

October 2024

Region 8

Trauma Advisory Council





Call to Order
Attendance & Introductions
Agenda Approval
Minutes Approval
Public
State Updates



Region 8 Trauma Network

Trauma is defined as bodily injury from applied force. The trauma system as described in Michigan Administrative Rule 325.127 (3) (I) means a comprehensive and integrated arrangement of emergency services personnel, facilities, equipment, services, communications, medical control authorities, and organizations necessary to provide trauma care to all patients within a particular geographic region. The system is designed to make efficient use of resources and provide seamless care for the injured across the continuum. Region 8 is recognized by the state of Michigan as the Upper Peninsula.



Trauma Network Operations

A trauma system and trauma center explanation. Our work plan, bylaws, and projects.



Trauma Network Partners

A map of our trauma centers, participating partners, and key contacts.



Trauma Network Documents

Document Library

www.R8MCAN.org

Latest News

Welcome to our new MCA Network website launched July 2024. This is your trusted source for MCA and regional trauma information across the UP.

10/7/2024 UPDATES:

1. Delta County MCA protocol sections 8 and 11.
2. EUP LSA list.
3. Luce County MCA protocols 2.5, 5.3, and 8.7.S.

Welcome Nick Harrison, EUP MCA!

Dr. Steven Vix retired in July from MCA duties. Dr. Andrew Ostosh is now the Luce County MCA Medical Director.

**Region 8 Medical Control
Authority Network**

www.R8MCAN.org

Trauma Center Awareness

[Toolkit](#)



Old Business

- » Prehospital Pediatric Readiness Assessment
- » Pediatric Go-Bags
- » Until Help Arrives
 - Four instructor trainings have been scheduled with attendance at two
 - One class
 - Next steps
- » Trauma Transfer Guidelines
 - Discussed with your ED providers?
 - Placed in a good spot in the ED?
 - Note – no additional imaging studies unless there is time
- » Aspirus Ontonagon Hospital closure



New Business

» Geriatric

- Trauma Team Activation
- Fast track



RED CRITERIA*High Risk for Serious Injury*

Trauma Triage – red

Injury Pattern	Mental Status & Vital Signs
<ul style="list-style-type: none"> • Penetrating injuries to head, neck, torso, and proximal structures • Skull deformity, suspected skull fracture • Suspected spinal injury with new motor or sensory loss • Chest wall instability, deformity, or suspected flail chest • Suspected pelvic fracture • Suspected fracture of two or more proximal long bones • Crushed, degloved, mangled, or pulseless extremity • Amputation proximal to wrist or ankle • Active bleeding requiring a tourniquet or wound packing with continuous pressure 	<p>All Patients</p> <ul style="list-style-type: none"> • Unable to follow commands (motor GCS < 6) • RR < 10 or > 29 breaths/min • Respiratory distress or need for respiratory support • Room-air pulse oximetry < 90% <p>Age 0–9 years</p> <ul style="list-style-type: none"> • SBP < 70mm Hg + (2 x age in years) <p>Age 10–64 years</p> <ul style="list-style-type: none"> • SBP < 90 mmHg or • HR > SBP <p>Age ≥ 65 years</p> <ul style="list-style-type: none"> • SBP < 110 mmHg or • HR > SBP

Patients meeting any one of the above RED criteria should be transported to a Level 1 or Level 2 trauma center.

RED CRITERIA Adult (15 years of age or older) Order of destination choices

1. Level 1 or Level 2 Trauma Center within 45 minutes.

**If Level 1 or Level 2 Trauma Center is not possible within 45 minutes by ground transport from scene – consider air medical.*

2. Level 3 Trauma Center within 45 minutes

3. Level 4 Trauma Center within 45 minutes.

RED CRITERIA Pediatrics (14 years of age or younger) Order of destination choices

1. Pediatric Level 1 or Pediatric Level 2 Trauma Center if within 45 minutes

2. Level 1 or Level 2 Trauma Center within 45 minutes

**If Level 1 or Level 2 Pediatric Trauma Center NOR Level 1 or Level 2 Trauma Center is possible by ground transport from scene – consider air medical.*

3. Level 3 Trauma Center within 45 minutes

4. Level 4 Trauma Center within 45 minutes

Trauma Triage – yellow

YELLOW CRITERIA

Moderate Risk for Serious Injury

Mechanism of Injury	EMS Judgement
<ul style="list-style-type: none">• High-Risk Auto Crash<ul style="list-style-type: none">– Partial or complete ejection– Significant intrusion (including roof)<ul style="list-style-type: none">• >12 inches occupant site OR• >18 inches any site OR• Need for extrication for entrapped patient– Death in passenger compartment– Child (age 0–9 years) unrestrained or in unsecured child safety seat– Vehicle telemetry data consistent with severe injury• Rider separated from transport vehicle with significant impact (e.g., motorcycle, ATV, horse, etc.)• Pedestrian/bicycle rider thrown, run over, or with significant impact• Fall from height > 10 feet (all ages)	<p>Consider risk factors, including:</p> <ul style="list-style-type: none">• Low-level falls in young children (age < 5 years) or older adults (age > 65 years) with significant head impact• Anticoagulant use• Suspicion of child abuse• Special, high-resource healthcare needs• Pregnancy > 20 weeks• Burns in conjunction with trauma• Children should be triaged preferentially to pediatric capable centers <p>If concerned, take to a trauma center</p>

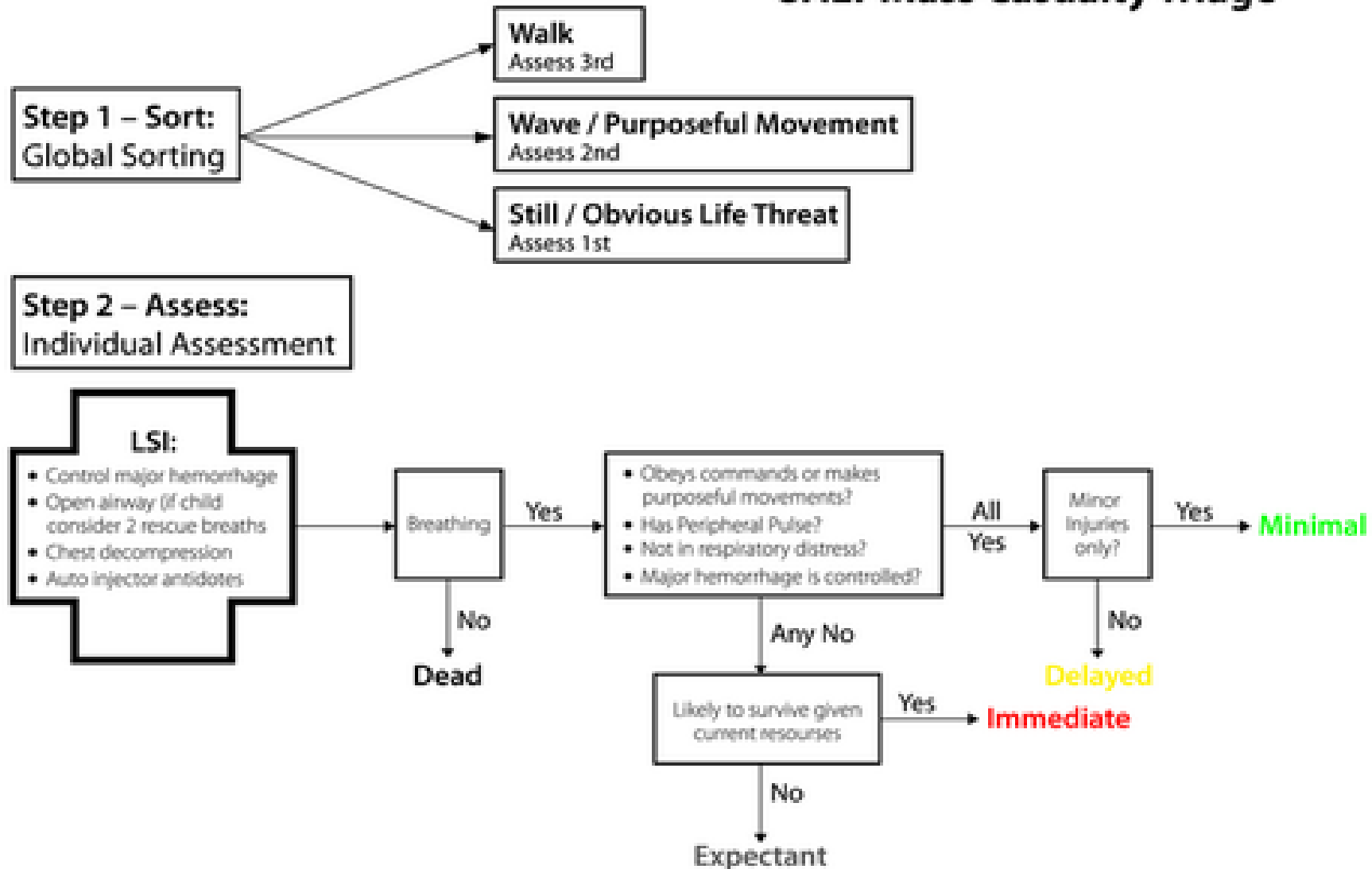
*Patients meeting any one of the **YELLOW CRITERIA** WHO DO NOT MEET **RED CRITERIA** should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center per local MCA and trauma policies)*

NOTES

1. Medical Control may be contacted to determine the appropriate destination when indicated.
2. High risk pelvic fracture does not include isolated hip fractures without significant mechanism

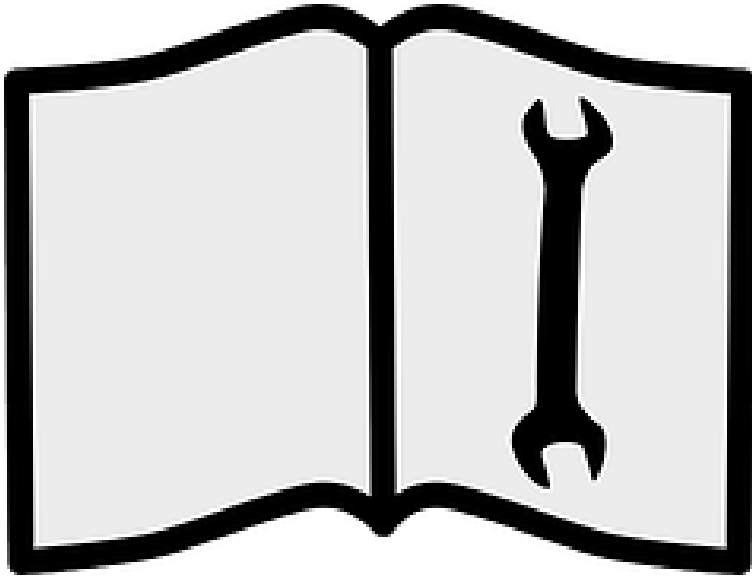
Sort, Assess, Lifesaving Interventions, Treatment/Transport

SALT Mass Casualty Triage

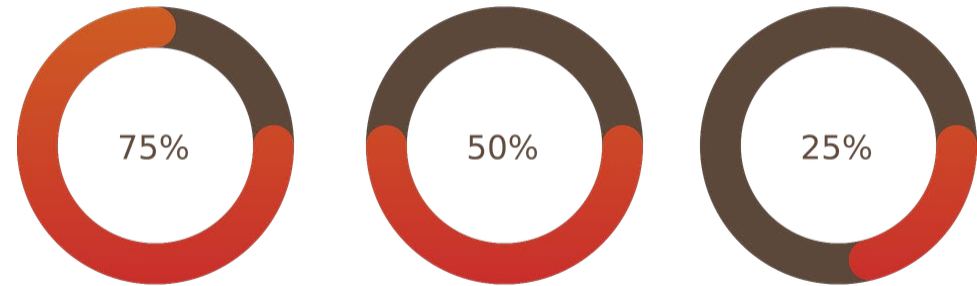


Loop Closure and Performance Improvement

Documenting



Tracking and Trending



Occurrence:

Trauma Performance Improvement Review

CSN#:	DOB:	Name:	Type/Time of Activation:	ED Dis:	ED Order/LOS:
Injury D/T:	MR#	ED Providers:	Seen:	#1 Consult Physician:	OR:
Type of Arrival:		Admit Physician:	Seen:	Notified:	Seen:
Hisp/Race:		Notified:	Seen:	#2 Consult Physician:	Seen:
Home Zip:	Injury Zip:	Visit Date/Time:	Notified:	Seen:	Final Disposition:
TPM/TMD Rounded		Review Date:	Reg Start	Comp	Disch D/T:
EMS Agency:	<input checked="" type="checkbox"/>	ED	<input checked="" type="checkbox"/>	Timing of Transfers	Activation Attendance
Scene Time > 20 minutes		Activation time and arrival time not doc		Arrival Time	Trauma Surgeon
Cardiac/resp arrest PTA		Hypothermia < 97 with no treatment		Decision Time	Orthopedist
Complete VS w/GCS and Pain		Low frequency of Vitals Signs		Dr to Dr contact time	Anesthesia
Cspine or TLS precautions per policy		Missing Trauma Level		Notification of Supervisor	LAB
IV: Unsucc IV or Inapp Lack of Attempt		No temp charted <input type="checkbox"/> < 30m <input type="checkbox"/> > 30m		Supervisor	RAD
Prolonged Extracation		No GCS charted by anyone		Bed Confirmation	RT
Complete EMS Report Available		Paging Issues		Ambulance Notification	Other
		Radiology Issues		Ambulance Confirmed	Complications or Audits
Activations	<input checked="" type="checkbox"/>	Comp VS w/GCS/pain < 30m of ED ARR		Ambulance Arrival Time	<input type="checkbox"/> ARDS <input type="checkbox"/> PE <input type="checkbox"/> VAP <input type="checkbox"/> Pneumonia
ISS Score:		Complete VS w/GCS/pain on < 1h Adm		Ambulance Agency	<input type="checkbox"/> Cardiac Arrest with CPR <input type="checkbox"/> AMI
Inappropriate Late or no activation		Primary/Secondary Assess/Trauma FS		Transfer out Time	<input type="checkbox"/> CAUTI <input type="checkbox"/> CLABSI
Appropriate Activation with Time:		Admit Order Time:		Accepting Facility	Death
Notes:		Direct to OR from ED		Accepting Provider	Pressure Ulcer
		T Surgeon arrival > 30 minutes (L1)		Private Vehicle Transfer	<input type="checkbox"/> DVT <input type="checkbox"/> Thrombophlebitis
Transfers Agency:	<input checked="" type="checkbox"/>	T Surgeon arrival > 30 from call or > 90 minutes from pt arrival (L2)		Inpatient Care	<input checked="" type="checkbox"/> Drug <input type="checkbox"/> ETOH withdrawal syndrome
Multiple hospital transfer calls		documented <input type="checkbox"/> TS <input type="checkbox"/> Ph Only; <input type="checkbox"/> Ortho <input type="checkbox"/> Ph Only		*Delayed diagnosis (> 24 hours)	Extremity Compartment Syndrome
Transferred out		CT Chest Abd Pelvis w w/o contrast		Admit to Non Surgeon except SLF with isolated orthopedic	Surgical Site Infection: <input type="checkbox"/>
Transferred In		CT < 1hour > 15 ISS <input type="checkbox"/> No Accom on Act		Admit w/o Surgical Consult except as noted above	Superficial <input type="checkbox"/> Organ Space <input type="checkbox"/>
Appropriate Transfer		Cspine clearance appropriate		Direct Admit	Unplanned return to <input type="checkbox"/> OR <input type="checkbox"/> ICU
LOS greater than 2 hours for Act I or II		Time to CXR on activation		<input type="checkbox"/> ICU adm <input type="checkbox"/> Transfer to ICU p/adm	In Hospital Falls with injury
Transfer without Surgical Notification		Backboard removed < 20 minutes		ICU admission not by T. Surgeon	<input type="checkbox"/> ED DC pts return to the ED < 72 hours or <input type="checkbox"/> Unsch ReAdmit within 7 days of DC and admitted for
EMTALA complete		Large Bore IV		ETOH/SA follow-up as indicated	
VS w/GCS 15 mins PTT transfer		Antibiotics start < 60min open fx (2Q)		DVT LOR: <input type="checkbox"/> SCD:	After Discharge
Transfer post admission		Open Fx to OR < 6 hours, <input checked="" type="checkbox"/> antibiotics		DVT Med: <input type="checkbox"/> DS:	NOTES
Notes:		<input type="checkbox"/> TXA <input type="checkbox"/> K-Centra <input type="checkbox"/> UnCXM BLD		PT/OT ordered	
		<input type="checkbox"/> PRC% <input type="checkbox"/> FFP <input type="checkbox"/> MTP		Social work ordered/seen	
		Delay in XR/CT Read or missed injury		Pediatric Admit < 15 years	
		Tetanus review/given if indicated		Prompt availability of consult MD	
		Appropriate Wound Care		Appropriate Discharge Planning	
Vital Signs (must be < 30m from ARR):				Procedures:	

Monthly Ct	Name	MS	Registry #	Date	Age	Sex	Arrive by	Admit/Transfer/Death	Xfer IN Feedback Sent	Time to Decision	Time to Order	ED OYE R/ LOS	Inpt LOS	Receiving/Sending Hospital	ED Provider	Admission Service	Consulting Physician	SLF to MED
Primary Review																		

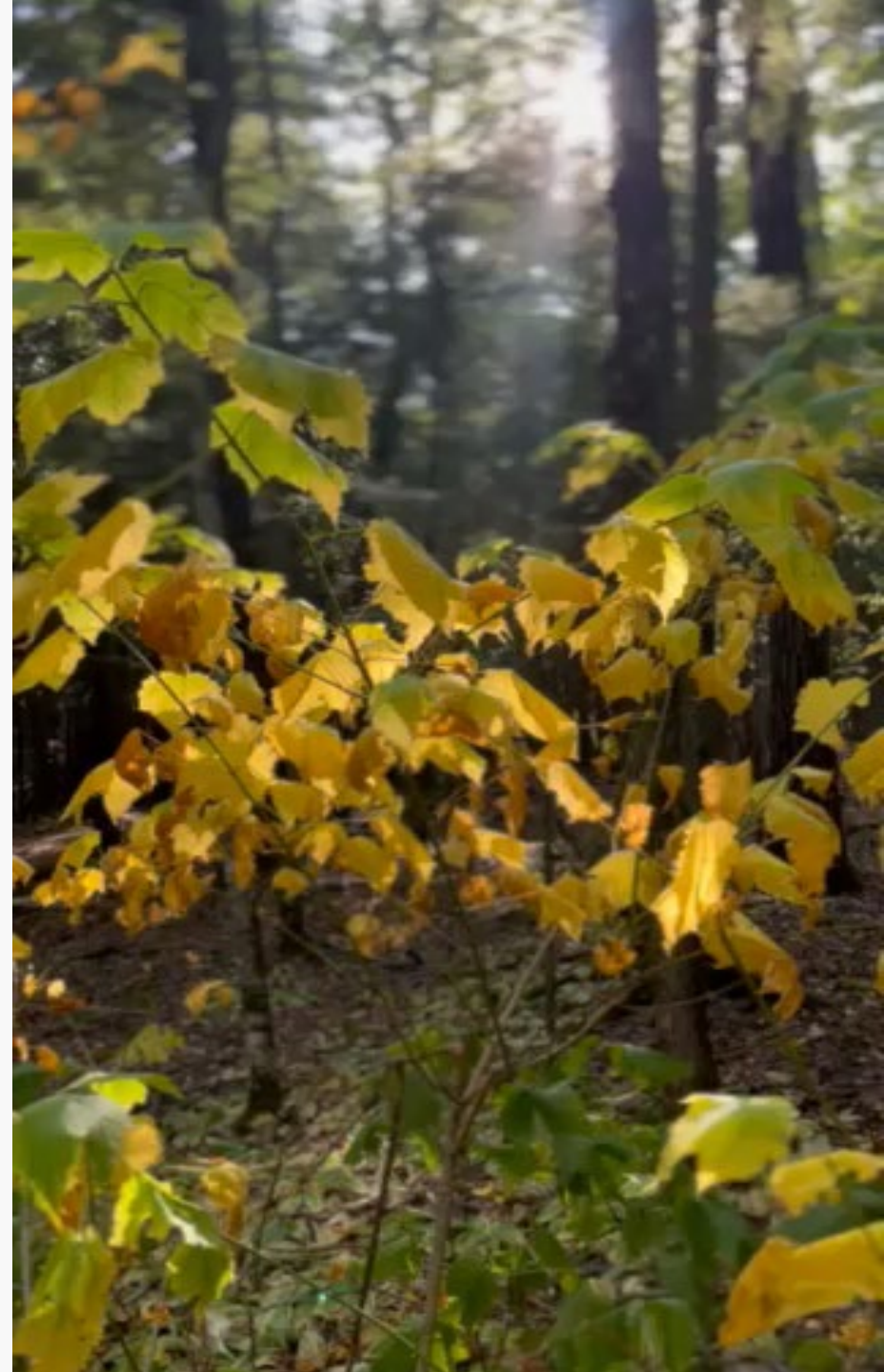
Occurrence	Diagnosis	ISS	Trauma Level	TPM Reviewed Level	T order date (Arrival date)	Round ed	Procedures	Time to Procedure	Chart Review Findings/ Nursing Documentation	Trauma Program Manager Primary Review	Disposition	Returns / Issues	Medical Director Secondary	Tertiary Review

BIG

Brain Injury Guidelines



Reports





**Don't just say yes. Learn
the risks of ATVs before
you allow your child to ride.**



USDOTNHTSA



6 STEPS
To Prevent
A Fall

Falls Free
National Council on Aging



School and community safety. With you, we got this.

Learn More

Briefings Registration

Standard Response Protocol
Action-based, flexible, and easy to learn.

Standard Reunification Method
Recovery starts when the crisis begins.

Reunification Exercise
Ready to go "Exercise in a Box."

Training and Events
From breakout sessions to full day workshops.

Tender Loving Care
Other projects we're handling with a little TLC.

Partner with Love
Together we're a powerful conduit that unites.

NOVEMBER 22 & 23, 2024 ADVANCED TRAUMA LIFE SUPPORT (ATLS) COURSE®

This ATLS course is presented by UP Health System – Marquette

Register by October 25, 2024

Program Overview

The ATLS Course is dedicated to the first hour of initial assessment and primary management of a trauma patient, starting at the time and point of impact and continuing through initial assessment, life-saving intervention, re-evaluation, stabilization and, where needed, transfer to another healthcare facility.

The course will consist of pre- and post-course tests, lectures, case presentations, discussions and development of life-saving manipulative skills, practical laboratory experience and a performance proficiency evaluation. Upon completion, the provider, nurse or paramedic should feel confident in implementing the trauma skills taught in the ATLS Course.

Course Director

Sara Herrera, MD
General Surgeon, UPHS – Marquette

Course Objectives

Upon completion of the ATLS Course, participants will be able to:

- Demonstrate concepts and principles of primary and secondary patient assessment.
- Establish management priorities in a trauma situation.
- Initiate primary and secondary management necessary within the “golden hour” for the emergency care of acute life-threatening emergencies.
- Demonstrate, in a given simulated clinical and surgical skill practicum, specific skills used in the initial assessment and management of patients with multiple injuries.

Faculty

Mark Sarazin, MD, General Surgeon, UPHS – Marquette
Jamie S. Johnson, MD, Emergency Medicine
Additional instructors to be announced

Target Audience

This course is for physicians and other qualified providers. Nurses and paramedics are an integral part of the trauma team and are also included in program consideration. Provider acceptance is limited and registrants will be taken on a first-come, first-served basis.

Credits

Provider Two-Day Student Course

The American College of Surgeons is accredited by the Accreditation Council on Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American College of Surgeons designates this educational activity for a maximum of 16 CME available. Physicians should only claim credits commensurate with the extent of their participation in the activity.

Nurses

Contact your state board, as the Board of Nursing will often consider physician CME as providing acceptable continuing education credits.

EMS

Preapproved by the Michigan Department of Community Health.

ATLS Course Fee

Physicians.....	\$900
Advanced Practice Providers, Residents.....	\$800
Auditor.....	\$450

Fee includes Textbook of Advanced Trauma Life Support, study materials, practicum materials, handouts, lunch and refreshment breaks.

Location

UPHS – Marquette Conference Center
850 W. Baraga Ave., Marquette, MI 49855

The Conference Center is located just inside the main hospital entrance immediately past the coffee shop. Meeting room temperatures and personal comfort zones vary considerably—a jacket/sweater or dressing in layers is recommended.

ATLS Course Agenda

Friday, November 22, 2024 | 7 am – 5 pm

- Welcome & Overview
- Initial Assessment
- Airway & Ventilation
- Shock
- Thoracic Trauma
- Abdominal & Pelvic Trauma
- Spine & Spinal Cord Trauma
- Musculoskeletal Trauma
- Head Trauma
- Breathing & Circulation Skills Stations
- Wrap Up

Saturday, November 23, 2024 | 7 am – 5 pm

- Trauma in Extreme Ages
 - Pediatric Trauma
 - Geriatric Trauma
- Trauma in Pregnancy & Intimate Partner Violence
- Thermal Injuries
- Disability
- Triage Scenarios
- Transfer to Definitive Care
- PRACTICAL SKILLS SESSIONS
 - Disability & Adjuncts
 - Secondary Survey
 - Initial Assessment
- Written Test

Registration

Early registration is encouraged so the textbook and study materials can be sent to participants prior to the course date. When you receive your packet, review all the materials, complete the pretest and study the textbook. The pretest will be graded at registration.

Visit the Eventbrite registration link or QR code to register for the two-day course. Payment is due at the time of registration. No refunds will be given.



[Register here!](#)



Registration Deadline: October 25, 2024

? Questions? Contact the UPHS – Marquette Trauma Department at 906.449.3090.



Performance Improvement

✉ NelsonL7@michigan.gov

🔗 www.R8MCAN.org

🔗 www.michigan.gov/traumasystem

