

MICHIGAN REGIONAL TRAUMA REPORT

2nd QUARTER 2020

Region 8

Statutory Reference: R325.132 Rule 8 (3) (a) At least quarterly, a region shall submit evidence of ongoing activity, such as meeting notices, minutes to the department.

Resource Update: Facility Designation Status: (Provisional = Prov)

Facility Name	Designated	Level of Designation	Provisional
Aspirus Iron River	Yes	IV	N/A
Aspirus Ironwood	Yes	IV	N/A
Aspirus Keweenaw	Yes	III	N/A
Aspirus Ontonagon	Yes	IV	N/A
Baraga County Memorial Hospital	Yes	IV	N/A
Dickinson County Health System	No	IV	Prov
Helen Newberry Joy Hospital	Yes	IV	N/A
Munising Memorial Hospital	No	IV	Prov
OSF St. Francis Health System	Yes	IV	N/A
Schoolcraft Memorial Health System	No	IV	Prov
UPHS Bell	No	IV	Prov
UPHS Marquette	Yes	II	N/A
UPHS Portage	Yes	III	N/A
War Memorial Hospital	Yes	III	N/A

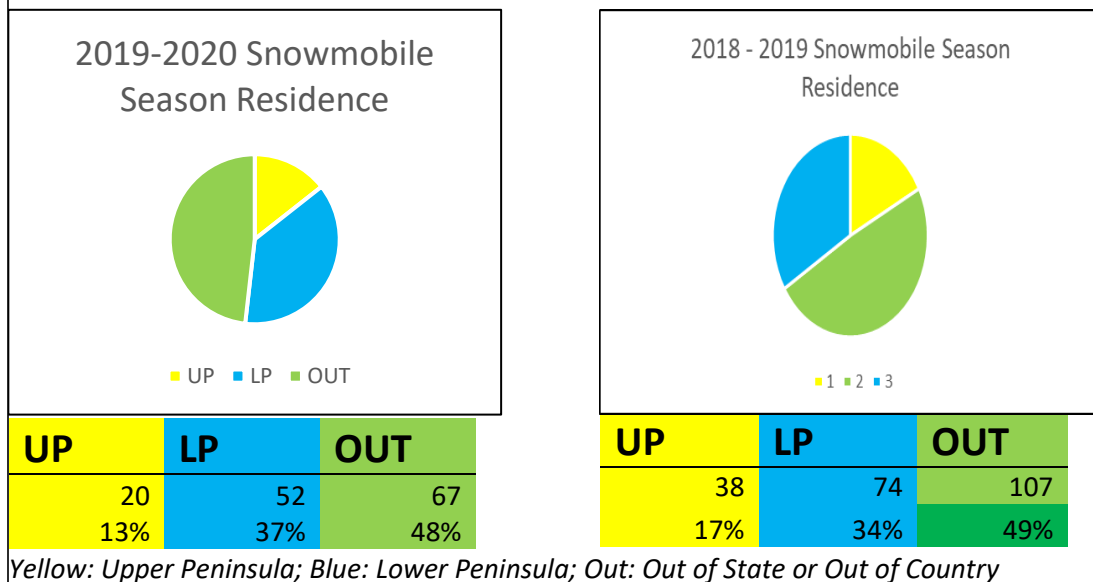
Work Plan Objective Progress and Highlights:

complete sections that have progress within the quarter

Injury Prevention (IP)

Indicator(s): 325.132(3)(c)(ii)(A)203.5 The RTN has developed a written injury prevention plan. The injury prevention plan is data driven and targeted programs are developed based upon high injury risk areas. Specific goals with measurable objectives are incorporated into the injury prevention plan.

Progress: Trauma programs snowmobile season crash data is compiled with preliminary graphs inserted here. Updates to R8TRAUMA Facebook page are ongoing with highlights on COVID and trauma. Hospitals and the Office of Highway Safety Planning is currently updating the IP database.



Communications

Indicator(s): 325.132(3)(c)(ii)(C)302.9 There is a procedure for communications among medical facilities when arranging for inter-facility transfers including contingencies for radio or telephone system failure.

Progress: Survey of facilities is planned for 3rd quarter.

Infrastructure

Indicator(s): 325.132(3)(c)(ii)(D)302.1 There is well-defined regional trauma system medical oversight integrating the needs of the trauma system with the medical oversight of the overall EMS system. 325.132(3)(c)(ii)(D)302.2 There is a clearly defined, cooperative, and ongoing relationship between regional trauma physician leaders and the EMS system medical directors in the region.

Progress: The objectives indicate the RPRSO will perform annual audits of all trauma center diversion to assure the appropriate use of diversion. The concept here is bypass, not diversion, and given the geography and finite EMS transfer resources there is little opportunity to increase bypass that have not

already been occurring in the region. However, there is now the ability, via Biospatial reports, to look at the number of patients meeting the Adult Trauma and Transport Field Triage criteria and where they are being transported by EMS. This was information presented to the RPSRO that met in March. The RPSRO members in attendance included four surgeons. There were no MCA Medical Directors in attendance (COVID-19 planning may have impacted attendance). There may be occasional cases that could provide system analysis, and this is the reinvigorated organization to address those. The next three-year regional plan continues to hone via objectives how to mesh the surgical trauma directors with the MCA medical directors.

Regional Performance Improvement

Indicator(s): 325.132(3)©(ii)(I)206.1 The RTN generates data reports to evaluate and improve system performance.
Progress: Regional PSRO met on March 13 to draft Inventory using Patient Registry reports.

Continuum of Care

Indicator(s): 325.132(3)(c)(i)(F)308.1 The regional work plan addresses the integration and participation of rehabilitation services within the continuum of care for trauma patients.
Progress: n/a

Trauma Education

Indicator(s): 325.132(3)(c)(ii)(J)310.(3)(4)(6) The regional trauma network establishes and ensures that appropriate levels of EMS, nursing and physician trauma training courses are provided on a regular basis.
Progress: COVID caused classes to be halted in the Region. Additionally, UPHS Marquette, the highest-level trauma facility in the UP as a Level II, has not scheduled a course because they have not filled their trauma program manager position.

Other relevant activities information:

Trauma program personnel at hospitals were predominately shifted to COVID response and some trauma program managers and coordinators were furloughed. For 2020, there are new trauma program managers at Aspirus Keweenaw, Baraga County Memorial, Dickinson County Health System, Schoolcraft County Memorial, UPHS Bell. Alecyn Sintkowski is the new Chief Nursing Officer at Baraga County Memorial replacing Bonny Cotter on the R8 Trauma Network Board.

Administrative Rule Requirements:

- Yes - Quarterly meeting minutes on shared drive.
- Yes - All MCA’s participating in the RTN.
- Yes - Performance improvement ongoing.