

MICHIGAN ANNUAL TRAUMA REPORT-2025

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.

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 population has continued to decline since 2000 with more deaths than births, and the effects of an aging population echoed in the UP Community Health Needs Assessment (2024). The University of Michigan and NOAA define the UP as one of the largest and most distinct snowbelts in the United States. The average temperature in the UP is 48.2F. Transportation within the region is mostly by vehicle on two lane highways with InvestUP reporting the average commute time is 17 minutes. The regional airports with commercial traffic are in Ironwood, Calumet, Iron Mountain, Marquette, Escanaba, and Kinross.

There are three universities, three community colleges (five campuses), and numerous trades school in Region 8's more populated areas. There are three SmartZones (business accelerators that support high-tech business growth and innovation), in addition to six business incubators founded by educational institutions. Established in 2020, Northern Michigan University's Center for Rural Health's mission is to improve the health and well-being of Upper Peninsula residents and communities by developing collaborative partnerships that improve the access and availability of affordable, quality healthcare services. The Center and Region 8 Trauma are collaborative partners.

There are 13 hospitals in Region 8 of which 8 are trauma centers. The hospital in St. Ignace and the Mackinac Island Medical Center are part of Region 7 because they align with a Medical Control Authority (MCA) in Region 7. Keweenaw, Marinette, and Ontonagon Counties do not have hospitals. The single-engine medical rotor is in Escanaba, and two fixed wing medical planes are at Calumet and Iron Mountain, respectively. There are five local health departments in Region 8 who participate along with the Region 8 Trauma representative at the Region 8 Healthcare Coalition and Regional Homeland Security Board.

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	vacant
Eastern	Kyle Raycraft, MD MBA
Gogebic Iron Ontonagon	Michael Clark, DO
Keweenaw Houghton	Joshua VanderLugt, MD
Luce	Andrew Ostosh, MD
Marquette Alger	Amadeo Sturla, MD
Schoolcraft	David Schoenow, MD

Designation Status of Facilities in Region:

Facility Name	Designated	Level of Designation
Aspirus Iron River	N	
Aspirus Ironwood	Y	IV
Aspirus Keweenaw	N	
Baraga County Memorial	Y	IV
Helen Newberry Joy	Y	IV
Marshfield Medical Dickinson	Y	IV
Munising Memorial	N	Provisional IV
MyMichigan Sault	Y	IV
OSF St. Francis	Y	IV
Schoolcraft County Memorial	N	Provisional IV

UP Health System Bell	N	Provisional IV
UP Health System Marquette	Y	II
UP Health System Portage	Y	III

Governance:

Regional Trauma Network (RTN) Board

	Name and Title
Chairperson	Shelly Reeves, HNJVH 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	Sara Herrera, MD, UPHS Marquette Trauma Medical Director
Vice Chairperson	Jodi McCollums, PA, UPHS Marquette Trauma Program Manager

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. The RTN approves motions that empower the RTAC to conduct business.
- Regional Trauma Advisory Council (RTAC) meets quarterly with active participation of almost all hospitals and MCAs. They have an Ad Hoc committee for Injury Prevention that meets as needed.
- Regional Professional Standards Review Organization (RPSRO) has re-established its membership and elected chair and vice-chair.

Work Plan Objective Progress and Highlights

Injury Prevention (IP)

Indicator 325.135(2), 306.2, Michigan Trauma System Strategic Plan:

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.

Objective: 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.

Progress: Michigan's 16 area agencies on aging (AAAs) are regional planning, advocacy and administrative agencies designated by the Michigan Commission on Services to the Aging. UPCAP is the Upper Peninsula's AAA and houses 211. A State of Michigan media release in June provided the impetus to connect with UPCAP. The media release explained 211 would be a clearinghouse for fall prevention programming information. "This initiative aims to improve statewide access to evidence-based fall prevention programs, durable medical equipment and nutrition services that support older adults and individuals at risk of a fall," said Dr. Natasha Bagdasarian, chief medical executive. "Falls can lead to serious injuries, including head trauma and broken bones. By collaborating and sharing resources, we can work together to make Michigan a safer place for everyone."

The RTAC Injury Prevention Ad Hoc reached out to UPCAP in September to meet and orient each other to organizations and programs. UPCAP has not had fall injury data or an understanding of existing IP programs when it represents the UP on the Michigan Falls Prevention Initiative. The RTC showed available statistical reports, providing aggregated data, and a welcome to future requests when they are preparing to represent the region at a meeting. The Ad Hoc committee requested information on how to update 211 as no programs are listed in the UP. UPCAP indicated they should be able to assemble and provide that to the Ad Hoc committee in 2026.

Indicator 325.135(2) 203.5, Michigan Trauma System Strategic Plan:

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.

Objective: 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.

Progress: The Injury Prevention Ad Hoc committee met in 2025 to review the existing plan that was updated April 2023. They recognized trauma programs needed to be aware of what

was being offered in their communities and if there are gaps. Months of reminders to update the injury prevention programming list resulted in less than 100% participation by the hospitals for the task. What became apparent is there are fall prevention programming deserts in Region 8. The following Region 8 Trauma Network counties lacking fall prevention programming were sent to UPCAP in December: Alger, Baraga, Dickinson, Gogebic, Iron, Keweenaw, Menominee, Ontonagon, Schoolcraft. Some trauma programs have expressed they do not have the bandwidth to provide Matter of Balance or in-person fall prevention programming. There are only a few senior centers across the UP that are active in programming and those that have already been approached or have fall prevention programs. The RTAC has requested that its members be messengers to their friends and family on prevention initiatives in and around the home, in addition to bringing them to MCA meetings to encourage EMS to do the same.

Strategic Plan #SP1: 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. **#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. **Region 8 does not have an injury prevention committee and opts for injury prevention discussion and decisions 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) are provided at RTAC meetings. The RTC has provided reports to any MCA requesting fall heat mapping so EMS agencies, hospitals, and communities could engage in directed messaging and assistance. The RTC has not been updated on any program using that process. 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 represents R8 at the monthly RideRight committee meetings, and the LII Trauma Center Trauma Program Manager has also attended. Aggregate statistical analysis conducted by the RTC is shared with the committee, so the statewide program remains data

driven. One of many MDNR Ride Right funded initiatives is an electronic billboard at the Mackinac Bridge for the winter of 2025:



The RTN partnered 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. Levi Lauren, a Medical College of Wisconsin student was recruited to be the program analyst and completed the project in 2025. He was chosen to present at the American Medical Association Poster Showcase in Chicago, IL, in June.



Enhancing Rural Bystander Readiness Through Community-Based First Aid Training
Levi Lauren, MS3



INTRODUCTION

Trauma remains the leading cause of death among Americans under 46. In rural settings, delayed EMS response significantly increases mortality risk, underscoring the importance of timely bystander intervention.

PURPOSE

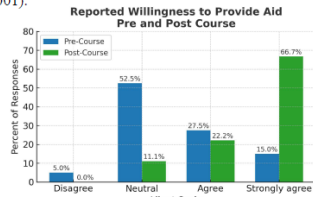
This study aims to assess the impact of a brief, community-delivered first aid training course on participants' self-reported knowledge, confidence, and willingness to assist at the scene of an accident.

METHODS

Adults aged 18 and older (N = 64 public; 40 pre- and 36 post-intervention respondents) completed a standardized 5-point Likert scale survey assessing five key domains. Paired-sample t-tests assessed changes from pre- to post-course, supported by Mann-Whitney U tests for non-parametric validation and z-tests for proportions. Cohen's d was used to estimate effect sizes.

RESULTS

Willingness to provide aid significantly increased post-training (M = 4.56, SD = 0.67) compared to baseline (M = 3.48, SD = 0.77), $t(70.6) = -3.77, p < .001$, with a large effect size (d = 1.49). "Strongly agree" responses rose from 15% to 67% (p < .001).



Improvements were observed across all five measured domains. Post-intervention responses closely aligned with those of the public cohort, indicating a possible selection bias within the comparison group.



CONCLUSIONS

A brief, community-delivered first aid course significantly improved rural participants' preparedness and willingness to act in emergencies. These findings support the scalability of low-barrier training models to address critical gaps in prehospital trauma response in underserved areas.

FUTURE DIRECTIONS

Larger, more diverse samples are needed to reduce bias and improve generalizability. Tracking long-term impact and real-world outcomes will strengthen findings. Embedding training locally may support wider adoption.

ACKNOWLEDGEMENTS

Special thanks to Ann Clancy-Klemme, RN, BSN, CCRN, Paramedic (UP Health System-Marquette) and Lyn Nelson (Michigan's Trauma Region 8 Network) for their support and collaboration.

REFERENCES

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- Fink, M., Schwan, S., N., & Bauer, S. M. (2016). Preceptor Intervention Prior to the Arrival of Emergency Medical Services: Comparing Alternative Models. *Types of Medical Emergencies in Prehospital Emergency Care (EPH) Abstracts*, A. B. M., Wink, S., Fisher, J., & Nigg, A. (Eds.).
- Michigan Department of Natural Resources. (2025). *Michigan Department of Natural Resources*. Retrieved April 3, 2024, from <https://www.michigan.gov/dnr/default.aspx?cid=172101&tid=172101&cid=172101>

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.
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. The large-scale medical incident communications procedure is shared with them and the Region 8 Healthcare Coalition.

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.
Objective: Through Dec. 31, 2026, annually, the RTC shall seek revisions and maintain the communications redundancy table for every R8 hospital.
Progress: The RTC has provided three updates of the communications redundancy table in 2025 because of hospital capability changes and the addition of satellite phones at three hospitals. This table is in Excel and added sheets are the R8MCC Activation process, the Essential Elements of Information Request, and the MEDDRUN CHEMPACK Activation process.
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: Only one communication failure was reported, but others did occur. Reminders will be made through 2026.

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.
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 and reminders placed at RTAC meetings.

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

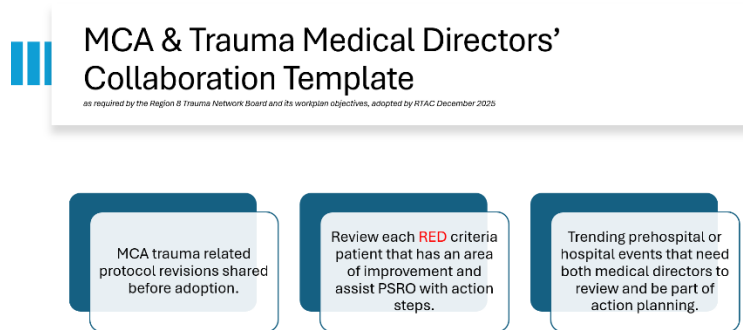
Progress: Completed.

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.

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: Completed.



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.

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 and asked RTAC participants to be on a small workgroup. No volunteers thus far.

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:

Facilities transferred to October 2024 – September 2025 show the following information for delays. This topic continues to be highlighted at RTAC and R8MCA Network meetings. We are requesting that these delays be based upon the Region 8 Trauma Transfer Guideline, minimally, that outlines red and yellow types of patient conditions with 1 hour and 2 hours to transfer, respectively.

EMS Issue	86
Not Applicable	8
Not Available	2
Not Known	13
Not Known/Not Recorded	113
Not Recorded	1
Other	35
Receiving Facility Issue	61
Referring Physician Decision Making	5
Weather or Nature Factors Issue	18
(blank)	462
Grand Total	804

Data Source: 2024 Michigan Trauma Registry

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.

<p>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.</p>
<p>Progress: Completed.</p>
<p>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).</p>
<p>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.</p>
<p>Progress: Not completed as described. R8MCAN formed a regional patient movement committee. The RTC has been assisting that network in transfer reports from biospatial.</p>

<p>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.</p>
<p>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.</p>
<p>Progress: Completed.</p>

Continuum of Care

<p>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.</p>
<p>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.</p>
<p>Progress: Not tasked with items. Will be discussed for next workplan.</p>

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.

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.

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.

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.

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>Indicator 325.132(3)(C)(ii)(D) 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.</p>
<p>Objective: 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 > Trauma.</p>
<p>Progress: A website was created and is routinely populated with information.</p>
<p>Objective: 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>Progress: Completed.</p>

<p>Indicator 325.132(3)(C)(ii)(D) 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.</p>
<p>Objective: By January 2024, the RTC shall work with the R8MCAN to establish a new protocol training for prehospital and ED providers.</p>
<p>Progress: Completed.</p>
<p>Objective: 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>Progress: Completed via the R8MCAN.org website.</p>

Regional Summary:

The RTAC continues to have robust attendance. Orientations for new participants occur, in addition to technical assistance offered by the RTC. Since there are 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, MCAs, and special interest groups. Additionally, key leaders within the region for trauma programming, registry, and injury prevention have been identified and provide peer support when requested. The RTC also surveyed hospital trauma programs on their educational needs and if there are gaps in the trauma programs they need for physicians, APPs, and nurses. No gaps were identified.

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.

Comments:

RTN Board Chairperson: _____ Date: _____

Regional Trauma Coordinator: _____ Date: _____