

MICHIGAN REGIONAL TRAUMA REPORT

1st QUARTER 2022

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.

Resource Update: Facility Designation Status:

Facility Name	Designated	Level of Designation
Hurley Medical Center-Flint (Adult-I, Peds-II)	Yes	I
Ascension Genesys Medical Center-Grand Blanc	Yes	II
Ascension St. Mary's-Saginaw	Yes	II
Covenant Medical Center-Saginaw (Adult/Peds)	Yes	II
McLaren Lapeer Region-Lapeer	Yes	II
MyMichigan Health-Midland	Yes	II
McLaren Bay Region-Bay City	Yes	III
McLaren Flint-Flint	Yes	III
Ascension St. Joseph-Tawas	Yes	IV
Ascension Standish Hospital-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	Yes	IV
McKenzie Memorial Hospital-Sandusky	Yes	IV
McLaren Caro Region-Caro	Yes	III

Scheurer Hospital-Pigeon	Yes	IV
McLaren Thumb Region-Bad Axe	Yes	IV-Provisional
MyMichigan Health-Gladwin	Yes	IV-Provisional
MyMichigan Health-West Branch	Yes	IV-Provisional

Work Plan Objective Progress and Highlights:

Complete sections that have progress within the quarter.

Injury Prevention

Objective: The Region 3 Trauma Network will create an injury prevention data base of all regional injury prevention programs and events by December 2022.

Progress: The Region 3 Injury Prevention Subcommittee has created an injury prevention data base to track and document all injury prevention activities within the region. This data base will allow the region to better understand injury prevention activities at a regional level versus at an individual hospital level. The data base will allow the region to prioritize injury prevention efforts and reduce redundant/overlapping activities.

Communications

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

Progress: A Region 3 communications capability template has been created in the event of a communication failure that includes both hospital to hospital and EMS to hospital options.

Infrastructure

Objective: The Region 3 Trauma Network will develop a survey to evaluate trauma medical director and MCA medical directors or their designee's involvement in the Regional Trauma Network.

Progress: The survey to evaluate the regions trauma medical director and MCA medical directors' involvement has been completed. The survey also asked for suggestion for improving the regional trauma meetings as well as scheduling and meeting platform preferences. The results of this survey were discussed with the RTAC chairperson and will be presented at the April 2022 Region 3 RTAC meeting. We will continue to encourage active participation with the Region 3 Regional Trauma Network including oversight, protocol review and development.

Regional Performance Improvement

Objective: The Region 3 RPSRO will present MTQIP data for Trauma Center Levels I-III to evaluate

the function of the trauma system in addition to or in the absence of MDHHS data.

Progress: The Region 3 RPSRO reviews MTQIP data as well as the RPSRO Inventory data to monitor system metrics, performance improvement as well as trauma system functionality.

Continuum of Care

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

Progress: The Region 3 Trauma Rehabilitation Subcommittee has been created. A current data base for the acute inpatient trauma rehabilitation services within Region 3 has been created. The region continues to interact with the Michigan Trauma System/BETP staff to better understand trauma rehabilitation services and referral patterns with a goal of measuring functional outcome as a performance indicator of the trauma system.

Other relevant information:

The region continues to be challenged with trauma program staff turnover. Issues identified by partners include; incomplete handoffs regarding the trauma program when staff leave positions this can have program impacts, hospitals across the region also voiced concern over continued clinical staff shortages, availability of EMS resources especially when patients with time sensitive emergencies such as trauma, require prompt interfacility transports. These concerns and challenges continue to be discussed at the regional trauma meetings. Some of the recommendations were for hospitals to update their accepting capability as well as specialty availability within EMResource in a timely manner. Continue to support EMS trauma triage, transport, and destination guidelines as well the judicial use of scarce EMS resources. The Region 3 Trauma Education Subcommittee continues to prepare for its upcoming Region 3 Trauma Symposium. The annual symposium resumes following a 1 year break due to the COVID-19 pandemic. The subcommittee has a full schedule of speakers to inform trauma stakeholders of the current trends related to trauma care. The initial registration counts for this highly anticipated event remain promising.

Administrative Rule Requirements:

- Yes No Quarterly meeting minutes on shared drive.
- Yes No All MCA’s participating in the RTN.
- Yes No Performance improvement ongoing.