

Agenda

- Call to order
- Attendance and introductions
- Agenda approval
- Minutes approval
- Public comment

State updates

- EMSCC and committees
- System of Care: Trauma

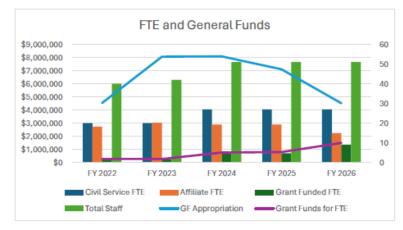
Fiscal Year 2026 - Division of EMS and Systems of Care Briefing

Introduction

Stable funding that reflects the statutory responsibilities for the Division of EMS and Systems of Care (Division) has been elusive, requiring strategic efforts to match responsibilities with resources each year. Funding caps were determined, in some cases, more than 20 years ago. There is significant discussion of funding each year, but it is greater this year due to an unexpected reduction in the budget. This document is an effort to describe the status of resources and funding gaps within the Division, and what potential next steps might be.

Background, Funding, and Staffing History

Prior to 2021, the Division was funded with a combination of restricted funds (Trauma), general funds (GF), and federal grants (EMS for Children). The Trauma funds had multiple sunsets but were maintained in GF through stakeholder advocacy efforts. The Division has secured temporary federal funding through both competitive grants from the Office of Highway Safety Planning and EMS for Children dollars. This document primarily focuses on the GF received through the state budget process. Staff are distributed across service lines – at the division level (7), the trauma system (14), stroke and STEMI (7), EMS programs (8), EMS oversight (13), and EMS competency (1).



FY 23:

- Stroke/STEMI funded (\$3,000,000)
- Work Project \$1,750,000 for technology RFP
- FY 24:
 - Work Project \$500,000 for technology
 - Administrative rules for Stroke and STEMI promulgated
 - Legislation passed to develop a Michigan only pathway to paramedic licensing, no budgetary support

FY 25:

- Stroke/STEMI reduced (\$1,000,000)
- Fully spent, no true carry forward
- Utilized Work Project (GF) dollars for technology project (Approximately \$1,100,000 remaining)

FY 26:

- Removed entire appropriation for Stroke and STEMI (\$2,000,000)
- Reduced Trauma Services (\$630,500)
- Approximately a 37% reduction in GF lowest funding level in years

Fiscal Year 2026 - Division of EMS and Systems of Care Briefing

Actual costs

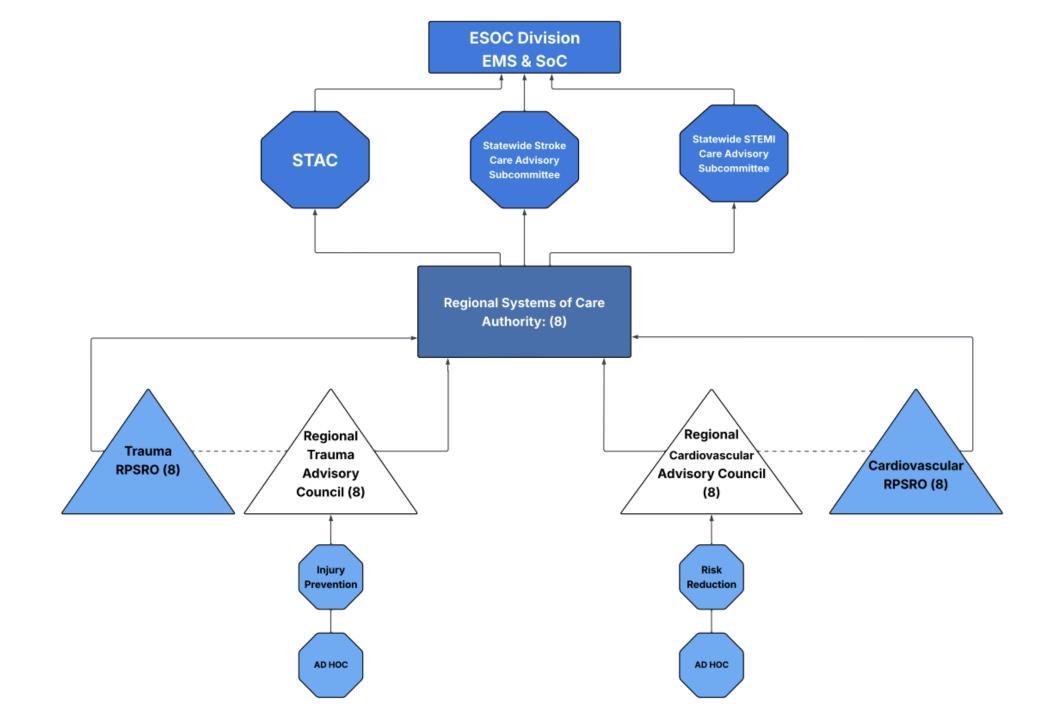
- Statute requires that MDHHS support data collection (EMS patient care records and a registry for trauma, stroke and STEMI). The original technology contract was 15 years old and not renewable. That contract was approximately \$175,000/year. The new RFP-driven contracts will cost more than \$500,000/year with annual escalation.
- Personnel costs, as in every industry, have increased every year by more than 5% not including
 indirect costs for benefits. The expansion of responsibilities requires additional qualified staff.
 There is more work than ever before, while the funding cap continues to be at mostly prepandemic levels.
- Medical Control Authorities (MCAs), a crucial component of all time-sensitive systems in Michigan, continue to be unfunded at the state level. This puts significant pressure on the Division to support these entities while assuring quality clinical care and oversight across the state and through the systems.
- System development involves verifying resources of participating hospitals (123, with some
 participating in all three programs), establishing 8 regional structures, developing and
 implementing a data collection process, establishing and supporting the work of subject matter
 experts (600+), and supporting programs that enhance the development of a growing system.
- Historically, not every dollar of appropriated funding was expended. While fully spent now, the
 Division has previously returned unspent dollars to the system through work projects, awarding
 782 grants to support education, injury prevention, performance improvement, infrastructure and
 risk reduction at a regional level. These dollars supported MCAs, hospitals, and EMS agencies.
- The department is legislated to provide training to members of the system, biannually, which is
 accomplished through a conference. Registration rates are kept low, to make the training
 accessible, with the burden of cost falling to the Division.
- The Division has distributed hundreds of workforce grants to support the EMS system with minimal administrative costs. These dollars have been distributed to students, programs, and agencies in need. More than \$16,000,000 has been distributed, with less than \$200,000 going towards the Division's efforts. This project has increased the number of licensees statewide.

Impact and Planning

- Patients with time sensitive emergencies rely on fully functional systems designed to support
 Michigan residents from pre-injury or cardiovascular event through rehabilitation to ensure positive
 outcomes and a return to a productive life. This includes Medical Control Authorities, EMS
 Personnel and Agencies, Emergency Departments, and Hospitals being integrated and supported.
- There is an effort to capture other dollars within MDHHS, some federal dollars, and support from
 the Division of Emergency Preparedness and Response to keep the Division wholly staffed. While
 these efforts are deeply appreciated, this cannot be a long-term solution.
- In the absence of full and continuous funding, the Division of EMS and Systems of Care cannot
 continue to support the systems at the same rate or scale. Resources will be carefully allocated
 and responses to issues will be triaged, which may impact the timeliness of task completion and
 the efficacy of quality assurance and monitoring programs, jeopardizing public health and safety.

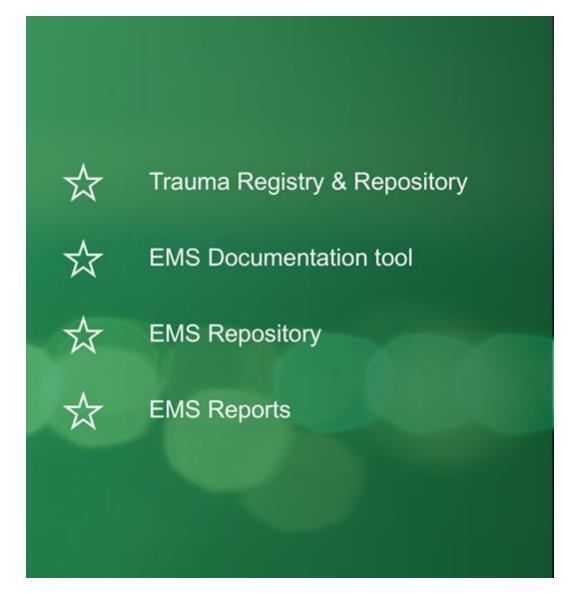
Trauma Center Status

- Baraga received focus visit.
- Munising, Schoolcraft, and UPHS Bell filed letters of intent to be trauma centers with initial visits to be scheduled in 2026.
- Aspirus Keweenaw has filed a letter of intent to be visited in 2026.



Software Data housing

Hospital Hub exists for hospital to gain access to EMS reports



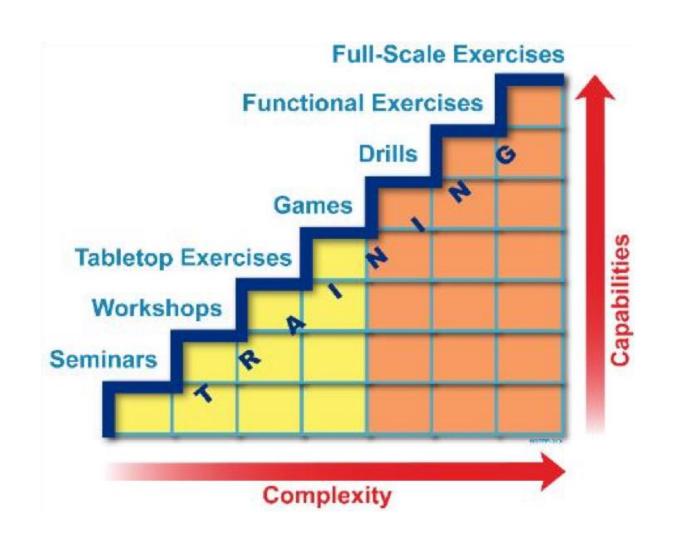
MCI workshops, tabletops, drills, exercises

What hospitals and MCAs conducted these in CY2025?

Any scheduled for the last quarter of 2025?

What is scheduled for CY2026?

By December 2026, the RTN and the Region 8 Healthcare Coalition (R8HCC) will conduct a half-day workshop and four tabletop exercises (UP west, central, south, east) that incorporate a hospital being unable to accept any patients because of natural and/or manmade disaster. The results of this will provide the foundation for diversion plan development during the next workplan.



Top CY2025 R8 Diagnosis Codes in Trauma Registry

(S09.90XA) Unspecified injury of head, initial encounter	104
(S22.42XA) Multiple fractures of ribs, left side, initial encounter for closed fracture	87
(S00.83XA) Contusion of other part of head, initial encounter	79
(S00.03XA) Contusion of scalp, initial encounter	78
(S00.81XA) Abrasion of other part of head, initial encounter	73

Not matching post.4 Diagnosis Codes in Trauma Registry

Burns do not match, included, not errors.
4531 total entries, up to 7% error

Aspirus Iron River Hospital and Clinics	3
Aspirus Ironwood Hospital	10
Aspirus Keweenaw Hospital	9
Baraga County Memorial Hospital	24
Helen Newberry Joy Hospital	28
Marshfield Medical Center - Dickinson	131
Munising Memorial Hospital	55
MyMichigan Medical Center Sault	3
OSF Healthcare St. Francis	2
Schoolcraft Memorial Hospital	9
UP Health System - Bell	45
UP Health System - Marquette	1
UP Health System - Portage	5
Grand Total	325

Examples in Diagnosis Codes

(D18.09) Hemangioma of other sites

(D64.9) Anemia, unspecified

(E87.1) Hypo-osmolality and hyponatremia

(F03.90) Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety

(F10.929) Alcohol use, unspecified with intoxication, unspecified

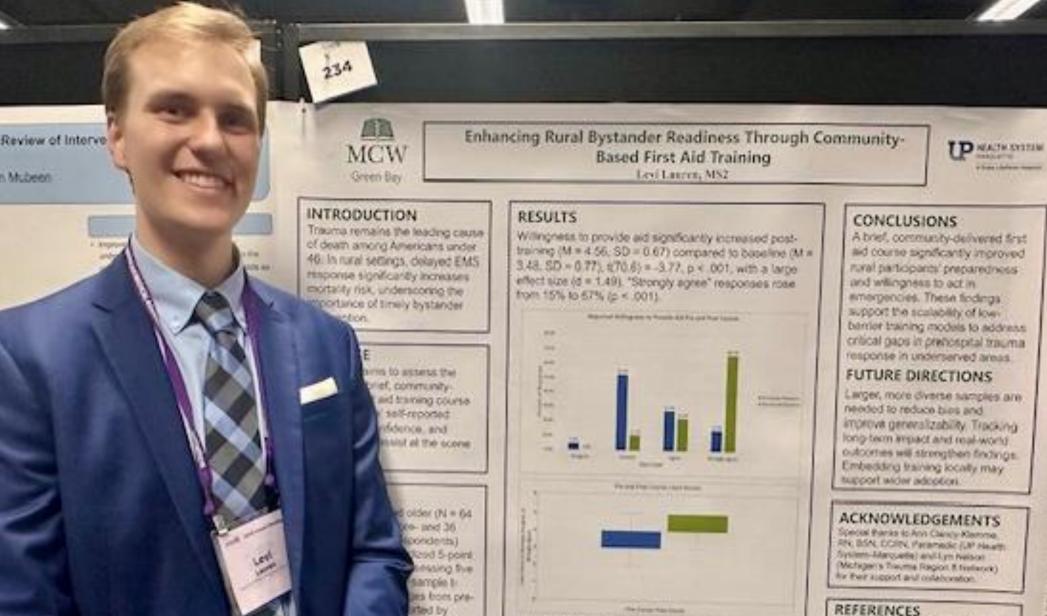
(F17.290) Nicotine dependence, other tobacco product, uncomplicated

(F44.5) Conversion disorder with seizures or convulsions (G20.A1) Parkinson's disease without dyskinesia, without mention of fluctuations

(G35) Multiple sclerosis

(G40.909) Epilepsy, unspecified, not intractable, without status epilepticus





improvements were observed across all five measured

with those of the general public cohort, although this may

domains. Post-intervention responses closely aligned.

refect selection bias within the comparison group

NOOR HOOK

STAN DRIM MCE MOON

BETS 2-56151

A brief, community-delivered first aid course significantly improved rural participants' preparedness: barrier training models to address critical gaps in prenospital frauma

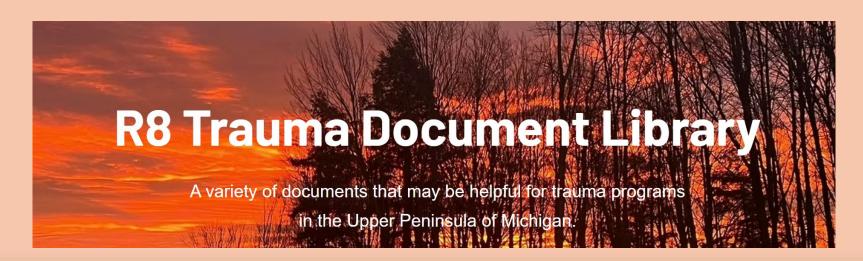
Larger, more diverse samples are improve generalizability. Tracking long-term impact and real-world. outcomes will strengthen findings.

AN BSN COIN, Paramedic (UP Hearth

REFERENCES



- December 17, 1pm Michigan Trauma Registry education. Invite sent by State Trauma Registrar. Please respond with availability.
- New regional application should be received by December RTAC meeting.





RPSRO APPOINTMENTS

Dr. Sara Herrara - Level II TMD

Dr. Paula Rechner - Level IV TMD

Dr. Robert Covington - Level IV TMD

Dr. Andrew Ostosh - MCA MD

Dr. Amadeo Sturla - MCA MD

Cindy Gurchinoff - Level IV TPM

Jodi McCollum - Level II TPM

Sarah Niemela - Level III TPM

Matthew LaCrosse - MCA Coordinator

Curt LeSage - ALS provider

Cory Roell – BLS provider

Gina Kasten - BLS provider

Ryan Trudeau – Air Medical ALS provider

Terra Ison - Registrar

Andrew Flagstadt – ALS provider

Met July 17

- reviewed inventories for 2024
- need for documentation improvement registry on delays
- discussed use of pelvic binders for pelvis versus hip
- Delta County iTclamp approval

Medical Directors collaboration

By February 2024, the RTN shall continue its request of Region 8 MCAs and hospital trauma programs to document their medical directors' collaboration by report at their respective meetings and evidenced in their minutes.

By December 2025, the RTN shall encourage the MCAs to have active, minimally quarterly, meetings of their Professional Standards Review Organizations that include MCA medical directors' and trauma medical directors' input on reports that identify patients meeting trauma triage criteria, procedures rendered, hospital capabilities, and hospital outcomes.

Medical Directors collaboration

By December 2024, the RTN will author a procedure template for MCAs and hospital trauma programs to adopt that formalizes the relationship between trauma medical directors and MCA medical directors and the content to which there should be collaboration, i.e., medical directors' and trauma medical directors' invited to provide input on MCA PSRO reports that involved trauma care.

Broad medical community / general community

By April 2024, based upon survey findings during the last application cycle, the RTC shall assemble a toolkit or handbook that includes templates that hospital trauma programs can use to inform the broad medical community.

Broad medical community / general community



In the case of a trauma center, trauma refers to any injury to the body. The most common causes of injury that bring patients to a trauma center in the Upper Peninsula are falls, motor vehicle crashes, and other types of land transport crashes such as ORVs and snowmobiles. These events can cause mild to life-threatening trauma in multiple areas of the body.



EMS protocol update

Effective August 18:

Eastern

Effective September 24:

Keweenaw Houghton

Effective October 1:

- Baraga
- Delta

Effective October 31:

- Luce
- Marquette Alger

Effective November 1:

Schoolcraft

Awaiting word from:

- Dickinson
- Gogebic Ontonagon Iron

EMS protocol update

Minimally, these protocols:

Heat Electrical therapy

Hypothermia Double sequential defib

Head Injury Patient restraint

Bleeding control Vascular access & IV fluid

Altered mental status Patient prioritization – lights & siren

Seizures Infection control & comm disease

Ped altered mental status Interfacility patient transfers

Ped seizures Dextrose

12 lead ECG Fentanyl

Dead on scene Glucagon

Pediatric Imaging Poster

Link in invite

Regional Injury Prevention Plan update

Injury prevention programming list

Inju	ry Pre	eventio	n Pro	gram Lis				Revision Date:	10/10/20	025
1	NAME:	Lyn L. Nelson						TITLE:	Region 8	Trauma Coordinator
	EMAIL:	NelsonL7@michi	igan.gov					Multi-type list of injurathroughout the Upper	•	
	PHONE:	(517) 285-3849)							
County			Persons							
Served	Туре	Program Name	Served	Agency	Contact Person	Number	Email	Address	R8TN	Notes
UP	Fall	Matter of Balance	Seniors, Fall	UPCAP	Emilee Schwalbach		schwalbache@upcap.org			
MI	Safety	Safe Kids Michigan	Peds, online	Michigan	Laura Rowen	517-335-9519	RowenL@michigan.gov	109 W MI Ave, Lansing 48908		
MI	Boating	DNR Boating Safety	Public, online	Michigan	www.michigan.gov/dn	r				
MI	ORV	DNR ATV Safety	Public, online	Michigan	www.michigan.gov/dn	r				

Updates received from OSF St. Francis, UPHS Marquette, UPHS Portage.

Injury Prevention planning

- By December 31, 2024, the RTAC will identify and address gaps in their regional injury prevention programs, update their regional injury prevention plan, and describe the current status in the Region's annual report.
- SP4: By December 31, 2024, each regional IP committee will identify and address gaps in their regional programs. IP plans will be updated. Progress on this objective will be reported on the Regional Trauma Coordinator's (RTC's) annual report.

Injury Prevention planning

• SP6: By December 31, 2025, each regional 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.

Injury Prevention planning

- By April 2025, establish public information and education components for the top three external cause codes that include the months for hospital trauma programs to distribute the information.
- By April 2026, survey the hospital trauma programs on feedback they received from the messages and methods of distribution.
- 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.
 - 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.



Emergency Department Spreadsheet vs Registry

Hospital	ALL ED spreadsheet	Registry	% in Registry
AIR	1	0	0%
AIW	52	26	50%
AKH	8	2	25%
ВСМН	8	4	50%
HNJH	50	12	24%
MMCD	2	0	0%
*MMH	0	10	
MMMCS	23	7	30%
SCMH	5	2	40%
UPHSM	44	37	84%
UPHSP	47	14	30%
UPHSB	4	0	0%
TOTAL	244	114	

^{*}Munising Memorial Hospital did not submit spreadsheet

2024 - 2025 Incident County (spreadsheet)

INCIDENT COUNTY	
Alger	26
Alpena	1
Baraga	10
Canada	1
Chippewa	23
Dickinson	2
Gogebic	8
Houghton	42
Iron- WI	4
Keweenaw	7
Luce	41
Mackinac	3
Marquette	7
Ontonagon	3
Schoolcraft	9
Unknown	57

2024 - 2025 Details (spreadsheet)

Method of Arrival	
EMS	116
Walk-In	128

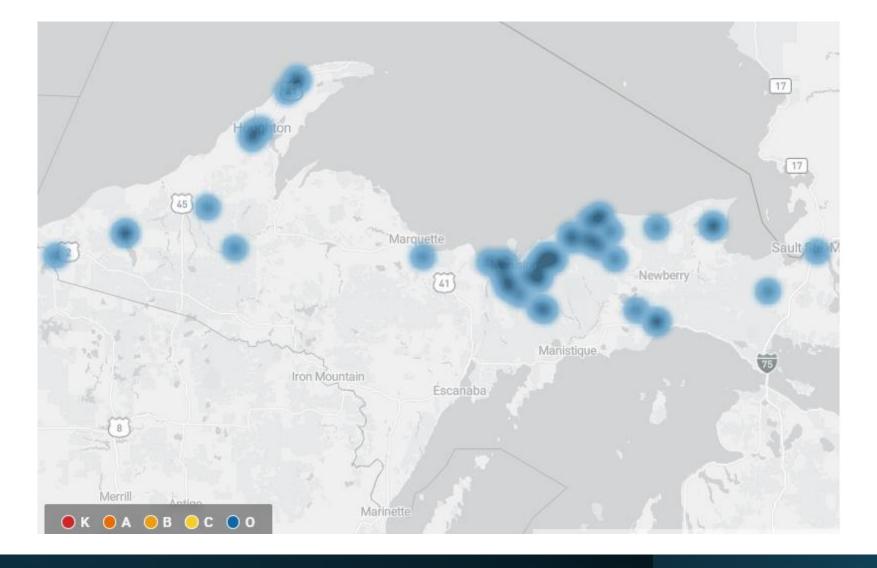
Female	49
Male	195

2024 - 2025 Home State (spreadsheet)

State/Province	Count	%
FL	5	2.0
GA	1	.4
IA	6	2.5
IL	20	8.2
IN	7	2.9
MI	108	44.3
MN	24	9.8
ND	1	.4
NJ	1	.4
NY	1	.4
OH	15	6.1
Ontario	1	.4
PA	3	1.2
SC	1	.4
TN	2	.8
VA	1	.4
WI	47	19.3
Grand Total	244	

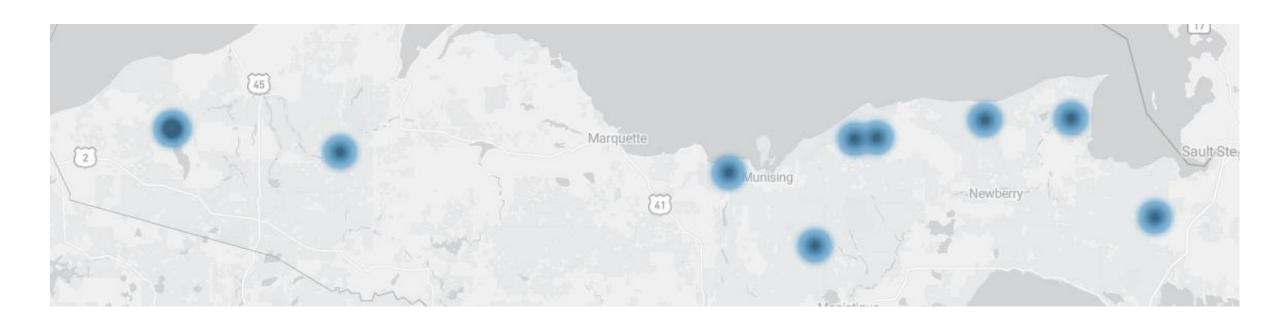
2024 - 2025 Within Michigan Residence (spreadsheet)

Lower Peninsula	58
EMS	32
Walk-In	26
Upper Peninsula	50
EMS	12
Walk-In	38
Grand Total	108



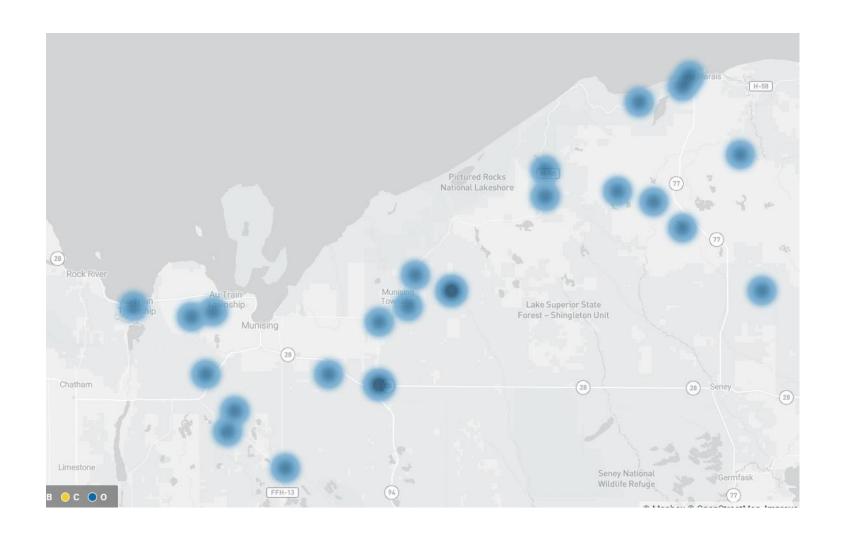
UD-10 LE Reports

Numetric 10/4/2025; 8th District, 12/1/2024-3/31/2025 Drivers: 115 males, 36 females, 6 unknown 145 crashes8 fatal94 injury43 property damage

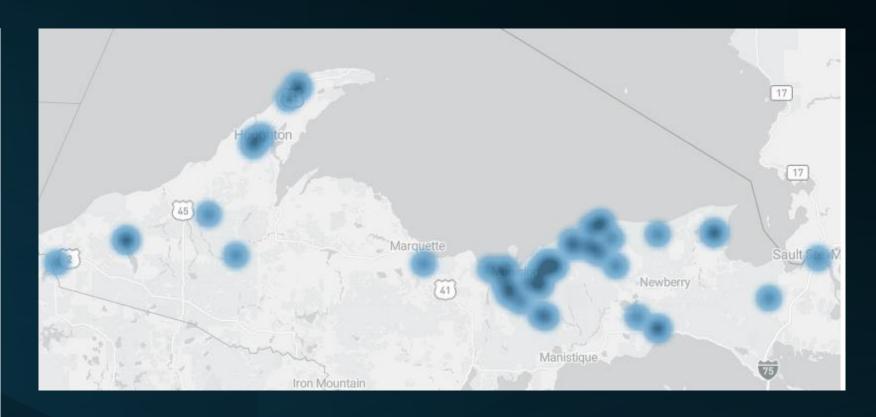


UD-10 LE Reports Fatal and Severe Injuries

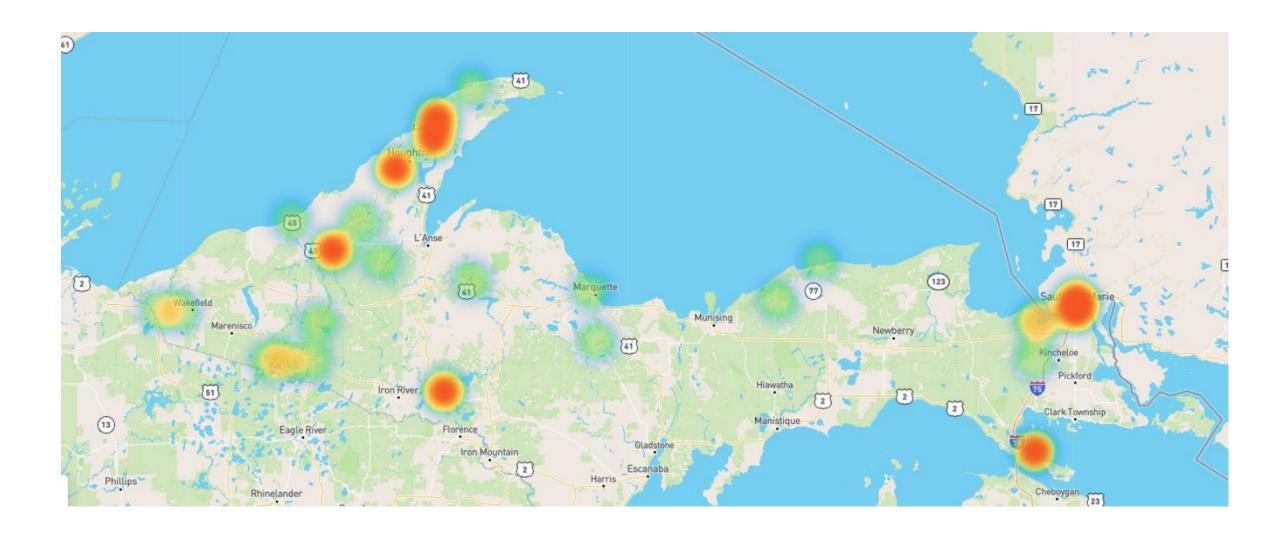
51 crashes
Driver: 40 males, 14 females, 1 unk
6 involved alcohol; 1 involved drugs
11 were ≥ 60 years old



INCIDENT COUNTY	
Alger	26
Alpena	1
Baraga	10
Canada	1
Chippewa	23
Dickinson	2
Gogebic	8
Houghton	42
Iron- WI	4
Keweenaw	7
Luce	41
Mackinac	3
Marquette	7
Ontonagon	3
Schoolcraft	9
Unknown	57



Patients reported to emergency department versus law enforcement crash reports



EMS patient care reports

biospatial 10/4/2025; 15 UP counties, 12/1/2024 – 3/31/2025

EMS patient care reports

Alger (MI)	40	Keweenaw (MI)	5
Alger EMS	38	Mercy EMS	5
Guardian Flight	1	Luce (MI)	11
Luce County	1	Garfield Township	2
Baraga (MI)	1	Luce County	9
Michigamme-Spurr	1	Mackinac (MI)	3
Chippewa (MI)	15	Cheboygan Life Support	1
Bay Mills	4	Garfield Township	1
Kinross EMS	1	Portage Township	1
Luce County	3	Marquette (MI)	9
Sault Sainte Marie FD	3	Forsyth Township	1
Whitefish Township	4	Powell Township	1
Gogebic (MI)	13	UPHS East	4
Aspirus Medevac	5	UPHS West	2
Beacon	7	West End Townships	1
Watersmeet VFD	1	Ontonagon (MI)	25
Houghton (MI)	16	Aspirus Medevac	2
Adams Township VFD	4	Bay	1
Aspirus Medevac	1	Beacon	6
Bay	4	SONCO	16
Mercy EMS	6	Schoolcraft (MI)	5
SONCO	1	Alger EMS	2
Iron (MI)	2	Manistique EMS	3
Aspirus Medevac	2		
		Grand Total	145

Within 2024-2025 Season Report Comparison

- 244 emergency department
- 114 trauma registry
- 145 law enforcement crash reports
- 145 EMS patient care reports



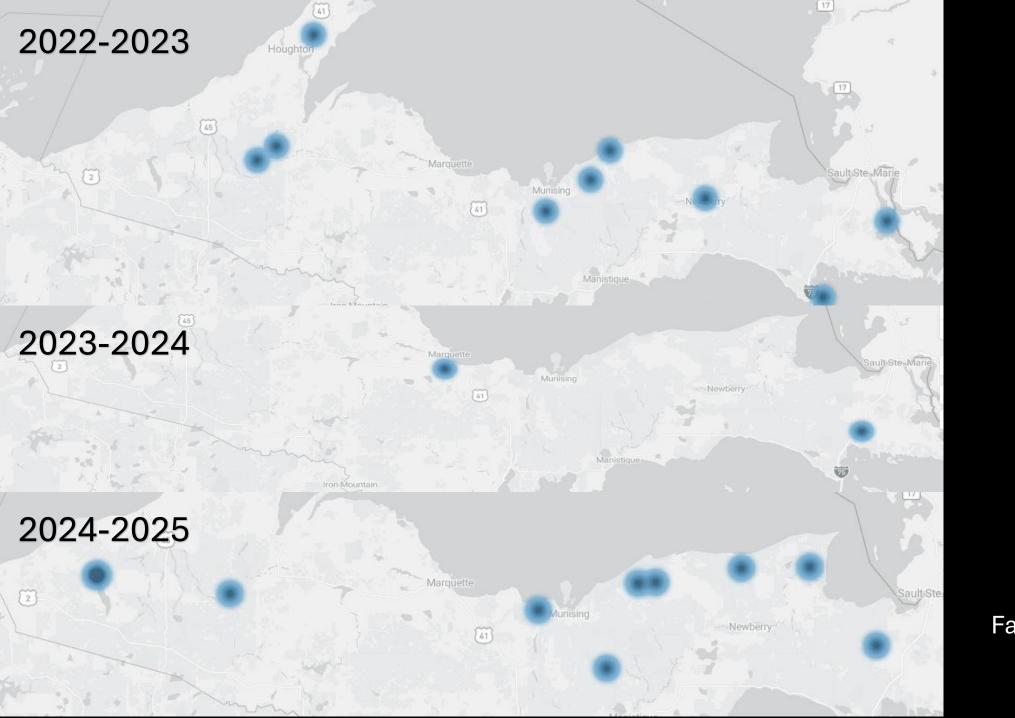
Extracted Pt Re	gistry 10/02/2025; if pt we	nt to multiple facilities they	are duplicated, MI Regio	n 8 only			
ICD-10							
Snowmobile	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	
AIR	0	4	3	5	1	1	0
AIW	20	15	7	27	22	3	26
AKH	5	0	11	11	5	2	2
AOH	10	5	2	9	12	0	
ВСМН	2	5	3	2	2	0	4
HNJH	2	15	8	15	9	2	12
MMCD	1	7	1	0	4	1	0
MMH	3	3	2	0	6	1	10
MMMCS	9	11	9	8	10	1	7
OSF	0	0	0	1	0	0	0
SCMH	2	0	2	6	3	1	2
UPHSB	0	1	1	0	1	1	0
UPHSM	34	39	30	26	28	3	37
UPHSP	6	8	4	6	5	0	14
TOTAL	114	113	83	116	108	16	114
	2018-2019 SEASON SNOWFALL TOTALS 100-150* 200-250* 250-300* 150-200 250-300* 250-30	2019-2020 SEASON SNOWFALL TOTALS 50-00° 200-25° 244 11-12-12-12-12-12-12-12-12-12-12-12-12-1	2020-2021 SEASON SNOWFALL TOTALS 14	2021-2022 SEASON SNOWFALL TOTALS So.100" 200-256" 1.72 11 14 14 14 14 14 14 14 14 14 14 14 14	2022-2023 SEASON SNOWFALL TOTALS 50-100" 200-250" 250-300	2023-2024 SEASON SNOWFALL TOTALS 1	U.P. Winter 2024-2025 Season Snowfall Sow total provided by future will when and Calcilland distress Sound (bother) Sound (bother) Sound (bother) Sound (bother) Sound (bother) Sound (bother) Sound (bother)

Emergency Department spreadsheets of all injured patients involved in snowmobile crashes 2022-23 2023-24 2024-202

	2022-23	2023-24	2024-2025
AIR	10	1	1
AIW	22	5	52
AKH	9	2	8
AOH	17	2	
ВСМН	4	0	8
HNJH	34	4	50
MMCD	9	0	2
MMH			
MMMCS	10	4	23
OSF	0	0	0
SCMH	8	0	5
UPHSB	3	0	4
UPHSM	42	2	44
UPHSP	21	0	47
TOTAL	190	20	244 U.P. Winter 2024-2025







8th District UD-10 LE Reports Fatal and Severe Injuries Numetric, 10/6/2025





Michigan.gov/RideRight

RIDE

Ride at a safe speed.

Ride home to your family and friends.

Michigan.gov/RideRight

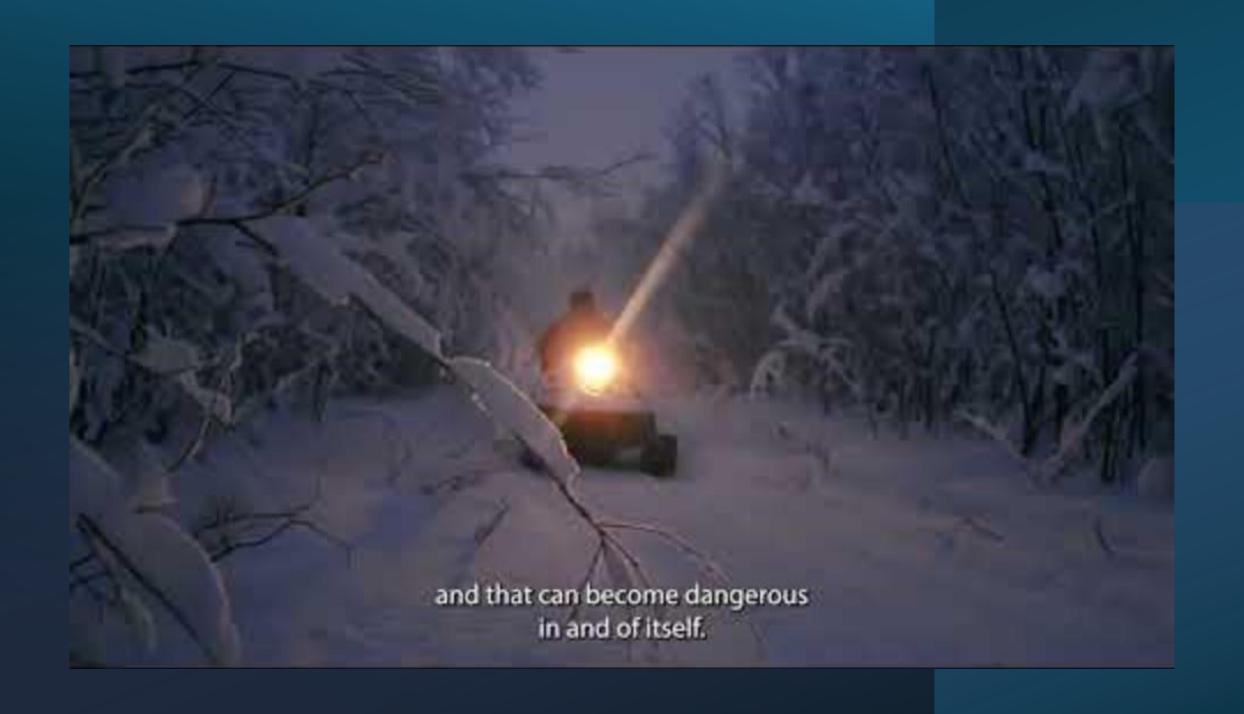


STICKLY STOWNOBILE & ORVASSOCIATION

MISORVA

Building the trail network for tomorrow







Registry Data Quality Plan
 explanation provided in meeting attachment
 ACS-COT requirements and State of Michigan

Pelvic binders from RPSRO statistical analysis trauma education studies

Fall height	2
Aspirus Medevac	2
GSW	1
Masonville Township	1
Hip	20
Alger County	1
Cheboygan Life Support Systems	3
Garfield Township	1
Integrity Care EMS	7
Iron Mountain (City Of) FD	2
Kinross EMS	2
Luce County	1
Manistique EMS	1
Tri-Star EMS	1
Whitefish Township	1
MVC	14
MVC Aspirus Medevac	14 1
Aspirus Medevac	1
Aspirus Medevac Bay	1 1
Aspirus Medevac Bay Guardian Flight	1 1 3
Aspirus Medevac Bay Guardian Flight Integrity Care EMS	1 1 3 1
Aspirus Medevac Bay Guardian Flight Integrity Care EMS Kinross EMS	1 1 3 1
Aspirus Medevac Bay Guardian Flight Integrity Care EMS Kinross EMS North Flight	1 3 1 1
Aspirus Medevac Bay Guardian Flight Integrity Care EMS Kinross EMS North Flight Rampart EMS	1 3 1 1 1
Aspirus Medevac Bay Guardian Flight Integrity Care EMS Kinross EMS North Flight Rampart EMS Pelvic fx fall	1 3 1 1 1 6
Aspirus Medevac Bay Guardian Flight Integrity Care EMS Kinross EMS North Flight Rampart EMS Pelvic fx fall Rampart EMS	1 3 1 1 6 1 1
Aspirus Medevac Bay Guardian Flight Integrity Care EMS Kinross EMS North Flight Rampart EMS Pelvic fx fall Rampart EMS Stabilize J Tube Integrity Care EMS Trampled by cow	1 3 1 1 6 1 1 1
Aspirus Medevac Bay Guardian Flight Integrity Care EMS Kinross EMS North Flight Rampart EMS Pelvic fx fall Rampart EMS Stabilize J Tube Integrity Care EMS	1 3 1 1 6 1 1

Prehospital Trauma Compendium: Evaluation and Management of Suspected Pelvis Fractures – An NAEMSP Position Statement and Resource Document

John W. Lyng (D), Joshua G. Corsa (D), Brad D. Raetzke (D), Bryan R. Wilson (D), Andrew McCoy (D), Steve C. Patterson (D), ...show all Received 19 May 2025, Accepted 19 Jul 2025, Accepted author version posted online: 29 Jul 2025, Published online: 11 Aug 2025



Transfer delays

use of regional trauma transfer guide for benchmarks

completing delay fields in registry

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 quidance
- 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)

- Svstolic BP < 90mmHq
- 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 vo. pulmonary contusions, flail chest.
- Free air, fluid, solid organ injury noted on diagnostic

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)

CY2024-2025YTD Highest TTA, Transferred Delay Y / N; Reason

No	53
(blank)	53
Not Known/Not Recorded	2
(blank)	2
Yes	64
EMS Issue	21
Not Applicable	1
Not Known	1
Not Known/Not Recorded	19
Other	4
Receiving Facility Issue	7
Referring Hospital Issue-Rad	1
Referring Phy Decision Making	1
Weather/Nature Factors	2
(blank)	7
(blank)	16
(blank)	16
Grand Total	135

Aspirus IR	2
Yes	2
EMS Issue	1
Receiving Facility Issue	1
Aspirus IW	17
No	5
(blank)	5
Not Known/Not Recorded	1
(blank)	1
Yes	11
EMS Issue	1
Not Applicable	1
Not Known	1
Not Known/Not Recorded	7
Other	1
Aspirus K	3
Yes	3
Not Known/Not Recorded	1
Other	2
Baraga	14
No	10
(blank)	10
(blank)	4
(blank)	4
Helen Newberry Joy	10
Yes	10
EMS Issue	5
Other	1
Receiving Facility Issue	4
Marshfield Dickinson	28
No	9
(blank)	9
Yes	17
EMS Issue	9
Referring Hospital Issue-Radiology	1
(blank)	7
(blank)	2
(blank)	2

MyMichigan Sault	16
No	13
(blank)	13
Yes	3
EMS Issue	2
Weather or Nature Factors Issue	1
OSF	26
No	10
(blank)	10
Yes	16
EMS Issue	3
Not Known/Not Recorded	10
Receiving Facility Issue	2
Referring Physician Decision Making	1
Schoolcraft	8
No	6
(blank)	6
Not Known/Not Recorded	1
(blank)	1
Yes	1
Weather or Nature Factors Issue	1
UPHS B	1
Yes	1
Not Known/Not Recorded	1
UPHS M	7
(blank)	7
(blank)	7
UPHS P	3
(blank)	3
(blank)	
Grand Total	135

2026

		Ja	nua	ary					Fel	bru	ary			March						April									
S	M	Т	W	Т	F	S	S	M	Т	W	Т	F	S	S	M	Т	W	Т	F	S	S	M	Т	W	Т	F	S		
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7				1	2	3	4		
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14	5	6	7	8	9	10	11		
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21	12	13	14	15	16	17	18		
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28	19	20	21	22	23	24	25		
25	26	27	28	29	30	31								29	30	31					26	27	28	29	30				
			May	,						Jun	е					,	July	/					Α	ugu	st				
S	M	Т	W	Т	F	S	S	M	Т	W	Т	F	S	S	M	Т	W	Т	F	S	S	M	Т	W	Т	F	S		
					1	2		1	2	3	4	5	6				1	2	3	4							1		
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8		
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15		
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22		
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29		
31																					30	31							
	,	Sep	ten	ıbe	r				October November								December												
S	M	Т	W	Т	F	S	S	M	Т	W	Т	F	S	S	M	Т	W	Т	F	S	S	M	Т	W	Т	F	S		
		1	2	3	4	5					1	2	3	1	2	3	4	5	6	7			1	2	3	4	5		
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12		
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19		
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26		
27	28	29	30				25	26	27	28	29	30	31	29	30						27	28	29	30	31				

REPORTS

- Injury Prevention
- Communications
- Infrastructure
- Regional PI
- Continuum of Care
- Education
 Chest tubes

Chest tube education

NO PIG TAILS

Member announcements Public Comment Adjournment

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