



Michigan Annual Regional Trauma Report



Region 1

Prepared by Theresa Jenkins
Regional Trauma Coordinator
2015

OVERVIEW

This annual report will document and highlight Region 1 Trauma System Development for 2015. The region was officially recognized by the Michigan Department of Health and Human Services (MDHHS) in August 2014, as required by statewide administrative rules.

Region 1 is home to Lansing, Michigan's capital, and per the 2013 census has a population of 1.06 million. The region, covering 9 counties, has 13 hospitals, 104 Emergency Medical Services (EMS) agencies and 8 health departments.

The region's 7 Medical Control Authority Medical Directors are actively engaged in the Regional Trauma Network (RTN) activities. The directors requested one of the first items addressed by the Regional Medical Control Authority Network (RMCAN) be the creation of a regional triage and transport protocol. This protocol will help streamline the transportation of trauma patients with the ultimate goal of getting the right patient to the right facility at the right time.

Regional facilities that are currently trauma centers, or awaiting American College of Surgeons Committee on Trauma (ACS-COT) verification, have been sharing resources with the region's smaller hospitals.

In January, Eaton Rapids Medical Center put into practice a Level IV trauma program. Operationalizing the program now will allow the opportunity to collect data, address gaps and prepare for the verification and designation process.

The Region 1 RMCAN created and approved an educational plan, injury prevention plan, resource tool and two educational sessions.

All-day educational sessions were designed for trauma center program managers and registrars to assist the region's smaller facilities. These sessions included an ImageTrend™ course and a course discussing activation criteria and process improvement. At the most recent education session attendees received templates for activation criteria, trauma documentation, trauma policies and Performance Improvement (PI) suggestions. These materials were compiled into a binder for each participant and electronic copies distributed to all RMCAN members and other regional program managers upon request.

GOVERNANCE

Region 1 continued to have strong and committed participation from all regional partners. State level oversight is provided by the Michigan Department of Health and Human Services, Bureau of EMS, Trauma and Preparedness, with the advice of the Emergency Medical Services Coordination Committee (EMSCC) and the Statewide Trauma Advisory Subcommittee (STAC). The following table lists the three Region 1 governing bodies: the Regional Trauma Network (RTN), the Regional Medical Control Authority Network (RMCAN), and the Regional Professional Standards Review Organization (RPSRO).

Regional governance, structure and organization was described in the Region 1 trauma network application submitted in 2014 and derived from administrative rules.

Governing Body	Number of Members	Number of 2015 Meetings
RTN	9	5
RMCAN	56	5
RPSRO	7	2

Since the beginning of the application period, the Region 1 trauma network has completed 78% of the work plan objectives (21 of 27). Of the objectives still not completed 12% (3 of 27) are dependent on data entry into ImageTrend™ (currently only 4 of 11 regional facilities are submitting data to ImageTrend™). The Regional Trauma Coordinator will facilitate technical support for the remaining facilities regarding data collection and entry. One plan objective was predicated on the EMS Triage and Destination protocol which was recently released by the EMS Section (December 2015). Another objective regarding the feasibility of developing a newsletter will be revisited by the RTN. The final objectives will be completed during 2016.

The RTN developed and approved RPSRO quality improvement indicators and the process for RPSRO operation. The RTN opted to take volunteers, however a Level I Trauma Program Manager (TPM) and Medical Director were appointed to serve on the committee. The committee met twice in 2015 to finalize processes and to discuss how to obtain data from the regional hospitals until they are all entering data into ImageTrend™. Until this time the RPSRO decided to review cases involving Emergency Department (ED) length of stay greater than 4 hours prior to definitive care, all surgical airways in the field or ED, unsuccessful airways with greater than 2 attempts, and more than one interfacility transfer prior to definitive care. Each hospital was asked to consider providing this information to the RPSRO on a voluntary basis since it is not required per administrative rules.

2015 REGIONAL NETWORK DEVELOPMENT PROGRESS

Region 1 partners within the region have actively supported and furthered the regional work plan objectives.

Subcommittee	Avg. Number of Participants	Number of 2015 Meetings
Injury Prevention (IP)	8	3
Data	6	2
Level III and IV Workgroup	15	2
Trauma Steering Committee	13	1
Medical Oversight	8	1

Region 1 has focused efforts on supporting trauma program development and facility verification/designation. The region will continue to monitor the progress.

Facility	Designated	Proposed or Current Level of Designation
Sparrow	Yes	I
Allegiance	No	II
Mid-Michigan Gratiot	No	III
McLaren Greater Lansing	No	
Eaton Rapids	No	IV
Hayes Green Beach	No	IV
Owosso Memorial	No	IV
Sparrow Clinton	No	IV
Emma L. Bixby Medical Center	No	III
Herrick Memorial	No	III

The Injury Prevention Committee created a regional injury prevention plan and resource document that the RMCAN approved. These documents are designed to help each hospital with creating an injury prevention plan as required for verification and designation. The group is looking at expanding the resource document to include EMS and fire department injury prevention programs available to the public. The injury prevention plan and resource documents have been shared with other regions.

The Operations Committee was not very active in 2015, but will be working with the Region 1 newly organized Regional MCA Network (RMCAN) group to develop a regional triage and transport protocol. Many of the members of the Operations Committee also attend the RMCAN, so it is likely this protocol development will be completed early in 2016.

The data committee worked with the RPSRO on the data elements to be reviewed. The registrars suggested data points that would be easy to collect, yet were important to review early on in system development.

SUMMARY

The Region 1 trauma network worked diligently in 2015 to assure all network partners participated in the regionalization effort. The region is primarily comprised of small and rural facilities. The RTN and RMCAN worked to provide as much support as possible to assist these facilities. It was decided to provide regular educational sessions for the staff from regional hospitals to help them learn to put the processes in place to prepare for designation and verification. The educational sessions were well attended, and it was decided to continue with this initiative. Data entry and the Performance Improvement Patient Safety (PIPS) process have been identified as two major areas of focus going forward.

In January a potential Level IV facility began to practice as a Level IV implementing all the needed trauma criteria. This created an opportunity for practical experience implementing a trauma program, addressing any issues, and preparing for successful verification and designation. It will be a continued goal of Region 1 to help all of the region's hospitals implement all the processes required to function as trauma centers by the end of 2016. This initiative will also provide opportunities for the members of the Injury Prevention Committee to share tools, plans and education sessions with the goal of assisting the development of an injury prevention plan targeted for a facility's local community.

The RTN decided RMCAN Operations Committee members will work with Regional MCA Network members to develop a regional triage and transport protocol. The RMCAN will develop and distribute a regional trauma asset survey. The data gathered in this survey will be utilized by the MCAs to provide an addendum to the regional triage and transport protocol. This will be a major focus in the first quarter of 2016.

The Data Committee will be working with the regional hospitals to collect data. Because not all of the Region 1 hospitals are entering data into the state registry, each facility will be asked to voluntarily provide a limited data set for RPSRO review until a robust regional data set is gathered. The RPSRO membership anticipates that by reviewing this data, a process will be established to efficiently review required audit filters.

The last year of this 3 year application period will focus on completing the 2016 network plan objectives, as well as rewriting and completing the objectives that were not executable as originally written. The RTN and RMCAN will begin to consider the tasks, goals and objectives for the new application period. The Region 1 trauma network will continue to foster the strong working relationships they have with the MCAs, hospitals and EMS agencies. These highly developed relationships will be the foundation the region needs to assure successful trauma designation and verification of Region 1 facilities.