MICHIGAN REGIONAL TRAUMA REPORT 3rd 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
Beacon Allegan	No	Not Designated
Beacon Dowagiac	Yes	IV
Beacon Kalamazoo	Yes	II
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 Pennock	Yes	IV
Corewell Health Watervliet	Yes	IV
Insight Hospital and Medical Center – Coldwater	Yes	IV
Oaklawn	Yes	III
Sturgis	No	In Process
Three Rivers Health	No	In Process

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

Injury Prevention:

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— Region 5 currently is advancing projects, including the MEMAW protocol, which guides EMS providers in fall assessments (M – Manual Vitals, E – Events, M – Medications, A – Assessment, W – Walk). Injury Prevention in partnership with Calhoun and Kalamazoo County MCAs, developed fact sheet for EMS agencies to share with "lift assist" patients, offering fall prevention tips and encouraging regular check-ins from a designated contact. The MEMAW protocol was presented at the Region 5 MCAN meeting for all MCAs to review and consider implementing within their jurisdictions.

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 working on regional collaborations at community events to raise awareness of trauma as a preventable disease. Level I and Level II IP specialists are leading efforts to support Level III and Level IV centers in meeting regional trauma program requirements. In August, the committee partnered at the Calhoun County Fair to educate the public on motor vehicle safety, heat stroke prevention water safety, and Stop the Bleed®, while also distributing helmets. Plans are underway for another collaboration event focused on fall prevention at an upcoming senior convention.

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 affects 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: Completed/Ongoing— MedCom is now operating through 5DMRC and has informed all Medical Control Authorities (MCAs) of the updated process. EMS agencies have been educated on the changes and instructed to contact their MCA if any errors occur. The healthcare coalition conducts monthly tests to ensure communication lines remain functional. In addition, 5DMRC collaborates with trauma stakeholders to keep the region's communication plan up to date.

Infrastructure:

Indicator 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: 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 conducting a study on open long bone fractures in the field, examining whether patients received antibiotics and evaluating transport decisions to determine if patients were taken to facilities with the appropriate resources. The study is ongoing and will extend to include hospital-based data 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 conducts Region 5 inventory data collection twice a year and distributes the results to all RPSRO members. These members review the data during RPSRO meetings and address identified gaps. The top three mechanisms of injury are shared with the Injury Prevention Committee to guide the selection of regional prevention programs. Each committee's findings and ongoing projects are then reported at RTN meetings. This activity 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, the RPSRO shifted its focus from length of stay in emergency departments to the administration of antibiotics for open long bone fracture patients in the field. The 3rd quarterly meeting was canceled due to lack of quorum, but the committee plans to revisit the results of the 2024 study in November. The review will examine both the reasons antibiotics were not administered and the transport decisions made for trauma patients. Identified gaps will be addressed with the RTN. The overall goal of the study is to ensure caregivers recognize open long bone fractures in the field, administer antibiotics in a timely manner, and transport patients to the most appropriate facility.

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 third 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— At the August IP meeting, the committee discussed strategies for sharing injury prevention information with the public as new topics emerge. The group agreed that when an issue of concern arises—such as drownings or falls—a flyer or document will be created with key points and resources. RTC will then distribute these materials to Region 5 stakeholders for wider community sharing. The IP committee continues to explore additional ways to expand the reach of the information they develop.

Other relevant information:

As of Q3 2025, Region 5 has 12 trauma-designated hospitals, one hospital in provisional status, and one non-designated hospital. Three hospitals are scheduled for trauma verification visits later in 2025. During this quarter, the IP, RTAC, and RTN committees held meetings, while the RPSRO meeting was canceled due to lack of quorum.

The Injury Prevention Committee completed a regional drowning report, identifying an area with a high incidence of drowning. The committee is exploring grant opportunities to install a life jacket station in that location as a prevention measure. They are also considering partnering with an Eagle Scout to help build the station. In the coming months, a smaller subgroup will review the details to ensure the public has ongoing access to life jackets.

At RTAC, members reviewed recent hospital updates, including name and contact information changes, to keep the region informed. A member also presented on the Rural Trauma Team Development Course, discussing strategies to bring it back to rural facilities within the region. Sign-up details and contact information were shared with committee members. Additionally, RTAC discussed the upcoming 2026 Regional Systems of Care Application. The RTC reviewed objectives from the previous application, noting that the next submission will serve both as a refinement of past goals and as a transition toward a Systems of Care framework.

At RTN**,** new members were approved to join the RPSRO. R5 Stroke Coordinator presented Systems of Care and the State's current status. RTC also discussed the upcoming Regional Systems of Care Application with the RTN, focusing on the region's priorities and vision for the next several years.

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.