

State Trauma Advisory Subcommittee
April 1, 2025
Bureau of Emergency Preparedness, EMS, and Systems of Care
Lansing, MI

Attendees: Kelly Burns, Sarah Helveston, Sarah Hughes, Amy Koestner, Dr. Chris Milligan, Dr. Ben Mosher,

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

Absent: Dr. Pavan Brahmamdam, Dr. Patrick Pettengill, Kevin Wilkinson

Virtual: Dr. Keith Alangaden

Call Order: 9:20 a.m. (meeting start delayed until quorum established)

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

Approval of minutes: February 4, 2025, meeting minutes approved.

Old Business:

- ❖ **EMSCC meeting** Eileen reported on the recent EMSCC meeting she noted it was a long meeting and that a lot of the discussion centered on the introduction to policy and standards around EMS education that the Education Subcommittee and the Department was working on. This was an introduction and more discussions are ongoing
- ❖ **Registry Transition:** Eileen reported on the Registry transition stating it was a “big project”. She noted that there are four project managers (DTMB and vendor) considerations around the old registry, what differences there might be and how to walk users through that. Meetings are ongoing with the vendor and the state team. Emily is working with DTMB, legal and compliance around the single sign in piece, the system security plan the authority to operate, there are a lot of moving parts. She mentioned that the goal is to have the work done by fall. The planning group is considering how the pieces go together and in what order.
- ❖ **Systems of Care (SOC) conference October 7th and 8th:** Eileen noted that the announcement about the conference has gone out and that registration is open. She noted that there will be 25 different sessions over the two days so a lot of opportunities to learn including an opportunity to interact with therapy dogs.
- ❖ **OHSP grant:** Eileen reported that the grant provided the opportunity to add a Data Technician to the Section who will assist in registry management (password resets, maintenance work supporting the registry etc.) She said the timely was very positive and the assistance very valuable for the juggling work on the registry transition and the routinely required tasks. She will also be supporting work around quality data provided for the public facing dashboards planned.

Verification/Designation:

- ❖ Tammy First reported that there are 111 currently designated hospitals. Six site visits are scheduled through July, six hospitals are in the queue for an initial visit. Visits will be picking up starting in August.
- ❖ Eileen noted an FYI from the ACS related to how they are handling Level III with Neuro capability. Tammy Morgan responded that their interest was focused on making sure the neuro capacity information be collected in the PRQ, so reviewers know to review and assess that at visits. There is no other naming convention or refinement to their verification level if they have Neuro capability.

Data Report:

- ❖ Jill Jean recapped on the progress on the Michigan Data Dictionary the subcommittee is working on the 2nd revision. A year ago, Lyn Nelson and Jill Jean reached out to the Wisconsin data manager to ask if she would share their Data Dictionary, she sent an editable version which Lyn and Jill worked to fit Michigan including ensuring all the drop downs were accounted for and everything was synched. Once a draft was developed, a group of subject matter experts from various trauma levels and STAC met to provide input on the document. There was discussion about some additional data elements that were not widely accepted. There were revisions and back and forth discussions. What the committee has is the final draft version of the document. The intent was the dictionary be inclusive and useful for all. The document is broken down by colors into state of Michigan required, NTDS, 3rd party upload and optional elements (for Level III and Level IV).

Kelly asked about optional elements and how they will be utilized. Jill reported that they represent all available data that “could” be collected, and this will serve as the foundation of the discussion with the new data vendor. Eileen noted that this is the blueprint that will be given to Biospatial as a baseline working document. Kelly noted that many of these are “behind the scenes” and not visible. Jill noted that the State Database Manager can see these. Eileen stated that the gender demographics will not be changed, and they are not changing in the MIEMIS. Amy mentioned the PI section and some data elements Eileen and Jill stated that the state does not have access to the PI Section.

Eileen asked STAC to vote on moving the Data Dictionary to the software developers. Motion made by Dr. Mulligan, seconded and approved vote to submit the current version of the Michigan Data Dictionary to the software vendor for development. Eileen noted that this is the prototype for the other service lines.

There will be ongoing discussions on permissions and who can view. Eileen noted that will be more granular discussions once this is more developed including user permissions and how they are the same and different. Amy asked about regions collecting their own regional data elements. Eileen noted that the RPSRO Inventory is designed to do that. Amy noted that every added element is a keystroke and may not be collected. Eileen noted that the optional field was used for the Trauma Band project.

SOC update:

- ❖ **Staff:** Eileen noted that the last position in the SOC Unit has been filled. Penny Stevens has joined the SOC unit she has a vast amount of experience in trauma which is going to be a big help in this new role.
- ❖ **SOC Advisory Committees (stroke and STEMI)** Katelyn reported that the committee were organized in January and met virtually in March. The discussion centered around the need for

data dictionaries. Because there is not a national, uniform, data dictionary a much deeper conversation will need to be conducted. One of the distinguishing features for both stroke and STEMI is that there are multiple accrediting and certifying organizations and several different national data collection tools. The Unit is currently cross walking all the data collection tools and will be coming to consensus with partners about what is necessary to monitor both system function and program work. Chuck Hyde is the Chair for the STEMI Advisory Committee he is attending virtually. Dr. Razak is not in attendance he is Chair of the Stroke Advisory Committee. Links to the meetings are on the website for those that wish to attend the meetings.

New Business:

- ❖ **Michigan Trauma System Annual Report 2024 (Draft):** Eileen reported that the document sent with the meeting materials has not been approved by leadership for publication. There's a lot of good work done over the year described in the document. One of the highlights was the Rehab project Dr. Cheribeth Tanner is going to present on the entire project at the conference. She is finalizing a final report that covers the entire project including the assessment, the Medicaid data, regional data and the work done on the Patient Journey through rehab.
- ❖ **Regional Quarter 1, 2025:** These reports were also included in the meeting materials and describe a variety of work and initiatives going on in the region around TXA and tourniquet use, trainings and more.
- ❖ **Work in Development:** The C-Suite One page description of the SOC work remains in development, moving down the priority list for the time being.
- ❖ **National Association of EMS Officials-Trauma Managers Council:** Eileen reported that this meeting is going to be held in Grand Rapids in May at the Amway and all the Trauma Managers in the country will be gathering there (47 people in this country do that work). Amy asked if the agenda could be shared. Michigan is the host. There will be a blood drive as well. Michigan also provided most of the salt in the country and Detroit Receiving was one of the first verified trauma programs in the state.
- ❖ **Stop the Bleed:** Eileen mentioned that HB 4108 is tie barred to HB 4107 and 4109 and all the bills must be passed. MCOT is interested in moving this legislation forward, the legislation was introduced again this year, it's bipartisan with 40 bill sponsors. Noted was that the Good Samaritan Act is complicated (three pieces). ACS released version 3 of STB which seems to be more basic, simple graphics on how to apply the tourniquet. Dr. Mosher and MCOT are prepared to testify if asked.
- ❖ **Child Passenger Law:** Law in place April 2, 2025. Requires children ride rear-facing until they are 2yrs old or outgrow height or weight limits of rear facing seat, must use a harnessed car seat (rear or front) facing until they are at least 5 years old or outgrow the car seat's height or weight limits.
- ❖ **Comments:**
 - **Discussion regarding highest level activation timing for walk-in trauma patients.** The ACS and Michigan agree that it's from time of notification. The verification team notes that the state has always done it that way. Of note was that timing should continue to be monitored.
 - **Level III and IV liaisons attending meetings.** Radiology and Anesthesia are challenged getting to meetings and away from clinical care. The new level III criteria (expected to be released this fall), does not require Radiology and Anesthesia to attend the multidisciplinary performance improvement committee meetings regularly. It does recommend having those service lines attend if the case being reviewed is discussing topics that involve them (i.e. misread/airway delay). Similarly, the new level IV criteria

does not require Radiology and Anesthesia to attend the multidisciplinary performance improvement committee meetings regularly. Level IVs should consider having a radiology item on the agenda if experiencing regular delays. It is also recommended to have a general surgeon attend PI committee meetings in the Level IV when a surgical case is being discussed. There will be a document with detailed PI guidelines that will be attached to the new criteria.

- **Free Standing ED:** Has there been a decision about Free Standing ED's or REH and would they need to go through a process to become part of the system? Eileen commented that this will be a conversation with STAC, the new Level IV criteria will inform the discussion.
- **Discussion on Field Triage and GCS-m (<6) major trauma and move to higher care.** Grey Book 2022 Guidelines say Hospitals activation criteria (minimum standard) use GCS (<9). Example of the differences in pre-hospital care and hospital activation criteria and determination of resources. Still some confusion about tiering and the GCS will likely not match. This may require some education, possibly a poster presentation at the SOC conference.

The next STAC meeting will be held Tuesday June 3, 2025, from 9:00-11: a.m. at 1001 Terminal Rd. Lansing