

MICHIGAN REGIONAL TRAUMA REPORT

1st QUARTER 2021

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:

Facility Name	Designated Yes or No	Level of Designation
Holland Hospital	Yes	Level III
McLaren Central Michigan	No	Provisional
Mercy Health Muskegon Hospital	Yes	Level II
Mercy Health Partners Lakeshore Hospital	Yes	Level IV
Mercy Health Saint Mary's Hospital	Yes	Level II
University of Michigan Health, Metro Health Hospital	Yes	Level II
North Ottawa Community Hospital	Yes	Level IV
Spectrum Health Big Rapids Hospital	Yes	Level IV
Spectrum Health Reed City Hospital	Yes	Level IV
Spectrum Health Blodgett Hospital	Yes	Level III
Spectrum Health Butterworth Hospital	Yes	Level I
Spectrum Health Helen DeVos Children's Hospital (Pediatric)	Yes	Level I
Spectrum Health Gerber Memorial Hospital	Yes	Level IV
Spectrum Health Ludington Hospital	Yes	Level IV
Spectrum Health United Hospital	Yes	Level IV
Spectrum Health Kelsey Hospital	Yes	Level IV

Spectrum Health Zeeland Hospital	Yes	Level III
Sheridan Community Hospital	No	Provisional Level IV
Sparrow Carson Hospital	Yes	Level IV
Sparrow Ionia Hospital	Yes	Level IV
UHMS MidMichigan Medical Center Clare	Yes	Level IV

Work Plan Objective Progress and Highlights:

Complete sections that have progress within the quarter.

Injury Prevention

Objective: 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 Injury prevention continues to meet virtually to collaborate on ideas. Recently, they collaborated on the design of several injury prevention trauma grant proposals. Specific proposals include:

1. HDVCH) to train four staff in car seat installation and evaluations for pediatric patients with special needs. In 2020, the HDVCH Injury Prevention staff was laid off during the COVID-19 crisis. Currently there is no certified car seat technician on staff in the trauma program. Examples include patients in a hip spica cast after a femur fracture, a patient in a halo vest, and those with certain injuries limiting hip/back/pelvic range of motion.

2. Fall prevention programs: Four hospital EDs will provide fall prevention education and referrals to resources such as the AAA on discharge from the ED after a fall. Night light and tub treads will also be provided.

3. distribute 334 arm slings among 7 Central Michigan Area High Schools Athletic Training Facilities for securing suspected arm injuries from 4/5/21-9/30/21. The arm slings will assist the athletic trainers to have the appropriate injury securing equipment readily available for when their athletes become injured. Having the injured upper extremity secured provides pain relief to the patient and prevents possible further injury in the case of dislocation or fracture(s).

4. Provide heart pillows to aid patients in splinting and pain reduction post rib fracture.

5. Stop the bleed kits to be placed next to AEDs in community settings.

6. Lock down buckets to be placed in schools. These contain supplies students/staff would need during a natural or other disaster.

7. Smoke detectors as part of a fire safety initiative.

Communications

Objective: 325.132 (3) (c) (11) (b) 302.10

There are established procedures for EMS and trauma system communications for major EMS events or multiple jurisdiction incidents that are effectively coordinated with the overall regional response plans. This is directed as communications during a Mass Casualty Incident.

1. Members of the R6 RTN who participate in Region 6 Healthcare Coalition disaster planning and communications will continue to work on redundancies across systems. The R6 HCC staff will ensure there are plans to mitigate any communication issues that currently exist. By September of 2022, the communications committee will present to the R6 RTN, their assessment of the criteria in #5.
2. By October 2020, the R6 RTN will invite the Health Care Coalition R6 Coordinator to be a member of the R6 RTN communication team.

Progress:

The following report was provided by Dr. Ceglowski who sits on the WMRMCC, the HCC, and the RTN. It is at the HCC and WMRMCC where the communication tools, protocols, and redundancies are developed and tested regularly.

The Communications Committee of the region 6 Healthcare Coalition has created a standard template for the 800 MHz radios within the region. The WMRMCC has addressed MCI communications in the Communications Policy and will further address this subject in the Regional MCI Plan, which is currently under review for final approval. EMTRACK and EMRESOURCE have been adopted regionally.

After discussion of the above, the RTAC determined that this objective has been met with a score 5.

Communications

Objective 325.132 (3) (c) (ii) (B) 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.

This is directed at a failure in hospital communications systems, and how will the information for interfacility transfers be relayed

Progress:

The following report was provided by Dr. Ceglowski who sits on the WMRMCC, the HCC, and the RTN. It is at the HCC and WMRMCC where the communication tools, protocols, and redundancies are developed and tested regularly. The RTAC determined that this objective has been met with a score 5. In the event of a failure in the communication system normally employed for arranging transfers, then EMTRACK or another communication method listed in the WMRMCC Communications Policy should be used. These communication methods are used daily, thus proving that the redundancies are operational and reliable.

Infrastructure

Objective: The Infrastructure committee did not meet. The focus this Q was communications

Progress: N/A

Regional Performance Improvement

Objective: 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 Diversion/Bypass study has moved into phase 2 where we are replicating the Newago County study in Ionia and Mason Counties. The TPMs at Spectrum Health Ludington Hospital and Sparrow Carson Hospital with their EMS partners at Life Ambulance are conducting the studies. The study is evaluating the use of regional protocols such as EMS bypass, use of EMTrack, appropriateness of bypasses and transfers out of the county, and hospital diversion protocols. Phase 2 of the study started March 1 and will run until March 31.

Continuum of Care

Objective: Click or tap here to enter text.

Progress:

Trauma Education

Objective 310.3,4,6 The regional trauma network establishes and ensures that appropriate levels of EMS, nursing, and physician trauma training courses are provided regularly.

Progress: The education committee evaluated the results of a Level III/IV TMD survey asking TMD their highest priorities for education. PI, trauma activations, engagement of C-suite, implementation of a rib fracture protocol, how to use data to inform PI program, and how to include EMS in the trauma PI program were the topics ranked important.

Implementation of a Rib Fracture protocol was selected for the February education event. Dr. Mitchell from Metro Health and Dr. Hoffelder from Gerber memorial shared their protocols in a presentation. Dr. Iskander moderated a Q&A. This event was well attended by TMDs in the region (as well as TPMs and EMS). The Q&A was robust with lots of great discussion.

The committee will follow this event with education in April on how to monitor the effectiveness/PI of after implementation of the protocol. Trauma PI principles will be emphasized so the lessons learned can be generally used. This will address another of the identified needs in the education survey – how to use data to inform the PI program.

Other relevant information:

Administrative Rule Requirements:

Yes No Quarterly meeting minutes on shared drive.

Helen Berghoef, DNP, RN, Region 6 Trauma Coordinator, January 1-March 30, 2021

Yes No All MCA's participating in the RTN. This was discussed by Dr. Evan's at the December RTN. A letter from him will also be going out to those MCA's with less than 50% participation. We are monitoring attendance and will follow up in the 3rd Quarter.

Yes No Performance improvement ongoing.