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

State Trauma Advisory Subcommittee Meeting Minutes

Tuesday, June 2, 2026

Members

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

Absent

Dr. Keith Alangaden, Dr. Paven Brahmamdam

Guests

Staff

Liz Baty, Emily Bergquist, Stephanie Bliss, Aaron Brown, Doug Burke, Ryan Chadderton, Nikki Daugherty, Dr. William Fales, Tammy First, 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 April 7th, 2026, approved

Old Business

- **NASEMSO/ACS Planning for a trauma centric event.** There was a presentation given by Eileen Worden titled “Discussion Update: National Trauma and Emergency Preparedness System. The presentation covered the themes and timelines that are being discussed at a national level about the topic. It included the document “National Trauma Care Integrating Military and Civilian to Achieve Zero Preventable Deaths, the 2022 ACS Advocacy Pillar for the National Emergency Preparedness Blueprint 2.0 what requests to Congress were outlined in the document, the description/recommendations of an RMOCC (Regional Medical Operations Coordinating Center, the comparison of the RMOCC recommendation to how the trauma system in Michigan is structured. Also noted was the ACS Trauma System Consultation Guide 2023 which has a Chapter on recommendation for military integration. Amy commented on the differences between military hospitals and for profit and not for profit entities. Most military hospitals if they are verified, it’s as Level III, their personnel are constantly moving in and out, they don’t have a certain number of neurosurgeons, orthopedic surgeons, and plastics and they don’t see a lot of trauma. These were

some of the reasons for integration into civilian facilities, also how to address skill degradation when not in a combat situation. Dr. Pattengill mentioned the differences in Veteran Affairs facilities compared to non-military facilities. Another theme mentioned was the Prehospital Blood Initiative and the Road to Zero Collaboration that NHTSA and the DOD are partnering on similar to Stop the Bleed an initiative resulting from the Sandy Hook event. That initiative was driven by the White House and subsequently led by the ACS. There has been a bill introduced in Congress H.R 6510 A National Military Civilian Surge Program Act of 2025 that has not moved past introduction. ASPR has recently put out a funding notice of opportunity for a 24-million-dollar pilot project titled "Trauma Care Readiness and Coordination Program. There is also a two-day Readiness Summit scheduled for later this week. Eileen noted that the ACS, DOD, ASPR and ASTHO are getting involved in this conversation. Noted were some of the ideas from the internet about how prepared the US is for an event where casualties would be a result. If this is injury from applied force, then the trauma system and trauma subject matter experts (SME's) would be involved in planning. Eileen noted there are already plans that can be built out. Some inputs will be existing partnerships, resources and costs, federal reorg of agencies. Theresa mentioned that she has been talking to the Healthcare Preparedness side of the Bureau to discuss some initial thinking around a scenario. Some thinking includes; where patients would come from, injury type and what federal assets there are, the role of NDMS, use of EM resource, the fact that injured military personnel are considered a military asset, cost of care, repatriation of the injured, legal protections, using existing resources and many yet unanswered questions. There was a discussion about the difference in resources in the trauma system, supply chain issues, and the need for clarity. The trauma community would be considered an ES8 function for this kind of response. Dr. Mosher suggested the value of having a congress person or state legislature tour trauma programs in the state.

- **Budget**: Eileen noted that there is not much new to add to the budget discussion. Some materials and talking points were sent before the meeting to support education/advocacy where that is possible. She noted that Emily presented to the EMSCC about what might need to happen if the budget cuts remain and the focus needs to be limited to statutory responsibilities. The impacts of cuts to the EMS budget will flow over to trauma as it's all one system. Some of those impacts will be longer wait times for applications or applications summarily rejected because they are filled out incorrectly this includes licensure for personnel and vehicles, no more education opportunities, possibly consolidating MCAs as some have limited resources and are not as high functioning as others and require some support. This will impact the trauma system as all the SOC Authority Boards are made up of MCA personnel. There will be no presentations, on-site trainings, in-kind work, user support for systems will not be available, there will be less remediation for licensee and simply having the AG office start the license removal process and no new paramedic exam. Eileen noted that the news reported this morning that there may not be a budget ready for the

Governor by the end of June. The budget cuts from last year (37%) were carried over to the projected budget for 2027.

- **OHSP grant-Data Dashboards, 2026 deliverables:** Eileen reported the OHSP grant deliverable, the data dashboard is ready. Stephanie Bliss, the Section Epidemiologist, has cleaned all the data including last year's data. There are still some hoops to get through from compliance before the public facing dashboard can be launched. The work has made a regional dashboard possible as well. The Trauma Systems Safe Systems committee met and will continue to meet through the year. The responses from the survey sent to Injury Prevention Coordinators about gaps and challenges will help drive the discussion. The Prehospital Blood Initiative is moving forward, it is an area of interest for the National Highway Traffic Safety Administration as noted in the earlier presentation. The full project packet will be submitted in early July. The goal is to support three EMS agencies evidenced based prehospital pilot projects. The information will inform future work around how the information is collected, inclusion and exclusion criteria, outcome information. This is 402/405 funding from NHTSA the grant is going to cover training and equipment.
- **EMSCC meeting May 15, 2026:** Eileen noted that most of the EMSCC agenda was already discussed. The members of EMSCC represent the entities involved in the EMS system and many have advocacy support. The committee discussed the importance of consistent messaging, and some are planning on sending letters about the challenges the current budget would bring. The Michigan Association of Air Ambulance Providers did a presentation at the meeting about universal training for landing zones that they provided, which was very informative.

Verification/Designation

- **Designation update** – Tammy First reported that there are 111 designated hospitals, 7 visits are scheduled through August. Now that the Michigan Criteria has been released, Michigan Standard 2.7, which is the TPM/C FTE requirement, has had the most comments and questions. The Designation committee will be discussing this at the July meeting. Any revised language will be discussed at the STAC meeting in August. Amy asked if any descriptions have been given of how the TPM/C role is set up in different programs. Eileen noted that the section will consider any questions or comments received as the new standards roll out. Additionally, consideration will be given on any impacts the new registry implementation has on the data that supports the standards.

Data Report

- **Ongoing transition prep** –Transition work is picking up next steps is to get the new Data Use Agreements (DUA) out. So, there will be two ongoing DUA's, one for the old ImageTrend® registry, one for the new. There will be a one-page information sheet and a flow chart on how to gain access to the new registry, it's in development. Eileen noted that in the future the name Biospatial will be dropped for ImageTrend®. The Section is also putting together a User Guide specific to the staff who are going to be doing data entry and getting onboard with

the registry. The work back date is October 1st to go live, there is ongoing programming being done as well as testing the summer will be very busy getting ready. Emily noted that potentially by June 1st the EMS PDF should be fixed.

- **Piloting a Dashboard for trauma (RTC's in testing process):** Noted earlier

Stoke/STEMI update

- **SOC Advisory Committees (stroke and STEMI) and planning for 2026** Theresa Jenkins provided an update on the discussions related to building regional systems and engagement The Stroke and STEMI Advisory Committees met in May. They discussed a couple of brand-new EMS protocols, one from DEMCA and one in Oakland County on stroke assessments and stroke scales. The committee did not feel strongly about one scale over another Count EMS building. discussion. Other discussions included work being sone with the Michigan Stroke program and the data they are collecting like diagnosing stroke care in the field. The STEMI group had a presentation from BMC2 on the data they have available and the possibility of sharing EMS data and care related to STEMI. The discussion about registries, data and what's available. Next up is to get regional meetings up and running, making sure the contact lists are current, developing an asset survey and possibly leveraging EMResource. The Section also met with the CON staff to touch base on the initiatives. The committee discussed the validation of the EMS data collected by the Michigan Stroke program and the opportunity to focus on chief complaint by the ED staff, registrar and EMS, how it's tracked and what the metrics are used and how to measure accuracy and how a stroke may not be completely documented until discharge.

New Business

- **Free-Standing ED assessment:** Eileen reported that an assessment of the resources available for Free Standing ED's (FSED) is going to be developed. MHA and MCEP were notified about this (voluntary/blinded) survey. Eventually this would assist in the discussion about the potential of developing a new level for the trauma system, how to include FSED's, and ascertain if they would be interested in verification/designation.
- **Regional Reports:** The Quarter 2 reports (required update on regional work) were sent with the meeting materials.
- **Region 6 Regional Trauma Coordinator:** Eileen announced that the Region 6 Regional Trauma Coordinator position has been filled by Penny Stevens who has been filling in while the position was empty. Other open positions are on hold until the budget is finalized. 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.
- **Regional Trauma Network Applications:** Eileen reminded the committee that the Regional Trauma Network applications must be renewed every three years,

and the new applications will be submitted for review this fall for review and a vote. The October meeting will need a quorum for that vote. The EMSCC will be informed about the outcome of the vote at their November meeting and letter will go the regions in December recognizing then a region starting the new cycle in January.

Additional Items from Attendees

- Dr. Milligan asked about the status of the Rural Emergency Hospital in region 5 and the ability to participate in the system with that designation. There was discussion about licensed beds and the ability to admit patients. Eileen noted that there will be an ongoing discussion related to bed capability and trauma levels in the state when another trauma is considered.

Adjournment

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

Next meeting Tuesday, August 4, 2026, 9:00 – 11:00 a.m. at 1001 Terminal Rd. Lansing