MICHIGAN REGIONAL TRAUMA REPORT 1st QUARTER 2025

Region 5

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
Ascension Borgess Allegan	No	Not Designated
Ascension Borgess Lee	Yes	IV
Ascension Borgess Medical Center	Yes	II
Beacon Health Three Rivers	No	In Process
Bronson Battle Creek	Yes	IV
Bronson Lakeview	Yes	IV
Bronson Methodist	Yes	I
Bronson South Haven	Yes	IV
Corewell Health Lakeland Niles	Yes	IV
Corewell Health Lakeland St. Joseph	Yes	III
Corewell Health Watervliet	Yes	IV
Corewell Health Pennock	Yes	IV
Insight Hospital and Medical Center – Coldwater	Yes	IV
Oaklawn	Yes	III
Sturgis	No	In Process

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

Injury Prevention:

Indicator 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 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 2024, the regional Injury Prevention (IP) Committee will update and revise the injury prevention plan, identifying and addressing gaps within Region 5, by establishing new injury prevention goals aligned with administrative rules and departmental guidelines. The IP plan will be used as a guideline to direct the region for the remainder of the application period.
Progress: Completed—At the February IP meeting, the committee updated the Injury Prevention Plan to include resources for distribution to community stakeholders. The current IP plan addresses the region's top three mechanisms of injury, IP goals, and regional, state, and national resources for community members. The plan will be uploaded to the 5DMRC website for availability.

Indicator SP 4: 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.
Objective: By December 2024, the regional Injury IP Committee will update and revise the injury prevention plan, identifying and addressing gaps within Region 5 by establishing new injury prevention goals aligned with administrative rules and departmental guidelines. The Region 5 Trauma Coordinator (RTC) will report progress on the region's annual report.
Progress: Completed- At the February IP meeting, the committee updated the Injury Prevention Plan for distribution. The plan can be found on the 5DMRC Website. **In progress -** The IP committee is looking at drownings in the region. The committee looked at biospatial data and noted several hotspots within the region. The committee created a resource guide/flyer for hospitals to hand out, with resources for swim lessons, links to CPR classes, and classes on Water Safety. The IP committee has been working with SafeKids, Great Lakes Water Safety Consortium, and NOAA to help raise awareness.

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. This is directed as communications during a Mass Casualty Incident.
Objective: Annually throughout the application period, Region 5 will coordinate with 5th District Medical Response Coalition (5DMRC) with ongoing simulated incident drills, including redundant communication systems and implementing the regional EMS plan. The

communications committee will evaluate the communication plan for effectiveness and necessary changes after the communications plan has been implemented in simulated drills.
Progress: In progress - In February, Region 5's Healthcare coalition held a tabletop exercise for all hospitals in the region that could participate. The exercise scenario was about what to do if there is a blood shortage in hospitals. The trauma system and HealthCare Coalition will continue collaborating to improve the communication system through simulated incident drills.

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: 1. Throughout the application period, the Regional Professional Standards Review Organization (RPSRO) committee will have Emergency Medical Services (EMS) and Medical Control Authority (MCA) representatives as per Region 5 Bylaws. 2. By June 2024, Region 5 will develop a tracking method for regional trauma and Emergency Medical Services (EMS) meetings to verify attendance and participation for integrated medical oversight. After June 2025, any issues with medical oversight will be referred to local MCAs.
Progress: In progress - The RPSRO is rebuilding to include EMS, MCAs, and different roles throughout the region. The RPSRO is also studying the administration of antibiotics in open fractures in the field and would like different perspectives to review the cases. The RTN will appoint more members at its next meeting.

Regional Performance Improvement

Indicator 206.1: 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: Throughout the application period, bi-annually, the RTC will send out the regional inventory report to RPSRO to discuss and identify gaps within the system's performance. Gaps will be brought RTAC meetings for further examination.
Progress: Completed/Ongoing—The RTC completes Region 5 Inventory data bi-annually and sends it to all RPSRO members. The members then review it at the RPSRO meetings and address all gaps. The top three mechanisms are shared with the injury prevention committee to help decide what injury prevention programs should be implemented within the region. Each committee's findings and current projects are reported at RTN meetings. This specific activity in the region supports SP 1, SP 10, SP 18, SP 19, SP 20, and SP 22.
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. This should focus on the development of a regional performance improvement process. Data is used to guide strategic plan initiatives, injury prevention projects, and regional workplans, gaps including quality, accuracy and completeness are addressed.
Objective: By June 2025, RPSRO will work with Trauma Program Managers (TPM), or Registrars, at each hospital in Region 5 to create a process for data collection on Length of Stay (LOS) in Emergency Departments, evaluating the gaps of delayed interfacility transfers.

Progress: In progress – At the end of 2024, RPSRO pivoted from LOS in Emergency Departments to looking at the administration of antibiotics in open long bone fracture patients in the field. Data from biospatial has been pulled for review and was presented at the February RPSRO meeting. The committee plans to examine the study more in-depth and define more parameters at their next meeting. The study's overall goal is to have caregivers recognize an open fracture and administer an antibiotic in an acceptable amount of time. The study will eventually move to the hospital setting.

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. 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.
Objective: By December 2026, Region 5 will identify a representative from a local rehab facility to participate in RTAC. Rehab personnel will support the goal in developing metrics to capture and report functional outcomes within Region 5.
Progress: In progress – No further progress for the first quarter of 2025.

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: 1. By January 2026, Region 5 will publish new protocol updates on Region 5's website. RTC will notify TPMs of published updates and share with appropriate staff. 2. Throughout the application period, EMS will continue using Moodle for protocol updates.
Progress: In progress - Currently, all MCAs use Moodle as an educational tool for their EMS agencies. Within a year, the region would like to build a website to host information such as resources, meetings, plans, protocols, interactive maps, contact information, announcements in the region, etc. The RTN is supporting the building of a website and is in the process of finding funds for it.

Other relevant information:

In March of the first quarter of 2025, the RTN had its first in-person meeting for the year. The RTN discussed the structure of the RPSRO and the possible structure of the RTN with the implementation of Stroke and STEMI, received updated information about the SOC, and discussed funding for a website.

Also, the IP committee discussed collaborating at an event to represent the Regional Trauma System. To help educate the public, the committee will focus on the top three mechanisms of injury and water safety. The committee is currently reviewing and planning for upcoming events.

The RPSRO continues to examine the inventory provided by the RTC bi-annually and is currently in the rebuilding phase to gain representation throughout the region.

Lastly, the RTAC has been working towards completing workplan objectives by discussing patient

movement, specifically burns. Bronson's TMD gave a presentation aimed at caring for burn patients, especially at a level III or IV trauma center, before transferring to a burn center. RTAC has been focusing on bringing awareness to the education and resources available in the region to help all levels of trauma centers.

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.