

MICHIGAN REGIONAL TRAUMA REPORT

2nd QUARTER 2024

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	N	Not
Aspirus Ironwood	Y	LIV
Aspirus Keweenaw	N	Not Designated
Aspirus Ontonagon (CLOSED APRIL 2024)	N	Not Designated
Baraga County Memorial Hospital	Y	LIV
Helen Newberry Joy Hospital	Y	LIV
Marshfield Medical Dickinson	Y	LIV
Munising Memorial Hospital	N	In Process
MyMichigan Sault	Y	LIII
OSF St. Francis	Y	LIV
Schoolcraft County Memorial Hospital	N	In Process
UPHS Bell	N	In Process
UPHS Marquette	Y	LII
UPHS Portage	Y	LIII

Work Plan Objective / Strategic Plan (SP) Objective Progress and Highlights:

Complete sections that have progress within the quarter.

Injury Prevention

Objective: By April 2024, the Regional Trauma Coordinator (RTC) will reach out to the Upper Peninsula Commission for Area Progress (UPCAP), which serves as a regional coordinating body, advocate, and focal point for aging services and aging resources to senior citizens in the Upper Peninsula of Michigan. UPCAP will be asked to partner with the Region 8 Trauma Network (RTN) by providing monitoring and evaluation of the Matter of Balance programs to the RTN.

Progress: The LHD Emergency Preparedness Coordinators indicated they are willing to be the conduit between regional trauma and hospital trauma programs in their applicable counties. Development of awareness materials for the EPCs will occur in the 3rd quarter.

SP13: Region 8 will continue established relationships throughout workplan 2024-2026 with the Upper Peninsula Traffic Safety Network, Regional Healthcare Preparedness Coalition, Region 8 MCA Network, and MDNR Ride Right. By February 2024, the Region 8 Trauma Network will explore involvement in the Upper Peninsula Community Health Needs Assessment process conducted by all the Upper Peninsula local health departments.

AND

SP9: Region 8 throughout this workplan 2024-2026, shall continue to work with the Michigan Department of Natural Resources Ride Right committee, which addresses our “other land transport” causes of injury.

The Regional Trauma Coordinator developed an Excel spreadsheet for Region 8 Healthcare Preparedness to use that includes every life support agency and their housing MCA so that Preparedness can use this to distribute the MI-Medic cards. The Regional Trauma Coordinator attended the UP Homeland Security Board meeting to advise them of trauma centers in the Upper Peninsula and share the recently released EMS Section and biospatial poster presentation on rural patients and the closure of a rural hospital. Region 8 Trauma is hosting train the trainer sessions for the bystander care course called Until Help Arrives. This course is supported by the Office of Highway Safety Planning and being piloted in the Upper Peninsula. The Regional Trauma Coordinator taught a course on Ride Right, Michigan’s snowmobile and ORV safety promotion campaign, at the Michigan EMS Expo in May.

Communications

Objective: By April 2024 Establish a procedure with Regional Preparedness for hospitals to notify the Region 8 Medical Coordination Center (R8MCC) should they experience a communications failure and place that information on EMResource.

Progress: Hospital partners in the Regional Healthcare Coalition recently asked the Regional Preparedness staff to provide education sessions on the software systems that hospitals can use to communicate, specifically EMResource and eICS. The Regional Trauma Coordinator will participate if those sessions are scheduled and take applicable information to the RTAC.

Infrastructure

Objective: By September 2024, the RTN shall endorse the state approved trauma protocols.

Progress: All R8 MCAs have submitted protocols to the state EMS office. The Regional Trauma Coordinator has worked a linkage with the State MCA Coordinator to ensure regional trauma partners have access to approved protocols.

Objective: By December 2024, establish a report from the trauma registry that tracks interfacility transfers in Region 8. This report shall include the following registry fields: incident date, incident county, age, gender, patient home county, primary external cause code, ISS, primary diagnosis, highest activation, transferring facility name, receiving facility name, time of order, time of departure, ED disposition, hospital disposition, transport mode, other transport mode, interfacility transfer, time of arrival receiving facility.

Progress: At the request of the LII trauma center in Region 8 and founded by objectives in the R8 application's workplan, the Regional Trauma Coordinator generated reports from the trauma registry for level one trauma team activations within July – December 2023. She placed select fields from these records into Excel and generated formulas for elapsed time calculations. This data without patient demographics, but with incident numbers, was populated in hospital specific reports with individual analysis and sent to each hospital. Next quarter will be the accumulation of transfer delay reasons so metrics on patient movement can be illustrated.

SP14: To support SP14, the RTN will provide education to the trauma registrars and EMS providers that illustrate the importance of fields that relate to transfers.

The analysis provided to each hospital as reported in the previous objective addressed Strategic Plan 14.

Regional Performance Improvement

Objective: By Dec. 31, 2026, with ongoing support of the RTC, the RPSRO will review biannual inventories with complimentary information to inform the RPSRO.

Progress: Ongoing.

Continuum of Care

Objective: By Dec. 2026, as findings occur with the statewide rehabilitation project, the RTAC shall be advised and tasked with elements required by the Department.

Progress: Scheduled for 2026.

Trauma Education

Objective: The RTN shall continue to use its R8TRAUMA Facebook page to provide trauma education relevant to EMS personnel, nurses, physicians, registrars, injury prevention staff, and community members.

Progress: Ongoing.

Other relevant information:

R8 trauma centers report that they do not receive feedback forms from Level I trauma centers. The issue appears to be that if a transferring facility want feedback, they must contact the Level I trauma center each time. Stop the Bleed courses continue to be delivered across the Upper Peninsula. It is anticipated that some Until Help Arrives courses will integrate Stop the Bleed. The Regional Trauma Coordinator assisted Regional Preparedness by offering edits to select pages of their pediatric surge annex and verifying with hospitals their capabilities. Additionally, she provided a list of Minnesota, Wisconsin, and Michigan facilities that R8 hospitals use to transfer their pediatric patients. Once Regional Preparedness completes this annex, they will introduce and explain at an RTAC meeting. R8 is attempting this ORV season to collect “side by side” data through EMS patient care reports. A campaign to identify these crashes in the narratives was produced because they are not categorized by ICD-10 code. Unlike an ORV ATV that a person straddles, side by sides are leading the industry in sales and have no definitive research regarding injuries, construction, and protective equipment. The intent is to analyze findings to determine future injury prevention messaging.

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.