

# MICHIGAN REGIONAL TRAUMA REPORT

## 2nd QUARTER 2025

### 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	IV
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**

**SP3: The regional IP committee will analyze the number and type of programs that directly address the top 3 injuries programs in their region as reported in the Inventory.**

**SP4: By December 31, 2024, each regional IP committee will identify and address gaps in their regional programs. IP plans will be updated. Progress on this objective will be reported on the Regional Trauma Coordinator's (RTC's) annual report.**

**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.**

**SP10: Before January 1, 2027, the Systems of Care Section will update the epidemiologic data in this plan every 2 - 5 years. Where possible, future data should be broadened from analysis by frequency, sex, age, type and cause of injury, and geography to include race, ethnicity, and gender identity. This will be reported to the Regional Injury Prevention Committees and the STAC. Region 8 throughout this workplan 2024-2026, will support this objective through accurate data input and education at RTAC meetings.**

**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.**

The RTAC Injury Prevention ad hoc has a revised draft R8 Injury Prevention Plan in hand to review and provide additional modifications. The April RTAC meeting provided a reminder to trauma programs to update their list of injury prevention plans that is an annex to our regional IP plan. There were no updates from the RTAC on what they have done with the heat mapping of falls that was distributed to the MCAs. The Ride Right committee was informed of the 2024 summer season riding statistics and the carve out for side by side ORVs that are not delineated in the ICD-10 codes but lead the industry in sales. This information was provided to the RTAC and outlined in the Q1 report. Snowmobile crash spreadsheets of every injured snowmobiler including those that do not fit NTDS inclusion criteria that enters an emergency department in R8, were due April 15.

When the RPSRO Inventories are being populated by state data staff, there are occasional blank fields or entries that do not make sense. R8 has objectives throughout its workplan related to data accuracy and completeness. The RTC provided support related to data quality and completeness for both trauma facilities, EMS and MCA's i.e. ICD-10 cause codes missing, In MI-EMSIS (the EMS records), there are blanks in some originating or receiving facilities on hospital to hospital transfers. Those MCAs were contacted and requested to work with their EMS agencies on completing these fields. It was also discovered that EMS agencies may not

be using hospital to hospital per the NEMSIS definition as reports were found that started or ended at a residence, airport, etc. NEMSIS provided clarifying choices for transfers so these can be accurately grouped. Education will continue on this topic by informing MCAs at the R8MCAN and RTAC meetings, and presentations at the UP EMS Conference.

### **Infrastructure**

<b>Objective:</b> By February 2024, the RTN shall continue its request of Region 8 MCAs and hospital trauma programs to document their medical directors' collaboration by report at their respective meetings and evidence in their minutes
<b>Progress:</b> Because only 3 of the MCAs in the UP have forwarded CY2024 minutes to the RTC as evidence for this objective, the RTC recently requested to be added to their email lists of meeting packets. Delta, Luce, and Marquette Alger MCAs have shown they have added the RTC to their mailing list by emails being received.
<b>Objective:</b> By September 2024, the RTN shall endorse the state approved trauma protocols.
<b>Progress:</b> The R8MCAN and individual MCAs will be engaged in how to approve and educate EMS and emergency department providers in the new biannual rollout of state protocols. The RTC has reached out to MCAs asking they share when they have new protocols so the R8MCAN.org website can be updated.
<b>Objective:</b> Through Dec. 31, 2026, the Region 8 Health Care Coalition (HCC) Coordinator and Assistant Coordinator will be invited to participate in the RTAC by the RTN as ex officio, non- voting members. The RTC shall continue to be a R8HCC member. Both organizations throughout the application period shall continue to keep each other informed of applicable tasks and duties. The RTC will continue to be a R8MCC member.
<b>Progress:</b> The RTC attended and worked the Cold Weather Mortuary Exercise held in Marquette for four days. The exercise included DMORT V, MIMORT, MITESA, FBI, Marquette County, UP health departments emergency preparedness coordinators, Marquette County Sheriff's Office, Northern Michigan University FROST program and students, University of Wisconsin students, NMU Police Services, Michigan and Wisconsin Salvation Army, National Ski Patrol, and BEPESOC. The RTC created a video of the exercise incorporating the scope, objectives, funders, and participating organizations in addition to multiple pictures. This has been shared with BEPSoc and at the R8HCC meeting. Additionally, the RTC provided guidance materials from past exercises to the R8MCC for severe weather, hazardous materials, and radiological incidents. The RTC monitored the R7 ice storm via the state of Michigan Incident Management program called MICIMS. The RTC found an R7 emergency activation guidance form and provided it to the R8 Preparedness office for consideration. This document was then revised to use in R8.

## **Regional Performance Improvement**

**Objective:** 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.

**Progress:** EMS providers using Elite cannot document the elements in the ACS National Guideline for the Field Triage of Injured Patients that is also embedded in Michigan protocol. The wording aligns with the old CDC criteria. It is unknown if other vendors have made the transition. Compounding this problem is the ACS Field Triage of Injured Patients red and yellow criteria are difficult to extract using (NEMSIS). Of note was the significant volume of R8 red criteria patients on the July – December 2024 RPSRO Inventory. Upon further inspection, there are patients with clavicle deformities, dislocated knees, tib/fib fractures, and others that are meeting biospatial's definition of red criteria. There are no ways to exclude injuries in the chest so that only instability or flailed segments will meet criteria. Mangled is not a NEMSIS field and thus any part of an extremity that is deformed meets criteria. For the vital signs portion of the red criteria, if an EMS provider puts one vital sign into the record by either automated transfer from a monitor or typing it in, that becomes part of the analysis. It is anticipated that the RPSRO will meet to discuss these findings, in addition to hip fractures versus pelvis fractures (assessment and treatment). Educational points are being formed, and it is anticipated these items will be incorporated into sessions at the fall UP EMS Conference.

## **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:** In this quarter, posts were on the following topics

- Trauma Survivors Network
- Falls
- ORVs
- Stop the Bleed
- Remote wilderness safety
- Bicycles
- Items to facilitate a transfer to a higher level of facility

**Other relevant information:**

UP Health System Bell has a new hospital administrator, and they also have a new trauma program manager. The Bell TPM has received an orientation to regional trauma. The trauma medical director for Aspirus Keweenaw is scheduled for a regional orientation in May. Munising Memorial Hospital has named a person to be their contact for trauma and an invite to schedule an orientation was sent, but no response has been received yet. The MyMichigan Sault TPM is moving out of the area and will be leaving that position but first was advised that Chippewa County received a Michigan Healthy Community Zone grant. Their trauma department was not aware of this.

The bystander care courses offered through R8 Trauma and materials funded by the Office of Highway Safety Planning are continuing to occur with students from Luce County, including the Tahquamenon Falls area, on slate.

The RTC packaged pediatapes by life support agency and then grouped by MCA. These were sent via the hospital courier system to the MCAs. The next phase of that project is to discover which emergency departments are using the MIMEDIC cards and distribute pediatapes to those facilities.

As part of the R8 Patient Movement Workgroup, the RTC conducted an environmental scan of telehealth availability. The region now has an overview of service lines that are available in the emergency departments and in-patient units via telehealth.

The RTC continues to manage the R8 hospital users of EMResource and has been encouraging the hospitals to seek API so their daily entries are automated. MyMichigan Sault reports they are now able to have hourly updates to EMResource that can be used to inform others of bed and transfer status, contact numbers, and other relevant information. Additionally, EMResource can provide situational awareness to County Emergency Managers. The RTC linked one county EM to the state preparedness office for that access.

**Administrative Rule Requirements:**

- |   |  |
|---|--|
| <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. (Dickinson County vacancy) |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Performance improvement ongoing.                               |