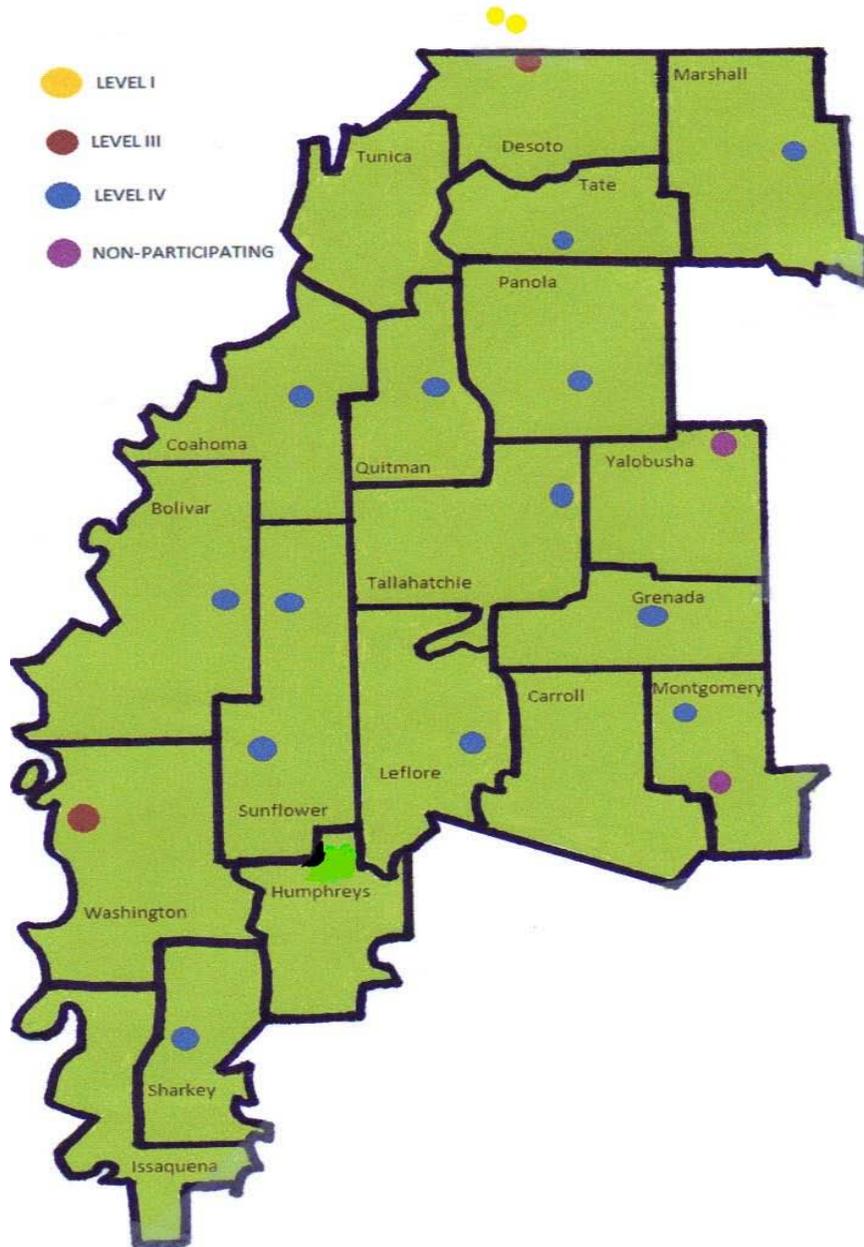


# Delta Trauma Care Region, Inc.



## Regional Trauma Plan

2013

## Table of Contents

	<b>Page</b>
I. Authority and Purpose	4
II. Plan Summary	5
III. Plan Objectives	7
IV. Implementation Schedule	9
V. Administrative Structure	10
VI. Plan Description and Operations	12
VII. Medical Organization and Management	20
VIII. Inclusive Nature of the Trauma System	21
IX. Guidelines/Protocols for Inter-facility Transfer	22
X. Documentation of Hospital Participation	25
XI. Operational Implementation of Policies	27
1. System Organization and Management	29
2. Trauma Care Coordination (intra-region)	30
3. Trauma Care Coordination (inter-region)	31
4. Data Collection and Management	32
5. Coordination of Transportation	33
6. Integration of Pediatric Hospitals	34
7. Availability of Trauma Center Personnel and Equipment	36
8. Criteria For Activation	38
9. System Evaluation and Performance	40
10. Professional and Staff Training	41
11. Public Information and Training	42
12. Injury Prevention Programs	43
13. Receipt and Distribution of Funds	44
14. Non-Compliance Policy	45
XII. Description of Critical Care Capabilities within the Region	47
XIII. Regional Trauma Performance Improvement Plan	52
XIV. Pre-hospital Trauma Triage and Destination Policy	56
XV. Pre-hospital Patient Care Protocol Policy	59

XVI.	Pre-Hospital Patient Care Protocols	61
1.	Universal Patient Care Protocols	62
2.	Abdominal/Pelvic Trauma	63
3.	Burn	64
4.	Extremity Trauma	65
5.	Head Trauma	66
6.	Multiple Trauma	67
7.	Pneumothorax	68
8.	Thoracic Trauma	69

# I. Authority and Purpose

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The Delta 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 Delta Trauma Care Region, Inc. is to plan, implement, administer, and manage a trauma system for the citizens of Northwest Mississippi.

The plan outlines the structure and operation of the trauma care system within the counties of Bolivar, Carroll, Coahoma, Desoto, Grenada, Humphreys, Issaquena, Leflore, Marshall, Montgomery, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Tate, Tunica, Washington, and Yalobusha.

## II. Plan Summary

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

The Delta Trauma Care Region consists of nineteen counties: Bolivar, Carroll, Coahoma, Desoto, Grenada, Humphreys, Issaquena, Leflore, Marshall, Montgomery, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Tate, Tunica, Washington, and Yalobusha. The entire region has a population of 540,586 (Source-US Census Bureau). The area is also impoverished with eighteen of the nineteen counties having poverty rates above the Mississippi average 17% (Source-US Census Bureau) with Desoto County being the only county with poverty level of 10% or less. The largest communities in the region are Southaven, Horn Lake, Olive Branch, Greenville, Clarksdale, and Greenwood. The total square miles for these nineteen counties is 10,690.

Health care in the region is represented by twenty hospitals, two of which do not have an emergency department. Four counties: Carroll, Humphreys, Issaquena, and Tunica do not have a hospital in the county. The current system is designed around the EMS provider transporting trauma patients, meeting state defined criteria, in compliance with the "Mississippi Consolidated Trauma Activation Criteria and Destination Guidelines". The University of Mississippi Medical Center and the Regional Medical Center in Memphis, TN, are the Level I trauma centers that service the Delta with a few patients being transferred to North Mississippi Medical Center, a Level II trauma center, in Tupelo, MS. LeBonheur Children's Hospital was recently designated as a Tertiary Pediatric Center for the Delta Region. Delta Regional Medical Center in Greenville, MS, and Baptist Memorial Hospital – Desoto in Southaven, MS are the two Level III trauma centers that service the Delta.

At present there are twelve ground and four air medical ambulance providers serving the region. Ten of the ground-based services are ALS with two services BLS. Three of the air medical providers are based within the geographical boundaries of the region.

The goal of the plan is to develop and maintain a trauma system for the Delta region of the state. The system has been modified to decrease the time between traumatic incident and the rendering of appropriate care, which would include transfer to the appropriate trauma center. The system enables EMS providers and the local hospitals to respond in a more efficient and effective manner.

Delta Trauma Care Region, Inc. is a private, non-profit public corporation. Membership in the corporation is available to licensed hospitals participating in the statewide trauma program. The corporation is governed by a Board of Directors, which consists of one representative from each Level IV hospital and two representatives from each Level I and III hospitals. There are also two representatives from the EMS community and two at-large members.

The Board of Directors will retain, through independent contract, a Regional Administrator and Trauma Medical Director. The Board of Directors shall appoint the President, Vice President, Secretary, and Treasurer, that makes up the Executive Committee for the Region. The Executive Committee governs 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 EMS Pre-hospital/Medical Control 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 Delta Trauma Care Region shall integrate with other regions by participating in educational events and membership on the Mississippi Association of Trauma Administrators (MATA). The region shall also provide a representative to the Mississippi Trauma Advisory Committee (MTAC) and the State PI Committee.

The Delta Trauma Care Region, in an effort to provide the highest, most appropriate level of care for their patients, shall insure that each participating hospital develops and maintains transfer protocols for Level I Care, Pediatric Care, Burn Care and Rehabilitative Care.

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

The Delta Trauma Care Region Inc. Regional plan is a comprehensive document which outlines the planning, education, implementation, care and performance improvement of medical trauma management in Northwest Mississippi. Key to the success of our plan is the involvement of providers, a common education on objectives and mechanisms, certification of provider abilities, state funding, coordination of patient handling from scene to discharge, and performance improvement.

# III. Plan Objectives

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

1. Develop a program directed to the public for the purpose of reducing 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 trauma facility 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 most appropriate trauma facility
3. Provide for the education of physicians, clinical staff, pre-hospital personnel 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/Committees and participation in the Regional Trauma Program
6. Encourage participation in caring for trauma patients from the region's non-participating hospitals and other health care providers located in the Delta 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 sponsored research projects relating to trauma and trauma care.
9. Assist each facility with the completion of their application for designation or re-designation into the trauma system.
10. Maintain listing of all eligible hospitals having an organized emergency service or department, designation status, and expiration date.
11. Facilitate all meetings of the Delta Regional Board of Directors and other committees established by the board.
12. Develop, assess and modify trauma system policy to accommodate trauma system activity
13. Assist each facility with any reimbursement questions and issues that may arise through technical assistance
14. Integrate trauma system development with disaster preparedness activities
15. Re-elect Executive Board of Directors and resume regular meeting schedules

16. Re-establish regularly scheduled meetings for all regional committees
17. Coordinate regional performance improvement (PI) program and report same quarterly to the State PI Committee
18. Review and evaluate effectiveness of Activation Criteria and Destination Guidelines established by the state trauma system
19. Continue providing education opportunities for physicians, clinical staff, pre-hospital personnel, support staff and the public regarding trauma care. To include at minimum one registry training opportunity and one system administration training opportunity
20. In coordination with the State's public information, education and prevention plan, continue the development of a regional public information, education and prevention plan

## IV. Implementation Schedule

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Ongoing	Maintain commitment from the participating hospitals and physicians to the system through representation on the Region's Board and participation in regional trauma programs
Ongoing	Encourage participation in caring for trauma patients from health care providers located in the Delta Trauma Care Region
Ongoing	Participation, upon request, in any State sponsored research projects relating to trauma and trauma care
Ongoing	Review of Regional Trauma Plan, revisions made annually, and submitted to the Mississippi State Department of Health
Ongoing	Implementation of injury prevention programs directed to the public for the purpose of reducing traumatic injuries
Ongoing	Implementation of Policies and Procedures of Regional Trauma Plan
Ongoing	Implementation of the Performance Improvement Plan to continually evaluate the system
Ongoing	Establish a standardized response system to trauma that will enable providers to improve clinical care and to deliver the patient to the appropriate level of care in as little time as possible
Ongoing	Encourage the region's hospitals to incorporate the trauma patient's rehabilitation into their plan of care
Ongoing	Provide for the education of physicians, clinical staff, pre-hospital personnel and the public regarding trauma care
Ongoing	Assist each facility with the completion of their application for designation or re-designation into the trauma system
Ongoing	Facilitate all meetings of the Delta Trauma Care Region's committees
Ongoing	Implementation of the State Consolidated Activation Criteria and Destination Guidelines
Ongoing	Develop, assess, and modify trauma system policy to accommodate trauma system activity
Ongoing	Maintain listing of all eligible hospitals having organized emergency services or department, designation status and expiration date
Ongoing	Integrate trauma system development with disaster preparedness
Ongoing	Establish and maintain trauma registry for system evaluation
Ongoing	Review Regional By-Laws and Non-Compliance Policy

# V. Administrative Structure

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Delta Trauma Care Region Inc. is a private, non-profit benefit corporation. Membership in the corporation is available to licensed Mississippi hospitals participating in the statewide trauma program. In conformity with the regulatory framework established by the MSDOH, the region functions administratively to ensure that the system is responsive to the needs of all injured persons and to adhere to realistic timeframes for system planning, development and implementation. The region is represented on the State level through the MTAC.

The corporation is governed by a Board of Directors that consists of two representatives from each Level I and III hospital and one representative from each Level IV hospital. Meetings of the BOD are held quarterly. It is strongly suggested that the board member or his/her designee attend 75% of the meetings.

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

The Board shall appoint a Regional Medical Director, who shall be over the Medical Control and PI review committees and shall represent the position of participating hospitals and EMS provider agencies on issues of pre-hospital care and emergency medical services.

The Board shall act as the Regional Trauma Advisory Committee and shall promote communication and coordination among the participating hospitals and all interested parties for effective response to the needs of pre-hospital care. The Committee shall 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 Delta Trauma Care Region.

The Board of Directors has appointed a PI Committee and the committee shall review PI reports on a quarterly basis and report findings to the State PI Committee. The Board shall also appoint other non-standing committees as necessary and will retain a Regional Trauma Administrator, Regional Trauma Medical Director and administrative staff, if necessary. The Regional Trauma Administrator oversees the day-to-day operations and administrative affairs of the region under the direction of the Executive Board.

Medical Control leadership is provided by the Regional Trauma Medical Director and the EMS Director/Manager from each county or his/her designee. This committee's role is to oversee the development of clinical protocols and set minimal standards for reviewing PI issues. This committee shall promote region-wide standardization of pre-hospital care policies, procedures and protocols. The Regional Medical Director serves as the Chair for this committee. Meetings are held every other month and at the discretion of the Regional Trauma Medical Director. It is strongly suggested that members or their designee attend 75% of the meetings.

The Trauma Program Manager/Registrar Committee consists of the Trauma Program Manager and/or Registrar from each participating facility. This group is charged with insuring that educational needs in the region are being met at every level from pre-hospital to physician. They also collaborate on common problem areas and serve as an internal source for ideas, policies, and practices. Meetings are held every other month and at the discretion of the Regional Administrator. It is strongly suggested that members or their designee attend 75% of the meetings.

All committees formulate recommended policies and procedures and report them to the Board of Directors quarterly through the Regional Administrator for a ruling on recommendations.

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 PI Plan shall be the mechanism for measuring the system's performance. Compliance will be measured by good faith attempts for requested data.

The Delta 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) and the State PI Committee.

The Delta Trauma Care Region, in an effort to provide the highest, most appropriate level of care for their patients, shall insure that each participating hospital develops and maintains transfer protocols and by participating in the statewide trauma system.

The Delta Trauma Care Region shall encourage local EMS providers 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 Treasurer and Regional Administrator are the contacts with the accounting firm. The Regional Administrator will manage the daily administrative aspects of the organization. An officer will approve all expenses. All checks will require two signatures.

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.

Reimbursement was allocated to hospitals and providers based on the methodology established by the MSDOH or its contracted accounting firm. After being directed to do so by the Board, the region, upon receipt of the reimbursement, will distribute the allocated reimbursement amounts to the hospitals and providers who are in good standing with the Mississippi Trauma System and Delta Trauma Care Region policies, procedures, protocols, guidelines and regulations. Hospitals and providers found to be non-compliant with Regional and/or State regulations shall have funding withheld until such time they re-enter a state of compliance with established guidelines. That State Department of Health will conduct audits as needed.

## VI. Plan Description and Operations

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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 Delta Trauma Care Region consists of nineteen counties: Bolivar, Carroll, Coahoma, Desoto, Grenada, Humphreys, Issaquena, Leflore, Marshall, Montgomery, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Tate, Tunica, Washington, and Yalobusha. The entire region has a population of 540,586 (Source-US Census Bureau). The total of square miles for the Delta Region is 10,690 miles.

County	Area In Square Miles	Population
Bolivar	876	34,145
Carroll	628	10,597
Coahoma	554	26,151
Desoto	478	161,252
Grenada	713	21,906
Humphreys	418	9,375
Issaquena	413	1,406
Leflore	592	32,317
Marshall	706	37,144
Montgomery	407	10,925
Panola	684	34,707
Quitman	405	8,223
Sharkey	428	4,916
Sunflower	694	29,450
Tallahatchie	644	15,378
Tate	404	28,886
Tunica	455	10,778
Washington	727	51,137
Yalobusha	467	12,678
<b>TOTAL</b>	<b>10,690</b>	<b>540,586</b>

The current system is designed around the EMS provider transporting trauma patients, meeting state defined criteria, in compliance with the “Mississippi Consolidated Trauma Activation Criteria and Destination Guidelines”. At present there are twelve ground based ambulance providers and four air based helicopter ambulance providers serving the region. Ten of the ground based services are ALS and two are BLS. Three of the air based services are based within the region.

There are seventeen hospitals in the Delta region of the state and two hospitals in Tennessee that are affiliated with the region. Two of these hospitals do not have an emergency department. Fifteen are currently participating in the Mississippi State Trauma Care System and are certified for either, Level I, Tertiary Pediatric, III, or IV status.

Each hospital will provide trauma care consistent with their level of certification. This includes staffing and call back of medical and other clinical staff. The patient is stabilized then transferred, if necessary. The Regional Medical Center in Memphis, TN, is a Level I facility participating in the region and LeBonheur Children’s Hospital in Memphis, TN is a Tertiary Pediatric facility participating in the region. The University of Mississippi Medical Center is the other Level I trauma center that

receives transfers from the region. Subsequently, most major trauma related transfers are directed towards one of these three facilities. Delta Regional Medical Center in Greenville, MS, and Baptist Memorial Hospital – Desoto in Southaven, MS, are Level III facilities in the region.

Hospital	County	City/State	Level
Regional Medical Center	Shelby	Memphis, TN	1
LeBonheur Children’s Hospital	Shelby	Memphis, TN	1
Baptist Memorial Hospital – Desoto	Desoto	Southaven, MS	3
Delta Regional Medical Center	Washington	Greenville, MS	3
Alliance Healthcare	Marshall	Holly Springs, MS	4
Bolivar Medical Center	Bolivar	Cleveland, MS	4
Greenwood Leflore Hospital	Leflore	Greenwood, MS	4
Grenada Lake Medical Center	Grenada	Grenada, MS	4
North Oak Medical Center	Tate	Senatobia, MS	4
North Sunflower Medical Center	Sunflower	Ruleville, MS	4
Northwest Mississippi Regional Medical Center	Coahoma	Clarksdale, MS	4
Quitman County Hospital	Quitman	Marks, MS	4
Sharkey Issaquena Community Hospital	Sharkey	Rolling Fork, MS	4
South Sunflower County Hospital	Sunflower	Indianola, MS	4
Tallahatchie General Hospital	Tallahatchie	Charleston, MS	4
Tri-Lakes Medical Center	Panola	Batesville, MS	4
Tyler Holmes Memorial Hospital	Montgomery	Winona, MS	4
Kilmichael Hospital (No ED)	Montgomery	Kilmichael, MS	*
Yalobusha General Hospital (No ED)	Yalobusha	Water Valley, MS	*

\* - Not in system

B. Plan Objectives

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

1. Develop a program directed to the public for the purpose of reducing 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 trauma facility 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 most appropriate trauma facility
3. Provide for the education of physicians, clinical staff, pre-hospital personnel 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/Committees and participation in the Regional Trauma Program
6. Encourage participation in caring for trauma patients from the region’s non-participating hospitals and other health care providers located in the Delta 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 sponsored research projects relating to trauma and trauma care.
9. Assist each facility with the completion of their application for designation or re-designation into the trauma system.
10. Maintain listing of all eligible hospitals having an organized emergency service or department, designation status, and expiration date.
11. Facilitate all meetings of the Delta Regional Board of Directors and other committees established by the board.
12. Develop, assess and modify trauma system policy to accommodate trauma system activity
13. Assist each facility with any reimbursement questions and issues that may arise through technical assistance
14. Integrate trauma system development with disaster preparedness activities
15. Re-elect Executive Board of Directors and resume regular meeting schedules
16. Re-establish regularly scheduled meetings for all regional committees
17. Coordinate regional performance improvement (PI) program and report same quarterly to the State PI Committee
18. Review and evaluate effectiveness of Activation Criteria and Destination Guidelines established by the state trauma system
19. Continue providing education opportunities for physicians, clinical staff, pre-hospital personnel, support staff and the public regarding trauma care. To include at minimum one registry training opportunity and one system administration training opportunity
20. In coordination with the State's public information, education and prevention plan, continue the development of a regional public information, education and prevention plan

C. Participant Requirements

All participants must meet the requirements for hospital licensure in their state. 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 Delta Trauma Care Region consists of a letter of intent to the region along with the Mississippi State Department of Health's Application for Trauma Care Center Designation. An inspection will be scheduled upon acceptance of the application from the 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 and a positive recommendation by the Mississippi Trauma Advisory Committee.

All employees, physicians, and volunteers of the participants must be licensed to practice, where a license or certification is required.

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 Administrator shall be allowed to attend 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 and treatment appropriate for their level and 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 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 based and air based ambulance services, and those fire departments that utilize First Responders. The system would enable these services to arrive on the scene as quick as possible to render care and to provide the necessary information to the receiving trauma center. Each ambulance service should be able to communicate with the receiving trauma center.

**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 of 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 “Mississippi Consolidated Trauma Activation Criteria and Destination Guidelines”. The region shall monitor each ambulance service through its Performance Improvement Plan to determine compliance and efficiency 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 with 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 Delta Trauma Care Region recognizes the State Trauma System Rules and Regulations as being appropriate for the region’s needs.

The Level IV hospital's purpose is to stabilize the patient and facilitate the transfer to the higher level of care facility (Level I, II, III, Pediatric or Burn Care). Level III Trauma Centers are capable of providing surgical resources as is required by their level of designation. Patients needing resources outside the 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 of care in as little time as possible.**

Each hospital will have a standardized response to a trauma patient as specified in their trauma program. Each participating hospital will develop a trauma plan consistent with their level of designation and will meet all the State’s requirements regarding their level of designation. The region shall work with the State to ensure each facility operates according to their plan.

Trauma patients shall be sent to the most appropriate trauma center with the resources to meet their needs. All the region’s participating hospitals are responsible for developing protocols for transfer of trauma patients requiring resources outside their scope of care. The region has developed a suggested guideline for the transfer of trauma patients to a higher level of care.

**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 Care System regulations. The region is represented on the State level through the MTAC.

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

All fifteen hospitals with emergency department have committed to participate. Bolivar Medical Center, Greenwood Leflore Hospital, Northwest Mississippi Regional Medical Center, and Tri-Lakes 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. The region shall encourage providers of rehabilitative therapies to obtain continuing education related to trauma.

**Objective: Assist each facility with the completion of their application for designation or re-designation into the trauma system.**

Staff of the Delta Region (physicians, nursing, trauma registry, administration) assists all participating hospitals and guides the development of local trauma physicians within these facilities. The activities will assist these hospitals in obtaining and maintaining their trauma center designations.

**Objective: Facilitate all meetings of the Delta Regional Board of Directors and other committees established by the board; re-election of Executive Board; re-establish regularly scheduled meetings for all regional committees**

Meetings for the Delta Regional Board of Directors and all established committees are facilitated by the Regional staff. There is re-election of Executive Board annually. The Executive Board and Board of Directors meet quarterly, Trauma Program Managers/Registrars and EMS Pre-hospital/Med Control meet bimonthly and PI Committee meets quarterly.

**Objective: Maintain listing of all eligible hospitals having an organized emergency service or department, designation status, and expiration date.**

It is essential the region maintain a current list of all facility capabilities, designation status and expiration dates to ensure compliance with the State regulations. The region will notify appropriate facilities at least 120 days prior to the trauma renewal expiration date of each facility.

**Objective: Assist each facility with any reimbursement questions and issues that may arise through technical assistance.**

The Delta regional administrator will be available to assist with any issues that may arise regarding reimbursement questions.

**Objective: Integrate trauma system development with disaster preparedness activities.**

The region is currently participating in the mandatory SMART system provided by the State. It is an up-to-date view of critical information related to specialty availability and bed status. Each hospital is responsible for routine disaster preparedness drills.

**Objective: In coordination with the State's public information, education, and prevention plan, begins the development of a regional public information, education, and prevention plan.**

Prevent strategies to effect lifestyle changes are proven to be effective in reducing the incidence of traumatic injury. Using the State's public information, education, and prevention plan, the region develops local initiatives. These keep the public abreast of the system as it develops and will share local information related to prevention.

### 3. Education and Research

**Objective: Continue providing education opportunities for physicians, clinical staff, pre-hospital personnel, support staff, and the public regarding trauma care; to include at minimum one registry training opportunity and one system administration training opportunity.**

The Delta Trauma Care Region would help individual facilities establish and support educational programs regarding trauma care for their physicians, nursing and pre-hospital personnel. The region would also 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 region may, at its own discretion, directly provide preventative education to the public. The region will continue to provide educational opportunities for physicians, clinical staff, pre-hospital personnel, support staff and the public regarding trauma care; to include at minimum one registry training opportunity and one system administration training opportunity. Assist, establish, and support education programs regarding trauma care.

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

The Delta Trauma Care Region 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 Delta Trauma Care Region 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 Delta 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 State Trauma Care System.

**Objective: Coordinate regional performance improvement (PI) program and report same quarterly to the State PI Committee.**

The State intends to base all future regional designations of trauma center designation upon activities conducted by the regional and patient outcome data. As a result, a regional performance improvement program has been developed. Quarterly results are reported to the State PI Committee.

**Objective: Review and evaluate effectiveness of the Activation Criteria and Destination Guidelines established by the State Trauma System.**

The region will continue to review and evaluate the effectiveness of the Mississippi Consolidated Activation Criteria and Destination Guidelines through the performance improvement.

4. Policies:

**Objective: Develop, assess, and modify trauma system policy to accommodate trauma system activity.**

Trauma system policies are needed to guide regional system development and are required by the State. As the region matures, policies will be developed in accordance with these rules.

## VII. Medical Organization and Management

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The Region's Trauma Medical Director coordinates regional medical direction. The Trauma Medical Director's role is to ensure medical accountability, act as a trauma system advocate, and provide for medical credibility throughout system development. The Regional Trauma Medical Director chairs the Regional EMS Pre-hospital/Medical Control Committee and the Regional PI Committee.

The Trauma Medical Director is assisted by the EMS Pre-hospital/Medical Control Committee, whose role is to develop, revise, and monitor all operating protocols and procedures by physicians, including reviewing pre-hospital reports for compliance with pre-established procedures. The committee will conduct continuous performance improvement geared toward improving the final outcome of injured patients. This will be dependent upon effective monitoring, integration and evaluation of all components of the patient's care.

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 State 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

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The Delta 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 EMS and First Responders is to render first aid and appropriate BLS/ALS care until the patient is delivered to the appropriate facility. These providers also activate the system by alerting the receiving facility to the pending arrival of a trauma patient, thus meeting State/Region defined criteria, as outlined in the Mississippi 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 possible, 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 Delta Trauma Care Region shall integrate with the other regions by participating in educational events and membership in the Mississippi Association of Trauma Administrators.

There are fifteen hospitals in Mississippi approved as trauma centers in the Delta region and two hospitals in Tennessee approved as trauma centers in the Delta region. The region shall encourage a hospital to re-consider participation in the trauma system should a hospital choose not to participate.

# IX. Suggested Guidelines for Inter – Facility Transfer

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## Goals

1. Establish a consistent mechanism to transport patients to the most appropriate level of care facility in a timely manner according to the Mississippi Consolidated Activation Criteria and Destination Guidelines
2. To ensure all relevant data is communicated to the accepting facility
3. To promote an order and timely transfer of trauma patients incorporating EMS personnel, ED staff, consulting services and accepting facilities

## Procedures

1. Physician at the transferring facility will determine the need for transfer and contact the most appropriate level of care facility available for transfer of the trauma patient
2. The physician at the transferring facility will obtain an accepting physician
3. The transferring physician will give the accepting physician a detailed report including: mechanism of injury, VS, GCS, identified injuries, treatments, results of labs/x-rays, and level of stabilization
4. The transferring physician and the accepting physician will collaborate and determine the most appropriate mode of transportation for the patient
5. The accepting facility will instruct the transferring facility as to any treatments or procedures that must be done prior to transfer or in route
6. The transferring facility will complete the accepting facilities requests to the best of their capability based on resources
7. The transferring facility will send with the patient, fax or call a verbal report, as soon as available, all pertinent patient data
8. The RN at the transferring facility will call report to the RN at the accepting facility and document the name, title, and time of the report on the patient record
9. The transfer team will call an updated report to the accepting facility by phone or radio when they are approximately 10 minutes from the accepting facility
10. The transfer will occur in accordance with the Mississippi Consolidated Activation Criteria and Destination Guidelines
11. A written inventory of the patient's personal property will be completed and witnessed by a licensed medical person. Every effort will be made to give personal property to a family member and have them sign for the property. Both the transferring and receiving facilities will have a copy of the written inventory.
12. The accepting facility will call an update to the Trauma Program Manager at the transferring facility within 48 hours.

All inter-facility transfers will be in accordance with COBRA/EMTALA and HIPPA requirements to include transfer consents.

Each facility shall maintain transfer protocols and policies for inter-facility transfers, since transfer agreements are no longer used.





# X. Documentation of Hospital Participation

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Hospitals desiring to participate in the Delta Trauma Region have submitted letters of intent to participate along with their applications to the State. The following is a list of hospitals that currently participate in the Delta Regional Trauma System

Regional Medical Center @ Memphis – Level 1  
877 Jefferson Avenue  
Memphis, TN 38103

LeBonheur Children's Hospital @ Memphis – Tertiary Pediatric  
848 Adams Avenue  
Memphis, TN 38103

Baptist Memorial Hospital-Desoto – Level 3  
7601 Southcrest Parkway  
Southaven, MS 38671

Delta Regional Medical Center – Level 3  
1400 East Union Street  
Greenville, MS 38704

Alliance Healthcare – Level 4  
1430 Highway 4 East  
Holly Springs, MS 38635

Bolivar Medical Center – Level 4  
901 East Sunflower Road  
Cleveland, MS 38732

Greenwood Leflore Hospital – Level 4  
1401 River Road  
Greenwood, MS 38935

Grenada Lake Medical Center – Level 4  
960 Avent Drive  
Grenada, MS 38901

North Oak Regional Medical Center – Level 4  
401 Getwell Drive  
Senatobia, MS 38668

North Sunflower Medical Center – Level 4  
840 North Oak Avenue  
Ruleville, MS 38771

Northwest Mississippi Regional Medical Center – Level 4  
1970 Hospital Drive  
Clarksdale, MS 38614

Quitman County Hospital – Level 4  
340 Getwell Drive  
Marks, MS 38646

Sharkey Issaquena Community Hospital – Level 4  
47 South 4<sup>th</sup> Street  
Rolling Fork, MS 39159

South Sunflower County Hospital – Level 4  
121 East Baker Street  
Indianola, MS 38751

Tallahatchie General Hospital – Level 4  
201 South Market Street  
Charleston, MS 38921

Tri-Lakes Medical Center – Level 4  
303 Medical Drive  
Batesville, MS 38606

Tyler Holmes Memorial Hospital – Level 4  
409 Tyler Holmes Drive  
Winona, MS 38967

# XI. Operational Implementation of Policies

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The Delta Trauma Care Regional Plan is a dynamic document and, as such, is constantly evolving. The Plan provides for retaining a Regional Administrator, establishing a Regional Trauma Performance Improvement Committee, Trauma Program Managers/Registrars Committee and EMS Pre-hospital/Medical Control Committee and for implementation of the plan as written and revised as recommended by the Mississippi State Department of Health. The Plan will be implemented, monitored, and evaluated by the Regional Administrator and the Regional Board of Directors. Enforcement of the policies shall be administered through the Regional Board of Directors and the Mississippi State Trauma System.

Any and all amendments (other than minor grammatical changes) will be submitted to the State for approval prior to implementation. The Delta Trauma Care Region's Trauma Plan is submitted to the Mississippi State Department of Health every three years or as required.

From an operational perspective the Region is charged with injury prevention, public education, workforce resource management, provider education, EMS management, pre-hospital guidelines, communications, promulgation of trauma facility guidelines, standardized inter-facility transfer procedures, data collection and management systems, and ongoing quality assurance and performance improvement evaluations.

# Policies

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

Policy Listing	Page
System Organization and Management	29
Trauma Care Coordination – Intra-Region	30
Trauma Care Coordination – Inter-Region	31
Data Collection and Management	32
Coordination of Transportation	33
Integration of Pediatric Hospitals	34
Availability of Trauma Center Personnel and Equipment	36
Criteria for Activation	38
System Evaluation and Performance Improvement	40
Professional and Staff Training	41
Public Information and Training	42
Injury Prevention Programs	43
Receipt and Distribution of Funds	44
Non-Compliance Policy	45

Delta Trauma Care Region	Regional Policy And Procedure Manual	Manual Code: DTCR M/T - 1
<b>SUBJECT: System Organization and Management</b>		
Effective Date: 2-12-2013	Review/Revision Date: 2-12-2013	Page <u>1</u> of <u>1</u>
Policy Reviewed and Approved by: Board of Directors – Delta Trauma Care Region, Inc.		
Date Reviewed and Approved: 2-12-2013		

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

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

**PROCEDURE:**

- A. The Region shall incorporate, develop and operate a Board of Directors and Regional Bylaws
- B. The Delta Trauma Care Region voting membership shall consist of the geographically eligible hospitals participating in the Mississippi State Trauma Care System, two non-hospital EMS providers and two at-large members. Participating hospitals must be designated trauma centers by the MSDOH and the EMS providers must be in good standing with the State.
- 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 a person or entity that shall have administrative authority over the daily operations of the Delta Trauma Care Region
- F. Voting and non-voting members shall participate in the Delta 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 Delta Trauma Care Region shall be considered proprietary. Member organizations shall not use Region's proprietary information for individual organizational gain

Delta Trauma Care Region	Regional Policy And Procedure Manual	Manual Code: DTCR M/T - 2
<b>SUBJECT: Trauma Care Coordination (Intra-Region)</b>		
Effective Date: 2-12-2013	Review/Revision Date: 2-12-2013	Page <u>1</u> of <u>1</u>
Policy Reviewed and Approved by: Board of Directors – Delta Trauma Care Region, Inc.		
Date Reviewed and Approved: 2-12-2013		

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

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

**PROCEDURE:**

- 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 Delta 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 Delta Trauma Care Region their individual trauma plans.
- D. All agencies shall report to the Delta 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.

Delta Trauma Care Region	Regional Policy And Procedure Manual	Manual Code: DTCR M/T - 3
<b>SUBJECT: Trauma Care Coordination (Inter-Region)</b>		
Effective Date: 2-12-2013	Review/Revision Date: 2-12-2013	Page <u>1</u> of <u>1</u>
Policy Reviewed and Approved by: Board of Directors – Delta Trauma Care Region, Inc.		
Date Reviewed and Approved: 2-12-2013		

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

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

**PROCEDURE:**

- 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 Delta Trauma Care Region shall maintain contact with neighboring Trauma Regions and the Mississippi State Department of Health to monitor the status of and changes to the Mississippi Trauma Care System and its Regions. The Regional Administrator shall meet quarterly with the other Regional Administrators or equivalent representatives. The Delta Trauma Care Region shall incorporate any Mississippi Trauma Care System changes into the Region Trauma Plan.

Delta Trauma Care Region	Regional Policy And Procedure Manual	Manual Code: DTCR M/T - 4
<b>SUBJECT: Data Collection and Management</b>		
Effective Date: 2-12-2013	Review/Revision Date: 2-12-2013	Page <u>1</u> of <u>1</u>
Policy Reviewed and Approved by: Board of Directors – Delta Trauma Care Region, Inc.		
Date Reviewed and Approved: 2-12-2013		

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

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

**PROCEDURE:**

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

Delta Trauma Care Region	Regional Policy And Procedure Manual	Manual Code: DTCR M/T - 5
<b>SUBJECT: Coordination of Transportation</b>		
Effective Date: 2-12-2013	Review/Revision Date: 2-12-2013	Page <u>1</u> of <u>1</u>
Policy Reviewed and Approved by: Board of Directors – Delta Trauma Care Region, Inc.		
Date Reviewed and Approved: 2-12-2013		

**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.

**PROCEDURE:**

- 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 to “Mississippi 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 of care facility. The method of transfer (ground vs. air-medical) shall be based on the acuity of the patient and the availability of resources or by on-line medical control physicians.

Delta Trauma Care Region	Regional Policy And Procedure Manual	Manual Code: DTCR M/T - 6
<b>SUBJECT: Integration of Pediatric Hospitals</b>		
Effective Date: 2-12-2013	Review/Revision Date: 2-12-2013	Page <u>1</u> of <u>1</u>
Policy Reviewed and Approved by: Board of Directors – Delta Trauma Care Region, Inc.		
Date Reviewed and Approved: 2-12-2013		

**PURPOSE: To provide for pediatric trauma care.**

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

**PROCEDURE:**

- 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 Mississippi Trauma System Rules and Regulations for their level of pediatric trauma center designation.
- B. The Delta 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.

(See attached Suggested Guidelines for Pediatric Transfer Criteria)

## SUGGESTED GUIDELINES FOR PEDIATRIC TRANSFER CRITERIA

Pediatric Trauma Patients that exhibit any of the following are appropriate patients for transfer to a Pediatric Hospital.

1. Ineffective or absent ventilator effort requiring endotracheal intubation/ventilator support
2. Respiratory distress or failure
3. Depressed or deteriorating neurological status
4. Bradycardia not responsive to oxygenation
5. Cardiac rhythm disturbances
6. Status post cardiopulmonary arrest
7. Shock
8. Severe hypothermia
9. Injuries requiring any blood transfusion
10. Extremity injury complicated by neurovascular or compartment syndrome
11. Fracture of two or more long bones
12. Fracture of axial skeleton
13. Spinal cord injuries
14. Traumatic amputation of an extremity with potential for replantation
15. Head injury accompanied by one of the following:
  - (a) CSF leaks
  - (b) Open head injuries (except simple scalp lacerations)
  - (c) Depressed skull fractures
  - (d) Decreased level of consciousness
  - (e) Focal neurological signs
  - (f) Basilar skull fracture
16. Significant penetrating wounds to the head, neck, thorax, abdomen, or pelvis
17. Major pelvic fractures
18. Significant blunt injury to the chest or abdomen
19. Children requiring intensive care
20. Children sustaining burns with any of the following:
  - (a) 2<sup>nd</sup> and 3<sup>rd</sup> degree burns of greater than 10% BSA for children less than 10 years of age
  - (b) 2<sup>nd</sup> and 3<sup>rd</sup> degree burns of greater than 20% BSA for children over 10 years of age
  - (c) 3<sup>rd</sup> degree burns of greater than 5% BSA for any age group
  - (d) Signs or symptoms of inhalation injury
  - (e) Respiratory distress
  - (f) Facial burns, including the mouth or throat
  - (g) Burns to the ears (serious full thickness burns or burns involving the ear canal)
  - (h) Deep or excessive burns of the hands, feet, genitalia, major joints, or perineum
  - (i) Electrical injury/burn
21. Patient requires invasive monitoring or vasoconstrictive medications
22. Orbital or facial fractures
23. Diffuse abdominal tenderness

Delta Trauma Care Region	Regional Policy And Procedure Manual	Manual Code: DTCR M/T - 7
SUBJECT: Availability of Trauma Care Personnel and Equipment – Mechanism for Availability/Response Of Clinical Specialists		
Effective Date: 2-12-2013	Review/Revision Date: 2-12-2013	Page <u>1</u> of <u>2</u>
Policy Reviewed and Approved by: Board of Directors – Delta Trauma Care Region, Inc.		
Date Reviewed and Approved: 2-12-2013		

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

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

**PROCEDURE:**

- A. General surgeons, orthopedic surgeons, anesthesiologists, radiologists must be either present or on-call. Response times for these specialties should be in compliance with Mississippi 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 are in accordance with Mississippi 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 Mississippi Trauma System Rules and Regulations. General surgeons, 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 the 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 Mississippi State Department of Health/Trauma website (<http://msdh.ms.gov/msdhsite/static/49,0,305.html>).

Delta Trauma Care Region	Regional Policy And Procedure Manual	Manual Code: DTCR M/T - 7
SUBJECT: Availability of Trauma Care Personnel and Equipment – Mechanism for Availability/Response Of Clinical Specialists		
Effective Date:	Review/Revision Date:	Page <u>2</u> of <u>2</u>
Policy Reviewed and Approved by:		
Date Reviewed and Approved:		

- 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 on-line medical control.
- G. Each participating hospital in the Delta Trauma Care Region will have a written policy delineating the availability of specialists based on the regulatory requirements of their designated level as set forth in the Mississippi Trauma System Rules and Regulations. Availability of specialists should be regularly inventoried and on-call schedules shall be maintained to ensure coverage.

Delta Trauma Care Region	Regional Policy And Procedure Manual	Manual Code: DTCR M/T - 8
<b>SUBJECT: Criteria for Activation</b>		
Effective Date: 2-12-2013	Review/Revision Date: 2-12-2013	Page <u>1</u> of <u>1</u>
Policy Reviewed and Approved by: Board of Directors – Delta Trauma Care Region, Inc.		
Date Reviewed and Approved: 2-12-2013		

**PURPOSE:** To provide all participating hospitals within the Delta Trauma Care Region with guidelines for Activation Criteria that is standardized throughout the region.

**POLICY:** All participating hospitals within the Delta Trauma Care Region shall adopt the statewide Mississippi Consolidated Trauma Activation Criteria and Destination Guidelines

**PROCEDURE:**

A. Hospital Activation Criteria:

See “Consolidated Trauma Activation Criteria and Destination Guidelines” attached directly to this policy (following this policy)

B. Trauma Activation:

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

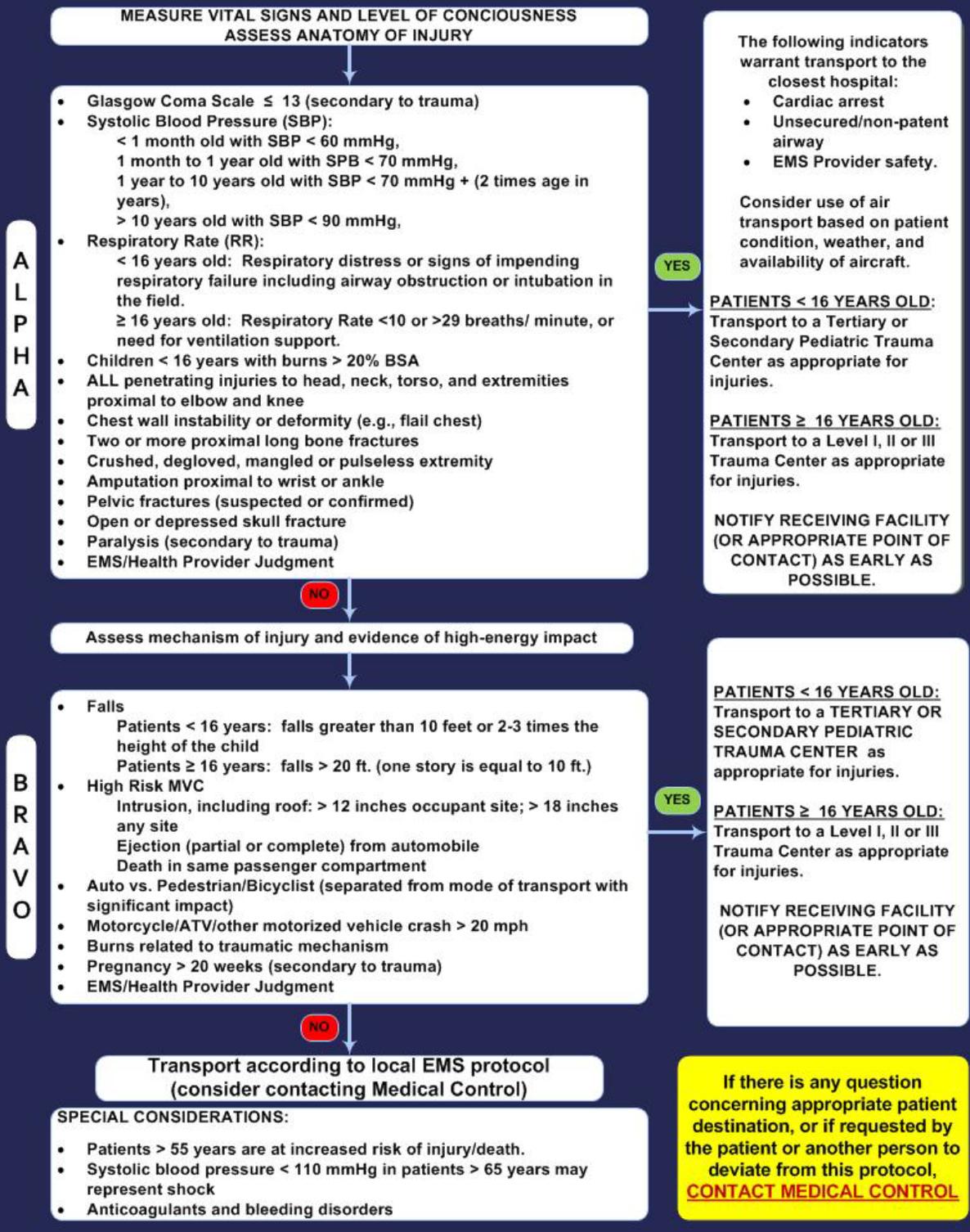
C. Activation of Trauma Team:

ED Personnel, upon alert notification from EMS or time POV patient arrives in ED, shall ensure that the trauma team members are contacted according to the hospitals level of care within the trauma system

D. Response Time:

Trauma team members, to include physicians, are to respond to the ED as set forth in the Mississippi Trauma System Rules and Regulations according to the hospitals level of care and these times are to be documented by ED personnel

APPENDIX B - CONSOLIDATED TRAUMA ACTIVATION CRITERIA AND DESTINATION GUIDELINES



Delta Trauma Care Region	Regional Policy And Procedure Manual	Manual Code: DTCR M/T - 9
<b>SUBJECT: System Evaluation and Performance Improvement</b>		
Effective Date: 2-12-2013	Review/Revision Date: 2-12-2013	Page <u>1</u> of <u>1</u>
Policy Reviewed and Approved by: Board of Directors – Delta Trauma Care Region, Inc.		
Date Reviewed and Approved: 2-12-2013		

**PURPOSE: To improve performance of the system.**

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

**PROCEDURE:**

- A. Each licensed Mississippi hospital with an emergency department shall participate in the statewide trauma registry. Participating Trauma Centers shall conduct performance improvement activities as outlined in the Mississippi Trauma Care System Rules and Regulations and the Delta Trauma Care Regional Plan.
- B. The Delta Trauma Care Region shall collect and report data to the State and to participating hospitals. (See policy on Data Collections and Management)
- C. The Delta Trauma Care Region shall evaluate and review the regional system for effectiveness through its Trauma Performance Improvement Plan.
- D. The purpose of the Delta 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 input and feedback from patients, guardians (for pediatrics) and provider staff.

Delta Trauma Care Region	Regional Policy And Procedure Manual	Manual Code: DTCR M/T - 10
<b>SUBJECT: Professional and Staff Training</b>		
Effective Date: 2-12-2013	Review/Revision Date: 2-12-2013	Page <u>1</u> of <u>1</u>
Policy Reviewed and Approved by: Board of Directors – Delta Trauma Care Region, Inc.		
Date Reviewed and Approved: 2-12-2013		

**PURPOSE:** To provide guidelines regarding the training of participant healthcare providers in the care of trauma patients.

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

**PROCEDURE:**

- A. As specified by level of designation, hospital staff is defined as nurses, allied health and employed pre-hospital personnel.
- B. The Delta 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 facilities are responsible for disseminating the information to their staff. The Delta Trauma Care Region shall assist with coordination and promotion of any multi-facility educational sessions on trauma care.
- D. The Delta Trauma Care Region shall provide training to hospital staff 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.

Delta Trauma Care Region	Regional Policy And Procedure Manual	Manual Code: DTCR M/T - 11
<b>SUBJECT: Public Information and Education</b>		
Effective Date: 2-12-2013	Review/Revision Date: 2-12-2013	Page <u>1</u> of <u>1</u>
Policy Reviewed and Approved by: Board of Directors – Delta Trauma Care Region, Inc.		
Date Reviewed and Approved: 2-12-2013		

**PURPOSE:** To provide a format for informing and educating the general public residing in the Delta 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 Delta Trauma Care Region shall develop and maintain a program of public information and education. Participating agencies shall cooperate with the Delta Trauma Care Region regarding the promotion of their trauma programs.

**PROCEDURE:**

- A. The Delta 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, lay and professional people through any means deemed acceptable to the Regional Board.
- B. The Delta Trauma Care Region shall facilitate speakers, address public groups and serve as a resource for trauma education.
- C. The Delta 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 meet the requirements of the Mississippi Trauma Care System Rules and Regulations as set for in MS Code Annotated §§ 41-59-1.
- E. All marketing and promotional plans relating to the trauma program shall be submitted to the Delta Trauma Care Region for review and approval, prior to implementation. Such plans shall be reviewed and approved based on the following guidelines.
  - 1. The information is accurate
  - 2. The information does not include false claims
  - 3. The information is not critical of other system participants
  - 4. The information shall not include any financial inducements to any providers or third parties

Delta Trauma Care Region	Regional Policy And Procedure Manual	Manual Code: DTCR M/T - 12
<b>SUBJECT: Injury Prevention Programs</b>		
Effective Date: 2-12-2013	Review/Revision Date: 2-12-2013	Page <u>1</u> of <u>1</u>
Policy Reviewed and Approved by: Board of Directors – Delta Trauma Care Region, Inc.		
Date Reviewed and Approved: 2-12-2013		

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

**POLICY:** The Delta Trauma Care Region shall participate in injury prevention activities.

**PROCEDURE:**

- A. The Delta 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 limited to, promotion, research, and acquisition of speakers.
  - 3. Financial assistance from the Delta Trauma Care Region may be provided by Board Resolution only. Individual facilities are otherwise financially responsible for their activities.
- B. The Delta 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.

Delta Trauma Care Region	Regional Policy And Procedure Manual	Manual Code: DTCR M/T - 13
<b>SUBJECT: Receipt and Distribution of Funds</b>		
Effective Date:	Review/Revision Date:	Page <u>1</u> of <u>1</u>
Policy Reviewed and Approved by:		
Date Reviewed and Approved:		

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

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

**PROCEDURE:**

A. Receipts:

1. All funds received by the Regional Administrator will be deposited into the Delta Trauma Care Region's operating or money market accounts. Trauma Care Trust Fund Distributions shall be deposited into the region's operating account.
2. Deposit slips and refund support will be faxed or emailed to the region's CPA and the region's treasurer.
3. Original documents will be kept on file at the office of the Regional Administrator.
4. 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.
5. The CPA shall prepare and issue detailed financial reports to the region on a quarterly basis.
6. CPA prepared financial statements shall be presented at the region Board of Directors meetings.

B. Cash Disbursements:

1. Invoices and supporting documentation shall be attached to the checks. Checks and invoices require two signatures from members of the Executive Committee.
2. 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.
3. The CPA shall prepare and issue detailed financial reports to the region on a quarterly basis.
4. CPA prepared financial statements shall be presented at the region Board of Directors meetings.





## XII. Description of Critical Care Capabilities within the Region

---

Summary of EMS resources based within the Delta Trauma Care Region:

### BOLIVAR

Summary Access EMS Provider		911 Pafford Medical Services Bolivar County
	Coverage	ALS
	Level of Care	(662)-846-1110
	Business Phone	Dr. Mike Seymour
	Medical Director	

### CARROLL

Summary Access EMS Provider		911 Med-Stat EMS Carroll County
	Coverage	ALS
	Level of Care	(662)-283-1110
	Business Phone	Dr. Andy Anderson
	Medical Director	

### COAHOMA

Summary Access EMS Provider		911 Pafford Medical Services Coahoma County
	Coverage	ALS
	Level of Care	(662)-846-1110
	Business Phone	Dr. Mike Seymour
	Medical Director	

### DESOTO

Summary Access EMS Provider		911 Desoto County EMS Desoto County
	Coverage	ALS
	Level of Care	(662)-429-1382
	Business Phone	Dr. Frank Adcock
	Medical Director	

Summary Access EMS Provider		911 Southaven Fire and EMS Desoto County
	Coverage	ALS
	Level of Care	(662)-393-7466
	Business Phone	Dr. Joe Holley
	Medical Director	

Summary Access EMS Provider		911 Horn Lake Fire and EMS Desoto County
	Coverage	ALS
	Level of Care	(662)-781-1157
	Business Phone	Dr. Stanley Thompson
	Medical Director	

Summary Access EMS Provider	Coverage Level of Care Business Phone Medical Director	911 Olive Branch Fire and EMS Desoto County ALS (662)-890-7327 Dr. Frank Adcock
Summary Access EMS Provider	Coverage Level of Care Business Phone Medical Director	911 Hernando Ambulance Service Desoto County ALS (662)-449-0504 Dr. Frank Adcock
<u>GRENADA</u> Summary Access EMS Provider	Coverage Level of Care Business Phone Medical Director	911 Grenada Lake Medical Center EMS Grenada County ALS (662)-227-7700 Dr. James Aaron
<u>HUMPHREYS</u> Summary Access EMS Provider	Coverage Level of Care Business Phone Medical Director	911 Med-Stat EMS Humphreys ALS (662)-283-1110 Dr. Andy Anderson
<u>ISSAQUENA</u> Summary Access EMS Provider	Coverage Level of Care Business Phone Medical Director	911 Sharkey Issaquena Community Hospital EMS Issaquena County BLS (662)-873-4395 Dr. George
<u>LEFLORE</u> Summary Access EMS Provider	Coverage Level of Care Business Phone Medical Director	911 Med-Stat EMS Leflore County ALS (662)-283-1110 Dr. Andy Anderson
<u>MARSHALL</u> Summary Access EMS Provider	Coverage Level of Care Business Phone Medical Director	911 Med-Stat EMS Marshall County ALS (662)-283-1110 Dr. Andy Anderson

MONTGOMERY  
Summary Access  
EMS Provider

Coverage  
Level of Care  
Business Phone  
Medical Director

911  
Med-Stat EMS  
Montgomery County  
ALS  
(662)-283-1110  
Dr. Andy Anderson

PANOLA  
Summary Access  
EMS Provider

Coverage  
Level of Care  
Business Phone  
Medical Director

911  
Med-Stat EMS  
Panola County  
ALS  
(662)-283-1110  
Dr. Andy Anderson

QUITMAN  
Summary Access  
EMS Provider

Coverage  
Level of Care  
Business Phone  
Medical Director

911  
Quitman County EMS  
Quitman County  
BLS  
(662)-326-8415  
Dr. James Warrington

SHARKEY  
Summary Access  
EMS Provider

Coverage  
Level of Care  
Business Phone  
Medical Director

911  
Sharkey Issaquena Community Hospital EMS  
Sharkey County  
BLS  
(662)-873-4395  
Dr. George

SUNFLOWER  
Summary Access  
EMS Provider

Coverage  
Level of Care  
Business Phone  
Medical Director

911  
Med-Stat EMS  
Sunflower County  
ALS  
(662)-283-1110  
Dr. Andy Anderson

TALLAHATCHIE  
Summary Access  
EMS Provider

Coverage  
Level of Care  
Business Phone  
Medical Director

911  
Transcare Ambulance Service  
Tallahatchie County  
ALS  
(662)-342-9118  
Dr. Frank Adcock

TATE  
Summary Access  
EMS Provider

Coverage  
Level of Care  
Business Phone  
Medical Director

911  
Med-Stat EMS  
Tate County  
ALS  
(662)-283-1110  
Dr. Andy Anderson

TUNICA

Summary Access  
EMS Provider

Coverage  
Level of Care  
Business Phone  
Medical Director

911  
Pafford Medical Services  
Tunica County  
ALS  
(662)-846-1110  
Dr. Mike Seymour

WASHINGTON

Summary Access  
EMS Provider

Coverage  
Level of Care  
Business Phone  
Medical Director

911  
Delta Regional Medical Center EMS  
Washington County  
ALS  
(662)-334-2018  
Dr. Renia Dotson

YALOBUSHA

Summary Access  
EMS Provider

Coverage  
Level of Care  
Business Phone  
Medical Director

911  
Yalobusha County EMS  
Yalobusha County  
ALS  
(662)-473-1411  
Dr. Paul Odom

AIR-CARE/HELICOPTER SERVICES FOR THE REGION

EMS Provider

Coverage  
Level of Care  
Business Phone  
Medical Director

Med-Stat Air (Winona & Greenwood)  
Region  
Critical Care Air Ambulance  
(662)-283-1110  
Dr. Andy Anderson

EMS Provider

Coverage  
Level of Care  
Business Phone  
Medical Director

Pafford Medical Services (Clarksdale)  
Region  
Critical Care Air Ambulance  
(662)-283-1110  
Dr. Mike Seymour

EMS Provider

Coverage  
Level of Care  
Business Phone  
Medical Director

Hospital Wing – Memphis, TN  
Region  
Critical Care Air Ambulance  
(901)-522-5321  
Dr. Martin A. Croce

EMS Provider

Coverage  
Level of Care  
Business Phone  
Medical Director

Air-Evac Lifeteam (Batesville & Greenville)  
Region  
Critical Care Air Ambulance  
(662)-563-0267  
Dr. Joe Johnsey

Summary Table of Hospital Resources within the Delta Trauma Care Region

NAME OF HOSPITAL	INITIALS	COUNTY	CITY	LEVEL
Regional Medical Center	RMC	Shelby	Memphis, TN	1
LeBonheur Children's Hospital	LCH	Shelby	Memphis, TN	1
Baptist Memorial Hospital – Desoto	BMHD	Desoto	Southaven	3
Delta Regional Medical Center	DRMC	Washington	Greenville	3
Alliance Healthcare	AHC	Marshall	Holly Springs	4
Bolivar Medical Center	BMC	Bolivar	Cleveland	4
Greenwood Leflore Hospital	GLH	Leflore	Greenwood	4
Grenada Lake Medical Center	GLMC	Grenada	Grenada	4
North Oak Regional Medical Center	NORMC	Tate	Senatobia	4
North Sunflower Medical Center	NSMC	Sunflower	Ruleville	4
Northwest Mississippi Regional Medical Center	NWMRMC	Coahoma	Clarksdale	4
Quitman County Hospital	QCH	Quitman	Marks	4
Sharkey Issaquena Community Hospital	SICH	Sharkey	Rolling Fork	4
South Sunflower Community Hospital	SSCH	Sunflower	Indianola	4
Tallahatchie General Hospital	TGH	Tallahatchie	Charleston	4
Tri-Lakes Medical Center	TLMC	Panola	Batesville	4
Tyler Holmes Memorial Hospital	THMH	Montgomery	Winona	4

There are two hospitals in the region that do not have emergency departments. They are Kilmichael Hospital and Yalobusha General Hospital.

Critical Care Resource Chart for the Delta Trauma Care Region

HOSPITAL INITIALS	ICU BEDS	24 hr ANGIO	CT SCAN	OR BEDS	GEN SURG	NEURO SURG	ORTHO SURG	CARDIO-PULM. BYPASS	INPATIENT DIALYSIS	IN PATIENT REHAB
RMC	54	Yes	Yes	13	13	10	18	No	Yes	Yes
LCH	20	Yes	Yes	17	6	6	29	Yes	Yes	No
BMHD	36	Yes	Yes	11	5	1	5	Yes	Yes	Yes
DRMC	16	Yes	Yes	6	4	0	2	Yes	Yes	Yes
AHC	0	No	No	3	0	0	0	No	No	Yes*
BMC	8	Yes	Yes	4	2	0	1	No	Yes	Yes*
GLH	16	Yes	Yes	9	5	1	3	No	Yes	Yes
GLMC	9	No	Yes	6	1	0	2	No	Yes	Yes
NORMC	0	No	Yes	2	2	0	0	No	No	No
NSMC	0	No	Yes	2	0	0	0	No	No	Yes*
MWMRMC	10	No	Yes	7	2	0	1	No	Yes	Yes
QCH	0	No	Yes	0	0	0	0	No	No	Yes*
SICH	0	No	Yes	0	0	0	0	No	No	Yes*
SSCH	4	No	Yes	2	0	0	0	No	No	No
TGH	0	No	Yes	0	0	0	0	No	No	Yes*
TLMC	6	No	Yes	3	5	0	0	No	Yes	Yes
THMH	0	No	Yes	0	0	0	0	No	No	Yes*

\* - Denotes Swing Bed Unit with inpatient rehab

# XIII. Regional Trauma Performance Improvement Plan

---

**PURPOSE:** To provide continuous multidisciplinary effort to measure, evaluate, and improve both the process of care and the outcome and to also reduce inappropriate variation in care and assure compliance with Regional and State Regulations.

**PROCEDURE:**

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:

Trauma Center Indicators

All trauma patients meeting Mississippi Trauma Registry Inclusion Criteria:

- Trauma deaths and DOA
- Body surface burns >10% (second and third degree) or burns associated with other traumatic or inhalation injury
- Trauma Team Activations
- Review of compliance with Regional EMS Triage and Destination Guidelines
- Newly developed protocols
- Compliance with the principles of ATLS
- Peer review of all trauma morbidity and deaths to determine timeliness and appropriateness of care and preventability
- Review of timeliness and appropriateness of all trauma transfers to a higher level of care
- Review appropriateness of all trauma transfers received
- Length of stay (hospital and emergency department)
- Inter-facility and inter-regional performance improvement measures
- Performance Improvement indicators as assigned by the Mississippi State Department of Health, Mississippi State Trauma Performance Improvement Committee and the Delta Trauma Care Region

Pre-Hospital Indicators:

All trauma patients meeting Mississippi Trauma Registry Inclusion Criteria:

- Patient Destination
- Alpha / Bravo Alerts
- Scene Times >15 minutes, excluding extrications
- EMS arrival time at receiving facility until release of patient to the care of the receiving facility; review all trauma patients with total time > 20 minutes
- Complete EMS Run Report left at receiving facility per Mississippi State EMS Regulations
- Performance Improvement Indicators as assigned by the Mississippi State Department of Health, Mississippi State Trauma Performance Improvement Committee and the Delta Trauma Care Region

Trauma Registry:

- All licensed Mississippi Hospitals with Emergency Departments 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 for 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 correction action:
  - a. Guidelines
  - b. Protocol Development
  - c. Education
  - d. Counseling
  - e. Peer Review
  - f. Recommendation 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 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 Delta Trauma Care Region Rules and Regulations. Committee membership is chosen by the Board of Directors for the region.

2. Job Functions of the Committee:

- 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. The Committee shall meet at least quarterly. 75% attendance is required of the membership. Committee action required for less than 75% attendance.
- c. 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
- d. Provide a report to the Mississippi State Trauma Performance Improvement Committee describing trends, problems, improvement opportunities, and recommendations for corrective action.
- e. Notify the MSDOH Trauma Program of high-risk situation where patient safety may be compromised.

D. Regional Trauma Program Managers / Registrars Committee:

1. Membership:

- a. Trauma Program Manager (TPM)
- b. Trauma Registrar
- c. All Trauma Centers represented on the Committee are expected to maintain compliance with Mississippi Trauma System Rules and Regulations and Delta 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 been 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 / Registrars must attend 75% of all scheduled meetings within a calendar year

- e. Failure to meet attendance requirements shall be reported to the Trauma Center's CEO and the Region Board of Directors

#### E. Regional Pre-Hospital Committee

##### 1. Membership:

- a. Primary Officer: Base Operations Manager
- b. Designated Alternate: shall be a Manager, Supervisor, or Medical Director for the EMS provider
- c. All EMS provider agencies represented on the Committee are expected to maintain compliance with Mississippi State Trauma System Rules and Regulations and Delta Trauma Care Region 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. 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. The Primary Officer and Designated Alternate may both attend a scheduled Committee meeting
- e. The Primary Officer must attend 75% of all scheduled Committee meetings within a calendar year. There is no attendance requirement for the Designated Alternate
- f. Failure to meet attendance requirements shall be reported to the EMS Provider Agency and the Region Board of Directors

# XIV. Pre-Hospital Trauma Triage and Destination Policy

---

**PURPOSE:** To provide all EMS providers, based within the Delta Trauma Care Region, with guidelines for Pre-Hospital triage and transport of the trauma patient.

**PROCEDURE:**

A. Alert Categories:

See Consolidated Trauma Activation Criteria and Destination Guidelines” attached directly to this policy (following this policy).

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 the Mississippi Consolidated Trauma Activation Criteria and Destination Guidelines.

D. EMS providers shall notify the receiving facility at the earliest stage possible in the Pre-Hospital phase of care:

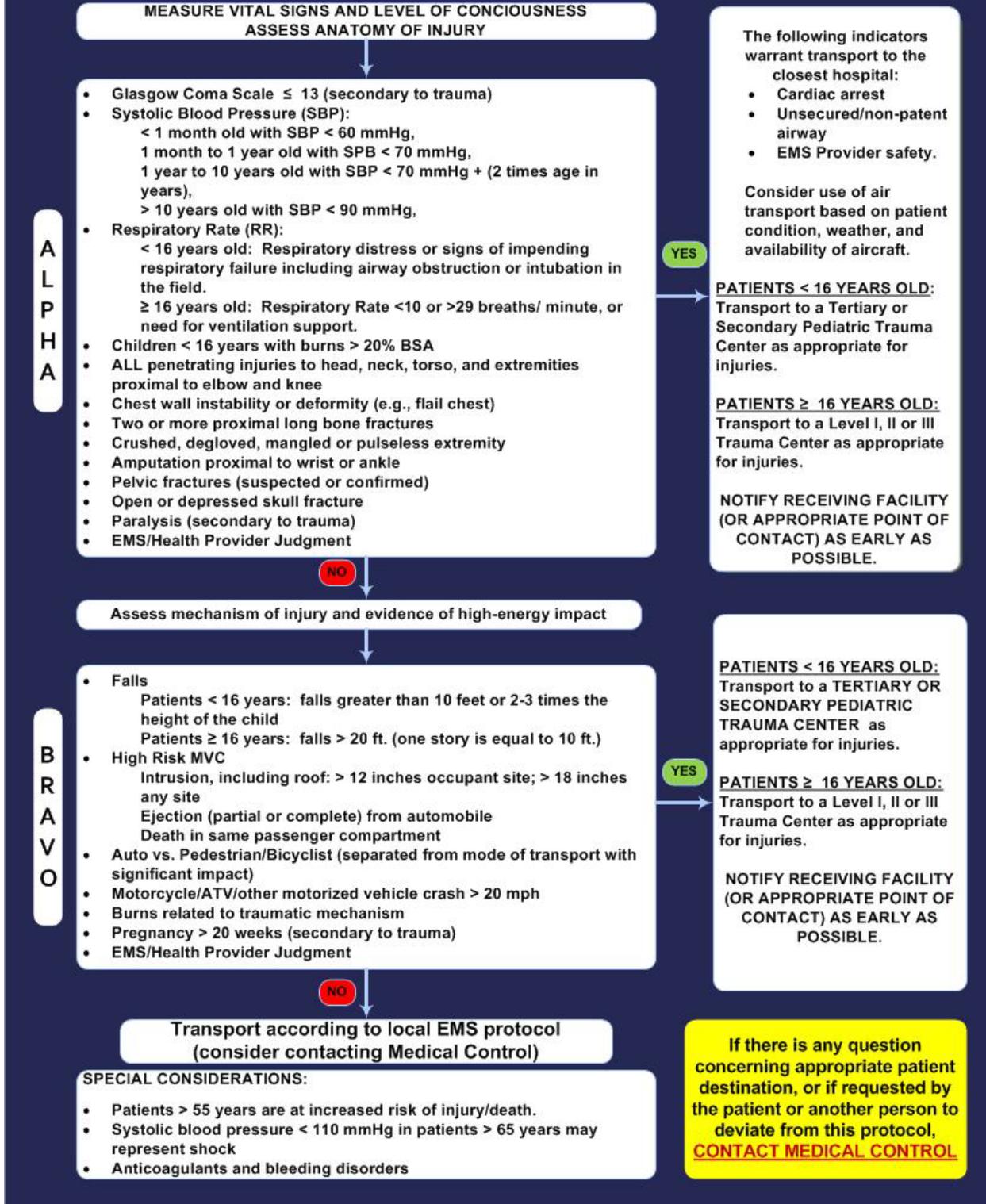
EMS providers based within the Delta Trauma Care Region shall notify Level I Trauma Centers (or their appropriate point of contact) at least 10 minutes prior to arrival when transporting patients meeting state-wide Alpha or Bravo criteria.

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 Mississippi 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 called 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
  - Respiration 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 performed per EMS personnel
- n. All medications administered per EMS personnel

APPENDIX B - CONSOLIDATED TRAUMA ACTIVATION CRITERIA AND DESTINATION GUIDELINES



# XV. Pre-Hospital Patient Care Protocol Policy

---

**PURPOSE:** To provide EMS providers, based within the Delta Trauma Care Region, with a standardized approach in the care of trauma patients.

**POLICY:** The Delta Trauma Care Region shall develop Pre-Hospital patient care protocols in order to achieve a regionally standardized approach to 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 Delta Trauma Care Region has approved the Pre-Hospital Patient Care Protocols for Trauma, located in Section XVII, 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. Pre-Hospital Trauma Protocols developed by EMS providers shall, at a minimum, address all line items that are referenced within Section XVII (Pre-Hospital Patient Care Protocols for Trauma)
  - 2. Trauma Protocols developed by EMS providers shall be reviewed and approved by the Region's Medical Director and Board of Directors

- B. Each EMS provider operating within the Delta Trauma Care Region shall monitor the proficiency and level of compliance with established pre-hospital trauma protocols

EMS providers operating within the Delta Trauma Care Region shall conduct protocol proficiency testing on all personnel used in the staff of ambulance vehicles

- C. It is mandatory that each EMS provider develop and maintain protocols, policies and procedures that are referenced within each of the enclosed Pre-Hospital Patient Care Protocols for Trauma. The EMS providers shall submit a copy of their Medical Control Plan, to include treatment guidelines, protocols, policies and procedures, to the Delta Trauma Care Region. The Medical Control Plan shall be submitted to the Delta Trauma Care Region every three years and upon the region's request.
- D. The Delta Trauma Care Region shall be immediately notified in the event that any component of the Regional Pre-Hospital 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. Deviation from Protocol

EMS providers shall notify the Delta Trauma Care Region of any deviation in protocol that results in inappropriate care or outcome. The notice shall be sent to the region within 5 business days of the occurrence.

F. Compliance

1. Each EMS provider shall notify the Delta Trauma Care Region, in writing, confirming implementation of Pre-Hospital Patient Care Protocols for Trauma. The letters must be signed by the Provider's Operations Manager/Supervisor or Medical Director.
2. Each EMS provider shall monitor compliance with Pre-Hospital Trauma Protocols for Trauma through the service's Performance Improvement process.

G. Non-Compliance

Failure to comply with Pre-Hospital Trauma Protocol implementation and/or protocol proficiency testing requirements will be reported to the Delta Trauma Care Region and the Mississippi State Department of Health – Bureau of Emergency Medical Services.

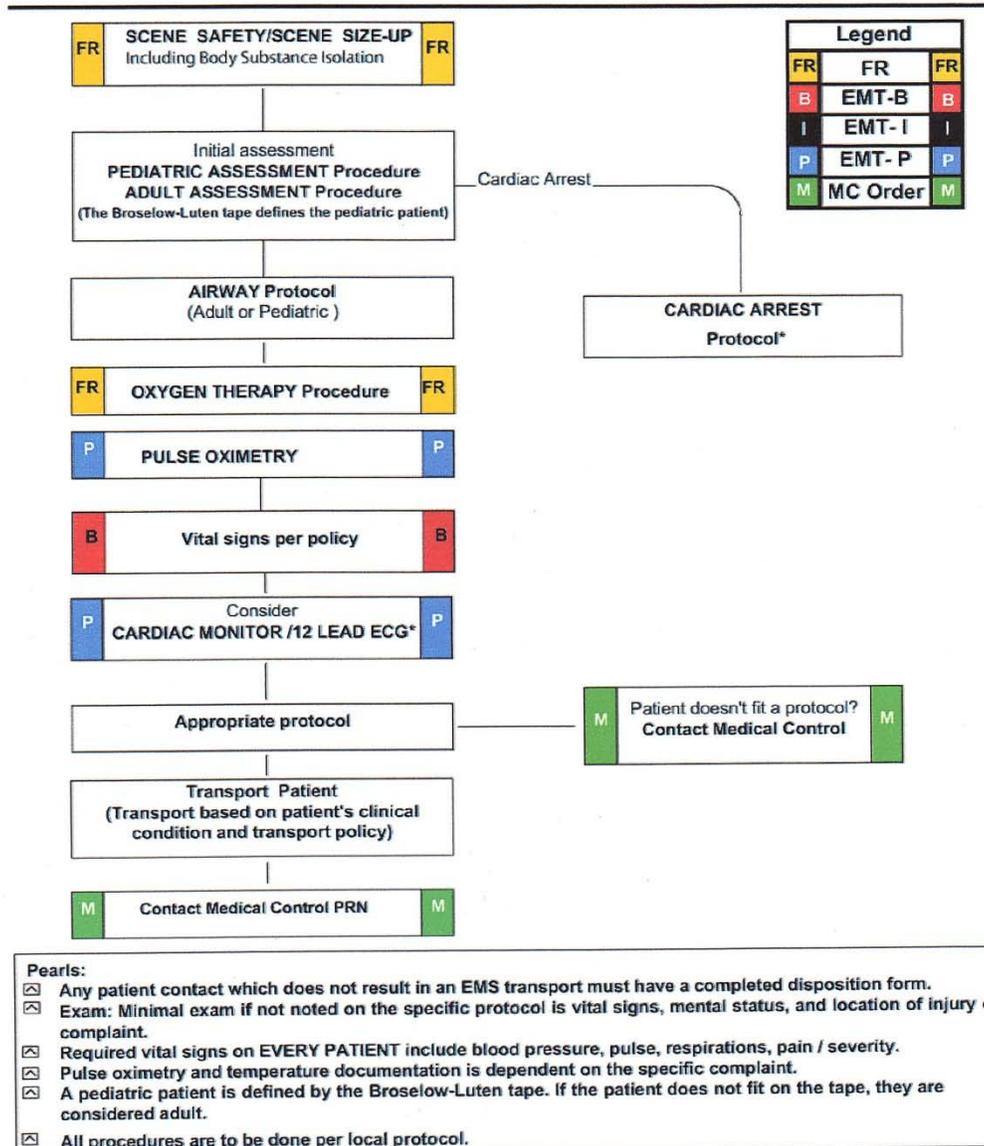
# XVI. Pre-Hospital Patient Care Protocols For Trauma

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**PURPOSE:** The following Pre-Hospital Patient Care Protocols have been approved by the Delta Trauma Care Region and may be used as guidelines to assist EMS Providers in developing their individual treatment protocols:

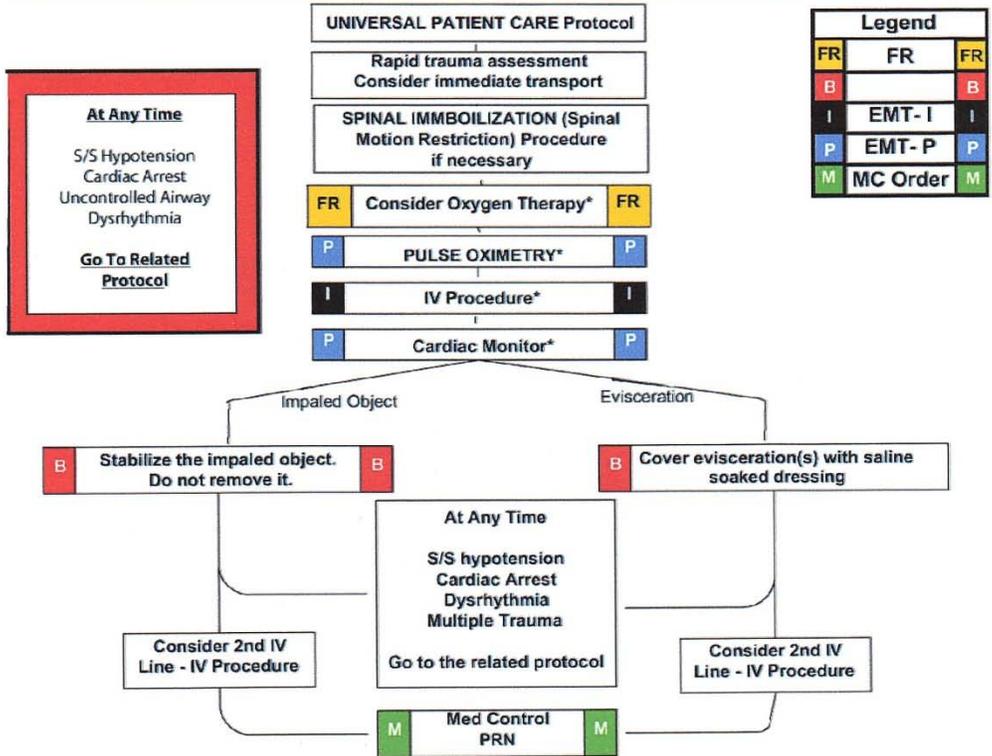
	Page
1. Universal Patient Care Protocol	62
2. Abdominal / Pelvic Trauma	63
3. Burn	64
4. Extremity Trauma	65
5. Head Trauma	66
6. Multiple Trauma	67
7. Pneumothorax	68
8. Thoracic Trauma	69

# Universal Patient Care Protocol



# Abdominal/Pelvic Trauma

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



**Pearls**

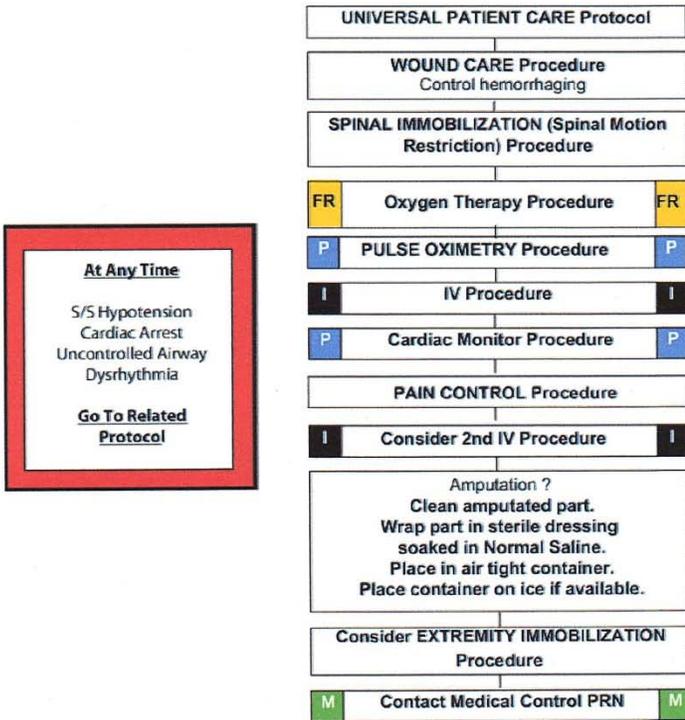
- EXAM:** Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, Neuro
- Never try to remove an impaled object.
- All procedures to be done per local protocol.



# Extremity Trauma

<b>History:</b> <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"/> <b>SAMPLE</b>	<b>Signs and Symptoms:</b> <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	<b>Differential:</b> <input checked="" type="checkbox"/> <b>Abrasion</b> <input checked="" type="checkbox"/> <b>Contusion</b> <input checked="" type="checkbox"/> <b>Laceration</b> <input checked="" type="checkbox"/> <b>Sprain</b> <input checked="" type="checkbox"/> <b>Dislocation</b> <input checked="" type="checkbox"/> <b>Fracture</b> <input checked="" type="checkbox"/> <b>Amputation</b>
--	---	---

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



<b>Pearls:</b> <input checked="" type="checkbox"/> <b>Exam: Mental Status, Extremity, Neuro</b> <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"/> <b>All procedures are to be done per local protocol.</b>
--

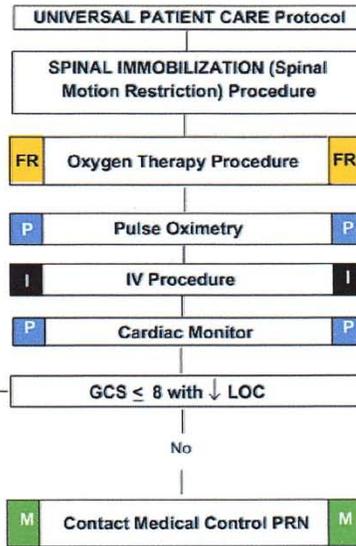
# Head Trauma

<b>History:</b> <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"/> <b>SAMPLE</b>	<b>Signs and Symptoms:</b> <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	<b>Differential:</b> <input type="checkbox"/> <b>Skull fracture</b> <input type="checkbox"/> <b>Brain injury (concussion, contusion, hemorrhage, or laceration)</b> <input type="checkbox"/> <b>Epidural hematoma</b> <input type="checkbox"/> <b>Subdural hematoma</b> <input type="checkbox"/> <b>Subarachnoid hemorrhage</b> <input type="checkbox"/> <b>Spinal injury</b> <input type="checkbox"/> <b>Abuse</b>
--	--	--

**At Any Time**

S/S Hypotension  
Cardiac Arrest  
Uncontrolled Airway  
Dysrhythmia

**Go To Related Protocol**

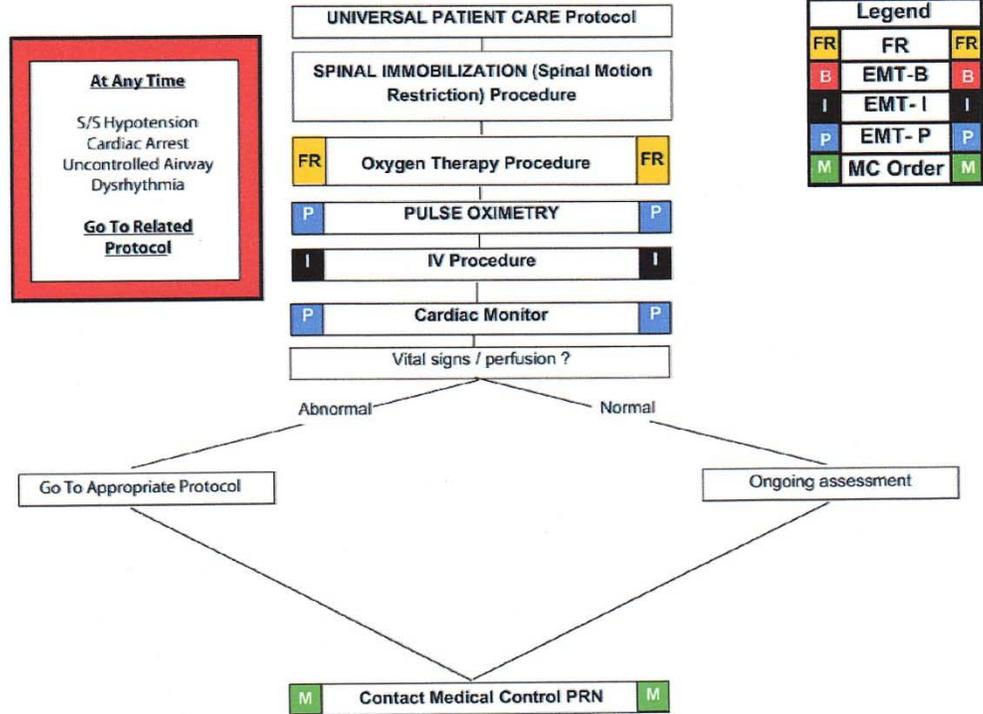


Legend		
FR	FR	FR
B	EMT-B	B
I	EMT-I	I
P	EMT-P	P
M	MC Order	M

<b>Pearls:</b> <input type="checkbox"/> <b>Exam: Mental Status, HEENT, Heart, Lungs, Abdomen, Extremities, Back, Neuro</b> <input type="checkbox"/> If GCS ≤ 8, consider Air / Rapid Transport. <input type="checkbox"/> <b>The most important item to monitor and document is a change in the level of consciousness.</b> <input type="checkbox"/> Consider <b>Restraints</b> 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"/> <b>All procedures are to be done per local protocol.</b>
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# Multiple Trauma

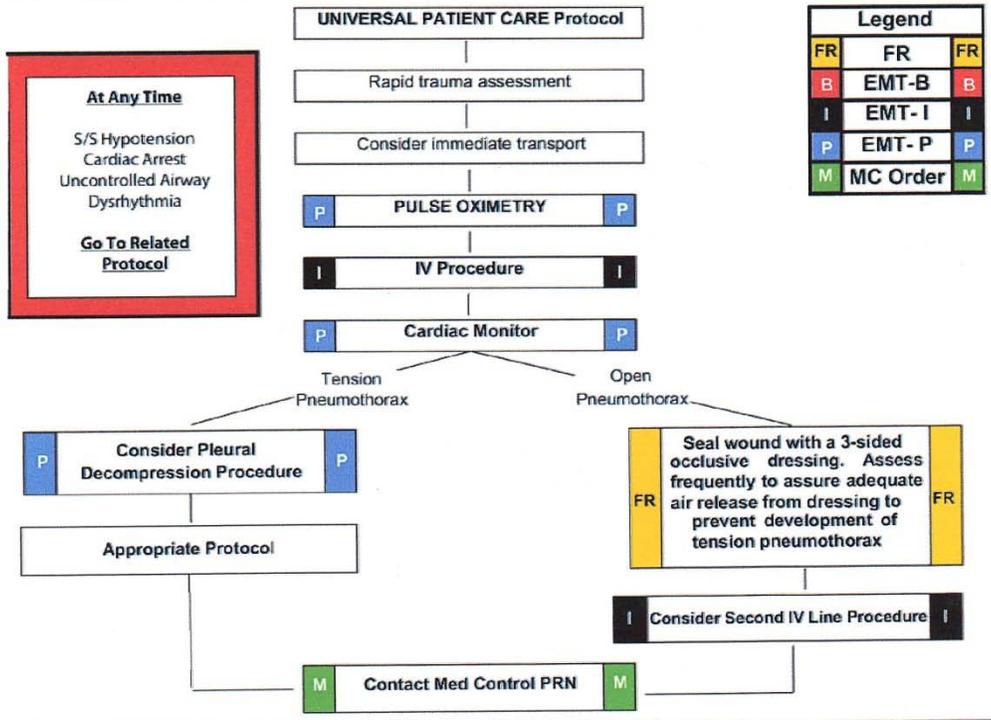
<b>History:</b> <input type="checkbox"/> Time and mechanism of <input type="checkbox"/> <del>Damage</del> to structure or vehicle <input type="checkbox"/> Location in structure or vehicle <input type="checkbox"/> Others injured or dead <input type="checkbox"/> Speed and details of MVC <input type="checkbox"/> Restraints / protective equipment <input type="checkbox"/> <b>SAMPLE</b>	<b>Signs and Symptoms:</b> <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	<b>Differential (Life threatening):</b> <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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- Pearls:**
- Exam: Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro**
  - Mechanism is the most reliable indicator of serious injury.
  - In prolonged extrications or serious trauma, consider air transportation for transport times.
  - Consider MAST in "load and go" situations with suspected pelvic or femur fractures.
  - Do not overlook the possibility of associated domestic violence or abuse.
  - All procedures are to be done per local protocol.**

# Pneumothorax

<b>History:</b> <input type="checkbox"/> Time of injury <input type="checkbox"/> Other trauma <input type="checkbox"/> <b>SAMPLE</b>	<b>Signs and Symptoms:</b> <input type="checkbox"/> Acute respiratory distress <input type="checkbox"/> Decreased/unilateral breath sounds <input type="checkbox"/> Decreased blood pressure <input type="checkbox"/> Rapid, weak pulse <input type="checkbox"/> Anxiety <input type="checkbox"/> Decreased level of consciousness <input type="checkbox"/> Cyanosis <input type="checkbox"/> Tracheal deviation <input type="checkbox"/> Jugular vein distention <input type="checkbox"/> Subcutaneous emphysema	<b>Differential:</b> <input type="checkbox"/> Tension pneumothorax <input type="checkbox"/> Open pneumothorax <input type="checkbox"/> Hemothorax <input type="checkbox"/> Penetrating chest wounds/impaled objects
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**Pearls:**

- EXAM: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, Neuro
- Pleural decompression is an optional skill and may only be performed by a qualified EMT-P.
- If a penetrating object has caused the pneumothorax, do not remove it. Stabilize the object.
- All procedures are to be done per local protocol.

# Thoracic Trauma

<b>History:</b> <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"/> <b>SAMPLE</b>	<b>Signs and Symptoms:</b> <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	<b>Differential:</b> <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**

UNIVERSAL PATIENT CARE Protocol

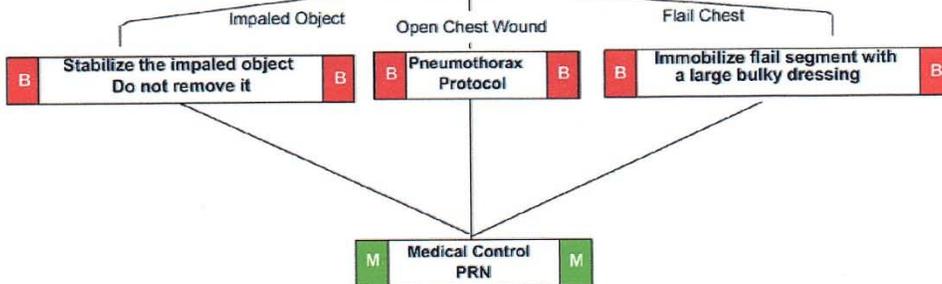
Rapid trauma assessment  
 Consider immediate transport

SPINAL IMMOBILIZATION (Spinal Motion Restriction) Procedure

PULSE OXIMETRY

IV Procedure

Cardiac Monitor



Legend		
FR	FR	FR
B	EMT-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
- Sand bags should never be used to stabilize an injury site.
- Never try to remove an impaled object.
- All procedures are to be done per local protocol.

## ATTACHMENT D: DUTIES OF THE CONTRACTOR

The functions of a Trauma Care Region (TCR) include, but are not limited to, the following:

### Administrative

- Each TCR shall be responsible for ongoing evaluation and performance improvement (PI) of its regional trauma care system.
- Each TCR shall maintain a current listing of all eligible hospitals (every Mississippi licensed acute care facility within the region having an organized emergency service or department), designation status, and expiration date.
- Each TCR shall maintain current listing of all Mississippi licensed EMS Services operating within the region.
- Each TCR shall provide technical assistance to facilities completing their application for designation or re-designation in the Mississippi Trauma Care System.
- Each TCR shall continue to provide trauma educational opportunities for physicians, nurses, EMS and support staff.
  - To include, at minimum, one registry training opportunity, one EMS training opportunity in accordance with the Mississippi EMS Laws Rules and Regulations, and one administrative training opportunity.
- All established timelines for submissions etc., must be adhered to by the Regional Administrator. Failure to meet prescribed deadlines and/or activities may result in reduction or repayment of regional funding.

### Coordination

- Each TCR shall ensure coordination of critical EMS compliance and communications regarding trauma patient transfers. All non-compliance issues shall be documented and submitted to the Bureau of EMS/Trauma (BEMS).
- Each TCR shall monitor use of transfer protocols to identify unnecessary transfers from lower level trauma centers through regional performance improvement process. TCRs shall submit situation updates to the BEMS as determined by the Department.
- Each TCR shall ensure invitations for regional meetings include all Mississippi licensed hospitals with an emergency room or department (eligible hospital) and all Mississippi licensed EMS services in each respective region (an attendance sheet must be kept as written record of this task).
- Each TCR shall monitor the submission of registry data at least monthly by all eligible hospitals in the region.
- Each TCR must submit a yearly schedule of regional meetings, including Board of Directors meetings and committee meetings, to BEMS/Trauma no later than December 1 of each year for the proceeding calendar year.

### Financial

- Each TCR shall provide technical assistance to designated trauma centers and Mississippi licensed EMS services regarding Trauma Care Trust Fund (TCTF) distribution questions and issues that may arise with the application process.
- Each TCR shall review submitted applications for TCTF distribution from Trauma Centers and Mississippi licensed EMS services.

- Each TCR shall distribute TCTF funds in compliance with BEMS policies and guidelines.
- Each TCR is required to maintain the original submitted TCTF applications for five (5) years.
- Each TCR shall collect, collate, and report hospital and EMS financial data to BEMS/Trauma in a specified format and at a frequency to be determined by the Department.

**Reporting**

- Each TCR must submit changes to the Regional Trauma Plan within 30 days of approval by the Board of Directors of the region.
- Each TCR shall receive and review Pre-Assessment Survey Forms from hospitals in their region. Each TCR shall advise BEMS/Trauma on the capability of hospitals within the region to participate in the Trauma Care System no later than by the end of the first week of September of each year.
- Each TCR shall provide periodic reports to all Trauma Centers in the Region and shall provide reports to the Department at intervals specified by the Department. This report shall include but is not limited to regional expenses, regional/hospital outreach programs, regional/hospital training opportunities, upcoming meetings, upcoming facility expirations, Performance Improvement Program Summary, Regional administrative changes, etc.