

# MICHIGAN ANNUAL REGIONAL TRAUMA REPORT-2024

## 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 21 transporting licensed life support agencies ranging from basic life support (BLS) through advanced life support (ALS) levels along with a rotary-wing air ambulance. 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 (2020). There are four urban areas within the region: Bay City, Flint, Midland and Saginaw. The region has two international airports, MBS-Saginaw and Flint-Bishop. 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	Yes	I Adult II Pediatrics
Covenant Medical Center	Yes	II Adult II Pediatrics
Henry Ford Genesys Hospital	Yes	II
McLaren Lapeer Region	Yes	II
MyMichigan Medical Center-Midland	Yes	II
MyMichigan Medical Center-Saginaw	Yes	II
McLaren Bay Region	Yes	III
Deckerville Community Hospital-Aspire	Yes	IV
Harbor Beach Community Hospital	Yes	IV

Hills and Dales General Hospital	Yes	IV
Marlette Regional Hospital-Aspire	Yes	IV
McKenzie Memorial Hospital	Yes	IV
McLaren Caro Region	Yes	IV
McLaren Thumb Region	Yes	IV
MyMichigan-Standish	Yes	IV
MyMichigan-Tawas	Yes	IV
MyMichigan-West Branch	Yes	IV
Scheurer Hospital	Yes	IV
MyMichigan-Gladwin	No	IV
McLaren Flint	No	Non-Designated

## 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 Sharpe, 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). The Region 3 Trauma Network has the option of meeting in-person or virtually for all regional trauma meetings however, the RTN Board is required to attend an annual in-person meeting. 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 regional 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

<b>Strategic Plan Objective: 4</b>
<b>Objective:</b> By December 31, 2024, each regional IP committee will identify gaps in their regional programs. IP plans will be updated. Progress on this objective will be reported on the Regional Trauma Coordinator's (RTC) annual report.
<b>Progress:</b> Injury prevention staff collaborate to provide injury prevention and public health education programs to rural, suburban, and urban areas across the region. This regional collaboration has increased the efficiencies to reach targeted populations at risk. Evidence based programs such as Think First to Prevent Falls, Matter of Balance, Think First Traffic Safety and Stop the Bleed training. Recently, public education efforts regarding gun safety and firearm safe storage have begun.

### Communications

<b>Indicator 302.1:</b> There is a procedure for communications among medical facilities when arranging for inter-facility transfers including contingencies for radio or telephone system failure.
<b>Regional Score: (2)</b> Inter-facility communication procedures are generally included in patient transfer protocols for each medical facility but there is no regional procedure.
<b>Objective:</b> By January 2025 the Region 3 Trauma Network will develop a regional communication procedure for arranging trauma patient transfers including redundant backup procedures in the event of a communication system failure between sending and receiving hospitals as well as EMS transport agencies.

**Progress:** A regional interfacility communications template has been created to include each hospital's primary, secondary and tertiary communication methods/capabilities. The template also includes EMS to hospital capabilities. The Region 3 HCC Medical Coordination Center (MCC) Activation Protocol and Standard Operating Guideline has been reviewed by the Regional Trauma Network. The HCC MCC is able to provide administrative assistance, technical supervision and coordination of assets. The MCC includes at least one operator, and their supporting equipment. The R3MCC is designed so that it is a nearly stand-alone asset. It includes the necessary communication equipment, banks of radios, cell phone, computer, etc. for its operation in the event of a regional disaster, MCI or communications failure.

### 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:** By January 2025, the Region 3 RPSRO, RTAC and RTN will participate in the review of trauma related EMS protocols at least annually. Trauma Medical Directors will participate /communicate with local MCAs within the region providing medical oversight and evaluation of trauma related EMS care.

**Progress:** The newly adopted State of Michigan EMS trauma related protocols were reviewed and discussed at RTAC meetings. Local variability in protocol adoption was discussed including field administration of antibiotics for orthopedic injuries. EMS protocol adherence is also reviewed during RPSRO referrals in respect to the local MCA.

**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. This indicator is also directed at the process for diversion of a trauma patient from a hospital.

**Regional Score: (3)** There is a regional system plan and a diversion protocol that identifies the number, levels and distribution of trauma facilities. System updates using available data not routine.

**Objective:** By July 2025, the Region 3 RTN and Trauma Triage/Destination Subcommittee will develop a resource document identifying the number, levels and distribution of trauma centers within the region. The regional inventory will be routinely utilized when creating this document and updated at least annually.

**Progress:** The RTC and Trauma Triage/Designation Subcommittee has created a Regional Time Sensitive Resource Matrix. This matrix can be used as a reference to quickly identify the location of specialty care facilities within the region for both EMS and hospital providers. The matrix identifies both adult and pediatric trauma designation level and burn/burn surge centers. Other medical specialty centers are also identified such as stroke center/certification

level, 24-hour PCI, OB and pediatric admission capabilities. Additional redundant communication for each facility is also listed.

### 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:** By April 2024, The Region 3 RTN will include trauma rehabilitation shareholders within the region to be integrated into the RTAC.

**Progress:** Regional acute trauma rehabilitation shareholders have been identified, contacted and attend RTAC meetings to provide content expertise. The State of Michigan Trauma Rehabilitation and Needs Assessment Project, Patient Journey-Outcomes After Injury was presented to the RTAC to better understand how the trauma system is working, the state of acute inpatient trauma rehabilitation and where additional resources may need to be focused.

### Performance Improvement

**Indicator 302.5:** 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.

**Regional Score: (3)** There is a retrospective medical oversight procedure for trauma triage, communications, treatment and transport by the performance improvement processes of the trauma system or by the EMS system.

**Objective:** By July 2026, the Region 3 RPSRO/RTN will collaborate the retrospective medical oversight for trauma triage, field activations, treatment and transport determination with the EMS system. This will require increased participation/collaboration of the Trauma Medical Directors, Medical Control Authorities and the Medical Control Authority Medical Directors.

**Progress:** The retrospective medical oversight for trauma triage, treatment and transport has been demonstrated recently through a RPSRO referral. The multi-disciplinary group was able to collaboratively review the case according to local MCA protocols to determine if a deviation occurred. The group has made recommendations and efforts to prevent similar instances through additional education and system monitoring have begun.

### Regional Summary:

Region 3 has (18) designated trauma centers, (1) provisional trauma center and (1) non-designated hospital. The remaining provisional level IV trauma center is scheduled for verification review in January. There were (7) re-verification, (1) initial and (1) focused trauma review visits during the 2024 calendar year. Two of the regions health system experienced system-wide cyber-attacks that temporarily impacted their ability to deliver care. Various neighboring trauma centers were able to flex resources to compensate for the additional volume of patients. Additionally, regional discussions have taken place about best practices regarding notification when diversion occurs. The region continues to gather current notifications/procedures of other regions and health systems with the intention of creating a regional SOP for diversion notifications. The RTC served as planning board member on the Health Care Coalition (HCC) for a regional chemical emergency tabletop exercise. The exercise was well attended by a multi-disciplinary group representing both clinical and non-clinical hospital staff along with long term care, EMS and emergency management staff. Numerous corrective actions to emergency plans/procedures regarding chemical emergencies were the product of this event.

The RTN and RTC participated in an MCI drill involving a mock school shooting that tested law enforcement, EMS and hospital staffs' ability to triage, extricate, care and arrange transport of multiple victims. Numerous evolutions and scenarios were completed with attendees stating they feel much more prepared in the event of a similar disaster. Many of the scenarios involved EMS and fire department crews to be partnered with law enforcement officers in teams to extricate victims to a staging area. From the staging area, a transport officer was assigned the task of utilizing existing EMS resources and other alternative means to distribute the trauma victims to appropriate regional trauma centers based on injuries and transport times. A medical surge exercise was also hosted by the HCC and attended by members/stakeholders of the RTN. The Region 3 Trauma Education Subcommittee held its annual Region 3 Trauma Symposium in April. The Trauma Education Subcommittee was able to secure a nationally recognized speaker, Mr. Daniel Sundahl as keynote speaker. Mr. Sundahl's art is recognized worldwide, and he travels internationally speaking on his art and personal experiences with occupational stress injuries and post-traumatic growth as a former firefighter/paramedic. The full day symposium was attended by nearly 300 individuals with 8 different speakers and 14 vendors to inform trauma stakeholders of the current trends related to trauma care. The symposium offered 6 CME and EMS credits and offers a chance for its regional trauma partners to network and reconnect. The Saginaw Spirit Ontario Hockey League (OHL) team played host to the 104<sup>th</sup> Memorial Cup. The Memorial Cup is the national championship of the Canadian Hockey League's 60 teams. The historic event drew in an estimated additional 17,000 visitors and spectators along with 4,500 additional overnight stays for the 13-day event to the Saginaw/Frankenmuth areas.

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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:

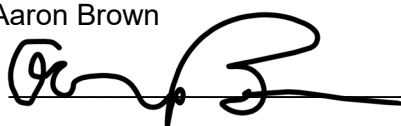
- × Schedule and information regarding RTN Board and RTAC posted on the trauma website
- × Annual confirmation that members of the RTAC are currently involved in trauma care completed.
- × All MCAs are participating in the RTN

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
  - × Education Plan-In Progress-resource document implemented
  - × 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.

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

Aaron Brown  
Regional Trauma Coordinator:  \_\_\_\_\_ Date: 1/08/2025