

MICHIGAN REGIONAL TRAUMA REPORT

2nd 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	IV

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:

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. Recently, the region has identified an increase in penetrating trauma from violent crimes. The subcommittee chair has presented the ACES-Adverse Childhood Experiences Study via a webinar available to trauma staff from around the region. The ACES concept prioritizes early intervention to trauma and violence prevention based upon root causes identified. The region will continue to discuss this concept and educate regional stakeholders and partners.

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 completed in the event of a communication failure that includes both hospital to hospital and EMS to hospital options. Additionally, the Region3 Trauma Transfer Envelope/Checklist, tertiary trauma centers are reporting receiving less patients with missing information prior to the transfer envelopes/checklists being implemented. The practice of utilizing these specific envelope/checklists whenever transferring trauma patients is considered a standard of care for all trauma centers in Region 3.

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. Due to a lack of responses, the survey was extended so that the results would more accurately reflect the region. We will continue to encourage active participation with the Region 3 Regional Trauma Network including oversight, protocol review and development.

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. Discharge planning/case management staff have offered to participate with the BETP/MPHI environmental scan and key informant interviews. The region will continue to frequently 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 3 Trauma Education Subcommittee held it's annual Region 3 Trauma Symposium on April 14th. The annual symposium resumed following a 1-year break due to the COVID-19 pandemic. The full day symposium was attended by 280 individuals with 8 different speakers and 7 vendors to inform trauma stakeholders of the current trends related to trauma. The symposium offered 6 CME and EMS credits. The feedback has been extremely positive, and planning has already begun for next year.

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.