

State Trauma Advisory Subcommittee  
February 4, 2025  
Bureau of Emergency Preparedness, EMS, and Systems of Care  
Lansing, MI

**Attendees:** Dr. Keith Alangaden, Kelly Burns, Sarah Helveston, Sarah Hughes, Amy Koestner, Dr. Chris Milligan, Dr. Ben Mosher, Dr. Patrick Pettengill

**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, Kevin Wilkinson

**Call Order:** 8:00 a.m.

**Welcome, roll call:** STAC Chair, Amy Koestner, called the meeting to order, roll call was conducted, quorum present. Introductions of new members (Dr. Alangaden, Dr. Mosher, Dr. Pettengill).

**Election for 2025 STAC chair:** Conducted. Amy Koestner elected STAC Chair for 2025

**Approval of minutes:** December 3, 2024, meeting minutes approved.

**Old Business:**

- ❖ **EMSCC meeting** Emily Bergquist presented on the SOC related topics discussed at the January 17<sup>th</sup> EMSCC meeting. Some conversation on emerging science at NAEMSP She reported that there was no specific discussion related to Systems of Care.
- ❖ **Data Vendor:** Emily reported on the status of the data vendor. DTMB and EMS discussing details with the team, a kick-off meeting was held. Project will be broken into two pieces First Due and the registries. The goal for the registries is to get an Authority to Operate (ATO) as soon as possible no data can be entered into the registry until that is done. In the meantime, a lot of background work is going on including the Data Dictionary. Will continue to update the committee. Amy asked to confirm that the RFP was awarded to Biospatial who was recently purchased by ImageTrend®. Emily stated that is correct, she noted she has significant certainty that the registry will be using the Biospatial product due in part that the tool that ImageTrend® uses is outdated (from a tech perspective) and this may be some of the rationale for the purchase. Biospatial appears to be going forward on the contracts initiated before the merger. Biospatial has 16 staff and ImageTrend® has 600. Emily stated she is confident with the contract Michigan has engaged in with Biospatial. Amy asked about timelines. Emily noted that the registry is live now (North Dakota) if Michigan had an ATO it could go live now. Amy mentioned that EMS partners like the Biospatial product. There was a discussion of having a demonstration of the product. Amy confirmed that after trauma, stroke and STEMI will go after that.
- ❖ **Free Standing ED Directory:** Emily noted that the Directory is posted, the link will be emailed. There are 27/28 currently and two in development. The Administrative Rules for FSED's in Michigan may start the process in 2025. Eileen noted the language is in the back of the Directory

- ❖ **Systems of Care (SOC) conference:** The SOC conference will be held Oct 7<sup>th</sup> and 8<sup>th</sup> in Muskegon. There will be poster sessions with prizes, possibly a Peoples Choice award. The venue is large with allows for a lot of sessions. There will be plenary sessions as well as breakout sessions and one area for the new data vendors for hands on experience. The planning committee is expecting to have around 25 sessions over the two days, and they will be featuring speakers that can talk to issues that are specific to each service lines so there is value for everyone. Amy commented on the value of networking.
- ❖ **OHSP grant:** Emily noted the first deliverable is a public facing Dashboard Eileen and Stephanie are working on. There was a pivot to using Tableau instead of Power BI this relates to a potential security issue with Power BI. The Tableau users are now in place. The other deliverable is the addition of a Data Technician to assist with data quality there is a Data Technician on the EMS side who has assisted in identifying the number of under reported crashes (25%) and done work to improve documentation. There were at least 51 applicants who applied for the position. The Traffic Safety conference is in Grand Rapid the 3<sup>rd</sup> and 4<sup>th</sup> of March. Some SOC Section staff will be attending and presenting. Some of the presentations will be focused on the clinical care of patient's post-crash. Emily noted that crashes in Michigan remain high.

#### **Verification/Designation:**

- ❖ Theresa Jenkins reported that there are 110 currently designated hospitals. Three site visits are scheduled through April, seven hospitals are in the queue for an initial visit. She noted that 2025 will be very busy with many Level III's and IVs on the schedule.
- ❖ The team is in the final stages of putting together everything for the revised verification criteria and will send that out again for input. There is not only the quick reference guide but a reference guide that tries to put information in one place and link to evidenced based practices the goal being to have everything in one place. Amy asked when the materials will be available to the public. Theresa mentioned the goal is the fall. The team did have an opportunity to look at and comment on the new ACS Level IV criteria being discussed. There were a lot of similarities in a one-to-one comparison. Goal is to keep everyone in the system. Eileen noted that all the materials will be presented to STAC at the August meeting. She noted that the requirement for telemedicine would be a big lift.

#### **Data Report:**

- ❖ Jill Jean reported on the progress on the Michigan Data Dictionary the subcommittee is working on the 2<sup>nd</sup> revision. Then the Dictionary will go to Eileen for review and after that to the STAC for review at the April meeting.
- ❖ Jill noted that there has been a 5% change in registry/data entry staff in the facilities.
- ❖ Stephanie Bliss commented that the Trauma Dashboard development is continuing and one of them as mentioned will be focusing on motor vehicle crashes. Eileen noted that the Section is working on Dashboards to make data more easily accessible including the RPSRO Inventory.

#### **SOC update:**

- ❖ **Staff:** Katelyn reported that the last position in the SOC Unit has been filled their start date is March 3<sup>rd</sup>. now has four Coordinators.
- ❖ The SOC Advisory Committees (stroke and STEMI) met January 21<sup>st</sup> at a joint in person meeting. The meeting agenda covered the history of system development, a discussion of goals and work

plans for the foreseeable future. The first big lift is data and data dictionaries then moving through the process of designation (this includes what other entities could be department approved accrediting bodies). The committee are not required to meet in person. They will meet bimonthly, and the information posted on the website.

#### New Business:

- ❖ **MTQIP Report:** Emily noted some interesting data from the report
  - Region 2S Level I's had 113 patients with ISS score >35
  - Region 2N reported 10,496 falls and 177 firearm injuries
  - Region 2S reported 9,511 fall and 1,007 firearm injuries
  - Some upcoming changes are that COVID has been removed from the report. There will be more clarity around the describing the data used in the report "derived from Level I-III trauma centers participating in the system, data may be incomplete due to non-participating centers, data will not be reported when a region has only one center reporting" Emily this would be in case something is operationally sensitive, if data is missing i.e. cyber incident etc.

Eileen noted the data is valuable to note the differences and similarities within the regions. Amy asked if they will be working with Biospatial Eileen reported yes. Emily commented that Biospatial is very good at sending and receiving data.

- ❖ **Rehab Regional Profile Reports:** Emily commented on the data in the reports and noted the Master Patient Index may be useful. Eileen noted that if sent home PT services occurred about 8% of the time in 30 days and increased to 16% at 6 months. Eileen confirmed the data is from Medicaid data and there is a lot of data to mine out of these reports put together by Dr. Tanner at MPH.

Region 1	Home Health Agencies	PT Services in 30 days if DCH Home	PT Services within 6 months if DCH home	Total number of trauma cases/Total ED visits 6 months from DCH	Discharge Disposition to home or self-care
Region 1	10	9%	16%	27%	54%
Region 2N	230	7%	14%	29%	57%
Region 2S	93	8%	15%	30%	62%
Region 3	38	7%	14%	28%	60%
Region 5	20	9%	16%	27%	64%
Region 6	25	11%	18%	28%	62%
Region 7	7	9%	16%	23%	53%
Region 8	12	7%	12%	21%	48%

- ❖ **Regional Reports:** The annual regional reports were sent in the meeting packet. These reports are an overview of all the work done over the year.

- ❖ **Work in Development:** C Suite Once pager on hold until other work is completed. Amy asked what the paper is for, Theresa explained that it provides a graphic depiction of systems and their value in an easily digestible format. The 2025 Annual Michigan Trauma System Report will be available for review at the April STAC meeting.
- ❖ **TXA and Prehospital Whole Blood:** Amy asked if there was any follow-up from the presentation Dr. Fales and Dr. Reece gave on the subject(s) last meeting. Emily responded that when there is a TXA protocol STAC will review it. To date there are no MCA's who have operationalized the delivery of pre-hospital whole blood. Saginaw and Genessee MCA's are getting closer to a position. Amy noted it's an expensive asset, logistics are a hurdle. Dr. Milligan mentioned a webinar is taking place soon and that info will be brought to the committee. Some discussion about dosing with TXA in Peds patients and using unmatched whole blood and the evaluation of risk. Amy observed the topic could be a breakout session at the conference.

**The next STAC meeting will be held Tuesday April 1, 2025, from 9:00-11: a.m. at 1001 Terminal Rd. Lansing**