

State Trauma Advisory Subcommittee
June 3, 2025
Bureau of Emergency Preparedness, EMS, and Systems of Care
Lansing, MI

Attendees: Dr. Alangaden, Dr. Paven Brahmamdam, Kelly Burns, Sarah Hughes, Amy Koestner, Dr. Chris Milligan, 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, Penny Steavens, Jennifer Strayer, Aubree Verlinde, Eileen Worden

Absent: Dr. Ben Mosher, Kevin Wilkinson

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: April 1, 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 information was shared. Emily Bergquist commented on the NASEMSO meeting in Grand Rapids in May. The comments about the event from attendees were positive, they enjoyed the meeting venue. Rep. Preston made remarks and a taped message from the Governor was played. The Grand Rapids fire service was also in attendance. Eileen noted that she has attended this meeting for eleven years and this was the best NASEMSO meeting she has been to. Information share at the meeting was that the EMS for Children Program was in jeopardy due to funding challenges. The program represents a very small financial investment-Michigan \$192,000 but has significant impact. Peds readiness is a criteria for trauma verification and the EIC tools and resources are very helpful in that process. It's not clear what the program outcome will be.

Dr. Fales presented on the new Consensus Statement for Acute Coronary Syndrome (AHA/ACC) titled "Guideline for the Management of Patients with Acute Coronary Syndromes" published in February. He mentioned a Class one recommendation (1.) "All communities should create and maintain regional systems of STEMI care that coordinate per hospital and hospital-based STEMI care process with the goal of reducing total ischemic time and improving outcomes." Eileen noted another Class one (1.) recommendation for STEMI is "First medical contact to device be ≤ 90 minutes" and this recommendation will require that systems be very efficient to meet that criteria.

- ❖ **Registry Transition:** The Michigan State Trauma Data Dictionary elements are now in the new biopatial registry, both Jill and Eileen have access to the development site. Emily talked about the IT contract at EMSCC and how having a contract executed at almost the same time as the merger with Image Trend has had an impact. Emily noted that First Due is the software

company that now has the contract for the EMS patient care documentation tool and that the EMS agencies will transfer over to this system in waves. Beta testing is being done with a go live date expected of June 13. This is a national tool 67 agencies are using it. The plan is to have all EMS agencies in by Sept 30. There will be a demonstration at the October conference. The provisional Authority to Operate is in process and expected to go live mid-June, after which testing can begin. Trauma is working on revising the Data Use Agreement. The System Security plan is ongoing Eileen reported on the complexity of that now that the merger has been done i.e. there are two servers in different places and will need to be addressed in two system security plans.

- ❖ **Systems of Care (SOC) conference October 7th and 8th:** Conference planning continues, registration is a little slow. Eileen noted that it is summer and for past conference many of the registrations happened right before the event. The deadline to submit for the poster presentations (abstract) has been extended through June.
- ❖ **OHSP grant:** Eileen reported that one of the grant deliverables, a public facing dashboard will be ready for internal review by August for a publication date in September.

Verification/Designation:

- ❖ Tammy First reported that there are 111 currently designated hospitals. Seven site visits are scheduled through August, five hospitals are in the queue for an initial visit it's expected that their status will be finalized by the end of September. The Michigan Criteria revisions will be discussed and voted on by the Designation Committee in July and then sent to STAC for review and a vote at the August meeting. Once approved the rest of the necessary documents will be updated, the plan is to post them in early 2026 to be available for programs who will be verified in 2027. The final five facilities who have never had a verification visit will be asked to confirm their status by September. The committee discussed Rural Emergency Hospitals and Free Standing ED's and what role they may have and what resources they currently have. Eileen noted that this will be a conversation and that it will need to be an in-depth one. The important consideration will be the effective timing of that discussion.

Data Report:

- ❖ Jill Jean mentioned that the Michigan Data Dictionary has been published and is posted on the website. She noted that reviewing the program in Biospatial the optional elements have been included. She also noted that the MTQIP voluntary chart audit project with both Level III and Level IV facilities has gone very well, there has been a lot of interest and uptake from the Level IV's. The program this year was planned for 10 audits (a mix of Level III and IV) with a focus on Level IV's. The discussion for next year is to develop a plan for the process considering Level III's who have had multiple audits and have stayed consistently strong, Level IV's who would benefit from another (follow-up) audit to confirm gains and those who have not had a visit and want one. Eileen noted there will be a recognition certificate for those Level IV's who have participated in the process and that the project has been hugely important in confirming data quality completeness and accuracy.

SOC update:

- ❖ **SOC Advisory Committees (stroke and STEMI)** Eileen noted that the committees met in May, there were a lot of conversations and ground to cover. The discussions centered around the data sets, prehospital elements, common elements (demographics) data element crosswalk and

other national data sets. The SOC Quarterly Update was sent out and SOC staff are meeting with program staff. Amy asked about pulling data from the EMR. Emily responded that Biospatial is intended to send and receive data however there are details that need to be considered one of which does the facility software map the elements into the program. It was mentioned that a potentially less complicated approach might be to send a file (csv or another format), and both South Dakota and Florida have gone live with Biospatial as their trauma registry.

New Business:

- ❖ **STAC Applications for Trauma Nurse Coordinator Position:** Eileen reported that five applications for the position have been received, and the appointment is in process.
- ❖ **Regional Quarterly Reports (Quarter 2):** These reports were also included in the meeting materials and describe a variety of work and initiatives going on in the regions.
- ❖ **RTN application revisions:** This work is in process there will be an internal meeting in August to review the recommendations for changes and finalize a draft, the governance section will include SOC (stroke and STEMI) language.
- ❖ **Work in Progress: C-Suite One Pager:** This may need to be refined for a different audience because of the current environment. It may also need to be very succinct in terms of information, survivor/success stories are impactful. Amy mentioned the trauma survivorship groups that could be a source of information.
- ❖ **National Association of EMS Officials-Trauma Managers Council:** Eileen presented on some of the information shared at the Trauma Managers Council at NASEMSO. She noted that three states are using data dash boards instead of reports to update on system elements. Minnesota shared their Level III and IV training program which was shared with our verification team. UUID were mentioned but there did not appear to be much of an uptake from the Council. Dr. Todd Maxon presented to the Council about system PI and how to engage stakeholders. Noted at the meeting was the cost of an ACS system consult is (\$125,00). Amy asked if stakeholders could provide support for this kind of work and Emily explained that it is possible for some things like this. Noted was that the timing of when this could occur needs to be thought out. Representatives from ACS spoke to the Council and noted there is now real focus on rural trauma care.

Montana presented on their Interfacility Blood network that worked to address the “blood deserts” in some parts of the state and how they were able to move blood products around the state to address the gaps. Mentioned was some of the process issues they had to consider including blood tubing availability in rural hospitals who didn’t usually give blood, and if/when blood crossed state lines. Eileen mentioned that Saginaw/Tuscola MCAs are doing a special study administering pre-hospital blood which is something NHTSA is interested in as well. Eileen said she could reach out to the MCA’s when the project is more complete to ask them to present to the committee about the process. The committee discussed this issue of pre-hospital blood and how to measure outcomes (mortality, # units needed, cost savings), the need to implement a needs assessment, the availability of blood and if freeze dried plasma would be useful (cost a consideration). Dr. Alangaden mentioned that a big part of inertia to starting is the start up costs and a further consideration is equitable application. Emily also noted that the program would look different in different areas of the state and that the state is thoughtful about mandating and costs involved in that.
- ❖ **Brief update on Federal Funding:** Information on the implications related to the proposed federal budget was shared. Michigan is part of two multistate lawsuits regarding the cancelled COVID grants and HHS funds, the implications are not known. The Governor’s *Executive Directive 2025-3* noted that in FY 2025 the total Medicaid budget was approximately \$27.8

billion and 70% or \$19 billion comes from the federal government. If the budget is adopted as written an expected 30% of Medicaid beneficiaries will lose their healthcare and there will be a \$2.3 billion decrease in payments to Michigan hospitals and other impacts. Also noted was the \$240 million decrease in ASPR funding that was mentioned by Dr. Edwards at the EMSCC meeting also noted was the re-organization related to the ASPR program which has been responsible for hospital preparedness. A question was asked about the EMSC funding and the impacts, it was confirmed that if that occurred all related work would not continue. The Preparedness Division in the Bureau is supported by federal dollars (90%) and the MDHHS budget is supported by federal dollars (70%).

- ❖ **August guest speaker Preparedness Division Director Brianna Briggs:** This will likely be moved to the fall meeting as this Division is still working and planning around some of the previously mentioned uncertainties.
- ❖ **Rehabilitation Report:** This full report is expected to be published by the end of the month.

The next STAC meeting will be held Tuesday August 5, 2025, from 9:00-11: a.m. at 1001 Terminal Rd. Lansing