

# MICHIGAN REGIONAL TRAUMA REPORT

## 3rd 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 Designated
Aspirus Ironwood	Y	IV
Aspirus Keweenaw	N	Not Designated
Baraga County Memorial Hospital	Y	IV
Helen Newberry Joy Hospital	Y	IV
Marshfield Medical Dickinson	Y	IV
Munising Memorial Hospital	N	In Process
MyMichigan Sault	Y	III
OSF St. Francis	Y	IV
Schoolcraft County Memorial Hospital	N	In Process
UPHS Bell	N	In Process
UPHS Marquette	Y	II
UPHS Portage	Y	III

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

*Complete sections that have progress within the quarter.*

### **Injury Prevention**

**SP8: The RTC shall by December 31, 2024, establish communication pathways between the local health department (LHD) community program contacts, community health workers, and the Region 8 hospital trauma program injury preventionists.**

The RTC has obtained a contact list of the LHD Emergency Preparedness Coordinators and read them in on the need to establish handshake relationships with them and Regional Trauma. A cover letter was drafted for the State Office of Highway Safety Planning to introduce the bystander care course called Until Help Arrives to LHDs. The concept is making LHDs aware of a community-based program that trains laypeople to stop at vehicle crashes, provide for their safety and that of the injured, incorporates Stop the Bleed, and conversational techniques until emergency responders arrive. The LHDs will receive rack cards about the program to use at their outreach activities, and a network will be started between LHD and the course instructors.

**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 RTC continues to attend Ride Right committee meetings. The MDNR Law Enforcement representative was approached by a hospital in the lower peninsula regarding its escalating ATV youth crashes. The RTC conducted statistical analysis of the trauma registry for that hospital and involved the other RTC since data was not substantiating statements. Both the Ride Right committee and the hospital that offered this to the LE representative were educated on national trauma data inclusion criteria and how that is used to determine an even field for comparison and identification of criticality. Dr. Sam Mishra provided national youth and ATV public education toolkit for review and that was submitted to the Ride Right committee.

The RTC attended the UP Homeland Security Board meeting to explain the regional communications procedure for large scale medical incidents and the EMS and hospital tiered communications capability redundancy spreadsheet. This was timely in that the Board heard of the state and regional communications plans from other entities and that a state committee is working on renaming hospitals in the MPSCS system because of the continual hospital name changes. A new naming nomenclature using numbers may be transitioned into the future when radios are being re-programmed or newly programmed. The RTC also read the Board in on regional trauma projects of interfacility transfer analysis, RideRight campaign, EMS and hospital patient prioritization, and a trauma center toolkit that will explain what trauma centers are, their levels, etc.

## **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:** As reported last quarter, hospital partners in the Regional Healthcare Coalition asked the Regional Preparedness staff to provide education sessions on the software systems that hospitals can use to communicate, specifically EMResource and eICS. These sessions have not been scheduled.

## **Infrastructure**

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

**Progress:** Region 8 MCA Network has a website with all the Upper Peninsula MCA protocols on it. Coordination between the State MCA Coordinator and RTC made this possible so that protocols available to EMS and hospital providers are approved and on-file with the state office.

**Objective:** By December 2024, establish a report from the trauma registry that tracks interfacility transfers (IFT) 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:** While last quarter reported working on an IFT report with just the LII facility in R8 was ongoing, this has been expanded to region-wide and utilization of a R8MCAN subcommittee on patient movement. While conducting analysis of IFTs, the RTC discovered a discrepancy in the number of reports in MI-EMSIS and biospatial. This was reported to state EMS staff and a spreadsheet was made for the EMS office of EMS agencies in the UP, their number of reports in MI-EMSIS by type of call requested, software and report version and the number in biospatial by type of request, software, and report version. Findings of this included, but is not limited to, some EMS agencies that transitioned to 3.5 were no longer showing in biospatial and some agencies were not agencies in biospatial. There were large volume agencies in the UP that had records in MI-EMSIS, but they were not in biospatial. This has become a work in progress by the state EMS office. Now, the RTC monitors the volume of calls in MI-EMSIS and biospatial before authoring reports. In the Patient Registry, there is yet to be consistency in completing delay and reason for delay by trauma registrars. This will be brought to RTAC in October.

**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.**

See above.

## **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:** The R8PSRO met this quarter. As reported on the inventory, one hospital has not been involved in regional injury prevention initiatives and has not been consistently present at RTAC meetings. The LII TPM will be reaching out to them to determine what assistance may be needed. There were questions about the pediatric portions of the inventory by the LII TC. Subsequent meetings with the LII TC with comparison of their data versus what is on the

inventory provided for better awareness that will be brought to the RTAC. The ACS trauma triage criteria need to be addressed again at the RTAC meeting so that trauma programs understand its content and reasoning. The trauma triage criteria may differ from trauma team activation criteria at each facility. However, the injury patterns and mental status / vital signs criterion may align with some or all trauma team activation criteria. While running reports in biospatial on injury pattern criterion, it was discovered that patients with clavicle fractures and distal extremity deformity were matching the injury pattern definition. Conversation is ongoing with biospatial on their definition as it relates to the ACS injury pattern definition.
<b>Objective:</b> By October 2024, the RTC will work with the R8MCAN to ensure that EMS providers are educated regarding the 2022 National Trauma Triage Criteria and their respective EMS Trauma Triage Protocols with additional education on how to document in their patient care reports.
<b>Progress:</b> Analysis of EMS patient care reports is ongoing and how providers are documenting items in various fields. The biospatial definition of ACS Trauma Triage criterion is instrumental to future educational efforts. Matching the fields and the choices within those fields with the ACS Trauma Triage criteria is complex.
<b>Objective:</b> By December 2024, the hospitals shall review where they transfer patients, in-region and out-of-region, to ensure congruency with closest and most appropriate to determine if there are areas of opportunity for improving transfers.
<b>Progress:</b> The RTC has authored and forwarded to the R8MCAN transfer spreadsheets showing EMS agencies licensed in Michigan that have conducted transfers within their MCA and where the transfer started and ended. The intent is two-fold in that the MCAs are trying to address gaps in long distance transfer ground and air agencies and, secondly, that hospitals at the next RTAC meeting be introduced to what hospitals are being used for patient transfers out of the R8. Past transfer practices of always using the same facilities have changed dramatically and bringing forth this more global view of facilities utilized might spark some trauma programs to nudge new transfer pathways. There is a known caveat to all of this in that R8 experiences out of state licensed EMS agencies conducting transfers back to Wisconsin or Minnesota and those EMS patient care reports are not captured in Michigan. As the R8MCAN continues its goal to identify new and hardwire existing ground and air resources, it will be on those MCAs to self-identify out of state agencies.

## **Trauma Education**

<b>Objective:</b> 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.
<b>Progress:</b> Ongoing and live linked to the trauma page on <a href="http://www.r8mcan.org">www.r8mcan.org</a> .

## **Other relevant information:**

Ann Clancy-Klemme, the UPHS Marquette LII TC Injury Preventionist and Lyn Nelson, the R8 Trauma Coordinator, have teamed to be the local contacts for the Office of Highway Safety Planning Until Help Arrives bystander care course. The RTC developed the course instructor curriculum with the federal Until Help Arrives providing the foundation. Both have conducted inventory of supplies and packaged kits that are given to students, in addition to many other tasks needed for this program. The RTC worked with the State Trauma Data Manager on drafting a state trauma data dictionary. MCAs struggling with Report Writer and biospatial reports are receiving technical assistance from the RTC on their trauma related needs. Hospitals seeking re-designation have received guidance from the RTC as they prepare for visits to

include coaching and technical assistance with slideshows, registry statistics, PRQ questions, and mock walk-thrus. The R8 Trauma Network has pages within the new [www.r8mcan.org](http://www.r8mcan.org) website. Dickinson County MCA has a vacancy on the RTN and Marshfield Dickinson hospital does not have a Trauma Program Manager. Eastern UP MCA is still represented by the MyMichigan Sault Trauma Program Manager on the RTN; however, they have a new representative on the RTAC. Helen Newberry Joy Hospital has experienced turnover in its Trauma Medical Director and MCA Medical Director. UPHS Marquette has a Trauma Medical Director vacancy this quarter. The requirement for the RTN to meet in-person is hampering the composition of the R8PSRO as its members must be seated by the RTN and people have left resulting in vacant positions. At the end of September, a federal course administered through Texas A&M Engineering Extension Service entitled, Pediatric Disaster Response and Emergency Preparedness, will be held in R8 and attended by a variety of emergency response professionals including trauma partners.

**Administrative Rule Requirements:**

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| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Quarterly meeting minutes on shared drive. |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | All MCA's participating in the RTN.        |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Performance improvement ongoing.           |