

# Region 8 Trauma Advisory Committee

February 2024



# Agenda

Call to order

Attendance and introductions

February agenda approval

March meeting minutes approval

Public comment

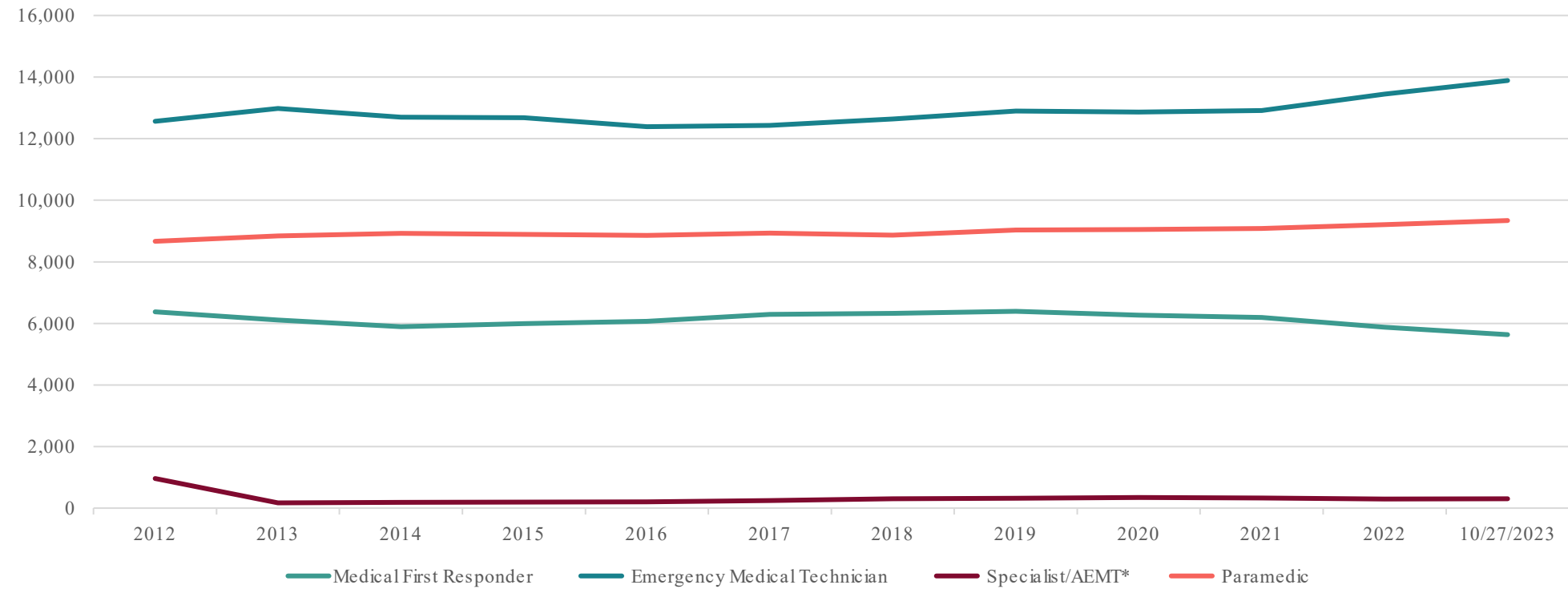


# State Updates

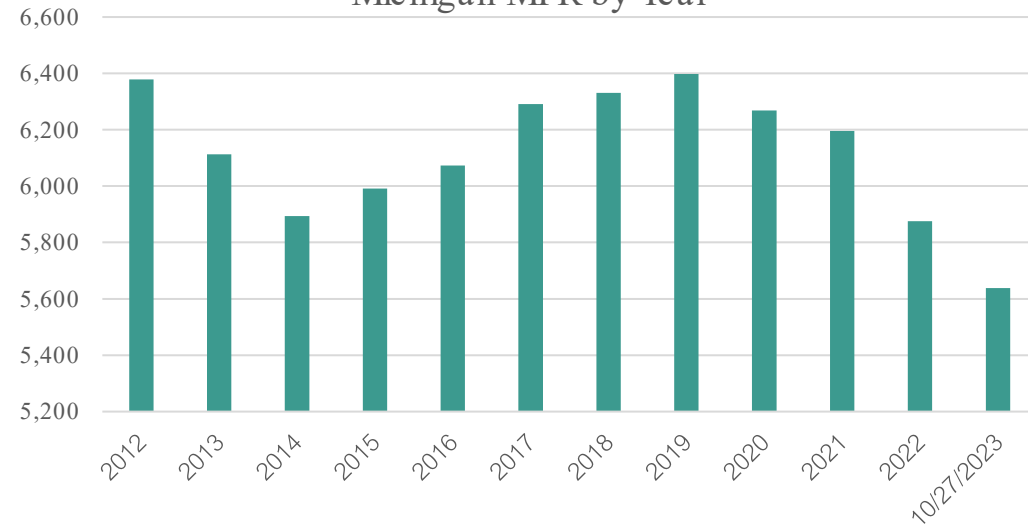
EMSCC, Rural Trauma

State Systems of Care

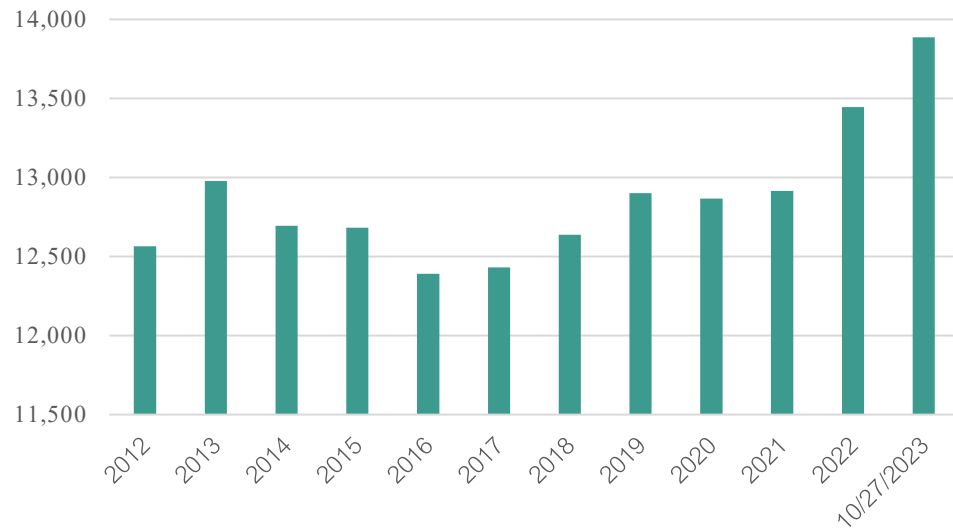
# Michigan EMS Licensees by Year



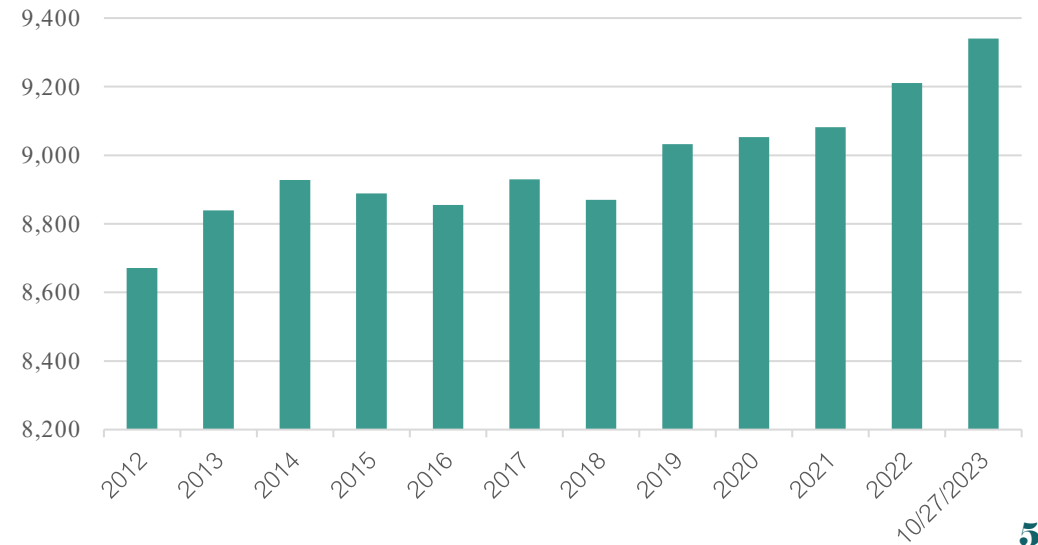
### Michigan MFR by Year



### Michigan EMTs by Year



### Michigan Paramedics by Year



# New Business

## 2024 Membership – is this correct? missing anyone?

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Aspirus Iron River	MyMI Sault	Dickinson MCA	Guardian
Aspirus Ironwood	OSF St. Francis	Eastern UP MCA	Aspirus Medevac
Aspirus Keweenaw	Schoolcraft	Houghton Keweenaw MCA	Consumer
Aspirus Ontonagon	UPHS Bell	Gogebic Iron Ontonagon MCA	Region Preparedness
Baraga	UPHS Marquette	Luce MCA	
Helen Newberry Joy	UPHS Portage	Marquette Alger MCA	
Marshfield Dickinson	Baraga MCA	Schoolcraft MCA	
Munising	Delta MCA	SONCO	

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# Preparing for Regional Trauma Network Board approval

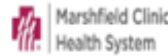
## Region 8 Trauma Transfer Guidelines



EMERGENT TRANSFER (GOAL WITHIN 1 HOUR OF ARRIVAL)	
<p><b>Goals of Care</b></p> <ul style="list-style-type: none"> <li>Do not notify EMS early to facilitate timely transport</li> <li>Do communicate to destination Trauma Team if you need guidance</li> <li>Do not delay transfers for unnecessary studies</li> </ul> <p>All trauma transfers are reviewed for optimal care and timely transport to destination. Feedback to facilities will include recommendations from trauma team and team debriefing. Both facilities are encouraged to discuss for ongoing improvement.</p>	<p><b>Treatment &amp; Diagnostics following ATLS</b></p> <ul style="list-style-type: none"> <li>Airway interventions</li> <li>Portable Chest &amp; Pelvis X-ray                             <ul style="list-style-type: none"> <li>Decompression/Chest Tube</li> <li>Pelvic Binder</li> </ul> </li> <li>FAST (if + w/SBP &lt; 90, give blood)</li> <li>Fluid Resuscitation (if necessary)                             <ul style="list-style-type: none"> <li>Consider TXA, if bleeding susp</li> <li>Blood Products</li> </ul> </li> <li>Additional Studies (ONLY if no transport delay)                             <ul style="list-style-type: none"> <li>Head, C-Spine CT</li> <li>Chest/Abd/Pelvis</li> </ul> </li> <li>All further diagnostics and treatments facilitated with discussion of accepting trauma team</li> </ul>
<p style="text-align: center;"><b>URGENT TRANSFER (GOAL WITHIN 2 HRS OF ARRIVAL)</b></p>	
<p><b>Physiologic</b></p> <ul style="list-style-type: none"> <li>Systolic BP <math>\leq</math> 110mmHg may represent shock in patients &gt; 60 yo</li> </ul> <p><b>Neurologic</b></p> <ul style="list-style-type: none"> <li>Worsening GCS since initial presentation</li> <li>Spinal cord injury</li> </ul> <p><b>Extremity Injuries</b> (Antibiotics for open fractures!)</p> <ul style="list-style-type: none"> <li>Amputated extremity proximal to wrist or ankle</li> <li>Open long bone fractures</li> <li>Two or more long bone fracture sites</li> <li>Crush injury</li> </ul>	<p><b>Thoracic &amp; Abdominal Injuries</b></p> <ul style="list-style-type: none"> <li>Major chest wall injury:                             <ul style="list-style-type: none"> <li>Multiple rib fractures in a patient &gt; 65 yo, pulmonary contusions, flail chest.</li> </ul> </li> <li>Free air, fluid, solid organ injury noted on diagnostic testing</li> </ul> <p><b>Burns</b></p> <ul style="list-style-type: none"> <li>Follow burn center criteria for transport to appropriate facility (michiganburn.org)</li> </ul> <p><b>Special Considerations</b></p> <ul style="list-style-type: none"> <li>Adults &gt; 60 yo</li> <li>Pediatric</li> <li>Pregnant</li> <li>Anticoagulant / Antiplatelet use</li> <li>Advance disease (cardiac, resp, diabetes, ESRD)</li> </ul>

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# Region 8 Trauma Transfer Guidelines



## Goals of Care

- Do notify EMS early to facilitate timely transport
- Do communicate to destination Trauma Team if you need guidance
- Do not delay transfers for unnecessary studies

All trauma transfers are reviewed for optimal care and timely transport to destination. Feedback to facilities will include recommendations from trauma team and team debriefing. Both facilities are encouraged to discuss for ongoing improvement.

## EMERGENT TRANSFER (GOAL WITHIN 1 HOUR OF ARRIVAL)

- Systolic BP < 90mmHg
- Labile BP despite 1L of IV fluids or requiring blood products to maintain blood pressure
- GCS  $\leq$  8 or lateralizing signs
- Penetrating injuries to head, neck chest or abdomen
- Fracture / dislocation with loss of distal pulses and/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

### **Treatment & Diagnostics following ATLS**

- Airway interventions
- Portable Chest & Pelvis X-ray
  - \* Decompression/Chest Tube
  - \* Pelvic Binder
- FAST (if + w/SBP < 90, give blood)
- Fluid Resuscitation (if necessary)
  - \* Consider TXA, if bleeding susp
  - \* Blood Products
- Additional Studies (ONLY if no transport delay)
  - \* Head, C-Spine CT
  - \* Chest/Abd/Pelvis
- *All further diagnostics and treatments facilitated with discussion of accepting trauma team*



## URGENT TRANSFER (GOAL WITHIN 2 HRS OF ARRIVAL)

### Physiologic

- Systolic BP  $\leq$  110mmHg may represent shock in patients > 60 yo

### Neurologic

- Worsening GCS since initial presentation
- Spinal cord injury

### Extremity Injuries

*(Antibiotics for open fractures!)*

- Amputated extremity proximal to wrist or ankle
- Open long bone fractures
- Two or more long bone fracture sites
- Crush injury

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### Thoracic & Abdominal Injuries

- Major chest wall injury:  
Multiple rib fractures in a patient > 65 yo, pulmonary contusions, flail chest.
- Free air, fluid, solid organ injury noted on diagnostic testing

### Burns

- Follow burn center criteria for transport to appropriate facility ([michiganburn.org](http://michiganburn.org))

### Special Considerations

- Adults > 60 yo
- Pediatric
- Pregnant
- Anticoagulant / Antiplatelet use
- Advance disease (cardiac, resp, diabetes, ESRD)

# Upper & Lower Extremity Complex Injuries Referral Guideline

**Referral Number: 810-262-9429**

Example from  
Region 3

**AMPUTATIONS**



**VASCULAR INJURIES**



**NERVE INJURIES**



**SOFT TISSUE & BONE INJURIES**



**CARE OF AMPUTATED LIMB:**

1. Take the severed body part, and wrap this with moist saline gauze/kerlix
2. Put the body part into a Ziploc bag
3. Put the Ziploc bag containing the body part inside of another sealed container/bag
4. Put these two bags (containing the body part) into a slushy-type mixture of ice and water

**RELEVANT HISTORY:**

- Age
- Smoking History
- Time of Injury
- Preserved body part
- Medical comorbidities
- Other Injuries
- Labs

**PHOTOS:**

- Photo of the entire affected extremity
- Zoomed in photo of injury

**IMAGING:**

- Photos of X-Rays of injured extremity
- Photo of X-ray of amputated limb (if indicated)

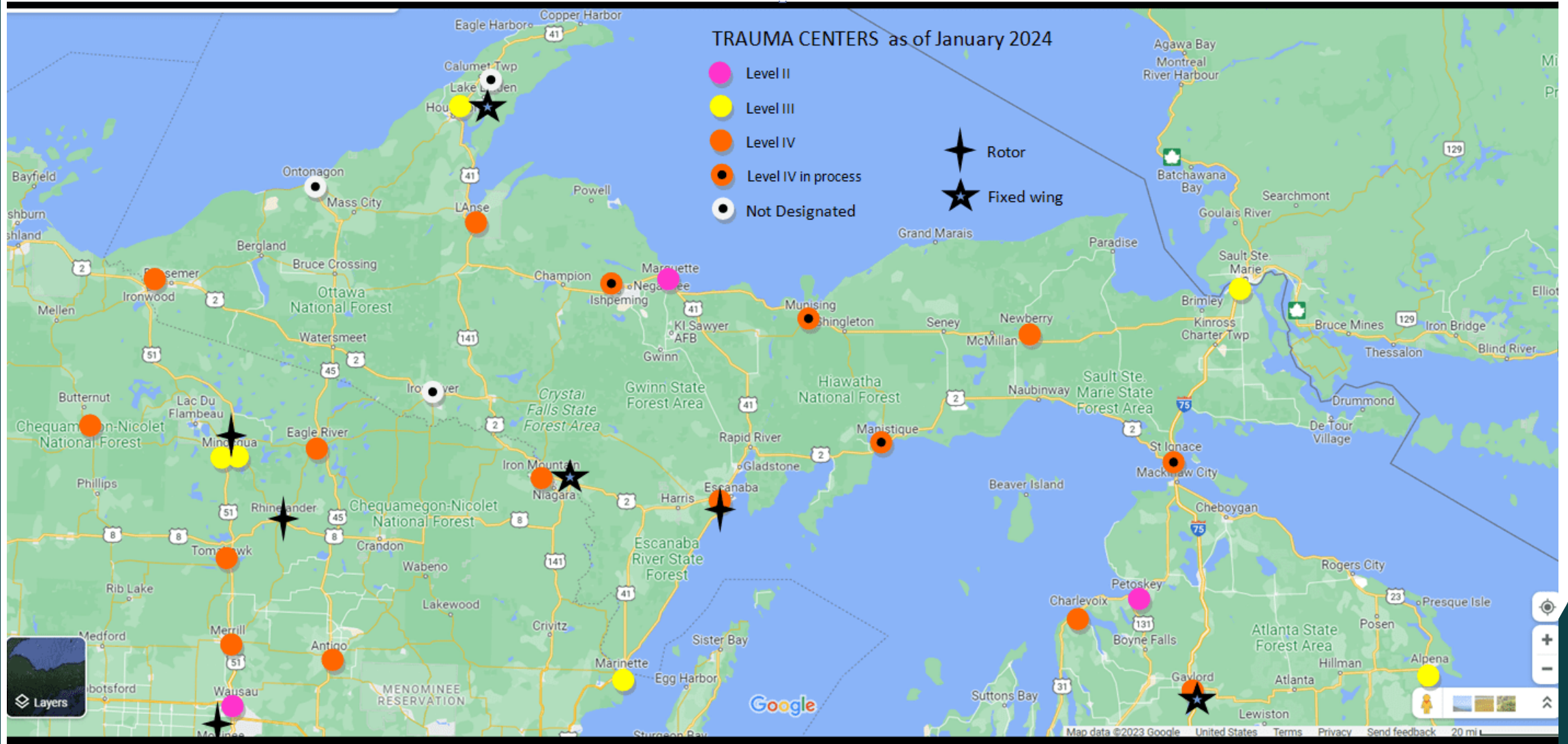


# OPENING POWERPOINT

## sample outline

Colors, slide theme, and font align with hospital branding and the feel you want the viewers to have. Occasionally use transparent pictures under text. Use eye catchers and white space. Animations, as applicable, and slide transitions as they make sense between the sections.

- I. Welcome.
- II. Your hospital mission, vision, and/or overarching statement that is relevant to your trauma program.
- III. Explain what it's like to live and recreate by pictures with voice over. This is the opportunity to express your community and its culture.
- IV. Map of the region and facilities with arrow marking your location. Next nearest trauma centers marked on the map. Larger geography map to mark commonly used higher levels of care trauma centers and specialty centers, i.e., pediatrics, burns, rehabilitation.
- V. Your MCA's geography and how collaboration is achieved with your trauma program. EMS agencies by name and level of agency license, including ground/air transfer.
- VI. Pictures of the outside of your facility. Floor plan that includes ED entrances and imaging, minimally.
- VII. Number of licensed beds, other accreditations, ED volume, trauma activation volume, specialties 24/7. ED staffing. Education for physicians and nurses.
- VIII. Introduce trauma staff with a slide each for medical director and trauma program manager/coordinator. List their education, experience, relevant trauma courses, etc.
- IX. Trauma program strengths.
- X. A snapshot of your trauma dashboard with metrics.
- XI. A trauma committee member list. Voice over your meeting frequency and how the committee composition may differ from your peer review.
- XII. If renewal, any corrected deficiencies, or areas of improvement explained.
- XIII. A process improvement that you're particularly proud of that used your performance improvement plan with measurable change.
- XIV. Injury prevention activities.



# Bystander Care Course

- Jamie Dolan, Office of Highway Safety Planning, retired
- Kits containing bleeding control, hiviz vest, and instructional card were transitioned to Regional Trauma
- Looking for curriculum
- Concept:
  - Bystanders arrive to car crashes and provide safe care until emergency responders arrive
  - Like NHTSA First There First Care

# ACS Geriatric Best Practices ad hoc

- Committee reviews new publication
- Meetings in March with possible:
  - Activation criteria suggestions
  - Treatment and transfer suggestions

# Local Public Health Departments



# **Regional Trauma Network Board**

March 13, 2024

UPHS Bell following Region 8 HCC Meeting



# Old Business

- Trauma Center Awareness Toolkit
- EMS Protocol rollout



# Reports

Injury Prevention

Communications

Infrastructure

Regional Performance Improvement

Continuum of Care

Education

# Agenda

Member announcements

Public comment

Adjournment

[Michigan.gov/traumasystem](https://michigan.gov/traumasystem)

[R8mcan.org](https://www.r8mcan.org)

FB: R8TRAUMA

[NelsonL7@michigan.gov](mailto:NelsonL7@michigan.gov)