

MICHIGAN REGIONAL TRAUMA REPORT

3rd 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	No	None
Aspirus Ironwood	Yes	IV
Aspirus Keweenaw	No	None
Aspirus Ontonagon	Yes	IV
Baraga Memorial	Yes	IV
Marshfield Dickinson	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
MyMichigan Sault	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 Network (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 Regional Trauma Advisory Council (RTAC) and RTN.

Progress: The R8 Snowmobile Crash Data Collection project is complete. Information has already been shared with RTAC and will be shared with RTN at their October meeting. It is anticipated because R8 has the most snowmobile crashes in Michigan and overwhelmingly the injured are not residents of the Upper Peninsula, the new tagline for the state injury prevention campaign housed in the MDNR will be Don't Crash Your Vacation. Holiday weekends show surges and the Regional Trauma Coordinator (RTC) communicated to the MDNR work group that a multi-agency snowmobile enforcement campaign could be something for them to contemplate.

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: Completed. In addition, the RTC serves on the Marquette County Central Dispatch Policy Board, which is the host organization for the UP911 Authority. The RTC does this on her own time and has begun discussing benchmarking and quality initiatives with the new administration.

Infrastructure

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. Yet, this requires reminders at the RTAC and RMCAN meetings to please collaborate and have evidence of this in the minutes. It has been explained to the RTAC that all Michigan EMS protocols are undergoing review and if they have not heard from their MCA, they should reach out to them to discuss what protocols are trauma related. Questions about EMS reporting, treatment and other clinical education gaps discovered by trauma programs must go to the MCA.

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: Diversion plans were requested multiple times. The following hospitals have not provided their plans: Aspirus Keweenaw Hospital, Baraga, Munising, and UP Health System Marquette. Marquette indicates theirs is under revision.

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: Behind schedule. Still missing hospital plans. The RTN must meet in-person to address this.

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. Additionally, the RTC took a vacation day to participate at a regional exercise involving the Wisconsin 54th and the Michigan 51st Civil Support Team. Regional Preparedness was not invited; however, the RTC did keep them apprised. She prepared the ICS Med Plan for the 54th Civil Support Team, introduced the team's physician assistant to EMResource, and conducted decontamination of team members.

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: The RTC has attended EMTrack modification update education, has worked with a hospital having eICS difficulties, and continually works with hospitals on EMResource validation errors and questions as to why the data is collected. The software's importance in situational awareness that could even be used to assist in finding locations to transfer patients is not prevalent in R8.

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: The RTAC has been advised this is the next ask on the table. We are still orienting new personnel and attempting to gather diversion plans before we seek interfacility transfer information.

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: With two hospitals not passing their trauma designation visit and having the explanation that injured patients transported by EMS should be taken to locations as indicated in the EMS protocols of trauma triage and destination, the RTC has crafted reports in both Biospatial (for EMS records) and the Patient Registry (for hospital trauma records) to determine if patients meeting trauma triage, physiological and anatomical, are still be transported to the undesigned hospitals. Additionally, if these patients meeting that criterion in the EMS report are showing in the Patient Registry. This has resulted in findings that will be brought to the Regional Professional Standards Review Organization once members are seated by the RTN. The RTC has been in multiple meetings regarding data with SOM EMS staff, Michigan Center for Rural Health staff, Office of Highway Safety Planning regional staff, and SOM trauma staff. The EMS vendors have significant product variances: where the required national or state fields are located and titled. Also of note is the ability for an

EMS agency to change its EMS report template. In preparation for two more focus site visits, the RTC ran reports for the respective hospitals from the Patient Registry and Biospatial on errors, outliers, and incongruencies in critically injured with no activations or no findings in the registry. Another MCA requested the RTC work with a physician on their mountain bike crash project since they have no one provide statistics or analysis. The RTC provided reports out of Biospatial to that MCA, which showed minimal crashes while the extreme remoteness and difficulty level of the trails could illustrate a very low frequency, high potential for injury categorization.

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: See prior infrastructure objective since these are entwined. Additionally, 2021 data has finally been completed by all hospitals so regional inventories can be constructed. However, it was discovered that one hospital has such an outlier that is severely impacting the inventory and thus this has ground to halt with requests to please correct not answered yet.

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: See last infrastructure objective.

Continuum of Care

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: 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: The RTC continually updates the R8TRAUMA Facebook page with education offerings. Also, UP Health System Marquette has filled a trauma educator / injury preventionist role. The RTC orientated the individual to regional trauma and SOM trauma. The Michigan Trauma Coalition (MTC) recently mentioned they may focus on Region 8 for Regional Trauma Team Development Courses (RTTDC) and Advanced Trauma Life Support (ATLS). The RTC informed UP Health System Marquette

of this as they have been conducting RTTDCs in the Upper Peninsula but have not been able to re-establish ATLS. There was discussion at MTC about the difficulty in bringing ATLS on the road; however, the providers in R8 have been very vocal about wanting UP courses.

Other relevant information:

Dickinson County Memorial Hospital was purchased by Marshfield Medical out of Wisconsin. Trauma program orientations have been given in this quarter to Marshfield Medical, Aspirus Keweenaw, and Baraga County Memorial Hospital. UP Health System Portage was given information on where to find the updated ACS-COT book and clarification documents as they were not aware. The Schoolcraft County MCA Coordinator was given a tutorial on Biospatial and provided the link to the online tutorial. The RTN Board has been put on notice of an in-person meeting scheduled for Thursday, October 6 after the MCA session at the UP EMS conference at Northern Michigan University in Marquette.

Administrative Rule Requirements:

- | | |
|---|---|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Quarterly meeting minutes on shared drive. (cancelled – need virtual ability) |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | All MCA's participating in the RTN. (if the RTN were to meet in-person) |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Performance improvement ongoing. |