

State Trauma Advisory Subcommittee
August 5, 2025
Bureau of Emergency Preparedness, EMS, and Systems of Care
Lansing, MI

Attendees: Dr. Alangaden, Dr. Paven Brahmamdam, Kelly Burns, Valerie Gingrich, Sarah Hughes, Amy Koestner, Dr. Chris Milligan, Dr. Mosher, Kevin Wilkenson

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

Absent: Dr. Patrick Pettengill

Call Order: 9:00 a.m.

Welcome, roll call: STAC Chair, Amy Koestner, called the meeting to order, roll call was conducted, quorum present. Noted the June 3, 2025, minutes will be amended to add Penny Stevens as an attendee. Valerie Gingrich, Trauma Nurse Coordinator from Munson Healthcare, was introduced to the committee. Valerie is the Trauma Program Coordinator Munson South Region. She has a background in trauma and the ED. Valerie is filling the Trauma Program Manager term vacated by Sarah Helveston.

Approval of minutes: June 3, 2025, meeting minutes approved.

Old Business:

- ❖ **Registry transition:** Eileen reported the registry transition process is moving slowly. The System Security Plan is ongoing, the timeframe for deliverables may not be met and/or extended. Staff with registry experience are working with the developers to support the process.
- ❖ **Systems of Care (SOC) conference October 7th and 8th:** Eileen reported that as of last week there were 114 registered attendees the goal is to have at least another 100 registered. The last in-person conference had 330 attendees. Registrations fees help to make the conference more revenue neutral.
- ❖ **OHSP grant:** Eileen reported that a public facing dashboard is drafted and is moving through the compliance process. The experience gained from this will inform the development of future dashboards.

Verification/Designation:

- ❖ **Designation Update:** Tammy First reported that there are 113 currently designated hospitals. Eight site visits are scheduled through November. Five hospitals are on the list for an initial visit it's expected that their status will be finalized by the end of September.
- ❖ **Michigan Verification Criteria revisions:** Eileen discussed the revision process that began in 2024 including convening a committee of subject matter experts to review the existing criteria, potential new criteria language, review of what other states have as criteria, the editing process and review by the Designation Committee and soliciting input from Level IV trauma program staff.

Theresa Jenkins gave a presentation that outlined the details of the criteria revision process beginning in April of 2024 when the first meeting was held to discuss the potential changes, the format (follows *ACS Resources for the Optimal Care of the Injured Patient 2022 Standards*), the subsequent discussions in May, June, July and August (first presented to STAC). Refinements were made and these were presented to STAC in October of 2024. The conversation there indicated the need for a focused discussion on some of the standards i.e. not requiring CAISS, more definition related to volume and program/registry staff time commitment, education requirements, and language that diverged from the ACS language.

An additional subcommittee staffed by the verification team was added that included trauma program managers that have experience in the area, and some with specific experience in the verification process in Michigan (Amy Koestner, Sarah Hughes, Penny Stevens, Courtney Berry, Dawn Cloutier and Chris McEachin). This committee discussed and made recommendations related to trauma program manager staffing requirements, injury prevention, and registry. Changes were made based on those recommendations, which then went to the Designation Committee for their input and then to STAC in May.

In 2025, the revision process continued. Theresa mentioned the amount of research, input and experience that informed the development of the criteria language. She noted the amount of experience that the verification process in Michigan has provided, including the institutional memory and experience provided by the site reviewers (some Designation Committee members have been involved in the process for ten years).

Theresa presented some data regarding the number of trauma cases the Michigan trauma facilities see. The twelve Michigan Level III trauma facilities annually see (based on registry inclusion criteria) cases ranging from 125 (region 8) to 686 (region 6). Three facilities see <200 cases, three see between 229-300 cases and six see between 329-686 cases. The presentation also described how FTE requirements translated into hourly requirements i.e. 0.3 FTE equates to 1.5 hours a week and 0.5 would be 2.5 days per week.

The recommendation from the Designation Committee was to implement a range for the FTE requirement. The recommendation was for programs with 200-300 registry entries the Trauma Program Manager (TPM) must be at least a 0.5 FTE and in programs with >300 registry entries, must be at least a 1.0 FTE. This would mean in Michigan three Level III programs would require 0.5 FTE and six would require 1.0 FTE and the three with <200 entries would be responsible for setting their own FTE criteria.

The conversation then turned to Level IV trauma programs. There are fifty-four Level IV facilities in Michigan of those, 24 have <100 registry entries per year, thirteen have 100-200 registry entries per year, nine have 200-300 registry entries per year and eight have > 300 registry entries per year, one facility has more than 700 patients per year. Based on the same FTE calculations 49 programs would have a 0.5 FTE requirement and 19 would have a 1.0 FTE requirement. Once the range criteria were factored in (200-300 registry entries-0.5 FTE and >300 registry entries 1.0 FTE) nine Level IVs would require a 0.5 FTE and eight would require a 1.0 FTE.

Theresa also commented that the workgroup language around what the responsibilities of a TPM are was meant to assist in defining the role more completely for stakeholders. Eileen noted the value of this description for the decision makers. The concern was that without some form of description regarding staffing and responsibilities, the work is diluted to accommodate other/additional responsibilities. Amy asked about the role of the registrar and if that is considered. Eileen mentioned that the language is written to the lowest common denominator and that is the TPM which may not always be the case. Theresa noted that in approximately 60% of the hospitals it is the TPM doing the registry work. Also mentioned was the frequency of

position roll over. Kelly suggested that the FTE model be included in both the registrar side and the TPM side and then if the TPM does both the two have to be equal. It was determined that could be done.

Dr. Milligan mentioned this will need to be considered when the other service lines (stroke and STEMI) come online. Eileen commented that this is the first effort to quantify this, and it may change when there is more data. There are future models that may change this again. The committee discussed the terms must and should. Eileen commented on the current environment and those challenges walking the narrow line of must and should. Dr. Alangaden asked what deficiency would be given if the FTE requirement wasn't met. The response was the deficiency would be a Type II and there would be a focused visit. No facility has ever failed because of the issue. The committee discussed FTE and outcome and recommendation language. Valerie Gingrich responded that in her experience concrete language is what would be needed to support programs. Eileen stated that she would be able to support "should" language for this iteration of the criteria and the Section will monitor the implementation, collect data and adjust as appropriate particularly in the current environment. Additionally, there will likely be a discussion in the future about Level V and this experience will inform the discussion. She stated the importance for facilities to accurately know what kind of resources are needed to support their trauma program. Amy mentioned that ACS tells surveyors that if they think a facility needs more help, they need to document what support is needed in what areas. Theresa stated that is what Michigan verification surveyors do currently. There are several examples of TPM's managing multiple programs. There was a discussion about limiting program supervision and it was determined that would not be a consideration at this point in time.

Emily suggested that a motion be called for a vote on the subject. The motion was made by Kevin Wilkinson to consider that the FTE wording for the TPM and registrar staffing requirements be changed from changed from "must" to "should" this changes the formal recommendation from the Designation Committee. This means there will be no requirement for FTE and is a deviation from the Level III ACS requirement. Amy asked if there could be a difference between Level III and IV. Dr. Alangaden suggested changing Level III from "should to must". Theresa stated that the volumes (discussed earlier) were the solution to the FTE requirements. Dr. Mosher noted from his experience that the criteria deficiencies were related to the lack of time to do the work. Valerie Gingrich suggested changing the language to the TPM FTE is a "must" and the registrar is a "should". A friendly amendment was introduced that Level III criteria both the TPM and registrar staffing requirements remain "must" and Level IV TPM staffing remain "must" and the registrar staffing will say "should". Theresa reminded the committee that a lot of this does not apply to Level IV because of their trauma census. The vote was unanimous. The Section will inform the Designation Committee of the minor adjustment and vote.

Eileen provided some history on the development of the Michigan Criteria and that it was developed to more fully describe how to integrate the language from the Administrative Rules into the developing system. Michigan 1-4 describes how crucial data collection is and that it's monitored by the department and the information is included in the PRQ and adding it to the Quick Reference Guide elevates it. It will be clarified in the criteria section. Michigan Criteria for performance improvement was to ensure that there would be performance improvement plans. Eileen mentioned that in the future these can be reconsidered in terms of their role and effectiveness. Michigan Criteria 7.1 will be corrected (typo) to Type I's.

Eileen confirmed that the Statical Summary is not risk adjusted but the Level III reports are. There are several Level IV's that have signed up for the audit project. There will be an adjustment in the language criteria to add that a measure of compliance for Michigan 6.4 Registry use in performance improvement will be added to the Level III criteria. The motion was made and supported, there was no opposition.

There was a question about including the Nelson Score in the main body of the Level IV criteria document. This was discussed thoroughly by the Designation Committee. Many site reviewers have suggested that Level IVs use this to evaluate their non-surgical admissions. Eileen commented that removing items from measures of compliance should be voted on. Amy stated that it does create a focused look at admits to non-surgical service. The rationale was to use it as a tool for admissions being monitored in the PI process. There is not a standard tool for Level IVs to evaluate non-surgical admissions. Valerie noted that this tool was recommended because there was significant variation among providers and specialties. Eileen noted this was under Additional Information not Measures of Compliance. Eileen stated that as it was Additional Information it can be tested and evaluated. Additional resources will be updated as needed and a change log will be developed.

Amy mentioned non-boarded and Canadian boarded physicians. Michigan has this in the current criteria, it has (once) come up in a verification process and was noted in the PRQ.

There was discussion about following the changes to monitor outcomes. Valerie noted she appreciated the opportunity to provide feedback. Tammy mentioned the technical support provided to the facilities undergoing verification.

Data Report:

- ❖ Jill Jean mentioned that the Section sent out 19 certificates of appreciation to the Level IVs who participated in the audit project. She showed a graph of the target error rates of the Level IIIs (goal of 2%) from 2019-2025 and Level IVs. The facility with a higher error rate appreciated having a better understanding of the data at the end of the process. The Section is working on the biannual user review.

SOC update:

- ❖ **SOC Advisory Committees (stroke and STEMI)** Katelyn noted that staff continue to meet with the advisory committees. There will be some preliminary thinking around the process for designation later in the year. Eileen noted that there is benefit for the trauma system to lead the registry development process where all the bugs are getting worked out. Some system planning for 2026 will include some early integration pieces and work on some of the SOC strategic plan objectives in the State of Michigan Trauma System Strategic Plan.

New Business:

- ❖ **RTN application revisions:** Eileen noted the RTN application has not been revised in 15 years. This revision work is in process. It is time dependent that the draft application will be presented to STAC this fall there will be a vote by no later than December on the format then it will go out to the regions for them to begin work on developing the workplan objectives and review the bylaws. The application will then go to STAC for review and recommendations for approval in the fall, EMSCC will be notified, and the Region recognition letters will be sent in January of 2027.

- ❖ **Work in Progress:** Strategic Plan Update, Eileen reported that she will be providing STAC with an update on the plan in early 2026.
- ❖ **Staffing Update** Katelyn is moving on to a new position. This position will be posted.
- ❖ **Budget:** Eileen reported there is no update on the budget and there may not be until the end of September. Emily mentioned that there was federal funding for the EMSC position. There was some positive information about some federal funding for preparedness, the school state budget has not been passed. Emily noted the federal budget impacts will not be felt until after the mid-terms.
- ❖ **Rehabilitation Report:** The full report is published on the trauma system website.

The next STAC meeting will be held Tuesday September 30, 2025, from 9:00-11: a.m. at 1001 Terminal Rd. Lansing