

State Trauma Advisory Subcommittee  
August 6, 2019  
Bureau of EMS, Trauma & Preparedness  
Lansing, MI-DRAFT

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

Guests: Helen Berghoef, Emily Bergquist, Amy Bohner Doug Burke, Tammy First, Deb Detro-Fisher, Theresa Jenkins, Denise Kapnick, Bob Loiselle, Cheryl Moore, Lyn Nelson, Jennifer Strayer, Eileen Worden, MDHHS Audit Team

Call Order: 9:01 a.m.

Motion by Dr. Vanderkolk to amend agenda to add an agenda item about EMS emergency protocols. Motion seconded by Dr. Lamb and agenda amended.

Minutes from June 5, 2019 approved.

**Old Business:**

- ❖ **Review of Draft Regional Professional Standards Review Organization (RPSRO) Inventory:** The Inventory was introduced at the June meeting, there have been some minor revisions made so the document was brought back to STAC for consideration, the revisions include:
  - Report due dates added (Nov 1 and May 1),
  - Reminder that the data will not be current has been included,
  - A section reporting on the provisional status facilities in each region has been included,
  - BETP confirmed EMS can obtain the needed information outlined,
  - In Section II, Biospatial will be providing data for (B) Proportion of trauma patients who met step 1 (physiologic) or step 2 (anatomic) field triage criteria who are initially transported to the highest level of care in the system (regional discretion) and (C) number of trauma patients admitted to a non-designated trauma facility. The data reported in (H) Region defined average ED dwell time to transfer in minutes is a pilot variable, the ability to collect that information will be assessed, a PI worksheet was added to assist the RPSRO in the regional PI process.STAC voted to approve the RPSRO Inventory with the minor revisions included.
- ❖ **RPSRO Policy:** The RPSRO policy sent out with the agenda and meeting materials was discussed. The RPSRO Inventory will be completed twice yearly, collecting quantitative and qualitative data on system performance. The RPSRO monitors the metrics outlined in the Administrative Rules (components of the regional trauma plan, triage criteria and effectiveness, trauma center diversion, data driven provision of care defined by available metrics, supported by the region, the statewide trauma care advisory committee and the department, deaths). The RPSRO is responsible for monitoring trends, identifying issues and gaps, developing evaluation tools and drafting a performance improvement plan. Also noted was the opinion from MDHHS legal was that the RPSRO meetings could be held electronically. Dr. Vanderkolk recommended that the name Skype be changed to another term denoting a general ability to meet electronically as there are other software programs and may be others in the future with the ability to do this. STAC approved the policy with the suggested change.

- ❖ **Dead on Scene:** The protocols were forwarded to the group with the meeting materials from Dr. Domeier based on the discussion about dead on scene at the June meeting.
- ❖ **Regional Reports:** The regional reports have been deferred due to the volume of information that needs to be considered at this meeting.

#### **Designation Report:**

- ❖ Currently, 90 facilities are designated, 9 site visits and 2 on-site focused reviews have been scheduled. There are 23 hospitals in the queue waiting for a site visit. The Designation Subcommittee meets next on September 10, 2019 and will be reviewing and discussing 2 in-state/verification designation applications, 1 focused review report and up to 4 ACS verified designation applications.
- ❖ **Emergency Protocol:** A Level II trauma facility in southeast Michigan was not reverified by the American College of Surgeons after a recent visit. The hospital was cited for a Type I deficiency that required the submission of documentation that the deficiency had been corrected. The local Medical Control Authority was in contact with the Regional Trauma Coordinator, BETP and the facility about the implications for the Adult and Pediatric Trauma Triage and Destination protocol. Emily Bergquist works in the EMS Section of BETP and is the Medical Control Authority Coordinator. She provided information to STAC on emergency protocols. MCA's may by statute, submit an emergency protocol to the Quality Assurance Task Force (QATF) for consideration. The QATF reviews the protocol and makes a recommendation to the department to approve or not. If approved the emergency protocol may be in effect for 60 days and must then be returned for consideration by the QATF if it is needed to be in place for longer than the initial 60 days. The emergency protocol is considered provisional. The QATF will be considering the emergency protocol at the August 23<sup>rd</sup> meeting.  
 The STAC members discussed the implication of the loss of verification in a system that is still building (23 facilities in the que) for verification visits, the cited Type I deficiency (specialty coverage), if there was complete information available, precedent setting, verification determinations thus far, if verification is lost should or could a degree of severity be considered. A variety of opinions and considerations were discussed a motion was made by Dr. Vanderkolk that STAC recommend that QATF not allow trauma patients to be transported to facilities that are not verified/designated. The motion was not supported. Dr. Domeier made a motion that STAC recommends the QATF within the provision of the law, confer provisional status and work with the MCA to address the issue. A friendly amendment was made to change to provisional status that is time limited and has the deficiency addressed. The vote was five in support, two nos, and one abstain, the motion carried.

#### **Data Report:**

- ❖ The final version of the ImageTrend® User Survey results were sent out to all members of STAC prior to this meeting.
- ❖ The scheduled site maintenance of the MI Trauma Registry website was held from 7/15/19 – 7/19/19 and was successful.
  - The state epidemiologist/registrar updated/added validity rules for the NTDS data elements.
- ❖ The MDHHS – Trauma Registry website has also been updated to reflect more current documents. Most notably, an updated Facility Administrators Guide has been put on the website as well as sent out to all active ImageTrend® users with a facility administrator account. The state epidemiologist/registrar is in the process of working on more users guides.

- ❖ The first quarter (1/1/19-3/31/19) of data from 2019 was due on 6/15/19. This was the first data submission due date that involved the submission of data in the new 2019 formatting, with the ITDX.XML file type and Analytic Solutions Network (ASN)'s vendor aggregator.
  - The state team decided that the waiver language discussed during the last STAC meeting was not necessary. The existing late data policy covers missing the submission deadline due to technical issues. If missed on deadline due to technical issues and this was communicated to the state epidemiologist/registrar, then both the first and second quarter of 2019 data are due on or before 9/15/19.
  - As of 5pm on 8/5/19, 68 out of 84 hospitals that import their data into ImageTrend® were able to successfully import their quarter 1 of 2019 data.
    - Of the 16 facilities not uploaded, the state epidemiologist/registrar emailed either the registrar or TPM at all of them 3 weeks prior to this STAC meeting for updates on their progress on getting the vendor aggregator. As of this meeting, four facilities have still not responded to that email.
      - 9 facilities have ASN's data use agreements in ongoing review by legal. The state epidemiologist/registrar offered to send an official email or letter to these facilities, and only one took the offer.
      - 4 facilities are having technical issues with the vendor aggregator and are working with their software vendors to address these issues (one of these facilities has a registrar that is responsible for 3 hospitals – the other two are ready, but she is waiting to submit all three at once).
      - 1 facility is waiting to receive their credentials for the Vendor Aggregator
  
- ❖ **Revised RTN Application:** Theresa Jenkins and Deb Detro Fisher walked the group through a power point presentation of the the Draft Revised Regional Trauma Network Application. The format has been standardized, redundancies eliminated, roles not consistent with the Administrative Rules were eliminated. The work plan (section 2) of the application revisions reflect the maturing trauma system, the foundational documents (HRSA Model Trauma System Planning and Evaluation, the Michigan Trauma System Strategic Plan 2018-2023, the Administrative rules and the ACS Regional Trauma Systems; Optimal Elements, Integration, and Assessment Systems Consultation Guide 2008. Each indicator will have corresponding SMART objectives that must be addressed. The Governance/Bylaws section of the RTN application has been revised to reflect the current Administrative Rules, to standardize the structure and function of the RTN's and to provide guidance to the regions in their roles and responsibilities, the new application also eliminates misleading and/or problematic language found in the original bylaws template. There was discussion in the group about changing some of the way the organizations operate, Eileen Worden suggested that the revisions be put into place and the changes can be monitored and amended if needed.
  
- ❖ **RTN application review policy:** Further review of the Administrative rules does not allow the flexibility previously thought and the application review process will look similar to that of the past.
  
- ❖ **SOC presentation at August meeting:** The SOC coordinator Aaron Brown, presented the recommendations for Systems of Care for Time Sensitive Emergencies. These recommendations were presented to the EMSCC in May. The conversation continues about the integration of SOC

into the existing trauma system. The process will eventually need to involve legislation including a legislator willing to introduce a bill, and a discussion of resource needs. Currently there is not a budget for 2020, timelines moving forward are not clear.

- ❖ **The Save the Date** for the first annual Regional Leadership Summit will be sent out soon, the agenda was included in the meeting materials. Dr. Vanderkolk agreed to do a presentation about the progress of trauma system development in Michigan. The meeting will also present the RPRSO Inventory and the revised RTN application to the leadership responsible for completing them.
- ❖ **STAC and QATF Roundtable:** BETP is convening this group to provide insight and expertise about subjects specific to the trauma system (EMS and Trauma) including ketamine delivery by prehospital providers one year post protocol approval, use of TXA, destination decisions impacting the trauma system. A meeting date is still being determined, the meeting will be held at 1001 Terminal Rd.
- ❖ Dr. Iskander requested that the draft 2020 STAC meeting calendar be developed as soon as possible to allow time to get dates cleared for the meetings.
- ❖ Trauma conference: There are currently 84 people registered for the 2019 MCA/Trauma conference.

11:00 a.m. Adjourn

The next STAC meeting is **Tuesday October 1, 2019 at 1001 Terminal Road, Lansing**