

Michigan Trauma Coalition



2024 MENA Conference



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Objectives

- Review application process for MTC scholarship
- Share educational takeaways from speakers
- Networking benefits
- Identify takeaways to explore organizational processes

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MTC Scholarship

- Application within MTC link, read thoroughly
- Timeline outlined for scholarships
- If awarded:
 - Attendee responsible for fees upfront
 - Must submit proof of fees, receipts, etc for reimbursement
- Post-Award Expectations include presentation at MTC Breakout Session
 - Must submit presentation and reimbursement form due w/in 30d of attendance
 - Remember this when attending the event/conference to gather info
 - Gather your references for your presentation

Michigan Trauma Coalition

The image shows a screenshot of the Michigan Trauma Coalition website. At the top left is the logo with the text "Michigan Trauma Coalition" and a map of Michigan. The navigation menu includes "Home", "Education & Events", "Membership", "Prevention", "Legislative", "Resources", and "About". A search bar is located in the top right corner with the text "LOG OUT" next to it. A dropdown menu is open under "Education & Events", listing "Events Calendar", "MTC Conferences, Courses, & Meetings", "Standardized Courses (ATLS, ATCN, TNCC, TCAR, etc)", "Educational Courses Calendar", "MTC Conference Scholarships" (highlighted with a red circle), "Trauma Registrar Scholarships", "Regional Conferences, Symposia, & Courses", "Exhibiting and Sponsorship", "Webinars and Recorded Breakouts", and "Educational Archive". Below the menu, there are several article teasers. One is titled "Preventing Hesitation to Stop the Bleed: Michigan Trauma Coalition Works to Protect the Good Samaritan" with a sub-headline "MTC Stop the Bleed Subcommittee Imagine being the school bus driver involved in a bus collision and there is a need to render aid to a child involved in the ... Read More". Another is titled "Michigan auto no-fault in crisis - Legislators seek solution" with a sub-headline "Madonna Walters, MS, RN - Member, MTC Legislative Advocacy & Outreach Committee". On the right side, there is a "JOIN MTC TODAY" button and a search bar with the text "Search Here" and "SEARCH".



MICHIGAN ENA CONFERENCE:

▶ Day One Speakers/Experiences:

- ▶ *Solheim Experience, Beyond the Moment of Impact (9 hours)
- ▶ TNCC Instructor Course
- ▶ Stryker Fall Prevention Lunch and Learn
- ▶ ED Mgr: Disaster Response Presentation
- ▶ Flight RN: Rapid Deceleration Trauma Field Case Review

▶ Day Two Speakers/Experiences:

- ▶ Burn patient Care
- ▶ Antimicrobial Stewardship
- ▶ Historical Lessons in RN cultural perspectives
- ▶ Special Considerations in Trauma Patient care (Patient perspective)
- ▶ Sepsis
- ▶ Michigan Pediatric Readiness; [Pediatric Readiness \(michigan.gov\)](https://www.michigan.gov/pediatric-readiness)
- ▶ *Historical Public Safety Collaboration during Mass Violence Events
- ▶ Gift of Life Case reviews, policies, takeaways, patient outcomes
- ▶ RN Entrepreneurship
- ▶ And More!

**will be discussed in detail*



Interactive Trauma: Beyond the Moment of Impact

Jeff Solheim:

RN who has held various roles including CCU, ED, trauma coordinator, international flight nurse, and more! Jeff currently owns his own consulting/speaking company, has authored more than 100 seminars and 60 books.


Bill Light:

Prior to accepting his CNO role at Solheim Enterprises he worked in multiple nursing roles but spent the majority of his bedside career in the ED and trauma roles.

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Courtesy of: Jeff Solheim Enterprises: www.solheimenterprises.com





Interactive Trauma: Beyond the Moment of Impact

- ▶ 9-hour interactive group class (CEUs)
- ▶ Majority RULES!
 - ▶ Voting for clinical decisions via app
- ▶ Mix of education and scenario
 - ▶ Algorithmic Slides
 - ▶ Decisions did affect our trauma budget
- ▶ Varying specialties in attendance
 - ▶ ICU
 - ▶ Acute Care
 - ▶ Prehospital
 - ▶ ED RNs

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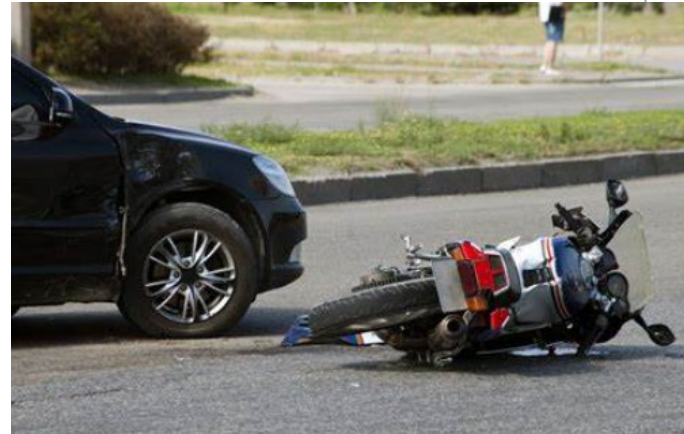
Courtesy of: Jeff Solheim Enterprises: www.solheimenterprises.com



Example Question:

- ▶ You are a level IV trauma center medical control. (5 minutes from scene). The following EMS report comes in: 24 yo motorcycle vs. Car accident, patient T-boned car going approximately 50mph, went over handlebars. No LOC, was wearing a helmet, alert and oriented x4. Patient is in Cervical collar and pelvic binder. Vitals as follows: 28 RR, 93%, 132 HR, 108/92 BP
- ▶ Additional assessments: delayed cap refill, weak pulse, rapid and shallow breathing.
 - a) Prepare for patient arrival at level IV center
 - b) Divert patient to Level I trauma center 40 minutes away. Aeromed is not flying.

Motorcycle Accident:



A grayscale photograph of a group of people in a meeting. A man in a sweater vest is leaning over a woman who is holding a tablet. Other people are seated around the table, looking at the tablet or each other. The image is semi-transparent, serving as a background for the text.

Interactive Trauma: Beyond the Moment of Impact

- ▶ Educational take aways
- ▶ How will this affect my practice
- ▶ Future goal
- ▶ Understanding varying Clinical Decision making and its impacts (PI reviews)
- ▶ If interested in this exercise contact: Jeff Solheim Enterprises @ www.solheimenterprises.com

Hospital and Public Safety Collaboration During Mass Violence

Lt. Jim Etzin offers some perspective from the scene



“Stop the Killing, Stop the Crying, Stop the dying”

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Lt. Etzin offered several “Reality Checks” from the pre-hospital team perspective:

REALITY CHECK #1:

Most trainings occur Monday-Friday, what does staffing/training look like after-hours [when most Mass violence events occur]?

NEW ACS Standards:

- 2 drills/exercises annually
- Intended to refine MCI response
- Committee must include surgeon
- Includes surgical response plan

2.3 Disaster Management Planning

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

All trauma programs must be integrated into the hospital's disaster plan to ensure a robust surgical response:

- A trauma surgeon from the trauma panel must be included as a member of the hospital's disaster committee and be responsible for the development of a surgical response to a mass casualty event.
- The surgical response must outline the critical personnel, means of contact, initial surgical triage (including subspecialty triage when appropriate), and coordination of secondary procedures.
- The trauma program must participate in two hospital drills or disaster plan activations per year that include a trauma response and are designed to refine the hospital's response to mass casualty events.

Level I trauma centers must also include an orthopaedic surgeon from the orthopaedic trauma call panel as a member of the hospital's disaster committee.



Lt. Etzin offered several “Reality Checks” from the pre-hospital team perspective:

REALITY CHECK #2:

Law enforcement doesn’t need healthcare at scene, “stay in your lane”
...You will only ‘clog the scene’.

- Importance of clear roles w clear expectations
- Pre-hospital communication importance, handoff
- Pre-hospital PI work, collaboration importance

REALITY CHECK #3:

Unconventional transport arrivals will occur... Be ready for it. The average citizen does not know your hospital’s trauma center level... (And neither does Siri)



Philadelphia “Scoop and run” tactic:

- Codified in Philadelphia PD policy in 1987
- Police Transport of penetrating trauma rather than awaiting EMS arrival.
- 2/3 penetrating trauma patients arrive via police cars
- Survival rates comparable, when compared with ambulance arrivals.



Lt. Etzin offered several “Reality Checks” from the pre-hospital team perspective:

REALITY CHECK #4:

Murphy will wreak havoc on your communications.
Make sure you have a backup line and solid communication processes in place.

- MCI alerts, pre-alerts
- Understand your coms systems
- Test communication systems
- Land lines available?
- Back up radios?
- Anticipate system overload
- Cell phones complications
- Job sheets



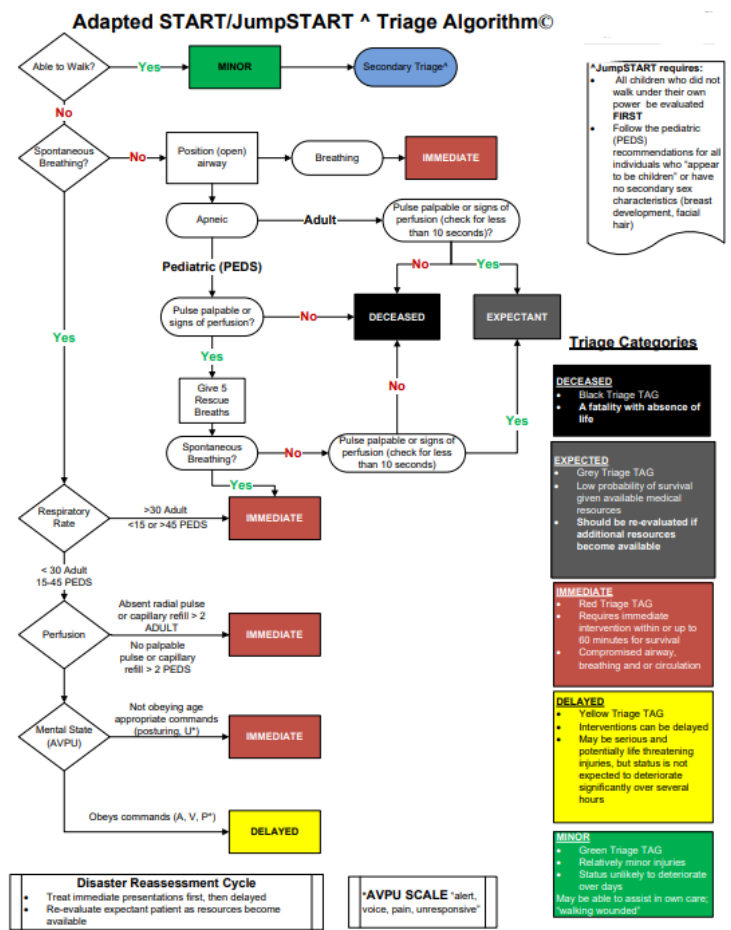


Lt. Etzin offered several “Reality Checks” from the pre-hospital team perspective:

REALITY CHECK #5:

“In a true mass casualty event, we’re sealing boxes, controlling airways with basic life support, decompressing chests, and getting the hell out of Dodge. Oh ... and a triage tag may serve as our EMR for awhile.”

- Understand “disaster mode” documentation procedures
- Familiarize your teams with triage tags-practice use
- START/Jump START triage methodology



Lt. Etzin offered several “Reality Checks” from the pre-hospital team perspective:

REALITY CHECK #6:

Patients may be children, first responders, or even suspects.

- Family Reunification Plans
- Pediatric Readiness assessments (and exercises). Are YOU ready for a pediatric trauma patient?
- Anticipate tough situations; have Critical Incident Stress Management (CISM) teams available.





Lt. Etzin offered several “Reality Checks” from the pre-hospital team perspective:

REALITY CHECK #7:

Be prepared for a patient surge.. What is your plan if your resources are exceeded? What is your plan for your second operational cycle?

October 2017 Las Vegas Shooting:

- 124 GSWs. 58 surgeries w/in first 24h; 83 over next 48h
- >200 Physicians, surgeons, nurses from other area hospitals (some out of state) arrived to help at sunrise medical center

Takeaways:

- Review Command Center role, staffing camps
- Preserve Resources
- Review department specific MCI actions
- Trauma Specific MCI responses now required.



Lt. Etzin offered several “Reality Checks” from the pre-hospital team perspective:

REALITY CHECK #8:

Your hospital is absolutely a target for a primary or secondary attack.



- ▶ Bath School Massacre :1927
- ▶ School explosion killed 38 children and 6 adults, injured at least 58 other people.
- ▶ 55yo school board treasurer angered by taxes and election loss.
- ▶ After rescue efforts, Second Explosion in shrapnel-filled truck at scene.

Courtesy of Bathschoollmuseum.org

Lt. Etzin offered several “Reality Checks” from the pre-hospital team perspective:

REALITY CHECK #9:

- The media will attempt to invade and/or infiltrate your campus.
- Quickly have a statement for media (coordinated w law enforcement).
- ”Feed the ‘beast’... So they don’t look for a meal”.



NO NOTORIETY MEDIA PROTOCOL
To reduce rampage acts of mass violence due to media-inspired fame.

- Adhere to the journalistic principle to “Minimize Harm,” keeping in mind the responsibility of balancing the public’s need for information vs. potential harm.
- Recognize that the prospect of infamy serves as a motivating factor for other individuals to kill and inspires copycat crimes
- Report the facts surrounding the mindset, demographic and motivational profile, without adding complimentary color to the individual or their actions, and downplay the individual’s name and likeness, unless the alleged assailant is at large.
- Limit the name to once per piece as a reference point, never in the headlines and no photo above the fold. Refuse to broadcast/publish self-serving statements, photos, videos and/or manifestos made by the individual. After initial identification, limit the name and likeness of the individual in reporting, except when the alleged assailant is still at large and, in doing so, would aid in the assailant’s capture.
- Elevate the names and likenesses of all victims killed and/or injured to send the message their lives are more important than the killer’s actions.
- Agree to promote data and analysis from experts in mental health, public safety, and other relevant professions to support further steps to help eliminate the motivation behind mass murder.

IT’S A MATTER OF PUBLIC SAFETY
No Name. No Photo. #NoNotoriety.
www.nonotoriety.com



“
We have the power to stop mass shootings. Let’s use it.
TOM TEVES

TEDx MileHigh
— independently organized TED event

In Summary:

- ▶ Know your hospital MCI plans, Lockdown plans
- ▶ Consider a second wave, unconventional arrivals.
- ▶ Include ALL shifts for MCI trainings and education
- ▶ Know disaster triage methodology and process, may have limited records.
- ▶ Family arrivals, reunification processes?
- ▶ What is your centers' process for patient surge, first wave, second wave?
- ▶ Prepare for media and have communications plan in place
- ▶ Study historical events, learn from them to anticipate barriers, and better prepare for the unthinkable.

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Thank you!

References

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