

State Trauma Advisory Subcommittee
June 1, 2021
Bureau of EMS, Trauma & Preparedness
Lansing, MI

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

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

Call Order: 9:01 a.m.

Minutes from April 6, 2021 approved.

Old Business:

- ❖ **Sunset:** The sunset provision is set for October 1, 2021. There is an indication that language addressing the sunset will be introduced possibly this coming week. BETP has not seen the final version of the proposed language, however drafts of initial language were shared.
- ❖ **COVID-19 Update:** Eileen reported on recently published data regarding the pandemic. As of May 27th, there have been a total of 886,660 cases in Michigan and 19,000 deaths. The daily case rate is 542 and the positivity rate is now 6.6%, this has been decreasing for 6 weeks. The variant B.1.1.7 represents 77% of cases reported (10,536) B.1.4.2.7 (292 cases), B.1.3.5.1 (67) and P.1 (203 cases). Guidance is undergoing changes, including outdoor gathering capacity, face mask requirements etc. MIOSHA just published guidance related to masking in healthcare settings set to begin May 24 and run until October 1.

Data Report:

- ❖ **Guest Speaker:** Dr. Mark Hemmila was introduced to the committee by Dr. Iskander. Dr. Hemmila is a Professor of General Surgery in the Dept. of General Surgery at the University of Michigan. He is also the Director of the Michigan Trauma Quality Improvement Program (MTQIP), which is a Blue Cross Blue Shield of Michigan sponsored collaborative quality initiative. Dr. Hemmila received his Bachelor of Science in Chemical Engineering and Biomedical Engineering from the University of Rochester and his Medical Degree from University of Michigan in 1994, where he also completed his General Surgery Residency. Since 2004 Dr. Hemmila has been involved in regional and national trauma quality improvement efforts. He is a founder of the American College of Surgeons Trauma Quality Improvement Program (ACS-TQIP). Dr. Hemmila presented to the committee on the work that MTQIP has been doing for many years with the Level I and Level II trauma centers around data validation, quality improvement, and risk adjusted benchmarking. Dr. Hemmila described the private, public partnership between MTQIP and the Trauma Section to provide risk adjusted benchmarking and data validation for participating Level III trauma facilities in effort to monitor how stakeholders are treating trauma patients. The metrics for Level III centers such as risk adjusted outcomes are based on a simpler model than the Level I and Level II centers with ISS \geq 1. There was discussion after the presentation about; the system, ED and MTQIP data metrics not always in alignment,

i.e. the time to CT metric for Emergency Departments is not the same as the time to CT metric for TBI patients on thinners, also the data metric for measurement of time to transfer. There was clarification about the patients included in the MTQIP cohort. Dr. Hemmila stated that all patients are included in cohort 0 for Level I, II, and III trauma centers (ISS value of ≥ 1 and trauma diagnosis code) MTQIP data reports out on cohort 1 (ISS of ≥ 5 and trauma diagnosis code). Other items discussed included the role and impact of Level IV facilities as a system partner and the value of the *State of Michigan Trauma System Report Statistical Summary (Unadjusted)* that is published twice a year.

Verification/Designation:

- ❖ **Virtual Visit Pilot Project:** The work here is ongoing; materials have been developed and vetted with subject matter experts including 23 separate components related to the review process. The five pilot virtual site visits will be held in late July and August.
- ❖ **July Designation Committee meeting:** This meeting has been cancelled and the September has been pushed back to allow for review of the pilot verification visits which will occur in late July and August.

New Business:

- ❖ **MCA/Trauma Virtual Conference:** Conference planning is ongoing. Registration will open this month, STAC will be sent a link to the registration site as soon as it is available.
- ❖ **Grant Projects:** The grants are all in process.
- ❖ **Regional Trauma Network Reports:** The reports document the work being done to address the progress being made on each of the regional trauma network workplan goals and objectives. Dr. Iskander asked if STAC should be addressing these reports in a specific way and Eileen responded that there are not any specific expectations for STAC, generally the reports serve to keep STAC apprised of the work being done. This is similar for the Pillar reports, Data is discussing some of the gaps in collecting Field Triage elements, Regional PI is using the new template for the transfer project that 2S has been working on for several years, the revised RPSRO Inventory is being used in the regions, there is more thinking and discussion around the concept of rehabilitation and what next steps should be.
- ❖ **Stop the Bleed Resolution:** This resolution was adopted by the House.
- ❖ **Round Robin:** Open discussion on items from the group.
 - **EMSCC Report:** Eileen asked if STAC would like to have a report on the EMSCC meeting. She mentioned that she routinely gives that group a report on the trauma system but has not reported out what was discussed at the meeting to STAC. Dr. Iskander mentioned that STAC would appreciate the update, and this should be added to the agenda. Eileen reported that EMSCC discussed, working on a Code of Ethics for EMS professionals, there is an ongoing focus on documentation of prehospital care, there are improvement plans in place for EMS education, and there is draft legislation for Community Paramedicine. EMSCC routinely is asked to respond or support legislation that impact EMS and a recent piece of legislation under discussion is Senate Bill 357 which describes requirements/processes health facilities have in place to address violence a draft of that language was sent in the pre-meeting materials.

The next STAC meeting is Tuesday, August 3, 2021 from 9-11 a.m. meeting will be held virtually.