

# MICHIGAN REGIONAL TRAUMA REPORT

## 2nd QUARTER 2025

### Region 2S

**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
Corewell Health Dearborn Hospital	Yes	II
Corewell Health Grosse Pointe Hospital	Yes	III
Corewell Health Taylor Hospital	Yes	IV
Corewell Health Trenton Hospital	Yes	II
Corewell Health Wayne Hospital	Yes	IV
Children's Hospital of Michigan	Yes	I
C.S Mott Children's Hospital	Yes	I
Detroit Receiving Hospital	Yes	I
Garden City Hospital	Yes	III
Henry Ford Hospital	Yes	I
Henry Ford Wyandotte Hospital	Yes	III
ProMedica Monroe Regional Hospital	Yes	III
Sinai-Grace Hospital	Yes	II
Henry Ford St. John Adult Medical Center	Yes	I
Henry Ford St. John Pediatric Medical Center	Yes	II
Trinity Health Ann Arbor St. Joseph	Yes	I

Trinity Health Chelsea Hospital	Yes	IV
Trinity Health St. Mary's Mercy Hospital of Livonia	Yes	II
Michigan Medicine Medical Center	Yes	I

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

*Complete sections that have progress within the quarter.*

### Injury Prevention

<b>Objective: SP 2:</b> By December 31, 2024, each Regional Trauma each Regional Trauma Advisory Council (RTAC) Injury Prevention (IP) committee will report on which injury prevention programs have been implemented in their region.
<b>Progress:</b> Region 2 South resource guide has been updated again on March 20 <sup>th</sup> , 2025, with current IP programs. Injury Prevention Specialist for each hospital has been updated due to many changes in IP. Continuing to update as IP specialist changes frequently and programs.
<b>Objective:</b> Throughout the application period 2024-2026 Region 2 South Network partners will focus on utilizing evidenced based injury prevention programs for the injury prevention initiatives chosen for regional participation.
<b>Progress:</b> The IP committee updated the new co-chairs and membership. In process of developing a spreadsheet for collecting all IP programs, type of program, how many attendees, and if evaluation form used post class. Information provided will be reviewed and ensure the programs are addressing the top Mechanisms of Injury (MOI's) in the region. Data collection for car crashes with ETOH or THC involved. The SOC Epidemiologist is providing the data. The executive secretary will develop the agenda and take official minutes.

### Communications

<b>Objective:</b> the RTN and Region 2 South Healthcare Coalition effectively coordinated communication procedures for patient transfers with the overall regional response plan during the pandemic.
<b>Progress:</b> All communication objectives have been met. Will continue to monitor.

### Infrastructure

<b>Objective:</b> The incident management and trauma systems have formally 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.
<b>Progress:</b> Liaison (TC) continues to attend region 2 south Healthcare Coalition to report to RTAC meeting participants. Several of region 2 south hospitals participated in the Cobalt exercise (release of Radiological agent) in Monroe County. 3/14: Notification Phase of drill, 3/17, Plume Release of radiological agent, 3/18, Post Plume (Intermediate Phase) Hospitals that participate were Henry Ford Health System, Corewell Health System, Trinity Health: Ann Arbor, Michigan Medicine, ProMedica Monroe was the primary hospital due to locate of

Fermi. Agencies from Canada, Indiana, Ohio, Michigan and Federal. Colbalt exercise was well attended, awaiting after action report.

Caleb Parton presented a PowerPoint on Incident Command Structure pre-hospital and internal which was well attended with over 25 participants attending. There are plans to do a tabletop exercise in the fall.

**Objective:** 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 indicator is directed at the process for diversion of a trauma patient from a hospital.

**Progress:** There are no diversions in the R2S (exception may be an unforeseen incident). No trauma is diverted. A diversion log has been developed to track on a quarterly basis for 2025. No diversion in 1<sup>st</sup> quarter. There is no diversion policy for region 2 South except EMS. By the 2nd quarter a new diversion policy for hospitals will be developed with the integration of EMS protocols. R2S has no diversion policy. Will continue to monitor.

## Regional Performance Improvement

**Objective:** 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.

**Progress:** The Inventory Report has provided MOI's for injury prevention on a semi-annual basis. The new dashboard will provide additional data for future IP projects and PI initiatives. The public dashboard will be shared at the trauma subcommittee meeting Sept 20<sup>th</sup>, 2025, if approved. Data request for pediatric information will be sent on March 21<sup>st</sup> to the SOC Epidemiologist ). Data is complete and will be presented to Pediatric facilities for review on May 20<sup>th</sup>.

## Continuum of Care

**Objective:** By March 2024, the RTN will obtain a list of the rehabilitation facilities within region 2 South and identify each as one of the following: acute inpatient rehabilitation, subacute rehabilitation (SAR), nursing home with rehab capabilities, nursing home, inpatient hospice unit, TBI rehabilitation unit, spinal rehabilitation unit, burn rehabilitation unit, or pediatric rehabilitation unit.

**Progress:** A directory has been compiled for Rehabilitation Facilities services by the SOM. This was shared at the trauma subcommittee and RTAC meeting. Met

## Trauma Education

**Objective:** 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.

**Progress:** The RPSRO committee will inform the trauma system of new protocols. The TMD can relay the new protocol to the trauma staff and ER staff .New protocols will be added in

the monthly newsletter as well. MCA's will notify if new protocols are approved. The same process continues.

**Objective:** By January 2025, Region 2 South will have a coordinated information repository in which best available evidence-based trauma education and injury prevention can be readily shared with regional trauma partners.

**Progress:** Plan to develop a repository in the 2nd quarter. Difficulty in finding the location to be the host for the repository. Will continue to work on a plan.

### **Other relevant information:**

Region 2 South trauma subcommittee has become robust and increased participation in 1st quarter, activity addressing the new objectives, indicators, and the strategic plan indicators. An action plan was developed to address the new indicators and how to meet the goals. Progress has been made on the indicators.

Executive Secretary: The candidates were approved. They will develop the agenda with the input of the co-chairs. Minutes will be taken by the executive secretary for one meeting either, RTAC, Data committee, Medical Oversight, Education, Injury Prevention started positions will be filled by volunteers for a 1-year commitment.

The PI initiatives continue as in prior reporting. Tourniquets, Double transfers and TXA. During the 2<sup>nd</sup> quarter, No TXA given.

Tourniquet Data: 2<sup>nd</sup> quarter: 39 tourniquets used. In addition to the data being gather another data point added, who had missing information; time on/off not recorded, inappropriate use or application and who applied. Tracking for any trends, educational opportunities to provide feedback.

### **Administrative Rule Requirements:**

- ☐ Yes ☒ No      Quarterly meeting minutes on shared drive. (In process)
- ☒ Yes ☐ No      All MCA's participating in the RTN.
- ☒ Yes ☐ No      Performance improvement Ongoing