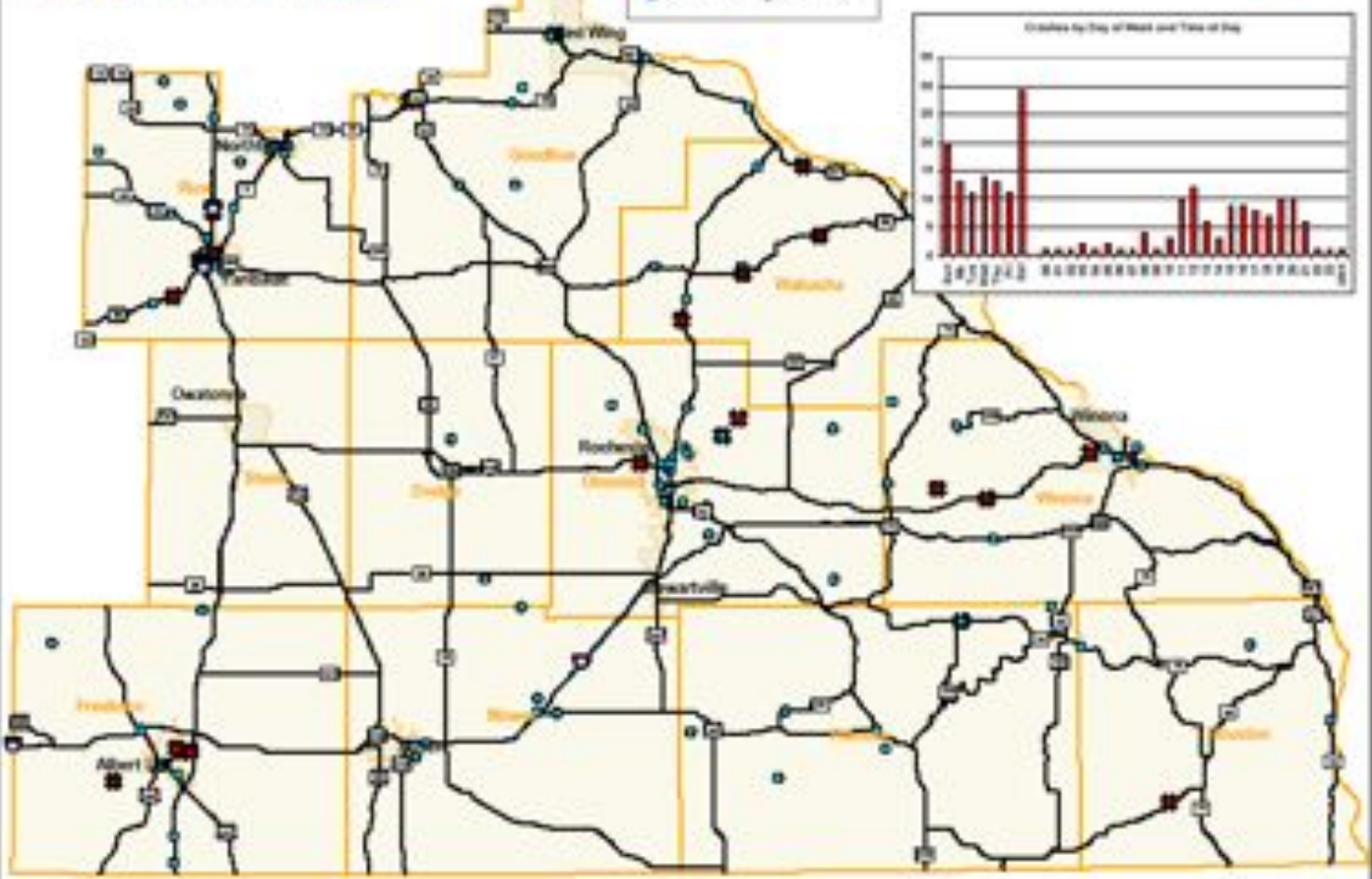




## Fatal and Serious Motorcycle Injuries in Southeast Minnesota

January 1, 2004 - December 31, 2006

	Fatalities	22
	Serious Injuries	89



Map provided by the MnDOT Office of Traffic, Security, and Operations - March 2007



# Minnesota Stats 90-99

- Population: 4,775,508
- 90-99 trauma deaths & rate (/100k):
  - 20,756/45.41
  - Causes
    - 1/4 MVC
    - 1/5 Fall
    - 1/5 Suicide
    - 1/3 Other
    - 1/5 Homicide





# Pediatric Trauma

- 60% of childhood deaths
- Trauma is not random and unpredictable
- Patterns exist
  - Bike crashes: warm weather, afternoons, cities, age <25, males
- Can study the epidemiology, mechanisms, and associated variables linked to injury



# Pediatric Trauma

- Injury is the number 1 killer of children
  - Managing childhood injury is complex and varies by region
  - Psychosocial and financial burden is enormous

“Only the comprehensive cooperation of a broadly diverse group of people will have a significant effect on improving the care and outcome of injured children”



# Regional Trauma System Development

- Why develop?
  - Statewide system development mandate
  - ACS system review
    - Shortfalls noted: “establish clear geographical catchment districts for designated trauma center, based upon patient needs and resource optimization”
  - To Save Lives
    - # of trauma deaths, years of life lost and societal costs/impact



# Regional Development

- Identify geographical boundaries
- Enlist stake holders
  - Personal visits
  - Letters of participation
- Develop organization
  - Lead organization
  - Application
  - Voting members
  - Organizational structure





# Geographical Boundaries

- Natural referral patterns
- Urban vs rural injury patterns
- Urban vs rural injury mortality
- Common goals



# South Central and South Eastern EMS Regions

- South Central

Population: 218,434

Land Area: 5132 sq mi

90-99 trauma deaths &  
rate: 873/41.19

Causes:

- 1/3 MVC
- 1/10 Fall
- 1/6 Suicide
- 1/3 Other
- 1.7% Homicide

- South Eastern

Population: 460,102

Land area: 6770 sq mi

90-99 trauma deaths &  
rate: 1952/47.43

Causes:

- 1/3 MVC
- 1/4 Fall
- 1/5 Suicide
- 1/5 Other
- 1/20 Homicide

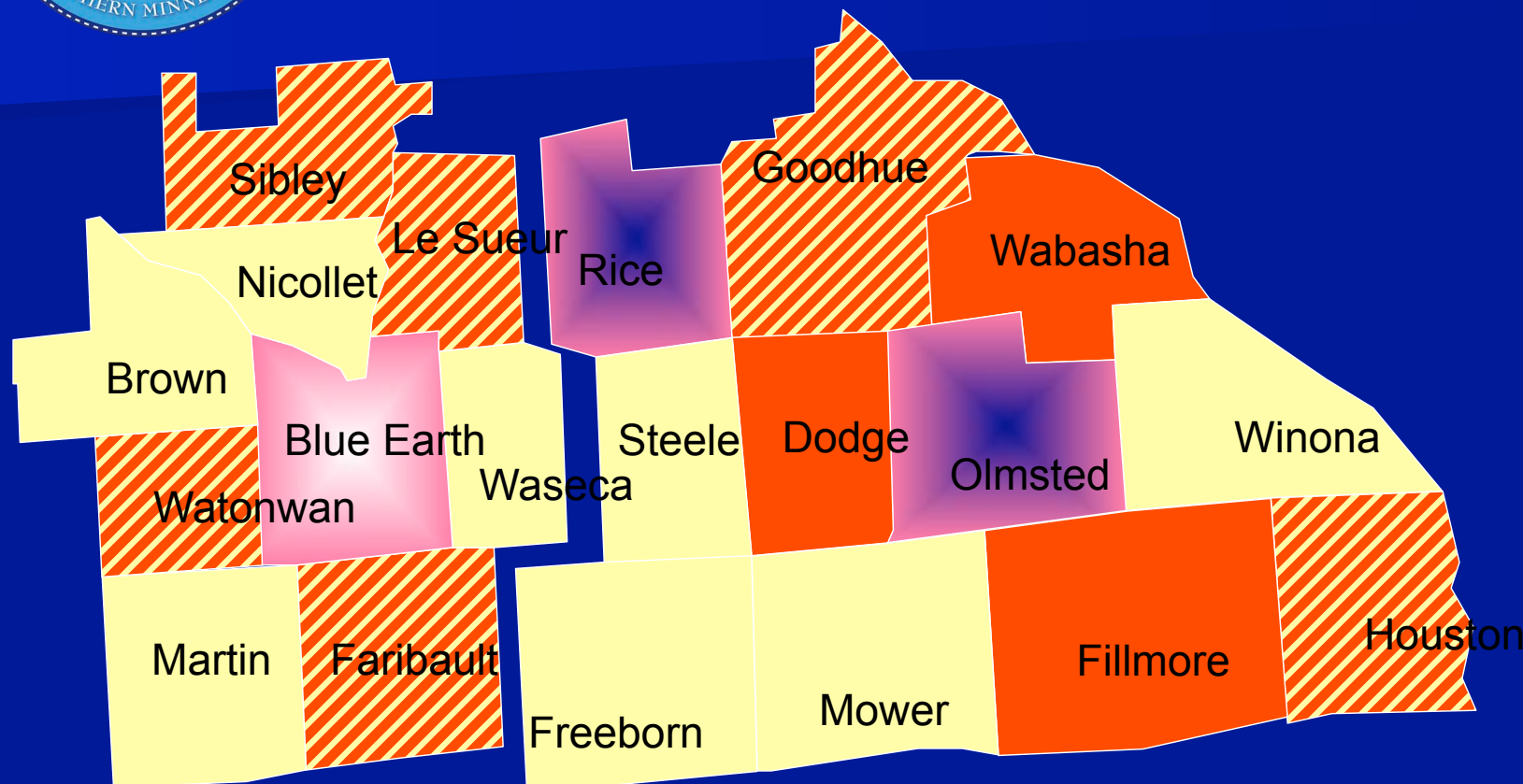


# SMRTAC

- Southern Minnesota Regional Trauma Advisory Committee
  - South Central EMS region
  - South Eastern EMS region
- Appointed positions
- Meetings





# SMRTAC



Trauma Death Rate per 100k population 90-99

>50/100k = 

>MN Avg = 

≤MN Avg = 

15 Deadliest Counties for Impaired Driving = 





# SMRTAC Members

- Donald Jenkins, M.D., chair
- Scott Reiten, vice chair
- Paul Drucker, R.N., secretary/treasurer
- Robben Crabtree, R.N.
- Robert Morris, M.D.
- Pam Williams, R.N.
- Terri Bergeron, R.N.
- Eric Weller
- Aaron Johnson, M.D.
- Daniel Paley, M.D.
- Sharon Munns, R.N.
- Chief Thomas Schneider
- Timothy Boyer
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# SMRTAC Committees

- Performance Improvement
- Injury Prevention
- Education and Outreach
- Disaster Preparedness
- Prehospital and Emergency Medical Services
- Data Registry
- Pediatric Specialty
- Trauma Program Managers
- Administration
- Rehabilitation





# Collaborative Efforts

- Trauma system legislation
- Primary seat belt law
- EMS data legislation
- Performance Improvement





# References

- [www.health.state.mn.us/traumasystem](http://www.health.state.mn.us/traumasystem)
- [www.smrtac.org](http://www.smrtac.org)