MICHIGAN ANNUAL REGION 6 TRAUMA REPORT-2020

REGION 6

Statutory Reference: R325.132 Rule 8 (3) (a) At least quarterly, a region shall submit evidence of ongoing activity, such as meeting notices, minutes to the department. Annually the regional trauma advisory council shall file a report with the department which describes progress toward system development, demonstrates ongoing activity, and includes evidence that members of the regional trauma advisory council are currently involved in trauma care.

OVERVIEW AND ASSESSMENT OF RESOURCES

Demographics:

Region 6 (R6) is the part of Michigan known as West Michigan. It is comprised of 13, primarily rural, counties and Michigan's second-largest urban area, Grand Rapids. The Grand Rapids Metropolitan Service Area contributes significantly to West Michigan's thriving economy, good jobs, educational opportunities, healthcare, and affordable housing. According to the U.S. Census Bureau[1] and the regional economic development agency The Right Place[2] , the 2019 West Michigan population is approximately 1,526,467and enjoys the fastest-growing economy in the U.S.[1] The Right Place also projects a 3% 5-year population growth for West Michigan. There are disparities as well, according to the Census Bureau, there are five counties in the region where more than 20 percent of their population live below the poverty line.[2]
Region 6 has 21 hospitals, 10 Medical Control Authorities, 13 Advanced Life Support (ALS) agencies (10 of which are transporting and 1 aeromedical), and 7 local Health Departments in its 13 counties. The number of hospitals was reduced when Mercy Health Hackley Hospital closed in November 2020. Its Level II trauma status was transferred to Mercy Health Muskegon Hospital (formally Mercy Hospital).

1. https://www.census.gov/quickfacts/MI
2. http://https://www.rightplace.org/why-west-michigan/quick-facts

Medical Control Authorities:

MCA Name	Medical Director
Clare County Medical Control Authority	John Duff, M.D.
Ionia Medical Control Authority	Brett Reich, D.O.

Isabella Medical Control Authority	Daniel Wilkerson, M.D.
Kent Medical Control Authority	Todd Chassee, M.D.
Mason Medical Control Authority	David Clark II, D.O.
Montcalm Medical Control Authority	Chris Herald, M.D.
Muskegon Medical Control Authority	Jerry Evans, M.D.
Newaygo Medical Control Authority	Dan Ceglowski, M.D.
North Central Michigan Medical Control Authority (Lake, Mecosta, Osceola counties)	Harold Moores, MD
Oceana Medical Control Authority	Loren Reed, D.O.
Ottawa Medical Control Authority	James Walters

There are two Level I facilities (one adult and one pediatric) and two Level II facilities in the Grand Rapids area. The city of Muskegon has one Level II facility. A table of the region's hospital verification and designation status is provided below. This table includes designations as of June 30, 2019.

Designation Status of Facilities in Region:

Facility Name	Designated Yes or No	Level of Designation
Holland Hospital	Yes	Level III
McLaren Central Michigan	No	Provisional Level IV
Mercy Health Muskegon Hospital	Yes	Level II
Mercy Health Partners Lakeshore Hospital	Yes	Level IV
Mercy Health Saint Mary's Hospital	Yes	Level II

University of Michigan Health, Metro Health Hospital	Yes	Level II
North Ottawa Community Hospital	Yes	Level IV
Spectrum Health Big Rapids Hospital	Yes	Level IV
Spectrum Health Reed City Hospital	Yes	Level IV
Spectrum Health Blodgett Hospital	Yes	Level III
Spectrum Health Butterworth Hospital	Yes	Level I
Spectrum Health Helen DeVos Children's Hospital	Yes	Level I pediatric
Spectrum Health Gerber Memorial Hospital	Yes	Level IV
Spectrum Health Ludington Hospital	Yes	Level IV
Spectrum Health United Hospital	Yes	Level IV
Spectrum Health Kelsey Hospital	Yes	Level IV
Spectrum Health Zeeland Hospital	Yes	Level III
Sheridan Community Hospital	No	Provisional Level IV
Sparrow Carson Hospital	Yes	Level IV
Sparrow Ionia Hospital	Yes	Level IV
UHMS MidMichigan Medical Center Clare	Yes	Level IV

Governance:

Regional Trauma Network (RTN) Board

	Name and Title	Email
Chairperson	Jerry Evans, M.D.	medicaldir@mcmca.org
Vice-Chairperson	Todd Chassee, M.D.	tchassee@kcems.org

Regional Trauma Advisory Council (RTAC)

	Name and Title	Email
Chairperson	Gaby Iskander, M.D.	gaby.iskander@spectrumhealth.org
Vice-Chairperson	Wayne Vanderkolk, M.D.	waynshell@aol.com

Regional Professional Standards Review Organization

	Name and Title	Email
Chairperson	Wayne Vanderkolk, M.D.	waynshell@aol.com
Vice-Chairperson	James Decou, M.D.	james.decou@helendevoschildrens.org

Governance Activity Report:

- Regional Trauma Network Board (RTN Board):
  The R6 RTN board ensured an all-inclusive trauma network, provided oversight and supervision of the regional trauma plan, established and supported the activities of the RTAC, and appointed members to the RPSRO.
  The COVID-19 pandemic heavily influenced regional work. Most stakeholders were assigned to other duties and priorities as the health systems focused on addressing the pandemic. The RTAC and RTN continued to meet, only canceling one of the six scheduled meetings, however, the committees met less frequently.

- Regional Trauma Advisory Council (RTAC):
  The R6 RTAC committees continued to work on the 2017-2020 Workplan while finalizing the 2020 – 2023 plan. Committee progress on the workplan components was reported at the bimonthly RTAC meetings.
  A substantial focus of the RTAC committees continued to be on addressing education gaps in hospital PI, although, in the latter part of the year the committee shifted its focus on understanding the linkages with the Health Care Coalition during the pandemic and the State of Michigan's EMS Pediatric Champion program. Most of the RTAC meetings continued to be preceded by an educational session taught by our content experts from the region.

- Regional Professional Standards Review Organization (RPSRO): The RPSRO met once to discuss the Region 6 inventory and data needs

Work Plan Objective Progress and Highlights

Injury Prevention

Indicator 306.2: The RTN is active within the region in the monitoring and evaluation of regional injury prevention activities and programs.
Regional Score: 2017: 2, 2020: 3
Objectives: 1. By January 1, 2017-The Injury Prevention committee has been appointed and will meet every other month and share activities/events that are happening across the region. 2. By September 2017- A survey that measures program effectiveness will be created by the IP team and shared with each regional hospital. The survey should be utilized after educational activities/sessions. At the end of the calendar year, Level 1 and 2 hospitals should turn in 20 surveys, level 3 and 4 hospitals should turn in ten surveys. This will help evaluate the effectiveness of IP programs. 3. By September 2018-The IP committee will compile a list of Region 6 facilities and organizations that currently provide community-based injury prevention activities and programs. This list will include experts, activities, and contact information that address the top 2 mechanisms of injury in Region 6. This list will be a living document accessible from the MTC website and the West Michigan Regional Medical Control Consortium (WMRMCC) website.
Progress: This is a very active committee with new leadership. The committee meets regularly, and the regional injury prevention resource guide was updated. Regional activities included a fall prevention event where physical therapists, pharmacists, and nurses were available to perform assessments. Tai Chi fall prevention activities were also included. This event was poorly attended by the public; however, the committees' post-event review identified the need to plan more effective marketing of the event.

Indicator 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.
Regional Score: 2017: 1, 2020: 3
Objective: By October 2020 The IP committee will compile a written injury prevention plan.
Progress: A regional plan was written. Due to the pandemic, activities this year focused on the electronic sharing of injury prevention materials on social media.

Communications

Indicator 302.10: 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.

Regional Score: 2017:4, 2020:4

Objective: By Dec 2018 will assess the Region 6 preparedness plan to ensure written communication procedures for major EMS events and multiple jurisdiction incidents are coordinated with the overall regional response plan and with the Incident Management System

Progress: As part of the preparedness assessment plan, the region implemented an 800 MHz transition plan. The RTN also participated in the Healthcare Coalition (HCC) planning and implementation of procedures for the COVID-19 pandemic through a variety of activities. Membership and leadership redundancy on the HCC and RTN facilitated communication and the ability to evaluate the overall response.

Indicator 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.

Regional Score: 2017:2, 2020: 3

Objective: By Dec 2017, trauma facilities to include the components of the adopted Inter-facility Transfer Checklist in their facility protocol.

Progress: Transfer protocols and checklists were adopted and implemented by the WMRMCC.

Infrastructure

Indicator 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.

Regional Score: 2017: 2, 2020: 3

Objective: By Sept 2018 the protocol committee will establish a process for review of compliance with the Regional Trauma Destination Protocols through consistent application of on-line and off-line medical control. Evidence: Use of system data to evaluate occurrences of delays in transfers, or other transfer issues as identified by trauma providers

Progress: The R6 MCA's continue to adopt the state-approved trauma protocols. Several members of the RTAC are also active members of the Quality Assurance Task Force (QATF) where these protocols are developed. The region also has an integrated medical oversight for pre-hospital providers. The medical directors of the MCA's participate in and provide medical direction and input on the protocols at the West Michigan Regional Medical Control Consortium (WMRMCC). Protocol breaches and/or infractions are reviewed by the Professional Standards Review Organization (PSRO) of the individual MCAs. Evaluation of the effectiveness and consistency of on-line and off-line medical control needs further

evaluation and work. The availability of system data is an ongoing challenge and impedes the evaluation of transfer data.

Indicator 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.

Regional Score: 2017:2, 2020: 4

Objectives:
1. The RTN will have established structured processes to provide Trauma Medical Directors and EMS Medical Directors a forum to collaborate on regional trauma-related guidelines, protocols, and other clinically related trauma issues and education.
2. There will be a written guideline that defines the TMD and EMS director roles and responsibilities in the **regional** trauma system.
3: The Region 6 Bylaws reflect Trauma Surgeon and EMS physician membership on the RPSRO and Protocol/Infrastructure Committee.

Progress: A structured process and forum exist for TMDs and EMS Medical Directors to collaborate; within both the RTN/RTAC meetings and the WMRMCC meetings. Individual job descriptions, outlining responsibilities, exist at some organizations, however, these need formal review for consistency. R6 bylaws and committee memberships were updated in 2020; trauma surgeon and EMS physician are represented on both committees.

Indicator 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 ensure that trauma patients are transported to an appropriate facility that is prepared to provide care.

Regional Score: 2017: 1, 2020: 4

Objectives:
1. By Oct 2019, the protocol committee will review each facility's diversion policy and review diversion logs to assess the appropriateness of diversions.
2. By October 2020, the protocol committee will develop a regional trauma-specific diversion guideline that accommodates the current designation/verification structure of the region and indicate a process for updating the plan as designation activities continue.
Evidence:

- Trauma specific regional diversion guideline
- Support hospitals in the use of EMResources – Plan to educate, support, and monitor use. Collaborate with Health Care Coalition Coordinator to ensure regional implementation and compliance.

Progress: The regions' EMResources diversion logs were reviewed and assessed. Based on this assessment a QI project was developed and initiated in January 2020 (see the project description in the summary). Regional destination protocols are in place and hospitals are competently using EMResources.

Indicator 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).

Regional Score: 2017:1 2020:4

Objective:
By September 2019, the Protocol committee will develop a regional plan that defines the roles, responsibilities, and resources that incorporates the State of Michigan rules and American College of Surgeons' required criteria for providing trauma care to specialty populations.
Evidence:
- Plan is disseminated throughout the region.
- Specialty population stakeholders are participating in region 6 activities as needed.
- Ensure inclusiveness of Level IV and any non – trauma designated facilities via education (RTDC, ATLS, etc.), outreach, QI, transfer agreements.

Progress: A regional resources guide Trauma Destination Reference document was developed. It is consistent with the Trauma Destination Protocol and describes specialty population resources (OB, NICU, Burn) of the hospitals.

Regional Performance Improvement

Indicator 206.1: The RTN generates data reports to evaluate and improve system performance.

Regional Score: 2017:1, 2020: 2

Objective: Once data is available from the state trauma data repository the Data Committee will provide a report to the RTN and RTAC members on a bi-annual basis or as available through the state system.

Evidence:

- By January 2019 data committee, with the assistance of the State Registrar, will develop a process to define and validate data
- By January 2020 data committee will implement data validation

Progress: During 2020, a statewide RPSRO process was developed by the Trauma Section. This included the development of a regional system assessment tool - the RPSRO Inventory. Two six-month inventory reports were produced in 2020, one of which was discussed at an RPSRO meeting and resulted in no action. The second one will be discussed at the February 2021 RPSRO meeting. Because this is a new report and the region had only reviewed one report at the time of this writing, the RPSRO and RTAC committees scored this a 2 rather than a 3.

Indicator 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-defined rates of sensitivity and specificity for appropriate identification of a major trauma patient.

Regional Score: 2017:2, 2020:4

Objective: The RTAC Protocol committee will collaborate with the RTAC, RTN, and West Michigan Regional Medical Control Consortium (WMRMCC) to develop and implement regional triage and transport (destination) protocols.
Evidence:
- Destination protocol will be adopted by 80% of the region by January of 2018, 90% by January 2019.
- By January 2019 the committee will develop a tool to measure rates of compliance with protocol
- By January 2020 the committee will develop a method for determining under and undertriage rates.

Progress: The region has established destination protocols.

Indicator 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 the patients are expeditiously transferred to the appropriate, system-defined trauma facility.

Regional Score: 2017: 1, 2020: 4

Objective: By January 2020, Region 6 RPRSO will develop a systematic approach to assist regional trauma centers in inter-facility transfers in accordance with the administrative rules and based on the availability of state trauma registry data.
Evidence:

- Inter-facility transfer recommendations will be introduced to the RTAC as described in Communication objective 302.9
- Protocol committee to develop a template or toolkit to assist Level 3 and 4 facilities develop their transfer guideline.
- Inter-facility transfer data will be shared to drive regional practice

Progress: The hospitals in Region 6 have trauma inter-facility transfer guidelines. Transfer data is reviewed as a component of the hospital's PI however, it is not shared and reviewed at the regional level.

Indicator 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.

Regional Score: 2017:1 2020: 3

Objective: By September 2017, Region 6 RPSRO will review the administrative trauma rules to identify performance standards that will be developed.
By September 2018, Region RPSRO will develop written, quantifiable regional system performance standards as outlined in the administrative rules.
By September 2019, Region 6 RPSRO recommends a review of data from the state trauma registry to pilot review of at least one regional system performance standards.
Evidence:
- RPSRO meeting dedicated to the review of administrative rules regarding performance standards.
- Written, quantifiable regional system performance standards.
- Report on the compliance of one system performance standards.

Progress: During 2020, a statewide RPSRO process was developed by the Trauma Section. This included the development of a regional system assessment tool, the RPSRO Inventory. Two six-month inventory reports were produced in 2020, one of which was discussed at an RPSRO meeting. No Process Improvement (PI) issues were identified, and no actions were recommended.

Indicator 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.

Regional Score: 2017:3 2020:4

Objective: By January 2018 the RTN will draft a regional trauma bypass (destination) protocol.
Evidence:

- The protocol will be adopted by 80% of the MCA's in Region 6
- The RTAC will educate on the definitions of both diversion and bypass

Progress: All R6 MCAs adopted the state trauma triage and destination protocol.

Indicator 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.

Regional Score: 2017:2, 2020:4

Objective: By December 2017, all Region 6 hospitals will be submitting data to the state trauma registry.
When available from the state registry, aggregate regional data will be shared with RTAC and RTN to drive opportunities for improvement for the consistent application of trauma care.
 Evidence:

- Report from the trauma registry indicating which hospitals have submitted data.
- Minutes of the RTAC/RTN meeting indicating results disseminated.
- Minutes of RPSRO are used to demonstrate the use of data to drive improvement

Progress: All R6 hospitals submit timely data to the state registry. Regional RPSRO reports are now being generated and discussed at the RPSRO meetings. Minutes are taken and disseminated.

Continuum of Care

Indicator 308.1: The regional work plan addresses the integration and participation of rehabilitation services within the continuum of care for trauma patients.

Regional Score: 2017: 1, 2020: 5

Objective:

1. By June 2017 will have a minimum of 2 Rehabilitation Programs/Facilities participating on the Continuum of Care Committee. Evidenced by: Attendance and contribution at meetings as documented in the meeting minutes.
2. By Sept 2020, will conduct an assessment of the current state of rehabilitation services in R6. Evidenced by:
   - Assessment of reports from the State Trauma Registry and Michigan Hospital Association to determine the number of trauma patients appropriate for rehab services, the number of those patients referred, the number receiving rehab services, types or levels of rehab services patients received, and if patients across the region have access to same types or levels of rehab services.
   - Audit compliance with completion of the rehab field in trauma registries. Follow up with education and re-audit if needed.
   - Identify the types and levels of rehab services available in the region. Create an educational pamphlet or tool – present to RTAC.

Progress: There was no progress on this indicator in 2021.

Trauma Education

Indicator 310.3,4,6: The regional trauma network establishes and ensures that appropriate levels of EMS, nursing, and physician trauma training courses are provided regularly.

Regional Score: 2017:1, 2020: 2

Objective: By December 2019, there will be regional trauma training recommendations for EMS personnel, nurses, and physicians. The Education Committee will:

1. Review the current state of education guidelines within the Region. – (6 months)
2. Compare education recommendations in other Regions in the state. – (9 months)
3. Conduct a literature review of common recommendations regarding system trauma education. – (9 months)
4. Explore professional association recommendations. (9 months)
5. Make recommendations to the RTAC for trauma-specific training for trauma personnel, taking into consideration rural vs. urban needs and resources. – (18 months)

Evidence: A written guideline, approved by the RTN, will be written into the regional trauma system plan and posted on the WMRMCC website – trauma page.

Progress: This objective has not been met. The priority in 2020 continued to be on meeting the educational needs of the stakeholders. There continued to be discussions on conducting PI within hospital programs, however, during the pandemic, education also included learning about the role of the HCC, the pandemics' impact on trauma care, and pediatric readiness. The R6 trauma coordinator provided education on pediatric readiness and the State's pediatric champion program. The hospital pediatric champion contact list was also updated.

Indicator 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.

Regional Score: 2017:1, 2020: 2

Objective: By December 2019, there will be a regional structured process in place to routinely inform and educate all personnel on new protocols and/or treatment approaches. The Education Committee will:

1. Identify the types of information that needs to be communicated and the potential communications methods that can be utilized. – *(6 months)*
2. Identify the potential audiences for this communication and assess their preferred methods of communication. – *(6 months)*
3. Select the best methods and frequency for each type of information/education to be communicated. – *(18 months)*
4. Collaborate with the WMRMCC education committee.

Evidence: A written standard operating procedure for this process.

Progress: The education committee collaborates with the WMRMCC education committee by cross-representation of members. EMS trauma protocols were identified by the committee as the focus of this objective. To assess how education is currently occurring, the education committee surveyed EMS providers. The results indicated information is primarily distributed via emails which the committee identified as a gap and area for improvement. Future goals include collaborating with the WMRMCC to make recommendations on the best way to educate EMS.

Regional Summary:

The COVID-19 pandemic impacted regional activities as well as hospital trauma activities. Many hospital trauma staff were temporarily assigned to other duties and EMS personnel were quickly overwhelmed. This led to a slowdown in committee and PI work resulting in slowed progress of workplan objectives, however, the region did continue with its trauma work and continued to meet. The RPSRO met once and only one RTN/RTAC meeting was canceled. The regional meetings also successfully transitioned from in-person to the MS Teams format in April.

Most of the committee work occurred in the education and PI committees. Injury prevention activities moved to sharing information on hospital social media.

In preparation for 2021, the education committee conducted an education needs assessment of Level III and IV TMD's. The goal is to focus education (and thereby engagement) of these TMDs twice a year – at the February and June RTN/RTAC meetings. The results of this survey are being used to plan future events with the first being discussion of the implementation and PI of rib fracture protocols in Level III and IV centers.

Finally, a diversion & transfer study was initiated in January in Newaygo County at Spectrum Health Gerber Hospital and Life EMS. This report for this study is as follows:

R6PSRO Diversion and Transfer Study

Who is the study about?

- Three Region 6 hospitals reported (in EMResources) a high number of hospital diversions for the reason "no orth". No ortho indicates the hospital does not have orthopedic surgeon coverage during the time specified in EMResources.

Why did we study this?
- Compliance with the State of Michigan Trauma Administrative rules and R6 Bylaws – to evaluate trauma diversions.
- Help hospitals identify diverted patients that could potentially have remained in their county.
- Decrease the number of EMS transports out of county.
- Evaluate the regions use of EMResources to capture hospital diversions.
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How did we study this?

- Data collected during 5 weeks in January 2020.
- Spectrum Health Gerber Memorial Hospital updated their diversion/bypass logs to collect information on all diversions, bypasses, including those for the reason "no ortho". Staff & physicians educated.
- "No Ortho" category means the hospital is open but may consider diverting the patient depending on the injuries. EMS was asked to call medical control before bypassing the hospital for "no ortho" reasons.
- Life EMS collaborated on this study, collecting data on the # of all bypasses and the # of times EMS called b/f bypassing.

When did the study take place?

- The five weeks during January 2020.

Where did the study take place?

- Region 6, Spectrum Health Gerber Memorial Hospital in Newaygo County.

What did we study?
- The frequency and reason for diversions in three counties that reported a high number of diversions away from their hospital for the reason "no ortho".
- The frequency of diversions out of Newaygo county, away from Spectrum Health Gerber Memorial hospital for the reason "No ortho".

How did we study?
- 3 potential opportunities(highlighted) were identified.
- An opportunity is a patient that was diverted to another county and/or higher level of care when the hospital is on "no ortho" status AND the patient is discharged from the ED
- Study an "eye-opener" for Spectrum Health Gerber Memorial hospital.

Next Steps:
1. Compare current 2020 EMResources diversion data to 2019.
2. Initiate a study of another Region 6 county/hospital where diversion numbers due to "no ortho" were high in the 2019 report.
   - Sparrow Carson (185)
   - Spectrum Health Ludington (132)

Regional System Evaluation in accordance with Administrative Rule Requirements:

☒ Regional trauma network and committee meetings have taken place as scheduled (quarterly) in accordance with the Open Meetings Act.

   If not completed, please explain:

☒ Schedule and information regarding RTN Board and RTAC posted on the trauma website.

☒ Annual confirmation that members of the RTAC are currently involved in trauma care completed.

☐ All MCA's are participating in the RTN.

   If not, what efforts have been made to address: A six-month audit of MCA attendance was completed and discussed at the June 2020 RTN. Dr. Evans supported by Dr. Iskander discussed the importance of MCA participation. A follow-up audit is planned for 2021.

☒ Documentation that all hospitals in the trauma network are participating in:

   ☒ Regional Injury Prevention

   ☒ Regional Performance Improvement

   ☒ Submission of registry data to ImageTrend

☒ Regional trauma plans completed (attach copy of plan or state "in progress")

   ☒ Regional Injury Prevention

   ☒ Regional Trauma Education

   ☒ Regional Performance Improvement

   If not completed, which plans are missing and why?

☒ Regional PI process in place; Inventory data reviewed, and trends (if noted) are being monitored. PI process that includes two levels of review is place (as needed). RPRSO

corresponds annually (at a minimum) with RTN regarding PI. Minutes, materials stored by RTC.

If not completed, please explain:

RTN Board Chairperson: _____*Jerry Evans, MD*_____ Date: __2/3/2021__

Regional Trauma Coordinator: _____ Date: _____