



Michigan Annual Regional Trauma Report



Region 2 South

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2015

OVERVIEW

This annual report will document and highlight Region 2 South 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 2 South (R2S) is the most populous region in the state with more than 2.2 million residents. The region is comprised of Monroe, Washtenaw and Wayne counties and includes the city of Detroit. The region has two international border crossings with Canada and shares a border with northwestern Ohio. In addition to its renown as an industrial and manufacturing center, the region is also home for major corporate headquarters and several universities.

Region 2 South is served by 18 acute care hospitals, 92 Emergency Medical Service (EMS) agencies and 4 Medical Control Authorities (MCAs). The region is home to thirteen American College of Surgeons Committee on Trauma (ACS-COT) verified trauma centers, including five Level I, five Level II and three Level III facilities; the region's children are served by two Level I and one Level II pediatric trauma centers (included in the 13 above).

Through the cooperation and efforts of the many stakeholders in the regional trauma system, Region 2 South has been able to complete nearly 70% of the objectives set forth in its August 2014 Network Application. Subsequent to the submission of a full year's worth of trauma data (2014), regional trauma system improvement efforts have been initiated through the data analysis activities of the Steering Committee and Data Subcommittee.

GOVERNANCE

Region 2 South 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 four Region 2 South governing bodies: the Regional Trauma Network (RTN), the Regional Trauma Advisory Committee (RTAC) and subcommittees, Trauma Steering Committee and the Regional Professional Standards Review Organization (RPSRO).

Regional governance, structure and organization was described in the Region 2 South regional trauma network application submitted in 2014 and derived from administrative rules.

Governing Body	Number of Members	Number of 2015 Meetings
RTN	4	4
RTAC	100	7
STEERING	17	4
RPSRO	20	2

The RTN administers and governs the Region 2 South trauma system with the input of the RTAC and the Steering Committee, and consists of the Medical Directors of the 4 regional Medical Control Authorities: Detroit East (DEMCA), Monroe County (MCMCA), Washtenaw-Livingston County MCA and HEMS (western Wayne County). The Trauma Steering Committee provides direction and supervision for the RTAC and is advisory to the RTN. The members of the Steering Committee also serve as members of the RPSRO, with the addition of a Trauma Program Manager from an Adult Level I, Adult Level II and a Pediatric Trauma Center.

The RTAC serves to provide leadership and direction in matters related to trauma system development, and is advisory to the Steering Committee and RTN.

2015 REGIONAL NETWORK DEVELOPMENT PROGRESS

Region 2 South 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)	15	4
Medical Oversight	20	4
Data	25	4
Bypass and Diversion	20	4
Education and Training	20	4
Access and Communication	20	4

The Region 2 South subcommittees have been instrumental in developing regional governance policies, medical oversight protocols, an injury prevention program inventory and a monthly educational newsletter, with accompanying evaluation quiz, which each trauma facility can use to support its internal trauma education plan. Each monthly education article is submitted by a different member trauma center on a rotating basis. In addition, a process map of citizen access and EMS communication was developed, recommended trauma education guidelines were established, and an exercise of interfacility trauma communications was performed. In addition, the region has begun initial system analysis of the 2014 data submitted to the state trauma registry.

Region 2 South trauma centers have supported trauma system development and the trauma center verification/designation process. Currently 100% of Region 2 South trauma facilities report data to the State of Michigan Trauma Registry.

Facility	Level of Designation
Children's Hospital of Michigan	I Pediatric
C.S. Mott Children's Hospital	I Pediatric
Detroit Receiving Hospital	I Adult
Henry Ford Hospital	I Adult
University of Michigan Medical Center	I Adult
Beaumont Hospital Dearborn	II Adult
Beaumont Hospital Trenton	II Adult
Sinai – Grace Hospital	II Adult
St. John Hospital and Medical Center	II Adult and Pediatric
St. Joseph Mercy Hospital	II Adult
Beaumont Grosse Pointe Hospital	III Adult
Henry Ford Wyandotte Hospital	III Adult
Beaumont Wayne Hospital	III Adult
Beaumont Taylor Hospital	III Provisional*
Garden City Hospital	III Provisional*
ProMedica Monroe Regional Hospital	III Provisional*

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

SUMMARY

During 2015, the committees and subcommittees of the Region 2 South trauma system were successful in addressing the majority of objectives set forth in the 2014-2017 work plans, especially those objectives focused on organizational governance and regional trauma system development. Much of the work in 2016 will focus on trauma data analysis in an effort to evaluate and improve system performance. The region will continue to evaluate ways in which to make trauma care more consistent throughout the region including further analysis of citizen access, review of EMS dispatch and response, consistent field triage and destination protocols, enhanced trauma education, additional data gathering and analysis, and quality injury prevention programs focused on regional injury patterns.