REGION 6 NETWORK APPLICATION
2024-2026

Introduction

Regional Trauma Network Development

MDCH Administrative Rules R325.125 through R325.138 requires the submission of an application by the Medical Control Authorities (MCA) in a geographic region (formally known as emergency preparedness region). Approval of the application by the Michigan Department of Health and Human Services serves to formally recognize this entity as a Regional Trauma Network (RTN).

"Maintain the established regional trauma networks to provide system oversight of the trauma care provided in each region of the state." R325.129 Rule 5 (1)(i)

The application template that follows is an adaptation of:

- US Department of Health and Human Services (HRSA) *Model Trauma System Planning and Evaluation (2006).*
- The MDHHS Bureau of EMS and Trauma Section *Statewide Trauma System Administrative Rules* filed with the Secretary of State May 31, 2017
- *The Michigan Trauma Strategic Plan 2024-2029*
- *The Michigan Trauma System Injury Prevention Plan 2021*
- *Regional Trauma Systems: Optimal Elements, Integration, and Assessment Systems Consultation Guide 2008*

The application has adopted or adapted the HRSA indicators in order to initiate a regional evaluation of current trauma system status.

Application

Section 1- Work plan: Administrative Rule 325.132 Rule 8 (3)(b) requires that each regional network submit a comprehensive system development plan as a component of the application for recognition as an RTN. For the purposes of this application the RTN encompasses all of the following: RTN Board, Regional Trauma Advisory Council (RTAC), and Regional Professional Standards Review Organization (RPRSO).

The 6 required components of the Regional Trauma Network Plan (per Administrative Rules) are:

1) Injury prevention
2) Communications
3) Infrastructure
4) Regional performance improvement
5) Continuum of care
6) Trauma education

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The 6 required components are included in the workplan under one of four workplan sections:

1) Leadership, System Assessment and Data
2) Injury Prevention
3) Operations and Clinical
4) Education.

Application Scoring

Each RTN and its subcommittees, including the RTAC and RPSRO, will assess the current status of the region's trauma system. After assessing each indicator, the RTN must write at least one SMART objective (specific, measurable, attainable, relevant, and time-bound) to address the indicator, with the understanding that a mature, fully functioning, all-inclusive regional trauma system is the goal.

In addition, *new to this application*, there are objectives taken from the State Strategic Plan (SP) which have been added to each section/component. Each region must also discuss each of those objectives and determine how it will support each of those objectives. There is no written score card for the Strategic Plan objectives. The region may reword these objectives to better support a regional approach to their completion. The region may also opt to add additional objectives not addressed in this template. The cumulative set of written objectives will then serve as the region's system workplan.

Scoring of the assessment provides a means for each RTN to individually track progress over time. The assessment score is meant only to assess and track the status of each individual region; assessment scores will not be used to compare and/or rank RTN status or progress against each other. Renewal applications are expected to reflect progress in system development.

Scoring the System Components

All Regional Trauma Network applications will be submitted to the department with indicators scored and SMART objectives addressing each indicator. The department will utilize the HRSA model which describes trauma system indicators and offers a scoring process: meeting the highest score (5) in every indicator would describe a mature highly functioning trauma system. Each RTN, with the advice of the RTAC, should realistically assess the current status of the region's trauma care system, using the 0-5 scoring scale, in order to arrive at a score. The current score should suggest the gap between the system's current status and a desirable for subsequent assessment.

Benchmarks are global goals, expectations or outcomes that refer to the components of the trauma system plan. In scoring the trauma system, a benchmark identifies a broad system attribute.

Indicators are the tasks or outputs that characterize the benchmark. Indicators identify actions or capacities within the benchmark and are the measurable components of the benchmark.

Scoring reduces the indicator to action steps. The score offers an assessment of the current status, and subsequent scoring will mark progress over time in reaching a desirable benchmark.

Within each of the 6 *functions* there are a variety of potential benchmarks based, to the extent possible, on HRSA guidelines for Model Trauma System Planning. For each of the 6 functions, a number of descriptive *indicators* further define the function's potential benchmark and a score for each indicator to assist in identifying efforts, progress, compliance, or any combination of these. Each indicator contains a scoring "mechanism" of ordered statements to assist in assessing progress to date.

The following criteria are used to assess the region's conformance to the indicator:

Score	Progress Scoring
0	Not known
1	No
2	Minimal
3	Limited
4	Substantial
5	Full

The table below is an example of how the above criteria are used to assess trauma system progress for a specific indicator. When scoring the indicators, **BOLDFACE the number and criteria** your region has chosen to indicate your region's current status in achieving the indicator.

Example of Progress Scoring
Indicator: A thorough description of the epidemiology of injury in the region exists, using both population-based data and clinical data bases. In this example, the region has chosen a score of "2".

Score	Criteria
0	The scorer does not know enough about the indicator to evaluate it effectively.
1	There is no detailed analysis of injury mortality.
2	**Death certificate data have been used to describe the incidence of trauma deaths aggregating all etiologies, but no E-code reporting is available.**
3	Death certificate data, by E-code, are reported on a statewide basis, but are not reported regionally.
4	Death certificate data, by E-code, are reported on a statewide and regional basis. These data are compared to national benchmarks, if available.
5	Death certificate data, by E-code, are used as part of the overall assessment of trauma care both statewide and regionally, including rural and urban preventable mortality studies.

In this example, the region should review the listed criteria and select the one that best describes its current ability to describe injury mortality, ranging from none (0) in neophyte systems to the ability to accurately describe preventable deaths (5) occurring in the most mature trauma systems. A median score of 3 would indicate that there is evidence of limited, but demonstrable, progress in meeting the expectation.

Although the scoring mechanism provides a quantitative descriptor of each indicator, and the region in general, the scoring process has limitations:

- The benchmarks focus on process measures, not outcomes. The assumption is that meeting these process measures will result in improved outcomes.
- The evaluation method relies on the qualitative judgments of the region's evaluators.
- The regions are cautioned not to draw conclusions from the numerical "score". Because the scale points are not discrete points on an ordered scale it is not possible to state that a 4 is twice as good as a 2. The score only denotes relative progress in achieving the benchmark.
- The benchmarks and indicators are not comprehensive. As the document evolves these are expected to change.

The application's scoring tool is intended to help each region meet the trauma system development plan requirement of the administrative rules, and to assist the regions in identifying individual strengths and weaknesses, prioritize actions and measure progress against itself over time.

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The expectation for this application is that the evaluation of each region's indicators will drive a systems approach for outlining the governance, goals, objectives, strategies and timelines that address each indicator, and that the region will build on them in a systematic, foundational way until system maturity is reached.

Section 2 – Governance: Documentation that the organizational network structure described in the administrative rules above has been addressed.

Filing Instructions

The application must be completed, typed and when fully approved, signed. An application checklist has been included in the application packet to facilitate the process.

Completed applications should be emailed to:

Eileen Worden, Systems of Care Manager
wordene@michigan.gov
Please insert "Region 6 Application" in the subject line of the email.

The application is due to the State Systems of Care Manager no later than COB on September 19, 2023.

After the application has been reviewed and approved by The Michigan Department of Health and Human Services (MDHHS) a letter will be sent to the Regional Trauma Network representative listed below recognizing the Regional Trauma Network.

Please provide the following:

Regional Trauma Network representative: Jerry Evans
Address: 1700 Clinton St, Muskegon, MI 49442
Email: medicaldir@wmrmc.org

For questions, please contact your Regional Trauma Coordinator or State Systems of Care Manager, Eileen Worden wordene@michigan.gov (517) 643-2296.

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Injury Prevention

Injury Prevention Benchmark: The RTN, in cooperation with other agencies and organizations, uses analytical tools to monitor the performance of population-based (regional) injury prevention programs. Each regional trauma network is responsible for monitoring, assessing, and evaluating its regional trauma system to improve trauma care, reduce death and disability, surveillance of injury, and implementation of injury prevention activities.

Admin Rule HRSA #	Indicator	Score
325.135 (2) 306.2 Michigan Trauma System Strategic Plan 2024-2029	The RTN is active within the region in the monitoring and evaluation of regional injury prevention activities and programs and gaps in delivery including outcome data.	0. Not known. 1. The RTN does not actively participate in the monitoring and evaluation of injury prevention activities and programs in the region. 2. The RTN does some minimal monitoring and evaluation of injury prevention activities and programs in the region. 3. The RTN monitors and evaluates injury prevention activities and programs in the region. **4. The RTN is an active participant in injury prevention programs in the region, including the evaluation of program effectiveness.** 5. The RTN is integrated with injury prevention activities and programs in the region. Outreach efforts are well coordinated and duplication of effort is avoided. Ongoing evaluation is routine and data are used to make program improvements.

Objective(s) for above indicator 306.2:

1. SP1: By January 1, 2024, Bi-annual surveillance reports from the Michigan Trauma Registry for the Regional Inventories which include, at a minimum, the top 3 causes of injury in R6, will be reviewed at the RPSRO, Regional Trauma Advisory Council (RTAC), and Injury Prevention (IP) committees.

2. SP2: By December 31, 2024, the R6 IP committee will report to the RTAC on which injury prevention programs have been implemented in the region. The RTAC will establish a template for this report prior to December 31, 2024.

3. **SP3**: By December 31, 2024 the R6 IP committee will analyze the number and type of programs that directly address the top 3 injuries programs in their region as reported in the Inventory.

4. **SP4**: By December 31, 2024, each regional IP committee will identify and address gaps in their regional programs as it relates to the top 3 injuries analysis in SP3. The IP plans will be updated and progress on this objective will be reported the RTAC and on the Regional Trauma Coordinator's (RTC's) annual report.

5. **SP5**: By January 1, 2025, Using the RTC's annual report, the MDHHS Systems of Care (SOC) Section staff will educate the State Trauma Advisory Committee (STAC) about the IP plan, how the components of the plan are interconnected, how the plan is integrated into existing work.

SP6: By December 31, 2025, R6 IP committee will report on injury prevention outcome data for at least one implemented program. This will be recorded in the Region's Annual Report.

- The Store it Safe initiatives outcome data will be reported. Specifically, Corewell Health Helen DeVos Childrens Hospital (HDVCH) will be included in the report.
- Other outcome data (or evaluation) to be considered: School nurse programs, Stop the Bleed.

SP28: By December 31, 2026, R6 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 1 and 2 trauma centers will provide leadership for Regional IP activities working in collaboration with the level III and IV.

Injury Prevention Continued

325.135 (2) 203.5 Michigan Trauma System Strategic Plan 2024-2029	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. The plan reflects the State of Michigan Trauma System Injury Prevention Plan (2021) The plan will address partnerships, integration with national programs, and program evaluation	0. Not known. 1. There is no written plan for coordinated injury prevention programs within the region. 2. Although the RTN has a written injury prevention and control plan, it is not fully implemented. There are multiple injury prevention programs within the region that may compete with one another, or conflict with the goals of the regional trauma system, or both. 3. There is a written plan for coordinated injury prevention programs within the region that is linked to the regional trauma system plan, and that has goals and time-measurable objectives. **4. The regional injury prevention and control plan is being implemented in accordance with established objectives, timelines and the region is collecting data.** 5. The injury prevention plan is being implemented in accordance with established timelines. Data concerning the effectiveness of the injury prevention programs are being collected and are used to validate, evaluate, and modify the program.

Objective(s) for above indicator 203.5:

SP7: By December 31, 2026, R6 will assist the SOC in the assessment and reporting to STAC on the level of integration of national evidence-based injury prevention programs in the public health and the trauma system i.e., include Safe Kids programs, Tai Chi, and Matter of Balance for fall prevention, Think First for safe teen driving, and DNR hunter and gun safety courses.

SP8: By December 31, 2025, R6 RTN supports ongoing, effective collaborations and integration of existing community health programs and injury prevention as documented in the Regional Annual Report.

- This support is evidenced by the provision of hospital and EMS resources toward ongoing community injury prevention programs.

SP9: By December 31, 2025, R6 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 and will be reported in the RTC annual report.

SP10: Before January 1, 2027, R6 IP committee will review and analyze the updated SOC Section epidemiologic data. Where possible, future data should be broadened from analysis by frequency, sex, age, type and cause of injury, and geography to include race, ethnicity, and gender identity. If there are gaps or inconsistencies with the Regional IP plan, these will be addressed.

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Operations and Clinical

Communications:

Trauma System Communications Benchmark: The regional trauma system is supported by a coordinated communication system linking and integrating hospitals, life support agencies, the EMS system and the Regional Trauma Network.

Admin Rule HRSA #	Indicator	Score
325.132 (3) (c) (ii) (B) 302.10	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	0. Not known. 1. There are no written procedures for regional EMS and trauma systems communication~~s~~ for major EMS events or multiple jurisdiction incidents. 2. Local medical control authorities have written procedures for EMS communications during major events. However, there is no coordination among the adjacent local jurisdictions. 3. There are written regional EMS communications procedures for major EMS events. These procedures do not involve other jurisdictions and are not coordinated with the overall regional response plans or incident management system. **4. There are written regional EMS communications procedures for major EMS events and multiple jurisdiction incidents that are coordinated with adjacent jurisdictions, with the overall regional response plan and with the incident management system.** 5. There are written regional EMS communications procedures for major EMS events and multiple jurisdiction incidents that are coordinated with the overall regional response plan and with the incident management system. There are one or more system redundancies. These procedures are regularly tested in simulated incident drills, and changes are made in the procedures based on drill results, if needed.

Objective(s) for above indicator 302.10:

1. By January 2024, members of the R6 RTN who participate on the R6 Healthcare Coalition (HCC) disaster planning and communications will report to the RTAC the progress on communications planning in the region. The HCC representative will report twice a year using a template developed by the RTAC that outlines the criteria in #5 above.

Communication continued

325.132 (3) (c) (ii) (B) 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 effects the ability to relay information to receiving facilities regarding interfacility transfers	0. Not known. **1.** There are no specific communications plans or procedures to ensure communication among medical facilities when arranging for inter-facility patient transfers. 2. Inter-facility communication procedures are generally included in patient transfer protocols for each medical facility but there is no regional procedure. 3. There are uniform, regional communication procedures for arranging patient transfers, but there are no redundant procedures in the event of communication system failure. **4. There are uniform, regional communication procedures for arranging patient transfers and there are redundant procedures in the event of communication system failure.** 5. There are uniform, regional communication procedures for arranging patient transfers and there are redundant procedures in the event of communication system failure. The effectiveness of these procedures is regularly reviewed, and changes made based on the performance review, if needed.

Objective(s) for above indicator 302.9:

1. By September 2024, the RTAC communications committee will present to the R6 RTN, their assessment of the criteria in #5.
2. Members of the RTN who participate in Region 6 Healthcare Coalition disaster planning and communications will continue to work on available communication redundancies (UHF, 800mghtz system) as backup system for hospitals to use when arranging patient transfers. They will ensure there are plans to mitigate any communication issues that currently exist.
3. By September 2024, the R6 communication committee will develop a plan with the R6 Healthcare Coordinator and the education committee to ensure there is an education plan that addresses:
    a. The system communication plan
    b. The procedures for arranging patient transfers in the event of a communication system failure.
4. By September 2022 there will be a test of communication redundancies for interfacility patient transfers. An after-action report will be presented to the R6 RTN.

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Clinical and Operations

Infrastructure

Infrastructure Benchmark: The regional trauma infrastructure consists of membership, governance, medical oversight, policies, procedures and protocols that support the regional trauma system.

Admin Rule HRSA #	Indicator	Score
325.132 (3) (c) (ii) (E) 302.1	There is well- defined regional trauma system medical oversight integrating the needs of the trauma system with the medical oversight of the overall EMS system.	0. Not known. 1. Medical oversight of EMS providers caring for trauma patients is provided by local medical control authorities but is outside of the purview of the regional trauma system. 2. EMS and trauma medical directors collaborate in the development of protocols for pre-hospital providers providing care to trauma patients. 3. The RTN has adopted state approved regional trauma protocols. **4. The regional trauma system has integrated medical oversight for pre-hospital providers and evaluates the effectiveness of both on-line and off-line medical control.** 5. The EMS and regional trauma system fully integrate the medical oversight processes and regularly evaluate program effectiveness by correlating data with optimal outcomes. Pre-hospital EMS providers from the region are included in the development of medical oversight procedures.

Objective(s) for above indicator 302.1:

1. By December 2025, or when data is available from the State of Michigan or the RPSRO (case submissions), the committee will evaluate occurrences of delays in transfers, or other transfer issues as identified by trauma providers.
2. By December 2023, the R6 PSRO will evaluate the effectiveness of regional implementation of the Interfacility Transfer form and hospital to EMS patient handoff.
   a. The region will audit one week of every RPSRO Inventory cycle and report results to the RPSRO and document in the Inventory.
   b. Examples of data to be collected:
      - # of transfers to higher level of care

- # of IFT forms completed
- Sample audits for completeness
- Interview 10 staff, physicians, EMS
- Are any unapproved or old forms being used?

325.132 (3) (c) (ii) (E) 302.2 Michigan Trauma System Strategic Plan 2024-2029	There is a clearly defined, cooperative, and ongoing relationship between regional trauma physician leaders and the EMS system medical directors in the region. Develop and implement a process for trauma stakeholders to discuss and plan data driven interventions for issues related to triage, communication, treatment, transport, and protocols	0. Not known. 1. There is not formally established, ongoing relationship between the individual trauma medical directors and the EMS system medical directors. There is no evidence of informal efforts to cooperate or communicate. 2. There is no formally established, ongoing relationship between the individual trauma medical directors and the EMS system medical directors. However, the trauma medical directors and EMS medical directors informally communicate to resolve problems and coordinate efforts. 3. Trauma medical directors or designated trauma representatives participate in EMS oversight through participation in local medical control authority meetings. However, there is no formal written relationship. **4. There is a formal, written procedure delineating the responsibilities of individual trauma center medical directors and EMS system medical directors that specifies the formal method for cooperation. However, implementation is inconsistent.** 5. There is a formal, written procedure delineating the responsibilities of individual trauma center medical directors and EMS system medical directors that specifies the formal method for cooperation. There is written documentation (minutes) indicating this relationship is regularly used to coordinate efforts.

Objective(s) for above indicator 302.2:

1. By March 2024, the R6 RTN and RTAC will review the existing formal written process that specifies cooperation between the trauma center medical director (TMD) and the EMS Medical Control Authorities (MCA) medical directors as described in the R6 Bylaws for the RPSRO.
   - This review and discussion will take place at the RTAC meeting and serve to educate the members on the role of TMD's, TPM's, and MCA Medical Directors on the RPSRO in reviewing data and collaborating on interventions.

2. Beginning in December 2024, the RTN will review attendance logs for the RPSRO and RTAC to demonstrate collaboration and participation at regional meetings. These logs will be reviewed annually and reported in the Regional Report.

Infrastructure continued

Admin Rule HRSA #	Indicator	Score
325.135 (6) (c) 303.2	The regional trauma network plan should ensure that the number, levels, and distribution of trauma facilities are communicated to all partners and stakeholders. The RTN should develop procedures to ensure that trauma patients are transported to an appropriate facility that is prepared to provide care. This indicator is directed at the process for **diversion** of a trauma patient from a hospital	0. Not known. 1. There is no regional plan to identify the number, levels, and distribution of trauma facilities. There is no regional diversion protocol. 2. There is a regional system plan and a diversion protocol but they do not identify the number, levels or distribution of trauma facilities in the region. The plan and protocol are not based on available data. 3. There is a regional system plan and a diversion protocol that identifies the number, levels and distribution of trauma facilities. System updates using available data not routine. **4. There is a regional system plan and a diversion protocol that identifies the number, levels and distribution of trauma facilities based on available data. However, the regional plan and diversion protocol is not used to make decisions about trauma facility designations.** 5. There is a regional system plan that identifies the number and levels of trauma facilities. The plan is used to make decisions about trauma center diversion procedures. The plan accounts for facility resources and geographic distribution, population density, injured patient volume, and transportation resource capabilities and transport times. The plan is reviewed and revised periodically.

Objective(s) for above indicator 303.2:

1. By March 2024, the region system plan and diversion protocol will be reviewed and evaluated by the RTAC committee for compliance with the criteria in #5. This review will also serve as an educational opportunity for those not aware of the plan.

Infrastructure continued

325.136 (d) 303.4	When injured patients arrive at a medical facility that cannot provide the appropriate level of definitive care, there is an organized and regularly monitored system to ensure the patients are expeditiously transferred to the appropriate, system defined trauma facility. This indicator is directed at the process for **interfacility transfers** of a trauma patient	0. Not known 1. There is no system to regularly review the conformity of interfacility transfers within the trauma system according to pre-established procedures. 2. There is a fragmented system, usually event based, to monitor the interfacility transfer of trauma patients. 3. The system for monitoring interfacility transfers is new, the procedures are in place, but training has yet to occur. **4. There is an organized system of monitoring interfacility transfers within the trauma system.** 5. The monitoring of interfacility transfers of trauma patients has been integrated into the overall program of system performance improvement. As the system identifies issues for correction, a plan of action is implemented.

Objectives for above indicator 303.4:

1. (Also see 302.1) By December 2023, the R6 PSRO will evaluate the effectiveness of regional implementation of the Interfacility Transfer form and hospital to EMS patient handoff.
    - The region will audit one week of every RPSRO Inventory cycle and report results to the RPSRO and in the Inventory.
    - Examples of data to be collected:
        - # of transfers to higher level of care
        - # of IFT forms completed
        - Sample audits for completeness
        - Interview 10 staff, physicians, EMS
2. By November 2023, the LOS workgroup will meet with the State Epidemiologist and Trauma Registrar to review aggregate LOS data for R6 hospitals. This data will be provided by the State Epidemiologist and includes:
    - Adults 18 and older
    - Level III and IV hospital trauma transfers
    - Data by hour of day recorded in the arrival time interval

- Data elements:
    - arrival, order to transfer, physical departure,
    - Volumes
    - Time of day, day of week, hospital

3. By July 2024, the LOS workgroup will share the PI plan for reviewing aggregate and hospital LOS data for trauma transfers.
4. By December 2024, the LOS workgroup and the RPRSO will analyze the trauma transfer LOS data.
5. By December 31, 2026, or when data is available, R6 will track and analyze all trauma transfer data. If opportunities or gaps are identified, the LOS workgroup will create and implement an improvement plan and report to the RPSRO quarterly. Consider the following: time of decision to transfer, time of acceptance at receiving facility, time bed assigned at receiving facility, time EMS 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.

Infrastructure continued

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	0. Not known 1. There are no mandatory universal triage criteria to ensure trauma patients are transported to the most appropriate hospital. 2. There are differing triage criteria guidelines used by different providers. Appropriateness of triage criteria and subsequent transportation are not evaluated for sensitivity or specificity. 3. **Universal triage criteria are in the process of being linked to the management information system for future evaluation. (biospatial)** 4. The triage criteria are used by all prehospital providers. There is system- wide evaluation of the effectiveness of the triage tools in identifying trauma patients and in ensuring that they are transported to the appropriate facility. 5. System participants routinely evaluate the triage criteria for effectiveness. There is linkage with the trauma system, and sensitivity and specificity (over- and under-triage rates) of the tools used are regularly reported through the trauma lead authority. Updates to the triage criteria are made as necessary to improve system performance.

Objectives for above indicator 302.6:

1. By December 2025, or when state biospacial data is available, the RTAC committee will evaluate the effectiveness of pre-hospital triage and destination protocols.
   - This evaluation will include transportation of the trauma patient to the appropriate facility as determined by hospital verification levels.
   - Identified opportunities for improvements will be discussed and assigned to a committee workgroup as appropriate.

Infrastructure continued

325.135 (6) 303.1 Michigan Trauma System Strategic Plan 2024-2029	The regional trauma plan has clearly defined the roles, resources and responsibilities of all acute care facilities treating trauma, and of facilities that provide care to specialty populations (burns, pediatrics, other). Demonstrate collaborative, integrated, functioning system of care in Michigan.	0. Not known. 1. There is no regional plan that outlines roles, resources and responsibilities of all acute care facilities treating trauma and/or of facilities providing care to specialty populations. 2. There is a regional trauma system plan, but it does not address the roles, resources and responsibilities of licensed acute care facilities and/or specialty care facilities. 3. The regional trauma plan addresses the roles, resources and responsibilities of licensed acute care facilities (hospitals) only, not spinal cord injury, pediatrics, burns or others. 4. The regional trauma plan addresses the roles, resources and responsibilities of licensed acute care facilities and specialty care facilities. **5. The regional trauma plan clearly defines the roles, resources and responsibilities of all acute care facilities treating trauma within the region. Specialty care services are addressed within the plan, and appropriate policies and procedures are implemented and tracked.**

Objectives for above indicator 303.1:

1. RTN leaders will continue to promote collaboration and information sharing through their words and actions including active participation in the RTAC committees and meetings.
2. By December 2024, the RTAC committee will review and update the West Michigan Regional Trauma Destination List (reference document to the WMRMCC Trauma Destination protocol) as appropriate. This review will also serve to educate the RTAC members about the policy and list.

Infrastructure continued

325.132 (3) (c) (ii) (E) 208.2 Michigan Trauma System Strategic Plan 2024-2029	The incident management and trauma systems have formal established linkages for system integration and operational management. This is directed at the Trauma Network's collaboration/integration with the Regional Healthcare Coalition including planning, and participation in exercises.	1. Not known 2. There are no formal established linkages for system integration or operational management between the incident management and trauma systems. 3. There are limited linkages or interfaces between the incident management and trauma systems specific to mass casualties. **4. Plans are in place for both incident management and trauma system linkage. Integration is beginning, and cooperation within the multidisciplinary groups is occurring. Draft policies are being reviewed, and operational management strategies are being aligned.** 5. There is evidence of program linkages between the incident management and trauma systems. Operational management guidelines exist and are routinely evaluated and tested. 6. Strong program linkages and interfaces are present. The incident management and trauma systems are well integrated, and operational procedures have been implemented, tested, and evaluated. System participants meet regularly and are familiar with the operational plans of both areas. Data from the trauma system and from the incident management system are shared.

Objectives for above indicator 208.2:

1. Ongoing through 2026, the R6 RTN will continue to foster strong program linkages and interfaces that currently exist between the HCC and RTN.
   - The chair of the RTAC Communications committee (or designee) will continue to report on HCC disaster management activities at the RTAC.
   - The chair of the RTAC Communications committee (or designee) will participate in education of the RTAC on operational and management guidelines exist and how they tested when reporting out at the RTAC meetings.

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Continuum of Care

Continuum of Care Benchmark: The lead agency ensures that adequate rehabilitation facilities have been integrated into the trauma system and that these resources are made available to all populations requiring them.

Admin Rule HRSA #	Indicator	Score
325.132 (3) (C) (ii) (F) 308.1 Michigan Trauma System Strategic Plan 2024-2029	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	0. Not known 1. There are no written plans for the integration of rehabilitation services with the regional trauma system or with trauma centers. 2. The regional trauma system plan has addressed the participation of rehabilitation services, but the integration of those facilities for trauma patients has not been fully realized. 3. The regional trauma system plan has addressed the participation of rehabilitation services and has begun integration of rehabilitation services through the routine use of rehabilitation services expertise. 4. The trauma system plan incorporates rehabilitation services throughout the continuum of care through the use of written agreements. Trauma centers are actively including rehabilitation services and their programs in trauma patient care plans. 5. **There is evidence to show a well-integrated program of rehabilitation is available for all trauma patients. Rehabilitation programs are included in the regional trauma system plan, and the trauma centers are working closely with rehabilitation centers and services to ensure quality outcomes for trauma patients.**

Objective(s) for above indicator 308.1:

1. By December 2024, the R6 RTAC committee will survey R6 hospitals to determine the integration of rehabilitation services for trauma patients. The survey will include questions on access to physical rehabilitation and mental health resources. The survey will request confirmation from Level I and II

centers for their participation in the MTQIP Patient Reported Outcome (PRO) program.

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Leadership, System Assessment and Data

Regional Performance Improvement

Regional Performance Improvement Benchmark: The RTN/RTAC uses system data to evaluate system performance and regularly reviews system performance reports to develop regional policy.

Admin Rule HRSA #	Indicator	Score
325.134 (4) 206.1 Michigan Trauma System Strategic Plan 2024-2029	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	0. Not known. 1. The RTN does not generate trauma data reports for evaluation and improvement of system performance. 2. Some general trauma system information is available to stakeholders, but it is not consistent or regular. 3. Regional data reports are done on an annual basis, but are not used for decision-making and/or evaluation of system performance. **4. Routine reports are generated using regional trauma data and other databases so that the system can be analyzed, standards evaluated, and performance measured.** 5. Regularly scheduled reports are generated from regional trauma data and are used by the stakeholder groups to evaluate and improve system performance effectiveness.

Objective(s) for above indicator 206.1:

1. See objective 303.4 for trauma transfer LOS data reports.
2. Ongoing: The RPSRO will review the Inventory reports bi-annually.
3. By December 2024, trauma transfer data will be included in the Inventory for review.

Regional Performance Improvement continued

325.135 (6) 302.5 New Indicator	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.	0. Not known 1. There is no retrospective medical oversight procedure for trauma triage, communications, treatment, and transport. 2. There is a retrospective medical oversight procedure for trauma triage, communications, treatment, and transport by both the trauma system and the EMS system, but the two processes are in conflict with each other or use different review criteria. 3. There is a retrospective medical oversight procedure for trauma triage, communications, treatment, and transport by the performance improvement processes of the trauma system or by the EMS system; however, this procedure is not coordinated. **4. By the performance improvement processes of the trauma system, there is retrospective medical oversight for trauma triage, communications, treatment, and transport that is coordinated with the EMS system retrospective medical direction, or by performance improvement processes of the EMS system that are coordinated by the trauma system.** 1. 5. There is retrospective medical oversight of the trauma triage, communications, treatment, and transport that is coordinated with the EMS system retrospective medical direction. There is evidence this procedure is being regularly used to monitor system performance and to make system improvements.

Objective(s) for above indicator 302.5:

1. SP25: Ongoing, R6 will document evidence of work on the PI plan(s) to address identified gaps in the Region's Annual Report
   - See objective 302.4 for trauma transfer LOS PI project. The Workgroup will report results to the RPSRO. The RTC will document progress in the Quarterly Report.
   - See objective 302.1 for Interfacility Transfer PI project. The Workgroup will audit one week of every RPSRO Inventory cycle. The RTC will document progress in the Quarterly Report.

Regional Performance Improvement continued

Admin Rule HRSA #	Indicator	Score
325.135 (6) (d) 205.2 Michigan Trauma System Strategic Plan 2024-2029	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 6, and regional workplans, gaps including quality, accuracy and completeness are addressed	0. Not known. 1. There are no written, quantifiable regional system performance standards or performance improvement processes. 2. There are written, quantifiable regional system performance standards for each component of the regional trauma system that conform to standards outlined in the Administrative Rules. 3. The RTN has adopted written, quantifiable regional system performance standards. 4. **The RTN routinely uses data from multiple sources to assess compliance with regional system performance standards**. 5. The RTN uses regional system compliance data to design changes or make other system refinements. There is routine and consistent feedback to all system providers to ensure that data-identified deficiencies are corrected.

Objectives for above indicator 205.2:

1. By December 2026, the RPSRO will investigate an infrastructure that will promote routine and consistent feedback to system providers. The Region will also work with the State to enhance the current Inventory reporting system.
    - SP18: By December 31, 2025, participate in providing feedback to the STAC on the system Inventory.
    - SP19: By December 31, 2026, assist the department in refining the process that informs the STAC and the Department of the identified gaps and strategies originating in the eight (8) geographical RPSROs.
2. By December 2024, trauma transfer LOS data and IFT adoption data will standard reports in the Regional Inventory.

3. See objective 303.4 and SP 1-4. By January 1, 2024, Bi-annual surveillance reports from the Michigan Trauma Registry for the Regional Inventories will include, at a minimum, the top 3 causes of injury in each of the 8 Regions. The committee will report on which programs have been implemented and compare to the top 3 injuries. Gaps will be identified and the PI plan updated to address these gaps.

325.136 (d) 303.4	There is a regional trauma bypass protocol that provides EMS guidance for bypassing a trauma care facility for another more appropriate trauma care facility.	0. Not known. 1. There is no regional **trauma bypass protocol** to provide pre-hospital guidance about when to bypass an acute care facility for a more appropriate facility. 2. There is a regional bypass protocol that allows bypass of an acute care facility, but does not provide guidance for what the more appropriate facility may be. 3. There is a regional bypass protocol that provides EMS guidance for bypassing an acute care facility for a more appropriate trauma care facility and provides guidance on the levels of each facility in the region. **4. There is a regional bypass protocol that allows bypass of an acute care facility and provides guidance on what the most appropriate facility is based on the patient's injury.** 5. The regional bypass protocol clearly defines the process for bypassing an acute care facility for another trauma facility more appropriate for the patient's injuries. Incidents of trauma facility bypass are tracked and reviewed regularly, and protocol revisions are made as needed.

Objectives for above indicator 303.4:

1. By December 2025, the RTAC will review the regional bypass protocol for clear guidance for bypassing an acute care facility for another facility. Opportunities for improvement will be shared with the regional MCA partners.
2. By December 2026, the RPSRO will use biospatial or other available data to track and assess incidents of bypass. In the absence of data, the RPSRO will review submitted cases of bypass by regional members.

Regional Performance Improvement continued

N/A 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.	0. Not known 1. **There is no routine or planned contact with the broad medical community.** 2. Plans are in place to provide information to the broad medical community in response to a particular trauma system event or issue. 3. The broad medical community has been formally asked about what types of information would be helpful in reporting on trauma cases and issues. 4. Information resources for the general medical community have been developed, based on the stated needs of the general medical community; general medical community representatives are included in trauma system informational events. 1. 5. In addition to routine contact, the broad medical community is involved in various oversight activities such as local, regional, and state trauma advisory councils.

Objectives for above indicator 105.7:

1. **By December 2026,** the RTAC committee will investigate methods to ascertain what information needs to be communicated to the broader medical community related to the trauma system.

REGION 6 NETWORK APPLICATION
2024-2026

Trauma Education

Trauma Education Benchmark: The regional trauma network ensures a competent workforce through trauma education standards.

Admin Rule HRSA #	Indicator	Score
325.132 (3) (C) (ii) (D) 310.(3)(4)(6)	The regional trauma network establishes and ensures that appropriate levels of EMS, nursing and physician trauma training courses are provided on a regular basis.	0. Not known. 1. There are no regional trauma training guidelines for EMS personnel, nurses or physicians who routinely care for trauma patients. **2. There are regional trauma training standards for EMS personnel, nurses and physicians but there is no requirement for course attendance.** 3. There are regional trauma training requirements for EMS personnel, nurses and physicians written into the regional trauma system plan. 4. There are trauma training requirements for EMS personnel, nurses and physicians written into the regional trauma system plan and all personnel providing trauma patient care participate in trauma training. 5. All regional trauma care providers receive initial and ongoing trauma training, including updates in trauma care, continuing education and certifications, as appropriate.

Objectives for above indicator 310.(3)(4)(6):

1. By December 2025, the R6 Education Committee will investigate existing trauma training standards for EMS, nurses, physicians, and registrars and provide links to the training sites on the trauma education page of the West Michigan Regional Medical Control Consortium (WMRMCC) website.

Trauma Education continued

325.132 (3) (C) (ii) (D) 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.	0. Not known 1. The region has no process in place to inform or educate all personnel on new protocols or treatment approaches. **2. The region has developed a process to inform or educate all personnel on new protocols or treatment approaches but it has not been tried or tested.** 3. The region has a process in place to inform or educate all personnel on new protocols or treatment approaches as system changes are identified. 4. The region has a *structured* process in place to *routinely* inform or educate all personnel on new protocols or treatment approaches. 5. The region has a structured process to educate all personnel on new protocols or treatment approaches in a timely manner, and there is a method to monitor compliance with new procedures as they are introduced.

Objectives for above indicator 310.10:

1. SP26: The R6 Education Committee will continue to provide quarterly trauma education in the hour prior to the RTAC meeting. This is an ongoing objective that focuses on meeting the trauma education needs of the Region.
    - Topic suggestions come though the regional PI process, RPSRO feedback, member organization and stakeholder feedback, and Michigan Information System (MIS) data.
    - The level of trauma center and urban versus rural centers will be considered.
    - There is evidence that these needs are addressed in the Region's annual report and are re-assessed annually.

Trauma Education continued

N/A 207.4 Michigan Trauma System Strategic Plan 2024-2029	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 interconnect, how the plan is integrated into existing work and how the plan will be reported. NOTE RTN ROLE IS TO "PROMOTE"	0. Not known 1. There is no written public information and education plan on trauma system or injury prevention and control. **2. There is a trauma system public information and education plan, but linkages between programs and implementation of specific objectives have waned.** 3. There is a trauma system, and injury prevention plans have a linked public information and education component that has specific timetables and measurable goals and objectives. 4. The trauma system public information and education plan are being implemented in accordance with the timelines established and agreed on by the stakeholders and coalitions. 2. 5. The trauma system public information and education plan are being implemented in accordance with the timelines. Data concerning the effectiveness of the strategies are used to modify the plan and programs.

Objectives for above indicator 207.4:

1. SP27: By December 31, 2025, R6 will assess the availability of training opportunities. The committee may consider using the results of the investigation on training standards (see objective 310.(3)(4)(6) above) to create a survey. The purpose of the survey would be to identify gaps in the availability of the trainings/standards. A regional profile will be reported, and opportunities identified in the RTC's Annual Report.

Note: Strategic plan objectives #11-26 will be addressed in the 2027-2029 workplan

REGION 6 NETWORK APPLICATION
2024-2026

Regional Trauma Network Application Checklist

Ensure that all items on the checklist below are included in the application package.

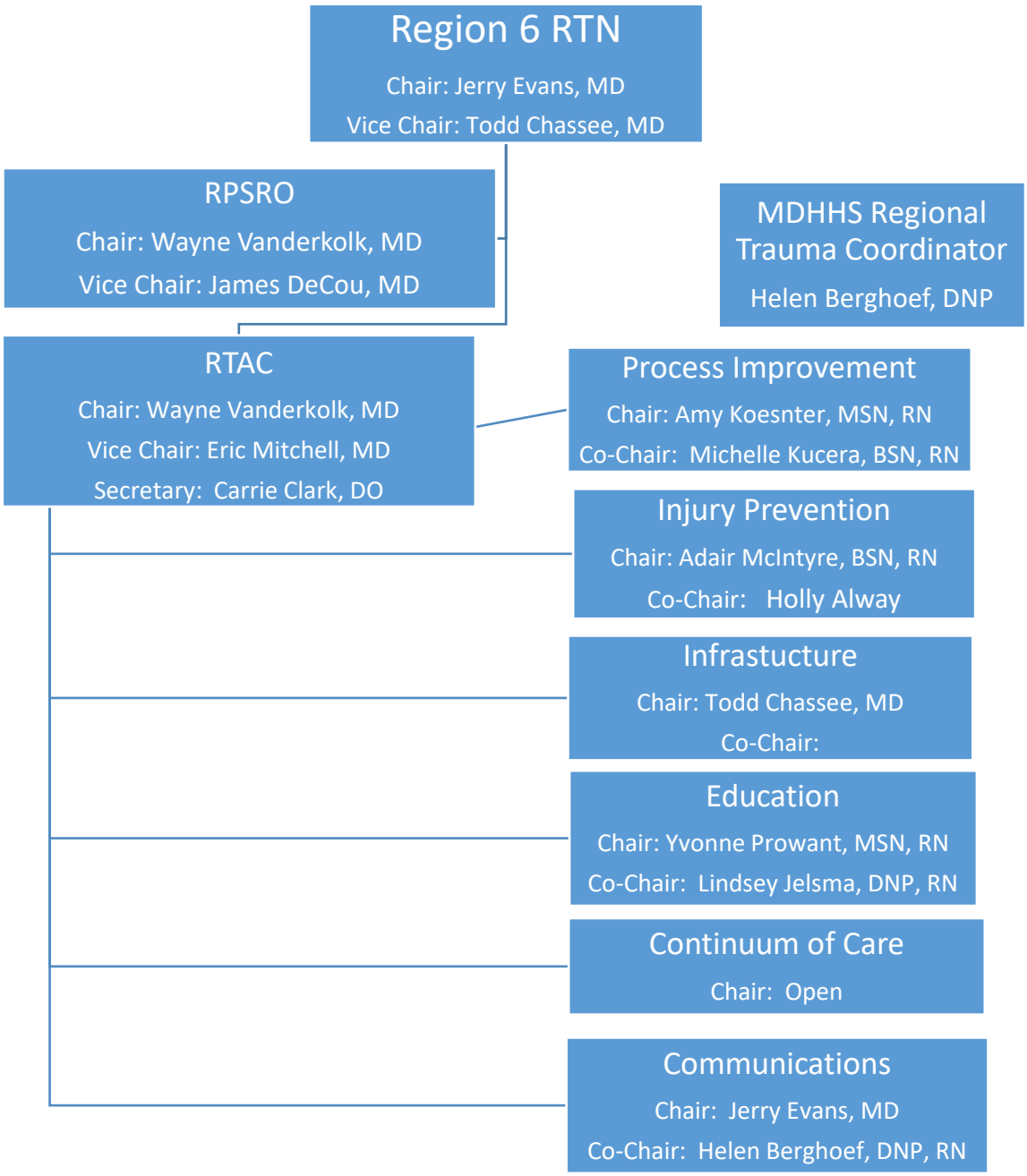
- ☐ ☒**Bylaws**: Include a copy of the Regional Trauma Network bylaws with the application. Ensure that the bylaws are consistent with the new State of Michigan trauma bylaws template. Any deviation from the current template must be approved by the department.

- ☐ ☒**RTN Work plan:**

    - ☐ Each indicator in the assessment has been scored (circle or check).
    - ☐ At least one SMART objective is written for each of the indicators.

- ☐ ☒**RTN organizational chart:**

REGION 6 NETWORK APPLICATION
2024-2026



REGION 6 NETWORK APPLICATION
2024-2026

Signature page of the RTN Leadership and Governance document: Signed by Regional Trauma Network Leadership

By signing I confirm I understand the roles, responsibilities outlined in this application and support Region 6 trauma system development outlined here.

MCA	Name (Signature)	Title	Date
Clare			
Ionia			
Isabella			
Kent			
Lake			
Mason			
Mecosta			
Montcalm			
Newago			
Muskego			
Oceana			
Ottawa			

Please attach your organization chart and bylaws and include the original of this page with the RTN application.

REGION 6 NETWORK APPLICATION
2024-2026

REGION 6 TRAUMA NETWORK
BYLAWS

ARTICLE I
NAME, COVERAGE AREA

Section 1. NAME: the name of the Organization shall be the Region Trauma Network (referred to herein as the "Network").

Section 2. COVERAGE AREA: The Region X Trauma Network area comprises the counties of: Clare, Ionia, Isabella, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Muskegon, Oceana, Osceola, Ottawa.

ARTICLE II
PURPOSE

Section 1. PURPOSE: The purposes for which the Network is formed are:

A. To develop an all-inclusive Regional Trauma Network for the 13 counties designated as Region 6 by the Michigan Department of Health and Human Services (referred to hereafter as the "Department") Bureau of Emergency Preparedness, EMS, and Systems of Care – EMS and Systems of Care Section pursuant to Section 20910(l) of the Public Health Code and subsequent Departmental Rules 325.125-138 titled "Statewide Trauma System".

B. To establish a coalition of Medical Control Authorities, hospitals, physicians, transporting pre-hospital life support agencies, and other stakeholders to strengthen trauma services within the network area, as defined and prescribed by the Department in the Michigan Statewide Trauma System rules, including the appointment of a Regional Trauma Advisory Council and a Regional Professional Standards Review Organization.

C. To develop a Regional Trauma Plan, approved by the Department, which addresses all aspects of trauma care services which is designed to reduce morbidity, mortality, and disability associated with trauma including, but not limited to, the following trauma system components:
   1. Injury prevention
   2. Communications
   3. Infrastructure
   4. Regional performance improvement
   5. Continuum of care
   6. Education

D. To provide leadership and synergize the diversity, complexity, and uniqueness of individuals and organizations into a coordinated system for prevention of injury and for the provision of quality care for injured patients.

ARTICLE III
ORGANIZATIONAL STRUCTURE

Section 1. ORGANIZATIONAL STRUCTURE: The Network is comprised of three (3) major branches:

A. Regional Trauma Network Board (hereafter referred to as the "RTN Board").

B. Regional Trauma Advisory Council (hereafter referred to as the "RTAC").

C. Regional Professional Standards Review Organization (hereafter referred to as the "RPSRO").

ARTICLE IV
REGIONAL TRAUMA NETWORK BOARD

Section 1. PURPOSE: The purpose of the RTN Board is to administer and govern the Network with input from the RTAC.

Section 2. MEMBERSHIP: The RTN Board shall be composed of at least one representative from each Medical Control Authority (hereafter referred to as the "MCA") in Region 6.

A. Each MCA shall, (acting through its own governing body) appoint one member to the RTN Board. All MCAs are required to participate in the Regional Trauma Network. R 325.132 Rule 8 (3).

B. The MCA representative must be employed as either a) the MCA medical director, b) the MCA assistant medical director, c) a trauma medical director from one of the MCA member hospitals, d) a hospital administrator from one of the MCA member hospitals, or e) executive director of MCA as employed by the MCA.

C. Members must be able to make an informed decision/vote on matters presented to the RTN Board.

D. All members are required to attend a minimum of 50% of the RTN Board meetings.

E. There will be no "proxies" for the RTN Board meetings and/or RTN Board votes.

F. In the event of a member vacancy, the member's MCA will appoint a successor who meets the conditions in "2" above.

Section 3. OFFICERS: The Chairperson, Vice-Chairperson, and Secretary are the officers of the RTN Board.

A. Election, Terms, Removal, Resignation, and Vacancies:
   1. All officers of the RTN Board shall be elected by a majority vote of the RTN Board.
   2. Elected officers of the RTN Board will hold a two-year term which coincides with the SOM fiscal year (October 1 – September 30). The term of office may be renewed at the discretion of the RTN Board.
   3. An officer may be removed by an affirmative vote of three quarters of the RTN Board members.
   4. Any officer may resign at any time by delivering written notice to the Chairperson. Vacancies occurring in any office at any time will be filled by the RTN Board.

B. Chairperson:
   The Chairperson will preside over all meetings of the RTN Board. In the event of a vacancy in the office of Chairperson, the Vice-Chairperson will automatically succeed to the office of Chairperson until a new Chairperson is elected by the RTN Board.

C. Vice-Chairperson:
   The Vice-Chairperson will report to the Chairperson as instructed by the Chairperson and will perform such duties and have such powers as may from time to time be assigned by the Chairperson. In the absence or disability of the Chairperson, the Vice-Chairperson will perform the duties and exercise the powers of the Chairperson.

D. Secretary:
   The Secretary will provide notice of the meetings, distribute meeting materials, and record the minutes of the meetings. The Secretary may delegate any functional duties to another RTN Board member.

Section 4. <u>DUTIES OF THE RTN BOARD:</u>

A. General Responsibility:
   The RTN Board will make certain that all orders and resolutions of the Network are carried into effect and will have the general powers of supervision and management of the Network.

B. Regional Work Plan and Reports:
   The RTN Board is responsible for the development of the Regional Trauma Plan, with input from the RTAC, and which is based on minimum criteria established by the Department.

C. Establish the Regional Trauma Advisory Council:

The RTN Board will establish a RTAC, and reserves the right to determine the size, member eligibility, authority and other matters relating to the composition and activities of the RTAC. The recommended makeup of the RTAC is outlined in the section relating to the RTAC.

D. Establish the Regional Professional Standards Review Organization:
The RTN Board will establish a RPSRO, and reserves the right to determine the size, member eligibility, authority and other matters relating to the composition and activities of the RPSRO. The recommended makeup of the RPSRO is outlined in the section relating to the RPSRO.

E. Subcommittees:
The RTN Board may establish subcommittees as necessary to complete the work in the Regional Trauma Plan.

F. Delegation of Duties:
The RTN Board may delegate duties to the RTAC, RPSRO, and/or sub-committees as needed.

Section 5: QUORUM:

A quorum for the transaction of business at any meeting of the RTN Board shall require the presence of more than 50% of the MCAs representing the Network counties.

Section 6: VOTING AND MAJORITY VOTE:

A simple majority (one more than 50% of votes cast by members present) will constitute an act of the RTN Board.

ARTICLE V
REGIONAL TRAUMA ADVISORY COUNCIL

Section 1: PURPOSE:

The functions of the RTAC are to provide leadership and direction in matters related to trauma systems development in their Region and monitor the performance of the trauma agencies and health care facilities within the Region, including, but not limited to, the review of trauma deaths and preventable complications. R 325-127 Rule 3. (h)

Section 2: MEMBERSHIP:

R 325-127 Rule 3. (h) "Regional trauma advisory council or “RTAC" means a committee established by a regional trauma network and comprised of MCA personnel, emergency medical services (EMS) personnel, life support agency representatives, health care facility representatives, physicians, nurses, and consumers…”

It is the responsibility of each MCA to ensure adequate representation on the RTAC. The RTAC should consider the following eligible members with the goal of maximizing the Network's constituents:

A. Medical Director or Assistant Medical Director of each MCA within the Network.

B. MCA Administrative Staff.

C. MCA Hospital Administrator.

D. Trauma Director from each verified trauma facility and each facility actively seeking verification within the Network.

E. Trauma Program Manager from each designated trauma facility and each facility actively seeking verification within the Network.

F. Trauma Registrar from each verified trauma facility and each facility actively seeking verification within the Network.

G. Trauma Nurse Representative from each verified trauma facility and each facility actively seeking verification within the Network.

H. Trauma Outreach and Prevention Coordinator from each verified trauma facility and each facility actively seeking verification within the Network.

I. Emergency Department Physician representative from each licensed hospital.

J. Emergency Department Nurse representative from each licensed hospital within the Network.

K. Life Support Agency and EMS Personnel representatives as appointed by each MCA in the Network, to include as an example:
   1. Protocol Committee/Advisory Committee Chairperson.
   2. EMS Personnel Representative.
   3. Life Support Agency Representative.
   4. EMS Communication/EMD representative.

L. Consumer representative not affiliated with the EMS or Hospital systems.

Section 3: OFFICERS: The Chairperson, Vice-Chairperson, and Secretary are the officers of the RTAC.

A. Election, Terms, Removal, Resignation, and Vacancies:
   1. All officers of the RTAC shall be elected by a majority vote of the RTAC.

2. Elected officers of the RTAC will hold a two-year term which coincides with the SOM fiscal year (October 1 – September 30). The term of office may be renewed at the discretion of the RTAC.
3. An officer may be removed by an affirmative vote of three quarters of the RTAC members.
4. Any officer may resign at any time by delivering written notice to the Chairperson. Vacancies occurring in any office at any time will be filled by the RTAC.

Section 4: DUTIES OF THE RTAC:

A. Develop and make recommendations to the RTN Board regarding the Regional Trauma Network's Trauma System Plan.

B. Support and provide expertise to the implementation of the Regional Work Plan.

C. The RTAC may delegate responsibility for Regional Work Plan related activities to the sub-committees as needed.

D. The RTAC has the authority to approve or return for reconsideration to a sub-committee, sub-committee recommendations for the Regional Work Plan.

E. The RTAC is responsible for the review of trauma deaths and preventable complications.

Section 5: QUORUM:

A quorum for the transaction of business at any meeting of the RTAC shall require the presence of more than 50% of the appointed membership.

Section 6: VOTING AND MAJORITY VOTE:

A. The secretary will conduct a roll call of voting members on matters of the RTAC.

B. Each MCA is responsible for submitting the names of the voting members to the RTAC.

C. A simple majority (one more than 50% of votes cast by voting members present) will constitute an act of the RTAC.

ARTICLE VI
REGIONAL PROFESSIONAL STANDARDS REVIEW ORGANIZATION

Section 1: PURPOSE:

A. The Regional Professional Standards Review Organization or RPSRO is a committee established by the regional trauma network for the purpose of improving the quality of trauma care within a recognized trauma region as provided in MCL 331.531 to 331.533 through a documented performance improvement process.

B. R 325.135 Rule 11(1) requires that each regional trauma network appoint an RPSRO to addresses the standards referenced in the administrative rules pursuant to R 325.129(l)(e), R 325.129(1)(k), and R 325.135 and to include both adult and pediatric patients.

Section 2: MEMBERSHIP:

A. The RPSRO will be comprised of, at a minimum, the following members:
1. One (1) ED Physician representative
2. One (1) Trauma Surgeon representative
3. One (1) Trauma Program Manager/Coordinator
4. Two (2) Advanced Life Support providers
5. The Regional Trauma Coordinator

B. Each MCA shall recommend members for the RPSRO in writing to the RTN Board.

C. The members of the RPSRO shall then be approved through appointment by the RTN Board.

D. RPSRO members shall serve a two (2) year term.

E. In addition to the permanent members of the RPSRO, ad hoc members shall be appointed temporarily to serve as subject matter experts when the RPSRO deems necessary.

F. All RPSRO members and ad hoc members (see “E” above) must have a signed “Data User Agreement” on file with the Department.

Section 3: OFFICERS:

A. The Chairperson and the Vice Chairperson shall be chosen from RPSRO membership by the RTN Board.

B. The Regional Trauma Coordinator shall be responsible for meeting notices, agendas, and minutes of the RPSRO.

Section 4: DUTIES OF THE RPSRO:

A. Develop and implement a regional trauma performance improvement program. This program shall include the standards that are incorporated by reference pursuant to R 325.129 Rule 5(1)(e) and R 325.129 Rule 5(1)(k) and

include all of the following system components to be evaluated for both pediatrics and adults:

1. Components of the regional trauma plan.
2. Triage criteria and effectiveness.
3. Trauma center diversion.

B. Monitor, assess, and evaluate the Regional Trauma System to improve trauma care, reduce death and disability, surveillance of injury, and implementation of injury prevention activities.

C. Deviations from protocols, which are established and adopted by local medical control and approved by the Department for trauma patients, shall be addressed through a documented trauma performance improvement process established by a RPSRO.

D. Monitor data driven provision of care defined by available data metrics supported by the region, the Statewide Trauma Advisory Subcommittee, and the Department.

E. Develop an annual process for reporting to the Department a review of all region-wide policies, procedures, and protocols.

F. Be responsible for the ongoing receipt of information from the Regional Trauma System constituents on the implementation of various components of that Region's Trauma System.

G. Based upon information received by the Region in the evaluation process, the Region shall annually prepare a report containing results of the evaluation and a performance improvement plan. The report shall be made available to all Regional Trauma System constituents. The Region shall ensure that all trauma facilities participate in this annual evaluation process and encourage all other hospitals that treat trauma patients to participate in the annual evaluation process. The Region shall not release specific information related to an individual patient or practitioner. Aggregate system performance information and evaluation will be available for review.
R 325.135 Rule 11(8)

ARTICLE VII
MEETINGS

Section 1. OPEN MEETINGS ACT:

All meetings of the RTN Board shall be held in accordance with the "Open Meetings Act" 1976 PA 267, MCL 15.261-15.275.

Section 2. PARLIMENTARY PROCEDURE:

Roberts Rules of Order revised (latest version) will govern all meetings of the Network and to the extent that such rules of order shall not be in conflict with the statute of the State of Michigan or the Department rules.

Section 3: MEETING FREQUENCY:

The RTN Board shall establish a regular schedule for meetings of the RTN Board, RTAC, and RPSRO. Meetings shall occur at least quarterly (four times per year). The RTN Board may, if it is not a hindrance to managing the regional trauma system, meet less than quarterly. All RTN Board meetings must take place in person, notices follow OMA statue. Evidence of ongoing regional work must be submitted to the department quarterly.

Section 4: MEETING NOTICE:

A. The RTN Board and RTAC meeting schedule shall be posted to the State of Michigan Trauma website.

B. The RTN Board Secretary shall send either email or mail notices of meetings at least ten (10) days prior to the scheduled meeting.

Section 5: ELECTRONIC MEETINGS:

Meetings, with the exception of the RTN Board, may be conducted by means of conference, telephone, or other means of remote communication by which all persons participating in the meeting have an opportunity to read or hear the proceedings concurrently.

Section 6: CANCELLATION OF MEETINGS:

A meeting may be cancelled if deemed advisable due to any reason including but not limited to lack of business or inclement weather. The Chairperson or designee will decide if the meeting will be cancelled and then all members and interested parties will be notified by the RTN Secretary by telephone, email or in person. All efforts will be made to make notifications prior to 48 hours of scheduled meeting times. An RTN Board meeting that has been rescheduled must have notice of the new date, time and place posted at least 18 hours before the meeting.

Section 7: ATTENDANCE:

Meetings are open to all stakeholders as well as the public with the exception of the RPSRO. All motions and business shall be conducted by the current, appointed committee members.

ARTICLE VIII
CONFIDENTIALITY

Section 1: MICHIGAN FREEDOM OF INFORMATION ACT:

To the extent required by law, the Regional Trauma Network will comply with the Michigan Freedom of Information Act, Public Act 441 of 1976: MCL 15.231 et seq. and redact all personal identifiers or other information pursuant to applicable FOIA exemptions. However, all documents prepared in support of the Network are considered exempt from disclosure thereunder pursuant to MCL §15.243(y).

Section 2: PATIENT DATA:

The confidentiality and protection of patient data collected as part of the creation and operation of the trauma system shall be provided and maintained through creation of a Regional Professional Standards Review Organization (PSRO), as provided in the 1967 PA 270, MCL 331.531 to 331.533. Data collected will only be used or disclosed for the purposes described in Part 209 of the Public Health Code and the Michigan Administrative Code R325.22101 through R325.22217. Any other uses or disclosures will be made only as required by applicable laws.

Section 3: RPSRO MEETINGS EXEMPTION:

Meetings of the RPSRO are not subject to the requirements of the Michigan Open Meetings Act, 1976 PA 267, MCL 15.261 to 15.275.

Section 4: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT:

The RTN Board and the RTAC and its sub-committees shall observe the confidentiality provisions of the Health Insurance Portability and Accountability Act under 45 CFR Part 164, data confidentiality provisions under the code, or as established by the RPSRO.

ARTICLE IX
AMENDMENTS

Section 1: PROPOSALS:

A. Proposed amendments to the Bylaws must be presented in written form to the RTN Board at least twenty (20) days in advance of the meeting in which the amendments are to be presented to the membership for discussion. An amendment cannot be voted upon at the same meeting in which it is presented.

B. Amendments must be approved by a majority vote of the members of the RTN Board.

C. Each MCA shall cast only one vote.

D. All adopted amendments must be submitted to the Department for approval.

Section 2: REVIEW OF BYLAWS:

The bylaws shall be reviewed at least once every three (3) years prior to submitting a request for renewal of the Regional Trauma Network Application".

ARTICLE X
CONFLICT OF INTEREST

Section 1: CONFLICT OF INTEREST:

Any MCA, hospital, or other organization participating in the RTN Board, RTAC or its subcommittees, or the RPSRO with an interest in any matter before the RTN Board, RTAC or its subcommittees, or the RPSRO, or other conflict of interest shall disclose the interest prior to any discussion of that matter at a RTN Board, RTAC and subcommittees, or RPSRO meeting. The representative of such MCA, hospital or other organization shall refrain from participation in the RTN Board, RTAC and subcommittees, or RPSRO action relating to such matter or conflict of interest. The disclosure shall become a part of the minutes of that RTN Board, RTAC and subcommittees, or RPSRO meeting.

The bylaws are approved by the Region 6 Trauma Network Board on the Xth day of X, 2020.

_____ _____

Chairperson Vice Chairperson