Region 6 Trauma Network Application

System Governance: Each region shall establish a regional trauma network. All Medical Control Authorities within a region must participate in a regional network and life support agencies shall be offered membership on the regional trauma advisory council. Regional trauma advisory committees shall maximize the inclusion of their constituents. The regional trauma network establishes a process to assess, develop and evaluate the trauma system in cooperation with the regional stakeholders in trauma care.

325.132(3) 202.2	The RTN has developed and implemented a multi-disciplinary, multi-agency Regional Trauma Advisory Council to provide overall guidance for trauma system planning and implementation. The committee meets regularly and is responsible for providing guidance to the RTN.	0. Not known. 1. There is no multi-disciplinary, multi-agency RTAC to provide guidance to the RTN. 2. An RTAC has not been appointed, and attempts to organize one have not been successful but are continuing. ***3. The RTAC has been appointed, but its meetings are infrequent, and the RTN has not always sought its guidance or the RTAC is not active. Collaborative working arrangements have not been realized.*** 4. The RTAC is active and members regularly attend meetings. Collaboration and consensus are beginning. 5. The RTAC is active and has well defined goals and responsibilities. It meets regularly and has the support of the RTN. The RTAC routinely provides assistance and guidance to the RTN on system issues and responsibilities. The RTAC has multiple subcommittees that meet as needed to resolve specific system issues and to report back to the RTAC and RTN. There is strong evidence of consensus building among system participants.

System Governance Objective:

By May, 2014 50% of RTN and RTAC membership (outlined in the bylaws) attend the regularly scheduled meetings.

The RTN and RTAC will complete by October 2016, the 20 system development objectives of the Region 6 RTN Application beginning immediately subsequent to departmental approval of the application.

Evidence:

- ***Each member on the RTN will have a signed letter of designee representation from their MCA on file with the secretary by Nov, 2013 additionally the minutes will reflect attendance.***
- ***Each member on the RTAC will have a signed letter of designee representation from their facility/organization with secretary by Nov 15, 2014.***
- ***RTN and RTN attendance***

Region 6 Trauma Network Application

System Governance: Each region shall establish a regional trauma network. All Medical Control Authorities within a region must participate in a regional network and life support agencies shall be offered membership on the regional trauma advisory council. Regional trauma advisory committees shall maximize the inclusion of their constituents. The regional trauma network establishes a process to assess, develop and evaluate the trauma system in cooperation with the regional stakeholders in trauma care.

325.132(3)(c)(i) 202.3	A clearly defined and easily understood governance and communication structure is in place for regional trauma system operations.	0. Not known. 1. There is no defined structure (written process) for the RTN or committees. 2. ***There is an informal process for operations that the RTN uses when convenient, although not regularly or consistently.*** 3. The regional governance structure and communication pathways are defined within the RTN bylaws, although the process has not been fully implemented. 4. The regional governance structure and communication pathways are defined in the bylaws, and there are policies and procedures to guide system operations. Use of this process is infrequent. 5. There are clearly defined structure and communication pathways for the region. The regional operation is articulated in the bylaws and maximizes the inclusion of the regional stakeholders in trauma care.

System Governance Objective:

By January 2015, the Region 6 RTN will have approved and implemented the bylaws through collaboration with the RTAC members.

Evidence:

- ***Sixty percent of the RTAC routinely attend meetings.***
- ***RTN activity will be reported and recorded in the minutes at the regularly scheduled meetings of each MCA.***

Region 6 Trauma Network Application

Injury Prevention: The RTN, in cooperation with other agencies and organizations, uses analytical tools to monitor the performance of population-based (regional) injury prevention programs.

325.132(3)(c)(ii)(A) 306.2	The RTN is active within the region in the monitoring and evaluation of community-based injury prevention activities and programs.	0. Not known. ***1. The RTN does not actively participate in the monitoring and evaluation of injury prevention activities and programs in the region.*** 2. The RTN does some minimal monitoring and evaluation of injury prevention activities and programs in the region. 3. The RTN monitors and evaluates injury prevention activities and programs in the region. 4. The RTN is an active participant in injury prevention programs in the region, including the evaluation of program effectiveness. 5. The RTN is integrated with injury prevention activities and programs in the region. Outreach efforts are well coordinated and duplication of effort is avoided. Ongoing evaluation is routine and data are used to make program improvements.

Injury Prevention Objective:

2013 – 2014 Injury Prevention Objective(s):

The RTAC will appoint an Injury Prevention (IP) committee that will survey Region 6 members (facilities and organizations) to determine the number of community-based injury prevention activities and programs available within the region. Results of this survey will be shared at the RTAC meeting by December 2016.

Evidence:

- ***IP Committee appointed and meets regularly***
- ***List of identified Region 6 facilities and organizations that provide community-based prevention activities and programs***
- ***Survey sent by October 2014***
- ***Results of survey shared by the November 2016 RTN meeting***

Region 6 Trauma Network Application

Injury Prevention: The RTN, in cooperation with other agencies and organizations, uses analytical tools to monitor the performance of population-based (regional) injury prevention programs.

325.132(3)(c)(ii)(A) 203.5	The RTN has developed a written injury prevention and control plan that is coordinated with other agencies and community health programs in the region. The injury prevention program is data driven and targeted programs are developed based upon high injury risk areas. Specific goals with measurable objectives are incorporated into the injury prevention plan.	0. Not known. ***1. There is no written plan for coordinated injury prevention programs within the region.*** 2. Although the RTN has a written injury prevention and control plan, it is not fully implemented. There are multiple injury prevention programs within the region that may compete with one another, or conflict with the goals of the regional trauma system, or both. 3. There is a written plan for coordinated injury prevention programs within the region that is linked to the regional trauma system plan, and that has goals and time-measurable objectives. 4. The regional injury prevention and control plan is being implemented in accordance with established objectives, timelines and the region is collecting data. 5. The injury prevention plan is being implemented in accordance with established timelines. Data concerning the effectiveness of the injury prevention programs are being collected and are used to validate, evaluate, and modify the program.

Injury Prevention Objective:

The RTAC will appoint the Data committee to review regional data available on the top 2 Rural and Urban mechanism of injury by September 2015.

The RTAC will request the Injury Prevention committee to draft a coordinated Injury Prevention Plan that includes the alignment of current IP programs with the leading causes of injury in Region 6 by September 2016.

Evidence:

- ***List of the top 2 Rural and Urban mechanism of injury from volunteering facilities.***
- ***List of collaborative agencies and organizations and their IP activities compared to the top 2 MOI.***
- ***Identified collaborative IP opportunities among agencies in R6.***

Region 6 Trauma Network Application

Citizen access to the trauma system: The trauma system is supported by EMS medical oversight of dispatch procedures and coordinated response resources.

325.132(3)(c)(ii)(B) 302.4	The trauma system EMS medical directors are actively involved with the development, implementation, and ongoing evaluation of EMS system dispatch protocols to ensure they are congruent with the trauma system design. These protocols include, but are not limited to, which resources to dispatch (ALS v BLS), air-ground coordination, early notification of the trauma facility, pre-arrival instructions, and other procedures necessary to ensure dispatched resources are consistent with the needs of injured patients.	0. Not known. 1. There are no trauma specific regional EMS dispatch protocols. ***2. Trauma dispatch protocols have been adopted independent of the design of the regional trauma system.*** 3. Regional trauma specific dispatch protocols have been adopted and are not in conflict with the trauma system design, but there has been no effort to coordinate the use of the protocols with the RTN or trauma centers. 4. Regional trauma specific dispatch protocols have been developed in close coordination with the RTN and are congruent with regional trauma system design. 5. Regional trauma specific dispatch protocols have been developed in close coordination with the RTN and are congruent with the regional trauma system design. There are established procedures to involve dispatchers and their supervisors in trauma system performance improvement and a "feedback loop" to change protocols or to update dispatcher education when appropriate.

Citizen Access Objective:

By September 2015, the RTN will appoint a Communication committee that includes a representative from Dispatch, EMS, hospitals, Medical Directors and Aeromedical transport agency representatives that will review the existing trauma specific dispatch protocol for coordination of the trauma communication system which includes a dispatch feedback loop and report to the RTAC by December 2015.

Evidence:

- ***Communication committee appointed with representatives from Dispatch, EMS, Hospitals, Medical Directors and Aeromedical Transport agencies.***
- ***Communication committee meets regularly with representation from all of the above.***
- ***Communication committee reports at RTAC meetings.***

Region 6 Trauma Network Application

Citizen access to the trauma system: The trauma system is supported by EMS medical oversight of dispatch procedures and coordinated response resources.

325.132(3)(c)(ii)(B) 302.8	There are sufficient, well-coordinated air and ground ambulance resources to ensure that EMS providers arrive at the trauma scene to promptly and expeditiously transport the patient to the correct hospital by the correct transportation mode.	0. Not known. 1. There is no regional coordination of transportation resources. Air or ground ambulances from multiple jurisdictions can all arrive on the trauma scene unannounced. ***2. Each medical control authority has a priority dispatch system in place that sends appropriate transportation resources to the scene.*** 3. Each medical control authority has a priority dispatch system that ensures appropriate resources arrive on scene promptly to transport patients to the hospital. A plan for transporting trauma patients to the hospital has been completed. 4. Each medical control authority has a priority dispatch system that ensures appropriate system resources for prompt transport of trauma patients to trauma centers. A trauma transport plan has been implemented. System issues are evaluated, and corrective action plans are implemented as needed. 5. Region wide priority dispatch has been established. The dispatch system regularly assesses its ability to get the right resources to the scene and to transport patients by using the correct mode of transportation. The priority dispatch system is integrated into the overall EMS and trauma system.

Citizen Access Objective:

By September 2016 the RTN will request the Communication Committee to review, the plan for coordination of the trauma communication system for triage, treatment and transport for either single or multiple patient incidents. Initial results will be reported at the October 2016 RTAC meeting.

Evidence:

- ***Identified cases of triage, treatment and transport from both single and multiple trauma patient incidents to review where existing protocols and communication coordination were used with dispatch, EMS, hospitals, medical director and Aeromedical communication to identify success and opportunity for improvement.***

- ***Summary report on reviews of the above cases, identifying success and opportunity for improvement with existing protocols for triage, treatment and transport.***

Region 6 Trauma Network Application

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

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

Communications Objective:

2013 – 2014 Communication Objective(s):

By September 2014 the RTAC will appoint a committee to develop a plan to coordinate a regional response to incident management.

By September 2016 the RTAC will collaborate with West Michigan Regional Medical Control Consortium (WMRMCC) to incorporate existing local written EMS communications procedures to develop a written regional EMS Communications procedure for major EMS events.

Evidence:

Regional definition of major trauma events.
Written summary of review all existing procedures for EMS Communication for major events.
Written regional EMS communication procedure for major EMS events.
Participation at WMRMCC and Region 6 Health Care Coalition meetings.

Region 6 Trauma Network Application

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

325.132(3)(c)(ii)(C) 302.9	There is a procedure for communications among medical facilities when arranging for inter-facility transfers including contingencies for radio or telephone system failure.	0. Not known. ***1. There are no specific communications plans or procedures to ensure communication among medical facilities when arranging for inter-facility patient transfers.*** 2. Inter-facility communication procedures are generally included in patient transfer protocols for each medical facility but there is no regional procedure. 3. There are uniform, regional communication procedures for arranging patient transfers, but there are no redundant procedures in the event of communication system failure. 4. There are uniform, regional communication procedures for arranging patient transfers and there are redundant procedures in the event of communication system failure. 5. There are uniform, regional communication procedures for arranging patient transfers and there are redundant procedures in the event of communication system failure. The effectiveness of these procedures is regularly reviewed and changes made based on the performance review, if needed.

Communications Objective:

By October 2016:

The RTAC will appoint a work group to review current regional inter-facility transfer communications and procedures for accuracy and regulatory requirements.

The committee will incorporate existing process and procedures in the development of a regional inter-facility transfer procedure checklist which includes failure notification process that meets regulatory standards.

Evidence:

- ***Assigned workgroup with representation from all levels of trauma facilities in region and pre-hospital EMS.***
- ***Definition of inter-facility transfer meeting regulatory standards***
- ***Draft Inter-facility Checklist***
- ***RTAC approval of the inter-facility transfer procedure for inter-facility transfers involving Region 6.***
- ***Report at November RTN percent of inter-facility transfers that utilized inter-facility procedure checklist.***

Region 6 Trauma Network Application

Medical Oversight: The regional trauma system is supported by active EMS medical oversight of trauma communications, pre-hospital triage, treatment, and transport protocols.

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

Medical Oversight Objective:

By July 2015, the RTN for Region 6 will appoint and implement the Trauma RPSRO per bylaws and administrative rules.

By December 2015 the Trauma RPSRO will recommend for review by the RTN the definition of morbidity for region 6.

By December 2016 the Trauma RPSRO members will review annually; administrative trauma rules and the state and regional protocols for triage, transport and treatment in preparation for their role on the committee.

Evidence:

- ***Identified members of RPSRO with officers elected.***
- ***Trauma RPSRO meets regularly.***
- ***Definition of morbidity for region 6.***

Region 6 Trauma Network Application

Medical Oversight: The regional trauma system is supported by active EMS medical oversight of trauma communications, pre-hospital triage, treatment, and transport protocols.

325.132(3)(c)(ii)(D) 302.2	There is a clearly defined, cooperative, and ongoing relationship between regional trauma physician leaders and the EMS system medical directors in the region.	0. Not known. 1. There is no formally established, ongoing relationship between the individual trauma medical directors and the EMS system medical directors. There is no evidence of informal efforts to cooperate or communicate. 2. ***There is no formally established, ongoing relationship between the individual trauma medical directors and the EMS system medical directors. However, the trauma medical directors and EMS medical directors informally communicate to resolve problems and coordinate efforts***. 3. Trauma medical directors or designated trauma representatives participate in EMS oversight through participation in local medical control authority meetings. However, there is no formal written relationship. 4. There is a formal, written procedure delineating the responsibilities of individual trauma center medical directors and EMS system medical directors that specifies the formal method for cooperation. However, implementation is inconsistent. 5. There is a formal, written procedure delineating the responsibilities of individual trauma center medical directors and EMS system medical directors that specifies the formal method for cooperation. There is written documentation (minutes) indicating this relationship is regularly used to coordinate efforts.

Medical Oversight Objective:

By July 2015, the RTN will develop a strategy to identify and incorporate a process that supports ongoing communication between Trauma Medical Directors and EMS Medical Directors.

Evidence:

- ***Assignment of a work group***
- ***Meetings and attendees***
- ***Reports to RTN***
- ***Written process supporting ongoing communication between Trauma Medical Directors and EMS Medical Directors***

Region 6 Trauma Network Application

Pre-hospital Triage Criteria: The regional trauma system is supported by system-wide pre-hospital triage criteria

325.132(3)(c)(ii)(E) 302.6	The region has adopted mandatory regional pre-hospital triage protocols to ensure that trauma patients are transported to an appropriate trauma center based on their injuries. The triage protocols are regularly evaluated and updated to ensure acceptable and region-defined rates of sensitivity and specificity for appropriate identification of a major trauma patient.	0. Not known. 1. There are no mandatory regional triage criteria to ensure trauma patients are transported to the most appropriate trauma facility. ***2. There are different triage criteria used by different providers. Appropriateness of triage protocols and subsequent transportation are not evaluated for sensitivity or specificity.*** 3. Regional triage criteria are used by all pre-hospital providers. There is no current process in place for evaluation. 4. The regional triage criteria are used by all pre-hospital providers. There is region-wide evaluation of the effectiveness of the triage criteria in identifying trauma patients and in ensuring that patients are transported to the appropriate trauma facility. 5. Region participants routinely evaluate the triage criteria for effectiveness. There is linkage to performance improvement processes, and the over- and under- triage rates of the criteria are regularly reported through the RTN. Updates to the triage protocols are made as necessary to improve system performance.

Pre-hospital Triage Objective:

The Region 6 RTAC Protocol Committee will collaborate with the West Michigan Regional Medical Control Consortium (WMRMCC) to review regional triage and transport protocols and determine their effectiveness and report to the RTAC by October 2016.

Evidence:

- ***Quarterly report to the RTAC and RTN on over and under triage utilizing the CDC transport and triage guidelines.***

Region 6 Trauma Network Application

Trauma Diversion Policies: Diversion policies ensure that acute care facilities are integrated into an efficient system to provide optimal care for all injured patients.

325.132(3)(c)(ii)(F) 303.2	The regional trauma network plan should ensure that the number, levels, and distribution of trauma facilities are communicated to all partners and stakeholders. The RTN should develop procedures to insure that trauma patients are transported to an appropriate facility that is prepared to provide care.	0. Not known. ***1. There is no regional plan to identify the number, levels, and distribution of trauma facilities. There is no regional diversion protocol.*** 2. There is a regional system plan and a diversion protocol but they do not identify the number, levels or distribution of trauma facilities in the region. The plan and protocol are not based on available data. 3. There is a regional system plan and a diversion protocol that identifies the number, levels and distribution of trauma facilities. System updates using available data not routine. 4. There is a regional system plan and a diversion protocol that identifies the number, levels and distribution of trauma facilities based on available data. However, the regional plan and diversion protocol is not used to make decisions about trauma facility designations. 5. There is a regional system plan that identifies the number and levels of trauma facilities. The plan is used to make decisions about trauma center diversion procedures. The plan accounts for facility resources and geographic distribution, population density, injured patient volume, and transportation resource capabilities and transport times. The plan is reviewed and revised periodically.

Diversion Objective:

By January 2014 Region 6 RTAC will identify the number, verified levels, and distribution of trauma facilities as well as level of verification that facilities will be seeking.

By September 2016 the Region 6 Protocol committee will draft a regional diversion plan based on the above data and revised as Region 6 hospitals obtain verification and designation status.

Evidence:

- ***Definition of diversion***
- ***Resource report indicating the number, verified levels, and distribution of trauma facilities in region 6.***
- ***Survey to all 23 hospitals identifying level of verification that will be sought.***
- ***Report on current diversion communication methods to stakeholders in the trauma systems.***
- ***Draft regional diversion protocol.***

Trauma Diversion Policies: Diversion policies ensure that acute care facilities are integrated into an efficient system to provide optimal care for all injured patients.

325.132(3)(c)(ii)(F) 205.3	The state trauma registry is used to identify and evaluate regional trauma care and improve the allocation of resources.	0. Not known. ***1. All trauma facilities in the region are not entering data into state registry. Regional data from state trauma registry is limited.*** 2. There is limited access to the state trauma registry. Data extraction is not available to evaluate performance or improve resource allocation. 3. All trauma facilities in the region enter data into the state trauma registry but data are not being used to improve the system. 4. The RTN uses the state trauma registry to routinely report on system performance and resource utilization and allocation. 5. State trauma registry reports are used extensively to improve regional trauma care and efficiently allocate trauma resources. The RTN uses these reports to determine deficiencies and allocate resources to areas of greatest need. System performance compliance with standards are assessed and reported.

Diversion Objective:

By September 2015, all hospital facilities in region 6 will submit requested data into the state registry, contingent on business agreement availability from the state.

When available from the state registry, aggregate regional data results will be shared at each RTAC and RTN meeting by the Data Committee Chair to review trending and determine action plans.

Evidence:

- ***Report from the Department indicating which hospitals have submitted data.***
- ***Minutes of RTAC/RTN meeting indicating data results from the Department.***
- ***Action plan as a result of data review.***

Region 6 Trauma Network Application

Trauma Bypass Protocols: The roles, resources and responsibilities of trauma care facilities are integrated into a resource efficient, inclusive network that meets standards and provides optimal care for injured patients.

325.132(3)(c)(ii)(G) 303.1	The regional trauma plan has clearly defined the roles, resources and responsibilities of all acute care facilities treating trauma, and of facilities that provide care to specialty populations (spinal cord injury, burns, pediatrics, other).	0. Not known. ***1. There is no regional plan that outlines roles, resources and responsibilities of all acute care facilities treating trauma and/or of facilities providing care to specialty populations.*** 2. There is a regional trauma system plan, but it does not address the roles, resources and responsibilities of licensed acute care facilities and/or specialty care facilities. 3. The regional trauma plan addresses the roles, resources and responsibilities of licensed acute care facilities (hospitals) only, not spinal cord injury, pediatrics, burns or others. 4. The regional trauma plan addresses the roles, resources and responsibilities of licensed acute care facilities and specialty care facilities. 5. The regional trauma plan clearly defines the roles, resources and responsibilities of all acute care facilities treating trauma within the region. Specialty care services are addressed within the plan, and appropriate policies and procedures are implemented and tracked.

Bypass Objective:

By September 2016 the RTAC will appoint a work group to

1. ***Define specialty populations for region 6 (pediatrics, SCI, burns, etc) based on ACS guidelines and administrative rules.***
2. ***Identify which acute care facilities treat trauma***
3. ***Identify facilities providing care to specialty populations based on the ACS guidelines and administrative rules.***
4. ***Determine how this information is communicated to the regional trauma stakeholders.***

Evidence:

- ***Work group assignment***
- ***List of acute care facilities treating trauma and/or facilities providing specialty populations.***

Region 6 Trauma Network Application

Trauma Bypass Protocols: The roles, resources and responsibilities of trauma care facilities are integrated into a resource efficient, inclusive network that meets standards and provides optimal care for injured patients.

325.132(3)(c)(ii)(G) 303.4	There is a regional trauma bypass protocol that provides EMS guidance for bypassing a trauma care facility for another more appropriate trauma care facility.	0. Not known. ***1. There is no regional trauma bypass protocol to provide pre-hospital guidance about when to bypass an acute care facility for a more appropriate facility.*** 2. There is a regional bypass protocol that allows bypass of an acute care facility, but does not provide guidance for what the more appropriate facility may be. 3. There is a regional bypass protocol that provides EMS guidance for bypassing an acute care facility for a more appropriate trauma care facility and provides guidance on the levels of each facility in the region. 4. There is a regional bypass protocol that allows bypass of an acute care facility and provides guidance on what the most appropriate facility is based on the patient's injury. 5. The regional bypass protocol clearly defines the process for bypassing an acute care facility for another trauma facility more appropriate for the patient's injuries. Incidents of trauma facility bypass are tracked and reviewed regularly, and protocol revisions are made as needed.

Bypass Objective:

By September 2016 the RTN will define the differences of diversion and bypass as it relates to Region 6 trauma systems.

Evidence:

- ***Accepted definition of diversion and bypass for Region 6.***
- ***Draft bypass protocol***

Region 6 Trauma Network Application

Regional Trauma Treatment Guidelines: The regional trauma network ensures optimal patient care through the development of regional trauma treatment guidelines.

325.132(3)(c)(ii)(H) 303.4	When injured patients arrive at a medical facility that cannot provide the appropriate level of definitive care, there is an organized and regularly monitored system to ensure that the patients are expeditiously transferred to the appropriate, system-defined trauma facility.	0. Not known. ***1. There is no existing process in the region for collecting data on and regularly reviewing the conformity of inter-facility transfers within the trauma system according to pre-established procedures.*** 2. There is a fragmented system within the region, usually event based, to monitor inter-facility transfer of trauma patients. 3. The regional system for monitoring inter-facility transfers is new, the procedures are in place, but training has yet to occur. 4. The region has an organized system for monitoring inter-facility transfers. 5. The monitoring of trauma patient inter-facility transfers is integrated into the overall program of system performance improvement. When the system identifies issues for correction, a plan of action is implemented.

Treatment Objective:

By September 2016, Region 6 RPSRO will review data from the trauma registry (contingent upon data availability) on the conformity of inter-facility transfers within the regional trauma system according to pre-established procedure outlined in the administrative rules.

Evidence:

- ***Inter-facility transfer data shared at RTN meeting.***

Region 6 Trauma Network Application

Regional Trauma Treatment Guidelines: The regional trauma network ensures optimal patient care through the development of regional trauma treatment guidelines.

325.132(3)(c)(ii)(H) 205.2	Collected data from a variety of sources are used to review the appropriateness of all-inclusive regional trauma performance standards, from injury prevention through rehabilitation.	0. Not known. ***1. There are no written, quantifiable regional system performance standards or performance improvement processes.*** 2. There are written, quantifiable regional system performance standards for each component of the regional trauma system that conform to standards outlined in the Administrative Rules. 3. The RTN has adopted written, quantifiable regional system performance standards. 4. The RTN routinely uses data from multiple sources to assess compliance with regional system performance standards. 5. The RTN uses regional system compliance data to design changes or make other system refinements. There is routine and consistent feedback to all system providers to ensure that data-identified deficiencies are corrected.

Treatment Objective:

By September 2014, Region 6 RPSRO will review the administrative trauma rules to identify performance standards that will be developed.

By September 2015, Region RPSRO will develop written, quantifiable regional system performance standards as outlined in the administrative rules.

By September 2016, Region 6 RPSRO recommends review of data from the state trauma registry to pilot review of at least one regional system performance standards.

Evidence:

- ***RPSRO meeting dedicated to review of administrative rules regarding performance standards.***
- ***Written, quantifiable regional system performance standards.***
- ***Report on compliance of one system performance standards.***

Region 6 Trauma Network Application

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

325.132(3)(c)(ii)(I) 206.1	No less than once per year, the RTN generates data reports that are disseminated to all trauma system stakeholders to evaluate and improve system performance.	0. Not known. ***1. The RTN does not generate trauma data reports for evaluation and improvement of system performance.*** 2. Some general trauma system information is available to stakeholders, but it is not consistent or regular. 3. Regional data reports are done on an annual basis, but are not used for decision-making and/or evaluation of system performance. 4. Routine reports are generated using regional trauma data and other databases so that the system can be analyzed, standards evaluated, and performance measured. 5. Regularly scheduled reports are generated from regional trauma data and are used by the stakeholder groups to evaluate and improve system performance effectiveness.

Quality Improvement Objective:

By September 2015 the RTN will request Data Committee to define and validate existing data elements used in Region 6 by all stakeholders and report results at the October 2015 RTAC meeting.

Evidence:

- ***Report on definition and validation of existing data elements in Region 6***

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

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

Education Objective:

By September 2015 the RTAC Education Committee will review existing regional trauma training guidelines for EMS personnel, nurses and physicians who routinely care for trauma patients.

By September 2016 the RTAC Education Committee will recommend regional trauma training guidelines for EMS personnel, nurses and physicians who routinely care for trauma patients based on evidence.

Evidence:

- ***Report on existing regional trauma training guidelines by facilities and organizations for EMS personnel, nurses and physicians in region 6.***
- ***Report on current national recommendations for trauma training for EMS personnel, nurses and physicians,***
- ***Recommendation guideline for trauma training for EMS personnel, nurses and physicians who routinely care for trauma patients based on evidence.***

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

325.132(3)(c)(ii)(J) 310.10	As new protocols and treatment approaches are instituted within the regional trauma system, structured processes are in place to inform or educate all personnel of those changes in a timely manner.	0. Not known ***1. The region has no process in place to inform or educate all personnel on new protocols or treatment approaches.*** 2. The region has developed a process to inform or educate all personnel on new protocols or treatment approaches but it has not been tried or tested. 3. The region has a process in place to inform or educate all personnel on new protocols or treatment approaches as system changes are identified. 4. The region has a *structured* process in place to *routinely* inform or educate all personnel on new protocols or treatment approaches. 5. The region has a structured process to educate all personnel on new protocols or treatment approaches in a timely manner, and there is a method to monitor compliance with new procedures as they are introduced.

Education Objective:

By September 2014 Region 6 RTAC Education Committee will identify current local and regional trauma personnel who should be notified of new or revised protocols or treatment approaches.

By September 2015 Region 6 RTAC Education Committee will identify current process/procedure when communicating newly identified or revised protocols or treatment approaches to trauma personnel.

By September 2016 Region 6 RTAC Education Committee will develop an all-inclusive process to inform trauma personnel involved in trauma care regarding new or revised protocols or treatment approaches.

Evidence:

- ***Report on current local and regional processes communicating new or revised protocols or treatment approaches to trauma stakeholders, including definition of trauma stakeholders.***
- ***Written process/procedure to communicate newly identified or revised protocols or treatment approaches to all trauma care providers.***

Region 6
Regional Trauma Network
Bylaws

NAME, COVERAGE AREA AND FIDUCIARY.

A. Name.

The name of the organization is "Region 6 Regional Trauma Network" (referred to herein as the "RTN"), and its address shall be located at such address in Michigan as the organization may from time to time determine.

B. Coverage Area.

Region 6 RTN coverage area comprises the counties of Clare, Ionia, Isabella, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa as designated by the State of Michigan.

C. RTN Fiduciary.

The RTN will appoint a fiduciary when funding becomes available.

PURPOSE.

The purposes of the Region 6 RTN are as follows:

A. To organize, coordinate and manage an all-inclusive network of hospitals, medical control authorities, EMS personnel, life support agencies, physicians, nurses, and consumers to plan and implement strategies to strengthen the provision of Trauma Care Services within the RTN as defined and prescribed in the Michigan Statewide Trauma System Rules.

B. To develop a regional trauma plan and to apply to the Michigan Department of Community Health (referred to herein as the Department) for approval and recognition as the Region 6 Regional Trauma Network. The plan will address each of the following trauma system components: leadership, public information & prevention, human resources, communications, medical direction, triage, transport, trauma care facilities, inter-facility transfers, rehabilitation, and evaluation of patient care within the system.

C. To establish the Regional Trauma Advisory Council (RTAC) for Region 6.

D. To appoint a trauma system regional professional standards review organization (RPSRO) as defined in R 325.127 (e).

ORGANIZATIONAL STRUCTURE.

1. REGIONAL TRAUMA NETWORK (RTN)

The RTN is comprised of 3 core components per the administrative rules and other committees as needed.

A. Regional Trauma Network (Region 6) RTN – serves as the governing board

B. Regional Trauma Advisory Council (Region 6) - RTAC

C. Regional Professional Standards Review Organization (Region 6)- RPSRO

D. Other committees

Revisions requested by MDCH 2-5-2014– Agenda item 4-9-2014- Approved at RTAC and RTN Meeting 4-9-2014

RTN Membership.

Membership will consist of a designated representative from each participating Medical Control Authority (MCA). Participating MCA means those medical control authorities recognized by the Michigan Department of Community Health (MDCH) EMS & Trauma Section and who have submitted a signed letter of endorsement. (Appendix A).

Each participating MCA shall designate its' voting representative and alternate representatives and may change them at any time by notifying the Chair of the RTN in writing. A renewal endorsement letter will be required of each participating MCA every three years on the calendar year. The trauma medical director or designee from each Level 1 or II verified or designated Trauma Center will be a non-voting member of the RTN.

Removal.

Any officer may be removed by the action of the RTN, with or without cause, by a two-third vote of the entire voting RTN, whenever in the judgment of the RTN the best interests of the RTN will be served. The officer position must be replaced so each MCA is represented.

Any officer proposed to be removed shall be entitled to at least ten (10) days' notice in writing by mail, or electronic mail, of the meeting of the RTN at which such removal is to be voted upon and shall be entitled to appear and be heard by the RTN at such meeting.

Concerns regarding individual members should be referred to the representing organization by the RTN chair.

A. Officers.

The Chairperson, Vice-Chairperson and Secretary will be selected by the Regional Trauma Network. The RTN Fiduciary administrator will serve as the Treasurer (subject to funding becoming available).

Officers must attend (physically or electronically) a minimum of 75% of the regularly scheduled meetings of the RTN.

1. Election, Removal, Resignation and Vacancies.

All officers of the RTN other than the Treasurer will be elected by a majority vote of the Regional Trauma Network members.

The officers shall be elected by the RTN from among the representatives of its participating MCA's at the annual meeting of the RTN.

The term of office will be for three years and may be renewed at the discretion of the RTN one time.

Any officer may resign at any time by delivering written notice to the Chairperson.

Revisions requested by MDCH 2-5-2014– Agenda item 4-9-2014- Approved at RTAC and RTN Meeting 4-9-2014

Vacancies occurring in any office at any time will be filled by the RTN membership by appointment of the Chairperson until the next election. If it is vacancy of the Chairperson, a special election will be held.

Elections will be held at the annual meeting which will be held in conjunction with the September meeting.

2 Chairperson.

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

3. Vice-Chairperson.

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

4. Secretary.

The Secretary shall have charge of such electronic records, documents, and papers as the RTN may determine. The secretary shall attend and keep the minutes of all the meetings of the RTN and RTAC. The Secretary will record the minutes of the meetings and provide notice of the meetings.

5. Treasurer. Fiduciary administrator will serve as the Treasurer (subject to funding becoming available). The Treasurer will be a non-voting ex-officio member of the Regional Trauma Network and participate in all meetings of the Regional Trauma Network.

6. Contract Parties.

The RTN will establish the duties, responsibilities and compensation of other RTN contract parties. These duties, responsibilities and compensation will be established by a written contract approved by the RTN and RTN Fiduciary (subject to funding becoming available). The RTN will select or approve the appointment or hiring of contractors, consultants and others necessary to carry out the purposes and authority of the RTN with RTN Fiduciary approval (subject to funding becoming available). The RTN will provide supervision and management of any appointed personnel.

7. **Duties.**

a. General Responsibility.

The RTN will see that the trauma administrative rules of the state are carried into effect and will have the general powers of supervision and management of the RTN.

b. Establish the Regional Trauma Advisory Council.

Revisions requested by MDCH 2-5-2014– Agenda item 4-9-2014- Approved at RTAC and RTN Meeting 4-9-2014

The RTN will establish a Regional Trauma Advisory Council (RTAC) according to the administrative rules, and reserves the right to determine the size, member eligibility, authority and other matters relating to the composition and activities of the RTAC. The recommended makeup of the RTAC is outlined in the section relating to the RTAC as directed by Trauma Administrative Rules 325.127 rule 3h.

c. **Delegation of Duties.**

The RTN may delegate duties to the RTAC and/or committees as needed.

9. Meetings and Rules.

a. **Meeting Schedule.**

The RTN shall establish a regular schedule for meetings. Quarterly meetings will be scheduled each year. The Chairperson may call for a special or emergency meeting of the RTN when deemed necessary or when requested by a majority of the participating MCA's. The annual meeting will be held in conjunction with the 4th quarter meeting.

b. **Quorum Requirement.**

At any meeting of the RTN, a minimum of fifty percent (50%) of the total participating MCA's must be in attendance, in person or electronically, to constitute a quorum for the transaction of business. Motions will require a majority vote of those present.

c. **Voting.**

Each participating MCA shall have one (1) vote. Officers, with the exception of the Treasurer, of the RTN are allowed to vote.

d. Procedures.

The agenda and procedure of all meetings of the RTN shall be governed by Roberts Rules of Order, revised (latest edition).

e. **Electronic Meetings.**

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

10. Consent Resolution.

Action may be taken by the RTN, without a meeting, by a written consent (as requested either by mail, fax or e mail) signed by a simple majority of all the members of the RTN.

2. REGIONAL TRAUMA ADVISORY COUNCIL.

A. Purpose.

The purpose of the RTAC is to provide leadership, expertise and direction in matters related to trauma system development under the directives of the RTN.

B. Membership.

1. Member/Alternate Designation.

At least one voting member of the RTN executive committee will serve on the RTAC.

Members of the Regional Trauma Advisory Council shall be designated in writing by the appointing MCA, hospital, or other organization. Alternate members may be designated. Each appointing body may remove and replace its appointed representative(s) and/or its alternate representative(s), and may fill any vacancy created by the resignation of an appointed representative(s) or alternate representative(s), at any time, at its discretion.

Each appointing organization may remove and replace its appointed representative(s) and/or its alternate representative(s), and may fill any vacancy created by the resignation of an appointed representative(s) or alternate representative(s), at any time, at its discretion by notifying the RTAC chair in writing.

Any officer of the RTAC or RTAC committees may be removed by the action of the RTAC, with or without cause, by a two-third vote of the entire voting RTAC, whenever in the judgment of the RTAC the best interests of the RTAC will be served. The officer position must be replaced so each entity described in administrative rules is represented.

Any officer proposed to be removed shall be entitled to at least ten (10) days' notice in writing by mail, or electronic mail, of the meeting of the RTAC at which such removal is to be voted upon and shall be entitled to appear and be heard by the RTAC at such meeting.Concerns regarding individual members should be referred to the representing organization by the RTN chair.

Members.

The Regional Trauma Advisory Council will be comprised of the following eligible membership with the goal of maximizing inclusion of Region 6's constituents:

a) Medical Director or designee of each MCA.
b) Trauma Director or designee from each verified trauma facility, each provisionally approved trauma facility and each facility actively seeking verification.
c) Trauma Program Manager from each verified trauma facility, each provisionally approved trauma facility and each facility actively seeking verification.
d) Trauma Registrar from each verified trauma facility, each provisionally approved trauma facility and each facility actively seeking verification.
e) Trauma Nurse Representative from each verified trauma facility, each provisionally approved trauma facility and each facility actively seeking verification.
f) Trauma Outreach and Prevention Coordinator from each verified trauma facility, each provisionally approved trauma facility and each facility actively seeking verification.

g) Emergency Department Physician Representative from licensed hospitals.

h) Emergency Department Nurse Representative from licensed hospitals.

i) Life Support Agency, EMS Personnel and Consumer representatives as appointed by each MCA, to include as an example:

- Protocol Committee/Advisory Committee Chairperson.
- EMS Personnel Representative.
- Life Support Agency Representative.
- EMS Communication/EMD representative

j). Consumer representative not affiliated with the EMS or Hospital systems.

2. **Chairperson-**The RTAC Chairperson will be elected by the RTAC and approved by the RTN.
3. **Members.**

   The RTAC membership will be comprised of eligible membership with the goal of maximizing inclusion.
4. **Member Appointment and Removal.**

   Each appointment and removal of a representative or alternate representative must be presented to the RTN or designee in writing or electronically, on the appointing organization's letterhead signed by the administrative head of the appointing organization.
5. **Resignation.**

   A resigning member of the RTAC will have no further obligation.
6. **Membership Review.**

   The RTAC will review, every three years, the appointments of its representatives and any alternate representatives. Reappointment can be for an unlimited number of terms.
7. **Regional Trauma Advisory Council Participation.**

   Any MCA, hospital, or other organization entitled to appoint a representative(s) to the RTAC who fails to appoint a representative will be deemed to have elected not to participate.
8. **Duties.**

The duties of the RTAC include, but are not limited to:

a) Develop and make recommendations to the RTN regarding the RTN's Trauma System Plan.

b) Make funding allocation recommendations (subject to funding becoming available).

c) Develop performance improvement plan that is based on standards that are incorporated by the rules, R 325.129 (2) (1) and R 325.135.

d) Monitor the performance of the trauma agencies and healthcare facilities within the region, including, but not limited to, the review of trauma deaths and preventable complications.

e) Report progress, challenges, and recommendations to the RTN.

9. **Recommendation Approval.** Recommendations of the RTAC to the RTN must be approved by a majority of the RTAC members present at a meeting of the RTAC, subject to quorum requirements being met.

10. **Committees.**

a. Establishing Committees.

The RTAC may establish committees as required and as it deems appropriate, unless otherwise restricted by the RTN. The RTAC Chair will appoint each committee chair.

b. Committee Chairperson(s) Attendance at RTAC Meetings.

Each committee chairperson(s) s will attend the RTAC meetings and make a committee report. If unable to attend, other arrangements for committee reporting must be made by the committee chair.

11. **Meetings and Rules.**

a. Meeting Schedule.

The RTAC shall establish a regular schedule for meetings. Quarterly meetings will be scheduled each year. The Chairperson may call for a special or emergency meeting of the RTAC when deemed necessary.

b. Quorum Requirement.

At any meeting of the RTAC, a minimum of fifty percent (50%) of the total participating entities (at least one voting member from each entity) must be in attendance, in person or electronically, to constitute a quorum for the transaction of business.

c. Voting.

Motions of the RTAC require a simple majority of the members of the RTAC present at the meeting in which an action is being considered, subject to quorum requirements being met.

d. Rules.

Roberts Rules of Order will govern all meetings of the RTAC except where such rules are inconsistent with this document.

e. Consent Resolution.

Action may be taken by the RTAC, without a meeting, by a written consent (as requested either by mail, fax or e-mail) signed by a majority of the members of the RTAC if responses/votes are consistent with quorum requirements.

f. Actions Requiring RTAC Approval.

The following actions and activities will require the approval of the RTAC:

1) The RTAC will have the authority to approve or return for reconsideration to a committee, committee recommendations for allocation of funding (subject to funding becoming available).

2) The RTAC will have the authority to approve or return for reconsideration to a committee, committee recommendations for RTN plans.

3) The RTAC may delegate responsibility to the committee(s) as needed.

4) The RTAC may determine the powers, authority, duties and responsibilities of any committee created by the RTAC, including membership qualification and eligibility, committee size, committee chairperson, and other actions deemed appropriate by the RTAC.

3. Regional Trauma Professional Standards Review Organization (RPSRO)

A. Purpose

The RPSRO shall be established for the purpose of improving the quality of trauma care within the region as provided in MCL 331.531 to 331.533 and will report findings to the RTAC and the RTN.

B. Open Meetings Act and Confidentiality of Information

RPSRO meetings are not subject to the open meetings act. All information, records, data, and knowledge collected by or for individuals or bodies assigned professional practice review functions shall be confidential, shall be used only for carrying out of such functions, shall not be public records and shall be entitled to such non-availability for court subpoena and other benefits as may be afforded under the provisions of Act 368 of the Public Acts of 1978, Act 270 of the Public Acts of 1967 (including Section 20919(1)(g), and Administrative Rule 325.22213, as amended.

C. Membership.

The RPSRO shall be established by the RTN and representatives shall be from the following categories from MCA's within the region. The definition of rural and urban as determined by STAC will be the federal definition. See Appendix B.

- Chair- Trauma Surgeon
- Vice Chair-Trauma Surgeon
- Physician EMS director, rural
- Physician EMS director, urban
- EMS administrator
- Trauma surgeon
- Trauma program manager-Level I or II
- Trauma program manager-Level III or IV
- EMS Performance Improvement manager/coordinator
- Additional ad hoc members may be appointed by the RTN chair as needed.

- Regional Trauma Coordinator

C. Officers.

1. The chair and vice-chair of RPSRO will be appointed by the chair of the RTN. Members will be appointed by the RTN membership with annual review. Renewal appointments will occur every three years at the annual meeting.

2. The RPSRO Chairperson will preside over all meetings of the RPSRO. In the event of a vacancy in the office of Chairperson, the Vice-Chairperson will automatically succeed to the office of Chairperson until a new Chairperson is appointed by the chair of the RTN.

D. Meeting Frequency

1. The RPSRO shall establish a regular schedule for meetings.

E. Quorum, Voting and Majority Vote.

1. At any meeting of the RPSRO, the members present shall constitute a quorum. An affirmative vote of a majority of RPSRO shall be, and constitute the act of the RPSRO.

F. Removal

1. Any officer may be removed by the action of the RTN, with or without cause, by a two-third vote of the entire voting RTN, whenever in the judgment of the RTN the best interests of the RTN will be served. The officer position must be replaced to meet representation as described in bylaws.

Any officer proposed to be removed shall be entitled to at least ten (10) days' notice in writing by mail, or electronic mail, of the meeting of the RTN at which such removal is to be voted upon and shall be entitled to appear and be heard by the RTN at such meeting.Concerns regarding individual members should be referred to the representing organization by the RTN chair.

G. Reporting

1. The RPSRO will report its findings to the RTAC and RTN on a semiannual basis.

H. Appeals

1. All appeals must be submitted in writing to the chair of the RPSRO.

2. Appeals that are system related must be made by organizations (hospitals, trauma programs, or EMS agencies) through a written letter to the chair of the RPRSO. If further appeal is requested by the organization, the chair of the RPSRO will send the issue for external review by another RTN within Michigan.

3. If individual performance issues are identified within the process they will be referred to the individual's employing organization, hospital or to the MCA for follow-up.

4. No individual appeals will be handled through the RPSRO

4. CONFLICT OF INTEREST.

Any MCA, hospital or other organization participating in the RTN, RTAC or RTAC Committees with an interest in any matter or other conflict of interest, shall disclose the interest prior to any discussion of that matter at a RTN, RTAC or RTAC Committee

meeting. The representative of such MCA, hospital or other organization shall refrain from participation in any action relating to such matter or conflict of interest. The disclosure shall become a part of the minutes of that meeting.

5. ADMINISTRATION AND APPROVAL PROCESS

A. Books and Records.

The officers, appointees, employees and agents of the RTN shall maintain detailed and accurate books, records, and accounts of the activities as determined by the RTN and shall be in accordance with applicable state and federal law and regulations, including the regulations established by the Department.

B. Annual Audit.

This section left intentionally blank (subject to funding becoming available).

C. Financial Accounts.

This section left intentionally blank (subject to funding becoming available).

D. Contract Approval.

This section left intentionally blank (subject to funding becoming available).

E. Plan Approval Process.

1. Plans and actions of the RTAC must be reviewed by the RTN. Final approval of all plans and actions is by the RTN.
2. If approval is received from the RTN, the protocols/policies/plans will be submitted to the Department for review and implementation approval. Once approved by the Department the protocols/policies/plans will be implemented.

F. Open Meeting and Confidentiality.

The Regional Trauma Network as created under the Public Health Code, MCL 333-20910(I) and subsequent departmental rules R325.125 *et seq*, is a public body charged with the supervision of the Regional Trauma Plan within Region 6 and is therefore subject to the Open Meetings Act (OMA), MCL 15.261 *et seq*. Meetings may be closed under circumstances outlined within MCL 15.267 and 15.268. However, all documents prepared in support of the RPSRO are considered exempt from disclosure there under pursuant to MCL §15.243(y).

6. AMENDMENTS

This document may be amended or repealed by the RTN with the input from the RTAC and RTN Fiduciary (subject to funding becoming available). A notice of any amendment will be sent to each participant in the RTN.

7. INDEMNIFICATION

This section left intentionally blank.

8. REVIEW.

The by-laws shall be reviewed every three (3) years.

6. AMENDMENTS

This document may be amended or repealed by the RTN with the input from the RTAC and RTN Fiduciary (subject to funding becoming available). A notice of any amendment will be sent to each participant in the RTN.

7. INDEMNIFICATION

This section left intentionally blank.

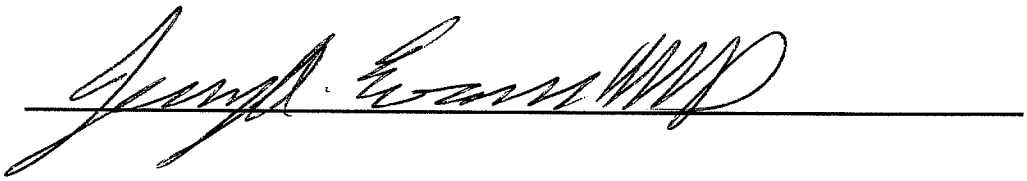
8. REVIEW.

The by-laws shall be reviewed every three (3) years.

Approved by the Region 6 Regional Trauma Network

Date April 9, **2014**

RTN Chair **Jerry Evans** **(Attached signature page)**



Appendix B: Federal Definition of Rural and Urban from:

Part IX Office of Management and Budget Standards for Defining Metropolitan and Micropolitan Statistical Areas; Notice

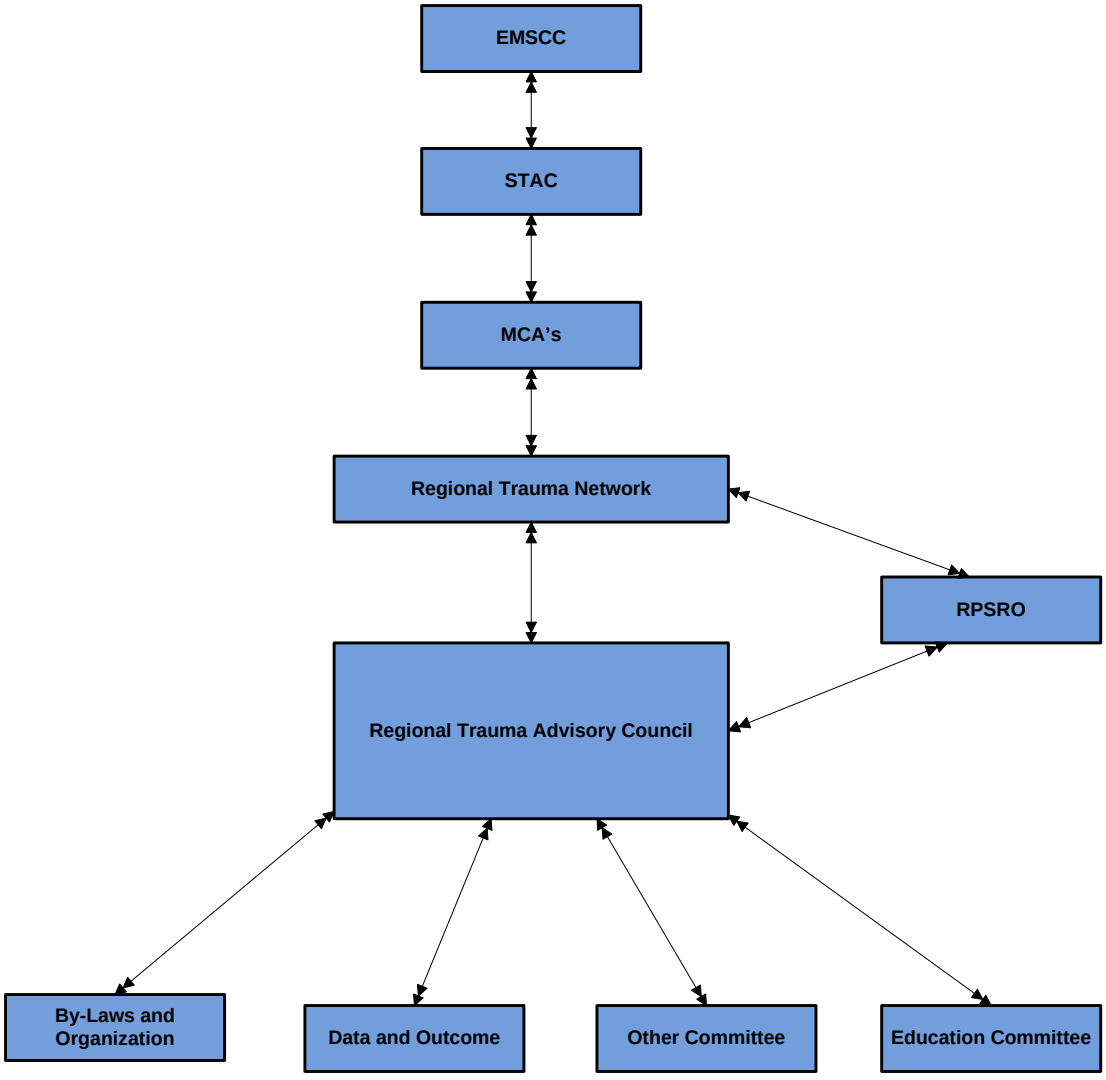
***Federal Register** / Vol. 65, No. 249 / Wednesday, December 27, 2000 / Notices*

Metropolitan Statistical Area.—A Core Based Statistical Area associated with at least one urbanized area that has a population of at least 50,000. The Metropolitan Statistical Area comprises the Central County or counties containing the core, plus adjacent outlying counties having a high degree of social and economic integration with the central county as measured through commuting.

Micropolitan Statistical Area.—A Core Based Statistical Area associated with at least one urban cluster that has a population of at least 10,000, but less than 50,000. The Micropolitan Statistical Area comprises the Central County or counties containing the core, plus adjacent outlying counties having a high degree of social and economic integration with the central county as measured through commuting.

Appendix C: Organizational Chart

Region 6 Regional Trauma Network Organizational Chart



Regional Trauma Network Leadership and Governance

I have read the above and the bylaws and governance in Region 6 reflect the statements above.

MCA	Name (Signature)	Title	Date
Clare County MCA	See attached Michelle Brady, RN	MCA Representative	11-5-13
Ionia County MCA	Tara Lantz/ ~~Eric Stansby~~, MD (Oregzine)	Co-Medical Director MCA Representative	11/13/13
Isabella County MCA	Roger Skrabut RN	MCA Representative	11-13-13
Kent County MCA	Todd Chasse, MD	Medical Director	11/13/13
Lakola MCA (Lake / Osceola)	See attached Jeremy Carlson, RN	MCA Representative	11-13-13
Mason County MCA	William Kokx, DO	Medical Director	11/13/13
Mecosta County MCA	Tim Ladd	MCA Representative	11-13-13
Montcalm County MCA	Eric Smith	MCA Representative	11-13-13
Muskegon County MCA	Jerry Evans, MD	Medical Director	11-13-13
Newaygo County MCA	Dan Ceglowski, MD	Medical Director	11/13/13
Oceana County MCA	Loren Reed, DO	Medical Director	11-13-13
Ottawa County MCA	Rich Szczepanek	EMS Administrator	11-13-13

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

Regional Trauma Network Leadership and Governance

I have read the above and the bylaws and governance in Region 6 reflect the statements above.

MCA	Name (Signature)	Title	Date
Clare County MCA	Michelle Brady, RN Michelle Brady, RN	MCA Representative	11-5-13
Ionia County MCA	Tara Lantz/ Eric Stansby, MD	Co-Medical Director MCA Representative	
Isabella County MCA	Roger Skrabut RN	MCA Representative	
Kent County MCA	Todd Chasse, MD	Medical Director	
Lakola MCA (Lake / Osceola)	Jeremy Carlson, RN	MCA Representative	
Mason County MCA	William Kokx, DO	Medical Director	
Mecosta County MCA	Tim Ladd	MCA Representative	
Montcalm County MCA	Eric Smith	MCA Representative	
Muskegon County MCA	Jerry Evans, MD	Medical Director	
Newaygo County MCA	Dan Ceglowski, MD	Medical Director	
Oceana County MCA	Loren Reed, DO	Medical Director	
Ottawa County MCA	Rich Szczepanek	EMS Administrator	

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

Regional Trauma Network Leadership and Governance

I have read the above and the bylaws and governance in Region 6 reflect the statements above.

MCA	Name (Signature)	Title	Date
Clare County MCA	Michelle Brady, RN	MCA Representative	
Ionia County MCA	Eric Stansby, MD	Medical Director	
Isabella County MCA	Patricia Simon, RN	MCA Representative	
Kent County MCA	Todd Chasse, MD	Medical Director	
Lakola MCA (Lake / Osceola)	Jeremy Carlson, RN	MCA Representative	10/22/13
Mason County MCA	William Kokx, DO	Medical Director	
Mecosta County MCA	Tim Ladd	MCA Representative	
Montcalm County MCA	Eric Smith	MCA Representative	
Muskegon County MCA	Jerry Evans, MD	Medical Director	
Newaygo County MCA	Dan Ceglowski, MD	Medical Director	
Oceana County MCA	Loren Reed, DO	Medical Director	
Ottawa County MCA	Rich Szczepanek	EMS Administrator	

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

Region 6
Regional Trauma Network (RTN)
Mission, Vision and Outcome Statement
November 13, 2013

Mission –Reduce trauma related morbidity and mortality by creating and sustaining a regionalized, accountable, coordinated system of care.

Vision – Trauma patients are served by a regional system of coordinated care in consideration of the degree of injury and extent of care required.

Outcome: Reduce trauma morbidity and mortality in the region.

Approved by Region 6 RTN on November 13, 2013 DLR