

MS COASTAL TRAUMA CARE REGION

REGIONAL TRAUMA PLAN

December 2013

Plan Summary

The Trauma Plan of the Mississippi Coastal Trauma Care Region, Inc. has been prepared and updated in accordance with the requirements set forth in published rules of the Mississippi State Department of Health dated May 2013 and entitled “The Mississippi Trauma Care System Regulations.” and recommendations of the Mississippi Trauma Advisory Council.

The purpose of this plan is to provide a strategy for the progressive development of a trauma care system for the state designated Coastal Region including Hancock, Harrison, Jackson and George counties.

The Mississippi Coastal Trauma Care Region is an inclusive system consisting of nine hospitals from the west border of the state in Hancock County to Harrison County in the central part of the region to the eastern border in Jackson county and north into George County. All hospitals participate in the trauma system by collecting and submitting trauma registry data to the region except Keesler Medical Center and the Veterans Administration Hospital, both of these facilities are government/military based and are located in the Biloxi area. In April of 2009, USA Medical Center, located in Mobile, AL, was designated, at their request, as a Level I Trauma Center and assigned by the MS DOH to serve as part of the Coastal Trauma Care Region.

This plan blueprints the initial development of an inclusive trauma care system within an existing emergency medical system in South Mississippi. The foundation of the plan exists within the area’s participating hospitals, medical staffs, pre-hospital providers, ancillary support groups, consumers and political subdivisions. Additional tertiary care is available through the state’s level I facility, University Medical Center located in Jackson. Other special needs of trauma patients are available by formal agreement with each region trauma center with out of state facilities located in New Orleans and Slidell, Louisiana. Specifically, burn center care is available at the University of South Alabama in Mobile, which is now part of the Coastal Region.

Because of the availability of advanced life support pre-hospital providers, trauma patients are evaluated in the field based on CDC Trauma Triage Protocols accepted as the standard for the MS Coastal Trauma Care Region and may be transported directly to a level II or I facility based on these protocols and or Medical Control Direction. Trauma patients transported to or that walk in to a Level III or IV facility are evaluated , and if appropriate, transferred to a Level II or Level I trauma center. Currently there are three (3) level IV facilities, two (2) Level III facility, two (2) level II and one (1) Level I facility in the region. One level IV facility, Garden Park Medical Center has recently applied for a Level III designation and the application is being processed by the MS State DOH.

Pre-hospital care is currently provided by Acadian Ambulance Service in Jackson County, by American Medical Response in Hancock and Harrison Counties, and ASAP Ambulance Service in George County as of June 1, 2013. Acadian Ambulance and Baptist Life Flight provide helicopter service when needed.

The MS Coastal Trauma Care Region, Inc. is a public not for profit 501-C3 chartered organization which is governed by a Board of Directors. Members of the Board represent all participating hospitals in the region with a physician representative and administrative representative from each, with the exception of Singing River Hospital and Ocean Springs Hospital who have one Administrative representative for both hospitals who carries a vote for each. Each pre-hospital provider is also represented on the board. A Trauma Coordinator Committee consisting of Trauma Coordinators from each facility and a representative from each pre-hospital provider; A Medical Control/Performance Improvement Committee consisting of Trauma Program Coordinators, Facility Medical Directors and representatives from each pre-hospital provider act in an advisory capacity to the board. There is also an established Executive Committee consisting of a President, Vice-President and Secretary/Treasurer.

The region has a good working relationship with the other regions and is represented on the Mississippi Association of Trauma Administrators. Educational

opportunities are offered yearly to providers across the state in the form of an annual Trauma Symposium and other specialty trauma courses.

Each hospital in the region maintains trauma data using Digital Innovations Collector software. Information from the registry is sent concurrently to the State and to the Region Administrator.

The Coastal Trauma Care Region Plan is a working document designed to provide a framework for the Region as it develops and implements policies, protocols, and ultimately the vision for this area. While it is anticipated that significant changes to the Plan will be required as the Region develops and matures, this Plan will provide the platform for that growth and a reference for the leadership of the Region and other affiliated institutions

II. Administrative Structure

The Coastal Trauma Care Region, Inc. (Coastal Trauma) is a not for profit public organization that is governed by a Board of Directors. Membership in the corporation is available to licensed Mississippi hospitals participating in the statewide trauma program as designated by the MS State DOH and located in the Coastal Trauma Region as well as USA Medical Center in AL which is now a designated Level I Trauma Center participating in the MS Trauma System.

The corporation is governed by a Board of Directors that that consists of two representatives from each member hospital as well as one member each from each pre-hospital provider. Hospital representatives consist of a member of the hospital's executive staff and a member of the hospital's active medical staff. The only exception is Singing River Hospital and Ocean Springs Hospital who have the same Administrative representative for both hospitals due to the system structure they operate under. This representative carries a vote for each hospital.

The Board directs the region in development of policy and for administrative guidance. Board structure consists of a President, Vice-President and Secretary/ Treasurer who are elected by the directors. Regular board meetings are held with appropriate notice given per region bylaws. At least four directors are required to be present at meetings in order to transact business as a board.

The Coastal Trauma Care Region was organized in 1999 by Mississippi law and related rules entitled “The Mississippi Trauma Care System Regulations. The region is administered as authorized in the referenced rules, Chapter2, Trauma Care Regions. A Director employed by the region oversees the system and is responsible for day-to-day operations. Responsibilities of the administrator include:

- Maintain regional Trauma Registry
- Maintain records
- Disperse payments
- Arrange for the general administration of the regional offices, programs
- Identify and coordinate other needs within the region.

Office space for the region administrator is provided at 2512 Redwood Ave., Pascagoula MS, 39567. All correspondence and regional administrative processes will be coordinated through this office.

The regional trauma plan was developed and approved by the board. Quality monitors, committee reports and financial data will be reported to the board annually or as often as requested. Each hospital trauma committee, through the performance improvement process, will evaluate patient care standards. The regional performance improvement committee will evaluate regional trauma system performance.

The business plan of the region is to establish a smooth operating organization for the system. The region is to adopt an annual budget using State EMS criteria and format. The proposed budget will be presented for approval to the board and then submitted to

the state. The board will evaluate changes to the budget as they occur. Yearly internal audits will be conducted and reported to the board. The region annually receives operating funds from the State Department of Health in the amount of \$146.350 to be used for administrative and regional trauma system needs.

Three committees assist The Coastal Trauma Care Region Board of Directors in developing the region and improving performance.

Executive Committee:

Executive committee membership consists of the President of the Board, Secretary/Treasurer, other board members as appointed and the region administrator. This committee is responsible for maintaining administrative components of the Region and oversees development of relationships with other appropriate organizations and institutions, be that governmental law enforcement, fire and rescue, and the like. This committee is responsible for maintaining fiduciary requirements of the Region, accounting, legal, etc. and making recommendations to the Board to ensure that all appropriate safeguards to the Region are maintained. This would include:

- Recommendations to the Board regarding staffing issues, budgetary issues, physician and nursing educational funding.
- Development and maintenance of a regional transfer agreement.
- Organization of collection and submission of claims
- Administration of public awareness issues and programs,
- Educational programs as indicated.
- Clearinghouse of information from the State to hospital trauma coordinators and the board.

The Performance Improvement and Medical Control Committees have been combined under joint chairmanship to provide for more efficient meeting, planning and implementation. They are outlined separately in this document but currently function as one committee.

Performance Improvement Committee

This committee will be responsible for medical performance improvement and medical/clinical evaluation of trauma system performance and patient outcome (mortality and morbidity) The PI committee makes recommendations to the Board regarding issues of quality involving medical/clinical aspects of care in the Region. Also, specific incidents regarding performance would be reviewed by this committee and referred to the Board. Decisions regarding credentialing of other entities or associations that may have a place in the Region would be referred to this committee. Other issues that this committee would address include:

- Appropriateness of transfers, delays, deaths, complications, trauma team use and protocols.
- Trauma Committee action with each hospital
- Physician availability issues.
- Physician and public education

Medical Control Committee

This committee will be multidisciplinary in membership and will be responsible for review and evaluation of the effectiveness and efficiency of the operational aspects of the trauma system. The committee will provide the Board with specific recommendations regarding the developmental aspect and implementation of the trauma plan from identification of the injured patient and pre-hospital triage to rehabilitation and return to work. Issues that this committee would address include:

- Triage and treatment protocols
- Hospital diversion/bypass
- Medical command and control
- Regional disaster planning

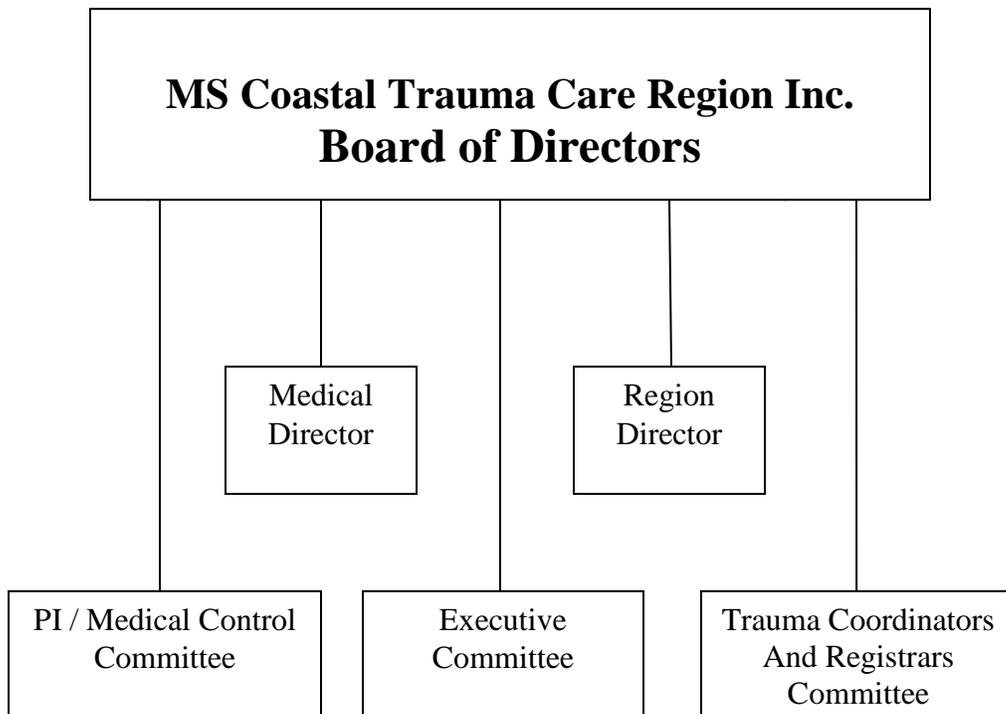
Trauma Coordinator Advisory Committee:

This is an advisory committee composed of trauma coordinators and registrars from each hospital. They seek out ad hoc members as needed for specific issues. This group is generally responsible for:

- Ensuring and maintaining integrity of hospital trauma registries.
- Coordinating and compiling billing and reimbursement data
- Providing registry information to the region on a quarterly basis and as requested by the other committees.
- For determination of region wide nursing education standards with regards to trauma care and for making recommendations to the board for nursing education/funding
- Clearing house for information from the region to individual providers.
- Identifying and planning continuing medical education (CME) offerings including but not limited to the annual Trauma Symposium.

All of these committees are functional and meeting on a regular schedule

MS COASTAL TRAUMA CARE REGION, INC.
REGIONAL ORGANIZATIONAL STRUCTURE



MS Coastal Trauma Care Region FY 2013 Board of Directors

John Bannahan	Board Attorney	john@bnsccb.com
W.T. Avara III, MD (President)	Singing River Hospital	wavara@smsurgeons.com
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IV. Medical Organization and Management

There are nine hospitals located within the geographic area of the Coastal Trauma Care Region. As of 2010 seven of these hospitals are designated trauma centers. Memorial Hospital of Gulfport, and Singing River Hospital are designated Level II Trauma Centers; Ocean Springs Hospital and Biloxi Regional Medical Center are designated as a Level III Trauma Centers and Hancock Medical Center, Garden Park Medical Center and George Regional Hospital participate as designated Level IV Trauma Centers. USA Medical Center, Mobile, AL is designated as a Level I Trauma Center participating as part of the Coastal Trauma Region. Two facilities within the geographic boundaries of the Coastal Trauma Region, The Biloxi VA Hospital, and Keesler Air Force Hospital, do not participate as part of the trauma region as they are operated by the federal government.

The Board of Directors consists of representatives from all participating hospitals in the region. Each hospital has a physician representative as well as an administrative representative serving on the Coastal Trauma Board of Directors. This approach to regional organization assures medical system leadership of the regional trauma program on an equal basis. Additionally, a trauma physician has been designated by the trauma region to serve as the Medical Director for the trauma system. This physician also serves as President of the Board of Directors and makes decisions on a day-to-day basis about operations within the region.

Each trauma center within the region serves as a local medical control point (base station hospital) for the local pre-hospital provider. Each pre-hospital provider has a medical director and a medical control plan, which is required by the State for licensure of the pre-hospital provider's service.

The Medical Control Committee composed of physicians appointed by the Trauma Medical Director at each hospital. At least one of those physicians shall be an Emergency Physician. Medical Directors from American Medical Response (AMR) and Acadian ambulance services will also be members of the committee. Pertinent issues to be addressed by this committee will include but not be limited to: :

- Review and development of pre-hospital protocols, pre-hospital trauma triage criteria and ongoing review and retrospective evaluations of pre-hospital care. The committee will advise the region board on procedures and policies for the pre-hospital setting.
- Development of a uniform trauma alert activation criteria for all hospitals
- Evaluation of neuro-trauma issues including utilization and availability.
- Development of diversion protocols and a system for determining OR/ICU bed status in order to guide destination status in the pre-hospital setting.
- Evaluation of on-line medical control.
- Review and make recommendations to the board concerning the Regional Trauma Plan.

V. Inclusive Trauma System Design

The inclusive design of the Coastal Trauma system is founded upon the goal of providing optimal medical care to all injured persons within its boundaries. Additionally, the entire continuum of care; prevention, pre-hospital, acute and rehabilitative care, has been considered in this initial system design.

Facilities:

The four county area of the Coastal Trauma Region has nine hospitals, all with functioning emergency rooms. Seven of these facilities are designated trauma centers. Keesler Medical Center and Veterans Administration Hospital participate only in the event of a disaster involving a large number of casualties.

Hancock County

Hancock Medical Center	Level IV
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Harrison County

Gulfport Memorial Hospital	Level II
Garden Park Hospital	Level III
Biloxi Regional Hospital	Level III

Jackson County

Ocean Springs Hospital	Level III
Singing River Hospital	Level II

George County

George Regional Hospital	Level IV
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USA Medical Center, Mobile, AL	Level I
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While designated trauma centers are the key components in the design of the Coastal Trauma Region system, the non-designated hospitals have been included in this plan. All region hospitals with the exception of Keesler Medical Center and the Veterans Administration Hospital (VA) have the trauma registry in place and submit registry data to the region. Keesler Medical Center and the VA are military/government

facilities. In the event that they participate in the future, they will be required to provide trauma data to the region.

Historically, patients with significant injuries including burns, spinal cord trauma, pediatrics or patients requiring more intense or specialized care have been transferred to hospitals in Mobile, Alabama, principally University of South Alabama which is now a level I designated facility participating in the Coastal Trauma Region, and to hospitals in New Orleans, specifically Tulane University Hospital, Ochsner Hospital, Slidell Memorial Hospital and Northshore Medical Center in Slidell, Louisiana. Patients are transferred to the University Hospital in Jackson, Mississippi as well. Now that facility inspections and re-designation of facilities is complete the region has updated triage and transport policy in accordance with the new structure provided by the upgrading of facility designations and the addition of our Level I facility. The Consolidated Activation Criteria and Destination Guidelines which are part of the State Trauma System are part of the Regional Plan as well.

Each hospital has inpatient rehabilitation available; however there is no free-standing rehabilitation facility in the Region.

Pre-hospital transportation is now conducted and based on the accepted State Trauma Systems “Consolidated Activation Criteria and Destination Guidelines “

VI. Inter-facility Transfer Agreement

A standardized regional transfer agreement and protocols between all area hospitals is in the process of being approved and will reflect the capabilities and designation levels of all participating hospitals in the region. Patients are transferred to a higher or more appropriate level of care as indicated by their condition and specialist physician needs.

VII. Regional Participation

Eight hospitals within the region have committed to participate in the trauma system. Keesler Medical Center and the VA Hospital are not participating facilities. Letters of participation from each participating facility have been included in the appendix. (Appendix D). Still waiting on participation letter from USA Medical Center.

VIII. General Policies of the Region

The coordination of trauma care throughout the Region and in fact with neighboring regions or areas outside the region is a dynamic process and will require ongoing monitoring and planning as the region and other regions evolve and mature.

The Medical Director/Board President, based on oversight and policy from the Board of Directors, will direct the region. This will include input from the Performance Improvement Committee, the Medical Control Committee, and the Administrative Committee. The Trauma Coordinator Committee will serve as an advisory group to the Board by providing input into and assisting with implementation of region policies.

Coastal Trauma Care Region has developed policies as required by sections 300.06, 300.07 and 300.08 of the Mississippi Trauma Care System Regulations. Operational policies will be developed and implemented as the need for them becomes apparent. Policies will be reviewed by the board and revised if needed on an annual basis or as required by changes in regional activities and/or programs.

IX. Regional Critical Care Capabilities

The following table provides a description of the resources available for trauma patients in the Coastal Region. Utilizing this information, appropriate triage of patients and long term planning based on needs assessment can be more practically made.

RESOURCE IDENTIFICATION FORM

	SRH	OSH	Biloxi Regional	George County Hospital	USA Medical Center.	Garden Park	Gulfport Memorial	Hancock Med. Ctr.
Trauma Surgeons Availability	5	8	0	1	Teaching Hospital	1	4	3
ICU/ Number of Beds	27	24	18	6		13	19	6
24-hour Angiography?	YES	YES	NO	NO	YES	YES	YES	NO
Pediatric ICU	NO	NO	NO	NO		NO	NO	NO
Number of beds								
Burn Unit	NO	NO	NO	NO	YES	NO	NO	NO
Neuro ICU	YES	NO	NO	NO	YES	NO	NO	NO
Number of beds	8 beds							
Inpatient Rehabilitation Services	YES	NO	YES	YES	YES	YES	YES	NO
Number of Beds	21 beds							
Pediatric Emergency Room	NO	NO	NO	NO	YES	NO	NO	NO
Cardiac Surgeon / Cardiopulmonary Bypass	YES	YES	NO	NO	YES	NO	YES	NO
Acute Dialysis Services	YES	YES	YES	NO	YES	YES	YES	NO
Number of Operating Rooms	9	7	7	3		6	8	4
CT Scan	YES	2	YES	YES	YES	YES	YES	YES
MRI	YES	YES			YES	YES	YES	YES
# General Surgeons 24 hours coverage?	5	8		Teaching Hospital		0	4	3
# Neurosurgeons 24 hour coverage?	2	4		Teaching Hospital		2	3	
# Orthopedic Surgeons 24 hour coverage?	3	7	9	Teaching Hospital.		6	4	
ER Visits/Year	52,000	43,000	22,420			17,000	65,000	26,000

Burn Care

While each hospital will have their own burn transfer agreement, serious burn patients are transferred to the Burn Center at USA Medical Center in Mobile, Alabama or J.M. Still Burn Center.

Pediatric Care

Pediatric trauma patients are currently evaluated at the nearest, most appropriate designated trauma center. Those requiring transfer, particularly neuro-pediatric patients, are referred to our Level I facility, USA Medical Center in Mobile, AL.

Rehabilitation

Rehabilitation of the trauma patient and continued support of family members are important parts of the trauma system. While limited rehabilitation services are available within area hospitals, (orthopedic, spinal cord and stroke) many patients will require transfer to a tertiary center for long-term rehabilitation. Each facility will implement a plan for rehabilitation of the trauma patient at the earliest stage possible after admission and will develop policies and formal agreements with rehabilitation facilities for transfer of patients from acute care to licensed rehabilitation facilities within the State of Mississippi or in Louisiana or Alabama, as needed.

X. Quality (Performance) Improvement

Quality (Performance) Improvement is a vital component of the trauma plan for the Region, which will allow for identification of opportunities for improvement as well as a means of documenting the effectiveness of the system.

It is expected that each participating hospital will use trauma registry information to evaluate and correct its own deficiencies and to target areas for further training and/or

education. Performance improvement is a requirement established by the State for each hospital in maintaining Trauma Center designation. Each participating hospital will be required to perform the quality improvement activities as directed by the state.

At the regional level, review of registry information will allow for identification and categorization of regional issues and standards and inter-facility transfer of patients. The Quality Improvement Committee, as previously described, will be responsible for prioritizing these items for review. This committee focuses their efforts on review of patient specific issues such as deaths, complications, volume, severity of injuries, etc. The committee also follows the indicators established by the State Trauma PI Subcommittee and reports to them.

In order to improve quality of care and to maintain a high standard, it is critical that the Region have the authority to identify and transmit to participating hospitals, pre-hospital providers and other participating institutions, concerns about performance. Information regarding each hospital and its need to improve or change some of its activities will be referred directly back to the trauma nurse coordinator or trauma medical directors, and if appropriate response is obtained, no further action will be required. All formal activity will occur between the PI committee and the board of directors. The performance improvement committees (PI and Medical Control) will not release information or give reports except as specifically directed by the board of directors. Performance improvement activities will be considered peer review and will remain confidential as set forth in State Statute 41-59-77. . Recommendations made to individual hospitals or to the board will require follow up and documentation showing evidence of follow-up and closure of previous recommendations, concerns, etc.

Ultimately, the responsibility of the Region is to ensure the quality of care given to trauma patients in any of the participating institutions. It is expected that each facility

will utilize registry data as well as other indicators to identify opportunities for improvement at their facility. Information should be shared at facility trauma committee meetings. Each facility will be required to regularly submit to the Region a report of trauma committee activities and related performance/quality improvement initiatives.

Regional Data System

All designated trauma centers within the Coastal Trauma Region will use the trauma registry supplied by the State. Data from the registry will be submitted to the State on a quarterly basis or more often as required. The region administrator will manage regional data and will produce reports for regional committees to facilitate monitoring of processes and outcomes and for region wide performance improvement studies. The region office will submit regional data to the state as required.

XII. Outreach

Each hospital, as part of their trauma center designation, is responsible to either develop or participate in prevention and public outreach programs within their community.

It is the philosophy of the Board of Directors and of the Region as a whole that the only way to effect the development of a truly inclusive state-wide Trauma Care System is to share resources with both participating hospitals and the lay public alike. To this end, the region will participate in and/or initiate outreach activities at several levels to enhance public and physician/nurse/pre-hospital provider education.

The region will participate in their efforts to provide information an education and in communicating their prevention program strategies and planned activities to other area trauma centers.

Medical Outreach:

The region will publish a quarterly newsletter designed to educate providers concerning state and region trauma system news and activities. Advanced Trauma Life Support (ATLS) and other continuing medical education (CME) information and dates will be provided in the newsletter. In addition, each Level II and III hospital is responsible for providing at least one trauma related CME annually. The region will participate with the hospital in providing funding resources for speakers, meeting facilities, brochures, advertising, education materials, etc.

The Trauma Coordinator Advisory Committee is working cooperatively to design and offer Trauma Nurse Core Course (TNCC) and other related nursing education courses throughout the regions. Again, the region will assist with funding, advertising, provision of educational materials, etc. for this purpose.

Prevention and Public Outreach

Education of the lay public in regard to trauma is somewhat difficult but equally important as professional education. A public information effort will be implemented in which the public will be educated about the nature and capabilities of the Trauma Centers within their localities. This effort will be directed at local newspapers, schools and civic groups and will be an ongoing process. The region will actively participate in state sponsored public information and injury prevention initiatives as well.