

# MICHIGAN ANNUAL REGIONAL TRAUMA REPORT-2024

## REGION 8

**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.

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## OVERVIEW AND ASSESSMENT OF RESOURCES

### Demographics:

The Upper Peninsula (UP) referred to as Region 8 is a scenic rural area that encompasses 29% of Michigan's landmass and 3% of the population. The University of Michigan and NOAA define the UP as one of the largest and most distinct snowbelts in the United States. Lake-effect snow can continuously fall with snow averages of 60 to 300 inches depending upon location. Transportation within the region is mostly by vehicle on two lane highways. There are 13 hospitals of which 8 are trauma centers. One single-engine medical rotor and two medical fixed wings are stationed in the UP.

Three universities, five colleges, and numerous trades schools are in Region 8's more populated areas. Per InvestUP, healthcare and retail trade are the largest industry sectors among UP job postings. Additionally, they have cited a declining population and workforce nearing retiring age pose looming regional challenges for employers. There is proactive attraction of new talent to the UP by campaigning for remote workers, individuals with ties to the area, and those with skills to fill the high-demand occupations. The economy is bolstered by tourists seeking seasonal recreation opportunities.

Forty-two Upper Peninsula local public health departments, health systems, community mental health agencies, and substance abuse services coordinating agencies prepared the last Community Health Needs Assessment. Key themes: the COVID-19 Pandemic, Impact of Aging Population, Importance of Prevention, Social Determinants of Health. The top 4 priorities named in the Community Health Needs Assessment are: health insurance access, unemployment / wages / economic conditions, drug use, shortage of mental health programs or affordable mental health care.

**Medical Control Authorities:**

MCA Name	Medical Director
Baraga	Viktoria Koskenoja, MD ( <i>new</i> )
Bay Area (located in Wisconsin & not part of R8 Trauma)	Jeffrey Swift, MD
Delta	Robert Benkendorf, MD
Dickinson	Spencer Franchi, DO ( <i>new</i> )
Eastern	Kyle Raycraft, MD MBA
Gogebic Iron Ontonagon	Michael Clark, DO
Keweenaw Houghton	Joshua VanderLugt, MD ( <i>new</i> )
Luce	Andrew Ostosh, MD ( <i>new</i> )
Marquette Alger	Amadeo Sturla, MD ( <i>new</i> )
Schoolcraft	David Schoenow, MD

**Designation Status of Facilities in Region:**

Facility Name	Designated Yes or No	Level of Designation
Aspirus Iron River	No	IV
Aspirus Ironwood	Yes	IV
Aspirus Keweenaw	No	IV
Baraga County Memorial	Yes	IV
Helen Newberry Joy	Yes	IV
Marshfield Medical Dickinson	Yes	IV
Munising Memorial	No	IV
MyMichigan Sault	Yes	IV
OSF St. Francis	Yes	IV
Schoolcraft County Memorial	No	IV

UP Health System Bell	No	IV
UP Health System Marquette	Yes	II
UP Health System Portage	Yes	III

## Governance:

### Regional Trauma Network (RTN) Board

	Name and Title
Chairperson	Shelly Reeves, HNJB Trauma Program Coordinator and Luce County MCA Coordinator
Vice Chairperson	Elizabeth Ross, Schoolcraft County MCA Coordinator

### Regional Trauma Advisory Council (RTAC)

	Name and Title
Chairperson	Shelly Reeves
Vice Chairperson	Elizabeth Ross

### Regional Professional Standards Review Organization

	Name and Title
Chairperson	vacant
Vice Chairperson	Wade Liston, MD, UPHS Portage Trauma Medical Director

### Governance Activity Report:

- Regional Trauma Network Board (RTN Board) only meets once a year because of the in-person requirement, which does affect regional activity, and their attempt to address this is to make motions that empower the RTAC to conduct business.
- Significant turnover continues to occur with MCAs, hospitals, and life support agencies coupled with lack of succession plans.
- Regional Professional Standards Review Organization (RPSRO): Struggles with physician attendance. Given that the RTN must meet in person to appoint members, turnover is a complicating factor.

## Work Plan Objective Progress and Highlights:

### Injury Prevention (IP)

<b>Indicator 325.135(2), 306.2, Michigan Trauma System Strategic Plan:</b> The RTN is active within the region in the monitoring and evaluation of regional injury prevention activities and programs and gaps in delivery including outcome data.
<b>Regional Score: 1</b> The RTN does not actively participate in the monitoring and evaluation of injury prevention activities and programs in the region.
<b>Objective:</b> By April 2024, the Regional Trauma Coordinator (RTC) will reach out to the Upper Peninsula Commission for Area Progress (UPCAP), which serves as a regional coordinating body, advocate, and focal point for aging services and aging resources to senior citizens in the Upper Peninsula of Michigan. UPCAP will be asked to partner with the Region 8 Trauma Network (RTN) by providing monitoring and evaluation of the Matter of Balance programs to the RTN.
<b>Progress:</b> Contact with the UPCAP representative has not been successful and colleagues indicated they've had a vacancy in the position. Trauma programs across the region have experienced inconsistency with Matter of Balance programs in their communities.

  

<b>Indicator 325.135(2) 203.5, Michigan Trauma System Strategic Plan:</b> The RTN has developed implemented and updated 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. The plan reflects the State of Michigan Trauma System Injury Prevention Plan (2021) The plan will address partnerships, integration with national programs, and program evaluation.
<b>Regional Score: 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>Objective:</b> By December 31, 2024, the RTAC will identify and address gaps in their regional injury prevention programs, update their regional injury prevention plan, and describe the current status in the Region's annual report.
<b>Progress:</b> Injury prevention is slated for the February 2025 RTAC agenda with anticipated reforming of the IP Plan ad hoc committee.

  

<b>Strategic Plan #SP1:</b> By January 1, 2024, Bi-annual surveillance reports from the Michigan Trauma Registry for the Regional Inventories will include, at a minimum, the top 3 causes of injury in each of the 8 Regions. <b>#SP2:</b> 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. <b>Region 8 does not have an injury prevention committee and opts for injury prevention discussion and decisions</b>
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**during the report section. All reference to the RTAC Injury Prevention committee in this workplan is to be interpreted as work of the RTAC. #SP3:** The regional IP committee will analyze the number and type of programs that directly address the top 3 injuries programs in their region as reported in the Inventory. **#SP4:** By December 31, 2024, each regional IP committee will identify and address gaps in their regional programs. IP plans will be updated. Progress on this objective will be reported on the Regional Trauma Coordinator's (RTC's) annual report. **#SP8:** By December 31, 2025, support ongoing, effective collaborations and integration of existing community health programs and injury prevention. The RTC shall by December 31, 2024, establish communication pathways between the local health department community program contacts, community health workers, and the Region 8 hospital trauma program injury preventionists. **#SP9:** By December 31, 2025, The RTNs will work with a minimum of one other local agency on injury prevention education and/or interventions to mitigate a minimum of one of the top 3 injuries in their region. This can be accomplished at the regional or hospital level. **Region 8 throughout this workplan 2024-2026, shall continue to work with the Michigan Department of Natural Resources Ride Right committee, which addresses our "other land transport" causes of injury.**

**Progress:** The top 3 external cause codes (mechanisms of injury) were provided to the RTAC. Some of the strategic planning directives are running behind schedule. IP is on the February 2025 RTAC meeting agenda. The RTN and RTAC have continued regional projects working with the MDNR Ride Right program for other land transport, which is R8's second or third external cause code depending upon time of the year. The RTC represented the region at the state of Michigan Snowmobile Advisory Workgroup meeting, and also represents R8 at the monthly RideRight committee meetings. Aggregate statistical analysis conducted by the RTC is shared with the committee, so the statewide program remains data driven. Statistics for slips, trips, and falls was distributed to RTAC for individual hospitals to address in their injury prevention planning efforts. The RTN supported R8 Trauma Network partnering with the Office of Highway Safety Planning to author, implement and administer a bystander care course called Until Help Arrives. The RTC and UPHS Marquette Injury Preventionist are co-leads for this program. They authored an instructor training using the FEMA Until Help Arrives curriculum with added modules on intended audience, course implementation, documentation, and logistics. Instructor courses occurred and more are scheduled. A medical student was recruited to be the analyst of the program participants. Pre and post surveys were authored by the medical student and course instructors collect that information for his analysis and reporting to the OHSPCo-leads meet with OHSP quarterly.

## Communications

### **Indicator 325.132(3)(c)(ii)(B) 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. This is directed as communications during a Mass Casualty Incident.

### **Regional Score: 3**

There are written regional EMS communications procedure for major EMS events. These procedures do not involve other jurisdictions and are not coordinated with the overall regional response plans or incident management system.

**Objective:** Through Dec. 31, 2026, Region 8's large scale medical communications procedure will continue to be reviewed annually by the Region 8 MCA Network and brought to Regional Preparedness for further distribution to hospitals, health departments and county emergency managers (who will share with dispatch agencies and dispatch policy boards).

**Progress:** The RTC was added to the Region 8 Homeland Security Board meeting agendas. One of the items shared with the Homeland Security Board composed on county emergency managers, some dispatch centers, local public health emergency preparedness coordinators, and MSP emergency management was the large-scale medical communications procedure.

**Indicator 325.132(3)(c)(ii)(B) 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. This is directed at a failure in hospital communications systems, which effects the ability to relay information to receiving facilities regarding interfacility transfers.

**Regional Score: 4**

There are uniform, regional communication procedures for arranging patient transfers and there are redundant procedures in the event of communications failure.

**Objective:** Through Dec. 31, 2026, annually, the RTC shall seek revisions and maintain the communications redundancy table for every R8 hospital.

**Progress:** The RTC queried hospitals to update the communications redundancy table (spreadsheet) and provided an updated copy at Region 8 Healthcare Coalition meeting, Region 8 Homeland Security Board meeting, and on file for MEDCOM planning efforts.

**Objective:** By April 2024, establish a procedure with Regional Preparedness for hospitals to notify the Region 8 Medical Coordination Center (R8MCC) should they experience a communications failure and place that information on EMResource.

**Progress:** The HCC agreed to this process. A reminder of this procedure is on slate for the January HCC meeting.

## Infrastructure

**Indicator 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.

**Regional Score: 2**

EMS and trauma medical directors collaborate in the development or protocols for pre-hospital providers providing care to trauma patients.

**Objective:** By February 2024, the RTN shall continue its request of Region 8 MCAs and hospital trauma programs to document their medical directors' collaboration by report at their respective meetings and evidenced in their minutes.

**Progress:** Completed. In January 2025, the RTC will ask for MCA meeting minutes.

**Objective:** By September 2024, the RTN shall endorse the state approved trauma protocols.

**Progress:** Completed.

**Indicator 235.132(3)(c)(ii)(E) 302.2, Michigan Trauma System Strategic Plan**

There is a clearly defined, cooperative, and ongoing relationship between regional trauma physician leaders and the EMS system medical directors in the region. Develop and implement a process for trauma stakeholders to discuss and plan data driven interventions for issues related to triage, communication, treatment, transport, and protocols.

**Regional Score: 3**

Trauma medical directors or designated trauma representatives participate in EMS oversight through participation in local medical control authority meetings. However, there is no formal written relationship.

**Objective:** By December 2024, the RTN will author a procedure template for MCAs and hospital trauma programs to adopt that formalizes the relationship between trauma medical directors and MCA medical directors and the content to which there should be collaboration, i.e., medical directors and trauma medical directors invited to provide input on MCA PSRO reports that involved trauma care.

**Progress:** Not completed. With half of the MCA medical directors new to their positions this year, regional trauma orientations may need to be extended to MCA MDs. The RTC and the SOM MCA Coordinator remain in consistent contact regarding R8 MCA leadership and approved protocols.

**Indicator 325.135(6)(c) 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. This indicated is directed at the process for diversion of a trauma patient from a hospital.

**Regional Score: 1**

There is no regional plan to identify the number, levels, and distribution of trauma facilities. There is no regional diversion protocol.

**Objective:** By December 2026, the RTN and the Region 8 Healthcare Coalition (R8HCC) will conduct a half-day workshop and four tabletop exercises (UP west, central, south, east) that incorporate a hospital being unable to accept any patients because of a natural and/or manmade disaster. The results of this will provide the foundation for diversion plan development during the next workplan.

**Progress:** RTC has requested collaboration with R8HCC on this objective.

**Indicator 325.136(d) 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. This indicator is directed at the process for interfacility transfers of a trauma patient.

**Regional Score: 2**

There is a fragmented system, usually event based, to monitor the interfacility transfer of trauma patients.

**Objective:** By December 2024, establish a report from the trauma registry that tracks interfacility transfers in Region 8. This report shall include the following registry fields: incident date, incident county, age, gender, patient home county, primary external cause code, ISS, primary diagnosis, highest activation, transferring facility name, receiving facility name, time of order, time of departure, ED disposition, hospital disposition, transport mode, other transport mode, interfacility transfer, time of arrival receiving facility.

**Progress:** Completed.

**Indicator 325.135(6)(b) 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. This indicator is directed at the process for prehospital triage of trauma patients.

**Regional Score: 3**

Universal triage criteria are in the process of being linked to the management information system for future evaluation. (biospatial)

**Objective:** By October 2024, the RTC will work with the Region 8 Medical Control Authority Network (R8MCAN) to ensure that EMS providers are educated regarding the 2022 National Trauma Triage Criteria and their respective EMS Trauma Triage Protocols with additional education on how to document in their patient care reports.

**Progress:** While EMS staff have a regional module prepared by the RTC and the Delta County MCA Director on behalf of the region, the ePCR documentation tool offered freely to EMS providers in Michigan does not allow the new choices to match this criterium. Extracting reports for the patients meeting trauma triage is also encumbered by a definition in the analysis software that would include items such as clavicle fractures for chest wall instability, tib/fib or rad/ulna as two long bone fractures, etc. Those types of injuries do not meet the criteria, but the vendor is unable to extract them definitively. The concern with this definition and reporting is hyperinflation of patients meeting severe and moderate injury status.

**Indicator 325.135(6) 303.1, Michigan Trauma System Strategic Plan**

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: 1**

There is no regional plan that outlines roles, resources and responsibilities of all acute care facilities treating trauma and/or of facilities providing care to specialty populations.

**Objective:** By December 2024, the hospitals shall review where they transfer patients, in-region and out-of-region, to ensure congruency with the closest and most appropriate to determine if there are areas of opportunity for improving transfers.



**Progress:** Not completed as described. R8MCAN formed a regional patient movement committee. The RTC has been assisting that network in transfer reports from biospatial. Additionally, the RTAC formed a geriatric ad hoc committee to read and digest the updated ACS Geriatric best practices document. That ad hoc committee authored education on initial patient surveys A – F. This education is available on the R8MCAN.org website for continued refreshment.

**Indicator 325.132(3)(c)(ii)(E) 208.2, Michigan Trauma System Strategic Plan**

The incident management and trauma systems have formal established linkages for system integration and operational management. This is directed at the Trauma Network's collaboration / integration with the Regional Healthcare Coalition including planning and participation in exercises.

**Regional Score: 2**

There are limited linkages or interfaces between the incident management and trauma systems specific to mass casualties.

**Objective:** Through December 31, 2026, the Region 8 Preparedness Coordinator and Assistant Coordinator will be invited to participate in the RTAC as ex officio, non-voting members. The RTC shall continue to be a R8HCC member. Both organizations throughout the application period shall continue to keep each other informed of applicable tasks and duties. The RTC will continue to be a R8MCC member.

**Progress:** Completed.

### Continuum of Care

**Indicator 325.132(3)(c)(ii)(F) 308.1, Michigan Trauma System Strategic Plan**

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. The regional work plan addresses the integration and participation of rehabilitation services within the continuum of care for trauma patients. Metrics that capture functional outcomes are reported.

**Regional Score: 1**

There are no written plans for the integration of rehabilitation services with the regional trauma system or with trauma centers.

**Objective:** By December 2026, as findings occur with the statewide rehabilitation project, the RTAC shall be advised and tasked with elements required by the Department.

**Progress:** Waiting for information from the statewide rehabilitation project to take to RTAC.

### Regional Performance Improvement

**Indicator 325.134(4) 206.1, Michigan Trauma System Strategic Plan**

The RTN uses data reports to evaluate and improve system performance. This refers to any data reports and the RPSRO inventory, and a comprehensive system inventory that informs the RTN on system functioning.

**Regional Score: 4**

Routine reports are generated using regional trauma data and other databases so that the system can be analyzed, standards evaluated, and performance measured.

**Objective:** By December 31, 2026, with ongoing support of the RTC, the RPSRO will review biannual inventories with complimentary information to inform the RPSRO.

**Progress:** Completed.

**Indicator 325.136(d) 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: 2**

There is a regional bypass protocol that allows bypass of an acute care facility but does not provide guidance for what the more appropriate facility may be.

**Objective:** By January 2024, the MCAs in Region 8 shall adopt the most current version of the state protocols that address trauma bypass thereby rendering a regional bypass protocol unnecessary.

**Progress:** Completed.

**Indicator N/A 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: 2**

Plans are in place to provide information to the broad medical community in response to a particular trauma system event or issue.

**Objective:** By April 2024, based upon survey findings during the last application cycle, the RTC shall assemble a toolkit or handbook that includes templates that hospital trauma programs can use to inform the broad medical community.

**Progress:** Completed. The What is Trauma toolkit is written for a variety of audiences, i.e., internal employees, non-health system employed medical community, general community.

**SP25:** By December 31, 2026, there is documented evidence in the Region's Annual Report of a plan to address a minimum of one identified gap or opportunity in the following year.

**Objective:** The RTN shall continue to establish regional benchmarks on a yearly cadence and will continue to do such through December 2026. Examples: 120 minute door to door time for Level 1 activations that need transfer; MCA medical directors and TMDs collaboration evidence by meeting minutes; yearly outreach to the broad medical community; regional injury prevention data collection to assist statewide campaign.

**Progress:** Completed.

## Trauma Education

<p><b>Indicator 325.132(3)(C)(ii)(D) 310.(3)(4)(6):</b> The regional trauma network establishes and ensures that appropriate levels of EMS, nursing and physician trauma training courses are provided on a regular basis.</p>
<p><b>Regional Score: 2</b> There are regional trauma training standards for EMS personnel, nurses and physicians but there is no requirement for course attendance.</p>
<p><b>Objective:</b> Through December 2026, the RTN shall expand the recommended trauma education list to include courses for trauma registrars. The list shall continue to be published on the R8MCAN.org website &gt; Trauma.</p>
<p><b>Progress:</b> The website where trauma information was housed was no longer financially supported. This is the same website with all of the R8 MCAs' protocols. A new website was created, is supported and populated.</p>
<p><b>Objective:</b> The RTN shall continue to use its R8TRAUMA Facebook page to provide trauma education relevant to EMS personnel, nurses, physicians, registrars, injury prevention staff, and community members.</p>
<p><b>Progress:</b> Completed.</p>

<p><b>Indicator 325.132(3)(C)(ii)(D) 310.10:</b> 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><b>Regional Score: 3</b> 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><b>Objective:</b> By January 2024, the RTC shall work with the R8MCAN to establish a new protocol training for prehospital and ED providers.</p>
<p><b>Progress:</b> The RTC and the Delta County MCA Director created this module and made it available to the R8 MCAs.</p>
<p><b>Objective:</b> By January 2024, the MCAS shall use the established R8 process of submitting their updated protocols to the R8MCAN administrator so the R8MCAN.org website can be updated.</p>
<p><b>Progress:</b> With the creation of a new website no longer housed with the R8MCAN administrator and the expansion of the state portal for MCAs to see their adopted protocols, a new process in populating the regional website was undertaken and is working.</p>

### Regional Summary:

- The turnover of representatives continues to increase the RTC continually orients personnel who work for hospitals, MCAs, and other organizations. The RTAC continues to be a strong entity with wide-spread attendance, a result of its structured meetings and

intent to always provide education that is relevant to prehospital and hospital participants. Because of such thin resources throughout the region, the RTC continues to act as a liaison and conduit for the RTAC and RTN within a variety of boards, councils, and special interest groups.

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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: Virtual RTAC meetings occur quarterly. RTN meeting is annual because of the requirement to be in-person.

- ☒ 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.

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

☐ Regional Injury Prevention – not all hospitals have attended RTAC.

☐ Regional Performance Improvement – not all hospitals have attended RTAC.

☒ Submission of registry data to ImageTrend –however, not all hospitals have submitted complete data.

- ☐ Regional trauma plans completed (attach copy of plan or state “in progress”)

☒ Regional Injury Prevention

☐ Regional Trauma Education

☒ Regional Performance Improvement

A regional trauma education plan is not outlined in the regional workplan. Our education is based upon informing members of needs and upcoming opportunities.

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

Regional Trauma Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_