



Michigan Annual Regional Trauma Report



Region 8

Prepared by Cheryl Moore
Regional Trauma Coordinator
2015

OVERVIEW

This annual report will document and highlight Region 8 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 8 makes up the Upper Peninsula and is joined to the Lower Peninsula by the Mackinac Bridge. With a population of 311,361 (19 people per square mile), Region 8 makes up one third of the total land mass of Michigan but only three percent of its total population. The region, covering 15 rural counties, has 16 hospitals, 84 Emergency Medical Services (EMS) agencies and 6 health departments.

In 2015, the primary focus was on developing the trauma programs of the region's facilities. This entailed each facility identifying a Trauma Program Manager (TPM) and their responsibilities. Thirteen out of fourteen hospitals have formally identified their TPM. The Regional Trauma Coordinator (RTC) for Region 8 met with each TPM 2-3 times throughout 2015. The focus of these meetings was to review each facility's action plan, develop efficient processes, set realistic timelines, and review data entry into the State of Michigan Trauma Registry. The RTC also met with hospital administrators, Trauma Medical Directors, and Emergency Department Medical Directors to provide technical assistance.

Region 8 also organized the Regional Professional Standards Review Organization (RPSRO). This committee met quarterly in 2015. This committee has a diverse group of members that include physicians, trauma program managers, EMS personnel, and ED directors. Bylaws were reviewed and 2016 goals developed. The committee identified specific regional data and reports to be reviewed for 2016. The committee also developed a formal process for case review to be used when the need arises in the future.

Region 8 hospitals focused on trauma data entry into ImageTrend™, the data collection software for the State of Michigan Trauma Registry. Thirteen out of fourteen hospitals have formally identified a registrar or data entry person. The Data Management committee was formed consisting of all ImageTrend™ users in Region 8 and met quarterly in 2015. This committee provided important interfacility networking as well as reviewing data entry, discussing issues, problem solving issues, and providing education to new ImageTrend™ users. In addition, the region's RTC met individually with data entry staff at their facilities to continue ImageTrend™ training, and educate new staff. At the end of 2015, 93% of Region 8 hospitals were entering trauma data into the state trauma registry.

Eleven out of twelve non-verified hospitals have identified their Trauma Program Manager, their data entry personnel, and their Trauma Medical Director. Most importantly though, 11 out of the 12 hospitals are actively developing their trauma infrastructure. This progress is evidence of the Region 8 hospitals' commitment to becoming designated as trauma facilities, and commitment to participate in the state and regional trauma system.

GOVERNANCE

Region 8 continues 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 8 governing bodies: the Regional Trauma Network (RTN), the Regional Trauma Advisory Committee (RTAC), and the Regional Professional Standards Review Organization (RPSRO).

Regional governance, structure and organization was described in the Region 8 trauma network application submitted in 2014 and derived from administrative rules.

Governing Body	Number of Members	Number of 2015 Meetings
RTN	11	6
RTAC	17	6
RPSRO	19	3

One of the most significant accomplishments for 2015 was the commitment from Region 8 hospitals to participate in the state trauma system. The RTN requested letters of intent from all hospitals in Region 8 indicating the level of trauma facility they intend to pursue. This request was sent to each hospital’s CEO and identified Trauma Program Manager. The RTN received letters of intent from all Region 8 hospitals with 100% of hospitals indicating their intention to participate in the state trauma system.

A significant governance accomplishment in 2015 was the formation of the RPSRO as stated previously. This committee elected a chairperson, adopted bylaws, and identified their focus for 2016 including the regional data to be reviewed.

Another significant accomplishment under governance was the growth of data entry into the State Trauma Registry. The RTAC identified this as a priority and outlined specific steps for reaching this goal. The Data Management committee began meeting quarterly. This committee consists of all ImageTrend™ users in Region 8. Hospitals identified specific data entry personnel for trauma data entry and the region’s RTC met with these users to provide data entry education. The State Trauma Registrar also met with the Region 8 Data Management committee providing education, answering questions, and to receive feedback. The State Trauma Registrar continues to be an important, consistent resource for all trauma registry users.

2015 REGIONAL NETWORK DEVELOPMENT PROGRESS

Region 8 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)	5	3
Medical Oversight	7	3
Data	24	4
Citizen Access and Communication	3	2
Education	3	2
Bypass and Diversion	6	3

Region 8 has focused efforts on supporting trauma program development and facility verification/designation. Currently 93 % of Region 8 facilities report data to the State of Michigan Trauma Registry.

Facility	Designated	Proposed or Current Level of Designation
UP Health System-Marquette	Yes	II-ACS
UP Health System-Bell	No	IV-letter of intent
UP Health System-Portage	Yes	III-ACS
War Memorial	No	III-letter of intent
Helen Newberry Joy	No	IV-letter of intent
Schoolcraft Memorial	No	IV-letter of intent
Munising Memorial	No	IV-letter of intent
St. Francis	No	IV-letter of intent
Aspirus Grandview	No	IV-letter of intent
Aspirus Keewenaw	No	III-letter of intent
Aspirus Iron River	No	IV-letter of intent
Baraga County Memorial	No	IV-letter of intent
Aspirus Ontonagon	No	IV-letter of intent
Dickinson County Health System	No	III-letter of intent

**Provisional status is granted by a local Medical Control Authority to a hospital actively engaged in the trauma verification process.*

SUMMARY

2015 Accomplishments

During 2015 the Regional Trauma Advisory Committee identified educational opportunities in regard to best practices, and a Pre-Hospital Trauma Life Support (PHTLS) course was introduced to Region 8. Prior to this, International Trauma Life Support (ITLS) training had been consistently provided. Region 8 held one PHTLS course and there are now six PHTLS instructors in the region.

The RTAC invited a Level I TPM to give a “60 Second EMS Time Out” presentation outlining the program used by the facility to formally organize the exchange of information from EMS to the trauma team. The RTAC discussed this initiative and approved implementing this initiative throughout the region.

The RTAC recognized the need for consistent use of Tranexamic Acid (TXA), and Prothrombin Complex Concentrate (KCentra) for trauma patients and discussed the inevitable long transport times and the anticoagulated patient population. The Level II trauma facility in Region 8 took the initiative, as recommended by RTAC, and began collaborating with the smaller hospitals by assisting with stocking KCentra, rotating stock to prevent expired product, and to provide education. The Level II trauma facility also provided education to the smaller hospitals on the use of TXA in trauma patients with long transport times.

The RTAC also identified the need for standardized trauma questions to be incorporated into the Public Safety Answering Points (PSAPs) system to provide more injury information. PSAP supervisors have responded and are actively participating on RTAC.

The Medical Control Authorities developed an air ambulance protocol for on scene pick up and transport of the trauma patient. The RTAC identified Alger County as a priority in providing air ambulance (Valley Med

Flight) service. The auto dispatch protocol is now used consistently by PSAPs in Alger and Marquette counties. Valley Med Flight continues to provide education to on scene providers and expand their on scene pick up and transportation of trauma patients throughout Region 8.

The TPM from Aspirus Grandview hospital was invited to speak at the Region 7 Trauma Summit. The TPM gave a presentation on Level IV Trauma Program Managers, obstacles to overcome, time management strategies, and prioritizing workload.

In 2015, Region 8 made significant progress developing individual hospital trauma infrastructure. This progress required commitment from hospital administration, medical staff, nursing staff, and EMS providers. These facilities have identified trauma data entry personnel, trauma program managers, and trauma medical directors. Eleven out of the twelve non-verified hospitals in Region 8 implemented this foundation and are actively working towards trauma designation. This commitment to regionalized trauma care was communicated to the RTN in letters of intent, with 100% of the region's hospitals pursuing trauma designation.

2016 Initiatives

The focus for 2016 will be on strengthening the regional committees: the RPSRO will begin to review aggregate regional data, the RTN will review biannual reports from trauma registry data, and the RTAC will develop a formalized plan to implement a "60 Second EMS Time Out" initiative.

The Regional Trauma Network Plan and objectives will be reviewed by RTAC in February 2016. The RTAC will prioritize the objectives for 2016 and develop work plans to meet these specific objectives.