

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

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

Guests: Helen Berghoef, Doug Burke, Tammy First, Deb Detoro-Fisher, Theresa Jenkins, Denise Kapnick, Bob Loiselle, Cheryl Moore, Lyn Nelson, Jennifer Strayer, Eileen Worden, Norman Chapin, Mandy Savage, and Barbara Withey

Call Order: 9:01 a.m.

Minutes from December 4, 2018 approved.

**Old Business:**

- ❖ **Systems of Care:** The Stroke recommendations, analogous to the trauma system were adopted by the Expert Writing Group. Two workgroups are meeting to discuss Field Triage and the current CVA protocol. The data workgroup is also meeting to finalize the details of their recommendations. STEMI meets February 27, they will review the adopted stroke recommendations. The group is still discussing recommendations for verification and data.
- ❖ **Bylaws revision:** Jeff Boyd reported that the Bylaws subcommittee did discuss clarifying the inconsistent language in the EMSCC bylaws regarding who should Chair STAC. The Bylaws committee is of the opinion that the Chair should be a member of the EMSCC. The question remains under discussion as there appears to be some variation in interpretation.

**Designation Report:**

- ❖ Currently, 85 facilities are designated, 9 site visits have been scheduled including four on-site focused reviews. There are 33 hospitals in the queue waiting for a site visit. The Designation Subcommittee meets next on March 5, 2019 and will be reviewing and discussing 2 in-state designation reports, 2 focused review reports, and 3 ACS designation applications.
- ❖ Some rural level III trauma facilities are struggling to meet CD 11-3 regarding the requirement for a physician anesthesiologist to be the liaison to the trauma program and have asked about the Certified Registered Nurse Anesthetist (CRNA) who provides the care being the liaison. After discussion, a motion was made and approved to revise CD 11-3 to state, "a qualified and dedicated provider of anesthesia must be designated as the liaison to the trauma program."
- ❖ A level IV trauma facility asked if the Trauma Medical Director (TMD) is required to work in a clinical setting. There is no published documentation stating the TMD must work in a clinical setting for level IV trauma facilities. However, the spirit of the American College of Surgeons "Resources for the Optimal Care of the Injured Patient 2014" (Orange book) is the understanding and necessity of having a hands-on approach to leading the trauma program. A draft recommendation was presented to STAC that stated, "The Trauma Medical Director is required to participate in the care of trauma patients at the facility." The recommendation was approved by STAC.

**Regional Reports:**

- ❖ Region 1
  - There are 4 hospitals left for review and the RTC is continuing to work with them to prepare for their verification visits.
  - St. Joe Livingston sent in their letter of intent and have hired a TPM. They are seeking a Level 4 verification. The RTC is meeting with their new TPM to bring her tools she needs to start building her program and to get her up to speed on the regional trauma network.

- Region 1 has lost most of the critical care transport team that did the bulk of the critical transports in the region. Several of the hospitals are now doing education for staff and local EMS to cover these transports. The RTAC is starting to look at what other options are available to the region. The RTC continues to do lots of BCON education and is also working on sending requests out to other trainers in the area as well. The region is getting lots of requests from schools now and the RTC just did a presentation as part of a Basic Disaster Life Support class in Jackson.

#### ❖ Region 2S

- Attending ACS Site review dinners is well received in Region 2 South.
- Stop the Bleed/ CPR will be taught to the Detroit Public Schools starting Feb. 12, 14, 26, 28 and March 5<sup>th</sup> and 7<sup>th</sup>. Approximately 500 teachers will be trained in the month of Feb. This initiative is led by Joe Gomaz from Detroit Receiving. Many facilities from Region 2 South will be assisting in the training, including the Regional Trauma Coordinator.
- An updated Injury Prevention and Education plan will be taken to RTAC in Feb for final approval.
- The 2019 Region 2 South project consists of monitoring tourniquet use in the Region. Tracking will consist of who applied the tourniquet, appropriate application and appropriate usage. Data will be collected for 2019 and a report will be compiled. So far, 7 tourniquets have been applied.
- Another Region 2 South project for 2019 will be the development of Regional Transfer Guidelines for Peds, Burns, Reimplantation and Globe injuries. These types of injuries may result in multiple transfer of these patients the guideline may assist.

#### ❖ Region 2N

- There are 2 hospitals awaiting Designation sub-committee review and 4 additional hospitals scheduled for their ACS site review through March. Two hospitals are in the queue for their initial verification/designation review.
- The region is in the process of updating membership lists for RTN, RTAC and RPSRO.
- Updated Injury prevention and Education sub-committees are being formed.
- Stop the Bleed training is ongoing.
- R2N Healthcare Coalition annual conference is scheduled for June 6, 2019.

#### ❖ Region 3

- Region 3 Representatives met on January 9<sup>th</sup>, 2019 at Hurley Medical Center to review the Region 3 Workplan at the halfway point. Several adjustments were made as the region moves into the second half of the designation cycle.
- The RPSRO made the decision to meet twice annually for the foreseeable future.
- Region 3 is in the process of reviewing their Trauma Triage and Destination Protocol for effectiveness and any changes. The Trauma Triage, Transport and destination Subcommittee has been tasked with developing a standardized Interfacility Transport Checklist
- New leadership has been appointed for the Injury Prevention Subcommittee at the November RTAC Meeting.
- The Region has had several recent changes in leadership positions at several regional medical centers. Region 3 Leadership elections will take place at the Region 3 Trauma Meetings in July. The new leadership will take over at the October Regional Trauma Meetings.

#### ❖ Region 5

- Region 5 Regional committees have not met since November. The next meeting is March 2019. The committee will review updated regional work plan objectives. The RPSRO will meet in March 2019 as well.
- Injury Prevention and Education committee will meet in March 2019. This committee has also purchased Regional Trauma logo shirts to wear at the regional IP events, and educational events.
- Three facilities have gone through the verification and designation process over the last few months. Three more facilities are scheduled for review in March and April.

- Region 5 has a group working on standardizing critical care transport specifics. They are looking at what is a critical care transport, how should the staff be trained and what equipment should be on the rigs.
- ❖ Region 6
  - The region continues to provide education on how to conduct PI at level III and IV facilities. Last month the focus was education on levels of review and PI that includes inpatient trauma admits.
  - Next week the region will discuss “How to Develop an Action Plan to a CD”. Principles of PI and using the PDSA cycle to test planned change have been discussed and reinforced.
  - A facility in the region had a review last month. Six hospitals still in the queue one regional facility is scheduled for a review in April.
  - The regional committees have been reviewing the workplan objectives.
  - The Injury Prevention (IP) plan has been written and the region is creating a comprehensive list of IP programs throughout the region. The region is working on broadening the focus from only working on National Fall day activities to learning/developing an awareness of what community partners such as AAA, Red Cross, State Police and others are doing.
  - There continues to be many Stop the Bleed training going on.
- ❖ Region 7
  - Committee participation continues to be a problem in Region 7. Weather and the inherent problems with conference calling also contribute to diluted participation.
  - Election of officers and a comprehensive review of the work plan will be the focus of this quarter followed by a review of compliance with regional EMS protocols. The region will be conducting a gap analysis of all major components of the region.
  - Performance Improvement
    - The RPSRO did not meet after the last STAC meeting. The next meeting will be scheduled during this quarter.
  - Designation
    - The focus in Region 7 has been, and will probably remain for some time, on facility designation. Six of eleven hospitals in the region are in the que for site visits. Five are seeking Level IV and one is seeking Level III designation. A seventh hospital is preparing for a Level II review by ACS.
    - Paul Oliver Hospital in Frankfort is now designated as a Level IV facility, this has set the bar for the remaining facilities seeking designation.
    - McLaren Northern Michigan’s new trauma director is on board.
    - Mid-Mi Alpena’s new ED group is in place.
  - Injury Prevention and Education
    - The Region 7 Trauma Network is partnering with the RMCAN and the Region 7 Healthcare Coalition to develop a region-wide plan for providing bleeding control training to school teachers, staff, coaches, and ancillary personnel followed by the placement of custom bleeding control kits in those locations.
      - ✦ BCON training kits were distributed to each MCA in the region who in turn are formally partnering with the TPMs from each hospital to coordinate provider and community programs.
      - ✦ Courses have already been scheduled in several counties including all of Emmet county public and parochial school systems.
  - The trauma network partnered with the RMCAN to distribute adult and pediatric blizzard blankets to each ambulance and MFR rig in the region.
- ❖ Region 8
  - Region 8 has been working on data inconsistencies, including when to complete what field and similarities in entry choices when there isn’t clarity in the national data bank dictionary. Even spelling of the facilities in assuring they are called the same because there are facilities that we commonly use that are not in ImageTrend® drop downs. There are issues with auto-generated ISS scores. Training on how to score ISS remains challenging as there is considerable turnover in staff that are responsible for the registry.
  - There is a facility in the region with an ACS visit scheduled in June.

- In addition to the injury prevention program database for the region, a rehabilitation survey was distributed. The survey collected information on who uses what types of programs and where they are. This completes a regional workplan objective. The Stop the Bleed program may be expanding to more of the roadway professions by working with other types of Region 8 partners, such as those participating on the UP-Traffic Safety Committee. The Ride Right Campaign for snowmobiling has expanded with multiple partners from the DNR to law enforcement agencies, snowmobile associations, etc.
- There are significant concerns about EMS agency closures in the Upper Peninsula. These were volunteer or paid on call agencies that leave geographic coverage holes. Their run volumes are not such that allow a fulltime agency creation or expansion.
- Trauma is waiting for the Region 8 MCA Network to go live with its website and app that will include protocols from each MCA across the UP. The Region 8 MCA Network is developing their performance improvement in EMS. Trauma will participate in developing the metrics for scene calls and transfers, per a 2019 objective in the workplan.

#### **Data Report:**

- ❖ Amy Bohner started in her position as State Trauma Registrar/Epidemiologist. Amy has an undergraduate degree in Public Health and a master's degree in Epidemiology from the University of Iowa. There are currently 303,174 incidents in the registry, the next call for data is March 15. Ongoing strategic planning groups have been an impetus to reviewing the progress and history relating to trauma data collection as the system began and going forward. Planning and prioritizing will likely be further informed by those discussions.

#### **Strategic Planning Workgroup Updates:**

- ❖ The five groups have been formed the member list is in the meeting packet.
  - ◆ Group 1-Administrative/Leadership/Finance: Their first meeting was January 26, the discussion focused on consistent messaging, messaging to a variety of stakeholders, the importance of having hospital administration know and understand the trauma system and the importance work it does. An education module was discussed
  - ◆ Group 2-Operational and Clinical: The group has met by phone but feel they could accomplish more if they met in person. That meeting is being planned.
  - ◆ Group 3-Data Collection: That group has been meeting regularly and are working on developing objectives.
  - ◆ Group 4-Assessment and Evaluation: This group met twice once in December and again in January. They talked about an inventory of system components, and injury report (that adds different information from those already published, a status report of protocol implementation, participation, data reporting and users. The discussion included writing an evaluation component into the regional reports.
  - ◆ Group 5-Education and Injury Prevention: This group is every engaged and are drafting their objectives.
- ❖ It is anticipated that a draft plan reflecting the goals, objectives and strategies recommended each workgroup will be drafted by May to present at the June STAC meeting. The plan covers 2018-2023.

#### **Pending Business:**

- ❖ **Trauma Conference:** The Division of EMS and Trauma is planning a trauma conference. The format will be the same as previous conferences; the MCA conference convenes for one day and the trauma conference follows the next day. The dates are October 22 for the MCA conference and October 23, 2019 for the trauma conference. It will be held at Crystal Mountain in Thompsonville. There will be a Regional Leadership Summit held as a dinner event the evening of the 22nd. The leadership from each region will be invited to attend. This will be an opportunity for all the regional leadership to discuss system issues, challenges and best practices.

The next STAC meeting is **Tuesday April 2, 2019 at 1001 Terminal Road, Lansing**