State Trauma Advisory Subcommittee
June 3, 2014
Michigan College of Emergency Physicians (MCEP)
Lansing, MI

Attendees: Diane Fisher, Pat Patton, Robert Domeier, Thomas Charleton, John Fath, Wayne Vanderkolk, Mark Lowell, Amy Koestner, Deanne Krajkowski, Eileen Worden
Guests: Harvy Holland, Wayne Snyder, Theresa Jenkins, Bob Hale, Cheryl Moore, Deb Detro-Fisher, Diana Ropele, Tammy First, Kevin Putnam, Maria Willoughby-Byra

Call Order:

Minutes from April 1, 2014 meeting: Approved

Old Business:

- EMSCC approved Region 2 South and Region 8 Trauma Network applications
- Verification/Designation Coordinator Tammy First (hired May 19) was introduced

New Business:

- A Data Summit is in development, Trauma Administrative Rules require that a state trauma data advisory group be established. The EMSCC has Data Executive, Data Input and Data Output committees already established. A data strategic planning meeting that will include trauma and EMS is scheduled for August 27, 2014 at Michigan College of Emergency Physicians. Trauma has identified seven content experts who have agreed to serve on the committee along with EMS data experts.

- A discussion about Spinal immobilization was requested by Dr. Domeier.
  The following documents were sent prior to the meeting as background:
  - Michigan Adults Treatment Protocols *Spinal Injury Assessment*
  - Michigan Adults Treatment Protocols, *Spinal Precautions*
  - Position Statement from National Association of EMS Physicians and American College of Surgeons Committee on Trauma *EMS Spinal Precautions and the Use of the Long Backboard*
  - Resource Document; *EMS Spinal Precautions and the Use of the Long Backboard-Resource Document to the Position Statement of the National Association of EMS Physicians and the American College of Trauma Surgeons Committee on Trauma*
    White, Chelsea MD et al.

  Dr. Domeier presented the documents and discussed the paucity of efficacy evidence to support the use of backboards with the exception of difficult extrication. The use of back boarding has demonstrable negative impact (pressure sores, respiratory compromise, and pain). Dr. Domeier has suggested that the EMSCC and QA taskforce recommend that patients with a positive assessment would have a cervical collar placed but not boarded. A negative assessment would not require spinal precautions. There was discussion in the group about the recommendation that patient's over the age of 65 with a mechanism of injury have a cervical collar applied even if the spinal injury clinical exam is negative. Dr. Domeier mentioned the lack of data that supports this recommendation however data suggests that because outcomes from injuries in this age group are generally poorer, it is prudent to continue to apply a cervical collar until research indicates otherwise. Considerable education of the pre-hospital providers will need to be done to address this. STAC voted to support the recommendations.

- The Designation Subcommittee was discussed. The EMSCC has approved the formation of the committee and it has been added to the bylaws and organizational chart. An application has been created as well as a draft Guidance Document. The Regions will be asked to recommend applicants to the department for consideration. The group will consist of 17 members and one Chair. The committee members will consist of board certified surgeons, board certified emergency department physicians and Level I and Level II trauma program managers. The Committee will review all designation applications as well as in-state verification team reports and make

recommendations regarding designation and verification to the department. It is expected that the members will serve a three year term. The details about the committee, reporting formats, meeting venue have yet to be determined. The application letter and form were shared with STAC; minor edits were noted and subsequently corrected before dissemination.

- The Designation Process was discussed. The draft Designation Applications for ACS verified trauma facilities were discussed as well as the Michigan Criteria outlined in the Administrative Rules. The Administrative Rules state that Level I and Level II facilities will "provide staff assistance to the department in the designation and verification process of community trauma facilities and trauma support facilities contingent upon sufficient funding being appropriated". The Trauma Section has been drafting plans to address this in the application process. An application was drafted for review by STAC for Level I and Level II trauma facilities to recommend (at a minimum) two staff members to be considered for the site review teams. STAC recommended that a signature line be added to the form to ensure that the applicant acknowledged the potential appointment. Discussions are ongoing about this process and detailed plans for site reviews which consider time commitments, number of facilities reviewed, travel, training, timelines and resources are. More of this will be discussed as the processes develop. Dr. Patton expressed his concern about the resource requirements for this portion of trauma system development. This was acknowledged as an important part of the planning and ongoing discussions. Per discussion the application forms will be modified and submitted to STAC for review. A Pre-Review Questionnaire for Level III and Level IV is in development and a draft will be shared as soon as it is completed.

The next STAC meeting is **August 5, 2014** at Michigan College of Emergency Physicians