

MICHIGAN ANNUAL REGION 5 TRAUMA REPORT-2020

REGION 5

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 5 consists of nine southwestern counties; Allegan, Barry, Van Buren, Kalamazoo, Calhoun, Berrien, Cass, St. Joseph, and Branch. These counties are a mix of mostly smaller and rural farming communities and three urban areas: Kalamazoo, Battle Creek, and St. Joseph. The region has 16 hospitals, 9 Medical Control Authorities, 93 EMS agencies and 7 Health Departments. Region 5 has 1 free standing ED. As a result of the COVID-19 pandemic, the 4 provisional Level IV facilities were not verified in 2020. In addition, reverification of 4 trauma facilities have been postponed until 2021.

Medical Control Authorities:

MCA Name	Medical Director
Allegan County Medical Control Authority	Joshua Mastenbrook, MD
Barry County Medical Control Authority	Matthew Scarff, MD
Berrien County Medical Control Authority	Jonathan Beyer, DO
Branch County Medical Control Authority	Deniese Worthy, MD
Calhoun County Medical Control Authority	Michael Chapman, DO
Cass County Medical Control Authority	Garrick Collins, DO
Kalamazoo County Medical Control Authority	William Fales, MD
St. Joseph County Medical Control Authority	Chris Milligan, DO

Van Buren County Medical Control Authority	Andrea Allman, DO
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Designation Status of Facilities in Region:

Facility Name	Designated Yes or No	Level of Designation
Ascension Borgess Allegan Hospital	yes	IV
Ascension Borgess Medical Center	yes	II
Ascension Borgess Lee Hospital	no	Provisional IV
Bronson Battle Creek Hospital	yes	III
Bronson Lakeview Hospital	yes	IV
Bronson Methodist Hospital	yes	I
Bronson South Haven Hospital	yes	IV
Oaklawn Hospital	yes	III
ProMedica Coldwater Hospital	no	Provisional IV
Spectrum Health Niles Hospital	yes	IV
Spectrum Health Pennock Hospital	yes	IV
Spectrum Health St. Joseph Hospital	yes	III
Spectrum Health Watervliet Hospital	yes	IV
Sturgis Hospital	no	Provisional IV
Three Rivers Hospital	no	Provisional IV

Governance:

Regional Trauma Network (RTN) Board

	Name and Title
Chairperson	Jonathon Beyer, DO, Berrien County MCA Director
Vice Chairperson	Christopher Milligan, MD, St. Joseph County MCA Director

Regional Trauma Advisory Council (RTAC)

	Name and Title
Chairperson	Oreste Romeo, MD, Bronson Trauma Medical Director
Vice Chairperson	Thomas Rohs, MD, Borgess Trauma Medical Director

Regional Professional Standards Review Organization

	Name and Title
Chairperson	Thomas Rohs, MD, Borgess Trauma Medical Director
Vice Chairperson	Oreste Romeo, MD, Bronson Trauma Medical Director

Governance Activity Report:

- Regional Trauma Network Board (RTN Board): The RTN meets quarterly and was able to hold three meetings during 2020. RTAC, and Injury Prevention committees reported their updates and activities at each RTN meeting. The Region 5 application, after completion, was presented and approved by the RTN. Additionally, the new bylaws were approved as well as the election of new officers for the committees.
- Regional Trauma Advisory Council (RTAC): The RTAC meets quarterly and was able to hold three meetings for 2020. During this time, the RTAC discussed and formalized the RPSRO membership. The RTAC also formed a workplan subcommittee which developed the workplan objectives for the 2020-2023 application. The application was approved by the RTN and RTAC. In addition, the RTAC developed and approved the new bylaws, followed by the election of new leadership for all committees.
- Regional Professional Standards Review Organization (RPSRO): This committee was established with specific members during the third quarter of 2020. The RPSRO Inventory has been distributed to all committee members. The committee will meet November 19, 2020 to review the RPSRO Inventory and regional performance improvement objectives.

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: 1
Objective: Region 5 will implement an Injury Prevention Tracker by April 1, 2017 in which all sites will submit Injury Prevention offerings
Progress: Objective met. Region 5 Injury Prevention and Education committee has implemented an Injury Prevention Tracker document. This document includes all injury prevention and education activities performed throughout the region. The Region 5 hospitals update this tracker quarterly and it is presented to RTAC and RTN committees.

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: 2
Objective: Region 5 will host at least one injury prevention event the third quarter of each calendar year.
Progress: Objective met. The Region 5 Injury Prevention and Education committee hosts an injury prevention and community outreach event in August/September. The events held are at a chosen fair. This event is staffed by the regional injury prevention committee members. The injury prevention committee members designed and ordered shirts identifying themselves as regional injury prevention members to wear at these regional events.

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: Produce and distribute a communications algorithm/protocol for the medical facilities for use during a radio and /or telephone system failure using backup systems already in place- the 800 system for use when arranging inter-facility patient transfers by November 2017. Review algorithm yearly for compliance and/or process improvement at last meeting of each calendar year.

Progress: Objective not met. This has been discussed at RTAC and the objective has been updated on the 2020 Region 5 application/workplan.

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: 1

Objective: Review algorithm yearly for compliance and/or process improvement at last meeting of each calendar year.

Progress: Objective not met. This has been discussed at RTAC and the objective has been updated on the 2020 Region 5 application/workplan.

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: 1

Objective: Establish a Trauma Medical Oversight committee by November 2017, made up of members according to by-laws, to evaluate the effectiveness of the overall trauma system using case reviews, data, and outcomes measured. Committee to meet at least twice per year and/or as needed and report to the PSRO and RTN findings along with recommendations for improvement, development of protocols for EMS care of the trauma patient.

Progress: Objective not met. The Medical Oversight committee was not formed. This has been discussed at RTAC and the objective has been updated on the 2020 Region 5 application/workplan. The RTAC identified the RPSRO as the Medical Oversight committee in moving forward with the updated 2020 workplan.

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: 3

Objective: The regional trauma system medical oversight subcommittee will meet regularly to evaluate program effectiveness for both online and off-line medical control by September 2017. Meeting minutes will indicate there is a relationship between EMS and Medical Directors and efforts are being coordinated.

Progress: Objective not met. This has been discussed at RTAC and the objective has been updated on the 2020 Region 5 application/workplan. The RTAC identified the RPSRO as the Medical Oversight committee in moving forward with the updated 2020 workplan.

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: 3

Objective: Establish a trauma diversion policy work group by December 2017. The work group will review and revise as needed the facility diversion plan. This plan will be reviewed/updates annually.

Progress: Objective not met. This has been discussed at RTAC and the objective has been updated on the 2020 Region 5 application/workplan.

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: 2

Objective: Produce and distribute to all stakeholders in the region, which facilities provide care to specialty populations such as burns, pediatrics, etc. by November 2017. Review and distribute updates to all stakeholders annually thereafter.

Progress: Objective not met. This has been discussed at RTAC and the objective has been updated on the 2020 Region 5 application/workplan.

Regional Performance Improvement

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

Regional Score: 2

Objective: Produce and distribute reports on bypass issues, case reviews to analyze our protocols for performance measure and/or revision if necessary, to the PSRO and RTN to evaluate and improve system effectiveness using a “dashboard” approach as updates (not less than twice per year) for PSRO, RTN and stakeholders beginning May 2017.

Progress: Objective not met. This has been discussed at RTAC and the objective has been updated on the 2020 Region 5 application/workplan. The RPSRO will address this and all regional performance improvement objectives as written in 2020-2023 workplan.

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: 4

Objective: The RTN in conjunction with Region 5 MCAs will evaluate and review regional triage criteria and protocols adapted from the State of Michigan's Triage and Destination Protocols using the Trauma Task Force's EMS cards for clarification/education-to be reviewed yearly.

Progress: Objective not met. This has been discussed at RTAC and the objective has been updated on the 2020 Region 5 application/workplan. The RPSRO will address this and all regional performance improvement objectives as written in 2020-2023 workplan.

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: 1

Objective:

- 1.) The RTN will develop trauma transfer protocols to ensure patients are expeditiously transferred to an appropriate level of care by December 2017.
- 2.) The Regional PSRO committee will review relevant data from any reporting source on compliance of the transfer protocol and provide feedback starting January 2018.

Progress: Objective not met. This has been discussed at RTAC and the objective has been updated on the 2020 Region 5 application/workplan. The RPSRO will address this and all regional performance improvement objectives as written in 2020-2023 workplan.

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: 1

Objective: The RTN will devise a score card of performance to be reviewed at each meeting. The Regional Standards will be evaluated annually and be revised as needed.

Progress: Objective not met. This has been discussed at RTAC and the objective has been updated on the 2020 Region 5 application/workplan. The RPSRO will address this and all regional performance improvement objectives as written in 2020-2023 workplan.

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: 2

Objective: The RTN will develop a written algorithm regarding the regional bypass protocol. The written algorithm will be reviewed annually.

Progress: Objective not met. This has been discussed at RTAC and the objective has been updated on the 2020 Region 5 application/workplan. The RPSRO will address this and all regional performance improvement objectives as written in 2020-2023 workplan.

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 RTN is dependent on the State to provide registry information for system improvement. A scorecard with required data will be created by the RTN. The State will be asked for the specific indicators required for the scorecard for the RTN to review quarterly.

Progress: Objective not met. This objective is not in 2020-2023 application therefore the RTAC did not address or update.

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:

- 1.) The RTN will identify through data the top 10 rehab facilities trauma patients are referred to for discharge placement and treatment-by December 2017.
- 2.) The RTN will devise a scorecard of information they would like to see regarding rehabilitation for trauma patients by December 2018.
- 3.) The RTN will reach out to the Acute Care Rehab facilities to identify a participant from each facility to attend the RTN by December 2019.

Progress: Objective not met. This has been discussed at RTAC and the objective has been updated on the 2020 Region 5 application/workplan.

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: 0
Objective: A Region 5 Newsletter will be developed and distributed to share Injury Prevention information and offerings for EMS, Physicians, and Nursing throughout the region in the third quarter of the calendar year 2017.
Progress: Objective has been met. The newsletter has been developed and will be shared on the 5DMRC website.

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: 1
Objective: A region 5 Newsletter will be developed and distributed to share Injury Prevention information and offerings for EMS, Physicians, and Nursing throughout the region in the third quarter of the calendar year 2017.
Progress: Objective has been met. The newsletter has been developed and will be shared on the 5DMRC website.

Regional Summary:

The COVID-19 environment has impacted all Region 5 facilities and trauma staff. This has created challenges for the Region 5 trauma committees. The leadership has discussed this and remains supportive of moving the Region 5 trauma system committees forward despite the obstacles encountered during 2020.

Region 5 Trauma Network Bylaws were updated in early 2020. All trauma committees (RTAC, RTN, RPSRO, Injury Prevention/Education) rosters/membership were re-evaluated and updated in accordance with the bylaws. New leadership for RTN, RTAC and RPSRO were elected as well. The RTN formally organized the RPSRO and the RPSRO membership. The RPSRO began meeting quarterly in 2020.

The Injury Prevention and Education committee met quarterly. The Injury Prevention committee has identified issues in completing the goals of community outreach due to the COVID-19 environment. This committee is discussing new avenues to take for community outreach activities. The committee has also developed a newsletter that will be placed on the 5DMRC website.

The Region 5 Trauma Network application and workplan was completed and submitted for approval to State Trauma Advisory Committee and Emergency Medical Services Coordination Committee.

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

- 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). RPSRO corresponds annually (at a minimum) with RTN regarding PI. Minutes, materials stored by RTC.
If not completed, please explain: The Region 5 RPSRO has formally organized in 2020 and has reviewed the RPSRO Inventory recently. No significant discussion or PI plans were implemented.

RTN Board Chairperson: _____ Date: _____

Regional Trauma Coordinator: _____ Date: _____