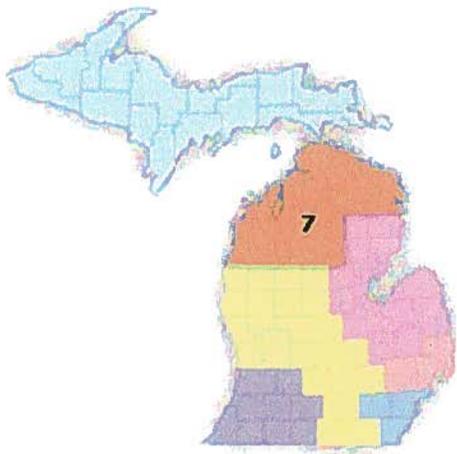


MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Michigan Regional Trauma Resources

Region 7



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Introduction to Region 7

In Michigan, it is the Crime Victims, EMS, & Trauma System Division, located within the Michigan Department of Community Health Bureau of Legal Affairs that provides regulatory oversight of the trauma system. The Division is responsible for implementation of the state-wide trauma system including the designation of trauma centers, implementation of a state wide trauma registry, and the development of the regional trauma networks (RTN).¹ Region 7 is one of 8 regional trauma networks established by the state. The purpose of this report is to provide a baseline inventory of assets and resources. The information included herein is taken, in part, from the results of the “MDCH 2013 Trauma Needs Assessment”. The assessment was completed by representatives from all of the medical control authorities operating in Region 7. This number is also representative of 8 of the 12 hospitals located in the Region.

Regional Attributes

Region 7 encompasses 11,170 square miles of land and extends across the northern portion of the Michigan’s Lower Peninsula and parts of the Eastern Upper Peninsula. It is comprised of the following 19 counties:

- Alcona
- Alpena
- Antrim
- Benzie
- Charlevoix
- Cheboygan
- Crawford
- Emmet
- Grand Traverse
- Kalkaska
- Leelanau
- Mackinac
- Manistee
- Missaukee
- Montmorency
- Otsego
- Presque Isle
- Roscommon
- Wexford



¹ MDCH Bureau of Legal Affairs, Crime Victims, EMS & Trauma Division “2012 Annual Report”.

The region has a wealth of natural resources and a thriving ecotourism-based economy. There is an abundance of state parks and protected areas including the Huron National Forest, the Manistee National Forest, and the Sleeping Bear Dunes National Lakeshore. Northern Michigan is home to the Thunder Bay National Marine Sanctuary, the largest freshwater sanctuary in the world with more than 200 shipwrecks. It is also the location of the Annual National Cherry Festival which draws more than 500,000 visitors each year from all over the world. The Mackinac Bridge, the largest suspension bridge in the western hemisphere, spans the Straights of Mackinac and allows more than 380,000 vehicles a month to cross between the northern lower and the upper peninsula. Bordered by Lake Huron on the eastern shore, Lake Michigan on the western shore, and including 14 of the 20 largest inland lakes in the State, the freshwaters of Region 7 exemplify what is termed "Pure Michigan".



There are several institutions of higher learning located in Region 7 which include Alpena Community College, Kirkland Community College, North Central Community College, Northwestern Michigan College and the Great Lakes Maritime Academy, the only U.S. maritime academy on fresh water. The Interlochen Center for the Arts, located southwest of Traverse City, draws young people from around the world to study fine arts.

Region 7 is also the location of the world's largest limestone quarry (Rogers City), one of the world's largest salt plants (Manistee), the East Jordan Iron Works original foundry, and two of Michigan's four federally-recognized wine growing areas (Grand Traverse region). Two National Guard installations, the Alpena Combat Readiness Training Center and Camp Grayling, are also located within the region.

Demographics

Of the 19 counties in Region 7, 12 are designated as "rural" with Alpena, Benzie, Grand Traverse, Kalkaska, Leelanau, Missaukee, and Wexford being designated as "micropolitan" by the U.S. Office of Management and Budget. The year-round population of Region 7 is approximately 500,000 persons. However, it also experiences more than 12 million visitor-days per year. This is in part due to a variety of factors including, but not limited to: tourism, second-home/recreational home ownership, "snowbirds", seasonal tourism workers, agricultural migrants, and special events. Seasonal population fluctuations require thoughtful, efficient use of resources.

Approximately 20% of the total population fall into the pediatric age range (Table 1). There are limited pediatric acute care and trauma beds in the region and none of the hospitals in Region 7 have dedicated pediatric ICU beds. The adult and pediatric population distribution by county in Region 7 is as follows²:

Table 1. County Population Distribution by Age Group

County	Total Population	Pediatric Population
Alcona	10,635	
Alpena	29,288	5,994
Antrim	23,316	4,686
Benzie	17,443	3,541
Charlevoix	25,998	5,563
Cheboygan	25,918	5,131
Crawford	14,014	2,760
Emmet	32,848	7,226
Grand Traverse	88,349	9,171
Kalkaska	17,160	3,843
Leelanau	21,459	3,969
Mackinac	11,137	
Manistee	24,709	4,620
Missaukee	14,911	3,548
Montmorency	9,653	1,583
Otsego	24,078	5,393
Presque Isle	13,155	2,236
Roscommon	24,414	3,784
Wexford	32,718	7,721

Injury Data

Forty-two percent of the hospitals in Region 7 reported that they provide injury prevention services/programs in their community. The same number reported that they participate in community injury prevention programs. One of the regional priorities will be to determine which programs are currently being delivered and whether or not there is an opportunity to coordinate those programs region-wide for optimum effect.

² Source: U.S. Bureau of Census, 2011 Population Estimates Program (PEP)

Regionally, the leading cause of injury related hospitalizations is falls while the leading cause of injury related death is suicide³. (Table 2, Table 3).

Table 2.

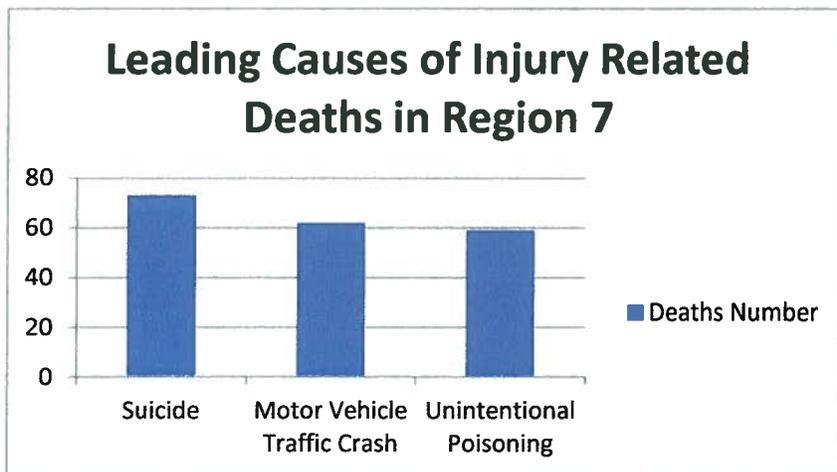
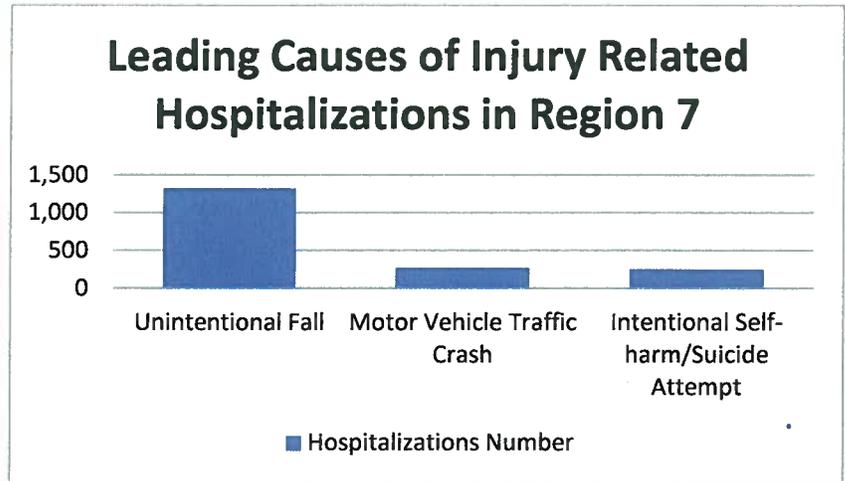


Table 3.

³ Source: Thomas W. Largo, MPH, Division of Environmental Health, Bureau of Disease Control, Prevention, and Epidemiology, Michigan Department of Community Health, 2010 data.

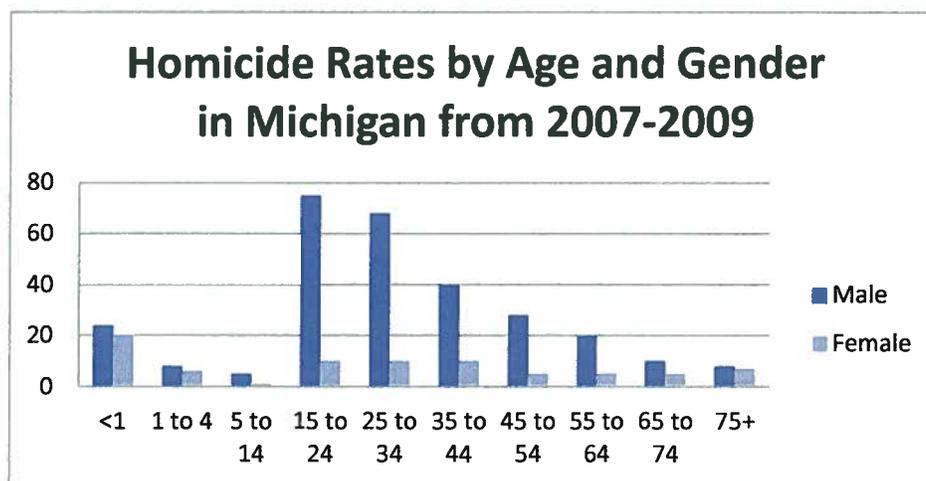
The leading cause of injury and death in Michigan for persons under the age of 20 is motor vehicle crashes followed by homicide and unintentional suffocation⁴ (Table 4). Statewide, homicide is a leading cause of death⁵ (Table 5).

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.

Table 4.

Table 5.



⁴ MDCH Injury Prevention Division, 2010 Data.

⁵ Source: Michigan Department of Community Health – Injury and Violence Prevention Section, 2007-2009 data.

Regional Trauma System Infrastructure

The regional trauma system is composed of a Regional Trauma Network (RTN), a Regional Trauma Advisory Council (RTAC), and a Regional Professional Standards Review Organization (RPSRO). The Regional Trauma Coordinator serves as facilitator and an ex-officio member of the RTN and each of the committees. Integral to the regional trauma system are the medical control authorities and hospitals.

Medical Control Authorities

A medical control authority (MCA) is an organization designated by the Michigan Department of Community Health (MDCH) for the purpose of supervising and coordinating an emergency medical services (EMS) system, as prescribed, adopted, and enforced through department-approved protocols for a particular geographic region. Medical control authorities are administered by the participating hospitals located within the designated medical control authority region.

The MCAs are integral to regional trauma system advancement as they serve as a coordinated, collaborative force for change and improvement. The medical control authorities provide leadership necessary for design, growth and maintenance of a regional trauma system which is representative of all partners. There are 7 MCAs which provide oversight to the Region 7 EMS system and which are actively engaged in trauma system development. The following table lists the region’s MCAs, their respective participating hospitals, and the counties they cover:

Table 6. Region 7 Medical Control Authorities

Medical Control Authority (MCA)	Participating Hospital	Counties Served
Charlevoix County MCA	Charlevoix Area Hospital	Antrim, Charlevoix
Manistee County MCA	West Shore Medical Center	Manistee
North Central MCA	Mercy Hospital – Grayling	Crawford, Roscommon
Northeast MI MCA	Alpena Regional Medical Center	Alcona, Alpena, Montmorency, Presque Isle
Northern MI MCA	McLaren Northern Michigan Hospital McLaren Northern Michigan Campus Mackinac Straights Hospital	Cheboygan, Emmet, Mackinac, Presque Isle
Northwest Regional MCA	Kalkaska Memorial Hospital	Antrim, Benzie, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford
	Mercy Hospital – Cadillac	
	Munson Medical Center	
	Paul Oliver Memorial Hospital	
Otsego County MCA	Otsego Memorial Hospital	Antrim, Montmorency, Otsego

Table 7. Region 7 Medical Control Authority Representatives⁶

Medical Control Authority (MCA)	Executive Director	Medical Director
Charlevoix County MCA	Sandy Bennett	Mark Smith, M.D
Manistee County MCA	Wayne Beldo	Adam Anderson, M.D
North Central MCA	Patti Walker	Martin Lougen, M.D
Northeast MI MCA	Deborah Detro-Fisher	Christopher Rancont, D.O.
Northern MI MCA	Michelle Murphy	Thomas Charlton, M.D
Northwest Regional MCA	John DePuy	William Chung, M.D.
Otsego County MCA	Laura Sincock	David Hansmann, M.D.

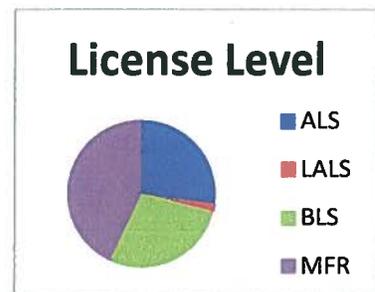
Emergency Medical Service Agencies

There are 120 licensed emergency medical service agencies located within Region 7. The following table illustrates the breakdown of the EMS agencies by license level:

Level of Service	Number of Agencies
Advanced Life Support (ALS)	30
Limited Advanced Life Support ()	02
Basic Life Support (BLS)	30
Medical First Responder (MFR)	56
Air Medical – Fixed Wing and Rotor*	01

* Included in ALS count

Table 9. Region 7 EMS Agencies



⁶ Source: MDCH MCA Directory, 07-30-13.

Note that more than 45% of all EMS agencies in Region 7 are licensed at the medical first responder (MFR) level. Traditionally, the vast majority of MFR agencies are composed of volunteers. Many MCAs are highly dependent on the performance of the MFRs during the initial phases of trauma assessment and management as a higher level of provider (and means to transport the patient) may be in excess of 30 minutes away in the more rural areas.

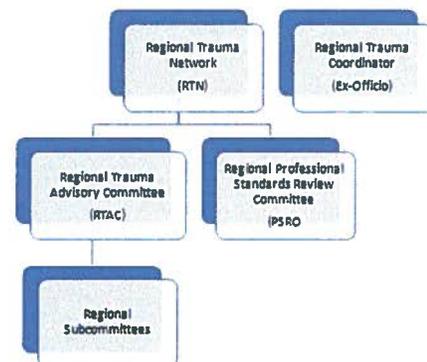
In addition to 60+ EMS transport agencies, we have an air medical service (Northflight) located within the Region which is capable of providing both fixed wing and rotor (helicopter) emergency transfers/transports. This resource will play an integral part in providing transport of trauma patients to higher level trauma centers.



Regional Trauma Network (RTN)

The Regional Trauma Network serves as the governing body of the RTN. The membership is responsible for developing by-laws which guide the administration and leadership of the Regional Trauma Network, the appointment of the Regional Trauma Advisory Council (RTAC), the appointment of the Regional Professional Standard Review Organization (RPSRO) and oversight of these and all other subcommittees. The RTN is responsible for filing an application with the Department ensuring that the elements required for approval that are described in the Administrative Rules are in place. The application is submitted to the department and reviewed by the Statewide Trauma Advisory Committee (STAC) and the Emergency Medical Services Coordinating Committee (EMSCC). The RTN is considered provisional until the application is approved by MDCH. The RTN is also responsible for the development and implementation of a regional trauma plan. The plan for the region will address the ten components related to trauma activities including: injury prevention, access to the trauma 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.

Regional Trauma Structure



The Regional Trauma Network consists of one representative from each medical control authority located in Region 7. This person is responsible for representing and making decisions and commitments on behalf of their respective MCA (hospital). Collectively, the membership furthers the work and mission of the Regional Trauma Network in order to establish and maintain a regionalized, coordinated and accountable trauma system. In Region 7, each MCA is represented by a hospital administrator on

the RTN. This model ensures an all-inclusive system while allowing for accurate, efficient, and timely representation of the MCAs. The administrators which compose the Region 7 RTN are listed in Table 8.

Table 8. Region 7 MCA Administrators

Medical Control Authority	Representative
Charlevoix County MCA	Christine Wilhelm
Manistee County MCA	Tom Kane
North Central MCA	Lori Wightman
Northeast MI MCA	Chuck Sherwin
Northern MI MCA	Mary-Anne Ponti
Northwest Regional MCA	Kathy Garthe
Otsego County MCA	Diane Fisher

Regional Trauma Advisory Committee (RTAC)

The Regional Trauma Advisory Council is a committee established by the RTN which is comprised of MCA personnel, EMS personnel, life support agency representatives, healthcare facility representatives, physicians, nurses, and consumers. The RTAC has administrative rule specified membership. The RTAC provides the content expertise, the experience, and the front line understanding of the issues, challenges, and gaps of the regional trauma system. It provides the needed expertise in developing and implementing the Regional Trauma Network work plan. The RTAC will take the lead in executing work-plan components, inform the RTN of progress, issues, and challenges as well as recommended action steps. It will monitor the progress and recommendations from subcommittees and workgroups and keep the RTN updated on their progress.

Regional Professional Standards Review Organization (RPSRO)

The responsibility of the RPSRO is to monitor the performance of the trauma agencies and healthcare facilities within the region. The RPSRO will be responsible for the review of trauma deaths and preventable complications. It will also address deviations from recommendations and protocols which are established and adopted by the medical control authorities.

Regional Trauma Coordinator

The Regional Trauma Coordinator (RTC) is responsible for facilitating, coordinating and implementing a regional system of care for trauma. The position will work collaboratively with the Regional Trauma Network (RTN) organization and stakeholders in the regions, as well as other partners. The RTC will coordinate network meetings, monitor and analyze data, prepare reports Identify and address education needs, act as liaison between the network and State, facilitate activities related to the network work plan, provide data and information for legislative requests, policy discussion and other requests as appropriate.

Governance

Part 209 of Michigan's Public Health Code (Act 368 of 1978) stipulates that the Michigan Department of Community Health "develop, implement, and promulgate rules for the implementation and operation of a statewide trauma care system within the emergency medical services system" [20910(1)(I)] in consultation with the statewide trauma care advisory (STAC) subcommittee of the state emergency medical services coordination committee (EMSCC).The statutorily promulgated administrative rules task the department with establishing regional trauma networks (RTN) comprised of collaborating local medical control authorities within a region, and provide for supporting resources to the region consistent with criteria found in the Michigan Trauma Systems Plan (2004).

MDCH 2013 Trauma Needs Assessment

Hospitals

There are 12 licensed hospitals in Region 7 that receive and admit emergency patients⁷. Five of the 12 are critical access hospitals. Munson Medical Center is currently verified as a Level II Trauma Center by the American College of Surgeons Committee on Trauma (ACSCOT). One facility has expressed an interest in pursuing Level II verification by the ACSCOT, while at least two others are considering Level III verification. The remaining 9 facilities have all expressed a desire to pursue verification at some level within the next two years.

Two facilities, Munson Medical Center and McLaren Northern Michigan Regional Center have been designated by the American Burn Association as burn surge facilities. Both also have licensed beds for pediatric patients, board certified pediatric trauma surgeons, and pediatric intensivists on staff. Table 10 shows the location, current services, and number of acute care beds for each facility.

Table 10. Region 7 Licensed Hospitals

Licensed Hospital Name	County	Services / Specialties	Acute Care Beds ⁴	
			Adult	Pediatric
Alpena Regional Medical Center	Alpena	Full Service Acute Care Hospital	124	0
Charlevoix Area Hospital	Charlevoix	Critical Access Hospital	25	0
Kalkaska Memorial Hospital	Kalkaska	Critical Access Hospital	08	0
Mackinac Straights Hospital	Mackinac	Critical Access Hospital	15	0
Mercy Hospital – Cadillac	Wexford	Full Service Acute Care Hospital	97	0
Mercy Hospital – Grayling	Crawford	Full Service Acute Care Hospital	81	0
McLaren Cheboygan Campus	Cheboygan	Critical Access Hospital	75	0
McLaren Northern Michigan Hospital	Emmet	Full Service Acute Care Hospital; Burn Surge Facility; Open Heart Surgery	202	12
Munson Medical Center	Grand Traverse	Full Service Acute Care Hospital; Level II Trauma Center; NICU; Burn Surge Facility; Open Heart Surgery; Teaching Hospital	377	12
Otsego Memorial Hospital	Otsego	Full Service Acute Care Hospital	46	0
Paul Oliver Memorial Hospital	Benzie	Critical Access Hospital	08	0
West Shore Medical Center	Manistee	Full Service Acute Care Hospital	25	0

⁷ Source: Michigan Department of Community Health Certificate of Need Survey, 2012

Emergency Department Resources

Together, the hospitals in Region 7 received more than 198,000 emergency department visits. Over 14% of those visits resulted in hospital admission. There were in excess of 2,050 emergency department visits reported in 2012 that were trauma-related.⁸ Table 11 delineates the breakdown of emergency department visits in the region by facility.

Table 11: Emergency Services by Acute Care Hospitals⁹

Licensed Facility	ED Visits	Admissions thru ED	Patients by Ambulance
Alpena Regional Medical Center	21,751	2,444	3,512
Charlevoix Area Hospital	10,693	1,131	884
Kalkaska Memorial Hospital	13,242	7	0
Mackinac Straights Hospital	**	**	**
Mercy Hospital – Cadillac	21,823	2,777	2,824
Mercy Hospital – Grayling	20,477	2,367	3,045
McLaren Northern Michigan Hospital	23,987	4,082	3,801
Munson Medical Center	51,046	12,502	11,241*
Otsego Memorial Hospital	13,911	1,396	1,921
Paul Oliver Memorial Hospital	5,294	1	0
West Shore Medical Center	15,225	1,544	1,084

* Includes 125 patients received via air ambulance.

** No report available.

Seven out of 12 hospitals responded to the “MDCH 2013 Trauma Needs Assessment” mentioned in the introduction to Region 7 that was conducted in July. Of those that responded 84% have 24 hour coverage by board-certified emergency physician. One utilizes non-board certified emergency physicians. No hospital reported providing emergency department coverage solely with physician assistants and/or nurse practitioners.

Written transfer guidelines for sending trauma patients are in place in 2 of the 7 hospitals responding to the survey. Only 1 hospital has a written agreement for receiving trauma patients. Reference Table 12.

⁸ Source: Michigan Department of Community Health – Injury and Violence Prevention Section, 2007-2009 data.

⁹ Source: Michigan Department of Community Health – Injury and Violence Prevention Section, 2007-2009 data.

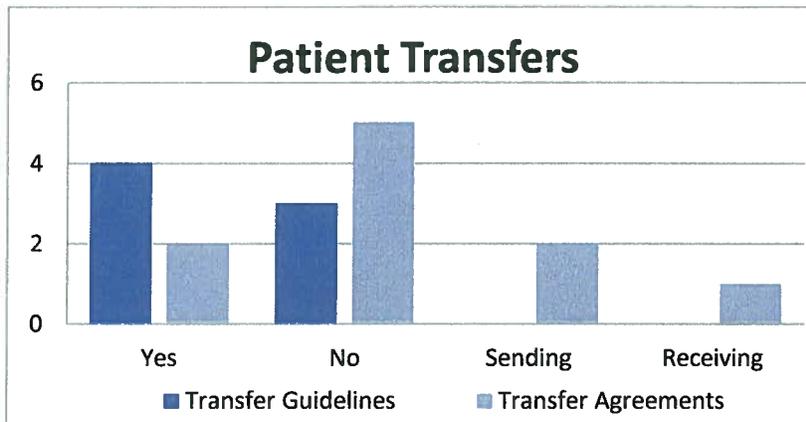


Table 12.

Operating Room Resources

Integral to any trauma system is the presence of sufficient operating room capacity. There are 13 facilities with a combined total of 59 operating rooms (OR) in Region 7. Together they conduct approximately 56,600 cases a year¹⁰.

Table 7. Region 7 Operating Room Capabilities⁵

Facility Name	Total Operating Rooms	Total Cases	Total Hours
Alpena Regional Medical Center	4	4,236	7,523
Charlevoix Area Hospital	2	2,105	1,881
Kalkaska Memorial Hospital	2	842	489
Mackinac Straights Hospital	*	*	*
Mercy Hospital – Cadillac	4	4,224	5,424
Mercy Hospital – Grayling	3	3,054	3,307
McLaren Cheboygan Campus	2	1,567	1,929
(McLaren) Northern Michigan Hospital	11	9,317	13,480
Munson Medical Center	16	14,523	27,242
Otsego Memorial Hospital	3	4,200	5,006
Paul Oliver	1	161	200
West Shore Medical Center	4	2,359	3,180
(The) Surgery Center	1	1,542	364

* Report not available.

¹⁰ Source: Michigan Department of Community Health Certificate of Need Survey, 2011

Of those facilities in Region 7 that responded to the “Trauma Assessment Survey”, none have 24 hour in-house surgical services. Surgical services can be made available within 30 minutes of patient arrival in the emergency department in 84 percent of the facilities, while one facility is able to have a surgeon available in 15 minutes.

No hospital responded that it provided 24 hour in-house anesthesia coverage, 1 can provide anesthesia services within 15 minutes, while the other 5 respondents to the survey can provide anesthesia services within 30 minutes.

The region does offer a variety of specialty surgical services. Most are concentrated on the western side of the region necessitating inter-facility transport of a large percentage of patients to definitive care. Details of other specialty surgical services available in the region’s hospitals are listed in Table 8.

Table 8. Specialty Surgical Services¹¹

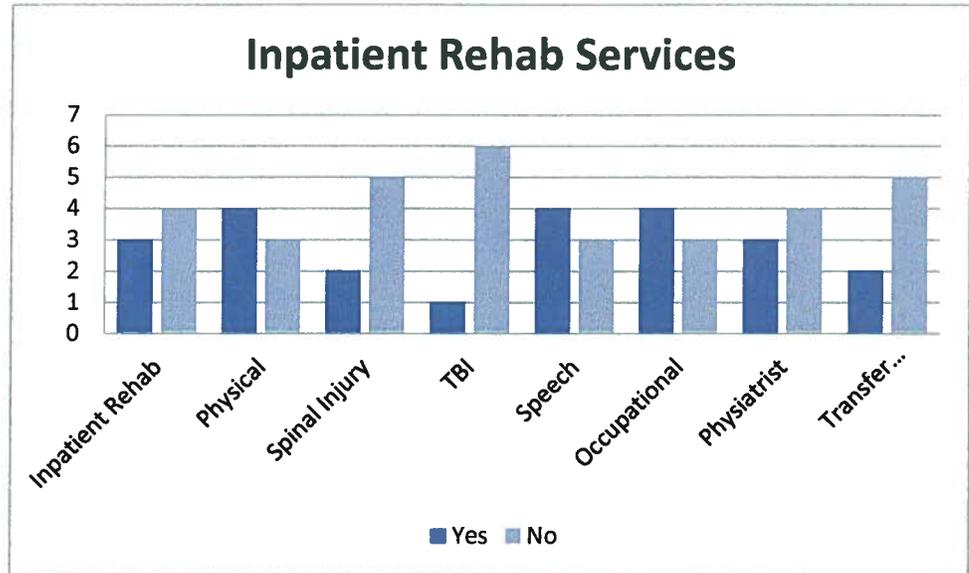
Specialty Surgical Services	# Facilities
Cardio-Thoracic Surgery	1
Hand Surgery	4
Neurosurgery	1
Ophthalmology Surgery	6
Oral Maxillofacial Surgery	4
Orthopedic Spine	2
Orthopedic Trauma	5
Plastic Surgery	4
Urology	6
Vascular Surgery	2

Rehabilitation Services

Eighty-four percent of the facilities offer in-patient rehabilitation services with 3 providing physical therapy, 3 providing occupational therapy, and 2 with a physiatrist on staff. Only 1 provides spinal injury rehabilitation, and none specialize in traumatic brain injury rehabilitation. Eleven facilities offer speech therapy. Only 2 facilities that responded to the survey have formal transfer agreements with other in-patient rehabilitation facilities.

¹¹ Source: Michigan Department of Community Health Trauma Assessment Survey 2013.

Table 9.



All survey respondents provide out-patient rehabilitation services. Six provide physical therapy, 1 provides spinal injury rehabilitation services, and none provide traumatic brain injury rehabilitation. Five provide speech therapy, 6 provide occupational therapy, and 2 have a physiatrist on staff.

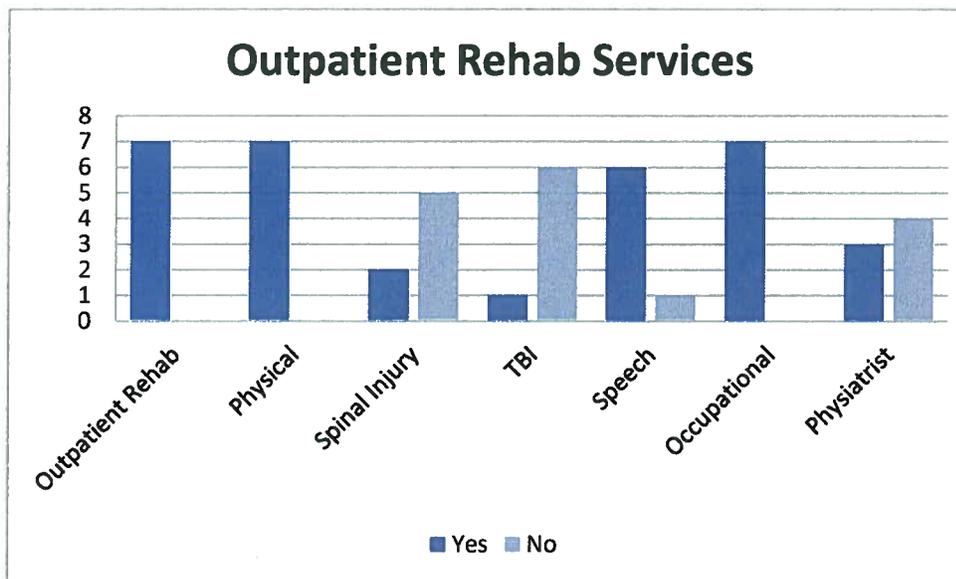
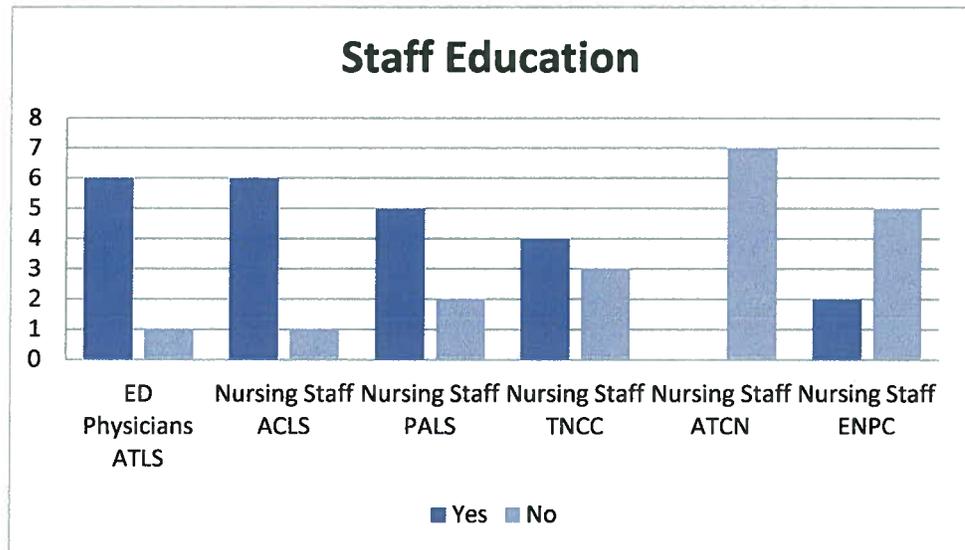


Table 10.

Education Requirements of Regional Acute Care Facilities

Of the hospitals responding to the survey, 84% reported that they require their emergency department physicians to attend an Advanced Trauma Life Support Course® at least once. Of the 7 facilities that responded to the survey, 84% require Advanced Cardiac Life Support (ACLS)® training, 67% require Pediatric Advanced Life Support (PALS)®, 50% require Trauma Nurse Core Curriculum (TNCC)® training, and none require attendance at an Advanced Trauma Care for Nurses (ATCN)® program.

Table 11.



Collaboration on Trauma Related Issues

None of the hospitals in Region 7 reported that they hold some type of regular meetings on trauma related issues or included emergency medical service (EMS) personnel in those meetings. However, 67% do invite EMS to trauma related educational opportunities.

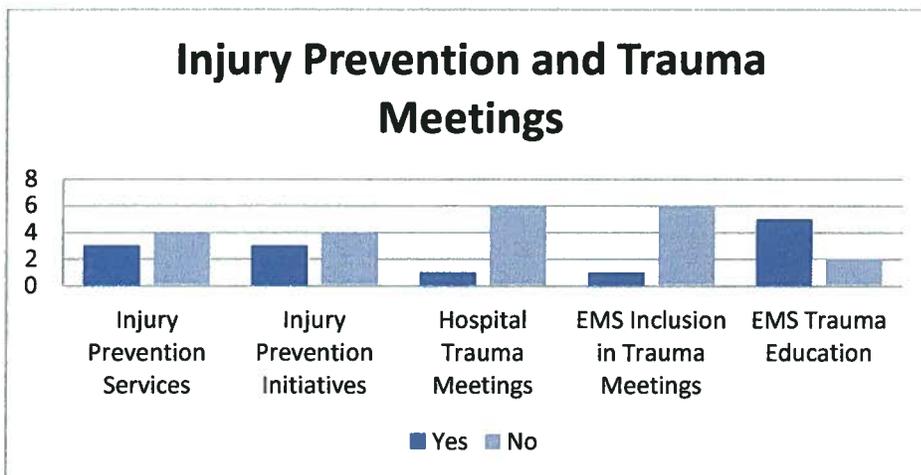


Table 12.

Data Collection

While 50% of the hospitals in Region 7 are submitting trauma data quarterly, none are submitting that data to the State data base (ImageTrend®). Reasons given for not submitting data are varied and include lack of resources to input data, lack of a signed data use agreement with the State, and the need for more training on the ImageTrend® system.

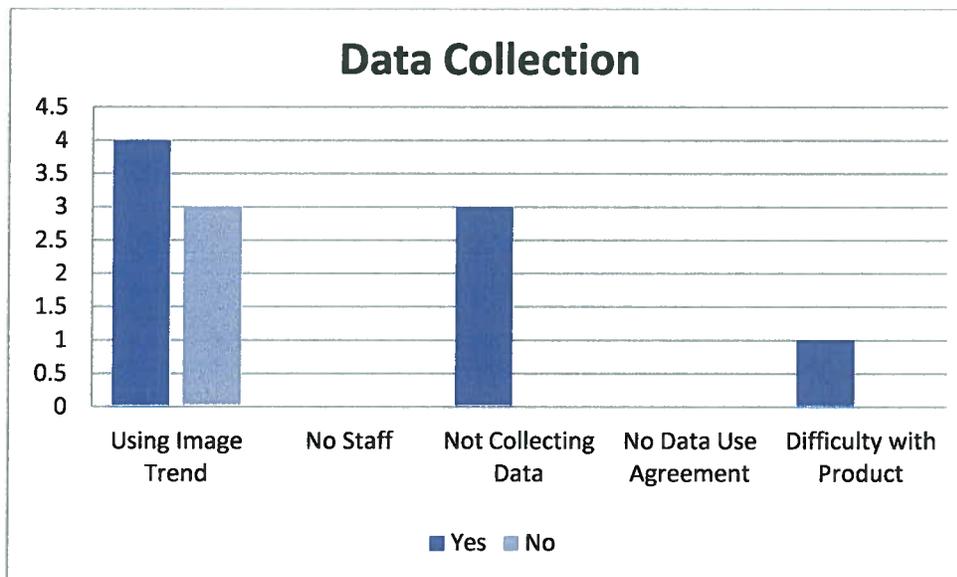


Table 13.

Local Health Departments

There are 6 local health departments (LHD) located within Region 7. They are actively engaged in injury data collection. Based on that data, the individual health departments develop and implement educational programs and strategies for injury prevention. The LHDs will play an integral role in regional efforts to reduce injury. The following table lists the Region 7 health departments and the counties which they serve:

Table 14. Region 7 Local Health Departments

Name	Counties Served
Benzie-Leelanau Public Health Department	Benzie, Leelanau
Central Michigan District Health Department	Roscommon
District Health Department #2	Alcona
District Health Department #4	Alpena, Cheboygan, Montmorency, Presque Isle
District Health Department #10	Crawford, Kalkaska, Manistee, Missaukee, Wexford
Grand Traverse County Health Department	Grand Traverse
Health Department of Northwest Michigan	Antrim, Charlevoix, Emmet, Otsego
Luce-Mackinac-Alger-Schoolcraft District Health Dept	Mackinac

Summary

The Region 7 Trauma Network is well positioned to meet the challenge of implementing and sustaining an all-inclusive, coordinated, and efficient regional system of trauma care. The work done thus far exemplifies this claim. The RTN is well organized and committed to engage in efforts to take the system to the next level. Content experts and leaders throughout the Region have been pre-identified and demonstrated a willingness to serve as members of the RTAC. A comprehensive SWOT analysis, which was based on the components of a regional trauma system as established in the administrative rules, has already been conducted and will serve as a critical input into work plan development. Solidified by a team of dedicated, knowledgeable, and forward thinking individuals, the framework thus far laid will be sure to carry the Region 7 Trauma Network into the future. This report will provide important information to facilitate this process. It is not an exhaustive compilation of resources but is intended to provide partners and stakeholders a baseline understanding of assets and resources in Region 7. It is expected this report will evolve as the system matures.

Region 7 Trauma Network

“Getting The Right Patient To The Right Place At The Right Time.”