

MICHIGAN REGIONAL TRAUMA REPORT

3rd 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
McLaren Lapeer Region	Y	II
MyMichigan Medical Center-Midland	Y	II
MyMichigan Medical Center-Saginaw	Y	II
Henry Ford Genesys Hospital	Y	III
McLaren Bay Region	Y	III
McLaren Flint	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

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

Complete sections that have progress within the quarter.

Injury Prevention

<p>Indicator 325.135 (2) 203.5</p> <p>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.</p> <p>The plan reflects the State of Michigan Trauma System Injury Prevention Plan (2021).</p> <p>The plan will address partnerships, integration with national programs and program evaluation.</p>
<p>Objective: By July 2025, the Region 3 Injury Prevention Subcommittee will establish goals and measurable objectives for coordinated injury prevention programs within the region.</p>
<p>Progress: The Region 3 Injury Prevention Subcommittee has established goals of promoting increased collaboration between trauma centers, EMS and community partners to ensure sustainability of injury prevention programs/activities with reduced budgets and injury prevention staff. Standardized regional data analysis (regional inventory, MTQIP) along with hospital specific data (registry) analysis to identify regional injury trends and high-risk populations. Annual review of established Regional Injury Prevention Plan, update/refresh to coincide with regional work plan (3yr cycle) objectives/strategic plan.</p>

SP 7: By December 31, 2025 assess and report on the level of integration of national evidence-based injury prevention programs in the public health and trauma system. i.e., include Safe Kids programs, Tai Chi and Matter of Balance, Think First and hunter/gun safety courses by December 31, 2025.

Objective:

The Region 3 Injury Prevention Subcommittee will assess and report the level of integration within the trauma system of evidence-based injury prevention programs such as Safe Kids, Matter of Balance, Think First and hunter/gun safety programs.

Progress:

The Region 3 Injury Prevention Subcommittee has developed a process where regional trauma center submit their completed injury prevention programs/activities to the committee chairs. A spreadsheet is completed compiling all regional programs/activities including national programs (*Matter of Balance, NFPA Steps to Safety, Safe Kids, Think First, Tai Chi, ARRP Safe Drivers*) as well as other regional safety/prevention activities (Infant Safe Sleep, Car Seat Safety, Water Safety/Life Vests, *Stop the Bleed* etc. The Injury Prevention Subcommittee group reviews the compiled activities/program log and work cooperatively to adjust programming for any known gaps in public education. Recently, a Level II Trauma Center has created handouts for the ED and PEDS ED regarding the safe storage of firearms and recent changes to the law.

Operations and Clinical

Communications:

Indicator: 325.132 (3) (c)

(ii) (B)

302.9

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 (MCI)

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:

The region has developed a communications template listing the communication capabilities of each hospital (primary, secondary and tertiary). A Regional Time Sensitive Matrix has been created by the RTC categorizing the hospitals by specialty resources available (trauma, stroke, STEMI). The Matrix lists the hospitals contact information (EMS scene to hospital and interfacility transfer) radio/phone. Recently, the RTC was made aware of an ongoing project by the Michigan Public Service Communication System (MPSCS) to standardize the naming of talk groups. In the current mode, each talk group (hospital identifier) may vary depending on each agencies template. This initiative would help reduce confusion when hospital/agency names change. The majority of hospitals in the region continue to use this system as their primary radio communication between EMS and ED. The RTC has been in conversation with the EMSCC Communications chair and will make these changes to the regional matrix as

they become available. Through these discussions the region has become aware that the original design or the VHF HEAR/HERN radio system was not only for EMS to hospital but also hospital to hospital communication in an emergency/MCI. While this form of radio communication may not be the most frequently used it remains the MEDCOM required radio system and the only system that may be available during a cyber security incident. The RTC is gathering the VHF HEAR/HERN radio frequencies to be added to the regional matrix as an important redundancy.

Clinical and Operations

Infrastructure:

Indicator: 325.132 (3) (ii) (e)

302.1

There is a well-defined regional trauma system medical oversight integrating the needs of the trauma system with the medical oversight of the overall EMS system.

Objective: By January 2025, the Region 3 RPSRO, RTAC and RTN will participate in the review of trauma related EMS protocols at least annually. Trauma Medical Directors will participate/communicate with local MCAs within the region providing medical oversight and evaluation of trauma related care.

Progress: Recently the RPSRO, RTAC and MCAs have collaborated to review recent changes to trauma protocols regarding hemorrhage control, specifically TXA dosing changes and a pre-hospital blood administration program. This initiative required the MCA, EMS agency and trauma partners to work closely together to provide strong medical direction/oversight, communication, quality assurance and integration within the regional trauma system.

Indicator: 325.135 (6) (b)

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: By October 2025, The Region 3 RTN will measure the effectiveness of the trauma triage tools. biospatial may provide conduit in data linkages between MI-EMSIS and Michigan trauma registry data inputs to help evaluate this component of the regional trauma system.

Progress: The Region 3 RPSRO reviews the regional inventory bi-annually which includes monitoring the number of patients that met 2021 ACS red trauma triage criteria who were transported to the highest level of care. The inventory also displays the originating facilities and the destination facilities for patients in the region that met trauma triage criteria 2021 ACS Red Criteria for all hospital-to-hospital transfers which is helpful for analyzing destination determination system-wide.

Regional Performance Improvement

Indicator: 105.7 An assessment of the needs of the general medical community including physicians, nurses, pre-hospital care providers and others concerning trauma system information has been conducted.
Objective: By April 2025, the Region 3 RTN will develop a survey to engage the general medical community within the region about their knowledge and needs of the regional trauma system.
Progress: The Region 3 Education Subcommittee has surveyed the region for educational needs of both pre-hospital and hospital providers when deciding on topics and speakers for its annual trauma symposium. The Region 3 RTN has had initial discussions regarding expanding a needs assessment/survey to focus on engaging the general medical community (primary care providers, geriatrics, hospital medicine) noting many patients are admitted/evaluated by these providers who may not be aware of the trauma resources available in their communities as well as trauma center standards/quality initiatives.

Other relevant information:

The Saginaw/Tuscola Medical Control Authority has established a pre-hospital blood transfusion program along with Mobile Medical Response. The program went live on August 7th 2025 after collaborative efforts between Trauma Medical Directors, Medical Control Authorities, EMS Agency Leaders, Emergency Physicians, Blood Bank and Regional Trauma Partners. The program is the first in the state of Michigan and is limited to paramedic supervisors who have completed additional education and training requirements. The first pre-hospital blood product was recently transfused as a resuscitative measure for an arterial hemorrhage. The RPSRO will be tracking the pre-hospital blood program for trauma patients as a Performance Improvement/Quality Assurance project. The region is excited to analyze data regarding this program. For the first time, each of the regions 20 hospitals are verified and designated 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.