

State Trauma Advisory Subcommittee
April 4, 2023
Bureau of Emergency Preparedness, EMS, and Systems of Care

Attendees: Sarah Helveston, Sarah Hughes, Dr. Howard Klausner, Amy Koestner, Dr. Chris Milligan, Dr. Dr. Ryan Reece, Kevin Wilkinson, Dr. Wayne Vanderkolk

Absent: Dr. Iskander (formal resignation received March 8, 2023)

Virtual: Kelly, Burns

Guests: Helen Berghoef, Emily Bergquist, Stephanie Bliss, Aaron Brown, Doug Burke, Tammy First, Deb Detro-Fisher, Jill Jean, Denise Kapnick, Lyn Nelson, Eileen Worden

Call Order: 8:31 a.m.

Welcome, roll call, vote for STAC Chair 2023: Amy Koestner called the meeting to order, roll call was conducted, quorum present.

Approval of minutes: February 7, 2023, meeting minutes approved.

Old Business:

- ❖ **SOC Report:** Katelyn Schaibly SOC Unit Manager gave a report on the progress of systems of care for stroke and STEMI. The draft Administrative Rules have been submitted. There is a planned internal discussion to develop a timeline for system development that will be shared with partners to help to inform expectations.
- ❖ **EMSCC Report:** Eileen reported on the EMSCC meeting held on March 17, 2023. The EMS Workforce/Education grants have funded 743 Paramedic scholarships. Emily presented information on the total number of licenses that lapsed in the first renewal period (17-18%) and that in 2022 40% of paramedics lapsed their license at their first renewal. The Patient Movement ad hoc EMSCC subcommittee will have their first meeting April 24th. The Division is applying for National Highway Traffic Safety Administration grants through the Office of Highway Safety Planning. The funding if approved, will support training, and potentially support more Stop the Bleed initiatives.
There was considerable discussion about workforce issues. Eileen introduced some published data on workforce issues with other partners involved in the trauma system that may be impactful.
 - Nursing:
 - JAMA study stated that RN's report a burnout rate of 49% which impact care, increase resignations.
 - The American Association of Colleges of Nursing reported that in 2019-2020 nursing colleges turned away 80,407 applications due to lack of capacity (poor pay, benefits for faculty cited as a cause).
 - Short term strategies include customized recruitment and retention, flexible scheduling and supportive work culture, engagement and job satisfaction workforce planning and scheduling (described as both are fine arts) using AI to staff shifts appropriately.

- Physician:
 - The American College of Emergency Physician reported that in 2022 there were (initially) 212 unmatched ED residency positions and in 2023 there were 555.
 - A task force is being established to consider the issue.
 - Suspected causes include workforce projections, increased clinical demands, ED boarding, economic challenges, corporatization of medicine, impact of COVID.
 - Dr. Fales mentioned at the meeting that Michigan had 80 unmatched positions.
- Public Health
 - According to a research article published in Health Affairs (March) by 2025 (two years from now) more than half of state and local public health workers plan to leave their positions or retire, nearly half of all employees in state and local public health agencies left between 2017-2021, a proportion that rose to three quarters for those ages thirty-five and younger. If the separations continue by 2025 this would represent 100,000 staff leaving or as much as half the governmental public health workforce.
 - 80,000 FTE's is considered the number currently needed to provide basic necessary public health services.
 - Some of the influences related to staying/leaving a position are job satisfaction, committing to the mission, getting through the bureaucracy.
- ❖ An unwind of the COVID emergency order (federal) is scheduled for May 11 but may happen sooner. Impacts likely include testing and vaccine coverage, Medicaid coverage (those losing coverage will need to reapply, paperwork, provider considerations will need to be addressed), telemedicine etc. Impacts and timelines are on the MDHHS website. Some healthcare systems in the country are considering how they will manage a vaccination, masking policy.
- ❖ **Field Triage:** Ryan Chadderton reported on this collaborative initiative with the EMS Section. This is a multifactorial project, designing education is more easily achievable, addressing and managing the impacts of the new EMS MIEMIS data elements and the documentation that is needed will require some planning.
- ❖ **Strategic Plan 2023:** Eileen presented on the progress with the Strategic Plan. The workgroups have completed their charge, Stephanie has drafted the Burden section, the next steps will be to put develop the initial draft.
- ❖ **Grant update:** The applications have been submitted to the project leads (Regional Medical Control Authority Network). All eligible facilities had the opportunity to submit applications. Acknowledgement emails started to go out yesterday. Some regions planned a collective regional project (that met the outlined criteria) for unallocated funds.
- ❖ **Conference update:** A Save the Date has been distributed, the keynote speaker is going to present on managing the psychological impacts/trauma related to the work and the pandemic, specifically for healthcare providers.
- ❖ **Verification/Designation:** Tammy First provided an update on the number of verified/designated trauma facilities (104). Nine site visits are scheduled through July and 14 hospitals are in the queue awaiting initial verification visits. The Designation Subcommittee will meet on May 2nd to review and discuss 4 in-state reports and up to 5 ACS designation applications.
 - Appeal: There was an appeal of a verification determination filed that was discussed at the March Designation Committee meeting. Eileen mentioned that this was only the

second appeal requested since the program began. The last appeal occurred five years ago, this appeal offered an opportunity to review the current process and policy. The current appeal did allow for the use of a virtual review of the files and paperwork and discussion. The Designation Committee recommended that the non-designated determination be amended to designated with a focused visit in a year. The Department concurred and the facility was notified.

- Non-designated, non-participating status: Eileen introduced the concept to the committee requesting input regarding facilities who will not be participating in the system. The Section also sought input on this from the Designation Committee. She reported that when the system began all 127 acute care facilities in the state with inpatient beds, ED's operating 24/7 advised the department that they intended to be verified and designated trauma facilities. There are six facilities that have not kept their designation. The questions about the implications of this new development include:
 - What to do about the data that was included in the registry when reporting? Include these facilities or not? If yes for what time frame?
 - How to manage quality and completeness of that data if submitted?
 - How will the new status in the registry be noted (no status-Image Trend as of the date of the letter sent).
 - How to monitor flow of data into the registry (no or very low cases=not participating or data submission issue or low census).
 - How to monitor/manage data if facilities want to regain their trauma facility status and need to submit 12 months of data no older than 15 months from application submission
 - How to report status in the RPRSO Inventory since different facility participation has different implications i.e., Level III with 500 patients seen vs. a Level IV with 10 cases. Or what percentage of the region has non-participating facilities i.e., 1/18? or 5% 4/14 or 28%.
 - Can a non-participating facility participate in regional meetings?
 - The discussion was robust. It was suggested that non-participating facilities do not submit data, another suggestion was that a "minimal" data set be determined for them. Any previously submitted data (while a participating facility) remain in the registry. The committee recommended that facilities participate as a member of the public at regional RTAC meetings. Eileen stated that there is likely to be more to consider around this topic and she would continue to ask for input as a policy is drafted and shared.
- ❖ **Data Report:** Jill Jean reported 99% compliance of data submissions submitted for 4th quarter 2022 due March 15, 2023. Jill Jean and Stephanie Bliss continue to work closely on data completeness for overall data quality on incidents submitted by facilities. In addition, the State Trauma Registry Educational Session and Office Hours presentation will be May 10th. The focus of this presentation will be on running reports from Image Trend® Report Writer to populate the data section of the state PRQ (pre-review questionnaire) for Level III and Level IV facilities.

New Business:

- ❖ **Regional Quarter 1 Reports:** These reports were sent with the meeting materials.
- ❖ **Staffing update:** The Systems of Care Section has hired a Regional Trauma Coordinator for Region 5; Aubree Verlinde will start April 17th.

10:30 a.m. Adjourn

The next STAC meeting will be held Tuesday June 6th, 2023, from 9:00-11: a.m. at Lansing Community College-West Campus.