

State Trauma Advisory Subcommittee  
October 7, 2015  
Michigan College of Emergency Physicians (MCEP)  
Lansing, MI

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

Guests: Kathy Crystal, Deb Detro-Fisher, Tammy First, Theresa Jenkins, Suzie Karls, Bob Loiselle, Cheryl Moore, Allen Stout, Deb Wiseman, Eileen Worden,

Call Order: 9:03 a.m.

Minutes from August 4, 2015 meeting: Approved

**Old Business:**

- ❖ Interviews were held for the Region 6 Coordinator position. There is one candidate in the queue and hopefully a conditional offer can be made soon.
- ❖ There was nothing new to report on the Michigan System Protocol – Trauma Destination Guidelines. Region 7 and Region 3 have Trauma Destination protocols approved.
- ❖ Trauma Band is a proof of concept project started in May with 7 agencies (3 Life Support Agencies and 4 Acute Care Facilities) and concluded at the close of the fiscal year. It was modeled after the successful Arkansas program where an injured patient is banded in the field with a unique alphanumeric band. The unique identifier is added to the pre-hospital patient care record and the trauma registry at the respective facilities. The intent is to determine if the identifier can be tracked from point of injury through definitive care, allowing for definitive rather than probabilistic matching. Now that the project is complete, an evaluation of the project will be conducted including key informant interviews where challenges and successes will be discussed. One reported success was a trauma band following a patient all the way to a nursing home.

**Designation:**

- ❖ The Designation Subcommittee met on August 31, 2015 and had eight re-designation applications to review. All trauma facilities were recommended for re-designation. The next committee meeting is on November 3, 2015 and there is a potential for five designation applications.
- ❖ The Trauma Section held two in-state site review team trainings and has one more scheduled for November 12, 2015. Both trainings were well attended and the post training evaluations were positive. An effort was made to adjust the trainings based on feedback given in the evaluations. The trainings emphasized education, and reinforced the idea of following any critique with recommendations to address the issue. The groups were advised to practice with the tools and documents at their own facility to get a better feel for the site visit day in order to be fully prepared to conduct the visit. Contributors were thanked for devoting their time and expertise to the development of these trainings. So far, there is a 99% attendance rate at the trainings which speaks to the commitment of the trauma community. The November 12 training will be the largest. Dr. DeCou and Sherri Veurink-Balicki will be facilitating the training. After November 12, the department will be ready to begin site visits. After each site visit, the trauma facility will be sent an evaluation to complete.
- ❖ A policy has been developed for focused reviews. The policy mirrors the ACS policy. If a trauma facility has NO type I deficiencies and THREE or fewer type II deficiencies, they will be eligible for a one year verification/designation. A focused review will occur within the ensuing 12 months to ensure the deficiencies are corrected. The focused review will be either on-site or through the submission of documentation. The Designation Subcommittee will provide their expertise regarding which reviews can be conducted via paper documentation and which require a return (limited) site visit. This policy and criteria will be refined as the program matures. A vote was called and the adoption of the focused review policy was approved.

## **Regional Trauma Reports:**

### **❖ Region 1:**

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

#### **Progress on Work Plan Objectives:**

1. The RTAC discussed a regional destination protocol: how it will work in the region, and how provisional status will be handled at the local and regional protocol level. The group will wait for the state model protocol to be released and then create a regional protocol for approval by the RTAC.
2. The RTN is meeting to discuss the format for facilities to declare verification level intent. The group will also look at operating processes, and recommend changes or improvements.
3. The medical oversight committee will meet before the end of the year to evaluate regional work from a patient care perspective. This group will also look at educational offerings, RPSRO process and injury prevention plans, and make suggestions for 2016.

#### **New initiatives:**

1. Region 1 held an educational session in lieu of the September RTAC. The 2 trauma center program managers shared information and suggestions on trauma team members, activations, policies and process improvement. Each level III and IV program manager received a binder containing sample activation tiers, trauma policies, and the state documents for verification. The session was well attended and several requests were made for another session focused on data.
2. All Region 1 facilities except one will be seeking verification. The facility not seeking has agreed to share data and continues to receive regional emails and information regarding trauma.
3. Allegiance held a well-attended trauma conference with many of the speakers from Michigan hospitals addressing pertinent clinical practices.
4. A meeting is planned with the leadership of Hillsdale Hospital to discuss the regionalization process, and regional trauma system development.

### **❖ Region 2 South:**

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

#### **Progress on Work Plan Objectives:**

1. Approved RPSRO confidentiality agreement, RPSRO Process Policy, RPSRO Case Referral Policy and Case Referral Flow Chart.
2. Distributed the 5<sup>th</sup> Region 2 South RTAC Newsletter. Although a communications objective is never really complete, the format of the newsletter, for use as a component of a trauma center's "internal education plan" is gaining acceptance across the region. The Education Subcommittee continues to enlist partners in providing clinical education content for each issue.
3. The Field Triage and Destination protocol has been distributed to the MCAs for comment and/or final approval.

#### **New initiatives:**

1. Two hospitals are actively engaged in pursuing in-state verification/designation at Level III, and one hospital is currently in the ACS Level III process with several others anticipated to pursue Level IV verification/designation. One of the region's free standing emergency departments has also expressed an interest in Level IV verification/designation.

2. The Data Subcommittee will be investigating what types of ad hoc data are useful for the RPSRO and may be obtained directly from the region's hospitals rather than from ImageTrend.
3. The Communications Subcommittee compiled a list of the various medical priority dispatch systems utilized in the region. A subgroup is now assembling dispatch process maps for the various dispatch centers which will trace the flow of an EMS call from PSAP to the hospital.

❖ **Region 2 North:**

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

**Progress on Work Plan Objectives:**

1. The region is working very diligently at strengthening its trauma system design. The RTN recently met to develop and ensure the by-laws are being supported and followed for voting and operational input.
2. The region continues to develop and grow as evidenced by the increasing amount of regional data entered in the trauma registry.
3. The region has demonstrated strong injury prevention support by organizing and putting on multiple "Matter of Balance" instructor classes.
4. The area has increased the number of verified trauma centers with the verification of Providence Hospital as a Level II ACS verified adult and pediatric trauma center. In addition, there have been two reverifications in the region.

**New initiatives:**

1. The region is now focusing on the development of the RPSRO and providing technical assistance to level III and IV trauma centers who have committed to verification.

❖ **Region 3:**

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

**Progress on Work Plan Objectives:**

1. Region 3 Organizational Subcommittee met on September 22<sup>nd</sup>, 2015 to review and revise the regional work plan for 2016.
2. Implementation of the Region 3 Trauma Triage and Destination Protocol is scheduled for January 1<sup>st</sup>, 2016.

**New initiatives:**

1. RPSRO and RTAC will review data that is available to the group from the registry. Allen Stout, Trauma Section Registrar/Epidemiologist, will attend meetings on October 27<sup>th</sup>, 2015 and present information on data collection.
2. The Trauma Triage and Destination Subcommittee began work on the development of a Regional Inter-facility Transfer Protocol.
3. RTAC will convene a committee of Region 3 representatives and 911 Dispatch Directors to discuss the development of a regional trauma dispatch protocol.
4. Potential Level III and IV Trauma Centers were advised of the process for submitting a "Letter of Intent" and the Pre-Review Questionnaire (PRQ) to the Region 3 Trauma Network Board. The RTN will develop a plan for monitoring the progress of the facilities as they move towards verification and designation.

❖ **Region 5:**

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

**Progress on Work Plan Objectives:**

1. RTN & RTAC meetings were held August 27<sup>th</sup>, 2015 in Kalamazoo at Borgess Medical Center. Attendance was good for most facilities with a mix of physicians, nurses, and data registrars attending.
2. The Regional Trauma Coordinator (RTC) met with Dr. Stewart, the chair of the RTN, to discuss plans for increasing physician attendance. The top priority remains the RPRSO development and activities.
3. The next RTN and RTAC meetings will be in Kalamazoo, at Bronson's facilities on November 19<sup>th</sup>.
4. Two facilities in the region have not yet made a determination regarding trauma verification.

**New Initiatives:**

1. All facilities were asked to submit a letter, by November 19<sup>th</sup>, to the MCA for the purpose of declaring the verification level they intend to pursue. Bronson Methodist is already verified as an ACS Level I Center and Borgess Medical Center is an ACS Level II Center. Lakeland Regional (St. Joe's) has elected to become an ACS Level III facility and has an ACS consultative visit the last week of September. A majority of facilities have already provided the letters of intent.
2. Cooperation and sharing of educational offerings and assistance with data continues within the region.
3. The RTC met with MCAs to communicate regionalization updates.
5. The Regional MCA Network (RMCAN) met prior to the RTN and RTAC meetings but had low physician attendance. Holding the RMCAN meeting immediately after the RTN meeting was suggested in an effort to be considerate of physician time and to assist with attendance. The RTN and others supported this request. The Regional MCA Network meeting will follow the RTN meeting November 19<sup>th</sup>.

❖ **Region 6:**

**Presented by: Theresa Jenkins, acting Region 6 Coordinator**

**Progress on Work Plan Objectives:**

1. The Region 6 RTC interviews are complete and a qualified candidate was identified. Coverage by the acting Regional Coordinator will continue until the position is filled.
2. RTC continued support for trauma system development by attending the Region 6 RTAC/RTN meetings. The next meeting is scheduled for October.
3. The RTAC workgroup is gathering information regarding Region 6 hospitals, contacts, hospital capabilities, destination protocols, and any state level information outlining hospital services provided related to systems of care (trauma, stroke, MI).
4. Region 6 hospitals and EMS are using EMtrack to enter lower acuity incoming EMS patients into the system, foregoing radio calls. This effort will be monitored to determine its efficacy for the region as a best practice.

**New initiatives:**

1. Spectrum held a training session for its hospitals regarding RTAC/SOM resources, a GAP analysis on trauma program needs, trauma activation, and PIPS. A training for registrars on data entry is also planned.
2. Region 6 (Kent Co.) is working on an EMS TXA protocol.

❖ **Region 7:**

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

**Progress on Work Plan Objectives:**

1. Region 7 Injury Prevention Committee is gathering information needed to create a regional injury prevention resource guide as a component of the injury prevention plan.

2. The Region 7 Education Committee completed the final draft of the education and training recommendations for physicians, nurses, and EMS personnel. These recommendations will be presented at the RTAC meeting in November.

**New initiatives:**

1. The RTN is collecting letters from each hospital declaring intended level of trauma verification.
2. A regional trauma summit is planned for December 2015.
3. The RTN is examining ways to collaborate with the newly formed Region 7 MCA Network.

❖ **Region 8:**

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

**1. Progress on Work Plan Objectives:**

2. RPSRO committee, which meets every other month, will look at regional data in October. (This is the first data this committee will review).
1. RTAC meets October 13, 2015, and is currently updating objectives and timelines in order to meet defined goals. The RTAC has noticed an increase in stakeholders requesting participation in regional activities.
2. An education survey was disseminated to over 200 people and agencies in the region, and responses are now being collected.
3. Individual hospitals will send letter of intent to RTN by November 2015. RTN is also asking each hospital to submit a PRQ with the understanding that these may not be complete upon initial submission.
4. The Data Management committee meets October 13<sup>th</sup>. The State Epidemiologist will attend this meeting to help answer questions, problem solve issues, etc.

**New initiatives:**

1. RTAC meets October 13<sup>th</sup> and will begin working on objectives and goals as one committee rather than many subcommittees.
2. A Comprehensive Injury Prevention survey was sent out and responses are being collated.
3. The RPSRO will review regional data at the October meeting (cause of injury, transfers, mortality).

**New Business:**

- ❖ The ACS is not requiring ICD-10 admissions until January 1, 2017. The department will mirror this process and not require ICD-10 until 2017 admissions.
- ❖ The department has developed a request for trauma data/research policy. The policy includes STAC in the review process to ensure all requests for data are scientific and for research purposes. A vote was called and the adoption of the request for trauma data policy was approved.
- ❖ Data Reports: Some preliminary reports were provided to STAC by Allen Stout using the existing data in the registry including primary cause of injury, trauma injury by age and gender, assaults (they were linked to 9.4% of the total trauma incidents in the registry and were linked to 16.8% of the trauma deaths). There are 70 facilities that have entered data in the registry in 2015. The trauma registry data has increased by 40% in the last 4 months.
- ❖ A Trauma conference will be held October 4, 2016 at Grand Traverse Resort. The MCA conference will be held the day before, October 3, 2016. The title of the Trauma conference is "Michigan Trauma Conference 2016: Building for the Future."
- ❖ The 2016 STAC meeting schedule will be provided at the November STAC meeting.

The next STAC meeting is **Monday, November 30, 2015-note day change** at Michigan College of Emergency Physicians.

Meeting Adjourned: 10:59 a.m.