

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

Attendees: Jeff Boyd, Diane Fisher, Robert Domeier, Thomas Charleton, John Fath, Amy Koestner, Deanne Krajkowski, and Mark Lowell

Guests: Deb Detoro-Fisher, Tammy First, Theresa Jenkins, Bob Loiselle, Cheryl Moore, Wayne Snyder, Eileen Worden

Call Order: 9:07 a.m.

Agenda corrected to reflect addition of Region 7 in the list of Regional Reports and under New Staff the Regional Trauma Coordinator is Region 2 North **not** Region 2 South

Minutes from February 3, 2015 meeting: Approved

Old Business:

- ❖ The Region 6 Coordinator position will be re-posted since there were no candidates. Interviews for the Trauma Section Secretary will occur this Friday.
- ❖ The Trauma Destination Guideline (EMS system protocol) is on hold as it has not been approved yet. There was discussion on the concerns from the Quality Assurance Task Force (QATF) and the destination guideline will go back to the QATF at the end of the month.
- ❖ The Trauma Program Development Course on April 14th is at capacity. The state is working with the Michigan Trauma Coalition to put on the course which will be held at Lansing Community College West. The course is designed to help Level III and IV facilities get their trauma programs started. The course will also offer an opportunity for a peer to peer support group.

Designation:

- ❖ The Designation Committee met on March 2, 2015. All 35 ACS verified facilities have been designated by MDCH. The Designation Committee will not meet again until August 31st. Due to re-verifications and new ACS verified facilities, it is anticipated there will be 5-7 designation applications to review at the August meeting.
- ❖ Trauma completed an audit of the designation applications to determine if the document performed as expected or if there was need for improvement. The suggested revisions were presented to the Designation Committee and they agreed with the revisions and had some additional revisions.

The revisions include:

- There were 22 inconsistencies between the number of ED trauma visits reported on the designation application and the 2013 certificate of need survey so the appropriate ICD-9 codes were added to clarify what the question is asking. In addition, to avoid confusion on all the questions in the resource section, the questions in the resource section of the designation application were correlated with the questions on the ACS Pre-Review Questionnaire (PRQ).
- Requiring applicants to copy and paste the regional objectives for performance improvement and injury prevention from the appropriate regional work plan onto the attachment with the brief descriptions. This will allow for easier application review and ensure the facility is working toward the appropriate objectives. Additionally, the department will be looking for more active regional participation during the second round of designation as the regions will be more robust.
- Addition of signature lines for the CEO and Trauma Medical Director.
- To strengthen assurances about what is in the Michigan Criteria; check boxes were added to the Trauma Facility Site Reviewer Application for the applicant to check which required certification they had (ATLS or ATCN). In addition, a statement that their signature certifies the information provided in the application is correct was added above the signature line.
- ❖ Letters were sent out to appointed in-state site reviewers for Level III and Level IV facilities. As responses from the letters came in, it was discovered that some of the site reviewer candidates did not have one of the required certifications, Advanced Trauma Care for Nurses (ATCN). The designation of these facilities was predicated on

this Michigan criteria being met. The Department has determined that because this is the first time this process has been implemented as long as the ATCN certification is completed prior to the site review trainings, the state will consider that the criteria has been met.

- ❖ The training for in-state site reviewers (Level III and Level IV facilities) is being developed. There will be facilitators at each session, a Trauma Medical Director (TMD) and a Trauma Program Manager (TPM). The trainings and the facilitators are listed below:
 - August 13th: Gaby Iskander, TMD, and Amy Koestner, TPM, both from Spectrum Health Butterworth
 - September 17th: Beth Fasbinder, TPM, Henry Ford Hospital; TMD – to be determined
 - November 12th: James DeCou, TMD, Helen DeVos Children’s Hospital; Sheryl Veurink-Balicki, TPM, Mercy Health Saint Mary’s

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 Injury Prevention Resource document. This has a listing of what hospitals offer what injury prevention initiatives and who to contact.
2. Region 1 has the RPSRO committee staffed, and we are getting data agreements signed now. We have our first meeting set for April, and have 2 PI projects 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 has been drafted and will be presented to the RTAC in April for review and suggestions.
4. I regularly send out group emails with educational offerings, trauma related articles and information to the RTN and RTAC membership. We ultimately want to establish a quarterly newsletter. The draft of the newsletter is complete, and will ultimately need to be approved by MDCH before being utilized.
5. It was decided that the R1 Medical Oversight committee will be made up of the members of the Trauma Steering Committee (outlined in our bylaws) and the MCA representatives. This committee will meet at a minimum of once a year with a goal of reviewing policies and protocols within the region and assess how they are working and what could be improved.

New initiatives:

1. We have created a committee made up of staff from the hospitals from the facilities who will be seeking Level 3 and 4. It is, for a lack of better terms, a support group for the staff as they will be facing many of the same issues. This group has been provided an email list serve and contact information. If the group or I do not have the information or resources available, I reach out to the other regions for assistance.
2. We are in the initial planning phases of a half day educational session to be held in the fall. The hospitals seeking Level 3 and 4 in my region have asked for this session. All but 2 of the R1 facilities have someone attending the TPM training course in April, and the group thought this session could be used to address areas they identify as they begin their verification process. ImageTrend is a standing request for these sessions.
3. Region 1 has 3 EMS agencies participating in the Community Paramedic special projects. 2 of the agencies came to the last RTAC meeting and presented their programs. These programs do “safety checks” in homes, and as falls is one of the focuses for our regional injury prevention, I the inclusion of staff from these programs would be a great way to include EMS in our IP committee.
4. At the next IP meeting we will be looking at opportunities to do IP outreach at community events. I would like the group to pick 1 event where staff could have a booth with trauma injury prevention information. Region 2N did this last year and it was very successful.
5. Sparrow is having a trauma symposium on April 16th. Information has been sent out to all R1 partners.

❖ **Region 2 South:**

Presented by Wayne Snyder, Region 2 South Trauma Coordinator

Work Plan Objectives Recently Completed:

1. An Education Plan for Levels 1-2-3 was completed and approved by the RTAC.
2. An inventory of injury prevention program offerings by the region’s hospitals was completed.
3. A Trauma Destination Guidelines protocol was developed and approved by the RTAC.

New initiatives:

1. The Injury Prevention subcommittee is investigating the possibility of working with the U of M Injury Prevention Center on a collaborative IP project.
2. The Education Subcommittee is developing a monthly educational newsletter that can be used for internal education credits.

❖ **Region 2 North:**

Presented by Theresa Jenkins, covering for vacant Region 2N Trauma Coordinator

Work Plan Objectives Recently Completed:

1. The Region 2N Education Committee has completed their draft education plan and will submit it at the next RTAC meeting for final approval.
2. The Region 2N Trauma Treatment committee has created a questionnaire involving trauma transfers in the region. All Level 1 and 2 centers will be entering information for a 3 month period and all other facilities for a 1 month period in the summer. The committee will look at initial hospital choice and timeliness of transfer.
3. The Trauma Operations committee has created their draft communications protocol to address communications in an MCI/Disaster event. This protocol will go out to the committee for review.
4. I regularly send out group emails with educational offerings, trauma related articles and information to the RTN and RTAC membership. This has allowed the regional facilities to share information with the trauma group, and has allowed me to assure we have all the trauma partners on the contact list.
5. The Injury Prevention committee meets monthly and has recently sent out a survey to all EMS partners looking at what IP programs are offered by the different agencies.

New initiatives:

1. The Injury Prevention committee is currently working on putting together a schedule for attendance at the SCC 4H fair. Each of the facilities in R2N will man a booth at the fair to increase injury prevention awareness. Last year the group attended the Dream Cruise in Oakland County.
2. The Data Committee met and decided their task was to make sure all the 2N facilities are entering data into ImageTrend. The group will also help to answer questions and provide support as needed.
3. The Trauma Triage committee is working on Diversion Protocol to be accepted by each MCA. This protocol will look at bypassing facilities in order to proceed to a higher level trauma center depending on patient condition and CDC triage guidelines.
4. The IP committee will be looking at a way to measure the number of R2N residents impacted by Injury Prevention events. They would like to have this information included in future yearly reports

❖ **Region 3:**

Presented by: Bob Loiselle, Region 3 Trauma Coordinator

Work Plan Objectives Recently Completed:

1. Trauma Triage, Transport and Destination Draft Protocol Completed
2. Region 3 Professional Standards and Review Organization seated and initial meetings held.
3. All Region 3 ACS Verified Level I, II and III Medical Centers are now State Designated.
4. Region 3 Trauma Symposium presented this past March.
5. Majority of Region 3 potential Level III and IV Medical Facilities are entering data into the State Trauma Registry.

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.
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.
5. Region 3 hope to have all potential Level III and Level IV Medical Facilities entering trauma data into the State Trauma Registry and begin the instate verification and designation process.

❖ **Region 5:**

Presented by Eileen Worden, State Trauma Program Manager

Work Plan Objectives Recently Completed:

Regional Coordinator position vacant however work groups and committees continue to meet. The Injury and Education subcommittee is meeting monthly. They are making progress on objectives. RPRSO met at the same time and they are organizing. Dr. Fales offered to look at available EMS data from MCA to add to discussion about regional trauma system metrics that may be valuable to consider. There was also a discussion about the time needed to collect actionable data. Dr. Rohs lead the RTN meeting with Bob Hale former RTC staffing the discussion. Dr. Rohs mentioned that they are willing to go out to potential Level III and Level IV facilities to help them develop their program. There was also a discussion about time lines, inaugural designation period and when the in-state verification team would be ready and what facilities need to do to get their trauma programs ready for a site visit.

❖ Region 6:**❖ Presented by Eileen Worden, State Trauma Manager****Work Plan Objectives Recently Completed:**

The Region has been without a Regional Trauma Coordinator since December, one posting did not provide any viable candidates. Theresa Jenkins has offered to fill in until a new coordinator can be hired. The Region remains engaged in trauma program development and continue to meet regularly.

❖ Region 7:**Presented by Deb Detoro-Fisher Region 7 Trauma Coordinator****Work Plan Objectives Recently Completed:**

1. The Medical Oversight Committee developed and submitted for approval the Region 7 Trauma Bypass and Destination Protocol for EMS personnel
2. The Trauma Education Committee completed a regional trauma education needs assessment to identify gaps in training
3. The Regional PSRO has been established and is beginning the process of developing policies and procedures.

New initiatives:

1. The Region 7 Operations Committee established a communications workgroup composed of medical control physicians, emergency managers, 911 directors, EMS personnel, HCC staff, and trauma personnel to develop a regional communications plan.
2. The Region 7 Medical Oversight Committee has drafted a regional helicopter auto-launch protocol.
3. The Region 7 Medical Oversight Committee has drafted a regional transfer policy for hospitals.
4. The Region is establishing a trauma program manager workgroup to facilitate the verification and designation process for prospective level III and IV trauma care facilities. The workgroup will be a forum for sharing lessons learned and best practices.

❖ 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:

1. Bypass and Diversion subcommittee is working on a standard bypass plan to provide to region 8 facilities, providing congruent bypass guidelines for all region 8 facilities pending appropriate approval.
2. Citizen Access and Communication subcommittee will develop a pre-arrival tool, containing minimum standard questions, for all region 8 dispatch centers pending appropriate approval.
3. Education subcommittee chairperson will participate in conference call with all regional Education subcommittee chairpersons with goal of providing direction and continuity of education guidelines for all of the regions.

4. Injury Prevention subcommittee is currently developing a comprehensive survey and will distribute to a larger group of stakeholders in region 8.
5. Medical Oversight and Triage subcommittee will meet with region 8 EMS directors to review procedures relative to communications, pre-hospital triage, treatments, and transport protocols and EMS protocols.

Update:

- ❖ The Trauma Epidemiologist and Regional Trauma Coordinator for 2 North positions have been filled. The Trauma Epidemiologist will start April 20th and 2 North Regional Trauma Coordinator will start on April 13th.
- ❖ Trauma is developing a pilot project called the Trauma Band Project. The project mirrors Arkansas. A unique identifier will be placed on the patient in the field and follow them all the way through definitive care. The pilot will involve agencies in Regions 3 and 7 and will start on May 1st.
- ❖ The Regional Reports will be published in the near future.
- ❖ STAC was presented with equipment lists for Level III and Level IV facilities. Trauma wanted the committee's expertise on what is outdated or missing. The lists are a compilation of the ACS orange book and the administrative rules. Two of the suggested revisions at the meeting were removing venous cut down and spine immobilization boards. Tammy followed up after the meeting with an email inquiring if there were any additional revisions.

Additional revisions included:

- Revise "Electrocardiograph/oscilloscope/defibrillator" to "Cardiac monitor/defibrillator/pacer"
- Revise "Mechanism for IV fluid volume control" to "IV fluid infusion pumps"
- Revise "Spine immobilization boards and c-collars" to "C-collars and procedures for maintaining spinal precautions"
- Add "waveform capnography" to "End-tidal CO₂ detector"
- Revise "Communication with EMS" to "EMS communication equipment compliant with Michigan Medcom Plan"
- Add massive transfusion protocol under ED
- Add OB delivery or C-section tray under ED
- Add hazmat equipment under ED
- Add splints/pelvic binders/tourniquets under ED
- Add ultrasound and MRI under ED
- ❖ All suggested revisions to the equipment lists for Level III and Level IV facilities will be reviewed at the next STAC meeting in June.
- ❖ Trauma and the Office of Legal Affairs are completing Adm. Rule related policies such as Regional Trauma Network Appeal, Designation Appeal, and Withdraw of Designation. They will be sent to STAC and then made available on the website.

The next STAC meeting is **Tuesday, June 2, 2015** at Michigan College of Emergency Physicians

Meeting Adjourned: 10:40 a.m.