

State Trauma Advisory Subcommittee
June 7, 2022
Bureau of EMS, Trauma & Preparedness
Lansing, MI

Attendees: Kelly Burns, Sarah Hughes, Dr. Gaby Iskander, Dr. Howard Klausner, Dr. Chris Milligan, Brad Simons, Dr. Ryan Reece, Kevin Wilkinson,

Absent: Amy Koestner, Dr. Wayne Vanderkolk

Guests: Helen Berghoef, Aaron Brown, Doug Burke, Dr. Wm. Fales, Tammy First, Deb Detoro-Fisher, Jill Jean, Theresa Jenkins, Denise Kapnick, Cheryl Moore, Lyn Nelson, Jennifer Strayer, Dr. Clare Tanner, Sonal Mandale, Juhee Prakash, Eileen Worden

Call Order: 9:01 a.m.

Welcome, roll call, approval of April 5, 2022, meeting minutes: Dr. Iskander called the meeting to order, roll call was conducted, there was a quorum (6 members present). The minutes from the April 5, 2022, meeting approved.

Presentation on the Trauma Rehabilitation Environment Scan Project:



Eileen introduced Dr. Clare Tanner and members of her team from the Center for Data management and Translational Research (CDMTR). CDMTR has been working on a Trauma Rehabilitation Needs Assessment supported by BETP. The project goal is to provide a better understanding of how the system is working and where it might need improvement. Dr. Tanner reported that a literature review was conducted, she noted that the WHO has a 2030 Rehabilitation Initiative which was launched in 2017 and has identified ten priority areas. A state website review indicated that seventeen states included rehabilitation in their state plans, only two required rehabilitation data submission and three states were conducting research on rehab as part of the trauma system. Key Informant interviews were conducted to better understand the issues faced in discharging trauma patients to the appropriate setting and to assist in designing a state-wide survey of hospital discharge planners. Additional work will center on available rehab related data, quantifying findings, understanding regional variation and Medicaid data, determining what outcome measures to consider. STAC discussed what other considerations could potentially impact rehab and patient outcomes including the mental health component, differences (if any) in rehabilitation done in an acute care setting versus rehabilitation done elsewhere, tiering or quantifying care, identifying who needs long-term care. Dr. Tanner suggested that the STAC forward any additional thoughts or suggestions to her as next steps are formulated.

Old Business:

- ❖ **SOC Committees:** The committees are meeting and moving forward, the goal is to have draft Administrative Rules ready by the end of the summer and then begin the Rule making process.
- ❖ **EMSCC Report:** Eileen reported on the May 20th EMSCC meeting stating that much of the meeting involved a discussion about impending legislation around whether Michigan should have a state test for EMS providers and accreditation. Kevin Wilkinson provided more context around the discussion and whether it is intended purpose (to facilitate workforce development) will be realized. There are challenges with either approach (state test or national

test) NAEMT is the current testing entity. Considerable resources are required to develop and manage a state test.

- ❖ **National Guidelines for the Field Triage of Injured Patients:** Eileen introduced the comparison chart the Section drafted that line up the new ACS National Guidelines for the Field Triage of Injured Patients and the currently used 2011 CDC Field Triage language. There are real differences that will require revision of the existing NEMSIS data dictionary to collect the new variables. She mentioned that based on a conversation with Kevin Putman the EMS Division database manager, the discussion will be deferred until the NEMSIS data set is updated again which will not be any sooner than 2027 as the latest update (NEMSIS 3.5) is done and these variables are not included. This will negate, for the time being, any discussion about changing the existing protocol, training etc. Dr. Fales mentioned that since this was announced at the national level there is some potential for confusion. The EMS data elements will continue to be added to the state trauma registry using the existing data dictionary.

Data Report:

- ❖ **MTQIP/MDHHS Audit Project:** BETP is recognizing the work supporting data quality that the participating Level III facilities have done with the Audit project. A letter and certificate were sent to each of the participating programs.
- ❖ **Epidemiologist Report:** Stephanie Bliss reported on work related to data completeness, timeliness, and upcoming projects. Kelly Burns commented on the value of a report on data



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quality and validity, mapping variables in Image Trend etc. will have.

Verification/Designation:

- ❖ Tammy First reports that there are fifteen visits scheduled this year, four virtual visits are scheduled this summer and five facilities have requested to have their initial visits scheduled which will begin to whittle down the number of facilities on the list. Dr. Iskander asked about the number of site reviewer and was that adequate to address the needs. Tammy replied that it was working with adjustments as there are some reviewers who were more comfortable and adaptive to the virtual process and some not as much.

New Business:

- ❖ **EMS-trauma related protocols for review and recommendation:** The EMS Division is supporting the EMS protocol review process that is required every three years. The MCA coordinator Kristine Kuhl has reached out to STAC and asked for input on the trauma related protocols and is an opportunity to provide an important perspective and inform the process. To streamline the review process all the protocols were sent electronically, and a review sheet was drafted. STAC members were asked to review their assigned protocols and send comments to Kristine and cc Eileen by Friday June 17th. There was a discussion around spinal immobilization, use of C-collars, spinal clearance, and current research. The group mentioned that complete data for decision making is not out yet, collars do not always fit well due to body habitus, spinal boards are best used to assist in extraction, applying a collar does not affect the injury that has already occurred.
- ❖ **Rural Emergency Hospital (REH) Policy Brief:** The subject of a new facility category that will be launched in January 2023 by HRSA and CMS was discussed. facility must already be a Critical Access Hospital. An REH facility would close and warehouse or “bank” all inpatient beds, operate an ED 24/7/365 staffed with Physicians, and/or PA’s, NPs with a remote access physician, all

patients seen would have a LOS of less than 23 hours. The policy brief (Appendix B) cited the potential stress this could have on already stressed rural EMS providers. Michigan Department of Licensing and Regulatory Affairs has been convening an internal discussion about the implications and how to address the existing statutes to accommodate the upcoming new category. The EMS and Trauma Division has recently been included in the conversation. The Division gathered a small group of stakeholders to gather some impressions on how this might impact Michigan. Noted were the implications related to the current definition of a hospital noted in statute and rules, rural EMS, transports, LOS, and system impacts. Some STAC participants mentioned anecdotally, that some form of this may be occurring in casually in some facilities. Dr. Iskander recommended that data be collected to inform the discussion, the next meeting is scheduled for June 15th.

- ❖ **Quarterly Reports (Regional and Pillar):** Most of the information on the Pillar Reports was covered during the meeting including the Rehab presentation, Data update and the published IP plan noted last meeting. The regional reports were sent with the meeting materials and the ongoing regional work was noted in the reports. A couple of highlights were the Region 3 initiative to implement the Transfer Envelope and Checklist, this was noted in the report to now be the standard of care. The region is also working on an initiative using ACES (Adverse Childhood Experiences) as part of a violence prevention. Region 2N is tracking prehospital followed by hospital doses of TXA and the protocol for the use of prehospital antibiotic administration for open fractures.

11:00 a.m. Meeting adjourned

The next STAC meeting is Tuesday, August 2, 2022, from 9-11 a.m. at Lansing Community College West Rm M119 Cadillac.