

State Trauma Advisory Subcommittee
February 2, 2021
Bureau of EMS, Trauma & Preparedness
Lansing, MI

Attendees: Kelly Burns, Robert Domeier, Gaby Iskander, Howard Klausner, Allan Lamb, Joshua Mastenbrook, Kolby Miller, Amy Randall, Dawn Rudgers, Wayne Vanderkolk

Guests: Helen Berghoef, Aaron Brown, Doug Burke, Deb Detro-Fisher, Jill Jean, Theresa Jenkins, Denise Kapnick, Cheryl Moore, Lyn Nelson, Jennifer Strayer, Eileen Worden

Call Order: 9:01 a.m.

Minutes from December 2, 2020 approved.

Old Business:

- ❖ **Ballot Results for Chair (2021):** The ballots were tallied (7/10) and Dr. Iskander was unanimously voted in as Chair of STAC for 2021.
- ❖ **2020 Regional Annual Reports:** The meeting materials included the eight Regional Trauma Network Annual Reports. This report is the first annual report, the report template is now under revision as is the signature process based on what was learned. These reports serve as a method for STAC and BETP to monitor system functioning through these reports on the workplan objectives. There was no specific discussion from committee members about the reports.
- ❖ **Data User Policy Updates:** As mentioned at a previous STAC meeting based on an audit question, Image Trend was asked to see how the system could be used to restrict users from granting other Users permissions for the same User Group (once given access to the system with a Username and password) as well as posting a new Data Use Agreement for signature annually. Image Trend researched both questions and reported that the software cannot accommodate either issue. The questions remain, other avenues will need to be explored. Jill is manually monitoring users monthly for permission status and the discussion continues.
- ❖ **State of Michigan Trauma System Annual Report:** The report is with leadership for review before posting. The Trauma Section is currently working on a FACT sheet for the legislators and partners that provides a description of trauma system progress.
- ❖ **Sunset:** The discussion will begin in earnest this year regarding the sunset language which is set to begin on October 1, 2021 without legislative action.
- ❖ **COVID-19 Updates:** The CDC reported on Jan 28 that there are now three variants circulating in the country: B.1.1.7, B.1.351, P.1.
 - The variant B.1.1.7 was first identified in the UK, there are 467 cases in the country and 22 in Michigan. It is believed to be 70% more transmissible and have a 30% higher mortality rate.
 - B.1.351 was first identified in South Africa, there are three cases identified in the U.S.
 - P.1 was first identified in Brazil, one case has been identified.
 - There remains a hard push for double masking, social distancing, and hand washing. Experts are suggesting that 80% herd immunity may not be possible until next year.

Data Report:

- ❖ **EMS data elements removed from 2021 NTDS:** There was discussion about the fact that 20 out of 25 EMS data elements have been removed from the NTDS. This was announced in August and implemented as of January. Eileen reported that at the TQIP meeting it was mentioned that part of the rationale for removing the elements was that NEMSIS 3.5.0 will include a Unique Universal Identifier that will facilitate the interface between EMS and registry data. Michigan is not likely to move fully to NEMSIS 3.5.0 until 2024 or 2025 due in part to the number of vendors that supply data to the system. The trauma Administrative Rules requires system monitoring including trauma triage. At a recent ATS NTDS data update seminar it was mentioned that collection of EMS data elements in facilities is needed to continue to support PI. The committee discussed the issue, acknowledging the need for data as well as the resources data collection requires. Kelly Burns noted that this was announced in August, and that facilities in some cases are still collecting this information now. She mentioned that she did not feel it would be a significant burden to continue to do that. Also noted was that there were direct entry facilities and facilities that enter data via file upload, and this has impacts on data collection. Eileen reported that MTQIP will follow the NTDS guidance. Dr. Iskander suggested that Jill Jean collect EMS data and report out at the next meeting. Dr. Iskander offered advisement on what to present if needed. Jill reported that BETP had discussions with Image Trend® and ESO about the possibility of continuing to collect the removed EMS elements. They agreed on a solution, a new file format will be ready this spring and available for the first quarter 2021 (June 15th) data submission. This impacts the non- direct entry facilities only. Facilities that do direct entry will not see any change.
- ❖ **RPSRO Inventory:** Two RPSRO Inventories have been completed and shared with the Regional Professional Standards Review Committees. Now that the Inventories have been piloted, some revisions were needed. The Inventory is being updated and will be ready for the next submission.
- ❖ **Non NTDS incidents in the registry:** There are incidents in the registry that do not fit NTDS inclusion criteria. Some facilities may be entering these for reasons of their own, it may be a mapping issue, or some other reasons. The initial impacts are that incident data will be inflated with numbers outside of the NTDS criteria. Region 3 is planning a deeper dive into this data as is Jill Jean. There will be more discussion when more information is collected.

Verification/Designation:

- ❖ **Planning for 2021:** The virtual site visit option is currently being explored. There are 21 hospitals in the queue awaiting site visits and 22 hospitals whose designation expires in 2021. To keep the designation cycle balanced, the plan is to get all 22 hospitals expiring in 2021 completed this year and the hospitals in the queue completed in 2022. An announcement will go out by the end of the month regarding the plan for site visits. To assist with planning, there are two surveys that will be completed. One survey will be for reviewers to gather interest to assist in planning site visits and a survey to the hospitals to gather information about staff and technology resources for virtual visits.
- ❖ **Designation Subcommittee:** The Designation Subcommittee will be convened in February to begin discussions on virtual site visits and if needed, again in March to discuss a draft process.
- ❖ **ACS finalizing 2021 site visit schedule:** The ACS is working on rescheduling site visits that were postponed in 2020.

New Business:

- ❖ **Region 3 Regional Trauma Coordinator posting:** The posting has closed; screening of candidates has begun.
- ❖ **MCA/Trauma Virtual Conference:** Conference planning is ongoing, dates under consideration are Sept. 1-2, 14-15 or 29-30. The best dates appear to be Sept 29-30. Topics under discussion include, patient care (penetrating trauma), new ACS standards, COVID response. Dr. Iskander mentioned "COVID fatigue" as the subject is in constant discussion, Eileen agreed and responded that if it is a topic for a presentation then perhaps issues such as provider burnout, methods to absorb COVID patients (or COVID long haulers) into practice could be a topic. STAC was also asked to forward any suggestions for additional topics.
- ❖ **Grant Projects:** The Budget office reported that the legislature approved the use of carryover funds, this will be used for Trauma System grants. The timelines are very short. The approval came in mid- December, the contracts will not be ready until April 1 and the funds need to be expended by September 30.
- ❖ **White Paper:** Dr. Lamb reported that the White Paper he authored about the COVID response initiative in Region 2N and 2S is completed. There was discussion about publication venues, Dr. Vanderkolk mentioned ASPR/TRACIE or reaching out the Dr. Jon Krohmer (NHTSA) for suggestions.

The next STAC meeting is Tuesday, April 6, 2021 from 9-11 a.m. meeting will be held virtually.