MICHIGAN REGIONAL TRAUMA REPORT 3rd QUARTER 2021

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:

Facility Name	Designated Yes or No	Level of Designation
Holland Hospital	Yes	Level III
McLaren Central Michigan	No	Provisional
Mercy Health Muskegon Hospital	Yes	Level II
Mercy Health Partners Lakeshore Hospital	Yes	Level IV
Mercy Health Saint Mary's Hospital	Yes	Level II
University of Michigan Health, Metro Health Hospital	Yes	Level II
North Ottawa Community Hospital	Yes	Level IV
Spectrum Health Big Rapids Hospital	Yes	Level IV
Spectrum Health Reed City Hospital	Yes	Level IV
Spectrum Health Blodgett Hospital	Yes	Level III
Spectrum Health Butterworth Hospital	Yes	Level I
Spectrum Health Helen DeVos Children's Hospital (Pediatric)	Yes	Level I
Spectrum Health Gerber Memorial Hospital	Yes	Level IV
Spectrum Health Ludington Hospital	Yes	Level IV
Spectrum Health United Hospital	Yes	Level IV
Spectrum Health Kelsey Hospital	Yes	Level IV

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Spectrum Health Zeeland Hospital	Yes	Level III
Sheridan Community Hospital	No	Provisional Level IV
Sparrow Carson Hospital	Yes	Level IV
Sparrow Ionia Hospital	Yes	Level IV
UHMS MidMichigan Medical Center Clare	Yes	Level IV

Work Plan Objective Progress and Highlights:

Complete sections that have progress within the quarter.

Injury Prevention

Objective: 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: The Injury prevention continues to meet virtually to collaborate on ideas. The new Chair is in place. A fall teen driving course, Think First, is being planned. The RTC is in the process of obtaining regional specific injury surveillance data.

Communications

Objective: 325.132 (3) (c) (11) (b) 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. This is directed as communications during a Mass Casualty Incident.
    1. Members of the R6 RTN who participate in Region 6 Healthcare Coalition disaster planning and communications will continue to work on redundancies across systems. The R6 HCC staff will ensure there are plans to mitigate any communication issues that currently exist. By September of 2022, the communications committee will present to the R6 RTN, their assessment of the criteria in #5.
    2. By October 2020, the R6 RTN will invite the Health Care Coalition R6 Coordinator to be a member of the R6 RTN communication team.

Progress: This indicator continues to be met. Staff from the Regional HCC are invited to give updates at the RTAC meeting.

Infrastructure

Objective: The Infrastructure committee did not meet. The focus this Quarter was PI.
Progress: N/A

Regional Performance Improvement

Objective: 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: The Diversion, Bypass, Transfer Phase 3 study results from Sparrow Carson were presented. . The study evaluated the use of regional protocols such as EMS bypass, use of EMTrack, appropriateness of bypasses and transfers out of the county, and hospital diversion protocols. A final report and summary will be written in June. A PPT presentation of summarizing the study, identifying opportunities next steps was presented at the June meeting. Opportunities: Communication between EMS and the hospital medical control before diverting a patient, physician sign off/approval before diverting, follow up on patients that were diverted, staff awareness of the hospital diversion policy, a robust diversion log. The goal is the right care at the right time in the right place. This project also has the potential to impact Stroke and SEMI care. Next steps. 1. RTC will send an email to R6 hospitals in September asking TMDs and TPMs to review their diversion policies and how staff are implementing them. RTC will include a sample Diversion Log, best practice literature. 2. In October the PI and education committee will discuss a regional protocol that the hospitals will be encouraged to use.

Regional Performance Improvement

Objective: The RTN uses data reports to evaluate and improve system performance. This refers to any data reports and the RPSRO inventory
Progress: July 1 – December 31 The RTC reports the Inventory to the PI committee.

Continuum of Care

Objective: The lead agency has incorporated, within the trauma system plan and the trauma center standards, requirements for rehabilitation services including interfacility transfer of trauma patients to rehabilitation centers. The regional work plan addresses the integration and participation of rehabilitation services within the continuum of care for trauma patients
Progress: This committee did not meet.

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Trauma Education

Objective 310.3,4,6 The regional trauma network establishes and ensures that appropriate levels of EMS, nursing, and physician trauma training courses are provided regularly.

Progress:
1. Meetings: The education remains very active. Met 3 times.
2. Recording and posting R6 education events on WMRMCC and MDHHS website: Yvonne Prowant and Helen Berghoef met with a State representative who will convert Teams recording to YouTube videos, however, we are unable to transfer large files. We met with WMRMCC who may have the ability to convert and post the sessions. Next meeting Oct 10.
2. Diversion Study: The August education event was special session on engaging EMS in the hospital trauma PI program. The session was well attended by TMDs, TPMs, and many levels of R6 EMS and first responders. CEUs provided.

Discussed was

- Regional Trauma Network's responsibility for process improvement
- Hospital trauma PI process and EMS engagement
- Opportunities for further engagement
- How individual hospitals are involving EMS. Several level III and IV hospital TPMs presented. Dr. Hoffelder discussed challenges and opportunities, importance of physician/paramedic rapport and the trauma time out, root cause analysis, and how his service provides patient feedback.

The presentation was followed by a robust open discussion. We asked EMS how they wanted to be involved and what feedback they wanted on their patients. It was apparent that EMS was passionate about involvement and wanted to hear from the hospital trauma staff. Dr. Hoffelder encouraged physicians to recognize the care EMS provided at the time the patient is brought to the ED. There was also discussion about the shortage of paramedics and the low morale. Members felt the hospital staff can take a role in improving morale by recognizing and involving EMS.

Other relevant information:

Metro Health University of Michigan Health name change to University of Michigan Health-West.

Some turnover of trauma staff at hospitals but not significantly higher than the past.

Some hospitals have had rare diversion events and/or ED capacity issues – holding large numbers of patients in the ED resulting from high COVID census.

TPMs and IP staff are often being asked to work clinically making keeping up with trauma responsibilities difficult.

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Administrative Rule Requirements:

☒Yes ☐ No   Quarterly meeting minutes on shared drive.

☐Yes ☒ No   All MCA's participating in the RTN. This was discussed by Dr. Evan's at the December RTN. A letter from him will also be going out to those MCA's with less than 50% participation. We are monitoring attendance and will follow up in the 4rd Quarter.

☒Yes ☐ No   Performance improvement ongoing.

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