

State Trauma Advisory Subcommittee
October 3, 2023
Bureau of Emergency Preparedness, EMS and Systems of Care
Lansing, MI

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

Guests: Helen Berghoef, Emily Bergquist, Stephanie Bliss, Aaron Brown, Doug Burke, Ryan Chadderton, Tammy First, Deb Detro-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: June 6, 2023, meeting minutes approved.

Project Update: “Understanding the Patient Experience of Rehabilitation After Injury” Dr. Clare Tanner provided an update on this project which is intended to provide some insights on how patients experience the rehabilitation process and what contributes or hinders recovery following acute care. Outcomes will focus on function, emotional well-being, employment, income, living situation, relationships, community participation and impact on family. This is intended to enhance the understanding of rehabilitation after injury and add to the information outlined in the already published *“Trauma Rehabilitation and Needs Assessment-Environmental Scan”*. The project will follow approximately 20 patients from the participating trauma facility from diverse backgrounds up to 6 months post discharge collecting data via recruitment mailing, eligibility confirmation (phone call), survey and interviews (1-2 months and 6 months post discharge). The purpose is “understanding their story in their words” per Dr. Tanner. There is a healthcare system interested in participating in the project. Final discussions are wrapping up prior to launch. The additional deliverables from 2023 will be a report on the trauma facilities and rehabilitation locations in each region as well as discharge disposition and patient profiles from the trauma registry including 1 month, 6 month, rates of death, rehabilitation services provided, hospitalization and ED visits from Medicaid administrative data. This data set is limited to those under 65 yrs.

Old Business:

- ❖ **SOC Report:** Katelyn Schaibly SOC Unit Manager gave a report on the progress of systems of care for stroke and STEMI. Public Comment was held in August. Rule sets for both stroke and STEMI have been submitted to JCAR and plans to operationalize the system are ongoing.
- ❖ **EMSCC and Patient Movement Report:** Eileen reported on the EMSCC meeting held on Sept. 22. A lot of information shared at the meeting she confined her update to trauma specific areas of interest. Senator McBroom spoke about his efforts to address the issues with the Open Meetings Act and its impact. He did mention that there are many committees that fall under that umbrella, and the issue was not as simple to address as expected. The EMS workforce survey was discussed as was the marketing video “Best of EMS” which Eileen noted would be shared with the committee. The EMSCC Legislative subcommittee discussed the recently introduced Surprise Billing legislation and they spoke about how impactful this would be to

EMS. Additional topics covered were the protocol updates, and NEMSIS 3.5. Emily commented on the roll out of the revised MI-MEDIC cards she noted the removal of dilution on this card (decreases the potential for error) and a quick card for vital signs and equipment sizes. The Patient Movement committee met on September 25, and continues the conversation about the myriad of inputs and issues around the movement of patients in the state by EMS. They have developed problem statements that include *workforce shortages across the continuum being impactful and understanding the necessity, capability and other payment rules and regulations create issues with reimbursement and sustainability of services*. The challenges of patients with behavioral health issues that need admission to psychiatric care facilities were given as an example as agency providers described a circumstance where multiple ambulances were lined up outside an inpatient behavioral health facility waiting to have their patients admitted. The EMSCC bylaws committee has noted that any committee subject to the Open Meetings Act can identify alternates (not mandatory). This could be considered if quorum is an issue. Eileen noted that the STAC committee is statutory which could be a limiting factor and that over the past 11 years STAC was cancelled due to lack of a quorum twice. She noted that 2024 is the last year for the current appointments (terms are done January 1, 2025).

- ❖ **Grant update:** Reports are coming in now, Eileen reported two RMCANs sent their spreadsheet on projects. Some of those grants were used for education and prevention including Stop the Bleed.
- ❖ **Conference registration:** There were 175 registered participants for the conference and 100-140 who attended each session. The virtual event provided an opportunity to invite national speakers (alleviating the travel expenses). Registered attendees can view the presentations until December 1stth.
 - The conference keynote speakers presented on identifying and managing trauma from a behavioral perspective.
 - There was a presentation from Krisy Kuhl about the MCA Assessment that is done every 10 years (in meeting packet). The survey had a response rate of 78%. Respondents reported that 68% of MCA's have a website, 45% said they have <5 hours per week to work on MCA business, 68% responded (strongly agree) while 22% responded (not sure) to a question about MCA participation in the RTN, 62% chose true to the statement that a protocol is a recommendation or guideline for clinical care, 44% responded false to the statement that a protocol carries the weight of law. Eileen noted the take-away is there needs to be more education around this perception of protocols being guidelines, protocols are required.
 - Dr. Vanderkolk and Doug Burke presented on the new ACS Adult and Pediatric Field Triage protocol. Dr. Vanderkolk described how the ACS developed the guideline and Doug outlined the challenges around documentation when providers choose closest facility and not trauma level. It was noted early on that some of the software vendors did not have that choice turned on,
 - The presentation the Ingham County 911 operator and her manager shared about their experience with the active shooter event at MSU was very compelling. Her call volume increased 3,100%, calls came from all over the world. There were 43 agencies that reported to the scene. Emily commented on the fact that she has a connection to the call taker, an outcome of the presentation has been enhancing the visibility on 911 and it's important role and how it should be considered a formal part of the system.
 - Dr. Hamad described how to set up a narcotic free ED and how that has improved the challenges related to drug seeking behavior. Eileen mentioned the 21-billion-dollar

settlement over 18 years coming to states to address the challenges this issue has generated.

- Mackenzie Hospital presented on how they were able to become stroke and STEMI certified using some of the lesson learned by building a trauma program.

Eileen mentioned that the last in person conference had 330 registrants. The Section would be discussing options for the next conference in 2025. Dr. Mulligan asked about a hybrid version for that conference (virtual and in-person). Emily commented on the costs related to that and that some facilities are limited in their ability to do both.

Verification/Designation: Tammy First provided an update on the number of verified/designated trauma facilities (106). Currently, 11 visits are scheduled through this year and 9 hospitals are in the queue awaiting initial site visits.

- ❖ Extension Policy was provided in the meeting packet. Facilities request an extension of their verification or focus visit date for up to six months. Tammy reported that the Designation Committee has approved and that a vote from STAC is requested. Eileen stated that three facilities have already requested an extension and that the policy does require documentation that the need to extend the visit date out is appropriate and they have a plan in place to address the challenges that require an extension. This is similar to what the ACS does. There was group discussion and a vote called by the Chair, the policy was approved.
- ❖ Level IV PI-Amy Koestner presented at the Designation Committee about the requirement that Level IV trauma facilities review all transfers up to a Level II review to ensure the Trauma Medical Director engagement. She mentioned that reviewing what could be 170 transfers may be challenging for some. The suggestion was perhaps there could be more criteria to see which transfer should be reviewed by the Trauma Medical Director. The goal would be consider this more of a performance improvement activity. It may be something not everyone is ready for. From that discussion was the Designation Committee recommendation to develop a PI curriculum for Level IV. Eileen stated this was being planned for development in 2025.
- ❖ Eileen reported that the Division was informed that Corewell Kelsey in Greenville was going on full diversion today and planned to close on Friday October 6. Eileen reported that a policy about a designated facility closing and ensuring their designation status is revoked will be drafted.

Data Report: Jill Jean reported that the next Trauma Registry Educational Session and Office hours will be October 19th. The focus will be inclusion criteria as there is a lot of variation and interpretation about this. Jill reported that she removed 15 users from the system and that workforce churn could be a reason for this quarters submission issues (3 facilities who couldn't submit any data and multiple facilities who submitted partial data).

Stephanie Bliss reported that data is being pulled from biospatial to add to the Regional Inventories (Doug Burke and Aaron Brown provided input on the elements to report). She mentioned that she is working on an interactive trauma dashboard (statewide and regional data) that hopefully will be published next year. A draft is tentatively planned to share with STAC in February. Eileen noted that MTQIP sent the State of Michigan Trauma System Report (July Issue) and that she will share with STAC. She noted that in the report mortality rates are down a bit (2.9%) similar to 2017 rates so that is good to see.

New Business:

- ❖ **Director Data Update:** Emily reported on the RFP process that is ongoing. All the IT systems the Division uses are out for proposal(s). The current contract is up as of September 30, 2024, it has reached the end of its ability to be renewed. The initial contract has the registry, the EMS repository, a documentation tool, and the licensing tool all with one company, currently the data systems are “adjacent” not integrated. There are currently only two companies who could (bid) to do all that. The RFP which is 251 pages long separates each systems requirement out so that any vendor can bid on 1-2-3-4 or all the systems. The bids are due in November, the plan is to have a contract in place by May 16th of 2024. Integration of the legacy data is written into the RFP. Plans around training, orienting to the product(s) will need to take place and some of that is built into the proposal request. If all went as planned ideally the third quarter of 2024 data would go into the new system. Eileen mentioned that based on experience there will need to be a lot of training done through various modalities to launch these systems successfully. Emily states EMS is working on linking Medicaid data through the Master Patient Index. Eileen stated that there is an ongoing national discussion about the status of registries, the statutory responsibility to collect data, the groups (TQIP, MTQIP, NHTSA and others) that require trauma data submission and the current state, only two (possibly) three vendors to do this work. She said she mentioned the concern to the EMS Director at NHTSA. There are currently 8 states going through the RFP process for their state registry. Costs were discussed, Emily stated that she is not publicly discussing the potential budget as that may influence the bidding process. It was mentioned that allocating costs based on bed volume was a consideration, that has inherent challenges with current hub and spoke models in some systems as well as for rural states with less population but the similar costs for programs. Emily noted that if the RFP deadline is not met the current contract will be leveraged to provide the required services. Discussions included the potential for a start up company to bid, having the state (DTMB) manage the programs, these options are less likely to manage the 4 systems successfully. Eileen reported that Colorado switched from a “homegrown” state registry to Image Trend® because of challenges.
- ❖ **Regional Trauma Network Applications:** Eileen provided an overview of the application and the process and the purpose (Adm Rule 325.132 Rule 7). STAC reviews the applications and makes a recommendation to the Department to recognize the Regional Trauma Networks for the next three years. Once the applications are approved, they will be sent as a packet to be added to the EMSCC agenda in November after which a letter is sent (within 90 days) to the RTN Chair recognizing the region for three years. Each STAC member received two RTN applications to review. As is done with the Designation Committee the STAC editor will report out on the applications they reviewed and will turn in their fillable application review form to Eileen. The committee discussed some minor edits/formatting on the applications from R6, R2S and R1, Eileen stated these will be addressed. Committee voted unanimously to approve all the submitted applications.
- ❖ **3rd Quarter Regional Trauma Network Reports:** The reports were submitted with the meeting materials.

Note: Dr. Vanderkolk asked about the cancellation procedure for upcoming meetings related to inclement weather. It was agreed that if a meeting needs to be cancelled due to weather the notice will go out before COB the previous day. The 2024 draft STAC meeting schedule was included in the meeting packet.

The next STAC meeting will be held Tuesday December 5, 2023, from 9:00-11: a.m. at Lansing Community College-West Campus. STAC meetings in 2024 will be held at 1001 Terminal Rd.