

State Trauma Advisory Subcommittee
December 7, 2021
Bureau of EMS, Trauma & Preparedness
Lansing, MI

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

Absent: Kolby Miller

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

Call Order: 9:01 a.m.

Minutes from October 5, 2021 approved.

Old Business:

- ❖ **COVID-19 Update:** Eileen reported on recently published (Nov 30, 2021) data regarding the pandemic. Eileen commented that the following statement from the *Data and Modeling Updates* seemed to capture the current state “Healthcare system is expected to be greatly challenged, including increased influenza transmission with winter”. Also mentioned was that the University of Michigan reported 745 cases of flu (H3N2) from October 2-November 19.
- ❖ **2022 Schedule:** Eileen reported that there has been no further information on the status of the Open Meetings Act (OMA). The newly identified variant may implications on meeting in person. There have been some conversations but no real change in the existing language. The STAC 2022 meeting schedule will remain draft with meeting location noted as TBD until there is more visibility on the status of the OMA
- ❖ **EMSCC Report and Interfacility Transport:** Eileen reported on the EMSCC meeting held on November 19, 2021. Pertinent information for STAC includes:
 - The publication of Quick Sheets developed to provide a basic overview of the components of the EMS system in Michigan. STAC received copies of these with the meeting materials.
 - Discussion about pending legislation (8) that could impact EMS.
 - The MCA subcommittee is looking at the issue of interfacility transfers. Some of the current challenges are constantly changing bed status in the facilities and the issue that not everyone is conversant on how the system operates related to the process of conveying information of bed status and how the system responds. There will also be a survey of the MCA’s, this is done every 10 years.
- ❖ **SOC update:** Eileen reported that the legislators added language to the Budget language that allocates funds “... to establish a statewide stroke and STEMI system of care for time sensitive emergencies. The system must be integrated into the statewide trauma system...” a copy of the language was included in the meeting materials. Next steps for the Division will be to organize a discussion about how the system would be set up and operationalized in Administrative Rule like language. There is also discussion about staff support for the initiative and whether there is an expectation that the trauma system appropriation would be expected to cover all three systems. Eileen stated that in the discussions she had been a part of this was never mentioned.

- ❖ **State of Michigan Trauma System Annual Report 2021:** The report is drafted and with leadership for approval to post.
- ❖ **Thank you for serving:** Eileen mentioned that this STAC committee has served during a particularly challenging moment in time (a two- year, ongoing pandemic). In spite of that, all members were all willing to continue to serve an additional year when asked, and some have indicated their continued willingness to serve. Eileen noted that the contributions of STAC members, their experience, expertise, and shared commitment to the Michigan trauma system has been invaluable to the Bureau. A small token of appreciation will be sent to each committee member.
- ❖ **Presentation on Diversion Project (Guest speaker Dr. Todd Chassee Kent County MCA Director and Helen Berghoef Region 6 Regional Trauma Coordinator):** Helen presented on the project, she mentioned that partners can be unclear about meaning of bypass and diversion. Region 6 undertook a project to investigate why in 2019 some patients were transferred out of the county and away from some rural community hospitals for the reason “no ortho”. Studies were designed to evaluate trauma diversions, to identify diverted patients that could potentially have remained in their county and to potentially decrease the number of EMS transports out of the county, and to evaluate the regions use of EMResource to capture hospital diversion. Study results were shared; hospital awareness of diversions/bypasses improved as well as the awareness of the challenges and busyness of EMS, ED process were improved including the diversion log and involving physician in the decision to bypass, messaging was reinforced to EMS about calling Med Control before diverting. Study outcomes included improvements to processes, documentation, EMS calls before diverting, TMD secondary review for trauma bypass events, increased awareness of diversions and bypasses for the hospitals involved in the study and evaluation of Adm Rule 325.135 Rule II (relative to the geographic area) and Region 6 Workplan objective 325.136 (d) 303.4. There was a committee discussion about the current state regarding how long it’s taking to move patients. Dawn Rudgers noted that some smaller facilities are signaling a reluctance to accept patients if they feel they cannot secure a bed at a definitive care facility if needed.

Data Report:

- ❖ **Registry Report:** Jill Jean reported that the third quarter submissions are beginning (due Dec. 15) approximately 68% of facilities have already submitted their data. A Users Guide has been developed and is now posted on the website to assist in the data submission process.

Verification/Designation:

- ❖ **2022 Schedule:** Scheduling is beginning now for visits starting in February. The Designation Subcommittee will meet in May to review the reports from the virtual visits in February and March. Dr. Vanderkolk suggested that the Trauma Section consider the overall designation time frames, extensions, and schedule to describe a comprehensive, albeit draft schedule, for all the visit types across more than one calendar year.
- ❖ **ACS Schedule:** Eileen mentioned that it was reported at TQIP that ACS is scheduling reverification and focused visits virtually and will schedule consult visits and initial visits in person starting after July 2022.
- ❖ **ACS New Standards:** The ACS New Standards book will be out in March of 2022. The book will describe more specifics around neurosurgery, peds, and describes some requirements that will need resources i.e., PI and Injury Prevention staff, OR suite standby.

New Business:

- ❖ **State Trauma Injury Prevention Plan:** The draft is complete and was sent to the committee with the meeting materials. Eileen asked the committee to comment stating that the purpose of the document was to show the available data sets, reinforce the use of existing resources and focus on collaboration to address population health levels of injury prevention. She asked that the committee send comments as soon as possible so the draft can be finalized and sent through the channels to be approved for publication. Dr. Vanderkolk noted an error on the title of Figure 5.
- ❖ **Blue Ribbon Trauma Funding Committee:** The Bureau is in the process of establishing a committee of stakeholders representing all aspects of the trauma system to make recommendations for the funding of the system both interim and long term.
- ❖ **STAC appointments:** Applications have been received for all the positions on STAC. Applications will be sent to Director Hertel this week.
- ❖ **Strategic Plan Pillar Reports:** Only reports that describe work progress or change were forwarded with the meeting materials.
- ❖ **MTQIP Audit Report:** There have been 12 hospitals that have participated in a voluntary audit project with MTQIP staff working to ensure the data is collected and accurately reported. One of the facilities has participated in the audit 3 times. And 5 are on track to have participated twice showing a true commitment to quality data collection. The Trauma Division intends to acknowledge that work.
- ❖ **Priorities for 2022:** Annually the STAC is asked to recommend focus areas for the upcoming year. The suggestions include funding, virtual visit support particularly for the smaller facilities, injury prevention, interfacility transfer, a state sponsored transfer portal. Dr. Lamb mentioned that the MCOT Chair was interested in supporting a Michigan ACS Trauma System Consult visit. There was a discussion about available data and the implications of the pandemic response. Dr. Lamb announced that he would be stepping away from his current TMD role.
- ❖ **Round Robin:** There were no further comments

The next STAC meeting is Tuesday, February 1, 2022, from 9-11 a.m. meeting location TBD.