

# MICHIGAN REGIONAL TRAUMA REPORT

## 3rd 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 Memorial	Yes	IV	N/A
Dickinson County	No	IV	Prov
Helen Newberry Joy	Yes	IV	N/A
Munising Memorial	No	IV	Prov
OSF St. Francis	Yes	IV	N/A
Schoolcraft	No	IV	Prov
UP Health System Bell	No	IV	Prov
UP Health System Marquette	Yes	II	N/A
UP Health System Portage	Yes	III	N/A
War Memorial	Yes	III	N/A

## Work Plan Objective Progress and Highlights:

*complete sections that have progress within the quarter*

### Injury Prevention

**Indicator(s):** 325.132(3)(c)(ii)(A)306.2 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:** The Regional Trauma Advisory Committee has trauma program managers that are currently canvassing their injury prevention programs to provide an update to the ongoing Regional Injury Prevention database. It has been explained that even though COVID-19 as decreased the presence of in person and group session injury prevention programs, there are ways to continue distributing education and awareness to our communities. The Regional Trauma Coordinator continues to update the R8TRAUMA Facebook page to include information about national fall prevention week.

### 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:** The RTAC has distributed the communications capabilities spreadsheet to the hospital trauma program managers to update. This document lists the primary, secondary, tertiary communication methods for EMS and hospitals and lists the primary and secondary ways for hospitals to communicate with other hospitals for transfers. The group discovered during this update that some trauma program managers are having to question what the back-up system is for transfers when their phone system is not functioning. If they do not have something written and trained on for redundancy, it has been recommended this occur and that it also be woven into their trauma program meeting minutes to show trauma medical director involvement in disaster planning. The revised spreadsheet is due September 30, 2020 and will be again shared with Regional Healthcare Preparedness.

### Infrastructure

**Indicator(s):** 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 RTN established the RPSRO as the venue for the MCA Medical Directors and the Trauma Medical Directors to meet, coordinate and evaluate the regional trauma system. The RPSRO met in March with only surgeons in attendance and two EMS agencies. There were no established linkages to every MCA medical oversight at the meeting. This gap has been brought to the RTAC and RTN in this quarter to remind them of the importance for MCA medical directors and trauma medical directors to meet locally and then also to provide regional medical oversight via the RPSRO.

### Regional Performance Improvement

**Indicator(s):** 325.132(3)(c)(ii)(I)206.1 The RTN generates data reports to evaluate and improve system performance.

**Progress:** The next RPSRO Inventory is scheduled for review in October. Significant portions of that document are based upon information retrieved from the Patient Registry software system. There is one health system in Region 8 that is still undergoing transformation of its trauma programs and they are behind on data collection. They requested a 10-day extension to which they are working up to the 10th day of that extension, thus the regional reports for their inventory will not be completely accurate. Region 8's trauma numbers are small and having any hospital not meet quarterly deadlines causes data skews. The RTAC, RPSRO, and RTN will be advised of the importance to meet deadlines.

**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:** Nothing to report.

**Trauma Education**

**Indicator(s):** 325.132(3)(c)(ii)(J)310.(3)(4)(6); 325.132(3)(c)(ii)(J)310.10 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:** The Regional Trauma Coordinator continues to seek out educational offerings and places those on the R8TRAUMA Facebook page. Additionally, permission was sought and granted for Regional Trauma to have a page on the new Regional MCA Network website. Regional Trauma is the only section of that website to initiate populating: <https://r8mcan.org/>.

**Other relevant activities information:**

There has been significant work by the Regional Trauma Coordinator on statewide initiatives for COVID response to include the monitoring of EMResource hospital and EMS boards. It has been invaluable to have close contacts in hospitals across the region to work on that rather complex and ever-evolving project. Additionally, the data pillar project as part of the State of Michigan Trauma Strategic Plan provides additional focus on data collection. This is fruitful to regional operations as data pillar outcomes are filtering back through means of the Back2Basics webinar for new registrars, data hygiene of entries discovered while running inventory reports, and an increase in emphasis of accurate data being entered in a timely fashion. The Keweenaw Houghton MCA has not had a named representative to sit on the RTN after Jerry Primeau, the Mercy EMS Executive Director, retired late 2019. This has been brought to the attention of the hospital trauma program managers and to staff of Mercy EMS. There was confusion within that MCA as to if the person named to the RTN had to be a physician from Aspirus Keweenaw or UP Health System Portage. The current bylaws and the pending bylaws were sent along with explanation that no – the vacancy did not need to be filled by a physician. They are required to have it filled and the named individual must be empowered to speak on behalf of the MCA.

**Administrative Rule Requirements:**

- Yes - Quarterly meeting minutes on shared drive.
- No - All MCA's participating in the RTN.
- Yes - Performance improvement ongoing.

