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In addition to providing excellent care, we remain the region’s leader in pediatric injury prevention, education, and trauma research.
A MESSAGE FROM THE MEDICAL DIRECTOR

In 2022 the trauma service remained dedicated to the mission of providing the highest level of care to our injured children. 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 pediatric injury prevention, education, and trauma research. Our team actively develops community partnerships to keep children safe and free from injury in their homes and communities.

We continued to offer trauma education both internally to staff and providers and externally to EMS agencies and referring facilities to promote optimal care practices and to improve pediatric health. We continued our virtual trauma speaker series with six presentations featuring speakers from around the country, highlighting best practices in the care of severely injured children. This program serves as a model for future educational opportunities.

Research remains a focus of our service line. Ongoing research projects include the effectiveness of ketogenic diets in severe traumatic brain injury and participation in a multicenter pancreatic injury management study. We also began a qualitative evaluation of the efficacy of animated home safety videos.

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

Sincerely,

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 ten 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. An independent and not-for-profit system since 1924, Children’s Minnesota is one system serving kids throughout the Upper Midwest at two free-standing hospitals, nine primary care clinics, multiple specialty clinics and seven rehabilitation sites. As The Kids Experts™ in our region, Children’s Minnesota is regularly ranked by U.S. News & World Report as a top children’s hospital.

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 were reverified in November 2022.
- 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.
- We are 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 in Minneapolis 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 in St. Paul is a designated Level 4 trauma center that provides trauma care to stabilize injured children, manage simple injuries, and expedite access to additional resources when a child needs them.

A TIMELINE OF TRAUMA SERVICES

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

2008
An 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 supported the construction of state-of-the-art trauma resuscitation bays, a helipad and specialized surgical equipment necessary to provide the highest level trauma care to children.

2012
A consultative visit by the American College of Surgeons is conducted for Children’s Minnesota Minneapolis to become a verified Level I Pediatric Trauma Center.

Children’s Minnesota St. Paul is re-designated as a Level 3 trauma center by the Minnesota Department of Health.

2013-2022
Children’s Minnesota Minneapolis is verified as a Level I Pediatric Trauma Center by the American College of Surgeons, and remains as such through 2022.

2015-2022
Children’s Minnesota St. Paul changes to a state-designated Level 4 trauma center in 2016, and is redesignated in 2018.

2023
Expected re-designation announcement by the Minnesota Department of Health for the St. Paul campus and expected re-verification site visit by the American College of Surgeons for the Minneapolis campus.
MEET THE TEAM

TRAUMA SURGEONS

Nathan Kreykes, MD
Trauma Medical Director, Minneapolis

James Fisher, MD

Joseph Lillegard, MD

Brad Linden, MD

David Schmeling, 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 Blake, PA-C

Noelle Noah, PA-C

Anne-Marie Perry, PA-C; Lead TAPP

Not pictured:
Lynelle Logan, PA-C
Rebecca Rasche, PA-C
Valerie Ross, PA-C

TRAUMA PROGRAM

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

Mason Davies, MSW, LGSW
Trauma Social Worker

Esther DeLaCruz, CPST-I
Child Passenger Safety Coordinator

Vicky Douglas
Trauma Registrar

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

David Hirschman, MD
St. Paul Trauma Medical Director

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

Brandie Martin
Senior Administrative Assistant

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

Lyndsey Reece, DHA, NBC-HWC, CPSTI
Child Passenger Safety Coordinator

Michael Rhodes, CSTR, CAISS
Trauma Registrar

Dex Tuttle, MEd, CPST-I
Injury Prevention Program Manager

FULL SPECTRUM OF PEDIATRIC AND ADOLESCENT SURGICAL CARE, INCLUDING SPECIALISTS IN:

Neurosurgery • Orthopedics • General surgery • Ear, Nose, Throat (ENT) and Facial Plastic Surgery • Cardiothoracic Plastic surgery • Vascular • Oral and Maxillofacial Surgery • Ophthalmology • Urology • Gynecology
PARTNERS IN TRAUMA PATIENT CARE

PHYSICIANS AND ADVANCED PRACTICE PROVIDERS
- Adolescent orthopedic surgery
- Anesthesiology
- Child Abuse and Neglect (MCRC)
- Critical Care
- Emergency Medicine
- Gynecology
- Hospital Medicine
- Interventional Radiology
- Neurology
- Neurosurgery
- Ophthalmology
- Oral and Maxillofacial Surgery
- Otolaryngology
- Pain, Palliative Care and Integrative Medicine
- Pediatric Orthopedic Surgery
- 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: 355 (47%)
- 6–10: 225 (30%)
- 11–14: 106 (14%)
- 15–18: 63 (8%)
- >18: 2 (<1%)
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 can 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 in 2022.
INJURY PREVENTION

The Injury Prevention program under Trauma Services consists of both community-facing education and training programs. According to our most recent Community Health Needs Assessment, families in our communities speak up to 210 different languages in the home. Although some resources exist in a few languages from various national organizations, injury prevention material is inaccessible to many of our families locally. In an attempt to remove that barrier, the Injury Prevention Program, with the help of local animation company Crash+Sue’s and the Marketing and Communications team, has created a series of animated videos that rely on visual storytelling rather than written or spoken word to convey safety messaging. Characters in the videos are intended to be race- and gender-neutral in environments stripped of as much cultural bias as possible given the intended message. Special consideration has been given to socioeconomic constraints when depicting safety interventions when possible. Current videos exist on furniture tip-over hazards, burns from hot foods and liquids, falls in the home, playground safety, and caregiver wellbeing. A new video on the proper, age-appropriate use of car seats is currently in production. The existing videos are the subject of a current community study funded by an internal grant program to measure how effectively the messaging is relayed to families participating in focus groups.

PARTNERSHIP HIGHLIGHT

Starting in late 2021, we started working with Indian Health Services to help deliver their Safe Native American Passengers (SNAP) training virtually. SNAP is a culturally appropriate one-day course introducing child passenger safety (CPS) for anyone who works with families and children in tribal communities. Through that work, we were introduced to the staff at the Great Plains Tribal Leaders Health Board (GPTLHB), an organization that serves and supports 18 tribes in North Dakota, South Dakota, Iowa and Nebraska. They asked if we would help them build their CPS program, which we happily agreed. To date, we’ve hosted three CPS technician courses training people who work directly with Native citizens and conducted 5 car seat checkup events with a focus on reaching those living on tribal lands. GPTLHB has supported all of the costs of this training in addition to offering Children’s Minnesota’s Injury Prevention Program a small donation to support work with tribal families in our local communities.
INJURY PREVENTION BY THE NUMBERS

Car seat, helmet and home safety

675 HELMITS DONATED TO SEVEN LOCAL ORGANIZATIONS AND TWO HOSPITAL DEPARTMENTS TO GIVE TO FAMILIES IN NEED

PARTNERED WITH CAMDEN CYCLES IN NORTH MINNEAPOLIS SO EVERYONE WHO COMES INTO THE SHOP WILL BE GIVEN A HELMET

HOSTED 22 CAR SEAT CHECKUP EVENTS CHECKING 277 CAR SEATS
IN ADDITION, 130 INDIVIDUAL (1:1) CAR SEAT CHECK APPOINTMENTS

51 NEW CHILD PASSENGER SAFETY TECHNICIANS (CPSTs) TRAINED AT FIVE IN-PERSON COURSES, INCLUDING TWO IN PARTNERSHIP WITH GREAT PLAINS TRIBAL LEADERS HEALTH BOARD IN SOUTH DAKOTA

APPROXIMATELY 475 COMMUNITY MEMBERS REACHED AT 7 CHILD PASSENGER SAFETY PRESENTATIONS
2022 AT A GLANCE

Patient volumes remained consistent with previous years, in terms of both trauma registry volumes and admissions. Trauma activation criteria is reviewed each year, ensuring that the most critically injured patients receive optimal care the moment they arrive. We continue to partner with referring hospitals and EMS agencies to provide a smooth transfer experience and confidence that children will receive the best possible care at Children’s Minnesota.

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<tr>
<th></th>
<th>MINNEAPOLIS</th>
<th>ST. PAUL</th>
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<tbody>
<tr>
<td>Trauma registry patients</td>
<td>933</td>
<td>199</td>
</tr>
<tr>
<td>Admitted trauma patients</td>
<td>704</td>
<td>48</td>
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TRAUMA TEAM ACTIVATIONS (TTAs)

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<tr>
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<th>MINNEAPOLIS</th>
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<tr>
<td>Level 1 TTAs</td>
<td>46</td>
<td>2</td>
</tr>
<tr>
<td>Level 2 TTAs</td>
<td>170</td>
<td>63</td>
</tr>
</tbody>
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WHERE OUR PATIENTS COME FROM

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<tr>
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<th>MINNEAPOLIS</th>
<th>ST. PAUL</th>
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<tr>
<td>Referrals from other facilities</td>
<td>596</td>
<td>12</td>
</tr>
<tr>
<td>From the scene by EMS</td>
<td>90</td>
<td>24</td>
</tr>
<tr>
<td>Private vehicle/walk-in</td>
<td>237</td>
<td>160</td>
</tr>
<tr>
<td>Direct admits</td>
<td>11</td>
<td>3</td>
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LENGTH OF STAY (BOTH CAMPUSES)

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<tr>
<td>Median</td>
<td>24 hours</td>
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<tr>
<td>Range</td>
<td>3 hours to 90 days</td>
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MECHANISMS OF INJURY
(combined campuses)

- GYMNASTICS
- BICYCLE
- FALL ON PLAYGROUND
- MOTOR VEHICLE COLLISION
- FALL BEING CARRIED
- TRAMPOLINING
- ANIMAL BITES/CONTACT
- FALL FROM FURNITURE
- PEDESTRIAN VS. MOTOR VEHICLE
- TEAM SPORTS
- NON-ACCIDENTAL TRAUMA
- FALL FROM STRUCTURE
- WINTER/SNOW ACTIVITIES
- FALL ON STAIRS
- MOTORCYCLE/ATV/OFF-ROAD

TYPES OF INJURY
(combined campuses)

- **91.5%** BLUNT TRAUMA
- **5.8%** PENETRATING TRAUMA
- **1.7%** OTHER (drowning, asphyxiation)
- **1%** THERMAL

FATAL MECHANISMS OF INJURY
(combined campuses)

- GUNSHOT WOUND
- PHYSICAL CHILD ABUSE
- DROWNING
- MOTOR VEHICLE COLLISION
- ASPHYXIATION
- BICYCLIST STRUCK BY VEHICLE

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.

VIEW OUR FALL PREVENTION RESOURCES AT
CHILDRENSMN.ORG/MAKINGSAFESIMPLE.

MORE AT CHILDRENSMN.ORG/TRAUMA
PATIENT AND FAMILY EDUCATION

Caring for a child who is discharged home requiring the use of a cervical collar or soft helmet can be challenging. Improper management of either device can lead to complications like re-injury and pressure injuries. In order to provide the best support to families, in collaboration with RNs from M-6th Floor, M-PICU, M-ED and Wound/Ostomy Care nurse practitioners, two new patient and family education documents were created: Cervical Collar Use and Care Guide & Soft Helmet Use and Care Guide. These are able to be printed from the A-Z Library and used to guide family education prior to discharge. These documents can be included in the patient’s discharge paperwork so family has reference material at home.
TRAUMATIC BRAIN INJURIES

A PARIETAL LOBE
- Interpreting sensory information from the rest of the body
- Controlling fine sensation interpretation: judgment of texture, weight, size, and shape
- Storing spatial memories that enable people to orient themselves in space
- Processing information that helps people know the position of their body parts

INJURY
- Inability to discriminate between sight, smell, taste, touch, and sound
- Inability to locate and recognize parts of the body (neglect)
- Difficulty or inability to complete simple skilled tasks (apraxia)
- Severe Injury: inability to recognize self
- Disorientation to environment/surroundings
- Inability to write

B FRONTAL LOBE
- Initiating many actions
- Controlling learned motor skills, such as writing, playing musical instruments, and tying shoelaces
- Controlling complex intellectual processes, such as speech, thought, concentration, problem-solving, and planning for the future
- Coordinating expressions and gestures with mood and feelings

INJURY
- Arm paralysis on the opposite side
- Facial paralysis on the opposite side
- Difficulty speaking (expressive aphasia)
- Impairment of recent memory, inattention, difficulty in learning new information and concentrating
- Lack of inhibition, behavioral disorders
- “Flat” affect
- Urinary incontinence

C TEMPORAL LOBE
- Generating memory and emotions
- Processing immediate events into recent and long-term memory
- Comprehending sounds and images, enabling people to recognize other people and objects and to integrate hearing and speech

INJURY
- Hearing deficits
- Agitation, irritability, childish behavior
- Difficulty speaking (receptive aphasia)
- Difficulty interpreting language and other people’s emotions and reactions

D OCCIPITAL LOBE
- Processing and interpreting vision
- Enabling people to form visual memories
- Integrating visual perceptions with the spatial information provided by the adjacent parietal lobes

INJURY
- Primary Visual Cortex: loss of vision in the opposite visual field
- Visual Association Cortex: loss of ability to recognize object seen in opposite field of vision

E CEREBELLUM
- Fine motor movements
- Posture and equilibrium
- Balance
- Help perform rapid and repetitive actions

INJURY
- Injury to one side of the cerebellum impacts the same side of the body
- Tremors
- Abnormal, involuntary eye movements
- Lack of coordination
- Abnormal and difficulty with walking

F BRAIN STEM
- Pass messages back and forth between various parts of the body and the cerebral cortex
- Auditory and visual reflex and ocular movement centers
- Pons: regulates coordinating eye and facial movements, facial sensation, hearing and balance
- Medulla oblongata: regulates breathing, blood pressure, heart rhythms and swallowing
- Reticular system regulates wakefulness, attention to the surroundings/environments, and sleep patterns
- 10 out of 12 cranial nerves originate in the brainstem and control hearing, eye movement, facial sensations, taste, swallowing and movements of the face, neck, shoulder and tongue muscles

INJURY
- Coma state
- Abnormal breathing
- Pupil abnormality
- Cranial nerve dysfunction
- Movement abnormalities

G SPINAL CORD
- Nerve impulses travel to and from the brain through the spinal cord to a specific location in the body
- Nerves branch off from the spinal nerve roots and travel outside of the spinal canal to the upper extremities, to the muscles of the trunk, to the upper and lower extremities, and to the organs of the body
- Center for operating and coordinating reflex actions

INJURY
- Complete spinal cord injury (SCI): produces total loss of all motor and sensory function below the level of injury
- Incomplete SCI: some function remains below the level of the injury; the patient may be able to move one arm or leg more than the other or may have more functioning on one side of the body than the other
- Depending on the location of injury: inability or impaired interpretation of pain, light touch sensation, positional awareness, vibration sense or impaired motor function

SOURCES
- Spinal Cord Injury – Types of Injury, Diagnosis and Treatment (aans.org)
- Neurosurgeon’s Overview of the Anatomy of the Spine and Peripheral Nervous System (aans.org)
- AGuideToBrainAnatomy.pdf (braininjurymind.org)
- A Neurosurgeon’s Overview of the Anatomy of the Spine and Peripheral Nervous System (aans.org)
- Spinal Cord Injury – Types of Injury, Diagnosis and Treatment (aans.org)

MORE AT CHILDRENSMN.ORG/TRAUMA
HealthPartners Orthopedic Group
Nurses were introduced to the HealthPartners Orthopedic group and provided information regarding types of orthopedic diagnoses and related nursing care considerations of the 15-18 year old orthopedic patient via a webinar on February 22, 202. The webinar was presented by Erik Lund, MD, Nicole Hicks, PA-C, Jacqueline Tonojiro, PA-C from HealthPartners Orthopedics and Megan Schenian, BSN, RN, Allina Orthopedic Clinical Practice Coordinator, and facilitated by Melanie Kuelbs, NPN, APRN, PCNS-BC, CCRN-K, Children’s Minnesota PICU Clinical Nurse Specialist. The recorded webinar was completed by 234 staff through Self Service.

Essentials of Critical Care (ECC): Trauma Workshop
This course is designed to prepare the critical care RN to care for trauma patients according to MDH and ACS requirements. Children’s Minnesota instructors led 4 courses for 45 nurses during 2022.

Trauma Nursing Core Course (TNCC)
This course is a 1.5 day course designed to provide core-level trauma knowledge and psychomotor skills associated with the delivery of emergency nursing care to the trauma patient. Children’s Minnesota hosted four TNCC Courses for 29 nurses in 2022 to ensure TNCC certified RNs care for patients in the ED.
CHILDREN’S MINNESOTA TRAUMA SPEAKER SERIES II: YOUR WORST DAY EVER

Children’s Trauma Speakers Series: “Your Worst Day Ever” is designed to strengthen the trauma assessment skills of frontline care giver’s ability to recognize signs of life-threatening injuries and facilitate early intervention for positive outcomes of the pediatric patient while incorporating key components of recognition of complications and care for the whole trauma care team. Through use of case scenario discussions of critical life-threatening scenarios, the learner will engage in early identification of injury and anticipation of needed treatments and on-going care from stabilization through recovery. A series of seven presentations strengthens the components of the primary assessment and head to toe assessment through the continuum of care through discussion of the more critically complex scenarios encountered in pediatric trauma care.

2022 CONFERENCE PARTICIPATION

Children’s Minnesota participates in the planning of the Western Pediatric Trauma Conference each year along with other leading pediatric trauma centers from around the country. In 2022, it was held in Sonoma, CA, and Children’s Minnesota had 3 presentations as part of the event:
- James Burroughs, JD, Developing Awareness of Our Own Bias
- Laura Plasencia, MPH, RN, on behalf of Dex Tuttle and the Autism Steering Committee, Serving Patients on the Autism Spectrum: Models for Community Collaboration
- Nathaniel Kreykes, MD, Corey Matthews, MD, and Laura Plasencia, Trauma Case Study Review

Children’s Minnesota was also represented as an exhibitor at the following events:
- North Dakota State Trauma Conference
- Toward Zero Deaths

Trauma Services also donated a silent auction item at the Cornerstones in Emergency Nursing conference hosted by the Greater Twin Cities Chapter Emergency Nurses Association.

In 2021-2022, the Acute Pediatric Wound Management and Suturing Workshop was converted into a hybrid learning opportunity, with pre-recorded lectures on suture selection, laceration repair, hand injury, and more available on the Children’s Minnesota website followed by an in-person workshop where learners can practice suturing under the guidance of surgeons and emergency medicine providers. Lauren Gravelle, RN, Acute Care and Trauma Outreach Liaison, presented this new model as a Best Practice at the Trauma Center Association of America conference in 2022.
INJURY PREVENTION IN THE MEDIA

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

TRAUMA AND INJURY PREVENTION ON THE MEDIA

29 Trauma media stories in 2022

504.7 MILLION Impressions
TRAUMA REGISTRY

The American College of Surgeons (ACS) and Minnesota Department of Health (MDH) require trauma centers to maintain a registry of patients who seek care for acute traumatic injuries. Over 275 fields per patient are reviewed and abstracted from the EMR into the registry. De-identified data is then submitted to the ACS and MDH for review and benchmarking in their larger national or statewide data banks, respectively. This data can then be used for quality improvement projects, research, and to inform operational and financial decision making.
PUBLICATIONS IN 2022 RELATED TO THE CARE OF INJURED CHILDREN


Names listed in bold indicate a Children’s Minnesota professional staff member or employee.


OPEN IRB STUDIES RELATED TO TRAUMA CARE


2. Henry Ortega, MD: Potential disparities in time to opiate administration for long bone fractures in the Emergency Department. IRB#1809-113


4. Joanna Ekstrom, MD: Fellow led debriefs after resuscitations in the Emergency Department. IRB#2020-65

5. Manu Madhok, MD: Arnica and the management of pain in acute musculoskeletal extremity injuries. IRB#1812-139

6. Nathan Kreykes, MD: Prospective longitudinal trial evaluating operative vs non-operative management of pancreatic injuries in the pediatric population. IRB#1906-060


8. Amy Linabery, PhD. Combined clinical research/concussion database. IRB#1806-067

9. Amy Linabery, PhD. Caring for Adolescents with Concussion through Yoga Study (CACTYS). IRB#2022-033

10. Amy Linabery, PhD. Brief RCT for elevated anxiety sensitivity after trauma to the head (BREATHe) study. IRB#2022-028

11. Amy Linabery, PhD. Objective measurement of sleep and physical activity as predictors of recovery after a concussion (ReCESS Study). IRB#1708-116

12. Kyle Halvorson, MD. Evaluating a novel MRI biomarker to identify retinal hemorrhage: a pediatric chart review study. IRB#1812-140

13. Kara Seaton, MD. Early Prediction of Prolonged Post-Concussive Syndrome in Pediatric Concussion Patients. IRB#1304-035

14. Andrew Kiragu, MD. Ketogenic Diet Following Moderate to Severe Pediatric Traumatic Brain Injury. IRB#2022-041
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.