MICHIGAN REGIONAL TRAUMA REPORT 2nd 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 SP 9: 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.
Objective: The Region 5 hospitals will collaborate with the community to address one of the top three injuries from the Regional Inventory.
Indicator SP 21: By December 31, 2029, build on collaborations with injury prevention partners regarding injury surveillance and reporting as evidenced by fact sheets, web links, participation in meetings and projects.
Objective: By December 2026, Region 5 will have its own website, including fact sheets, web links for meeting participation, current/future projects, and educational events.
Progress: Completed/Ongoing— Injury Prevention (IP) committee continues to build collaborations with other agencies to address the top 3 Mechanisms of Injury (MOIs) in the region. At May's IP meeting, Calhoun County MCA and Kalamazoo County MCA discussed the implementation of an EMS protocol called "MEMAW". MEMAW is a protocol for lift assist calls and knowing when to increase the priority to bring a patient into the hospital. The MCAs have asked the IP committee to develop a half-sheet with resources and facts that the EMS agencies can print off and hand out to patients with recurring falls. The half sheet was presented to the R5MCAN for further suggestions. The IP committee is currently working on the project to help EMS agencies and to get access to a patient population that needs these resources.

Indicator SP 28: By December 31, 2026, each region will promote evidence-informed injury prevention activities and/or projects as evidenced by the implementation of: A regional annual community event to correlate with trauma awareness month (May). Identify topics and talking points, though collaboration with existing resources and agencies, to increase public awareness that trauma is a preventable disease. Level I and II trauma centers will provide leadership for Regional IP activities working in collaboration with the Level III and IV facilities.
Objective: Throughout the application, IP will collaborate with hospitals to create awareness of trauma as a preventable disease at evidence-informed injury prevention activities, community events, and projects. Each event will be recorded and tracked on the Injury Prevention Tracker form.
Progress: Completed/Ongoing—The IP committee is discussing regional collaboration at events to create awareness of trauma as a preventable disease. The Level I and Level II IP specialists are heading the project to help Level IIIs, and Level IVs meet their regional projects for their trauma programs. The IP committee plans to collaborate at the Calhoun County fair to discuss motor vehicle safety, another top 3 MOIs that affects the region.

Communications:

Indicator 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 effect the ability to relay information to receiving facilities regarding interfacility transfers
Objective: By June 2025, Region 5 RTAC will coordinate with the 5th District Medical Response Coalition (5DMRC) to fully develop and review the communications plan for Mass Casualty Incidents (MCI), trauma communication, and interfacility transfers. After June 2025, the RTAC will review the communications plan yearly, making changes as necessary after receiving feedback from hospitals.
Progress: In progress - MedCom is now operating through 5DMRC and has notified all Medical Control Authorities (MCA) of the new process. EMS agencies have been educated on the new changes and are aware that they should contact their MCA if any error occurs. 5DMRC also collaborates with Trauma stakeholders to update the region's communication plan. – No further progress in the second quarter of 2025.

Infrastructure:

Indicator 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
Objective: Ongoing and throughout the application period, R5MCAN will ensure prehospital entities' utilization and collaboration with State protocol, "Adult/Pediatric Trauma Triage, 2-1," for prehospital triage criteria. 2. By January 2025, attachments highlighting trauma centers, hospitals' specialties, and pediatric centers within 40 miles of the designated MCA response area will be available with protocol "Adult/Pediatric Trauma Triage, 2-1,".
Progress: In progress—Currently, the RPSRO is conducting a study on open long bone fractures in the field and whether those patients' received antibiotics or not. The RPSRO also looked at the transport decisions to see whether the patients are being transported to the correct facility with the correct resources. The study will be ongoing and extend into the hospital side as well.

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 of injury 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. In May, the RPSRO defined more parameters, refining what the RPSRO wants the study to look specifically. The study's overall goal is to have caregivers recognize an open long bone fracture in the field and administer an antibiotic in an acceptable amount of time, while also choosing the correct destination.

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 second quarter of 2025.

Trauma Education:

Indicator 207.4: A trauma system public information and education plan exists that heightens public awareness of trauma as a disease, the need for a trauma care system and the prevention of injury. The RTN will promote education and training about the plan, how the plan components are interconnected, how the plan is integrated into existing work and how the plan will be reported. NOTE RTN ROLE IS TO "PROMOTE"
Objective: By December 2026, IP will update and post the public education plan with a linkage to promote education training, injury prevention events, and heighten the awareness of trauma as a disease on Region 5's website.
Progress: In Progress—Currently, there is no Education Plan for R5. The IP plans to discuss this objective at its next meeting in August 2025. The RTC plans to research current Education Plans from other regions and discuss the findings with the group.

Other relevant information:

As of the second quarter of 2025, Region 5 has 12 trauma designated hospitals, two hospitals in provisional status, and one non-designated hospital. Three hospitals will have an upcoming trauma verification visit in late 2025. Also, in the second quarter, the IP, RPSRO, and RTAC met for the second time this year.

The IP Committee looked at drownings in the region for the past 5 years. After reviewing the final data, the committee has decided to apply for grants to put in a life jacket station at Warren Dunes State Park. The project is in collaboration with SafeKids and the National Oceanic and Atmospheric Administration (NOAA). The IP committee has also been working on the top 3 MOIs, by providing a resource sheet to EMS to hand out to patients who have called for a lift assist, and teaching motor vehicle safety at county fairs.

Lastly, in May, the RTAC committee met with an ethicist from WMed to discuss common ethical conflicts in trauma medicine. Dr. Crutchfield discussed common situations found in trauma and how to handle them as a physician, caregiver, or provider.

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.