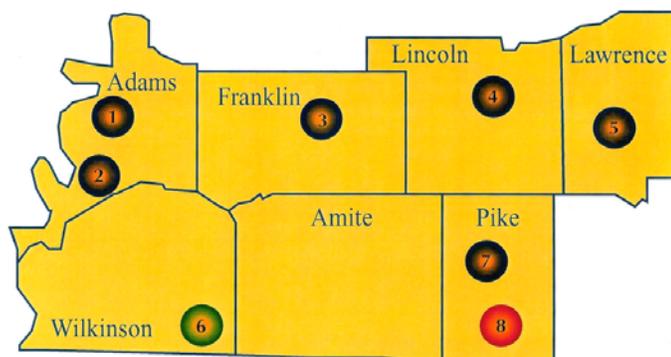


Southwest Trauma Care Region, Inc.



Regional Trauma Plan

2013

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I. Authority and Purpose

The Southwest Mississippi Trauma Care Plan has been written in compliance with the Amended Emergency Medical Services Act of 1974 (MS Code Annotated §§ 41-59-1) to create a statewide trauma system. The purpose of the Southwest Trauma Care Region Inc. is to plan, implement, administer, and manage a trauma system for the citizens of southwest Mississippi.

The plan outlines the structure and operations of the trauma care system within the counties of Adams, Amite, Franklin, Lawrence, Lincoln, Pike and Wilkinson.

II. Plan Summary

The purpose of the Southwest Mississippi Trauma Care Region is to plan, implement, administer, and manage a trauma system for the citizens of southwest Mississippi.

The Southwest Trauma Care Region consists of the counties of Adams, Amite, Franklin, Lawrence, Lincoln, Pike and Wilkinson. The entire region is considered rural and has a population of 151,626. (Source-US Census Bureau) The largest communities in the region by population (15,000+) are Natchez (Adams), McComb (Pike) and Brookhaven (Lincoln).

Health care in the region is represented by eight hospitals, seven of which have emergency departments. The current system is designed around the EMS provider transporting trauma patients, meeting state defined criteria, in compliance with the “Ms. Consolidated Trauma Activation Criteria and Destination Guidelines (page 81). The University of Mississippi Medical Center (UMMC) is the only facility within the state that is equipped to provide Level I trauma service. Southwest Ms. Regional Medical Center is the only designated Level III Trauma Center within the region. Subsequently, most trauma related transfers are directed towards these two facilities.

At present there are five ground ALS providers and 3 air medical ambulance providers serving the region. Only one of the air medical providers is based within the geographical boundaries of the region.

The goal of the plan is to develop a trauma system for the southwest region of the state. Being there is no Level I or II facility in the region to serve as a focal point, the current system would be modified to decrease the time between the traumatic incident and the rendering of appropriate care. The revised system would enable EMS providers and the local hospitals to respond in a more efficient and effective manner.

Southwest Mississippi Trauma Care Region Inc. is a private, non-profit public benefit corporation. Membership in the corporation is available to licensed Mississippi hospitals participating in the statewide trauma program. The corporation is governed by a Board of Directors that consists of two representatives from each member hospital. One representative shall be a member of the hospital’s executive or administrative staff (CEO, COO, CFO or CNO) and the other shall be a member of the hospital’s active medical staff (Trauma Program Medical Director). There is a limit of one (1) vote per participating hospital.

The Board of Directors will retain, through independent contract, a Regional Director and Trauma Medical Director. The Board of Directors shall appoint an Executive Committee that consists of the Board’s Chair, Vice Chair and Secretary/Treasurer. The Executive Committee shall govern the affairs of the Region. The Regional Trauma Performance Improvement Committee shall provide oversight of the Region’s Performance Improvement Plan. Trauma

Program Managers/Registrars Committee and the Prehospital Committee shall represent the position of participating hospitals and EMS provider agencies on issues of pre-hospital care and emergency medical services.

The business plan of the region is to establish a smooth operating organization for the system. The region is to adopt an annual budget and contract with an accounting firm to manage financial filings and operations. The State Department of Health will conduct audits.

The Southwest Trauma Care Region shall integrate with the other regions by participating in educational events and membership on the Mississippi Association of Trauma Administrators. The Region shall also provide a representative to the Mississippi Trauma Advisory Committee (MTAC).

All Trauma Centers and EMS providers must meet the requirements established by Mississippi State Department of Health to operate in the State of Mississippi and maintain a state of compliance with all Southwest Trauma Care Region and Mississippi Trauma Care System Regulations. A non-compliance policy (page 63) has been developed by the Southwest Trauma Care Region that outlines the processes the Region will take in withholding funding due to non-compliant hospitals and emergency medical service providers.

III. Plan Objectives

The goal of the plan is to develop a trauma system for the southwest region of the state. Specific objectives to achieve this goal include:

1. Develop a program directed to the public for the purpose of preventing traumatic injuries.
2. Establish a standardized response system to trauma that will enable the providers to improve clinical care and to deliver the patient to the appropriate level care in as little time as possible. The specific elements to be addressed include but are not limited to:
 - a) Standardization of pre-hospital care policies, procedures and protocols,
 - b) Standardization of hospital responses to the trauma patient,
 - c) Coordination among EMS providers and hospitals to deliver the patient to the appropriate facility.
3. Provide for the education of physicians, clinical staff and the public regarding trauma care.
4. Development of a Performance Improvement Plan to continually evaluate the system.
5. Maintain commitment from the participating hospitals and physicians to the system through representation on the Region's Board of Directors.
6. Encourage participation in caring for trauma patients from the region's non-participating hospitals and other health care providers located in the Southwest Trauma Care Region.
7. Encourage the region's hospitals to incorporate the trauma patient's rehabilitation into their plan of care. The Region shall also encourage the providers of rehabilitative medicine to develop programs geared to the patients of trauma.
8. Participation, upon request, in any State/Region sponsored research projects relating to trauma and trauma care.

IV. Implementation Schedule

July-September 2013

- a. Review of Regional Trauma Plan
- b. TNCC Training
- c. PHTLS Training
- d. Formation of Education Committee
- e. Region/State Performance Improvement Measures

October-December 2013

- a. Review of Regional Trauma Plan (continued)
- b. TNCC Training
- c. PHTLS Training
- d. Revise Regional Education Plan
- e. Region/State Performance Improvement Measures

January-March 2014

- a. Review of Regional Trauma Plan (continued)
- b. TNCC Training
- c. PHTLS Training
- d. Revise Regional Education Plan
- e. Region/State Performance Improvement Measures

April-June 2014

- a. Review of Regional Trauma Plan
- b. TNCC Training
- c. PHTLS Training
- d. Revise Regional Education Plan
- e. Region/State Performance Improvement Measures

V. Administrative Structure

Southwest Trauma Care Region Inc. is a private, non-profit public benefit corporation. Membership in the corporation is available to licensed Mississippi hospitals participating in the statewide trauma program. The Region is represented on the State level through the MTAC. Membership on the Southwest Trauma Care Region Board of Directors is limited to one member of the Trauma Center's Administrative Staff (CEO, COO, CFO or CNO) and a member of the hospital's medical staff (Trauma Program Medical Director). There is a limit of one (1) vote per participating hospital.

The Board of Directors shall appoint an Executive Committee that consists of the Board's Chair, Vice Chair and Secretary/Treasurer. The Executive Committee governs the affairs of the corporation and has the authority to transact all regular business of the corporation during emergency situations.

- The Board shall appoint a Regional Trauma Advisory Committee(s) that shall:
 - Represent the position of participating hospitals and ALS service provider agencies on issues of pre-hospital care and emergency medical services.
 - Promote region-wide standardization of pre-hospital care policies, procedures and protocols and recommend policies, procedures, protocols, positions, and philosophy of pre-hospital care and standards of care to the Southwest Trauma Care Region.
 - Promote communication and coordination among the participating hospitals and all interested parties for effective response to the needs of pre-hospital care.
 - Maintain oversight of the Regional Performance Improvement Plans.

The Board shall also appoint other non-standing committees as necessary and retain a Regional Director, Regional Trauma Medical Director and administrative staff.

Medical leadership is provided through each hospital's Trauma Program Medical Director and the Region's Trauma Program Medical Director.

Minimum standards for the system's performance will be based on the Plan Objectives and the regulatory requirements set forth by the Mississippi Trauma Care System. The Regional Trauma Performance Improvement Plan shall be the mechanism for measuring the system's performance.

The Southwest Trauma Care Region shall integrate with the other regions by participating in educational events and membership on the Mississippi Association of Trauma Administrators. The Region shall also provide a representative to the Mississippi Trauma Advisory Committee (MTAC).

The Southwest Trauma Care Region shall encourage each local EMS provider to establish mutual aid agreements with their neighboring EMS agencies.

The business plan of the region is to establish a smooth operating organization for the system. The region is to adopt an annual budget and contract with an accounting firm to manage financial filings and operations. The Board's Secretary Treasurer and Regional Director are the contacts with the accounting firm. The Region will retain a Regional Director to manage the daily administrative aspects of the organization. All expenses will be approved by an officer and processed by the Regional Director. All checks will require two signatures from the Executive Committee.

Monetary funding flows through two distinct methodologies. Administrative funds are used to manage administration of the region. The funds are distributed by the State to each region. Other funding is used to reimburse participating hospitals, physicians and EMS agencies and originate from the Trauma Care Trust Fund. All funding of the Mississippi Trauma Care System is provided through fees and assessments as outlined in HB 1405 (CY 2008). Funds are distributed at least annually.

Trauma System funding will be allocated based on a methodology as determined by the Mississippi State Department of Health-Bureau of Emergency Medical Services. Upon receipt of public funding, the Southwest Trauma Care Region will submit the allocation, within 90 days, to each claimant that is in good standing with Mississippi Trauma System and Southwest Trauma Care Region policies, procedures, protocols, guidelines and regulations.

Claimants found to be non-compliant with Regional and/or State regulations shall have funding withheld until such time the claimant re-enters a state of compliance with established guidelines. The State Department of Health will conduct audits as needed. The Southwest Trauma Care Region shall distribute public and administrative funding as outlined in the Receipt and Distribution of Funds policy (*page 44*).

VI. Plan Description and Operations

This section describes the current system for victims of medical trauma and the desired result of improvements to the current system.

A. Current System

The Southwest Trauma Care Region consists of the counties of Adams, Amite, Franklin, Lawrence, Lincoln, Pike and Wilkinson. The entire region is considered rural and has a population of 151,626. (Source-US Census Bureau) The largest communities in the region by population (15,000+) are Natchez (Adams), McComb (Pike) and Brookhaven (Lincoln).

County	Population
Adams	32,297
Amite	13,131
Franklin	8,118
Lawrence	12,929
Lincoln	34,869
Pike	43,000
Wilkinson	9,878
TOTAL	151,626

The current system is designed around the EMS provider transporting trauma patients, meeting state defined criteria, in compliance with the “Ms. Consolidated Trauma Activation Criteria and Destination Guidelines. At present there are five ground and three air based helicopter ambulance providers serving the region. One of the air medical providers is based within the region.

There are eight hospitals in the southwest region of the state. Seven of these hospitals have emergency departments and participate in the Mississippi State Trauma Care System. The one hospital without an emergency department is Beacham Memorial located in Magnolia. Patients presenting with emergency needs are given care until arrival of an ambulance from McComb.

Each hospital has its own method of providing care to the trauma patient; however, all the participating hospitals shall provide trauma care consistent with their level of designation. This includes staffing and call back of medical and other clinical staff. The patient is stabilized then transferred if necessary. University of Mississippi Medical Center (UMC) is the only facility within the state that is equipped to provide Level I trauma service. Southwest Ms.

Regional Medical Center is the only designated Level III Trauma Center within the Region. Subsequently, most trauma related transfers are directed towards these two facilities.

<i>Hospital</i>	<i>County</i>	<i>Level</i>
Field Memorial Hospital	Wilkinson	IV
Franklin County Hospital	Franklin	IV
King's Daughter's Medical Center	Lincoln	IV
Lawrence County Hospital	Lawrence	IV
Natchez Community Hospital	Adams	IV
Natchez Regional Medical Center	Adams	IV
Southwest Ms. Regional Medical Center	Pike	III

B. Plan Objectives

The goal of the plan is to develop a trauma system for the southwest region of the state. Specific objectives to achieve this goal include:

1. Develop a program directed to the public for the purpose of preventing traumatic injuries.
2. Establish a standardized response system to trauma that will enable the providers to improve clinical care and to deliver the patient to the appropriate level care in as little time as possible. The specific elements to be addressed include but are not limited to:
 - a) Standardization of pre-hospital care policies, procedures and protocols,
 - b) Standardization of hospital responses to the trauma patient,
 - c) Coordination among EMS providers and hospitals to deliver the patient to the nearest appropriate facility.

The effectiveness of the response system is measured by through Region’s Trauma Performance Improvement process. Sources of data include, but are not limited to, the State designated Trauma Registry software and MEMSIS systems.

3. Provide for the education of physicians, clinical staff and the public regarding trauma care.
4. Development a Performance Improvement Plan to continually evaluate the system.
5. Maintain commitment from the participating hospitals and physicians to the system through representation on the Region’s Board.

6. Encourage participation in caring for trauma patients from the region's non-participating hospitals and other health care providers located in the Southwest Trauma Care Region.
7. Encourage the region's hospitals to incorporate the trauma patient's rehabilitation into their plan of care. The Region shall also encourage the providers of rehabilitative medicine to develop programs geared to the patients of trauma.
8. Participation, upon request, in any State/Region sponsored research projects relating to trauma and trauma care.

C. Participant Requirements

All participants must meet the requirements established by Mississippi State Department of Health to operate in the State of Mississippi. Additionally, any participant must meet the requirements for the Mississippi Trauma Care System Regulations as established by the Mississippi State Department of Health and the requirements set forth by any accrediting agencies which the facility subscribes to, such as JCAHO.

The process of entering the Southwest Trauma Care Region consists of a letter of intent to the Region along with the Mississippi State Department of Health's Application for Trauma Center Designation. An inspection will be scheduled upon acceptance of the application from the Mississippi State Department of Health. Surveyors will consist of in-state and/or out-of-state representatives as determined by the Mississippi State Department of Health. A final decision regarding acceptance will be made pending survey results.

All employees, physicians and volunteers of the participant facilities must be licensed to practice, where a license or certification is required, in the State of Mississippi.

Each participating member facility shall develop a Multidisciplinary Trauma Committee (MDTC) as outlined in the Mississippi Trauma Care System Regulations. This committee shall meet no less than quarterly (calendar year). The Regional Director shall be notified within no less than seven days of the hospital's MDTC. The Regional Director shall be allowed to attend each member facility's quarterly MDTC meeting. Trauma Centers and EMS providers shall participate in State/Region performance improvement processes and maintain an internal performance improvement program focusing on the care of trauma patients.

D. Revised System

The current system would be improved to prevent traumatic incidents and decrease mortality and disability resultant of traumatic incidents. The hospitals of the region will still provide stabilization for transfer to a Level I, II, III, Pediatric or Burn Care facility should the patient's condition require those resources.

The elements of the revised system would include the pre-hospital providers, hospitals and the educators of trauma prevention and care. The envisioned end result for the system would be one that:

- provides for transport of trauma patients, meeting State/Region defined criteria, to the most appropriate level of trauma center for definitive care,
- determines whether a helicopter should land at the scene to deliver the patient directly to definitive care,
- enables the receiving hospital to mobilize appropriate staff and have them ready for the patient,
- enables the receiving hospital to arrange for a ground or helicopter transfer as quickly as possible if necessary,
- provides for the educational needs of the medical, nursing and allied health staff ,
- provides for the educational needs of the public to prevent the occurrence of traumatic incidents.

Each of the following elements is discussed in relation to the appropriate Plan Objective (s).

1. Pre-hospital providers

The pre-hospital providers include ground and air based ambulance services, and those fire departments that utilize First Responders. The system would enable these services to arrive on scene as quickly as possible to render care and to provide the necessary information to the receiving hospital. Each ambulance service should be able to communicate with the receiving hospital.

Objective:

- ***Establish a standardized response system to trauma that will enable the providers to improve clinical care and to deliver the patient to the appropriate level care in as little time as possible.***

The Region recognizes that each provider of ambulance services has individualized protocols regarding trauma care, on and offline medical control and communication systems. EMS providers shall transport trauma patients, meeting defined State/Region criteria, to the appropriate level of trauma center, as outlined in the “Ms. Consolidated Trauma Activation Criteria and Destination Guidelines”. The Region shall monitor each ambulance service through the Region Trauma

Performance Improvement Plan to determine the efficacy of each provider's care of trauma patients.

Each ambulance provider is to attempt, in good faith, to negotiate reciprocity agreements with the services located at and within their common geographic borders to provide for back up in the event of over utilization.

Objective:

- ***Provide for the education of physicians, clinical staff and the public regarding trauma care.***

Each EMS service must employ individuals that are licensed to perform their level of care. The Region shall work with the Mississippi State Department of Health to assist with the dissemination of educational information regarding trauma care to these individuals.

The region shall work the EMS agencies, State and local governments to provide trauma care instruction to their First Responders where employed. All pre-hospital providers would be educated regarding the decision to alert the receiving hospital to a potential trauma system patient.

2. Hospitals

The Southwest Trauma Care Region recognizes the State Trauma System Rules and regulations as being appropriate for the region's needs.

There is no Level I, II, Pediatric or Burn Care facility located within the region. Patients requiring these services must be transferred as soon as possible. The Level IV hospitals purpose is to stabilize the patient and facilitate the transfer to the higher level facility. Level III Trauma Centers are capable of providing surgical resources as is required by their level of designation. Patients needing resources outside a Trauma Center's scope of care are stabilized and transferred to another facility that has the resources capable of providing definitive care to the trauma patient.

Objective:

- ***Establish a standardized response system to trauma that will enable the providers to improve clinical care and to deliver the patient to the appropriate level care in as little time as possible.***

Each hospital would have a standardized response to a trauma patient as specified in their trauma program. Each participating hospital is to develop a trauma plan consistent with their level of designation and should meet all the State's

requirements regarding their level designation. The Region shall work with the State to ensure each facility operates according to their plan.

All the region's participating hospitals are to have transfer agreements among each other. The Southwest Trauma Care Region Inc. has developed an inclusive Interfacility transfer agreement to be used among the participating hospitals in the region. Individual hospitals are responsible for developing protocols for transfer of trauma patients requiring resources outside their scope of care.

A "Suggested Guideline for Transfer of Trauma Patients" has been developed by the Region in order to provide recommended guidelines for considering which patients should be considered for transfer to a higher level of care. The guideline is located on page 20.

Objective:

- ***Maintain commitment from the participating hospitals and physicians to the system through representation on the Region's Board***

Each participating facility shall have the opportunity to express its views through its Board of Directors representation. The Mississippi Trauma Care System helps ensure commitment through reimbursement for maintaining a state of preparedness in meeting Mississippi Trauma System regulations. The Region is represented on the State level through the MTAC. Membership on the Southwest Trauma Care Region Board of Directors is limited to one member of the Trauma Center's Administrative Staff (CEO, COO, CFO or CNO) and the member hospital's medical staff (Trauma Program Medical Director). There is a limit of one (1) vote per participating hospital.

Objective:

- ***Encourage participation in caring for trauma patients from the region's non-participating hospitals and other health care providers located in the Southwest Trauma Care Region.***

All seven hospitals with emergency departments have committed to participate in the Mississippi Trauma System. Kings Daughters Medical Center, Natchez Community Hospital and Natchez Regional Medical Center offer part-time surgeon and/or orthopedic services but are designated as Level IV Trauma Centers due to physician specialty coverage limitations.

Objective:

- ***Encourage the region's hospitals to incorporate the trauma patient's rehabilitation into their plan of care. The Region shall also encourage the providers of rehabilitative medicine to develop programs geared to the patients of trauma.***

The region shall encourage its hospitals to utilize other facilities that have rehabilitative therapies and to consider the purchase of capital equipment used for rehabilitation. The region shall encourage the providers of rehabilitative therapies to obtain continuing education related to trauma.

3. Education and Research

Objectives:

- ***Provide for the education of physicians, clinical staff and the public regarding trauma care***

The Southwest Trauma Care Region Inc. would help individual facilities establish and support educational programs regarding trauma care for their physicians, nursing and allied health personnel.

- ***Develop a program directed to the public for the purpose of preventing traumatic injuries.***

The Southwest Trauma Care Region Inc. would support each facility with the provision of trauma prevention programs directed to the public. Support for these programs will be in the form of communications, research and collaboration with other Regions or State level agencies. The Southwest Trauma Care Region Inc. may, at its own discretion, directly provide preventative education to the public.

Objective:

- ***Participation, upon request, in any State sponsored research projects relating to trauma and trauma care.***

The Southwest Trauma Care Region shall participate to the best of its capabilities, and upon request, in any state level research projects related to trauma care. The Region shall initiate any research projects in accordance with its Performance Improvement Plan.

Objective:

- ***Development of a Performance Improvement Plan to continually evaluate the system***

The Region shall develop and maintain a Performance Improvement Plan that meets the required elements set forth by the Mississippi Trauma Care System.

VII. Medical Organization and Management

System wide administrative Medical leadership is provided through the Regional Trauma Performance Improvement Committee which is chaired by the Region's Trauma Medical Director and each hospital's trauma program medical director. The Regional Plan is approved by the Regional Board of Directors which includes an administrative representative and a physician representative from each participating facility.

Off line and on line medical control is the responsibility of each Emergency Medical Service Provider. The Region requires that each provider comply with the laws of the State of Mississippi and any other voluntary accrediting agencies such as JCAHO.

Minimum standards for the system's performance will be based on the Plan Objectives and the regulatory requirements set forth by the Mississippi Trauma Care System. The Region Trauma Performance Improvement Plan shall be the mechanism for measuring the system's performance.

VIII. Inclusive Nature of the Trauma System

The Southwest Trauma Care Region recognizes that each provider of care has a specific role in this system. The roles of each provider are described in patient chronological order starting with EMS and ending with rehabilitation.

EMS and First Responders - The role of the EMS and First Responders are to render first aid and appropriate ALS care until the patient is delivered to the appropriate facility. These providers also activate the system by alerting the receiving facility to a trauma patient meeting State/Region defined criteria, as outlined in the “Ms. Consolidated Trauma Activation Criteria and Destination Guidelines”.

Receiving Hospitals – Receiving hospitals are to render care appropriate to their level of designation. Patients requiring care beyond the capabilities of the hospital are to be transferred, as soon as feasible, through the best available means as determined by the facility’s trauma director or medical control in their absence. Receiving hospitals are to utilize the appropriate transfer procedures when transferring a patient to another facility.

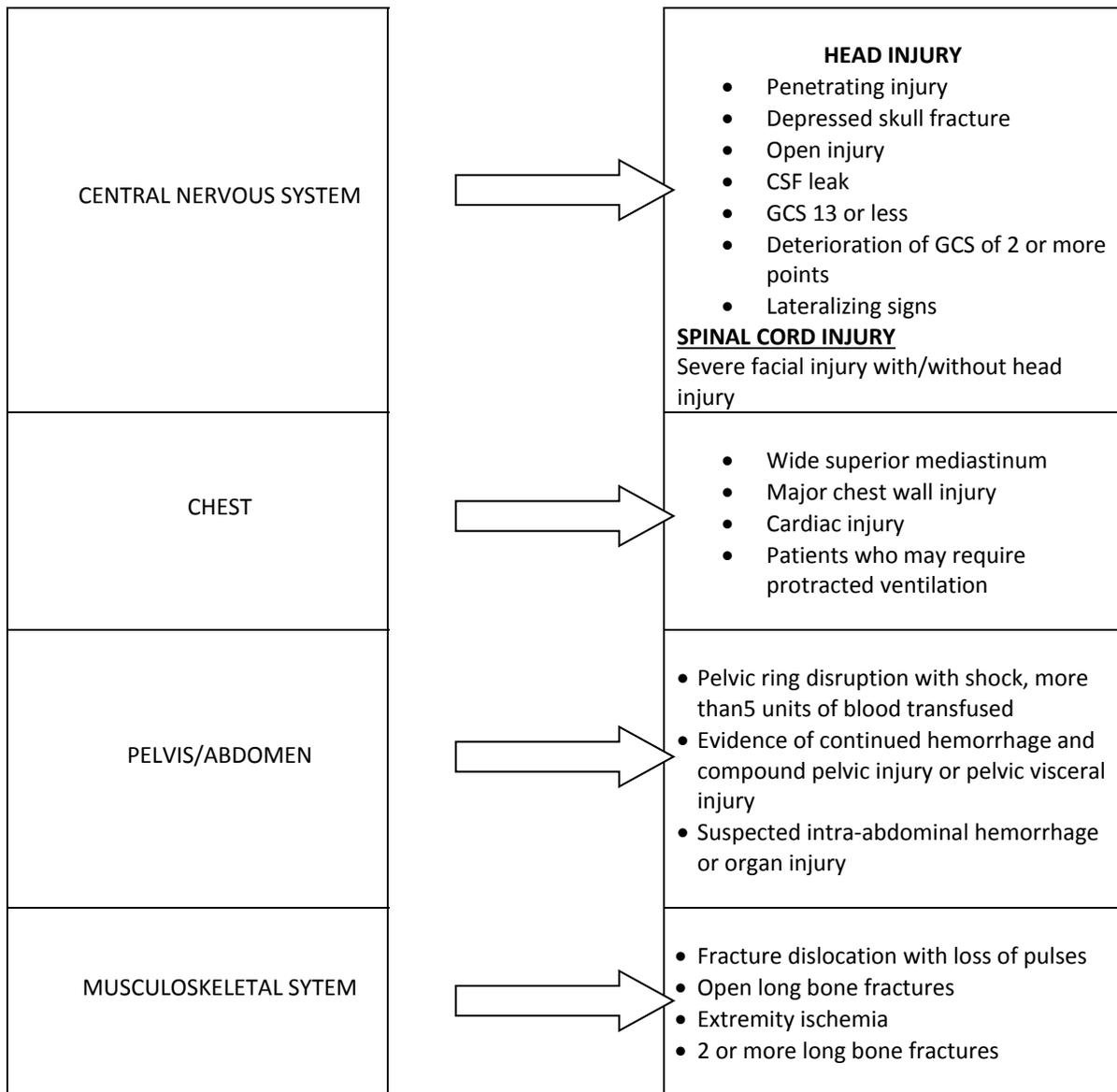
Rehabilitation - The region shall encourage its hospitals to utilize other facilities that have rehabilitative therapies should they not have their own and to consider reimbursement for the purchase of capital equipment used for rehabilitation. The region shall encourage the providers of rehabilitative therapies to obtain continuing education related to trauma.

Medical Professionals and Educators – Medical professionals are to provide care within the scope of their licenses or registries. Educators are to provide information to the professionals and general public in a manner that will achieve the objective relating to education.

The Southwest Trauma Care Region shall integrate with the other regions by participating in educational events and membership on the Mississippi Association of Trauma Administrators.

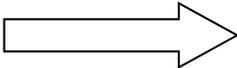
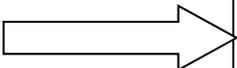
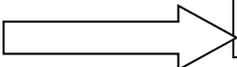
All seven of the Region’s facilities with Emergency Departments are participating in the system. The Region shall encourage a hospital to re-consider participation in the system should a hospital choose not to participate.

IX. SUGGESTED GUIDELINES FOR INTERFACILITY TRANSFER



SUGGESTED GUIDELINES FOR INTERFACILITY TRANSFER

-continued-

BURN INJURY		<p><u>BURN CENTER REFERRAL CRITERIA</u> A burn center may treat adults, children or both. Burn injuries that should be referred to a burn center include the following:</p> <ol style="list-style-type: none"> 1. Partial-thickness burns of greater than 10% of the total body surface area 2. Burns that involve the face, hands, feet, genitalia, perineum, or major joints 3. Third-degree burns in any age group 4. Electrical burns, including lightning injury 5. Chemical burns 6. Inhalation injury 7. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality 8. Any patients with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient's condition may be stabilized initially in a Trauma Center before transfer to a burn center. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols. 9. Burned children in hospitals without qualified personnel or equipment for the care of children 10. Burn injury in patients who will require special social, emotional, or rehabilitative intervention
SECONDARY DETERIORATION OF TRAUMA PATIENT		<ul style="list-style-type: none"> • Patients requiring mechanical ventilation • Sepsis • Single or multiple system organ failure • Osteomyelitis
OTHER		<p>Any patient requiring specialty services not available at time of arrival at receiving facility.</p>

X. Inter-facility Transfer Agreement

Southwest Trauma Care Region, Inc

TRANSFER AGREEMENT

THIS TRANSFER AGREEMENT (the "Agreement") is made and entered into and effective on February 1, 2010 by and among Field Memorial Community Hospital, Franklin County Memorial Hospital, Kings Daughters Medical Center, Lawrence County Hospital, Natchez Community Hospital, Natchez Regional Medical Center and Southwest Mississippi Regional Medical Center (each referred to herein as a "Party," and collectively referred to as the "Parties").

WITNESSETH

WHEREAS, the Parties are licensed Mississippi hospitals that have been designated by the Mississippi State Department of Health as "Trauma Care Facilities" under regulations promulgated pursuant to Chapter 41, Title 59 of the Mississippi Code of 1972, as amended (the "Regulations") and that participate as members of the Southwest Trauma Care Region, Inc.

WHEREAS, the Parties have determined that it would be in the best interest of patient care and would promote the optimum use of their facilities to enter into this Agreement for the transfer of patients among the Parties in compliance with the Federal and State Regulations for the purpose of securing a level of care or service at the facility of a Party receiving a patient ("Receiving Facility") that cannot be provided at the facility of a Party referring a patient ("Referring Facility").

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained, and for other valuable consideration, the receipt and sufficiency of which are acknowledged, the Parties agree as follows:

- 1. Term.** This Agreement shall commence on the date mentioned above and continue for a period of one (1) year unless otherwise terminated as provided herein. The Agreement shall renew automatically for three successive one (1) year renewal terms, provided, however, any Party may send notice to the other Parties at least thirty (30) days prior to withdrawal pursuant to Section 18 of this Agreement. Upon withdrawal, this Agreement shall terminate only with respect to the withdrawing hospital, but remain in full force and effect as to the other remaining Parties. The withdrawing Party must ensure the continuity of care of any patients it has received from a Referring Facility prior to the withdrawal date or the expiration of this agreement.
- 2. Transfer of Patients for Services.** Transfer must be accomplished by request from the patient's attending physician (the "Referring Physician") to an appropriate member of the medical staff at the Receiving Facility (the "Receiving Physician"). When a determination has been made by the Referring Physician that a Referring Facility patient should be transferred to the Receiving Facility, the Referring Facility shall immediately notify the Receiving Facility of the impending transfer. The Parties, as Receiving Facilities, agree to admit a referred patient as promptly as possible, provided that services, beds, and other resources needed for the patient's care are available to

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accommodate the patient. The Receiving Facility agrees to provide necessary services/care consistent with its own missions and objectives. Prior to the Transfer of the patient, the Referring Facility must obtain confirmation from the Receiving Facility that it can accept the transfer of the patient at the scheduled time. In the event that there is a question as to the ability of Receiving Facility to accept the patient, the Receiving Facility's chain of command will be followed to determine a final decision.

3. Records for Initial Transfer and Re-Transfer

A. **Transferred Patient's Information.** At the time of transfer, the Referring Facility will provide the appropriate medical, social, financial, and other information necessary to continue the patient's care/treatment (collectively, the "Transferred Patient's Information"), including but not limited to:

- i. Patient's name, age, address, and medical record number with name, address, and phone number of the next-of-kin.
- ii. Patient's third party billing data.
- iii. History of the injury or illness.
- iv. Initial diagnosis
- v. Condition on admission.
- vi. Pre-hospital documentation of vital signs including Glasgow Coma Scale
- vii. EMS, injury, and scene information
- viii. Vital signs at time of transport, including Glasgow Coma Scale score during stay in the Referring and at the time of Transfer.
- ix. Treatment provided to patient, including medications given and route of administration.
- x. Laboratory and X-Ray findings, including films (if any).
- xi. Fluids interventions including type and volume (if any).
- xii. Name, address and phone number of Referring Physician.
- xiii. Name of Receiving Physician.
- xiv. Name of physician in receiving institution to which patient has been contacted about patient if different than the receiving physician.

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- xv. Completed COBRA/EMTALA form, if applicable.
- xvi. Photocopies of appropriate physician documentation, nurses notes, trauma flow sheet and other chart components.
- xvii. Pertinent social/environmental information
- xviii The Consent Form as defined hereunder in Section 4 below.
- xviii. Other information requested by the receiving physician

The Parties agree to supplement this information as necessary for the maintenance of the patient during transport and treatment upon arrival at the other facility. The records shall be placed in the custody of the person in charge of the transporting vehicle who shall sign a receipt for the medical records and the patients' valuables and personal effects upon his taking custody of them from the Referring Facility upon the Initial Transfer or from the Receiving Facility upon Re-Transfer, and in turn shall obtain a receipt from the respective facility when he delivers the records, patients' valuables and personal effects to the Receiving Facility upon the Initial Transfer or to the Referring Facility upon the Re-Transfer.

B. HIPPA Privacy Requirements. In connection with the performance of services hereunder, the Parties may disclose to each other certain information that will be subject to protection under the Health Insurance Portability and Accountability Act of 1996 (AHIPAA@). The Parties acknowledge that all Parties are covered entities as that term is defined in the privacy regulations of HIPAA. Each Party agrees to comply with the HIPAA privacy regulations found at 45 CFR Parts 160 and 164 (the "Privacy Rule"). The Parties will only use, disclose and share protected health information ("PHI") held by the Parties (as defined by the Privacy Rule) to carry out treatment, payment, or health care operations ("TPO") of and among the Parties (which are purposes for which no authorization is required by the Privacy Rule). The Parties also acknowledge that because all Parties are covered entities, and will only use PHI for TPO of the Parties, that no Party is required to have a Abusiness associate agreement@ with another.

4. Transfer Consent. Referring Facility shall have responsibility for obtaining the written consent of the patient, if the patient is competent, for Transfer. If the patient is incompetent, consent may be given by a family member authorized to give consent and/or possessing a healthcare power of attorney/directive for the patient. If there is no family member authorized to give consent and/or possessing a healthcare power of attorney/directive for the patient, the consent of the Referring Physician shall be obtained by the Referring hospital. Such Consent Form may be modified by the Referring Facility as needed to comply with any changes to the Privacy Rule and to applicable laws and regulations governing the informed consent to the Transfer. The Consent Form (or copy thereof) for each patient transferred shall accompany the patient at the time of Transfer.

Southwest Trauma Care Region, Inc.

5. **Billing and Payment Arrangements.** No Party shall bill another Party hereto for services. Instead, each party will be responsible for billing and collecting for institutional services rendered to the patient at each institution. It is understood that physicians at either institution may separately bill and collect their professional fees from the patient or third party payor, and that no Party hereto is expected to pay or guarantee payments to another Party or professional fee payments to any physicians.

6. **Transportation of Patient.** The Referring Facility and the Referring Physician shall have responsibility for arranging transportation of the patient for the Transfer. This responsibility shall include selection of the mode of transportation, providing appropriate health care practitioner(s) to accompany the patient if requested by the referring facility and/or the referring physician), and stabilization of the patient before transfer, within the capabilities of the Referring Facility. The Receiving Facility's responsibility for the patient's care shall begin when the patient is admitted to the Receiving Facility and shall continue for the patients entire length of stay at the receiving facility.

7. **Non-Exclusiveness.** Nothing in this Agreement shall be construed as limiting the right of any Party to affiliate or contract with any other person, provider or Party on either a limited or general basis while this Agreement is in effect.

8. **Emergency Care.** The Parties further agree that in the event of a disaster or other emergency, normal preparatory mechanisms will be waived in order to provide for the safe and effective care of the patient.

9. **Patient Intervention Data and Provision of Trauma Care.** The Parties will provide patient intervention data required by the Mississippi Trauma Care System for inclusion into the trauma registry system.

10. **Procedures and Guidelines for Transfer.** The Referring Facility must consult with the Receiving Physician with regard to arrangements and details of the transfer so that the Receiving Physician can make sure that Receiving Facility is qualified, able, and willing to accept the patient and is in agreement with the intent to transfer. The Referring Facility shall provide appropriately trained personnel and proper equipment during transfer to manage problems specific to the patient's condition, whether transportation is by ground or air. Parties shall recognize and agree to abide by all applicable Federal, State and Regional guidelines regarding the transfer of patients.

11. **Management and Interventions by the Referring Hospital Prior to Transfer.**

The Referring Facility shall have the following responsibilities with respect to management and interventions prior to transfer:

A. Assure availability of personnel and equipment to manage the patient's known physiological needs.

Southwest Trauma Care Region, Inc.

- B. Maintain communication with the Receiving Physician and/or Receiving Facility regarding changes in the patient's condition.
- C. Obtain large bore IV access or placement of a central line.
- D. Secure a patent airway and ensure adequate ventilation.
- E. Immobilize the vertebral column, if appropriate.
- F. Insert indwelling urinary catheter to closed drainage system, if appropriate.
- G. Insert nasogastric tube, if appropriate.
- H. Splint suspected fractures, , if appropriate.
- I. Cover open wounds with sterile dressings.
- J. Administer tetanus and antibiotic prophylaxis as prescribed.
- K. Administer analgesics and other medications as prescribed.

12. Re-Transfer. When a determination is made by appropriate medical personnel of the receiving facility that a patient transferred from the transferring facility has been stabilized, no longer has an emergency medical condition or no longer requires the specialty services provided at the receiving facility, but the patient still requires further acute care, the transferring facility, with the consent of the patient and the patient's physician, agrees to readmit the transferred patient for appropriate acute care within 24 to 48 hours of such a determination. The patient's physician, the chief of the medical staff or other authorized representative of the transferring facility shall facilitate the identification of the patient's physician or his/her designee to accept the patient and transfer the patient back to the transferring facility.

13. Feedback. Any hospital receiving a trauma transfer shall submit written feedback to the transferring hospital's Trauma Program Manager. The documentation for this feedback shall include the following:

- A Patient Name (first initial and last name)
- B Date of transfer
- C Chief complaint
- D Injuries identified
- E Patient's physician(s)
- F Disposition of patient: to include admission or transfer to higher level of care, patient to surgery, unit patient admitted to (ICU, Med-Surg., etc) and date of discharge
- G Trauma Program Manager's contact information including phone, fax and email address
- H Signed by the Trauma Center's Trauma Program Medical Director

Southwest Trauma Care Region, Inc.

14. **Advertising and Public Relations.** No Party shall use the name of another Party in any promotional or advertising material without the express written consent of that Party.

15. **Independent Contractor Status.** All Parties hereto are independent contractors. No Party is authorized or permitted to act as an agent or employee for another. Nothing in this Agreement shall in any way alter the freedom enjoyed by a Party, nor shall it in any way alter the control of the management, assets and affairs of the respective Parties. No Party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or a legal nature incurred by another Party to this Agreement.

16. **Liability.** To the fullest extent allowed by law, each Party shall be responsible for its own acts and omissions and shall not be responsible for the acts and omissions of another Party.

17. **Termination.** Any Party hereto may withdraw from participating under this Agreement, with or without cause, by giving thirty (30) days written notice of its intention to withdraw from this agreement, and by ensuring the continuity of care to patients who are patients on the date of termination. Upon such withdrawal, this Agreement shall terminate only with respect to the withdrawing Party, but shall remain in full force and effect as to the other remaining parties. Any Party may give notice and withdraw from this Agreement immediately upon the occurrence of any of the following: any Party's institution is destroyed to such an extent that the patient care provided by such institution cannot be carried out adequately; any Party's institution loses its license or ceases to be a participating provider in Medicare, Medicaid or similar federal healthcare programs; any Party breaches or fails to comply with any of the terms of this Agreement, and said breach continues for a period of ten (10) days following the breaching Party's receipt of written notice of breach from the non-breaching Party or Parties; or there is any new or amended law, regulation or interpretation thereof that in any way adversely affects the tax-exempt status of any Party or its financings, and the Parties are unable after a period of fifteen (15) days from written notice of such law, regulation or interpretation to agree on any needed amendments to this Agreement

18. **Nonwaiver.** No waiver of any term or condition of this Agreement by any Party shall be deemed a continuing or further waiver of the same term or condition or a waiver of any other term or condition of this Agreement.

19. **Governing Law.** This agreement is made and entered into in the State of Mississippi and is governed by the laws of the State of Mississippi.

20. **Assignment.** This agreement shall not be assigned in whole or in part by any Party hereto without the express written consent of the other Parties except that any Party may freely assign the Agreement to its successor.

Southwest Trauma Care Region, Inc.

21. **Invalid Provision.** In the event that any portion of this Agreement shall be determined to be invalid or unenforceable, the remainder of this Agreement shall be deemed to continue to be binding upon the Parties in the same manner as if the invalid or unenforceable provision was not a part of this Agreement.
22. **Amendment.** This agreement may be amended at any time by written agreement signed by the Parties.
23. **Notice.** Any notice required or allowed to be given hereunder shall be deemed to have been given upon deposit in the United States mail, registered or certified, with return receipt requested and addressed as follows:

Field Memorial Community Hospital
PO Box 639
Centreville, Ms 39631
Attn: CEO

Franklin County Memorial Hospital
PO Box 636
Meadville, Ms 39653
Attn: CEO

King's Daughter Medical Center
PO Box 948
Brookhaven, Ms 39602
Attn: CEO

Lawrence County Hospital
PO Box 788
Monticello, Ms 39654
Attn: CEO

Natchez Community Hospital
PO Box 1203
Natchez, Ms 39121
Attn: CEO

Natchez Regional Medical Center
PO Box 1488
Natchez, Ms 39121
Attn: CEO

Southwest Mississippi Regional Medical Center
PO Box 1307
McComb, Ms. 39649
Attn: CEO

Southwest Trauma Care Region, Inc.

24. **Binding Agreement.** This Agreement constitutes the entire agreement between the Parties and contains all of the agreements between them with respect to this subject matter and supersedes any and all prior agreements, either oral or in writing, between the Parties with respect to this subject.
25. **Heading.** The headings to the various sections of this Agreement have been inserted for convenience only and shall not modify, define, limit or expand express provisions of this Agreement.
26. **Gender.** Throughout this instrument, wherever the context requires or permits, the neuter gender shall be deemed to include the masculine and feminine, and the singular number the plural and vice versa.
27. **Governing Body.** The governing body of each Party's institution shall have exclusive control of its policies, management, assets and affairs, and no Party shall incur any responsibility by virtue of this Agreement for any debts or other financial obligations incurred by another Party.
28. **Compliance with Laws.** This Agreement has been entered into and shall be performed by all Parties in compliance with all local, state and federal laws, rule, regulations and guidelines, including without limitation COBRA.
29. **Authorization for and Legality of Agreement.** The execution and performance of this Agreement by each institution has been duly authorized by all necessary laws, resolutions or corporate actions, and this Agreement constitutes the valid and enforceable obligations of each institution in accordance with its terms. Neither this Agreement nor the fair market value compensation payable hereunder is calculated based upon referrals of patients or the generation of business between the Parties.

Southwest Trauma Care Region, Inc.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed on the day and year first above written.

Field Memorial Community Hospital

By: Chad Nettlesville

Title: CEO

Kings Daughters Medical Center

By: Alvin T. [Signature]

Title: CEO

Franklin County Memorial Hospital

By: W. P. [Signature]

Title: CEO

Natchez Community Hospital

By: [Signature]

Title: Interim CEO

Lawrence County Hospital

By: [Signature]

Title: ADMINISTRATOR

Natchez Regional Medical Center

By: Lana [Signature]

Title: Interim CEO

Southwest Mississippi Regional Medical Center

By: [Signature]

Title: CEO

XI. Documentation of Hospital Participation



Stilo SWICK

LAWRENCE COUNTY HOSPITAL

P.O. Box 788, Monticello, MS. 39654

(601) 587-4051 FAX (601) 587-0306

Deborah C. Roberts
Administrator

Joe Dale Walker, Attorney

Duane Daniel, Chairman
W. S. Rayborn, Vice Chairman
Ron Reeves, Secretary-Treasurer
Jack Douglas
Pat Shivers
Robert Collier
Henry Russell
Dr. Brantley B. Pace, Ex-Officio

August 16, 1999

Mr. Wade Spruill, Jr.
Director EMS
P.O. Box 1700
Jackson MS 39215-1700

Re: Trauma Registry

Dear Wade:

Lawrence County Hospital and its Medical Staff wish to be included in the Trauma System Development and the Registry.

We will work with all of the area hospitals in the region including the state facilities.

Please contact me if additional information is needed.

Sincerely,

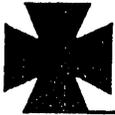
Deborah C. Roberts,
Administrator

Dr. Bonita C. Musial
Chief of Staff

REC-1071

AUG 19 1999

"The Hospital With A Heart"



King's
Daughters
HOSPITAL

Jam Jones

HIGHWAY 51 NORTH

POST OFFICE BOX 948

SOUTHWEST TRAUMA CARE REGION
BROOKHAVEN, MISSISSIPPI 39602-0948

October 8, 1998

Mr. Wade Spruill, Jr.
Director EMS
P. O. Box 1700
Jackson, MS 39215-1700

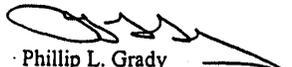
RE: Trauma Registry

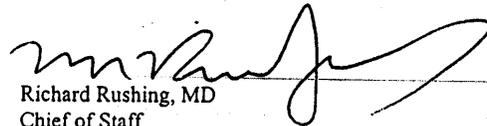
Dear Mr. Spruill:

King's Daughters Hospital and Medical Staff want to be included in the Trauma System Development and the Trauma Register. We realize this will take time, but we want to be involved and a part of this program. Please be advised that we are willing to work with surrounding hospitals in the region as well as the state.

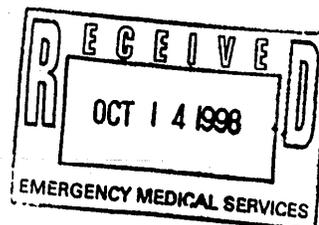
We look forward to working with you. If you need additional information, please feel free to call me at 601-835-9186.

Sincerely,


Phillip L. Grady
Chief Executive Officer


Richard Rushing, MD
Chief of Staff

PLG/RR/gam



TELEPHONE 601-833-6011

FAX (ADMINISTRATION) 601-833-2791

Dir SWIC

Franklin County Memorial Hospital

P.O. Box 636 · Meadville, MS 39653 · Ph: 601-384-5801 · Fax: 601-384-4100

J

August 17, 1999

Wade N. Spruill, Director
Division of EMS
P. O. Box 1700
Jackson, MS 39215

Dear Wade:

Franklin County Memorial Hospital will participate in the Mississippi Trauma program.

Semmes Ross, Jr.

Semmes Ross, Jr.
Administrator

Ben Yarbrough, MD

Ben Yarbrough, MD
Chief of Medical Staff

AUG 18 1999



Post Office Box 948
427 Highway 51 North
Brookhaven, MS 39602-0948
Telephone (601) 833-6011

December 7, 1999

Wade Spruill, Jr.
Director
Division of Emergency Medical Services
MS State Department of Health
P O Box 1700
Jackson, MS 39215-1700

Re: Trauma Center Inspection

Dear Wade:

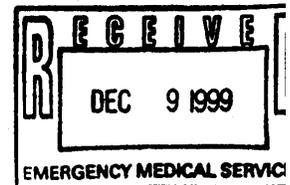
This letter is to request scheduling for inspection of King's Daughters Medical Center as a Level III Trauma Center by the Division of EMS. This decision was reached by an interdisciplinary committee consisting of physicians, nursing, EMS and administration.

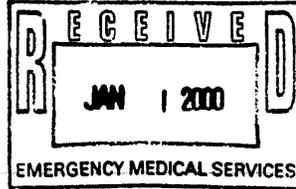
Please send all correspondence related to the survey date to my attention at the address above. Should additional information be needed in the meantime to process this request, please contact Jane Jones, RN, Director of ER/ICU, at 835-9257 or me at 835-9186.

Sincerely,

Phillip L. Grady
Chief Executive Officer

cc: Wells Wilson, MD
Jane Jones, RN





Sargeant S. Prentiss Drive (99120)
Post Office Box 1488
Natchez, Mississippi 39121
Telephone 601-443-2100

January 26, 2000

Mr. Wade Spruill
Mississippi EMS Director
Division of Emergency Medical Services
P. O. Box 1700
Jackson, Mississippi 39215-1700

RE: Trauma care facility

Dear Wade:

After careful review of the Mississippi Trauma Center Designation Standards, Natchez Regional Medical Center wishes to participate as a Level IV trauma care facility. We are committed to developing a strong trauma program that will be a vital part of the Southeast Trauma Care Region.

Please consider us for an inspection at this level and let us know soon when that inspection will occur. In the interim, we will be happy to forward to you any additional information your department may require. We look forward to hearing from you about the inspection date.

If you have any questions please do not hesitate to contact me at 601-443-2600.

Sincerely,

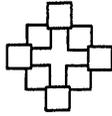
A handwritten signature in black ink, appearing to read "Karen A. Fiducia".

Karen A. Fiducia
Interim Chief Executive Officer

A handwritten signature in black ink, appearing to read "Benson A. Grigsby".

Benson A. Grigsby, M.D.
Medical Director-Emergency Department

BAG:khc



Field Memorial
COMMUNITY HOSPITAL

Brock Slabach
Administrator

Friday, May 26, 2000

Ms. Fran Dickie, R.N.
Trauma Nurse Coordinator
Emergency Medical Services
P.O. Box 1700
Jackson MS 39215-1700

Re: Trauma Level Designation

Dear Fran:

In follow-up to our telephone conversation, I am writing to announce our change from Level 3 trauma designation to Level 4. I believe that the application that we completed was for the Level 4 designation.

If you need anything else regarding this matter, please contact me. Thank you for your assistance.

Sincerely,

Brock A. Slabach
Administrator

BAS/wpi

On-file as: Dickie.WPD

P.O. Box 639
Centreville, MS 39631-0639
601/645-5221
FAX 601-645-5842

31 2000
LEGAL

**SOUTHWEST MISSISSIPPI
REGIONAL MEDICAL CENTER**
"The Southwest Medical Network"

January 17, 2000

Fran Dickie, RN
Trauma Nurse Coordinator
Division of Emergency Medical Services
Mississippi Department of Health
P.O. Box 1700
Jackson, MS 39215-1700

Ms. Dickie:

I am writing this letter to declare our level of designation for both the adult and pediatric care arenas for the Mississippi Trauma Care System.

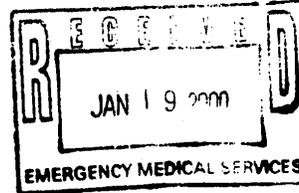
We wish to apply for a Level 3 certification for adult care and a Primary Level certification for pediatric care. I would like to speak with you in the near future regarding the inspection process and the facility's preparation.

Feel free to call me directly at 601-249-1812.

Sincerely,



Gary M. Heim
Administrative Director



P.O. Box 1307, McComb, MS 39649-1307 • 215 Marton Avenue, McComb, MS 39648 • Phone (601) 249-5500

VHA Member of Voluntary Hospitals of America, Inc. •



**Natchez
Community
Hospital**

Uniquely Qualified To Care™

File SWICK

129 Jefferson Davis Boulevard
P.O. Box 1203
Natchez, Mississippi 39120
Telephone 601.445.6200

December 1, 1999

Mr. Wade Spruill
Mississippi State Department of Health
Emergency Medical Services
P. O. Box 1700
Jackson, Mississippi 39215-1700

Dear Mr. Spruill,

Natchez Community Hospital and its Medical Staff desire to participate in the Mississippi Trauma Care System.

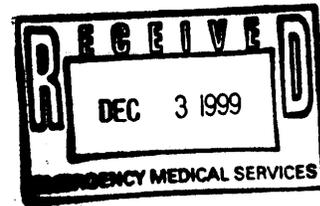
Respectfully,


Raymond Bane
Executive Director


Christopher Hancock, M.D.
Chief of Staff

RB/set

cc: Phillip L. Grady
David Ainsworth
Rosemary Brewer
Fern Jensen



XII. Operational Implementation of Policies

The initial plan for the Southwest Trauma Care Region was developed during a three month period in the autumn of the year 2000 by a selected task force consisting of nurse administrators, a general administrator, a trauma surgeon and a paramedic supervisor.

The team functioned under the auspices of the region's Executive Committee. The team met to determine the region's current state of readiness and to develop the components of the plan.

The first draft of the plan was submitted to the Southwest Mississippi Trauma Care System Board of Directors on November 28, 2000 for approval and subsequent submission to the Mississippi State Department of Health for final approval. The Southwest Trauma Care Region's trauma plan is submitted to the Department of Health/Trauma annually.

The plan provides for retaining a Regional Director, establishing a Regional Trauma Performance Improvement Committee, Trauma Program Managers/Registrar Committee and Prehospital Committee, and for the implementation of the plan as written and revised as recommended by the Mississippi State Department of Health. The plan will be monitored and evaluated through the daily administration of the Southwest Trauma Care Region by its Regional Director and through its Board of Directors. Enforcement of the policies shall be administered through the Board of Directors and the Mississippi State Department of Health.

Policies

This section includes the policies to be used by the Board of Directors and Regional Director in managing the Southwest Trauma Care Region. Policies may be added or deleted as needed with approval from the Board of Directors.

Policy Listing	Page
System Organization and Management	43
Receipt and Distribution of Funds	44
Trauma Care Coordination (intra-region)	50
Trauma Care Coordination (inter-region)	51
Data Collection and Management	52
Coordination of Transportation	53
Integration of Pediatric Hospitals	54
Availability of Trauma Center Personnel and Equipment	55
System Evaluation and Performance Improvement	56
Professional and Staff Training	57
Level IV Trauma Center Site Visits	58
Public Information and Training	61
Injury Prevention Programs	62
Non-Compliance Policy	63

System Organization and Management

PURPOSE: To provide organizational structure and administrative command and control for the Southwest Trauma Care Region.

POLICY: The Southwest Trauma Care Region shall develop and maintain operations for the trauma program in the geographic region delegated by the State of Mississippi State Department of Health.

- A. The Region shall incorporate, develop and operate a Board of Directors and Regional Bylaws.
- B. The Southwest Trauma Care Region voting membership shall consist of the geographically eligible hospitals participating in the Mississippi State Trauma Care System. Participating hospitals must be designated Trauma Centers.
- C. Additional members may participate on a non-voting status after approval of the Regional Board.
- D. The Regional Board shall develop and maintain a Trauma Plan in accordance with the requirements established by the Mississippi State Department of Health.
- E. The Regional Board shall appoint some person or entity that shall have administrative authority over the daily operations of the Southwest Trauma Care Region.
- F. Voting and non-voting members shall participate in the Southwest Trauma Care Region as specified in the Board's Bylaws and other policies.
- G. Each voting member facility shall develop and maintain a Mississippi State Department of Health designated trauma program.
- H. All information submitted from voting and non-voting members to Southwest Trauma Care Region shall be considered proprietary. Member organizations shall not use Region's proprietary information for individual organization gain.

Receipt and Distribution of Funds

PURPOSE: To provide a detailed method for distribution and receipt of funds by the Southwest Trauma Care Region, Inc.

POLICY: The Southwest Trauma Care Region, Inc. shall conduct the distribution and receipt of all funds according to the following procedure.

A. Receipts:

1. All funds received by the Regional Director will be deposited into the Southwest Trauma Care Region's operating or money market accounts. Trauma Care Trust Fund Distributions shall be deposited into the Region's operating accounts. Refunds received from providers shall be deposited in the Region's money market account.
2. Deposit slips and refund support will be faxed or emailed to the Region's CPA and the Region's Secretary/Treasurer.
3. Original documents will be kept on file at the office of the Regional Director.

B. Unrestricted Use Disbursements:

1. Unrestricted use distributions include budgeted items such as administrative fees, operational expenses and other expenses that would not be classified as restricted use. These funds shall be distributed to the provider within 30 days of receipt of invoices with required documentation.
2. Invoices and other supporting documentation shall be attached to the checks and signed by 2 members of the Executive Committee.
3. Checks may be mailed or hand delivered to recipients.

i. Restricted Use Distributions

1. Restricted use distributions include the following:
 - a. Trauma Care Trust Fund disbursements to Level III Trauma Centers and EMS Providers. These funds shall be distributed to the provider with 90 days of receipt by the Region.
 - b. Level IV Trauma Center Administrative distributions. These funds shall be distributed to the provider with 90 days of receipt by the Region.
 - c. Level IV Trauma Center Trauma Education reimbursement. These funds shall be distributed to the provider within 30 days of receipt of invoices with required documentation.

- d. Refer to Ms. Trauma System Rules and Regulations for details regarding the distributions listed in a-c, above.
2. Trauma Centers and EMS Providers must attend a scheduled Trauma Care Trust Fund meeting upon request by the Regional Director.
3. Trauma Centers and EMS providers must submit to the Region, for each distribution, an original, signed copy of the completed Trauma Care Trust Fund application.
4. Applications shall be reviewed at a regularly scheduled meeting of the Southwest Trauma Care Region Board of Directors. Each application will receive one of the following determinations:
 - a. Return for Additional Information: Application is incomplete, missing information or item(s) listed on application are not approved for reimbursement.
 - b. Approved: Application is approved and a check will be issued by the Trauma Care Region.
 - c. Denied: Facility did not meet qualifications for distribution, i.e., is not in compliance with regional / State guidelines, regulations, statutes. Refer to the Non-Compliance Policy on page 63.
5. Check distribution process
 - a. Funds shall be distributed to approved applicants by either of the following methods:
 - i. Certified Mail.
 - ii. Hand Delivery: The applicant must sign an attestation of receipt of funds which will include the following:
 - Check Number
 - Amount of check
 - Description of distribution
 - Date received by provider
6. Escrowed Funds
 - a. Expenditure of TCTF payments may be escrowed, by the provider, for up to three (3) years to accumulate sufficient funds to purchase equipment or capital investments.

- b. All escrowed funds must be in an interest bearing account; any interest must be expended in accordance with TCTF guidelines.
- c. Extensions beyond three (3) years must be approved by the Region.
- d. Facilities and/or EMS providers desiring to escrow expenditures must include a purchase plan, attached to the completed TCTF application.

7. EMS Providers

- a. Ground EMS Providers receiving TCTF distributions must be based within the counties comprising the Southwest Trauma Care Region and compliant with Mississippi EMS and Trauma System Rules and Regulations and Southwest Trauma Care Region policies, procedures and guidelines. Refer to the “Non-Compliance Policy” on page 63 for information regarding non-compliant providers and withholding of funds.
- b. In counties where multiple ground EMS provider companies are based, TCTF monies will be distributed to the provider that is assigned the 911 contract. If the county has not identified a single provider for 911 services, TCTF disbursements shall be equally distributed among the compliant providers within the county. In the event that the Region has withheld funds from a provider due to non-compliance and the provider has not achieved a state of compliance prior to the deadline for returning the money to the MSDH, the funds will be distributed to the other provider within the county, provided the other provider is currently in a state of compliance with Ms. EMS, Trauma System Rules and Regulations and the Southwest Trauma Care Region Plan. In the event there are no compliant providers within the county, the money shall be returned to the department by the deadline for disbursement of that specific TCTF distribution.
- c. EMS providers receiving TCTF distributions must maintain receipts, invoices and supporting documentation for all TCTF expenditures for a minimum of 3 years.

8. Level III Trauma Centers

- a. Hospitals that have been designated by the MSDH as Level III Trauma Centers are eligible to receive TCTF distributions. The Level III Trauma Centers receiving TCTF distributions must be compliant with Mississippi Trauma System Rules and Regulations and Southwest Trauma Care Region policies, procedures and guidelines. Refer to the “Non-Compliance Policy” on page 63 for information regarding non-compliant providers and withholding of funds.
- b. The Level III Trauma Center shall:
 - i. Distribute 30% of all TCTF monies received to eligible physicians.

- ii. Maintain receipts, invoices and supporting documentation for all TCTF expenditures for a minimum of 3 years.

9. Level IV Trauma Centers

- a. Hospitals that have been designated by the MSDH as Level IV Trauma Centers and are compliant with Mississippi Trauma System Rules and Regulations and Southwest Trauma Care Region policies, procedures and guidelines shall be eligible to receive the following funding:
 - i. An annual administrative fee of \$10,000 per year. Administrative fees are not restricted and may be used as determined by the Level IV facility.
 - ii. An annual \$10,000 grant disbursement for approved trauma specific education.

The MSDH distributes the educational funds, to the Trauma Regions, via 2 separate payments of \$5,000.00 each, during the state fiscal year (July 1st – June 30th). Education grant funding that is not obligated by the Region by the end of the fiscal year (June 30), nor expended within 60 days of the termination of the fiscal year (August 30), must be returned to the Department.

Approved education may include, but is not limited to, the following:

- TNCC: The facility must meet the requirements for TNCC certification as outlined in the Ms. Trauma System Rules and Regulations. Reimbursement for other approved trauma education is dependent upon compliance with this requirement. The Region shall reimburse for the cost of course registration, book fee, mileage (federal rate), wages (at standard rate of pay for posted course hours) and hotel room fee approved by the Region. The hospital must submit an invoice to the Region outlining the date(s) of the course, number of nurses that attended, total course hours and payroll expense, and a copy of the TNCC certificate/card for each nurse that attended the course.
- ATLS: The facility must meet the requirements for ATLS certification as outlined in the Ms. Trauma System Rules and Regulations. Reimbursement for other approved trauma education is dependent upon compliance with this requirement.

The Region shall reimburse its trauma centers for the following for mid-level practitioners taking ATLS: cost of course registration, book fee, mileage (federal rate), wages (at standard rate of pay for posted course hours) and hotel room fee approved by the Region. The hospital must submit an invoice to the Region outlining the date(s) of the course, total number of mid-level practitioners attending, total course hours and salary expense, and a copy of the ATLS certificate/card for each mid-level practitioner that completed the course.

The Region shall reimburse its trauma centers for the following items for physicians taking ATLS: cost of course registration, book fee, mileage (federal rate) and hotel room fee approved by the Region. The hospital must submit, to the Region, an invoice outlining the date(s) of the course, number of physicians that completed the course, and a copy of the ATLS certificate/card for each physician that attends the course.

A Trauma Center may request reimbursement for the following, provided the facility is currently compliant with the TNCC and ATLS requirements as outlined in the Ms. Trauma System Rules and Regulations at the time the educational offering is conducted. The Trauma Center must sign an attestation of their compliance with the regulations for TNCC and ATLS, prior to payment by the Region:

- ENPC: Emergency Nursing Pediatric Course. The Region shall reimburse for the cost of course registration, book fee, mileage (federal register), wages (at standard rate of pay for posted course hours) and hotel room fee approved by the Region. The hospital must submit, to the Region, an invoice outlining the date(s) of the course, number of nurses that attended and a copy of the ENPC certificate/card for each nurse that attended the course.
- Trauma Conferences: The Region shall reimburse for the cost of course registration, book fee, mileage (federal register), wages (at standard rate of pay for posted course hours) and hotel room fee approved by the Region. The hospital must submit an invoice to the Region for the amount of reimbursement being requested, a copy of the registration form for each person, proof of paid registration (copy of check or receipt from conference) and hotel room receipts.

- Ms. Trauma Registry Training. The Region shall reimburse for the cost of course registration, book fee, mileage (federal register), wages (at standard rate of pay for posted course hours) and hotel room fee approved by the Region. The hospital must submit an invoice to the Region for the amount of reimbursement being requested and a copy of the hotel room receipts.
- Internal educational/in-service programs specific to trauma care. Reimbursement for this item shall be approved by the Region. The hospital must submit an invoice to the Region for the amount of reimbursement being requested and supporting documentation for the hospital's cost of the program.
- Other trauma education related costs as approved by the Region and MSDH.

i. Accounting

1. The Region will have a copy of the monthly bank statements sent to CPA along with reconciliation reports for each month during the quarter being reported.
2. The CPA shall prepare and issue detailed financial reports to the Region on a quarterly basis.
3. CPA prepared financial statements shall be presented at the Region Board of Directors meetings.

Trauma Care Coordination (intra-region)

PURPOSE: To establish and maintain cooperation among the agencies participating in the regional trauma plan.

POLICY: The Southwest Trauma Care Region shall develop and maintain a system designed to facilitate cooperation among the agencies participating in the regional plan.

- A. The system shall provide for regional medical control to include criteria for activation of the trauma team. Regional medical control shall be in the form of cooperating individual participant hospitals. Regional medical control shall provide for:
 - 1. criteria for bypass,
 - 2. criteria determining a hospital's level of trauma team activation,
 - 3. survey to determine capabilities of region's ability to provide trauma care.
- B. The system shall require the Southwest Trauma Care Region develop a transfer agreement for use among the participating hospitals located in the region.
- C. Hospitals shall develop and provide to the Southwest Trauma Care Region their individual trauma plans.
- D. All agencies shall report to the Southwest Trauma Care Region their clinical and operational capabilities regarding trauma care. This is to include but is not limited to facilities, medical specialties and communication capabilities.

Trauma Care Coordination (Inter-region)

PURPOSE: The purpose of this policy is to provide the mechanism for coordinating trauma care between the Southwest Trauma Care Region and other Regions located in Mississippi.

POLICY: The Southwest Trauma Care Region will facilitate the establishment and maintenance of agreements between the participating hospitals and EMS agencies of the Southwest Region and those participating facilities and EMS agencies of neighboring and other applicable regions.

- A. Trauma Centers shall establish and maintain protocols for the transfer of trauma patients to a higher level of care. These protocols must address, at a minimum, the packaging and transfer process for Burn, Pediatrics, Dialysis patients (if service is unavailable at the receiving facility), patients requiring rehabilitation and those patients requiring the care of a higher level trauma center.
- B. Each EMS provider, to include hospital-based providers, shall attempt in good faith to establish mutual aid agreements with all adjacent EMS providers.
- C. The Southwest Trauma Care Region shall maintain contact with neighboring Trauma Regions and the State Department of Health to monitor the status of and changes to the Mississippi Trauma Care System and its Regions. The Regional Director shall meet quarterly with the other Regional Directors or equivalent representatives. The Southwest Trauma Care Region shall incorporate any Mississippi Trauma Care System changes into the Region Trauma Plan.

Data Collection and Management

PURPOSE: To provide a framework for collecting, recording and utilizing data for purposes of trending root cause analysis and performance improvement.

POLICY: The Southwest Trauma Care Region shall collect and report all necessary data as required by the Mississippi State Department of Health. The Region shall also provide regular reports to the participating facilities.

- A. All participating facilities shall report data and trending reports to the Southwest Trauma Care Region on a monthly basis.
- B. The Southwest Trauma Care Region shall provide an annual report to the participating agencies and to the State Department of Health as necessary.
- C. Data collected shall be used for performance improvement and system evaluation.

Coordination of Transportation

PURPOSE: The purpose of this is to provide guidance regarding the transportation of trauma patients.

POLICY: Trauma Centers and EMS agencies shall cooperate to effectively transport a trauma patient to the appropriate Trauma Center.

- A. The regional trauma system shall be activated through current methodology to include 911, *HP or direct phone contact with a hospital.
- B. Local ambulance provider (s) shall be dispatched to scene under authority of provider's medical control.
- C. EMS providers shall transport patients according "Ms. Consolidated Activation Criteria and Destination Guidelines" and communicate any necessary information to the receiving Trauma Center.
- D. Trauma Center shall activate their response mechanism and facilitate transfer (if needed) to appropriate higher level facility. The method of transfer (ground vs. air-medical) shall be based on the acuity of the patient and the availability of resources.

Integration of Pediatric Hospitals

PURPOSE: Provide for pediatric trauma care

POLICY: The Southwest Trauma Care Region shall integrate pediatric hospitals into the regional system.

- A. All designated Trauma Centers, at a minimum, are designated as Primary Pediatric Trauma Centers. Level II and III Trauma Centers, only, may apply as a Secondary Pediatric Trauma Center. All trauma centers shall comply with Ms. Trauma System Rules and Regulations for their level of pediatric trauma center designation.
- B. The Southwest Trauma Care Region shall facilitate and encourage the pediatric Trauma Center to provide educational and preventative informational resources into the Region's training, educational and preventative services.

Availability of Trauma Center Personnel and Equipment

PURPOSE: To ensure regulatory compliance with Mississippi Trauma Care System requirements regarding the availability of resources.

POLICY: All participating hospitals in the Southwest Trauma Care Region shall comply with Mississippi Trauma Care System requirements by maintaining a constant state of readiness consistent with their level of certification.

- A. General surgeons, orthopedic surgeons, anesthesiologists, radiologists must be either present or on-call. Response times for these specialties should be in compliance with Ms. Trauma System Rules and Regulations.
- B. All hospitals shall have a designated trauma team consisting of physicians, specialists, nursing, clinical and ancillary personnel which should be either present or on-call and promptly available.
- C. All facilities shall have a designated system for alerting and ensuring response times of staff in accordance with Ms. Trauma System Rules and Regulations. Methods of activation may include but are not limited to cell phones, pagers, two-way radio or maintaining on-call staff on premises. Response times shall be documented and provided to the Region.
- D. General surgeons, orthopedic surgeons, anesthesiologists, radiologists and emergency medicine physicians must be appropriately boarded and maintain CEU's as outlined in the Ms. Trauma System Rules and Regulations. General Surgeon's, Orthopedic Surgeons, Anesthesiologists, Family Nurse Practitioners (working in the emergency department), and Emergency Medicine Physicians shall maintain current ATLS certification. NOTE: the ATLS requirement is waived for board certified surgeons (general and orthopedic), emergency room physicians and anesthesiologists. CRNA's must be licensed to practice in the State of Mississippi.
- E. All Equipment used in trauma care shall be in working order, adequate for need and level, and meet appropriate current FDA requirements for patient care. The essentials and desirables chart for equipment is located on the MSDH/Trauma website (http://msdh.ms.gov/msdhsite/_static/49,0,305.html).
- F. Hospitals experiencing a temporary loss of equipment capability due to failure or repair shall arrange for replacement of equipment and/or proactively arrange for patient transfer or bypass as deemed necessary by that Trauma Center and EMS online medical control.

System Evaluation and Performance Improvement

PURPOSE: To improve performance of the system.

POLICY: The Southwest Trauma Care Region shall review and evaluate the regional trauma care system to improve performance.

- A. Each licensed Mississippi hospital with an emergency department shall participate in the statewide trauma registry. Participating Trauma Centers and EMS providers based within the Southwest Trauma Care Region shall conduct performance improvement activities as outlined in the Mississippi Trauma Care System Regulations and the Southwest Trauma Care Region Plan.
- B. The Southwest Trauma Care Region shall collect and report data to the State and to participating hospitals and EMS providers. (See Data Collection and Management)
- C. The Southwest Trauma Care Region shall evaluate and review the regional system for effectiveness through its Trauma Performance Improvement Plan (page 92).
- D. The purpose of the Southwest Trauma Care Region shall be to develop a performance improvement process that identifies root causes of problems and provides for continuous improvement of the system.
- E. The performance improvement process shall provide for input and feedback from patients, guardians (pediatrics) and provider staff.

Professional and Staff Training

PURPOSE: To provide guidelines regarding the training of participants' healthcare providers in the care of trauma patients

POLICY: The Southwest Trauma Care Region shall facilitate and maintain the provision of training opportunities for participating facilities. Individual hospitals and physicians must maintain clinical qualifications as specified by the Mississippi Trauma Care System Regulations.

- A. As specified by level of designation, hospital staff is defined as nurses, allied health and employed Prehospital personnel.
- B. The Southwest Trauma Care Region shall transfer any provided information regarding trauma triage guidelines and operational procedural changes associated with trauma care to all participating hospitals and EMS providers located in the region to maintain their current state of readiness. This may be through any means deemed appropriate by the Board.
- C. Individual hospitals and EMS Providers are responsible for disseminating the information to their staff. The Southwest Trauma Care Region shall assist with the coordination and promotion of any multi-facility educational sessions on trauma care.
- D. The Southwest Trauma Care Region Inc. shall provide training to participating hospitals and EMS providers on its trauma policies and procedures.
- E. The ATLS requirement is waived for board certified emergency medicine, general surgery, orthopedic surgery and anesthesiology physicians". Anesthesiologists, General and Orthopedic Surgeons and Emergency Medicine physicians are required to obtain 48 CME's every 3 years in their respective specialties.
- F. Family Nurse Practitioners working in the emergency department shall maintain current ATLS certification. Note: ATLS must be obtained within one year of employment in the emergency department.
- G. Emergency nurses staffing the trauma resuscitation area must be a current provider in TNCC. Emergency nurses must obtain TNCC within 18 months of hire/transfer to the emergency department.

Level IV Trauma Center Site Visits

Purpose: To provide an education based review of Level IV Trauma Centers within the Southwest Trauma Care Region for the purpose of promoting trauma program development.

Policy: At least once during each three (3) year designation period, the Trauma Care Region shall conduct a Site Visit at each Level IV Trauma Center. The primary purpose of this visit will be to ensure compliance with the regulations, with particular emphasis on practitioner training; protocols and procedures; and Performance Improvement. A written report of any deficiencies shall be forwarded to the Department with 30 days of the visit.

- A. Ms. Trauma System requirement (Rule 1.5.10).
- B. Must be conducted during each Level IV Trauma Center's 3 year designation period.
- C. Trauma Centers will receive a 90 day notice prior to the date of the audit.
- D. Audit Team
 1. Regional Director
 2. Level IV Trauma Program Manager selected by the Region Board of Directors.
 3. Level III Trauma Program Manager selected by the Region Board of Directors. The Level III TPM will assist in the audit of facilities practicing within the partial capability rule. Ms. Trauma System Rules and Regulations, Rule 1.2.17.
- E. Review will focus on all Ms. Trauma System Rules and Regulations applicable to the Trauma Center.
 1. Will include a review of all applicable Rules and Regulations for Trauma Center's operating within the scope of the Partial Capability (Rule 1.2.17).
- F. Anticipated format/process for site visit:
 1. Opening Session and Introductions (< 30 minutes)
 - a. Brief overview of your Hospital and discussion of your trauma program.
 - b. Facility walk-thru to include the following areas:
 - Emergency Department
 - ICU
 - OR / PACU
 - Floor

- Ancillary Departments
2. Review Session (approximately 2 hours)
 - a. 2 Level IV Trauma Program Managers approved by Region
 - b. 1 Level III Trauma Program Manager (for partial capability facilities only)
 - c. Regional Director
 - d. TPM must be readily available but not required to be in the room at all times.
 - e. TMD and Administration must be available at least by phone.
 - f. Audit of documentation will include, but is not limited to the following:
 - Review of Level IV Trauma Plan.
 - Review of documented performance improvement process beginning with issue identification through loop closure. Will also include a review of the Trauma PI Plan, forms used to assist in the PI process, trauma case audits, M&M reviews, patient medical records. A list of records to be made available at the time of the audit will be submitted to the Trauma Center 30 days prior to the date of the site visit.
 - Review of trauma related education and outreach activities.
 - Current state of compliance with Ms. Trauma System Regulations for ATLS and TNCC.
 - Minutes from quarterly Multidisciplinary Trauma Committee meetings
 - Attendance at Regional meetings.
 3. Closing Remarks (approximately 30 minutes)
 - a. The Audit Team and Regional Director will present:
 - 3 positive observations regarding your program.
 - 3 concerns/issues regarding your program.
 4. Facility representatives to have present for opening session and closing remarks:
 - a. Administrator (required)
 - b. Trauma Medical Director (required)
 - c. Trauma Program Manager (required)
 - d. Registrar (required)
 - e. Other members as Trauma Center determines
- G. Complete written report outlining all findings of the audit process will be submitted to the MSDH/Trauma Department and Trauma Center within 30 days of audit.

- H.** Corrective Action Plan, if required, will be due to the Region within 30 days of the Trauma Center's receipt of the CAP. Response to CAP will be provided to the MSDH/Trauma Department and Trauma Center within 30 days of receipt by the Region.

Public Information and Education

PURPOSE: To provide a format for informing and educating the general public residing in the Southwest Trauma Care Region. Purpose is also to provide regulatory oversight for the marketing and advertising by the agencies participating in the Trauma Plan.

POLICY: The Southwest Trauma Care Region shall develop and maintain a program of public information and education. Participating agencies shall cooperate with the Southwest Trauma Region regarding the promotion of their trauma programs.

- A. The Southwest Trauma Care Region shall establish a network among its participating hospitals and other providers for the purpose of providing educational materials. The participating hospitals and other providers shall provide the informational and educational materials to the general public through any means deemed acceptable to the Regional Board.
- B. The Southwest Trauma Care Region shall facilitate speakers, address public groups and serve as a resource for trauma education.
- C. The Southwest Trauma Care Region shall assist its participating agencies in the development and provision of education to the public regarding the topics of injury prevention, safety education, and access to the system.
- D. No participating agency shall use the terms “Trauma Center, trauma facility, trauma care provider” or similar terminology in its signs, printed material or public advertising unless the materials meets the requirements of the Mississippi Trauma Care System Regulations as set forth in Miss Code Ann. 41-59-1.
- E. All marketing and promotional plans relating to the trauma program shall be submitted to the Southwest Trauma Care Region for review and approval, prior to implementation. Such plans shall be reviewed and approved based on the following guidelines.
 - the information is accurate,
 - the information does not include false claims,
 - the information is not critical of other system participants,
 - the information shall not include and financial inducements to any providers or third parties.

Injury Prevention Programs

PURPOSE: The purpose of the policy is to provide a format for the Southwest Trauma Care Region's participation in injury prevention activities.

POLICY: The Southwest Trauma Care Region shall participate in injury prevention activities

- A. The Southwest Trauma Care Region shall assist participating facilities with the provision of injury prevention activities.
 - 1. If desired, each facility may request assistance from the Region, in writing, at least one month before commencement of the class or event.
 - 2. Assistance may consist of but not be limited to promotion, research and acquisition of speakers.
 - 3. Financial assistance from the Southwest Trauma Care Region may be provided by Board Resolution only. Individual facilities are otherwise financially responsible for their activities
- B. The Southwest Trauma Care Region shall facilitate and encourage the coordination of injury prevention activities with other regions.
- C. Each participating facility shall be encouraged to provide an injury prevention activity yearly.

Non-Compliance Policy

All Member Hospitals, EMS Agencies and Eligible Physicians participating in the Mississippi Trauma Care System shall comply with all rules, regulations, requests and deadlines set forth by the Mississippi Trauma Care System and Southwest Trauma Care Region. This policy has been enacted as a tool to promote region-wide compliance with Mississippi Trauma Care System Rules and Regulations.

Notification of Deadlines and Requests

1. Deadlines and Requests issued by the Mississippi Trauma Care System to the Southwest Trauma Care Region shall be forwarded to applicable organizations within 10 business days of the Region's receipt of said deadlines and requests.
2. The Southwest Trauma Care Region shall notify applicable organizations of all Regional requests and deadlines in writing (via email or postal mail) a minimum of 15 business days prior to the deadline.

Notification of Non-Compliance

1. The Regional Director shall notify the organization's senior management within 10 business days after the organization is deemed non-compliant with Mississippi Trauma Care System and Southwest Trauma Care Region rules, regulations, deadlines and requests. Notices of Non-Compliance may either be emailed or mailed via certified mail to the non-compliant facility.
2. Organizations shall contact the Regional Director to discuss the deficiency within 10 business days after the receipt of the Region's *Initial* Notice of Non-Compliance.
3. If the organization does not respond to the Southwest Trauma Care Region's *initial* request for follow up on a non-compliant issue within the 10 business day period, a *Second* Notice of Non-Compliance will be mailed to the non-compliant entity via certified mail. The Region's Executive Committee and the Mississippi State Department of Health shall be copied to the second notification.

Habitual and/or Continued Non-Compliance

1. If the organization is non-compliant with the same issue(s) for two consecutive quarters, the organization shall be considered to have established a pattern of non-compliance and must submit a plan of corrective action to the Region Trauma Performance Improvement Committee. Findings of this committee's review will be forwarded to the Executive Committee and presented at the next scheduled Board of Directors meeting. The corrective action plan must be submitted, in writing, to the Southwest Trauma Care Region within 14 calendar days of notification of the second incidence of non-compliance. The plan of

correction shall 1) outline the organization's process for correcting the deficiency (ies), 2) list the person (s) responsible for correcting the deficiency and 3) provide a definitive timeline for correction.

Withholding Funds

1. Any Mississippi Trauma Care System or Southwest Trauma Care Region funds owed to a non-compliant organization or eligible staff physicians may be withheld until a pattern of compliance is established. A pattern of compliance shall be considered established after the non-compliant entity has maintained compliance with all Mississippi Trauma Care System and Southwest Trauma Care Region rules, regulations, requests and deadlines for a minimum of one quarter. For this purpose, any decision to withhold or distribute funding owed to a non-compliant organization or eligible staff physician shall be made by the voting membership of the Southwest Trauma Care Region Board of Directors. Non-Compliant member hospitals shall abstain from voting to withhold or disburse funding owed to their facility or eligible staff physicians. Withheld funds shall be disbursed after a pattern of compliance is established by the non-compliant organization and approved by the voting membership of the Southwest Trauma Care Region Board of Directors.
2. Trauma Centers:
 - a. All TCTF distributions received between January 1 and June 30, which are withheld due to issues of non-compliance, will be returned to the Department if the non-compliant organization has not achieved a state of compliance by December 31st of that same calendar year.
 - b. All TCTF distributions received between July 1 and December 31, which are withheld due to issues of non-compliance, will be returned to the Department if the non-compliant organization has not achieved a state of compliance by June 30st of the following calendar year.
3. EMS Providers:
 - a. All TCTF distributions received between January 1st and June 30th, which are withheld due to issues of non-compliance, shall either be:
 - i. Issued to the non-compliant provider if a state of compliance is established by December 31st of the same calendar year.

- ii. If the non-compliant provider has not achieved a state of compliance by December 31st of the same calendar year, funds due to the non-compliant provider shall be disbursed to a compliant EMS provider based within the same county as the non-compliant provider.
 - iii. If there are no other compliant providers based within the county, the disbursement shall be returned to the MSDH by December 31st of the same calendar year.
- b. All TCTF distributions received between July 1 and December 31, which are withheld due to issues of non-compliance, shall either be:
- i. Issued to the non-compliant provider if a state of compliance is established by June 30th of the following calendar year.
 - ii. If the non-compliant provider has not achieved a state of compliance by June 30th of the following calendar year, funds due to the non-compliant provider shall be disbursed to a compliant EMS provider based within the same county as the non-compliant provider.
 - iii. If there are no other compliant providers based within the county, the disbursement shall be returned to the MSDH by June 30th of the following calendar year.

Disputes

Any organization deemed non-compliant with Mississippi Trauma Care System and/or Southwest Trauma Care Region deadlines and requests may dispute, in writing, the decisions or findings of the Southwest Trauma Care Region regarding the stated issue of non-compliance. Written disputes shall be submitted to the attention of the Chairman of the Southwest Trauma Care Region's Board of Directors.

Submit Written Disputes to:

Chairman
Southwest Trauma Care Region, Inc.
PO Box 17709
Natchez, Ms. 39122

XIII. Description of Critical Care Capabilities within Region

Summary of EMS resources that are based within the Southwest Trauma Care Region:

ADAMS

System Access	911
EMS Provider	AMR
Coverage	Adams County
Frequency	Rx 155.325 Tx 150.775
Level of Care	ALS
Business Phone	800-456-2542
Online Medical Control	Natchez Community Natchez Regional
Medical Director	Dr. Michael Wheelis

System Access	911
EMS Provider	Miss Lou Ambulance Service
Coverage	Adams County
Frequency	158.820
Level of Care	ALS
Business Phone	877-207-4007
Online Medical Control	Natchez Community Hospital Natchez Regional Medical Center
Medical Director	Dr. Walter Dawkins

AMITE

System Access	911
EMS Provider	AMR
Coverage	Amite County
Frequency	Rx 155.325 Tx 150.775
Level of Care	ALS
Business Phone	(601) 442-4259
Medical Control	Field Memorial Community Hospital
Medical Director	Dr. Michael Wheelis

FRANKLIN

System Access	911
EMS Provider	Rural Rapid Response
Coverage	Franklin County
Frequency	State band
Level of Care	ALS
Business Phone	601-384-4000
Medical Control	Franklin County
Medical Director	Dr. Ben Yarbrough

LAWRENCE

System Access	911
EMS Provider	AAA Ambulance Service
Coverage	Lawrence County
Frequency	155.160
Level of Care	ALS
Business Phone	601-264-0175
Medical Control	Forrest General Hospital
Medical Director	Dr. John Nelson

LINCOLN

System Access	911
EMS Provider	King's Daughters Medical Center
Coverage	Lincoln County
Frequency	155.400
Level of Care	ALS
Business Phone	601-835-9350
Medical Control	King's Daughters Medical Center
Medical Director	

PIKE

System Access	911
EMS Provider	AAA Ambulance Service
Coverage	Pike County
Frequency	155.160
Level of Care	ALS
Business Phone	601-264-0175
Medical Control	Forrest General Hospital
Medical Director	Dr. John Nelson

WILKINSON

System Access	911
EMS Provider	AMR
Coverage	Wilkinson County
Frequency	Rx 155.325 Tx 150.775
Level of Care	ALS
Business Phone	(601) 442-4259
Medical Control	Field Memorial Community Hospital
Medical Director	Dr. Michael Wheelis

REGION

EMS Provider	Air Care of University of MS Medical Center
Coverage	region
Frequency	155.340
Level of Care	ALS
Business Phone	1-888-862-2345
Medical Control	UMC
EMS Provider	Acadian Air Med Service
Coverage	region
Frequency	155.295
Level of Care	ALS
Business Phone	1-800-259-2222
Medical Control	receiving facility

EMS Provider	Air Evac Lifeteam
Coverage	70 nautical mile radius of Natchez
Frequency	State band
Level of Care	ALS
Business Phone	601-304-1175
Medical Control	Dr. Joseph Johnsey- Tupelo, MS

Summary Table of Hospital Resources

<i>Hospital</i>	<i>County</i>	<i>Initials</i>	<i>Level</i>
Field Memorial Community Hospital	Wilkinson	FMCH	IV
Franklin County Memorial Hospital	Franklin	FCMH	IV
King's Daughter's Medical Center	Lincoln	KDMC	IV
Lawrence County Hospital	Lawrence	LCH	IV
Natchez Community Hospital	Adams	NCH	IV
Natchez Regional Medical Center	Adams	NRMC	IV
Southwest Ms. Regional Medical Center	Pike	SMRMC	III

RESOURCE LISTING	<i>FMCH</i>	<i>FCMH</i>	<i>KDMC</i>	<i>LCH</i>	<i>NCH</i>	<i>NRMC</i>	<i>SMRMC</i>	<i>Total</i>
Level of Trauma Center	IV	IV	IV	IV	IV	IV	IV	
# ICU Beds	0	0	3	0	5	8	9	25
# CCU Beds (if separate from ICU)	0	0	5	0	0	0	7	12
# SICU Beds (if separate from ICU)	0	0	0	0	0	0	0	0
24 Hour Angiography	No	No	No	No	No	No	Yes	
Inpatient Rehabilitative Services	No	No	No	No	Yes	Yes	No	
Dialysis in house	No	No	No	No	Yes	Yes	Yes	
# of Operating Rooms	1	No	No	0	3	5	6	15
PACU	Yes	Yes	Yes	No	Yes	Yes	Yes	
CT Scanner	Yes	No	No	Yes	Yes	Yes	Yes	
MRI (indicate "I" for in-house, or "M" for mobile, or N for None)	No	No	No	M	N	I	I	
# of Orthopedic Surgeons on staff	0	0	0	0	2	2	2	6
# of General Surgeons on staff	1	0	4	0	2	2	3	12
# of Thoracic surgeons on staff	0	0	0	0	0	0	2	2
# of Anesthesiologists on staff	0	0	1	0	1	1	3	6
# CRNA's on staff	0	1	2	0	3	4	9	19
# ED Visits Per Year	4371	3,600	17,000	5500	13000	15641	40,726	99,838

XIV. Regional Trauma Performance Improvement Plan

Purpose: The purpose of the Regional Trauma Performance Improvement Plan is to provide continuous evaluation of the trauma system and its providers through a structured process of care and outcome review.

A. Program Configuration

1. Administrative Authority

The Regional Trauma Performance Improvement Committee, chaired by the Regional Trauma Medical Director, shall have oversight of the Trauma Performance Improvement Plan.

2. Trauma Privilege Assessment

Each individual on the Committee must be licensed and credentialed to practice his or her specialty in the represented organization.

3. The following populations may be monitored by the Region:

Trauma Center Indicators:

All trauma patients meeting Mississippi Trauma Registry Inclusion Criteria:

- Inappropriate/missed Trauma Team Activation (by Trauma Center and EMS)
- Trauma morbidity and deaths
- All trauma transfers to a higher level of care for patients meeting alpha or bravo criteria and an ED LOS > 120 minutes. Review for potential delays in transfer.
- Review appropriateness of all trauma transfers received
- Transferred after admission to inpatient status; does not include transfers from OR
- Appropriateness of trauma transports in, from the scene, for patients meeting alpha or bravo criteria
- Partial Capability (rule 1.2.17)
- Clinical and/or System issues as identified by the provider
- Additional performance improvement indicators as assigned by the Mississippi State Department of Health, Ms. Trauma Performance Improvement Committee and the Southwest Trauma Care Region.
- Patients requiring surgical intervention for vascular, intra-cranial, intra-thoracic or intra-abdominal injuries associated with traumatic injury
- Body surface burns > 10% (second or third degree) or burns associated with other traumatic or inhalation injury

- Newly developed protocols
- Compliance with the principles of ATLS
- Nursing Audit Report (Clinical review of nursing documentation and quality of care rendered to trauma patients)
- Interfacility and inter-regional performance improvement measures.

Prehospital Indicators:

All trauma patients meeting Mississippi Trauma Registry Inclusion Criteria:

- Inappropriate/missed Alpha or Bravo Alert or no documentation of criteria as outlined in the Ms. Trauma Activation Criteria.
- Deviation from Ms. Trauma Destination Guidelines to include the following:
 - Reason for decision to contact Online Medical Control not documented
 - Online Medical Control Physician name not documented
 - Online Medical Control Physician's destination order not documented
- Scene Times > 20 minutes, without supporting documentation.
- Trauma arrests occurring after transport is initiated
- Diversions during trauma transports
- EMS Arrival time at receiving facility until release of patient to the care of the receiving facility; Review of all trauma patients with total time > 20 minutes.
- Flight crew time in ED > 20 minutes
- Total # of Interfacility trauma transfers originating or terminating within Mississippi
- Total # of trauma transports, from scene/rendezvous location, originating or terminating within Mississippi
- Total # of trauma patient transports originating at a scene/rendezvous location within Mississippi and transported directly to an out-of-state hospital
- In flight diversions
- System issues as identified by the provider
- Additional performance improvement indicators as assigned by the Mississippi State Department of Health, Ms. Trauma Performance Improvement Committee and the Southwest Trauma Care Region.
- Complete EMS Run Report left at receiving facility per State EMS Regulations.
- Additional performance improvement indicators as assigned by the Mississippi State Department of Health, Ms. Trauma Performance Improvement Committee and the Southwest Trauma Care Region.

4. Trauma Registry

- All Licensed Mississippi Hospitals with Emergency Department shall utilize the registry software provided by the Mississippi State Department of Health.
- Mississippi Trauma Registry Inclusion Criteria shall determine which patients are to be entered into the trauma registry.
- All data fields within the trauma registry must be completed.

- The information obtained shall be utilized in the performance improvement process.

B. Structured Review Process:

1. Issue Identification
2. Analysis / Evaluation of the issue
3. Recommendation for action (may include the following):
 - a. No further action indicated
 - b. Additional information is required for a subsequent meeting to allow of further discussion
 - c. Request a follow-up report from presenting facility / agency
 - d. Facility/Provider representative to attend Regional Trauma Performance Improvement Committee meeting.
4. Make a recommendation for corrective action:
 - a. Guidelines
 - b. Protocol Development
 - c. Education
 - d. Counseling
 - e. Peer Review
 - f. Recommendations for disciplinary action
 - g. Trend for future cases
5. Loop Closure
 - a. Corrective action documented in committee meeting minutes
 - b. Re-evaluation to determine effectiveness of Corrective Action plan.

C. Regional Performance Improvement Committee

1. Multi-Disciplinary Review:

The membership of the Regional Trauma Performance Improvement Committee (“Committee”) has been designed to offer a multidisciplinary review of trauma care within the Regional Trauma System. All member organizations represented on the Committee must be in compliance with Mississippi and Southwest Trauma Care Region Rules and Regulations. Committee membership is as follows:

- a. Regional Trauma Medical Director

- b. Regional Director
- c. Level III Trauma Program Manager and Trauma Program Medical Director
- d. Level IV Representation: 2 seats shall be selected from among the Level IV Trauma Centers within the Region: Individuals may be the Trauma Center's Trauma Program Manager or Trauma Program Medical Director. Individual members will be selected by the Committee and reviewed at the Regional Board of Directors meetings.
- e. EMS Representation:
 - i. Ground Providers: 2 seats shall be selected from among the EMS providers based and operating within the Region. Individual members will be selected by the Committee and reviewed at the Regional Board of Directors meetings. Members may send an alternate if the primary member is unable to attend. The alternate must be pre-assigned by the primary member and approved by the Committee. Ground EMS provider seats shall have a two (2) year term limit. Members may be elected for additional terms.
 - ii. Air-Medical Providers: 1 seat shall be selected from among air-medical providers based and operating within the Region. Individual members will be selected by the Committee and reviewed at the Regional Board of Directors meetings. Members may send an alternate if the primary member is unable to attend. The alternate must be pre-assigned by the primary member and approved by the Committee
 - iii. Subject matter experts as deemed appropriate by the Committee.
- f. Job Functions of the Committees:
 - i. Committee meetings will be scheduled for the calendar year. The roster of meetings, including anticipated meeting locations, will be distributed to each member at least 30 days prior to the first Committee meeting of the calendar year.
 - ii. The Committee shall meet at least quarterly. 51% attendance is required of the membership. Committee action required for less than 51% attendance.
 - iii. Communicate PI-related information to the designated persons within each treatment setting. For example:
 - Pre-hospital issues will be referred to EMS agency director or designee.
 - Hospital issues will be referred to the trauma program medical director and trauma nurse coordinator/program manager.

- Inter-hospital transfer issues will be referred to the responsible persons at both the referring and receiving hospitals.
- iv. Provide a report to the Ms. Trauma Performance Improvement Committee describing trends, problems, improvement opportunities, and recommendations for corrective action.
- v. Notify the MSDH Trauma Program of high-risk situations where patient safety may be compromised.

D. Regional Trauma Program Managers/Registrars Committee (“Committee”)

1. Membership:

- a. Trauma Program Manager (TPM)
- b. Trauma Registrar
- c. Trauma Medical Director
- d. All Trauma Centers represented on the Committee are expected to maintain compliance with Ms. Trauma System Rules and Regulations and Southwest Trauma Care Region Rules and Regulations.

2. Committee Function

Functions of the Committee shall include, but are not limited to, the following:

- a. Case Review
- b. Policy and Protocol Development
- c. Education
- d. Outreach
- e. Injury Prevention

3. Attendance

- a. Committee meetings will be scheduled for the calendar year. The roster of meetings, including anticipated meeting locations, will be distributed to each member at least 30 days prior to the first Committee meeting of the calendar year.
- b. If a Committee meeting has to be rescheduled, Committee membership will receive a 30 day notice for the rescheduled date.

- c. All organizations represented on the Committee are responsible for monitoring their own compliance with the attendance requirements established for Committee membership.
- d. TPM's must attend 51% of all scheduled meetings within a calendar year.
- e. Registrars must attend at the request of the Regional Director.
- f. Failure to meet attendance requirements shall be reported to the Trauma Center's CEO and the Region Board of Directors.

E. Regional Prehospital Committee

1. Membership

- a. Primary Officer: Base Operations Manager. The Primary Officer must be approved by the Trauma Region.
- b. Designated Alternate: shall be a Manager, Supervisor or Medical Director for the EMS provider. The Designated Alternate must be approved by the Trauma Region.
- c. All EMS Provider Agencies represented on the Committee are expected to maintain compliance with Ms. Trauma System Rules and Regulations and Southwest Trauma Care System Rules and Regulations.

2. Committee Function

Functions of the Committee shall include, but are not limited to, the following:

- a. Case Reviews
- b. Policy/Protocol development
- c. Education
- d. Outreach
- e. Injury Prevention

3. Attendance

a. Regional Prehospital Committee Meetings

- i. Committee meetings will be scheduled for the calendar year. The roster of meetings, including anticipated meeting locations, will be distributed to each member at least 30 days prior to the first Committee meeting of the calendar year.

- ii. If a Committee meeting has to be rescheduled, Committee membership will receive a 30 day notice for the rescheduled date.
- iii. All organizations represented on the Committee are responsible for monitoring their own compliance with the attendance requirements established for Committee membership.
- iv. The Primary Officer and Designated Alternate may both attend a scheduled Prehospital Committee meeting.
- v. The Primary Officer must attend 51% of all scheduled Prehospital Committee meetings within a calendar year.
- vi. There is no attendance requirement for the Designated Alternate.
- vii. Failure to meet attendance requirements shall be reported to the EMS Provider Agency and the Region Board of Directors.

b. Trauma Center Multidisciplinary Trauma Committee (MDTC) meetings

- i. The Primary Officer must attend 51% of the MDTC meetings held at each Trauma Center within their local service area(s).
- ii. Trauma Centers must provide the Regional Director and EMS Agencies (within the Trauma Center's local catchment area) with a 30 day notice of upcoming quarterly MDTC meetings.

F. Reporting:

1. Trauma Centers

Trauma Centers shall conduct a review of the following indicators for each patient meeting alpha or bravo criteria. It is not required to report on an indicator that does not apply to the case being reviewed. The written reviews must include documentation of the trauma center's findings and any corrective actions taken. Reports must be submitted to the Region within "45" days after the close of the quarter:

- i. Inappropriate/missed Trauma Team Activation (by Trauma Center and EMS)
- ii. Trauma morbidity and deaths
- iii. All trauma transfers to a higher level of care for patients meeting alpha or bravo criteria and an ED LOS > 120 minutes. Review for potential delays in transfer.
- iv. Review appropriateness of all trauma transfers received
- v. Transferred after admission to inpatient status; does not include transfers from OR
- vi. Appropriateness of trauma transports in, from the scene, for patients meeting alpha or bravo criteria

- vii. Partial Capability (rule 1.2.17)
- viii. Clinical/System issues as identified by the provider
- ix. Additional performance improvement indicators as assigned by the Mississippi State Department of Health, Ms. Trauma Performance Improvement Committee and the Southwest Trauma Care Region.

2. Ground EMS Providers

All Mississippi licensed Ground EMS providers based within the Southwest Trauma Care Region shall provide a written plan to the Region outlining the Provider's process for trauma specific performance improvement. Plans should outline the review process from issue identification to loop closure. As a minimum, all providers shall incorporate the trauma specific indicators outlined below into their individual performance improvement plans.

Ground EMS Providers shall conduct a review of the following indicators for each patient meeting alpha or bravo criteria. It is not required to report on an indicator that does not apply to the case being reviewed. The written reviews must include documentation of the EMS Provider's findings and any corrective actions taken. A copy of the EMS Provider's review, including all associated PCR's, must be submitted to the Region within "45" days after the close of the quarter:

- i. Inappropriate/missed Alpha or Bravo Alert or no documentation of criteria as outlined in the Ms. Trauma Activation Criteria.
- ii. Deviation from Ms. Trauma Destination Guidelines to include the following:
 - o Reason for decision to contact Online Medical Control not documented
 - o Online Medical Control Physician name not documented
 - o Online Medical Control Physician's destination order not documented
- iii. Scene Times > 20 minutes, without supporting documentation.
- iv. Trauma arrests occurring after transport is initiated
- v. Diversions during trauma transports
- vi. Clinical/System issues as identified by the provider
- vii. EMS Arrival time at receiving facility until release of patient to the care of the receiving facility; Review of all trauma patients with total time > 20 minutes.
- viii. Additional performance improvement indicators as assigned by the Mississippi State Department of Health, Ms. Trauma Performance Improvement Committee and the Southwest Trauma Care Region.

3. Air Medical Providers

All Mississippi licensed Air medical providers operating within the Southwest Trauma Care Region shall provide a written plan to the Region outlining the Provider's process for trauma specific performance improvement. Plans should outline the review process from issue identification to loop closure. As a minimum, all providers shall incorporate the trauma specific indicators outlined below into their individual performance improvement plans.

Air Medical EMS Providers shall conduct a review of the following indicators for each trauma patient transport that originated or terminated within Mississippi. It is not required to report on an indicator that does not apply to the case being reviewed. The written reviews

must include documentation of the Air Medical Provider's findings and any corrective actions taken. A copy of the Air Medical Provider's review, including all associated PCR's, must be submitted to the Region within "45" days after the close of the quarter:

- i. Inappropriate/missed Alpha or Bravo Alert (Air Medical and Ground EMS) or no documentation of criteria as outlined in the Ms. Trauma Activation Criteria (Air Medical and Ground EMS).
- ii. Deviation from Ms. Trauma Destination Guidelines to include the following:
 - o Reason for decision to contact Online Medical Control not documented
 - o Online Medical Control Physician name not documented
 - o Online Medical Control Physician's destination order not documented
- iii. Scene Times > 20 minutes, without supporting documentation.
- iv. Flight crew time in ED > 20 minutes, transfers out.
- v. EMS Arrival time at receiving facility until release of patient to the care of the receiving facility; Review of all trauma patients with total time > 20 minutes.
- vi. Trauma arrests occurring after transport is initiated
- vii. Total # of Interfacility trauma transfers originating or terminating within Mississippi
- viii. Total # of trauma transports, from scene/rendezvous location, originating or terminating within Mississippi
- ix. Total # of trauma patient transports originating at a scene/rendezvous location within Mississippi and transported directly to an out-of-state hospital
- x. In flight diversions
- xi. Total # of flight requests for trauma patient transports that were declined. Categorize by the following:
 - 1) Weather
 - 2) Maintenance (scheduled/unscheduled)
 - 3) Transporting other patients at the time request is received
 - 4) Other: describe
- xii. Clinical/System issues as identified by the provider
- xiii. Additional performance improvement indicators as assigned by the Mississippi State Department of Health, Ms. Trauma Performance Improvement Committee and the Southwest Trauma Care Region.

G. Confidentiality

- 1) Regional Committee members are required to complete and submit an original, signed and notarized copy of the Region's "Confidentiality Agreement" to the Regional Director. Other invited individuals or organizations participating in the discussion of performance improvement topics shall also be required to complete and submit the original, signed and notarized copy of the "Confidentiality Agreement".

XV. Prehospital Trauma Triage and Destination Policy

Purpose: To provide all EMS providers, based within the Southwest Trauma Care Region, with guidelines for Prehospital triage and transport of the trauma patient.

A. Alert Categories:

See “Appendix C-Consolidated Trauma Activation Criteria and Destination Guidelines” on page 81.

B. Alert Notification

EMS personnel shall announce, to the receiving facility and online Medical Control (if contacted), “Alpha Alert” or “Bravo Alert” for patients meeting those indicators. The type of alert called and applicable criteria shall be communicated with the receiving facility, prior to arrival, and documented in the EMS run report.

C. Trauma Patient Destination

Patient Destination shall be determined according to Mississippi Consolidated Trauma Activation Criteria and Destination Guidelines.

D. EMS providers shall notify the receiving facility at the earliest stage possible in the Prehospital phase of care.

EMS providers based within the Southwest Trauma Care Region shall notify Level I Trauma Centers (or their appropriate point of contact) at least 20 minutes prior to arrival when transporting patients meeting state-wide Alpha or Bravo criteria.

E. Prior to EMS crew departure, Run Reports shall be left at the receiving facility for ALL trauma patients, with documentation from time of dispatch until time of report at receiving facility.

1. EMS Run reports must be left at the receiving facility per Ms. EMS Rules and Regulations.
2. In the event that a COMPLETE Run Report is not left at the time of crew departure, the completed report shall be either faxed, emailed through secure email or hand delivered to the receiving facility within 24 hours.

3. Completed PCR's must include all data required for entry into the MEMSIS Data System and the Collector Trauma Registry System. Information that is to be included in the PCR includes, but is not limited, to the following:
 - a. Extrication time.
 - b. Scene location (city, county, state) where patient was injured
 - c. Triage Rationale (*i.e.*, *Alpha/Bravo Indicators/alerts*)
 - d. Time notification to receiving facility called in by EMS
 - e. Communication with Online Medical Control to include MD name, facility (IF FACILITY OTHER THAN INDICATED IN EMS MEDICAL CONTROL PLAN) and medical control orders.
 - f. Ambulance Unit Number.
 - g. Run Number.
 - h. Dispatch Number.
 - i. Call Times for the following:
 - Time call received at dispatch
 - Time call was dispatched to EMS
 - En-route Time
 - Intercept Location, if applicable
 - Time arrived at location
 - Time arrived at patient
 - Time left location
 - Time of arrival at destination
 - j. At the time initial vitals were taken, was patient:
 - Sedated
 - Receiving paralytics
 - Intubated
 - Respirations assisted
 - k. Vital signs including:
 - Pulse rate
 - Unassisted Respiratory Rate
 - Blood Pressure (SBP/DBP)
 - O2 Sat
 - Capillary blood glucose, if indicated
 - l. GCS:
 - Eye
 - Verbal
 - Motor
 - TOTAL
 - m. All procedures.
 - n. All medications.

XVI. Consolidated Trauma Activation Criteria and Destination Guidelines

APPENDIX B - CONSOLIDATED TRAUMA ACTIVATION CRITERIA AND DESTINATION GUIDELINES

MEASURE VITAL SIGNS AND LEVEL OF CONCIOSNESS
ASSESS ANATOMY OF INJURY

A
L
P
H
A

- Glasgow Coma Scale \leq 13, (secondary to trauma)
- Systolic Blood Pressure (SBP):
 - < 1 month old with SBP < 60 mmHg,
 - 1 month to 1 year old with SPB < 70 mmHg,
 - 1 year to 10 years old with SBP < 70 mmHg + (2 times age in years),
 - > 10 years old with SBP < 90 mmHg,
- Respiratory Rate (RR):
 - < 16 years old: Respiratory distress or signs of impending respiratory failure including airway obstruction or intubation in the field.
 - \geq 16 years old: Respiratory Rate <10 or >29 breaths/ minute, or need for ventilatory support.
- Children < 16 years with burns > 20% BSA
- ALL penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- Chest wall instability or deformity (e.g., flail chest)
- Two or more proximal long bone fractures
- Crushed, degloved, mangled or pulseless extremity
- Amputation proximal to wrist or ankle
- Pelvic fractures (suspected or confirmed)
- Open or depressed skull fracture
- Paralysis (secondary to trauma)
- EMS/Health Provider Judgment

The following indicators warrant transport to the closest hospital:

- Cardiac arrest
- Unsecured / non-patent airway
- EMS Provider safety at risk.

Consider use of air transport based on patient condition, weather, and availability of aircraft.

YES

PATIENTS < 16 YEARS OLD:
Transport to a TERTIARY OR SECONDARY Pediatric Trauma Center as appropriate for injuries.

PATIENTS \geq 16 YEARS OLD:
Transport to a Level I, II or III Trauma Center as appropriate for injuries.

NOTIFY RECEIVING FACILITY (OR APPROPRIATE POINT OF CONTACT) AS EARLY AS POSSIBLE.

NO

Assess mechanism of injury and evidence of high-energy impact

B
R
A
V
O

- Falls:
 - Patients < 16 years: falls greater than 10 feet or 2-3 times the height of the child
 - Patients \geq 16 years: falls > 20 ft. (one story is equal to 10 ft.)
- High Risk MVC:
 - Intrusion, including roof: > 12 inches occupant site; > 18 inches any site
 - Ejection (partial or complete) from automobile
 - Death in same passenger compartment
- Auto vs. Pedestrian/Bicyclist, (separated from mode of transport with significant impact)
- Motorcycle /ATV/other motorized vehicle crash > 20 mph
- Burns related to traumatic mechanism
- Pregnancy > 20 weeks (secondary to trauma)
- EMS / Health Provider Judgement

PATIENTS < 16 YEARS OLD:
Transport to a TERTIARY OR SECONDARY PEDIATRIC TRAUMA CENTER as appropriate for injuries.

YES

PATIENTS \geq 16 YEARS OLD:
Transport to a Level I, II or III Trauma Center as appropriate for injuries.

NOTIFY RECEIVING FACILITY (OR APPROPRIATE POINT OF CONTACT) AS EARLY AS POSSIBLE.

NO

Transport according to local EMS protocol
(consider contacting Medical Control)

SPECIAL CONSIDERATIONS:

- Patients > 55 years are at increased risk of injury/death.
- Systolic blood pressure < 110 mmHg in patients > 65 years may represent shock
- Anticoagulants and bleeding disorders

If there is any question concerning appropriate patient destination, or if requested by the patient or another person to deviate from this protocol, **CONTACT MEDICAL CONTROL**

XVII. Prehospital Patient Care Protocol Policy

Purpose: To provide EMS Providers, based within the Southwest Trauma Care Region, with a standardized approach in the care of trauma patients.

Policy: The Southwest Trauma Care Region shall develop Prehospital patient care protocols in order to achieve a regionally standardized approach to the care and treatment of trauma patients. EMS Agency compliance with these protocol guidelines shall be monitored through the Region’s trauma performance improvement process.

Procedure:

- A. The Southwest Trauma Care Region has approved the Prehospital Patient Care Protocols for Trauma, located in section XVIII, as guidelines for treatment of specified types of traumatic injury. These protocols may be adopted “as is” or used as guidelines by EMS providers in developing their own protocols.
 - 1) Prehospital Trauma Protocols developed by EMS providers shall, at a minimum, address all line items that are referenced within section XVIII (Prehospital Patient Care Protocols for Trauma).
- B. Each EMS Provider operating within the Southwest Trauma Care Region shall monitor the proficiency and level of compliance with established prehospital trauma protocols.
- C. It is mandatory that each EMS Provider develop and maintain protocols, policies and procedures that are referenced within each of the Prehospital Patient Care Protocols for Trauma outlined in section XVIII of the Region Trauma Plan. The EMS provider shall submit a copy of their Medical Control Plan, to include treatment guidelines, protocols, policies and procedures, to the Southwest Trauma Care Region. The Medical Control Plan shall be submitted to the Southwest Trauma Care Region every three years and upon Region request.
- D. The Southwest Trauma Care Region shall be immediately notified in the event that any component of the Regional Prehospital Patient Care Protocols for Trauma is noted to have a critical error or there is an urgent need for the protocol to be adapted to protect or improve patient care and safety.
- E. Compliance

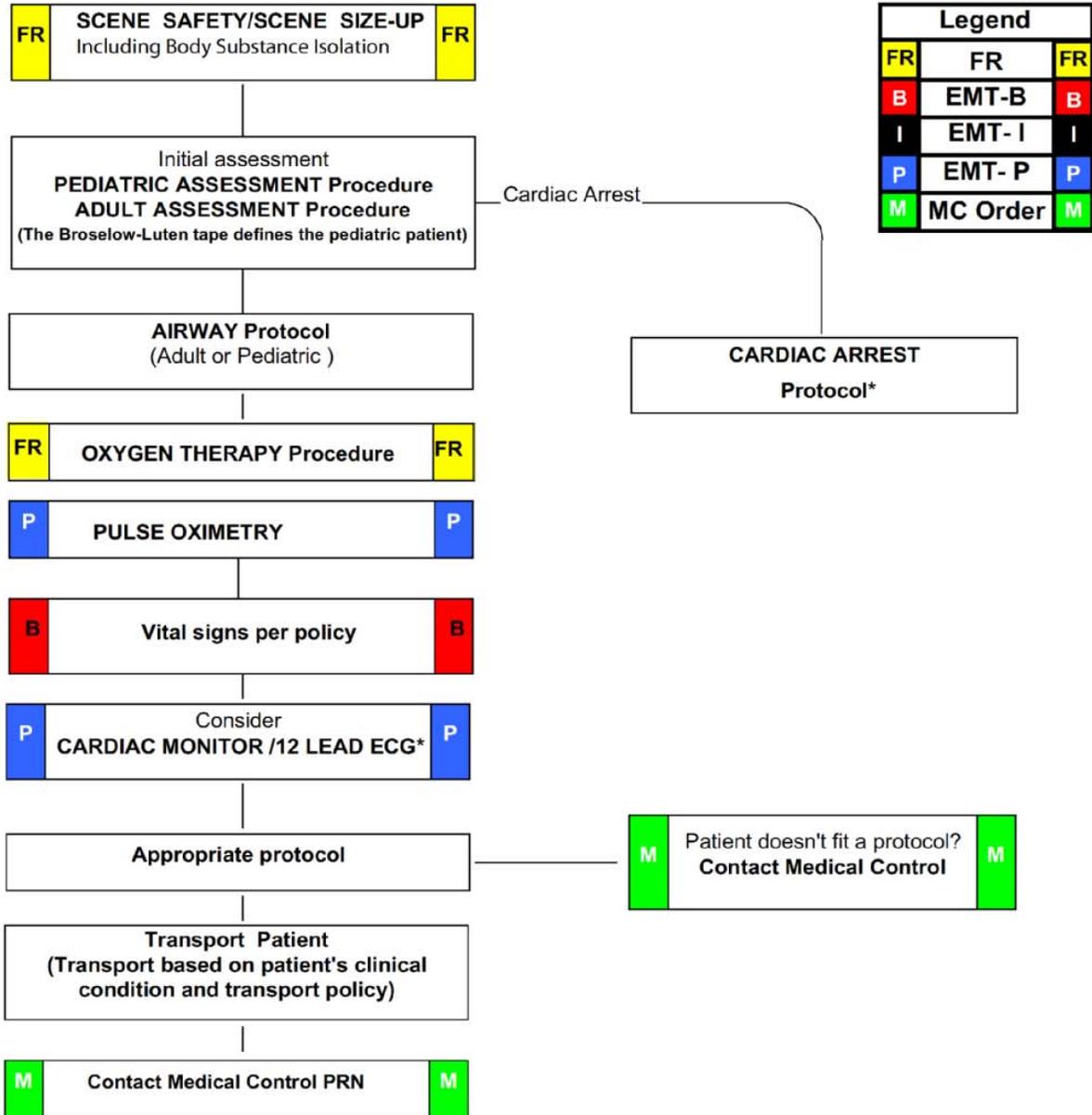
- 1) Each EMS provider shall monitor compliance with Prehospital Trauma Protocols for Trauma through the service's performance improvement process.

XVIII. Prehospital Patient Care Protocols for Trauma

PURPOSE: The following Prehospital Patient Care Protocols for Trauma have been approved by the Southwest Trauma Care Region and may be used as a guideline to assist EMS Providers in developing their individual treatment protocols:

	<u>Page</u>
1) Universal Patient Care Protocol	85
2) Abdominal/Pelvic Trauma	86
3) Burn	87
4) Extremity Trauma	88
5) Head Trauma	89
6) Multiple Trauma	90
7) Pneumothorax	91
8) Thoracic Trauma	92

Universal Patient Care Protocol



Pearls:

- Any patient contact which does not result in an EMS transport must have a completed disposition form.
- Exam: Minimal exam if not noted on the specific protocol is vital signs, mental status, and location of injury or complaint.
- Required vital signs on EVERY PATIENT include blood pressure, pulse, respirations, pain / severity.
- Pulse oximetry and temperature documentation is dependent on the specific complaint.
- A pediatric patient is defined by the Broselow-Luten tape. If the patient does not fit on the tape, they are considered adult.
- All procedures are to be done per local protocol.

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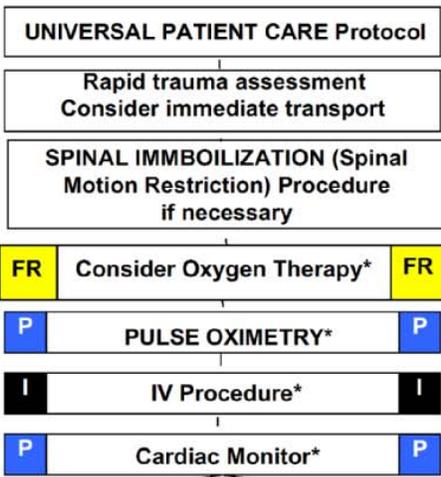
Abdominal/Pelvic Trauma

History: <input type="checkbox"/> Time of injury <input type="checkbox"/> Type of injury <input type="checkbox"/> Other trauma <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> SAMPLE	Signs and Symptoms: <input type="checkbox"/> Penetrating wounds <input type="checkbox"/> Impaled objects <input type="checkbox"/> Abdominal evisceration <input type="checkbox"/> Abdominal pain on palpation <input type="checkbox"/> Hematuria, bloody stool <input type="checkbox"/> Altered bowel sounds <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Signs/symptoms of shock	Differential: <input type="checkbox"/> Open abdominal/pelvic wound <input type="checkbox"/> Impaled object <input type="checkbox"/> Pelvic fracture <input type="checkbox"/> Multiple trauma
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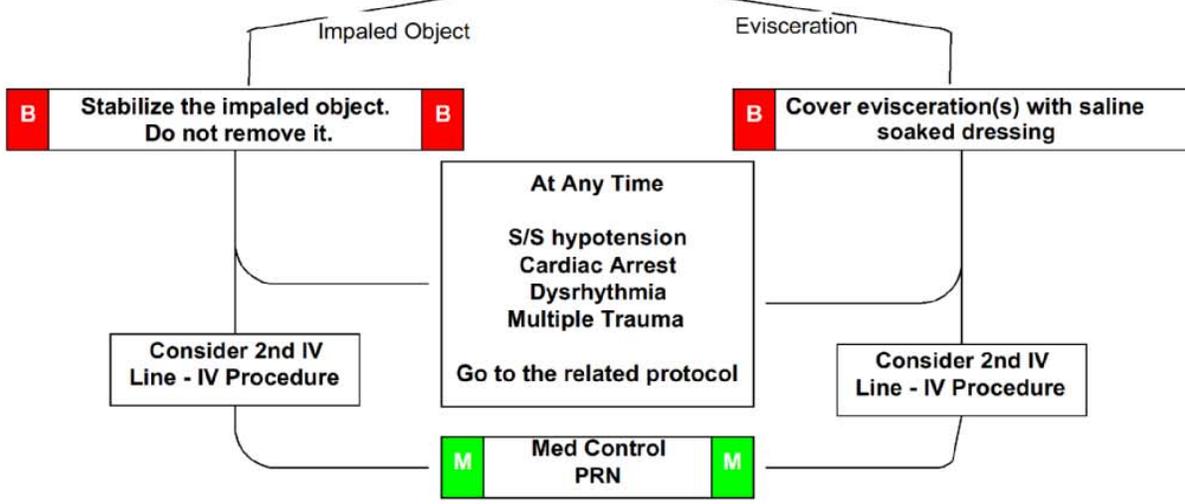
At Any Time

S/S Hypotension
 Cardiac Arrest
 Uncontrolled Airway
 Dysrhythmia

Go To Related Protocol



Legend		
FR	FR	FR
B		B
I	EMT- I	I
P	EMT- P	P
M	MC Order	M

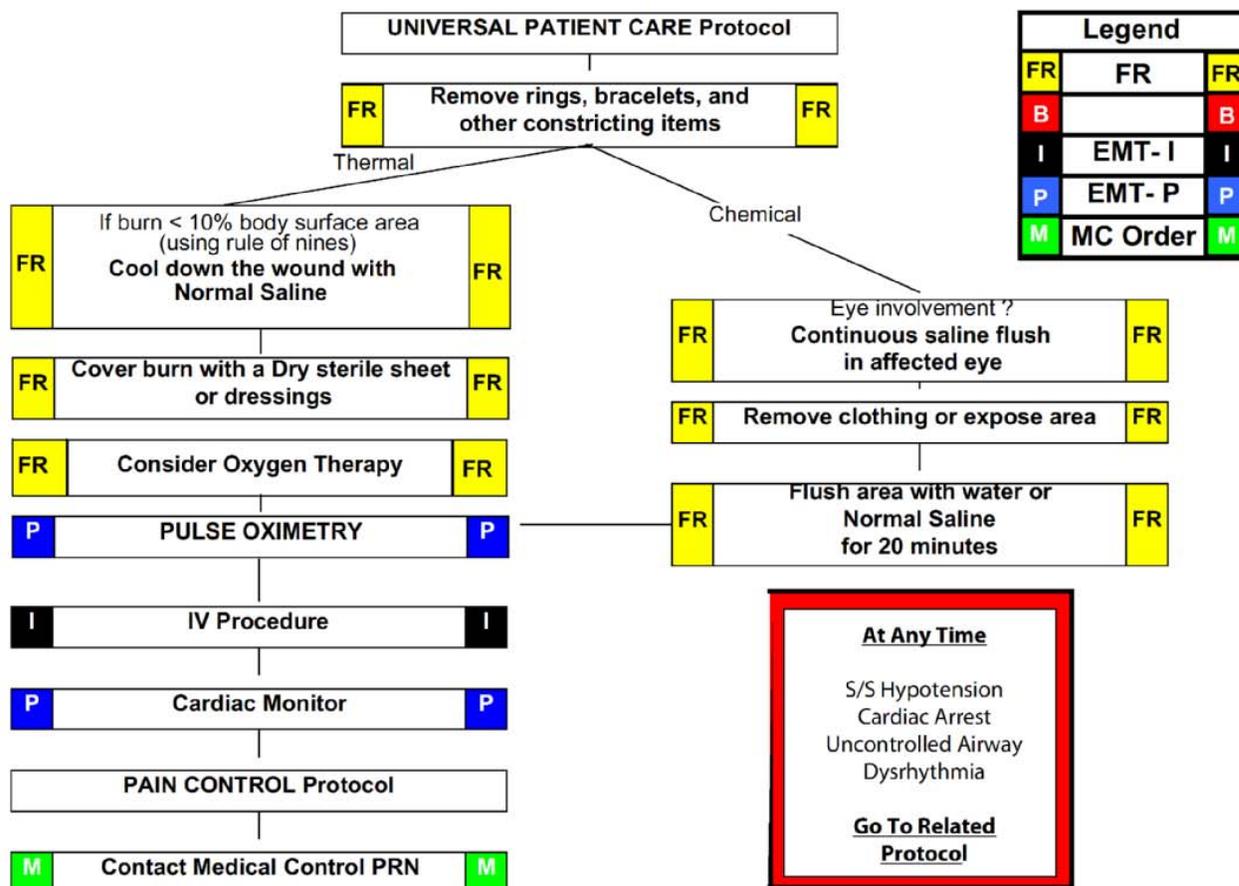


Pearls

- EXAM:** Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, Neuro
- Never try to remove an impaled object.
- All procedures to be done per local protocol.

Burns

History: <input type="checkbox"/> Type of exposure (heat, gas, chemical) <input type="checkbox"/> Inhalation injury <input type="checkbox"/> Time of injury <input type="checkbox"/> Other trauma <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Tetanus/Immunization status <input type="checkbox"/> SAMPLE	Signs and Symptoms: <input type="checkbox"/> Burns, pain, swelling <input type="checkbox"/> Dizziness <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Hypotension / shock <input type="checkbox"/> Airway compromise / distress <input type="checkbox"/> Singed facial or nasal hair <input type="checkbox"/> Hoarseness / wheezing	Differential: <input type="checkbox"/> Superficial (1°) red and painful <input type="checkbox"/> Partial thickness (2°) blistering <input type="checkbox"/> Full thickness (3°) painless and charred or leathery skin <input type="checkbox"/> Chemical <input type="checkbox"/> Thermal <input type="checkbox"/> Electrical <input type="checkbox"/> Radiation
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Pearls:

- Exam: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, Neuro**
- Critical Burns:** >25% surface area (BSA); 3° burns > 10% BSA; 2° and 3° burns to face, eyes, groin or feet electrical burns, respiratory burns, deep chemical burns, burns with extremes of age or chronic disease; and burns with associated major traumatic injury. These burns may require hospital admission or transfer to a burn center.
- Early intubation is required in significant inhalation injuries**
- Potential CO exposure should be treated with 100% oxygen.
- Circumferential burns to extremities are dangerous due to potential vascular compromise 2° to soft tissue swelling.
- Burn patients are prone to hypothermia- Never apply ice or cool burns that involve >10% BSA
- Do not overlook the possibility of multiple system trauma.
- Do not overlook the possibility of child abuse with children and burn injuries.
- Rule of 9's.
- All procedures are to be done per local protocol.**

Extremity Trauma

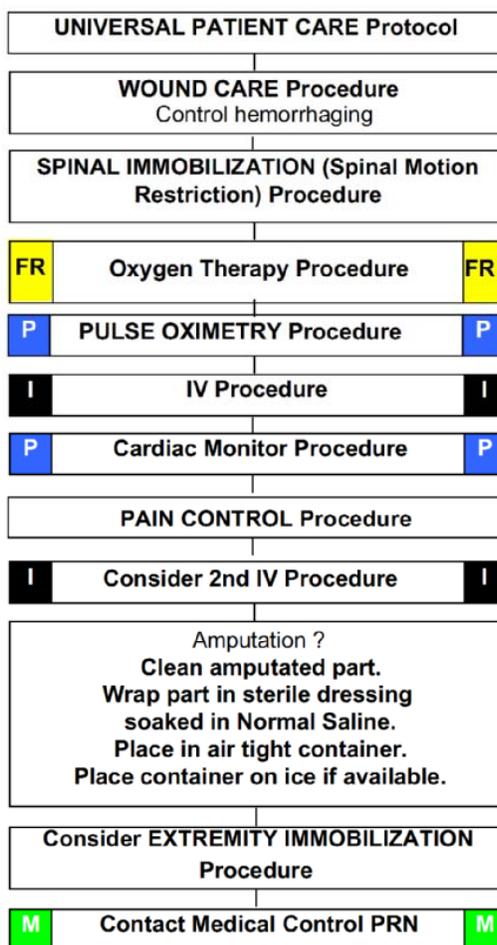
History: <input checked="" type="checkbox"/> Type of injury <input checked="" type="checkbox"/> Mechanism: crush / penetrating / amputation <input checked="" type="checkbox"/> Time of injury <input checked="" type="checkbox"/> Open vs. closed wound / fracture <input checked="" type="checkbox"/> Wound contamination <input checked="" type="checkbox"/> SAMPLE	Signs and Symptoms: <input checked="" type="checkbox"/> Pain, swelling <input checked="" type="checkbox"/> Deformity <input checked="" type="checkbox"/> Altered sensation / motor function <input checked="" type="checkbox"/> Diminished pulse / capillary refill <input checked="" type="checkbox"/> Decreased extremity temperature	Differential: <input checked="" type="checkbox"/> Abrasion <input checked="" type="checkbox"/> Contusion <input checked="" type="checkbox"/> Laceration <input checked="" type="checkbox"/> Sprain <input checked="" type="checkbox"/> Dislocation <input checked="" type="checkbox"/> Fracture <input checked="" type="checkbox"/> Amputation
--	---	--

Legend		
FR	FR	FR
B		B
I	EMT- I	I
P	EMT- P	P
M	MC Order	M

At Any Time

S/S Hypotension
 Cardiac Arrest
 Uncontrolled Airway
 Dysrhythmia

Go To Related Protocol



Pearls: <input checked="" type="checkbox"/> Exam: Mental Status, Extremity, Neuro <input checked="" type="checkbox"/> In amputations, time is critical. Transport and notify medical control immediately, so that the appropriate destination can be determined. <input checked="" type="checkbox"/> Hip dislocations and knee and elbow fracture / dislocations have a high incidence of vascular compromise. <input checked="" type="checkbox"/> Urgently transport any injury with vascular compromise. <input checked="" type="checkbox"/> Blood loss may be concealed or not apparent with extremity injuries. <input checked="" type="checkbox"/> Lacerations must be evaluated for repair within 6 hours from the time of injury. <input checked="" type="checkbox"/> All procedures are to be done per local protocol.
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Head Trauma

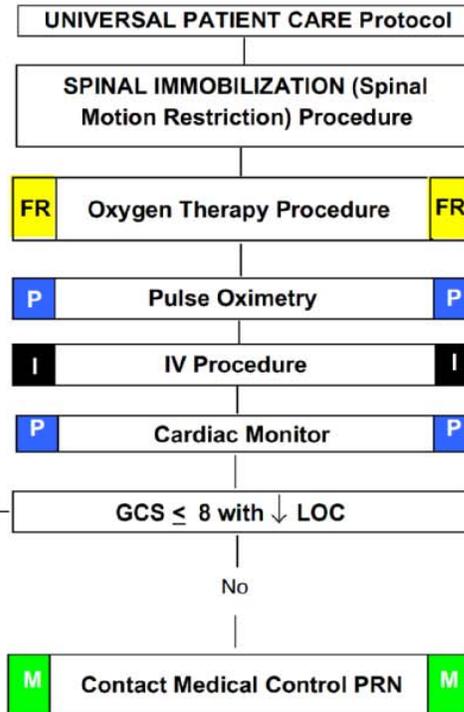
History: <input type="checkbox"/> Time of injury <input type="checkbox"/> Mechanism: blunt / penetrating <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Bleeding <input type="checkbox"/> Evidence of multi-trauma <input type="checkbox"/> Helmet use or damage to helmet <input type="checkbox"/> SAMPLE	Signs and Symptoms: <input type="checkbox"/> Pain, swelling, bleeding <input type="checkbox"/> Altered mental status/ Unconscious <input type="checkbox"/> Respiratory distress / failure <input type="checkbox"/> Vomiting <input type="checkbox"/> Decreased reflexes, paralysis in extremities <input type="checkbox"/> Decorticate/Decerebrate posturing	Differential: <input type="checkbox"/> Skull fracture <input type="checkbox"/> Brain injury (concussion, contusion, hemorrhage, or laceration) <input type="checkbox"/> Epidural hematoma <input type="checkbox"/> Subdural hematoma <input type="checkbox"/> Subarachnoid hemorrhage <input type="checkbox"/> Spinal injury <input type="checkbox"/> Abuse
--	--	--

At Any Time

S/S Hypotension
Cardiac Arrest
Uncontrolled Airway
Dysrhythmia

**Go To Related
Protocol**

Go To Appropriate
Protocol



Legend		
FR	FR	FR
B	EMT-B	B
I	EMT-I	I
P	EMT-P	P
M	MC Order	M

Pearls: <input type="checkbox"/> Exam: Mental Status, HEENT, Heart, Lungs, Abdomen, Extremities, Back, Neuro <input type="checkbox"/> If GCS ≤ 8, consider Air / Rapid Transport. <input type="checkbox"/> The most important item to monitor and document is a change in the level of consciousness. <input type="checkbox"/> Consider Restraints if necessary for patient's and/or personnel's protection per the Restraint Procedure. <input type="checkbox"/> Limit IV fluids unless patient is hypotensive (systolic BP < 90). <input type="checkbox"/> All procedures are to be done per local protocol.

Southwest Trauma Care Region, Inc.

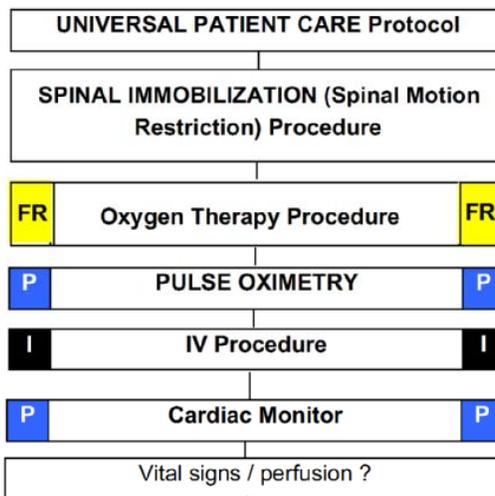
Multiple Trauma

History: <input type="checkbox"/> Time and mechanism of <input type="checkbox"/> Damage Damage to structure or vehicle <input type="checkbox"/> Location in structure or vehicle <input type="checkbox"/> Others injured or dead <input type="checkbox"/> Speed and details of MVC <input type="checkbox"/> Restraints / protective equipment <input type="checkbox"/> SAMPLE	Signs and Symptoms: <input type="checkbox"/> Pain, swelling <input type="checkbox"/> Deformity, lesions, bleeding <input type="checkbox"/> Altered mental status or unconscious <input type="checkbox"/> Hypotension or shock <input type="checkbox"/> Arrest	Differential (Life threatening): <input type="checkbox"/> Chest Tension pneumothorax Flail chest Pericardial tamponade Open chest wound Hemothorax <input type="checkbox"/> Intra-abdominal bleeding <input type="checkbox"/> Pelvis / Femur fracture <input type="checkbox"/> Spine fracture / Cord injury <input type="checkbox"/> Head injury (see Head Trauma) <input type="checkbox"/> Extremity fracture / Dislocation <input type="checkbox"/> HEENT (Airway obstruction) <input type="checkbox"/> Hypothermia
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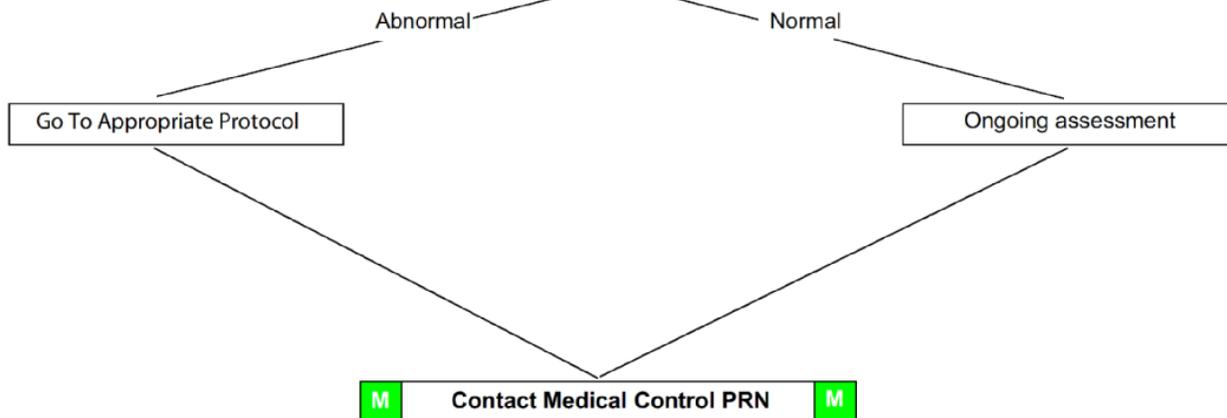
At Any Time

S/S Hypotension
 Cardiac Arrest
 Uncontrolled Airway
 Dysrhythmia

Go To Related Protocol



Legend		
FR	FR	FR
B	EMT-B	B
I	EMT-I	I
P	EMT-P	P
M	MC Order	M

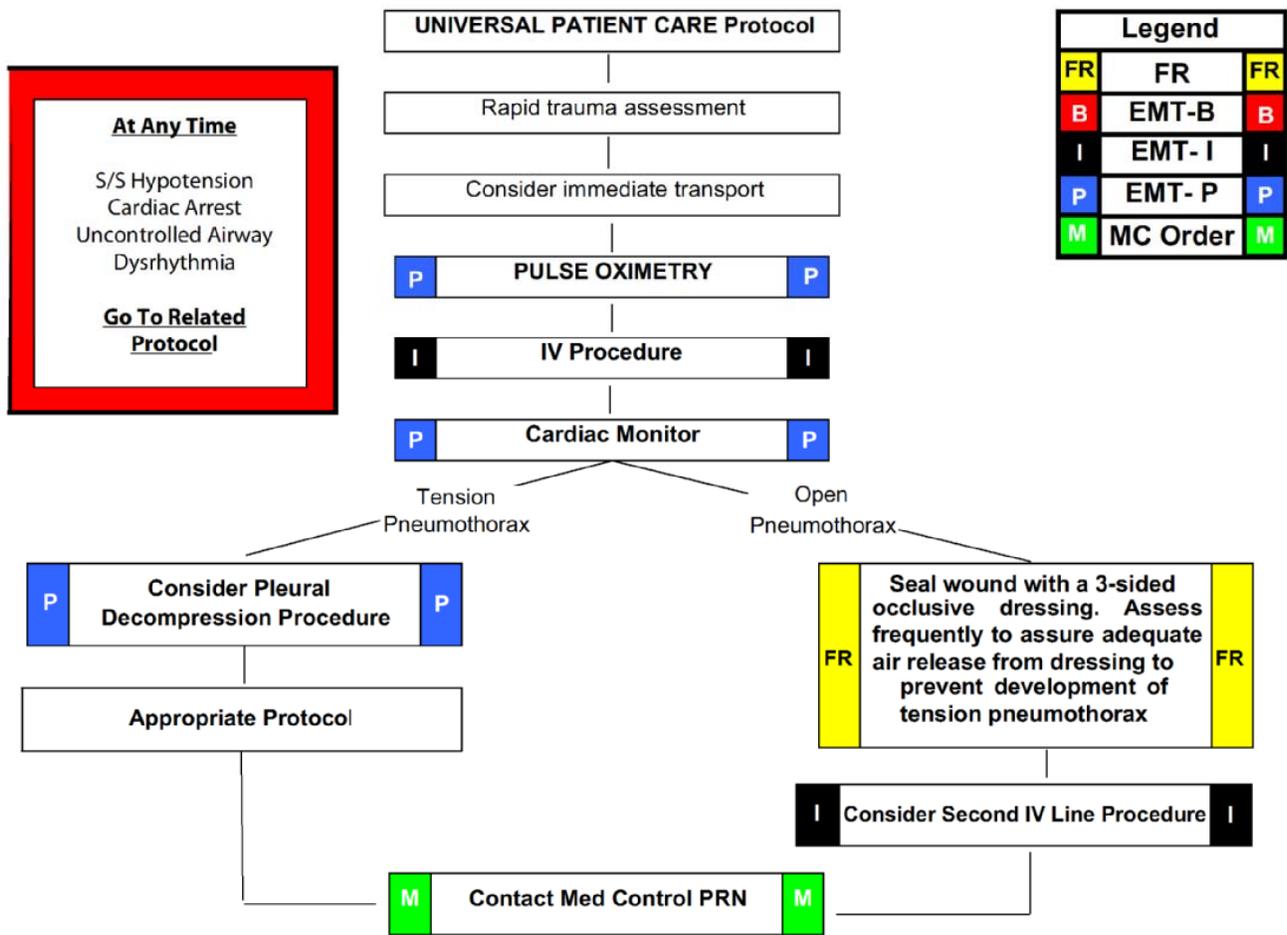


Pearls: <input type="checkbox"/> Exam: Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro <input type="checkbox"/> Mechanism is the most reliable indicator of serious injury. <input type="checkbox"/> In prolonged extrications or serious trauma, consider air transportation for transport times. <input type="checkbox"/> Consider MAST in "load and go" situations with suspected pelvic or femur fractures. <input type="checkbox"/> Do not overlook the possibility of associated domestic violence or abuse. <input type="checkbox"/> All procedures are to be done per local protocol.

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Pneumothorax

History: <input checked="" type="checkbox"/> Time of injury <input checked="" type="checkbox"/> Other trauma <input checked="" type="checkbox"/> SAMPLE	Signs and Symptoms: <input checked="" type="checkbox"/> Acute respiratory distress <input checked="" type="checkbox"/> Decreased/unilateral breath sounds <input checked="" type="checkbox"/> Decreased blood pressure <input checked="" type="checkbox"/> Rapid, weak pulse <input checked="" type="checkbox"/> Anxiety <input checked="" type="checkbox"/> Decreased level of consciousness <input checked="" type="checkbox"/> Cyanosis <input checked="" type="checkbox"/> Tracheal deviation <input checked="" type="checkbox"/> Jugular vein distention <input checked="" type="checkbox"/> Subcutaneous emphysema	Differential: <input checked="" type="checkbox"/> Tension pneumothorax <input checked="" type="checkbox"/> Open pneumothorax <input checked="" type="checkbox"/> Hemothorax <input checked="" type="checkbox"/> Penetrating chest wounds/impaled objects
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Pearls: <input checked="" type="checkbox"/> EXAM: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, Neuro <input checked="" type="checkbox"/> Plueral decompression is an optional skill and may only be performed by a qualified EMT-P. <input checked="" type="checkbox"/> If a penetrating object has caused the pneumothorax, do not remove it. Stabilize the object. <input checked="" type="checkbox"/> All procedures are to be done per local protocol.

Southwest Trauma Care Region, Inc.

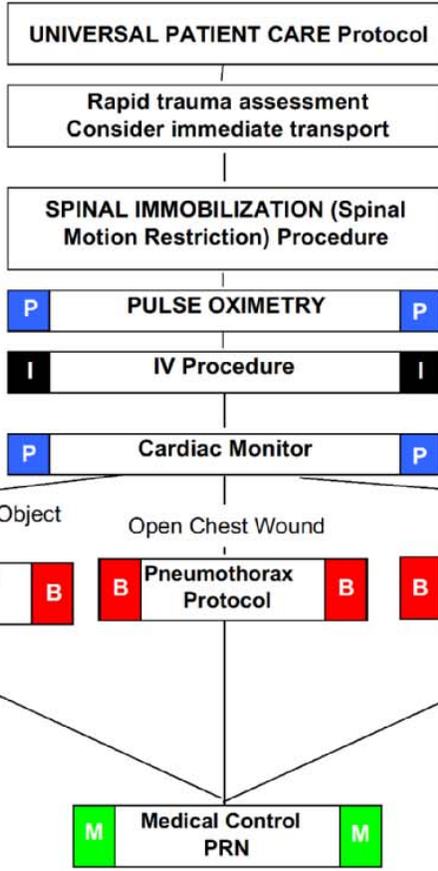
Thoracic Trauma

History: <input checked="" type="checkbox"/> Time of injury <input checked="" type="checkbox"/> Type of injury <input checked="" type="checkbox"/> Other trauma <input checked="" type="checkbox"/> Loss of consciousness <input checked="" type="checkbox"/> SAMPLE	Signs and Symptoms: <input checked="" type="checkbox"/> Penetrating wounds <input checked="" type="checkbox"/> Decreased/unilateral breath sounds <input checked="" type="checkbox"/> Impaled objects <input checked="" type="checkbox"/> Tracheal deviation <input checked="" type="checkbox"/> Respiratory distress <input checked="" type="checkbox"/> Signs/symptoms of shock	Differential: <input checked="" type="checkbox"/> Flail chest <input checked="" type="checkbox"/> Open chest wound <input checked="" type="checkbox"/> Impaled object
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At Any Time

S/S Hypotension
Cardiac Arrest
Uncontrolled Airway
Dysrhythmia

Go To Related Protocol



Legend		
FR	FR	FR
B	EMT-B	B
I	EMT-I	I
P	EMT-P	P
M	MC Order	M

Pearls <input checked="" type="checkbox"/> EXAM: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, Neuro <input checked="" type="checkbox"/> Sand bags should never be used to stabilize an injury site. <input checked="" type="checkbox"/> Never try to remove an impaled object. <input checked="" type="checkbox"/> All procedures are to be done per local protocol.

Southwest Trauma Care Region, Inc.