

State Trauma Advisory Subcommittee
December 3, 2024
Bureau of Emergency Preparedness, EMS, and Systems of Care
Lansing, MI

Attendees: Dr. Pavan Brahmandan, Kelly Burns, Sarah Hughes, Dr. Howard Klausner, Amy Koestner, Dr. Ryan Reece, Dr. Wayne Vanderkolk

Guests: Liz Baty, Helen Berghoef, Emily Bergquist, Stephanie Bliss, Aaron Brown, Doug Burke, Ryan Chadderton, Nikki Daugherty, Tammy First, Jill Jean, Theresa Jenkins, Denise Kapnick, Mark Ladetto, Devender Lali, Christine Laking, Lyn Nelson, Katelyn Schaible, Aubree Verlinde, Eileen Worden

Virtual: Sarah Helveston

Absent: Dr. Chris Milligan, 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.

Agenda Amended: Agenda was amended to include a discussion of the use of pre-hospital whole blood brought to the attention of the committee by Dr. Reece.

Approval of minutes: October 1, 2024, meeting minutes approved.

Presentation: Dr. Fales presented on a proposed change to the EMS Hemorrhagic Shock Protocol. Under consideration is a change the dosing of TXA to one dose and increase the dose of from 1gm to 2gm (in 100 ml in 100ml normal saline) in the >14-year-old patient and those <14- year- old (weight- based dose) the delivery to remain the same (IV normal saline). EMS TXA use in Michigan has expanded 281% over the past 5 years. Dr. Fales shared recent research (5 clinical trials) on the use of TXA for trauma and for pediatric cases. He noted a new recommendation in the Department of Defense Guideline which eliminates the piggyback delivery and changes it to slow IV push (over 1-2 minutes). Dr. Fales asked the committee to consider the change in dose and route as well as use for TBI and with pediatric patients presented. Eileen asked for confirmation that the dose change would then eliminate the need for a second dose of TXA, Dr. Fales confirmed. The general discussion included data from regions 2N and 2S who have been tracking the dose delivery. Doug Burke the Regional Trauma Coordinator in 2N noted that the second dose of TXA is given about 20% of the time. Denise Kapnick noted the second dose was not given possibly due to quick OR times. Eileen noted that what was not fully clear was the pediatric dose, consulting with Medical Control for dosing was discussed. Challenges around weight- based dosing was mentioned as well as IV access. Dr. Brahmandam asked about cost, Emily noted that EMS does not bill for medicine. Dr. Vanderkolk notes the incidents will be small. Dr. Fales noted that in severe entrapment TXA may be indicated. Dr. Fales indicated that more input from stakeholders including a survey will be gathered before any formal change is made. Some recommendations may be region specific. The determination was that a vote will not be required at this time, but the final protocol will be brought back to the committee for a vote.

Old Business:

- ❖ **EMSCC meeting** Emily Bergquist presented on the SOC related topics discussed at the Nov. 15th meeting. She reported that there was no specific discussion related to Systems of Care. Eileen noted that the meetings will be held at the Livingston County EMS building starting in January.
- ❖ **RFP update:** Eileen reported that the RFP discussion (IT projects EMS and SOC) is moving through the process the NDA has been lifted and biospatial will be the vendor for the trauma, stroke and STEMI registries. Eileen noted there will be a lot of internal discussions and planning to organize a transition. A formal announcement from the Division will be coming soon. Updates will be posted in a newsletter format to the SOC website. Image Trend will be the vendor until October of 2026. She stated there is ongoing discussion about planning for training, Data Use Agreements, all the details involved in transition. Amy asked about Hospital Hub or a similar interface. Emily reported that EMS patient collection tool and the trauma registry will be integrated but not as a fill into EPIC. The registry will be behind the MI Login platform/state server. The EMS licensing tool will remain with Image Trend. First Due will be providing the EMS documentation tool. The goal is to have a contract with a January 1 start date. She noted there will likely be a session at the 2025 conference about the new registry. Amy asked if Risk Adjusted Benchmarking for Level III's would continue, and the response was yes.
- ❖ **STAC applications:** Applications have been forwarded to the Directors office for appointments.
- ❖ **Free Standing ED Directory:** The draft was reviewed by MHA and MCEP for comments and edits and no further changes were needed. A final version will be published in the near future. MCEP indicated they would be interested in working with the Section and developing an ED Directory like what they had published in the past, this has been a valuable resource, and the Section will be exploring that project them.
- ❖ **SOC conference:** The theme for this conference will be a cross cutting (MCA's, EMS, trauma, stroke and STEMI) and focus in "Why Systems Work". The planning for the agenda includes two general sessions and multiple break out sessions (3-4). The conference will be Oct. 7th and 8th (Tuesday and Wednesday) 2025 at the Van Dyke Center in Muskegon which is a large venue (can hold 1,200). The exhibitor prospectus and other print materials are in development, the anticipated registration is approx. 300-330 attendees, Biospatial will be invited to be an exhibitor.
- ❖ **OHSP grant:** The grant award has been received. The grant will support a Data Technician, a public facing dashboard with input from OHSP and collaboration around more community work with injury prevention on the second leading cause of the death in the state (MVA's). Alyssa Morrison will be invited to speak to the committee on her work with crash data, documentation etc.

Verification/Designation:

Theresa Jenkins presented the highlights of the revised language for the Michigan Verification Criteria for Level III and Level IV the material was shared with the meeting materials. Theresa walked the committee through each of the sections with revisions as well as the rationale for the language revisions and reviewed the tools that are in development and links identified that can assist the facilities to address the criteria successfully. Eileen commented on status of the process, and that now that the language of the criteria is established the next steps will be to formalize the measures of compliance and additional information since this informs the process and program development. Once these are drafted the entire document will be presented for a vote. The supporting materials i.e. Level IV Reference/Guide now in development will also be shared. Once approved the Section staff will begin

revising documents as needed, the revision language will be pilot tested to determine if or what education may be needed and the timelines for implementation will be clearly stated via multiple modalities. There was a discussion about using the term NTDS if the data is going to include metrics like EMS data that is no longer being collected by NTDS, the term Michigan Data Dictionary will be used. Tammy First reported that there are 111 designated facilities with 4 scheduled verification visits through February 7 in the queue. There are 4 facilities out of 125 that are not currently designated. Eileen noted that something more formal will be done for facilities in the queue who have not had visits scheduled to get their status resolved.

Data Report: Jill Jean reported on the progress on the Michigan Data Dictionary. The subject matter experts are meeting tomorrow to continue the discussion. The committee hopes to present a final version to STAC in February.

- ❖ The Trauma Dashboard developed by Stephanie Bliss was presented to the group. It is an interactive, real time look at data in the region and the state and in the future will be used for the RPSRO and possibly other groups. Noted was that the MDHHS is moving to using Tableau for graphic displays in the future, there has been an identified issue with the potential with Power BI to access the data behind the display.

SOC update:

- ❖ **Staff:** The SOC Unit now has three Coordinators with hiring of Liz Baty and a plan to fill one more position. The Unit will be organized by service lines (stroke/STEMI) and geography (East/West). Katelyn recently visited SOC programs in region 7.
- ❖ **Advisory Committee:** The committee has been seated. The first meeting is January 21 (in person). One of the first order of business will be to discuss a Data Dictionary for stroke and STEMI.
- ❖ **Progress:** There have been questions about the designation process, the projected timeline is sometime in 2027. Conversations have centered around thinking about resources, making sure the rural voice is seated at the table for those discussions, streamlining processes where it's possible, noting that trauma took some time to get fully established (funded in 2011, first designations in 2016). Eileen noted that the Section recognized the concerns about how the work would be accomplished and the intention is to do the level best to meet programs where they are.

New Business:

- ❖ **Regional Trauma Coordinator Region 7:** Nicole Daugherty was hired and is working with Aaron Brown getting oriented to her position.
- ❖ **Michigan Criteria reporting:** The changes to the specific language relating to data collection, regional performance improvement and regional injury prevention has been embedded into the Quick Reference Guide and will be included in the materials when they are finalized and not a standalone document. STAC will vote on that language along with the rest of the materials the second quarter of 2025.
- ❖ **Michigan Trauma System Annual Report:** The draft report is in development and should be ready for the February meeting.
- ❖ **Regional Reports:** The annual regional reports will be sent in the February meeting packet.
- ❖ **Plans for 2025, STAC priorities:** Eileen mentioned that annually at this meeting she asks the committee if they have suggestions or priorities that should be considered for the coming year. Amy mentioned that Dr. Avery Nathans announced at TQIP that they ACS will be publishing

criteria for Level IV possibly in March. Dr. Vanderkolk suggested a potential project could be tracking outcomes on trauma patients transferred out of state. There was discussion on how that might work.

- ❖ **Prehospital Whole Blood discussion:** Dr. Reece requested STAC entertain the discussion regarding the use of prehospital whole blood and the change in TXA administration (discussed earlier). There was a robust discussion nationally regarding whole blood delivery in the field. Eileen mentioned that NHTSA is very interested in this concept, there was an article recently published about Maryland's experience setting up this initiative. Dr. VanderKolk noted the challenge with availability of whole blood including the limited number of donors. He said he does not have enough blood in his facility. Dr. Krohmer commented on the initiative, he is Chair of the Pre-Hospital Blood Transfusion Initiative Coalition. He said that 48 states allow Paramedics under the scope of practice to initiate blood transfusions, there are 200 programs around the country. Whole blood is ideal, availability is the concern. The goal is to get a transfusion started as soon as possible, 50-60% of the transfusions are occurring in trauma patients. Anecdotal information is supportive, scientific support is coming from military experience. Eileen noted ACEP suggesting more research is needed, blood would not be cross-matched. There are things to think through. Dr. Krohmer noted that thousands of transfusions (started in 2017) have occurred without significant reactions. Amy asked who much whole blood. Dr. VanderKolk suggested that STAC support the idea, but the supply issue needs to be addressed. One of the comments was that office blood drives have gone down because of the advent of hybrid/remote work. Dr. Reece commented on this first step and the need identified and to learn what other states. Eileen offered to share the Maryland experience on how they operationalized the process including storage, documentation, cost, barriers. She suggested the committee will hear more about the initiative as things progress
- ❖ **Acknowledgements:** Eileen noted that the STAC application as mentioned have gone through, three of the current members Dr. Klausner, Dr. Reece and Dr. Vanderkolk are not returning for another term. Dr. Klausner has been on STAC since 2016, he and Dr. Reece were given certificates and letters of appreciation. Dr. VanderKolk has been a member of STAC since 2013 and Chair of the Designation Committee since it's inception, 2014. He was given an acknowledgement of the significant contributions he has made to the trauma system in Michigan.

The next STAC meeting will be held Tuesday February 4, 2025, from 9:00-11: a.m. at 1001 Terminal Rd. Lansing