MDHHS Michigan Department of Health & Human Services | Bureau of Emergency Preparedness, EMS and Systems of Care

State Trauma Advisory Subcommittee Meeting Minutes

Tuesday, April 7, 2026

Members

Dr. Keith Alangaden, Dr. Paven Brahmamdam, Kelly Burns, Valerie Gingrich, Sarah Hughes, Amy Koestner, Dr. Chris Milligan, Dr. Ben Mosher, Dr. Patrick Pettengill, Kevin Wilkinson

Absent

Dr. Patrick Pettengill, Kevin Wilkinson

Guests

Staff

Liz Baty, Emily Bergquist, Stephanie Bliss, Aaron Brown, Doug Burke, Ryan Chadderton, Nikki Daugherty, Dr. William Fales, Tammy First, Jill Jean, Theresa Jenkins, Denise Kapnick, Mark Ladetto, Devender Lali, Christine Laking, Lyn Nelson, Penny Stevens, Jennifer Strayer, Aubree Verlinde and Eileen Worden

Call to Order

- The Chair, Amy Koestner, called the meeting to order at 9:00 a.m.

Agenda and Minutes

- The minutes of February 3rd, 2026, approved.

Old Business

- **SOC conference 2025- March 10th and 11th 2026.** The conference went well; there were 248 registered for the event and 31 individual sessions available to attend. One correction was sent out to attendees regarding the Open Meetings Act, and meetings. He stated incorrectly that those could be attended virtually. The speaker corrected that statement to say those meetings needed to be attended in person, the correction was sent out by the conference planner. Amy confirmed that STAC and not the SOS committees are under the Open Meetings Act. The team will review the evaluations and considerations for future conference planning.
- **Budget**: Eileen noted that there is not much new to add to the budget discussion. She noted per the Executive Budget recommendation proposal that there is a reported shortfall of 900 million to 1.1 billion in the budget for 2027 related to declining revenues, rising healthcare costs, the fiscal impacts from H.R. 1, inflation and critical investment. There will be competition for the existing dollars, the proposal is to use 400 million from the rainy-day fund and additional means to address the shortfall. Kentucky plans to withdraw a billion dollars from their rainy-day fund to cover the shortall. The estimate is that H.R 1 will cost the state

4 billion through FY 32 and hospitals in Michigan 6.5 billion through FY 32. The EMS and SOC budget proposal is the same as last year (a 37.5%) budget cut. More budget details will be shared during the EMSCC report out. It has been suggested the budget may be voted on by July since this is a midterm election year.

- **OHSP grant-Data Dashboards, 2026 deliverables:** Eileen reported the OHSP grant has provided an opportunity to grow a partnership with the Office of Highway Safety and trauma injury prevention. One of the deliverables is to establish a Trauma Systems Safe Systems committee. The committee had their first meeting, March 19th. It went well, 27 people attended including Injury Prevention Coordinators from the regions, the Regional Trauma Coordinators, and several staff who do traffic safety work including traffic safety engineers. All of whom are doing somewhat similar work which will lend itself to more collaboration and potentially increase the impact of traffic safety programs and interventions. Motor vehicle crashes are the number two mechanism of injury in Michigan. This collaboration will support sharing literature, positioning equipment and reviewing emerging trends. Amy suggested that the Michigan Trauma Coalition may offer some valuable input to the discussion. The goal is to meet regularly, build relationships and discuss the results of the program survey, the data dashboard and goals and objectives for the year. There was a positive response to the recent round of applications that were submitted to OHSP.
- **EMSCC meeting March 20, 2026:** One of the discussion items as mentioned earlier was a specific budget update. The Division's Financial Specialist put together some slides for the group, Eileen stated she would forward those. The EMS and SOC Division are looking at a budget deficit of about 2.4 million. The Division has a budget deficit of 4.69 million. Eileen commented that there will be some difficult conversations that will have to take place about what statutory responsibilities will get done and what cannot. There is not a lot of work being done that is not statutory. There are some other dollars like the Rural Transformation grants but there are specifics around that and of course that would not address the deficit. Emily commented on the partner organizations that are discussing the Division's budget deficit at their legislative sessions, these kinds of budget deficits cannot be managed with cuts. Notably, the work that isn't statutory is mostly grant funded such as the EMS for Children program. The other trauma specific topics discussed were the way the system responded to the weather challenges and Dr. Fales spoke about some of the presentations at the NASEP conference one discussed the results of a project using Google glasses to augment pediatric dosing (to assist with weight and Broslow tape to figure out correct dosing) dosing accuracy improved 88.9%. The EMSC and the Hospital Preparedness programs have both been written out of the President's budget, Emily noted the federal government have been working on a continuation budget. Emily discussed the registration of DEA licensing and cost-$888 every three years (6 years ago a federal law was passed) related to controlled substances and EMS. There are ongoing discussions about the process, protocols, training and eventually EMS will be inspecting related to this. Michigan is the only place who has an "exchange system" like this.

Verification/Designation

- **Designation update** –Tammy First reported that there are 111 designated hospitals, 5 visits are scheduled through June. Now that the Michigan Criteria has been released the Section is collection g questions and will build a Frequently Asked Questions document in response. In the upcoming weeks summer dates for virtual office hours regarding the Michigan Criteria will be announced. There were good questions at the SOC conference as well.

Data Report

- **Ongoing transition prep** –Transition work continues, progress is slow. Eileen mentioned that some planning is ongoing on the timelines related to a launch when everything Is ready.
- **Data Submission:** Data submission deadline is March 15th for all facilities submitted data. Team will be preparing to review that data to prepare for the Regional Inventory.

Stoke/STEMI update

- **SOC Advisory Committees (stroke and STEMI)** The In-person meeting was held March 4, 2026, at the Livingston Count EMS building. Theresa Jenkins provided an update on the discussions related to building regional systems and engagement. There was an introduction to regional meetings and the new SOC application which has stroke and STEMI included. There was some discussion on the title of the committee (Cardiovascular advisory committee) the group decided to meet as separate entities for the now (stroke and STEMI). The team will be reaching out to facilities to build up their contact database. Corazon has been willing to provide their standards, so we have visibility on all the agency's standards. BMC^2 has reached out and indicated they are interested in participating in the STEMI Advisory Committee. Michigan is the only state in the country to develop an integrated registry. There was a vote by the group to support the stroke data dictionary. Theresa mentioned how beneficial it was to hear from the trauma SME's who attended the meeting and mentioned how the system made a difference in their practice. It was suggested that some of the members attend an RTAC meeting to assist in understanding the process, including appreciating the system discussion.

New Business

- **State of Michigan Trauma System Report 2025:** the report was sent with the meeting materials and is a synopsis of what the system has done in 2025.
- **Regional Reports:** The Quarter 1 reports (required update on regional work) were also sent with the meeting materials.
- **Pre-hospital blood initiative:** Eileen mentioned this initiative had been previously discussed at prior meetings. There was interest in exploring how a pre-hospital blood pilot project (3 in total) could be implemented using a design

like the one being done by Region 3 who use PRBC's. Questions to consider can the project be replicated, what evaluation metrics are needed? What data is needed. The project will be a reimbursement model and will integrate into the ongoing EMS data quality projects that have been in place with OHSP as well. Formal approval for the project won't come until the summer. There was a discussion about the data points to pull to determine use and indications as well as outcomes. The data in the registry is not consistently reported and not part of the data dictionary. There will be another Pre-hospital Blood Summit in the December this year.

- **ADA Compliance WCA 2.1 Level AA:** This is a DOJ ruling about ADA compliance for governmental entities. For all material that is or will be placed on the website there must be a plan developed to be ADA compliant by April 24th. This also impacts MCA's and eventually the way protocols are published, the initial step is to get to compliance in a useable way. There will be a template created to ensure ADA compliance. This does not apply to documents not owned by MDHHS or archived documents.

Additional Items from Attendees

Adjournment

- Motion to adjourn at 10:30 a.m.

Next meeting Tuesday, June 2, 2026, 9:00 – 11:00 a.m. at 1001 Terminal Rd. Lansing