Region 5 Trauma Network Application

Introduction

Regional Trauma Network Development

MDCH Administrative Rules R325.125 through R325.138 requires the submission of an application by the Medical Control Authorities (MCA) in a geographic region (formally known as emergency preparedness region). Approval of the application by the Michigan Department of Community Health serves to formally recognize this entity as a Regional Trauma Network (RTN).

"Establish Regional Trauma Networks, consistent with current emergency preparedness regions, to provide system oversight of the trauma care provided in each region of the state." R325.129 Rule 5 (k)

The application template that follows is an adaptation of the US Department of Health and Human Services (HRSA) *Model Trauma System Planning and Evaluation (2006).* The application has adopted or adapted the HRSA indicators in order to initiate a regional evaluation of current trauma system status.

Application

Section 1 – Governance: Documentation that the organizational network structure described in the administrative rules above has been addressed.

Section 2- Work plan: Administrative Rule 325.132 requires that each regional network submit a comprehensive system development plan as a component of the application for recognition as a RTN. The following sections are devised as a means by which each RTN and its subcommittees, including the Regional Trauma Advisory Council (RTAC) and Professional Standards Review Organization (PSRO), can assess the current status of the region's trauma system and by which the STAC and EMSCC may objectively review each application. After assessing each indicator, the RTN must write at least one SMART objective (specific, measurable, attainable, relevant, and time-bound) to address the indicator, with the understanding that progress towards a mature, fully functioning, all-inclusive regional trauma system is the goal. The cumulative set of written objectives will then serve as the region's system development plan.

The 6 required components of the Regional Trauma Network Plan are:

1) Injury prevention
2) Communications
3) Infrastructure
4) Regional performance improvement
5) Continuum of care
6) Trauma education

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Upon completion, each RTN application will have an assessed score. Scoring of the assessment provides a means for each RTN to individually track progress over time. The assessment score is meant only to assess and track the status of each individual region; assessment scores will not be used to compare and/or rank RTN status or progress against each other. Renewal applications are expected to reflect progress in system development.

Application Scoring

All Regional Trauma Network applications will be submitted to the Statewide Trauma Advisory Committee (STAC) for scoring and comments. STAC will utilize the HRSA model which describes trauma system indicators and offers a scoring process: meeting the highest score (5) in every indicator would describe a mature highly functioning trauma system. Each RTN, with the advice of the RTAC, should realistically assess the current status of the region's trauma care system, using the 0-5 scoring scale, in order to arrive at a baseline score. The current score should suggest the gap between the system's current status and a desirable for subsequent assessment.

Scoring the 6 System Components

Benchmarks are global goals, expectations or outcomes that refer to the components of the trauma system plan. In scoring the trauma system, a benchmark identifies a broad system attribute.

Indicators are the tasks or outputs that characterize the benchmark. Indicators identify actions or capacities within the benchmark and are the measurable components of the benchmark.

Scoring reduces the indicator to action steps. The score offers an assessment of the current status, and subsequent scoring will mark progress over time in reaching a desirable benchmark.

Within each of the 6 *functions* there are a variety of potential benchmarks based, to the extent possible, on HRSA guidelines for model trauma system planning. For each of the 6 functions, a number of descriptive *indicators* further define the function's potential benchmark and a score for each indicator to assist in identifying efforts, progress, compliance, or any combination of these. Each indicator contains a scoring "mechanism" of ordered statements to assist in assessing progress to date.

The following criteria are used to assess the region's conformance to the indicator:

Score	Progress Scoring
0	Not known
1	No
2	Minimal
3	Limited
4	Substantial
5	Full

The table below is an example of how the above criteria are used to assess trauma system progress for a specific indicator.

Example of Progress Scoring
Indicator: A thorough description of the epidemiology of injury in the region exists, using both population-based data and clinical data bases.

Score	Criteria
0	The scorer does not know enough about the indicator to evaluate it effectively.
1	There is no detailed analysis of injury mortality.
2	Death certificate data have been used to describe the incidence of trauma deaths aggregating all etiologies, but no E-code reporting is available.
3	Death certificate data, by E-code, are reported on a statewide basis, but are not reported regionally.
4	Death certificate data, by E-code, are reported on a statewide and regional basis. These data are compared to national benchmarks, if available.
5	Death certificate data, by E-code, are used as part of the overall assessment of trauma care both statewide and regionally, including rural and urban preventable mortality studies.

In this example, the region should review the listed criteria and select the one that best describes its current ability to describe injury mortality, ranging from none (0) in neophyte systems to the ability to accurately describe preventable deaths (5) occurring with the trauma care system of the most mature trauma systems. A median score of 3 would indicate that there is evidence of limited, but demonstrable, progress in meeting the expectation.

Although the scoring mechanism provides a quantitative descriptor of each indicator, and the region in general, the scoring process has limitations:

- The benchmarks focus on process measures, not outcomes. The assumption is that meeting these process measures will result in improved outcomes.
- The evaluation method relies on the qualitative judgments of the region's evaluators.
- The regions are cautioned not to draw conclusions from the numerical "score". Because the scale points are not discrete points on an ordered scale it is not possible to state that a 4 is twice as good as a 2. The score only denotes relative progress in achieving the benchmark.
- The benchmarks and indicators are not comprehensive. As the document evolves these are expected to change.

The application's scoring tool is intended to help each region meet the trauma system development plan requirement of the administrative rules, and to assist the regions in identifying individual strengths and weaknesses, prioritize actions and measure progress against itself over time.

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Michigan has had limited opportunity to fully address these indicators in a systemic fashion, so each regional trauma network should expect their average indicator scores to be within the range of 1-3. The expectation for this application is that the evaluation of each region's indicators will drive a systems approach for outlining the governance, goals, objectives, strategies and timelines that address each indicator, and that the region will build on them in a systematic, foundational way until the system maturity is reached.

Filing Instructions

The application must be completed, typed and signed. An application checklist has been included in the application packet to facilitate the process.

Completed applications should be emailed to:

Eileen Worden, State Trauma Manager
wordene@michigan.gov

Please insert "Region 5 Application" in the subject line of the email.

After the application has been reviewed and approved by the Statewide Trauma Advisory Subcommittee and the Emergency Medical Services Coordination Committee, The Michigan Department of Health and Human Services Director will send a letter to the Regional Trauma Network representative listed below recognizing the Regional Trauma Network.

Please provide the following:

Regional Trauma Network representative:	Daniel Stewart, MD
Address:	Bronson Battle Creek Hospital 300 North Ave; Battle Creek MI 49017
Email:	stewartd@bronsonhg.org

For questions please contact your Regional Trauma Coordinator or State Trauma Manager, Eileen Worden wordene@michigan.gov (517) 241-3020.

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Injury Prevention

Injury Prevention: The RTN, in cooperation with other agencies and organizations, uses analytical tools to monitor the performance of population-based (regional) injury prevention programs.

Rule HRSA #	Indicator	Score
325.132(3)(c)(ii)(A) 306.2	The RTN is active within the region in the monitoring and evaluation of regional injury prevention activities and programs.	0. Not known. **1. The RTN does not actively participate in the monitoring and evaluation of injury prevention activities and programs in the region.** 2. The RTN does some minimal monitoring and evaluation of injury prevention activities and programs in the region. 3. The RTN monitors and evaluates injury prevention activities and programs in the region. 4. The RTN is an active participant in injury prevention programs in the region, including the evaluation of program effectiveness. 5. The RTN is integrated with injury prevention activities and programs in the region. Outreach efforts are well coordinated and duplication of effort is avoided. Ongoing evaluation is routine and data are used to make program improvements. *Objective: Region 5 will implement an Injury Prevention Tracker by April 1, 2017 in which all sites will submit Injury Prevention offerings.*
325.132(3)(c)(ii)(A) 203.5	The RTN has developed a written injury prevention plan. The injury prevention plan is data driven and targeted programs are developed based upon high injury risk areas. Specific goals with measurable objectives are incorporated into the injury prevention plan.	0. Not known. 1. There is no written plan for coordinated injury prevention programs within the region. **2. Although the RTN has a written injury prevention and control plan, it is not fully implemented. There are multiple injury prevention programs within the region that may compete with one another, or conflict with the goals of the regional trauma system, or both.** 3. There is a written plan for coordinated injury prevention programs within the region that is linked to the regional trauma system plan, and that has goals and time-measurable objectives. 4. The regional injury prevention and control plan is being implemented in accordance with established objectives, timelines and the region is collecting data. 5. The injury prevention plan is being implemented in accordance with established timelines. Data concerning the effectiveness of the injury prevention programs are being collected and are used to validate, evaluate, and modify the program. *Objective: Region 5 will host at least one Injury Prevention event by the third quarter of each calendar year.*

Background: Numerous facilities conduct similar courses and having regional opportunities that are on a tracker will be an easier way to update all stakeholders.

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Communications

Trauma system communications: 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.

Rule HRSA #	Indicator	Score
325.132(3)(c)(ii)(C) 02.10	There are established procedures for EMS and trauma system communications for major EMS events or multiple jurisdiction incidents-that are effectively coordinated with the overall regional response plans.	0. Not known. 1. There are no written procedures for regional EMS and trauma systems communications for major EMS events or multiple jurisdiction incidents. 2. Local medical control authorities have written procedures for EMS communications during major events. However, there is no coordination among the adjacent local jurisdictions. 3. There are written regional EMS communications procedures for major EMS events. These procedures do not involve other jurisdictions and are not coordinated with the overall regional response plans or incident management system. **4. There are written regional EMS communications procedures for major EMS events and multiple jurisdiction incidents that are coordinated with adjacent jurisdictions, with the overall regional response plan and with the incident management system.** 5. There are written regional EMS communications procedures for major EMS events and multiple jurisdiction incidents that are coordinated with the overall regional response plan and with the incident management system. There are one or more system redundancies. These procedures are regularly tested in simulated incident drills, and changes are made in the procedures based on drill results, if needed. *Objective: Produce and distribute a communications algorithm/protocol for the medical facilities for use during a radio and /or telephone system failure using backup systems already in place – the 800 system for use when arranging inter-facility patient transfers by November 2017. Review algorithm yearly for compliance and/or process improvement at last meeting of each calendar year.*
325.132(3)(c)(ii)(C) 302.9	There is a procedure for communications among medical facilities when arranging for inter-facility transfers including contingencies for radio or telephone system failure.	0. Not known. **1. There are no specific communications plans or procedures to ensure communication among medical facilities when arranging for inter-facility patient transfers.** 2. Inter-facility communication procedures are generally included in patient transfer protocols for each medical facility but there is no regional procedure. 3. There are uniform, regional communication procedures for arranging patient transfers, but there are no redundant procedures in the event of communication system failure. 4. There are uniform, regional communication procedures for arranging patient transfers and there are redundant procedures in the event of communication system failure. 5. There are uniform, regional communication procedures for arranging patient transfers and there are redundant procedures in the event of communication system failure. The effectiveness of these procedures is regularly reviewed and changes made based on the performance review, if needed. *Objective: Review algorithm yearly for compliance and/or process improvement at last meeting of each calendar year.*

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Background: The Regional Healthcare Coalition has a well-defined and exercised communications plan. The region participates in monthly exercises with the coalition.

Infrastructure

Description: The regional trauma infrastructure consists of membership, governance, medical oversight, policies, procedures and protocols that support the regional trauma system

Rule HRSA #	Indicator	Score
325.132(3)(c)(ii)(D) 302.1	There is well- defined regional trauma system medical oversight integrating the needs of the trauma system with the medical oversight of the overall EMS system.	0. Not known. 1. **Medical oversight of EMS providers caring for trauma patients is provided by local medical control authorities, but is outside of the purview of the regional trauma system.** 2. EMS and trauma medical directors collaborate in the development of protocols for pre-hospital providers providing care to trauma patients. 3. The RTN has adopted state approved regional trauma protocols. 4. The regional trauma system has integrated medical oversight for pre-hospital providers and evaluates the effectiveness of both on-line and off-line medical control. 5. The EMS and regional trauma system fully integrate the medical oversight processes and regularly evaluate program effectiveness by correlating data with optimal outcomes. Pre-hospital EMS providers from the region are included in the development of medical oversight procedures. *Objectives: Establish a Trauma Medical Oversight Committee by November 2017, made up of members according to by-laws, to evaluate the effectiveness of the overall trauma system using case reviews, data, and outcomes measured. Committee to meet at least twice per year and/or as needed and report to the PSRO and RTN findings along with recommendations for improvement, development of protocols for EMS care of the trauma patient.*

325.132(3)(c)(ii)(D) 302.2	There is a clearly defined, cooperative, and ongoing relationship between regional trauma physician leaders and the EMS system medical directors in the region.	0. Not known. 1. There is no formally established, ongoing relationship between the individual trauma medical directors and the EMS system medical directors. There is no evidence of informal efforts to cooperate or communicate. 2. There is no formally established, ongoing relationship between the individual trauma medical directors and the EMS system medical directors. However, the trauma medical directors and EMS medical directors informally communicate to resolve problems and coordinate efforts. **3. Trauma medical directors or designated trauma representatives participate in EMS oversight through participation in local medical control authority meetings. However, there is no formal written relationship.** 4. There is a formal, written procedure delineating the responsibilities of individual trauma center medical directors and EMS system medical directors that specifies the formal method for cooperation. However, implementation is inconsistent. 5. There is a formal, written procedure delineating the responsibilities of individual trauma center medical directors and EMS system medical directors that specifies the formal method for cooperation. There is written documentation (minutes) indicating this relationship is regularly used to coordinate efforts. *Objective: The regional trauma system medical oversight subcommittee will meet regularly to evaluate program effectiveness for both online and off-line medical control by Sept 2017. Meeting minutes will indicate there is a relationship between EMS and Medical Directors and efforts are being coordinated.*

Rule HRSA #	Indicator	Score
325.132(3)©(ii)(F) 303.2	The regional trauma network plan should ensure that the number, levels, and distribution of trauma facilities are communicated to all partners and stakeholders. The RTN should develop procedures to insure that trauma patients are transported to an appropriate facility that is prepared to provide care.	0. Not known. 1. There is no regional plan to identify the number, levels, and distribution of trauma facilities. There is no regional diversion protocol. 2. There is a regional system plan and a diversion protocol but they do not identify the number, levels or distribution of trauma facilities in the region. The plan and protocol are not based on available data. **3. There is a regional system plan and a diversion protocol that identifies the number, levels and distribution of trauma facilities. System updates using available data not routine.** 4. There is a regional system plan and a diversion protocol that identifies the number, levels and distribution of trauma facilities based on available data. However, the regional plan and diversion protocol is not used to make decisions about trauma facility designations. 5. There is a regional system plan that identifies the number and levels of trauma facilities. The plan is used to make decisions about trauma center diversion procedures. The plan accounts for facility resources and geographic distribution, population density, injured patient volume, and transportation resource capabilities and transport times. The plan is reviewed and revised periodically. *Objective: Establish a Trauma diversion policy work group by December 2017. The work group will review and revise as needed the facility diversion plan. This plan will be reviewed/updates annually.*

325.132(3)©(ii)(G) 303.1	The regional trauma plan has clearly defined the roles, resources and responsibilities of all acute care facilities treating trauma, and of facilities that provide care to specialty populations (burns, pediatrics, other).	0. Not known. 1. There is no regional plan that outlines roles, resources and responsibilities of all acute care facilities treating trauma and/or of facilities providing care to specialty populations. **2. There is a regional trauma system plan, but it does not address the roles, resources and responsibilities of licensed acute care facilities and/or specialty care facilities.** 3. The regional trauma plan addresses the roles, resources and responsibilities of licensed acute care facilities (hospitals) only, not spinal cord injury, pediatrics, burns or others. 4. The regional trauma plan addresses the roles, resources and responsibilities of licensed acute care facilities and specialty care facilities. 5. The regional trauma plan clearly defines the roles, resources and responsibilities of all acute care facilities treating trauma within the region. Specialty care services are addressed within the plan, and appropriate policies and procedures are implemented and tracked. *Objective: Produce and distribute to all stakeholders in the region, which facilities provide care to specialty populations such as burns, pediatrics, etc. by November 2017. Review and distribute updates to all stakeholders annually thereafter.*

Regional Performance Improvement

Regional Performance Improvement Plans: The RTN/RTAC uses system data to evaluate system performance and regularly reviews system performance reports to develop regional policy.

Rule HRSA #	Indicator	Score
325.132(3)©(ii)(I) 206.1	The RTN generates data reports to evaluate and improve system performance.	0. Not known. 1. The RTN does not generate trauma data reports for evaluation and improvement of system performance. **2. Some general trauma system information is available to stakeholders, but it is not consistent or regular.** 3. Regional data reports are done on an annual basis, but are not used for decision-making and/or evaluation of system performance. 4. Routine reports are generated using regional trauma data and other databases so that the system can be analyzed, standards evaluated, and performance measured. 5. Regularly scheduled reports are generated from regional trauma data and are used by the stakeholder groups to evaluate and improve system performance effectiveness. *Objective: Produce and distribute reports on bypass issues, case reviews to analyze our protocols for performance measure and /or revision, if necessary to the PSRO and RTN to evaluate and improve system effectiveness using a "Dashboard" approach as updates (not less than twice per year) for PSRO, RTN and stakeholders beginning May 2017.*
325.132(3)©(ii)© 302.6	The region has adopted mandatory regional pre-hospital triage protocols to ensure that trauma patients are transported to an appropriate trauma center based on their injuries. The triage protocols are regularly evaluated and updated to ensure acceptable and region-	0. Not known. 1. There are no mandatory regional triage criteria to ensure trauma patients are transported to the most appropriate trauma facility. 2. There are different triage criteria used by different providers. Appropriateness of triage protocols and subsequent transportation are not evaluated for sensitivity or specificity. 3. Regional triage criteria are used by all pre-hospital providers. There is no current process in place for evaluation. **4. The regional triage criteria are used by all pre-hospital providers. There is region-wide evaluation of the effectiveness of the triage**

	defined rates of sensitivity and specificity for appropriate identification of a major trauma patient.	**criteria in identifying trauma patients and in ensuring that patients are transported to the appropriate trauma facility.** 5. Region participants routinely evaluate the triage criteria for effectiveness. There is linkage to performance improvement processes, and the over- and under- triage rates of the criteria are regularly reported through the RTN. Updates to the triage protocols are made as necessary to improve system performance. *Objective: The RTN in conjunction with Region 5 MCA's will evaluate and review Regional triage criteria and protocols adapted from the State of Michigan's Triage and Destination Protocols using the Trauma Task Force's EMS cards for clarification/education – to be reviewed yearly.*
325.132(3)©(ii)(H) 303.4	When injured patients arrive at a medical facility that cannot provide the appropriate level of definitive care, there is an organized and regularly monitored system to ensure that the patients are expeditiously transferred to the appropriate, system-defined trauma facility.	0. Not known. **1. There is no existing process in the region for collecting data on and regularly reviewing the conformity of inter-facility transfers within the trauma system according to pre-established procedures.** 2. There is a fragmented system within the region, usually event based, to monitor inter-facility transfer of trauma patients. 3. The regional system for monitoring inter-facility transfers is new, the procedures are in place, but training has yet to occur. 4. The region has an organized system for monitoring inter-facility transfers. 5. The monitoring of trauma patient inter-facility transfers is integrated into the overall program of system performance improvement. When the system identifies issues for correction, a plan of action is implemented. *Objectives: 1. The RTN will develop trauma transfer protocols to insure patients are expeditiously transferred to an appropriate level of care by December 2017.* *2. The Regional PSRO committee will review relevant data from any reporting source on compliance of the transfer protocol and provide feedback starting January 2018.*

Regional Performance Improvement cont.

Rule HRSA #	Indicator	Score
325.132(3)(c)(ii)(H) 205.2	Collected data from a variety of sources are used to review the appropriateness of all-inclusive regional trauma performance standards, from injury prevention through rehabilitation.	0. Not known. **1. There are no written, quantifiable regional system performance standards or performance improvement processes.** 2. There are written, quantifiable regional system performance standards for each component of the regional trauma system that conform to standards outlined in the Administrative Rules. 3. The RTN has adopted written, quantifiable regional system performance standards. 4. The RTN routinely uses data from multiple sources to assess compliance with regional system performance standards. 5. The RTN uses regional system compliance data to design changes or make other system refinements. There is routine and consistent feedback to all system providers to ensure that data-identified deficiencies are corrected.

		Objective: The RTN will devise a score card of performance to be reviewed at each meeting. The Regional Standards will be evaluated annually and be revised as needed.
325.132(3)(c)(ii)(G) 303.4	There is a regional trauma bypass protocol that provides EMS guidance for bypassing a trauma care facility for another more appropriate trauma care facility.	0. Not known. 1. There is no regional trauma bypass protocol to provide pre-hospital guidance about when to bypass an acute care facility for a more appropriate facility. **2. There is a regional bypass protocol that allows bypass of an acute care facility, but does not provide guidance for what the more appropriate facility may be.** 3. There is a regional bypass protocol that provides EMS guidance for bypassing an acute care facility for a more appropriate trauma care facility and provides guidance on the levels of each facility in the region. 4. There is a regional bypass protocol that allows bypass of an acute care facility and provides guidance on what the most appropriate facility is based on the patient's injury. 5. The regional bypass protocol clearly defines the process for bypassing an acute care facility for another trauma facility more appropriate for the patient's injuries. Incidents of trauma facility bypass are tracked and reviewed regularly, and protocol revisions are made as needed. *Objective: The RTN will develop a written algorithm in regards to the regional bypass protocol. The written algorithm will be reviewed annually.*
325.132(3)(c)(ii)(F) 205.3	The RTN data in the state trauma registry is used to identify and evaluate regional trauma care and improve the use of resources.	0. Not known. 1. All trauma facilities in the region are not entering data into state registry. Regional data from state trauma registry is limited. 2. There is limited access to the state trauma registry. Data extraction is not available to evaluate performance or improve resource allocation. **3. All trauma facilities in the region enter data into the state trauma registry but data are not being used to improve the system.** 4. The RTN uses the state trauma registry to routinely report on system performance and resource utilization and allocation. 5. State trauma registry reports are used extensively to improve regional trauma care and efficiently allocate trauma resources. The RTN uses these reports to determine deficiencies and allocate resources to areas of greatest need. System performance compliance with standards are assessed and reported. *Objective: The RTN is dependent on the State to provide registry information for system improvement. A Scorecard with required data will be created by the RTN. The State will be asked for the specific indicators required for the Scorecard for the RTN to review quarterly.*

Background: Region 5 does not have a robust PSRO at the time of this application, as all the facilities in our region (except the three large system facilities that are ACS verified) are in the infant stage of formalizing their own internal PIPS program and the data submission. The medical oversight committee is being revamped to look at bypass and region wide protocols that will benefit our entire community as their first priority. Data and cases will be brought to the table at least twice per year, or more often as needed.

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Continuum of Care

Description: Resources, including rehabilitation are integrated into a resource efficient, inclusive network that meets standards and provides optimal care for the injured.

Rule HRSA #	Indicator	Score
325.132(3)(c)(i)(F) 308.1	The regional work plan addresses the integration and participation of rehabilitation services within the continuum of care for trauma patients.	0. Not known 1. **There are no written plans for the integration of rehabilitation services with the regional trauma system or with trauma centers.** 2. The regional trauma system plan has addressed the participation of rehabilitation services, but the integration of those facilities for trauma patients has not been fully realized. 3. The regional trauma system plan has addressed the participation of rehabilitation services and has begun integration of rehabilitation services through the routine use of rehabilitation services expertise. 4. The trauma system plan incorporates rehabilitation services throughout the continuum of care through the use of written agreements. Trauma centers are actively including rehabilitation services and their programs in trauma patient care plans. 5. There is evidence to show a well-integrated program of rehabilitation is available for all trauma patients. Rehabilitation programs are included in the regional trauma system plan, and the trauma centers are working closely with rehabilitation centers and services to ensure quality outcomes for trauma patients. *Objectives: 1) The RTN will identify through data the top 10 rehab facilities trauma patients are referred to for discharge placement and treatment – by December 2017.* *2) The RTN will device a scorecard of information they would like to see in regards to rehabilitation for trauma patients by December 2018.* *3) The RTN will reach out to the Acute Care Rehab facilities to identify a participant from each facility to attend the RTN by December 2019.*

Background: There are numerous identified reasons for decision making in regards to rehab facilities in our region: patient/family preference, insurance/payer preference, room at the facility, and the patient's needs (diagnosis) that go into where a patient is discharged/transferred to rehab. We will begin to explore this over the next 3 years and how to involve these new partners into our system of care.

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Trauma Education

Trauma Education: The regional trauma network ensures a competent workforce through trauma education standards.

Rule HRSA #	Indicator	Score
325.132(3)(c)(ii)(J) 310.(3)(4)(6)	The regional trauma network establishes and ensures that appropriate levels of EMS, nursing and physician trauma training courses are provided on a regular basis.	**0. Not known.** 1. There are no regional trauma training guidelines for EMS personnel, nurses or physicians who routinely care for trauma patients. 2. There are regional trauma training standards for EMS personnel, nurses and physicians but there is no requirement for course attendance. 3. There are regional trauma training requirements for EMS personnel, nurses and physicians written into the regional trauma system plan. 4. There are trauma training requirements for EMS personnel, nurses and physicians written into the regional trauma system plan and all personnel providing trauma patient care participate in trauma training. 5. All regional trauma care providers receive initial and ongoing trauma training, including updates in trauma care, continuing education and certifications, as appropriate. *Objective: A Region 5 Newsletter will be developed and distributed to share Injury Prevention information and offerings for EMS, Physicians, and Nursing throughout the region in the third quarter of the calendar year 2017.*
325.132(3)(c)(ii)(J) 310.10	As new protocols and treatment approaches are instituted within the regional trauma system, structured processes are in place to inform or educate all personnel of those changes in a timely manner.	0. Not known **1. The region has no process in place to inform or educate all personnel on new protocols or treatment approaches.** 2. The region has developed a process to inform or educate all personnel on new protocols or treatment approaches but it has not been tried or tested. 3. The region has a process in place to inform or educate all personnel on new protocols or treatment approaches as system changes are identified. 4. The region has a *structured* process in place to *routinely* inform or educate all personnel on new protocols or treatment approaches. 5. The region has a structured process to educate all personnel on new protocols or treatment approaches in a timely manner, and there is a method to monitor compliance with new procedures as they are introduced. Objective: A Region 5 Newsletter will be developed and distributed to share Injury Prevention information and offerings for EMS, Physicians, and Nursing throughout the region in the third quarter of the calendar year 2017.

Background: There will be a centralized educational repository for all trauma educational opportunities in our region to allow for planning as well as involve all 9 counties in educational offerings.

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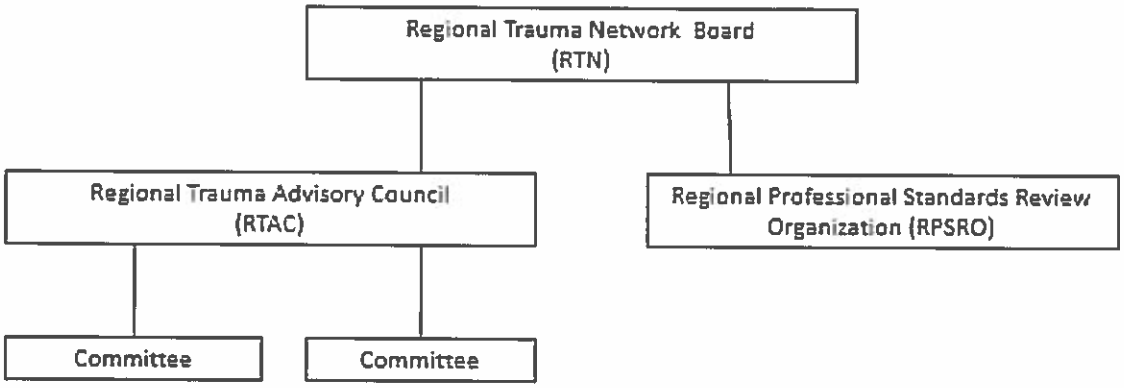
Regional Trauma Network Application Checklist

Ensure that all items on the checklist below are included in the application package.

- ☐ **Signature page of the RTN Leadership and Governance document:** Signed by Regional Trauma Network Leadership
- ☐ **RTN organizational chart:** Sample below



- ☐ **Bylaws:** Include a copy of the Regional Trauma Network bylaws with the application.
  Ensure that the following components of regional governance have been included in the submitted **bylaws:**
  - ☐ Documentation that all MCAs in the region are represented on the RTN (see Governance page)
  - ☐ The bylaws include meeting frequency (at least quarterly)
  - ☐ The bylaws describe RTN/RTAC/RPSRO membership (roles), provisions for alternates (if applicable), voting privileges, and removal
  - ☐ A Regional Trauma Advisory Council has been appointed and includes:
    - ☐ MCA representatives
    - ☐ Life Support Agency representatives
    - ☐ Hospital representatives
    - ☐ EMS Physician representatives
    - ☐ Trauma Surgeon representatives
    - ☐ Trauma Program Manager representatives
    - ☐ EMS personnel
    - ☐ Nurses
    - ☐ Consumer
  - ☐ The Regional Professional Standards Review Organization has been appointed

- ☐ **RTN Work plan:**
  - ☐ Each indicator in the assessment has been scored (circle or check).
  - ☐ At least one SMART objective is written for each of the indicators.

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Background

Guidance documents from nationally recognized experts on trauma systems such as the American College of Surgeons Committee on Trauma and US Department of Health and Human Services Administration recognize the necessity of strong leadership and clearly outlined governance for effective trauma system implementation. Michigan embraced this concept in the Michigan Trauma System Plan 2004 and in the language written in the EMS and Trauma Services Section Statewide Trauma System Administrative Rules filed on October 2, 2009.

Michigan Administrative Rules

Rule 325.126 Definitions; E to O Rule 2
(m) "Medical Control" means the supervision and coordination of emergency medical services through a medical control authority, as prescribed, adopted, and enforced through department approved protocols
(n) "Medical Control Authority" (MCA) means an organization designated by the participating organizations to carry out the responsibilities and function of the medical control authority.
A Medical Control Authority in Michigan is a hospital or group of hospitals that operate a service that treats patients 24 hours a day 7 days a week. Medical Control Authorities must develop bylaws, appoint an MCA Board, an Advisory Body, and Professional Standards Review Organization (PSRO), collect data, appoint a Medical Director, establish written protocols for pre-hospital care, and are responsible for the execution of those protocols. Protocols adopted by the MCA and approved by the department have the force and effect of law. The MCA Medical Director is responsible for the supervision, coordination, and implementation and requires compliance with protocols. The Medical Control Authority may include a group of hospitals in a county or region operating under one agency staffed by personnel from out the hospital setting. Hospitals in the MCA may agree to confer their oversight responsibilities to an executive director. There are currently 61 MCA's in Michigan.

Rule 325.127 Definitions; P to T Rule 3. Regional Trauma Network (RTN):
(i) "Regional trauma network" means an organized group comprised of the local MCA's within a region, which integrates into existing regional emergency preparedness, and is responsible for appointing a regional trauma advisory council and creating a regional trauma plan.

Rule 325.129 Powers and duties of the department Rule 5
(k)Establish regional trauma networks, consistent with current emergency preparedness regions, to provide system oversight of the trauma care provided in each region of the state. Regional trauma networks shall be comprised of collaborating local Medical Control Authorities (MCA's) in a region.
The Regional Trauma Network (RTN) therefore is:

- Comprised of one member from **each Medical Control Authority**.
- This member is responsible for representing their MCA and therefore able to make decisions and commitments on behalf of their MCA to collectively further the work and mission of the Regional Trauma Network to establish and maintain a regionalized, coordinated and accountable trauma system.
- In order for the system to function efficiently, all-inclusive and fully representative, all MCA's must participate in the work of the RTN.
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- Ceding responsibility to another MCA for the trauma system in that region effectively removes that MCA from decision making and providing input into trauma care in the region.
- The Regional Trauma Network is the governing body of the Regional Trauma Network, ultimately responsible for decisions, policy, procedure and any subcommittee work related to trauma in the region including the work of the Regional Trauma Advisory Council.
- The Regional Trauma Network files an application with the Department ensuring that the elements described in the Administrative Rules are in place.
- The identified Regional Trauma Coordinators are first line contact for the department and will facilitate communication to regional membership.
- The Regional Trauma Coordinators will work closely with the Network and its membership.

The Regional Advisory Council: Regional Trauma Advisory Council (RTAC):
(h) "Regional trauma advisory council (RTAC)" means a committee established by a regional trauma network and comprised of MCA personnel, EMS personnel, life support agency representatives, healthcare facility representatives, physicians, nurses, and consumers. The functions of the RTAC are to provide leadership and direction in matters related to trauma systems development in their region, and to monitor the performance of the trauma agencies and healthcare facilities within the region, including, but not limited to, the review of trauma deaths and preventable complications.

The Regional Advisory Council:

- Has Administrative Rule specified membership.
- Provides the needed expertise in developing and implementing the Regional Trauma Network work plan.
- Will take the lead in executing work-plan components, advising the Network of progress, issues and challenges as well as recommended action steps.
- Monitors progress and recommendations from subcommittees and workgroups, keeps RTN updated on progress.
- The RTAC will evaluate the regional trauma system, as well as case specific issues in a PSRO format and provide updates to the RTN on progress, challenges, and make recommendations to the RTN regarding the need for policy/procedure change.
- The Regional Trauma Coordinators will work closely with the RTAC and its subcommittees and workgroups.

Trauma system leadership at the local level sits with the Medical Control Authorities who make up the Regional Trauma Network. The Regional Trauma Advisory Council provides the content expertise, the experience and the front line understanding of the issues, challenges and gaps of the regional trauma system.

Region 5 Trauma Network Application

Regional Trauma Network Leadership and Governance

I have read the above and the bylaws and governance in Region 5 reflect the statements above.

MCA	Name (Signature)	Title	Date
Allegan County	Joshua Mastenbrook, MD	Medical Director	4/20/17
Barry County	Matt Scarff, MD 5/8/17	Medical Director	5/02/17
Berrien County	Jonathan Beyer, DO	Medical Director	4/17/17
Branch County	David Fuchs, MD	Medical Director	
Calhoun County	Daniel Stewart, MD	Medical Director	4/20/17
Cass County	Erem Bobrakov, MD	Medial Director	4/17/17
Kalamazoo County	William Fales, MD	Medical Director	4/20/17
St Joseph County	Christopher Milligan DO Christopher Milligan, DO	Medical Director	4/20/17
Van Buren County	Andrea Allman, DO	Medical Director	4/20/17

Region 5 Trauma Network Application

Region 5
Regional Trauma Network
Bylaws

I. NAME, COVERAGE AREA AND FIDUCIARY

A. Name.
The name of the organization is "Region 5 Regional Trauma Network" (referred to herein as the "Network"), and its address is c/o KCMCA 1000 Oakland Drive, Kalamazoo, MI 49008.

B. Coverage Area.
Network coverage area comprises the counties of Allegan, Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren (referred to herein as the "region") or as otherwise defined by the State of Michigan as it pertains to the statewide trauma system.

II. PURPOSE

The purposes of the Network are as follows:

A. To organize, coordinate and manage a network of hospitals, medical control authorities, life support agencies, EMS personnel, physicians, nurses, and consumers to plan and implement strategies to strengthen the provision of Trauma Care Services within the region as defined and prescribed in the Michigan Statewide Trauma System Rules.

B. To develop, implement and revise (as needed) a regional trauma plan. The plan will address each of the following trauma system components: Injury Prevention; Communications; Infrastructure; Regional Performance Improvement; Continuum of Care; and Trauma Education within the system.

III. ORGANIZATIONAL STRUCTURE

The Network is comprised of three core components

- Region 5 Regional Trauma Network - (referred to herein as the RTN or Network) which serves as the principal governing board of the Network.
- Regional Trauma Advisory Council - (referred to herein as the RTAC) which provides the leadership and direction in matters related to trauma system development in the region.
- Various Standing and Appointed Committees.

IV. REGIONAL TRAUMA NETWORK

A. Purpose.
The Network will be administered and governed by the Network, with input from the Regional Trauma Advisory Council.

B. Membership.
Membership will consist of the Medical Director, or designee, of each participating Medical Control Authority (MCA).

C. **Officers.**

The Chairperson, Vice-Chairperson and Secretary/Treasurer will be elected by the Network. The Chairperson and Vice Chairperson shall be members of the Network. The Network may elect to designate another individual to serve as Secretary/Treasurer who is not necessarily a member of the Network.

1) **Election, Removal, Resignation and Vacancies.**
All Officers of the Network will be elected by a majority vote of the Network members. Elected officers will hold office for a two (2) year term unless removed by an affirmative vote of three quarters (or more) of the Network members. The term of office will be for no more than one two-year term. Any officer may resign at any time by delivering written notice to the Chairperson. Vacancies occurring in any office, at any time will be filled by the Network.

2) **Chairperson.**
The Chairperson will provide leadership to the Network and will preside over all meetings of the Network. In the absence of the Chairperson, the Vice-Chairperson will preside over the meetings of the Network. In the absence of both the Chairperson and Vice-Chairperson, the Chairperson will designate a member of the Network to preside over the meetings of the Network..

3) **Vice-Chairperson.**
The Vice-Chairperson will provide leadership to the Network and, in the absence of the Chairperson, will preside over the meetings of the Network. The Vice-Chairperson may perform other tasks as requested by the Chairperson in support of the Network.

4) **Secretary/Treasurer.**
The Secretary/Treasurer will serve as secretary and treasurer for the Network. The Secretary/Treasurer will record the minutes of the meetings and provide notice of the meetings. In the absence of the Secretary/Treasurer, the Chairperson may designate a member of the Network to record the minutes of the meetings.

D. **Duties.**

1) **Establish the Regional Trauma Advisory Council.**
The Network will establish a Regional Trauma Advisory Council, and reserves the right to determine the size, member eligibility, authority and other matters relating to the composition and activities of the RTAC. The makeup of the RTAC is outlined in the section relating to the RTAC. The Network will make selected appointments to the RTAC.

2) **Regional Trauma Plan**
The Network will review and approve the Regional Trauma Plan which is developed by the RTAC.

3) **Professional Standards Review Organization (PSRO) Committee**
The PSRO Committee shall be established for the purpose of improving the quality of trauma care within the region as provided in MCL 331.531 to 331.533. and will report finding to the RTAC and Network. The PSRO Committee is protected under Michigan Public Health Code and the minutes of the meeting shall be kept separate and confidential. The membership of the PSRO shall be determined by the Network. The PSRO Committee shall be chaired by the

RTAC Vice-Chairperson (or in the absence of the RTAC Vice-Chairperson by a PSRO member designated by the Network Chair).

4) **Other Duties.**

The Network may perform other duties that are consistent with the Trauma Administrative Rules and other provisions of the Michigan Public Health Code.

5) **Delegation of Duties.**

The Network may delegate duties to the RTAC and/or Committees as needed.

E. Meetings and Rules.

1) **Meeting Schedule.**

The Regional Trauma Network shall establish a regular schedule for meetings. At least four (4) meetings will be scheduled per year (on a quarterly basis). The Chairperson may call for a special or emergency meeting of the Regional Trauma Network when deemed necessary or at the request of two or more Network members. Notice of a special or emergency meeting must be given by at least 2 of the 3 following methods: phone, email or fax at least twenty-four (24) hours before the meeting is held.

2) **Quorum Requirement.**

A quorum for the transaction of business at any meeting of the Regional Trauma Network shall require the presence of at least five of the members.

3) **Voting.**

Election of officers may be made by a simple majority of the members attending the meeting. Other actions of the Regional Trauma Network require a two thirds or greater supermajority vote of the members of the Network attending the meeting for an action to be approved. Attendance may be accomplished through video or conference call capability.

4) **Rules.**

Roberts Rules of Order will govern all meetings of the Regional Trauma Network except where such rules are inconsistent with this document.

F. Consent Resolution.

Action may be taken by the Regional Trauma Network, without a meeting, by a written consent (as requested either by mail, fax, or e-mail) signed by all the members of the Regional Trauma Network.

V. REGIONAL TRAUMA ADVISORY COUNCIL (RTAC)

A. Purpose.

The purpose of the RTAC is to provide leadership and direction in matters related to trauma systems development in the region, and to monitor the performance of the agencies and healthcare facilities within the region, including, but not limited to, the review of trauma deaths and preventable complications.

B. Membership.

1) **Voting Member/Alternate Appointment.**

Voting members of the RTAC shall be appointed in writing by the appointing MCA, hospital, or other organization or (as appropriate) by the Network. Alternate members may be designated. Each appointing body may remove and replace its appointed representative(s) and/or its alternate representative(s), and may fill any vacancy created by the resignation of an appointed representative(s) or alternate representative(s), at any time, at its discretion.

6) **Voting Members.**

The RTAC will be comprised of the following:

a. Representative from each MCA within the Network's Area.
b. Physician representative from each verified / designated trauma facility in the region. RTAC chair and vice-chair are the voting physician representatives for their facility.
c. Healthcare facility representative from each verified / designated trauma facility in the region including nursing staff and/or the Trauma Program Manager.
d. Healthcare facility representative from each provisionally approved trauma facility and each facility actively seeking verification / designation within the region.
e. Representative from each licensed Air EMS agency located within the region.
f. Three ground Life Support Agency representatives appointed by the Network.
g. Three EMS personnel representatives appointed by the Network
h. One consumer representatives appointed by the Network and not affiliated with any EMS or hospital organization.
i. The Regional Trauma System Coordinator will serve as an ex-officio member.

7) **Voting Member Appointment and Removal Declaration.**

Each appointment and removal of a representative or alternate representative must be presented to the Network or designee in writing or electronically, on the appointing organization's letterhead (or organizational email address) signed by an authorized official of the appointing organization.

8) **Resignation.**

A resigning voting member or alternate of the RTAC will have no further obligation to the Network.

9) **Non-Voting Members.**

Non-voting members of the RTAC will be permitted. These members may come from any hospital, EMS agency, MCA, or other organization interested in trauma care or from interested individuals. Non-voting members are self-identified and subject to the approval of the Network. The Network may remove any non-voting member for cause.

10) **Membership Review.**

The RTAC will review, at least annually, the voting members, alternates, and non-voting members.

C. **Officers.**

1) The RTAC shall have a Chairperson, Vice-Chairperson and Secretary who shall be voting members of the RTAC.

2) **Election, Removal, Resignation and Vacancies.**

All Officers of the RTAC will be elected by a majority vote of the Network members. The positions of Chairperson and Vice-Chairperson shall rotate between the Medical Directors of the verified Level 1 and 2 Trauma Centers in the region on an annual basis. Officers will hold office for a one (1) year term unless removed by an affirmative vote of three quarters (or more) of the Network members. However, officers may be re-elected to serve additional one year terms. Any officer may resign at any time by delivering written notice to the Chairperson of the Network.

3) **Chairperson.**
The Chairperson will provide leadership to the Network and will preside over all meetings of the RTAC. In the absence of the Chairperson, the Vice-Chairperson will preside over the meetings of the RTAC. In the absence of both the Chairperson and Vice-Chairperson, the Chairperson will designate a member of the RTAC to preside over the meetings of the RTAC. If the Chairperson is not available to attend the meeting a physician designee may attend as a voting member not as an officer of the RTAC.

4) **Vice-Chairperson.**
The Vice-Chairperson will provide leadership to the Network and, in the absence of the Chairperson, will preside over the meetings of the RTAC. The Vice-Chairperson may perform other tasks as requested by the Chairperson in support of the Coalition. If the Vice-Chairperson is not available to attend the meeting a physician designee may attend as a voting member not as an officer of the RTAC.

5) **Secretary.**

The Secretary will serve as secretary for the RTAC. The Secretary will record the minutes of the meetings and provide notice of the meetings. In the absence of the Secretary, the RTAC Chairperson may designate a member of the RTAC to record the minutes of the meetings.

D. **Duties.**

The duties of the RTAC include, but are not limited to:

1) Develop, implement, and revise the Regional Trauma Plan and submit the plan for approval to the Network.
2) Develop, implement and monitor clinical care issues of trauma deaths and preventable complications based on recommendations from the Professional Standards Review Organization Committee (PSRO). No patient / hospital specific data will be shared outside the PSRO.
3) Review / implement injury prevention activities & opportunities based on regional trauma data.
4) Develop & evaluate trauma triage & transferguidelines.
5) Implement a trauma registry system to support the performance improvement plan for regional trauma care.
6) Review / support trauma related educational activities for health care providers within the region.
7) Make funding allocation recommendations (subject to funding becoming available) to the Network for approval.

E. Recommendation Approval.

Recommendations of the RTAC to the Network must be approved by a two thirds or greater supermajority of the RTAC voting members present at a meeting of the RTAC, subject to quorum requirements being met.

F. Committees.

1) Establishing Committees.

The RTAC Chairperson may establish committees as required and as it deems appropriate. Except for the RTAC Steering Committee, the chairperson and co-chairperson of each committee will be appointed by the RTAC Chairperson and subject to approval by a simple majority of the voting members of the RTAC.

2) RTAC Steering Committee.

An RTAC Steering Committee shall be established for the purpose of providing strategic leadership and guidance to the RTAC. The RTAC Steering Committee shall be composed of the Chairperson and Vice-Chairperson of the Network, the Chairperson and Vice-Chairperson of the RTAC, and the Chairpersons (or in the absence of the Chairperson, the Vice-Chairperson) of each RTAC Committee. The RTAC Steering Committee shall be chaired by the RTAC Chairperson (or by the RTAC Vice-Chairperson in the absence of the Chairperson or by another RTAC Steering Member designated by the RTAC Chairperson in the absence of the RTAC Chairperson and Vice-Chairperson). The RTAC Steering Committee Officers shall serve for one (1) year terms unless re-elected for an additional one year term(s).

G. Meetings and Rules.

1) Meeting Schedule.

The RTAC shall establish a regular schedule for meetings. At least four (4) meetings will be scheduled per year. The RTAC Chairperson may call for a special or emergency meeting of the RTAC when deemed necessary. The Network Chairperson may also call for a special or emergency meeting of the RTAC when deemed necessary. In the event of an emergency meeting a 24 hour notice is required using at least 2 of the 3 following three methods: phone, email or fax.

2) Quorum Requirement.

A quorum for the transaction of business at any meeting of the RTAC shall require the presence of at least one third of the voting members (or alternates).

3) Voting.

Actions of the RTAC require a two thirds or greater supermajority of the voting members (or alternates) of the RTAC present at the meeting in which an action is being considered, subject to quorum requirements being met. Members may participate by video or conference call capabilities.

4) Rules.

Roberts Rules of Order will govern all meetings of the Regional Trauma Advisory Council except where such rules are inconsistent with this document.

H. Consent Resolution.

Action may be taken by the RTAC, without a meeting, by a written consent (as requested either by mail, fax or e-mail) signed by a two-thirds or greater supermajority of the voting members of the RTAC if responses/votes are consistent with quorum requirements.

VI. CONFLICT OF INTEREST

Any MCA, hospital or other organization participating in the I Network, RTAC, or RTAC Committees with a direct interest in any matter before the Regional Network, Advisory Council or Advisory Council Committees, or other conflict of interest, shall disclose the interest prior to any discussion of that matter at a Coalition meeting. The presiding officer of the meeting shall determine if the conflict is such that the member should refrain from discussions and/or voting on the matter. The disclosure shall become a part of the minutes of that Network, RTAC, or RTAC Committee meeting.

VII. ADMINISTRATION AND APPROVAL PROCESS

A. Books and Records.

The officers, appointees, employees and agents of the Network shall maintain detailed and accurate books, records, and accounts of the Coalition's activities as determined by the Network and shall be in accordance with applicable state and federal law and regulations, including the regulations established by the Department.

B. Network Audit.

The Network shall determine the need to conduct an audit of Network activities.

C. Plan Approval Process.

1) Plans and actions of the RTAC must be approved by the Network.
2) If approval is received from the Network, the protocols/policies/plans will be submitted to the Department for review and implementation approval. Once approved by the Department the protocols/policies/plans will be implemented in collaboration with the regional hospitals and MCAs.

D. Confidentiality.

1) To the extent required by law, the Network, RTAC, and Committees will comply with the Michigan Open Meetings Act.
2) To the extent required by law, the Regional Trauma Network will comply with the Michigan Freedom of Information Act, Public Act 441 of 1976: MCL 15.231 et seq.and redact all personal identifiers or other information pursuant to applicable FOIA exemptions. However, all documents prepared in support of the Coalition are considered exempt from disclosure thereunder pursuant to MCL §15.243(y).3) The confidentiality and protection of patient data collected as part of the creation and operation of the trauma system shall be provided and maintained through creation of a Regional Professional Standards Review Organization

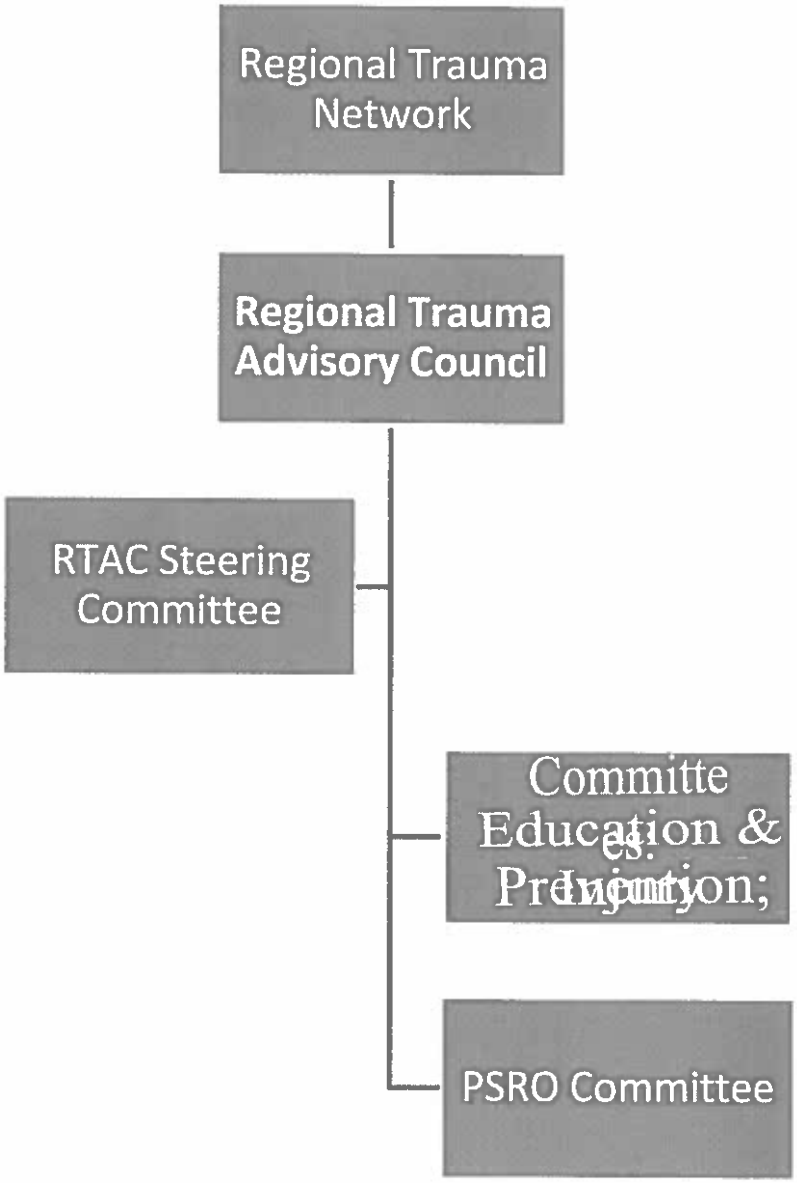
(PSRO), as provided in the 1967 PA 270, MCL 331.531 to 331.533. Data collected will only be used or disclosed for the purposes described in Part 209 of the Public Health Code and the Michigan Administrative Code R325.22101 through R22217. Any other uses or disclosures will be made only as required by applicable laws.

3. The RTAC shall observe the confidentiality provisions of the Health Insurance Portability and Accountability Act under 45 CFR Part 164, data confidentiality provisions under the code, or as established by the Regional Professional Standards Review Organization (PSRO).

VIII. Adoption and Amendments

These bylaws will be adopted by the medical control authorities of the region and may be amended or repealed by the Network, with the input from the RTAC, and subject to a two thirds or greater supermajority vote of the members of the Network. This document and all subsequent amendments are subject to approval by the Department. A notice of any amendment will be sent to each participant in the Coalition.

IX. Org Chart


Regional Trauma Network
Regional Trauma Advisory Council
RTAC Steering Committee
Committe
Education &
Prevention;
PSRO Committee

Regional Trauma Network Leadership and Governance

I have read the above and the bylaws and governance in Region 5 reflect the statements above.

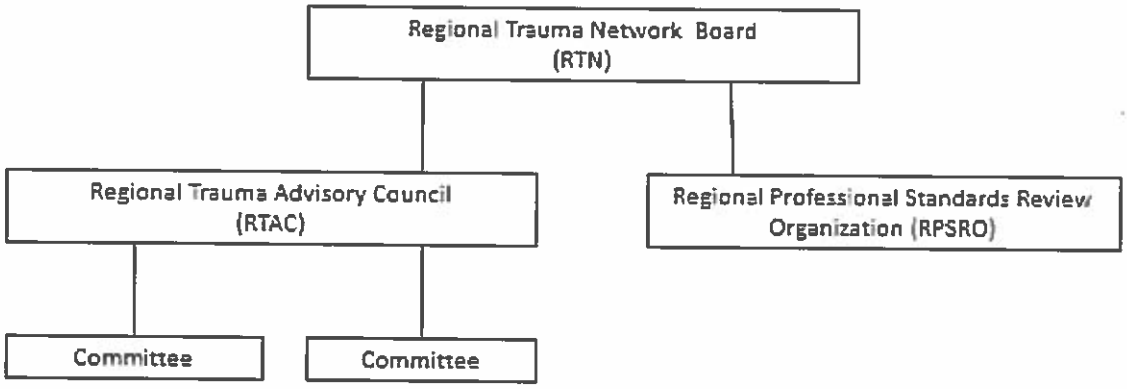
MCA	Name (Signature)	Title	Date
Allegan County	Joshua Mastenbrook, MD	Medical Director	4/20/17
Barry County	Matt Scarff, MD 5/8/17	Medical Director	5/8/17
Berrien County	Jonathan Beyer, DO	Medical Director	4/17/17
Branch County	David Fuchs, MD	Medical Director	[illegible]
Calhoun County	Daniel Stewart, MD	Medical Director	4/20/17
Cass County	Erem Bobrakov, MD	Medial Director	4/17/17
Kalamazoo County	William Fales, MD	Medical Director	4/20/17
St Joseph County	Christopher Milligan DO Christopher Milligan, DO	Medical Director	4/30/17
Van Buren County	Andrea Allman, DO	Medical Director	4/30/17

Regional Trauma Network Application Checklist

Ensure that all items on the checklist below are included in the application package.

X **Signature page of the RTN Leadership and Governance document:** Signed by Regional Trauma Network Leadership

X **RTN organizational chart:** Sample below



X **Bylaws:** Include a copy of the Regional Trauma Network bylaws with the application.

Ensure that the following components of regional governance have been included in the submitted **bylaws:**

- ☐ Documentation that all MCAs in the region are represented on the RTN (see Governance page)
- ☐ The bylaws include meeting frequency (at least quarterly)
- ☐ The bylaws describe RTN/RTAC/RPSRO membership (roles), provisions for alternates (if applicable), voting privileges, and removal
- ☐ A Regional Trauma Advisory Council has been appointed and includes:
  - ☐ MCA representatives
  - ☐ Life Support Agency representatives
  - ☐ Hospital representatives
  - ☐ EMS Physician representatives
  - ☐ Trauma Surgeon representatives
  - ☐ Trauma Program Manager representatives
  - ☐ EMS personnel
  - ☐ Nurses
  - ☐ Consumer
- ☐ The Regional Professional Standards Review Organization has been appointed

X **RTN Work plan:**

- ☐ Each indicator in the assessment has been scored (circle or check).
- ☐ At least one SMART objective is written for each of the indicators.