

MICHIGAN REGIONAL TRAUMA REPORT 1st QUARTER 2026

Region 2N

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-Beaumont Grosse Point	Yes	III
Corewell Health-Beaumont Troy	Yes	II
Corewell Health-Farmington Hills	Yes	II
Corewell Health-William Beaumont University	Yes	I
DMC Huron Valley Sinai	Yes	III
Henry Ford-Macomb	Yes	II
Henry Ford-Madison Heights	No	
Henry Ford Providence-Novı	Yes	II
Henry Ford Providence-Southfield	Yes	II
Henry Ford-River District	No	
Henry Ford-Rochester	Yes	III
Henry Ford-Warren	Yes	III
Henry Ford-West Bloomfield	Yes	III
Lake Huron Medical Center	Yes	III
McLaren-Macomb	Yes	II

McLaren-Oakland	Yes	II
McLaren-Port Huron	Yes	III
Trinity-St. Joseph Mercy-Oakland	Yes	II

Work Plan Objective Progress and Highlights:

Complete sections that have progress within the quarter.

Injury Prevention

<p>Objective: The RTN is active in the monitoring and evaluation of Injury Prevention activities and programs.</p>
<p>Progress: The injury prevention committee continues to meet quarterly via MS Teams. The committee continues to monitor the top 3 mechanisms of injury in the region (Falls, MVC and Assaults). During the last quarter, the committee continued focusing on Matter of Balance instruction as well as Stop the Bleed courses. There was an increase in pedestrian injury specifically surrounding electric bike/scooters that is being monitored.</p>

Communications

<p>Objective: The RTN, with the assistance of the RTAC, will have identified and consolidated the existing plans for inter-facility communications in the event of a system failure will implement, monitor, and evaluate the plans for effectiveness.</p>
<p>Progress: There was further discussion regarding this objective with no progress this quarter. Looking at the new 2027-2029 workplan/application; it will remain a focus to find a solution with the hopes of it becoming region wide.</p>

Infrastructure

<p>Objective: The RTN in collaboration with the RPSRO, will review data from biospatial field triage/destination protocol data reports to determine a bypass tracking process, and will utilize biospatial to develop a trauma bypass tracking, review, and protocol revision process</p>
<p>Progress: There has been continued progress as it relates to field triage/destination using the regional “report card”. The “report card” tracks eDisposition.23 “Hospital Capability” to determine what the provider is documenting as the capability the hospital has available to treat the injured patient on their cot (“Hospital General” vs “Trauma Center Level I-IV). Durning this last quarter, there has been further progress with the NextGen Report Writer software for EMS registry data. Additional methods to educate pre-hospital providers on the importance and value of accurate documentation are being evaluated to assist on moving the needle.</p>

Regional Performance Improvement

Objective: The RPSRO in collaboration with the RTN and RTAC, will continue to develop additional methodologies to evaluate and improve system performance.

Progress: Field triage assessment of the pediatric patient, antibiotic prehospital administration, TXA administration and the addition of blood administration for the hypovolemic patient will continue to be evaluated by the RPSRO.

Continuum of Care

Objective: The RTN, with participation of the RTAC will identify regional rehabilitation resources through the completion of the RPSRO Inventory.

Progress: No new progress.

Trauma Education

Objective: The RTN will monitor the process utilized by the MCAs and/or R2N Education Committee, to educate all personnel on new protocols, treatment plans, and procedures while assuring compliance.

Progress: This quarter has shown vast improvement regarding eDisposition.23 data element "Hospital Capability". There was a significant reduction in the percentage of records that the provider chose "Hospital General" vs "Trauma Center I-IV" which indicates the education is moving the needle. This will be a continued educational topic with the goal of improved documentation creating useful, accurate data. The addition of Stroke and STEMI into the Trauma system will require educational plans for EMS and hospitals.

Other relevant activities information:

- The RTC continues to participate in the review process for in-state verification/re-verification.
- The RPSRO continues to monitor TXA administrations, antibiotic administration for open fractures, RED TTC patient flow, field triage/destination decision making, and EMS documentation. Evaluation of pre-hospital blood product administration will be added.
- There is good participation and insight being made on many indicators.

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.

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