

# MICHIGAN ANNUAL REGION 6 TRAUMA REPORT-2021

## 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<sup>1</sup> and the regional economic development agency The Right Place<sup>2</sup> the 2019 West Michigan population is approximately 1,526,467 and enjoys the fastest-growing economy in the U.S.<sup>1</sup> 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.<sup>2</sup> 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).

#### 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.

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

Kent Medical Control Authority	Todd Chassee, M.D.
Mason Medical Control Authority	Joel Robinson, M.D.
Montcalm Medical Control Authority	Carrie Clark, M.D.
Muskegon Medical Control Authority	Jerry Evans, M.D.
Newaygo Medical Control Authority	Ryan Munsell, MD
North Central Michigan Medical Control Authority (Lake, Mecosta, Osceola counties)	Jennifer Brach, D.O.
Oceana Medical Control Authority	Loren Reed, D.O.
Ottawa Medical Control Authority	James Walters

**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, RTN and committees continued to meet.
- **Regional Trauma Advisory Council (RTAC):**  
The R6 RTAC committees continued to work on the Workplan. 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, issues around activations and pediatric monitoring in rural hospitals. RTAC meetings continued to be preceded by an educational session taught by content experts from the region.
- **Regional Professional Standards Review Organization (RPSRO):** The RPSRO met twice to discuss 2 cases of interfacility transport issues, hospital diversion project, and the Region 6 inventory.

## Work Plan Objective Progress and Highlights

### Injury Prevention

<b>Indicator 306.2:</b> The RTN is active within the region in the monitoring and evaluation of regional injury prevention activities and programs.
<b>Regional Score:</b> 2020: (3) 2021: (3)
<b>Objectives:</b> <ol style="list-style-type: none"><li>1. By January 2021, the R6 Injury Prevention (IP) committee will enhance the Regional Injury Prevention Resource Guide by including programs from hospitals and counties that do not currently have any entries.</li><li>2. Ongoing through December 2023, outcome data will be obtained for all Region 6 Injury Prevention events that are planned and conducted by the regional committee. An outcome survey of event effectiveness will be completed for each event. A tool was developed for the National Fall Prevention Day activity. This tool can be modified for future events.</li><li>3. Ongoing through December 2023, the R6 RTN will increase consistent attendance and participation on the IP committee of all Region 6 hospitals, as measured by roll calls and reports.</li><li>4. By January 2021, the R6 IP committee will develop quarterly collaborative regional events that are evidence-based and target at-risk populations in the region.</li></ol>
<b>Progress:</b> This is an active committee with new leadership. The committee meets regularly. Two members of the committee spoke on fall prevention at the annual Michigan Trauma Coalition Injury Prevention Conference. As part of this conference, the RTC also taught a community Tai Chi for fall prevention in the park. The committee also engaged in a regional Think First event focused on teen driving safety.

<b>Indicator 203.5:</b> 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.
<b>Regional Score:</b> 2020: (3) 2021: (3)
<b>Objectives:</b> <ol style="list-style-type: none"><li>1. By January 1, 2021, the Injury Prevention Committee will update the regional plan.</li><li>2. By June 2020, the committee will have created a data collection tool for all regional injury prevention events and efforts conducted by the members. This tool will be used to list all injury prevention activities and outcome data as it is available.</li></ol>

3. By December 2020 and every following year-end, the committee will collect data for the annual report of injury prevention activities, to be sent to the Region 6 IP committee chair at the conclusion of each year.
4. Using available State of Michigan injury prevalence data, the committee will assess gaps in prevention activities. The injury prevention plan will be updated, as needed, to mitigate gaps.

**Progress:** The regional plan written last year was reviewed with the new injury prevention committee chair. Due to the pandemic, activities this year were focused on the events described in the previous objective rather than this objective.

**Indicator 207.4:** A trauma system public information and education plan exists that heightens public awareness of trauma as a disease, the need for a trauma care system and the prevention of injury. The RTN will promote evidenced based primary injury prevention activities and projects.

**Regional Score:** 2020: (2) 2021: (3)

**Objectives:**

1. Ongoing through 2023, the R6 IP will collaborate with partners on their public information marketing campaign.
2. By January 2021, the Injury Prevention plan will have linkages to public information systems through the State of Michigan and its relevant departments and entities such as the DNR and Area Agency on Aging.
3. By January 1, 2021, the R6 IP committee will promote both evidence-based programs and programs developed by nationally recognized organizations, by sharing these at meetings and including them in the Injury Prevention Plan.

**Progress:** Several linkages to Injury Prevention (IP) through the State of Michigan and other relevant entities were established. These include the Michigan Trauma Coalition Injury Prevention Committee, Think First, and Safe Kids. The committee chair and RTC promote these programs at RTAC and IP meetings.

**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:** 2020: (4) 2021: (4)

**Objectives:**

1. Members of the R6 RTN who participate in Region 6 Healthcare Coalition (HCC) disaster planning and communications will continue to work on redundancies across systems. The R6 HCC staff will ensure there are plans to mitigate any communication issues that currently

exist. By September of 2022, the communications committee will present to the R6 RTN, their assessment of the criteria in #5.

2. By October 2020, the R6 RTN will invite the Health Care Coalition R6 Coordinator to be a member of the R6 RTN communication team.

**Progress:** As part of the preparedness assessment plan, the region completed implementation of the 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:** 2020: (3) 2021: (4)

**Objectives:**

1. By September 2022, the RTAC communications committee will present to the R6 RTN, their assessment of the criteria in #5. Members of the RTN who participate in Region 6 Healthcare Coalition disaster planning and communications will continue to work with available communication redundancies (UHF, 800mghz system) as backup system for hospitals to use when arranging patient transfers. They will ensure there are plans to mitigate any communication issues that currently exist.
2. By October 2020, invite the Health Care Coalition (HCC) R6 Coordinator to be a member of the R6 RTN communication team.
3. By September 2022, the R6 communication committee will develop a plan with the R6 Healthcare Coordinator to ensure there is an education plan that addresses:
  - the system communication plan
  - the procedures for arranging patient transfers in the event of a communication system failure.
  - By September 2022 there will be a test of communication redundancies for interfacility patient transfers. An after-action report will be presented to the R6 RTN.

**Progress:** Interfacility transfer protocols have been adopted in the region. Dr. Evans, medical director of Region 6 HCC, regularly reports at the RTAC meetings. HCC disaster planning committee continues to work on disaster communications and redundancies however, this committee still needs to ensure there are procedures in place to address patient transfers in the event of a communication system failure. Due to the pandemic and lack of resources this work has not occurred.

**Indicator 105.7:** An assessment of the needs of the general medical community, including physicians, nurses, pre-hospital care providers, and others, concerning trauma system information, has been conducted.

**Regional Score:** 2021: (1) 2022: (1)

**Objectives:**

1. By December 2021, the R6 communications committee will assess the status of existing communications to the general medical community. A catalogue of the various communication activities will be discussed and evaluated at RTAC.
2. By December 2022, the R6 communication committee will create a regional plan for communication regarding trauma system activities.
3. The region will participate in the communication plan established by the joint efforts of the State Trauma Section and Michigan Trauma Coalition.

**Progress:** This objective has not been worked on by the committee due to the pandemic – committee members assigned to multiple other duties. The committee chair also resigned after relocating.

## 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:** 2020: (3) 2021: (3)

**Objective:** By Sept 2021, the R6 protocol committee will establish a process for ongoing review of compliance with the Regional Trauma Destination Protocols through consistent application of on-line and off-line medical control. Using available data from the State of Michigan, the committee will use the system data to evaluate occurrences of delays in transfers, or other transfer issues as identified by trauma providers.

**Progress:** Other than transfer delays referred for peer review, no progress has been made on this objective.

**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:** 2020: (4) 2021: (4)

**Objectives:**

1. By December 2021, the R6 RTN will review existing formal written process that specify cooperation between the trauma center medical director (TMD) and the EMS Medical Control Authorities (MCA) medical directors. The RTN will recommend revisions as needed. If these do not exist, the committee will develop them.

<p>2. By September 2022, the R6 RTN will ask the:</p> <ul style="list-style-type: none"> <li>• MCAs to provide agenda and attendance logs demonstrating trauma medical director attendance at MCA meetings.</li> <li>• RPSRO and RTAC committee meetings to reflect participation of TMD's, trauma surgeons, and EMS medical directors.</li> </ul>
<p><b>Progress:</b> A structured process and forum exists 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. Attendance rosters have been requested from the WMRMCC.</p>

<p><b>Indicator 303.2:</b> 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.</p>
<p><b>Regional Score:</b> 2020: (4) 2021: (4)</p>
<p><b>Objective:</b> By February 2021, the result of the R6 RPSRO Diversion/Bypass study in Newaygo County will be evaluated. Using the Plan Do Study Act model for process improvement, a plan to address gaps will developed, implemented, and the process re-studied.</p>
<p><b>Progress:</b> Also see progress in 302.5 and 302.6. This specific objective has been met, however, to meet the indicator the region needs to develop diversion procedures - one of the next steps from the diversion study.</p>

<p><b>Indicator 303.4:</b> 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.</p>
<p><b>Regional Score:</b> 2020: (2) 2021: (2)</p>
<p><b>Objective:</b> By April 2021, the Region 6 RPSRO will develop a systematic approach to assist regional trauma centers in inter-facility transfers in accordance with the administrative rules and availability of data.</p> <p>Once data is available the committee will develop a plan for monitoring interfacility transfers.</p>
<p><b>Progress:</b> The system for monitoring inter-facility transfers remains fragmented, however, EMS interfacility protocols are in place and the 3 hospital systems in the region have robust transfer call centers. The committee will work on monitoring plans after the pandemic subsides and hospital capacities improve.</p>

**Indicator 302.6:** There are mandatory system- wide prehospital triage criteria to ensure that trauma patients are transported to an appropriate facility based on their injuries. These triage criteria are regularly evaluated and updated to ensure acceptable and system-defined rates of sensitivity and specificity for appropriately identifying the major trauma patient.

**Regional Score:** 2020: (3) 2021: (3)

**Objective:** By December 2021, the R6 RTN will develop a systematic approach to monitoring the effectiveness of triage criteria and transportation to the appropriate facility. This is contingent upon availability of data.

**Progress:** Also see progress in 302.5. The committee will monitor and evaluate the results of the diversion study trial at 3 hospitals. If the study protocol is implemented region-wide, the committee should have access to hospital logs showing EMS bypass and the appropriateness of that bypass.

**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:** 2020: (4) 2021: (4.5)

**Objective:**

1. By January 2021, the R6 RTN will survey the regional hospitals to update the trauma destination status of hospitals and hospital specialty resources in the WMRMCC West Michigan Regional Resource Guide. This will also include regional rehabilitation hospitals.
2. By December 2023, the R6 RTN will educate regional stakeholders on the WMRMCC Resource Guide information.

**Progress:** Hospitals were surveyed in 2020 and the guide updated. The RTC still needs to post and distribute/educate.

**Indicator 208.2:** The incident management and trauma systems have formal established linkages for system integration and operational management.

**Regional Score:** 2020: (4) 2021: (5) (objective met)

**Objective:**

1. Ongoing through 2023, the R6 RTN will continue to foster the strong program linkages and interfaces that currently exist between the HCC and the RTN.
2. By October 2020, the HCC coordinator will be an active participant of the Communication committee of the RTAC and will attend RTAC meetings when possible.
3. By October 2021, the HCC coordinator will present an overview of the HCC activities as they relate to trauma and mass casualty preparedness.

4. Once data is available from the trauma and incident management systems are available, a plan will be developed on how to share with the committees and RTN.

**Progress:** Dr. Evans, the medical director of the R6 HCC, and the R6 RTN, reports on HCC activities as part of a standing agenda item on the RTAC agenda. These reports were primarily focused on COVID and its impact on hospital capacity and trauma transfers. Data is not available as it relates to this objective.

### Regional Performance Improvement

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

**Regional Score:** 2020: (2) 2021: (5) (objective met)

**Objective:**

1. Once data is available from the state trauma data repository, the data committee will utilize the RPSRO inventory to provide a report to the RTN and RTAC members on a bi-annual basis or as available through the state system.
2. The data committee (or RPSRO) will define and review the information contained in the report.

**Progress:** Inventory reports were reviewed by the RPSRO twice last year.

**Indicator 302.5**

The retrospective medical oversight of the EMS system for trauma triage, communications, treatment, and transport is closely coordinated with the established performance improvement processes of the trauma system.

**Regional Score:** 2020: (3) 2021: (4)

**Objective:**

By December 2021, the R6 will develop a systematic approach to monitoring effectiveness of triage criteria and transportation to the appropriate facility. This is contingent upon availability of data.

**Progress:** Some progress was made on this objective in the diversion study; however, this study only measured those trauma patients that were bypassed away from the closed hospital in 3 hospitals. The study also measured EMS compliance with calling medical control before bypassing a hospital. The region is currently trialing the expansion of a trauma diversion protocol, which if implemented region wide, could potentially allow us to measure this region wide. Currently there is no regional report to measure this indicator.

<b>Indicator 205.2:</b> 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.
<b>Regional Score:</b> 2020: (3) 2021:4 (met goal)
<b>Objective:</b> <ol style="list-style-type: none"> <li>1. Beginning May 2020, the Regional Trauma Coordinator will review the completed RPSRO Inventory on a quarterly basis with the RPSRO Chair.</li> <li>2. Beginning August 2020, the RPSRO will resume regular meetings to review available data and the RPSRO Inventory to assess for compliance with regional performance standards.</li> <li>3. By August 2021, the RPSRO committee will assess triage (right patient to the right hospital) and transfer using available data.</li> </ol>
<b>Progress:</b> The RPSRO met regularly. Meeting agendas included review of the Inventory and the diversion study. The diversion study includes components of assessing triage to the right hospital.

<b>Indicator 303.4:</b> There is a regional trauma bypass protocol that provides EMS guidance for bypassing a trauma care facility for another more appropriate trauma care facility.
<b>Regional Score:</b> 2020: (4) 2021: (4)
<b>Objective:</b> <ol style="list-style-type: none"> <li>1. By February 2021, the result of the R6 RPSRO Diversion/Bypass study in Newaygo County will be assessed. Using the PDSA model for process improvement, a plan to address gaps will developed, implemented, and the process re-studied.</li> <li>2. By April 2021, Region 6 RPSRO will develop a systematic approach to assist regional trauma centers in inter-facility transfers in accordance with the administrative rules and availability of data.</li> </ol>
<b>Progress:</b> The diversion bypass study is complete. Next steps include trialing a regional hospital diversion protocol and standard work for auditing EMS trauma bypass at 3 rural hospitals with the goal regionalizing the process.

**Continuum of Care**

<b>Indicator 308.1:</b> The lead agency has incorporated, within the trauma system plan and the trauma center standards, requirements for rehabilitation services including interfacility transfer of trauma patients to rehabilitation centers.
<b>Regional Score:</b> 2020: (5) 2021: (5)

**Objective:** By September 2022, the R6 RTAC committee will survey the R6 hospitals to validate integration of rehabilitation for trauma patients. The survey will ask the hospital to briefly describe how they are working with rehabilitation centers to ensure quality outcomes for trauma patients.

**Progress:** There was no regional progress on this indicator in 2021. Plan to survey the hospitals in September 2022.

## 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:** 2020: (2) 2021: (2)

**Objective:**

1. By March 2021, the R6 education committee will assess current training standards for EMS personnel, nurses and physicians who care for trauma patients. The committee will:
  - Create a method to collect the information on current standards.
  - Prepare a status report and present to the Region 6 RTAC.
  - Conduct a literature review of common recommendations regarding trauma system education.
  - Explore professional association recommendations.
  - Make recommendations to the RTAC for trauma specific training for trauma personnel, taking into consideration rural vs. urban needs and resources.
2. The R6 education committee will develop a written guideline, approved by the RTN, that will be included in the regional trauma system plan and posted on the WMRMCC website – trauma page.
3. Beginning August 2020, the R6 RTN will support individual hospital/agency/organizations regarding MCA training requirements when requested or if indicated.

**Progress:** No progress on this objective.

**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:** 2020: (2) 2021: 3 (objective met)

**Objective:**

1. By Dec 2020, the R6 education committee will evaluate the results from the completed EMS education study, make recommendations on preferred method of communication/education for EMS personnel and implement the recommendations.
2. By Dec 2021, there will be a regional structured process in place to routinely inform and educate all personnel on new protocols and/or treatment approaches.

**Progress:**

1. The education committee remains very active.
2. The education committee collaborates with the WMRMCC education committee by cross-representation of members. EMS representatives are on the RTAC and invited to the bi-monthly education meetings. The education committee is keeping EMS education in mind when planning the regional events to ensure the education is also relevant to them. There is a structured process via the RTAC and education committee as well as through the WMRMCC.
3. Recording and posting R6 education events on WMRMCC and MDHHS website: The trauma website is in the process of being updated. Regional meetings, education events and important links to the State website will be housed on the site.
4. Education included:
  - Pediatric transfers and observation at rural hospitals. Lindsey Jelsma, DNP, RN, CPNP-PC, Pediatric Trauma Program Manager, Helen DeVos Children's Hospital, presented. She discussed 1. the work HDVCH and ECS have done to keep some pediatric patients at their community hospitals for observation rather than transferring them 2. Observation guidelines for simple skull fractures 3. Transport (EMS vs Private Car) when decision is made to transfer. EMS, TMDs, TPMs and regional partners were in attendance.
  - Challenges to meeting activation criteria for level 3 and 4s. Amy Koestner presented. Challenges, changes in state criteria, and tracking surgeon arrival time were discussed. The discussion in this session led to the development of a workgroup to address activation issues some hospitals are experiencing. This workgroup met and will present at the December RTAC meeting (see above).
  - EMS engagement in trauma hospital PI – 3 hospital TPMs presented along with Dr. Hoffelder, TMD at Gerber Hospital.

**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.

Most of the committee work occurred in the education, PI committees and Injury Prevention. There were 5 well-attended educational sessions focusing on gaps in PI, pediatric transfers and observation in rural hospitals, and EMS engagement in the hospital trauma PI programs.

Finally, the region's diversion study was completed and presented at STAC in December. Next steps are to trial a regional trauma diversion protocol that includes standard work for hospitals. This will be trialed in 3 hospitals with the goal of implementing this region wide.

**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 MCAs are participating in the RTN.

If not, what efforts have been made to address: A six-month audit of MCA attendance was completed in June 2020. Dr. Evans and Dr. Iskander discussed the importance of MCA participation at the December 2020 RTAC meeting. A follow-up audit for December 2021 was postponed until January 2022 because of high turnover.

- 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.

RTN Board Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Trauma Coordinator:  Date: 1-18-2022