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

State Trauma Advisory Subcommittee Meeting Minutes

Tuesday, February 3, 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 December 2nd, 2025 approved.

Old Business

- **SOC conference 2025- March 10th and 11th 2026 at the Van Dyk Mortgage Convention center.** Registrations are continuing to come in (214 registered to date)**.** The agenda format was modified with content covering an operations perspective one day and a more Clinical focus the next, 20 sessions in total two of them about pre-hospital blood and 5 posters will make the event informative for attendees. The room block closes February 9.
- **Budget**: The Governor will release her budget for FY 27 on Feb 1. Eileen noted that there is less funding available than was predicted in the spring midterm election year. The line item for EMS (which includes trauma) does not appear to be anything different then what was outlined in in the budget brief released last fall. Emily Bergquist mentioned at the EMSCC meeting recently that this is a midterm election year that may impact work this legislative session with many legislators up for re-election.
- **OHSP grant-Data Dashboards, 2026 deliverables:** Eileen reported that Year Two of the grant began in October. The trauma interactive dashboard has been developed. The work required cleaning and deduplicating line-item data from 2017-2024. A contact list of all Injury Prevention Coordinators (120) in Michigan

was created. A survey was sent out asking about their background and what they were doing in terms of transportation related injury prevention programs and focus. The intention is to establish a committee with then and the Office of Highway Safety Planning as they do a lot of the same work and see if we can use those resources with a greater population health-based approach. Trauma can inform about the end outcomes of some of those motor vehicle crashes.

- **EMSCC meeting January 16, 2026:** The discussion items related to trauma are continuing to build out the position description for the Medical Control Authority Medical Director which is a important role that has not had a defined PD the current item under consideration is around CME hours. They are working on some revisions to the MedCom plan so that is not finished, and they are reinvigorating the Community Integrated Paramedic program. Ryan Chadderton and Liz Baty from the SOC Section will be assisting with that. The program has gained more visibility because of the Rural Health Transformation grant. Eileen noted that the details are not clear until the applications are submitted and are approved. The EMS Division has had some staffing changes, their MCA staff person has resigned, as has the Program Unit Manager. Those positions will be posted.

Verification/Designation

- **Designation update** – Tammy First reported that there are 114 designated hospitals, 3 visits are scheduled through March. There will be a delay in scheduling some visits because the file transfer software used for chart uploading, program documentation and application submission will be switched out for another platform. When that happens, the software will be shut down while they make the switch. Verification visits from March through May will be delayed to avoid any disruption (this will only impact three facilities). Training on the new platform will have to be scheduled
- **Michigan Criteria:** Tammy noted that after a two-year process that included the input of many subject matter experts and multiple revisions the Michigan Criteria for Level III and Level IV trauma facilities was released and posted on the website. Verification using the new criteria will begin in February of 2027. There will be a breakout session at the conference about the criteria as well as virtual office hours this summer for those that want to learn more or have questions. All the reviewers will be educated on the new criteria and the new reviewers trained and mentored. Eileen noted that the criteria are more robust including measures of compliance and additional resources and the Section is committed to a PDSA cycle around any changes which will be collected, considered and then changed if necessary. A Change log will also be developed to track those changes. Eileen commented that the ACS is planning on publishing their guidelines for Level IV trauma facilities, but this will not impact the Michigan Criteria or process. Amy noted that the ACS also announced that facilities that are having an Initial site visit or a Consultor are switching levels they will have those visits with ACS reviewer sin person instead of virtual. Eileen noted that at the TQIP meeting they stated that participants won't need to batch and send their data files they can send a file anytime and they will have data deadlines. But in order to do that

facilities would have to talk to their data vendor to see if they can do the changes to make that happen. Kelly noted that a facility would need to be in the new registry (not legacy) program to do that. Eileen stated that the state would not be moving to that process as there are a lot of complications related to a move like that. Validation, timing, was also discussed. Eileen noted that Biospatial will be at the conference to do some demonstrations on the new registry.

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. The team is working with the vendor to assist in making sure the registry flows like a chart would. What Michigan requires from the registry may be different from other states since there are 40+ direct entry buildings that have different needs than those who collect data and submit a file. A big part of their programming is for the direct entry users. The Section has been meeting weekly with the vendor to discuss the status of the work. The initial Users Guide written by Biospatial will need revisions to meet Michigan's needs.
- **MTQIP survey:** A survey was sent out to all the participants in the validation chart initiative (37 total responses 18 Level III and 13 Level IV). Of those who responded, 25 had participated in validation and 6 had not. Jill reviewed the results that included barrier to participation, how frequently the facilities would like to have their charts validated, if the registrar meetings were helpful, what was beneficial (21 reported they made changes as a result of the process, they noted the improvement in AIS coding, understanding their EMS functionality and the use of internal validation to name some of the results. Eileen noted that this does support that Level IV facilities are collecting quality data.
- **State of Michigan Trauma System Statistical Summary Jan 2026 issue:** Eileen noted some of the trends in the report, for instance trauma cases have increased 78% from 2024-2024, falls are more than 50% of all injuries, ED LOS mean time is trending upward in 2015 it was 5.2 and in 2024 it was 8.1 also noted was the number of patient arriving in private vehicles was 14,000 or 24% of the way trauma patients arrive to a facilities. Falls, increasing age of trauma patients and motor vehicle crashes are some of the statistics of note.

Stoke/STEMI update

- **SOC Advisory Committees (stroke and STEMI)** An In-person meeting is planned for March 4, 2026, at the Livingston Count EMS building. The agenda will include a discussion of the trauma networks and how that works, the regional Systems of Care Authority application which includes some specific objectives related to stroke and STEMI. The organization of the Cardiovascular Advisory committees and membership and meeting schedules. Work continues on the stroke data dictionary and is ready for a vote at the meeting. There will be a designation process but not a verification process which is Administrative Rule driven. Eileen noted that was is not available is data. Some of thes from the trauma system will be presenting at

the meeting.

New Business

- **State of Michigan Trauma System Report 2025:** the report is drafted and with leadership for review. The annual regional reports (required update on regional work) were sent with the meeting materials.
- **Pre-hospital blood initiative:** Eileen mentioned this initiative was discussed previously a symposium was held in SE Michigan in December**.** Region 2N is doing a lot of work in this area. Region 3 has a strong project, carefully written with an evaluation component. Eileen said she has asked Aaron Brown the RTC in Region 3 who is involved in the development of the project if the group would come to the STAC in June and share their experience, how it was executed, what barriers they encountered, outcomes and evaluation. Currently there are 11 cases, in June they may have more to add to the discussion. Section staff Aaron Brown and Alissa Morrison will be leading any discussion from the state perspective. There was a discussion about surveying availability of whole blood, blood exchanges and policies, collaboration with partners, a process to return unused blood, blood vendors, involvement of trauma surgeons, benefit of plasma, FDA approval of freeze dried plasma has been pushed back to 2027, a regional approach (Texas) may be useful, is the documentation needed being used.
- **TXA Presentation:** Dr. Fales presented information about the survey on prehospital TXA administration. He discussed the results which were shared with STAC. There were 60 survey respondents, highlights of the results include, 98% respondents agreed that it was reasonable that prehospital TXA be considered for use in adult patients with evidence of traumatic hemorrhagic shock, 65% preferred 2 gram IV/IO dose as infusion or slow push, 85% agree or strongly agree for the use of TXA in traumatic hemorrhagic shock age15 and older.

Additional Items from Attendees

Adjournment

- Motion to adjourn at 10:25 a.m.

Next meeting Tuesday, April 7, 2026, 9:00 – 11:00 a.m. at 1001 Terminal Rd. Lansing