

State Trauma Advisory Subcommittee  
June 2, 2015  
Michigan College of Emergency Physicians (MCEP)  
Lansing, MI

Attendees: Diane Fisher, Robert Domeier, Thomas Charlton, Amy Koestner, Deanne Krajkowski, Pat Patton, and Wayne Vanderkolk

Guests: Deb Detoro-Fisher, Tammy First, Suzie Karls, Theresa Jenkins, Bob Loiselle, Cheryl Moore, Chris Mullen, Wayne Snyder, Allen Stout, Deb Wiseman, and Eileen Worden

Call Order: 9:02 a.m.

Minutes from April 7, 2015 meeting: Approved

**Old Business:**

- ❖ Allen Stout, Trauma Epidemiologist, and Suzie Karls, Trauma Secretary, were both introduced.
- ❖ The Region 6 Coordinator position will be re-posted in July. In the interim, Theresa Jenkins, Region 1 Trauma Coordinator, is covering Region 6.
- ❖ Deb Wiseman began work as the Region 5 Trauma Coordinator on May 11.
- ❖ The Trauma Destination Guideline (EMS system protocol) continues to be discussed.

**Designation:**

- ❖ The Designation Committee will meet next on August 31, 2015. Based on ACS re-verifications this year, there should be 5-7 designation applications for the committee to review.
- ❖ In-state level III and IV facilities are actively developing their trauma programs. Lakeland has been very engaged in their program development and reached out to the Section for some guidance. Region 5 and 8 Regional Trauma Coordinators, Deb and Cheryl, met with their Trauma Program Manager. Lakeland is developing trauma programs for a level III and two level IV's in their system.
- ❖ The in-state site reviewer's curriculum development is ongoing. Amy Koestner was thanked for the work she did reviewing the site reviewer documents. Once the documents are finalized they will be posted on the Trauma Section website so facilities will know what is needed to prepare for a site visit.
- ❖ The ACS describes criteria to address providers who not US or Canadian board certified and is titled "Alternate Pathway for Non-Board Certified Surgeons and Emergency Physicians". The Trauma Section received a question about Michigan's criteria for non board certified physicians in level III facilities. After researching the ACS requirements and how other states such as Minnesota addressed the issue, language was drafted for Michigan based on the current resources. The criteria stated if a physician is not board certified, they must be current in ATLS. There was discussion about the language and potential impacts on the more rural facilities. The discussion was tabled and a small workgroup from STAC will meet and discuss the issue in detail and bring their recommendations to STAC at the August meeting.
- ❖ STAC was presented with equipment lists for Level III and Level IV facilities. The lists included the original equipment from the April STAC meeting and revisions from that meeting. STAC went through the list line by line and made final recommendations which will be included in the site review process.

**Data:**

- ❖ Allen Stout reported that a requirement of designation is quarterly data submission in ImageTrend. The next call for data is July 15<sup>th</sup>. Only completed charts should be submitted. Any incomplete charts can be filled in at the next submission. Tammy has been working with Allen and the Regional Trauma Coordinators to ensure the designated facilities are up to date on data submissions. It was suggested that regular reminders go out to ensure facilities are aware of the data submission dates 6 weeks in advance which the Dept. will do.
- ❖ Allen reported that half of the designated facilities are up to date on data submissions and there are 78,000 records total in ImageTrend.
- ❖ Deanne mentioned that the Michigan Trauma Coalition is interested in holding a state trauma registrar training.

## **Regional Trauma Reports:**

### **❖ Region 1:**

**Presented by: Theresa Jenkins, Region 1 Trauma Coordinator**

#### **Work Plan Objectives Recently Completed:**

1. Region 1 Injury Prevention Committee completed our IP Resource document. This has a listing of what hospitals offer what injury prevention initiatives and who to contact. To go along with the resource the committee developed a regional plan. This plan details why we need injury prevention, what our goals are and how we as a region plan to obtain those goals.
2. Region 1 RPSRO committee met on April, and reviewed 2 PI project suggestions for 2015. We are looking at EMS run report linkage to the hospital EMR and trauma transfers within Region 1 hospitals.
3. A first draft of the Region 1 Education Plan was presented to the RTAC in April for review and suggestions. Several suggestions were requested so the plan is being reworked by the group.
4. Region 1 had a big turnout for the TPM class. We are currently working on what information that the attendees want to expound on in an educational session in the fall. Our Level 3 and 4 support group regularly bring questions to the group. Most of the questions posed have been answered and resource material has been supplied.
5. Allegiance Hospital has contacted ACS for their verification visit. Currently they cannot get a visit until 2016. While they wait the Jackson County MCA has granted them provisional status.

#### **New initiatives:**

1. Region 1 has a few train the trainer coaches regarding injury prevention courses. Since our regional goals for IP focuses on elderly falls and car seat use, the IP committee is working towards having someone in every facility trained in *Matter of Balance* and car seat checks. We are working on getting these trainings set up.
2. We are still working on getting all the data back from our survey in EMS run sheets linking to trauma charts. Once we have the data in place we will take the information to the RPSRO to review. The group also decided they would review any surgical airways in the field and any airways unsuccessful after 2 attempts. We will be working with one of our EMS educators and QA personnel.
3. The IP committee is in the process of deciding on a tool for each facility to use to record information on injury prevention. This will help us to reflect a more accurate number of groups/individuals reached in our region.
4. It was decided at the RTAC a packet will be put together at the end of each application year which has the yearly report, our injury prevention report and minutes and attendance logs from each meeting so that hospitals have the documentation they need for verification/designation visits.

### **❖ Region 2 South:**

**Presented by: Wayne Snyder, Region 2 South Trauma Coordinator**

#### **Work Plan Objectives Recently Completed:**

1. Collaborating with the Healthcare Coalition and Detroit Metro Airport on multi-casualty, multi-jurisdiction trauma incident tomorrow, June 3<sup>rd</sup>.
2. Adopted the Healthcare Coalition Communication Plan for redundant communications.

3. The formal delineation of the oversight relationship between trauma medical directors and EMS medical directors is established in bylaws.
4. A newsletter has been developed to communicate to regional trauma care providers about new protocols and trauma treatment approaches.

**New initiatives:**

1. The Injury Prevention subcommittee has approached the University of Michigan Injury Center to investigate and identify collaborative IP initiatives.
2. The Data Subcommittee is investigating data reports available in Image Trend. An initiative to have all facilities current through 2014 is in process.
3. The initial monthly Education Newsletter was distributed to all Trauma Program Managers containing a brief education topic and suggested quiz questions that each facility can use for their internal education plan. Each facility will provide a topic for one month of each year.

❖ **Region 2 North:**

**Presented by: Chris Mullen, Region 2 North Trauma Coordinator**

**Work Plan Objectives Recently Completed:**

The regional facilities are moving forward with program development, preparing for verification and designation. Troy Beaumont is scheduled for an ACS verification visit on June 4. The Injury Prevention subcommittee is active and had a presence at the 4H fair focusing on gun safety and bicycle helmets. They were able to secure 50 gun locks and helmets for children at the fair. The RTAC met and are currently working to finalize the communication guidelines for their region as it was presented at their May meeting. The RTN will meet with the new Region 2N Trauma Coordinator to organize an approach to addressing the work plan objectives and regional trauma development.

Communication with facilities is ongoing, addressing issues related to software compatibility and the state registry.

❖ **Region 3:**

**Presented by: Bob Loiselle, Region 3 Trauma Coordinator**

**Work Plan Objectives Recently Completed:**

1. Trauma Triage, Transport and Destination Draft Protocol edited for grammar and sent out to all Region 3 Trauma Network Boards for their approval and letter of support. Documents will then be submitted to the state for review.
2. Region 3 Professional Standards and Review Organization have started signing and submitting their Data Use Agreement to Bob Loiselle. Several PSRO members need to submit the agreements.
3. All Region 3 ACS Verified Level I, II and III Medical Centers are now State Designated.
4. Region 3 RTAC met on April 28<sup>th</sup>, 2015. In addition to the discussion on the Trauma Triage and Destination Protocol the Trauma Surgeons in attendance questioned who at the state approves EMS protocols and if Trauma Surgeons are involved in the protocol development. They had concerns with the new State Trauma Spinal protocols.

5. The Region 3 Education Subcommittee met and also discussed presenting an education offering on the Spinal protocols. Genesee County has a program they are using to educate EMS personnel that they received from Washtenaw and Livingston Counties.

**New initiatives:**

1. Inter-facility Transport Protocol Development
2. Region 3 Injury Prevention and Trauma Education Subcommittees are working to develop a process for a regional needs assessment in their respective areas. The education subcommittee assumed the control of the Region 3 Trauma Symposium and they are in the process of organizing the 2016 Trauma Symposium as well as looking at regional EMS training programs.
3. RTAC will convene a committee of Region 3 representatives and 911 Dispatch Directors to develop discussions aimed toward the development of a regional trauma dispatch protocol.
4. Continue the development of the RPSRO. They will meet immediately prior to the July 28<sup>th</sup> RTAC Meeting.
5. Continue to encourage potential Level III and Level IV Medical Facilities entering trauma data into the State Trauma Registry so they will be ready to move through the in-state verification and designation process.

❖ **Region 5:**

**Presented by: Deb Wiseman, Region 5 Trauma Coordinator**

**Work Plan Objectives Recently Completed:**

The role of Region 5 Trauma Coordinator was assumed four weeks ago. The past month has been spent meeting key stakeholders, and partners, setting up visits to facilities to determine what their status is regarding trauma level verification and potential designation, attending MCA meetings.

**Region 5 Trauma System specific update:**

- RTN and RTAC meeting was cancelled for May, next meeting August 27<sup>th</sup>, 2015
- Injury Prevention and Education sub-committees have merged (same players)
  - “Implementation Plan” awaiting review and approval at next RTN/RTAC meeting.
  - Plan is for fall prevention, child safety (helmets, bikes, car-seats), as well as Distractive Driving – Bronson Methodist’s course that is shared throughout the Region.
  - Specific safety initiatives – scarf related ski injuries, boating accidents that are seasonal yet need addressing in the Region being brought to the committee.

❖ **Region 6:**

**Presented by: Theresa Jenkins, covering for vacant Region 6 Trauma Coordinator**

**Work Plan Objectives Recently Completed:**

1. The Region 6 trauma network has continued to meet without an RTC. Eileen and I meet with leadership from the RTN and discussed moving forward on application initiatives.
2. One of the first tasks I have taken on is updating the contact lists and the committee membership lists. I will be sending out information to the R6 partners on educational opportunities, SOM information and R6 meetings.
3. The RPSRO met May 29<sup>th</sup>. The group is very organized and has met their SMART objectives through 2015. We discussed strategies for reviewing data or requests that come into the committee.

4. We will be bringing the TPM's from each of the R6 hospitals to discuss barriers to becoming verified and potential educational offerings.
5. There was a discussion at the RPSRO on how to engage the hospitals executives in the trauma program. This will be brought up at the RTAC meeting for discussion.

❖ **Region 7:**

**Presented by: Deb Detro-Fisher, Region 7 Trauma Coordinator**

**Work Plan Objectives Recently Completed:**

1. The Medical Oversight committee has developed and submitted the Region 7 Transfer Guidelines document to the RTAC for approval at their next meeting.
2. The consensus of the committees is to suspend any more work on additional policies, procedures, and guidelines until such time as communication issues with the QATF are resolved and clear direction is provided as to what needs to be altered/changed in the Northern MI MCA "Destination Protocol" to obtain approval (which was developed to serve as the regional protocol template).

**New initiatives:**

1. The first draft of the regional injury prevention plan is currently in development and will be presented to the Injury Prevention Committee at their August meeting.
2. The first draft of the regional performance improvement plan is currently in development and will be presented to the RPSRO for comment at their August meeting.
3. Verification / Designation: A workshop was held for new Level III and IV trauma program managers for the purposes of reviewing the ACS and SOM guidance, developing an initial action plan and establishes a support network.
4. The RTN is in the planning stages of their semi-annual strategic planning session in July.

❖ **Region 8:**

**Presented by: Cheryl Moore, Region 8 Trauma Coordinator**

**Work Plan Objectives Recently Completed:**

1. Bypass and Diversion subcommittee developed a Region 8 map and guide that indicates receiving facilities and ground transportation travel distances.
2. Citizen Access and Communication subcommittee has collected information on the pathways between dispatches in Region 8.
3. Education subcommittee has developed, and distributed an education survey for region 8 stakeholders.
4. Injury Prevention subcommittee developed and distributed a survey to stakeholders in region 8 stakeholders.
5. Medical Oversight and Triage subcommittee has reviewed and approved the CDC Field Triage Guidelines for pre-hospital providers.

### **New initiatives:**

Region 8 TPM met with partners as a follow-up to the MTC's Trauma Program Managers course. They met to discuss course materials and to develop an action plan for developing hospital programs.

1. Data Management- Region 8 Image Trend users met and were joined by Allen Stout on the conference call. They continue networking, problem-solving, and providing feedback to Allen on current issues.
2. Region 8 TC- Cheryl is meeting with each hospital TPM and developing their specific, detailed action plan in developing the hospital's trauma program. These meetings are lengthy, lasting 6 or more hours per hospital.
3. Google Group-Region 8 has developed this to utilize a shared account. This account is managed by Cheryl Moore. The account contains trauma forms, documents, templates, samples, etc.

### **New Business:**

- ❖ A data report will be an ongoing piece of the STAC agenda moving forward.
- ❖ Risk adjusted benchmarking will be discussed at the August STAC meeting.

The next STAC meeting is **Tuesday, August 4, 2015** at Michigan College of Emergency Physicians

Meeting Adjourned: 10:35 a.m.