



Michigan Annual Regional Trauma Report



Region 6

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2015

OVERVIEW

This annual report will document and highlight Region 6 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.

The US 2014 Census statistics list the total population of Region 6 counties at 1,486,969, which ranks it the third most populous region within the state. Region 6 is served by 22 hospitals, 138 Emergency Medical Services (EMS) Agencies, 12 Medical Control Authorities (MCAs) and 7 local health departments. There is one federally recognized Native American tribe in Region 6.

The medical directors of the region's MCAs are actively engaged in regional trauma network activities. Many of these same medical directors are also members of the West Michigan Medical Control Consortium. They have been active in the creation of a regional triage and transport protocol. This protocol will help to streamline the transportation of trauma patients, with the ultimate goal of getting the right patient to the right facility at the right time.

Region 6's twenty two hospitals include: two designated Level I, a designated Pediatric Level I, two designated Level II, one provisional Level II, and one provisional Level III hospital. Provisional status is granted by a local MCA to a hospital actively engaged in the trauma verification process. Twenty one of the twenty two hospitals have committed to participation in the trauma regionalization process.

The Region 6 Regional Trauma Advisory Committee has created and approved a regional interfacility transfer guideline document that was disseminated to all regional hospitals.

GOVERNANCE

Region 6 continued to have strong and committed participation from all regional partners. Statewide governance continued to be provided by the Emergency Medical Services Coordination Committee (EMSCC) and the Statewide Trauma Advisory Subcommittee (STAC). The following table lists the three Region 6 governing bodies: Regional Trauma Network (RTN), Regional Trauma Advisory Committee (RTAC), and the Regional Professional Standards Review Organization (RPSRO).

Regional governance, structure and organization was described in the Region 6 trauma network application submitted in 2014 and derived from administrative rules.

Governing Body	Number of Members	Number of 2015 Meetings
RTN	15	6
RTAC	65	6
RPSRO	13	2

Since the beginning of the application period, the Region 6 trauma network has completed 47% of the work plan objectives (15 of 32). Of the objectives still not completed, 9% (3 of 32) are dependent on data and currently not all regional facilities are submitting data to ImageTrend™, and 3% (1 of 32) were not completed due to the objective involving agencies outside of the trauma system. One of the objectives in the work plan related to completing a regional injury prevention plan was impacted by the loss of data that was not recoverable. Discussions are underway about revisiting this data.

Sixteen percent (5 of 32) of the objectives did not move forward, and twenty two percent (7 of 32) will be developed in 2016. In addition, a work plan objective involving 911 will be revised to better reflect the context of the 911 interface with the RTN.

The Regional Trauma Coordinator position is vacant and is currently being covered by the Region 1 Trauma Coordinator. Plans to fill the position are moving forward.

The region has a well-attended RPSRO. This committee developed and approved RPSRO quality improvement indicators and the process for the RPSRO operation. The committee met three times in 2015 to finalize their processes, to discuss how to obtain data from the Region 6 hospitals (until all are entering data into ImageTrend™), and how to handle a request for case review.

2015 REGIONAL NETWORK DEVELOPMENT PROGRESS

Region 6 partners within the region actively supported and furthered the regional work plan objectives through participation in the regional subcommittees: Injury Prevention, Data, RTAC Workgroup, Education, Operations/Communication and Protocol.

Region 6 has focused efforts on supporting trauma program development and facility verification/designation. Currently 32% of Region 6 facilities report data to the State of Michigan Trauma Registry.

Facility	Designated	Level of Designation
Helen Devos Children’s Hospital	Yes	Level I Pediatric
Holland Hospital	No	
Sparrow Ionia Hospital	No	
Mercy Health Partners, Hackley Campus	Yes	Level II
Mercy Health Saint Mary’s	Yes	Level I
North Ottawa Community Hospital	No	
Spectrum Health Butterworth	Yes	Level I

The RTAC workgroup created an interfacility transfer guideline that was approved by the RTAC and disseminated to all regional hospitals. This guidance document outlines the importance of physician to physician communication, lists the contact numbers for the tertiary facilities in Region 6 and speaks to the importance for coordinating the appropriate EMS level of care in respect to the care needed during transport. The Protocol Committee developed an EMS protocol for System Participation Criteria for Adult and Pediatric Trauma Facilities. This protocol establishes the process and information needed to be included for trauma facilities listed in the triage and transport protocol, as well as how to apply for provisional trauma center status until the verification and designation process is complete.

SUMMARY

The Region 6 trauma network remained active and engaged throughout 2015. The RTAC workgroups worked diligently to complete the projects needed to help further regionalization efforts. RTAC attendance continues to grow as partners become more active within their facilities, putting the pieces in place needed for verification and designation. The RTN and RTAC worked with the MCAs to develop a regional triage and transport protocol and provisional trauma center application process. One hospital was granted an ACS-COT Level II verification, two facilities have been granted provisional status, and the established trauma centers have continued to mentor the smaller facilities.

In 2016 the RTN and RTAC will be changing the regional committee chairpersons, currently staffed from verified facilities, in order to bolster engagement from smaller regional hospitals. The core committees will continue to meet, however new committees will be formed to address the 2016 work plan objectives. The Injury Prevention Committee will be very active in 2016, working to gather information from each hospital regarding injury prevention initiatives, insufficiencies and needs. The Data Committee will continue efforts to get every Region 6 hospital to enter data into the state registry through direct entry or data upload. This committee will also look at how to collect the basic information needed for regional performance improvement.

With RTAC meeting attendance at an all-time high, the Regional Trauma Coordinator and the Trauma Program Managers from established trauma centers will work together to provide regular education to the smaller hospital Trauma Program Managers (TPMs). This began at the end of 2015 by adding meeting time prior to the RTAC meeting to provide technical assistance to Level III and IV TPMs. In 2016 these meetings will be more structured with the agenda including requested topics of discussion such as activation criteria, performance improvement and data collection tools. The RTN and RTAC, along with MCA staff, will continue to monitor the regional trauma protocols in an effort to assure appropriate use, need for improvement and provisional status applications.

The last year of this three year application period will focus on completing work plan objectives designated for 2016, as well as rewriting objectives that were recognized as unable to be completed as originally written. The RTN and RTAC will also begin consider priorities and tasks for the new application period, as well as reassess the trauma network in the region. The Region 6 trauma network will continue to foster strong working relationships with MCAs, hospitals and EMS agencies. These highly developed working relationships will be the foundation the region needs to assure successful trauma designation and verification of all regional facilities.