

State Trauma Advisory Subcommittee
January 23, 2018
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, Deb Detro-Fisher, Theresa Jenkins, Bob Loiselle, Liz Vickers, Deb Wiseman, and Eileen Worden

Call Order: 9:01 a.m.

Minutes from December 4, 2017-Draft minutes approved for file.

Old Business:

- ❖ STAC was appointed by the MDHHS Director to serve from 2017-2020
- ❖ Motion made to amend agenda to discuss the 2018 meeting schedule and the Data policy first to allow Dr. Vanderkolk to attend the Designation Committee which is meeting concurrently. Motion was approved.

Meeting Schedule:

- ❖ The draft 2018 meeting schedule was discussed. Rationale for having the STAC and Designation Committee meet concurrently (one time) was discussed as this will provide an opportunity for both advisory groups to discuss progress made and conclusion of the inaugural provisional period. The group voted to move the February meeting date from February 13 to February 6 and the April meeting from the 3rd to the 10th. The group was reminded that STAC meetings are considered Open Meetings, a quorum of 6 members must be present to conduct business, and attendance on the phone is acceptable.

Data Policy for Designated facilities:

- ❖ A draft policy was written to outline the procedures that address late data submission and missing data. The committee discussed additional language to the statement in Section B *Missing the Data Submission Deadline* (5). If the facility wishes to regain designation status, they will need to re-apply for designation as described in Administrative Rules and MDHHS published policy. The STAC voted to approve the policy with the amendment. The policy will be posted at www.michigan.gov/traumasystem under Trauma Registry.

Overview and Orientation:

- ❖ STAC
 - The group was provided a brief overview of; the statues and rules, and the composition of STAC, its role as advisory to the department. STAC is a subcommittee of the Emergency Medical Services Committee (EMSCC). The Designation Committee is a subcommittee of STAC these committee members are content experts who advise the Department about the verification/designation process.
- ❖ Strategic Plan
 - A strategic plan for the trauma system was discussed. The last plan was published in 2004 and the team from the National Highway Traffic and Safety Administration noted in their report last spring that a revision is needed.
 - Trauma leaders met last fall and began discussing a draft, more meetings will be planned.
- ❖ Governance
 - The regional structure, application process and updates on regional trauma system development was reviewed.

- The Regional Trauma Networks are required by Administrative Rules to report annually to the Department on the progress of system development. The annual updates were sent with the meeting materials.

Data:

- ❖ STAC voted unanimously to approve the policy *Data Submission and missed Deadlines for Designated Facilities* with one requested change. This was to add language explaining that if a facility loses designation status due to lack of data submission, they must re-apply to regain designation.
A statewide data update for Q2 2017 was presented and discussed (attached). STAC requested that the ISS scores were presented by region, similar to the cause of injury graph.
The process for expanding the reports was discussed, that regions will report to their RTC and statewide priorities will be identified.

Designation:

- ❖ The Designation/verification report is deferred due to the combined STAC and Designation Committee meeting which will be held immediately following the STAC meeting. The purpose of the combined meeting is to discuss the post inaugural period which ended December 31, 2017 and to provide a status update on designation.

Regional Reports:

- ❖ The Regional Trauma Coordinators provide an update on regional activities at each STAC meeting. Annually, the regions are required to report to the Department on trauma system development and progress on work plan objectives. A copy of these reports were send electronically with the meeting materials. The Region 2 South Regional Trauma Coordinator position has been filled and will start work January 29. The Region 2 North position is currently being covered by Theresa Jenkins.

System Report:

- ❖ Trauma System Development Project Funding:
 - The projects will address injury prevention, infrastructure, education, performance improvement.
 - The Regional Medical Control Authorities are the fiduciaries for the projects, and the applicants are facilities engaged in trauma program development. Up to \$8000 is available for each eligible facility.
- ❖ Trauma Strategic Plan:
 - An initial meeting was held in October. Mission, vision and preliminary goals were established. Small workgroups will be formed to develop metrics, goals and objectives.
- ❖ Risk Adjusted Benchmarking:
 - Project partners with MTQIP. A Hashing pilot project is in the planning stages with the University of Michigan to determine the feasibility of linking EMS and trauma data.
- ❖ B-CON:
 - Training kits have been placed in each of the trauma regions. The Regional Trauma Coordinator is the point of contact to arrange to use the kit for training.
 - The Section will be tracking usage, audience type, and collecting evaluations.
- ❖ Site reviewer training and forms revision:
 - Training is tentatively scheduled for mid-June.
 - Process and form revisions, suggestions, and clarifications have been continuously collected throughout the Designation/Verification roll out. Changes will be folded into the forms revisions and/or added to the training where applicable.
 - When a draft is ready it will be pilot tested by a potential user before publication.
 - The regional applications and work plans were reviewed and approved by STAC but were not published to reduce confusion for facilities using the older objectives to prepare for a visit.
 - The new work plan objectives will be published on the trauma system website February 1 and sites preparing for a visit in April or later should use these new objectives.

- ❖ Sunset:
 - The Crime Victims Services fund has sunset language written in it that could impact funding starting October 1, 2018. The committee discussed the funding and how they can assist in addressing the language.

Combined Designation Subcommittee and STAC:

- ❖ Inaugural Provisional period: The language was modelled after Virginia to ensure that trauma traffic did not impact program building. The language clearly stated that the period ended December 31, 2017.
- ❖ Status report: There are 124 facilities identified as potential trauma facilities (defined as having 24/7 ED and inpatient beds). Currently, there are 55 designated facilities, 8 facilities are on the Designation committee agenda today, and 44 facilities are in the que for a site visit. The site visits have been gradually increasing: 2016-3 visits, 2017-23 visits, 2018 - 36 visits or 3/month 2019- 30 visits. With the exception of focused reviews visits occur in a three cycle, when possible the schedule will attempt to smooth out the cycle.
- ❖ There are 7 facilities from various regions that did not submit verification requests or correspondence from ACS.
- ❖ The concept of a Consult visit was discussed by the group. The consensus was that there were numerous opportunities (tools, trainings, mentoring) for a facilities to avail themselves of to prepare adequately for designation.
- ❖ There was robust discussion about system participation and implications for all- inclusive, voluntary system. There was recognition of the commitment and resources necessary to build and sustain a program and the need to continue to provide tools and resources to support that process.

The next STAC meeting is **Tuesday, April 10, 2018 at 1001 Terminal Road, Lansing**