

MICHIGAN REGIONAL TRAUMA REPORT

3rd QUARTER 2021

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:

Facility Name	Designated	Level of Designation
Aspirus Iron River	Yes	IV
Aspirus Ironwood	Yes	IV
Aspirus Keweenaw	Yes	III
Aspirus Ontonagon	Yes	IV
Baraga Memorial	Yes	IV
Dickinson County	No	Provisional
Helen Newberry Joy	Yes	IV
Munising Memorial	No	Provisional
OSF St. Francis	Yes	IV
Schoolcraft	No	Provisional
UP Health System Bell	No	Provisional
UP Health System Marquette	Yes	II
UP Health System Portage	Yes	III
War Memorial	Yes	III

Work Plan Objective Progress and Highlights:

Complete sections that have progress within the quarter.

Injury Prevention

Objective: By December 2023, the region will support the Michigan Trauma Coalition’s trauma system messaging campaign currently in development. With a focus on the messages applicable throughout the region.

Progress: The R8TRAUMA Facebook page is the conduit for Region 8 to communicate information from the Michigan Trauma Coalition. Additionally, because few hospitals in Region 8 are MTC members, the Regional Trauma Coordinator forwards MTC emails to the Trauma Program Managers. The sunset legislation advocacy was shared with the RTAC and RTN members. The Regional Trauma Coordinator hosts the central UP Senior Providers Network meetings and continues to discuss fall risks and preventative measures in the elderly population.

Communications

Objective: Ongoing through December 2023, Regional Trauma shall continue to review and support Regional Healthcare Preparedness Communications initiatives when they are brought to the RTAC and RTN. The Regional Trauma Coordinator (RTC) is to continue throughout this three-year workplan to be a Regional Preparedness board member representing Regional Trauma.

Progress: The Regional Trauma Coordinator developed a pediatric mass casualty exercise and moderated this at a RTAC meeting that included hospital trauma programs, pediatric EMS and hospital champions, and Regional Preparedness staff. The exercise and its findings gathered from the Region 8 stakeholders were shared with the State Pediatric Coordination Center committee. The information provided formed foundations for the subsequent state educational modules and statewide exercise. The Region 8 Trauma Coordinator also worked with hospital pediatric champions to assure the National Pediatric Assessment was completed. Region 8 was the first region in Michigan to have this completed by every hospital.

Objective: Regional Healthcare Preparedness utilizes the Regional Trauma survey of hospital communication redundancies and Regional Trauma shall update the survey by January 2021

Progress: The Regional Trauma Coordinator collected updates from hospitals across Region 8 on their communication redundancies. The Level II trauma center in the Upper Peninsula solidified their prioritized communications to accept transfers when a phone system was not operational. The Regional Trauma Coordinator asked the UP Health System Risk Manager that oversees emergency preparedness for the UP market if the other means had ever been distributed with education and exercised. No, but it would be added to the list. Within days of the inquiry, one of the UP Health System hospital’s phone systems went down and they successfully navigated other methods of communicating as indicated in the spreadsheet.

Infrastructure

Objective: By June 2021, the RTN shall review the survey on how Trauma Medical Directors and MCA Medical Directors review protocols and author a regional benchmark regarding formal trauma protocol reviews by trauma and MCA medical directors. By December 2021, the Regional

Trauma Coordinator will survey each hospital trauma program manager and each MCA contact person regarding formal trauma medical director and MCA medical director cooperative relations including communication, program resolution, and coordination of efforts. By June 2022, the RTN shall review the survey results and develop regional benchmarks that define the coordination of efforts (trauma medical director and MCA medical director) more formally.

Progress: There are multiple linked objectives within Region 8 Infrastructure. The first objective to survey what is current operations was completed, but then forward momentum ceased given COVID response and limited staffing at hospitals. The RTN has not had a quorum since 2020, but the RTAC has been active. As a different way to achieve the infrastructure goals, the Regional Trauma Coordinator brought together the Level II Trauma Medical Director and the MCA Medical Director from the largest volume MCA in the Region to discuss the infrastructure ranking and its objectives that bridge EMS and hospital medical oversight. MCAs are not fully staffed in Region 8 and statistical collection with consistent feedback to EMS agencies is not occurring. Resulting from this meeting of the medical directors, the Regional Trauma Coordinator was given guidance to start in a grassroots type of fashion with specific small projects. It was requested that she collect prehospital statistics relative to the utilization of backboards, pain management and the use of Ketamine, pelvis assessment and binders, and TXA administration. They have also recommended that we encourage prehospital and hospital providers to talk about patients and findings at the time the patient is delivered to the emergency departments. This is an evolving project and updates will be provided in quarterly reports.

Objective: By June 2021, the RTN shall expand the current 24/7 medical specialties database to include information from each hospital on what facilities they recommend specialty populations (burns, pediatrics, TBI rehabilitation, other specialty rehabilitation) be transferred to, which may be out of state.

Progress: This is currently underway, and findings thus far are reduced capabilities at some hospitals. There is also the need to speak to telemedicine within the RTAC and RTN and how that may or may not take the place of a provider at the bedside.

Objective: Through December 2023, the Regional Trauma Coordinator will be the liaison to preparedness as evidenced by meeting participation and involvement as a Regional Medical Coordination Center member with subsequent updates at each RTAC and RTN meeting, inclusion in mass casualty planning, exercises, and real events. Through December 2023, the Regional Trauma Coordinator will continue in the role of a regional resource by maintaining status as a regional superuser of EMTrack, eICS, and EMResource.

Progress: The Regional Trauma Coordinator continues to assist Preparedness in all the objectives' named activities.

Regional Performance Improvement

Objective: Through December 2023, the RPSRO, working with the Region 8 MCA Network, will utilize data reports generated by the State of Michigan, ImageTrend® and Biospatial to provide medical oversight of EMS trauma triage, communications, treatment and transport of trauma patient.

Progress: This objective is linked to what is emerging from the previously outlined infrastructure objectives.

Continuum of Care

Objective: By April 2021, the considerations for rehabilitation transfer shall be collected from the trauma program managers within the region for review by the RTAC.

Progress: This objective is behind schedule and work has yet to start on it.

Trauma Education

Objective: The RTN will continue to inform of educational offerings through utilization of its Facebook page through 2023. By December 2020, the RTN will have developed a one-page electronic flyer to disseminate to trauma program managers that can be utilized to encourage their staff to follow the Facebook page.

Progress: The Regional Trauma Coordinator posts information to the R8TRAUMA Facebook page and forwards class offerings to Region 8 hospitals' Trauma Program Managers. UP Health System Marquette was able to hire a Trauma Program Manager and has worked to re-establish their trauma education. They were successful in funding educational opportunities through the state trauma grants such as TNCC and RTTDC. The Marquette Alger MCA agreed to spearhead PHTLS courses across the region using a state trauma grant. Additionally, RTN Chair Pat Hirt, from War Memorial Hospital, was willing to coordinate a region-wide offering of the AIS course offset by a state trauma grant. The Regional Trauma Coordinator is working with the Regional Coordinator from the Office of Highway Safety Planning to unveil a new initiative in the Upper Peninsula for bystander care. The concept of the FEMA Until Help Arrives and Stop the Bleed will be offered at the September UP EMS Conference. The Regional Trauma Coordinator also gathered gaps present in Stop the Bleed training materials and tourniquet kits. She provided that information to the Region 8 MCA Network.

Other relevant information:

The Region 8 Trauma Advisory Committee meetings now include educational elemental steps to what must be in place at a trauma center. There is significant turnover at hospitals and stretching of staff whereby trauma programs need support and continual education on trauma center criteria. One hospital Trauma Program Manager has asked if a TPM only group needs to be established as a support system. This will be brought to the next RTAC for discussion.

Administrative Rule Requirements:

- Yes No Quarterly meeting minutes on shared drive. (no quorums)
- Yes No All MCA's participating in the RTN.
- Yes No Performance improvement ongoing.