

MICHIGAN REGIONAL TRAUMA REPORT

1st QUARTER 2025

Region 3

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.

Resource Update: Facility Designation Status:

Facility Name	Designated	Level of Designation
Hurley Medical Center	Y	I Adult II Pediatrics
Covenant Medical Center	Y	II Adult II Pediatrics
Henry Ford Genesys Hospital	Y	II
McLaren Lapeer Region	Y	II
MyMichigan Medical Center-Midland	Y	II
MyMichigan Medical Center-Saginaw	Y	II
McLaren Bay Region	Y	III
Deckerville Community Hospital-Aspire	Y	IV
Harbor Beach Community Hospital	Y	IV
Hills and Dales General Hospital-Aspire	Y	IV
Marlette Regional Hospital-Aspire	Y	IV
McKenzie Memorial Hospital	Y	IV
McLaren Caro Region	Y	IV
McLaren Thumb Region	Y	IV
MyMichigan Medical Center-Gladwin	Y	IV
MyMichigan Medical Center-Standish	Y	IV

MyMichigan Medical Center-Tawas	Y	IV
MyMichigan Medical Center-West Branch	Y	IV
Scheurer Hospital	Y	IV
McLaren Flint	N	N/A (ACS Level III Review 4/3/2025)

Work Plan Objective / Strategic Plan (SP) Objective Progress and Highlights:

Complete sections that have progress within the quarter.

Injury Prevention

Indicator: 325.135 (2) 203.5 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 injury risk areas. Specific goals with measurable objectives are incorporated into the injury prevention plan.
Objective: By July 2025, the Region 3 Injury Prevention subcommittee will establish goals and measurable objectives for coordinated injury prevention programs within the region.
Progress: The regional injury prevention plan was recently presented to the Region 3 Injury Prevention Subcommittee by the RTC for formal review. The regional injury plan will be updated to include additional relevant objectives that are data driven and targeted to reflect the regions mechanisms of injury and demographics.
SP 3: The regional IP committee will analyze the number and type of programs that directly address the top 3 mechanisms of injuries in their region as reported in the inventory.
Progress: The top 3 mechanisms of injury are reviewed and communicated bi-annually using the regional trauma network RPSRO inventory. The Region 3 Injury Prevention Subcommittee reviews, records and communicates the number of regional IP programs that address these injury patterns to hospital and pre-hospital partners.

Communications

Indicator: 325.132 (3)(ii) (B) 302.9 There is a procedure for communications among medical facilities when arranging for interfacility 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 hospitals regarding interfacility transfers.
Objective: By January 2025, the Region 3 RTN will create a regional communication procedure for arranging trauma patient transfers including redundant backup procedures in the event of a communication system failure between sending and receiving hospitals as well as EMS transport agencies.
Progress: Ongoing. The Region 3 RTN in cooperation with the Region 3 HCC have created a RTN communications failure procedure that incorporates utilizing the existing Region 3 HCC Activation Standard Operating Procedure. The activation of the HCC provides the RTN with

access to additional communication equipment (radios, phones etc.), capabilities and HCC staffing to assist in prompt communication of the interfacility trauma patient. The RTN is proposing to test the functionality of this procedure with the HCC.

Infrastructure

Indicator: 325.132 (3) (ii) (E) 302.2 There is 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 January 2026, The Region 3 RTN will require EMS medical directors and trauma medical directors to utilize the established RSRO process to evaluate EMS related system issues for the purpose of improving the quality of trauma care in the region.

Progress: The Region 3 RTN, through a recent RPSRO referral, had the opportunity to utilize the RPSRO process to evaluate an EMS system issue. The referral was reviewed and discussed amongst a multidisciplinary group including EMS system directors and trauma medical directors culminating in strategies to prevent similar diversions to established trauma related protocols in the future.

Continuum of Care

Indicator: 325.132 (3) (ii) (F) 308.1The 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 workplan addresses integration and participation of rehabilitation services within the continuum of care for trauma patients.

Objective: By January 2025, The Region 3 Trauma Rehabilitation Subcommittee will review at least annually, the regional trauma data related to inpatient trauma rehabilitation admissions. Possible data sources of this data may include the Michigan Trauma Registry, MTQIP and the regional inventory report.

Progress: The RTC has recruited regional trauma rehabilitation partners that actively participate in the RTN by providing consistent content expertise to the Region 3 Trauma Rehabilitation Subcommittee and RTAC. The subcommittee has reviewed recent regional trauma rehabilitation data from the regional inventory in an effort to better understand discharge dispositions, patterns and potential regional gaps as it relates to acute trauma rehabilitation needs. Future goals are to understand functional outcomes of regional trauma rehabilitation patients as an important measure of system performance.

Trauma Education

SP 27: By December 31, 2025, the region will assess the availability of training opportunities. The purpose is to identify educational gaps. A regional profile will be reported, and opportunities identified in the Region's Annual Report.

Progress: The Region 3 Education Subcommittee regularly reports the availability of trauma specific educational opportunities within the region such as TNCC, TCRN, TCAR, PHTLS, TOPIC and ATLS. The education subcommittee has identified a challenge with limited ATLS courses and openings within the region. The RTC communicates with other regions and informs the region when there are course offerings with openings in neighboring regions.

Other relevant information:

The previous provisional trauma centers that were awaiting their initial site review have all successfully passed their level IV Trauma Center verification and are now designated trauma centers. The region now has 19 designated trauma centers from at levels I-IV.

Administrative Rule Requirements:

- ☒ Yes ☐ No Quarterly meeting minutes on shared drive.
- ☒ Yes ☐ No All MCA's participating in the RTN.
- ☒ Yes ☐ No Performance improvement ongoing.