

State Trauma Advisory Subcommittee  
June 5, 2019  
Bureau of EMS, Trauma & Preparedness  
Lansing, MI

Attendees: Jeff Boyd, Robert Domeier, Beth Fasbinder, Gaby Iskander, Jill Jean, Howard Klausner, Allan Lamb, Dawn Rudgers and Wayne Vanderkolk, Kathy Wahl

Guests: Helen Berghoef, Amy Bohner Doug Burke, Tammy First, Deb Detro-Fisher, Theresa Jenkins, Denise Kapnick, Bob Loiselle, Cheryl Moore, Lyn Nelson, Jennifer Strayer, Eileen Worden, MDHHS Audit Team

Call Order: 9:01 a.m.

Minutes from April 2, 2019 approved.

**Old Business:**

- ❖ **Review of Draft Strategic Plan:** The draft *Michigan Trauma System Strategic Plan 2018-2023* was sent out with the meeting materials for review. The plan is reflective of the Mission, Vision and priorities identified at the townhall, the five Expert Writing Groups work (Administrative, Operational and Clinical, Data Collection, System Assessment and Evaluation and Trauma Education and Injury Prevention) and the foundational documents; *Model Trauma System Planning* and the *Statewide Trauma System Administrative Rules* published in May 2017. The priorities listed in the document considers what could be accomplished in the next 12 months. The subcommittee was asked if they were prepared to vote to regarding the document at this meeting or defer for further review and a vote in August. The consensus was to hold a vote, the results were unanimous approval of the *Michigan Trauma System Strategic Plan 2018-2023*.

**Designation Report:**

- ❖ Currently, 87 facilities are designated, 10 site visits have been scheduled including 2 on-site focused reviews. There are 26 hospitals in the queue waiting for a site visit. The Designation Subcommittee meets next on July 9, 2019 and will be reviewing and discussing 4 in-state verification/designation applications, 1 focused review report and up to 2 ACS verified designation applications.

**Data Report:**

- ❖ The first quarter of 2019 data (1/1/19-3/31/19) data submission deadline is June 15.
- ❖ ITDX – 2019 NTDB/TQIP formatting
  - The American College of Surgeons switched the vendor for their registry and changed the format of data that is being accepted for 2019.
  - Hospitals have to register for the new Trauma Cloud/Vendor Aggregator in order to get their data into the new 2019 formatting, and many have their paperwork held up by lengthy legal reviews.
  - Due to these changes, TQIP has extended their data submission deadline date TBD.
  - How the state of Michigan is affected:
    - Not all hospitals will have access to the Vendor Aggregator by the state data submission deadline.
    - Direct entry facilities are not affected by this change.
    - Those who upload the old way will not have the updated 2019 file formatting impacting:
      - Pre-existing conditions and hospital events (a pretty large change in the NTDB data dictionary in 2019)

- Per discussion with some of the registrars in the state this new process adds significantly extra time and work for registrars.
- When/if all impacted facilities have a working Vendor Aggregator, it will do electronic validation before coming into state registry.
- The state registrar has been keeping detailed documentation on the situation for future analysis and future reference.
- After discussion, it was determined that MDHHS would **not** be accepting 2019 cases in 2018 formatting, the State Registrar will work with the few hospitals who have already done so to delete the imported cases in 2018 formatting and work with the hospitals to upload in the correct formatting.
- For those struggling getting the Vendor Aggregator agreement through legal, or if they have it and are having technical issues, Trauma Manager and State Registrar will work through a waiver process for this submission and get to STAC for approval.
- ❖ MTQIP chart audits with Level III hospitals
  - Looking for one more hospital to volunteer – only have 4 out of 5
  - At the last MTQIP data abstractor meeting (on June 4<sup>th</sup>) there was a Level III breakout session which was very well received by the attendees. There was a lot of discussion and the hospitals who attended seemed very interested and happy with the information they received.
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- ❖ ImageTrend® User survey results
  - The survey was open for three weeks (5/13/19-5/31/19).
  - Everyone with an active user account in ImageTrend® received an email with a link to the survey.
  - 115/252 = 45.6% response rate
    - Some examples of reasons given for non-response:
      - “This survey does not apply to me since I don’t use Image Trend®”
      - “My registrar already submitted our opinions.”
  - Quick summary of the responses:
    - Most responses from region 3, least from region 5
    - Level II and IV had the majority of responses
    - 3-6 years as registrar/data entry/abstractor was the most common length of time in a registrar position
    - Only 9 have a Certified Specialist in Trauma Registries (CSTR) certification (7.89%)
    - 68% have AIS training
    - 53% have ICD-10 training
    - 36% haven’t taken any registrar courses
    - 59% upload data to the MI Trauma Registry, 41% directly enter their cases into the MI Trauma Registry
    - Collecting EMS data, time to enter chars, and having to do multiple jobs were top complaints
- ❖ July 15-19 ImageTrend® site under maintenance
  - The state registrar will be updating the Validity rules in ImageTrend® because they have not been edited since 2015.

## Regional Reports:

- ❖ Region 1
  - Stop the Bleed education continues to be requested in the region. Region now getting requests for large groups and more schools. Regional trainers continue to work together to meet the needs. RTC also taught the emergency preparedness staff at the yearly local health department meeting held prior to the Homeland Security Conference.

- Region 1 has changed the format of meetings to include standing agenda items on preparedness, EMS, pediatrics and verification/designation information based on questions and requests from our partners.
  - The Region 1 RTAC continues to discuss the need for improved response times for interfacility transports. The Operations Committee will be conducting a survey to assess regional EMS availability, training and resources and will be collecting other data concerning this issue. This will be an ongoing project.
  - The Region 1 RPSRO will be looking at data involving EMS and CDC Field Triage. Region hospitals have agreed to share data to begin a preliminary look at where patients are going initially and how many are being transferred.
  - Education conducted at a recent RTAC meeting covered Regional Medical Coordinating Center responsibilities and the Mobile Med Surge Care Unit contents and deployment, contacting the Medical Examiner and autopsy information, child abuse reporting and common registry questions. The next meeting will include a presentation on injuries from bombs and information of EMResource.
  - Region 1 has a focused visit upcoming for a Level III facility, there are (4) Level IV's awaiting their verification visit, and (1) Level III who have an upcoming ACS visit.
  - Michelle Harper has retired from Tri-County MCA, her replacement is Dave Boomer a retired FF/Paramedic from Delta Fire. He is currently working to familiarize himself with the job duties.
  - Region 1 sent a strike team up to the UP to help with patient relocation for the hospital in Marquette. This is of interest as Bixby and Herrick anticipate moving patients into 1 newly built facility early 2020.
- ❖ Region 2S
- Beaumont Trenton had a community event at the hospital on May 18<sup>th</sup>.
  - Weekly 800 MHz radio check was done for disaster planning -requirement for all hospitals to participate.
  - Regarding the regional multiple transfer project there were –2 noted 2019.
  - The region is developing a list of registrars that could serve as a resource for newer registrars.
  - The region is compiling a list of rehabilitation facilities in Region 2 South.
  - Children's Hospital is hosting an Advanced Burn Life Support class on June 21<sup>st</sup>.
- ❖ Region 2N
- The Injury Prevention committee was formed in April; a written work plan is being formalized.
  - Stop the Bleed course was held May 17<sup>th</sup> at Macomb Intermediate School for approx. 100 LTC employees, home health care and hospice employees.
  - The June RPSRO meeting was canceled.
  - A facility in the region had a verification visit. There is only one remaining facility in region awaiting review.
- ❖ Region 3
- The Trauma Triage and Destination Subcommittee is working on the development of a regional interfacility transfer checklist that will be in the form of a standard regional transfer envelope in a specific color.
  - The Region 3 RPSRO voted to continue meeting quarterly as a group.
  - Northern Bay Ambulance in Pinconning, MI held their first PHTLS 9<sup>th</sup> Edition Provider Course in April. It welcomed participants from Regions 3, 5 and 7.
  - A regional facility received Level IV Trauma Center Designation. Two regional facilities received their additional 2 years after successfully completing focused reviews.
  - Bay County will be holding disaster Planning Meetings for the annual Fireworks Festival and the Tall Ship Festival that will be held in July.
- ❖ Region 5
- The Region 5 quarterly May meeting was canceled due to Bronson fire, the next meeting is in August 2019. The Injury Prevention committee will meet in June to finalize their IP/Education activities scheduled for this summer.

- Four facilities remain in queue for verification.

#### ❖ Region 6

- The RPSRO did not meet
- The region continues to look to explore how we can collaborate with existing organizations on injury prevention. Last quarter they met with the Red Cross, in May they met at the West Michigan AAA to learn about their fall prevention programs, funding, and where their resources are located in our region. Also discussed how to access these resources.
- Planning continues for a targeted community fall prevention activity for a day during the week of September 23, the national falls prevention day is September 22 this year. The event planners hope to include a multidisciplinary team to conduct falls assessments, fall education, medication assessment, and a Tai Chi: Moving for Better Balance class. Our goal is to bring this event to a hospital that has limited fall prevention activities for seniors in their service area. There may also be an opportunity for public health to participate. A survey monkey has been sent out to determine which hospital is interested and who has the need (i.e. where there is a paucity of fall prevention activities such as those provided by AAA).
- Next week the group will be discussing actions we can pursue on our objective 303.2 towards ensuring trauma patients are transported to an appropriate facility. We'll look at understanding differences between EMS and hospital diversion, and how EMResources are being used in the region.
- RPSRO / PI-they haven't met.
- Education committee is looking at what processes are used to inform and educate all personnel as new protocols and treatments are instituted. A survey monkey was sent to all hospitals and MCA's with good responses (21 hospitals, 6 Ambulance companies). Results will be discussed at the June meeting (staff meetings, posting in lounge, and email most common routes of education). Next month, a Survey Monkey will go out to the paramedics. June education at RTAC includes a presentation of a level IV exemplar PI project.
- 2 more Level IV hospitals completed reviews.

#### ❖ Region 7

- Progress on regional system development: Region 7 has six hospitals in the que and one due for an ACS visit next spring which together represents 64% of the Regions hospitals actively engaged in site visit preparation. Those that have recently been designated are focused on maintaining the momentum created by their designation preparations and with assisting those not yet designated in preparing for their visits. This focus has shifted regional partners away from Regional Workplan activities.
- Other: activities that relate to system improvement in the region: A focus group made up of representatives from the Region's two largest facilities have been meeting to identify issues common to both and which are not currently included in the Regional Work Plan objectives that may be able to be addressed through the Regional Network.

#### ❖ Region 8

- The 2018/2019 snowmobile statistics were finalized, and the region will be meeting with the DNR to hopefully continue the statewide Ride Right campaign. They are speaking about using it in their ORV/ATV literature now. Regional Trauma Coordinator attended the State Commission on Aging meeting in Negaunee. They come to the UP once a year.
- The region identified a few gaps in ability to access 911 obtained through public polling. There will be brainstorming to address this at next week's RTAC meeting.
- Multiple Trauma Medical Director and Trauma Program Manager changes have occurred, and more hospitals will be scheduled for visits this year starting next month.

## New Business:

- ❖ **System Evaluation:** Performance improvement, monitoring and measuring the system and its impact with standardized metrics remains a challenge. Issues related to measuring trauma were outlined in the recent report from National Quality Forum, *Population-Based Trauma Outcomes* published in May 2019. The Assessment and Evaluation Expert Writing Group identified system evaluation as a need. Implementing a regional Inventory assessment tool was noted as a priority objective in the strategic plan. This initial effort to measure system function will focus first on trauma system components, program functioning is monitored by the verification/designation process. In order to collect what is anticipated to be the most appropriate system metrics a Regional Report form is in development. a draft of the Report was shared with the committee. The collected information will then be reported to the Regional Professional Standards Organization twice yearly in order to identify gaps, monitor trends and begin a preliminary assessment of the system and to identify needed performance improvement initiatives. The report information would be the foundation of the regions PI report and subsequent PI plan. Dr. Vanderkolk mentioned that loop closure regarding region performance should be considered and Eileen stated that while that had not been initially considered it will be added to the discussion. The committee discussed whether to wait for further review of the document and then vote on it at the August meeting or to hold a vote. It was decided to hold a vote and the form was approved.
- ❖ **RTN application review policy:** There was discussion about the intent written in the Administrative Rules regarding the review process for the Regional Trauma Network applications that are submitted triennially. A draft policy was presented for discussion that described a process where STAC would review and approve the application format triennially and the Department (ultimately responsible for designating the networks) would review the submitted applications. After some discussion it was determined that the policy be revised to provide more clarity to the process. The current application format is being reviewed by the Trauma section. The goal is to have a draft available for consideration at the August meeting. The intention is to align the application and work plan to reflect the current Administrative Rules, the strategic plan and the Model Trauma System Planning document where appropriate. This will be on the agenda for the Trauma Leadership Summit dinner planned for October 22. New Regional Trauma Network applications will be submitted to the Department in the fall of 2020.
- ❖ **SOC presentation at August meeting:** The SOC coordinator Aaron Brown, will present the recommendations for Systems of Care for Time Sensitive Emergencies at the August meeting. These recommendations were presented to the EMSCC in May. The conversation continues about the integration of SOC into the existing trauma system.
- ❖ **Media campaign:** This was idea stemmed from a discussion that began with the Administrative Expert Writing Group. There is an ongoing need to educate leaders, the community and others about the trauma system including having a common message. There is ongoing discussion about a formal media campaign to support that work.
- ❖ **State protocol dead on scene:** There was discussion about the protocol for determining dead on scene, prolonged resuscitations and outcomes. Dr. Domeier commented that there are state protocols that address death on scene.

**Clarification:** As a clarification regarding the term of STAC appointments, the appointment letters were dated November 2017 however in deference to clinical schedules, the committee was not seated until the January 2018 meeting.

The next STAC meeting is **Tuesday August 6, 2019 at 1001 Terminal Road, Lansing**