

State Trauma Advisory Subcommittee
October 6, 2020,
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 August 4, 2020 approved.

Old Business:

- ❖ **Introduction of Kelly Burns:** Kelly Burns has been appointed to STAC in the vacant trauma registrar position. Kelly has been a trauma registrar for 32 years. She is currently the trauma registrar for Spectrum Health supporting registry maintenance for 10 Spectrum facilities. Her credentials include certified specialist in trauma registry and a degree in Health Information Administration. Kelly has been a member of several national registry boards and committees. Dr. Iskander and STAC welcomes Kelly to the committee.
- ❖ **Extension to the STAC and Designation Committee terms:** Letters extending the appointments of STAC through 2021 are moving through the process. Per the EMSCC bylaws committee Chair all EMCC subcommittees had their membership appointments extended through March of 2021 (the Designation committee is a subcommittee of STAC and is considered a subcommittee of EMSCC). More discussion will follow regarding extending the Designation committee terms past March and through 2021.
- ❖ **Trauma Survey:** There was a technical challenge with the survey link which has been corrected. The survey is available now to collect responses. Eileen acknowledged that this survey is a point in time measure of the COVID-19 impacts and responses would likely be different depending on when the survey was done. This is an opportunity to quantify effects from the pandemic if imperfectly. The survey will be open for one month. Results will be sent out when available.
- ❖ **2021 meetings:** The 2021 meeting schedule was discussed, including how about future meetings would take place. Of note is that, per the Governor's most recent statement state staff is expected to work remotely until at least January 2. It is expected that STAC will continue to meet virtually via TEAMS. Jennifer Strayer the Trauma Section Adm. will forward the meeting dates via Outlook appointments.

Designation and Verification during COVID-19 response:

- ❖ The Trauma Section staff had a discussion with Dr. Ledgerwood the Trauma Medical Director at Detroit Receiving and Alita Pitogo the Trauma Program Manager about the virtual verification visit they participated in with ACS. Their observations were that do have a virtual visit it requires a strong commitment from Administration, solid support from the IT department, some kind of electronic access to medical records (PCR's were sent via thumb drives and then returned), video capability (videos were taken on the TPM's iPhone) and sent to the surveyors for the site tour. Dr. Iskander mentioned that this site review was conducted by very

experienced surveyors, subsequent ACS experiences with this process has not been as smooth. Eileen mentioned that the state would have hurdles to address if this is a potential avenue for site visits in the future. In the interview Dr. Ledgerwood said she thought the process was doable for an experienced trauma facility but facilities that had never had a site visit before or did not have a robust IT department may find it challenging.

- ❖ Eileen introduced the topic of the delayed (one year) verification and focused visits. She noted that trauma facilities will want to have some direction about the schedule for 2021 and beyond. The plan is to have some internal conversations over the next few weeks and have the topic added to the December STAC agenda. A myriad of items need to be considered in the overall plan including: scheduling site visits and availability of reviewers to travel, the rates of transmission in the community, the Phase Level the geographic area is in, how to measure COVID-19 impacts on the trauma program, what dates should be considered for impacts, implications on Injury Prevention and PI and other issues.

Data Report:

- ❖ **Quarterly data:**
- ❖ Back to Basic Webinar-September 17
- ❖ MTQIP Level III webinar

New Business:

❖ **Regional Application review:** The Regional Trauma Network applications and review sheets were sent to STAC to read and report on recommendations to approve or not. Each STAC member read and reported out on two applications with the exception of Kelly Burns as this was her first committee meeting.

- ◆ Eileen gave a brief overview and history of the process, reminding STAC that the application had been revised and those revisions were presented at the Regional Leadership Summit last fall. The next application may be in a fillable format.
- ◆ Also mentioned was that this was the third round of application and this was an opportunity to review and modify the application and/or process to inform the next application cycle.
- ◆ For the next application cycle the section about scoring and instructions will be eliminated from the template. It was suggested by STAC that there be an Executive Summary added that describes the highlights of the work plan, what has improved or regressed in terms of indicator progress. STAC also requested that the previous application be sent along with the current one for comparison at the next review.
- ◆ The Regional Trauma Network application policy will be amended to reflect the final signatures for the application will be collected after the application has been voted on and approved by STAC and EMSCC to ensure that the region is signing the final document and to more closely align with the process.
- ◆ The Application Review sheet will be revised to reflect a closer alignment with the application (the review items about the RPRSO were superfluous as the template addressed the Adm Rule requirements and will be removed).
- ◆ The applications were reviewed internally prior to submission to STAC. The Department was supportive of what has been submitted to STAC.
- ◆ After discussion STAC voted to approve all the applications as submitted.
- ◆ The applications will be added to the EMSCC agenda in November for a vote.
- ◆ There was some discussion about the signature from the Department on the Regional Trauma Network Recognition letter (because of the response efforts, Director letters

have been moving very slowly and the Adm Rule requirement is the Networks receive a letter within 90 days of application submission. Eileen will consult with Legal if the Bureau or Division Director can sign the letters for the department.

- ❖ **Staff update:** Bob Loiselle the Regional Trauma Coordinator from Region 3 has resigned his position and moved on to another opportunity. Bob has been with the program for 7 years and was one of the original trauma coordinators. His position will be posted, in the interim Aaron Brown will be assisting with Region 3 activities.
- ❖ **RPSRO update:** The Trauma Section has developed a template to add some uniformity to the regional PI process and support documentation. The template describes a twostep review process the RTC's will implement with the RPSRO Chair and flow chart outlining considerations regarding issues that are system related and what should be referred.
- ❖ **Quarterly Reports:** Reports have been submitted, there were no comments.
- ❖ **Questions for STAC:** Dr. Iskander requested input from STAC regarding two issues/questions which were brought up at a recent Region 6 RTAC Education and Injury Prevention Committee meeting:

1.) Some of our level IV hospitals are having difficulty getting the admitting specialist to attend their peer review meetings. Specifically, the hospitalist and orthopedic surgeon were mentioned. However, they are getting input on cases from these specialists. They give input to the TMD/TC, via call or email. An example is a hospital with only two hospitalists. Neither could attend the last peer review because one was on vacation, the other working. I don't think the TC expects attendance will improve because there only 2 of them. Can the hospital "get credit" for their involvement and meet the peer review requirement if they document the hospitalist's involvement in the case but not attend the meeting?

The consensus from STAC was that attendance at PI meetings was an important component of the trauma program, the criteria will stand without changes.

2.) At our Injury Prevention meeting the group asked how we will be addressing injury prevention involvement when all in-person activities have been suspended. The only activities in our region are some social media announcements and some fall prevention fall prevention videos for Holland Home. Can we get some clarification on what is acceptable to meet the injury prevention involvement standards? We could then educate our hospitals and revise the injury prevention template (see attached) that we provide our hospitals.

The committee agreed to defer this question until the December meeting when the issues related to the pandemic response will be discussed in more detail.

10:40 a.m. Adjourn

The next STAC meeting is Tuesday, December 1, 2020 from 9-11 a.m. meeting will be held electronically