

State Trauma Advisory Subcommittee
April 6, 2021
Bureau of EMS, Trauma & Preparedness
Lansing, MI

Attendees: Kelly Burns, Robert Domeier, Gaby Iskander, Allan Lamb, Joshua Mastenbrook, Amy Randall, Dawn Rudgers, Wayne Vanderkolk

Guests: Helen Berghoef, Aaron Brown, Doug Burke, Tammy First, Deb Detoro-Fisher, Jill Jean, Theresa Jenkins, Denise Kapnick, Lyn Nelson, Jennifer Strayer, Eileen Worden

Call Order: 9:01 a.m.

Minutes from February 2, 2021 approved.

Old Business:

- ❖ **State of Michigan Annual Report:** The first annual state trauma system report was finalized and approved by BETP leadership. It has been posted on the trauma system website [Report](#). Eileen described the report as the first of what is expected to be an annual report. This report did reach back to 2019 to report on the system. The next iteration may not need the same level of detail. There was an emphasis on system evaluation in an effort to connect the various metrics and components and monitoring modalities in a cohesive manner. System evaluation was an audit question. Dr. Iskander commented on the relevance of the standalone report and the maturing system particularly in the face of the ongoing sunset discussion.
- ❖ **Sunset:** The sunset provision is set for October 1, 2021. There is ongoing discussion to remove or extend the provision. The Public Health Administration legislative liaison mentioned that this is expected to be a busy legislative session.
- ❖ **COVID-19 Update:** Eileen reported on recently published data regarding the pandemic. As of Saturday, there were 8,413 new cases, the seven-day positive test average was 14.12% the case average was 5,622. Dr. Fales mentioned that case numbers may not be as descriptive as fatalities in describing the issue. The vaccination coverage rate was 35.2 and 4 million doses have been delivered. Starting April 5, all Michigan residents ages 16 and up can get vaccinated. As of April 1, hospitals were reporting 77% bed occupancy. Dr. Lamb reported there has been a substantial increase in the number of COVID cases and both Dr. Lamb and Dr. Iskander have reported caring for patients with COVID that had been vaccinated. There was discussion about why Michigan is experiencing this surge. Eileen mentioned the theory published in the press that residents were not as exposed early in the pandemic because of lockdown, fatigue related to public health measures as causes for the current trends in numbers. She noted that the last time STAC met (February) there were only 22 cases of the B.1.1.7 variant, as of March 21 there are now 1,468 cases identified.

Data Report:

- ❖ **EMS data elements:**
- ❖ **Data QI Discussion:**
- ❖ **MTQIP Jan 2021 Report:** Eileen discussed the data in the MTQIP State of Michigan System report that was sent with the meeting materials. MTQIP has been submitting this report

annually to the Trauma Section. Of note there was a post meeting discussion regarding whether the MTQIP data discussed is risk adjusted or not. The data in the report is **unadjusted**.

The reports from 2018-2019 and 2019-2020 were compared and the following noted:

- ISS were up in all categories except 1-4.
- Injuries were lower in the 75->84 age range. Higher in the 25-44. and 55-74 age range.
- Falls as a mechanism of injury were slightly lower (33,102/2018-2019 and 32,650/2019-2020).
- Mortality overall by year appears to be trending up in 2020.
- Any Complication aggregate (mean) increased from 5.0% to 7.0%.

Dr. Iskander suggested that STAC consider asking Dr. Hemmila to present and discuss regarding MTQIP at a future meeting. There was a robust discussion about Image Trend, the perception that there are limits in reporting capacity and data display, and that a majority of trauma facilities now use an ESO product. Dr. Iskander acknowledged that a future pivot would be an involved process. Eileen agreed, IT contracts are managed by the Department of Management and Budget, those processes are multifaceted, multi layered and time consuming.

Verification/Designation:

- ❖ **Planning for 2021:** Timeline for planning to add Virtual Site Visits to the verification process was sent with meeting materials. BETP is asking partners for patience as they scale up this new process. The intent is to address the pandemic generated backlog in visits as expeditiously as possible. Eileen mentioned that virtual visits are not expected to completely replace in person visits. Dr. Vanderkolk stated that the ACS Finance Committee was expecting that to be the case for ACS as in-person verification visits were becoming too expensive.
- ❖ **Virtual Visit Pilot Project:** There was discussion about the base IT support that Level III and IV facilities may need to have for successful virtual verification visits. Theresa Jenkins reported that a survey of that capacity was in development. Eileen noted that the Designation Subcommittee meetings have been cancelled until July.

New Business:

- ❖ **Region 3 Regional Trauma Coordinator posting:** None of the candidates passed the Civil Service screening process. Aaron Brown will continue as interim Regional Trauma Coordinator along with his role of SOC Coordinator until the fall.
- ❖ **MCA/Trauma Virtual Conference:** Conference planning is ongoing. A Save the Date was included in the meeting materials. This is the first virtual conference the Division of EMS and Trauma has sponsored, there will likely be a learning curve. National virtual meetings are occurring regularly that provide opportunities for lessons learned.
- ❖ **Grant Projects:** The Regional Medical Control Authority Subcommittee met and reviewed the submitted grant requests. The timeline to send out announcements to awardees was Monday, April 5.
- ❖ **Regional Trauma Network Reports:** Eileen introduced the topic of the first quarter reports (RTN activity) and the pillar reports (Strategic Plan activity). She stated that they demonstrate how much more mature the system is and the substantial work and best practices that are being instituted. She highlighted some of the work mentioned in the reports and stated that this was not inclusive of all that was mentioned.
 - Region 1-Education series for EMS
 - Region 2N-Triage and transport project (data collected, focus on burns)
 - Region 2S-Tracking tourniquet use, monitoring double transfers

- Region 3-Regional Injury Plan in development for July, an interfacility transfer envelope and checklist project
- Region 5-Reporting interfacility transfers, adding Rehabilitation expertise to their committee
- Region 7-Developing a list of Skilled Nursing Facilities and Extended Care Facilities in the region
- Region 8-Developing a survey of the broad medical community about trauma and the trauma system

The Pillar reports describe the progress made on the initiatives that address the State Trauma System Strategic Plan objectives. The system is described as Bystander Care (Stop the Bleed)-Prehospital-Definitive Care-Early Rehab-Recovery/Re-entry.

- ❖ Senate Bills 210 and 211 were discussed briefly regarding the changes be suggested for helmet use when riding off road vehicles.
- ❖ Round Robin: Dr. Iskander suggested that as the agenda items had been addressed that the meeting be opened to a “Round Robin” open discussion on items from the group.
 - **Rehabilitation:** There was a far-ranging discussion about Rehabilitation and its role in the system including the challenges in determining all the various components, the perception of the role of rehab in the system and the need for a holistic approach, the intersection of Traumatic Brain Injury, Spinal Cord Injury, Behavioral health, PTSD. It was suggested that STAC consider a small subcommittee be convened to make some recommendations. It was also remarked that this is one of the Pillar initiatives. Dr. Lamb mentioned that his trauma service usually refers a trauma patient for rehab on admission.
 - **Site reviewers:** Dr. Lamb asked about the possibility of retired trauma professionals remaining or becoming site reviewers. Dr. Vanderkolk said that ACS uses site reviewers up to two years after retirement. Dr. Iskander suggested this is a topic that the Designation Committee can entertain. There was also a question about using vaccinated site reviewers for in person site visits at Level IV facilities, particularly those that have technical challenges.
 - **In person meetings:** The question was asked if/when it would be possible to have in person meetings (socially distanced, with vaccinated participants). Eileen reported that the state recently announced remote work would continue until at least July. There is currently no directive beyond what has been disseminated about meetings.

The next STAC meeting is Tuesday, June 1, 2021 from 9-11 a.m. meeting will be held virtually.