

State Trauma Advisory Subcommittee
April 2, 2024
Bureau of Emergency Preparedness, EMS, and Systems of Care
Lansing, MI

Attendees: Dr. Brahmandam, 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, Dr. Wm. Fales, Tammy First, Deb Detoro-Fisher, Jill Jean, Denise Kapnick, Lyn Nelson, Aubree Verlinde, Eileen Worden

Absent: Kelly Burns, Dr. Ryan Reece, Kevin Wilkinson

Call Order: 9:00 a.m.

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

Approval of minutes: February 6, 2024, meeting minutes approved.

Presentation: Pediatric Preparedness Update by Aubree Verlinde, RTC Region 5 and Dr. Sam Mishra EMS for Children Coordinator was given. Presenters gave an overview of the Emergency Medical Services for Children Initiative including the National Pediatric Readiness Project and gap report. Goal is to build collaboration with a Pediatric Readiness team as well as to meet American College of Surgeon criteria. Dr. Mishra mentioned that a variety of staff may have an interest in peds readiness (ED Nurse Manager, Trauma Program Manager, QI hospital staff etc.) the goal is to encourage the different staff members to work together to determine their peds ready status and identify gaps. The presenters shared resources including the new Peds Readiness website developed by the Bureau and monthly office hours around pediatric emergencies. Dr. Mishra mentioned the EMSC Innovation and Improvement Center and the voluminous amount of material that can be found there. Dr. Mishra shared that eventually there may be national metrics that are defined to measure readiness. Dr. Milligan asked if there were existing recourses for unregulated facilities (Amish birthing center). Dr. Mishra mentioned a numbers of education resources included on the website including videos.

Old Business:

- ❖ **SOC Report:** Katelyn Schaible reported that work is moving forward. Planning is ongoing around establishing an Advisory body. Learning sessions are being scheduled with mostly stroke programs to start to gain a better understanding of the work, and to meet staff. At the request of partners, SOC presentations have been scheduled in May and June. An SOC update will be sent out in May. A System of Care Assessment was sent out in January which provided a baseline about where facilities are.
- ❖ **EMSCC and Patient Movement Report:** Eileen reported on the EMSCC meeting held March 15th. Emily gave an update on the number of current EMS licensees, noted was a significant drop in Medical First Responders. This ongoing update provides insights on the workforce development challenges.

- **Antibiotic use in open fracture:** Eileen invited Dr. Fales to talk about the antibiotics of open fracture protocol that he presented at EMSCC. She mentioned this has been an interest of trauma providers for a while, Dr. Atwal has been interested in the topic. He mentioned that the protocol is early in its roll out (9 doses given). Amy reported that the trauma registry cannot track doses given but biospatial does. Variables considered included transport time of less than 10 minutes, total time of injury to hospital arrival of 45 minutes. He noted about 15% of patients in the participating MCA's met the criteria. Amy noted that a portion of their patients with open fractures were walk-ins and that there was a protocol for nurses at triage to order the antibiotics. Eileen mentioned the report from the 911 Director to EMSCC noted that the 911 wireless location is not going to the tower by the actual location and Next Gen 911 is coming soon. She also noted that the Patient Movement group hasn't met since the last STAC meeting but the problem statements they developed were sent to the committee.
- **EMS Education Grants:** Eileen reported that the newest round of EMS education grants opened (today). Question was asked if the grants were like the trauma grants. Emily responded that they are education focused. Approximately 500 paramedics are being supported by the grants. Emily mentioned that the three reasons prehospital providers leave is pay, benefits and leadership. She noted that EMT's can't afford to go to school because they cannot afford to take time off. This grant done that had a significant response rate that will inform the discussion. may assist with that. Eileen commented that the workforce assessment that was done had a significant response rate that will inform the discussion.

Verification/Designation: Tammy First reported that there have been 109 designated trauma hospitals, 8 visits are scheduled through June and 9 are in the queue waiting for an initial visit. The Designation Committee meets May 7th.

- ❖ **Verification criteria:** Eileen reported that the meeting to review the current Level III and Level IV criteria and the Michigan criteria for Regional Injury Prevention, Regional Performance Improvement, and data submission is scheduled for April 11th. Invitees will include the Designation committee, STAC, regional trauma coordinators, and subject matter experts from Level III and Level IV facilities. The committee will consider if criteria need to change or remain as written.
- ❖ **Aspirus Ontonagon:** Eileen reminded the committee that Aspirus Ontonagon is scheduled to close to patient care on April 20 and then close formally as a hospital on April 30. Prior to closure the facility had an average ED census annually of 2,000. Emily has been facilitating the discussion with the stakeholders on how to manage what will now be long transports for patients. Discussions included: there is one ambulance service for 911 calls which is a volunteer service. Transport times will increase to an hour each way. Baraga has seen an increase in patients. Patient flow will change (likely more east to Marquette, already very busy). There are no gas stations open in the area 24/7 however solutions are being put into place. EMTs expressed concern about long transports with critical patients. Eileen remarked about the impact on the trauma system and that Aspirus Ontonagon had been a verified Level IV trauma facility. Emily noted that MCA geographic boundaries will need to be re-drawn but will delay that until patient traffic patterns are clear. There was discussion about the (small) population in the area that waxes and wanes seasonally (summertime busy with tourists at the Porcupine Mountains and wintertime skiing).

Data Report: Jill Jean reported that facilities just completed their 4th quarterly submission for 2024, registry staff issues turnover has impacted data submission or partial submission. Jill and Stephanie have been working on prepping the upcoming Regional Inventories. Jill and Stephanie were presenters at a webinar they planned which reviewed Image Trends report writer which was well received.

New Business:

- ❖ **AIS 2015 and MTQIP Update to participating facilities:** Eileen reported on the challenges around data and software. Michigan is currently collecting AIS 2005. There was an email sent out that the State Trauma Managers received that stated that facilities that were using legacy software would not be able to update to AIS 2015 without updating their software. MTQIP shared with the Section the conversation they had the outcome of which is that facilities **could** keep their old software another 12 months and AIS 2015 would be available to use. They are planning on offering to audit charts to (five) Level IV facilities who volunteer to participate starting in October. Jill did an analysis and there are some real differences between AIS 2005 and 2015. There are 72 post dot injury severity changes and 144 deleted codes and 150 new codes. The ACS website still says AIS transition to 2015 will occur January 1, 2025. Stephanie will track and trend if there are challenges collecting the codes from Dec 2024 and Jan 1, 2025, and beyond. Eileen noted the ongoing RFP process is ongoing. A request for a contract extension that also includes AIS 2015 has been made. Emily said that anyone could read the RFP to understand what is expected from the vendor. The Chair called for a vote to turn on AIS Jan. 1, 2025. The vote was unanimous in support.
- ❖ **Reports:** Eileen reported that the Regional 1st Quarter Reports for 2024 were included in the meeting materials.
- ❖ **OHSP Post Crash Care Grant Proposal:** Eileen reported that the Section has submitted an application to OHSP. This is the first step in the grant process that needs approval prior to submitting a proposal. If the request is approved applications are submitted in June and grants are awarded in September. The grant would support in part some of the registry work which will inform the post-crash discussion as well as providing more clarity about outcomes. The goal is to add to the conversation and the role of the trauma system in post-crash care.
- ❖ **Rehab Project:** Eileen updated the committee on the Patient Journey project that Corewell West is working on with the Section (thanks to Amy and Kelly for their important contribution to the project). The sample size was going to small, and it appears that will be the case. There were 17 candidates screened in and 4 signaled interest Eileen commented that the report on the project will be submitted in August and the lessons learned will be valuable.
- ❖ **Public Act 17 of 2023:** Eileen reported on this new secure storage laws in Michigan. MDHHS has been distributing gun locks. The Region 5 Injury Prevention group distributed safe gun storage units as part of the trauma grant project.

The next STAC meeting will be held Tuesday June 4, 2023, from 9:00-11: a.m. at 1001 Terminal Rd. Lansing