RTAC
APRIL 2026

Region 8

AGENDA

1. Call meeting to order
2. Attendance and introductions
3. Agenda approval
4. Minutes approval – February 11
5. Public comment
6. State reports

STATE REPORTS AND COMMITTEES

Gary Wadaga, Dr. Bigsby, Nick Harrison, Matt LaCrosse, Dr. Paula Rechner

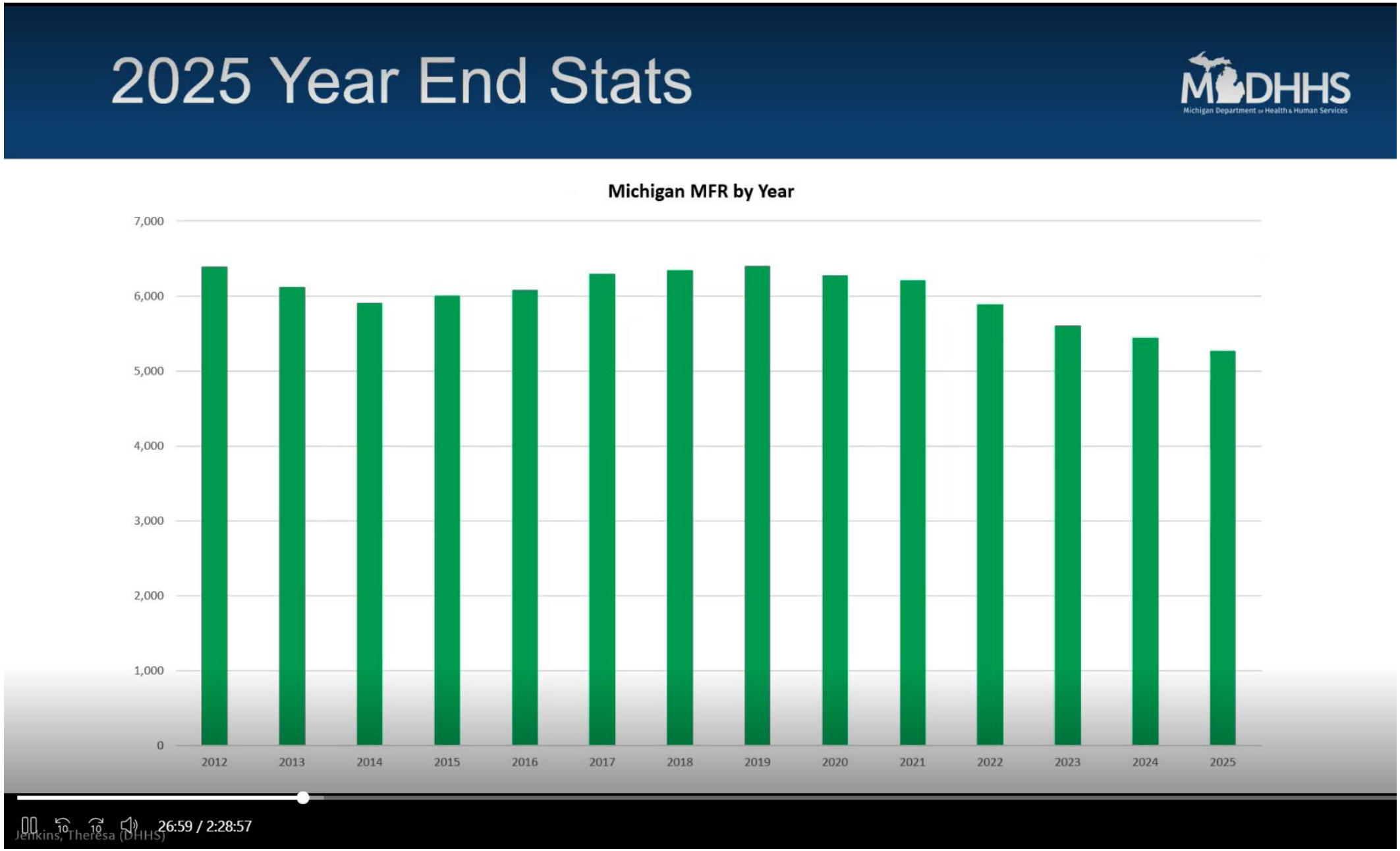
EMSCC

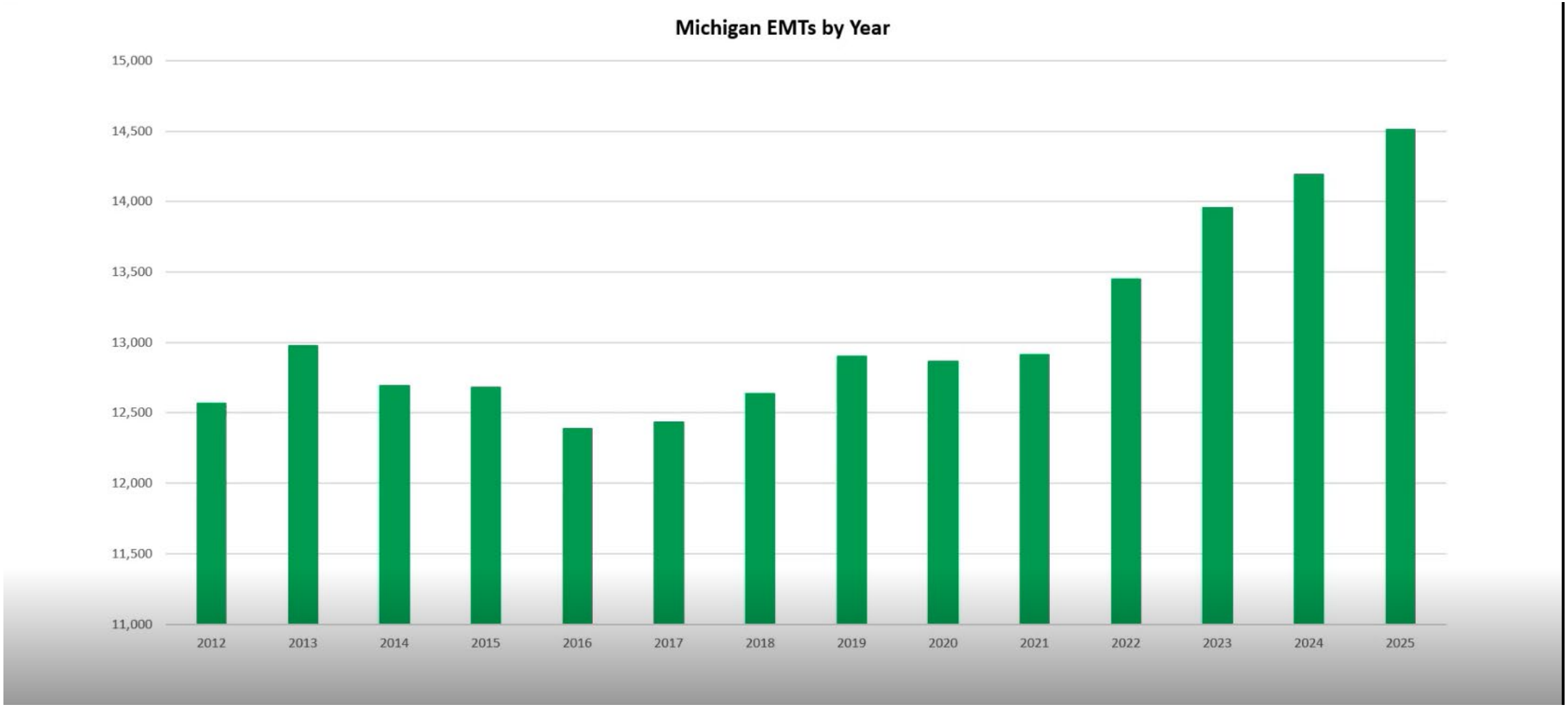
Committees:

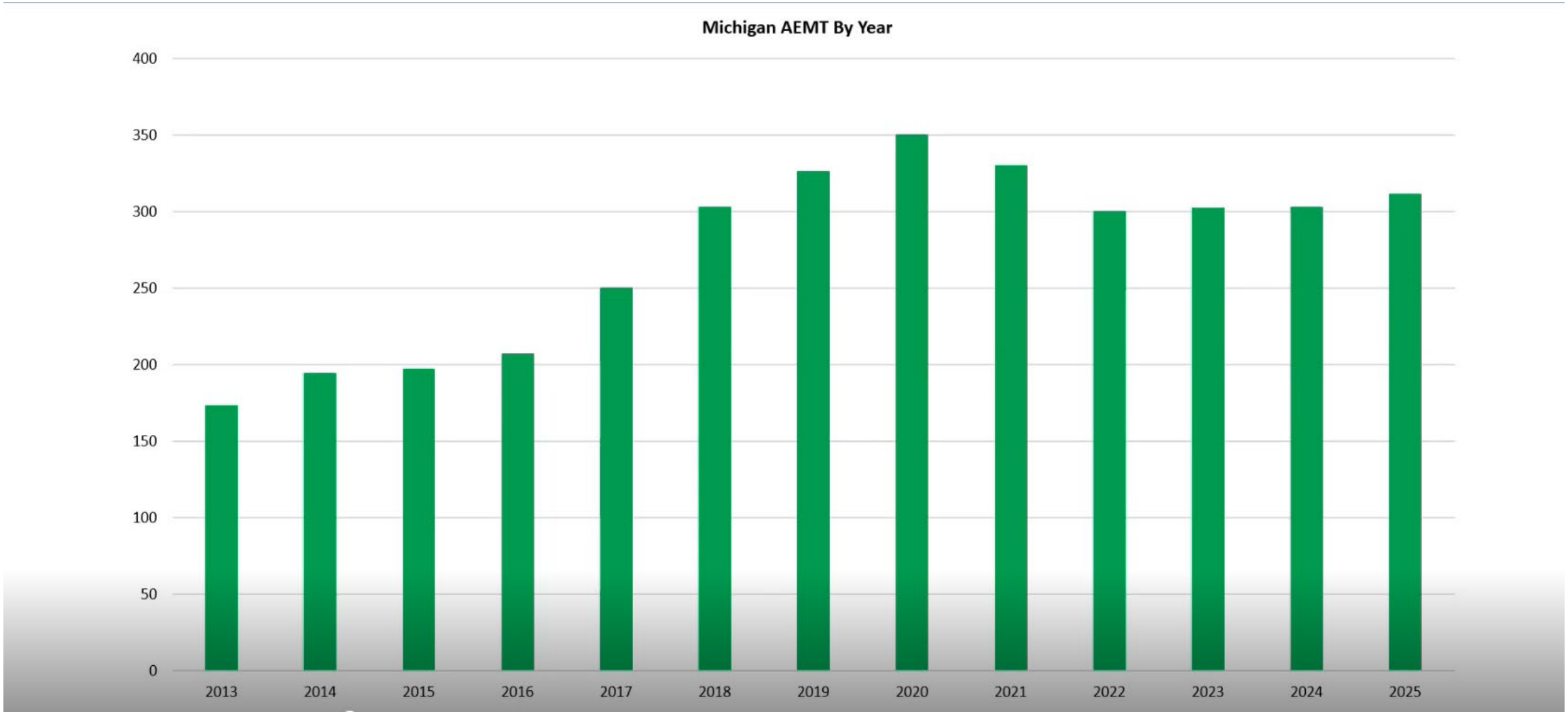
- Rural
- MCA
- Pt Movement
- Communications

Designation Committee

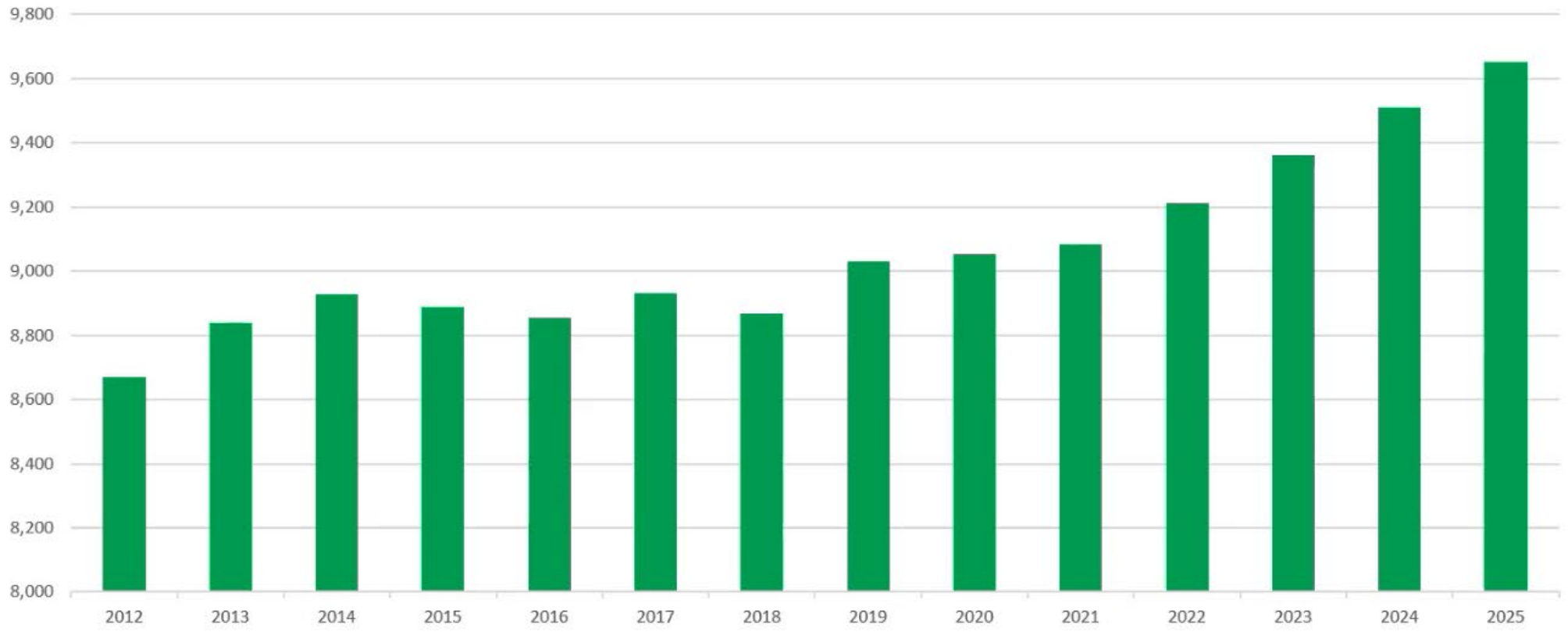
2025 Year End Stats




Michigan EMTs by Year
15,000
14,500
14,000
13,500
13,000
12,500
12,000
11,500
11,000
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025


Michigan AEMT By Year
400
350
300
250
200
150
100
50
0
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025

Michigan Paramedics by Year



Budget

FY27 EMS and Systems of Care Projected Funding Needs

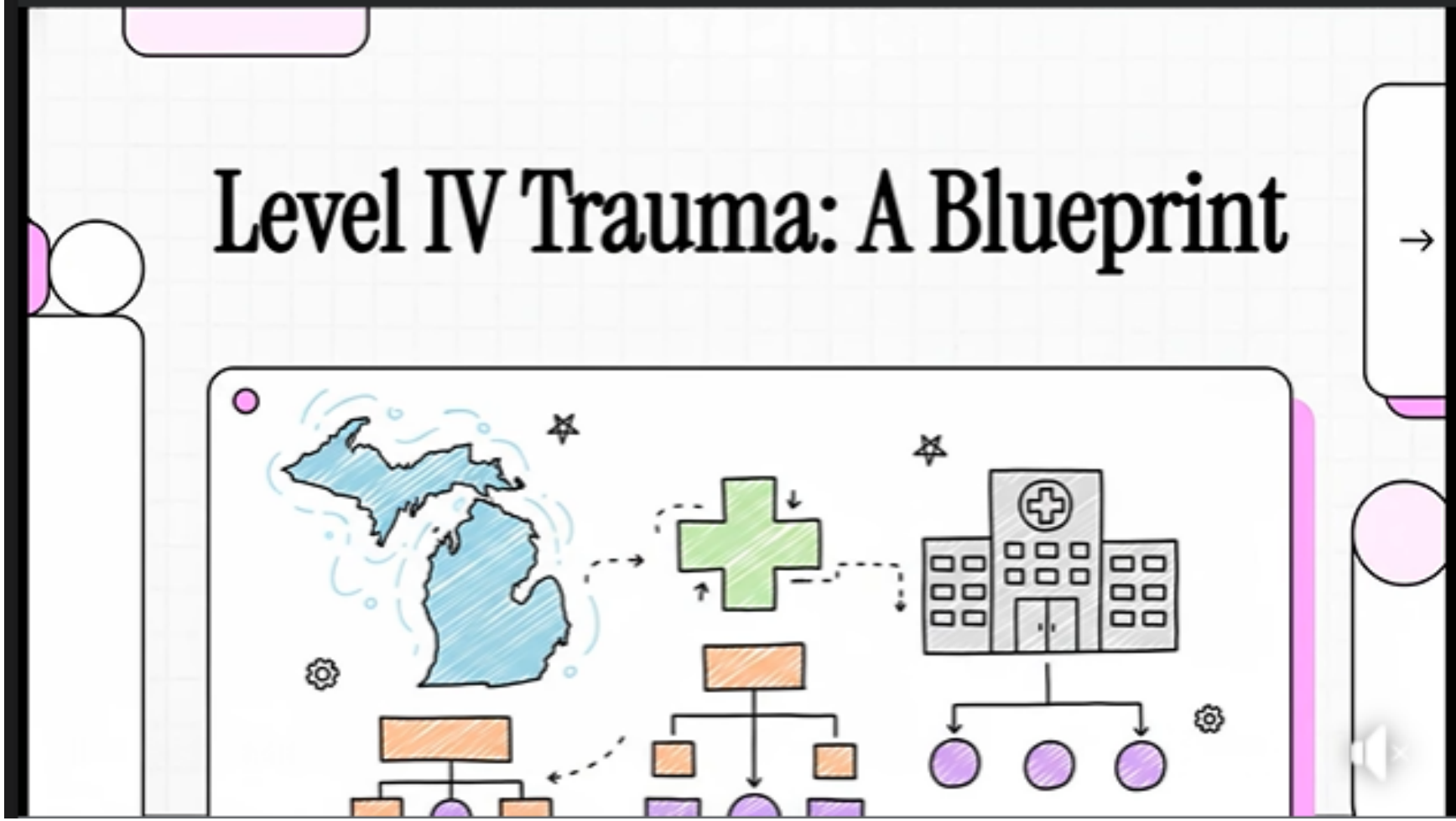
	FTE	EMS/Trauma	FTE	IT Work Project	FTE	Fees	FTE	Testing	FTE	Federal	Total
SOM Personnel	19	3,480,627.00	4	885,923.00	0	-	1	155,054.00	0	-	
Contracts*	13.3	3,439,803.00	5	920,759.00	0	274,922.00	8.5	1,641,530.00	3.5	965,180.00	
Total	32.3	6,920,430.00	9	1,806,682.00	0	274,922.00	9.5	1,796,584.00	3.5	965,180.00	
IT/Technology		-		497,805.00		-		841,122.00		300,000.00	
iCHAT IA		-		-		100,000.00		-		-	
Travel (SOM)		-		-		200,000.00		-		-	
Rent/utilities		-		-		174,000.00		-		-	
Communications		-		-		22,680.00		-		-	
DTMB IT user costs		64,377.00		-		-		-		-	
General Admin exp		25,000.00		-		-		-		-	
Total		**7,009,807.00**		**2,304,487.00**		**771,602.00**		**2,637,706.00**		**1,265,180.00**	**13,988,782.00**
FY27 Appr Amt		**4,604,200.00**		**2,021,870.00**		**823,600.00**		**-**		**1,848,900.00**	**9,298,570.00**
Deficit		**(2,405,607)**		**(282,617)**		**51,998**		**(2,637,706)**		**583,720**	**(4,690,212)**

497,805 is ImageTrend, Biospatial, First Due, PSI, + DTMB Costs
646,493 in EMS/Trauma Contracts is 4 FTE moved to different funding for FY26
1,641,530 in Test Contracts is 8.5 FTE + Consultant to support
Federal is EMSC, OHSP (2)

STATE TRAUMA ADVISORY (STAC)
TRAUMA CENTER VIRTUAL VISITS
STATE OFFICE UPDATES

Michigan Region 8 Trauma Network
February 2 ·

What it takes to be a Level IV Trauma Center in Michigan



OLD BUSINESS

F O L L O W - U P

Prehospital antibiotic for open fx protocol

Current state of approval, education, implementation for Keweenaw Houghton and Schoocraft MCAs?

Pediatric Readiness Survey (hospitals)

https://pedsready.org/

Pediatric Champions

https://www.michigan.gov/mdhhs/safety-injury-prev/publicsafety/betp/pediatric-readiness

Monthly Pediatric Education Hours

Last Tuesday of every month at 2 p.m.

Join Teams Meeting and this link:

Click here to join the meeting

To receive communications about the Monthly Education Hours, please complete this form

MI MEDIC

Updated Digital MI MEDIC Cards

Print copies of MI MEDIC are available, free of charge

Email Dr. Sam with your agency name, quantity of MI MEDIC needed, agency mailing address

Pediatric Champion & Pediatric Readiness Updates for:

EMS & Pre Hospital - complete this form

Pediatric Champion & Pediatric Readiness Updates for:

ED & Hospital - complete this form

Pediatric Readiness Support

For anyone interested in pediatric readiness, support for Pediatric Champions/PECCs (Pediatric Emergency Care Coordinators)

"Dr. Sam" Samantha Wrobleski, DO, MPH

EMS for Children Coordinator

MishraS@michigan.gov

(517) 896 8061

EMSC Innovation and Improvement Center

Check out the EIIC website for information and resources related to pediatric readiness in your respective area of focus

For tips and FAQs about navigating the EIIC site, check out this resource guide

2027-2029 SYSTEMS OF CARE APPLICATION

Task	By whom	When
Brainstorming session	RTAC	January 2026
Draft objectives	Regional Trauma Coordinator	For February RTAC meeting
First read of draft	RTAC	February RTAC meeting
Send to Regional Stroke & STEMI Coordinators for drafted objectives	Regional Coordinators	February 2026
Create synopsis for RTN and RTAC	Regional Trauma Coordinator	March 2026
Final draft approval	RTAC	April RTAC meeting
Send to state SoC office for revisions or acceptance	Regional Trauma Coordinator	April 2026
Forward to RTN Board for approval	Regional Trauma Coordinator	August 2026

NEW BUSINESS

TRANSFER DELAY DEFINITIONS

Region 8 Trauma Transfer Guidelines

Goals of Care

- Do notify EMS early to facilitate timely transport
- Do communicate to destination Trauma Team if you need guidance
- Do not delay transfers for unnecessary studies

All trauma transfers are reviewed for optimal care and timely transport to destination. Feedback to facilities will include recommendations from trauma team and team debriefing. Both facilities are encouraged to discuss for ongoing improvement.

Emergent Transfer (Goal within 1 Hour of Arrival)

- Systolic BP < 90mmHg
- Labile BP despite 1L of IV fluids or requiring blood products to maintain blood pressure
- GCS ≤ 8 or lateralizing signs
- Penetrating injuries to head, neck chest or abdomen
- Fracture / dislocation with loss of distal pulses and/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

Treatment & Diagnostics following ATLS

- Airway interventions
- Portable Chest & Pelvis X-ray
  - Decompression/Chest Tube
  - Pelvic Binder
- FAST (if + w/SBP < 90, give blood)
- Fluid Resuscitation (if necessary)
  - Consider TXA, if bleeding susp
  - Blood Products
- Additional Studies (ONLY if no transport delay)
  - Head, C-Spine CT
  - Chest/Abd/Pelvis
- *All further diagnostics and treatments facilitated with discussion of accepting* trauma team

Urgent Transfer (Goal within 2 hrs of Arrival)

Physiologic

- Systolic BP ≤ 110mmHg may represent shock in patients > 60 yo

Neurologic

- Worsening GCS since initial presentation
- Spinal cord injury

Extremity Injuries

(Antibiotics for open fractures!)

- Amputated extremity proximal to wrist or ankle
- Open long bone fractures
- Two or more long bone fracture sites
- Crush injury

Thoracic & Abdominal Injuries

- Major chest wall injury:
  Multiple rib fractures in a patient > 65 yo, pulmonary contusions, flail chest.
- Free air, fluid, solid organ injury noted on diagnostic testing

Burns

- Follow burn center criteria for transport to appropriate facility (michiganburn.org)

Special Considerations

- Adults > 60 yo
- Pediatric
- Pregnant
- Anticoagulant / Antiplatelet use
- Advance disease (cardiac, resp, diabetes, ESRD)

TRANSFER DELAY DEFINITIONS

MOST CRITICAL PATIENTS ARE TRACKED

TIME PARAMETERS:
1 hour – red patient
2 hours – yellow patient

REASONS to discuss:

- Was the transfer decision made in accordance with ATLS? Determining delay in transfer decision.

- Was an accepting facility sought in coordination with contacting a transporting agency? Determining delay in receiving facility and/or EMS.

HOW TO OPERATIONALIZE?

MAY
TRAUMA
MONTH

ACTIVITIES?

REPORTS

INJURY PREVENTION

2025 ORV Crash Analysis: EMS Incident Snapshot

This analysis summarizes 96 EMS patient care reports involving ATV and Side-by-Side crashes between April and November 2025. The data highlights a near-even split in vehicle types, distinct seasonal surges, and high male involvement.

49

Near-Equal Split in Vehicle Types

Incidents were divided almost evenly between Side-by-Side (49) and ATV (47) crashes.

47

Seasonal Peaks

Bi-Modal Seasonal Peaks

Crash volume reached its highest points during May (21) and August (22).

Patient Profile & Risk Factors

High Male Demographic Prevalence

71 Males

22 Females

Males accounted for 71 of the reports, compared to 22 females.

Substance Involvement Risks

>20%

Alcohol use was suspected in over 20% of the total incident reports.

Regional Hotspots

Marquette (14) and **Iron** (10) counties reported the highest number of EMS incidents.

Primary Triage Drivers

Mechanism of Injury

Mental Status

Mechanism of injury and mental status were the leading criteria for trauma triage.

NotebookLM

biospatial extract 2/27/2026

REPORTS

INJURY PREVENTION

snowmobile spreadsheet due by April 15

REPORTS

COMMUNICATIONS

INFRASTRUCTURE

CONTINUUM OF CARE

REPORTS

EDUCATION

REPORTS

REGIONAL PERFORMANCE IMPROVEMENT

Regional Professional Standards Review Organization requests:

- Trauma Centers considering DIVERSION for any reason follow a distinct plan involving the TPM and TMD with considerations for where the next nearest trauma center is. Communicate to all dispatch and EMS agencies that could be involved. Retain a log and forward for RPSRO Inventory inclusion twice a year. Bypass should be established by MCA protocols.
- Communication between EMS and hospital must be clear and understood. If orders are not understood or not enough information from EMS is given, clarifications must occur.
- MCAs should have agencies and their personnel review these protocols:
  - TRANSPORT DESTINATION AND DIVERSION
  - DOCUMENTATION AND PATIENT CARE RECORDS
  - QUALITY IMPROVEMENT PROGRAM

(slide modified based upon discussion at RTAC meeting)

MEMBER ANNOUNCEMENTS
PUBLIC COMMENT
ADJOURNMENT