

# MICHIGAN REGIONAL TRAUMA REPORT

## 3rd QUARTER 2021-2022

### Region 2S

**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:** (Provisional = Prov)

Facility Name	Designated	Level of Designation	Provisional
Beaumont Grosse Pointe Hospital	Yes	III	N/A
Beaumont Dearborn Hospital	Yes	II	N/A
Beaumont Trenton Hospital	Yes	II	N/A
Beaumont Taylor Hospital	Yes	IV	N/A
Beaumont Wayne Hospital	Yes	III	N/A
C.S. Mott Children's Hospital	Yes	I	N/A
Children's Hospital of Michigan	Yes	I	N/A
Detroit Receiving Hospital	Yes	I	N/A
Garden City Hospital	No	III	N/A
Henry Ford Hospital	Yes	I	N/A
Henry Ford Wyandotte Hospital	Yes	III	N/A
ProMedica Monroe Regional Hospital	Yes	III	N/A
Sinai-Grace Hospital	Yes	II	N/A
St. John Hospital-Ascension Medical Center	Yes	I	N/A
St. John Hospital- Ascension Medical Center Pediatric	Yes	II	N/A

St. Joseph Mercy Hospital – Ann Arbor	Yes	I	N/A
St. Joseph Mercy Chelsea Hospital	No	IV	Prov
St. Mary's of Michigan Hospital	Yes	II	N/A
University of Michigan Medical Center	Yes	I	N/A

## Work Plan Objective Progress and Highlights:

*complete sections that have progress within the quarter*

### Injury Prevention

**Indicator(s):** 203.5: The RTN has developed a written injury prevention plan. The injury prevention plan is data driven and targeted programs are developed based upon injury risk areas. Specific goals with measurable objectives are incorporated into the injury prevention plan.

**Progress:** The Regional Trauma Injury Prevention Committee has updated the injury prevention plan as well as resource guide, however, due to COVID-19 all injury prevention initiatives are limited. Virtual classes for injury prevention and inpatient injury prevention are being held as appropriate

### Communications

**Indicator(s):** 325.132: There are established procedures for EMS and Trauma System Communications for major EMS events or multiple jurisdiction incident that are effectively coordinator with the overall regional response plans. [Click or tap here to enter text.](#)

**Progress:** Region 2 South Trauma System has worked in collaboration with the Healthcare coalition /EMS through this pandemic with COVID.

### Infrastructure

**Indicator(s):** 303.1: The Regional trauma plan has clearly defined the roles, resources and responsibilities of all acute care facilities treating trauma, and of facilities that provide care to specialty populations such as burn, pediatrics, global injuries and reimplantation.

**Progress:** The RPSRO reviews all double transfers of patients within the Region to ensure the patient arrives at the correct facility. During this year they had 4 double transfers for review and 2 air medical flights for review.

### Regional Performance Improvement

**Indicator(s):** 325.132: The RTN data in the state trauma registry is used to identify and evaluate regional trauma care and improve the use of resources

**Progress:** Data for the inventory comes from the state trauma registry. MTQIP data has been shared at trauma meetings. Other sources are from the tourniquet collection data and double transfers projects.

## Continuum of Care

**Indicator(s):** 308.1: The Regional work plan addresses the integration and participation of rehabilitation services within the continuum of care for the trauma patients.

**Progress:** The Regional Trauma Coordinator began developing a list of rehabilitation centers that are used routinely by Region 2 South facilities, and due to COVID-19 the list has not been completed. All hospital are supplying a list of rehab units in their facilities and where they transfer patients to. This will be ongoing initiative for 2022.

## Trauma Education

**Indicator(s):** 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.

**Progress:** Due to COVID there has been limited access to in person educational opportunities. Virtual trainings have taken place during this time. Monthly newsletters have been sent to outside agencies to share with all EMS/Fire agencies through the local MCA's and shared with other community members as well.

## Other relevant activities information:

There have been 4 double transfers up to this point, 2 were reviewed by the data and RPRSO groups. The others were closed with no follow up needed. Tourniquet data has been tracked and graphs to support who is applying the most tourniquets (EMS and police). TXA pre-hospital usage has been tracked since June implementation with 2 cases reviewed. Hemostasis agents are being tracked (2) used from 1st quarter until now. A video will be produced by St. Joseph Ann Arbor and Beaumont Trenton on arterial bleed verses venous bleed to assist with proper application and usage of tourniquet.

## Administrative Rule Requirements:

- Yes - Quarterly meeting minutes on shared drive. Meetings continue by TEAMS call due to COVID-19.
- Yes - All MCA's participating in the RTN.
- Yes - Performance improvement ongoing.