

State Trauma Advisory Subcommittee  
December 4, 2018  
Bureau of EMS, Trauma & Preparedness  
Lansing, MI

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

Guests: Helen Berghoef, Doug Burke, Tammy First, Deb Detro-Fisher, Theresa Jenkins, Denise Kapnick, Bob Loiselle, Cheryl Moore, Lyn Nelson and Eileen Worden

Call Order: 9:01 a.m.

Minutes from October 2, 2018 approved.  
STAC Calendar for 2019 approved.

**Old Business:**

- ❖ **2018 Trauma System Development Projects:** The projects have been completed and reports are being finalized and filed with the fiduciaries. A rough breakdown of the categories of funded projects are as follows: Educations-87 projects, Infrastructure-29 projects, Injury Prevention- 74 projects (of those 42 were related to bleeding control) Performance Improvement-0 projects. A report on the 2018 Trauma System Development projects will be developed when information on the Final Reports is available.
- ❖ **Data Update:** The quarterly call for data is December 15. There are 292, 592 incidents in the registry. It is anticipated that the new Trauma Epidemiologist/Registrar will start full time by the first of the year. There was discussion about the challenges smaller facilities face staying up to date on data entry, definitions etc. when entering a smaller number of charts less frequently due to volume. The committee discussed what was acknowledged to be a long- term issue due in part to significant staff turn over in the facilities. Adding to the materials already posted on the website may be of benefit.
- ❖ **Systems of Care:** The groups are meeting to develop recommendations for the stroke and ST-elevation myocardial infarction (STEMI) system which integrates with trauma. The project has a dedicated Systems of Care Coordinator and Consultant working with identified content experts who are developing recommendations for a system of care for stroke and STEMI that is integrated with the existing trauma system. Once the recommendations are crafted, they will be incorporated into a draft plan. The stroke recommendations are going to be reviewed and discussed with the Stroke Expert Writing group next week. STEMI is still in the process of discussing some draft recommendations, it is planned to convene them in person in February to review progress and perhaps to consider what the stroke group has drafted in terms of recommendations. It is anticipated that once the plan for stroke and STEMI is completed and endorsed by stakeholders, next steps may be legislative language and administrative rules.
- ❖ **Bylaws revision:** Jeff Boyd reported that the EMSCC bylaws committee is still working on revisions and that a change to the bylaws that removes the requirement that the Chair of STAC be an EMSCC member will be addressed.
- ❖ **Stop the Bleed®:** A copy of "The Michigan Trauma System Supports- Stop the Bleed® report was provided in the meeting materials and has been posted on the trauma website.

**Designation Report:**

- ❖ Currently, 82 facilities are designated, 6 site visits have been scheduled through February, including two on-site focused reviews. There are 35 hospitals in the queue waiting for a site visit. The Designation Subcommittee meets next on January 8, 2019 and will be reviewing and discussing 3 in-state designation applications and one focused review report.
- ❖ The Designation Subcommittee members conduct the on-site focused reviews. At the January Designation Subcommittee meeting, further guidance on focused reviews will be provided to the committee members.

### Regional Reports:

- ❖ Annual report on the progress and activities in the region are required by the Administrative Rules. The reports are due to be submitted to the Section on Friday and will be posted on the website. The reports are a compilation of information that has been reported to STAC previously. Some revisions to the reporting format may be considered after the strategic planning sessions are completed. The Section will also be considering if other reports may be useful.

### Strategic Planning Process:

- ❖ Strategic Plan: Plan development began with the Mission and Vision statements that were crafted at the town hall meeting held in October and a survey of partners identified priorities.
- ❖ The groups have been formed and Chairs identified, it was requested that the planning groups and participant document be sent out again.
- ❖ 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:

- ❖ **Planning:** 2019 will be a time to review and plan future development and the strategic plan will lead that discussion. It is anticipated that all facilities requesting verification/designation will be through the process by the first quarter of 2020.
- ❖ **Regional Trauma Network applications:** The Regional Trauma Network applications are due for their triennial submission in 2020. The application form will be reviewed in August of 2019 to determine if changes are needed. It is anticipated the revised applications (if necessary) will be ready by the fall for the regions to begin work on completing them by October of 2020.
- ❖ **Risk Adjusted Benchmarking:** An interim report on the Risk Adjusted Benchmarking (RAB) collaborative with MTQIP was presented to STAC. The project was initiated in response to CD 15-5 (2014 edition of *Resources for Optimal Care of the Injured Patient*) that requires all Level I, II and III trauma facilities to participate in Risk Adjusted benchmarking. Michigan Level III facilities participate in project are enrolled once a year (January or February) after becoming Designated. MTQIP provides reports to the regions, individual facilities and to the Trauma Section. The Section reached out to ACS to inquire how often this CD was cited there was not a response by the meeting date. **Dr. VanderKolk stated that this was rarely done.** Michigan is approaching this as a pilot. By January 2019 it is anticipated that all eligible facilities will be enrolled in the pilot. Just under half of all the participating trauma facilities in Michigan will be represented in this pilot, the concentration will be more urban than rural and there will be regional variation in participation levels based on where the Level I, II and III trauma facilities are located. The Trauma Section will continue to provide support to the project by interfacing with facilities regarding contacts for the program, reports etc.
- ❖ **Map:** An updated map was presented to STAC that has point in time status of the trauma facilities in Michigan. The challenge with displaying this data is that it changes (at a minimum) every other month as the Designation Committee meets and makes recommendation to the department. However, it is an opportune moment to display progress on designation to date. A more definitive edition of the map will be created at the end of the first quarter of 2020.
- ❖ **Trauma Conference:** The Division of EMS and Trauma is planning a trauma conference. The planning committee will meet next week. 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 plan is to have the events at the same venue used in the past if available and try and schedule a date to accommodate the events already on the calendar. October is currently under consideration. There has also been some preliminary discussion about holding a Regional Trauma Leadership Summit as a dinner meeting the evening before the trauma conference to provide an opportunity for all the regional leadership to discuss system issues, challenges and best practices.
- ❖ **ACS visits:** The focus up to this point in system development has been to provide technical assistance to the Michigan facilities planning on becoming verified and designated, now that a significant number of these have been designated the Regional Trauma Coordinators (RTC) will be participating in the American College of Surgeons verification visit. The RTC's will attend the dinner meeting portion of the visit. At some of the visits already conducted, the RTC's have

provided information about the trauma system both statewide and regionally and can, if asked, discuss in detail some of the Michigan criteria for designation as well as the EMS system in the state.

- ❖ There was discussion about the interpretation of the criteria regarding the anesthesia liaison, the role of the CRNA and the regulations regarding the relationship of anesthesiologist and the CRNA.

The next STAC meeting is **Tuesday February 5, 2019 at 1001 Terminal Road, Lansing**