

State Trauma Advisory Subcommittee
June 5, 2018
Bureau of EMS, Trauma & Preparedness
Lansing, MI

Attendees: Robert Domeier, Gaby Iskander, Howard Klausner, Allan Lamb, Joshua Mastenbrook, Dawn Rudgers, and Wayne Vanderkolk

Guests: Helen Berghoef, Tammy First, Deb Detro-Fisher, Theresa Jenkins, Lyn Nelson and Eileen Worden

Call Order: 9:01 a.m.

Minutes from April 10, 2018 approved. Agenda amended to allow Helen Berghoef to present on Injury Prevention policy.

Old Business:

- ❖ Inaugural Verification/Designation Denial Policy was revised based on STAC recommendations. The revisions were reviewed and approved by the department and is posted at www.michigan.gov/traumasystem.
- ❖ The 2018 Trauma Program Development projects: The initiative is moving into the final phase, there are 14 weeks left to complete the planned work. Final Reports are due to be submitted to the fiduciaries September 15.
- ❖ Strategic Plan: The Trauma Section is meeting internally to consider how best to approach the next phase of plan development. The Mission and Vision statements were crafted at the town hall meeting held in October and a survey of partners helped identify priorities. Other source documents will inform the discussion including; The Model Trauma System Planning and Evaluation document (HRSA 2006), the Regional Trauma Systems: Optimal Elements, Integration and Assessment System Consultation Guide (American College of Surgeons) and the State of Michigan Reassessment of Emergency Medical Services 2017 (National Highway Traffic Safety Administration).
- ❖ B-CON: The initiative continues to grow in the state and nationally. Eileen reported that the ACS presented on the topic at the National Association of EMS Officials meeting in May and that the College has partnered with a university group to do an evaluation of the program to date. These results may be helpful in informing ongoing education particularly related to appropriate use and indications for tourniquets. Strategies to encourage training of lay bystanders was discussed as was the challenge of training very large groups. An information booth was suggested at the venues that host large numbers of attendees such as football stadiums that could reach the target audiences. A training day was also done at the State Capitol building.

Data:

- ❖ The quarterly call for data is June 15.
- ❖ The Data Manager/Epidemiologist position has been posted and three candidates cleared Civil Service for interviews. There was discussion about the development of the trauma registry and how to best support data collection, system surveillance and data quality. Noted was that at this juncture of system development training, accurate and complete data collection is a priority. Also mentioned were challenges related to report writing, the continuing need for training as staff move on to other roles and a discussion about data validity. There are similar discussions about the NTDB data set.
- ❖ Noted was that in 2012 there were 6,873 incidents, in 2018 (last quarter) there are 260,899 incidents. The age adjusted injury rates have increased (2000-33.0/100,000 2016 50.8/100,000).
- ❖ Organizing a Data Subcommittee has been temporarily put on hold until it can be staffed adequately. A question was raised as to what charge the committee would have. Was it data specific such as validity, inter-rated reliability, audits or system metrics such as mortality rates, productive life saved, burden of disease, cost effectiveness, special populations etc.?

Designation Report:

- ❖ Currently 71 facilities are designated, 4 site visits are scheduled through July 2018 and there are 44 hospitals in the que for site visits. The Designation Subcommittee meets next on July 10, 2018 and will be reviewing and discussing 5 in-state verification/designation applications.
- ❖ The revisions to the verification and designation documents is still ongoing.
- ❖ There will be two training webinars for current reviewers which will focus on preparing for a site visit, chart review, exit interview strategies and report writing. The first webinar will be held on June 22nd and the second one on July 13th. In addition, a new reviewer training will be held on September 24th in Lansing.

Regional Reports:

- ❖ Region 1 and Region 2 North

Region 1

- Region 1 Injury Prevention Committee is working on updating our IP Resource document and our regional injury prevention plan. This plan details what our goals are and how we as a region plan to obtain those goals. We are also very active with Stop the Bleed training in our region, and I just participated in a full scale AVI/School Shooting exercise where we utilized out bleeding control training. We have really been trying to reach our rural agencies and communities.
- Region 1 has chosen to look at strategies for event medicine we can use for the large events in our region. We have MIS which has races and concerts, as well as Spartan Stadium. Both venues have been working with District 1 HCC for preparedness planning. The trauma staff in R1 has requested to be added to the Everbridge notification system. They will be notified when large events are occurring in our region, as well as if an actual MCI occurs. .
- The Region 1 Education Committee will be having an educational day in August focusing on injury prevention. The group wanted to have speakers on human trafficking in Michigan, cold water drownings and TBI rehabilitation.
- I am currently working on an asset matrix for our EMS agencies that includes what services are available at each of our facilities.
- The hospital in Region 1 who was not going to participate in trauma, has decided to build a trauma program. I will be working with them to get them up to speed.

Region 2N

- Region RPSRO has been working very hard to get their policies and procedures in place. They are also working on building a data committee to assist the RPSRO with data needs.
- Region 2N is going to be having a big push for Stop the Bleed. They are training hospital staff from all over the region this week and will begin reaching out to all agencies who want trainings.
- The Region 2 North Healthcare Coalition is having a Partnerships in Preparedness: "Are you Prepared to Response Education day June 7th. Stop the Bleed training will be offered at that training.
- I am currently working on an asset matrix for our EMS agencies that includes what services are available at each of our facilities.

Region 2S

- Continuing work on work-plan objectives progress and status will be reviewed at the May 11th subcommittees.
- All Region 2 S hospital are participating in the 2018 Trauma System Development project. No one has submitted any invoices yet.
- Chelsea Hospital has actively started their Trauma Program and will be a Level IV. They will be getting their program software for data enter by July 1st.
- Stop the Bleed Initiative: DMC, Beaumont, Henry Ford, DEMCA, are collaboratively working on putting together an initiative called "Stop the Bleed Metro Detroit "targeting police academy and Detroit Public Schools. Seeking hospital foundation for any funding opportunities to help support. Detroit is having "Detroit's Birthday Party "on July 27th from 10am – 1400 and would like a Stop the Bleed table at this event.
- Updating the Region 2 South Injury Prevention Programs Resource Guide is ongoing with the most current contact information and programs available being added.
- 7th Annual Michigan Pediatric Trauma Conference is June 7th, the conference is full, there are over 300 registered.
- Region 2 South is revising the Region 2 South Trauma Education Plan.
- Beaumont Hospital-Trenton: Held 25 classes for BCON with 144 trained.
- Beaumont Hospital -Grosse Pointe: Held 5 BCON classes with 35 trained.
- BCON classes are being taught throughout the month of July for the Detroit Junior Fire Cadets and Police Cadets.
- Data Subcommittee and the RPSRO are tracking multiple transfer with a spreadsheet. Data collection started July 2017. Goal to see if there is a pattern in transfers, what is being transferred, if education is needed.

Region 3

- The Region 3 RPSRO decided to focus on reviewing system issues/problems for the immediate future. This decision was made due to the challenges with obtaining data now. The group felt that they could be more effective.
- The RPSRO discussed their meeting schedule and it was decided that the RPSRO will continue to meet quarterly.
- The Education Committee reported on the success of the recent Region 3 Trauma Symposium. They reported approximately 280 attendees. The Keynote Speaker was Travis Mills who provided an excellent presentation.
- The Trauma, Triage and Destination Subcommittee advised that they are going to review the effectiveness of the Trauma Triage and Destination Protocol. The protocol has been in effect for two years and is being utilized by all MCAs in Region 3.
- The RTAC and Subcommittees were advised to review the 2018-2020 regional objectives and identify areas that may have been completed and areas of focus for each group in the coming months.
- As of March 31st, 2018, all 20 of the Region 3 Medical Facilities have requested the \$8000 grant funding from MDHHS. All Region 3 facilities are now participating in the Michigan Trauma System and are working on obtaining their designation.
- Region 3 had two facilities in the que for a Level IV Site Review prior to our next RTAC meeting in July.
- B-Con Courses and or B-Con presentations continue to flourish in the region. The classes have been presented in regional high schools, ISDs and for area teacher professional development days.

Region 5

- Region 5 RTAC just voted in new RPSRO language to their bylaws. The group will begin working to get the committee membership in place and to organize how they want the committee to work for their region.
- Region 5 is going to be having several trauma educational offerings, including TCAR and ASSET courses. The education committee is also working on a newsletter they will be putting out quarterly to their trauma partners.
- The Region 5 IP committee has decided to have a booth at the Allegan and Calhoun County fairs this year. Each hospital will be taking shifts, and they will be working as a group to provide helmets, gun locks, etc. They will focus on the Kids/Family days at each fair.
- 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 RPSRO and PI committee are doing a hospital TXA study. The purpose is to evaluate the regions capabilities -do all hospitals have TXA for use in traumatic hemorrhage, do they have a policy, how often do they use TXA.
- There are many BCON classes being held in the region. Many classes are being offered in schools. The course is going to be presented to Grand Valley State University first responders, staff, and students.
- There was a two-hour Performance Improvement course held on June 13 for TMD's and TPM's. Case studies were discussed in a panel format from the region's reviewers including Dr. Iskander and Dr. Vanderkolk.
- In Kent County, TPM's and EMS met to discuss EMS communication for geriatric patients, including geriatric trauma.
- 21 of 22 hospitals participated in 2018 Trauma System Development funding. Most of the projects are focusing on education, injury prevention, and BCON.

Region 7

- Region 7 has one hospital that will be seeking level II ACS verification and then SOM designation and one hospital that will be seeking level III SOM verification/designation. Both continue to report that physician staffing of their trauma team is a barrier to scheduling their site visits. Both have requested that their site visits be pushed back. Both indicated they have a "plan to resolve their staffing issue.
- Munson Grayling Hospital is scheduled for a Level IV site visit June 19th which leaves 6 others in the que to be scheduled for Level IV site visits.
- Efforts continue to identify physicians in the region willing to champion components of the infrastructure and medical oversight of the work plan. Hopefully, resolution of the physician staffing issue of the two hospitals mentioned may provide additional leadership for this committee. In the interim the EMS "Destination and Bypass protocol is scheduled for review this period.
- Efforts continue to accomplish work plan objectives in this area although since most committee members are also TPM's that are preparing for their inaugural site visits, regional initiatives, except for Bleeding Control courses are not the current priority.
- The RPSRO did not meet after the last STAC meeting. We anticipate there will be some movement on regional performance activities in late summer or early fall once data surveillance is supported by a trauma epidemiologist/registrar. The regional registry work group continues to meet monthly with their primary foci being methods for validating data and serving as a support system.

Region 8

- The large scale medical communications plan has been approved by the Regional Trauma and Regional Preparedness. The next entity to review is the Regional 911 Authority.
- The region continues to work on the validity of ImageTrend entries. With the significant turnover of people making entries and the very limited amount of FTEs assigned to entries, the auto-generate ISS is being utilized by at least eight (8) of the fourteen (14) hospitals in the Upper Peninsula. The auto-generate ISS has some difficulties with the ICD10s and thus on the higher scores that are transferred. Those facilities are paying particular attention to the feedback forms and what the receiving facility found to include ISS scores.
- Summer time brings many functional and full-scale exercises across the region with patient surges and activating trauma teams.
- Helen Newberry Joy received their Level IV visit in May. We are waiting for scheduling of others in the Upper Peninsula.

New Business:

- ❖ The sunset legislation which extends the sunset until 2021 is making its way through the process advancing through House and Senate committees
- ❖ Cheryl Moore has accepted the Region 5- Regional Trauma Coordinator position and will start June 25. The Region 2 North position will be posted through the Michigan Public Health Institute.
- ❖ The Systems of Care (stroke and STEMI) initiative is moving forward. A Systems of Care coordinator has been hired who will be supporting the ongoing discussions. A Systems of Care consultant will also be working with the Trauma Section for a limited time to assist in moving the process forward.
- ❖ Discussion on whether clarification on the Michigan Criteria (2-1, 2-2, 2-3 and 3-1) relating to participation in Regional Injury Prevention and Regional Performance Improvement is needed. Mentioned was that facilities cite the regional work-plan objective but do not elaborate on what their specific role and responsibilities have been to move that objective forward that creates some challenges for the Designation Committee and site reviewers to try and understand if the criteria have been met for designation. There was discussion about ways to address this. It was acknowledged that this participation from the facilities drives regional system development. The consensus from STAC was that at this point in system development participation was the most important component of system development, and that when there was more experience with a maturing system, tools and education about what was expected to address these criteria more fully would be developed.
- ❖ Dr. Lamb asked that the STAC comment with recommendations on a process to follow up on multi-transfer cases involving more than one region. He plans to submit a draft for comment and review.

Presentation by Helen Berghoef on Regional Injury Prevention Policy:

The purpose of this brief presentation describes the current state of the Bureau of EMS and Trauma's trauma injury prevention rules and make recommendations to improve the current guidance on regional injury prevention programs. Helen chose this topic in part because it has been a goal of the department to re-evaluate our approach to Injury Prevention as our state trauma system evolves.

Helen discussed the following:

1. The current state of the MI trauma rules and criterion specific to injury prevention. Guidance comes from the MDHSS Administrative Rules, Michigan Criteria for Trauma Facility Designation, and Michigan Criteria Quick Reference Guide.
2. Helen discussed opportunities to provide additional guidance and to coordinate activities between regions in the state and to direct activities toward evidenced based practices.
3. There is support from the ACS and the HRSA document supporting programs that focus on the most common causes of injury as well as the benefits of collaborating with public health.

4. The stakeholders for the State's injury prevention programs included a discussion of potential collaborating agencies such as the MDHHS Injury Prevention section and the MDHHS Department of Aging and Adult Services.
5. Four actions were recommended for future consideration. These included promoting coordinated efforts between regions, studying objective criteria to be used by regions, evaluate need for RTN's to address fall prevention, research best practices in other states.
6. A fifth recommendation was added after discussion with the group: Evaluate a recommendation that Level III and IV centers participate with Level I or II in their region. The first recommendation is being modified to include the development of a standard template hospitals can use when completing the PRQ.

The next STAC meeting is **Tuesday, August 7, 2018 at 1001 Terminal Road, Lansing**