

MICHIGAN REGIONAL TRAUMA REPORT

2nd 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.

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: Spring meetings were cancelled due to COVID-19. Many of the region's injury prevention staff were laid off, furloughed, or pulled to other duties. The TPM's and PI nurses are picking up IP activities in many of the hospitals. The committee chair and trauma coordinator met (virtually) to discuss strategies for keeping members engaged while moving our meetings to MS Teams and sharing community education links on-line or via social media.

Communications

Indicator(s): 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.

Progress: The Health Care Coalition (HCC) and West Michigan Regional Medical Control Consortium (WMRMCC) staff, with some assistance from the trauma coordinator, participated in getting the EMResources data collection project for COVID-19 fully operationalized. Hospitals and EMS not fully utilizing EMResources were brought on board. This web-based program will serve as an important communication and tracking tool for major EMS event in the future. The COVID-19 pandemic accelerated getting the regions stakeholders familiar with and using the tool.

Infrastructure

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

Progress: The regional trauma coordinator assisted the HCC with EMResource activities at the beginning of the COVID-19 pandemic fostering linkages and interfaces between the Healthcare Coalition (HCC) and the RTN. Also, the R6 HCC coordinators participation at the RTN was discussed with the RTN. Finally, a presentation by the HCC coordinator for the RTAC was planned for August. The objectives for this education presentation include an overview of the HCC activities as they relate to trauma and mass casualty preparedness, transfer communication plans, and role of the HCC in disasters such as COVID-19.

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: A report of newly designated facilities and upcoming verification visits was provided at the February RTAC meeting.

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.

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 hosted a one-hour education session in February on the new guidance for TMD review of transfers in a level IV hospital. 3 hospital TPM's presented their process and forms. Group discussion followed with the identification of best practices and pearls. This event was well attended by both TMD's and TPM's.

Other relevant activities information:

One transfer case was referred to the RPSRO for review.

There also continues to be discussion about the level of TMD involvement at RTAC/RTN expected from a Level III hospital. The guidance from our leadership is that electronic participation is ok during the COVID pandemic. However, the leaders encouraged in-person TMD involvement (post-COVID) "at least some of the time". "The more they participate, the more they learn" and we learn from them. There are no written rules about how to measure participation, but TMD involvement is encouraged as much as possible.

Administrative Rule Requirements:

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