

Mississippi Trauma Care System Level IV Trauma Center Application

**Mississippi State Department of Health
Division of Trauma
Bureau of Emergency Medical Services**

Revised 4/24/14

Hospital ID:

Level of Pediatric Application:

Hospital Name:

Mailing Address:

County:

Region:

Hospital Website:

Chief Administrative Officer:

E-Mail Address:

Main Telephone Number:

Name of person completing this application and job title:

E-Mail Address

Telephone/Fax Number:

Date Application Submitted:

The following questions are based on the requirements set forth by the Mississippi Trauma Care System Regulations, which can be found on the Department website at http://msdh.ms.gov/msdhsite/_static/49,0,305.html. Paragraph reference numbers are noted in parenthesis following each section of this application.

HOSPITAL ORGANIZATION (Subchapter 1)

Provide an overview of your hospital including the number of licensed beds, and the average census in the past 12 months. (Tab A) Rule 5.1.1/5.1.2

Trauma Program (Tab B) Rule 5.1.3

1. Attach resolution(s) dated within the last three years supporting the trauma service by the hospital's governing body AND the medical staff.
2. Attach the organizational chart that reflects the administrative reporting structure of the trauma program.
3. Describe your involvement in regional or state level trauma care system, and attach documentation of trauma center representative attendance at the regional trauma advisory committee meetings.
4. Attach the following policies: (a) protocols for care of the trauma patient (b) protocols for the care of the burn patient (c) bypass/ diversion policy

Medical Director/TMD (Tab C) Rule 5.1.4

1. Attach a copy of the Trauma Medical Director's Curriculum Vitae and job description.
2. Attach documentation of current ATLS completion or Board Certification in General Surgery or Emergency Medicine.

Trauma Program Manager/TPM (Tab D) Rule 5.1.5

1. Attach a copy of the TPM's Curriculum Vitae and job description.
2. Attach documentation of TPM's attendance in the regional trauma committee.
3. Attach copy of the TPM's TNCC certification. Rule 5.3.1

Trauma Team (Tab E) Rule 5.1.6

1. Attach the trauma team activation criteria policy. Include an (a) overview of your trauma triage system, (b) trauma team activation authority and activation process (c) members of the trauma team in trauma resuscitation, and duties/roles of each member (d) how you assure all multiple system trauma patients or major injury victims are evaluated, and (e) preparations for transfer to a higher level trauma center.

Multidisciplinary Trauma Committee (Tab F) Rule 5.1.7

1. Attach a description of the Trauma Director's annual review process for the members of the trauma team.
2. Attach a composition of the hospital's committee responsible for oversight of trauma PI.

CLINICAL COMPONENTS (Subchapter 2) Rule 5.2.1

FACILITY STANDARDS (Subchapter 3)

Emergency Department (Tab G) Rule 5.3.1

1. Attach a list of ED practitioners to include MDs and Advanced Practice Nurses. Provide documentation of MD's certification in ATLS or Board Certification in General Surgery or Emergency Medicine.
2. Attach past three month's call schedule for ED.
3. Attach a list of RN's assigned or practicing in the ED including TNCC completion.
4. Attach policy stating TNCC requirement for ED nurses.

CLINICAL SUPPORT SERVICES (Subchapter 4)

1. Describe your hospital's resources to meet the needs of the trauma patient for the following services if available: (Tab H) Rule 5.4.1

- Respiratory
- Radiological
- Clinical Lab
- Hemodialysis

2. Attach transfer protocol, and policy regarding Burn Care. (Tab I) Rule 5.4.2

Prevention/Public Outreach (Tab J) Rule 5.4.3

1. Describe all trauma education programs for physicians, nurses, and pre-hospital providers, including how it is funded.
2. Describe community outreach and prevention program activities.

Transfer Guidelines (Tab K) Rule 5.4.4

1. Attach transfer guidelines and policies regarding the care of trauma patients to higher level of care to include the following: (a) Higher level facility (b) Pediatric Center (c) Rehab Center (d) Spinal Cord Injury (e) Burn Center

Performance Improvement/Evaluation (Tab L) Rule 5.4.5 **(Do not send any PI minutes)**

1. Attach a copy of your PI plan.
2. Describe how trauma patient care is reviewed.
3. Describe two PI issues within the last 12 months; one system related and one clinically related. Indicate the PI issue and the six step process: (Problem identification, Analysis, Preventability, Action plan, Implementation, and Re-evaluation), or any recognized PI process that is used to resolve PI issues.
4. Attach dates and attendance records from the past 12 months of your PI committee.

Trauma Registry (Tab M) Rule 1.4.1/5.4.5

1. List the registry number of all deaths with TRISS >.5 for the last 12 months.
2. Describe the trauma deaths review process in detail.
3. Attach the name of your hospital's registrar.
4. Attach the following data for the last 12 months
 - Number of trauma activations
 - Number of trauma patients who met trauma registry inclusion criteria
 - Number of trauma patients admitted to your hospital
 - Number of trauma patients transferred to other hospitals
 - Number of diversion/bypass occurrences.

Education (Tab N) Rule 5.3.1/5.4.6

1. Attach a copy of the facility's internal trauma education plan to include trauma specific education for ED nurses, physicians and mid-level providers.
2. Submit a list of educational offerings during this designation period, if applicable.

SIGNATURE PAGE

1. The undersigned makes application to the Mississippi Trauma Care System for consideration of Level IV Trauma Center designation.
2. The institution represents that to the best of its ability it meets the Regulations set forth by the Mississippi Trauma Care System.
3. The institution agrees to submit to a site survey if requested by the Mississippi Trauma Care System after careful review of this application.
4. I have reviewed the information contained in the application and certify that the information is true and correct.
5. I further certify that the institution agrees to adhere to the designation program of the Mississippi Trauma Care System.

Signature, Administrator

Date

Contact Information:
Name:
Phone:
Email:
Fax:

Signature, Trauma Medical Director

Date

Contact Information:
Name:
Phone:
Email:
Fax:

Signature, Trauma Program Manager

Date

Contact Information:
Name:
Phone:
Email:
Fax:

TRAUMA CARE REGIONS

EAST CENTRAL

Director: David Bonner
1715 23rd Avenue
Meridian, MS 39301
ecmtcr@yahoo.com

DELTA

Director: Cherri Rickels
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NORTH

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CENTRAL

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SOUTHWEST

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SOUTHEAST

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Hattiesburg, MS 39404
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COAST

Director: Gail Thomas
2512 Redwood Avenue
Pascagoula, MS 39567
coastaltrauma@bellsouth.net

Table F

TRAUMA BYPASS/DIVERT OCCURRENCES

Please complete if you have gone on trauma bypass/divert during the previous year

Date of Occurrence	Time on Bypass	Time Off Bypass	Reason for Bypass
Total number of occurrences of bypass during reporting period?			_____
Total number of hours on diversion during reporting period?			_____