

# MICHIGAN REGIONAL TRAUMA REPORT

## 3rd QUARTER 2020

### Region 6

**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
Holland Hospital	Yes	III	N/A
McClaren Central Michigan Community Hospital	No	IV	Prov
Mercy Health Partners, Hackley Hospital	Yes	II	N/A
Mercy Health Partners, Lakeshore Hospital	Yes	IV	N/A
Mercy Health Partners, Mercy Hospital	Yes	IV	N/A
Mercy Health Saint Mary's Hospital	Yes	II	N/A
Metro Health Hospital	Yes	II	N/A
North Ottawa Community Hospital	Yes	IV	N/A
Sheridan Community Hospital	No	IV	Prov
Sparrow Carson Hospital	Yes	IV	N/A
Sparrow Ionia Hospital	Yes	IV	N/A
SH Butterworth Hospital	Yes	I	N/A
SH Reed City Hospital	Yes	IV	N/A
SH Big Rapids Hospital	Yes	IV	N/A
SH Blodgett Hospital	Yes	III	N/A

SH Gerber Memorial Hospital	Yes	IV	N/A
SH Helen DeVos Children's Hospital	Yes	I	N/A
SH Kelsey Hospital	Yes	IV	N/A
SH Ludington Hospital	Yes	IV	N/A
SH United Memorial Hospital	Yes	IV	N/A
SH Zeeland Community Hospital	Yes	III	N/A
UMHS Mid-Michigan Medical Center - Clare	Yes	IV	N/A

**Work Plan Objective Progress and Highlights:**  
*complete sections that have progress within the quarter*

#### Trauma Education

**Indicator(s):** 310.10: As new protocols and treatment approaches are instituted within the regional trauma system; structured processes are in place to inform or educate all personnel of those changes in a timely manner.

**Progress:** The education committee Chair and trauma coordinator met (virtually) several times to discuss the application and future educational events. All in person events were cancelled.

#### Trauma Education

**Indicator(s):** 310.10: As new protocols and treatment approaches are instituted within the regional trauma system; structured processes are in place to inform or educate all personnel of those changes in a timely manner.

**Progress:** . The education committee discussed that our region is unique in that it has a regionalized and active MCA consortium – the WMRMCC. The WMRMCC has an education committee and informs EMS of new/changed protocols. The goal is to establish education linkages with this group. The results of the EMS education study done previously still needs analysis and dissemination.

#### Injury Prevention

**Indicator(s):** 306.2: The RTN is active within the region in the monitoring and evaluation of regional injury prevention activities and programs

**Progress:** In person injury events remain on hold however our committee continues to meet and discuss ideas for the future. Many of the region’s injury prevention staff remain at bare bones level with only the level I and II’s with dedicated IP staff and those staff wear other hats. The committee continues to monitor injury and programs.

## Communications

**Indicator(s):** 325.132 There is a procedure for communications among medical facilities when arranging for inter-facility transfers including contingencies for radio or telephone system failure. This is directed at a failure in hospital communications systems, and how will the information for interfacility transfers be relayed.

**Progress:** In our efforts to align and link the HCC and WMRMCCs work as it relates to MCA communication redundancies, the Region 6 HCC coordinator, Luke Aurner, was asked to present at the August RTAC. The focus of this event was to inform trauma leaders about the role of the HCC, who they are, what they do, communications, and their role during the COVID-19 response activities. The second part to meeting this objective is that the R6 TC will attend HCC meetings.

## Infrastructure

**Indicator(s):** 325.132 The incident management and trauma systems have formal established linkages for system integration and operational management

**Progress:** At the August RTAC meeting the committee discussed the existing formal linkages. These include the participation of the HCC coordinator in the August RTAC education and Dr. Evans, RTN chair, who is also the medical director for the R6 HCC and the regional MCA (WMRMCC). Other linkages consist of redundancies of HCC, WMRMCC, and RTN memberships; for example, the chair of the Communications Committee, Dr. Ceglowski, is very active in both the HCC and WMRMCC. The R6 TC also participates in both HCC and WMRMCC meetings.

## Regional Performance Improvement

**Indicator(s):** 303.2: The regional trauma network plan should ensure that the number, levels, and distribution of trauma facilities are communicated to all partners and stakeholders. The RTN should develop procedures to ensure that trauma patients are transported to an appropriate facility that is prepared to provide care.

**Progress:** The Regional Trauma Coordinator provided a report of newly designated facilities and upcoming verification visits at the June and August RTAC meetings.

## Regional Performance Improvement

**Indicator(s):** 325.134 The RTN uses data reports to evaluate and improve system performance. This refers to any data reports and the RPSRO inventory

**Progress:** R6 RPSRO met in August. The 4 agenda items were: Review of the May-Dec 2020 Inventory, presentation of the R6 Diversion Study in Newago County, two case reviews, nomination of a level III TPM to the committee.

## 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:** No progress.

**Other relevant activities information:**

1. The RTC presented the results of the Newago County Diversion Study at the August RPSRO. The RPSRO decided to expand the study to Ionia and Mason Counties. The RTC will plan the study expansion and orientation of the TPCs at Sparrow Carson City and Spectrum Health Ludington Hospitals.
2. The education committee met and began planning upcoming events, the goal being to provide education at each RTN/RTAC morning meeting.
  - Level III & IV TMD education was discussed as a way to improve their involvement in the RTN. Great discussion and planning on how to make the education value-added and meaningful. The committee developed a plan that included early announcement of events to facilitate TMD scheduling needs. February and June RTAC meetings were chosen.
  - 2 new members were added to the committee, one of them a level IV TMD. The RTC will collect physician engaging trauma education ideas for the September meeting.
3. Peer review attendance at level IV hospitals was the topic of discussion again at the August RTAC education & networking discussion.
4. The RTC shared Dr. Mishra's pediatric champion program and details on how to sign up for the free on-line ABLIS course.
5. The RTC met (virtually) with several hospitals to discuss verification questions.

**Administrative Rule Requirements:**

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