



MISSISSIPPI STATE DEPARTMENT OF HEALTH

FY 2021

**Mississippi
COVID-19
System of Care Plan**

Developed by the:

Bureau of Acute Care Systems

Mississippi State Department of Health

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Introduction

Introduction

Legal Authority and Purpose

Section § 41-3-15 of the Mississippi Code 1972 Annotated, as amended, provides the general powers, duties and authority of the State Board of Health and certain powers of the Mississippi State Department of Health. Included in this is the State Board of Health's powers and duties to formulate the policy of the State Department of Health regarding public health matters within the jurisdiction of the department; to adopt, modify, repeal and promulgate, after due notice and hearing, and enforce rules and regulations implementing or effectuating the powers and duties of the department under any and all statutes within the department's jurisdiction, and as the board may deem necessary; to apply for, receive, accept and expend any federal or state funds or contributions, gifts, trusts, devises, bequests, grants, endowments or funds from any other source or transfers of property of any kind; and to enter into, and to authorize the executive officer to execute contracts, grants and cooperative agreements with any federal or state agency or subdivision thereof, or any public or private institution located inside or outside the State of Mississippi, or any person, corporation or association in connection with carrying out the provisions of this chapter, if it finds those actions to be in the public interest and the contracts or agreements do not have a financial cost that exceeds the amounts appropriated for those purposes by the Legislature. The State Board of Health shall have the authority, in its discretion, to establish programs to promote the public health, to be administered by the State Department of Health. Specifically, those programs may include, but shall not be limited to, programs in the areas of chronic disease and other such public health programs and services as may be assigned to the State Board of Health by the Legislature or by executive order.

The system of care approach to public health provides a functional framework for making use of resources to optimize the care of patients. The intent is to address conditions, which have a significant impact on mortality and morbidity. This functional framework generally includes hospitals designated based on resources for the care of particular types of patients, destination guidelines for the transport of patients to the appropriate hospital via Emergency Medical Service (EMS), criteria for activation and/or the utilization of hospital resources, data collection and data use for improving system performance. In terms of patient care, the system of care framework promotes best practices for caring for patients.

System Introduction

SARS-CoV-2 is a novel (a new) coronavirus, which causes the disease called COVID-19. The disease, first identified in Wuhan, China on December 30, 2019, quickly spread outside China and became an international pandemic in less than three months. The disease spread exponentially, and public health officials raised concerns about the potential worldwide effects of the disease. Within the first three months 1,000,000 people had been infected and 50,000 had died (“COVID-19, MERS and SARS,” 2020). The World Health Organization (WHO) declared the outbreak a “public health emergency of international concern” on January 30, 2020, and public health officials in the United States identified the first human to human transmission case of the disease on the same day (WHO: Statement on the second meeting of the International Health Regulations Emergency Committee,” 2020). The following day Health and Human Services Secretary (HHS), Alex M. Azar II declared a

public health emergency for the United States. (“Secretary Azar Declares Public Health Emergency for United States for 2019 Novel Coronavirus,” 2020). President Trump declared a national emergency on March 13, 2020. As provided for by law, the HHS Secretary subsequently issued 1135 waivers to aid in supporting the healthcare response to COVID-19. Meanwhile, in Mississippi Governor Tate Reeves signed Executive Order No. 1457 on March 4, 2020, which designated MSDH as the lead state agency to coordinate emergency response activities related to COVID-19 and established the Mississippi Coronavirus (COVID-19) Preparedness and Response Steering Committee. On March 14, 2020 Governor Reeves declared a State of Emergency to provide for the coordinated response of all levels of government and provide health officials with the necessary resources and guidance to effectively combat the spread of COVID-19. The same day the Mississippi State Board of Health issued a proclamation, which stated in part: “the State Health Officer, upon the documentation of the need for the waiver or amendment may, in writing, waive or amend any rule or regulation promulgated by the Mississippi State Board of Health.”

Currently, government at all levels, public health officials and healthcare providers throughout the United States are working together to reduce the incidence of COVID-19 and care for those affected. The country is in the acceleration phase of the pandemic. There are varied levels of activity and acuity throughout the country. Illness from the disease ranges from mild to severe; however, older persons and those with comorbidities are at a higher risk for bad outcomes, including death. The disease, a respiratory virus, has the potential to cause severe respiratory presentations and injure the lungs. Since the outbreak began significant numbers of COVID-19 positive patients have required supplemental oxygen and/or ventilators to support breathing. When death occurs, it is usually the result of respiratory pathology, which resembles Acute Respiratory Distress Syndrome, renal failure, or multiple system organ failure. However, it may also be associated with exacerbation of comorbidities, i.e. cardiovascular disease, etc.

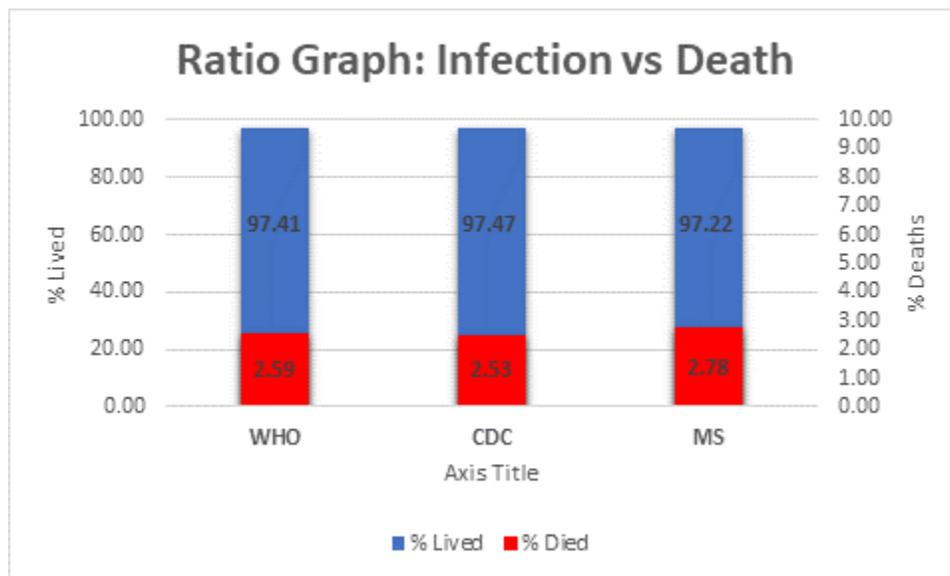
Mississippi State Department of Health (MSDH) functions as the lead agency in coordinating the emergency response to COVID-19. MSDH is working with other state agencies and community partners to slow the spread of the disease through monitoring, testing, and providing guidance related to COVID-19. MSDH is working with other state agencies and community partners in support of the healthcare system to ensure preparedness and address issues related to capacity and resources. However, due to the varieties of activity and acuity characteristic of this disease the task group appointed by Governor Reeves also recommended the development and implementation of a statewide system of care, which may function to ensure the most efficient use of use all Mississippi hospitals’ inpatient hospital beds for COVID-19 patients who require admission during COVID-19 crisis. Accordingly, the COVID-19 System of Care will provide a framework for efficient use of resources to optimize the care of COVID-19 patients. This is facilitated by the designation of hospitals based on their ability to care for COVID-19 patients, the use of EMS guidelines for the care and transport of patients, guidelines for the immediate transfer of patients to a higher level of care when indicated, guidelines for the transfer of less acute patients to a lower level of care when a higher level facility is not indicated (to decompress higher level facilities) and telemedicine consultation services. Telemedicine provides consultation services between physicians and/or mid-level providers, when immediate transfer is not indicated as per the guidelines for immediate transfer, but consultation may otherwise offer a benefit in the management of the patient or in decisions to transfer patients to a lower level of care (as provided for in this document). However, this plan calls for automatic acceptance of acute COVID-19 patients when immediate transfer to a

higher-level facility is indicated. All Level I and II COVID-19 centers will offer telemedicine services and publish a direct access contact number for said services. University of Mississippi Medical Center (UMMC), a primary agency under the Governor’s Comprehensive Emergency Management Plan in Emergency Support Function – 8 (ESF-8), responsible for coordinating medical services in public health emergencies will support operations by coordinating acute medical services within Mississippi. Mississippi Med-Com, a service of UMMC will coordinate the movement of all COVID-19 patients, including those transferred for higher level care, those transferred to a lower level facility and those transferred for convalescence. Transfers to a higher level of care will be to the closest appropriate facility based on bed and resource availability. Transfers to a lower level facility will be to facilities within reasonable proximity so as not to unduly stress EMS operations. UMMC offers clinical trials specifically associated with COVID-19. Patients can be transferred to UMMC for advanced therapeutics.

Mississippi Facts

Mississippi’s mortality rate from COVID-19 is at present 2.78% (see Figure 1 below). This is worse than both the global death rate of 2.59% (see also Figure 1 below) and the collective U.S. rate of 2.53% (see again Figure 1 below). The present rate of deaths in Mississippi is still significant and may be in part due to the prevalence of high-risk comorbidities such as obesity and cardiovascular disease in Mississippi. Whatever the cause of this continued and persistent high rate of deaths, statistics such as these reflect the extent to which COVID-19 is a public health threat to the people of Mississippi.

Figure 1



Graphic Sources: WHO, CDC and MSDH SITREPS as of November 2, 2020

Mississippi's experience with systems of care, i.e. trauma, ST-Elevation Myocardial Infarction (STEMI) and stroke care systems, continues to yield improved outcomes for patients with specific types of conditions by matching respective patients with the most appropriate hospitals, based on acuity and clinical criteria. Mississippi's Trauma Care System is the oldest such system in the state. Established in 1998, the Trauma Care System consists of 86 designated trauma centers, which offer various levels of trauma care and expeditious transfer of patients to higher level facilities when more advanced services are needed. Conversely, the Trauma Care System provides for repatriating patients back to local community hospitals when patients no longer require high-level care. Similarly, the COVID-19 System of Care provides a mechanism to decompress higher level facilities. Patients no longer requiring high level care will be transferred to lower level facilities following guidance from telemedicine. Transfer for convalescing or respite care will be an important part of the COVID-19 System of Care and will also facilitate the decompression of higher-level facilities.

This process of matching patients with resources offers the best possible opportunities for best outcomes, and over the course of their development the State Board of Health has adopted rules and regulations for the systems of care to ensure participant hospitals meet minimum prescribed standards. In the case of the Trauma Care System statute mandates hospital participation in the system, and the rules and regulations apply to all licensed hospitals. In the case of the STEMI and Stroke care systems hospitals voluntarily apply to become designated centers but designated must comply with the rules and regulations recommended by their respective advisory committee and approved by the State Board of Health. As the older established systems of care matured each recognized the need for minimum standards for participant hospitals.

Moreover, as experience also shows, the systems of care depend on the support of EMS, who care for and transport the patient to the right hospital the first time, which reduces the time from the onset of illness to definitive care. Recently, EMS operators have noted excessive "wall times" (the time to transfer of patient after arrival at the hospital). Moreover, it has been noted that excessive wall times are counterintuitive within the system of care framework, because the acute, time sensitive conditions should receive priority attention at receiving facilities. Wall times must be minimized in the case of COVID-19 patients. Expeditious transfers of care and appropriate isolation measures are an important part of COVID-19 care.

Chronology of COVID-19 Care in Mississippi

COVID-19 is a new disease, as noted above. Clinically, the disease presents as an influenza like illness (ILI). So, as the disease began to spread in the United States clinicians began testing patients presenting with ILI, new onset cough and chest pain for COVID-19. MSDH began partnering with UMMC and community partners to offer virtual screenings and drive-up COVID-19 testing sites. Clinicians and healthcare facilities began providing care based on the patient's presentation, while making efforts to ensure appropriate personal protective measures for staff. However, the disease is resource heavy, and statewide there is limited supply of personal protective equipment. There are concerns to ensure enough critical care resources and ventilators. Measures have been taken to secure additional ventilators, which may be dispensed based on need. The supply has been sufficient to date.

However, as noted above, due to the varieties of activity and acuity characteristic of this disease the governor's task recommended the development and implementation of a statewide system of care, which may function to ensure the efficient use of all Mississippi hospitals' inpatient hospital beds for COVID-19 patients who require admission during COVID-19 crisis. The intent is to improve on outcomes and improve on efficiency in the care of COVID-19 patients. The time to act is now to ensure all Mississippians who become infected receive the best possible opportunities for care.

Mississippi COVID-19 System of Care Plan

Mississippi COVID-19 System of Care Plan

This Plan outlines the statewide COVID-19 system. The Plan provides for a system, which is efficient and inclusive, matching appropriate resources to the needs of COVID-19 patients from initial infection detection through convalescence.

Vision

The Mississippi COVID-19 System of Care Plan when fully implemented throughout Mississippi will result in a more efficient use of all Mississippi hospitals' inpatient hospital beds and other resources for COVID-19 patients who require admission during COVID-19 crisis to achieve the best possible outcomes in terms of patient care for COVID-19 patients.

Plan Goals

- To develop and promote awareness of the Mississippi COVID-19 System of Care
- To designate Mississippi-licensed acute care hospitals as COVID-19 Centers at the appropriate level based on resources
- To ensure patients presenting with COVID-19 symptoms are transported to the most appropriate COVID-19 Center by EMS from the field
- To ensure coordinated COVID-19 patient movement to appropriate destinations, which includes transfers to higher levels of care, transfers to lower level facilities and transfers to convalescence facilities
- To ensure Level 1 and II COVID-19 Centers offer telemedicine for consultation with physicians and mid-level providers for the management of COVID-19 patients
- To coordinate with other systems of care and inter-agency emergency preparedness programs as it relates to COVID-19 services

COVID-19 System Design

The COVID-19 System of Care is comprised of several separate components:

- Emergency Medical Services (Pre-hospital)
 - EMS is a critical part of the COVID-19 System
 - EMS providers should have a basic knowledge and awareness of system elements and function, specific knowledge includes:
 - COVID-19 EMS Response and Treatment Guidelines

- For the latest version of these guidelines refer to EMS COVID-19 Guidelines from the State EMS Medical Director
 - Communication procedures
- When dispatched by local authorities during an emergency response to the EMS provider will follow local communications procedures
- When dispatched by Mississippi Med-Com for transfer services the EMS provider will follow the process for communications with Mississippi Med-Com prescribed in this document
 - On-line and off-line medical control physicians will be aware of system elements, functions and expected outcomes
 - MSDH Bureau of EMS will provide guidelines specific to EMS providers as part of the Mississippi COVID-19 System of Care (see MSDH Website)
- COVID-19 EMS Guidelines will assist EMS providers in the decision-making process regarding hospital destination selection and clinical decision-making under difficult conditions
- These guidelines are intended to guide EMS administrators and medical directors in developing alternate standards of care for EMS services during a COVID 19 pandemic
- They are intended for use only during a declared state of emergency during which time an EMS system or service is overwhelmed
- These guidelines may be implemented, all or in part, by the local EMS medical director with approval of the MSDH EMS Medical Director and, once implemented, will remain in effect until such time as resources allow for the transition back to conventional standards of care
- Hospital Component
 - Hospital participation in the Mississippi COVID-19 System is currently voluntary and healthcare systems and hospitals are encouraged to strengthen regional systems caring for COVID-19 patients within those systems. In the event regional systems are stressed participation in this plan may be made mandatory for specified periods through Health Officer Order or Executive Order.
 - All Mississippi acute care hospitals will provide a 24/7 point of contact for the movement of COVID-19 patients to Mississippi MedCom. Hospitals participating in this system of care must complete the Self-Assessment Survey and participate at the assessed capability
 - All Mississippi hospitals and healthcare facilities will be classified based on their capabilities to provide clinical management for COVID-19 patients.
 - The Mississippi State Department of Health designates participating hospitals at one of four levels (and provides a fifth level of convalescing facilities):

- **Level I COVID-19 Center:**
 - Level I COVID-19 Centers act as tertiary/quaternary care facilities at the hub of the COVID-19 system of care
 - A Level 1 COVID-19 center must have adequate depth and availability of both resources and personnel
 - These centers also have the responsibility of providing leadership in education, COVID-19 research, and system planning
 - These centers may provide telemedicine services for consultation with physicians and advanced practice providers at lower-level facilities for the management of COVID-19 patients
 - Required components include:
 - Dedicated COVID-19 Negative Pressure Intensive Care Unit (ICU)
 - Dedicated COVID-19 negative pressure hospital beds
 - Pulmonologist
 - Intensivist
 - Infectious Diseases
 - Emergency Medicine
 - Anesthesia
 - Nephrology
 - Continuous Renal Replacement Therapy (CRRT)
 - Intra-Aortic Balloon Pump
 - Hospital-based critical care transport teams for COVID-19 patient transfers
 - Telemedicine consultation for COVID-19
 - Rapid turn-around-time testing (<12 hours)
 - Active in-patient COVID-19 clinical trials

- **Level II COVID-19 Center:**
 - Level 2 COVID-19 Centers are acute care facilities with the commitment, resources, and specialty training necessary to provide sophisticated COVID-19 care
 - Level 2 COVID-19 Centers should transfer COVID-19 patients to Level 1 centers for advanced therapeutics and/or participation in clinical trials
 - Required components include Intensive Care Unit (ICU)
 - Negative Pressure Hospital Beds
 - Pulmonologist and/or Intensivist
 - Infectious Diseases
 - Emergency Medicine
 - Anesthesia
 - Nephrology
 - Continuous Renal Replacement Therapy (CRRT)
 - Telemedicine consultation for COVID-19
 - Intra-Aortic Balloon Pump
- **Level III COVID-19 Center:**
 - Level 3 COVID-19 centers are acute care facilities with the commitment, medical staff, personnel, and specialty training necessary to provide initial care of the COVID-19 patient
 - Level 3 COVID-19 centers are expected to provide isolation and stabilization of the COVID-19 patient and will transfer COVID-19 to the appropriate higher Level based on clinical needs
 - The decision to transfer a patient rests with the physician attending the COVID-19 patient
 - All Level 3 COVID-19 centers will work collaboratively with other COVID-19 facilities under the Mississippi COVID-19 System of Care

- These facilities must have an Intensive Care Unit (ICU)
 - **Level IV COVID-19 Center:**
 - Level IV COVID-19 Centers are facilities with a commitment to the care of the COVID-19 patient
 - These facilities are typically staffed by a physician, or an advanced practice provider
 - The principal role of Level 4 COVID-19 centers will be to provide isolation and stabilization of COVID-19 patients and transfer these patients to the appropriate higher level of care based on the clinical presentation of the patient
 - **Level V COVID-19 Center:**
 - During a public health emergency, a fifth level of COVID-19 center Level may be required for providing convalescing or respite care
 - Level V centers will be locations utilized as Alternate Care Sites (ACS) in buildings of opportunity for receiving convalescing COVID-19 patients from higher Level centers
 - These facilities will be managed by the State of Mississippi for the purpose of convalescing COVID-19 patients
- **Post-Acute Care Component**
 - Long-term care facilities and nursing homes play a pivotal role in the Mississippi COVID-19 System of Care by allowing for efficient movement of patient out of the acute care setting.
 - Long-term facilities and nursing homes may elect to have dedicated areas for patients with COVID-19.
 - Nursing home facilities may participate in the Mississippi COVID-19 System of care through the Nursing Home Facility Convalescing Center Agreement with MSDH.
 - Participating long-term care facilities and nursing home facilities will provide a 24/7 point of contact for the movement of COVID-19 patients to Mississippi Med-Com.
- **Communication Component**
 - Communications are critical to the function of the COVID-19 System
 - Communications provide:

- essential knowledge of the overall status of pre-hospital activities and hospital resource availability on a continual basis
- access to system organization and function protocols whenever such information is requested by pre-hospital or hospital-based personnel
- collection of uniform system-wide data for Performance Improvement (PI) activities
- Performance Improvement and Patient Safety Component
 - This component is essential for evaluating and improving system performance and safety considerations
 - Each Mississippi licensed acute care hospital will submit bed availability and staffing levels via the approved statewide data reporting process and provide COVID-19 specific data as requested by MSDH.

System Operations

Virtual Consultation

All Levels of COVID-19 facilities will provide logistics and operational support to ensure the following capabilities:

- Virtual consultations may be accomplished with audio/visual conferencing or traditional telephonic conferencing
- Level I and II centers will provide contact numbers for telemedicine resources to MSDH for posting to the COVID-19 System of Care Webpage
- The following specialists will be available for telemedicine consultation at Level 1 and 2 COVID-19 centers will be available for consultations:
 - Pulmonologist and/or Intensivist
 - Infectious Disease Specialists
 - Internists
 - Others as needed
- Duties and responsibilities of specialists at Level 1 and 2 COVID-19 centers:
 - Provide consultation, advice, and guidance to the best of their abilities, given the capabilities of the requesting center, including advice on transfer to a higher level of care, transfer to a lower level facility and transfer to convalescent or respite care, as needed
 - Accurate and complete documentation of consultations, notes, and communications on patients after interactions with requesting physicians
- Work cooperatively with requesting physicians with on-going patient care needs related to COVID-19 (e.g. reassessments, follow-up consultations, etc.) Duties of physicians or advanced practice providers at Level 3, 4, and 5 COVID-19 centers:
 - Has sole responsibility for the care of the patient, including all orders, etc.
 - Accurate and complete documentation of the patient's condition, progress, plans, etc., not less than daily

- Work cooperatively with Level 1 or 2 telemedicine physicians
- Liability Coverage for Level 1 and 2 physicians providing virtual consultations
 - Executive Order 1471 confers immunities related to COVID-19 care

Transfer and Transport – Criteria

The Mississippi COVID-19 System of Care Plan provides a process for bidirectional patient movement to the most appropriate level of care for the individual patient while adjudicating available hospital capacity and capability. Moreover, this plan recognizes the value of hospitals that are part of a regional healthcare system for the bidirectional movement of patients to maintain critical care resources. This plan recognizes the need to transition between contingency level operations and crisis level operations by all or parts of the system depending on clinical need and available clinical capacity. These transitions will be managed by Mississippi ESF-8 based on the data available (open/staffed hospital beds, EMS utilization, PPE supplies, etc.).

Patient Escalation

Moving patients to **higher**-level centers for required services to effectively manage COVID-19.

- Utilized when lower-level centers lack clinical resources (both capacity and specialists).
- Higher-level centers must have consultant specialists available (e.g., nephrology, hematology) available within 30 minutes of request.
- Patients in cardiac arrest or post-cardiac arrest should not be transferred without discussion.
- Consideration should be given to patient demographics and comorbid disease state.
 - Asthma
 - Chronic kidney disease being treated with dialysis
 - Chronic lung disease
 - Diabetes
 - Hemoglobin Disorders
 - Immunocompromised
 - Liver disease
 - People aged 65 years and older
 - People in nursing homes or long-term care facilities
 - Serious heart conditions
 - Severe obesity

Patient De-escalation

Moving patients from higher-level centers to **lower**-level centers to maximize available COVID-19 capacity and resources for the acutely ill.

- Ventilated patients with only respiratory failure (move to lower level ICU).
- Patients with $SpO_2 \geq 88\%$ on $\leq 6L O_2$ with stable respiratory status (move to lower level med/surg).
- Convalescing patients that are unable to perform ADL's, (would need med/surg bed and resources, e.g., OT, PT, Social Work).
- Qualifying convalescing patients that can perform ADL's are eligible to be discharged to the existing Convalescent Centers around Mississippi.
- Long term care patients, nursing home placement patients.
- Hospice patients.

Additional considerations for COVID-19 transfers

- Patients with active malignancies.
- Patients with devastating neurological events.
- End of life discussions at the day of admission/transfer (e.g. POST Form).

Discharge to Rural Hospital or Nursing Home Facility Convalescing programs

For patients being discharged to Rural Hospitals or Nursing Home Facility Convalescing programs, several important points should be considered:

- If the patient was or is COVID-19 positive and transmission-based precautions are still required (based on symptoms and length of time since onset of illness), then the facility should continue appropriate transmission-based precautions with the patient, including isolation, and appropriate PPE.
- If 14 days have passed since onset and the patient is asymptomatic, no further precautions are required.

Transfer and Transport – Contingency Operations

Mississippi hospitals, long-term facilities, and nursing homes may participate with either the regional referral system of their choice or the statewide system by Mississippi Med-Com. The regional referral systems and Mississippi Med-Com will work collaboratively with individual facilities, health systems and other regional referral systems to accommodate clinical demands and coordinate patient movements associated with COVID-19.

An interfacility transfer of a suspected or confirmed COVID-19 patient to a higher or lower level of care should be reported to Mississippi Med-Com as part of the Mississippi COVID-19 System of Care.

- Sending COVID-19 facility should call Mississippi Med-Com at **(601) 815-3709**
- Sending facility should provide:
 - Name of sending center
 - Name of sending provider
 - Patient name, DOB, vital signs, chief complaint, interventions performed/in place
 - Level being requested
- Sending facility or regional referral system may request Mississippi Med-Com to assist with locating the closest appropriate level facility.
 - When requested, Mississippi Med-Com will contact the accepting center and inform them of the transfer request.
 - These transfers should be rapidly accepted as a transfer to the appropriate level center as part of the COVID-19 system of care.
- Mississippi Med-Com will not perform COBRA, EMTALA, insurance screenings or similar patient financial data collection.
- Mississippi Med-Com will monitor hospital capacity and capability related to providing care to patients with COVID-19.
- Transport ambulance will give radio report to the receiving facility as per normal process when they are 5 – 10 minutes out.
- Patient should be taken directly to assigned inpatient room, when applicable.

- Any deviation from the COVID-19 System of Care will be reviewed by MSDH.

Compliance – Contingency Operations

During contingency operations, the COVID-19 System of Care is a voluntary system of care. Participating hospitals, health systems, long-term facilities, nursing homes, and regional referral systems are asked to operationalize the COVID-19 System of Care on a 24/7 basis and share information with ESF-8 via Mississippi Med-Com on a twice daily basis, or more frequently when needed to manage clinical demand around the state.

Transfer and Transport – Crisis Operations

If/when the hospitals and regional referral systems of Mississippi reach a point where they can no longer accommodate acute clinical demands or at the direction of the State Health Officer, Mississippi ESF-8 will enact a COVID-19 rotation. This rotation will be managed by ESF-8 through Mississippi Med-Com and will direct patients to destinations on a rotating basis based on patient request, geography, and resource availability.

An interfacility transfer of a suspected or confirmed COVID-19 patient to a higher or lower level of care should be coordinated through Mississippi Med-Com as part of the Mississippi COVID-19 System of Care.

- Sending COVID-19 facility should call Mississippi Med-Com at **(601) 815-3709**
- Sending facility should provide:
 - Name of sending center
 - Name of sending provider
 - Patient name, DOB, vital signs, chief complaint, interventions performed/in place
 - Level being requested
- Mississippi Med-Com will locate the closest appropriate level facility
 - Mississippi Med-Com will contact the accepting center or regional referral system and inform them of the transfer request/rotation
 - All patients accepted by higher level facilities will be accepted by the ED physician at the accepting facility
 - These transfers should be automatically accepted as a transfer to the appropriate level center or as part of the COVID-19 rotation.
- Mississippi Med-Com will not perform COBRA, EMTALA, insurance screenings or similar patient financial data collection.
- Mississippi Med-Com will monitor hospital capacity and capability related to providing care to patients with COVID-19.
- Transport ambulance will give radio report to the receiving facility as per normal process when they are 5 – 10 minutes out.
- Patient should be taken directly to assigned inpatient room, when applicable.
- Any refusal or deviation from the COVID-19 System of Care will be investigated by MSDH.

Compliance – Crisis Operations

During crisis operations, the COVID-19 System of Care is a mandatory system of care, participation is mandatory and compliance with this Plan is mandatory. All licensed Mississippi hospitals, health systems, long-term facilities, nursing homes, and regional referral systems are required to operationalize the COVID-19 System of Care on a 24/7 basis and share information with ESF-8 via Mississippi Med-Com on a twice daily basis, or more frequently when needed to manage clinical demand around the state.

The following actions may be taken with any licensed acute care hospital, long-term facility, nursing home, or EMS operator who fails to participate or comply as required in this Plan or reserve required capacity for COVID-19 patients (as required by executive order):

- In the case of failure to reserve capacity for COVID-19 patients: hospital may have its ability to perform elective procedures suspended for the duration of the pandemic.

In the case of failure to participate or comply with this plan otherwise, the hospital, long-term facility, nursing home, or EMS operator may have its licensure revoked.

Mississippi COVID-19 Advisory Committee

The Mississippi Coronavirus (COVID-19) Task Force will advise the Mississippi State Department of Health on the continued development of the COVID-19 System.

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