

# MICHIGAN REGIONAL TRAUMA REPORT

## 1st 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

**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:** Plan written and approved by RTAC and RTN February 2020. Plan indicates that it will be reviewed yearly.

### 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:** Identified with regional healthcare preparedness that facilities need to be surveyed on their redundancies, yearly.

### 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:** In 2018, the RTN adopted the RPSRO as the venue for the MCA Medical Directors and the Trauma Medical Directors to meet and coordinate the regional trauma system as evidenced by meeting minutes and the amendment to the bylaws, written description of roles and responsibilities. That was halted until March of 2020 as the tasks and responsibilities of the RPSROs were modified statewide. The Regional Trauma Coordinator has provided re-familiarization to the RTAC and RTN on this objective and encouraged each hospital and MCA to have their respective physicians sign RPSRO confidentiality agreements. There is difficulty in assuring the medical directors are present for these meetings and thus every attempt is being made to be inclusive including web conferencing the meetings, being sensitive to time schedules and assurance of meeting succinctness. Some TMDs and MCA MDs are the same person, some may be the lone provider in the ED, some may not live within the state, etc.

### 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:** 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:** Discussion ongoing at RTAC and RTN regarding limited ATLS courses. UPHS Marquette, the highest-level trauma facility in the UP as a Level II, has not scheduled a spring 2020 course because they have not filled their trauma program manager position.

### Other relevant activities information:

The Patient Registry Report Writer is being utilized for feedback to facilities and on regional projects. Some Level IV hospitals are voicing they do not have the depth to allow for three physicians to attend their trauma peer reviews. Per request by the RTN, the Regional Trauma Coordinator collaborated with Upper Peninsula map makers on adding Call 911 when you can, Text 911 when you can't because text messages may be successful when voice is not in spotty cellular reception areas. All Upper Peninsula 911 centers have been texting enabled for a few years, but residents and tourists do not commonly think of the ability to text 911.

### Administrative Rule Requirements:

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