

State Trauma Advisory Subcommittee
August 7, 2018
Bureau of EMS, Trauma & Preparedness
Lansing, MI

Attendees: Jeff Boyd, Beth Fasbinder, Jill Jean, Howard Klausner, Allan Lamb, Joshua Mastenbrook, Dawn Rudgers

Guests: Helen Berghoef, Tammy First, Deb Detro-Fisher, Theresa Jenkins, Denise Kapnick, Cheryl Moore, Lyn Nelson, Jennifer Strayer and Eileen Worden

Call Order: 9:01 a.m.

Minutes from June 5, 2018 approved.

Old Business:

- ❖ **2018 Trauma System Development Projects:** These are wrapping up; final reports are due September 15. There have been a few challenges for some facilities to get paperwork and processes approved or in place, so they could draw down the funds. This expends the resources available for this kind of system support.
- ❖ **Data Report:** The last call for data was June 15. Analysis has been deferred until an Epidemiologist is hired. MTQIP in partnership with the Trauma Section has shared a limited data set (the MTQIP data set is collected from Level I, II and Designated Level III facilities) Estimates are that there are a possible 56 out of 124 eligible facilities that could participate in MTQIP and approximately 68 (majority of these potential Level IV facilities) that would not. MTQIP reports that the data has a <4% error rate. Of note is that MTQIP findings are similar to what has been reported from the state trauma registry i.e. injuries occurred more often in those aged 45 or older and falls was the most often reported mechanism of injury.
- ❖ **RPRSO:** the RPRSO's initially worked on organization and process. Revising the Administrative Rules provided clarity regarding system performance and evaluation. The charge of the RPRSO per rules is "Improving care within a trauma region" by monitoring deviations from protocol, components of the trauma plan, triage criteria and effectiveness, trauma center diversion and data analytics determined by STAC. There was some discussion about what metrics would best answer the charge (ED LOS, Hospital LOS, ISS, Mechanism of Injury, Mortality) should be system performance
- ❖ **System of Care for stroke and STEMI:** There is an Expert Writing group established who have been charged with drafting recommendations for systems of care for stroke and STEMI. Because there are inherent differences in the two service lines the groups will be meet individually but the plan will encompass both. The Stroke group will meet August 17 and STEMI meets September 4.
- ❖ **Staffing update:** The new Region 2N Coordinator Doug Burke starts on August 20. Doug has a background in EMS and the Fire Service, he is a paramedic, and a recently retired Battalion Chief for Lansing Fire. He will be orienting with Theresa Jenkins. There are 5 candidates to interview for the State Registrar/Epidemiologist position. The Trauma Section is meeting internally to consider how best to approach the next phase of plan development. The Mission and Vision statements were crafted at the town hall meeting held in October and a survey of partners helped identify priorities. Other source documents will inform the discussion including; The Model Trauma System Planning and Evaluation document (HRSA 2006), the Regional Trauma Systems: Optimal Elements, Integration and Assessment System Consultation Guide (American College of Surgeons) and the State of Michigan Reassessment of Emergency Medical Services 2017 (National Highway Traffic Safety Administration).

Designation Report:

- ❖ Currently 71 facilities are designated, 4 site visits are scheduled through July 2018 and there are 44 hospitals in the queue for site visits. The Designation Subcommittee meets next on July 10, 2018 and will be reviewing and discussing 5 in-state verification/designation applications.
- ❖ The revisions to the verification and designation documents is still ongoing.
- ❖ There will be two training webinars for current reviewers which will focus on preparing for a site visit, chart review, exit interview strategies and report writing. The first webinar will be held on June 22nd and the second one on July 13th. In addition, a new reviewer training will be held on September 24th in Lansing.
- ❖ ACS makes it clear that at a Focused visit, reviewers may review, document and cite additional deficiencies. MDHHS appreciates that this is a needed clarification. There was a unanimous vote to amend the The Focused Review policy with the following sentence "MDHHS reserves the right to cite additional deficiencies if found." While understood the intent of the visit is to review the cited deficiencies and ensure they have been addressed, some additional findings may rise to the level of reporting.

Regional Reports: Deferred to discuss organizing the Strategic Plan

Strategic Planning Process Overview:

- ❖ A townhall meeting was held October 3, 2017 to begin the process of writing a Strategic Plan for Michigan's Trauma System. The existing plan was published in 2004 and was focused on steps to operationalize the system once funding was sourced. A Mission and Vision statement were developed by the close of the October meeting however there was limited progress on the development of the necessary strategies, goals and objectives needed to guide the fully operationalized system from 2019 and beyond. After a comprehensive review of existing state trauma plans and other published resources it was determined that the most effective method to develop a plan was to convene expert writing groups made up of recognized leaders and content trauma experts in Michigan.
- ❖ The Expert Writing Groups will be formed to address the five areas listed below. Each group will have a Chair and Co-Chair and will be staffed by the Trauma Section. For the groups to effectively operate, each group will be limited in size. The writing groups will meet by conference call. Each of the Groups will be assigned the pertinent *Model Trauma System Planning and Evaluation* Benchmarks and Indicators to consider as they develop strategies, goals, objective and then the priorities as well as additional background information. The expected outcome is that each group will have draft recommendations available for STAC to review by December. Once approved, the recommendations will be folded in a document that will be available for on the trauma system website.

Group 1- Administration Components-Chair and Co-Chair TBD

- A. Leadership/Human Resources/Statute and Rules/Advisory Committee:
- B. Infrastructure (system development) special populations, ongoing assessment of resources, coalition building,
- C. Finance

Group 2- Operational and Clinical Chair and Co-Chair TBD

- A. Patient Care (Pre-hospital, Definitive care, Tiered Triage, Interfacility transfer)
- B. Communication System
- C. Continuum of Care

Group 3- Data Collection- Chair and Co-Chair TBD

- A. Injury Epidemiology
- B. Data Quality, completeness, timeliness, confidentiality, coordination

Group 4- System Evaluation and Performance Improvement- Chair and Co-Chair TBD

- A. Process and Outcome measures, system evaluation metrics, data adequate to meet identified needs
- B. Integration of mental health, law, social services, preparedness, public health, prevention
- C. Annual Report and evaluation frequency, research, compliance
- D. Evaluation of injury prevention initiative, injury mortality

Group 5- Trauma Education and Injury Prevention and Outreach- Chair and Co-Chair TBD

- A. Competent workforce
 - B. Data driven, population- based injury prevention
- ❖ Benchmarks and Indicators: The 2006 Model Trauma System Planning and Evaluation benchmark and indicator tool will be used to assist in drafting the strategic plan. STAC and the Trauma Section will be asked to comment on each indicator using the scoring tool and to recommend what indicators may be a priority. These comments will be provided to the appropriate Expert Writing group for background and to reference their discussion and recommendations. Section 100 was discussed at the meeting and Section 200 and 300 will be sent out for comment and discussed at the October STAC meeting.
 - ❖ STAC members were asked to prioritize Section 100 and to email Eileen Worden what writing group they would like to participate in and their list of priority indicators.

New Business:

- ❖ Letter of Support: STAC has been asked to sign a letter of support for a grant from Office of the Assistant Secretary for Preparedness and Response (ASPR) titled "Michigan Partnership for Disaster Response: Strengthening the Existing Bridges that Connect Michigan. This is a demonstration project in partnership with MTQIP, the University of Michigan, BETP, the trauma centers, trauma content experts and the community. The focus of the project is to encourage and support clinical coordination aspects of disaster response. This is a competitive application. STAC voted to send a letter of support.

The next STAC meeting is **Tuesday, October 2, 2018 at 1001 Terminal Road, Lansing**