

MICHIGAN REGIONAL TRAUMA REPORT

1st QUARTER 2022

Region 8

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
Aspirus Iron River	Yes	IV
Aspirus Ironwood	Yes	IV
Aspirus Keweenaw	Yes	III
Aspirus Ontonagon	Yes	IV
Baraga Memorial	Yes	IV
Dickinson County	No	Provisional
Helen Newberry Joy	Yes	IV
Munising Memorial	No	Provisional
OSF St. Francis	Yes	IV
Schoolcraft	No	Provisional
UP Health System Bell	No	Provisional
UP Health System Marquette	Yes	II
UP Health System Portage	Yes	III
War Memorial	Yes	III

Work Plan Objective Progress and Highlights:

Complete sections that have progress within the quarter.

Injury Prevention

Objective: By December 2020, the Regional Trauma Coordinator will survey regional injury prevention stakeholders including hospitals, senior provider networks, Medical Control Authorities, and others. The database shall contain program type, audience, locations, and contact persons.

Progress: The injury prevention program list is out of date because of COVID-19 disruption. At every RTAC meeting, injury prevention programming is discussed, and some communities are starting Stop the Bleed and Matter of Balance courses again. Programs are encouraged to send course details when open to the public to the Regional Trauma Coordinator (RTC) so that she can place updates on the R8TRAUMA Facebook page.

Objective: By December 2020, the RTN will have communicated to injury prevention stakeholders the Regional Injury Prevention Plan that addresses at a minimum, the trauma registry identified top 3 injuries in the region; program identification, reach, and impact. The RTN will request feedback by March 2021 from the stakeholders regarding overlap and gaps. The plan shall be reviewed annually by the RTAC and RTN.

Progress: An injury prevention plan is on the R8 Trauma webpage. In December 2021, the RTN agreed to re-start a snowmobile crash data collection project. The RTC has written snowmobile crash reports in Biospatial for EMS records, in collaboration with the EMS Section, and there is a snowmobile crash report written in Report Writer for the state trauma repository. Designated snowmobile season ends March 31. Trauma reports will be run in July when that data is required to be in the repository. EMS records must be in place by the 10th of the following month, so those will be completed next quarter. The RTC and the Office of Highway Safety Planning Regional Coordinator have been invited to participate in the Ride Right / Ride Here meetings. The RTC continues to post injury prevention messages on the R8TRAUMA Facebook page and RTAC members are requested by the RTAC members to have their organizations share them or share them on their personal social media accounts.

Objective: By December 2023, the region will support the Michigan Trauma Coalition's trauma system messaging campaign currently in development with a focus on the messages applicable throughout the region.

Progress: The RTC continues to inform the RTAC about the merits of joining the MTC for its educational opportunities, new mentorship program, and networking.

Objective: Region 8 Trauma has collaborated with Region 8 MCA Network (R8MCAN) to have a page on the MCAN website with an anticipated go live date of December 2020. This website will be a publicly accessible location for items approved by the RTN to be placed there and populated by the Regional Trauma Coordinator.

Progress: Completed.

Communications

Objective: Ongoing through December 2023, Regional Trauma shall continue to review and support Regional Healthcare Preparedness Communications initiatives when they are brought to the RTAC and RTN. The RTC is to continue throughout this three-year workplan to be a Regional Preparedness board member representing Regional Trauma.

Progress: Occurring.

Objective: Regional Healthcare Preparedness utilizes the Regional Trauma survey of hospital communication redundancies and Regional Trauma shall update the survey by January 2021.

Progress: Completed.

Objective: By January 2021, hospitals and MCAs within Region 8 will be surveyed to determine the following: 1. How they inform the broad medical community about trauma, 2. Who they inform, 3. When they inform, 4. What is inclusionary to the process and what is disseminated. Survey information will be shared with the Regional Trauma Network. Regional Trauma shall continue to utilize its Facebook page throughout this three-year workplan for topics such as injury prevention initiatives, educational notices, national literature, and publication sharing.

Progress: Completed.

Infrastructure

Indicator 325.132(3)(c)(ii)(E) 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: 1 in 2017 workplan; 2 in 2020 workplan

Objective: By January 2021, the hospital trauma program managers and each MCA contact person shall participate in a survey conducted by the Regional Trauma Coordinator on how they assure medical directors collaborate on EMS trauma protocols.

Progress: Completed.

Objective: By June 2021, the RTN shall review the survey and author a regional benchmark regarding formal trauma protocol reviews by trauma and MCA medical directors.

Progress: Completed. All MCA meeting minutes, and hospital trauma committee meeting minutes shall provide evidence of collaboration between trauma and MCA medical directors.

Objective: By December 2021, the Regional Trauma Coordinator will survey each hospital trauma program manager and each MCA contact person regarding formal trauma medical director and MCA medical director cooperative relationship including communication, program resolution, and coordination of efforts.

Progress: Completed.

Objective: By June 2022, the RTN shall review the survey results and develop regional benchmarks that define the coordination of efforts (trauma medical director and MCA medical director) more formally.

Progress: Completed. All MCA meeting minutes, and hospital trauma committee meeting minutes shall provide evidence of collaboration between trauma and MCA medical directors.

Objective: By June 2021, the RTN shall expand the current 24/7 medical specialties database to include information from each hospital on what facilities they recommend specialty populations (burns, pediatrics, TBI rehabilitation, other specialty rehabilitation) be transferred to, which may be out of state.

Progress: This objective is on hold during COVID-19 response.

Objective: By September 2021, the Regional Trauma Coordinator will share the database with the Regional MCA Network for informing their transfer agencies. Updates to the database will be provided by the hospital trauma program managers to the Regional Trauma Coordinator, as needed. The database shall be shared with new trauma program managers. Triennially, the database will be reviewed and updated.

Progress: This objective is on hold during COVID-19 response.

Objective: By February 2022, hospitals will participate in a survey regarding their written diversion plans and what types of incidents cause diversion, who has the authority enact the plan, what the plan contains regarding who is notified and how it is documented.

Progress: Not completed.

Objective: By August 2022, the RTAC will review the findings and provide recommendation to the RTN of minimum standards to be included in hospital diversion plans.

Progress: On schedule, but RTN cannot meet in-person and never has in R8 because of geographic distances. RTN board decisions will be on hold until they can continue meeting and taking action via a virtual format.

Objective: Through December 2023, the Regional Trauma Coordinator will be the liaison to preparedness as evidenced by meeting participation and involvement as a Regional Medical Coordination Center member with subsequent updates at each RTAC and RTN meeting, inclusion in mass casualty planning, exercises, and real events.

Progress: Occurring.

Objective: Through December 2023, the Regional Trauma Coordinator will continue in the role of a regional resource by maintaining status as a regional superuser of EMTrack, eICS, and EMResource.

Progress: Occurring. Assisted Baraga County Memorial Hospital with EMTrack access and informing hospital EMResource contacts of upcoming 4.0 changes.

Objective: By October 2021, the Regional Trauma Coordinator on behalf of the RTN will survey hospital trauma programs on how each facility conducts reviews of interfacility transfers.

Progress: Almost half of the trauma programs in R8 experienced turnover in personnel within the last 6 months. Orientations and support are offered and usually accepted. Surveys have not occurred as staff are engaged in becoming familiar with their positions.

Objective: By February 2022, the RTAC will receive the survey findings and recommendations from the RTN based upon information from the RSPRO. The RTAC shall provide a regional interfacility transfer review procedure to the RTN.

Progress: This objective will be achieved in the 4th quarter of 2022.

Objective: By December 2021, using available reports from Biospatial and the Regional MCA Network, the RTN in collaboration with the Regional MCA Network will pilot a validation project focused on Field Triage, i.e., definitions, educational needs, data interpretation and action steps to address identified gaps with an expected 12-month completion date.

Progress: Has not started.

Regional Performance Improvement

Objective: Through December 2023, the RTN and its RPSRO will utilize data reports generated by the State of Michigan, ImageTrend®, MTQIP, and RPSRO Inventory and individual hospital and EMS agencies to evaluate and improve regional trauma care and system performance.

Progress: Recruitment for the RPSRO membership occurred once the RTN approved a PI plan. The RPSRO is re-forming, and their orientation meeting is scheduled for April 6. Data reports from the trauma repository are unable to be completed and Inventories have not occurred in 2020 and 2021 because missing and incomplete data from the tertiary hospital.

Objective: Through December 2023, the RPSRO, working with the Region 8 MCA Network, will utilize data reports generated by the State of Michigan, ImageTrend®, and Biospatial to provide medical oversight of EMS trauma triage, communications, treatment and transport of trauma patients.

Progress: RPSRO needs to be re-formed first.

Objective: By December 2021, the RPSRO, working with the RTAC will develop a Regional Performance Improvement Plan that includes evaluation on trauma triage criteria and effectiveness, trauma center diversion and provision of care. This plan will be based off suggestions from the State of Michigan, State Trauma Advisory Committee, and American College of Surgeons guidance documents.

Progress: Completed. The RTN approved a Performance Improvement Plan, flowchart for reviews, and reporting form.

Indicator 325.136(d) 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: 2 in 2017 workplan; 1 in 2020 workplan

Objective: By December 2022, the RTN, working with the Region 8 MCA Network will develop a regional bypass protocol that clearly defines the process for bypassing one trauma facility for another trauma center more appropriate for the patient's injuries or specialty needs (pediatrics, burns, obstetric).

Progress: Not started.

Continuum of Care

Indicator 325.132(3)(c)(ii)(F) 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.
Progress: On hold because of COVID-19 response.
Objective: By April 2021, the considerations for rehabilitation transfer shall be collected from the trauma program managers within the region for review by the RTAC.
Progress: On hold while the rehabilitation section of the State Trauma Strategic Plan forms a group of discharge planners and assembles information.
Objective: By February 2022, the RTN will establish a formal communication pathway of regional trauma initiatives to licensed rehabilitation facilities within the region that are utilized for trauma patients.
Progress: Not completed.

Trauma Education

Objective: Throughout 2020, the RTN will encourage hospitals and MCAs to identify their regularly offered trauma education programs. The RTAC will consolidate a master calendar of scheduled trauma education programs by January of 2021 based on information from hospitals, MCAs, and share/exchange lists with Region 7. The master calendar will include programs open to out-of-health system employees and may be out-of-region and out-of-state.
Progress: UPHS Marquette has forwarded their TNCC and ENPC course schedule and contact information. This was placed on the R8TRAUMA Facebook page. Each hospital and EMS agency that offers courses open to others is requested to inform the RTC so she can post. The RTC solicited ideas from the RTAC on their education needs and a Performance Improvement Bootcamp was requested. Feedback from the last bootcamp was exceedingly positive, but there is no funding available from state trauma grants now. Initial discussions are occurring with the regional OHSP to propose in their project portfolio for funding.
Objective: The RTN will continue to inform of educational offerings through utilization of its Facebook page through 2023. By December 2020, the RTN will have developed a one-page electronic flyer to disseminate to trauma program managers that can be utilized to encourage their staff to follow the Facebook page.
Progress: Not completed.

Other relevant information:

Turnover in hospital trauma personnel is continual. Vacancies are present with reported difficulty in filling them. EMS agencies struggle at times to find transfer crews and staff 24/7 in the remote, low volume areas. More EMS agencies have closed – two in the Marquette Alger MCA and unknown throughout R8 as of writing. Aspirus Keweenaw Hospital has requested a downgrade from Level III to Level IV because they are unable to sustain Level III requirements. Of note, in regard to trauma system readiness was the news that cruise ships will be scheduled to dock in the Keweenaw Peninsula area, cruise participants average age is 72 and onshore excursions to remote adventures appear to be planned. Law enforcement marine safety planning was the only item being prepared. Wilderness is attracting significant tourism numbers a concern is that they are neither universally informed of the risks, nor understand the gaps present in resources. The RTC has concerted networking efforts with, but not limited to, the Michigan DNR recreation and trails initiatives, the senior provider network, Office of

Highway Safety Planning, Northern Michigan University's nursing program.

Administrative Rule Requirements:

- ☐ Yes ☒ No Quarterly meeting minutes on shared drive. (cancelled – need virtual ability)
- ☒ Yes ☐ No All MCA's participating in the RTN.
- ☒ Yes ☐ No Performance improvement ongoing.