

MICHIGAN ANNUAL REGION 7 TRAUMA REPORT-2021

REGION 7

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.

Directions: Use Arial 11-point font. Unsigned applications will not be accepted (electronic signatures are acceptable). Keep each section brief and/or limited to the number of paragraphs/words noted by the section.

OVERVIEW AND ASSESSMENT OF RESOURCES

Demographics:

Medical Control Authorities:

MCA Name	Medical Director
Manistee County MCA	Joel Robinson, DO
North Central MCA	Shaun Ramsey, DO
Northeast MI MCA	Paul Bucchi, MD
Northern MI MCA	Kal Attie, MD
Northwest Regional MCA	Robert L Smith, MD
Otsego County MCA	Joy Williams, DO

Designation Status of Facilities in Region:

Facility Name	Designated Yes or No	Level of Designation
Kalkaska Memorial Hospital	Yes	IV
Mackinac Straights Health System	No	Provisional IV
McLaren Northern Michigan Hospital	Yes	ACS II
MidMichigan Health Center – Alpena	Yes	SOM III
Munson Healthcare Cadillac Hospital	Yes	IV
Munson Healthcare Charlevoix Hospital	Yes	IV
Munson Healthcare Grayling Hospital	Yes	IV
Munson Healthcare Manistee Hospital	No	Provisional IV
Munson Healthcare Otsego Memorial	Yes	IV
Munson Medical Center	Yes	ACS II
Paul Oliver Memorial Hospital	Yes	IV

Governance:

Regional Trauma Network (RTN) Board

	Name and Title
Chairperson	John Cox, Executive Director Surgical Services, Munson
Vice Chairperson	Vacant

Regional Trauma Advisory Council (RTAC)

	Name and Title
Chairperson	Sarah Helveston, TPM, Munson Medical Center
Vice Chairperson	Vacant

Regional Professional Standards Review Organization

	Name and Title
Chairperson	Kerry Kole, MD, TMD, Munson Medical Center
Vice Chairperson	Michael Martin, MD, TMD, McLaren Northern Michigan

Governance Activity Report:

- Regional Trauma Network Board (RTN Board): The RTN Board continues to provide guidance to the Regional Trauma Network stakeholders. Membership attendance has fluctuated as roles and responsibilities change within member hospitals as a result of the COVID-19 pandemic.
- Regional Trauma Advisory Council (RTAC): The RTAC is scheduled to meet every other month virtually and is routinely attended by trauma representatives from across the Region. The Region's hospitals were heavily engaged in responding to the pandemic which prevented more in-depth involvement in Regional activities.
- Regional Professional Standards Review Organization (RPSRO): The Region has continued to review aggregate data when available and discuss opportunities for improvement. The RPSRO also provided guidance to the smaller facilities on topics which improve their processes. The RPSRO is developing plans to provide education sessions based on current trends during and outside of the RTAC meetings.

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]
Objective: The Education and Injury Prevention Committee will establish a process for identification, monitoring, and evaluation of injury prevention activities and programs in the Region as evidenced by a written procedure for inclusion in the Region's injury prevention plan.
Progress: The committee has developed a process for identification and informal monitoring and evaluation of injury prevention programs through a reporting template completed by regional trauma program managers. Baseline information has been submitted to the committee by all hospitals in the region.

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: By June 2021, A review of the regional injury prevention plan will be conducted to incorporate, as appropriate, components of the State Injury Prevention Plan, and to verify that programs continue to be targeted towards high injury risk areas.

Progress: All of the injury prevention committee members were reassigned to patient care areas in their facilities during the pandemic which stalled this objective. The facilities are once again assigning injury prevention activities to staff. Work on this objective is expected to begin in earnest by February 2022.

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: [5]

Objective: The region will have created a written regional EMS communication procedure for major EMS events which is coordinated with the overall regional response plans and/or incident management system.

Progress: Complete.

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]

Objective: By June 30, 2022, the Region will have adopted one, uniform procedure for arranging for inter-facility transfers.

Progress: Discussions began on the possibility of adopting one region-wide process for arranging for inter-facility transfers but those discussions stalled during the pandemic. The topic is scheduled to be revisited in 2022.

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: [2]

Objective: By December 2021, the RTAC will be collaborating in the development of protocols for pre-hospital providers delivering care to trauma patients as evidenced by attendance rosters and meeting minutes.

Progress: Infrastructure section objectives have been assigned to the RTAC as there is insufficient membership to staff a medical oversight subcommittee at this time. Next steps include comparing and contrasting which trauma-related protocols each MCA has adopted.

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: By December 31, 2022, each MCA medical director and/or designee and each trauma medical director and/or designee shall have achieved an annual attendance rate of no less than 75% at the RTAC meetings.

Progress: Attendance is sporadic and when new directors are appointed, there is a significant lag prior to assuming regional role. Most communication is achieved via TPMS and MCA staff attending meetings and responding to requests for input. There is a plan in place to approach the RTN for support of this initiative.

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: Annually, the RTAC will have reviewed and revised the addendum to the Region 7 "Trauma Destination and Bypass Criteria" protocol to reflect the status of designation of the Region's facilities by the State.

Progress: The addendum was removed due to rapidly changing designation status of facilities and impact of the pandemic. The communication pathway for designation status is through regional leadership reporting out at MCA, facility, and agency meetings.

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: [4]

Objective: Annually, the region will develop a living document available to stakeholders that communicates the regions trauma centers, their level of designation, specialties and capabilities and limitations of said facilities that may affect the decision of EMS or another facility to send a patient to another regional facility to receive care.

Progress: Trauma assets are regularly assessed and designation status of acute care facilities in the region is communicated to regional partners as that information is released. Tracking specialty capabilities on a real-time basis is not feasible. The RTAC will be discussing how we can better share this information.

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 data obtained by the State Trauma Registrar for the RPSRO inventory, as well as the aggregate reports within Biospatial (when available), the RTN will possess 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: By December 31, 2022, the RPSRO will have developed a process for a region-wide evaluation of the effectiveness of the triage criteria in identifying trauma patients and in ensuring that patients are transported to the appropriate trauma facility, as evidenced by an annual report to the RTN.

Progress: All MCAs surveyed state they have adopted the regional triage protocols. Region-wide evaluation of the effectiveness of the triage criteria will be conducted once the necessary software is available and permissions provided by the State to create regional reports.

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]

Objective: By December 31, 2022, the RPSRO will have developed a process for monitoring inter-facility transports to ensure that the patients are expeditiously transferred to the appropriate, system-defined trauma facility.

Progress: Each hospital continues to monitor the inter-facility transports to ensure patients are transferred to an appropriate facility. The RPSRO, on request, will provide follow up on inappropriate transfers. Additional data will enhance the process.

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: By December 31, 2022, collected data from a variety of sources will be used to review the appropriateness of all-inclusive regional trauma performance standards, from injury prevention through rehabilitation as demonstrated by an annual report to the RTN.

Progress: With the data obtained by the State Trauma Registrar for the RPSRO inventory, as well as the aggregate reports within Biospatial, the RTN will be getting data reports that will allow for evaluation of overall system performance.

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: By November 30, 2017, and quarterly thereafter, the RPSRO will update the addendum to the regional bypass and destination protocol to reflect changes to the designation of trauma facilities in the region.

Progress: The designation status of regional acute care facilities is shared through regional meetings. The protocol addendum has been eliminated as it could not be updated and distributed as quickly as the information could be shared through leadership.

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: [2]

Objective: By September 2018, all acute care facilities in the Region will be regularly submitting data to the state trauma registry.

Progress: Complete

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: By December 2022, the RTAC will develop a living document for inclusion in the regional trauma plan which lists all the facilities which provide rehabilitation services in the region and a point of contact for each.
Progress: Committee activities are being placed directly under the RTAC for completion of this objective.

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: [2]
Objective: By September 30, 2017, the education and injury prevention committee will begin facilitating the identification of trauma certification course dates, locations, and registration information and forward the information to stakeholders as it becomes available and post to the regional website. By November 30, 2017, the education and injury prevention committee will submit recommendations for trauma certification for physicians, nursing, and EMS personnel to the RTAC and RTN for their support.
Progress: Complete

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: [2]
Objective: By December 31, 2022, the education and injury prevention committee will develop a structured process to inform and/or educate all personnel on new protocols and treatment approaches as documented in the regional plan.
Progress: This information is currently being shared during RTN and RTAC meetings.

Regional Summary:

Region 7 continues to be challenged by competing priorities and insufficient human resources to complete the work plan objectives of the Network. Upon initially gaining momentum in achieving the objectives set forth in the previous application, response to COVID-19 taxed the program participants and took precedence over addressing the regional work plan. With barriers identified, the Region is beginning to find ways in which to approach the work plan objectives from another perspective. Work plan objectives will continue to be prioritized and discussed in-

depth with leadership to identify methodologies to lessen the impact of those challenges identified.

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:
- 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 ImprovementIf 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.

RTN Board Chairperson: _____ Date: _____

Regional Trauma Coordinator: _____ Date: _____