

MICHIGAN ANNUAL REGION 2N TRAUMA REPORT-2025

REGION - 2 NORTH

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 North is made up of three counties: Oakland, Macomb, and St. Clair. According to the July 1, 2024 Census Bureau, Region 2 North is home to an estimated 2,343,371 residents making it the second-most populated trauma region in Michigan. Resources in the area include eighteen hospitals: One American College of Surgeon's (ACS) verified Adult Level I / Pediatric Level II trauma center, eight ACS verified Level II trauma centers, four ACS verified Level III trauma centers, three State of Michigan verified Level III trauma centers, and one State of Michigan verified Level IV trauma center. The Region is supported by eighty-one emergency medical service (EMS) agencies, including fifty-six advanced life support (ALS) and fifteen basic life support (BLS) transporting services. In addition, there are two transporting helicopter services.

Medical Control Authorities:

MCA Name	Executive Director
Oakland County Medical Control Authority	Bonnie Kincaid
Macomb County Medical Control Authority	Debbie Condino
St. Clair County Medical Control Authority	Ken Cummings

Designation Status of Facilities in Region:

Facility Name	Designated	Level of Designation
Corewell Health Beaumont-Grosse Point	Yes	III
Corewell Health Beaumont-Troy	Yes	II
Corewell Health-Farmington Hills	Yes	II
Corewell Health William Beaumont University-Royal Oak	Yes	I Adult II Ped
DMC-Huron Valley Sinai	Yes	III
Henry Ford-Macomb	Yes	II
Henry Ford-Madison Heights	Yes	IV
Henry Ford Providence-Novı	Yes	II
Henry Ford Providence-Southfield	Yes	II
Henry Ford-River District	No	
Henry Ford-Rochester	Yes	III
Henry Ford-Warren	Yes	III
Henry Ford-West Bloomfield	Yes	III
Lake Huron Medical Center	Yes	III
McLaren-Macomb	Yes	II
McLaren-Oakland	Yes	II
McLaren-Port Huron	Yes	III
Trinity St. Joseph Mercy-Oakland	Yes	II

Governance:

Regional Trauma Network (RTN) Board

	Name and title
Chairperson	Debbie Condino, Executive Director Macomb Co. MCA
Vice Chairperson	Bonnie Kincaid, Executive Director Oakland Co. MCA

Regional Trauma Advisory Council (RTAC)

	Name and title
Chairperson	Dr. Mandip Atwal, Trauma Medica Director McLaren Macomb
Vice Chairperson	Open

Regional Professional Standards Review Organization

	Name and title
Chairperson	Chris McEachin, Henry Ford Macomb Trauma Program Manager
Vice Chairperson	Open

Governance Activity Report:

- Regional Trauma Network Board (RTN Board):

The 2 North RTN Board continued to focus on ways to evaluate system performance as part of regional performance improvement. The RTN board continues to make every effort to regionalize protocols so there is consistency across all three counties creating a seamless approach for patient care. Macomb MCA is working with two agencies and hospital stakeholders on a protocol for blood administration in the field. The final year of the regional trauma network 2024-2026 work plan will continue to be the focus.

- Regional Trauma Advisory Council (RTAC):

The 2 North RTAC has strived to ensure that quality trauma care is being delivered. The Region 2 North trauma system continues to mature. Good participation with region 2 North Healthcare Coalition assures continued collaboration between pre-hospital, hospital, and preparedness. The three MCAs continue to monitor and evaluate the trauma system in totality. The council brought best practice guidelines to the group related to new ACS requirements, discussed pre-hospital blood administration, TXA use for traumatic TBI and other non-traumatic patients. With the State System of Care (SOC) Unit engaged with Stroke and STEMI service lines, administrative rules, and seating the advisory boards for each, there has been good conversation as to what the regional footprint will look like.

- Regional Professional Standards Review Organization (RPSRO):

The RPSRO committee has focused on obtaining useful data to review and assess field triage and destination decisions for overall system performance. Each MCA along with the RPSRO committee will be reviewing every prehospital administration of TXA, antibiotics and with the addition of a Macomb MCA approved pre-hospital blood administration, the committee will begin reviewing that in 2026. In addition to the above stated reviews, the RPSRO continues a review of pediatric trauma patients to assess field triage and decision making for this population. The committee developed a "report card" for the top transporting agency in each county assessing the eDisposition.23 data element specific to provider documentation of the "hospital capability" to treat injured patients (Trauma Center I-IV). This review will allow for system improvement and data

quality, and a more accurate assessment of field triage and destination decision making as required in the administrative rules.

Work Plan Objective Progress and Highlights

Injury Prevention

Indicator 306.2: The RTN is active within the region in the monitoring and evaluation of regional injury prevention activities and programs.

Objective: The RTN's Injury Prevention Subcommittee will coordinate quarterly injury prevention activities based upon demographic injury patterns; this will continue through the 2024-2026 application period.

Progress: The IP committee met quarterly throughout the year with special attention to the top 3 mechanisms of injury in the region. Falls continue to be the primary cause of trauma and many of the outreach initiatives were focused on that. There are few to no duplications of efforts regarding activities, and ongoing evaluation of the system will continue.

Indicator 203.5: The RTN has developed a written injury prevention plan. The injury prevention plan is data driven and targeted programs are developed based upon high injury risk areas. Specific goals with measurable objectives are incorporated into the injury prevention plan.

Objective: By December 31, 2026, future epidemiological data will also provide more detailed data on the etiology of the most common causes of injuries i.e., the causes of traumatic brain injury, the most common injuries associated with falls, ground level and other types.

Progress: The region continues to seek data that can validate the system's performance. The regional injury prevention committee continues to review the IP plan. Targeted programs related to falls, motor vehicle crashes, and pedestrian injury specific to electric bike/scooter incidents were the focus throughout 2025. Data will still be the driving factor determining which programs are needed. The biospatial aggregate data reports are currently being evaluated quarterly by the committee and will continue to be the driving focus for any modification in outreach efforts.

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.

Objective: During the 2024-2026 application period, the RTN will continue to monitor regional EMS communication procedures for major EMS (mass casualty) events that are multijurisdictional and coordinated with the incident management system. Building off the eBridge communications platform in R2N specific to mass casualty notification, coordinated communication may already exist.

Progress: Regional exercises via hands-on or tabletop take place often throughout the year. There is a well-established incident command system that guides the mass casualty scene. This indicator will continue to be monitored throughout the final year of the 2024-2026 regional workplan and additional discussions were held at the RTAC regarding the new ACS requirements related to MCI communications.

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.

Objective: By December 31, 2025, the RTN, with the assistance of the RTAC, will identify if there is linkage between inter-facility communication procedures and EMS patient transfer protocols.

Progress: There are well established transfer systems using “transfer center” procedures throughout the region that help streamline the process. Discussion at the RTAC related to communication procedures to ensure there are redundancies built in if there is a communication system failure have taken place in 2025 with little progress made on confirming redundant abilities. This will be an indicator addressed in 2026.

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.

Objective: During the 2024-2026 application period, the RTN, in conjunction with local medical control authorities (MCA’s), regional EMS providers, EMS medical directors, and the RPSRO will strive for optimal outcomes based on program effectiveness using correlating data.

Progress: The RTN continues to use biospatial data to evaluate known gaps in EMS documentation. Targeted education for the top volume transporting agency in each county related to eDisposition.23 - “hospital capability” continue. The RPSRO will share “report cards” for these agencies that will illustrate progress with accurate, valid documentation that will allow for an accurate system performance evaluation of trauma triage and decision making for destination.

Infrastructure continued

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.

Objective: The RTN trauma medical directors and/or appointees will demonstrate active participation in regional medical oversight and will build upon relationships with the local MCAs through participation in local MCA regular meetings as evidenced by attendance rosters and meeting minutes to show coordination of efforts.

Progress: The region still needs to develop written responsibilities for TMD's and EMS MD's, however, there is good participation regionally among both. Entering 2026, the goal will be for the MCAs to outline responsibilities for each and determine a clear relationship.

Indicator 303.2: The regional trauma network plan should ensure that the number, levels, and distribution of trauma facilities are communicated to all partners and stakeholders. The RTN should develop procedures to ensure that trauma patients are transported to an appropriate facility that is prepared to provide care.

Objective: During the 2024 to 2026 application period, the RTN, with the cooperation of the RPSRO and RTAC, will use registry and biospatial® data to assess field triage and destination decision making for pediatric and adult patients. This data will be used to make decisions about trauma center diversion procedures regionally.

Progress: This year will focus on the "hospital matrix" that was finalized and implemented regionally in each MCA. 2026 will bring much discussion and work to implement Stroke and STEMI into the current regional structure as trauma as well as within the matrix outlining for EMS where the most appropriate facility is for each service line based on 24/7 hospital services offered.

Indicator 303.4: When injured patients arrive at a medical facility that cannot provide the appropriate level of definitive care, there is an organized and regularly monitored system to ensure the patients are expeditiously transferred to the appropriate, system defined trauma facility.

Objective: By December 31, 2025, the RTN, with the assistance of the RPSRO, will develop a system to collect data that will allow for the monitoring of interfacility transfers.

Progress: The interfacility transfer process has been part of a state initiative ad-hoc EMSCC patient movement committee. With the accessibility of Image Trend Registry Reports, monitoring transfers has become more precise, and has given the region the ability to determine if the system is functioning as needed.

Infrastructure continued

Indicator 302.6: The region has adopted mandatory regional pre-hospital triage protocols to ensure that trauma patients are transported to an appropriate trauma center based on their injuries. The triage protocols are regularly evaluated and updated to ensure acceptable and region-defined rates of sensitivity and specificity for appropriate identification of a major trauma patient.

Objective: During the 2024-2026 application period, appropriate prehospital triage of trauma patients will be evaluated, reported, and modified as indicated, using the biospatial® software application.

Progress: Completed, with the updated ACS Trauma Triage Criteria along with the education surrounding documentation gaps, field triage of trauma patients can be more accurately assessed. The region will continue to monitor the progress made on a quarterly basis and shared with the RPSRO and RTAC in 2026.

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).

Objective: The RTN will continue to update roles, resources and responsibilities of all acute care facilities treating trauma within our region as changes occur and outline the specialty care services available.

Progress: Completed and will continue to monitor for any necessary changes.

Regional Performance Improvement

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

Objective: During the 2024-2026 application period, the RPSRO in will continue to evaluate inventory data and develop additional methodologies to improve system performance.

Progress: During 2025 there were changes made to the Regional Inventory that offer more data to review as it relates to system improvement. This will continue to be utilized and monitored throughout 2026.

Indicator 205.2: Collected data from a variety of sources are used to review the appropriateness of all-inclusive regional trauma performance standards, from injury prevention through rehabilitation.

Progress: While obtaining data has been an arduous task, biospatial has begun supporting the ability to assess compliance with regional performance standards. This will be an ongoing evaluation moving through the 2024-2026 work plan.

Regional Performance Improvement continued

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

Objective: By December 31, 2026, the EMS and Trauma system performance improvement will retrospectively be evaluated, monitored, and modified as indicated, using the biospatial® software application.

Progress: There is progress being made. Identified gaps in EMS documentation that pertain to triage and destination decision making are being closely monitored with targeted education throughout the region. Measurable progress has been made to assess performance improvement, and these efforts will continue into 2026.

Continuum of Care

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

Objective: The RTN, with participation of the RTAC, will identify regional rehabilitation resources through the completion of the RPSRO Inventory.

Progress: There has been little progress with this indicator. Statewide committee and contracted assessments are underway to give understanding where gaps may be and understanding how to create a complete continuum of care for trauma patients.

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 on a regular basis.

Objective: During the 2024-2026 application period, the RTN, with the RTAC education subcommittee, will continue to regularly review the initial and ongoing education that all trauma care providers receive, to include updates in trauma care, continuing education, and certifications as appropriate.

Progress: Completed, ongoing evaluation of this will continue.

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.

Objective: During the 2024-2026 application period, R2N RTN will continue to monitor and assess the structured process used by the region's Medical Control Authorities to educate all personnel on new protocols or treatments in a timely manner to show compliance with new procedures.

Progress: Completed, ongoing evaluation of this will continue.

Regional Summary:

Region 2 North has been challenged with ongoing hospital systems mergers. During 2025, the region had 5 Ascension facilities transition into the Henry Ford system. EMS availability improved from the previous year, yet staff turnover within hospitals remains a concern. The RTC participated in four R2N ACS re-verification reviews and two In-State re-verification reviews. In a collaborative effort with R3 RTC, 2N was included in discussion and implementation of pre-hospital blood administration for hypovolemic patients.

The RPSRO will implement a review process for any blood given by EMS beginning in 2026 and continue to retrospectively review pre-hospital administration of TXA and Antibiotics. In the last quarter of 2025, Macomb County MCA along with two EMS agencies approved a blood administration protocol.

Another regional project that was completed in 2025 is the EMS Hospital Matrix that outlines each facilities resource's available 24/7/365. This is proving to be a valuable tool as the region begins to include Stroke and STEMI into the system giving EMS a defined list of where the resources are. The MCAs will monitor and update the matrix on an annual basis.

The IP committee continues to meet focusing on falls, MVC's, firearm injuries and added pedestrian injury as the top mechanisms of injury moving into 2026.

The RTC, with the assistance of the regions MCA QI coordinators developed a targeted education for the top volume agency in each MCA related to EMS documentation data elements. eDisposition.23 (Hospital Capability) was targeted through 2025 and the education yielded vast improvement. This project is intended to close the gap on unreliable data used to assess field triage and destination decision making and highlight regional performance improvement.

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.
- 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 is completed.
- All MCAs are participating in the RTN
- 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 in place (as needed). RPRSO corresponds annually (at a minimum) with RTN regarding PI. Minutes, materials stored by RTC.

If it is not completed, please explain:

RTN Board Chairperson: *Debbie Condino*

Date: 1-08-26

Regional Trauma Coordinator: *Doug Burke*

Date: 1-08-26