

MICHIGAN REGIONAL TRAUMA REPORT

2nd 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

SP 4: By December 31, 2024, each regional Injury Prevention (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.

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 has identified many hospital injury prevention activities that do not address these top mechanisms (Falls, MVC and Exposure to Inanimate Objects). The region will encourage partners to prioritize their efforts to address these injury patterns. It was felt that there was a gap in fall prevention programs due to some of the class, trainer and cost requirements of *Matter of Balance*. The RTC has suggested additional programs such as the *NFPA Steps to Safety™ Prevent Fire and Falls at Home* as an alternative with more flexibility as it pairs fire and EMS professionals with community partners to deliver crucial safety information through group presentations, home visits, and creating a local resource network.

Infrastructure

Indicator: 325.132 (3)(c)(ii)

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: By April 2025, Region 3 RTN will establish formal relationships between trauma medical directors and the EMS system medical directors through attendance and participation in regional trauma and EMS meetings. Some of these may include RTAC, RTN and MCA meetings.

Progress: Ongoing

The region has encouraged increased communication and participation for both EMS medical directors and trauma physicians through annual trauma related protocol review, regional trauma symposiums and seeking critical input/feedback on regional trauma/EMS related initiatives such as pre-hospital blood administration.

Infrastructure Cont.

Indicator: 325.135(6) The regional trauma plan has clearly defined the roles, resources and responsibilities of all acute care facilities treating trauma, and of the facilities that provide care to specialty populations. (burns, pediatrics, other)
Objective: By April 2025, Region 3 RTN will create a resource document that includes the resources and capabilities of licensed acute care facilities and specialty care centers including but not limited to pediatric, geriatric burn and rehabilitation centers within the region. This resource document will be reviewed/updated at least annually.
Progress: Region 3 RTC has created a resource document/matrix for Time-Sensitive Emergencies. The color-coded Matrix allows both EMS and hospital staff to quickly identify the resources within the region such as adult/peds trauma center, burn surge centers, stroke/STEMI etc. along with emergency contact information. The regional time-sensitive Matrix will be provided to the regional MCAs and hospitals in the region and reviewed annually.
SP 14: By December 31, 2026, the regions will track all trauma transfers to assess the root cause of delays, overall function and resource utilization. The following should be considered: time of decision to transfer, time of acceptance at receiving facility, time bed assigned at receiving facility, time EMD called, and time of EMS arrival for transport. Issues and challenges related to patient transfers including transfer guidelines and procedures, lack of or limited monitoring of ED dwell times, failure to report trends to the RPSRO will be monitored and strategies to address will be put into place.
Objective: The region 3 RPSRO will continue to utilize the Regional Inventory to monitor ED dwell times bi-annually. The Region 4 RTN will propose developing a pilot study to understand the root cause of delays for interfacility trauma patient transfers. Some of the elements collected may include time of decision to transfer, time of acceptance at receiving facility, time EMS called and time of EMS arrival for transport.
Progress: Ongoing. The bi-annual RPSRO inventory has been helpful in monitoring ED dwell times, trauma transfers out from each hospital in the region and receiving trauma centers. It has been especially helpful to understand where trauma patients were transferred to outside of the region. The region struggles with available data that does not require a mandatory input for delays regarding decision to transfer times etc. many of these elements require manual data abstraction from the facility to identify these root causes. Future goals are to develop a means of accessing this data in an automated fashion to better help monitor system delays and function.

Regional Performance Improvement

Indicator: 325.135 (6) The retrospective medical oversight of the EMS system for trauma triage, communications, treatment and transport is closely coordinated with the established performance improvement processes of the trauma system.
Objective: By July 2026, the Region 3 RPSRO/RTN will coordinate the retrospective medical oversight for trauma triage, field activations, treatment and transport determination with the

EMS system. This will require increased participation/collaboration of the Trauma Medical Directors, Medical Control Authorities and their Medical Directors.

Progress: The Region 3 RPSRO formally reviews referrals as they are received that include trauma triage, field notifications, treatment and transport decisions. Some early system monitoring also occurs utilizing the RPSRO Inventory reviewing trauma patients that met trauma triage guidelines and their trauma center level destination.

Continuum of Care

Indicator: 325.132 (3) (ii) (F) 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 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 Region 3 Trauma Rehabilitation Subcommittee met with regional acute inpatient trauma rehabilitative centers/providers to inform them of the regional trauma system. A large regional trauma rehab provider gave a recent presentation of the resources/services provided at their facility to the RTAC. The provider gave an example of a “patient score card” that is sent to providers regarding the patient’s functional status (score) upon admission and discharge from the rehab facility. This particular rehab facility also shared aggregate trauma patient outcome data related to trauma patients from our region. We are excited to better understand functional outcomes as an important measurement of trauma system performance in the region.

Other relevant information:

The Saginaw/Tuscola Medical Control Authority is pursuing a pre-hospital blood transfusion program along with one of its Advanced Life Support Providers. This has required increased collaboration/communication and education between Trauma Medical Directors, Medical Control Authorities, EMS Agency Leaders, Emergency Physicians, Blood Bank and Regional Trauma Partners.

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.