

State Trauma Advisory Subcommittee
December 5, 2023
Bureau of Emergency Preparedness, EMS, and Systems of Care
Lansing, MI

Attendees: Kelly Burns, Sarah Helveston, Sarah Hughes, Dr. Howard Klausner, Dr. Chris Milligan, Dr. Ryan Reece, Kevin Wilkinson,

Virtual Attendees: Amy Koestner, Dr. Wayne Vanderkolk

Absent: Dr. Brahmamdam

Guests: Helen Berghoef, Emily Bergquist, Stephanie Bliss, Aaron Brown, Doug Burke, Ryan Chadderton, Tammy First, Deb Detoro-Fisher, Jill Jean, Denise Kapnick, Lyn Nelson, Katelyn Schaible, Aubree Verlinde, Eileen Worden

Call Order: 9:00 a.m.

Welcome, roll call: Amy Koestner called the meeting to order, roll call was conducted, quorum present.

Approval of minutes: October 3, 2023, meeting minutes approved.

Old Business:

- ❖ **2024 Meeting Schedule:** The committee discussed and approved the meeting schedule for 2024 noting that the June meeting is the same day as the Michigan Trauma Coalition Pediatric conference.
- ❖ **SOC Report:** Eileen Worden SOC Section Manager reported that the stroke and STEMI Administrative Rule sets were adopted by the Secretary of State. The Section is working on organizing the operationalization of the systems including revisiting timelines, considering the implications of the ongoing IT Request for Proposals initiative, updating the Frequently Asked Question document, developing a survey of stakeholders about the current status of stroke and STEMI care around the state etc. no work needs to be started right at the moment until a plans are formalized.
- ❖ **EMSCC and Patient Movement Report:** Eileen reported on the EMSCC meeting held on November 17th. Remarks were confined to trauma specific areas of interest.
 - The 911 Administrator report commented on the fact that all 911 calls must open to a live person. Also noted were reservations from 911 stakeholders about proposed newborn safety devices (to surrender a newborn) since some of the suggested law enforcement locations are not manned 24/7 and the automatic notification must go to a live person.
 - There was a presentation by Anna Masefski EMT, MPH about projects she did with Massachusetts and the Michigan EMS Section around ambulance crashes. Eileen noted that she can forward the presentation. Some of the key findings were that if an ambulance crashed using lights and sirens it was 2.8 times more likely to have a patient aboard. The hours of 4-5 p.m. were the hours of greatest risk for a crash. From Michigan data, of the 322 crashes analyzed, 59% of the time it was not known if lights and sirens were used, 19% of the time they were used, 22% of the time they were not. If an ambulance was struck, 46% of the time the reason was unknown, the vehicle was

T-boned 12% of the time, it was struck by a deer 6% of the time and rear ended 6% of the time. When an ambulance was hit 44% of the time a patient was on board. Of the 105 documented injuries from the crash the EMS crew was injured 28% of the time, the EMS driver 21%, the patient 11%, the other driver 28% and the passenger(s) in the other vehicle 11%. Recommendations to avoid ambulance crashes were to park safely at the scene, use lights and sirens carefully, use seatbelts and secure equipment and be careful driving in slippery conditions.

- Patient Movement meetings were held October 23rd and November 27th. Some of the key points discussed at the meetings included a discussion and presentation given by Emily Bergquist about the rules and regulations that govern what the department can do. When hospitals call 911 in effort to move a patient out of the ED, they do not have the authority to determine where that patient is then transported to. In the past, CMS considered closest appropriate facilities those within a five-mile radius of the transferring facility. That has since been changed. Interfacility transfers have been a complicated issue for years. The Declaratory Ruling in 2009 defined interfacility transfer for the department, there have been changes since then. The discussion in November centered around billing and the financial issues/level of care that ambulance services can bill, for example if the patient's condition requires immediate response or is non-emergent. The committee commented on the challenges related to availability of ambulances, logistics, availability of specialty services like transplantation, concept of keeping patients in the same health system and closest appropriate. Eileen mentioned the following related to healthcare systems from the Detroit Free Press Sunday edition (Nov. 19, 2023)

- 59% of the healthcare market share in the state is controlled by three healthcare systems.
- In 1980 all 200 hospitals in the state were independent now all but 15 are in a system (Hills and Dales, Deckerville, and Marlette in talks to merge).
- Corewell Health has 21 hospitals, 60,000 employees-21% of the market.
- U of M has 11 hospitals, 46,000 employees-15.4% of the market.
- Trinity-8.7% of the market
- McLaren 7.3% of the market
- HFHS and Ascension (if merger approved by the FTC)-13 hospitals-19% of the market (43.8% of the Detroit area market).
- Emily Bergquist reported that the EMS Workforce grant project is ongoing, as well as the roll out of a workforce survey to EMS licensees.

❖ **Grant update:** Eileen advised that the 2023 Grants report is in process. The department has been engaged in supporting system development with grant funding since 2016, to date 782 grants have been awarded. This year 311 grants were awarded to facilities engaged in trauma and stroke and STEMI care. The grants were awarded to support trauma education (85 projects), infrastructure (61 projects), injury prevention (73 projects), and performance improvement (5 projects). This year 79 grants were awarded to support stroke and STEMI education (33 projects), risk reduction (19 projects) and infrastructure (27 projects). As in the past, the projects served diverse needs, such as stroke education messaging on coffee cup

sleeves, geriatric falls education at a community center, a massive transfusion protocol scorekeeper used in the ED to keep track of the amount of blood products given.

- ❖ **RTN applications:** The applications were voted on and approved by the EMSCC at the November meeting. The Regional Trauma Network Chairs will receive letters next week recognizing them for the next three years (January 2024 through December 2026).

Verification/Designation: Tammy First provided an update on the number of verified/designated trauma facilities (107). Currently, 8 visits are scheduled through February and 9 hospitals are in the queue awaiting initial site visits. Designation Committee meets January 2nd to review 6 state reports and a couple of ACS reports.

- ❖ The Section is discussing refining the terms that are currently used to define the status of facilities in Michigan (designated, non-designated, in process). When the draft is complete it will be brought to STAC for consideration.

Data Report: Stephanie Bliss presented.

- ❖ Stephanie Bliss presented preliminary data looking at substance use and traumatic injuries for Region 1. We looked at proportion of patients testing positive for substances and total injured by type of injury, proportion of patients testing positive for substances by range of injury severity score and age group, and proportion of patients testing positive for substances by admission to intensive care unit and age group. The goal is to complete a data brief that may be useful for educational purposes and/or injury prevention.

New Business:

- ❖ **2024 Projects, plans, initiatives:** Eileen presented to the committee some of plans being discussed for the upcoming year including:
 - In April the Designation Committee with staff support will revisit and advise on any necessary revision to:
 - Level IV criteria
 - Michigan Level III criteria
 - Michigan Criteria related regional performance improvement, regional injury prevention and data.
 - Considerations and planning for the development of a PI curriculum for Level IV (when above is done) will be organized.
 - Data Strategic Plan will be developed.
 - Field Triage Implementation is ongoing, the Trauma Section is continuing to support education and training as needed.
 - System evaluation will be discussed.
 - Rehabilitation Project Patient Journey will need to begin by next month to meet the deliverables before the end of the fiscal year.
 - A one-page brief that describes Systems of Care in Michigan directed to healthcare administration/leaders has been requested and is on the agenda for development.
 - RTN applications for 2027 are on the planning docket for revisions to make them more user friendly and easier to evaluate.

- State PI plan (RPRSO work) will be considered.
- A decision on a conference venue for 2025 will need to be made by the summer of 2024.
- ❖ **2023 Products:** In development is the State of Michigan Trauma System Annual Report, the Grant report, and the Data Strategic plan.
- ❖ **The RTN annual Regional Reports for 2023** will be discussed at the February STAC meeting. This report provides an overview of the regional work over all of 2023.
- ❖ **Staff Update:** Theresa Jenkins the former Regional Trauma Coordinator has rejoined the Section and is the new Systems of Care Designation Coordinator. Aaron Brown has joined the team as the Region 3 Regional Trauma Coordinator (he had been filling in until a replacement could be found). Both Theresa and Aaron start in their new roles next week. The Section is updating the hiring plan for SOC as well.
- ❖ **STAC 2024 priorities:** Eileen invited STAC to suggest or comment on what the priorities for the system should be in 2024.
- ❖ **News:**

Detroit New Sunday edition from Dec 3rd published an article on ATVs being used on public streets:

- Article reported that 10 dirt bike riders die every day and at least one dies riding an ATV.
- ATV deaths have increased from 35 in 1982 to 300 a year in the 2000's.
- Bikes are maneuverable, light, small, and easy to hide.
- Police are using helicopters and drones to track and trace.
- The article described the severe injuries a foster care worker received when her van was t-boned by a bike going 50 mph.

10:34 a.m. Adjourn

Next meeting is February 6, 2024, from 9-11 a.m. at 1001 Terminal Rd. Lansing