

State Trauma Advisory Subcommittee
February 6, 2024
Bureau of Emergency Preparedness, EMS and Systems of Care
Lansing, MI

Attendees: 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, Aubree Verlinde, Eileen Worden

Absent: Dr. Brahmamdam

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: Dec 5, 2023, meeting minutes approved. Vote for STAC Chair, Amy Koestner was unanimously voted STAC Chair for 2024

Old Business:

- ❖ **SOC Report:** SOC staff are attending the International Stroke Conference. Eileen Worden reported that a Systems of Care assessment has been sent out to stakeholders to gain a better understanding of the stroke and STEMI programs in the state and update contacts. The Frequently Asked Questions document on the website was updated.
- ❖ **EMSCC and Patient Movement Report:** Eileen reported on the EMSCC meeting held January 19th. The 911 Director mentioned an issue the call centers had with a sophisticated phishing effort that credibly mimicked billing invoices. Mentioned at the meeting were conferences planned for the spring including the Traffic Safety Summit, the EMS Expo in Grand Rapids and the Homeland Security Conference where the MI TESSA tent and simulation equipment will be for attendees to work with and in some cases receive credits. The Patient Movement Committee (PMC) has not met the next meeting is in February. There have been lots of discussion that is useful for trauma to understand. There was a question from the group about behavioral health patients, Emily is investigating the issue to provide education about the various pieces, rules and laws. There was a discussion about patient preference and transfers, insurance issues and those impacts. The main outcome from the Patient Movement Committee has been to put the story in succinct words, committee did develop a problem statement that will be shared. Amy asked who was on the committee, Emily reported the committee had a limited amount of voting members but there are many stakeholders who attend. Eileen offered to invite the speakers who spoke about how EMS billing works at the PMC to speak to the STAC if there was interest. There was a discussion on the challenges of Medicaid reimbursement. Emily stated that the Medicaid linkage project will add more to the discussion (outcome data).
- ❖ **RFP:** The project is moving ahead, there was a recent product demonstration as part of the process. a committee vote will be held in the near future then contract negotiations will begin. There are four systems, three vendors bid on the registries. The systems were broken up to allow for more vendor options. One vendor bid all four systems, one vendor bid on three and the other vendors all bid on two. Dr. Vanderkolk asked if data integration was included in the

RFP, Emily responded yes. Amy asked about deadlines, the contract is done Sept. 30 there are discussions on extending the contract. The registries may be somewhat easier to launch. The decisions have not been made and there are more inputs that impact the discussion. All the vendor applications are cloud based and they needed to describe all the browsers they are compatible with. The RFP proposal itself was 240 pages and very complex.

Verification/Designation: Tammy First reported that there have been 107 designated trauma hospitals, 6 visits are scheduled through April and 9 are in the queue waiting for an initial visit. The Designation Committee meets March 5th.

- ❖ **Verification criteria:** Eileen noted that a meeting is being scheduled for April 11th to review the current Level III and Level IV criteria and the Michigan criteria for Regional Injury Prevention, Regional Performance Improvement, and data submission. 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. Eileen reported that at the TQIP meeting there was a discussion about reseating a Rural Committee, but they stated that the criteria now is what was outlined in the Orange Book. A crosswalk of the ACS standards and the current Michigan criteria is being developed. Michigan checking to see if other states have revised their criteria and if they are willing to share. Eileen mentioned that Texas recently updated their criteria. The goal is to have STAC review and votes on any changes at the August meeting. After that, work will start on any paperwork that need revisions, PRQ, the reviewers will be updated, and training will be planned as needed. The tentative timeline is to have a notice of all changes out by January of 2025 so facilities that are to be verified in 2026 will be prepared. There was a discussion about the ability to modify any criteria and if the requirement is to only follow ACS criteria. Eileen noted the language in the rules that allowed modification. Dr. Vanderkolk mentioned the challenges if there are different criteria for Level III's. Eileen noted that the committee will weigh in on that. Amy noted that previous STAC committees had votes around requests to amend language. Level I and Level II facilities must be verified by the ACS to apply for designation. Eileen mentioned that the Section is interested in hearing from impacted stakeholders and comments.

Data Report: Stephanie Bliss reviewed some of the data in the *State of Michigan Trauma System Report* from the Michigan Quality Improvement team. She noted that report includes data through June 30, 2023, and approximately 55% of trauma facilities participate in MTQIP. Mortality was slightly lower, transfers in slightly higher and transfers out slightly lower. Dr. Klausner asked about the definition of transfers in and out. Kelly clarified these are acute care facilities.

- ❖ Eileen reported that a mini data strategic plan will be developed to help drive planning for the next few years. The impacts of the RFP results will have to be considered. There is a plan to draft a Michigan data dictionary with stakeholder input. Additional trainings are also in the planning stages.

New Business:

- ❖ **Reports: 2023 Grant Report, State of Michigan Trauma System Annual Report, Regional Annual reports:** The Michigan Systems of Care (trauma, stroke and ST-elevation myocardial infarction grant project was allocated \$2,816,000 and \$2,478,654 was reimbursed. There were 311 grants some were system of care focused. The limits were the dollars could not get out until January and had to be spent by September. Eileen noted that there will not be a grant project in 2024. The annual report and the regional reports demonstrate the good work the system is doing. Eileen noted that an ACS reviewer commented on the great trauma system in Michigan. An updated version of the Region 2 South report was sent prior to the meeting.

- ❖ **Free Standing ED Administrative Rules:** Eileen provided brief overview of the draft Administrative Rules describing Free Standing ED's (FSED) in Michigan. LARA considers FSED's as a department that already exists based on the relationship with the hub hospital. FSED's recognition process in Michigan leaned heavily on the Federal Rule 42 CFR 413.65 to describe their roles and reason to exist. They are leaning heavily on the Federal Rules. Free Standing Surgical Centers are in statue. Urgent Care Centers and FSED's are not the same nor are Surgical Centers with an ED attached or Rural Hospitals. There are no formal EMS protocols for FSED destination determinations. FSED's are not inspected by LARA they receive an attestation letter from them. Some FSED's may choose to be part of the Federal process, and some may choose to follow the new Michigan Administrative Rules. Now the Federal process is not required to receive payment from CMS. In Michigan these facilities must be owned by a hospital. Eileen mentioned that there will be a discussion about FSED's at the April meeting. Emily mentioned that there are some FSED's more than 50 miles from a Level I or Level II trauma facility. Emily noted that the MCA's will likely need to consider how they work depending on the resources in that geography. There will be more discussion about how these integrate with stroke and STEMI. Kevin Wilkinson noted the importance of a plan for transfer from the FSED. Emily noted that there must be the right destination determination in place to limit any stress on the system. There are currently 15 FSED's in Michigan. Eileen mentioned that the Section will be working with MCEP to develop a directory of these resources. The Administrative Rules are in draft and haven't moved forward yet.
- ❖ **OHSP Post Crash Care Grant Proposal:** Eileen reported that the Section will be submitting a proposal to support in part some of the registry work which will inform the post-crash discussion as well as providing more clarity about outcomes.
- ❖ **Systems brief one pager:** Eileen reported that a document will be developed to describe the trauma, stroke and STEMI systems.
- ❖ **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) which fits in well with the TQIP discussion about patient reported outcomes. Patient recruitment begins soon and the project wraps in September.
- ❖ **Eileen asked to add an agenda item:** Amy approved, the question that was brought to the Section about Stop the Bleed and if that would be covered by the Good Samaritan law in Michigan and the answer is it's unclear the Office of Legal Affairs is reviewing as is Dr. Buck from the Michigan Chapter of the ACS and the Michigan Trauma Coalition. Emily mentioned that the Good Samaritan law mentions CPR specifically and is silent about Stop the Bleed. More clarity is needed on how to proceed.

The next STAC meeting will be held Tuesday April 2, 2023, from 9:00-11: a.m. at 1001 Terminal Rd. Lansing