

MICHIGAN ANNUAL REGION 3 TRAUMA REPORT-2021

REGION 3

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 3 is located on the eastern side of the state that is often referred to as the Great Lakes Bay Area. The region is comprised of fourteen counties: Alcona, Arenac, Bay, Genesee, Gladwin, Huron, Iosco, Lapeer, Midland, Ogemaw, Oscoda, Saginaw, Sanilac, and Tuscola. The region has twenty hospitals, ten health departments, and twelve medical control authorities that oversee 126 licensed life support agencies ranging from medical first responder (MFR) through advanced life support (ALS) levels along with two rotary-wing air ambulances. There is also a pediatric critical care interfacility rotary-wing agency based at Flint Bishop airport, one of two international airports in the region. Region 3 is a highly diverse area comprised of small rural farming communities to medium sized cities. The United States Census Bureau estimates the population of the region to be approximately 1.1 million residents (2019). There are four urban areas within the region: Bay City, Flint, Midland and Saginaw. There is lengthy shoreline of Lake Huron that shares an international border with Canada and attracts many anglers to the Saginaw Bay fishery. The US Coast Guard Station Saginaw River provides supports and protects these waterways. The region is home to several colleges and universities such as the University of Michigan-Flint, Saginaw Valley State University as well as Mott and Delta Colleges. The largest employers include the Dow Chemical company, General Motors, and many of the healthcare systems throughout the region. Region 3 is also home to Frankenmuth, "Michigan's Little Bavaria". The tourist destination has approximately 3 million visitors per year with its many festivals and attractions.

Medical Control Authorities:

MCA Name	Medical Director
Alcona County-Northeast MI MCA	Dr. Paul Bucchi, MD
Arenac County MCA	Dr. Bobby May, DO
Bay County MCA	Dr. Brad Blaker, DO
Genesee County MCA	Dr. Austin Burgess, MD
Huron County MCA	Dr. Brent Felton, DO
Iosco County MCA	Dr. Bobby May, DO
Lapeer County MCA	Dr. Joseph Zaczkowski, MD
Midland/Gladwin County MCA	Dr. Danny Greig, MD
Ogemaw County MCA	Dr. Paul Bucchi, MD
Oscoda County-Northcentral MCA	Dr. Shaun Ramsey, DO
Saginaw/Tuscola MCA	Dr. Noel Wagner, MD
Sanilac County MCA	Dr. William Starbird, MD

Designation Status of Facilities in Region:

Facility Name	Designated Yes or No	Level of Designation
Hurley Medical Center-Flint	Yes	I Adult II Pediatric
Ascension St. Mary's-Saginaw	Yes	II
Ascension Genesys Medical Center-Grand Blanc	Yes	II
Covenant Medical Center-Saginaw	Yes	II
McLaren Lapeer Region-Lapeer	Yes	II
MyMichigan Medical Center-Midland	Yes	II
McLaren Bay Region-Bay City	Yes	III

McLaren Flint	Yes	III
Ascension St. Joseph-Tawas City	Yes	IV
Ascension Standish	Yes	IV
Deckerville Community Hospital-Deckerville	Yes	IV
Harbor Beach Community Hospital-Harbor Beach	Yes	IV
Hills and Dales General Hospital-Cass City	Yes	IV
Marlette Regional Hospital-Marlette	Yes	IV
McKenzie Memorial Hospital-Sandusky	Yes	IV
McLaren Caro Region-Caro	Yes	IV
Scheurer Hospital-Pigeon	Yes	IV
McLaren Thumb Region-Bad Axe	No	IV Provisional
MyMichigan Health Center-Gladwin	No	IV Provisional
MyMichigan Health Center-West Branch	No	IV Provisional

Governance:

Regional Trauma Network (RTN) Board

	Name and Title
Chairperson	Dr. Danny Greig, MD
Vice Chairperson	Vacant

Regional Trauma Advisory Council (RTAC)

	Name and Title
Chairperson	Dr. Leo Mercer, MD Trauma Medical Director
Vice Chairperson	Dr. Oveys Mansuri, MD Trauma Surgery

Regional Professional Standards Review Organization

	Name and Title
Chairperson	Dr. Leo Mercer, MD Trauma Medical Director
Vice Chairperson	Dr. Gul Sachwani-Daswani, MD Pediatric Trauma Medical Director

Governance Activity Report:

The Region 3 Regional Trauma Network Board (RTN) is scheduled to meet quarterly immediately following the Region 3 Regional Trauma Advisory Council (RTAC) meeting.

The Regional Trauma Advisory Council (RTAC) meets quarterly the fourth Tuesday of the month. There are 5 trauma subcommittees: Trauma Triage/Transport, Trauma Registry, Trauma Education, Injury prevention and Trauma Rehabilitation. These subcommittees are scheduled to meet quarterly prior to the RTAC meeting.

The Regional Professional Standards Review Organization (RPSRO) meets quarterly prior to the RTAC meetings. The RPSRO performs case reviews that reflect regional system issues or trends and reviews both MDHHS and MTQIP trauma related data.

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: (2) The RTN does some minimal monitoring and evaluation of injury prevention activities and programs in the region.
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Objective: The Region 3 Trauma Network will collaborate to provide injury prevention programs in both inner-city and rural locations based on current needs in the Region.

The Region 3 Trauma Network will create a resource document identifying evidence-based injury prevention programs.
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Progress: The Injury Prevention Subcommittee has increased the frequency of meetings being held. The group has collaborated to provide injury prevention programs across the region in urban, suburban, and rural areas.

The Injury Prevention Subcommittee has included a resource document outlining injury prevention events and activities with the recently completed regional injury prevention plan.
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Additionally, the Injury Prevention Subcommittee has created a shared drive of various injury prevention topics. Each month a member creates a typical seasonal injury prevention program that other facilitates in the region are encouraged to share/utilize.

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.
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Regional Score (1) There is no written plan for coordinated injury prevention programs within the region.

Objective: The Region 3 Trauma Network will request the Injury Prevention subcommittee to draft a coordinated injury prevention plan that includes the leading causes of injury with the region.

Progress: The Injury Prevention Subcommittee has completed a written regional injury prevention plan. The written plan displays data obtained from the MDHHS trauma registry which includes leading causes of injury for the region. The plan was presented to the Regional Trauma Advisory Council and approved.

Communications

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: (2) Inter-facility communication procedures are generally included in patient transfer protocols for each medical facility but there is no regional procedure.

Objective: The Region 3 Trauma Network will develop a written contingency communication plan to be used when scheduling inter-facility transports during a radio or telephone failure.

Progress: The Region 3 Trauma Network created a communication template that identifies each trauma centers communication capabilities. This template includes primary, secondary and tertiary communication options for inter-facility transfer communications.

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) The RTN has adopted state approved regional trauma protocols.

Objective: The Regional Trauma Network will develop a survey to evaluate Trauma Medical Director and MCA Medical Director or their designee's involvement in the Regional Trauma Network.

Progress: The Region 3 Trauma Network created a survey to understand not only the Trauma Medical Director/MCA Medical Director involvement in the Regional Trauma Network but also what barriers may be preventing them from contributing more frequently. The results of this survey will be shared at the next scheduled Regional Trauma Network meeting.

Indicator 302.6: There are mandatory system-wide prehospital triage criteria to ensure that trauma patients are transported to an appropriate facility based on their injuries. These triage criteria are regularly evaluated and updated to ensure acceptable and system-defined rates of sensitivity and specificity for appropriately identifying the major trauma patient.

Regional Score: (3) Universal triage criteria are in the process of being linked to the management information system for future evaluation.

Objective: The Region 3 RPSRO will develop a process to evaluate the effectiveness of the trauma triage and destination criteria to ensure the transport of trauma patients to the appropriate trauma facility. **Ongoing objective**

Progress: The Region 3 RPSRO began reviewing regional Biospatial reports as a possible data source for evaluating the effectiveness of the trauma triage and destination criteria. Future data linking between the MDHHS trauma registry and EMS data through Biospatial may provide a more accurate means to evaluate these criteria.

Indicator 208.2: The incident management and trauma system have formal established linkages for system integration and operational management.

Regional Score: (2) There are limited linkages or interfaces between the incident management and trauma systems to specific mass casualties.

Objective: The Region 3 Trauma Network will approach the Region 3 Healthcare Preparedness Network to coordinate a planning meeting between the two groups to discuss enhanced cooperation and linkages within the networks. **Ongoing objective**

Progress: The Region 3 Trauma Network has worked collaboratively with the Region 3 Healthcare Coalition due to the ongoing pandemic. We have coordinated communications regarding the lack of hospital bed availability, equipment, and resources. The formal planning meetings have not taken place due to the current state of the pandemic and increased staff responsibilities, the network will continue to pursue this objective.

Regional Performance Improvement

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

Regional Score: (2) Some general trauma system information is available to stakeholders, but it is not consistent or regular.

Objective: The Region 3 RPSRO will utilize appropriate data reports to improve regional system performance improvement based on the availability of the data.

Progress: The Region 3 RPSRO has been reviewing MTQIP data for Level I, II and III Trauma Centers, quarterly RPSRO inventory reports as well as Biospatial data to monitor regional system trends.

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: (2) There is a fragmented system within the region, usually event based to monitor inter-facility transfer of trauma patients.

Objective: The Region 3 Trauma Network will begin evaluation and analysis of system performances for the purpose of improving the care of trauma patients within the region

Progress: The RPSRO reviews regional trauma data that is contained in the RPSRO inventory report to monitor ED dwell times and the possibility of inter-facility transfer delays. Additionally, the RPSRO is interested in monitoring for the double transfer of trauma patients for further review.

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) There are no written plans for the integration of rehabilitation services with the regional trauma system or with trauma centers.

Objective: The Regional Trauma Network will establish a regional rehabilitation subcommittee as the first step to developing a plan for integration of rehabilitation services into the regional trauma system.

Progress: The Region 3 Trauma Network has established a Trauma Rehabilitation Subcommittee. The subcommittee has created an active resource document of the inpatient trauma services available within the region.

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: (1) There are no regional trauma training guidelines for EMS personnel, nurses or physicians who routinely care for trauma patients.

Objective: The Region 3 Trauma Network will develop a list of recommended standardized trauma training courses for each discipline.

Progress: The Region 3 Trauma Education Subcommittee has created recommended trauma training guideline that addresses EMS, nursing and physician level providers that routinely care for trauma patients.

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) The region has no process in place to inform or educate all personnel on new protocols or treatment approaches.
Objective: The Region 3 Trauma Network will establish minimum trauma education recommendations for providers that routinely take care of trauma patients.
Progress: The Region 3 Trauma Network education subcommittee discusses trauma related education offerings throughout the region. These opportunities are announced via email and at regularly scheduled regional meetings. The group is researching a webpage to house this information to make it more accessible.

Regional Summary:

The Region 3 Trauma Network completed all quarterly meetings as scheduled. The meetings were initially held on a Webex virtual platform then transitioned to MS TEAMS as requested for increased user compatibility. Despite some of the challenges of meeting virtually, it has provided an opportunity for those to participate who would otherwise be unable to attend due to competing work schedules and travel times.

The Region continues to make progress on its 2020-2023 workplan such as the recently completed Region 3 Trauma Injury Prevention Plan. The region established a hospital communications template that addresses possible solutions in the event of communication failure for interfacility transfers.

The Michigan Trauma System provided funding for 28 grants that were able to be completed for hospital and EMS partners. The grants funded needed trauma education, infrastructure, injury prevention and performance improvement projects that would not likely be provided by the facility’s past years regular budget. Some of the projects were combined or included other agencies within the region to make the most efficient use of funds in an efficient manner.

The region has faced many challenges over the past year with numerous staff shortages, increased surges of COVID and Non-COVID patients alike, as well as shortages in critical products such as blood and ventilators. The trauma staff at many of these facilities have communicated an increase in clinical and administrative duties due to these shortfalls. The Regional Trauma Network has been able to be a source to connect some of the needed request for information and resources to the appropriate agency involved. The Regional Trauma Network remains focused on supporting partners to share best practices, resources, and solutions to progress the regional trauma system. This will require active and robust participation from all levels of providers and facilities with in the region.

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.

If not completed, please explain:

- 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

If not, what efforts have been made to address:

The attendance and participation vary between the Medical Control Authorities in the region. Quarterly regional meeting invitations as well as a yearly schedule are sent electronically to the MCA medical director and or their designee. A survey was recently sent to MCA/TPM medical directors to understand what barriers may be present in limiting their ability to actively contribute to regional trauma care initiatives. Upon compiling, the results of this survey and any possible solutions will be shared with the Regional Trauma Network.

- 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 (Attached)
- Regional Trauma Education (In Progress)
- Regional Performance Improvement (In Progress)

If not completed, which plans are missing and why?

There is no formal regional education plan in place. As a first step in this progress the trauma education subcommittee has discuss created a resource document of recommended trauma related education/certifications as it reflects to the ACSCOT guidelines for providers who routinely care for trauma patients.

Regional Performance Improvement activities are measured by metrics reviewed in the quarterly RPSRO Inventory data however there is not currently a formal regional PI plan in place. The RPSRO will continue to discuss regional data, metrics, needs and goals to include creating a regional PI plan.

- 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: _____ Date: _____

Regional Trauma Coordinator: _____ Date: _____