

Michigan Regional Trauma Resources

Region 5



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Introduction to Region 5

The nine southwestern counties that make up Region 5 are; Allegan, Barry, Van Buren, Kalamazoo, Calhoun, Berrien, Cass St. Joseph, and Branch. These counties are a mix of mostly smaller and rural farming communities and three urban areas; Kalamazoo, Battle Creek, and St. Joseph.

The Region is home to Western Michigan University, with Whirlpool Corporation and Stryker both having cooperate headquarters in the area.

Region 5 enjoys a significant amount of tourism along the Lake Michigan shoreline and local wineries. The area also sees a large number of seasonal residents vacationing from the Chicago-land area.

Population for the region is 948,000 with Kalamazoo Count making up a quarter of that at 250,311 (2010 Census).

The region has 16 hospitals, 9 Medical Control Authorities, 93 EMS agencies and 7 Health Departments.

The region has one Level I American College of Surgeons verified Trauma Center (Bronson Methodist) and one Level II (Borgess Medical Center). Currently several facilities are seeking Level III ACS verification. Bronson Hospital is the region's American Burn Association (ABA) burn center and pediatric hospital. Pediatric beds are available at 9 of the 16 receiving hospitals.

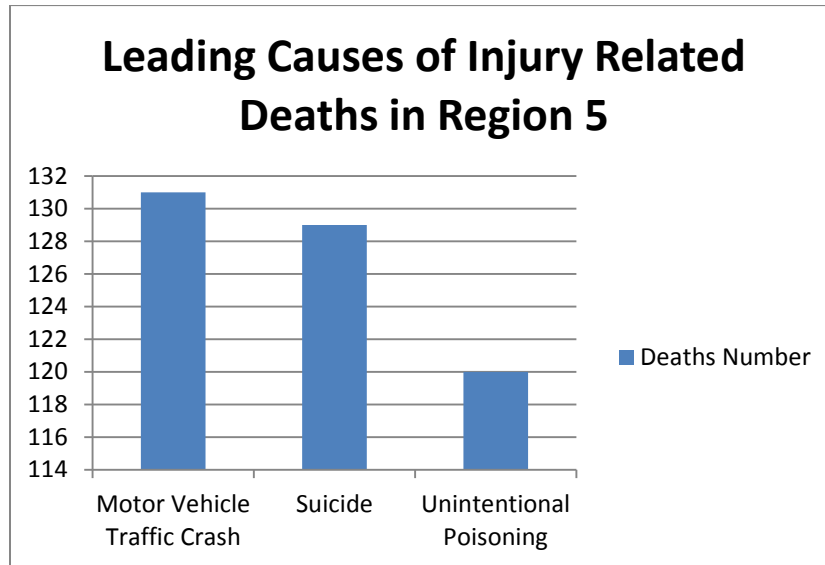
Injury

In order to address a systematic, regionalized approach to injury, it is necessary to assess regional data. Accurate assessment of data provides the means for policy development organized to address the goals of injury prevention, incident response and post-injury rehabilitation.

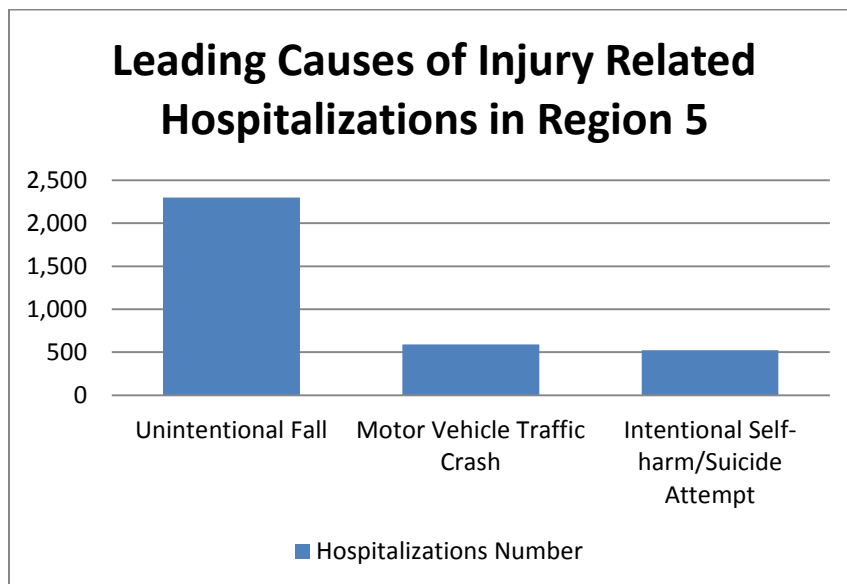
This data, along with other data sets including the Michigan trauma registry, will be used to enhance system performance and to drive change. The injury and fatality information that follows was abstracted from a variety of sources to provide a general sense of the current trauma problem within the region and state.

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The graphs below describe the three leading causes of injury related deaths and injury related hospitalizations for Region 5 and across the state in 2010.

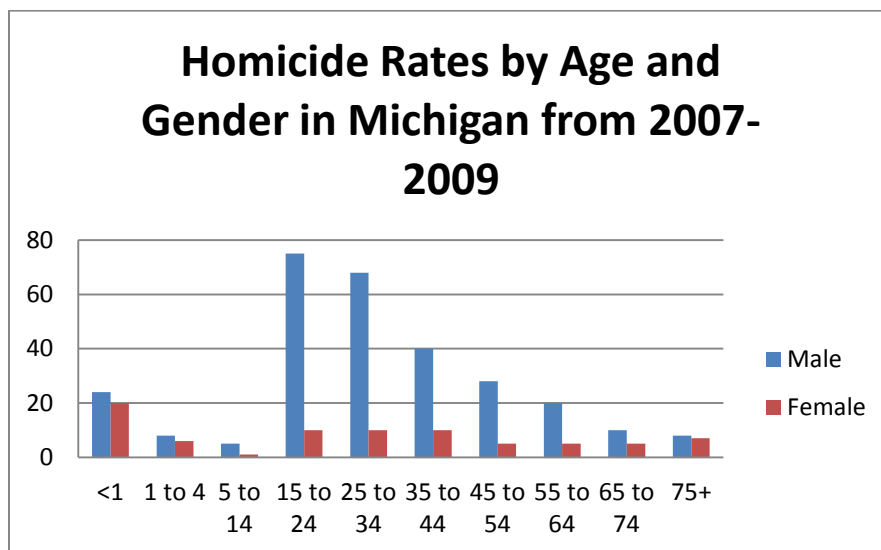


Source: Thomas W. Largo, MPH, Division of Environmental Health, Bureau of Disease Control, Prevention, and Epidemiology, Michigan Department of Community Health, 2010 data.



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Leading Causes of Injury and Death, by Age Group Michigan Residents Aged 0-19, 2007-2010

Age Group (Years)	Cause	Average Annual Deaths	Average Annual Population	Average Annual Rate
<1	1. Unintentional Suffocation	62.0	117,443	52.8
	2. Homicide	10.0	117,443	8.5
	3. Suffocation - Undetermined Intent	3.5	117,443	3.0
1-4	1. Homicide	12.3	492,184	2.5
	2. Unintentional Drowning	8.8	492,184	1.8
	3. Unintentional Exposure to Fire/Flames/Smoke	7.5	492,184	1.5
5-9	1. Motor Vehicle Traffic Crash*	10.0	647,691	1.5
	2. Homicide	4.8	647,691	0.7
	3. Unintentional Exposure to Fire/Flames/Smoke	4.3	647,691	0.7
10-14	1. Motor Vehicle Traffic Crash	17.8	691,722	2.6
	2. Suicide	8.5	691,722	1.2
	3. Homicide	7.0	691,722	1.0
15-19	1. Motor Vehicle Traffic Crash	106.0	753,455	14.1
	2. Homicide	86.5	753,455	11.5
	3. Suicide	59.8	753,455	7.9

*Those killed in motor vehicle traffic crashes include: motor vehicle occupants, motorcyclists, bicyclists, pedestrians, and others. Rates are the number of deaths per 100,000 population.
Data Source: Vital Records and Health Data Development Section, MDCH

Source: Michigan Department of Community Health – Injury & Violence Prevention Section, 2007-2009

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Regional Trauma System Infrastructure

Emergency Medical Services and Medical Control Authorities

Of the 93 Emergency Medical Services (EMS) agencies there are 16 Advanced Life Support (Transport) Services, 3 Basic Transport, 5 Basic Non-Transport, and 63 Medical First Responder Services. These services work under the 9 Medical Control Authorities in Region 5.

A Medical Control Authority (MCA) is an organization designated by the Michigan Department of Community Health EMS and Trauma Division, for the purpose of supervising and coordinating and emergency medical services system. An MCA is a hospital or group of hospitals that operates a service that treats patients 24 hours a day, 7 days a week. Each MCA is administered by the participating hospitals of the designated MCA region. In Region 5 the MCA's are:

Representative	Medical Control
Ryan Seim, MD	Allegan County Medical Control Authority
Matt Scarff, MD	Barry County Medical Control Authority
Dr. Jon Beyer, DO	Berrien County Medical Control Authority
David Fuchs DO	Branch County Medical Control Authority
Daniel Stewart, MD	Calhoun County Medical Control Authority
Giasuddin Ahmed, MD	Cass County Medical Control Authority
William Fales, MD	Kalamazoo County Medical Control Authority
Tadd Heft, DO	St. Joseph County Medical Control Authority
Andrea Allman, DO	Van Buren County Medical Control Authority

Regional Trauma Network

The Regional Trauma Network (RTN) is a board made up of the MCAs in the region. This board handles the administration of the network, provides leadership for the Regional Trauma Advisory Committee, the Regional Professional Standard Review Committee, and all other subcommittees. The Region 5 Trauma Network is comprised of representation from the 9 Medical Control Authorities and is defined as the MCA Medical Director or their designee.

The current RTN Membership is:

Representative	Medical Control
Ryan Seim, MD	Allegan County Medical Control Authority
Matt Scarff, MD	Barry County Medical Control Authority
Dr. Jon Beyer, DO	Berrien County Medical Control Authority
David Fuchs, DO	Branch County Medical Control Authority
Daniel Stewart, MD	Calhoun County Medical Control Authority
Giasuddin Ahmed, MD	Cass County Medical Control Authority
William Fales, MD	Kalamazoo County Medical Control Authority
Tadd Heft, DO	St. Joseph County Medical Control Authority
Andrea Allman, DO	Van Buren County Medical Control Authority

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Regional Trauma Advisory Committee

The purpose of the Regional Trauma Advisory Committee (RTAC) is to provide leadership and expertise in matters related to trauma systems development in the region, and to monitor the performance of the system including, but not limited to, the review of trauma deaths and preventable complications.

Membership

The Regional Trauma Advisory Committee is comprised of physician, nursing and EMS representation from the 16 Hospitals and 9 Medical Control Authorities and 19 EMS Transport agencies.

Representative	Agency	Representative	Agency
Ardie Reid RN	Pennock Hospital	Laura Grant RN	Lakeland Community Hospital, Watervliet
Brett Eisner	Van Buren MCA	Lori Meindersma RN	Pennock Hospital
Bryan Staffin DO	Lakeland St Joe Regional Medical Center	Margret Brown RN	Allegan General Hospital
Chet Dalski	Calhoun County MCA	Marion Labadie RN	Community Health Center Branch County
Chris Ward RN	South Haven Hospital	Matt Quinn	Cass County MCA
Dan Stewart MD	Bronson Battle Creek	Matt Scarff MD	Pennock Hospital
David Fuchs MD	Community Health Center Branch County	Mican Deboer RN	Borgess Medical Center
Debra Wiseman RN	Borgess-Lee Memorial	Mike Chapman, MD	Oaklawn Hospital
Dena Smith	Kalamazoo County MCA	Rita Cox RN	Bronson Methodist
Dorothy Malcom RN	Bronson Battle Creek	Ryan Seim MD	Allegan General Hospital
Giasuddin Ahmed MD	Borgess-Lee Memorial	Scott Davidson MD	Bronson Methodist
Glenn Eckblad DO	West Michigan AirCare	Tanya Kline	St. Joseph County MCA
Jennifer Wallace RN	Borgess Pipp	Todd Haney RN	Lakeland Community Hospital, Niles
Jim Hightower RN	Berrien MCA	Tom Rohs MD	Borgess Medical Center
John Owens MD	South Haven Hospital	Wallace Broadbent MD	Borgess Pipp
Kathy Effa RN	Lakeland St Joe Regional Medical Center	Kim Campbell, RN	Oaklawn Hospital

Regional Professional Standards Review Organization

The RTN is also required to appoint a Regional Professional Standards Review Organization (RPSRO) to improve trauma care, reduce death and disability, and to address local and regional injury problems. The RPSRO is responsible for the regional trauma system improvement process addressing specific standards incorporated in the administrative rule 325.135(5).

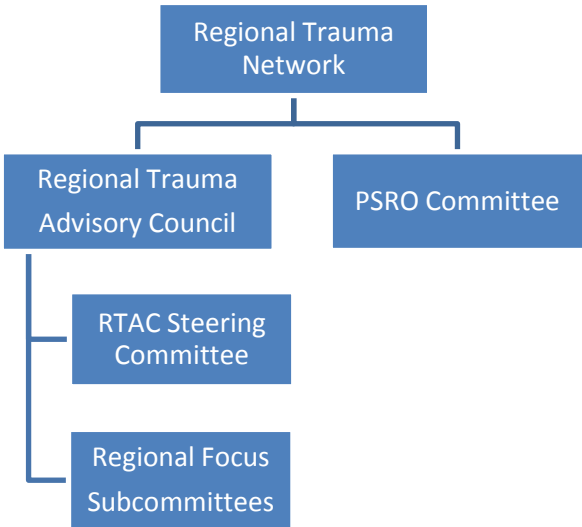
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Each region is required to develop and implement a region wide trauma performance improvement program. The region is responsible for the assessment of its trauma care system through ongoing evaluation of the components of the regional plan: triage criteria and its effectiveness, activation of trauma teams, notification of specialists and trauma care diversion. The results of the evaluation are to be reported annually to MDCH.

Governance

Each Regional Trauma Network has been tasked with developing bylaws consistent with state statute, submitting an Regional Trauma Network application to the State of Michigan and developing a work plan to address the following 10 objectives: injury prevention, access to the system, communications, medical oversight, pre-hospital triage criteria, trauma diversion policies, trauma bypass protocols, regional trauma treatment guidelines, regional quality improvement plans and trauma education. The RTN will submit an application to the department which will be reviewed by the Statewide Trauma Advisory Committee (STAC) and the Emergency Medical Services Coordinating Committee (EMSCC), the RTN is considered provisional until approved by MDCH.

Regional Governance Organizational Chart



The goal of each region’s trauma network and advisory committee is to implement an “all-inclusive” trauma system in their region. This system would allow for the care of all injured patients in a regional and statewide integrated system of health care in both the pre-hospital and healthcare facility environments, which would include personnel that are well trained and equipped to care for injured patients of any severity. Each healthcare facility can participate in the system to the extent or level that it is willing to commit the resources necessary for the appropriate management of the trauma patients. It also ensures that all trauma patients are served by a system of coordinated care, based on the degree of injury and care required.

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Hospitals

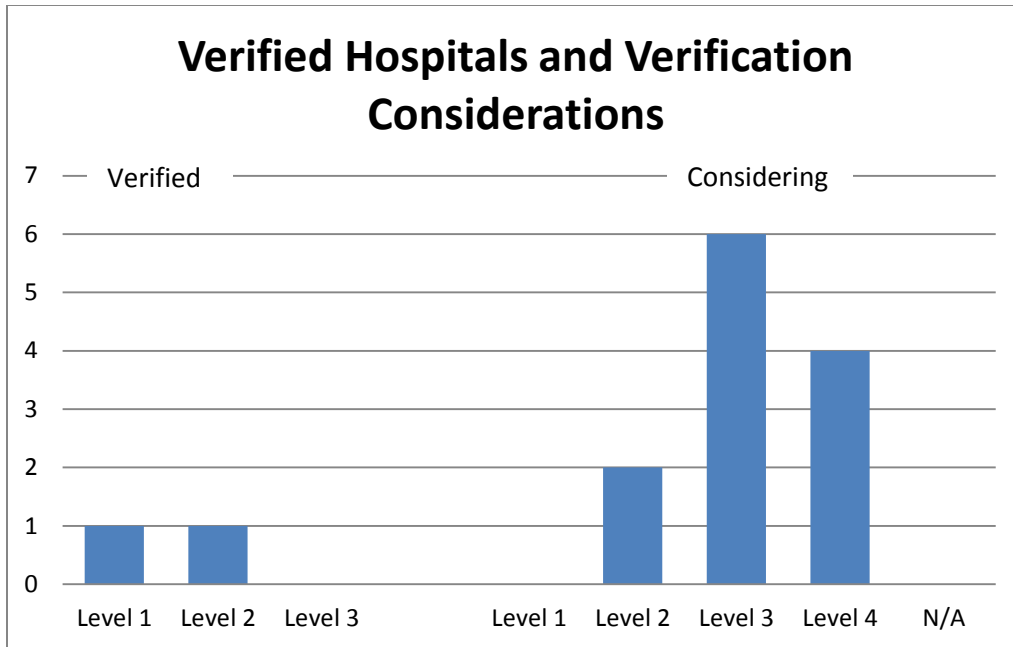
The region has one Level I American College of Surgeons verified Trauma Center (Bronson Methodist) and one Level II (Borgess Medical Center). Currently several facilities are seeking Level III ACS verification. Bronson Hospital is the region's American Burn Association (ABA) burn center and pediatric hospital. Pediatric beds are available at 9 of the 16 receiving hospitals.

Hospital	County	ACS	Pediatric Beds	MCA
Allegan General	Allegan		0	Allegan MCA
Bronson Methodist	Kalamazoo	Level I	81	Kalamazoo MCA
Bronson Battle Creek	Calhoun		8	Calhoun MCA
Bronson Lakeview	Van Buren		0	Van Buren MCA
Borgess Medical Center	Kalamazoo	Level II	14	Kalamazoo MCA
Borgess - Lee Memorial	Cass		0	Cass MCA
Borgess Pipp	Allegan		0	Allegan MCA
Community Health Center of Branch County	Branch		14	Branch MCA
Lakeland Regional	Berrien		15	Berrien MCA
Lakeland Community Watervliet	Berrien		0	Berrien MCA
Lakeland Community Niles	Berrien		15	Berrien MCA
Oaklawn	Calhoun		5	Calhoun MCA
Pennock	Barry		0	Barry MCA
South Haven Community	Van Buren		5	Van Buren MCA
Sturgis	St Joseph		8	St Joseph MCA
Three Rivers Health	St Joseph		0	St Joseph MCA

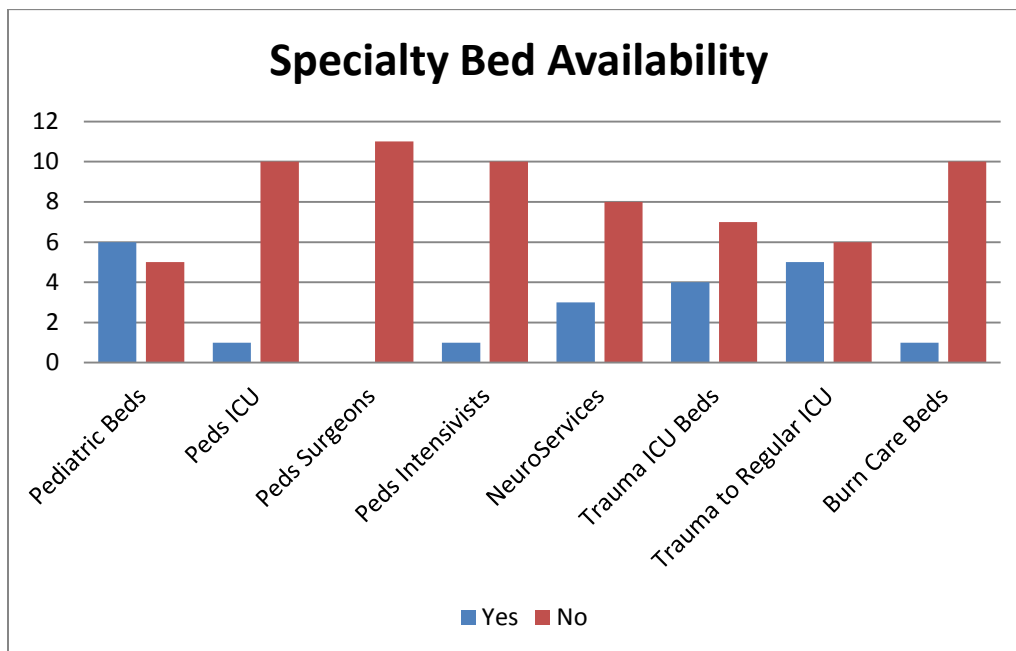
MDCH 2013 Michigan Trauma Needs Assessment

In August 2013 the MDCH Trauma Section sent out a survey to hospitals in the region. The intent of the survey was to provide information to regional stakeholders regarding the assets, resources and demographics of the individual regions in order to assist in the development of regional trauma plans.

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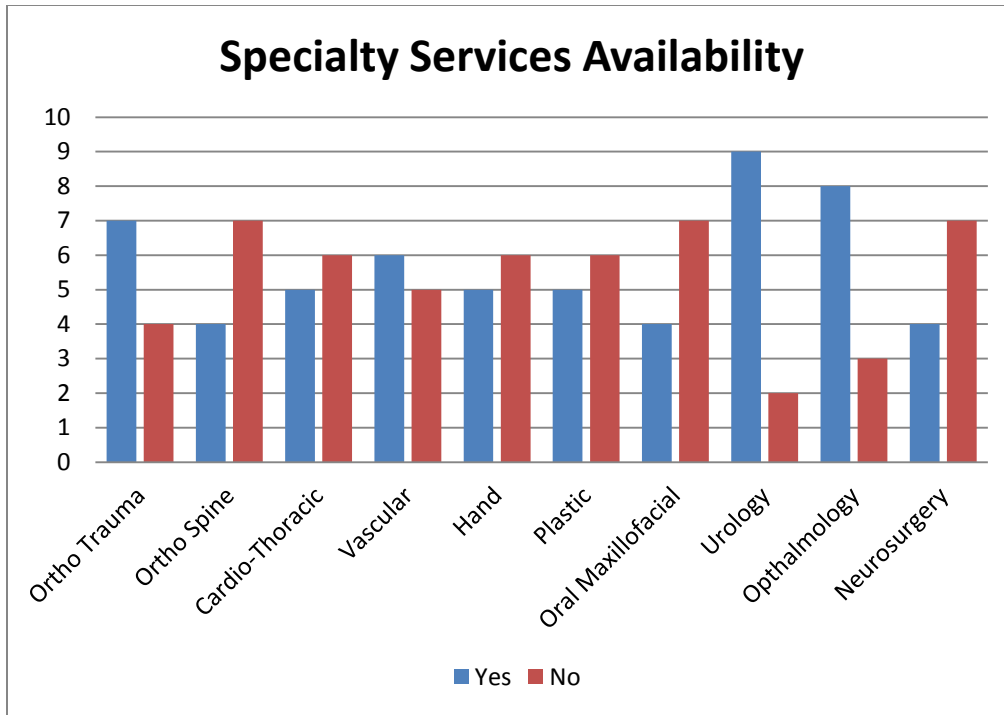


Source: 2013 MDCH Hospital Survey

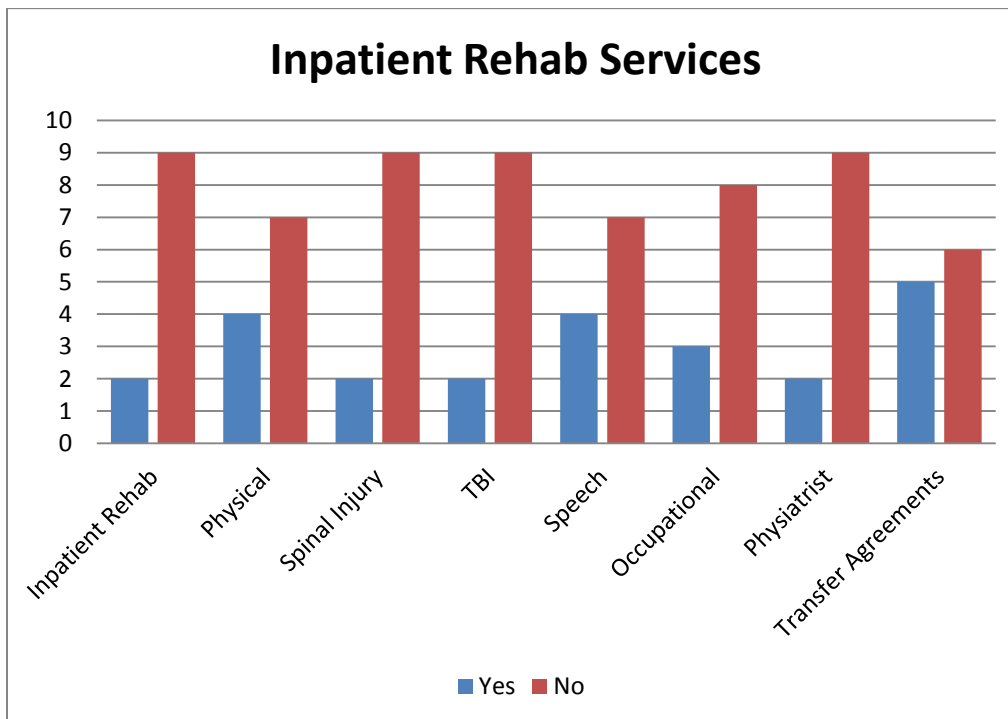


Source: 2013 MDCH Hospital Survey

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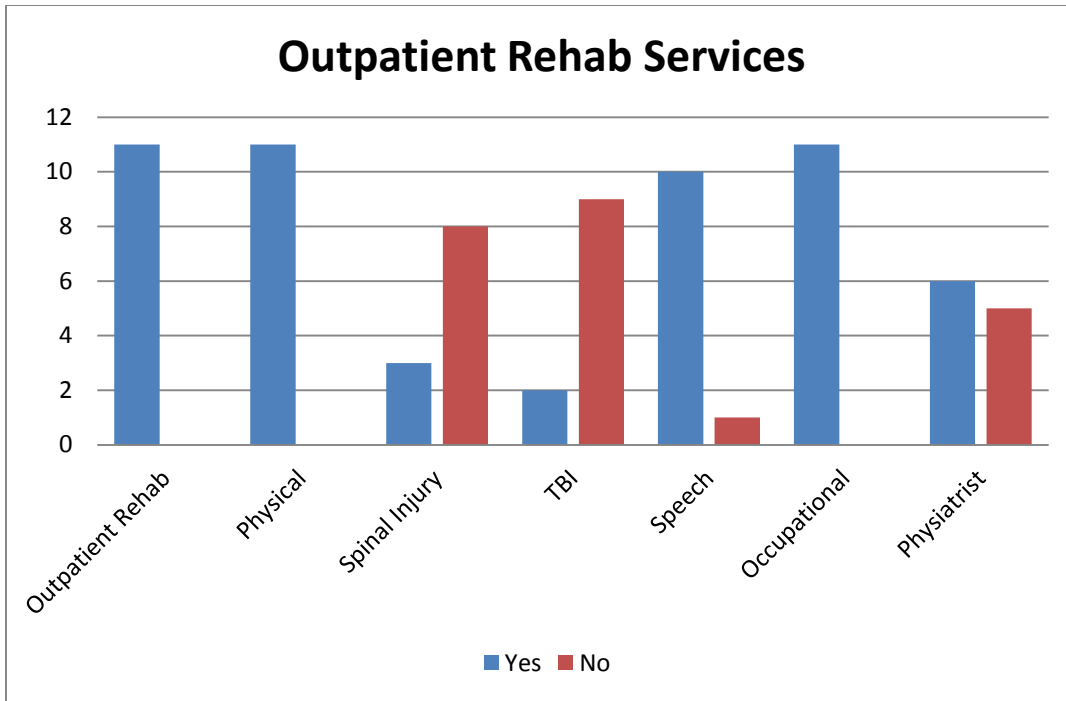


Source: 2013 MDCH Hospital Survey

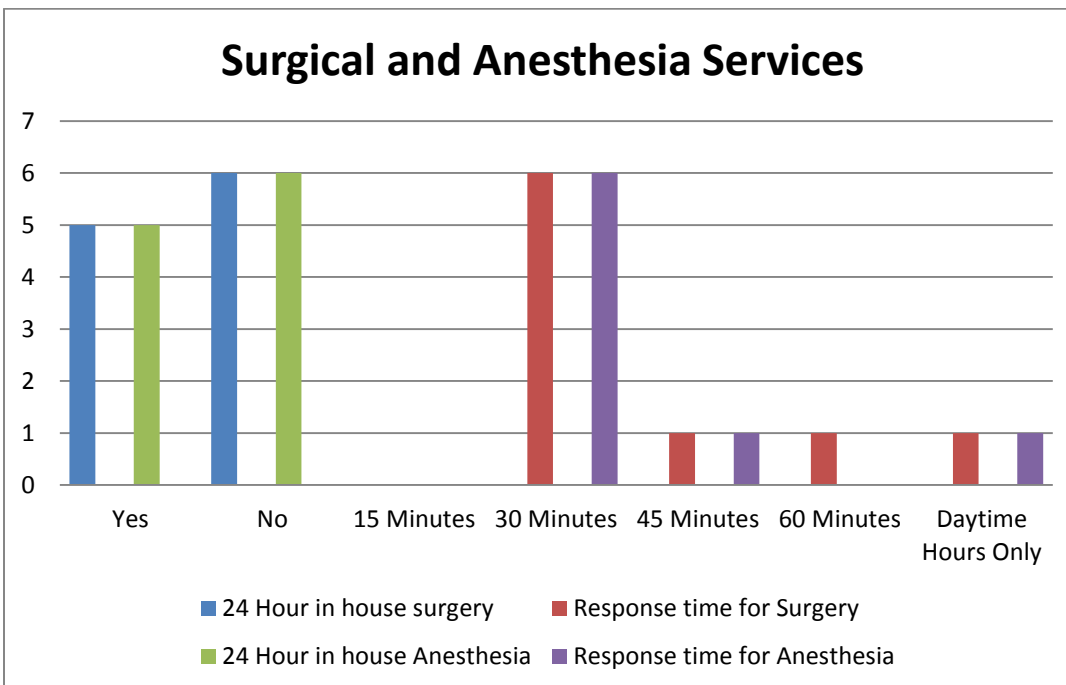


Source: 2013 MDCH Hospital Survey

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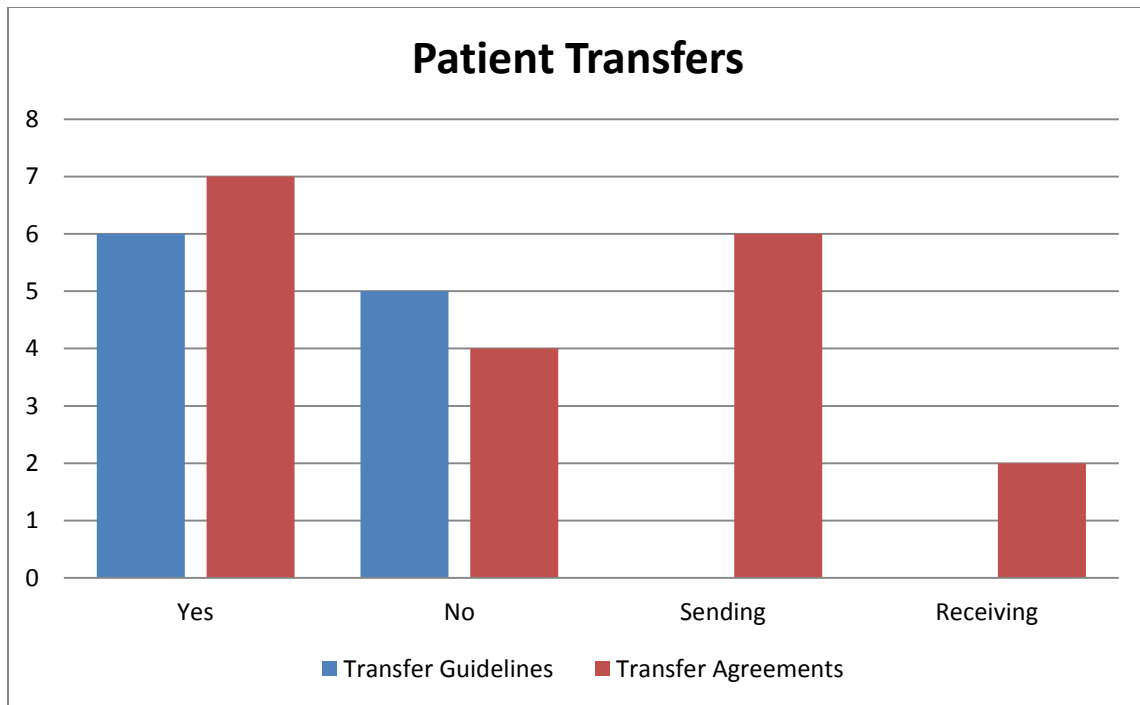


Source: 2013 MDCH Hospital Survey

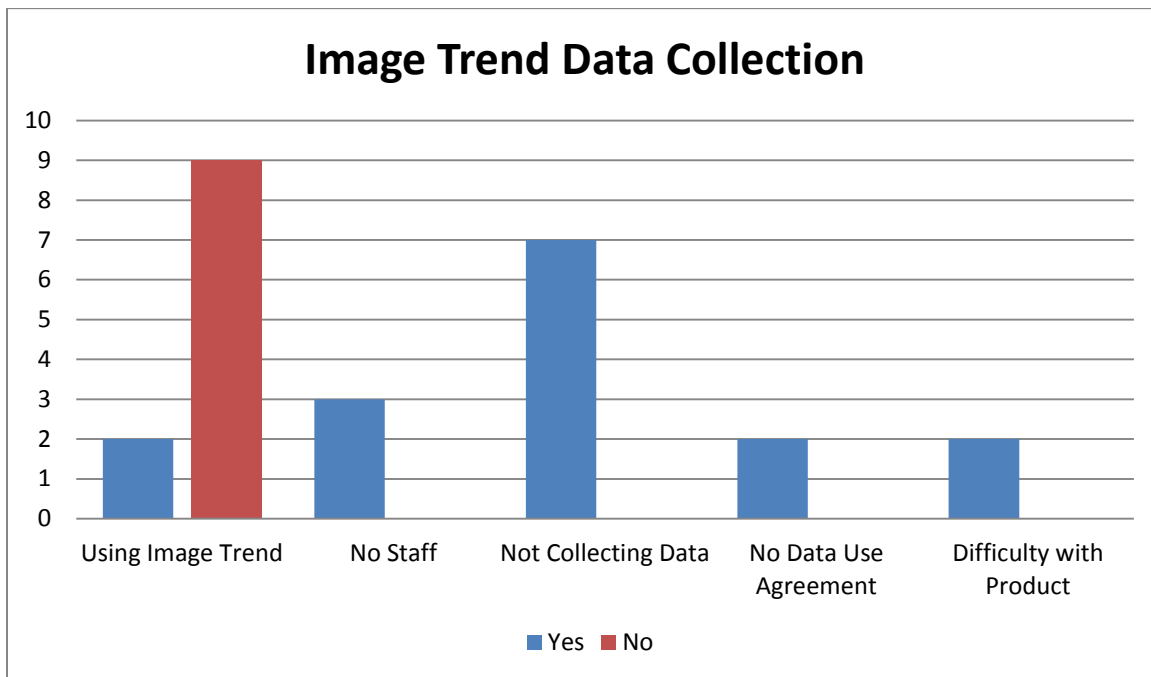


Source: 2013 MDCH Hospital Survey

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Source: 2013 MDCH Hospital Survey

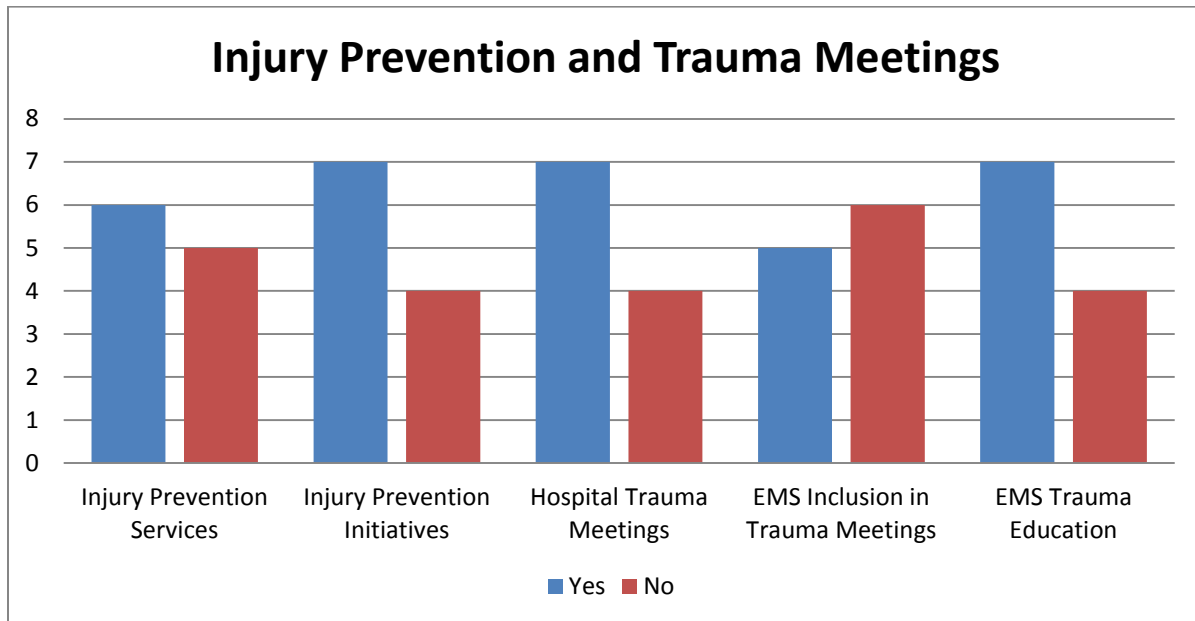


Source: 2013 MDCH Hospital Survey

* QUESTIONS ASKED FOR THIS GRAPH:

Are you submitting data quarterly to the state data base (Image Trend)?
 If you are not submitting data, what are the reasons you are not?

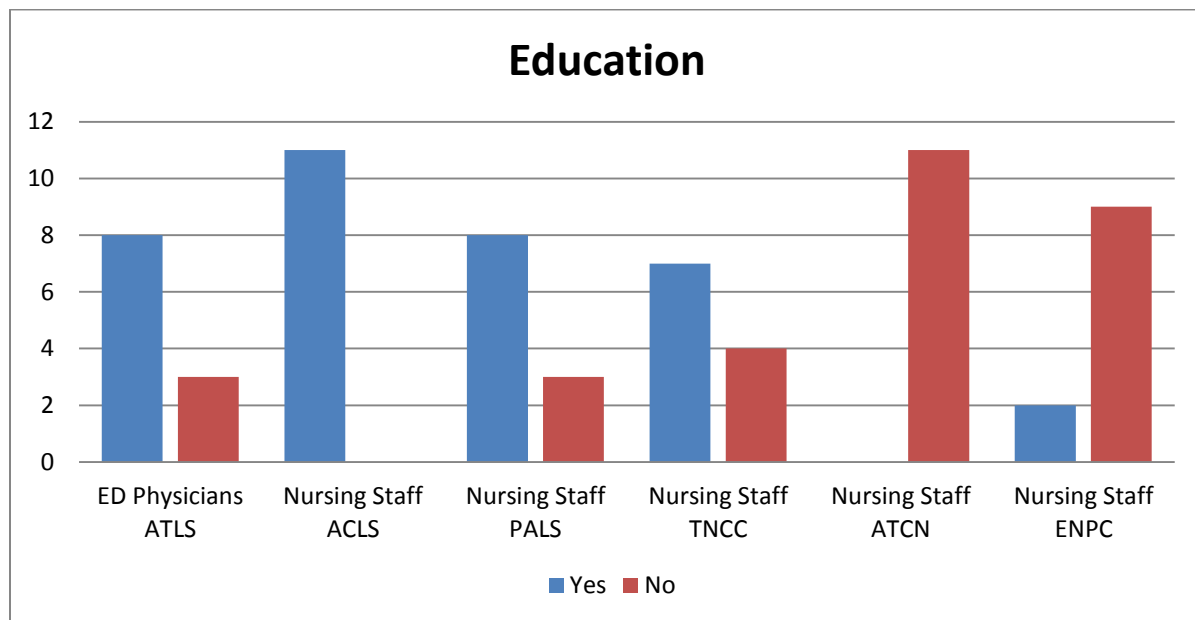
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Source: 2013 MDCH Hospital Survey

* QUESTIONS ASKED FOR THIS GRAPH:

- Do you provide any injury prevention services/programs in your community?
- Do you participate in injury prevention initiatives in your community?
- Does your hospital have meetings to address trauma related issues?
- Do you include EMS providers in your trauma meetings?
- Do you include EMS providers in your trauma education opportunities?



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Source: 2013 MDCH Hospital Survey

Summary

To reiterate, the goal of each region’s trauma network and advisory committee is to implement an “all-inclusive” trauma system in their region. This system would allow for the care of all injured patients in a regional and statewide integrated system of health care in both the pre-hospital and healthcare facility environments, which would include personnel that are well trained and equipped to care for injured patients of any severity. Each healthcare facility can participate in the system to the extent or level that it is willing to commit the resources necessary for the appropriate management of the trauma patients. It also ensures that all trauma patients are served by a system of coordinated care, based on the degree of injury and care required.

This Regional Trauma Resources report is intended to be a “living document” providing partners and stakeholders in trauma care a common understanding of the assets and resources available in Region 5. This knowledge will assist in the development of the all-inclusive trauma system. This report will evolve as the regional trauma system develops and matures.