

State Trauma Advisory Subcommittee
August 3, 2021
Bureau of EMS, Trauma & Preparedness
Lansing, MI

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

Absent: Howard Klausner, Joshua Mastenbrook

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: 9:03 a.m.

Agenda amended to include new business: Interfacility transfers and Open Meetings Act

Open Meetings Act: Eileen reported that the Open Meetings Act 267 of 1976 was amended and rendered July 15, 2021. The changes in the eight-page document impact the STAC meetings. After discussion and email exchanges with the attorney from the Office of Legal Affairs about Section 15.263a and 15.263 it was determined that the STAC membership would meet the definition of “medical condition” that would allow for members remote attendance. There are eight pieces of legislation pending that could impact the Act. Information about public attendance at the meeting held electronically was noted on the Public Announcement posted on the website. Each member of STAC announced during roll call that they were attending remotely and the county, city, and state they were attending from. There were not any members of the public attending the meeting. Eileen reported that the provisions for attending meetings electronically and not in person were in effect until Dec. 31, 2021.

Minutes from June 1, 2021, approved.

Old Business:

- ❖ **Sunset:** The sunset provision is set for October 1, 2021. Eileen mentioned that the legislature was on break with some sessions tentatively scheduled in July and August. Regular sessions will begin in early September. The Michigan Trauma Coalition notified their membership that testimony at committee may be planned and that they have posted information on how to contact legislators on their website.
- ❖ **COVID-19 Update:** Eileen reported on recently published data regarding the pandemic. As of July 27th, there have been a total of 1,011,106 cases in Michigan (903,933 confirmed and 107,173 probable). The positivity rate is now 4.1%, this has been increasing for the past 4 weeks in all the region but one. Michigan has the 31st lowest level of cases in the country. The percent of hospital beds occupied by COVID -19 patients is 1.6%. The seven-day testing average is 1,232 tests/million/day There are 4.86 million residents that have completed the vaccine series. Epi has reported on the low number of specimens submitted for genetic sequencing and this limits the ability to estimate the prevalence of variants in the state. The variants reported on are Alpha (13,433 cases) Beta (82 cases) Gamma (320 cases) and Delta (88 cases). Delta has been reported in 26 counties. Michigan is at moderate transmission level, five counties met substantial transmission and one county met high transmission, US is in high transmission. Largest growth in hospitalization rates is in region 1, 3, and 7. Theresa Jenkins mentioned that

there was a concert in the region (Faster Horses) and a case investigation for a 30-person outbreak. CDC modelling for Michigan suggest flat or increasing trends. Dr. Iskander mentioned there is a new variant coming from South Africa.

- ❖ **EMSCC Report:** The July meeting was cancelled the next meeting is scheduled for Sept. 17, 2021. Eileen will provide a status report on the trauma system at the meeting and will bring back any information from the meeting to STAC in October.
- ❖ **MCA/Trauma Conference Sept. 29 & 30:** Eileen reported that registration is slow (57 people are currently registered). It was mentioned that registration does usually pick up closer to the day of the event when schedules are solid. There will be a push to encourage registration and that the registration fee reflects a lower cost because the conference is virtual. Dr. Iskander asked if the conference would be recorded for viewing later and Eileen reported that while that was considered it will not be recorded. The last MCA/Trauma conference (held in person) in 2019 had 321 attendees. New impacts from the latest COVID-19 response may also influence the number of registrants.
- ❖ **Grants:** There were 213 grants awarded, awardees have expressed their support of the initiative. The last day for the BETP to receive paperwork from the fiduciaries in order to receive payment before the close of the fiscal year is September 10. There will be a report on the initiative published in early 2022.
- ❖ **OSHP Flyer:** Eileen mentioned that flyer included in the meeting materials put out by the Office of Highway Safety Planning that documented that seatbelt use decreased and there is a 10% increase in traffic fatalities. Dr. Iskander asked the group about insights as the reason for the change. There was a discussion about the value of seatbelts. Dr. Vanderkolk asked about whether or not this study included back seat belts. It was not clear if this was the case.

Data Report

- ❖ **MTQIP Michigan State of Michigan Summary Report (comparison of 2020/2021 data)**

Eileen presented the document shared with STAC that compares some of the data collected by MTQIP from the July 2020 and July 2021 State Summary reports, noting that this is not a significant trend. Dr. Iskander mentioned that he did not see a large difference in metrics. Dr. Lamb mentioned that the data may be reflective of a break in COVID surges and may reflect the rebound effects of COVID. Eileen mentioned the ISS scores were increased in younger ages, the increase in firearm injury and the increasing mortality trendline. Amy Randall remarked that the data set does not include some of the larger pediatric facilities so is not reflective of the entire state (MTQIP data is submitted by Level I, II and III trauma facilities). Dr. Lamb mentioned that the numbers may reflect some of the mental challenges related to the pandemic. Kelly Burns remarked that case inclusion criteria (in effect in Jan 2020) are broader i.e., attacked by bird, bitten by cat in order to be all inclusive of injury and these are not included in the MTQIP data dictionary. Eileen asked if there are more data points we need to focus on, the consensus was no.
- ❖ **NTDS 2022 optional EMS elements:** Jill mentioned that Image Trend stated that the EMS data elements were going to be an available reporting option. Kelly Burns stated that in the recently published NTDS change log, it was noted that the EMS data elements would be optional to collect and that they were not required, they would not be validated in the TQIP validator and would not be reported on.
- ❖ **Registry Report:** Jill reported 100% compliance for the 6/15 Data submission deadline by every facility, though five facilities had partial or late submissions of first quarter 2021 incidents. We are still awaiting 2021 data to be uploaded by a Level II facility who is experiencing staffing issues. They have contracted with a consultant to bring their back log of data current.

There was an enormous amount of complaints by uploading facilities who voiced concern about the new file format uploading process. The manual ESO provided to their users was inaccurate, out of date and very confusing. Jill is gathering information from users of the different software systems and creating a new import upload manual to streamline the process. This will be available in the Fall.

Discussion ensued with Kelly Burns adding additional information regarding the ESO-CDM software. Those users are able to create the ITDX file straight from their registry, bypassing the vendor aggregator (trauma cloud) and submitting directly into the state patient registry. This is a significant change for the process flow for submitting data to the registry. Concerns were raised regarding the potential loss of a level of validation before submitting to the state registry. Eileen, Kelly, and Jill to meet separately to discuss further solutions to this issue. Eileen reviewed the past process, begun when the registry vendors were not able to alter their file submission the meet the new TQIP file format and arranged for a data company to build a file collection tool (trauma cloud) that would validate the data and allow it to be submitted to TQIP and the state trauma registry.

The Patient Registry biannual user maintenance will be completed this week. Every facility has been contacted to review their current user list and update any user information changes. A total of 18 users have been inactivated from the registry thus far, will continue to perform the surveillance every January and July to enhance the security of the software system.

Verification/Designation:

- ❖ **Virtual Visit Pilot Project:** Tammy First reported that the first pilot virtual visit has been conducted successfully, adjustments to the process will be made as experience grows. Tammy acknowledged Dr. Vanderkolk for his work in helping set up the process and being one of the initial reviewers. There are four more pilot visits planned for August. Tammy also acknowledged Theresa Jenkins and the work she has done to support the developing the virtual visit process. Eileen remarked that the structures put in place for virtual designation have held up well, the adjustments needed seem to be minor. Dr. Vanderkolk reported that the visit went well and there were no glitches. Dr. Iskander commented that he felt the file sharing application the state uses is cumbersome and he felt time consuming. Dr. Vanderkolk mentioned that he thought it was easy to use. Dr. Iskander acknowledged that there are constraints on what programs and software systems are available for state applications. Eileen confirmed that this was not a choice, having the file sharing option makes the virtual visits possible. She noted that the comments are welcome, and efforts will be made to smooth out the process. Site reviewers have reached out to Tammy for guidance about accessing the file sharing application.
- ❖ **Sept. Designation Committee meeting:** Eileen mentioned that the Open Meetings Act may impact the Designation committee, there is a meeting planned with the PHA attorney to discuss.

New Business:

- ❖ **Biospatial Project:** Emily Berquist was introduced, she is the MCA coordinator for the EMS Section and has been involved in working with projects with Biospatial including creating the field triage report. As a review, Emily described the work Biospatial has done, first starting out at as a data surveillance (EMS) work for the federal government and then moving into a different role with other states and agencies. Their role continues to be data displays the work is supported by sharing aggregated data to third parties for a fee (largest customer remain the federal gov), not unlike what the trauma vendors did to support the work the data aggregator

company did for the trauma data. Emily showed the committee what kinds of displays and what level of detail are available depending on the user permissions. Emily is a Biospatial Superuser. There was a discussion about user permissions and the levels of permissions that will or could be granted to users to access data display tools. Eileen mentioned that the auditors looked at users and permissions when they were auditing the programs in 2019 so there will need to be clarity and consistency around that. Emily showed what a search and display of transported trauma patients flagged as 911 calls that originated at a hospital mapped to look like. For clarification it was noted that the data displays MIEMIS elements from the patient care record. Dr. Iskander stated that he thought the data displays were a valuable tool for the trauma system. Dr. Lamb mentioned that he was interested in access to assess some of the EMS responses etc. similar to what the ED physicians in 2South have. Eileen commented on the issues that access that meets regulatory and compliance standards needs to meet, including DUA's. training, monitoring access. These will need to be addressed and thought through carefully. She also mentioned the different data sets with different data dictionaries that need to be considered, both similarities and differences. Dr. Lamb mentioned the benefit this may be to the RPRSO's and their regional system monitoring. Biospatial built the field triage dashboard which made evaluating the Adm rule required evaluation possible. Emily stated that there is currently a draft data use agreement where Biospatial is requesting that all the NTDS data elements be shared with them so that they can begin the process of displaying trauma data and then begin to do deterministic linking between the prehospital data and the trauma registry data. Biospatial is working on refining access depending on the user and user request. It was discussed by the group that probabilistic linkage has been done and that there is considerable interest in deterministic linkage, Eileen mentioned that this is an interest for many entities involved in data collection and sharing within PHA. Eileen stated that Biospatial has requested that unlike the prior DUA they would like the entire data set including patient identifiers she said that it was important to hear from STAC, representing the trauma system and stakeholders how they feel about the request. Dr. Iskander thought it would help set the stage for data driven decision making. Dr. Lamb mentioned the possibility of including rehab data eventually. Dr. Iskander mentioned that it will be complicated. Kolby mentioned that there are gaps in the MIEMIS data as some agencies are not sending in patient identifiers. He stated that the MCA's feel they cannot rely on the data. Emily stated that there are some challenges with the way the data transfers, it is a patient care record, not a registry and that data submission outliers that the EMS Section is working with. There are currently 2.2 million care records in MIEMIS. The group was asked to consider a vote on recommending that the Biospatial project as described (whole NTDS data set be shared with Biospatial. Dr. Iskander asked if the committee wanted a one- page description of the project before a vote was taken, there were no requests. There was voted called by Dr. Iskander and the motion was supported, seconded, Dr. Vanderkolk asked if there was a cost and there is no cost, to clarify, this is a new project offered by Biospatial. Dr. Vanderkolk asked if compliance looked at the purchase of the (aggregated) data and Emily reported that the DUA is approved by the state compliance office. Motion voted and carried unanimously. There was a discussion about how reviewing data critically and completely will help improve data and drive decisions.

- ❖ **State Trauma Injury Prevention Plan:** The plan is in draft, work ongoing. It is anticipated it will be ready to share with STAC at the October meeting. Helen Berghoef is staffing the project. The goal is to focus on injuries that trauma programs care for.
- ❖ **EMS and Trauma Division Director retirement:** Kathy Wahl notified EMSCC that she would be retiring effective August 20. Kathy has been very supportive of the trauma system and the many

projects and initiatives launched and completed over the past several years. Her position is in the process of being posted.

- ❖ **2021 State of Michigan Trauma System Annual Report:** The report will focus on the work done this year and will be available for review in January.
- ❖ **Interfacility transfer:** Dr. Iskander asked that this new agenda item be added. He mentioned that he is concerned about the delays some patients have encountered in being transferred from one facility to another, some of the delays potentially impacting care). There was a robust discussion on the variables that influence this complex issue. Kolby presented some of the EMS issues, national shortage of EMS providers, COVID response, local volunteer agencies, reimbursement, time of day impact, etc. Eileen mentioned that this is interfacility transfer metric is one that the Trauma Section is interested in, including documentation that 911 was called for transfer response and that the EMS Section is aware of the issue and had been working on some of the barriers including education opportunities for more prehospital providers. Eileen offered to invite EMS to do a presentation to STAC about the state of EMS in Michigan. Doug Burke who is staffing the education pillar that is focusing on EMS data documentation suggested that the (911 transfer) data needs a closer look that it may be related to documentation and not actually reflective of what was actually done.
- ❖ Round Robin: There were no additional comments or issues to discuss

The next STAC meeting is Tuesday, October 5, 2021, from 9-11 a.m.

per Section 15.263a of the Open Meetings Act 267 of 1976 the meeting will be held virtually