

MICHIGAN ANNUAL REGION 3 TRAUMA REPORT-2023

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 124 licensed life support agencies ranging from medical first responder (MFR) through advanced life support (ALS) levels along with a rotary-wing air ambulance. 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 support 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
Arenac County	Dr. Michael Detloff, DO
Bay County	Dr. Michael Detloff, DO
Genesee County	Bruce Trevithick-Executive Director
Huron County	Dr. Brent Felton, DO
Iosco County	Dr. Michael Detloff, DO
Lapeer County	Dr. James Sutton, DO
Midland-Gladwin Counties	Dr. Danny Greig, MD
North Central MCA-Oscoda County	Dr. Shaun Ramsey, DO
Northeast MCA-Alcona County	Dr. Alison Bracken, DO
Ogemaw County	Dr. Paul Bucchi, MD
Saginaw/Tuscola MCA	Dr. Noel Wagner, MD
Sanilac County	Dr. William Starbird, MD Dr. Mark Hamed, MD

Designation Status of Facilities in Region:

Facility Name	Designated Yes or No	Level of Designation
Hurley Medical Center	Y	I Adult II Pediatrics
Ascension St. Mary's	Y	II Adult
Ascension Genesys Medical Center	Y	II Adult
Covenant Medical Center	Y	I Adult II Pediatrics

McLaren Lapeer Region	Y	II Adult
MyMichigan Medical Center-Midland	Y	II Adult
McLaren Bay Region	Y	III Adult
McLaren Flint	Y	III Adult
Ascension St. Joseph	Y	IV Adult
Ascension Standish	Y	IV Adult
Deckerville Community Hospital	Y	IV Adult
Harbor Beach Community Hospital	N	N/A
Hills and Dales General Hospital	Y	IV Adult
Marlette Regional Hospital	Y	IV Adult
McKenzie Memorial Hospital	Y	IV Adult
McLaren Caro Region	Y	IV Adult
McLaren Thumb Region	Y	IV Adult
MyMichigan Medical Center-Gladwin	N	Provisional IV Adult
MyMichigan Medical Center-West Branch	Pending	IV Adult
Scheurer Hospital	Y	IV Adult

Governance:

Regional Trauma Network (RTN) Board

	Name and Title
Chairperson	Dr. Danny Greig, MD
Vice Chairperson	Bruce Trevithick, Executive Director

Regional Trauma Advisory Council (RTAC)

	Name and Title
Chairperson	Dr. Mark Hamed, MD
Vice Chairperson	Rob Warnemuende, EMS Manager

Regional Professional Standards Review Organization

	Name and Title
Chairperson	Dr. Gul Sachwani, DO
Vice Chairperson	Dr. John Donkersloot, MD

Governance Activity Report:

The Region 3 Trauma Network Board (RTN) is scheduled to meet quarterly immediately following the Region 3 Regional Trauma Advisory Council (RTAC). There have not been any in-person regional meetings during 2023. The Region 3 Trauma Network will have the option of meeting in-person beginning April 2024 for all regional trauma meetings. The RTN appoints members to the RPSRO, the RTAC and subcommittees report to the RTN. The RTN is comprised of the MCAs within the region and provides statutory oversight.

The Regional Trauma Advisory Council (RTAC) meets quarterly the fourth Tuesday of the month. There are 5 trauma subcommittees: Education, Injury Prevention, Trauma Registry, Trauma Rehabilitation and Trauma Triage/Transport. The RTAC is a multidisciplinary group that discusses trauma related clinical and operational information and disseminates this information to their individual organization.

The Regional Professional Standards Review Organization (RPSRO) meets quarterly prior to the RTAC meetings. The RPSRO reviews data inputs such as the updated RPSRO Inventory Report, MTQIP report and referred case reviews that reflect regional system issues or trends.

Work Plan Objective Progress and Highlights

Injury Prevention

<p>Indicator 207.4: A trauma system public information and education plan exists that heightens public awareness of trauma as a disease, the need for a trauma care system and the prevention of injury. The RTN will promote evidenced based primary injury prevention activities and projects.</p>
<p>Regional Score: (2) There is a trauma system public information and education plan but linkages between programs and implementation of specific objectives have waned.</p>
<p>Objective: The Region 3 Trauma Network will create an injury prevention data base of all regional injury prevention programs and events.</p>
<p>Progress: A regional injury prevention plan has been created and implemented. A regional injury prevention database has been created to track injury prevention programs and activities throughout the region. Injury prevention staff collaborate to provide injury prevention</p>

programs and public education to rural, suburban, and urban areas across the region. This collaboration has increased the efficiencies and reach of targeted populations at risk.

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 and evaluation of injury prevention activities and programs in the region.

Objective: The Region 3 Trauma Network will create a resource document identifying evidence-based injury prevention activities.

Progress: The injury prevention subcommittee has created a resource document in coordination with the region's injury prevention plan identifying evidence-based injury prevention programs. The subcommittee reports to the RTN injury prevention activities/programs that have been provided on a quarterly basis. The region looks forward to evaluating these programs effectiveness by future outcome data.

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/protocol to be used when scheduling inter-facility transports during radio or a telephone failure.

Progress: A regional interfacility communications template has been created to include each hospital primary, secondary and tertiary communication methods. The template also includes EMS to hospital capabilities. The RTC has networked with the HCC regional coordinator and reviewed the regional HCC communication SOP. This will be presented to the RTN for review and anticipated adoption to standardize communication across the region when faced with any loss of standard communication means.

Infrastructure

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

This is directed at the Trauma Network's collaboration with the Regional Healthcare Coalition.

Regional Score: (1) There are no formal established linkages for system integration or operational management and trauma systems.

Objective: The Region 3 Trauma Network will approach the Region 3 Healthcare Preparedness Network to set-up a planning meeting between Region 3 Healthcare Preparedness Network and the Region 3 Trauma Network to discuss enhanced cooperation and linkages with eh Healthcare Preparedness Network.

Progress: The RTC has met with the regional coordinator and medical director of the HCC. The RTC has begun attending the HCC monthly planning board meetings. The HCC regional coordinator has also begun attending the RTN RTAC meetings. Through this interaction it was discovered there are multiple areas of overlap between the RTN and the HCC that can be improved by increased awareness, communication, and participation.

Regional Performance Improvement

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) There is a regional bypass protocol that allows bypass of an acue care facility and provides guidance on what the most appropriate facility is based on the patient's injury.

Objective: By the end of the 2020-2023 Trauma Network Work Plan period, the Region 3 Trauma Network will develop a systematic approach using the available data technology to evaluate the effectiveness of the supplemental trauma triage and destination protocol utilized by EMS in Region 3.

Progress: The Region 3 Trauma Triage/Destination Subcommittee as well as several members of the RPSRO created an ad-hoc workgroup to discuss and evaluate the existing Region 3 supplemental trauma triage transport and destination protocol. The workgroup met several times and reviewed the geographic location of both designated trauma centers, non-designated hospitals, EMS agencies as well as the ACS-COT 2021 *National Guideline for the Field Triage of Injured Patients*. The workgroup presented its recommendation to the RTN to allow this supplemental protocol to expire as it no longer matches the trauma center and EMS resources of the region as many of the previously non-designated hospitals have successfully acquired their trauma designation status.

Continuum of Care

Indicator 308.1: 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.

Regional Score: (1) There is no written plans for the integration of rehabilitation services with the regional trauma system or with trauma centers.

Objective: The Region 3 Trauma Network will establish a regional rehabilitation subcommittee as the first step to developing a plan for the integration of rehabilitation services into the regional trauma system.

Progress: The RTC has established a trauma rehabilitation subcommittee within the RTAC. The subcommittee has established an inventory of the acute inpatient trauma rehabilitation resources within the region. The RTC has presented the findings from an environmental scan of acute inpatient trauma rehabilitation facilities that was provided by the department in collaboration with MPH. The RTC has also met with trauma acute inpatient trauma rehabilitation program managers to establish communication and related working relationships as well as encouraging them to participate in the regions RTAC quarterly meetings.

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, including EMS, nursing, and physicians.

Progress: The Region 3 trauma education subcommittee has established a multidisciplinary list of recommended trauma related education/certification courses. The education subcommittee and RTC share upcoming trauma related educational offerings. Region 3 hosts an annual trauma symposium that focuses on multidisciplinary education for EMS, nursing and physicians alike. The 2023 Systems of Care project grants were utilized to provide additional trauma education to trauma staff in the region including ATCN, TOPIC, TNCC, TCAR and ATOM.

Regional Summary:

Region 3

Region 3 trauma centers continue to develop and mature. The region has 17 designated trauma centers, one (1) provisional trauma center and one (1) non-designated hospital. There were six re-verification and one (1) initial site visit conducted in 2023. The trauma centers in the region continue to collaborate and assist each other providing injury prevention programs to their communities such as Stop the Bleed (STB) training, Matter of Balance, and Car Seat Safety. The hospitals also participated in a large regional Stop the Bleed (STB) initiative that was primarily focused on schools and was funded through the Systems of Care project grant. The Region 3 Trauma Education Subcommittee held its annual Region 3 Trauma Symposium on April 13th. The full day symposium was attended by nearly 300 individuals with 8 different

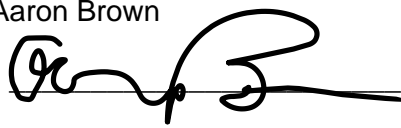
speakers and 11 vendors to inform trauma stakeholders of the current trends related to trauma. The symposium offered 6 CME and EMS credits. The Region 3 Trauma Triage, Transport and Destination Subcommittee met several times along with the RPSRO, RTAC and RTN officers to discuss the supplemental EMS regional trauma triage and destination protocol. The group unanimously felt the supplemental protocol no longer matches the trauma resources or needs of the region. The group was presented with the upcoming EMS protocols that includes the ACS trauma triage criteria. After several discussions the group recommended that region would no longer institute the supplemental protocol instead encourage MCAs to adopt the state trauma triage protocol as written.

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
 - × Education Plan-In Progress
 - × Regional Performance Improvement-In Progress (PI tracking tool implemented)
- × 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: _____

Aaron Brown
Regional Trauma Coordinator:  _____ Date: 1/22/2024