State Trauma Advisory Subcommittee
December 2, 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, Dr. Pettengill, 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

Call Order: 9:00 a.m.

Welcome, roll call: STAC Chair, Amy Koestner, called the meeting to order, roll call was conducted, quorum present. There was a request to amend the agenda to add a discussion of TXA per Dr. Fales request, the agenda was amended

Approval of minutes: September 30, 2025, meeting minutes approved.

Old Business:

- **SOC conference 2025-Rescheduled (March 10th and 11th 2026 at the Van Dyk Mortgage Convention center).** The agenda will be revised somewhat and will be out soon. Participants who registered for the October conference and plan to attend in March will not need to register for the event but will need to book hotel rooms by February 9th. Information on how to request refunds for the October conference was sent to all registrants.
- **Budget**: the Section is proceeding as usual. There is a leadership meeting upcoming to discuss ongoing support. The FY 2027 budget discussion will begin in 30 days.
- **OHSP grant-Data Dashboards, 2026 deliverables:** Eileen reported that Year Two of the grant began in October. The conference presentation on the project is deliverable. There will be a breakout session discussing the project in March. Stephanie has been working on a public facing dashboard using registry data related to MVC's. Compliance requirements have slowed that piece somewhat so the draft prototype will be tested with internal partners (eight regional injury prevention coordinator's). Training on the dashboard will occur this month. Then a larger survey will be conducted with the statewide group of Injury Prevention Coordinators (IPC). Another objective is to establish a collaborative group including IPC the Regional Trauma Coordinators and the OHSP staff to consider if there are projects/work that could be collaborated on.
- **EMSCC meeting Nov. 21, 2025:** Emily reported on the Rural Health Transformation funding**.** This funding is a response to the deficits created with the decrease in Medicaid funding. Michigan submitted a high level, less specific proposal so the specifics of what it will address are not real clear. The EMS data transition project is now complete. Dr. Edwards mentioned at the meeting that the Preparedness funding has been resolved, they are fully funded until the end of the contract in June. Emily added that the Rural Health Transformation program will have an external advisory committee and intends to have multiple grant projects. Emily noted that the

total project is 200 billion nationwide for 5 years. There is an incentive to spend and if the funds are not spent the funds could be taken and given to another state.
Also mentioned was the progress made in the Patient Movement Committee and the role of systems. Dr. Fales did a presentation on the Update to the AHA CPR Guidelines.

- **Fact Sheets:** There are three FACT Sheets in development and will move to leadership for review soon**.**

Verification/Designation:

- **Designation update** –Tammy First reported that there are 114designated hospitals, 6 visits are scheduled, 4 facilities are in que awaiting scheduling for initial site visits.
- **Designation committee** – The Designation Committee's terms will expire December 31, 2025, there was a call out for new members. Applications were received and committee members were were notified about their new terms which go through December 30, 2028. Some of the former committee members were willing to serve again, which will retain the body of knowledge we have especially as we implement new criteria and train and mentor reviewers.
- **Michigan Criteria:** Level III and Level IV criteria will be released in January. The team is working on revising the forms to match the new criteria. All hospitals will have a full year before we begin verifying under the new criteria. Amy asked about the ACS Level IV criteria document the ACS intends to release in February and if the state had an opportunity to review it. Eileen reported that there has not been a document review as yet.

Data Report:

- **Ongoing transition prep** –Transition work continues, progress is slow. Planning is in process about what needs to be in place before the contract is concluded with Image Trend. A test of a large file transfer is coming up next week. Eileen discussed the planning taking place about the transition timing and the impacts. There is a plan to possibly pilot test and demonstrate the new registry at the conference. The reporting tool will be the NextGen report writer from Image Trend which is faster than the old version. Some reports have been ported over.
- **Gender:** Eileen mentioned that there is an issue with gender being captured inconsistently or not at all. Because there is limited data being collected sex assigned at birth may be more complete data. Eileen noted this is currently FYI, more data will be collected about it and will be presented to STAC in the coming year. The next trauma registry education session will be held Wednesday, Dec. 17th at 1:00 p.m. Jill will be sending out an email blast.
- **Traffic Record and Post Crash Care Presentation:** Presenter-Alyssa Morrison Post Crash Care Coordinator in the EMS Section "Evaluation of 2021 Field Triage Guidelines for Pediatric Patients Involved in Motor Vehicle Crashes". Conclusion was that pediatric patients with at least one red criteria, were more likely to have a serious injury. Yellow criteria increased sensitivity but may increase over-triage. Use of any field triage guideline criteria improved sensitivity with a corresponding drop in sensitivity. One in four injured pediatric motor vehicle crash patients had no documented field triage guideline criteria. Discussion included confirmation that the registry does not include age criteria for pediatric patients, documentation, ISS, transfer decisions. Data for the report came from the ESO collaborative.

SOC update:

- **SOC Advisory Committees (stroke and STEMI)** An In-person meeting is planned for March 2026 at the Livingston Count EMS building, an agenda and invitation will be going out later this month.

Theresa Jenkins has taken the SOC Unit Manager position. She has a strong background in systems development she was the first regional trauma coordinator hired in 2013. Planning is ongoing for 2026, moving forward on the SOC objectives included in the RTN application. The role of the Unit Manager is responsible for the stroke and STEMI coordinators. Both trauma and SOC Coordinators are working together in the field. One of the deliverables is a Needs Assessment and review of education.

New Business:

- **Regional Trauma Network Application:** Eileen presented on the history to the development of the Regional Trauma Network Application (workplan and governance). The Application is driven by the Administrative Rules and the need to structure the regional similarly. The department is required to review and approve the regional applications every three years. The review process was outlined. STAC reviews each completed application and recommends approval to the department. Each region is required to report on their workplan. Eileen gave an overview of the application template formatted to look more like the ACS Grey Book, that the HRSA indicators (2006) were removed, the integration of the SOC into the structure, what references were used, and the process of how the application will be reviewed. Region 6 successfully pilot tested the application. Amy noted that the tool is better aligned, the committees need to support the work and the RTC will help lead the discussion. There was a motion to support the application which was supported and a vote held which was unanimous to approve the new application. Amy suggested an "Open House" to review the new application. Eileen noted the application has a three- year work plan and is a living document.
- **Strategic Plan 2024-2029**: Eileen presented the status and progress on each of the Strategic Plan objectives and some of the initiatives related to them i.e. Ride Right project, discussions around MCI in 2026, rehab related functional outcomes, consult visit from the ACS, 2025 Michigan Trauma Data Dictionary complete, collaboration with Preparedness when it's appropriate, patient transfer project results from Region 6.
  There was a discussion about funding generated by the cost of the ACS review ($125,000). Eileen noted the Division has not formally "made whole" from the 37% cut to the Division's budget. Amy asked if the Rural Transformation project and Emily noted that the funding needs to go to a project that had never been funded. Dr. Mosher noted that alternate funding is needed. The Divisions budget is .07% of the MDHHS budget. The COT nationally suggested have a legislator come and see your trauma program and why it's so valuable. Amy suggested the Michigan COT strategize how to organize to be fully represented. Michigan Trauma Coalition has a dynamic lobby group. Presentations are useful. Valerie noted before and after designation conversations are valuable.
  Dr. Mosher mentioned the ACS is involved with the military in planning a large-scale exercise involving 1,000 casualties over multiple days. There was a discussion about some of the silos in the communication pathways. Eileen mentioned the role of how systems can inform the discussion. It was suggested that this could be a session at the Homeland Security conference.
- **TXA Presentation:** Dr. Fales presented information about prehospital TXA administration. EMS is considering a revision to the EMS TXA protocol. He is asking for input via a survey about TXA in administration including (revised dosing schedule) use of 2gm prehospital, use in possible TBI, possible pediatric dosing.
- Prehospital Blood Summit-Dec 4th, 2025: The summit takes place tomorrow trauma will be attending.
- Trauma Maps: The maps are updated and shared with STAC.

- **Update:** Kevin Wilkensen shared that an after-action discussion regarding the MCI in Genesse County is possible.

The next STAC meeting will be held Tuesday, February 3, 2026, from 9:00-11: a.m. at 1001 Terminal Rd. Lansing