Regional Professional Standards rEVIEW Organization Inventory

# REGION 8

Admin Rule 325.135. Regional Performance Improvement. Rule 11 (2) Each regional trauma network is responsible for monitoring, assessing, and evaluating its regional trauma system to improve trauma care, reduce death and disability, surveillance of injury and implementation of injury prevention activities.

Data Reporting Period: [ ]  January 1 – June 30, 2024

 [ ]  July 1 – December 31, 2024

## **I. Regional resource Inventory**:

**TRAUMA FACILITIES**

Number of Designated Trauma Facilities

Level I Level II Level III Level IV

|  |  |  |  |
| --- | --- | --- | --- |
| **Hospital Name** | **City / County** | **Level** | **Exp Date** |
|  |  |  |  |
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|  |  |  |  |

Number of Non-Designated Facilities:

|  |  |  |
| --- | --- | --- |
| **Hospital Name** | **City / County** | **Reviewed****Not Designated** |
|  |  |  |
|  |  |  |
|  |  |  |

Number of In-Process Facilities

|  |  |  |
| --- | --- | --- |
| **Hospital Name** | **City/County** | **Review Date (estimated)** |
|  |  |  |
|  |  |  |
|  |  |  |

**EMERGENCY MEDICAL SERVICES**

|  |  |  |
| --- | --- | --- |
| EMS Transporting Agencies | **Jan – Jun 2024** | **Jul – Dec 2024** |
| * BLS agencies
 |  |  |
| * LALS agencies
 |  |  |
| * ALS agencies
 |  |  |
| Rotary Aircraft in Region |  |  |
| Fixed Aircraft in Region |  |  |

Comments:

**REGION SPECIFIC REHABILITATION SERVICES**

|  |  |  |
| --- | --- | --- |
|  | **Jan – Jun 2024** | **Jul – Dec 2024** |
| Licensed Inpatient Rehabilitation Facilities that accept trauma patients |  |  |

Comments:

## **II. system evaluation**

Administrative Rule 325.135. Rule 11 (7) Each trauma care region shall be responsible for the ongoing receipt of information from the regional trauma system constituents on the implementation of various components of that regions trauma system, and shall include the standards that are incorporated by reference pursuant to R 325.129(1), R 325.129(a)(12), and R 325.130(6)(d), and include all of the following system components to be evaluated: (a) components of the regional trauma plan, (b) triage criteria and effectiveness, (c) trauma center diversion, (d) data analytics as defined by the department with the advice of the statewide trauma advisory subcommittee.

**ADULT AND PEDIATRIC FIELD TRIAGE CRITERIA**

**EFFECTIVENESS / TRANSFER DATA / DISCHARGE**

|  |  |
| --- | --- |
| Number of facilities that allow EMS to activate their trauma team |  |
| Percent of Level III and IV facilities in the region that report they had follow-up from receiving facility in the reporting periodComments: Some Level I facilities out of region report that TPMs should contact them directly for follow-up. |  |
| Number of pediatric (<15 yo) trauma patients seen in ED and admitted or transferred |  |
| Average Regional ED Dwell Time (defined by decision to transfer/transfer order written) |  |
| Region defined Average ED Dwell Time to Transfer in Minutes (defined as up to 120 minutes for Level 1 TTAs) |  |
| Number of trauma patients who met step 1 (physiologic) or step 2 (anatomic) field triage criteria who are initially transported to the highest level of care in the system (regional discretion). |  |

**GRAPH**

|  |  |  |  |
| --- | --- | --- | --- |
| **15 UP Counties, biospatial, extract 4/25/2024** |   |  |  |
|  | **Trauma Triage Step 1 or 2** | **Transport this crew** | **Another transported** |  |  |
| July - December 2023 |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Primary, intercept, mutual aid |  |  |  |  |  |
| Hosp to hosp transfer |  |  |  |  |  |
|  |  |  |  |  |  |
| January - June 2023 |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Primary, intercept, mutual aid |  |  |  |  |  |
| Hosp to hosp transfer |  |  |  |  |
|  |  |  |  |  |  |
| July - December 2022 |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Primary, intercept, mutual aid |  |  |  |  |  |
| Hosp to hosp transfer |  |  |  |  |
|  |  |  |  |  |  |
| January - June 2022 |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Primary, intercept, mutual aid |  |  |  |  |  |
| Hosp to hosp transfer |  |  |  |  |

**Interfacility Transfers (n=)**

These two tables show the originating facilities and the destinationfacilities for patients in your region that met the step 1 (physiologic) & 2 (anatomic) trauma triage criteria for all hospital-to-hospital transfers, during the time period specified for this inventory. The **first table**, *Originating Facility*, displays interfacility transfers by originating (incident) facility, by number of patients (count). The **second table**, *Destination Facility*, displays the destination facilities, or where the patient was transferred to, by the number of patients (count). **Please Note:** This data was pulled from biospatial using the advanced search option, for hospital-to-hospital transfers, and based on incident county.

GRAPH

**Pediatric Trauma Patients (n=)**

These two graphs focus on pediatric trauma patients (patients equal to or less than 14 years of age) that were treated and transported by an EMS agency in your region that met step 1 (physiologic) & 2 (anatomic) trauma triage criteria, during the time period specified for this inventory. The **first graph,** *Regional EMS Calls That Met Trauma Triage Criteria Step 1 & 2 by Age for Pediatric Patients***,** displays the number (count) of pediatric patients that were treated and transported by age. The **second graph**, *Regional EMS Calls by Initial Destination Facility That Met Trauma Triage Criteria Step 1 & 2 for Pediatric Patients*, displays the facilities (initial destination) that pediatric patients were initially transported to by number (count) of pediatric patients. **Please Note:** This data was pulled from biospatial using the advanced search option, for emergency response service and includes patients that were treated and transported.

GRAPH

**HOSPITAL DIVERSIONS**

|  |  |  |
| --- | --- | --- |
| **Hospital Name** | **Diverted >5%** **of the time**  | **Reason(s) for Diversion** |
|  |  |  |
|  |  |  |
|  |  |  |

## **III. Registry data**

**TOP External Cause of Injury ICD-10 Codes**

**GRAPHS**

**INCIDENTS**

Avg Hospital LOS in Region: days

State Avg Hospital LOS: days

|  |  |  |
| --- | --- | --- |
|  | Total Incidents | Incidents Meeting NTDB |
| 2023 July - December |  |  |
| 2023 January – June |  |  |
| 2022 July – December |  |  |
| 2022 January - June |  |  |
| 2021 July - December |  |  |
| 2021 January - June |  |  |
| 2020 July - December |  |  |
| 2020 January – June  |  |  |
| 2019 July – December  |  |  |
| 2019 January – June  |  |  |
| 2018 July – December  |  |  |
| 2018 January – June |  |  |

GRAPH

|  |  |  |
| --- | --- | --- |
| **ISS**  | **All Level Facilities** | **Level I and II in Region**  |
| 0-9  |  |  |
| 10-15  |  |  |
| 16-24 |  |  |
| 25> |  |  |
| Not reported  |  |  |

GRAPH

Injury severity scores (ISS) for all levels will be included in this report, however, other published literature only considers ISS scores from Level I and II trauma hospitals accurate, ISSs from Level IIIs and IVs have not yet been validated. So also included are the number of cases per each ISS score, without the Level III and IV scores included. (Minnesota Department of Health, Statewide Trauma System, 2017, <https://www.health.state.mn.us/facilities/traumasystem/documents/2017_legislative_report.pdf>)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age** | **Total Incidents** |  | **Female** | **Male** | **Non Binary** |  | **Deaths Female** | **Deaths Male** | **Deaths Non Binary** |
| **<15** |  |  |  |  |  |  |  |  |  |
| **15-24** |  |  |  |  |  |  |  |  |  |
| **25-34** |  |  |  |  |  |  |  |  |  |
| **35-44** |  |  |  |  |  |  |  |  |  |
| **45-54** |  |  |  |  |  |  |  |  |  |
| **55-64** |  |  |  |  |  |  |  |  |  |
| **65-74** |  |  |  |  |  |  |  |  |  |
| **75-84** |  |  |  |  |  |  |  |  |  |
| **85+** |  |  |  |  |  |  |  |  |  |

Data Disclaimer

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**PATIENT DISPOSITION**

GRAPH ED DISPOSITION

GRAPH HOSPITAL DISPOSITION

## **IV. Regional Workplan Objectives:**

**Regional Workplan objectives reviewed per applicable quarterly reports:**

Month to Month Year Quarterly Report Completed? [ ]  Yes / [ ]  No

Month to Month Year Quarterly Report Completed? [ ]  Yes / [ ]  No

**Annual Review of Regional Trauma Workplan Objectives**

Planned Date of Formal Review: Completed? ☐ Yes / ☐ No

**MICHIGAN CRITERIA**

**Regional Injury Prevention and Regional PSRO initiatives are woven into RTAC meetings. Meeting attendance is for RTAC.**

Percentage of hospitals participating in **regional injury prevention** initiatives

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Meeting Attendance %** | **Regional Injury Prevention Participation** | **Resource Guide Contribution** |
|  |  |  |  |
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Percentage of hospitals participating in **regional performance improvement** initiatives

|  |  |  |  |
| --- | --- | --- | --- |
|  |  **Meeting Attendance %** | **Performance Improvement Data Submission** | **Additional Descriptions of initiatives if needed** |
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Percentage of designated facilities with late **data submissions** this two-quarter period:

 Number of late hospitals for Q#3: 0 / 14 0%

 Number of late hospitals for Q#4: 0 / 14 0%

Number of hospitals missing data for Q#3: 0 / 14 0%

Number of hospitals missing data for Q#4: 0 / 14 0%

# SIGNATURES

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RPSRO Chairperson Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report Author Date

**Report Due Date:** [ ]  **November 2024** [ ]  **MaY 2025**

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