December 2023



REGION 8 TRAUMA ADVISORY

COUNCIL



Agenda

Call to Order

Introductions

Agenda Approval

Minutes Approval

Public Comment



State Updates

EMSCC, Rural EMS, Patient Movement

STAC and SOC Office



RTAC, 10a-12p ET, virtual February 14 April 10 June 12 October 9 December 11 RTN, March TBD September TBD

RPSRO, virtual Late spring Late fall

meeting calendar

2024



Attendance & Membership

2023 & 2024

RTAC membership

What the admin rules say and how our RTAC operates.

> Who is in? Who is out? Modifications?

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Trauma Center Informing Toolkit





Trauma Centers Explanation

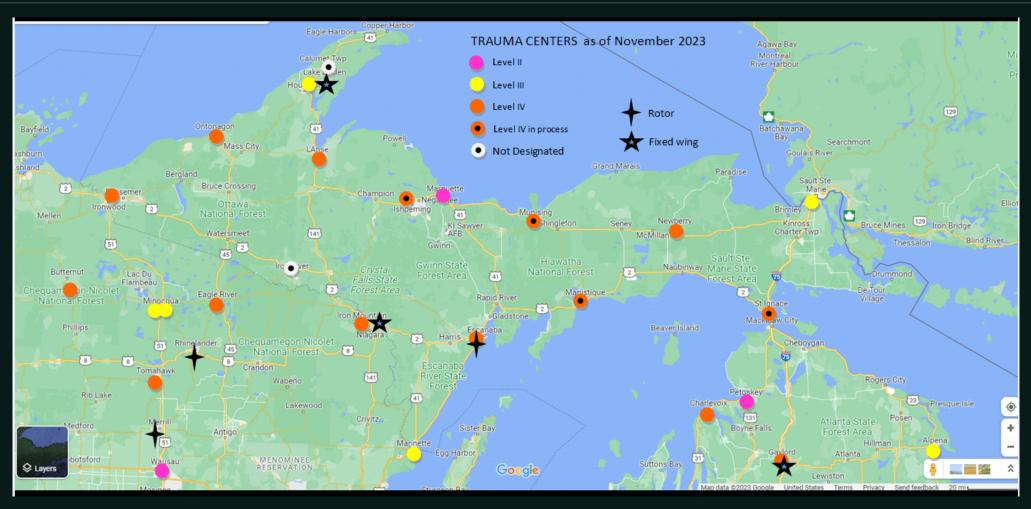
Your Level What you offer





Contact Trauma Program

Trauma Centers



Surgical questions – answer by November 10, 2023

On any given day / time, how many operating rooms can you staff 24/7/365 for general surgery within 30 minutes? (ANSWER WITH NUMBER)

If there were a disaster and trauma patients were coming to you, do you have surgical suites? (ANSWER WITH YES OR NO)

- a. If YES, how many surgical suites? (ANSWER WITH NUMBER)
- a. If YES, do you have a process to call in surgical teams? (ANSWER WITH YES OR NO)
- a. If YES, how many surgical suites could be staffed within
 - i. 30 minutes? (ANSWER WITH NUMBER)
 - ii. 60 minutes? (ANSWER WITH NUMBER)
- a. If YES, do you have any specialty surgical services other than general surgeons that could be called in and present within
 - i. 30 minutes? (ANSWER WITH LIST)
 - ii. 60 minutes? (ANSWER WITH LIST)

Does your hospital have the capability and capacity to open areas for intensive care? (ANSWER WITH YES OR NO)

- a. Possible adult beds (ANSWER WITH NUMBER)
- b. Possible <15 years of age beds (ANSWER WITH NUMBER)

Anything else that you believe is pertinent? (type)

Surgical questions – answer by November 10, 2023

facility name	# of operating rooms 24/7/365 w/in 30 min	# of surgical suites disaster conditions *staff dependent	process to call- in staff for surgeries	ready 30 min / 60 min	surgical specialties might be avail	ICU capability	comments
Aspirus Keweenaw	1	2	Y	1 / 2	Ortho, OB/GYN	Y, 5	ICU is limited on staffing
MyMichigan Sault	1	3	Y	1 / 2	Ortho, OB/GYN, ENT, Urology	Y, 6	Depends staff in town
OSF St. Francis	4	4	Y	4 / 0	OB	Y	
UPHS Marquette	2	10	Y	2 / 10	Ortho, OB, Neuro, Urology, Cardiothoracic	Y, 28	No PICU
UPHS Portage	1	2	Y	1/2	Ortho, OB	Y, 3	Depends staff in town

NO OTHER FACILITIES HAVE SURGICAL SUITES AVAILABLE AT ANY TIME for DISASTERS?

2023 SOC grants

	Allegation		Creant			
	Allocation		Spent			
Aspirus Iron River Hospital		\$ 20,000.00	\$	5,	,533	.22
Aspirus Ironwood Hospital		\$ 20,000.00	\$	18,	,591	.09
Aspirus Keweenaw Hospital		\$ 20,000.00	\$	3	,106	5.11
Aspirus Ontonagon Hospital		\$ 20,000.00	\$	1,	,782	.17
Baraga County Memorial Hospital		\$ 20,000.00	\$	19,	,800	.39
Helen Newberry Joy Hospital		\$ 20,000.00	\$	12,	,658	.19
Marshfield Med Center- Dickinson		\$ 20,000.00	\$	19,	,417	.18
Munising Memorial Hospital		\$ 20,000.00	\$	13,	,878	.20
MyMichigan Medical Center Sault		\$ 20,000.00	\$	19,	,924	.88
OSF St. Francis Hospital		\$ 20,000.00	\$	17,	,045	.90
Schoolcraft Memorial Hospital		\$ 20,000.00	\$			0
UP Health System- Bell		\$ 20,000.00	\$	20,	,814	.16
UP Health System- Marquette		\$ 20,000.00	\$	15,	,305	.14
UP Health System- Portage		\$ 20,000.00	\$	10,	,691	.18
Total		\$ 280,000.00	\$	178,	,547	.81

2023 SOC grants ORIGINAL requests highlights are partials or not completed

Aspirus Ontonagon Hospital	<mark>Lee Anne Jessup</mark>	Stop the Bleed kits
OSF St. Francis Hospital	Terra Ison	Telestroke Equipment
Aspirus Ironwood Hospital	Scott Novascone	System of Care Project
Aspirus Keweenaw Hospital	Christina Verran	Training, straps, Stop the Bleed kits
Aspirus Iron River Hospital	Cindy Gurchinoff	ATS TPM course, Stop the Bleed kits, YakTraks
MyMichigan Health Foundation- Sault	Ashley Garchow	Glidescope
MyMichigan Health Foundation- Sault	Ashley Garchow	PEDS Immob. Boards and Bleed Kits
Baraga County Memorial Hospital	Sandra Peltola	BCMH Crash Cart, TWIAGE, Conference
<mark>OSF St. Francis Hospital</mark>	Terra Ison	Matter of Balance/Walk with Ease Workshop
		Stryker Weight Bed for the ED, TNCC, PHTLS class for TPC,
Marshfield Medical Center- Dickinson	William Burns	Fall Prevention Supplies (Yak-Trax, Reacher Tools, Gripper Socks)
UP Health System Marquette		
UP Health System Marquette	Ann Clancy-Klemme	
UP Health System Marquette	Ann Clancy-Klemme	TNCC Books
UP Health System Marquette	<mark>Mike Hastings</mark>	TOPIC
		MTC, ATS, ENPC, manikins, rhythm generators, AED trainers,
Helen Newberry Joy Hospital	Shelly Reeves	moulage kits
UP Health System Marquette	Ann Clancy-Klemme	ENPC Books
OSF St. Francis Hospital	Terra Ison	Trauma Traction Equipment
OSF St. Francis Hospital	Terra Ison	Stop the Bleed
Schoolcraft Memorial Hospital	Hailey Watchorn	Operation Safe Kids
Munising Memorial Hospital	Christi Salo	Project Lucas
UP Health System Marquette	Alyson Sundberg	Public Education Magnets
UP Health System Marquette	Alyson Sundberg	Heart Models for Training
UP Health System Marquette	Alyson Sundberg	Prehospital Trauma Life Support
UP Health System Portage	Mary LaBeske	Monitor for review of stroke, trauma, STEMI
UP Health System Bell	Keith Kangas	Emergency Department Cardiac Monitors
REGION 8 Medical Control Authority	Alyson Sundberg	Regional Resource Guide Development



SOFTWARE UPDATES All vendors and imagetrend®

NEMSIS 3.5

National EMS Data Set – different fields, more preciseness in some.

Consult your vendor update education.

HOSPITAL HUB

Additional search features.



2024 DATA DICTIONARY NATIONAL TRAUMA DATA STANDARD



Recommended Trauma Education - prehospital

- ITLS (International Trauma Life Support)
- PHTLS (National Association of Emergency Medical Technicians)
- Geriatric EMS (National Association of Emergency Medical Technicians)
- Transport Professional Advance Trauma Course (Air & Surface Transportation Nurses Association)
- Pediatric Advanced Transport Course (Air & Surface Transportation Nurses Association)

Recommended Trauma Education - hospital

- Advanced Trauma Life Support (American College of Surgeons)
- Emergency Nursing Pediatric Course (Emergency Nurses Association)
- Trauma Nurse Core Course (Emergency Nurses Association)
- Advanced Trauma Care for Nurses (Society of Trauma Nurses)
- Trauma Care after Resuscitation (TCAR Education Programs)
- Pediatric Trauma Across the Care Continuum (Society of Trauma Nurses)
- Rural Trauma Team Development Course (RTTDC)

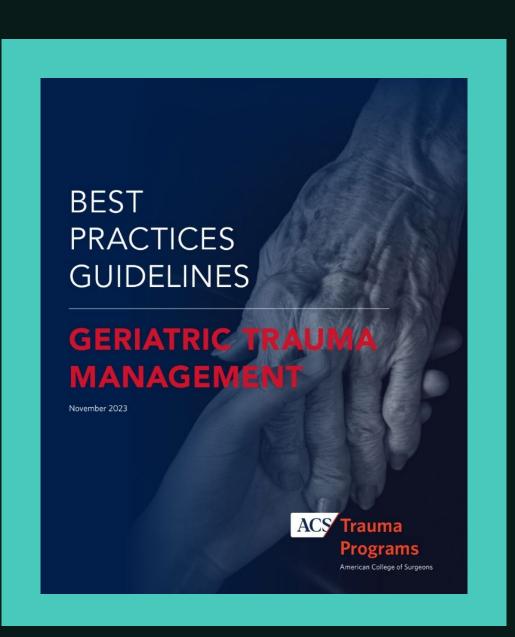
Recommended Trauma Education – trauma program

- TOPIC / Rural TOPIC (Society for Trauma Nurses)
- ICD-10 course (American Trauma Society)
- Trauma Program Management Course (American Trauma Society)
- Trauma Registry Course (American Trauma Society)
- Abbreviated Injury Scale (Association for the Advancement of Automotive Medicine)
- Stop the Bleed (American College of Surgeons)
- Injury Prevention Professionals Course (American Trauma Society)



ACS Best Practices

New Geriatric Best Practices! Go to the ACS Best Practices webpage. Do not keyword search engine because the 2013 Geriatric is what you'll find.



REGION 8 COMMUNICATIONS PROCEDURE

Version 2, December 2023

Region 8 Medical Control Authority

Region 8 Trauma Network

Region 8 Healthcare Preparedness

Communications at large scale medical events must establish and maintain a common operating picture for all affected entities. Policy and planning provides the basis for effective communications within and among every emergency response discipline. Whatever communication method is used, it shall be: interoperable, reliable, portable, scalable, resilient, and redundant.

It shall be the Incident Commander (IC), who notifies Dispatch of the situation and what additional resources are needed. It is their duty unless otherwise delegated, to include the request for an expanded communications plan and communications resources, as needed. As an incident evolves, the communications plan shall adapt and also integrate within the command and control structure to suit the needs of the incident.

A Communications Unit Leader (COML) may be requested by Incident Command or Dispatch Center. An event/incident could grow due to size and or complexity, even evolve to an Area Command operation, with multiple communications plans, possibly including the utilization of Liaison Officers and Public Information Officers that will need a communications network to share, disseminate, and receive information.

For the Upper Peninsula of Michigan, the Incident Commander has the State 800MHz radio system that is accessible to out of jurisdiction agencies through the use of EVENT talk groups, which are requested by the Dispatch Center. The Medical VHF tactical channels are also available for on-scene medical assignments. Air talk groups are designated in both the 800MHz and VHF systems. Communications can be established with Emergency Operations Centers through the means of the 800MHz radio EVENT talk group, phone, internet or amateur radio, as applicable. Hospital to scene communications can be established via the 800MHz, VHF HEARN, cellular or internet from scene.

	T RADIO ATIONS PLAN	1. Incident Nam	10 2.	Date/Time Prepared	3. Operational Period from: to:
		4.	Basic Radio Ch	annel Utilization	
System Cache	Channel	Function	Frequency Tone	Assignment	Remarks
Prepared by	(Communication	ns unit)			

REFERENCES:

Local - Agency specific policy/guidelines

Local - County Communications Plans / Tactical Interoperable Communications Plan (TICP)

MEDCOM Requirements, State of Michigan; September 23, 2020. Michigan MEDCOM Plan

Michigan Communications Field Operations Guide (MIFOG), State of Michigan; 2022. Michigan Field Operations Guide (<u>MIFOG</u>)

Standard Operating Guidelines Mutual Aid Communications, version 3.0, State of Michigan; February 2018. Michigan-Mutual-Aid-Communications-Standard-Operating-Guidelines

2023-Michigan-Statewide-Communication-Interoperability-Plan-SCIP

NIMS/ICS - IS700A Unit 4 Communications and Information Management

Region 8 Trauma Workplan 2024-2026

Trauma System Communications Benchmark: The regional trauma system is supported by a coordinated communication system linking and integrating hospitals, life support agencies, the EMS system and the Regional Trauma Network.

Admin Rule HRSA #	Indicator	Score
325 132 (3) (c) (ii) (B) 302 10	There are established procedures for EMS and trauma system communications for multiple jurisdiction incidents that are effectively coordinated with the overall regional response plans. This is directed as communications during a Mass Clasualty incident	 Not known. There are no written procedures for regional EMS and trauma systems communications for major EMS severals or multiple jurisdiction incidents. Local medical control authorities have written oracidures for EMS communications during major events. However, there is no coordination among the adjacent local jurisdictions. There are written regional EMS communications procedures for major EMS events. These procedures do not involve order jurisdictions and are not coordinated with the overall regional response prima or lincident management system. There are written regional EMS communications procedures for major EMS events and multiple jurisdiction incidents that are coordinated with adjacent jurisdictors, with the overall regional response plan and with the incident management system. There are written regional EMS communications procedures for major EMS events and multiple jurisdiction incidents that are coordinated with adjacent jurisdictors, with the incident management system. There are one or more system nordinates. These procedures are registry testing to system. There are written regional EMS communications the coveral regional regions plan and with the incident management system. There are one or more system multiple system.

Objective(s) for above indicator 302.10:

 Through Dec. 31, 2026, Region 8's large scale medical communications procedure will continue to be reviewed annually by the Region 8 MCA Network and brought to Regional Preparedness for further distribution to hospitals, health departments and county emergency managers (who will share with dispatch agencies and dispatch policy boards).

Large Scale Medical Communications Procedure



2023 REVISION

Who?

first responders of local, state, tribal, and federal public safety agencies, as well as government and private organizations that fall within the emergency communications ecosystem



MICHIGAN

STATEWIDE COMMUNICATION INTEROPERABILITY PLAN





April 2023

Developed by the Michigan Public Safety Communications Interoperability Board with Support from the Cybersecurity and Infrastructure Security Agency

Who?

Any

emergency responder

Michigan Communications Field Operations Guide (MIFOG)

Michigan Communications Field Operations Guide

Version 1.7 | February 2022



DECEMBER 2023

Who?

Hospitals EMS Agencies



MEDCOM REQUIREMENTS

Abstract

This document is created, reviewed annually and revised as necessary pursuant to PA 368 of 1978 as amended, commonly referred to as Michigan's Public Health Code. The Code requires the Michigan Department of Health and Human Services to "...plan, develop, coordinate, and administer a statewide emergency medical services communications system." (MCL 333.20910(d))

Compliance with the requirements set forth in this document is a condition of licensure for EMS life support agencies and hospitals that receive Emergency Medical Services patients.

September 23, 2020

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MEDCOM PLAN - few points

R 1.06 Each hospital must provide at least one radio system or channel dedicated to EMS to hospital communication which is configured to provide an audible output of all EMS communications at all times, at one or more continuously monitored locations. This system shall not use equipment that is capable of "scanning" or manually selecting other receiver channels or talk groups.

R 1.07 If the MCA communication protocol allows for primary or secondary use of public telephone circuits for MEDCOM communication, the hospital receiving such telephone communication shall use only a dedicated telephone number for that purpose. This telephone line shall be electronically recorded, per Rule 1.04. The dedicated telephone number shall be furnished to all EMS agencies within the MCA and published by the Department.

MEDCOM PLAN – few points

R 1.03 Prior to the use of MEDCOM communications equipment, each hospital receiving emergency patients shall provide training to their staff sufficient to assure proper operation of the MEDCOM radio components at that facility. Staff shall receive this training prior to any operation by them of MEDCOM equipment.

R 1.04 All voice communications between EMS and hospitals, related to patient care, shall be electronically recorded. These recordings shall be maintained for not less than 60 days. These recorded communications are intended to be used for system Quality Improvement activities and may be reviewed under the MCA's Professional Standards Review Organization procedures.

MEDCOM PLAN – few points

R 1.12 All components of the hospital EMS communication system shall be provided with back-up electric power in the event of loss of commercial power. All equipment shall be equipped with industry accepted lightning and surge protection devices.



The way to get started is to quit talking and begin doing. Walt Disney



New EMS protocols, trauma related (minimum)

2.1 Adult/Ped Trauma Triage	2.14 Hemorrhagic Shock	8.3 Transport Destination/Div
2.2 General Trauma	2.15 Sexual Assault	8.8 Air Ambulance Scope
2.3 Burns	7.6 Dead on Scene / Term	8.9 Helicopter Utilization
2.4 General Crush	7.9 Airway	8.15 Inter-Facility Transfers
2.5 Soft Tissue & Ortho	7.10 Helmet	8.15S Enhanced & Critical Care
2.6 Spinal Inj Assess	7.13 Pain Mgt	10.6 Mass Casualty Incidents
2.7 Traumatic Arrest	7.18 Pleural Decompression	
2.12 Head Injury	7.20 Spinal Precautions	
2.13 Bleeding Control	7.22 Tourniquet Application	

REPORTS

- A. Injury Prevention
- B. Communications
- C. Infrastructure
- D.Regional Performance Improvement
- E. Continuum of Care
- F. Education

Meeting conclusion

MEMBER REPORTS PUBLIC COMMENT ADJOURNMENT

Thank you

FB: R8TRAUMA R8MCAN.ORG NelsonL7@michigan.gov

