

# MICHIGAN ANNUAL REGION 2S TRAUMA REPORT- 2022

## REGION 2 SOUTH

**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.

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### OVERVIEW AND ASSESSMENT OF RESOURCES

**Demographics:** Region 2 South (R2S) is the most populous region in the state of Michigan with more than 2.2 million residents. The region is comprised of Monroe, Washtenaw, and Wayne counties, and includes the City of Detroit. The region has two international border crossings with Canada and shares a border with northwestern Ohio.

Region 2 South is served by eighteen acute care hospitals, ninety-two emergency medical service (EMS) agencies, and four medical control authorities (MCAs). The region is home to fourteen American College of Surgeons Committee on Trauma (ACS-COT) verified trauma centers, including five Level I, four Level II, and four Level III, and two Level IV designated by the State of Michigan. The children of region 2 south are served by two Level I and one Level II pediatric centers. The region has two Adult American Burn Association (ABA) Verified Burn Centers and two Pediatric ABA Verified Burn Centers.

#### Medical Control Authorities:

MCA Name	Medical Director
Washtenaw / Livingston County	Dr. Robert Domeier
HEMS	Dr. Howard Klausner
Monroe County	Dr. Daniel Kemple
DEMCA	Dr. Robert Dunne

**Designation Status of Facilities in Region:**

Facility Name	Designated Yes or no	Level of Designation
Corewell Health Beaumont Grosse Pointe	Yes	ACS Level III
Corewell Health Dearborn Hospital	Yes	ACS Level II
Corewell Health Trenton Hospital	Yes	ACS Level II
Corewell Health Taylor Hospital	Yes	Level IV
Corewell Health Wayne Hospital	Yes	ACS Level III
C.S. Mott Children's Hospital	Yes	ACS Level I Pediatric
Children's Hospital of Michigan	Yes	ACS Level I Pediatric ABA Verified Pediatric Burn Center
Detroit Receiving Hospital	Yes	ACS Level I ABA Verified Adult Burn Center
Garden City Hospital	No	In process: Site visit 12/13 <sup>th</sup>
Henry Ford Hospital	Yes	ACS Level I
Henry Ford Wyandotte Hospital	Yes	ACS Level III
ProMedica Monroe Regional Hospital	Yes	Michigan Designation Level III
DMC Sinai-Grace Hospital	Yes	ACS Level II
Ascension St. John Hospital	Yes	ACS Level I Adult ACS Level II Pediatric
Trinity Health Ann Arbor Hospital	Yes	ACS Level I
Chelsea Hospital	Yes	Level IV
Trinity Health Livonia	Yes	ACS Level II
Michigan Medicine	Yes	ACS Level I ABA Verified Adult Burn Center

## Governance:

### Regional Trauma Network (RTN) Board

	Name and Title
Chairperson	Dr. Robert Domeier, MCA Director of Washtenaw/ Livingston County
Vice Chairperson	Dr. Howard Klausner, MCA Director of HEMS

### Regional Trauma Advisory Council (RTAC)

	Name and Title
Chairperson	Dr. Allan Lamb, Trauma Medical Director at Henry Ford Wyandotte
Vice Chairperson	Dr. Howard Klausner, Medical Control Director of HEMS

### Regional Professional Standards Review Organization

	Name and Title
Chairperson	Dr. Allan Lamb, Trauma Medical Director at Henry Ford Wyandotte
Vice Chairperson	Dr. Jeff Johnson, Trauma Medical Director at Henry Ford Main

### Governance Activity Report:

- Regional Trauma Network Board (RTN Board): The RTN is dedicated and committed to working with the trauma programs in the Region to ensure quality care and improved outcomes for the injured. The RTN board met quarterly in 2022.
- Regional Trauma Advisory Council (RTAC): Region 2 South RTAC has continued to strive to be outstanding in providing trauma care in this area. All trauma committees have continued to address the objectives as presented. Work plan objectives were updated on September 23<sup>rd</sup>, 2022, with progression toward completion. A plan has been developed to ensure all HRSA indicators are met if possible. A few of the HRSA indicators are unable to be met.
- Regional Professional Standards Review Organization (RPSRO): The RPSRO is continuing to track tourniquet usage, who applied the tourniquet, mechanism of injury, mode of transport to hospital, did the use of tourniquet activate the trauma system, appropriate use, appropriate application, patient outcome, monitored time of application and removal time to prevent complication of tourniquet use. At this time, 70 tourniquets have been applied in region 2 South. According to tourniquet tracking, patients are going to the right facility. Level I facilities received 40 patients with tourniquets, Level II facilities received 30 patients, and Level III and Level IV did not receive any patients with tourniquets. TXA is being tracked in the Region with 5 cases reviewed by RPSRO with only one mortality noted. EMS is using TXA protocol which includes patients that must have evidence of blood loss, systolic blood pressure below 90 with trauma related causing blood loss, destination to a Level I or Level II and long extractions times to identify proper use of

TXA. The trauma hospital is not giving a second dose due to quick surgical intervention. The “real time” reporting mechanism will identify patients that may have been initially transported to an inappropriate facility by focusing on the second transfer. Currently there were 10 double transfers, for 2022. reviewed and loop closure completed.

## Work Plan Objective Progress and Highlights

### Injury Prevention

<b>Indicator 306.2:</b> The RTN is active within the region in the monitoring and evaluation of regional injury prevention activities and programs.
<b>Regional Score:</b> 2 / present score 3 after review on Sept 2022.
<b>Objective:</b> By January 2022, the RTN will monitor and evaluate injury prevention programs by using an annual analysis of regional injury pattern data from the trauma registry to develop coordinated and targeted injury prevention offerings. By January 2022, a resource guide of programs offerings will be distributed to region 2 South trauma network partners injury prevention to avoid duplication of efforts and facilitate collaboration of injury prevention initiatives
<b>Progress:</b> 1 <sup>st</sup> survey was conducted in June 2022, to see what programs are currently being offered post Covid. Injury prevention positions are once again filled. A majority of programs have resumed but a few have been discontinued.

  

<b>Indicator 203.5:</b> 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.
<b>Regional Score:</b> 1 / present score 3 after review in September 2022
<b>Objective:</b> By January 2022, the RTN will perform annual surveys of regional trauma facilities to confirm injury prevention programs alignment with regional injury patterns.
<b>Progress:</b> Due to COVID, it has been extremely difficult to evaluate the programs. Some injury prevention programs are sending surveys out for attendees to rate the program i.e. was the presenter knowledgeable regarding material, was the class beneficial, what would you recommend for changing any material, would you recommend this class to others. The larger Level I and Level II tend to send surveys out. A few examples of the surveys set include Stop the Bleed classes, Matter of Balance, Fire Safety, and several other IP program. At the September meeting the regional injury prevention plan and the State of Michigan IP Plan were incorporated to meet standards. Stop The Bleed has a survey that can be used after a class presented.

## Communications

<p><b>Indicator 302.10:</b> 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.</p>
<p><b>Regional Score:</b> 4 / present score 5 after review in September 2022</p>
<p><b>Objective:</b> By March 2020, the RTN will participate in a minimum of one annual multi-jurisdictional emergency response exercise with the Region 2 South Healthcare Coalition in order to evaluate the integration of communications among the region's designated trauma programs and with the regional incident management system.</p> <p>Background: The Regional Healthcare Coalition has a well-defined and exercised communications plan. The Region has participated in one exercise with the coalition. An annual exercise will help integrate the regional trauma program with the regional incident response plans.</p>
<p><b>Progress:</b> The RTN/ RTAC worked closely with the Healthcare Coalition to support regional incident command and to ensure trauma patients received appropriate care in a timely manner. Regional Trauma Coordinator attends region 2 south Healthcare Coalition meetings to relay information to the trauma hospitals. A regional education newsletter is sent out to the region regarding education opportunities. Monthly radio checks are performed by healthcare coalition office and documented. A tabletop exercise with trauma hospitals, the Healthcare Coalition and MCA is scheduled in 1<sup>st</sup> quarter of 2023. Objective has been met.</p>

  

<p><b>Indicator 105.7:</b> An assessment of the needs of the general medical community, including physicians, nurses, pre-hospital care providers, and others, concerning trauma system information, has been conducted</p>
<p><b>Regional Score:</b> 1/ present score 1 after review in September 2022</p>
<p><b>Objective:</b> By January 2022, a needs assessment of the broad medical community regarding the types of trauma information they would find useful will be completed by the region. After the assessment has been completed the RTN will develop a communication tool to provide information and resources to the broad medical community.</p>
<p><b>Progress:</b> A needs assessment has not yet been completed. Unsure if this objective can be met.</p>

## Infrastructure

<p><b>Indicator 302.1:</b> 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.</p>
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<b>Regional Score:</b> 4 / present score 4 after review in September 2022.
<b>Objective:</b> Beginning January 2022, the medical control authorities in the Region will provide an annual report to the RPSRO that evaluates the effectiveness of on-line and off-line medical control in correlation with registry outcomes.
<b>Progress:</b> EMS medical directors have adopted trauma transport and destination protocols consistent with CDC guidelines and State protocols. Each MCA provides on-line and off-line medical control consistent with these protocols, but EMS and the regional trauma system are not fully integrated with medical oversight processes. New protocols are sent to RPSRO for review. Questions regarding a new policy will be discussed at the RTN meeting.

<b>Indicator 302.6:</b> 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 update to ensure acceptance and system-defined rates of sensitivity and specificity for appropriate identifying the major trauma patient.
<b>Regional Score:</b> 4 / present score 4 after review in September 2022
<b>Objective:</b> By March 2021, the RTN, with the cooperation of the RPSRO, will have a linked connection with the information management system that will evaluate the effectiveness of field triage of the trauma patient with the use of Bio spatial.
<b>Progress:</b> 4 – Need over/under prehospital triage data to move to a 5. biospatial access is not available currently. National guidelines for Field Triage of Injured Patients are in the discussion phase including the need for education around the new language.

<b>Indicator 303.2:</b> 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.
<b>Regional Score:</b> 5 / present score 5 after review September 2022
<b>Objective:</b> By March 2020, as an ongoing activity of regional trauma system planning, the number and levels of trauma facilities are communicated regularly to the medical control authorities, who incorporate this information into the local MCA trauma triage and destination protocols. These local protocols account for trauma facility resources, geography, and transport time. On-line medical control ensures proper destination guidance in the event of trauma diversion. The RPSRO will perform an annual audit of all trauma center diversions to assure the appropriate use of diversion and the accuracy of trauma center resources.
<b>Progress:</b> 5- Objective has been met

<b>Indicator 303.1:</b> 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).
<b>Regional Score:</b> 4 / present score 5 after review September 2022
<p><b>Objective:</b> During the 2020-2023 application period the medical control authorities will provide a report to the RPSRO for a systemic problem, or if education is needed and if certain facilities have multiple transfers for the same issues such as burns or pediatric orthopedic.</p> <p>Background: The region has adopted trauma triage and destination protocols that identify criteria for appropriate transport to trauma centers and specialty care centers. The RPSRO has developed both a “real time” and a retrospectives data tracking process to identify and evaluate multiple transfer of patients.</p>
<b>Progress:</b> 5 - Objective has been met

### Regional Performance Improvement

<b>Indicator 206.1:</b> The RTN generates data reports to evaluate and improve system performance.
<b>Regional Score:</b> 3 /present score 3 after review in September 2022
<p><b>Objective:</b> By June 2021, data will be accessible by the RTN and RPSRO to review on an annual basis for decision-making and /or evaluation of system performance. Once fully implemented, regional data reports can be analyzed and used to improve system performance and effectiveness.</p>
<b>Progress:</b> A regional inventory document was presented to the RTN. This document will provide regional data analysis and facilitate improved system performance. The dates are from Jan 1 <sup>st</sup> -June 30 <sup>th</sup> presented on 9/1/22

<b>Indicator 302.5:</b> The retrospective medical oversight of the EMS system for trauma triage, communications, treatment, and transport is closely coordinated with the established performance improvement processes of the trauma system.
<b>Regional Score:</b> 3 / present score is a 4 after review September 2022
<p><b>Objective:</b> By March of 2021, data will be available from biospatial on a regular basis. Once fully implemented and reported to the MCA's, the medical control authorities will send the data to the medical oversight subcommittee for analysis and serve as a basis for a retrospective review report to the RPSRO. Any necessary adjustments, changes, or corrections will be suggested after review.</p>
<b>Progress:</b> The regional triage criteria are used by all pre-hospital providers. There is a region-wide evaluation of the effectiveness of the triage criteria in identifying trauma patients

and ensuring that patients are transported to the appropriate trauma facility. There are new triage guidelines that will be presented to EMS and trauma hospitals incoming months.

**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 / present score is 1 after review in September 2022

**Objective:** By March 2021, the RTAC will use a variety of sources to review and revise the written performance standards for each of the following components of trauma care: injury prevention, communications, infrastructure, regional performance improvement, education, and continuum of care.

**Progress:** Regional list of rehabilitation facilities has been established. A survey was done at the state level to review what facilities are out there.

**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:** 1 / present score is 1 after review in September 2022.

**Objective:** Beginning in March 2018, all instances of bypass of a trauma facility to a more appropriate trauma facility based on the established trauma triage and destination protocols of the respective medical control authorities will be reviewed by the applicable MCA PSRO and reported quarterly to the RTN.

**Progress:** Region 2 South does not have a regional trauma bypass protocol. There has been no need for bypass in this region according to all four MCA's.

### 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 / present score is a 1 after review in September 2022

**Objective:** By March 2022, the RTN will obtain a list of the rehabilitation's facilities within region 2 South and identify each as one of the following: acute inpatient rehabilitation, subacute rehabilitation (SAR), nursing homes with rehab capabilities, inpatient hospice units, TBA rehabilitation unit, spinal rehabilitation unit, burn rehabilitation or pediatric rehabilitation unit.

**Progress:** The Regional trauma coordinator has compiled a list of rehabilitation services used by regional trauma centers. The regional healthcare coalition has a subcommittee of rehabilitation services to integrate into the trauma services for collaboration between services.



The State of Michigan has done a survey of trauma facilities throughout the state. This will be an objective for 2023.

### 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 / present score 5 after review in September 2022

**Objective:** By March 2021, a trauma training resources will be identified by the Education Subcommittee and a plan to integrate trauma training throughout the Regional Trauma Network. All trauma system has provided a list of mandatory education that is needed. Ongoing education opportunities are sent out to RTAC.

**Progress:** Objective has been met

**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:** 3 / present score is a 5 after review in September 2022.

**Objective:** During the 2020-2023 application period the RTN will monitor the process utilized by the MCA and Region 2 South Education Committee to educate all personnel on new protocols, treatments plans, and procedures through the monthly newsletter. New protocols are shared by the Regional Trauma Coordinator to the Region.

**Progress:** Objective has been met

### Regional Summary:

Region 2 South had a particularly challenging last quarter of the year in 2022 due to RSV, flu, and hospital admission to the pediatric centers in the region that contributed to shortages of bed availability due to staffing. Region 2 South continues to provide exceptionally high-quality trauma care. The right patient is transported to the right facility in a timely manner. Trauma outcomes exceed expectations because of the highly trained trauma physicians and nurses in the region despite staffing issues. The stress of individuals in the communities has resulted in an increase in gun violence, blunt force trauma, and stabbings in the region which has affected all Level I and Level II hospitals this past year. The peak season for violence is May - Aug

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**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 MCAs 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 Improvement

If 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.

If not completed, please explain:

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RTN Board Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Trauma Coordinator: Denise Kapnick

Date: 12/17/2021