

State Trauma Advisory Subcommittee
November 30, 2015
Michigan College of Emergency Physicians (MCEP)
Lansing, MI

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

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

Call Order: 9:01 a.m.

Minutes from October 7, 2015 meeting: Approved.

Old Business:

- ❖ The candidate that was chosen for the Region 6 Coordinator position is active military and has not received release papers yet. Human Resources is deciding on next steps since it has been three and a half months.
- ❖ There was nothing new to report on the Michigan System Protocol – Trauma Destination Guidelines.
- ❖ Trauma Band is a proof of concept project started in May with 7 agencies (3 Life Support Agencies and 4 Acute Care Facilities) and concluded at the close of the fiscal year. Now that the project is complete, key informant interviews are being conducted.

Designation:

- ❖ The Designation Subcommittee did not meet in November. The committee will meet again on January 12th if there are enough applications to review.
- ❖ The last of three in-state site review team trainings was held on November 12th. This training had the largest attendance and a very engaged audience. Dr. DeCou and Sherri Veurink-Balicki served as facilitators for the training and had high marks on the post training evaluations. A total of 69 site reviewers have now been trained to be in-state site reviewers. Amy Koestner was thanked for her assistance in developing the training curriculum as well as serving as a facilitator at the first of the trainings.
- ❖ The department is now ready to receive requests for verification. It is anticipated that site visits will begin in the spring of 2016.
- ❖ All the hospitals in Region 8 have submitted letters of intent to their Regional Trauma Network (RTN) regarding the trauma designation level they intend to pursue. A majority of those hospitals should be ready for site visits in 2016.

Data:

- ❖ All 35 designated trauma facilities are up to date on data submissions. The next call for data is December 15th.
- ❖ Since the October STAC meeting, the number of reporting hospitals has increased from 70 to 75. Overall, the total volume of incidents is up 2.5%.
- ❖ The National Trauma Data Bank (NTDB) changes for 2016 will be implemented in ImageTrend™ before the end of 2015.
- ❖ The department will hold a Trauma Registrar course on March 15, 2016 at Lansing Community College- West. The training will include basic registry and data collection information, and provide the opportunity to practice access to ImageTrend™ in the computer lab. A Save the Date will be sent out in mid-December.
- ❖ Jeff Boyd reported the Emergency Medical Services Coordination Committee (EMSCC) is getting ready to appoint subcommittee members. There will now be one data committee (as opposed to the original three). The EMSCC would like to involve multiple disciplines in this committee. Those interested in joining the data committee should contact Jeff Boyd.

Regional Trauma Reports:

❖ Region 1:

Presented by: Theresa Jenkins, Region 1 Trauma Coordinator (RTC)

Progress on Work Plan Objectives:

1. Region 1 is working on end of year wrap-ups to prepare for report writing.
2. RTN is asking for correspondence from the region's facilities regarding what trauma designation level they intend to pursue.
3. RTC will meet with Hillsdale hospital leadership to present information regarding verification and designation. The hospital is evaluating resources needed for both Level III and IV.
4. RTC meeting with individual hospitals regarding data entry in ImageTrend™.

New initiatives:

1. Compile year end packets for each facility, to include meeting minutes, new documents and attendance records. Facilities may use this for their American College of Surgeon Committee on Trauma (ACS-COT) site visits to demonstrate regional involvement.

❖ Region 2 South:

Presented by: Wayne Snyder, Region 2 South Trauma Coordinator

Progress on Work Plan Objectives:

1. Seventy percent (14/20) of work plan objectives have been completed, fifteen percent (3) are actively in the process of being completed, and fifteen percent (3 related to Regional Professional Standards Review Organization (RPSRO) activities) are on hold pending the development of improved data analytics.

New initiatives:

1. The Education Subcommittee recently finalized an Advanced Trauma Life Support (ATLS) needs assessment. The results were distributed to the region's facilities, the department, the other regional coordinators and the state ATLS coordinator.
2. The 6th issue of the regional educational newsletter was distributed.

❖ Region 2 North:

Presented by: Chris Mullen, Region 2 North Trauma Coordinator

Progress on Work Plan Objectives:

1. The region recently reorganized structure and design to produce a fair and equal voting process.
2. The three local Medical Control Authorities (MCAs) presented the Mass Casualty Incident (MCI) communications and education recommendations to their respective boards. One MCA reported acceptance of the recommendations. Other MCAs expect to adopt the recommendations in the near future.
3. Injury prevention is ongoing throughout the region, with 8 more matter of balance trainings, thus facilitating falls prevention education to the local areas.
4. Lake Huron Medical Center submitted its Pre-Review Questionnaire (PRQ) and notification of its intent to seek level III designation.

New initiatives:

1. The region identified each facility's intent to pursue verification/designation and is monitoring progress. In addition, work is being done to build an electronic dashboard that the region can use to identify the current status of all facilities.

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

Progress on Work Plan Objectives:

1. Region 3 RPSRO will meet December 1, 2015. Allen Stout will attend to present data specifically for Region 3. This will help the region focus their efforts.
2. Region 3 Trauma Triage and Destination Protocol will go into effect January 1, 2016.
3. Region 3 Trauma Triage and Destination Subcommittee started work on a regional interfacility transport protocol.
4. Region 3 Trauma Network Board referred discussion of prehospital use of Tranexamic acid (TXA) to the Regional Trauma Steering Committee for an opinion.

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

Progress on Work Plan Objectives:

1. RTN/Regional Trauma Advisory Committee (RTAC) met on November 19, 2015, with Allen Stout presenting regional ImageTrend™ reports.
2. The medical oversight committee membership will be discussed at the next RTN/RTAC meeting.
3. RTAC leadership changed from Dr. Thomas Rohs (Borgess Medical Center) to Dr. Scott Davidson (Bronson Methodist). RTN structure will remain the same and requires further discussion.
4. 2016 meeting dates confirmed: 3rd Thursday afternoon quarterly.
5. Twelve of thirteen facilities (3 are ACS-COT verified) have produced letters of intent.

New Initiatives:

1. Cooperation and sharing of educational offerings and assistance with data continues.
2. RTC reported trauma updates at 5th District Medical Response Coalition.
3. The Regional MCA Network meeting, held after the RTN and RTAC meeting, had a quorum of physician attendance and continues sharing of protocols and educational offerings.
4. Data submission has increased by 17% since last quarter.
5. Data for RTN and RTAC has been provided quarterly to assist with planning/review.
6. Work plan progress for the region will be evaluated in early 2016.

❖ **Region 6:**
Presented by: Theresa Jenkins, acting Region 6 Coordinator

Progress on Work Plan Objectives:

1. Region 6 trauma network has been able to move forward in trauma system development despite the absence of a regularly assigned Regional Trauma Coordinator.
2. The interim RTC is updating contact and committee membership lists. Information will be disseminated to these partners regarding educational opportunities, State of Michigan information and R6 meetings.
3. RPSRO last met May 29th and has met all work plan objectives through 2015. Strategies discussed for reviewing data or requests that are submitted to the committee, and how to engage hospital executives in the trauma program.
4. Region 6 trauma program managers will meet to discuss barriers to becoming verified and potential educational opportunities.

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

Progress on Work Plan Objectives:

1. A comprehensive review of work plan objectives is in progress with findings to be discussed during the breakout session of the Region 7 Trauma Summit this week.

New initiatives:

1. RTN is collecting letters of intent from each hospital declaring the level of trauma designation being sought. Current information indicates region 7 will be composed of two Level II's on the west side, a Level III on the east side, and then a mix of III's and IV's down the middle and in the southwest corner of the region, totaling 11 designated facilities.
2. A Region 7 Trauma Summit will be held December 4th at Boyne Mountain Resort, with the major focus to be gaps and challenges in the region's trauma system development.
3. The RTN is examining ways to collaborate with the newly formed Region 7 MCA Network, recognizing the need to structure programs around the limited resources available. The by-laws of the Regional Medical Control Authority Network (RMCAN) have been written to complement the by-laws, and the administrative and operational practices of the trauma network.
4. The Injury Prevention Committee is considering ways to share two educational opportunities with relevance to Northern Michigan: "Drive Slow on Ice and Snow" campaign by Office of Highway Safety Planning, "Watch for Deer all Year" by Michigan State Police.

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

Progress on Work Plan Objectives:

1. Individual hospitals will submit letters of intent and a current PRQ to RTN by November 2015.
2. 100 % of hospitals in Region 8 indicated their participation in the trauma system by planning on becoming verified and designated.
3. RTAC will update objectives in December. A trauma program manager workday (developing hospital action plans) is scheduled for December 8th.

New initiatives:

1. RTC will participate in each hospital's Emergency Department section meeting as requested by RTN, RPSRO.
2. Participate in the 60 second EMS handoff/timeout initiative.
3. RTAC to update work plan objectives at December and February meetings.

New Business:

- ❖ Dr. Charlton's resignation from STAC was effective November 18th. The empty seat will need to be filled by a rural MCA Director. The application for appointment is posted on the trauma website. Nick Lyon, Michigan Department of Health and Human Services Director, will make the appointment.
- ❖ The administrative rules require the department to complete an assessment related to trauma education in Michigan. Educational assessments (via Survey Monkey) were developed and disseminated to trauma partners including; SIM centers, EMS providers, Trauma Medical Directors, Trauma Program Managers, and Trauma Registrars. The surveys will be available until December 21st. The goal is to see where the gaps are in trauma education. STAC will be notified of the preliminary results at the next meeting. Amy Koestner suggested inquiring about internal education provided by hospitals. The internal education piece may be included in the next assessment.
- ❖ There was a scheduling conflict for the fall of 2016 with the National Highway Traffic Safety Administration (NHTSA) assessment. Therefore, the NHTSA assessment will take place in the spring of 2017.

- ❖ Stroke and ST-elevation myocardial infarction (STEMI) partners expressed their interest in reconvening discussions that took place in 2011 regarding systems of care for stroke and STEMI. The department met with the partners to share the progress made with trauma system development. The consensus was that discussions will continue and the groups will meet quarterly starting in January. The differences between stroke and STEMI are distinct enough that it was determined that for now the groups will meet separately.
- ❖ The 2016 STAC meeting schedule was provided to STAC. The February 2, 2016 STAC meeting conflicts with a Michigan Trauma Quality Improvement Program (MTQIP) meeting which the majority of the members have to attend. The Trauma Section will look into changing that date and confirm with STAC.
- ❖ A freestanding Emergency Department (FSED) has been asked to be considered a level IV trauma facility. Some states acknowledge FSEDs, others do not. Eileen met with a representative from the Michigan Department of Licensing and Regulatory Affairs (LARA) to discuss Michigan FSED locations and resources. LARA did not have complete information and is pursuing that. Once the information is gathered it will be presented to STAC. While there was some initial discussion, no decision will be made until all the information is received.
- ❖ Wayne Vanderkolk and Amy Koestner mentioned they were getting various questions from the smaller hospitals and asked if Tammy could be the main point of contact to avoid variation in answers and to allow for consistency. Moving forward, questions should be funneled through the Regional Trauma Coordinators to Tammy. Common questions will be added to the Frequently Asked Questions (FAQs) section of the trauma website. Amy Koestner asked a question concerning blood bank and Diane Fisher asked a question about level IV and surgical/ortho coverage. Both questions and responses will be added to the FAQs.

The next STAC meeting is **Wednesday, February 3, 2016** at Michigan College of Emergency Physicians.

Meeting Adjourned: 10:33 a.m.