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In an unprecedented year, we’re so proud of our team for their continued commitment to handling the worst-of-the-worst injuries and traumas and providing the highest level of care 24 hours a day, 365 days a year.
At the end of 2019, there was no way of knowing the challenges that lie ahead. Despite the events that defined 2020, the trauma program remained dedicated to the mission of providing the highest level of care to injured children. We were given new challenges such as protecting ourselves as we treated injured patients in the middle of a global pandemic, and learning how to communicate through layers of masks, PAPRs and respirators. The death of George Floyd and the riots that followed challenged us to confront racial inequalities in our communities and health care systems. We adapted and learned how to maintain our culture and sense of community as key members of the team worked remotely.

Nonetheless, we maintained our status as a Level I Pediatric Trauma Center with patient volumes and acuity matching historic norms. This report highlights the continued efforts of the dedicated physicians, nurses, therapists and staff as they guide the recovery of injured children at Children’s Minnesota.

In addition to providing excellent care, we remain the region’s leader in injury prevention, education and research. Our team actively develops community partnerships to keep children safe and free from injury in their homes and communities. Efforts over the last year included shifting our car seat consultations to a virtual model. Additionally, a generous grant from the Sauer Family Foundation will allow us to create animated videos aimed at acknowledging the challenges of parenting and promoting strategies to prevent child abuse.

We continued to offer trauma education both internally to staff and providers and externally to EMS agencies and referring facilities in order to promote optimal care practices and improve pediatric health. We converted the annual Children’s Minnesota trauma conference to a six-part virtual speaker series. The series included a wide range of topics such as neurosurgical care, airway injuries and the pediatric assessment. This program was well received and will serve as a model for future educational opportunities. The Trauma Team Activation (TTA) audit looks for 20 specific elements to be documented by nursing on the TTA paper record — we hit our 90% goal nine of the 12 months in 2020.

Research remains a focus of our organization. Since our last verification review, our trauma providers have published more than 15 peer-reviewed articles related to trauma care. Ongoing research projects include the prevention of pediatric venous thromboembolism and participation in a multicenter pancreatic injury study.

Thank you to all of the staff at Children’s Minnesota that work tirelessly together to provide outstanding care, education and advocacy for our injured patients.

Nathaniel S. Kreykes, MD
Medical Director of Trauma Services
CHILDREN’S MINNESOTA OVERVIEW

We champion the health needs of children and families. We are committed to improving children’s health by providing the highest-quality, family-centered care, advanced through research and education.

Children’s Minnesota mission statement

Children’s Minnesota is one of the largest freestanding pediatric health systems in the U.S., and the only health system in Minnesota to provide care exclusively to children — from before birth through early adulthood. An independent and not-for-profit system since 1924, Children’s Minnesota serves the Upper Midwest at two hospitals, 12 primary care clinics, six rehabilitation and nine specialty care sites.

At Children’s Minnesota, we bring together more experts across more specialties than any other hospital system in the Midwest. As the region’s largest pediatric program, we partner every day with clinicians across the Midwest to bring world-class care to the most amazing people on Earth — kids.

Trusted, nationally recognized care

Children’s Minnesota is regularly recognized and awarded nationally for excellence in care, quality, innovation and industry leadership.

• In 2018, we were the first and only hospital in Minnesota verified as a Children’s Surgery Center by the American College of Surgeons — the highest distinction for health systems that perform complex surgical procedures for newborns, children and teens.

• We earned Magnet® recognition from the American Nurses Credentialing Center — the most prestigious distinction a health organization can receive in nursing excellence and high-quality patient care.

• We’re consistently ranked among the top hospitals by U.S. News & World Report.

• Minnesota’s only Level I pediatric trauma center in a hospital dedicated solely to kids.
When it comes to trauma, kids do better here.

As the busiest pediatric trauma center and the only freestanding Level I pediatric trauma center in the region, Children’s Minnesota Minneapolis campus provides care for children of all ages with injuries ranging from fractures and concussions to life-threatening head and abdominal injuries in a way no other trauma center can. From the moment an injured child is met in the emergency department, the trauma team works together to provide the best possible care to promote healing and recovery.

As a Level I pediatric trauma center, we’re verified by the American College of Surgeons — allowing us to provide the highest level of care for critically injured patients 24 hours a day, 365 days a year. And we have services, resources and staff specializing in pediatric medicine at our fingertips to ensure every child receives the best care, whether they’re coming from the scene of an accident or being transferred from another site.

Children’s Minnesota St. Paul campus is a designated Level 4 trauma center, and provides trauma care to children in an effort to manage simple injuries and to expedite access to additional resources when necessary.

A TIMELINE OF TRAUMA SERVICES

**2005**
Minnesota legislature establishes a statewide trauma system to be implemented by the Department of Health.

**2008**
Initial consultation visit by the American College of Surgeons is conducted to determine the potential for Children’s Minnesota to become a Level I Pediatric Trauma Center.

**2009**
Licensed ambulance services are required to have triage and transport guidelines in place reflecting compliance with the statewide trauma system criteria.
Children’s Minnesota Minneapolis and St. Paul campuses are individually designated as Level 3 trauma centers.

**2010**
A grant from UnitedHealthcare is received by Children’s Minnesota to develop a Level I trauma program at the Minneapolis campus. This funding was used to support the construction of state-of-the-art trauma resuscitation bays, a helipad and to purchase the specialized surgical equipment necessary to provide the highest level trauma care to children.

**2012**
Consultative visit by the American College of Surgeons is conducted for Children’s Minnesota Minneapolis campus to become a verified Level I Pediatric Trauma Center.
Children’s Minnesota St. Paul campus is re-designated as a Level 3 trauma center by the Minnesota Department of Health.

**2013**
Children’s Minnesota Minneapolis campus is verified as a Level I Pediatric Trauma Center by the American College of Surgeons, and remains as such through 2020.

**2015**
Children’s Minnesota St. Paul campus changes to a state-designated Level 4 trauma center and remains as such through 2020.

We treat 1,000+ pediatric trauma patients annually from around the region

Dedicated solely to kids as the only standalone Level I Pediatric Trauma Center in Minnesota

Largest pediatric trauma team with pediatric surgeons and critical care experts in house 24/7

Full spectrum of pediatric surgical care, including specialists in:

- Neurosurgery
- Orthopedics
- General surgery
- ENT and facial plastic surgery
- Cardiothoracic
- Plastic surgery
- Vascular
- Oral and maxillofacial
- Ophthalmology
- Urology

More at ChildrensMN.org/trauma
MEET THE TEAM

TRAUMA SURGEONS

David Schmeling, MD  
Chief of Surgery

Nathan Kreykes, MD  
Trauma Medical Director, Minneapolis

James Fisher, MD

Joseph Lillegard, MD

Brad Linden, MD

Joshua Short, MD

Patricia Valusek, MD

David Wahoff, MD

TRAUMA ADVANCED PRACTICE PROVIDERS (TAPPS)

Brittany Bernard, PA-C

Mariya Bowen, DNP, CPNP-AC/PC

Erica Handt, PA-C

Noelle Noah, PA-C

Anne-Marie Perry, PA-C; Lead TAPP

TRAUMA PROGRAM

Sandy Anderson, RHIT, CSTR, CAISS  
Trauma Registrar

Alyx Bystrom, MSN, RN, CEN, TCRN  
Performance Improvement Coordinator

Esther DeLaCruz, CPST-I  
Child Passenger Safety Coordinator

Lauren Gravelle, RN, BAN, CPN  
Acute Care and Trauma Outreach Liaison

Janet Logid, MAN, RN-BC, CPEN  
Clinical Education Specialist

Brandie Martin  
Senior Administrative Assistant

Sommer McInerney, DNP, CPNP  
Trauma Program Manager, St. Paul

Laura Plasencia, MPH, RN, TCRN  
Trauma Services Manager, Minneapolis

Michael Rhodes, CSTR, CAISS  
Trauma Registrar

Dex Tuttle, MEd  
Injury Prevention Program Manager

Diana Van Wormer, RN, CPST-I  
Child Passenger Safety Coordinator

Alicia Zagel, PhD, MPH  
Scientific Investigator

Inesa Zbarouskaya, LICSW  
Trauma Social Worker

Not pictured:  
Christine Boline, DNP, CPNP-AC  
Emmylu Johnson, PA-C  
Sommer McInerney, DNP, CPNP  
Valerie Ross, PA-C
PARTNERS IN TRAUMA PATIENT CARE

PHYSICIANS AND ADVANCED PRACTICE PROVIDERS

- Anesthesiology
- Child Abuse Pediatrics
- Critical Care
- Emergency Medicine
- Gynecology
- Hospitalists
- Interventional Radiology
- Neurology
- Neurosurgery
- Ophthalmology
- Oral and Maxillofacial Surgery
- Orthopaedic Surgery
- Otolaryngology
- Pain, Palliative Care and Integrative Medicine
- Physical Medicine and Rehabilitation
- Plastic and Hand Surgery
- Psychological Services
- Radiology
- Wound Ostomy Care

CLINICAL SERVICES

- Case management
- Child Life
- Interpreter Services
- Laboratory Services and Blood Bank
- Music Therapy
- Nursing
- Nutrition Services
- Occupational Therapy
- Patient Registration
- Pharmacy
- Physical Therapy
- Quality and Patient Safety
- Respiratory Therapy
- Radiology
- Security
- Simulation
- Social Work
- Speech Language Therapy
- Spiritual Care
- Transport Services
- Vascular access

AGE OF ADMITTED PATIENTS
(combined campuses)

- 0–5: 47%
- 6–10: 30%
- 11–14: 17%
- 15–18: 6%
INJURY PREVENTION BY THE NUMBERS

Car seat, helmet and home safety

NEARLY
700
COMMUNITY MEMBERS REACHED AT
16 COMMUNITY EVENTS

DUE TO COVID-19 ALL EVENTS, CONFERENCES AND COURSES WERE CANCELED OR MOVED TO A VIRTUAL ENVIRONMENT.

74
FAMILIES HELPED WITH CAR SEAT NEEDS, BOTH VIRTUALLY AND IN PERSON

ADDED VIRTUAL CAR SEAT EDUCATION OPTIONS IN PLACE OF IN-PERSON CAR SEAT CHECKS

A NEW PARTNERSHIP WITH MILLE LACS BAND OF OJIBWE STAFF AND INDIAN HEALTH SERVICES WAS FORMED TO RECORD AND DISTRIBUTE THE SAFE NATIVE AMERICAN PASSENGERS (SNAP) PROGRAM

1,330
HELMETS DISTRIBUTED THROUGH A PARTNERSHIP WITH THE BIKE COPS FOR KIDS OFFICERS IN THE MINNEAPOLIS AND ST. PAUL POLICE DEPARTMENTS

INJURY FREE COALITION FOR KIDS AWARDED US $2,500 FOR AN EVENT RELATED TO NATIONAL INJURY PREVENTION DAY

AWARDED $50,000 BY THE SAUER FAMILY FOUNDATION TO CREATE ADDITIONAL ANIMATED VIDEOS ON CAREGIVER WELLNESS

1,330
HELMETS DISTRIBUTED THROUGH A PARTNERSHIP WITH THE BIKE COPS FOR KIDS OFFICERS IN THE MINNEAPOLIS AND ST. PAUL POLICE DEPARTMENTS

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AWARDED $50,000 BY THE SAUER FAMILY FOUNDATION TO CREATE ADDITIONAL ANIMATED VIDEOS ON CAREGIVER WELLNESS
2020 AT A GLANCE

In 2020, our trauma program continued to meet or exceed past volumes as children were still getting hurt and required our help. With school and playground closures, we experienced a slight dip in ED visits as well as decreased visits from infectious disease and preventative care. We were able to return to average volumes once the COVID-19 state mandate lifted.

<table>
<thead>
<tr>
<th>MINNEAPOLIS</th>
<th>ST. PAUL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma registry patients</td>
<td>876</td>
</tr>
<tr>
<td>Admitted trauma patients</td>
<td>666</td>
</tr>
<tr>
<td>Operative cases</td>
<td>389</td>
</tr>
</tbody>
</table>

TRAUMA TEAM ACTIVATIONS (TTAs)

<table>
<thead>
<tr>
<th>MINNEAPOLIS</th>
<th>ST. PAUL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 TTAs</td>
<td>38</td>
</tr>
<tr>
<td>Level 2 TTAs</td>
<td>187</td>
</tr>
</tbody>
</table>

WHERE OUR PATIENTS COME FROM

<table>
<thead>
<tr>
<th>MINNEAPOLIS</th>
<th>ST. PAUL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals from other facilities</td>
<td>64%</td>
</tr>
<tr>
<td>From the scene by EMS</td>
<td>12%</td>
</tr>
<tr>
<td>Private vehicle/walk-in</td>
<td>23%</td>
</tr>
<tr>
<td>Direct admits</td>
<td>1%</td>
</tr>
</tbody>
</table>

LENGTH OF STAY (BOTH CAMPUSES)

<table>
<thead>
<tr>
<th>Minneapolisl</th>
<th>St. Paul</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>22 hours</td>
</tr>
<tr>
<td>Range</td>
<td>3.75 hours to 42 days</td>
</tr>
</tbody>
</table>
TRAUMA REGISTRY

The American College of Surgeons (ACS) and the Minnesota Department of Health (MDH) both require trauma centers to maintain a trauma registry of patients whose injuries are sufficient enough to warrant care.

Inclusion criteria is set by the ACS and MDH respectively, with additional fields added for internal hospital use. Many data points are then abstracted from each patient’s medical record into the registry. De-identified data is then submitted to the ACS and MDH for inclusion in their larger national or statewide data bank, respectively. Up to 291 active data fields are collected per patient.

In 2020, the registry staff completed 99.5% chart abstraction within 60 days of discharge, with nearly 99% of cases being completed within 30 days of discharge. This far exceeds the abstraction requirements set forth by the ACS and MDH, and enables the trauma program and other hospital leaders to use the data more concurrently to inform their decision-making and research initiatives.

The registry staff completed ongoing maintenance and improvement of the registry, including updating the registry with software as updates were received from the registry software provider and completing multiple data validation efforts to ensure that valid, consistent and reliable data are collected.

INJURY SEVERITY SCORE (ISS)

(ISS >15 indicates major trauma)

Combined effects of traumatic injuries on a patient are based on the Abbreviated Injury Scale (AIS). This severity scoring system classifies each injury in each body region according to its relative severity on a six-point scale. The ISS is calculated as the sum of the squares of the highest AIS codes in each of the three most severely injured body regions. Scores range from 1 to 75. Scores greater than 15 indicate major trauma.
TRANSPORT-RELATED CAUSES
(combined campuses)

Transport injuries (shown in light blue) are caused many ways: rollerskates, scooters (non-electric/motorized), ice skates, skis and strollers are a few examples.
MORE THAN TWO MILLION EMERGENCY DEPARTMENT VISITS A YEAR ARE RELATED TO CHILDHOOD FALLS. THANKFULLY, MANY FALLS CAN BE PREVENTED. SUPERVISION IS THE MOST IMPORTANT WAY TO PREVENT CHILDHOOD INJURIES.

**MECHANISMS OF INJURY**
(combined campuses)

<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>479</td>
</tr>
<tr>
<td>Transport</td>
<td>163</td>
</tr>
<tr>
<td>Bike</td>
<td>92</td>
</tr>
<tr>
<td>Motor vehicle collision</td>
<td>58</td>
</tr>
<tr>
<td>Struck</td>
<td>56</td>
</tr>
<tr>
<td>Child abuse</td>
<td>38</td>
</tr>
<tr>
<td>Cut</td>
<td>34</td>
</tr>
<tr>
<td>Bites</td>
<td>23</td>
</tr>
<tr>
<td>Drown</td>
<td>23</td>
</tr>
<tr>
<td>Burn</td>
<td>19</td>
</tr>
<tr>
<td>Unknown</td>
<td>15</td>
</tr>
<tr>
<td>Environmental causes</td>
<td>13</td>
</tr>
<tr>
<td>Pedestrian</td>
<td>13</td>
</tr>
<tr>
<td>Firearm</td>
<td>10</td>
</tr>
<tr>
<td>Motorcycle collision</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
<tr>
<td>Assault</td>
<td>7</td>
</tr>
<tr>
<td>Machine</td>
<td>4</td>
</tr>
<tr>
<td>Overexertion</td>
<td>3</td>
</tr>
<tr>
<td>Suffocation</td>
<td>1</td>
</tr>
</tbody>
</table>

**TYPES OF INJURIES**
(combined campuses)

- **Fall** (90%)
- **Transport** (6%)
- **Bike** (3%)
- **Motor vehicle collision** (2%)

**FATAL MECHANISMS OF INJURY**
(Minneapolis campus)

- **Blunt** (63%)
- **Drowning** (13%)
- **Motor vehicle collision** (13%)
- **Child abuse** (13%)
- **Suffocation** (13%)

*More at childrens mn.org/trauma*
Children’s Minnesota is one of the largest pediatric health systems in the United States and the only health system in Minnesota to provide care exclusively to children — from before birth through young adulthood. The Children’s Minnesota trauma program treats patients from all over the country.* Whether they are visiting family, on vacation or participating in Minnesota sports, we’re able to provide trauma services to any child in need.

*States pictured in light blue represent the residence of at least one trauma patient treated at Children’s Minnesota.
TRAUMA EDUCATION AND CONFERENCES

Essentials of Critical Care (ECC): Trauma Workshop
This course is designed to prepare the critical care nurse caring for trauma patients in accordance with Minnesota Department of Health (MDH) and American College of Surgeons (ACS) standards. The participant completes the Pediatric Learning Solutions (PLS) pediatric trauma curriculum prior to attendance of class for the needed knowledge and understanding of mechanisms of injury associated with trauma and the correlating signs and symptoms to specific pathophysiological changes as they relate to potential injuries. During class, the participant learns the specific criteria and protocols for admission or transfer of the trauma patient, how to perform a primary and secondary assessment of the trauma patient, appropriate interventions to apply to assessments and concepts for standardization of care throughout the continuum of stay. Three courses were offered in 2020 to 35 attendees. Overall course rating was 3.68/4.0. The course was updated in 2020 to reflect Children’s Minnesota revised nursing clinical standard on the care of the patient with a cervical collar.

Trauma Nursing Core Course (TNCC)
The course is developed by the Emergency Nurses Association and empowers nurses with the knowledge, critical thinking skills and hands-on training to provide expert care for trauma patients. Course attendance results in rapid identification of life-threatening injuries, comprehensive patient assessment and enhanced intervention for better patient outcomes. The course is designed in flip classroom style with a mixture of e-learning, interactive activities, skills stations and testing. Class participant numbers were lowered to deliver the course within the class size and social distancing guidelines implemented during COVID-19. A hybrid modality of virtual and hands-on skills stations and testing will be incorporated in 2021. Four courses for 29 participants were provided in 2020.

Assessment and care of the acute trauma patient
Nurses new to caring for trauma patients on the 6th floor Minneapolis (M-6th) unit complete the assessment of the acute care trauma patient video and validate on trauma skills of C-spine immobilization, C-Collar care, hallo vest, chest tubes and orthopedic care. The video on the assessment of the acute care trauma patient is currently in progress of revision and anticipated to roll out in March 2021. Eight nurses were oriented to care of the trauma patient in the acute care setting in 2020.
Manual C-spine immobilization during Aspen collar care

- Nursing clinical standards updated for skin care evidence-based practices of child with C-Collar.
- An educational video was created and nurses on M-6th, St. Paul and Minneapolis PICU were validated on manual C-spine immobilization and skin care procedure.

Minneapolis acute care education

- Refresher on upper extremity nerve assessment and documentation
- Updates on the Solid Organ Injury protocol (via newsletter)
- Assessment and care of the child with a bone flap (via newsletter)

GREATER TWIN CITIES EMERGENCY NURSES ASSOCIATION (ENA) CONFERENCE

This conference, held in St. Paul, Minnesota, brings together emergency nurses from across the state who are committed to the same mission of empowerment, providing resources and educational opportunities for the people who care for patients when they need it most. The trauma team supported this conference in 2020 by donating a gift basket of items, including resources for Children’s Minnesota Physician Access and Emergency Medication manuals.

ARROWHEAD EMS CONFERENCE AND EXPO

This conference is the state’s largest EMS conference and is held each January in Duluth, Minnesota.

- Dr. Sam Reid presented, “What Do You Mean You Don’t Have a Crash Cart?!?” to an EMS audience on pediatric emergencies in non-medical or clinic settings.
- 400 distraction kits were handed out which included items for EMS to have in their rigs to use to help calm and distract pediatric patients during transport.
- Dr. Hirschman and Andy Rowe represented Children’s Minnesota to talk with EMS audience and provide tours of the ambulance.
- Dr. Schwantes presented on pain management.
- Emily Price, PharmD, presented on the use of ketamine in the pediatric patient.
DIVERSE PERSPECTIVES IN INJURY PREVENTION

In 2016, Ted McGee, a toddler from Apple Valley, Minnesota, died when a dresser fell on him. A legal settlement between IKEA and three families in the lawsuit included payment to Children’s Minnesota hospitals. Ted’s family requested that the payment go to Children’s Minnesota.

In collaboration with Marketing and Communications and in partnership with Janet McGee, Ted’s mother, we contracted with Crash+Sues, a local video production company to develop short videos to illustrate home safety practices in a way that could be understood by parents and caregivers regardless of language or cultural background.

Communication across language barriers requires attention to cultural nuances, removal of unnecessary details, consideration of socioeconomic barriers and use of inclusive imagery and messaging. The videos rely solely on motion and images to delivery messages on burn prevention, playground safety, furniture tip-over prevention and fall prevention. Storyboards to explain in-depth the safety home messages being shown and guides on where to find tangible interventions like furniture straps are being created to supplement these videos.

The videos are being shown at conferences and community events, in clinic and emergency department waiting rooms and through social media. A research study is being developed to examine the effectiveness of this communication method to deliver its intended message.
INJURY PREVENTION IN THE MEDIA

Children’s Minnesota reaches large regional audiences by promoting messages about safe play, travel and injury prevention.

It’s The First-Ever National Injury Prevention Day

Children’s Minnesota is so excited to celebrate the first ever National Injury Prevention Day with the Injury Free Coalition for Kids.

At-home child injuries on the rise during pandemic

National Injury Prevention Day is on November 18. Injuries are the leading cause of death and disability to U.S. children.

At-home child injuries on the rise during pandemic

Injury Prevention Day | Children’s Minnesota

At-home child injuries on the rise during pandemic

Children’s Minnesota

Kids are out of school and at home full time. With all this extra time at home, they’re more prone to accidents, like swallowing magnets.

TRAUMA AND INJURY PREVENTION ON SOCIAL MEDIA

130,000+
Total people reached

3,400+
Total engagement

800+
Clicks to learn more

Children’s Minnesota reaches large regional audiences by promoting messages about safe play, travel and injury prevention.


**RESEARCH IN PROGRESS**

1. Kelly Bergmann, MD. The impact of American College of Surgeons verification level on outcomes for traumatic brain injury at a pediatric trauma center. IRB# 1805-048
2. Kelly Bergmann, MD. The Pediatric Submersion Score. IRB# 1812-143
4. Alicia Zagel, PhD. Psychological sequelae following traumatic injury: The role of perceived resiliency and psychosocial factors. IRB# 1907-085
5. Alicia Zagel, PhD. Disparities in Time to Opiate Administration for Long Bone Fractures in the Emergency Department. IRB# 1809-113
6. Alicia Zagel, PhD. Assessment of a New Pediatric-Specialty Interfacility Ground Transport Team. IRB# 1703-045
7. Alberto Orioles, MD. Efficacy of Pediatric Venous Thromboembolism Prediction Tool in Predicting Thromboembolic Events in the Trauma Population: A Western Trauma Association Multicenter Study. IRB# 1908-093
9. Nathan Kreykes, MD. Prospective Longitudinal trial evaluating operative vs. non-operative management of pancreatic injuries in the pediatric population. IRB# 1906-060
10. Henry Ortega, MD. Prediction of Pediatric Concussion Patients at Increased Risk for Prolonged Post-Concussive Syndrome using a Wii Balance Board. IRB# 1410-096

The best way to manage accidents and trauma and injury is to prevent any of these things from happening in the first place. Using research strategies that include mathematical modeling of pre-existing data, we can learn from past tragedies to change future outcomes. Because Children’s Minnesota serves the needs of so many patients within the five-state region of the Upper Midwest, our researchers have done a tremendous job in helping us understand patterns of injury to the betterment of child health outcomes everywhere.

– Stuart Winter, MD
Chief Research Officer
LOCATIONS

MINNEAPOLIS

2525 Chicago Avenue South | Minneapolis, MN 55404  
612-813-6000

Our pediatric emergency department and Level I Trauma Center in Minneapolis is Minnesota’s only Level I pediatric trauma center in a hospital dedicated solely to kids.
Drop-off and pick-up is located on E. 25th Street.

ST. PAUL

345 North Smith Avenue | St. Paul, MN 55102  
651-220-6000

The Peter J. King Emergency Department in St. Paul is a Level 4 trauma center, with resources for emergency resuscitation and care of injured patients. Patients may require transfer to the Minneapolis campus for care by the trauma care team and other specialists.
Drop-off and pick-up is located on Smith Avenue.