

State Trauma Advisory Subcommittee  
June 2, 2020,  
Bureau of EMS, Trauma & Preparedness  
Lansing, MI

Attendees: Gaby Iskander, Allan Lamb, Joshua Mastenbrook, Kolby Miller, Amy Randall, Dawn Rudgers, and Wayne Vanderkolk,

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

Call Order: 9:01 a.m.

Minutes from April 7, 2020 approved.

**Review of Meeting Materials:**

- Eileen reviewed the meeting materials sent with the agenda including the OHSP traffic data showing total crashes and fatalities increased 1% in 2019.
- The newest COVID-19 testing criteria from MDHHS was released May 26.
- Also mentioned was State staff are furloughed one day a week through July 24.

**Old Business:**

- ❖ **Welcome Kolby Miller:** Kolby has been appointed by the Director to fill the position of Manager of a Life Support Agency and member of the Emergency Medical Services Coordination Committee. Kolby is the Chief Executive officer of MedStar Ambulance in Clinton Township and had been involved in EMS for 25 years.
- ❖ **Vacant STAC position:** An application for the position of Trauma Registrar has been received and submitted to the Director's office for consideration. The COVID-19 response has delayed some routine work so the timeline for appointment is not clear.
- ❖ **Extension to the STAC and Designation Committee terms:** The members of both advisory bodies have indicated that they are willing to serve through 2021. We are in the process of getting clarity about formally extending the terms as the EMSCC bylaws are inconsistent. This should be resolved soon.
- ❖ **EMS Administrative Rules:** The EMS Section and stakeholders have been working on revisions to the various sections of the Administrative Rules that relate to EMS. Some modifications of language pertinent to trauma was added for consideration. The vote on the rules planned for May was delayed until the fall.
- ❖ **Inventory:** The Inventory was developed as a tool to evaluate the trauma system. The first report was due May 15. The RTC's will be reviewing this first Inventory with the RPSRO Chair. The second Inventory is due November 1. The data and information in the Inventory will be used to drive the PI plan in the region that will be included in the annual report to STAC. Once this first cycle is complete the process and tools will be evaluated for needed revisions.

**Designation and Verification during COVID-19 response:**

- ❖ Currently, 105 hospitals are designated and there are 19 hospitals in the queue awaiting site visits. The July Designation Subcommittee meeting has been cancelled.

### Data Report:

- ❖ **Quarterly data:** Is due June 15, per Image Trend 53% of facilities have already submitted data.
- ❖ **NTDS adds COVID-19 data elements:** The State Trauma Registry Administrator sent out a notice about the update to the registry users.
- ❖ **Education Planning:** The Section is in the process of developing training for registry users. The first training will be geared towards new users “Back to Basics”. Future trainings are planned to address the more mature users.
- ❖ **MTQIP Report:** A brief overview of the State of Michigan Statistical Summary (July 2018-June 2019) was discussed. Eileen noted; the number of injuries start to climb beginning at age 55, there were 9,222 injuries that occurred in the >84 year old age range, the number one cause of injuries is falls, and the mortality rate began trending down the year the system began to be fully operationalized (2016).

### New Business:

- ❖ **Regional Application review:** The RTC’s are working with regional stakeholders to reconvene trauma system work including the Inventory, RPSRO, and the regional trauma network applications. The completed applications will be assigned a STAC editor to review and report to the group about recommendations to approve. The process will be discussed in detail at the August meeting. STAC will vote on all the applications at the October 6 meeting and EMSCC will vote at the November meeting.
- ❖ **COVID-19**
  - **2N and 2South After Action Report:** Dr. Lamb, Denise Kapnick (RTC 2S), Doug Burke (RTC 2N) and other stakeholders are drafting an After Action Report regarding the initial COVID-19 response in southeast Michigan that trauma was engaged in. The report will discuss the timelines including, the weekly conference calls that shared treatment plans, surging capabilities, evolution of testing including a discussion regarding patients that tested neg on PCR and had positive findings of COVID on CT, trauma activation management, evolution of PPE use, OR care (cautery smoke plume mitigation). Dr. Iskander suggested Dr. Lamb consider a White Paper for lessons learned as the event is expected to be ongoing.
  - **Recovery-Resiliency-Mitigation:** Discussion regarding the pandemic, the largest most impactful event in recent memory and how to absorb lessons learned and quickly integrate them into care. Also mentioned was the need to reconstitute trauma programs quickly and fully, Dr. Iskander mentioned the Memorial Day weekend was very busy with a significant number of fatalities. There were discussions on how to address care that was deferred. Eileen cited a recent article that described a total of 20,000 surgical cases (two SE Michigan healthcare systems) that need to be addressed in the coming months. Dr. Vanderkolk observed there were more patients presenting with gangrenous gallbladders and ruptured appendix than expected requiring more complex care. Also discussed were reports that chronic disease, stroke and STEMI care, immunizations and ED visits have been deferred. The suggestion was made was to consider convening an Ad Hoc group of trauma leaders to consider what went well, what can be improved on, planning for the ongoing event and how to capitalize on existing structures, partnerships and data.
- ❖ **Strategic Plan and projects:** The Trauma Section will be working on a variety of projects and initiatives related to the pillars written into the Strategic Plan (Preparedness, Continuum of Care, Data, Education, Verification, Injury Prevention, Communication, System

Evaluation/Infrastructure. These projects will address the objectives and strategies that support the system.

- ❖ **STAC Meeting Schedule:** The STAC meetings will be held remotely for the rest of the year. To leverage technology and provide more meeting interaction, trauma will plan a TEAMS meeting for the next STAC meeting in August.

10:00 a.m. Adjourn

**The next STAC meeting is Tuesday, August 4 from 9-11 a.m. meeting will be held electronically**