

State Trauma Advisory Subcommittee
October 1, 2024
Bureau of Emergency Preparedness, EMS, and Systems of Care
Lansing, MI

Attendees: Dr. Pavan Brahmandan, Kelly Burns, Sarah Helveston, Sarah Hughes, Amy Koestner, Dr. Chris Milligan, Kevin Wilkinson, Dr. Wayne Vanderkolk

Guests: Helen Berghoef, Emily Bergquist, Stephanie Bliss, Aaron Brown, Doug Burke, Ryan Chadderton, Tammy First, Jill Jean, Theresa Jenkins, Denise Kapnick, Mark Ladetto, Devender Lali, Christine Laking, Lyn Nelson, Juhee Prakash (MPHI), Katelyn Schaible, Dr. Cheribeth Tan-Schriner (MPHI), Aubree Verlinde, Eileen Worden

Absent: Dr. Howard Klausner, Dr. Ryan Reece

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: August 6, 2024, meeting minutes approved.

Presentation: *Patient Journey-Outcomes after Severe Injury* project and wrap up of Rehab Initiatives by Cheribeth Tan-Schriner, PhD. Senior Research Scientist MHPI and team. Dr. Tan-Schriner presented on the project in collaboration with Corewell Butterworth Trauma team (Amy Koestner and Kelly Burns). She gave an overview on the project which including the approval process, inclusion/exclusion criteria (impact of co-morbidities on sample size), managing recruitment, sample size, timelines and some of the results (from project surveys and interviews). The challenges of recruitment (223 potential candidates, 9 participants) were discussed as were some of the findings related to demographics, participant reported challenges with activities pre and post injury, rehab services received, factors affecting post-discharge rehabilitation, recovery at 3 months and 6 months, the impact of caregivers and their critical role in recovery and the gaps in support for both patient and caregivers (emotional/mental health services, domestic, transportation, access to services, referral delays). All participants reported ongoing challenges with anxiety/depression at 6th months post discharge. Also noted by the project participants was the strongly supportive role insurance coverage had related to services provided, post discharge rehabilitation and the positive experience they had with the healthcare facility. Dr. Tan-Schriner noted that a final report is forthcoming and will also include the Medicaid rehab data analysis sorted into the eight regions. Eileen noted there were many lessons learned from the project.

Old Business:

- ❖ **EMSCC meeting** Emily Bergquist presented on the SOC related topics discussed at the Sept. 20th meeting. She reported that there was no specific discussion related to Systems of Care that there is a significant amount of legislation being considered in this a lame duck session. Stop the Bleed may be one of those pieces of legislation that gets passed (training in schools and the Good Samaritan Act) but there is no new information about that now. EMS legislation has extended temporary licensing (restricted license). Katelyn noted there was a robust conversation at the Patient Movement meeting, and all the issues this committee has

identified. Emily noted that identifying the problems is valuable and the committee will continue (either permanent or in another capacity). Eileen noted that out of the committee meetings is the understanding that there are real knowledge gaps about all the components of how patients are moved ((EMS protocols, interfacility transfers etc.) She said that systems depend on moving people around appropriately.

- ❖ **RFP update:** Eileen reported that the RFP discussion (IT projects EMS and SOC) is moving forward. There was an opportunity to receive some federal funding (CMS) for the approx. one-million-dollar contract. The contract was submitted to CMS for review and approval likely to take until Thanksgiving. After that, assuming all is in order, then there is essentially a cascading approval process at the state level that includes items such as a notice of the award recommendations, notice to bidders, SOM Administration Board approval of the contract, signatures etc. The process may (potentially) conclude in January or February. Dr. Vanderkolk asked when the new registry would come on-line either January or of 2026 or mid-quarter 2026? Eileen responded that it depends, but the current registry will be in place until October 1st of 2026. There was a discussion about how the implementation will be done i.e. DUA's, training, what rebuilding needs to be done, interactions with other software tools. The current registry will be collecting AIS 15 and that is a baked in requirement for any new registry.
- ❖ **STAC applications:** The current term for the sitting STAC ends Dec 31, 2024. Applications are being accepted. Eight applications have been submitted. Two were submitted for the Life Support Agency Manager who is a member of the EMSCC position there are only 8 candidates who qualify for this position. The applications for the three-year term go to the Director for appointments, as per statute. There are still openings for the Hospital Administrator from a non-ACS Level I or II facility, a Trauma Program Manager and a Trauma Surgeon. Eileen noted that 2025 and 2026 will be very busy and having an experienced STAC would be helpful.
- ❖ **Free Standing ED Directory:** A draft version of the directory is almost ready which includes a map of both the current and those in development FSED's. The draft will go to the partners involved in the project (MHA and MCEP) for comments and edits then a final version will be published. How to include FSED's in the system will be an ongoing discussion.
- ❖ **SOC conference:** The date for the SOC conference will be Oct. 7th and 8th (Tuesday and Wednesday) 2025. It's in the early planning phase now, it will be in-person, and the event will address topics of interest for MCA, trauma and stroke and STEMI stakeholders. The planning group will be looking for speakers (not national). The venue will likely be on the west side of the state, the contract is not done yet. There was some discussion if that conflicted with the MTQIP meeting, but it was confirmed that it did not.
- ❖ **OHSP grant:** Eileen reported that the formal grant award letter has not been received but the grant orientation meeting is already scheduled for next week. The grant will support a Data Technician, and collaboration around more community work with injury prevention on the second leading cause of trauma death in the state (MVA's).

Verification/Designation: Tammy First reported that there are 111 designated facilities with 5 scheduled verification visits through November and 9, soon to be 8 in the queue. Eileen noted that something more formal will be done facilities in the queue who have not had visits scheduled once the criteria is published, then work will be done to get their status resolved.

Theresa Jenkins presented on the revision process for the Michigan Verification Criteria for Level III and Level IV. The presentation reviewed the process to date and provided statistics such as the (number of trauma patients seen at Level III's annually (9,079), the number of Level IVs in the state (50), facilities that have gone from Level III to Level IV (2) with two more planned, most commonly cited CD etc. The

ACS Gray Book was reviewed and the areas that needed discussion or more clarification was presented such as proof of work with Disaster plans. Some specific criteria still need more in-depth conversations with subject matter experts to finalize the recommendations including not requiring CAISS, more definition related volume and how much program/registry time staff 0.5-1.0 FTE should commit to and more clarity around measures of compliance for the Michigan Criteria as well as refining the reporting process for that. Theresa walked the committee through each of the sections with revisions as well as the rationale for the language changes 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. Initially a Verification committee was pulled together to look at the new language and to make recommendations, then the draft was reviewed by Trauma Program Managers from Level III and IV, there will not be a vote on the recommendations today. There will be another group pulled together to review the language that is in discussion not much of which is related to patient care, it was noted that changes have impact. Amy Koestner mentioned the complexity involved in filling out the ACS Level III PRQ and how that drives what's needed to demonstrate programming. There was discussion about the similarities and any potential differences between ACS and Michigan Level III's. Theresa noted that various pieces of training and education in development for the new criteria. There was discussion about some of the new Grey Book criteria as well that is causing some confusion i.e. 5.28 Mental Health Screening and what exactly that means i.e. process in place, not "screening". Amy mentioned that the ACS intent is to build screening. Eileen asked what STAC is recommending for the criteria. Amy suggested leave the language, it's not required to screen all patients, pushing tools supports screening. The conversation was tabled. The discussion continued with discussion around Level IV language, liaisons to PIPS, respiratory training, clinical guidelines, NTDS and additional elements, removed transfer agreements to burn center, trauma mortality review of hospice initiated from injury. Dr. Vanderkolk noted it was planned to review hospice care if that occurred because of error at the hospitalization. He noted that Level IVs are not doing this. Amy suggested education can be provided. The timelines outlines are that the Designation committee review the final recommendations and votes in November. The STAC will review and vote on the final recommended language at the December meeting then the EMSCC will be informed at the January meeting. 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. The site reviewers will also be updated on the changes. The changes will be published in 2025 and will be available for review, facilities will have a year to update their programs.

Data Report: Report deferred due to time constraints.

- ❖ Dashboards are in development
- ❖ Audit project ongoing 5 Level III's and Level IV's

SOC update:

- ❖ **Staff:** The SOC Unit hired four new staff, Mark Ladetto, Christine Laking and Devender Lali and one new hire will start in October.
- ❖ **Advisory Committee:** There was a lot of interest in participating on the Advisory committees planned for January. Acceptance and thank you letters are going out soon.
- ❖ **Quarterly Update:** The Quarterly Update newsletter is in process.

New Business:

- ❖ **Michigan Criteria reporting:** The Michigan Criteria is 11 years old, and language needs some revision. Eileen reported that the Section staff will be meeting Oct 7th to consider a simpler, more uniform way to report the measures of compliance for the Michigan Criteria. The

reporting format will be looked at, consider if possibly a fillable form would be beneficial, some of the language is outdated and SOC needs to be considered, a toolkit will be developed.

- ❖ **C Suite One Pager:** Eileen reported that this document has been drafted and will be going through the review for approval process.
- ❖ **SOC Section Annual meeting:** Eileen reported that the Section met in August and discussed the planned and ongoing projects (14) that included: Michigan Data Dictionary, Verification criteria, what a potential registry could look like, Data Dashboards, SOC integration and Level IV PI training and a revision of the RTN application for 2027.
- ❖ **Quarterly Reports:** The 3rd Quarter reports were included in the meeting materials.
- ❖ **MCA Assessment:** Eileen mentioned the Assessment and its value in understanding the issues and challenges the MCA's face and the important role they have in the system.
- ❖ **Region 7 RTC position:** Will be posted through MPH.

The next STAC meeting will be held Tuesday December 3, 2024, from 9:00-11: a.m. at 1001 Terminal Rd. Lansing