

Region 8 Trauma Advisory Council

February 2026

Agenda



CALL MEETING TO
ORDER



ATTENDANCE AND
INTRODUCTIONS



MEETING AGENDA



MEETING MINUTES



State Updates

EMSCC

Rural

MCA

Patient Movement

STAC



M I C H I G A N
SYSTEMS of CARE
C O N F E R E N C E
MCA-TRAUMA-STROKE-STEMI


March 10 & 11, 2026

VanDyk Mortgage Convention Center | Muskegon, MI

<https://misystemsofcare.com/>

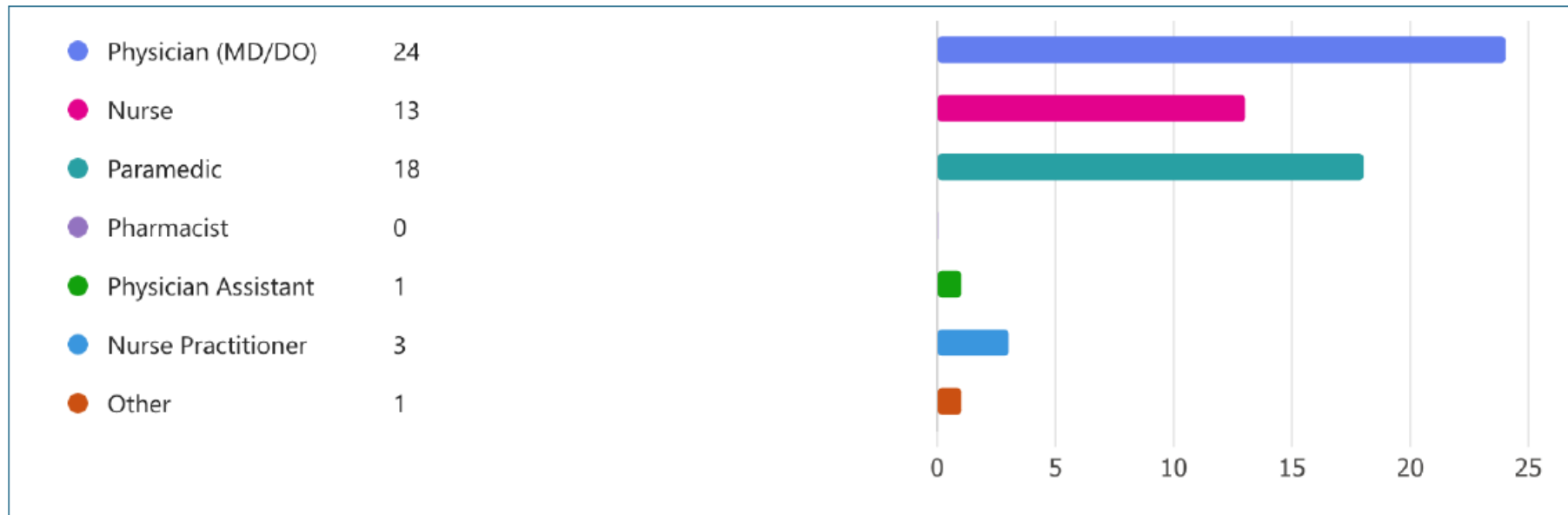


- Public facing data dashboard
- In-person Systems of Care meeting for stroke and STEMI – March 4, Livingston County EMS
- Michigan Trauma System Annual Report and Regional Reports
- Prehospital Blood Initiative

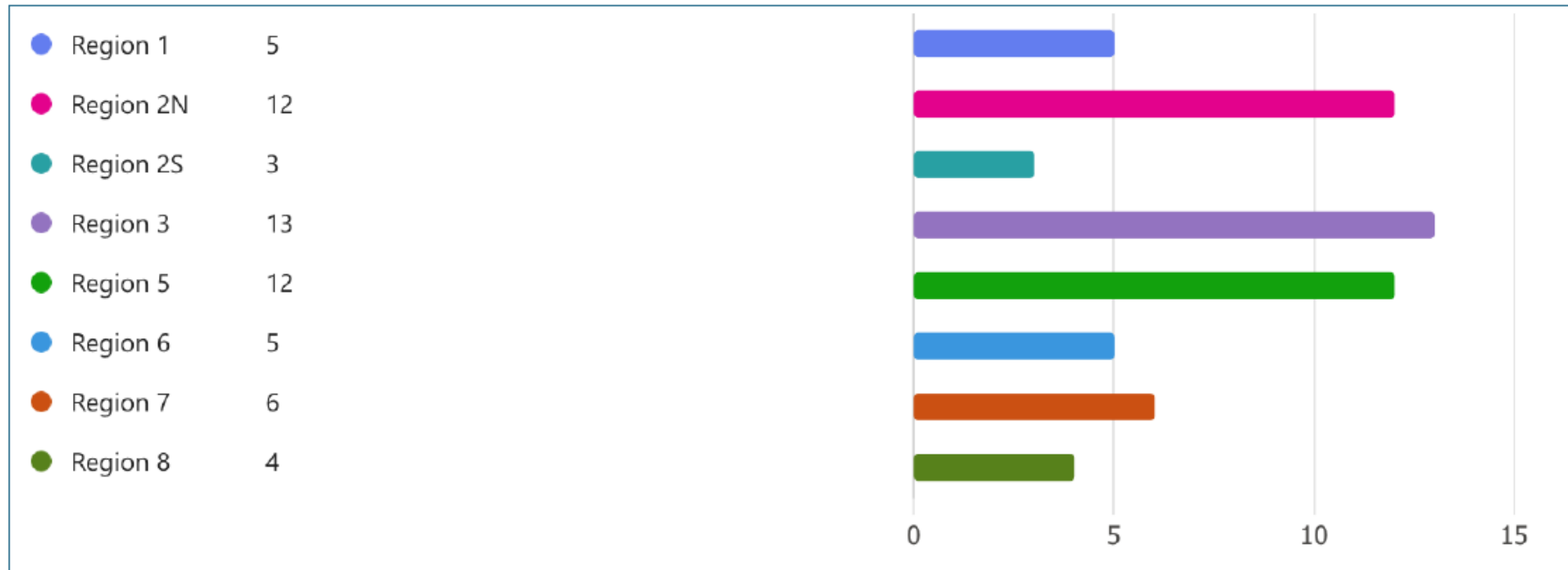


Preliminary Analysis of
Statewide Survey on Revisions
to TXA in Trauma
N=60

Respondents' License Levels (N=60)



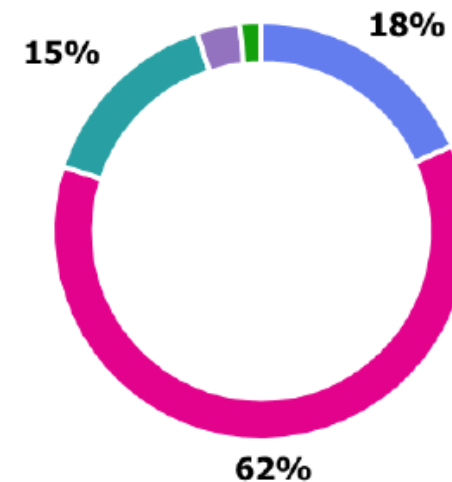
Respondents' Trauma Region (N=60)



- Responses received from all 8 regions
- Limited response from R2S, all 3 respondents physicians

Which of the following doses for adult TXA that are currently recommended by NAEMSP, ACEP, and ACS-COT would you prefer be used in Michigan's State EMS Protocols?

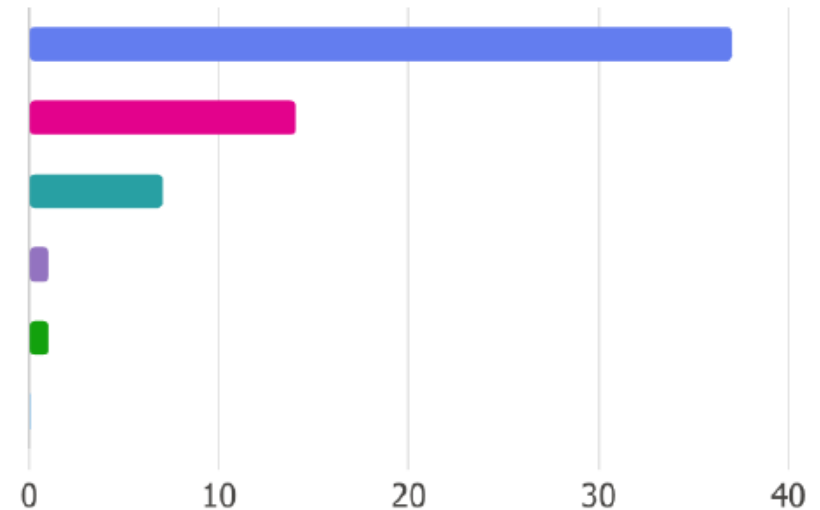
● 1-gram IV/IO dose (followed by a hospital-based 1-gram infusion over 8 hours) [current]	11	19.3%
● 2-gram IV/IO dose as an infusion or slow push [proposed]	37	64.9%
● Local medical control authority can select from either option above	9	15.8%
● No opinion	2	
● Other	1	



Recommendation: Given the majority of respondents support 2 g dose and that the 2 g dose is equally recommended by NAEMSP, ACEP, ACS-COT, recommend single standardized statewide adult dose of 2 g IV/IO

The lower age for use of TXA in traumatic hemorrhagic shock (without a medical control order) should be reduced from 18 years old to 15 years old.

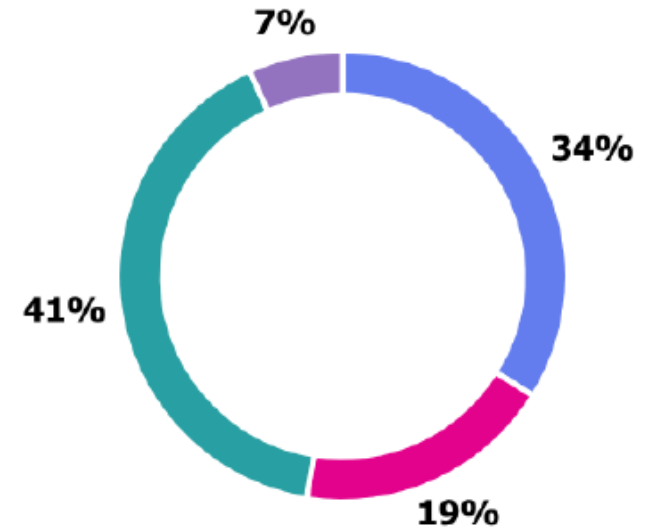
● Strongly agree	37
● Agree	14
● Neutral	7
● Disagree	1
● Strongly disagree	1
● No opinion	0



85.0% Agree or Strongly agree vs 1.7% Disagree or Strongly disagree

Which of the following doses for TXA in pediatrics do you recommend?

● 15 mg/kg	20	64.5%
● 30 mg/kg	11	34.5%
● No recommendation	24	
● Other	4	



- No clear consensus and very limited evidence regarding pediatric dosing
- **RECOMMENDATION:** Given the wide range of responses and insufficient data, recommend 15mg/kg, which appears to be most consistent with doses used in non-trauma surgery.

State of Michigan Trauma System Report

Statistical Summary (Unadjusted)

Michigan Department of Health & Human Services
Bureau of EMS, Trauma, and Preparedness

Issue: Jan 2026

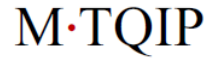


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Data Submission Participants

✓ indicates completed data validation

Region	Trauma Center	
1	Henry Ford Jackson Hospital	✓
	McLaren Greater Lansing Hospital	✗
	University of Michigan Health - Sparrow	✓
2N	Corewell Health Beaumont Troy Hospital	✓
	Corewell Health Farmington Hills Hospital	✓
	Corewell Health William Beaumont University Hospital	✓
	DMC Huron Valley-Sinai Hospital	✓
	Henry Ford Macomb Hospital	✓
	Henry Ford Providence Novi Hospital	✓
	Henry Ford Providence Southfield Hospital	✓
	Henry Ford Rochester Hospital	✓
	Henry Ford Warren Hospital	✗
	Henry Ford West Bloomfield Hospital	✓
	Lake Huron Medical Center	✗
	McLaren Macomb Hospital	✓
	McLaren Oakland Hospital	✓
	McLaren Port Huron Hospital	✓
	Trinity Health Oakland Hospital	✓
2S	Corewell Health Beaumont Grosse Pointe Hospital	✓
	Corewell Health Dearborn Hospital	✓
	Corewell Health Trenton Hospital	✓
	DMC Detroit Receiving Hospital	✓
	DMC Sinai-Grace Hospital	✓
	Henry Ford Hospital	✓
	Henry Ford St. John Hospital	✓
	Henry Ford Wyandotte Hospital	✓
	Michigan Medicine	✓
	ProMedica Monroe Regional Hospital	✗
	Trinity Health Ann Arbor Hospital	✓
	Trinity Health Livonia Hospital	✓
3	Covenant HealthCare	✓
	Henry Ford Genesys Hospital	✓
	Hurley Medical Center	✓
	McLaren Bay Region Hospital	✓
	McLaren Flint Hospital	✗
	McLaren Lapeer Region Hospital	✓
	MyMichigan Medical Center Midland	✓
	MyMichigan Medical Center Saginaw	✓

Region	Trauma Center
5	Beacon Kalamazoo
	Bronson Methodist Hospital
	Corewell Health Lakeland Hospital - St. Joseph Oaklawn Hospital
6	Corewell Health Blodgett Hospital
	Corewell Health Butterworth Hospital
	Corewell Health Zeeland Hospital
	Holland Hospital
	Trinity Health Grand Rapids Hospital
7	Trinity Health Muskegon Hospital
	University of Michigan Health - West
	McLaren Northern Michigan Hospital
	Munson Healthcare
8	MyMichigan Medical Center Alpena
	UP Health System - Marquette
	UP Health System - Portage

Data Validation

- Overview
 - Contracted by the SOM to complete 10 validations/FY
 - Level IV centers were added to validation scheduling FY2025
- Completed validation visits
 - 7 Level IV
 - 15 Level III Centers

Please reach out if you are a new Level III Center interested in participating in validation.

Data Validation – Lessons Learned

- Where do we see the greatest number of discrepancies?
 - ED Profile
 - Initial ED Vital Signs
 - Initial ED GCS
 - Comorbidity Profile
 - Definitions requiring home medication
 - Definitions requiring time frames
 - Injury Profile
 - External Injuries
 - Outcome Information
 - Discharge Disposition
 - Home Health



Injury Profile

M·TQIP

- Max External AIS
 - Most frequently missed injuries
 - Consider mechanism of injury
 - Look for bruises, contusions, abrasions, lacerations, etc.
 - Can use progress notes, nursing flowsheets, ED timeline, wound diagrams
 - EMS records can be used to capture skin injuries



**State of
Michigan
Level III
Trauma Facility
Criteria**

**State of
Michigan
Level IV
Trauma Facility
Criteria**

Pre-Review Virtual Visit Checklist

12 months
3-6 months
4-8 weeks
1-2 weeks

Pre-Review Virtual Visit Checklist

The following information will assist trauma program staff on what to anticipate when preparing for a State of Michigan trauma verification site review. Preparation for and participation in the verification visit should involve the entire trauma team, not just the trauma program manager/coordinator. This checklist is a guide; the hospital is ultimately responsible for ensuring they have met all the requirements for the trauma verification virtual visit.

12 months prior to visit:

Preparation during this time frame allows for adequate time to get policies updated, resolutions signed and implement needed changes.

- Review State of Michigan verification criteria applicable to the level your center will be seeking. See State of Michigan Trauma website: [Trauma Facility Verification and Designation](#)
- Ensure ongoing physician/APP/trauma staff education requirements are maintained by relevant staff members:
 - Board certification
 - ATLS
 - TMD requirements
 - TPM/TPC requirements
- Ensure the committee meeting requirements below (both multidisciplinary trauma committee and peer review committee) are met:
 - Written documentation of meeting minutes, agendas, attendance
 - Documentation of committee meeting discussions, case reviews, conclusions and subsequent actions
 - Implementation of actions
 - Evaluation method for loop closure
- Assess your Performance Improvement program:
 - Are audit filters being reviewed?
 - Is there data/documentation of audit filter performance?
 - Are system issues, documentation and patient care and outcomes being reviewed?
 - Are the levels of review clear and documented?
 - Are action plans, follow ups and loop closure documented?
- Trauma patients in the 12-15 months (reporting period) prior to the visit will be subject to medical record review during the site review.



Old Business

Pediatric Readiness Assessment for hospitals – opens **March 3**

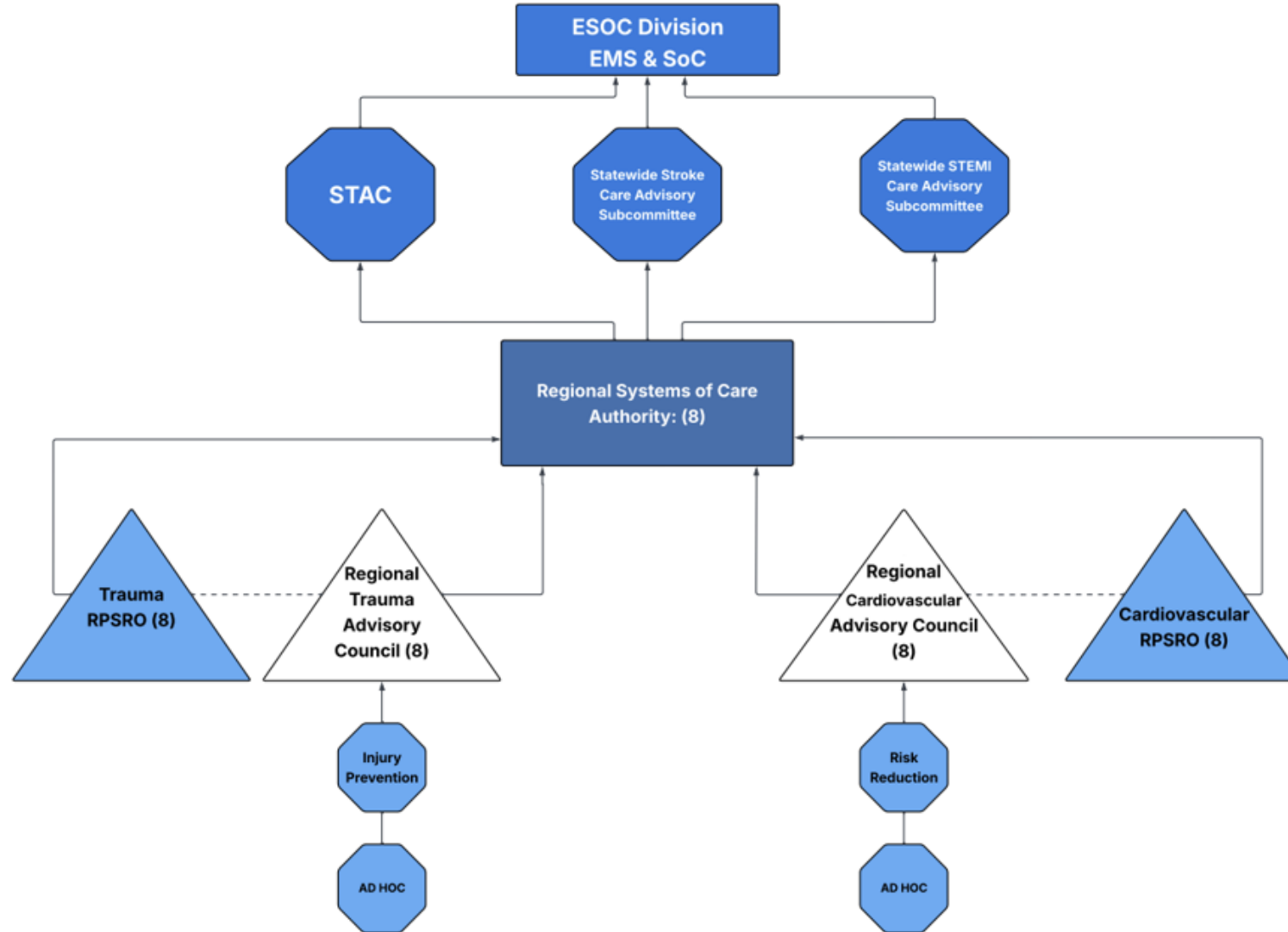
Injury Prevention Plan



New Business

2027 – 2029 System of Care Application objectives

REGION 8 SYSTEMS OF CARE APPLICATION 2027-2029



Indicator Assessments

Stage	Description
Exploratory	No coordinated regional activity has been identified to address this indicator. However, preliminary discussions or isolated efforts by individual stakeholders (e.g., a facility, committee, or person) may be occurring, though not yet part of a formal or unified regional approach.
Developing	Plans or processes have been drafted and are under review or discussion, but they have not been fully adopted or implemented region wide.
Implementing	Initiatives are underway. Processes or programs are being enacted and monitored, though they may not yet be uniformly applied or evaluated across the region.
Optimizing	Key activities and processes are consistently implemented and integrated into regional operations. Evaluation of effectiveness is underway, with findings actively informing and refining practice. Regional stakeholders use data and outcomes to guide continuous improvement. National best practices and evidence-based strategies are adopted to enhance system performance.



1.1 Injury Prevention and Risk Reduction Monitoring and Evaluation

Stage

Exploratory

Developing

Implementing

Optimizing

By December 31, 2027, present the top three external cause codes for trauma at two RTAC meetings annually (April and October). Ensure meeting minutes reflect the discussion and any related action items.

December 31, 2027, engage all senior centers in the Upper Peninsula to determine which evidence-based “slips, trips, and falls” prevention programs they offer.

Action Steps:

Develop and distribute a survey by March 31, 2027.

Collect responses and compile findings by September 30, 2027.

Present a summary report to the Injury Prevention Ad Hoc Committee and RTAC by December 2027.

1.1 Injury Prevention and Risk Reduction Monitoring and Evaluation

Stage

Exploratory

Developing

Implementing

Optimizing

Annually gather and analyze data on “other land transport” crashes to inform the Michigan Ride Right Committee’s injury prevention messaging.

Action Steps:

Aggregate snowmobile crash data from ED spreadsheets for retrospective analysis of snowmobile season December 1 through March 31.

Collect ORV crash data from EMS ePCRs from April 1 through November 14.

Submit consolidated reports to the Ride Right Committee and share findings at RTAC.

By December 31, 2027, identify and document at least one public-facing activity per hospital to be conducted during May (Trauma Awareness Month) to increase awareness of trauma centers and preventable injuries. Publish a regional activity list on R8MCAN.org and share through RTAC and social media channels.

1.2 Injury Prevention and Risk Reduction Framework

Stage
Exploratory
Developing
Implementing
Optimizing

By December 2027, 100% of hospitals will collaborate with at least one fall prevention program annually and present outcomes at the RTAC meeting.

Region 8 will maintain seasonal collection and analysis of snowmobile and ORV crash data for the Michigan Ride Right program and share findings with RTAC annually.

Region 8 will maintain subject matter expertise on the Until Help Arrives program and provide at least one update to RTAC annually.

RTAC will maintain an updated regional injury prevention program list annually:

- Hospital trauma programs update their portions of the regional injury prevention program by the agreed upon yearly deadline.

- Injury Prevention Ad Hoc Committee meets once a year, minimally, to review the updated injury prevention program list and report out to RTAC.



2.1 Regional Communication for Mass Casualty Incident(s)

Stage
Exploratory
Developing
Implementing
Optimizing

Increase awareness of major EMS and multiple jurisdiction medical incidents definitions, responses and preparedness by December 2029:

In unison with Region 8 Healthcare Coalition, assess by June 2027 what each MCA and hospital identifies as a major EMS event or multiple jurisdiction medical incident.

Team with HCC and meet with each hospital emergency preparedness coordinator and Public Safety Answering Point administration to discover how and where the R8MCC contact is placed within their procedures and provide this analysis to HCC and RTAC by February 2028.

By March 31, 2028, create a formal process for:

Sharing regional response plans with the Region 8 Trauma Network and reviewing annually at RTAC.

Encourage county emergency managers to invite hospital trauma programs and/or regional trauma representation at all large-scale incident after-action reviews.

After-action review synopsis of MCIs sent to Regional Trauma Coordinator to present at RTAC to share lessons learned.



2.2 Inter-facility Communication

Stage

Exploratory

Developing

Implementing

Optimizing

By March 31, 2027, ensure that any updates to the time-sensitive emergencies communication matrix are completed and distributed to all regional stakeholders within ten (10) business days of notification of changes.

Annually, by December 31, provide a formal presentation at an RTAC meeting highlighting EMResource features and best practices for maintaining situational awareness.

Action Steps:

Reinforce the requirement for hospitals to update EMResource dashboards when experiencing communication failures.

If hospitals are unable to update, ensure they contact the R8MCC for immediate dashboard updates.



3.1 Regional Medical Oversight of Trauma, Stroke, STEMI and EMS System

Stage
Exploratory
Developing
Implementing
Optimizing

By April 30, 2027, conduct a formal review of the Region 8 Trauma Transfer Guideline to ensure alignment with current state protocols, best practices, and regional operational needs.

By June 30, 2027, implement a region-wide, self-imposed protocol requiring all hospital trauma programs to document transfer delays using the standardized definitions authored for the trauma registry. Conduct bi-annual audits to measure compliance and provide feedback to RPSRO and hospital trauma programs.

By March 31, 2028, formalize collaboration with statewide committees and organizations addressing patient movement. Designate regional representative(s) to participate in state-level meetings and relay best practices into regional transfer guidelines and performance improvement processes.



3.2 Integrated Leadership

Stage
Exploratory
Developing
Implementing
Optimizing

By June 30, 2027, create a structured workflow for MCA PRSOs to submit de-identified corrective action plans to the Regional PSRO for trauma patients they have reviewed.

By June 30, 2028, develop a regional trending report for prehospital and hospital events that required joint review by MCA Medical Directors and Trauma Medical Directors. Share findings with RPSRO and RTAC.



3.3 Trauma Facility Coordination and Diversion Procedures

Stage
Exploratory
Developing
Implementing
Optimizing

By December 2027, 100% of hospital trauma programs will submit their list of diversions, including date, time, and reason, to the RPSRO for its inventory (cadence: twice per year January – June and July – December).

By December 2027, 100% of hospitals will utilize a protocol that requires involvement of the trauma medical director or alternate in every diversion decision, ensuring consideration of regional trauma system capabilities of trauma centers, EMS resources, and geography, and notification of all dispatch centers and EMS agencies that utilize its facility.

By December 2027, all hospitals will consistently update the EMResource dashboard to indicate diversion status, including patient population and reason, within 15 minutes of the decision. If EMResource is unavailable, hospitals will notify the R8MCC to post the diversion notice.



3.4 System Oversight of Trauma Interfacility Transfer

Stage
Exploratory
Developing
Implementing
Optimizing

By December 2027, the RTC will generate a biannual interfacility transfer report from the registry capturing all trauma team activations that resulted in transfers, including number of delays, reasons for delay, and transfer times.

By December 2027, the RPSRO will review the interfacility transfer report at least twice per year and submit written recommendations to the RTAC through the Regional System of Care Authority to support system-wide performance improvement.



3.5 Systemwide Prehospital Triage

Stage

Exploratory

Developing

Implementing

Optimizing

By March 2028, the RPSRO will conduct a comprehensive review of Region 8 geography, trauma centers, non-trauma centers, patient destinations for those meeting ACS Trauma Field Triage red and yellow criteria, and EMS protocols permitting transport to any facility if no others are within 45 minutes. The review will identify at least three areas for improvement and present recommendations to the RTAC.



3.6 Facility Role(s) and System Integration

Stage

Exploratory

Developing

Implementing

Optimizing

By December 31, 2027, the RPSRO develops for the RTAC a collection of recommended hospital clinical practice guidelines for the traumatically injured, i.e.:

Massive transfusion (adult and pediatric), Assessment and clearance of the cervical spine, Management of severe traumatic brain injury, Reversal of oral anticoagulants, Antibiotic administration, Geriatric trauma care, Pediatric trauma care

Hospitals will attempt to reach 80 percentiles on the national pediatric readiness assessment based upon improvements from their last assessment.

Every EMS agency will complete the national pediatric readiness assessment.



3.7 Regional Healthcare Coalition Collaboration

Stage
Exploratory
Developing
Implementing
Optimizing

By December 31, 2027, 100% of the hospitals will designate at least one staff member to attend the HCC meetings and ensure timely communication of relevant information back to their hospital and its trauma program with HCC attendance as evidence.

By December 31, 2027, 100% of the hospitals will actively participate in planning and execution of at least one regional disaster or mass casualty exercise annually.



4.1 Rehabilitation Services

Stage
Exploratory
Developing
Implementing
Optimizing

By December 31, 2029, assess if long term care facilities and swing beds are receiving the information they need to appropriately accept trauma patients for their therapies.



5.1 Data Informed Evaluation of System Performance

Stage

Exploratory

Developing

Implementing

Optimizing

By December 31, 2027, 100% of the trauma centers will have adopted a data quality plan.

By December 31, 2028, 100% of the trauma centers will be conducting re-abstraction of 10% of their entries (minimally) prior to the quarterly submission deadlines to ensure quality and completeness.



5.2 Medical Oversight of the EMS System

Stage
Exploratory
Developing
Implementing
Optimizing

By June 30, 2027, conduct at least one educational session for RTAC members on MCA responsibilities and what their Professional Standards Review Organization is versus the Regional Professional Standards Review Organization.



5.3 Data-Driven Regional Performance Improvement

Stage
Exploratory
Developing
Implementing
Optimizing

By June 30, 2027, conduct a formal review of the Region 8 Professional Standards Review Organization (RPSRO) Plan and Review Form with RTAC members during a scheduled meeting.



5.4 Regional Bypass Protocol

Stage
Exploratory
Developing
Implementing
Optimizing

By December 31, 2027, Region 8 will maintain alignment with state Transport Destination and Diversion Protocol and Adult/Pediatric Trauma Triage Protocol. Any proposed modifications will be reviewed, approved, and uniformly adopted across Region 8 prior to presentation to the Quality Assurance Task Force.



5.5 System Information Needs Assessment

Stage
Exploratory
Developing
Implementing
Optimizing

By December 31, 2028, 100% of the hospitals will assess the needs of their general medical community, including physicians, nurses, pre-hospital care providers, and others, concerning time sensitive emergencies.

Within three months of conducting the assessment, the hospitals will provide aggregate findings to the Regional System of Care Authority.



6.1 Regional Education Needs and Training Courses

Stage
Exploratory
Developing
Implementing
Optimizing

By December 31, 2027, maintain and update the Region 8 recommended trauma course list at least annually, ensuring 100% of RTAC members receive the updated list within 30 days of revision by placement on the R8MCAN.org website.



6.2 Regional Information and Updates

Stage
Exploratory
Developing
Implementing
Optimizing

By December 31, 2027, the RTC will update the regional website monthly to ensure current information on protocols and regional resources.

The RTC will update the R8TRAUMA Facebook page of trauma education offerings sent to her within 10 business days of receiving them.

By December 31, 2027, key MCA partners will evaluate the feasibility of using secure, AI-generated educational snippets for protocol and trauma education, completing at least one pilot review and presenting findings to RTAC.



6.3 Promotion of the Regional Work Plan Integration

Stage

Exploratory

Developing

Implementing

Optimizing

The RTC throughout the application period will continue to offer regional orientations, regional refreshers, and updates to regional website and social media.

By December 31, 2027, continue to ensure that 100% of RTAC meeting agendas are structured around regional work plan objectives.

Reports

Injury Prevention, Communications, Infrastructure, Regional
Performance Improvement, Continuum of Care, Education

Member announcements Public Comment Adjournment

R8MCAN.org

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