

2025 Annual Meeting



Region 8

Trauma Network Board

ANNUAL MEETING

AGENDA

Call to Order

Introductions

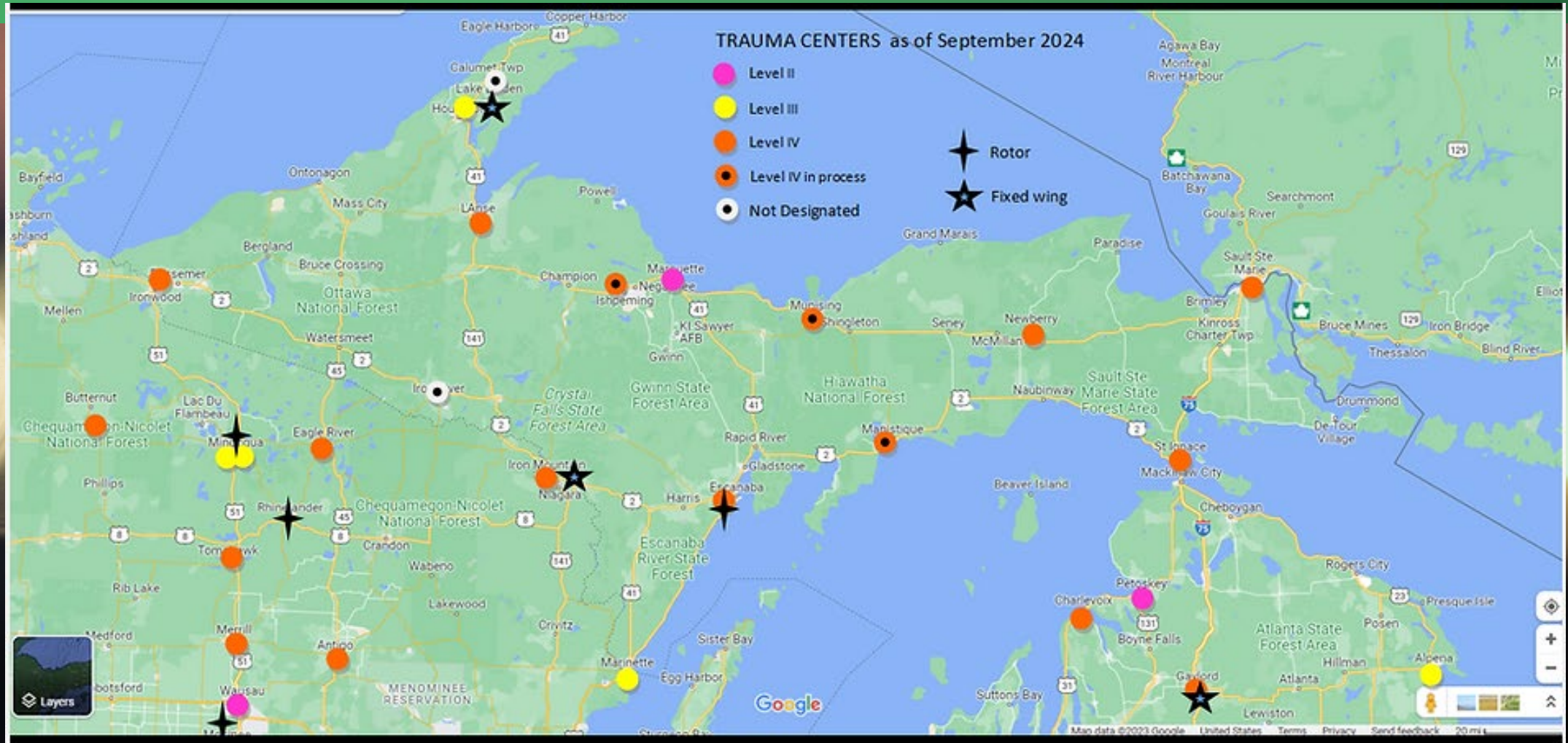
Approval of September 12, 2025, agenda

Approval of March 13, 2024, minutes

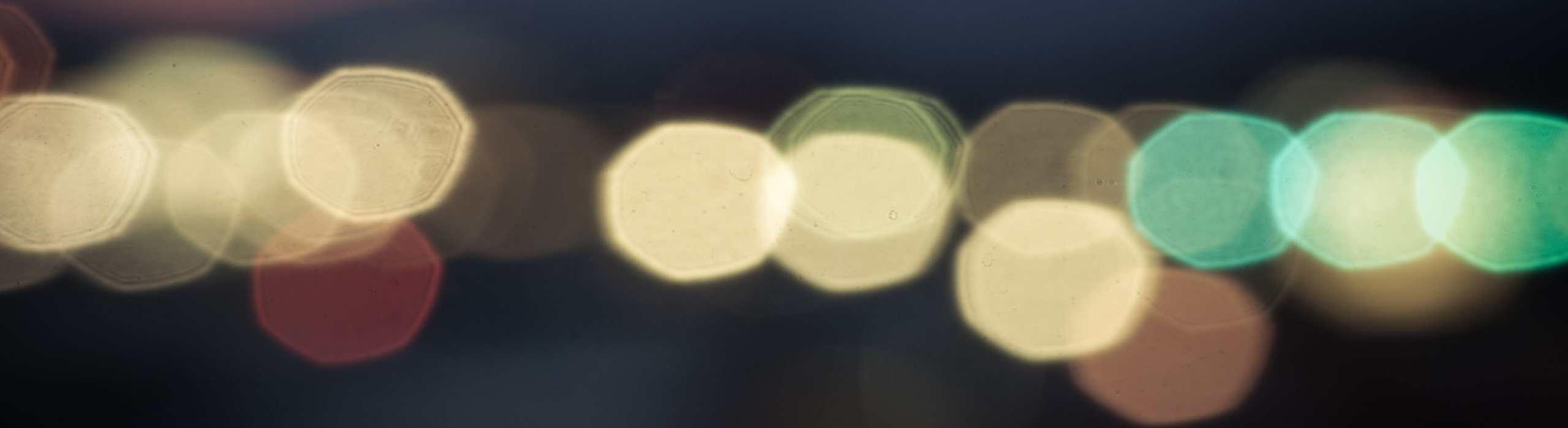
Public Comment

STATE AND REGIONAL REPORT

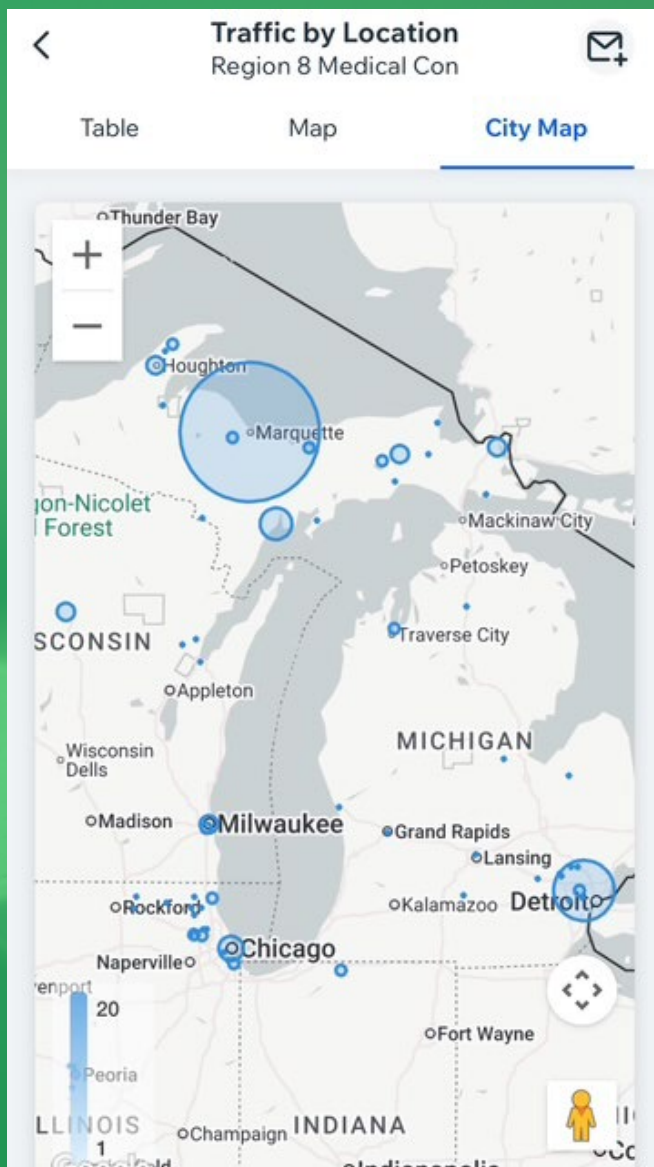
Designated Trauma Centers



MCA & EMS Status



www.r8mcan.org



Page Visits
Region 8 Medical Con

Table Bar Chart Bar Chart Split

Last 30 days (Aug 14 - Today) [Change](#)

Page path	Page views	Site
/luce	63	
/mcas	43	
/delta-1	30	
/marquette-...	26	
/r8-trauma	15	
/dickinson-1	12	
/keweenaw-...	10	
/gog-ont-iron	5	
/baraga-1	4	

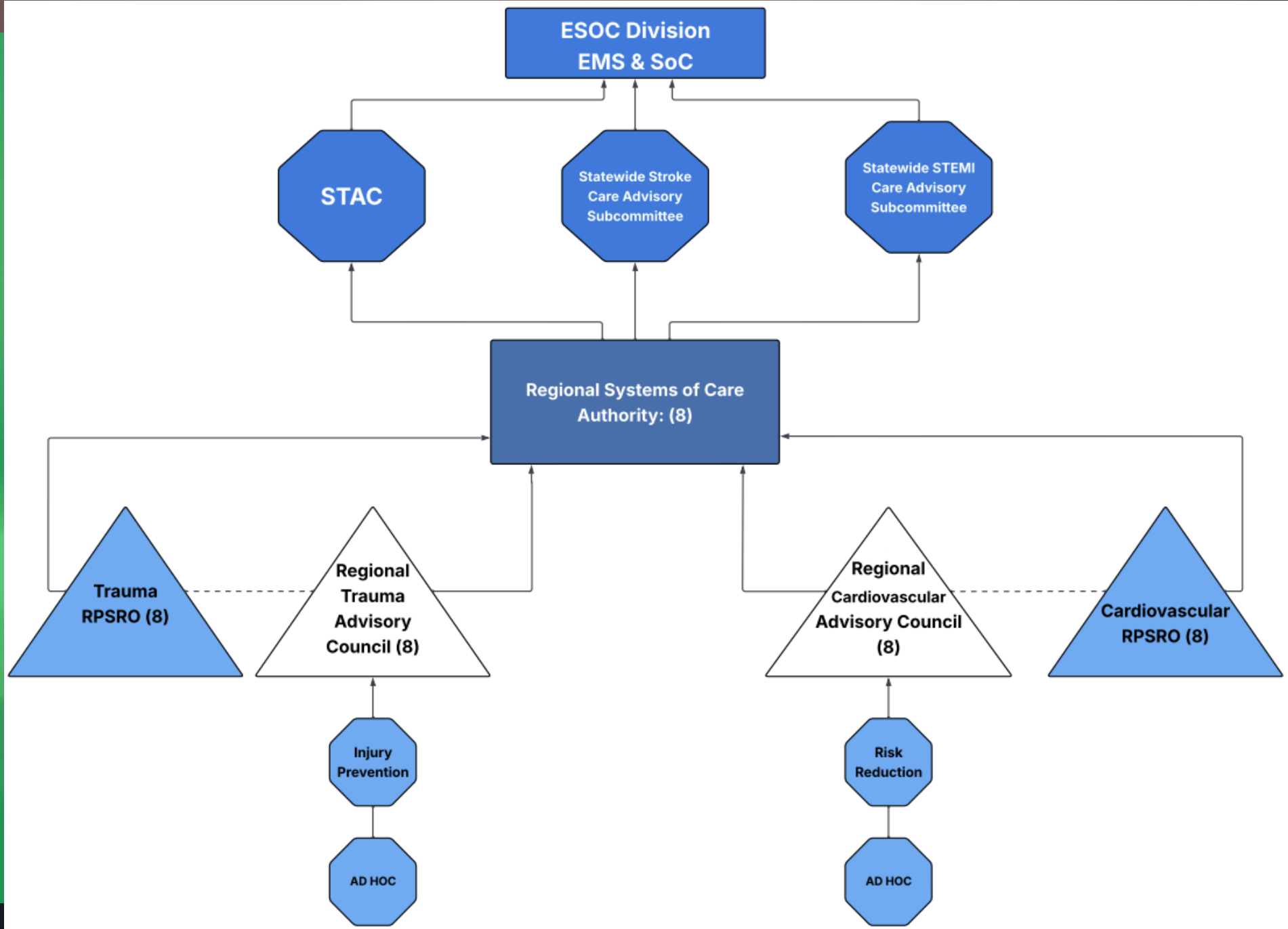
All Adult Treatment Protocols	9
From /marquette-alger to: /homepage	
All General Treatment Protocols	9
From /luce to: /homepage	
MCA Quick Reference Guide	9
From /homepage to: /homepage	

August 2025
99 unique visitors
187 site sessions

PAGE	UNIQUE CLICKS
/marquette-alger	695
/delta	347
/luce	325
/dickinson	165
/eastern-up	126
/schoolcraft	121
/keweenaw-houghton	110
/baraga	107
/gog-ont-iron	98
/documents	47
/r8-trauma	40
/operations	29
/bay-area-wi	12
/mcas	11
/search	2

Last 365 days

draft



data
vendor
changes



Trauma Registry & Repository



EMS Documentation tool



EMS Repository



EMS Reports

Data Relationships



National Trauma Data Standards and
Michigan Data Dictionary



National EMS Information System and
Michigan Dataset



Repository & Report functions



Connectivity

Bystander Care Course

Instructor class

Need student requests:
community health workers
entities on roadways

Key contacts:
Ann Clancy-Klemme
Lyn Nelson

SUPPORT AND TRAINING

UPPER PENINSULA RURAL BYSTANDER CARE PROGRAM

Section 402 Emergency Medical Services

CP-22-01-j Special Projects;
Awarded: \$20,000; Expended: \$0

Section 402 Emergency Medical Services

CP-22-03-w PI&E; Awarded: \$2,000;
Expended: \$1,946

BACKGROUND

A national rural bystander care training curriculum will be used to teach people to render potentially lifesaving care at the scene of a motor vehicle crash until an ambulance arrives. The \$2,000 funded under the CP-22-03-w Public Information and Education (PI&E) is for the production and printing of the PI&E materials costs. The \$20,000 under the CP-22-01-j Special Projects grant is for supplies/operating and contractual costs.

PROJECT GOAL AND RESULT

- Conduct the rural bystander care training program for 150 people in the Upper Peninsula by September 30, 2022. **Goal not achieved**

Nine volunteer instructors from across the Upper Peninsula were trained in the Until Help Arrives

curriculum. The U.P. Health Systems provided a volunteer instructor/coordinator with activities to begin in FY2023. With ongoing supply-chain issues preventing the delivery of needed items for the first aid kits, this program will be continued in FY2023.

Although the overall goal was not achieved, a full-color, 5.5- by 8.5-inch Rural Bystander Card was successfully developed and printed. The cards will accompany the first aid kits and offer helpful reminders for bystanders on what to do until help arrives.



MOTOR VEHICLE CRASHES

**Safe System Approach is the
guiding paradigm to address
roadway safety.**



POST-CRASH CARE



PROBLEM IDENTIFICATION



911 DISPATCHED EMS TO

1.5 MILLION
CRASHES¹

National EMS Information System (NEMSIS)



40%

WERE ALIVE

**WHEN FIRST RESPONDERS
ARRIVED, BUT LATER DIED²**

FARS



42,939

**PEOPLE DIED
IN TRAFFIC CRASHES
IN 2021²**

Fatality Analysis Reporting System (FARS)



8,747

**EMS RESPONSES TO
CRASHES IN WHICH A VEHICLE
OCCUPANT WAS PARTIALLY OR
COMPLETELY EJECTED⁴**

NEMSIS



48,517

**INCIDENTS
INVOLVED VEHICLE
EXTRICATION⁵**

National Fire Incident Reporting System (NFIRS)



169,462

**EMS RESPONSES
TO SERIOUSLY INJURED
CRASH PATIENTS⁶**

NEMSIS

COUNTERMEASURES



**EMERGENCY
MEDICAL
DISPATCH**
(EMD) 911 PROTOCOLS



**TIMELY
ON-SCENE CARE**
USING MODEL EMS
CLINICAL GUIDELINES



**TRANSPORTATION
TO A TRAUMA CENTER**
BASED ON NATIONAL FIELD TRAUMA
TRIAGE GUIDELINES



**PERFORMANCE
MEASUREMENT**
FOR CONTINUOUS QUALITY
IMPROVEMENT AND SEAMLESS,
LINKED AND DATA-DRIVEN CARE

HIGHWAY SAFETY PLANNING



1. ACCESS 911 AND EMS DATA THROUGH YOUR STATE'S EMS DATABASE



**2. COORDINATE POST-CRASH CARE BETWEEN HIGHWAY SAFETY,
EMS AND 911**



3. INTEGRATE POST-CRASH CARE INTO YOUR HIGHWAY SAFETY PLAN

References

1. NEMSIS Database, 2022 data. Report generated 5/2/23.
2. FARS 2021 Annual Report File (ARF). Report generated 5/5/23, Version 5.5, released 4/8/23.
3. FARS 2021 ARF. Report generated 5/5/23, Version 5.5, released 4/8/23.
4. NEMSIS Database, 2022 data. Report generated 5/16/23. Number of EMS Responses to Crashes in which a Vehicle Occupant was Partially or Completely Ejected includes EMS activations with injury 01 equal to ICD-10-CM codes within the following ranges: V40-V49, V50-V59, V60-69, or V70-79. Note: NEMSIS continuously receives data from clinical electronic patient care reports. These data may change as records are received or corrected.
5. Preliminary data from NFIRS Data Warehouse as of 4/26/23. Note: NFIRS is not a repository of all incidents that occur in the United States.
6. NEMSIS Database, 2022 data. Report generated 5/2/23.



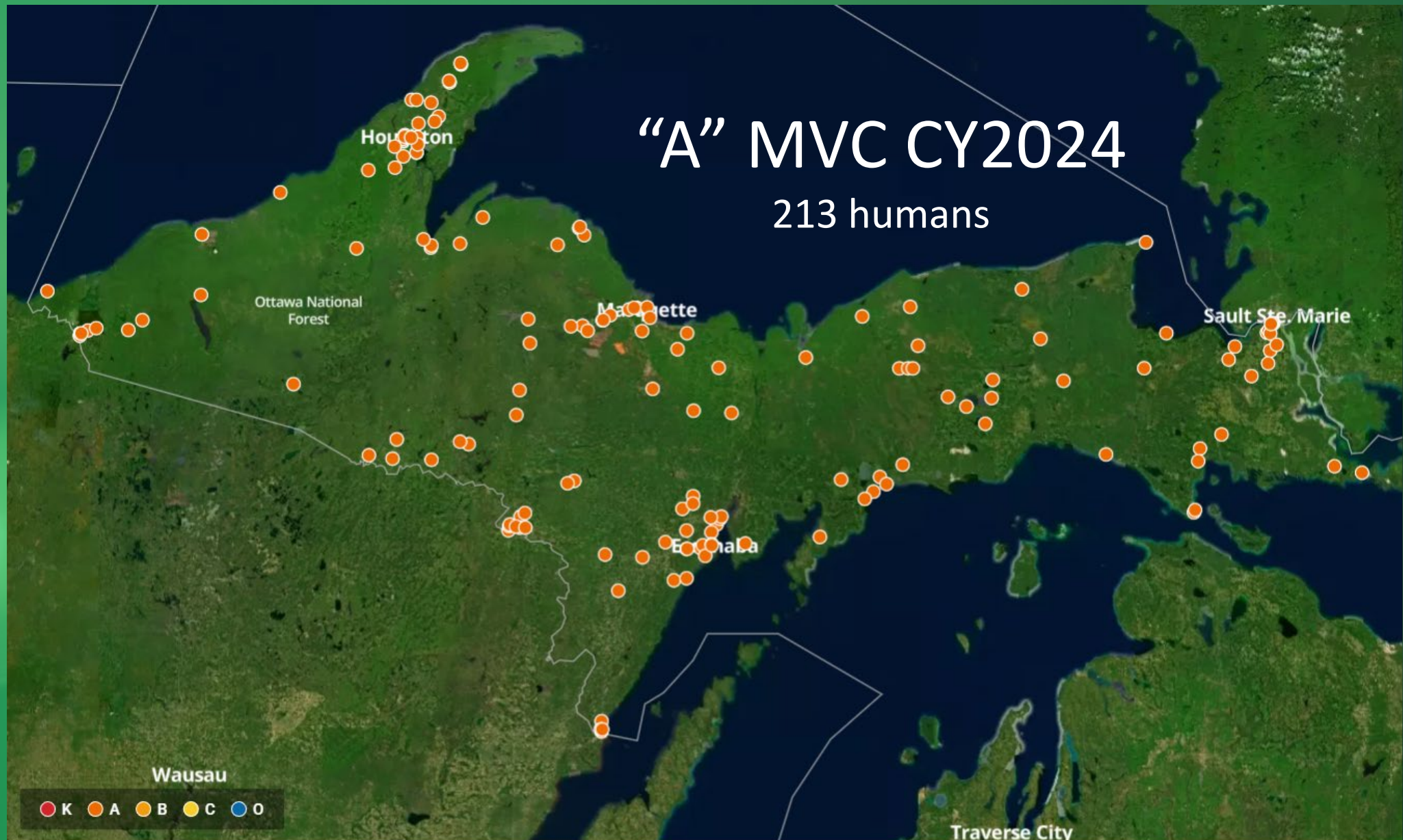
FATAL MVC CY2024

44 humans

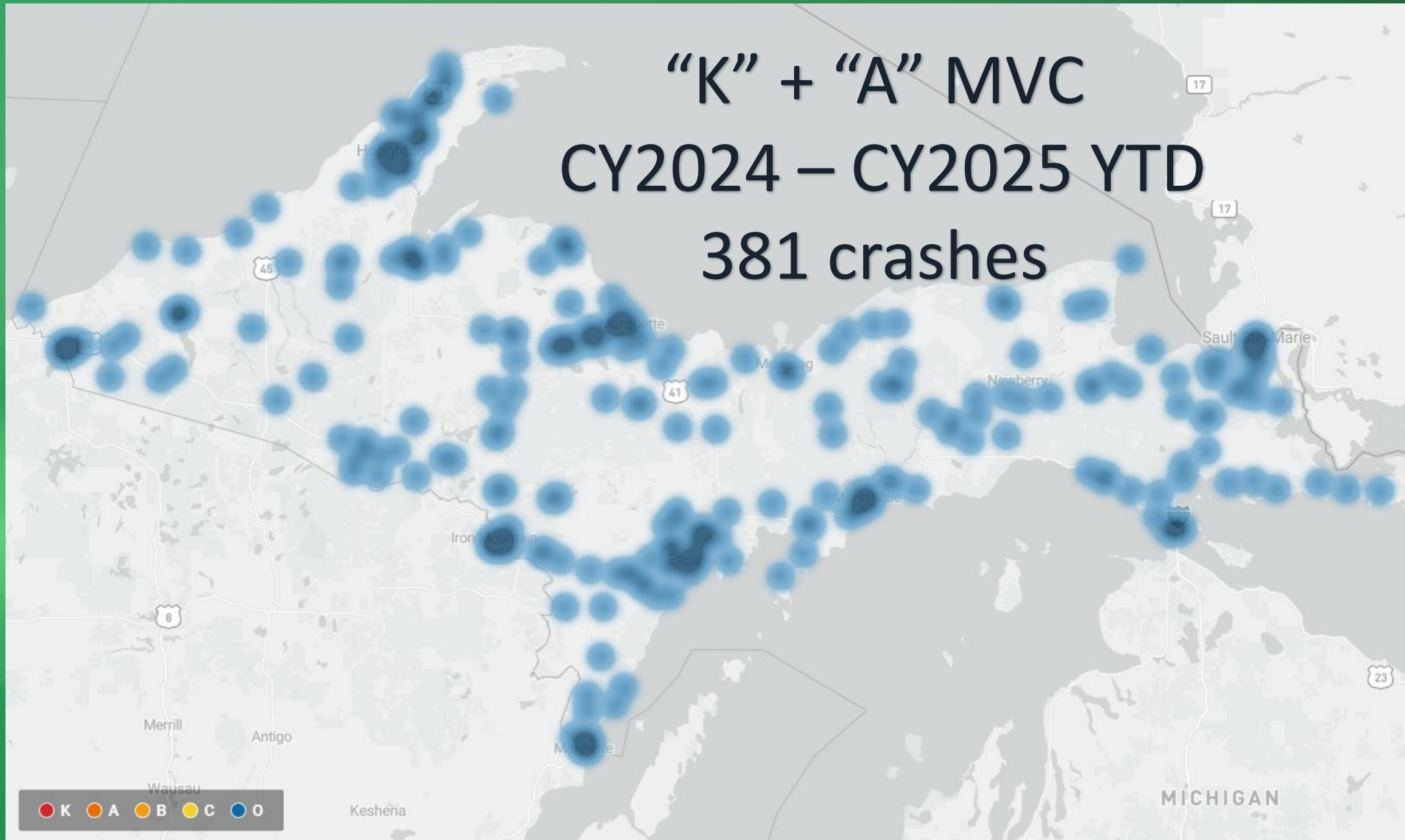


"A" MVC CY2024

213 humans



**“K” + “A” MVC
CY2024 – CY2025 YTD
381 crashes**



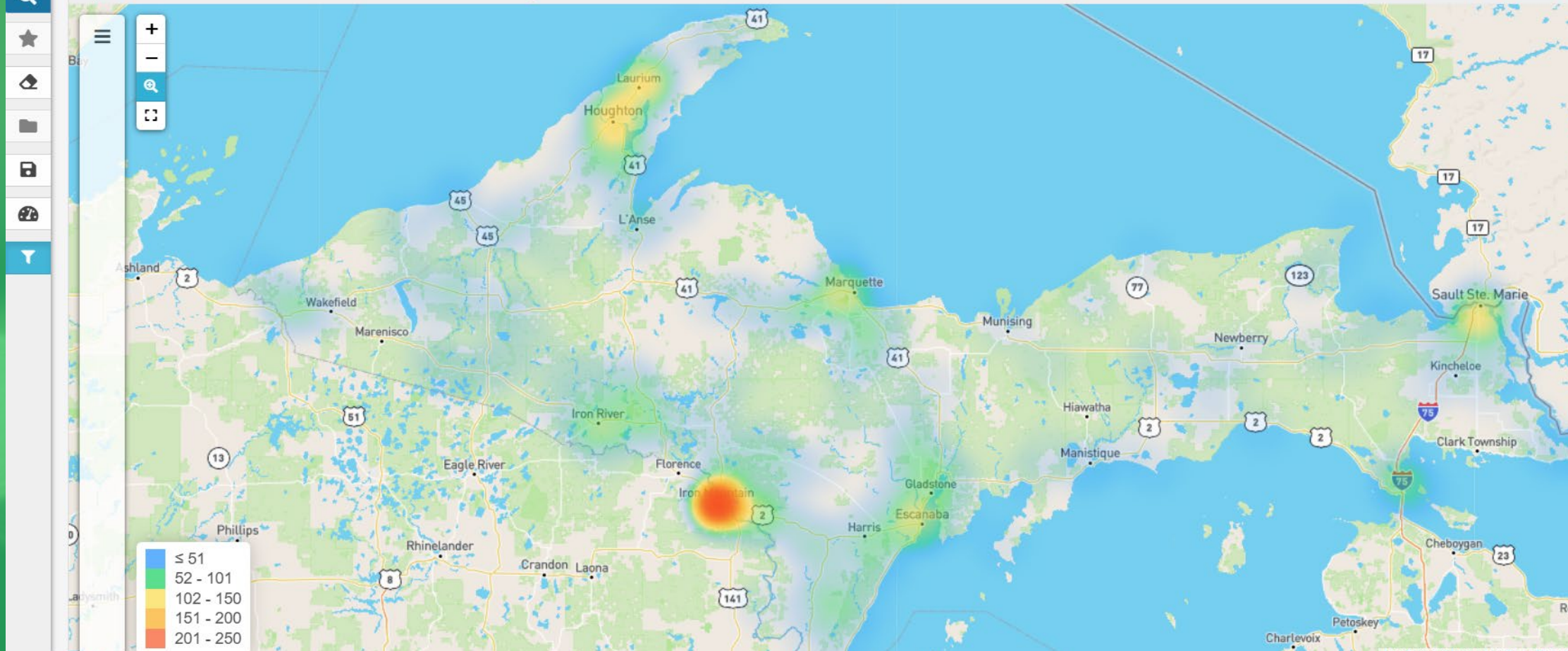
MVC
CY2024 – CY2025 YTD
14,182 crashes

Legend: K, A, B, C, O

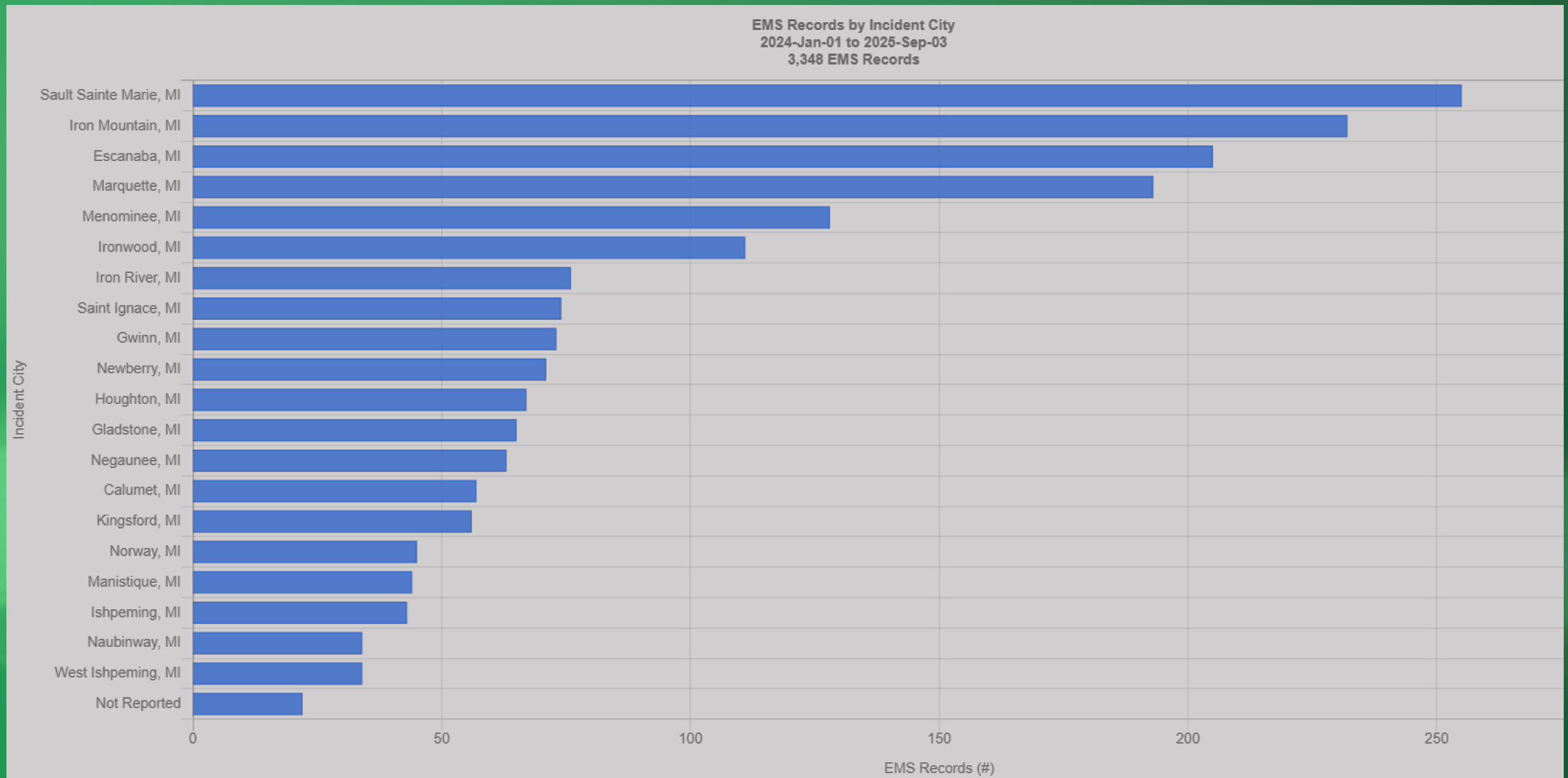
Motor Vehicle Crash Dashboard

Last Updated: Sep 08, 2025

Data filtered based on Access Levels: Event = Location.

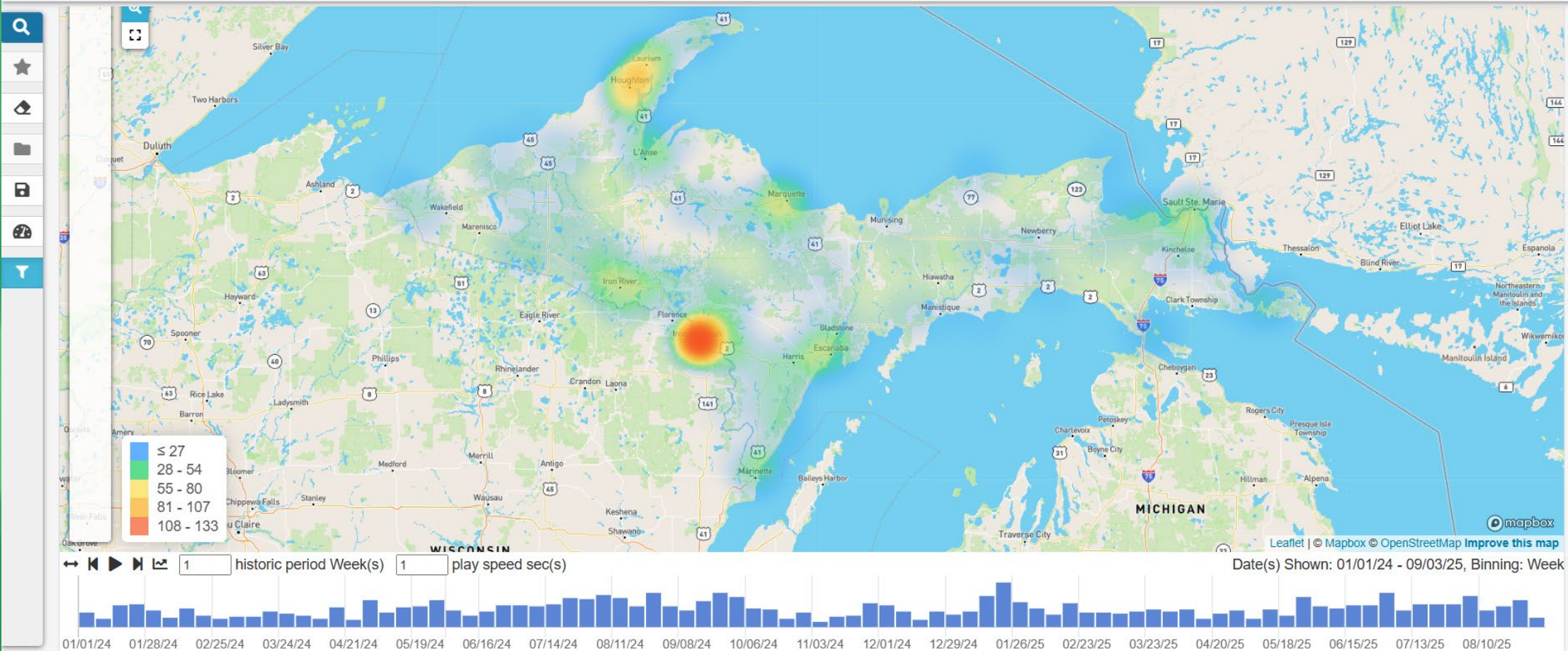


ALL



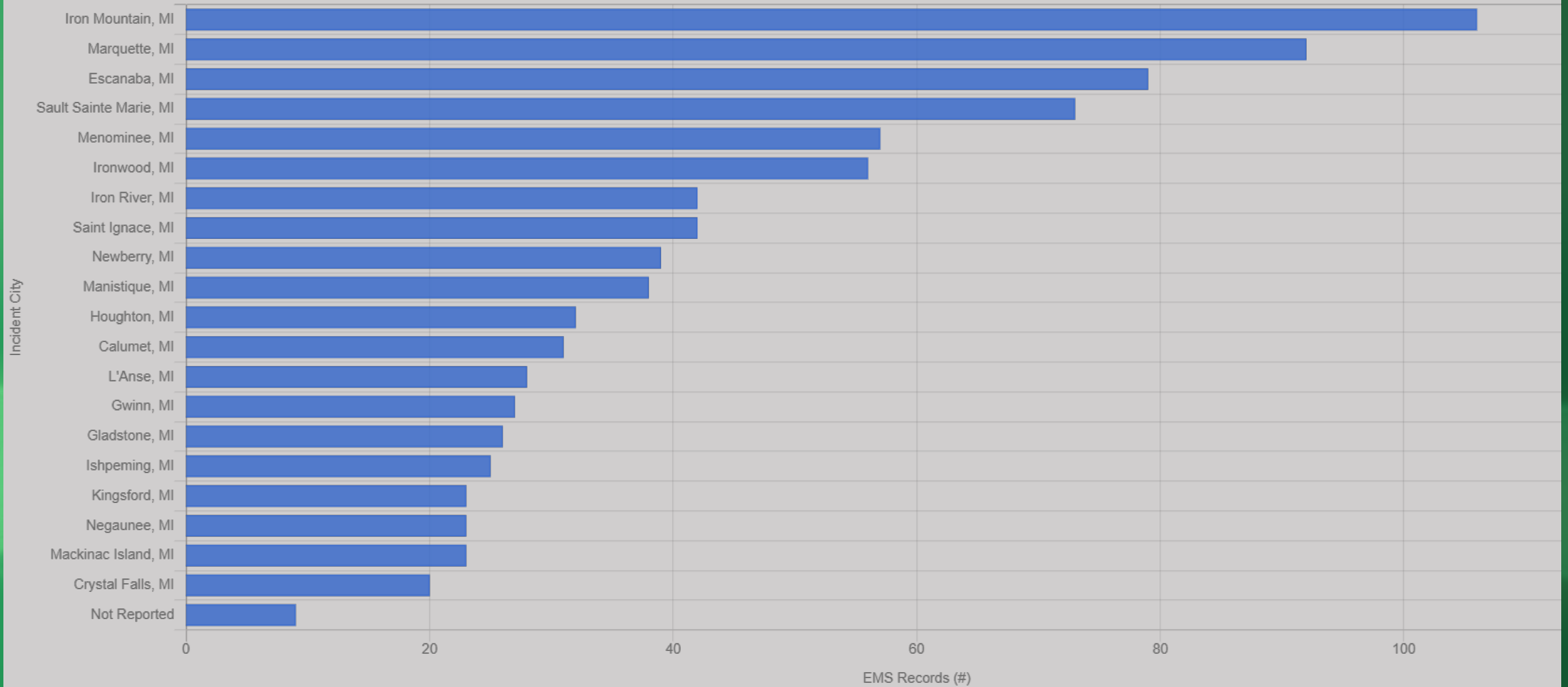
Motor Vehicle Crash Dashboard

Last Updated: Sep 08, 2:00:56 pm



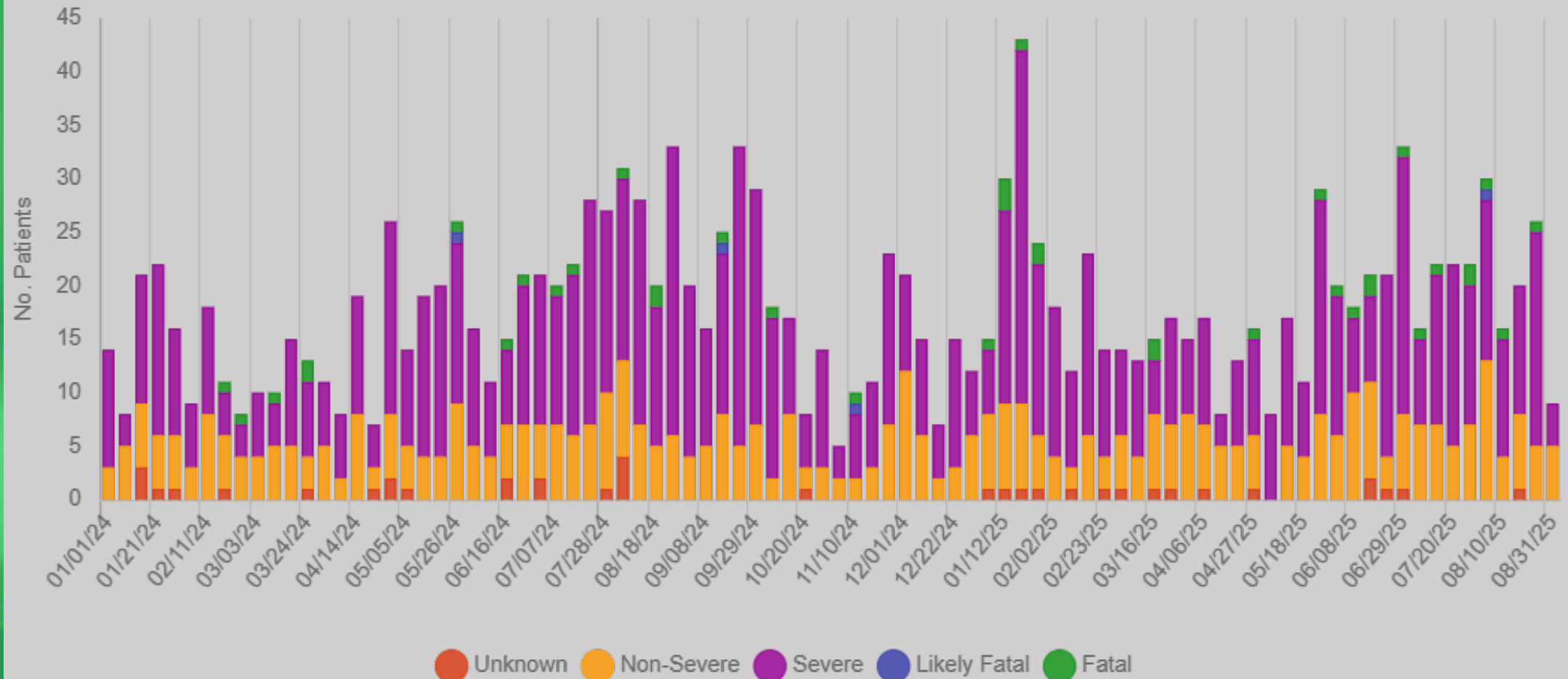
TRANSPORTED

EMS Records by Incident City
2024-Jan-01 to 2025-Sep-03
1,585 EMS Records



TRANSPORTED

Injury Severity Resulting from Motor Vehicle Crashes
2024-Jan-01 to 2025-Sep-03
Total Patients: 1,585

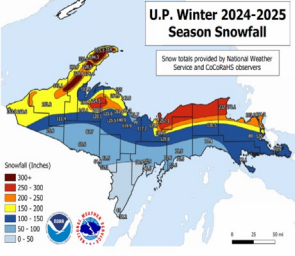
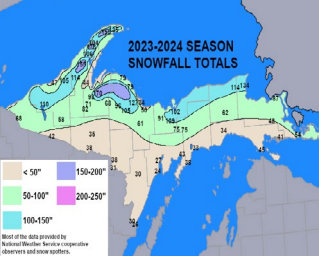
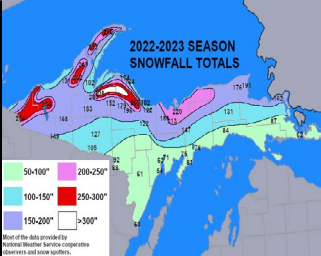
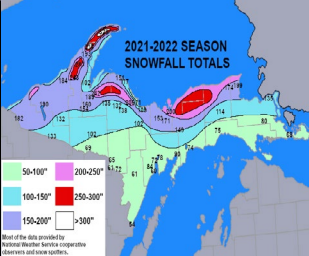
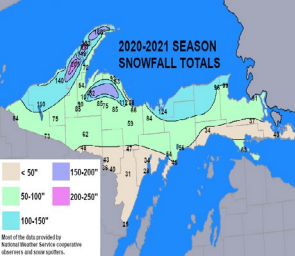
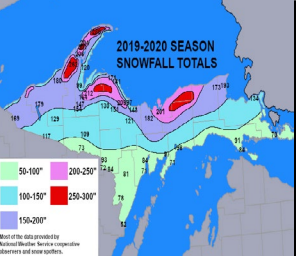
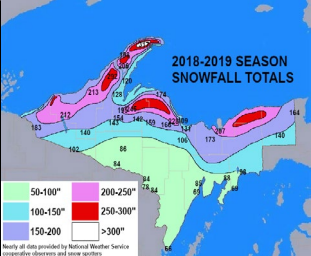


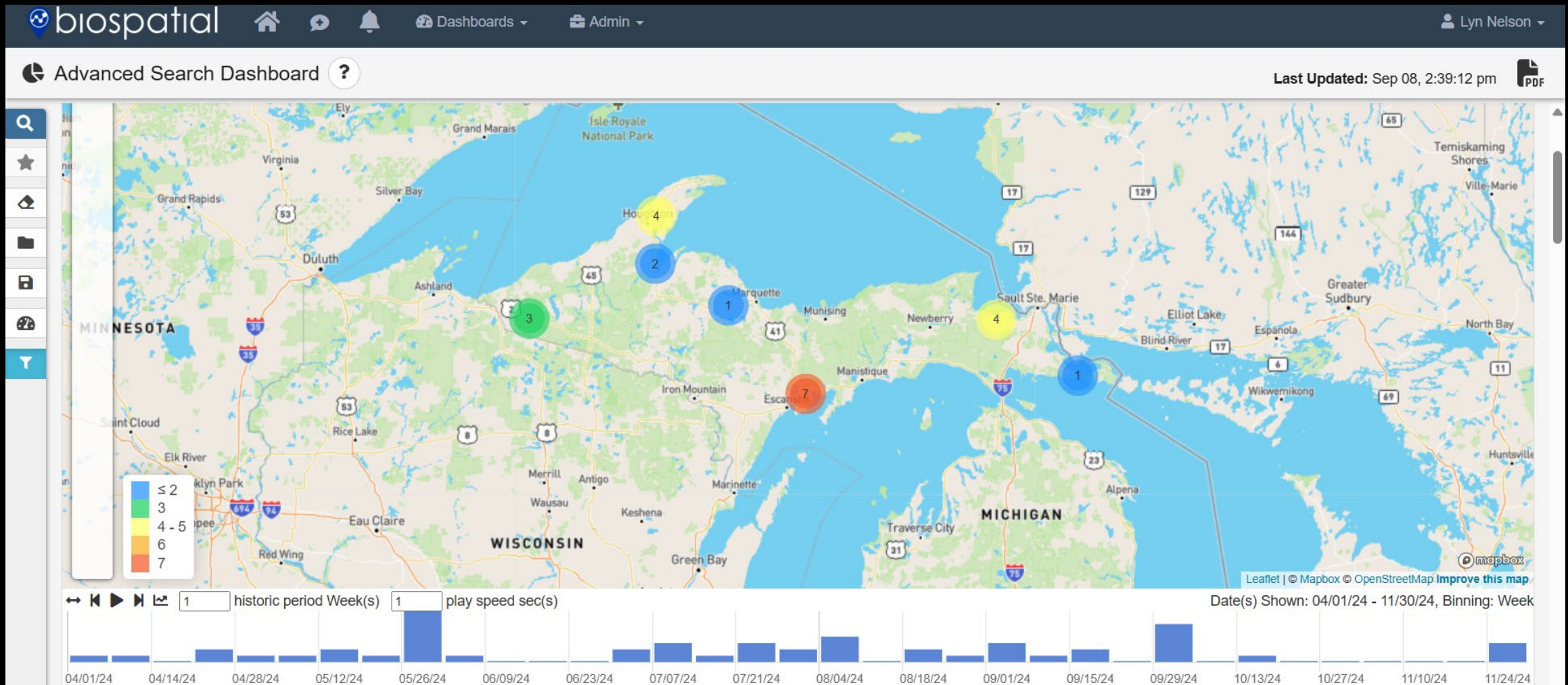
TRANSPORTED

OTHER LAND TRANSPORT – *snowmobile & ORV*

Extracted Pt Registry 09/03/2025; if pt went to multiple facilities they are duplicated, MI Region 8 only

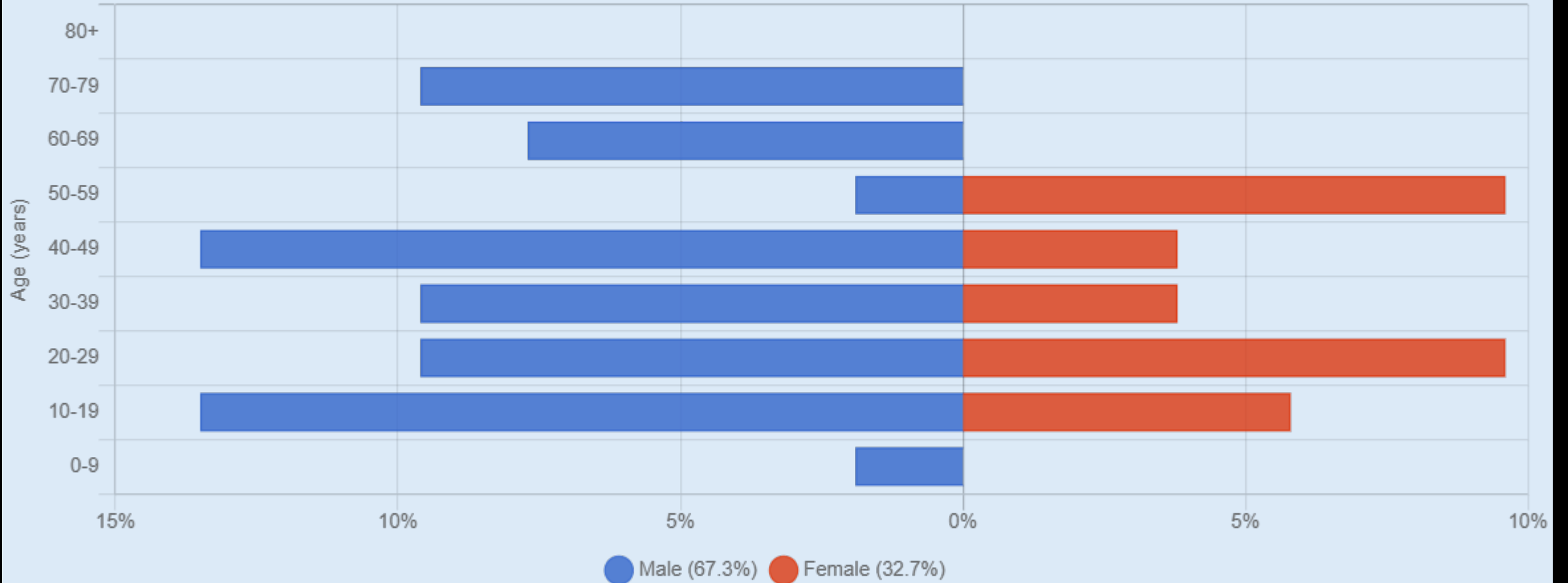
ICD-10 Snowmobile	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
AIR	0	4	3	5	1	1	0
AIW	20	15	7	27	22	3	26
AKH	5	0	11	11	5	2	2
AOH	10	5	2	9	12	0	--
BCMH	2	5	3	2	2	0	4
HNJH	2	15	8	15	9	2	12
MMCD	1	7	1	0	4	1	0
MMH	3	3	2	0	6	1	10
MMMCS	9	11	9	8	10	1	7
OSF	0	0	0	1	0	0	0
SCMH	2	0	2	6	3	1	2
UPHSB	0	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





V86.39 Occupant of other special offroad motor vehicle
biospatal extract 9/8/2025, April 1 – November 30, 2024

Age and Gender Demographics
2024-Apr-01 to 2024-Nov-30
52 Persons

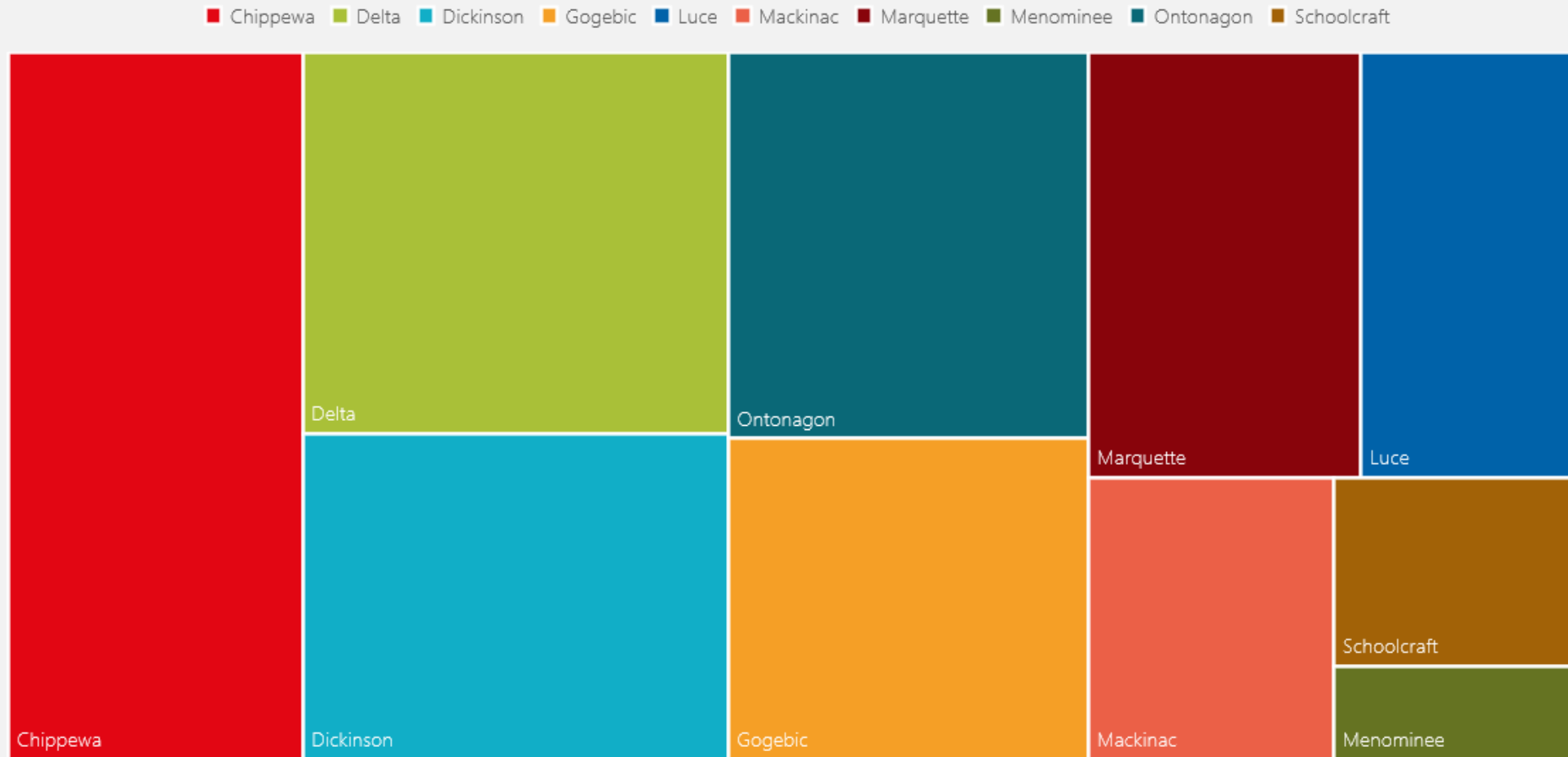


V86.39 Occupant of other special offroad motor vehicle
Biospatial extract 9/8/2025, April 1 – November 30, 2024

Other Land Transport

side by side / SXS

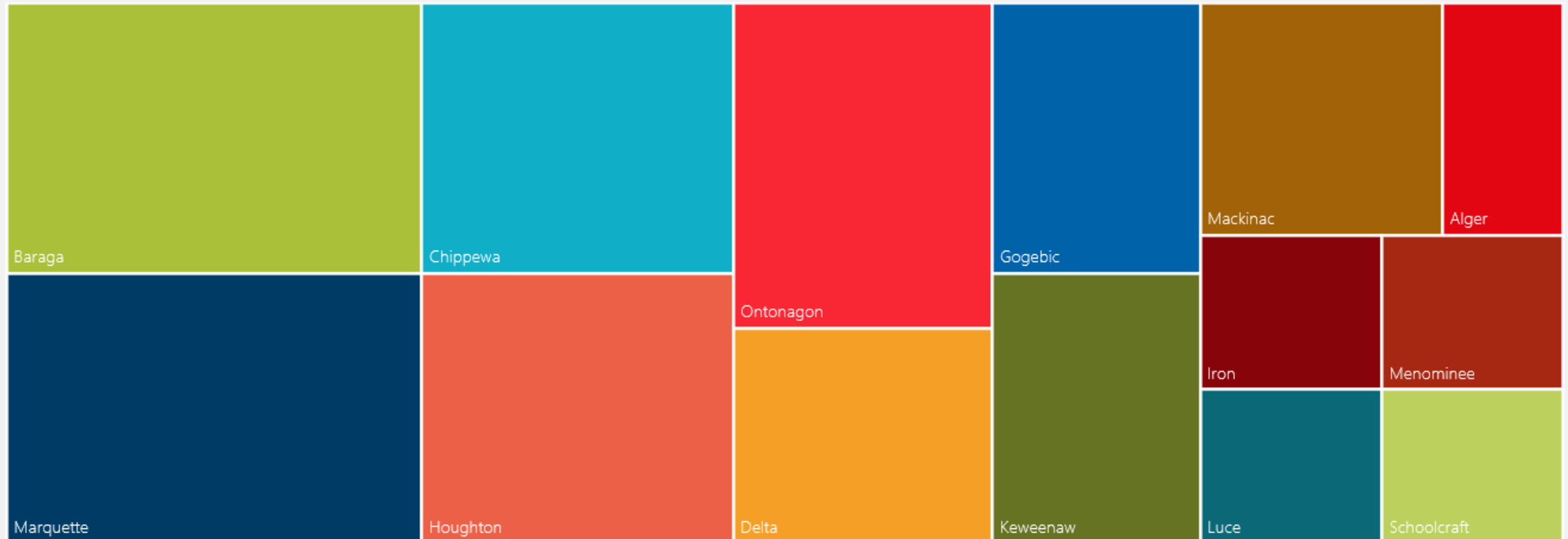
side by side



Other Land Transport

ATV/ORV not including side by side

■ Alger ■ Baraga ■ Chippewa ■ Delta ■ Gogebic ■ Houghton ■ Iron ■ Keweenaw ■ Luce ■ Mackinac ■ Marquette ■ Menominee ■ Ontonagon ■ Schoolcraft

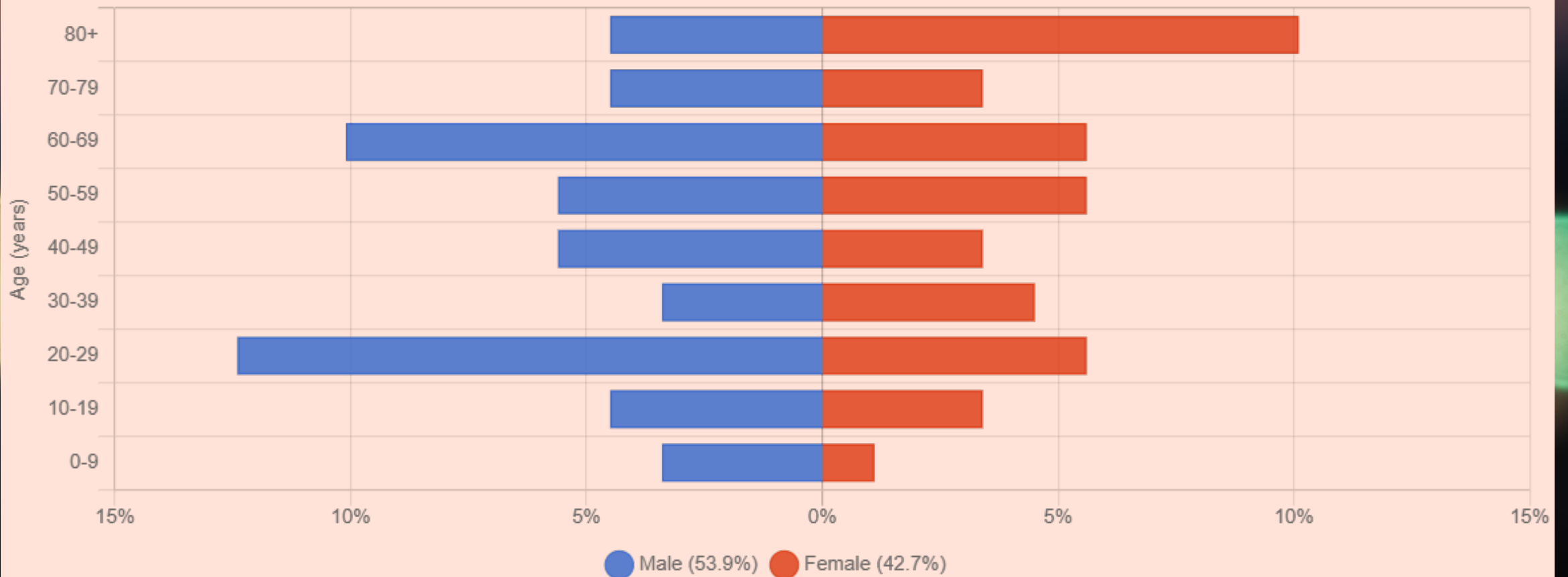


“SIDE BY SIDE”

Age and Gender Demographics

2024-Apr-01 to 2024-Nov-30

89 Persons (3 with Unknown Age or Gender)



SLIPS, TRIPS, FALLS

IMPACTFUL DATA ISSUES

eInjury.01

State

National

eInjury.01 - Cause of Injury

Definition

The category of the reported/suspected external cause of the injury.

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	Yes
Version 2 Element	E10_01	Is Nillable	Yes
Usage	Required	Recurrence	1 : M

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: String

minLength: 2

maxLength: 255

Constraints

Pattern

([TV-Y][0-9]{2})(\.[0-9A-Z]{1,4})?

Data Element Comment

Suggested code list is represented in ICD-10-CM. Reference the NEMESIS Suggested Lists at: <https://nemesis.org/technical-resources/version-3/version-3-resource-repository/>

Code list is represented in ICD-10 Codes.

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

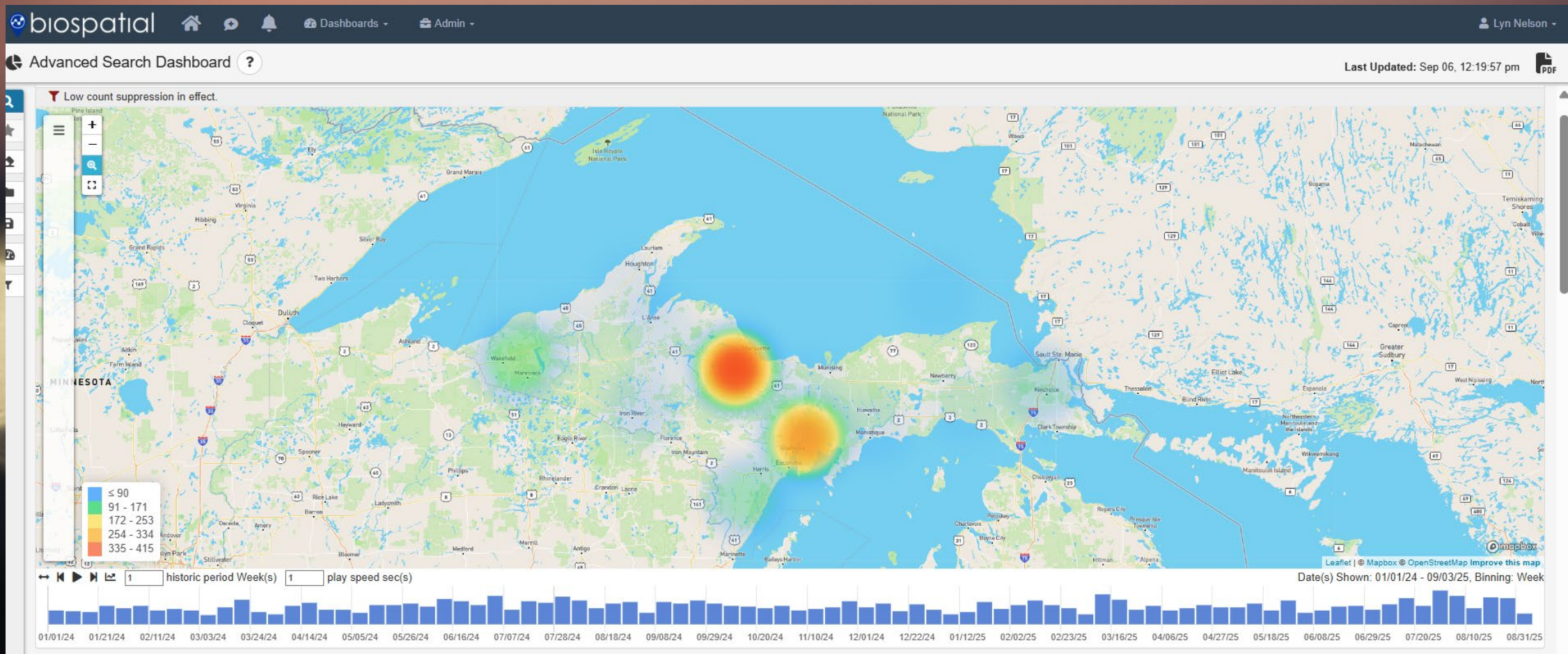
SLIPS, TRIPS, FALLS

biospatial advanced report

- January 1, 2024 – September 3, 2025
- 15 UP counties
- Emergency response only (no transfers)
- How many reports is that? 66,071
- Add **W01 Same Level Fall** = 2,617
- Add Transport by this Unit = 2,103

seems really low

SLIPS, TRIPS, FALLS



SLIPS, TRIPS, FALLS

biospatial advanced report

- January 1, 2024 – September 3, 2025
- 15 UP counties
- Emergency response only (no transfers)
- How many reports is that? 66,071

○ Add W01 Same Level Fall = 2,617	“fall” in the narrative =	8,025
○ Add Transport by this Unit = 2,103		5,649

problem – not comparable because all
types of falls not just ground level and
the word fall can be used multiple ways

Cause of Injury field completion comparison

Row Labels	Sum
T14.90: Injury, unspecified	5
T14.91: Suicide attempt	1
T59.811A: Toxic effect of smoke, accidental (unintentional), init	1
T75.4XXA: Electrocution, initial encounter	1
V03.10XA: Ped on foot injured pick-up truck, pk-up/van in traf, init	2
V10.0XXA: Pedl cyc driver injured in clsn w ped/anml nontraf, init	2
V10.0XXA: Pedl cyc driver injured in clsn w ped/anml nontraf, init;	
Y00.XXXA: Assault by blunt object, initial encounter	1
V47.32XA: Occup of car injured in clsn w statnry object nontraf, init	9
V87.7XXA: Person injured in collision betw oth mtr veh (traffic), init	16
V89.0XXA: Person injured in unsp motor-vehicle accident, nontraf, init	9
W17.89XA: Other fall from one level to another, initial encounter	3
W19.XXXA: Unspecified fall, initial encounter	140
W31.9XXA: Contact with unspecified machinery, initial encounter	1
W55.81XA: Bitten by other mammals, initial encounter	1
X99.9XXA: Assault by unspecified sharp object, initial encounter	1
Y00.XXXA: Assault by blunt object, initial encounter	11
Y04.0XXA: Assault by unarmed brawl or fight, initial encounter	1
Y26.XXXA: Exposure to smoke, fire and flames, undet intent, init	1
Y33.XXXA: Other specified events, undetermined intent, init encntr	4
(blank)	1521
Grand Total	1731

Row Labels	Sum
T14.90: Injury, unspecified	4
T51.9: Toxic effect of unspecified alcohol	1
T51.9: Toxic effect of unspecified alcohol; V47.32XA: Occup of car injured in clsn w statnry object nontraf, init	1
V10.0XXA: Pedl cyc driver injured in clsn w ped/anml nontraf, init	2
V19.60XA: Unsp pedl cyclst injured in clsn w unsp mv in traf, init	1
V47.32XA: Occup of car injured in clsn w statnry object nontraf, init	6
V87.7XXA: Person injured in collision betw oth mtr veh (traffic), init	22
V89.0XXA: Person injured in unsp motor-vehicle accident, nontraf, init	3
W17.89XA: Other fall from one level to another, initial encounter	2
W19.XXXA: Unspecified fall, initial encounter	140
W19.XXXA: Unspecified fall, initial encounter; W55.81XA: Bitten by other mammals, initial encounter	1
W19.XXXA: Unspecified fall, initial encounter; Y33.XXXA: Other specified events, undetermined intent, init encntr	1
W31.9XXA: Contact with unspecified machinery, initial encounter	1
Y00.XXXA: Assault by blunt object, initial encounter	18
Y04.0XXA: Assault by unarmed brawl or fight, initial encounter	2
Y27.2XXA: Contact with hot fluids, undetermined intent, init encntr	1
Y30.XXXA: Fall, jump or pushed from a high place, undet intent, init	1
Y33.XXXA: Other specified events, undetermined intent, init encntr	3
(blank)	1659
Grand Total	1869

eInjury.01 – Cause of Injury

eInjury.01

State

National

eInjury.01 - Cause of Injury

Definition

The category of the reported/suspected external cause of the injury.

National Element	Yes	Pertinent Negatives (PN)	No
State Element	Yes	NOT Values	Yes
Version 2 Element	E10_01	Is Nillable	Yes
Usage	Required	Recurrence	1 : M

Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: String

minLength: 2

maxLength: 255

Constraints

Pattern

([TV-Y][0-9]{2})(\.[0-9A-Z]{1,4})?

Data Element Comment

Suggested code list is represented in ICD-10-CM. Reference the NEMIS Suggested Lists at: <https://nemis.org/technical-resources/version-3/version-3-resource-repository/>

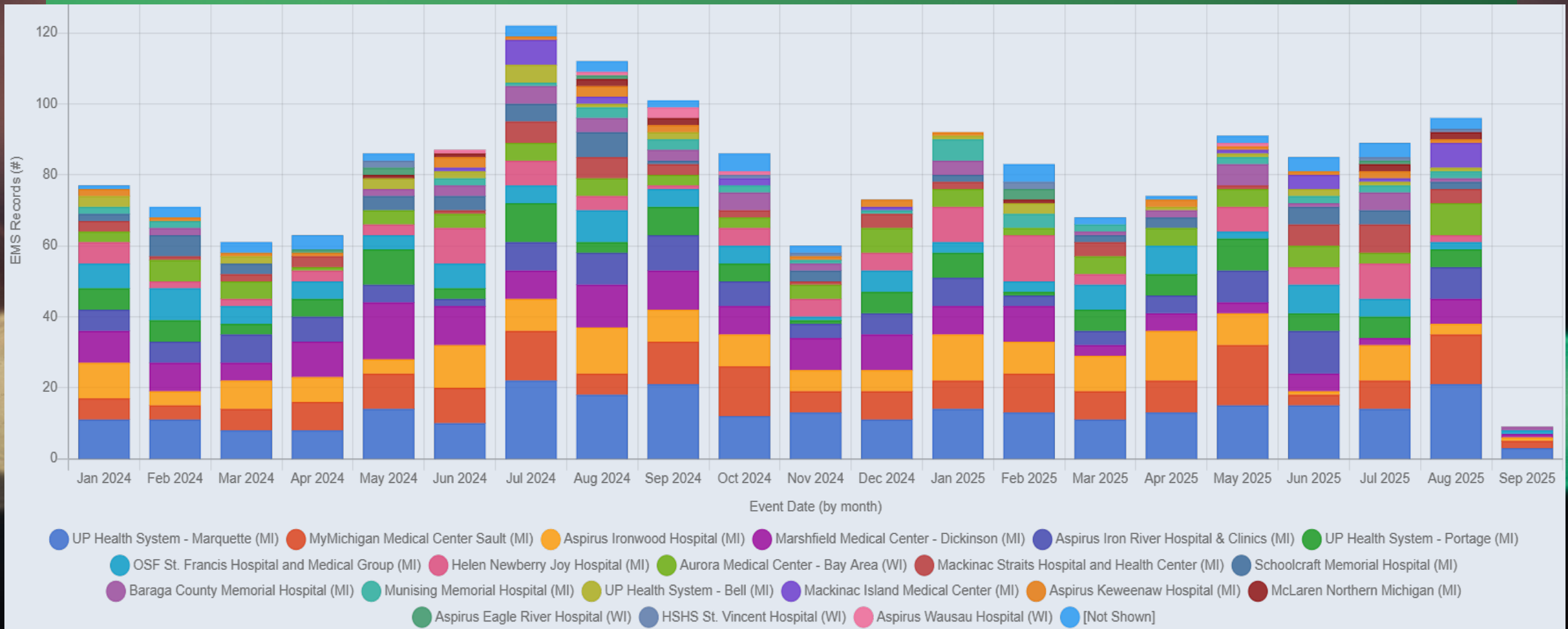
Code list is represented in ICD-10 Codes.

Website - <http://uts.nlm.nih.gov>

Product - UMLS Metathesaurus

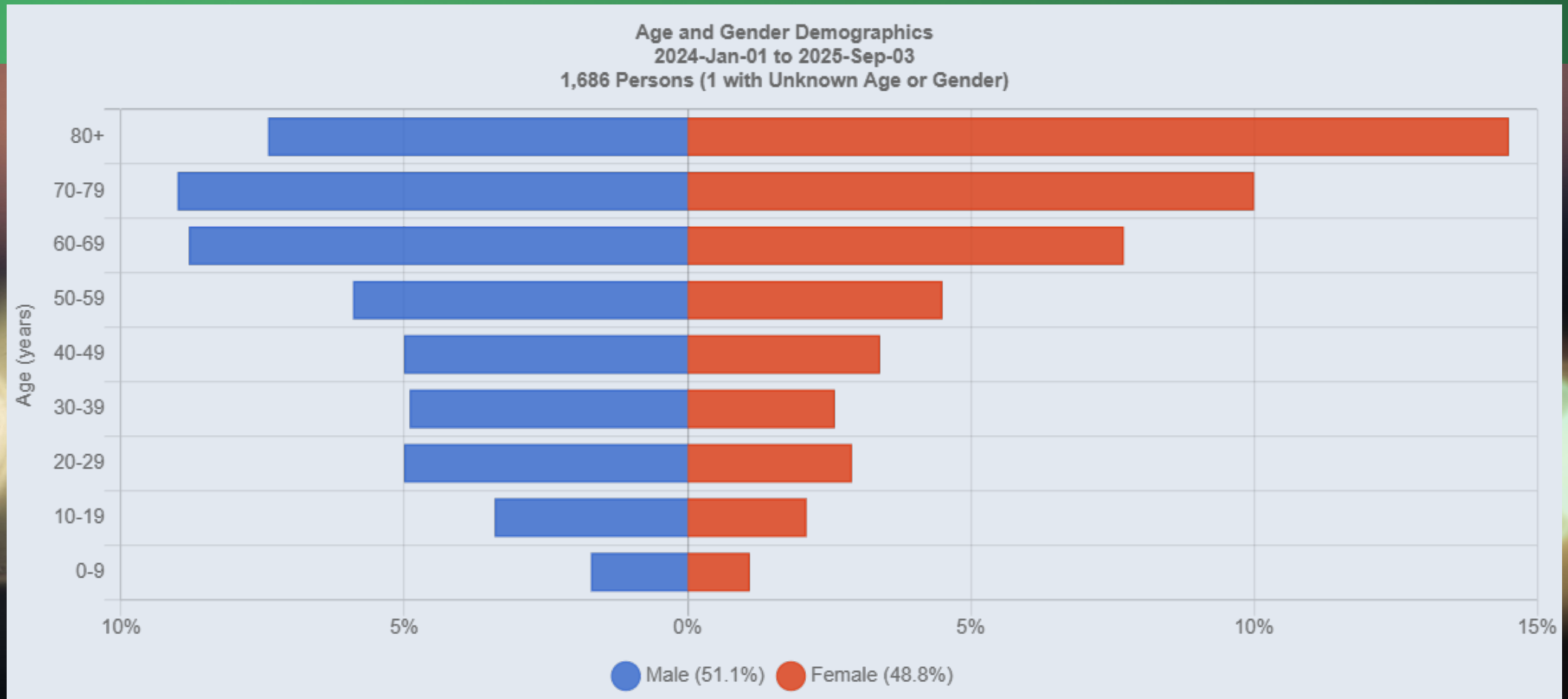
R8

Physiologic / Anatomic Trauma Triage and Transported



R8

Physiologic / Anatomic Trauma Triage and Transported



NEW BUSINESS

RPSRO APPOINTMENTS

Dr. Sara Herrera* - 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

ALS provider vacancy

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

RPSRO PLAN *(excerpt)*

Event resolution/loop closure may be achieved through the following upon quorum agreement by RPSRO committee members:

- Education
- Regional Policy/Protocol Change

Annually, the R8 RPSRO will provide an update to the RTN and Regional Trauma Coordinator outlining the status of approved objectives.

RPSRO

pelvic binder request

Review the use of pelvic binders and their appropriate use for high energy cause and pelvic instability patients. Determine if there are any themes regarding cause of injury and MCA/agencies in their use.

January 2024 – August 2025
ePCRs pulled “pelvic binder”
in narrative. N=49

Baraga	1
MVC	1
Delta	12
fall ground level	2
Horse	1
MVC	6
MVC motorcycle	1
MVC ped	1
MVC tractor	1
Dickinson	7
fall ground level	5
fall stairs	1
moved pop	1
EUP	8
fall ground level	5
MVC	2
snowmobile	1
GOI	4
cow	1
side by side	1
snowmobile	2
MVC pedal	2

Luce	5
fall ground level	3
MVC	1
Snowmobile	1
Mqt Alg	2
fall ground level	4
MVC motorcycle	1
snowmobile	2
N MI	5
fall ground level	1
MVC	1
MVC ped	1
MVC pedal	2
Schoolcraft	1
fall ground level	1

RTAC APPOINTMENTS

Aspirus Michigan – Cindy Gurchinoff

Aspirus Iron River – Scott Kataja &

Aspirus Ironwood – Scott Novascone & Dr. Covington

Aspirus Keweenaw – Christina Verran

Baraga – Sandy Peltola & Dr. Koskenjoa

Helen Newberry Joy – Shelly Reeves & Dr. Ostosh

Marshfield Dickinson – in transition

MyMichigan Sault – in transition

Munising – Christi Salo

OSF St. Francis – Terra Ison & Dr. Benkendorf

Schoolcraft – Hailey Watchorn

UPHS Bell – Jamie Zaleski

UPHS Marquette – Jodi McCollum, Dr. Herrera, Ann Clancy-Klemme

UPHS Portage – Sarah Niemela

Baraga MCA – Gary Wadaga

Delta MCA – Matthew LaCrosse

Dickinson MCA – in transition

Eastern UP – Nick Harrison

Gogebic Ontonagon Iron MCA – Bob Kirkley

Keweenaw Houghton MCA – Pat Boberg

Luce MCA – Shelly Reeves

Marquette Alger MCA – Curt LeSage

Schoolcraft MCA – Elizabeth Ross

2023 - 2026

workplan status



Regional Benchmarks Trauma Transfer Guideline

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)

Regional Benchmarks
120 minutes
Level 1 TTA

DELAY

must be documented in patient record using the trauma transfer guide, Level 1 TTA, and 120 minutes

REGISTRAR

must enter the delay into the registry

Regional Projects Other Land Transport



Improve cause code in ePCR



Continue ED snowmobile spreadsheets



ICD-10 codes do not specify these types of ORVs!

The Region 8 Trauma Network wants to track and trend ORV crashes, just like we do with snowmobiles. Both of these other land transport types of crashes with critically injured patients rival the number of severely injured in motor vehicle crashes.

In your EMS patient care report narratives, please use:

side by side or SXS

This will allow us to keyword search your narratives. The Regional Trauma Coordinator will provide aggregate analysis to the Region 8 Trauma Network and the State of Michigan Ride Right Committee.

RIDE
RIGHT

Regional Projects Communications

[illegible]

Region 8 Hospitals

[illegible]

A large dark blue circle on the left side of the slide.

Regional Projects
Clinical Collaboration

A large orange rectangle on the right side of the slide.

MCA Medical Director
&
Trauma Medical Director
Collaboration

Regional Projects Trauma Toolkit



WHAT IS TRAUMA?

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.



Regional Projects Trauma Toolkit

WHAT IS A TRAUMA SYSTEM?

A trauma system, unlike a trauma center, is a network of trauma hospitals and many additional services including emergency medical services (EMS), rehabilitation facilities and trauma prevention organizations. Research shows that in states where there is a trauma system in place, the death rate is drastically reduced.

A trauma system is a predetermined and organized response to managing and improving the care of severely injured people. It spans the continuum-of-care from prevention and emergency care to rehabilitation. Best practice standards guide each stage of trauma care to ensure that injured people are promptly transported to and treated at facilities appropriate to the severity of their injury.

A trauma system also provides a foundation for disaster preparedness and response. As part of its day-to-day activities, a trauma system coordinates the movement and care of severely injured people. Thus, a trauma system expands and contracts based on the needs and resources available at the moment.

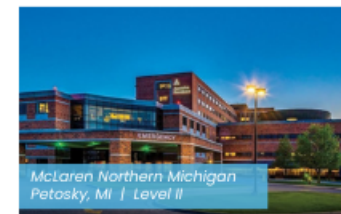


Regional Projects Trauma Toolkit

WHAT IS A TRAUMA CENTER?

A trauma center is a hospital capable of providing specialized medical services and resources to patients suffering from traumatic injuries. Appropriate treatment by specially trained staff has been shown to reduce the likelihood of death and permanent disability to injured patients. Designated trauma centers must be continuously prepared to treat the most serious life threatening and disabling injuries. Even though trauma centers are within hospitals, they are not intended to replace the traditional hospital and its emergency department for minor injuries.

When your injuries require specialists and long term interventions, you might be transferred for your care.



Objectives accomplished

SP1: 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.

SP3: The regional 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.

SP8: By December 31, 2025, support ongoing, effective collaborations and integration of existing community health programs and injury prevention. The RTC shall by December 31, 2024, establish communication pathways between the local health department community program contacts, community health workers, and the Region 8 hospital trauma program injury preventionists.

Objectives accomplished

SP9: By December 31, 2025, The RTNs 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. Region 8 throughout this workplan 2024-2026, shall continue to work with the Michigan Department of Natural Resources Ride Right committee, which addresses our “other land transport” causes of injury.

Region 8 will continue established relationships throughout workplan 2024-2026 with the Upper Peninsula Traffic Safety Network, Regional Healthcare Preparedness Coalition, Region 8 MCA Network, and MDNR Ride Right. By February 2024, the Region 8 Trauma Network will explore involvement in the Upper Peninsula Community Health Needs Assessment process conducted by all the Upper Peninsula local health departments.

Objectives accomplished

Through Dec. 31, 2026, Region 8's large scale medical communications procedure will continue to be reviewed annually by the Region 8 MCA Network and brought to Regional Preparedness for further distribution to hospitals, health departments and county emergency managers (who will share with dispatch agencies and dispatch policy boards).

Through Dec. 31, 2026, annually, the RTC shall seek revisions and maintain the communications redundancy table for every R8 hospital.

By April 2024 Establish a procedure with Regional Preparedness for hospitals to notify the Region 8 Medical Coordination Center (R8MCC) should they experience a communications failure and place that information on EMResource.

Objectives accomplished

By September 2024, the RTN shall endorse the state approved trauma protocols.

By December 2024, establish a report from the trauma registry that tracks interfacility transfers in Region 8. This report shall include the following registry fields: incident date, incident county, age, gender, patient home county, primary external cause code, ISS, primary diagnosis, highest activation, transferring facility name, receiving facility name, time of order, time of departure, ED disposition, hospital disposition, transport mode, other transport mode, interfacility transfer, time of arrival receiving facility.

By Dec. 31, 2026, with ongoing support of the RTC, the RPRSO will review biannual inventories with complimentary information to inform the RPRSO.

Objectives accomplished

By October 2024, the RTC will work with the Region 8 Medical Control Authority Network (R8MCAN) to ensure that EMS providers are educated regarding the 2022 National Trauma Triage Criteria and their respective EMS Trauma Triage Protocols with additional education on how to document in their patient care reports.

Through Dec. 31, 2026, the Region 8 Preparedness Coordinator and Assistant Coordinator will be invited to participate in the RTAC by the RTN as ex officio, non-voting members. The RTC shall continue to be a R8HCC member. Both organizations throughout the application period shall continue to keep each other informed of applicable tasks and duties. The RTC will continue to be a R8MCC member.

Objectives accomplished

By June 2025, formalize a process for the RTC to work with the R8MCAN on a report that identifies patients meeting trauma triage criteria, incident city/county, and hospital name for where the patient was delivered. Incorporate into the process a means to review these reports with the trauma programs providing outcomes.

By January 2024, the MCAs in Region 8 shall adopt the most current version of the state protocols that address trauma bypass thereby rendering a regional bypass protocol unnecessary.

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.

Objectives accomplished

Through December 2026, the RTN shall expand the recommended trauma education list to include courses for trauma registrars. The list shall continue to be published on the R8MCAN.org website > Trauma.

The RTN shall continue to use its R8TRAUMA Facebook page to provide trauma education relevant to EMS personnel, nurses, physicians, registrars, injury prevention staff, and community members.

By January 2024, the RTC shall work with the R8MCAN to establish a new protocol training for prehospital and ED providers.

By January 2024, the MCAs shall use the established R8 process of submitting their updated protocols to the R8MCAN administrator so the R8MCAN.org website can be updated

Objectives in process or unknown

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.

SP10: Before January 1, 2027, the Systems of Care Section will update the epidemiologic data in this plan every 2 - 5 years. 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. This will be reported to the Regional Injury Prevention Committees and the STAC. Region 8 throughout this workplan 2024-2026, will support this objective through accurate data input and education at RTAC meetings.

Objectives in process or unknown

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 2024, the hospitals shall review where they transfer patients, in region, and out-of-region, to ensure congruency with closest and most appropriate to determine if there are areas of opportunity for improving transfers.

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.

Objectives in process or unknown

The RTN shall continue to establish regional benchmarks on a yearly cadence and will continue to do such through December 2026. (Examples: 120 minute door to door time for Level 1 activations that need transfer; MCA medical directors and TMDs collaboration evidenced by meeting minutes; yearly outreach to the broad medical community; regional injury prevention data collection to assist statewide campaign.)

Objectives not accomplished

By April 2024, the Regional Trauma Coordinator (RTC) will reach out to the Upper Peninsula Commission for Area Progress (UPCAP), which serves as a regional coordinating body, advocate, and focal point for aging services and aging resources to senior citizens in the Upper Peninsula of Michigan. UPCAP will be asked to partner with the Region 8 Trauma Network (RTN) by providing monitoring and evaluation of the Matter of Balance programs to the RTN.

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

Objectives not accomplished

SP7: By December 31, 2025, assess and report 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.

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.

Objectives not accomplished

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.

By Dec. 2026, as findings occur with the statewide rehabilitation project, the RTAC shall be advised and tasked with elements required by the Department.

By December 2026, the RPSO, supported by the RTC will re-assess and, if needed, modify the Region 8 Trauma Performance Improvement Plan based upon findings discovered during formal relationship building at the individual MCA and trauma program level.

Objectives not accomplished

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.**

NEW Systems of Care Workplan



2026 calendar *(suggestions)*

Regional Trauma Network Board

- workplan approval in concept – late spring 2026
- workplan and business review – fall 2026

Regional Trauma Advisory Council

- workplan received in January, meet in February and April
- may need to meet in August to finalize workplan
- meet in October (unless postponed) and December to close out workplan and start new

AGENDA

Member reports & announcements
Public comment
Adjournment