

MICHIGAN ANNUAL REGION 2N TRAUMA REPORT-2020

REGION - 2 NORTH

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. Annually the regional trauma advisory council shall file a report with the department which describes progress toward system development, demonstrates ongoing activity, and includes evidence that members of the regional trauma advisory council are currently involved in trauma care.

OVERVIEW AND ASSESSMENT OF RESOURCES

Demographics:

Region 2 North is made up of three counties: Oakland, Macomb, and St. Clair. According to the 2017 Census Bureau, Region 2 North is home to 2,281,156 residents making it the second-most populated trauma region in Michigan. Resources in the area include eighteen hospitals: one American College of Surgeon’s (ACS) Adult Level I / Pediatric Level II trauma center, eight ACS Level II trauma centers, three ACS Level III trauma centers, three State of Michigan Level III trauma centers, and two State of Michigan Level IV trauma centers. One facility is in the verification/designation process (in-state Level III trauma center). The Region is supported by ninety-six emergency medical services (EMS) agencies, including forty-six advanced life support (ALS), twenty-five basic life support (BLS), twenty-five medical first responder (MFR), and three air transport services.

Medical Control Authorities:

MCA Name	Medical Director
Oakland County Medical Control Authority	Bonnie Kincaid
Macomb County Medica Control Authority	Debbie Condino
St. Clair County Medical Control Authority	Ken Cummings

Designation Status of Facilities in Region:

Facility Name	Designated Yes or No	Level of Designation
Ascension Macomb/Oakland-Warren	Yes	III
Ascension Providence-Nov	Yes	II
Ascension Providence-Rochester	Yes	III
Ascension Providence-Southfield	Yes	II
Beaumont-Farmington Hills	Yes	II
Beaumont-Grosse Point	Yes	III
Beaumont-Royal Oak	Yes	I Adult II Ped
Beaumont-Troy	Yes	II
Henry Ford-Macomb	Yes	II
Henry Ford-West Bloomfield	Yes	III
Huron Valley Sinai	No	
Lake Huron Medical Center	Yes	III
McLaren-Macomb	Yes	II
McLaren-Oakland	Yes	II
McLaren-Port Huron	Yes	III
St. John Macomb/Oakland-Madison Heights	Yes	IV
St. John-River District	Yes	IV
St. Joseph Mercy-Oakland	Yes	II

Governance:

Regional Trauma Network (RTN) Board

	Name and Title
Chairperson	Debbie Condino, Executive Director Macomb Co. MCA
Vice Chairperson	Bonnie Kincaid, Executive Director Oakland Co. MCA

Regional Trauma Advisory Council (RTAC)

	Name and Title
Chairperson	Dr. Mandip Atwal, Trauma Medica Director McLaren Macomb
Vice Chairperson	Open

Regional Professional Standards Review Organization

	Name and Title
Chairperson	Chris McEachin, Henry Ford Macomb Trauma Program Manager
Vice Chairperson	Open

Governance Activity Report:

- Regional Trauma Network Board (RTN Board):

The 2 North RTN Board continued to focus on ways to evaluate system performance as part of regional performance improvement. This included a process discussion on how to address the issue of a facility not verified by the American College of Surgeons (ACS). They have also focused on the new regional trauma network application for 2020-2023.

- Regional Trauma Advisory Council (RTAC):

The 2 North RTAC has strived to ensure that quality trauma care is being delivered. The Region 2 North trauma system continues to mature. Good participation with Region 2 North Healthcare Coalition assures continued collaboration between pre-hospital, hospital, and preparedness. The three MCA's continue to monitor and evaluate the trauma system in totality.

- Regional Professional Standards Review Organization (RPSRO):

The RPSRO reviewed committee membership and confirmed ongoing participation. They also reviewed objectives and the draft RPSRO plan with updates as directed by committee. The committee identified key data points for the Region to conduct a data validation test and reviewed the most recent State of Michigan trauma system report to identify gaps in regional care. Q3/Q4 activities were deferred until the new application period to maximize committee member time.

Work Plan Objective Progress and Highlights

Injury Prevention

Indicator 306.2: The RTN is active within the region in the monitoring and evaluation of regional injury prevention activities and programs.
Regional Score: 3
Objective: The RTN's Injury Prevention Subcommittee will coordinate quarterly injury prevention activities based upon demographic injury patterns; this will continue through the 2020-2023 application period.
Progress: Due to Covid-19, scheduled injury prevention activities were halted. After the spring surge, the regions quarterly IP committee meetings picked back up again in October. Many of the coordinators were not back in their IP positions and our October meeting focused on new Covid related IP topics. There was such an overwhelming response to coordinate a regional initiative that the committee will be meeting in November to formulate new ways to reach out during this pandemic. This gives great momentum moving into our 2020-2023 workplan.

Indicator 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.
Regional Score: 3
Objective: An annual review of the Injury Prevention Plan will be conducted to identify programs targeted towards high injury risk areas. By December 31, 2023, the Injury Prevention Subcommittee will have collected data concerning the effectiveness of the injury prevention programs allowing a process for evaluation, validation, and modification.
Progress: A regional injury prevention committee was formed in 2019, a written IP plan was developed, and targeted programs were discussed and agreed upon. Covid put a stop to the quarterly meetings scheduled throughout the spring and summer of 2020 and the committee met again in the fall. As IP meetings continue, new ways to reach the public are being discussed, and data will still be the driving factor determining which programs are needed.

Communications

Indicator 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.
Regional Score: 4

Objective: The RTN will continue to monitor regional EMS communication procedures for major EMS (mass casualty) events that are multijurisdictional and coordinated with the incident management system. During the 2020-2023 application period, the RTN will evaluate the regularly tested simulated incident drills and benchmark any changes needed in the procedures based on drill results.

Progress: Each MCA regularly tests their system regarding major EMS events.

Indicator 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.

Regional Score: 3

Objective: The RTN, with the assistance of the RTAC, will have identified and consolidated the existing plans for inter-facility communications in the event of a system failure will implement, monitor, and evaluate the plans for effectiveness.

Progress: There are facility-based patient transfer policies that are not regionally uniform and the redundancy in the event of communication failure will need to be evaluated and addressed in the 2020-2023 application period.

Infrastructure

Indicator 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.

Regional Score: 3

Objective: The RTN, in conjunction with local medical control authorities (MCA's), regional EMS providers, EMS medical directors, and the RPSRO will develop a process to integrate medical oversight for pre-hospital providers to evaluate the effectiveness of on-line and off-line medical control.

Progress: The RTN is beginning to access data from Biospatial, pulling trauma specific data and creating reports that will help to identify gaps to increase the medical oversight which will optimize patient care.

Indicator 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.

Regional Score: 4

Objective: The RTN trauma medical directors and/or appointees will demonstrate active participation in regional medical oversight and will build upon relationships with the local MCA's through participation in local MCA regular meetings as evidenced by attendance rosters and meeting minutes to show coordination of efforts.

Progress: The region still needs to develop written responsibilities for TMD's and EMS MD's, however, there is good participation regionally among both.

Indicator 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.

Regional Score: 4

Objective: The RTN will have a written procedure outlining the data that will be used to ensure that patients are being transported to the appropriate trauma facilities.

Progress: An education pillar within the State's Trauma division is focused on working with EMS and Biospatial to produce data driven reports that will allow for evaluation of the field triage criteria to assure the patients are being transported to the most appropriate facility the first time as protocols mandate.

Indicator 303.1: The regional trauma plan has clearly defined the roles, resources and responsibilities of all acute care facilities treating trauma, and of facilities that provide care to specialty populations (burns, pediatrics, other).

Regional Score: 5

Objective: The RTN will continue to update roles, resources and responsibilities of all acute care facilities treating trauma within our region as changes occur and outline the specialty care services available.

Progress: Completed, will continue to monitor for any necessary changes

Regional Performance Improvement

Indicator 206.1: The RTN generates data reports to evaluate and improve system performance.

Regional Score: 2

Objective: The RPSRO in collaboration with the RTN and RTAC, will continue to develop additional methodologies to evaluate and improve system performance.

Progress: With the addition of the State Trauma Registrar position, the RTN is beginning to get data reports that will allow for evaluation of overall system performance.

Indicator 302.6: The region has adopted mandatory regional pre-hospital triage protocols to ensure that trauma patients are transported to an appropriate trauma center based on their injuries. The triage protocols are regularly evaluated and updated to ensure acceptable and region-defined rates of sensitivity and specificity for appropriate identification of a major trauma patient.

Regional Score: 3

Objective: With the cooperation of the RPSRO, will have a linked connection with the management information system i.e. Michigan EMS Information System (MIEMIS) that will be able to evaluate the effectiveness of field triage of trauma patients with the use of Biospatial®. Appropriate prehospital triage of trauma patients will be evaluated, reported, and modified as indicated, using the Biospatial® software application.

Progress: There is continued progress being made toward monitoring and evaluating the effectiveness of field triage by EMS.

Indicator 303.4: When injured patients arrive at a medical facility that cannot provide the appropriate level of definitive care, there is an organized and regularly monitored system to ensure the patients are expeditiously transferred to the appropriate, system defined trauma facility.

Regional Score:

Objective: The RTN in collaboration with the RPSRO, will review data from Biospatial® field triage/destination protocol data reports to determine a bypass tracking process, and will utilize Biospatial® to develop a trauma bypass tracking, review, and protocol revision process.

Progress: Little progress has been made relating to the ability to monitor inter-facility transfers. Efforts will be made to define procedures to monitor the system to improve performance improvement.

Indicator 205.2: Collected data from a variety of sources are used to review the appropriateness of all-inclusive regional trauma performance standards, from injury prevention through rehabilitation.

Regional Score: 2

Objective: The RTN in collaboration with the RPSRO will adopt a written performance improvement plan that utilizes various data sources to evaluate regional compliance.

Progress: There has been little progress with this indicator due to the lack of data. It is expected that over the next 3 years with the addition of a State Trauma Registrar, written standards for improving performance and the ability to provide feedback to stakeholders will be available through reports.

Indicator 303.4: There is a regional trauma bypass protocol that provides EMS guidance for bypassing a trauma care facility for another more appropriate trauma care facility.
Regional Score: 4
Objective: The RTN in collaboration with the RPSRO, will review data from Biospatial® field triage/destination protocol data reports to determine a bypass tracking process and will utilize Biospatial® to develop a trauma bypass tracking, review, and protocol revision process.
Progress: There are clear guidelines relating to bypass in protocol for pre-hospital.

Indicator 205.3: The RTN data in the state trauma registry is used to identify and evaluate regional trauma care and improve the use of resources.
Regional Score: 3
Objective: The RPSRO, in collaboration with the RTN and RTAC subcommittees, will develop a methodology to evaluate and improve system performance.
Progress: RPSRO inventory is being used to collect system metrics that will be used to identify deficiencies and improve the overall trauma system.

Continuum of Care

Indicator 308.1: The regional work plan addresses the integration and participation of rehabilitation services within the continuum of care for trauma patients.
Regional Score: 1
Objective: The RTN, with participation of the RTAC will identify regional rehabilitation resources through the completion of the RPSRO Inventory.
Progress: With the completion of the first RPSRO inventory there were identifiable rehabilitation facilities within the Region. Covid-19 highlighted even more resources within the Region and this information should provide an opportunity to integrate rehabilitation services into the trauma system.

Trauma Education

Indicator 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.
Regional Score: 5
Objective: The RTN, with the RTAC education subcommittee, will continue to regularly review the initial and ongoing education that all trauma care providers receive, to include updates in trauma care, continuing education, and certifications as appropriate.
Progress: Completed, ongoing evaluation of this will continue.

Indicator 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.

Regional Score: 4

Objective: The RTN will monitor the process utilized by the medical control authority's (MCA's) and/or R2N Education Committee, to educate all personnel on new protocols, treatment plans, and procedures while assuring compliance.

Progress: With the implementation of the Regional Protocol Committee, there is a structured process to educate in a timely manner and compliance is monitored through the MCA's and agencies. This will be a continually evaluated.

Regional Summary:

Region 2 North has been challenged with obtaining complete, comprehensive system metrics, from the registry. In the last year of the 2017-2019 workplan, the State has added a trauma registrar, created an RPSRO inventory, and started producing reports that can measure system improvement. Due to Covid-19, regional injury prevention initiatives were halted for the first two and a half quarters of 2020. The regional injury prevention committee did re-convene and collectively have a couple of initiatives to champion with a vastly different approach at outreach. Moving forward, 2N's RTAC will be concentrating on the workplan indicators that have the lowest scoring with the focus on overall system improvement. Obtaining data to improve performance improvement and conduct a system evaluation of the triage/transport/destination protocol will be a priority. 2N RTN continues to measure and evaluate the functionality of the Region's trauma system.

Regional System Evaluation in accordance with Administrative Rule Requirements:

- Regional trauma network and committee meetings have taken place as scheduled (quarterly) in accordance with the Open Meetings Act.

- Schedule and information regarding RTN Board and RTAC posted on the trauma website

- Annual confirmation that members of the RTAC are currently involved in trauma care completed.

- All MCA's are participating in the RTN

- Documentation that all hospitals in the trauma network are participating in:

- Regional Injury Prevention
- Regional Performance Improvement
- Submission of registry data to ImageTrend
- Regional trauma plans completed (attach copy of plan or state "in progress")
 - Regional Injury Prevention
 - Regional Trauma Education
 - Regional Performance Improvement

If not completed, which plans are missing and why?

- Regional PI process in place; Inventory data reviewed, and trends (if noted) are being monitored. PI process that includes two levels of review is place (as needed). RPRSO corresponds annually (at a minimum) with RTN regarding PI. Minutes, materials stored by RTC.

If not completed, please explain:

RTN Board Chairperson: *Debbie Cordis* Date: 1/12/21

Regional Trauma Coordinator: *Doug Burke* Date: 1/12/21