

# MICHIGAN ANNUAL REGIONAL TRAUMA REPORT- 2024

## REGION 2 SOUTH

**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 2 South (R2S) is the most populous region in the State of Michigan with more than 2.2 million residents. The region is comprised of Monroe, Washtenaw, and Wayne counties, and includes the City of Detroit. The region has two international border crossings with Canada and shares a border with northwestern Ohio.

Region 2 South is served by eighteen acute care hospitals, ninety-two emergency medical service (EMS) agencies, and four medical control authorities (MCAs). The region is home to fourteen American College of Surgeons Committee on Trauma (ACS-COT) verified trauma centers, including five Level I, four Level II, and four Level III, and two Level IV designated by the State of Michigan. The children of region 2 south are served by two Level I and one Level II pediatric centers. The region has two Adult ABA Verified Burn Centers and two Pediatric ABA Verified Burn Center.

Region 2 South has 34 colleges and Universities in the area. Professional sporting events such as Detroit Lions , Detroit Tigers , Red Wings , with collaboration with Regional 2 South Healthcare coalition providing healthcare as the lead and the Region 2 South hospital system has volunteered with EMS for these events to provide assistance .

#### Medical Control Authorities:

MCA Name	Medical Director
Washtenaw / Livingston County	Dr. Robert Domeier
HEMS	Dr. Howard Klausner
Monroe County	Dr. Daniel Kemple
DEMCA	Dr. Robert Dunne

**Designation Status of Facilities in Region:**

Facility Name	Designated Yes or No	Level of Designation
Corewell Health Grosse Pointe Hospital	Yes	III
Corewell Health Dearborn Hospital	Yes	II
Corewell Health Trenton Hospital	Yes	II
Corewell Health Taylor Hospital	Yes	IV
Corewell Health Wayne Hospital	Yes	III
C.S. Mott Children's Hospital	Yes	I Pediatric
Children's Hospital of Michigan	Yes	I Pediatric
Detroit Receiving Hospital	Yes	I
Garden City Hospital	Yes	III
Henry Ford Hospital	Yes	I
Henry Ford Wyandotte Hospital	Yes	III
ProMedica Monroe Regional Hospital	Yes	III
Sinai-Grace Hospital	Yes	II
Henry Ford St. John's Medical Center	Yes	I Adult II Pediatric
Trinity Health St. Joseph Mercy Hospital	Yes	I
Trinity Health Mercy Chelsea Hospital	Yes	IV
Trinity Health St. Mary's Mercy Hospital, Livonia	Yes	II
University of Michigan Medical Center	Yes	I

## Governance:

### Regional Trauma Network (RTN) Board

	Name and Title
Chairperson	Dr. Robert Domeier, MCA Director of Washtenaw/ Livingston County
Vice Chairperson	Dr. Howard Klausner, MCA Director of HEMS

### Regional Trauma Advisory Council (RTAC)

	Name and Title
Chairperson	Dr. Allan Lamb, Trauma Medical Director at Henry Ford Wyandotte
Vice Chairperson	Dr. Howard Klausner, Medical Control Director of HEMS

### Regional Professional Standards Review Organization

	Name and Title
Chairperson	Dr. Allan Lamb, Trauma Medical Director at Henry Ford Wyandotte
Vice Chairperson	Dr. Jeff Johnson, Trauma Medical Director at Henry Ford Main

### Governance Activity Report:

Regional Trauma Network Board (RTN Board): The RTN in conjunction with Regional Trauma Advisory Council(RTAC) is dedicated and committed to working with the trauma programs in the Region to ensure quality care and improved outcomes for the injured. Regional Trauma Advisory Council (RTAC): has continued to strive be to be outstanding in providing trauma care in this area.

The RTN Board meets bi-annually (June, Dec.) at HEMS in Wayne County.

Regional Trauma Network, Regional Trauma Advisory Council (RTAC) , Regional Professional Standard Review Organization (RPSRO) and the Trauma Subcommittees have continued to address the objectives as presented. Review of the workplan objectives was done several times to develop a plan of action to address them. At the RTAC meeting Dec 12<sup>th</sup>, 2024, there was a discussion on restructuring the trauma subcommittee chairs. Chairs will hold position for 2 years with a co-chair elect shadowing until originating term is expired then co-chair elect will take over as co-chair. A secretary will be added to each trauma subgroups and to RTAC to record minutes.

Regional Professional Standards Review Organization (RPSRO): The RPSRO is continuing to track tourniquet usage from 2019- 2024.This data provides information on who applied the tourniquet, mechanism of injury, mode of transport to hospital, did the use of tourniquet activate the trauma system, appropriate use, appropriate application, patient outcome, monitored time of application and removal time to prevent complication of tourniquet use. 155 tourniquets have

Denise Kapnick- Region 2S Trauma Coordinator, 2024 Annual Trauma Report

been applied during 2024. Tourniquets data has shown police applied 57 of the tourniquets. Typically, police are first on scene. EMS data shown applied 60 tourniquets. Facilities are activating their trauma system with the tourniquet application. The facilities receiving tourniquets from pre-hospital EMS show that patients are taken to the correct facility for care.

TXA is being tracked in the Region, 5 cases were reviewed by RPRSO with two mortalities noted. One death happened in the first 24 hours related to blood loss and the other was after 24 hours. EMS is using TXA protocol which includes patients that must have evidence of blood loss, systolic blood pressure below 90 with trauma related causing blood loss, destination to a Level I or Level II and long extractions times to identify proper use of TXA. The trauma hospital is not giving a second dose due to quick surgical intervention. There was a presentation at the Statewide Trauma Subcommittee about possibly changing the dose of TXA in pre-hospital settings to 2 gm instead of 1 gm. The discussion is ongoing.

The “real time” reporting mechanism identify patients that may have been initially transported to an inappropriate facility by focusing on the second transfer. Currently there were 4 double transfers, for 2024. reviewed and loop closure completed. There is no system issue noted or trends. Currently Image Trend is unable to provide data on double transfers as it is not a mandatory entry by the hospitals which makes validation of data difficult. Discussion at the data subcommittee Jan 24<sup>th</sup>, 2025, regarding to continuing to gather this information/validate data.

2024 Diversion Log: Per TMD in the region no Level I or Level II are able to divert any trauma patient.

### **Injury Prevention:**

Injury Prevention Benchmark: The RTN, in cooperation with other agencies and organizations, uses analytical tools to monitor the performance of population-based (regional) injury prevention programs. Each regional trauma network is responsible for monitoring, assessing, and evaluating its regional trauma system to improve trauma care, reduce death and disability, surveillance of injury, and implementation of injury prevention activities.

<b>Injury Prevention Benchmark</b> Admin Rule HRSA #	Indicator	Score
325.135 (2) 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. <b>The RTN monitors and evaluates injury prevention activities and programs in the region.</b>

		<p>4. The RTN is an active participant in injury prevention programs in the region, including the evaluation of program effectiveness.</p> <p>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.</p>
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**Objectives for above indicator:**

1. By January 2026, the RTN will monitor and evaluate injury prevention programs through annual analysis of regional injury pattern data from the trauma registry to develop coordinated and targeted injury prevention offerings
2. **A biannual spreadsheet will be turned into the injury prevention committee for review.**
3. By January 2026, continue to provide the resource guide of program. The trauma network partners will review avoid duplication of efforts and facilitate collaboration of injury prevention initiatives. **(This has been completed).**

**Injury Prevention cont.**

325.135 (2) 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.	<p>0. Not known.</p> <p>1. There is no written plan for coordinated injury prevention programs within the region.</p> <p>2. <b>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.</b></p> <p>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.</p> <p>4. The regional injury prevention and control plan is being implemented in accordance with established objectives, timelines and the region is collecting data.</p> <p>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.</p>
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**Objectives for above indicator:**

1. For this application period 2024-2026 the RTN will monitor and evaluate injury prevention programs through annual analysis of regional injury pattern data from the trauma registry to develop coordinated and targeted injury prevention offerings.
2. By March 2024, a resource guide of program offerings will be distributed to Region 2 South trauma network partners to avoid duplication of efforts and facilitate collaboration of injury prevention initiatives. **This has been completed. (Injury Prevention Plan has been updated in March 2024 for the region)**
3. By June 2024 the injury committee will set goals and objectives focusing on Pediatric and Burn prevention. **(Discussion on gun safety in pediatrics)**

**The State of Michigan has developed an Injury Prevention Plan is has been incorporated in Region 2 South Plan.**

**SP2:** By December 31, 2024, each Regional Trauma Advisory Council (RTAC) Injury Prevention (IP) committee will report on which injury prevention programs have been implemented in their region. All subgroups report out in the at the RTAC meeting.

Region 2 South has compiled a Resource Guide of injury prevention programs offered in the region. .

- Develop a template for IP committee to report on Injury prevention to RTAC.

**SP3:** The regional IP committee will analyze the number and type of programs that directly address the top 3 injuries programs in their as reported in the Inventory.

- The top 3 MOI are addressed in region 2 south IP resource guide. **(Done)**
- Analyze the number and type of programs the resource guide will assist in this initiative-affirming data by age group and volume needs.

**Communications**

**Trauma System Communications Benchmark:** 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.

**Objectives for above indicator: (All have been met and continue to monitor.)**

**Infrastructure**

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

Admin Rule HRSA #	Indicator	Score
325.132 (3) (c) (ii) (E) 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. <b>3. The RTN has adopted state approved regional trauma protocols.</b> 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 for above indicator: 302.1**

1. Beginning January 2025, the medical control authorities in the Region will provide an annual report to the RPSRO that evaluates the effectiveness of on-line and off-line medical control in correlation with registry outcomes.
2. Throughout the application period 2024-2026 RTN will continue to adopt state approved regional trauma protocols, Protocols are MCA based and similar across the region. (**Updated EMS protocols are discussed at medical oversight, RPSRO and RTAC to ensure the trauma system aware of new protocols or changes.**)

## Infrastructure cont.

325.135 (6) (c) 303.2	<p>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>This indicator is directed at the process for <b>diversion</b> of a trauma patient from a hospital</p>	<p>0. Not known.</p> <p>1. There is no regional plan to identify the number, levels, and distribution of trauma facilities. There is no regional diversion protocol.</p> <p>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.</p> <p>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.</p> <p>4. Decisions about trauma facility designations.</p> <p><b>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.</b></p> <p>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.</p>
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## Objective(s) for above indicator 303.2:

1. Throughout the application 2024-2026, The RPSRO will perform an annual audit of all trauma center diversions to assure the appropriate use of diversion and accuracy of trauma center resources. **(No Trauma was diverted)**
2. There are no regional protocols for diversion outside of specific circumstances i.e. EMS close to a Level III and patient needs care at a higher level. Region will continue to monitor this throughout application period 2024-2026.

## Infrastructure cont.

325.135 (6) (c) 303.2	<p>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</p>	<p>0. Not known.</p> <p><b>1. There is no regional plan to identify the number, levels, and distribution of trauma facilities. There is no regional diversion protocol.</b></p> <p>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.</p>
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	<p>should develop procedures to ensure that trauma patients are transported to an appropriate facility that is prepared to provide care.</p> <p>This indicator is directed at the process for <b>diversion</b> of a trauma patient from a hospital</p>	<p>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.</p> <p>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.</p> <p>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.</p>
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**Objectives for above indicator:**

1. The RPSRO will perform an annual audit of all trauma center diversions to assure the appropriate use of diversion and accuracy of trauma center resources.

**Infrastructure cont.**

325.135 (6) (b) 302.6	<p>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.</p> <p>This indicator is directed at the process for <b>prehospital triage</b> of trauma patients</p>	<p>0. Not known.</p> <p>1. There are no mandatory universal triage criteria to ensure trauma patients are transported to the most appropriate hospital.</p> <p>2. There are differing triage criteria guidelines used by different providers. Appropriateness of triage criteria and subsequent transportation are not evaluated for sensitivity or specificity.</p> <p>3. Universal triage criteria are in the process of being linked to the management information system for future evaluation. (Biospatial)</p> <p>4. <b>The triage criteria are used by all prehospital providers. The system wide evaluation of the effectiveness of the triage tools in identifying trauma patients and in ensuring that they are transported to the appropriate facility.</b></p> <p>5. System participants routinely evaluate the triage criteria for effectiveness. There is linkage with the trauma system, and sensitivity and specificity (over- and under-triage rates) of the tools used are regularly reported through the trauma lead authority. Updates to the triage criteria are made as necessary to improve system performance.</p>
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**Objectives for above indicator:**

1. By December 2025, the RTN, with the cooperation of the RPSRO, will have data from the management information system i.e., Michigan Emergency Medical Services Information System (MIEMSIS) that will evaluate the effectiveness of field triage of the trauma patient with the use of Biospatial.
2. By December 2025, A metric to measure adult and pediatric field triage protocol will be developed to be presented to RPSRO.

**Regional Performance Improvement**

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

Admin Rule HRSA #	Indicator	Score
325.134 (4) 206.1	<p>The RTN uses data reports to evaluate and improve system performance.</p> <p>This refers to any data reports and the RPSRO inventory</p>	<p>0. Not known.</p> <p>1. The RTN does not generate trauma data reports for evaluation and improvement of system performance.</p> <p>2. <b>Some general trauma system information is available to stakeholders, but it is not consistent or regular.</b></p> <p>3. Regional data reports are done on an annual basis but are not used for decision-making and/or evaluation of system performance.</p> <p>4. Routine reports are generated using regional trauma data and other databases so that the system can be analyzed, standards evaluated, and performance measured.</p> <p>5. Regularly scheduled reports are generated from regional trauma data and are used by the stakeholder groups to evaluate and improve system performance effectiveness.</p>

**Objective(s) for above indicator 206.1:**

1. By Feb 2025, the RTN will monitor and evaluate injury prevention programs through annual analysis of regional injury pattern data from the trauma registry to develop coordinated and targeted injury prevention offerings.
2. By December 2024, a resource guide of program offerings will be distributed to region 2 south trauma network partners to avoid duplication of efforts and facilitate collaboration of injury prevention initiatives. **(This has been completed)**

325.135 (6) 302.5 New Indicator	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.	<p>0. Not known.</p> <p>1. There is no retrospective medical oversight procedure for trauma triage, communications, treatment, and transport.</p> <p>2. There is a retrospective medical oversight procedure for trauma triage, communications, treatment, and transport by both the trauma system and the EMS system, but the two processes are in conflict with each other or use different review criteria.</p> <p>3. There is a retrospective medical oversight procedure for trauma triage, communications, treatment, and transport by the performance improvement processes of the trauma system or by the EMS system; however, this procedure is not coordinated.</p> <p><b>4. By the performance improvement processes of the trauma system, there is retrospective medical oversight for trauma triage, communications, treatment, and transport that is coordinated with the EMS system retrospective medical direction, or by performance improvement processes of the EMS system that are coordinated by the trauma system.</b></p> <p>5. There is retrospective medical oversight of the trauma triage, communications, treatment, and transport that is coordinated with the EMS system retrospective medical direction. There is evidence this procedure is being regularly used to monitor system performance and to make system improvements.</p>
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#### Objective(s) for above indicator 302.5:

1. By March 2026, data will be available from Biospatial on a regular basis. Once fully implemented and reported to the MCA's, the medical control authorities will send a report to the Medical Oversight Subcommittee for analysis and to serve as a basis for a retrospective review report to the RPSRO. Any necessary adjustments, changes, or corrections will be suggested after review. It will be reviewed by the RPSRO at their meeting, performance will be monitored, and modifications made if necessary.

#### Regional Performance Improvement cont.

Admin Rule HRSA #	Indicator	Score
325.135 (6) (d)	Collected data from a variety of sources are used to review the	0. Not known.

205.2	<p>appropriateness of all-inclusive regional trauma performance standards, from injury prevention through rehabilitation.</p> <p>This should focus on the development of a regional performance improvement process</p>	<ol style="list-style-type: none"> <li><b>1. There are no written, quantifiable regional system performance standards or performance improvement processes.</b></li> <li>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.</li> <li>The RTN has adopted written, quantifiable regional system performance standards.</li> <li>The RTN routinely uses data from multiple sources to assess compliance with regional system performance standards.</li> <li>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.</li> </ol>
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#### Objectives for above indicator 205.2:

1. By March 2025, the RTAC will use a variety of resources to review and revise the written performance standards for each of the following components of trauma care: injury prevention, communications, regional performance improvement, education, and continuum of care.

#### Continuum of Care

**Continuum of Care Benchmark:** The lead agency ensures that adequate rehabilitation facilities have been integrated into the trauma system and that these resources are made available to all populations requiring them.

Admin Rule HRSA #	Indicator	Score
325.132 (3) (C) (ii) (F) 308.1	<p>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.</p> <p>The regional work plan addresses the integration and</p>	<p>0. Not known</p> <p><b>1. There are no written plans for the integration of rehabilitation services with the regional trauma system or with trauma centers.</b></p> <p>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.</p> <p>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.</p> <p>4. The trauma system plan incorporates rehabilitation services throughout the continuum of care through</p>

	<p>participation of rehabilitation services within the continuum of care for trauma patients.</p>	<p>the use of written agreements. Trauma centers are actively including rehabilitation services and their programs in trauma patient care plans.</p> <p>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.</p>
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**Objective(s) for above indicator 308.1:**

1. By Dec 31, 2029, develop with input from rehabilitation partners, metrics that capture and report functional outcomes.
2. By March 2024, the RTN will obtain a list of the rehabilitation facilities within region 2 South and identify each as one of the following: acute inpatient rehabilitation, subacute rehabilitation (SAR), nursing home with rehab capabilities, nursing home, inpatient hospice unit, TBI rehabilitation unit, spinal rehabilitation unit, burn rehabilitation unit, or pediatric rehabilitation unit.
3. By Jan 2024, the rehabilitation list will be shared annually with trauma facilities in the region.
4. Throughout the 2024-2026 application period the rehabilitation list will be maintained and updated. **(List has been developed)**

**Trauma Education**

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

<p>325.132 (3) (C) (ii) (D) 310.10</p>	<p>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.</p>	<p>0. Not known</p> <p><b>1. The region has no process in place to inform or educate all personnel on new protocols or treatment approaches.</b></p> <p>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.</p> <p>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.</p> <p>4. The region has a <i>structured</i> process in place to <i>routinely</i> inform or educate all personnel on new protocols or treatment approaches.</p>
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		<p>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.</p>
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#### Objectives for above indicator 310.10:

1. During the 2024-2026 application period the RTN will monitor the process utilized by the Medical Control Authorities and Region 2 South Education Committee to educate all personnel on new protocols, treatment plans, and procedures.
2. Region 2 South will disseminate information regarding regional or statewide protocol changes or updates to all ED/Trauma partners via a special edition regional newsletter, as a point of distribution and education.

#### Trauma Education cont.

<p>N/A</p> <p>207.4</p> <p>Michigan Trauma System Strategic Plan 2024-2029</p>	<p>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 education and training about the plan, how the plan components are interconnect, how the plan is integrated into existing work and how the plan will be reported. NOTE RTN ROLE IS TO "PROMOTE"</p>	<p>0. Not known</p> <p>1. There is no written public information and education plan on trauma system or injury prevention and control.</p> <p>2. <b>There is a trauma system public information and education plan, but linkages between programs and implementation of specific objectives have waned.</b></p> <p>3. There is a trauma system, and injury prevention plans have a linked public information and education component that has specific timetables and measurable goals and objectives.</p> <p>4. The trauma system public information and education plan are being implemented in accordance with the timelines established and agreed on by the stakeholders and coalitions.</p> <p>5. The trauma system public information and education plan are being implemented in accordance with the timelines. Data concerning the effectiveness of the strategies are used to modify the plan and programs.</p>
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### Objectives for above indicator 207.4:

1. By January 2025, Region 2 South will have a coordinated information repository in which best available evidence-based trauma education and injury prevention can be readily shared with regional trauma partners.
2. By January 2025, Region 2 South education materials will be reviewed by the Injury Prevention Subcommittee on an annual basis to ensure relevance to top MOI's and that information reflects the best available evidence.

### Regional Summary:

Region 2 South has been active with the Professional events with region 2 Coalition health Region 2 South as the lead for R2 to provide information.

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### 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: December meeting was canceled.
- ☒ 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:
- ☒ 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 ImprovementIf 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:

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

Regional Trauma Coordinator: Denise Kapnick Date: \_\_\_\_\_