

State Trauma Advisory Subcommittee
August 2, 2022
Bureau of EMS, Trauma & Preparedness
Lansing, MI

Attendees: Kelly Burns, Sarah Hughes, Dr. Gaby Iskander, Amy Koestner, Dr. Chris Milligan, Brad Simons, Kevin Wilkinson, Dr. Wayne Vanderkolk

Absent: Dr. Howard Klausner, Dr. Ryan Reece

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

Call Order: 9:01 a.m.

Welcome, roll call, approval of June 7, 2022, meeting minutes: Dr. Iskander called the meeting to order, roll call was conducted, quorum present. The minutes from the June 7, 2022, meeting approved.

Old Business:

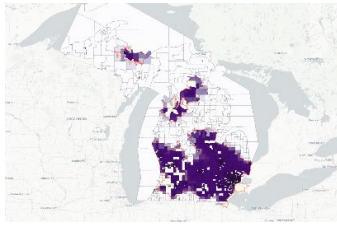
- ❖ **SOC Committees:** Eileen reported that the committees are meeting and moving forward. STEMI meets this month as well as the system integration committee. The other committees have reviewed all current draft language. The goal is to have a completed draft by September and a meeting at that time of all the stakeholders. A Save the Date for that meeting will be going out soon.
- ❖ **EMSCC Report:** Eileen reported that the EMSCC did not meet, the agenda is incorrect, the next week will be October 7 in Marquette.

Data Report:

- ❖ **Epidemiologist Report:** Stephanie Bliss reported on work related to data completeness, timeliness, and upcoming projects, the State of Michigan Trauma System Statistical Summary Issued July 2022. Stephanie commented that there were discussions about the mortality trends returning to 2014 levels and what the implications of COVID needed to be considered. Stephanie reported on the CDC provisional mortality data for the US in 2021 which noted that the age adjusted death rate increased by 0.7% (2020-2021) and that 2021 saw the highest death rate since 2003. Unintentional injuries the fourth leading cause of death increased from 200,955 to 219,487 in 2021. Dr. Vanderkolk noted that the data is unadjusted, so conclusions are challenging. He suggested adding age in the mortality data, so there is a reference to the population in the mortality data. Adding age will also help to frame injury prevention and other regional and state activities. Stephanie also reported on a drive time initiative she had been working on that shows the number of Michigan residents that are 45 minutes from a Level I or Level II trauma center, and 30 minutes from a Level I or Level II the maps show that 76.4% of the population lives near a trauma facility. Future work will include drive time maps to other trauma levels in Michigan. It was noted that this information will be important in discussing triage and transport for trauma in the state. The committee suggested looking at drive times to border hospitals in Indiana and Ohio.



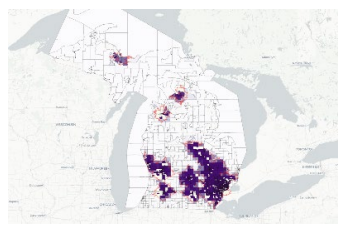
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Report.pdf



45 min. drive time to Level I or II



CDC Mortality Data
STAC 8.2.2022.pptx



30 min. drive time to Level I or II

- ❖ **Verification/Designation** Tammy First reports that there are seven visits scheduled through October and seven more will need to be scheduled through the end of the year. Five of those visits are for facilities that have not had a visit, which will begin to whittle down the number of facilities on the list. Tammy confirmed that the latest extension has the schedule back on track. Office hours are scheduled for later in the month for any stakeholder interested in learning about the virtual verification process or who may have questions.
- ❖ There was a question posed at the last Designation Subcommittee about whether Level IV facilities need to review all mortalities with opportunity for improvement at peer review committee (tertiary review). The response to the question is yes, and a question has been added to the frequently asked questions on the website about this topic.

New Business:

- ❖ **Rural Emergency Hospital (REH) Presentation:** Eileen gave a power point presentation about Rural Emergency Hospitals. Dr. Iskander asked for confirmation that this would formally be a category for a healthcare facility in Michigan and Eileen stated that the category would be available for facilities to consider by January 2023 but that the state would need to introduce statute to address. She also mentioned that there was work to be done around this because the definition of hospital is already in the code that includes inpatient services, and that same definition is cited multiple times in the EMS statute and Rules and in trauma as well. Emily Bergquist noted that the Michigan Hospital Association is looking at the legislation that Kansas has already adopted that closely follows the federal guidelines and provides clarity about the category. Michigan is reviewing all the options and implications. Noted in the reports cited in the power point is the implications for rural EMS providers. Kevin Wilkinson suggested that some of the EMS workforce issue was not salary but better work.



REH presentation_EW
SBv2 edits.pdf

- ❖ **STAC 2023:** Eileen presented a power point that provided an overview of the upcoming initiatives due next year:
 - **Strategic Plan 2.0 2024-2029**
 - **Regional Trauma Network Applications**
 - **MCA/Trauma conference**
 - **Rehabilitation Environmental Scan Part II**

- **Trauma Education Assessment**
- **REH and Freestanding ED recommendations**



STAC

powerpoint.pptx

ACS Field Triage Update: Eileen asked that the agenda be amended to include a brief discussion based on revised information on the ability to collect data for the new ACS Field triage. After discussion with Emily, it does appear that the required elements can be collected and analyzed by the Biospatial software. Future discussions will include STAC and the QATF who will then formulate recommendation to BETP about revising the Adult and Pediatric Trauma Triage and Transport protocol.

A retreat for STAC members was suggested. This could potentially happen during the conference week. A request was made to mail out the current strategic plan to the new STAC members.

The next STAC meeting is Tuesday, October 4, 2022, from 9-11 a.m. at Lansing Community College West Rm M119 Cadillac. Dr. Vanderkolk asked if there was a possibility of a virtual meeting when the weather was inclement and the response from Eileen was unfortunately no.