

MICHIGAN REGIONAL TRAUMA REPORT

2nd 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	Yes	IV
Aspirus Ironwood	Yes	IV
Aspirus Keweenaw	Yes	III
Aspirus Ontonagon	Yes	IV
Baraga Memorial	Yes	IV
Dickinson County	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 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 RTAC and RTN.

Progress: The R8 Snowmobile Crash Data Collection project is in progress. EMS reports have been evaluated and the hospital registry reports will be once data for the snowmobile season is imported into the state repository. The RTC is now an invited guest to the statewide Ride Right / Ride Here campaign and is working with MDNR law enforcement on statistics.

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: The RTC attended a communications class sponsored by the Keweenaw Houghton Medical Control Authority. Follow-up after the class confirmed that non-transport EMS agencies in that MCA lack training on how to use a radio and what to say on a radio, whether that be with dispatch, incoming EMS agencies, or hospitals. The RTC offered to work with Regional Dispatch and the MCA on authoring a tutorial that agencies could incorporate into their orientation and yearly refreshers.

Objective: By January 2021, hospitals and MCAs within Region 8 will be surveyed to determine the following: 1. How they inform the broad medical community about trauma, 2. Who they inform, 3. When they inform, 4. What is inclusionary to the process and what is disseminated. Survey information will be shared with the Regional Trauma Network. Regional Trauma shall continue to utilize its Facebook page throughout this three-year workplan for topics such as injury prevention initiatives, educational notices, national literature, and publication sharing.

Progress: Information collected from this survey and others were incorporated into a presentation the RTC gave at the Rural Health Conference. The concepts of how hospitals and EMS agencies keep the entire medical community informed and thus the community where they live and work becomes more knowledgeable.

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. All MCA meeting minutes, and hospital trauma committee meeting minutes shall provide evidence of collaboration between trauma and MCA medical directors. The RTC has collected all the Region 8 MCAs meeting schedules and populated a shared calendar that Krisy Kuhl, State MCA Coordinator, created. The Keweenaw Houghton MCA Coordinator informed the RTC they

do not have an MCA medical director to replace that one whose term is ending. The Gogebic Iron Ontonagon MCA anticipated having a new MCA medical director, so they have not scheduled meetings; however, now they are not changing but a meeting schedule has not been provided. The Dickinson County MCA has notified the RTC they no longer have an MCA Medical Director and stated when the MCA Coordinator's replacement is informed of who the new MCA Medical Director, notification will be made.

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: There continues to be vacancies and turnover in the hospital trauma programs. This objective was placed aside because staff are learning programs or there is no staff at the program. The next RTAC meeting is scheduled for August 11, and this will be on the agenda.

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: On schedule, but RTN cannot meet in-person and never has in R8 because of geographic distances. RTN board decisions will be on hold until they can continue meeting and taking action via a virtual format.

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.

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: On April 26 at 6:13am, the RTC was contacted by the Region 8 Preparedness Coordinator asking if persons could be setup in EMTrack for an exercise in Mackinac County. The RTC logged into EMTrack and stated that one user already has access but because all Juvare software platforms are linked, she needed to have her username, password, and email address to be associated directly with her and discontinue use as a shared account, shared name, and password. The other person already has an account but Region 7 and the RTC does not have rights to any users outside of R8. Recommendation to contact the state software administrator. Discovered in this process was Region 8's version of EMTrack is not the current version and what other regions are using. Region 8 Preparedness has asked the state to please be kept on the same version as others. On May 24, the RTC noticed in the Preparedness Monday Update information about required hospital data reporting and a federal open comment session with two virtual meetings on May 24 and 25. Hospitals in Region 8 were not aware of this offering, so the RTC sent the update to all R8 hospital EMResource contacts.

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: More than half of the trauma programs in R8 experienced turnover in personnel within the past year. Some programs have vacancies. Orientations and support are offered and usually accepted. This interfacility transfer survey will occur in conjunction with the written diversion plans survey.

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: Has not officially started. However, in meeting with the state EMS data section, it was discovered that the EMS Section has a crash data analyst now. The RTC introduced the analyst to the Regional Office of Highway Safety Planning Coordinator, who works with the RTC on highway related statistics. The RTC also introduced the analyst to the R2N RTC, who is charged with the education pillar of the state trauma strategic plan. Individually, the RTC heard from each about their work and identified overlaps. Through use of the Biospatial and reports written in conjunction with the EMS data section, the RTC has identified that for R8's other land transport data projects to be successful, EMS needs to know the projects exist and how important it is that they complete applicable fields in their patient care reports. This is being woven into a Regional Trauma presentation at the UPEMS Conference in October.

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: Data reports from the trauma registry are unable to be completed and Inventories have not occurred in 2020 and 2021 due to missing and incomplete data from the tertiary hospital. Nominated RPSRO members met on April 6, informally. The RPSRO cannot be officially seated until the RTN meets in-person per the Open Meetings Act. Dr. Wayne VanderKolk attended the April meeting to provide an orientation of what a RPSRO is, and what this clinical entity could do that does not include confidential system reviews. Items discussed were TXA administration, the need for blood products and looking into a Texas established blood project, and the difficulties in consistently finding emergent transfer crews for critically injured patients in addition to facilities that are the closest most appropriate for ground or air transfer. Fixed wing medical transports in the UP have increased so that company is now placing a fixed wing in the Northern Lower. It was noted that Michigan lacks a statewide, independent trauma transfer and referral center.

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: The trauma registry needs complete data to effectively describe system functioning. Two hospitals in the region were contacted about incomplete quarters for data, and both indicated the reminder about the data requirement will assist in moving request changes in their trauma programs to support data collection and submission. Another trauma program is using an outside vendor and has yet to be caught up, impacting the Regional Inventory reports. One registrar is completing approximately 600 charts a year for multiple hospitals. The EMS reports can be accessed; however, there is need for EMS training on what fields to complete and why.

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.

Other relevant information:

There are two vacancies on the Regional Trauma Network Board: Baraga and Dickinson. Additionally, there are vacancies and interim staff at three hospital trauma programs: Aspirus Ironwood, Aspirus Keweenaw and Dickinson. The RTN Board Chair and MyMichigan Medical Center Sault Trauma Program Manager is set to retire this year and is training a replacement. Turnover in hospital trauma personnel is continual. The RTC continues to offer Teams meeting orientations. The April RTAC meeting approved stylizing the R1 Performance Improvement Toolkit to R8 and distributing it to hospital trauma programs. It is anticipated we will follow the same process at the August RTAC meeting for the R1 pediatric toolkit. Dr. Allan Lamb presented a rural trauma case at the April RTAC meeting and the RTC anticipates continuing to have guest presentations. War Memorial has been purchased and renamed MyMichigan Medical Center Sault and Dickinson County Health System has completed a definitive affiliation agreement with Marshfield Clinic.

Administrative Rule Requirements:

- Yes No Quarterly meeting minutes on shared drive. (cancelled – need virtual ability)
- Yes No All MCA’s participating in the RTN. (if the RTN were to meet in-person)
- Yes No Performance improvement ongoing.