

State Trauma Advisory Subcommittee
August 4, 2015
Michigan College of Emergency Physicians (MCEP)
Lansing, MI

Attendees: Diane Fisher, Robert Domeier, Thomas Charlton, John Fath, Amy Koestner, Deanne Krajkowski, Mark Lowell Pat Patton, and Wayne Vanderkolk

Guests: Dr. Jackie Scott, Kathy Wahl, Deb Detro-Fisher, Tammy First, Suzie Karls, Theresa Jenkins, Bob Loiselle, Cheryl Moore, Chris Mullen, Allen Stout, Deb Wiseman, and Eileen Worden

Call Order: 9:00 a.m.

Dr. Jackie Scott the EMS, Trauma and Preparedness Bureau Director was introduced.

Kathy Wahl the EMS and Trauma Division Director was introduced.

Minutes from June 2, 2015 meeting: Approved

Old Business:

- ❖ The Region 6 Coordinator position will be posted from August 6-August 11 on the State Jobs website. In the interim, Theresa Jenkins, Region 1 Trauma Coordinator, is covering Region 6.
- ❖ Region 7 and Region 3 have Trauma Destination protocols approved. Kathy Wahl reported that the Quality Assurance Task Force has language developed for a system protocol. The Adult and Pediatric protocols need to be combined and approved and it will then be released.
- ❖ There was a discussion about board certification and alternate pathways for certification. Minnesota does not require board certification, only ATLS certification as verification/designation criteria. A document titled "Michigan Criteria for Trauma Facility Verification and Designation (In-state Level III) Board Certification & Alternate Pathway for Non US or Canadian Trained Physicians" was discussed. The recommendation of the group was to remove the sentence from the implementation plan that states "If a non-board certified physician is staffing the ED/OR plans must be in place and available for review for a backup board certified physician to care for the injured patient. Leaving a non-board certified physician in place on the trauma panel would result in a type II deficiency." A vote was called and the adoption of the implementation plan with the discussed changes was approved.
- ❖ Allen Stout presented on the topic of Risk Adjusted Benchmarking (a new Orange Book criteria) and Michigan's implementation plan. This plan is predicated on ensuring there is sufficient, valid data. In the interim MDHHS will require facilities seeking In-state verification (Level III only) to participate in risk adjusted benchmarking training (not yet developed).
- ❖ Trauma Band is a proof of concept project started in May with 7 agencies (3 Life Support Agencies and 4 Acute Care Facilities) and is planned to wrap up in September. It was modeled after the successful Arkansas program where an injured patient is banded in the field with a unique alphanumeric band. The unique identifier is added to the pre-hospital patient care record and the trauma registry at the respective facilities. The intent is to determine if the identifier can be tracked from point of injury through definitive care, allowing for definitive rather than probabilistic matching. Results of the project will be discussed at the October meeting.

Designation:

- ❖ The Designation Subcommittee will meet next on August 31, 2015. Three re-designation applications have been submitted with 7 more potential applications expected for the August meeting.
- ❖ The Section is gearing up for the first site reviewer training on August 13 at MCEP. Dr. Iskander and Amy Koestner will be facilitating this training. The September training will be facilitated by Dr. Rohs and Beth Fasbinder, and the November training will be facilitated by Sherri Veurink-Balicki and Dr. DeCou. Contributors were thanked for devoting their time and expertise to the development of these trainings. The training

materials are being finalized now. After the August training MDHHS will meet with the facilitators for a training debriefing and make adjustments before the next training. The plan is to hold a yearly meeting for all the in-state site reviewers to share best practices, to keep the group updated and make any necessary adjustments to the program.

- ❖ The site reviewer documents are complete and were pilot tested by two facilities (Level III and Level IV). The facilities reported that they found the documents to be user friendly and they said they felt they would be adequately prepared for a site visit based on the documents. The documents will be posted on the trauma website soon.

Data:

- ❖ Allen Stout reported that 86% of the designated trauma facilities (30/35) were up to date in their data submissions. Five more facilities are almost complete. This last reporting period was the first time facilities were reminded about data submission (email reminders went out at intervals).
- ❖ There are over 100,000 incidents in the registry.
- ❖ 2014 is a clean data set, as is the first 4 months of 2015.
- ❖ Confidentiality Agreements for the RPSRO's have been developed and disseminated.
- ❖ Image Trend registry data requests have been adjusted to coincide with TQIP data submission dates.

Regional Trauma Reports:

- ❖ **Region 1:**
Presented by: Theresa Jenkins, Region 1 Trauma Coordinator

Work Plan Objectives Recently Completed:

1. The Region 1 Injury Prevention (IP) Committee completed the IP Resource document. The document has a listing of what hospitals offer what injury prevention initiatives, and who to contact. To go along with the resource the committee developed a regional plan. This plan details the needs for injury prevention, defines goals and how the region will implement these goals.
2. The Region 1 RPSRO committee met in April and reviewed 2 PI project suggestions for 2015. The RPSRO is 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 was presented to the RTAC in April for review and suggestions. Several changes were requested so the plan is being reworked by the group.
4. Region 1 had a substantial turnout for the TPM class. The region is currently working on what information attendees will need for an educational session in the fall. The Level III and IV support group regularly brings questions to the group. Most of the questions posed have been answered and resource material has been supplied.
5. Allegiance Hospital contacted ACS for their verification visit. Currently they cannot get a visit until 2016. Jackson County MCA has granted them provisional status.

New initiatives:

1. Region 1 will send IP members to Matter of Balance train-the-trainer courses so that all hospitals will be able to provide the training. One of the IP initiatives is elderly falls. The region is also looking at funding sources to bring this course to a wider audience.
2. The October RTAC meeting will include a training session for our Level III and IV TPM's. The group requested information related to creating a successful Performance Improvement process and how to develop trauma activation criteria and team membership. Penny Stevens and Madonna Walters will help create this training session. Matt Gulick from Gratiot will also share steps taken by his facility to prepare for level III ACS verification.

3. The IP committee will be meeting to work on a recording tool for each facility to use for collecting information on injury prevention. This will help reflect a more accurate number of groups/individuals reached.
4. A Region 6 RPSRO tool was used to create an SOP, flow chart and event referral tool. These will be shared with the committee for input on format and content, and then sent to the RTAC for approval.

❖ **Region 2 South:**

Presented by: Eileen Worden for Wayne Snyder, Region 2 South Trauma Coordinator

Work Plan Objectives Recently Completed:

1. The annual RTAC membership review was completed for the June 11, 2015 meeting. The RTAC now has 104 members.
2. A status report for the R2S work plan was developed and presented at the RTAC meeting. Five of 20 objectives have been completed, 10 objectives are actively in process, 1 objective is under discussion and work on 4 of the objectives has not yet begun.

New initiatives:

1. The Region has been working with its designated facilities to complete the upload of all 2014 data. The 2014 data for all 13 designated facilities has been uploaded and is current.
2. The 2 South Regional Trauma Coordinator and the Trauma Epidemiologist are investigating the production of performance improvement reports required by the trauma rules, using the region's 2014 data.
3. The RPSRO will meet for the first time on August 6th. Policies for governance, confidentiality and case referral have been drafted for review at the meeting.

❖ **Region 2 North:**

Presented by: Chris Mullen, Region 2 North Trauma Coordinator

Work Plan Objectives Recently Completed:

1. A regional potential level III hospital has scheduled an ACS consult to help prepare for their verification visit. In addition, the region currently has two potential level II hospitals scheduled for verification visits by the ACS in the next 60 days.
2. The Injury Prevention group was in full force on July 25th at the St Clair county 4H fair. Focusing on bike and gun safety, the group issued 50 gun safety locks and 250 bicycle helmets to local residents. Over 450 people stopped by the location and received information, education and the safety products. The group from Injury Prevention is now focusing on matter of balance training with a coach training program being put on at Providence Hospital.
3. The RTN decided to focus on a re-commitment to the mission by the RTAC, spurred by attendance and potential transition of persons from prior rosters and positions. With the reduction in numbers, the RTAC has had challenges with the development of processes and guidelines. However, the 2N RTAC was able to finalize and adopt a communication guideline; in addition the education plan in being finalized. The group also adopted a standardized calendar, through 2016, to assist with attendance and re-engagement in the RTAC and sub-committees.

❖ **Region 3:**
Presented by: Bob Loiselle, Region 3 Trauma Coordinator

Work Plan Objectives Recently Completed:

1. Region 3 Trauma Triage Protocol approved by EMS Quality Assurance Task Force.
2. Region 3 Professional Standards and Review Organization held a third meeting, and are reviewing policies and procedures.

New initiatives:

1. Inter-facility Transport Protocol development to begin in early fall of 2015.
2. Implementation of the Region 3 Trauma Triage and Destination Protocol is scheduled to take effect on January 1st, 2016.
3. The Region 3 RTAC assigned the original regional organizational committee to reconvene and review the current goals and objectives for completion, feasibility and modification as the new fiscal year approaches. A late September, or early October, meeting is planned to include a report from the Region 3 RTAC scheduled for late October.
4. The RPSRO invited Allen Stout to attend both the October RPSRO meeting and the RTAC to explain the ImageTrend software, and the data collection process and resources.
5. The Injury Prevention and Education Subcommittees are moving ahead with needs surveys in their respective areas. Region 3 hopes to have information from both subcommittees available at the October RTAC.
6. Stacey Lopez, Trauma Registrar at Covenant Medical Center, has assumed the role of Chairperson of the Trauma Registry Subcommittee upon the resignation of Erin Veit, Trauma Registrar at McLaren Lapeer Region.
7. The Level I and II Region 3 Trauma Centers made their initial quarterly data transfer into the State Trauma Registry.

❖ **Region 5:**
Presented by: Deb Wiseman, Region 5 Trauma Coordinator

Work Plan Objectives Recently Completed:

1. The new Region 5 trauma coordinator(RTC) met face to face with as many of the hospitals/program managers in the region as possible, and attended the MCA meetings in order to assess needs and to offer assistance where needed. Making sure the correct people get all the information (updating emails etc.) during the new coordinator transition has been completed.
2. RTC met with Dr. Stewart, the chair of the RTN and Dr. Rohs, the chair of the RTAC to facilitate communication. Top priorities for the RPSRO are to have a formal meeting of the committee members, and then to begin looking at the region's issues and establish a plan to address these issues. Plans for a formal medical oversight committee meeting are in consideration to address committee membership.
3. The next RTN and RTAC meeting will be held in Kalamazoo, on August 27th – with a larger venue to accommodate the attendees, as well as conference call availability. The Educational Subcommittee's Implementation Plan needs to be voted on and adopted at this meeting.
4. One facility in the region has not been definite on pursuing trauma verification. The Regional Trauma Coordinator is working with available resources to provide any requested technical assistance.

New Initiatives:

1. Many of the Region 5 facilities have determined which level of Trauma verification they are pursuing and provisional status. Cooperation between systems in the region has been illustrated by an agreement between one hospital with three (3) facilities assisting a smaller facility (not in their system) with data registry. Educational cooperation is also of note, as evidenced by the sharing of Injury Prevention Initiatives (Bronson Methodist's sharing of their Distracted Driver's educational program throughout the region, for example). Bronson and Borgess continue to have ATLS/ATCN courses open to all areas.
2. RTC will continue to attend MCA and county meetings to encourage cooperation between the pre-hospital and hospital health care workers with education and sharing of information. RTC will attend the State MCA meeting in October, in Mt. Pleasant.
3. Updates given at the 5th District Medical Response Coalition and guide/timeline shared for regionalization. Data submission for the two (2) facilities that are ACS Level I and Level II is up to date for 2014 and on track for 2015 as of this time. Third facility up for ACS Level III is having a mapping issue that will be resolved and their data will be uploaded by end of the month. The majority of other facilities have started to collect data and will soon begin submission.
4. Per plan, all facilities will be updated on educational programs and dates for data submissions. Hospital and facilities visits will continue. Also, continue to answer questions from the smaller/newer facilities regarding data submission and Image Trend, with referral to State Epidemiologist as needed.

❖ Region 6:

Presented by: Theresa Jenkins, covering for vacant Region 6 Trauma Coordinator

Work Plan Objectives Recently Completed:

1. The Region 6 RTAC met in June, and has begun to hold meetings with the regional TPM's of each hospital in an effort to help move regionalization forward.
2. The contact and committee membership lists have been updated. In addition, information has been disseminated to the Region 6 partners regarding educational opportunities, SOM information and Region 6 meetings.
3. The Medical Oversight committee met in July. The Interfacility check sheet was finalized and can be shared with the RTAC. This is a resource to be used by facilities sending out trauma transfer patients.
4. The RTAC was approached regarding a regional Trauma Support Network. As this may be a substantial undertaking, the RTAC will look at putting together a resource document first, and then potentially write a SMART objective in the next application period for this project.
5. The communications committee will finalize SMART objectives, with the goal of finishing them for the application period.

New initiatives:

1. Hire a Region 6 Trauma Coordinator.
2. Work with the Region 6 Health Care Coalition to ensure the communication plan addresses the trauma communications SMART objective.
3. Kent County is putting together protocols for TXA and for Destination.
4. The RPSRO developed SOP's and a procedure for requesting RPSRO review.

❖ **Region 7:**
Presented by: Deb Detoro-Fisher, Region 7 Trauma Coordinator

Work Plan Objectives Recently Completed:

1. The “Destination and Bypass” protocol submitted on behalf of the Region by Northern Michigan MCA was approved by the Quality Assurance Task Force.
2. Recruitment efforts over the past few months have been successful in ensuring each hospital and each MCA is represented on the RTN, RTAC, RPSRO and the Regional Subcommittees.
3. The Region completed a gap analysis of the regional trauma work plan. Findings will be presented at the September meeting of each committee.

New initiatives:

1. The Regional Injury Prevention Plan has been drafted.
2. The Regional Professional Standards Review Organization met on several occasions. Case studies were presented and well received resulting in increased attendance at the RPSRO meetings. The RPSRO draft plan will be submitted at the August meeting for discussion.
3. The Operations Workgroup, which includes representatives from 911 dispatch, emergency management, and the Region 7 Healthcare Coalition, are in the process of developing a regional trauma communications plan.
4. The Region 7 RTN board will also compose the RMCAN board. Discussions are taking place on the inclusion of other systems of care in trauma network meetings.
5. The Region’s leadership has elected to convene a third regional trauma summit in December.

❖ **Region 8:**
Presented by: Cheryl Moore, Region 8 Trauma Coordinator

Work Plan Objectives Recently Completed:

1. The RPSRO met and elected a new chairperson, Dr. Lewis. The committee approved a meeting schedule, metrics for review at their meetings, the format for obtaining and reviewing data, and the format for any feedback and education. The committee will start with all multi-trauma deaths and begin looking at transfers. Members will bring transfer data to the October meeting.
2. The RTAC meets August 11.
3. The RTN and RPSRO continue to review Alger County. Munising Hospital is not actively engaged in the regional trauma plan. This is a critical geographical area. Helicopters are now providing on-scene pick-ups and transfers to Marquette hospital. Regional Trauma Coordinator will meet with Munising hospital again.

New initiatives:

1. RTAC meets August 11th with subcommittees to regroup, and review work plan and objectives.
2. UP Health System-Marquette is providing money for an all-day work session for RTAC and subcommittees. A dinner will be provided at the end of the day with a speaker. Medical directors and EMS directors will be invited to the dinner.
3. A Comprehensive Injury Prevention survey is ready to be sent out to all schools, EMS agencies, Health Depts, police agencies, sports medicine clinics, fire departments and hospitals in region 8.
4. A Dispatch representative is now actively participating as a member of RTAC.

New Business:

- ❖ A NHTSA Assessment is being planned for fall of 2016. The first assessment was done in 1991. A Re-Assessment, done in 2007, was more EMS focused since the trauma system was still in development. The Trauma System has made significant progress since the last assessment.
- ❖ The Trauma Conference planning committee met yesterday. There will be a MDHHS sponsored trauma conference in the fall of 2016 with venue likely in northern Michigan. The next planning meeting is scheduled for August 31.
- ❖ There are 5 PHTLS courses planned for rural Michigan; a gap analysis indicated that this is a need.

The next STAC meeting is **Wednesday October 7, 2015-note day change** at Michigan College of Emergency Physicians.

Meeting Adjourned: 10:47 a.m.