MICHIGAN ANNUAL REGION 6 TRAUMA REPORT-2025

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 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. According to the U.S. Census Bureau[1] the July 2025 Region 6 population is approximately 1.5 million. West Michigan enjoys one of the fastest-growing economies in the U.S.[1] with the Grand Rapids Metropolitan Service Area contributing significantly to its thriving economy, good jobs, educational opportunities, healthcare, and affordable housing. The Right Place website notes that West Michigan has made "significant gains to…progress in terms of racial diversity"[3]. However, there are disparities as well. According to the Census Bureau, there are five counties in the region where more than 20 percent of their population live below the poverty line.[2]
Region 6 has 20 hospitals, 9 Medical Control Authorities, 12 Advanced Life Support (ALS) agencies, one of which is aeromedical transport, and 7 local Health Departments. Three health systems comprise most of the hospitals in the region- Corewell Health, Trinity Health, University of Michigan Health. The Regional Trauma Network is comprised of members from all the hospitals and Medical Control authorities.

Medical Control Authorities:

MCA Name	Medical Director
Ionia Medical Control Authority	Brett Reich, DO
Kent Medical Control Authority	Todd Chassee, MD

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

MidCentral MCA (Clare, Isabella)	David Kramp, MD
Mason Medical Control Authority	Ben Sulka, MD
Montcalm Medical Control Authority	Carrie Clark, DO
Muskegon Medical Control Authority	Nicholas McManus, DO
Newaygo Medical Control Authority	Ryan Munsell, MD
North Central Michigan Medical Control Authority (Lake, Mecosta, Osceola counties)	Timothy Schiller, MD
Oceana Medical Control Authority	Loren Reed, DO
Ottawa Medical Control Authority	Jim Walters, DO

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

Designation Status of Facilities in Region:

Facility Name	Designated Yes or No	Level of Designation
Holland Hospital	Yes	Level III
McLaren Central Michigan	Yes	Level IV
Trinity Health Muskegon Hospital	Yes	Level II
Trinity Health Partners Shelby Hospital	Yes	Level IV
Trinity Health Grand Rapids Hospital	Yes	Level II
University of Michigan Health West Hospital	Yes	Level II

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

Governance:

Regional Trauma Network (RTN) Board

	Name and Title	Email
Chairperson	Todd Chassee, MD	Todd.Chassee@ecs-wmi.com
Vice-Chairperson	Nicholas McManus, DO	NMcManus@mcmca.org>

Regional Trauma Advisory Council (RTAC)

	Name and Title	Email
Chairperson	Eric Mitchell, MD	eric.mitchell@umhwest.org
Vice-Chairperson	Alistair Chapman, MD	Alistair.Chapman@corewellhealth.org

Regional Professional Standards Review Organization

	Name and Title	Email
Chairperson	Jennifer Bradley, MD	jbradley@MSAPC.com>
Vice-Chairperson	James Decou, MD	james.decou@helendevoschildrens.org

Governance Activity Report:

- The RTN board ensured an all-inclusive trauma network as evidenced by providing MCA oversight and supervision of the regional trauma plan, supporting activities of the RTAC and the appointment of members to the RPSRO. These activities are reported in the regional meeting minutes.
- The RPSRO chair and vacant vice chairs were appointed in February 2025.
- Several significant PI projects on transfers and safe handoffs continued under the supervision of the RPSRO. The RPSRO also reviews the bi-annual Inventory and discusses case reviews as requested, however, there were no case reviews in 2025.
- The RTN, RTAC, and PI committee continue to meet every other month in a hybrid format at the Trinity Health Muskegon Hospital. The meetings are well attended with in person attendance encouraged.
- Region 6 continues to have an engaged regional trauma constituency with active participation by hospital trauma staff, EM and trauma physicians, and EMS leaders. The RTAC met five times in 2025 with sub-committees and workgroups meeting between RTAC meetings.
- Committees and work groups made significant progress on the workplan objectives as outlined below.

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 (IP) activities and programs.

Objectives:

1**:** By January 1, 2025, Bi-annual surveillance reports from the Michigan Trauma Registry for the Regional Inventories which include, at a minimum, the top 3 causes of injury in R6, will be reviewed at the RPSRO, Regional Trauma Advisory Council (RTAC), and Injury Prevention (IP) committees.

2: By December 31, 2025, the R6 IP committee will report to the RTAC on which injury prevention programs have been implemented in the region.

3: By December 31, 2025, the R6 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.

4: By December 31, 2025, each regional IP committee will identify and address gaps in their regional programs as it relates to the top 3 injuries analysis in SP3. The IP plans will be updated and progress on this objective will be reported to the RTAC and on the Regional Trauma Coordinator's (RTC's) annual report.

Progress:

IP activities in the region remain robust as evidenced by the IP activities report prepared for the June 2025 RTN.

Although the R6 IP committee recognizes that outcome data remains a gap, the monitoring and evaluation of regional injury prevention activities and programs in R6 was accomplished by:

- The biannual Inventory reporting of top 3 injuries in the region is shared with RTAC and IP committee.
- The IP committee members report on the number and types of programs implemented in the region. This is shared at each committee meeting and annually to the RTN – last shared June 11, 2025.
- The committee members reviewed state and national injury data as well as reports such as those from the CDC, OIG, State of Michigan Trauma System Report, Institute for Firearm Injury Prevention -University of Michigan, Michigan Traffic Crash Facts.
- The region also demonstrates substantial integration of national evidence informed programs in the Regions. These include the American College of Surgeons Stop the Bleed, Matter of Balance, ThinkFirst-National Injury Prevention Foundation (includes safety programs on falls prevention and parents of teen drivers) National Fire Protection Association Steps to Safety, AARP SmartDriver, and AARP SmartTEK.

Collaborations and integration of existing community health programs and injury prevention is also evident in the work of the hospital IP specialists with their respective hospital specialties

on collaborative projects, First Responders, Police, libraries, senior centers, schools and school nurses, places of worship, and EMS. Finally, another collaboration is with the MI 211 Falls Prevention Database and the Michigan Falls Coalition.

IP leadership, provided by the Level I and 2 trauma centers was demonstrated by:

The region's IP committee chair and vice chair positions are held by leaders from a level II and I respectively. These leaders conduct every other month IP committee meetings and provide leadership and direction to the IP committee.

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.

Objectives:

1. By December 31, 2025, R6 RTN supports ongoing, effective collaborations and integration of existing community health programs and injury prevention as documented in the Regional Annual Report. This support is evidenced by the provision of hospital and EMS resources toward ongoing community injury prevention programs

Progress: The Region 6 Injury Prevention Plan as described in the 2023 RTN Application and Workplan is driven and reflects focus on high risk and high frequency injuries. Specifically, the Injury Prevention activities include:

- A report on implemented IP programs in the region was distributed to the RTN on June 11, 2025. The IP committee also reports out at every RTAC meeting and members update their team at every IP meeting.
- There has been increasing focus on older person falls recently. This is the most prevalent injury in R6. Some hospitals are identifying those at risk with a referral to a prevention program. For example, Corewell Health Zeeland hospital is working with their EPIC team to initiate automatic referrals for older persons going home from the ED after a fall, to a Tai Chi class. Corewell Butterworth is working with MyChart to include a list of fall prevention classes for anyone over age 55 seen in ED with complaints of a fall.

The Region's IP specialists worked with many national and state agencies in 2025 to bring evidence informed prevention programming to the region. These include the MTC, MDHHS, Safe Kids, Think First, and National Fire Protection Association (Steps to Safety).

- Slipping, tripping, stumbling, and falls
- Car occupant injured in transport accident
- Other land transport accidents

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.

Objectives:

1. Members of the RTN who participate in Region 6 Healthcare Coalition disaster planning and communications will continue to work on available communication redundancies (UHF, 800mghtz system) as a 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 September 2025, the R6 communication committee will develop a plan with the R6 Healthcare Coordinator and the education committee to ensure there is an education plan that addresses:
    a. The system communication plan
    b. The procedures for arranging patient transfers in the event of a communication system failure.
3. 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 and communication plans to ensure redundancies are in place. The medical director of Region 6 Heath Care Coalition, who regularly reports at the RTAC meetings, assured the RTN that the 800 MHz radios are tested regularly in the region.

A communication plan that addresses redundancies was created in collaboration with the Heath Care Coalition. This plan was communicated at the December RTAC meeting and will be included in the 2025 education plan.

Indicator 302.10

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:

By January 2025, members of the R6 RTN who participate in the R6 Healthcare Coalition (HCC) disaster planning and communications will report to the RTAC the progress on communications planning in the region. The HCC representative will report twice a year using a template developed by the RTAC that outlines the criteria in #5 above.

Progress:

The RTN membership is well represented by members from the Healthcare Coalition (HCC) and West Michigan Regional Medical Control Consortium (WMRMCC). There is a

strong overlap of skill sets and knowledge related to MCIs, preparedness, and communications.

The R6 HCC has a written regional preparedness and response plan that has been shared with the R6 RTAC Communications Committee.

The HCC regularly shares after-action reports with the HCC membership and after-action participants For example, after the MCI chemical incident spill in Holland Michigan on September 9, 2025, an after-action meeting was held by the Region 6 (R6(HCC with a report shared soon afterward. Participants included EMS, R6HCC Hospital partners, R6HCC Emergency Medicine.

Infrastructure

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:

1. By March 2025, the R6 RTN and RTAC will review the existing formal written process that specifies cooperation between the trauma center medical director (TMD) and the EMS Medical Control Authorities (MCA) medical directors as described in the R6 Bylaws for the RPSRO.
    - This review and discussion will take place at the RTAC meeting and serve to educate the members on the role of TMD's, TPM's, and MCA Medical Directors on the RPSRO in reviewing data and collaborating on interventions.
2. Beginning in December 2025, the RTN will review attendance logs for the RPSRO and RTAC to demonstrate collaboration and participation at regional meetings. These logs will be reviewed annually and reported in the Regional Report.

Progress: 4

Cooperative ongoing relationships between trauma and EMS physicians as evidenced by attendance of some EMS medical directors at the RTN and various workgroups. The attendance logs show gaps in attendance. The chair and vice chairs of the RTN are both EMS medical directors with the chair and vice chair of the RTAC being trauma medical directors. This provides cooperative leadership, however, there are some county EMS medical directors that have little to no involvement in the RTN. The same is true for some hospital TMDs. (GAP)
An example of this cooperative work was the safety project for improving handoff communication between the hospitals and EMS. The was the interfacility transfer form project. The form and communication recommendations were presented to the WMRMCC and adopted by RTN.

Infrastructure continued

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: 1. RTN leaders will continue to promote collaboration and information sharing through their words and actions including active participation in the RTAC committees and meetings. **2.** By December 2025, the RTAC committee will review and update the West Michigan Regional Trauma Destination List (reference document to the WMRMCC Trauma Destination protocol) as appropriate. This review will also serve to educate the RTAC members about the policy and list.
Progress: In person participation at the RTN & RTAC continues to increase. Participants appear engaged and interactive. Although meetings are hybrid, about 50% of the participants attend in person. The RTN leaders continue to promote in person attendance at meetings. The WMRMCC trauma resource guide was updated and posted. The region's Adult/Pediatric Trauma Triage Protocol along with the appropriate county destination matrices provide guidance for trauma transport decisions by EMS is up to date. Each hospital's trauma verification status and description of key resources is listed in the West Michigan Regional Trauma Destination List. This is a reference document that identifies hospitals' functional capabilities such as burn, pediatrics, and obstetrics. It is maintained by the WMRMCC and Regional Trauma Coordinator and needs to be updated for 2025. Dr. Jon Krohmer and Luke Aurner (R6 HCC coordinator) presented on disaster management, incident command, and medical coordination logistics for mass casualty or other events that require complex medical coordination at the February and December 2025 RTAC education hours.

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: **1.** This indicator is directed at the process for interfacility transfers of a trauma patient
Progress:

The WMRMCC transfer policies are up to date. The purpose of these policies is to establish uniform EMS procedures for inter-facility transfers. They consist of a general inter-facility transfer policy (IFT) Policy, an inter-facility transfer (IFT) form, an enhanced inter-facility by enhanced paramedics policy, and an inter-facility mutual aid policy.

Hospitals transfer procedures differ amongst the systems but in R6 all the hospitals in the region, except 1, belong to one of 4 major health systems – Corewell Health, Trinity Health, U of M, McLaren, and MyMichigan. Each of these health systems has a bed management/control systems that coordinates transfers within and into their system. The hospital TPMs report these systems are working well. No cases of avoidable delays that resulted in an adverse outcome were reported to the RPSRO in 2025.

Additionally, the region has been auditing the transfer processes as part of an ED/LOS Transfer Project. Every 6 months, within the Inventory timeframe, three weeks of data on ED LOS of stay for trauma patients transferred to a higher level of care is provided by the State Epidemiologist. These reports were built in collaboration with data committee and epidemiologist.

The data includes:

- ED LOS for each incident of trauma patient transferred to a higher level of care
- Adult patients (18 years and older)
- Registry incident number
- Age
- Numerous data indicating patient condition on arrival at transferring hospital – VS, GCS, ISS, AIS calculated, AIS head, face, chest, extremity

This data was analyzed by the data committee, then the regional PI committee. Audit filters included:

- LOS > 5 hours
- LOS > 2 hours with ISS > 15
- Met physiologic OR geriatric criteria for highest activation but decision to transfer >1.5 hour
- Missing data.

Hospital TPM and TMDs completed case reviews on audit filter fall outs. A summary of their findings was presented to the RTN. Overall, the analysis of these studies shows that hospitals are transferring their most critical trauma patients quickly. This is an ongoing indicator.

Lastly, the regional hospital TPMs reported that they conduct reviews on all trauma transfers.

Infrastructure continued

Indicator 208.2: The incident management and trauma systems have formal established linkages for system integration and operational management.
Objectives: 1. Ongoing through 2026, the R6 RTN will continue to foster strong program linkages and interfaces that currently exist between the HCC and RTN. • The chair of the RTAC Communications committee (or designee) will continue to report on HCC disaster management activities at the RTAC. • The chair of the RTAC Communications committee (or designee) will participate in education of the RTAC on operational and management guidelines exist and how they tested when reporting out at the RTAC meetings.
Progress: The Region 6 Health Care Coalition (HCC) is represented by all the hospitals in the region, and the hospitals have participated in several regional exercises in 2025. Because the HCC hospital members may not include trauma representatives, to ensure the RTN membership understands the roles and responsibilities of the HCC, incident and disaster management, we invited Dr. Jon Krohmer and Luke Aurner from the HCC to education hours in February and December 2025. They described: • Incident command structure – how, who, and when • The role of the Health Care Coalition in R6 • The conceptual model used by the HCC and region for coordinating a regional medical response • The roles of various levels of Incident Command • The roles of local and Regional Medical Operating Coordinating Centers (RMOCCs)

Regional Performance Improvement

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.

Objectives:

1. By December 2026, the RPSRO will investigate an infrastructure that will promote routine and consistent feedback to system providers. The Region will also work with the State to enhance the current Inventory reporting system.
    - SP18: By December 31, 2025, participate in providing feedback to the STAC on the system Inventory.
    - SP19: By December 31, 2026, assist the department in refining the process that informs the STAC and the Department of the identified gaps and strategies originating in the eight (8) geographical RPSROs.
2. By December 2025, trauma transfer LOS data and IFT adoption data will standard reports in the Regional Inventory.

Progress

The RTN has used data to drive two large PI projects in 2025. These projects were the ED/LOS Transfer Project and Safety/Handoff communication project. Additionally, the Inventory was updated and shared with the RTN twice.

The RTN follows the MDHSS trauma department policy for PI.

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.

Objectives:

1. Members of the RTN who participate in Region 6 Healthcare Coalition disaster planning and communications will continue to work on available communication redundancies (UHF, 800mghtz 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 September 2025, the R6 communication committee will develop a plan with the R6 Healthcare Coordinator and the education committee to ensure there is an education plan that addresses the system communication plan and the procedures for arranging patient transfers in the event of a communication system failure.

Progress:

Communication redundancies were tested by the WMRMCC and HCC.

An education session by Dennis Fitzpatrick in October 2025 addressed the State Medcom plan and status of the regional radios. Dennis also addressed how and when hospital personnel should use the various communications.

Understanding trauma's role in disaster management was identified as a gap in 2025. Dr. Jon Krohmer and Luke Aurner from the HCC provided education sessions in February and December 2025 that addressed:

- Incident command structure – how, who, and when
- The role of the Health Care Coalition in R6
- The conceptual model used by the HCC and region for coordinating a regional medical response
- The roles of various levels of Incident Command
- The roles of local and Regional Medical Operating Coordinating Centers (RMOCCs)

Additionally, the Injury Prevention teams at the regional hospitals continue to assess and address the types of injuries occurring in their individual communities. Because the Community Health Assessments will be very different for the diverse communities in region 6, the injury prevention programs have been tailored to fit individual communities. For example, CH Ludington and CH Zeeland addressed older person falls. The lakeshore hospitals addressed drownings. Many of the hospitals addressed gun safety through lock distribution programs.

Continuum of Care

Indicator 308.1: 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.

Objective: By December 2025, 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 is evidence in R6 of a well-integrated program of rehabilitation for trauma patients. The trauma surgeons at the Level I and II facilities report that access to licensed rehabilitation beds at Mary Free Bed and Blodgett is not a problem. Rehabilitation specialists participate in the trauma committees of these facilities and visit patients while still in the trauma center prior to being transferred to the rehabilitation center. Level I trauma surgeons also follow up and round on patients in the rehabilitation centers.

The Michigan Trauma Rehabilitation Needs Assessment report was shared with the RTAC and discussed at the August 2025 RTAC meeting.

An inventory of the types and numbers of rehabilitation beds available in the region was shared with the RTN.

Trauma Education

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:

SP26: The R6 Education Committee will continue to provide quarterly trauma education in the hour prior to the RTAC meeting. This is an ongoing objective that focuses on meeting the trauma education needs of the Region.

- Topic suggestions come though the regional PI process, RPSRO feedback, member organization and stakeholder feedback, and Michigan Information System (MIS) data.
- The level of trauma center and urban versus rural centers will be considered.
- There is evidence that these needs are addressed in the Region's annual report and are re-assessed annually.

Progress:

The regions education objectives continue to be met by a highly engaged committee with members from all Levels of trauma centers, physicians, nurses, and EMS personnel. Our structured process is that prior to every RTAC meeting we present an hour of education on topics that come to the education committee from peer review, member interest and questions, new protocols, new trauma information. These are presented by subject matter experts from the physician, nurse, and EMS disciplines.

In 2025, the following education sessions were provided:

February: Emergency Management 101, Jon Krohmer, M.D. and Luke Aurner .
April: No Meeting
June: Regional Injury Prevention in Action – an overview of the IP projects in R6. Holly Alway PhD.Soc
August: No Meeting
October: Medcom and Radio Communication by Dennis Fitzpatrick.
How TVR (trauma video recording) is used at CHBWH to facilitate PI, Alistair Chapman, M.D.
December: Disaster Preparedness – Medical Coordination Centers and Incident Command, Luke Aurner, Jon Krohmer M.D.

Regional Summary:

Region 6 has an engaged regional trauma constituency with active participation by hospital, physician, and EMS leaders. Several RTAC committees have been responsible for successful achievement of their workgroup objectives and special projects, and workplan objectives from all areas within the workplan continue to advance.

The Education and Performance Improvement Committees provided multiple educational sessions to strengthen performance improvement, including incorporating trauma video review to enhance real-time clinical performance, and describing examples of PI best practices. Education was also provided to the region on disaster preparedness and communication during cyberattacks and outages. Forward planning for educational topics for 2026 has already taken place.

The RPSRO did not meet in 2025, but has a case submitted in late 2025 on the February 2026 agenda.

The Injury Prevention Committee worked to strengthen regional coordination by serving as the regional convening body for hospital-based and community injury prevention partners. Successful projects included obtaining grant funding through MDHHS for a Firearm Injury prevention program. Region 6 partners also participated in a Michigan Office of Highway Safety Planning funded initiative focused on pedestrian and bicycle safety. The committee has begun planning for 2026, focusing on reporting of outcome data for implemented programs.

The Region 6 RTN remains active, engaged, and successful in advancing the region's trauma system.

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.

MCA attendance continues to need improvement. The region continues to encourage their participation, communicate meeting notices, and involve individual members in projects as appropriate.

☒ 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")

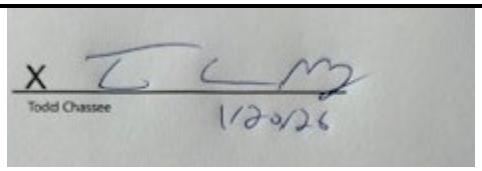
- ☒ Regional Injury Prevention

☒ 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.

RTN Board Chairperson: 

Regional Trauma Coordinator: Helen Berghoef Date: 12-18-2025

Helen Berghoef