

State Trauma Advisory Subcommittee
April 5, 2016
Michigan College of Emergency Physicians (MCEP)
Lansing, MI

Attendees: Jeff Boyd, Robert Domeier, John Fath, Diane Fisher, Deanne Krajkowski, Michael Mlsna, Pat Patton, and Wayne Vanderkolk

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

Call Order: 9:00 a.m.

Minutes from November 30, 2015 meeting: Approved.

Old Business:

- ❖ There was no STAC meeting in February and update was emailed to the members on January 19, 2016.
- ❖ A candidate was interviewed for the Region 6 Trauma Coordinator position and an offer will be made.
- ❖ The *State of Michigan System Protocols – Adult/Pediatric Trauma Triage* was published on December 18, 2015.
- ❖ The Trauma Section has an ongoing initiative supporting seven rural Pre-Hospital Trauma Life Support (PHTLS) courses and developing course instructors. The focus has been rural areas where courses haven't been offered in some time. A list of courses was provided in the packet.
- ❖ The Trauma Section held a Trauma Registrar Course on March 15, 2016. There were 91 attendees who were predominately from facilities planning to be in-state level III's and IV's. Seasoned facilitators presented the materials. The audience was very engaged the exchange was informative. A hands-on ImageTrend™ session was a component of the course. The PowerPoint from the course is on the Trauma Section website. A compilation of the post-course evaluation survey was provided in the packet.
- ❖ The annual Regional Trauma Reports have been compiled and have been sent to leadership for review prior to publication.
- ❖ The administrative rules require an education report. An education assessment has been conducted and the plan now is to create a report describing the assessment results, the education opportunities that have taken place, and outline potential needs for education going forward.

Designation:

- ❖ The Designation Subcommittee met on March 8, 2016 and reviewed 5 designation applications. Two of the applications were new and three were for re-designation. The Designation Subcommittee recommended designation for all five applications. Michigan now has a total of 37 designated trauma facilities. The most current list of designated facilities was provided in the packet. The May 10th Designation Subcommittee meeting was canceled. The committee will next meet on July 12th.
- ❖ Two in-state verification requests have been received. The first site visit is scheduled for June 2nd and the second site visit is scheduled for July 20th.

Data:

- ❖ The state trauma registry has increased data by 17% since the November STAC meeting.
- ❖ 95 acute care hospitals (71%) have entered data into the trauma registry in 2015 and/or 2016 (up from 75 as of November STAC meeting).
- ❖ Current submissions are from 34 of 37 designated trauma facilities.
- ❖ The next quarterly trauma registry submission deadline is June 15th.
- ❖ Allen Stout has attended all regional RPSRO's with the exception of Region 1.
- ❖ A Trauma Registrar education requirement outlined in the *Resources for the Optimal Care of the Injured Patient 2014* requires that trauma registrars from Level I, II, and III facilities must attend, or have previously attended, the Association for the Advancement of Automotive Medicine (AAAM) Injury Scaling Course within 12 months of

being hired (CD 15-7). This criteria and the importance of Trauma Registrars understanding Abbreviated Injury Scale (AIS) coding, is the reason the Trauma Section is offering a limited number of scholarships (25) for the online AIS course offered by AAAM. Of the 25 scholarship offered 22 have been conferred. The effectiveness of this educational opportunity will be evaluated and added to the education report.

- ❖ Students enrolling in the AIS course receive an AIS manual with the course materials for use in their facility. Additionally, a limited number of AIS manuals (70) have been ordered and made available to facilities for use in AIS injury scoring. There are a limited number of manuals (31) still available, those interested should let their Regional Coordinators know or, contact Suzie Karls the Trauma Section Secretary at karlss@michigan.gov.

Regional Trauma Reports:

- ❖ Updates were deferred since the information will be made available in the soon to be published the Regional Trauma Reports.

New Business:

- ❖ Dr. Mlsna has been appointed to STAC to fill the MCA Medical Director, Rural County vacancy. Jeff Boyd welcomed Dr. Mlsna and expressed the importance of having a rural voice.
- ❖ A Trauma Section Fact sheet has been published and is on the website. The fact sheet includes information on system development, data on traumatic injuries, and how the funding source uses the trauma system. A copy of the fact sheet was provided in the packets.
- ❖ The recently released *10 leading Causes of Injury Deaths by Age Group* from CDC was briefly discussed. Of note was the listing of unintentional poisonings (drug overdose) as the leading cause of death for several age groups this has been the focus of several initiatives from the CDC and public health organizations.
- ❖ A packet of inter-facility transfer guidelines has been posted on the Trauma Section website. The information is not required for facilities, but will help facilities get organized around transferring injured patients. The link to the Interfacility Transfer Tool Kit for the Pediatric Patient is also on the website. The tool kit was developed by the Emergency Nurse Association, Society of Trauma Nurses, and EMS for Children.
- ❖ The Trauma Band project satisfied the question of whether patient care information could be tracked and linked utilizing a unique identifier (alpha-numeric wrist band). To take the project to the next level, the Trauma Section will be putting out a Request for Proposal (RFP) for deterministic linkages (one award for three years) which would be a larger project with more partners. Lead organizations may include a designated trauma facility who gets a large amount of transfers, a regional trauma network, or a regional MCA. The RFP will be released soon and the proposals will be vetted by a committee. Copies of the draft proposal will be made available to the members.
- ❖ EMS amended the administrative rules to allow the transport of patients to Free-Standing EDs in 2014. A question has been brought to the Section regarding the possibility of verifying and designating Free-Standing EDs as level IV trauma facilities. The Trauma Section put together a White Paper on the subject of Free-Standing EDs. There was discussion on the pros and cons of verifying/designating Free-Standing EDs as level IV's. A motion was made and seconded to not to consider verification and designation of Free-Standing EDs as level IV's until the trauma system is more mature. All were in favor.
- ❖ The Trauma System Administrative Rules were developed in 2004 and operationalized in 2012. Now that the system is beginning to function as described portions of the Rules no longer applicable can be amended to better reflect the system today. A workgroup of stakeholders will be convened after the initial draft is created to discuss the document. STAC members interested in volunteering for the workgroup should contact Eileen Worden.
- ❖ As a result of Trauma Section carefully stewarding trauma development funds, additional monies are available for trauma system development. These funds may be allocated as one-time funding for projects (education, trauma infrastructure, performance improvement, and injury prevention).

The next STAC meeting is **Tuesday, June 7, 2016** at Michigan College of Emergency Physicians.
Meeting Adjourned 10:07 a.m.