

**The Trauma Plan**  
**Of**  
**The Southeast Trauma Care Region**  
Fiscal Year 2014 Revision

Southeast Trauma Care Region, Inc.

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## **I. Summary**

The Trauma Plan of the Southeast Trauma Care Region, Inc. (SETCR) has been prepared in accordance with all of the requirements set forth in published rules of the Mississippi State Department of Health entitled “The Mississippi Trauma Care System Regulations.” Additionally, the “Model Trauma System Planning and Evaluation” document published by the U.S. Department of Health and Human Services and the 2006 edition of “Resources for Optimal Care of the Injured Patient,” published by the American College of Surgeons, were used to parallel, to the greatest extent possible, nationally recognized trauma system standards.

The purpose of this plan is to guide the progressive development of an inclusive trauma care system for the state designated 13-county SETCR.

The SETCR is a public not for profit 501-C3 chartered organization which is governed by an 12-member Board of Directors. Members of the SETCR Board represent the participating counties: Covington, Forrest, Greene, Jasper, Jefferson Davis, Jones, Marion, Pearl River, Perry, Stone, Walthall, and Wayne.

Management of the SETCR has been established through a contract with AAA Ambulance Service (AAA) in Hattiesburg, Mississippi. Founded in 1965, AAA is a public not for profit multi-county provider of advanced life support emergency medical services. AAA also serves as the contract management agency for the Southeast Mississippi Air Ambulance District another public not for profit organization which

provides helicopter (emergency and inter-facility) response and transport throughout the trauma region. The Chief Executive Officer of AAA serves as CEO of the SETCR and is responsible, under the direction of the SETCR Board of Directors, for the region's inclusive trauma system – planning, implementation, and management.

This plan blueprints the development of an inclusive trauma care system within an existing emergency medical system in Southeast Mississippi. The plan's foundation currently exists within the area's designated trauma center hospitals (one Level II facility, one Level III facility, and ten Level IV facilities), medical staffs, pre-hospital providers, ancillary support groups, consumers, and political subdivisions.

Additional tertiary care is available from the state's only Level I facility, University Medical Center located in Jackson. Out-of-state facilities located in Tennessee, Louisiana, Georgia, and Alabama also serve as tertiary care resources for the SETCR.

Currently, major trauma patients within twenty minutes of the Level II facility will be transported directly to that facility. The location of more distant patients often require evaluation at a closer Level III or Level IV facility and, if appropriate, transfer to the Level II trauma center.

Because of the availability of advanced life support pre-hospital providers and a rapid air transport system, some of the more distant major trauma patients are transported

directly to the region's Level II trauma center by order of online regional medical directors and/or protocols as authorized in the regional medical control plan.

Other special care needs of trauma patients are available at Methodist Rehabilitation Center, located in Jackson, Mississippi, the Joseph M. Still Burn Centers, Inc. in Georgia, Central Mississippi Medical Center in Jackson, and the University of South Alabama in Mobile, Alabama.

## II. Plan Objectives

### A. SETCR Goals

1. To develop and implement an inclusive regional trauma care system which is founded upon an existing pre-hospital system (EMS) and upon in-region hospital facilities with support and commitment from the respective medical staffs.
2. To maintain an administrative structure to plan and implement an inclusive trauma care system with the goal of reducing preventable morbidity and mortality resulting from trauma.
3. To maintain a regional trauma registry from which data will serve as the directive for all trauma system processes.
4. To develop and implement public information, education, and prevention programs with the goals of accessibility to care, system support, and lifestyle changes (incidence reduction).

### B. SETCR Detailed Objectives

1. Finalize contract between SETCR and AAA.

A contract between the SETCR and AAA is negotiated on an annual basis with the program year to be July 1 through June 30 of each year.

This contract enables AAA to serve as the lead agency for trauma systems development for the member counties forming the SETCR.

The success of this management agreement is evaluated annually by the SETCR Board of Directors.

2. Facilitate and direct the financial support of the SETCR from local, state and federal services, if any.

Financial support of the SETCR is managed by AAA. This is accomplished through support services rendered by AAA personnel. AAA is responsible for funds received from the State of Mississippi through the statutorily created Trauma Care Trust Fund. Program activities and data gathered through the local and regional trauma registry databases serve as a conduit for receipt of these funds. Hospital and physician funding and the production of program activities conducted by the SETCR serve as evaluation tools annually.

3. Assist hospitals with the trauma center designation process.

Staff of the SETCR (physician, nursing, trauma registry, administration) is available to assist all participant hospitals and guide the development of local trauma programs within these facilities. These activities assist these hospital facilities in obtaining and maintaining their trauma center designation.

4. Facilitate all meetings of the SETCR Board of Directors and other committees established by the Board, i.e., regional advisory committees, clinical, administrative, and system committees.

Meetings of the SETCR Board of Directors and all established committees are facilitated by the regional staff. These meetings are conducted as follows: Board of Directors – quarterly; Clinical



Committee – quarterly; Trauma Nurse Coordinator Committee – quarterly; Pre-hospital Committee – as needed.

5. Hire full-time personnel: Trauma Nurse Coordinator/Registrar

Part-time personnel in addition to the CEO are employed as follows:

Regional Secretary (Administrative Assistant), Regional Trauma Registrar Assistant, and Regional Trauma Medical Director. Through the region's CEO, these personnel carry out program activities approved by the Board of Directors and are supported by the Regional Trauma Plan.

6. Consultant contracts: Administrative, Trauma Physician, Trauma Nurse and Data Consultants.

Consultants to the region are occasionally needed for special program activities. Experienced and nationally recognized Trauma Consultants may be employed to assist in the development of the Regional Trauma Program and to assure the Region access to national influence.

7. Revise the regional trauma plan with all components as identified in the Mississippi Trauma Care System Regulations.

A regional trauma plan is required as part of program development.

This plan is produced, approved by the State, and amended as the region program continues to develop.

8. Obtain approval of the required trauma plan by SETCR Board of Directors.

A regional plan must be approved by the SETCR Board of Directors and submitted to the State for approval.

9. Hire part-time personnel: Regional Trauma Medical Director.

See #5

10. Obtain approval of the regional trauma plan by the Mississippi State Department of Health, Bureau of EMS / Trauma.

See #7

11. Coordinate regional performance improvement (PI) programs and report annually to the state.

The State evaluates regional performance and trauma center designations upon activities conducted by the Region, its facilities and patient outcome data. As a result, a regional performance improvement program has been developed. Annual results are reported to the State.

12. Facilitate inter-facility transfer of trauma patients.

Appropriate and timely transfer of trauma patients among trauma centers must be conducted. Pre-arranged transfer agreements will be obtained by all regional facilities for higher level of care. These agreements will be amended as needed. Any problems with inter-facility transfers will be addressed by the Clinical Committee.

13. Coordinate the regional pre-hospital (EMS) system.

Regional staff will continue to coordinate the existing pre-hospital providers through a subcommittee – SETCR Pre-hospital

Subcommittee. Committee membership includes representatives of licensed ambulance companies. Utilization of these groups for appropriate response to victims of trauma is outlined in the Regional Trauma Plan.

14. Maintain a regional trauma registry for SETCR for system evaluation.

The SETCR has employed one part-time Regional Registrar assistant. With assistance from the Regional Trauma Nurse Coordinator/Registrar, these staff members monitor the Region's trauma registry compliance. The State policy for data submission will be followed. Data is submitted monthly, a month plus 6 days for the previous month. This data is submitted to the state and the region simultaneously. For example, January data is due to the state on March 6. It is to be sent to the Region at the same time. It is to be sent via file/email to SETCR@aaaambulance.net. The data submitted will be compared with the State as well as transfer data for FGH and SCRMC for accuracy. Documentation will be required if data is not submitted on time. This will be reviewed by the Region staff and reported to the Board. If a facility is late with data three times in a row, a site visit by regional staff will be made to determine the cause. The limit is three times a year for late submission. Additional late submissions of data will be reported to the SETCR Board of Directors which may solicit intervention from the state.

In an effort to assure the continuous flow of valid data, each facility will be visited 2 times a year by regional staff or as needed.

15. Approve certification to the Mississippi State Department of Health, Bureau of EMS / Trauma that the required plan is functioning as designed and approved.

Regional staff will formally notify the State that its regional plan is functioning and of any amendments developed during the past year.

This certification is required in the Trauma Rules and Regulations.

16. Hire part-time personnel: Trauma Registrar Assistant.

See #5

17. 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 as may be appropriate.

18. Assess/research the medical needs for and appropriate use of air transport services throughout the region.

Nine of the thirteen counties which make up the SETCR are members of a public, non-profit licensed air ambulance program (Southeast Mississippi Air Ambulance District). SEMAAD offers rapid air transport from scene to hospital and for inter-facility transfers. The four regional non-member counties are served by a private for profit air ambulance, Baptist Life Flight. These counties will be afforded an opportunity to

join SEMAAD to assure multiple aircraft response for their citizens.

Through a contract with SEMAAD, Baptist Life Flight also responds to the nine member counties affording these areas two air ambulance services.

19. Track patients from the scene of injury through the regional trauma system and rehabilitation.

Using the pre-hospital patient encounter form, the trauma registry and other related data, the Region intends to track patients from the onset of injury through rehabilitation. The linkage of such data serves as a basis for trauma program enhancements.

20. Develop, implement, and begin the evaluation of regional pre-hospital trauma triage criteria.

The appropriate triage of patients from the pre-hospital setting will be evaluated. The criteria for such triaging developed and implemented throughout the Region has been replaced by the State adopted common Trauma Activation Criteria and Destination Guidelines for EMS.

21. Assist the State with the implementation of the Statewide Trauma Activation Criteria and Destination Guidelines adopted by the SETCR Board for pre-hospital trauma triage criteria.

Using the databases of the region, performance indicators and other compliance tools will be developed in order to effectively evaluate these criteria.

- A. Until the State organizes public information, education, and prevention plan, the Region will do an annual report and release to the public.

Prevention strategies to effect lifestyle changes are proven to be effective in reducing the incidence of traumatic injury. Until the State's public information, education, and prevention plan is organized, the Region will develop local initiatives. These will be based on regional data. These programs will keep the public abreast of the system as it develops and shares local information related to injury prevention.

- B. Develop and formalize mutual aid agreements with all regional EMS providers as well as with providers in contiguous trauma regions in and out of state.

Mutual Aid Agreements with regional EMS providers and with providers in contiguous trauma regions will be reviewed and updated as may be appropriate. These agreements assure the region access to additional resources when needed as a result of system overload

- C. Coordinate a regional First Responder/Rural Rescue plan.

The region will offer first responder courses and request information from each department within the county regarding resources and needs.

D. The SETCR will compile an annual report and release to the public.  
Education and injury prevention will be based on region data findings  
and each trauma center will use various avenues to educate the public  
in their area.

See #22

E. Share information regarding the SETCR with local political  
subdivisions and in region members of the Mississippi Legislature.

Regional staff prepares an annual report of all program activities. This report is shared with the State and all regional trauma system report groups.

### III. Implementation Schedule

The detailed objectives of the SETCR for FY 2014 are listed below:

- Finalize contract between SETCR and AAA
  - Completed
- Facilitate and direct the financial support of the SETCR from local, state and federal services, if any.
  - Target date: Ongoing
- Assist hospitals with the trauma center designation process.
  - Target date: Ongoing
- Facilitate all meetings of the SETCR Board of Directors and other committees established by the Board, i.e., regional advisory committees, clinical, administrative, and system committees
  - Target date: Ongoing
- Hire full-time personnel: Trauma Nurse Coordinator/Registrar
  - Completed
- Hire part-time Regional secretary
  - Completed
- Prepare a regional trauma plan with all components as identified in the Mississippi Trauma Care System Regulations
  - Completed
- Obtain approval of the required trauma plan by SETCR Board of Directors
  - Completed
- Hire part-time personnel: Regional Trauma Medical Director
  - Completed
- Obtain approval of the regional trauma plan by the Mississippi State Department of Health, Division of EMS
  - Submitted for FY 2014
- Coordinate regional performance improvement (PI) programs and report annually to the state.
  - Target date: Ongoing
- Facilitate inter-facility transfer of trauma patients.
  - Target date: Ongoing



- Coordinate the regional pre-hospital (EMS) system.
  - Target date: Ongoing
- Continue a regional trauma registry for SETCR for system evaluation.
  - Target date: Ongoing.
- Approve certification to the Mississippi State Department of Health, Division of EMS that the required plan is functioning as designed and approved.
  - Ongoing
- Hire part-time personnel: Trauma Registrar Assistant
  - Completed
- Develop, assess, and modify trauma system policy to accommodate trauma system activity
  - Target date: Ongoing
- Assess/research the medical needs for air transport services throughout the region
  - Target date: Ongoing
- Begin tracking of patients from the scene of injury through the regional trauma system and rehabilitation.
  - Target date: Ongoing
- Develop, implement, and begin the evaluation of State pre-hospital trauma triage criteria.
  - Target date: Ongoing
- Assist the State with training regional pre-hospital personnel in adopted State pre-hospital trauma triage criteria.
  - Target date: Ongoing
- Until the State develops public information, education, and prevention plan, the region will produce an annual report to release to the public. Education and injury prevention events will be guided by the regional data.
  - Target date: Ongoing
- Develop and formalize mutual aid agreements with all regional EMS providers as well as with providers in contiguous trauma regions in and out of state.
  - Target date: Ongoing
- Coordinate continued development of a regional First Responder/Rural Rescue plan.

- Target date: Ongoing
- Assess and monitor the resources of the SETCR
  - Target date: Ongoing
- Coordinate the SETCR plan for public information, education, and prevention within the region.
  - Target date: Ongoing
- Share information regarding the SETCR with local political subdivisions and in region members of the Mississippi Legislature.
  - Target date: Ongoing

## **IV. Regional Administration**

The SETCR is a 501-C3 not for profit public organization that is governed by a 12-member Board of Directors, consisting of representatives from the hospitals within its 13-county area (appendix). Organized in 1999 as authorized by Mississippi law and related rules entitled “The Mississippi Trauma Care System Regulations,” the SETCR elected to contract for program administration as authorized in the referenced rules, Section V, paragraph 5.2, entitled “Operation of a Trauma Care Region.” That section states in part that

“Such management may be carried out by an appointed executive manager, by contracting for management services, or by some other means to be approved by the Department.”

SETCR requested approval from the Mississippi State Department of Health, Division of Emergency Medical Services (Department), of a management services contract with AAA in Hattiesburg, Mississippi. Approval was granted by the state in December 2000 in a letter to the SETCR Board President (appendix).

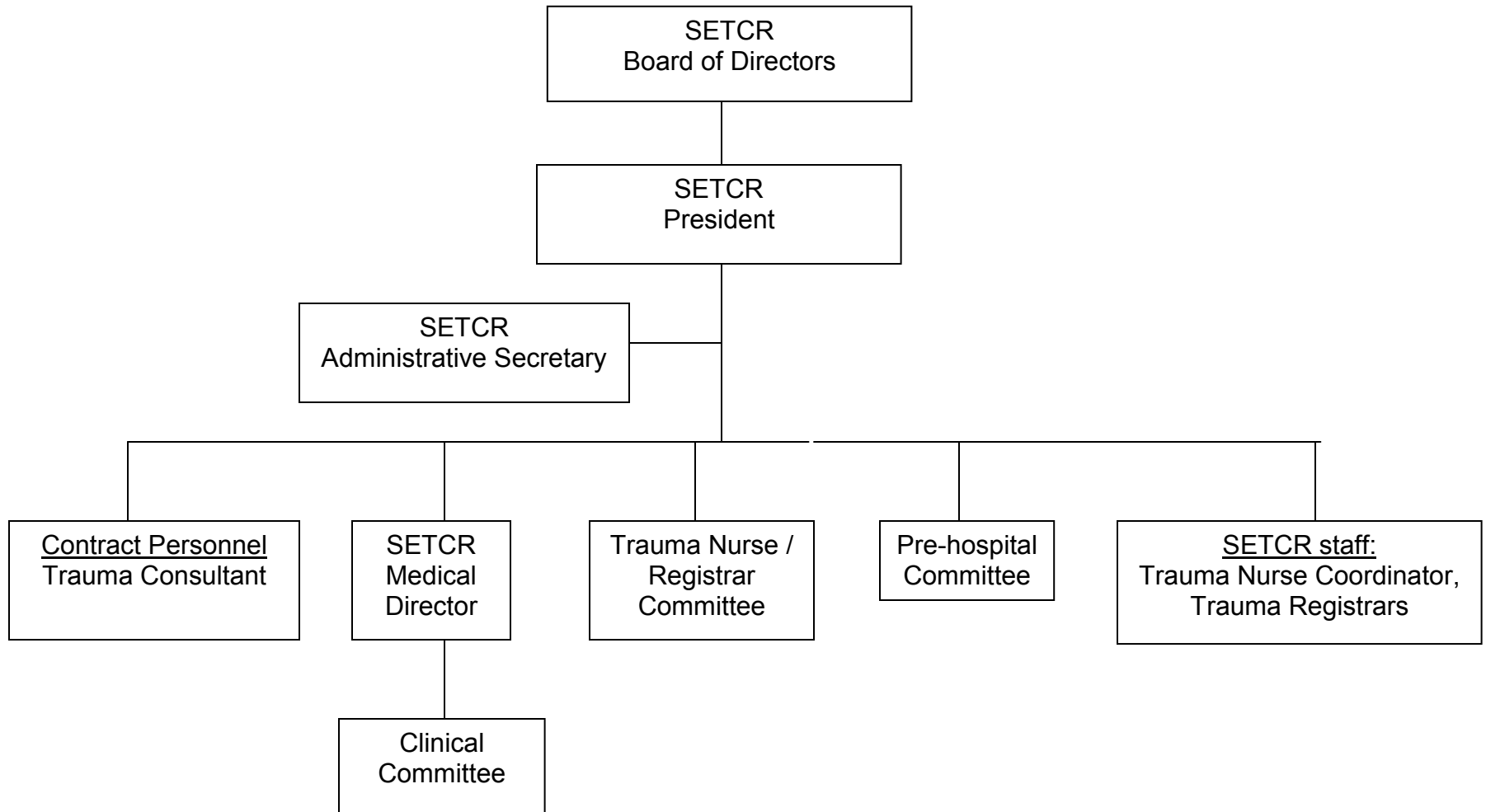
As a result of an annual contract negotiated between the SETCR and AAA, development of an inclusive trauma care system is directed by the CEO of AAA.

Renewable annually on or before July 1<sup>st</sup>, this contract authorizes the AAA CEO to assume additional duties as CEO of SETCR.

Job tasks included in this management contract include the following:

- Prepare a regional trauma plan with all components as identified in the Mississippi Trauma Care System Regulations
- Obtain approval of the required trauma plan by SETCR Board of Directors
- Obtain approval of the regional trauma plan by the Mississippi State Department of Health, Bureau of EMS / Trauma
- Approve certification to the Mississippi State Department of Health, Bureau of EMS / Trauma that the required plan is functioning as designed and approved
- Facilitate all meetings of the SETCR Board of Directors and other committees as may be established by the Board, i.e., regional advisory committees, clinical, administrative, and system committees
- Facilitate and direct the financial support of the SETCR from local, state and federal sources, if any
- Maintain a regional trauma registry for SETCR for system evaluation.
- Coordinate regional performance improvement (PI) programs and report same to the state performance improvement committee
- Facilitate inter-facility transfer of trauma patients.
- Assist hospitals with the trauma center designation process
- Coordinate the regional pre-hospital (EMS) system

# Southeast Trauma Care Region (SETCR) Organizational Chart





## **SETCR Personnel**

The success of the developing trauma system among the member counties of the SETCR may eventually dictate the fulltime availability of a regular trauma system staff. This plan reflects a majority part-time staff that is responsible for developing the regional program and enhancing the knowledge and cooperation of trauma support staff and facilities throughout the region. It should be noted the region has acquired the services of a full-time Regional Trauma Nurse Coordinator/Registrar.

Following the concepts outlined in the National Model Trauma Plan, the Mississippi Trauma Care Systems Regulations, and the experiences of other trauma systems throughout the country, the SETCR staff (part-time/contractual) identified in this plan are as follows: CEO, Regional Medical Director, nationally recognized consultants as needed, and a regional administrative secretary. The regional trauma nurse coordinator/registrar is now a full time position.

Chief Executive Officer: Is responsible, under direction of the SETCR Board of Directors, for the trauma system, to include planning, implementation, and management of the inclusive regional trauma system.

Regional Trauma Medical Director: The Regional Trauma Medical Director directs the development of the medically related system components. Working with a regional Clinical Committee of the SETCR, the Regional Trauma Medical Director leads the multidisciplinary activities of the regional trauma program; analyzes the impact and

results of the system and works with the CEO and SETCR Board of Directors to make appropriate modifications to assure the highest possible level of patient care. The clinical committee is responsible for evaluation of Performance Improvement indicators to be reported to the State PI committee.

Regional Trauma Nurse: The Regional Trauma Nurse Coordinator/Registrar works closely with the Regional Trauma Medical Director as well as the CEO to assist in system design and evaluation as both relate to nursing and other ancillary staff. This nurse works with all regional facilities' trauma nurses regarding regional issues as well as specific facility issues. This person serves as the chair of the trauma nurse/registrar committee and is responsible for its function as well as managing the regional trauma registry. This is now a full time position.

Secretary: The Regional Secretary assists the CEO with telephone calls, messages, and general correspondence. Additionally, the secretary helps facilitate all related SETCR meetings.

### **Support Services**

The SETCR needs a regional office facility to conduct all regional administrative tasks. The AAA Ambulance Service office facility serves as that facility and supplies related office needs (supplies, telephones, etc.) Additionally, adequate meeting space is



provided, sufficient to host all SETCR Board meetings and other related subcommittee meetings.

Three committees assist the SETCR and its regional management structure – Clinical, Trauma Nurse / Registrar, and Pre-hospital committees. See the Performance Improvement section for a detailed discussion of each committee.

### **SETCR Financial Management**

Currently, funding of all program activities is provided by the State through annual allocations to designated trauma regions with funds available in the Mississippi Trauma Care Trust Fund. The State has provided funding for administrative management and hospital/physician reimbursement for uncompensated patients meeting the criteria for regional trauma registry. However, this formula was changed to a cost of readiness model, which includes EMS funding for the first time. No other funding sources are currently available. The SETCR Board of Directors, however, has discussed the potential need for local funding to support regional activities as the system matures. One possibility, for example, is a regional assessment from hospital facilities according to level of trauma center designation. To date, the need for this type of local funding has not surfaced.

## **V. Medical Organization**

There are 13 hospitals with emergency rooms within the geographic area of the SETCR. Currently, 12 have been designated, and one (Wesley Medical Center) is a non participant that paid to not participate in the Mississippi Trauma Care system. Each designated hospital has a physician representative or qualified Nurse Practitioner serving on the Clinical Committee of the SETCR. This approach to regional organization assures medical system leadership of the regional trauma program on an equal basis. Additionally, a trauma physician has been designated by SETCR to serve as the Regional Medical Director for the trauma system. This physician, working through the regional Clinical Committee, leads the clinical activities and review of indicators for performance improvement of the regional trauma program.

Each hospital within the SETCR serves as a local medical control point (base station hospital) for the local pre-hospital provider. Each pre-hospital provider has a medical director and a medical control plan which is required by the State for licensure of the pre-hospital provider's service. During FY 2014, the SETCR will continue to review all of these services' medical control plans for consistency. The concept of regional medical control will also be explored with the state.

## VI. Inclusive System Design

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

### Facilities

The 13-county area of the SETCR has 12 hospitals with functioning emergency rooms.

#### Forrest County

Forrest General Hospital	Level II
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#### Jones County

South Central Regional Medical Center	Level III
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#### Pearl River County

Highland Community Hospital	Level IV
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Pearl River County Hospital	Level IV
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#### Wayne County

Wayne General Hospital	Level IV
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#### Covington County

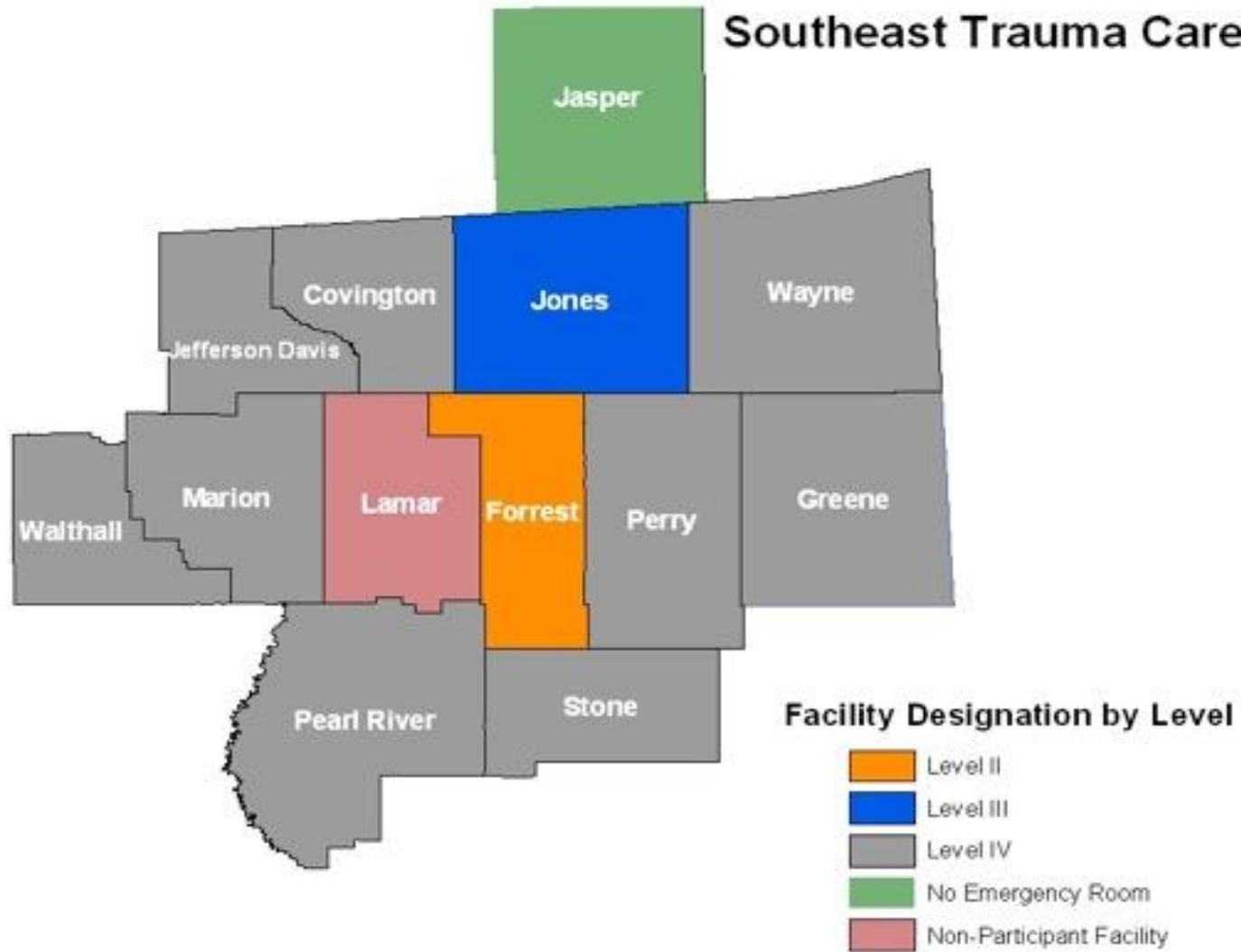
Covington County Hospital	Level IV
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#### Jefferson Davis County

Jefferson Davis Community Hospital	Level IV
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Walthall County		
	Walthall County General Hospital	Level IV
Marion County		
	Marion County General Hospital	Level IV
Perry County		
	Perry County Hospital	Level IV
Stone County		
	Stone County Hospital	Level IV
Greene County		
	Greene County Hospital	Level IV
Lamar County		
	Wesley Medical Center	Non participant
Jasper County		
	Jasper General Hospital	No ER in hospital

## Southeast Trauma Care Region



## **VII. Inter-facility Trauma Center Agreements**

The SETCR reviewed transfer agreements from national trauma systems as well as within the State of Mississippi. Each of the designated trauma center hospitals initiated Transfer Agreements during FY 2001.

Each transfer agreement remains valid, unless terminated by either participant. It is the responsibility of the attending physician at the transferring hospital to discuss the transfer with a member of the medical staff at the accepting hospital. The transferring hospital must provide medical treatment within its capacity that minimizes the risks to the patient's health. The transferring hospital must provide all medical records that are reasonably available at the time of transfer, along with any history, preliminary diagnosis, results of diagnostic studies, treatment provided, etc. The transferring hospital has the responsibility for arranging transportation and providing appropriate health care practitioner(s) to accompany the patient. The transferring hospital's responsibility for the patient's care must continue while the patient is being transported and does not end until the patient has been received by the receiving hospital.

These written agreements have established a system in which patients can be expeditiously moved to an institution which has been identified by prior agreement to be capable and willing to provide needed specialty services.

Additional tertiary care is available formally through agreements with the state's only Level I facility, University of Mississippi Medical Center in Jackson. In the unusual event that the Level I facility is not available for legitimate reasons beyond its control

(trauma overload, equipment failure, mass casualty triage, etc.), out of state Level I facilities in Tennessee, Louisiana and Alabama are available. Transfer agreements with these facilities are in place. Other special case needs of trauma patients are available by formal agreements with Joseph M. Still Burn Centers, Inc. in Augusta, Georgia, Central Mississippi Medical Center in Jackson and Methodist Rehabilitation Center (rehabilitation) in Jackson. Additional burn care services are available in Mobile, Alabama at the University of South Alabama.

During FY 2014, all transfer agreements will be evaluated and may be revised should the evaluation dictate. Each facility is responsible for obtaining the needed transfer agreements and revisions as needed.

## **VIII. Regional Participation**

Hospital facilities and staff within the SETCR are committed to the development of a regional trauma program. The designated trauma center hospitals in the SETCR have worked diligently to establish a functioning regional trauma program.

The designated trauma center hospital will:

- Submit accurate timely data to the State and Region
- All Committee members will attend 75% of meetings held in the region or send a representative if unable to attend.
- Monthly submit required PI data to Region Coordinator. The time frame is the same as State's data submission deadline which is a month plus 6 days for previous month. (For example: January data is due March 6). Written documentation for late data submission is required and will be reviewed by Region staff. With a limit of three a year, additional delinquencies will be sent to the Board for possible intervention by the State.
- Community Outreach: Designated trauma center hospitals must participate in Region community projects/education established by the Trauma Nurse/Registrar committee.

Participation reports will be presented to the SETCR Board of Directors routinely, but not less than quarterly. These reports will also be provided to the State. The SETCR Board will use these reports to verify compliance/noncompliance with eligibility requirements of the State.



# Operational System Design

## Pre-hospital

The majority of the member counties of the SETCR have years of experience in participation with a state recognized regional EMS system. The Southeast Mississippi Air Ambulance District (SEMAAD), a public non-profit organization, is the longest continuously operating helicopter program in the United States. Formed by special state legislation passed in the late 1960's, SEMAAD provides advanced life support pre-hospital response and inter-hospital transfer services for 9 of the 13 counties that form the SETCR. Only Lamar, Jasper, Jones, and Wayne counties are not members of SEMAAD. These counties are served by Baptist Life Flight, a private air ambulance service. However, SEMAAD membership opportunities are available for these counties.

The main components of the SETCR pre-hospital system is advanced life support licensed ground ambulance systems and numerous first responder/fire rescue departments.

AAA Ambulance is a public non-profit ALS provider in Forrest, Jefferson Davis, Lawrence, Marion, Pearl River, Perry, Pike, Stone, and Walthall Counties. AAA also services the Hattiesburg city limit area of Lamar County. ASAP Ambulance Service, a private for-profit ALS provider, services Lamar, Greene and Jones Counties. Hospital based ALS providers provide services in Covington (Covington County Hospital), Jones (EMServ), Stone (Stone County Hospital Ambulance Service) and Wayne (Wayne

County Hospital Ambulance Service) Counties. EMServ of Jones County also provides service to Jasper County.

Together these services have over 60 emergency vehicles (ambulances) available for pre-hospital trauma response enhanced by the availability of the SEMAAD helicopter (Rescue 7) and the Baptist helicopter. All EMS vehicles conform to state requirements regarding design and equipment.

Ground Units

<b><u>County</u></b>	<b><u>Company</u></b>
Covington	Covington County Hospital
Forrest	AAA Ambulance
Greene	ASAP
Jasper	EmServ
Jeff Davis	AAA Ambulance Service
Jones	EmServ ASAP
Lamar	ASAP AAA Ambulance Service
Marion	AAA Ambulance Service
Pearl River	AAA Ambulance Service
Perry	AAA Ambulance Service
Stone	AAA Ambulance Service
Walthall	AAA Ambulance Service
Wayne	Wayne General Hospital

Mississippi has implemented a state of the art pre-hospital data collection system. All pre-hospital providers utilize this standardized data system. These services respond to over 59,000 calls for assistance annually. About 28% of those responses are related to

injury (trauma). This system affords the SETCR the flexibility of integrating the pre-hospital data with the region's trauma registry data. Pre-hospital providers are currently trained in trauma triage and principles of field resuscitation of trauma patients and meet all of the State requirements for education and certification.

During FY 2014, pre-hospital personnel in the SETCR will continue to receive additional training in the State Trauma Triage Criteria adopted. Data collected will be used in evaluating compliance with these triage criteria and associated treatment protocols. Variances in compliance will be reported to the SETCR Board of Directors for possible intervention by the state.

### **First Responders**

Additional and valuable pre-hospital response comes through first responder programs within the public, law enforcement agencies and local rescue squads. These responders often significantly shorten initial treatment response times, which prove invaluable in rural states like Mississippi.

There are over 100 first responder organizations within the SETCR, not counting law enforcement agencies.

During FY 2014, all region county fire coordinators will be given the opportunity to meet with SETCR staff to determine the needs of these groups related to trauma care in the pre-hospital environment. With the First Responder Certification law, the SETCR has

devoted efforts toward the provision of training programs for these personnel. Training programs will be offered every fiscal year.

Each licensed ambulance provider within the region will work with regional staff to assure that their respective county first responder organizations understand and comply with regional trauma policies and protocols. Variances will be reported to the SETCR Board of Directors for possible intervention by the state.

### **Mutual Aid**

While the SETCR boasts the availability of significant numbers of pre-hospital responders, the need for mutual aid agreements with adjacent in-state and out-of-state EMS systems will be investigated. During FY 2014, the SETCR will continue to coordinate/promote the expansion of these agreements among its EMS services and out-of-state providers if appropriate. (Appendix)

### **Injury Prevention**

The SETCR uses the regional data to determine a need for an injury prevention project. Yearly, each hospital will hold an event in their respective area and provide the same education all over the region. Additionally, hospitals participate in health fairs, school events, and community events to promote injury prevention through out the year.

During FY 2014, the SETCR will continue the development of its plan for public information, education, and prevention. If the State implements a state wide plan, the SETCR will coordinate its activities accordingly.

Data obtained from the Regional Registry will continue to drive the types of injury prevention projects needed in the Region. The following is a list of injury prevention projects completed in past fiscal years:

- Seat Belt Awareness for Teenagers and Young Adults
- Hunting Education
- ATV Education
  - Repeated in 2012 because of need identified.
- Drinking and Driving Education for Teenagers
- Pediatric Injury Prevention
- School Bus Safety
- Burn Injury Awareness

Individual hospitals in the Region have presented several important community education programs. Some examples are:

- Choices for Living—Education on alcohol, drugs and driving
- Take Care—Education for the Senior Citizens on fall prevention, medications and home Safety

During FY 2014, the regional staff will continue to develop and review regional data when available and continue making recommendations as appropriate to SETCR committees. The staff will continue to work on education topics and injury prevention.

### **Education**

The SETCR sponsors courses during each fiscal year for physicians, nurses and EMS.

The following is a list of courses provided by SETCR:

- Trauma Nurse Core Course (TNCC)
- Emergency Nurse Pediatric Course (ENPC)
- Advanced Trauma Life Support (ATLS)
- Rapid Sequence Intubation Course (RSI)
- Basic Trauma Life Support (BTLS)
- Medical First Responder

Training for Collector Registry is mandated by the State, and the Region will ensure compliance by all facilities.

### **Regional Outreach**

The Trauma Nurse Coordinators and Registrars meet on a quarterly basis. The goals of the committee are to assist in developing the Regional Trauma Plan, to review issues and deficiencies, to plan education events for the SETCR, and to plan injury prevention projects.

During FY 2014 the group will continue to develop and review available regional data, system performance improvement issues, and continue making recommendations as appropriate to SETCR committees. Additionally, this group will continue to work on education topics and injury prevention.

## **X. Regional Critical Care**

The critical care capabilities within the SETCR will be formally reassessed. The results of that detailed review will serve as the foundation for development of a critical care plan for the region.

As part of this regional trauma plan, four critical care areas are discussed: neurology, burns, pediatrics and rehabilitation.

### Neurosurgery Coverage

The SETCR has one designated Level II trauma center (Forrest General Hospital) with six neurosurgeons actively participating in the trauma care system.

### Burn Coverage

Serious burn patients are transferred from the SETCR to burn centers in Jackson, Georgia, Alabama, Louisiana, and Texas. Criteria for transfer are not formalized, but generally are as follows:

- Second and third degree burns over 10% or higher BSA in ages less than 10 and greater than 76 years
- Second and third degree burns over 20% or higher BSA in other age groups
- Second and third degree burns involving the face, eyes, ears, hands, feet, genitalia or perineum, or those that involve skin overlying major joints
- Significant electrical and chemical burns



All other burn patients are treated within the region, with most treated at the Level II trauma center.

### Pediatric Coverage

Pediatric trauma patients are currently evaluated in the receiving emergency room; however, most are transferred, particularly neuro-pediatric patients, to the state's Level I trauma center. Formal transfer agreements will be developed between the hospitals involved. The Level II in the SETCR has been designated as a secondary pediatric center and can admit only orthopedic injuries.

### Rehabilitation

While limited rehabilitative services are available at the region's level II trauma center (orthopedic, spinal cord, and stroke), most patients are transferred to Mississippi Methodist Rehabilitation Center in Jackson, Mississippi or to HIS Rehabilitation Center and Life Care in Slidell, Louisiana. Over three quarters of the trauma patients requiring rehabilitative services receive these services within the Region. Other patients are transferred to Mississippi Methodist Rehabilitation Center in Jackson, Mississippi or to HIS Rehabilitation Center and Life Care in Slidell, Louisiana.

## **XI. Performance Improvement**

The purpose of the Performance Improvement Plan (PIP) is to establish a standardized method of trauma system evaluation for the Region. Using the results of these evaluations, changes appropriate for improved trauma care are factually justified for implementation. With the forming of the State PI committee, the region will take direction for indicators to evaluate and report to the State committee.

Within the SETCR, the Regional Trauma Registry serves as the foundation of the PIP. Established at the Regional office facility at AAA Ambulance Service in Hattiesburg, Mississippi, the Regional Registry represents aggregate data from all Regional hospitals. The coordinator/registrar and one Regional Registry Assistant manage the Regional Registry. In addition to the submission of trauma data to the State, reports can be produced for the SETCR Board of Directors and three Regional Committees: Clinical, Trauma Nurse, and Pre-hospital. In addition to the Regional registry, nurses and physicians bring performance improvement issues to the table for evaluation and loop closure. These committees monitor trauma system development processes, outcomes, and all other related performance improvement processes.

The Regional Trauma Medical Director chairs the Clinical Committee (CC). Members are appointed to the CC by each designated trauma center hospital. Member specialties are limited to surgery and emergency medicine, either physician or trained nurse practitioner. The CC meets quarterly and is charged with the development the physician components of trauma center/systems. Additionally, the CC is charged with

monitoring the overall clinical performance of the Regional Trauma Care System. To date, activities of the CC have focused on development of the trauma team, trauma team activation, criteria for trauma team activation, patient triage and destination protocols, inter-facility transfer of trauma patients, trauma case review, professional training, and pre-hospital care. Since the organization of a State PI committee, the clinical committee will be responsible for performing reviews of indicators that the region will report to the State PI committee.

The Trauma Nurse Committee (TNC) is chaired by the Regional Trauma Nurse Coordinator/Registrar. Members are appointed to the TNC by each designated trauma center hospital. Membership is limited to the facility Trauma Nurse Coordinator and the facility Trauma Registrar. In some cases, one person may be performing the tasks of both. The TNC meets quarterly and is charged with the development of the participant hospital trauma program, as well as the out-of-hospital trauma program. To date, activities of the TNC have related to professional education, prevention, and performance improvement.

The Pre-hospital Committee (PC) is chaired by a member elected from the membership of the committee. Membership consists of two representatives from each licensed ambulance service within the SETCR. The PC meets on an as needed basis and is charged with the development of all pre-hospital components of the SETCR. To date, activities of the PC have related to EMS medical control, trauma patient treatment protocols, trauma triage and destination protocols, standardized response information

including specific crash location data and the availability of the patient encounter form upon delivery of the trauma patient to the emergency room.

The Registry Committee (RC) is a new committee concept. To date, all regional registry issues have been brought before the TNC, as many registrars also serve as participant hospital trauma nurse coordinators. With further development of the regional trauma program, specifically performance improvement, the need for a Registry Committee may become justified. The need for this committee will continue to be reviewed during FY 2014. If formed, the RC will be charged with the further development of the trauma registry and the regional performance improvement program. However, until this review is complete, the duties associated with the registry and regional Performance Improvement will remain a part of the TNC.

With recommendations from these three committees, the SETCR Board of Directors, through its staff, is positioned to direct policy development that affects regional trauma system improvements. Likewise, new trauma system issues can be assigned to a related committee for review. This assures the consensus process while guaranteeing appropriate expertise during the review. Because membership of these committees is representative of all designated trauma center hospitals, medical staff, support staff, and pre-hospital systems, “loop closure” for targeted system issues is greatly facilitated. Recommendations from those committees flow from the committee level through the regional staff to the Board of Directors for review. Recommendations for amendments to the SETCR Trauma Plan are implemented upon adoption by the Board of Directors.

With the advent of data being sent to the region on a monthly basis, performance improvement issues have been identified and data collection has begun. The trauma issues to be monitored are:

## Mississippi Trauma Registry Monthly Quality Assurance Responses

- Every trauma center in the SETCR will report on the QA indicators from the State at the quarterly nurse/registrar meetings for the previous quarter. These reports are sent monthly from the State. The report looks at missing values and questionable values. Each record is to be checked and either corrected or reported as correct.
- Each month will be reported separately and include a copy of the State report.
- Examples of queries to use will be provided

## State PI Indicators

The following indicators should be reviewed in each trauma center if indicated.

1. Patients transported from Level III and IV with CT; regions will determine if CT is appropriate
2. All deaths with transfers in to Level I-III
3. Unexpected deaths with TRISS >.5 at Level I-III
4. EDLOS for Alpha patients transferred from Level III-IV (130 minutes is standard)
5. EDLOS for pediatric transfers from all levels to Tertiary Pediatric Centers (in/out-of-state)
6. All Level IV deaths
7. EMS dispatch time to ER arrival (Summary report only to committee members, no other dissemination)
8. EMS delivery of Alpha patients to Level IV and transfer to higher level of care

Since the implementation of the State Activation and Destination Guidelines, the hospitals have been instructed to report any deviation by EMS providers. As data is evaluated, the pre-hospital committee may meet to discuss issues identified.

In order to reduce variations of care, once an issue is identified, the pre-hospital committee is asked to develop a plan to correct the identified issue. This process will be continued during FY 2014. The plan must include what the desired changes are, who is assigned to resolve the issue, and a detailed narrative that describes actions that will be

taken. Mississippi EMS statutes ( $\xi$ 41-59-9, *Mississippi Code Annotated*) mandate pre-hospital provider's compliance with this Trauma Plan, including these Performance Improvement policies and procedures. Noncompliance with this policy will be considered a violation of the Mississippi law and EMS Rules and Regulations, and will be reported to the Division of EMS, MSDH for administrative enforcement.

Three months after the corrective action plan has been implemented, the issue identified will be re-evaluated. Upon re-evaluation, all of the issues not corrected will be documented. The pre-hospital agency will receive this documentation and must provide evidence that any finding has been corrected.

The SETCR will abide by the laws of the State of Mississippi regarding confidentiality. Patient names or other identifying criteria will not be used in reports or audits that are distributed to the SETCR Board of Directors or to the State. Any records received by the Region will be stored under lock and key until destroyed.

## **XII. Regional Policies**

The SETCR developed and adopted the following policies as required in *The Mississippi Trauma Care System Regulations*.

## **Availability of Trauma Center Personnel and Equipment**

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

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

- A. Surgeons, orthopedic surgeons, anesthesiologists, radiologists must be either present or on-call and promptly available at Level 2 & 3 hospitals. Emergency Department physicians must always be present in Level 2 & 3 hospitals and be available to Level 4 hospitals.
- B. All hospitals shall have a designated trauma team consisting of physicians and/or trained nurse practitioners, specialists, nursing, and clinical 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 appropriate staff. Methods of activation may include but are not limited to cell phones, pagers, two-way radios, or maintaining on-call staff on premises. Response times shall be documented and available, when requested, to the Region. (See Data Collection and Management.)
- D. Surgeons, orthopedic surgeons, anesthesiologists, radiologists, neurosurgeons, and emergency medicine physicians must be appropriately boarded or fulfill alternate criteria per Mississippi guidelines and maintain adequate CEU's. General surgeons and attending emergency medicine providers (physicians or trained nurse practitioners) additionally must maintain ATLS certification as



specified in the Mississippi Trauma Regulations. CRNA's must be licensed to practice in the state of Mississippi.

- E. All equipment used in trauma care shall be in working order, adequate for need and level, and meet appropriate current FDA requirements for patient care.
- 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 hospital's medical control.

Date: July 26, 2012

Approval: \_\_\_\_\_

Chief Executive Officer

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Board President

## Criteria for the Activation of the Trauma Team

**PURPOSE:** To provide hospitals in the Southeast Trauma Care Region with guidelines for the activation of their respective trauma systems.

**POLICY:** All designated trauma center hospitals in the Southeast Trauma Care Region shall implement SETCR criteria for the activation of their respective trauma system. These criteria will be clearly noted in each institution's trauma policy. The following is the current activation criteria:

### PROCEDURE

Activate Trauma Team in Accordance with Alpha or Bravo Criteria, as published by the SETCR.

The attending ER provider (physician or trained nurse practitioner) may, at his own discretion and medical judgment, activate the trauma team at any time.

Date: July 26, 2012

Approval: \_\_\_\_\_  
Chief Executive Officer

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Board President

## Coordination of Transportation

**PURPOSE:** To provide guidance regarding the transportation of trauma patients.

**POLICY:** Trauma centers and EMS agencies shall cooperate to effectively transport trauma patients to appropriate trauma centers.

- A. The regional trauma system transportation shall be activated through current methodology which may include the following: 911 or direct phone contact with an EMS agency.
- B. Local ambulance provider(s) shall be dispatched to scene under authority of provider's medical control plan.
- C. Local medical control plan shall direct ambulance provider to nearest appropriate designated trauma center in accordance with the State Activation and Destination Guidelines and communicate necessary patient information to the receiving designated trauma center.
- D. All trauma centers shall activate their trauma team and facilitate transfer (if needed) to nearest appropriate higher-level designated trauma center. The method of transfer (air, ground) shall be determined by the patient needs.

Date: July 26, 2012

Approval: \_\_\_\_\_  
Chief Executive Officer

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Board President

## **Data Collection and Management**

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

**POLICY:** The Southeast Trauma Care Region hospitals shall collect and report all necessary data as required by the Mississippi Department of Health to the State as well as to the SETCR.

- A. All facilities shall report data to the Southeast Trauma Care Region and the State on a monthly basis.
- B. All Region PI data, required by the TNC, will be submitted monthly to the Region as outlined in the Trauma Plan.
- C. The Southeast Trauma Care Region shall provide an annual report to the participating agencies and to the State Department of Health as necessary.
- D. Data collected shall be used for performance improvement and system evaluation and shall include but is not limited to
  - 1. Time flow data from reception of 911 to arrival at final destination
  - 2. Mechanism of injury
  - 3. Geographic location of injury and location of regional and final destination
  - 4. Circumstances contributing to injury
  - 5. Diagnosis Codes
  - 6. Number of trauma deaths and transfers to include reason(s) for each

Date: July 26, 2012

Approval: \_\_\_\_\_

Chief Executive Officer

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Board President

## **Injury Prevention Programs**

**PURPOSE:** To provide a format for the Southeast Trauma Care Region's participation in injury prevention activities.

**POLICY:** All trauma centers and EMS providers within the Southeast Trauma Care Region shall participate in injury prevention activities adopted by the SETCR Board of Directors.

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

Date: July 26, 2012

Approval: \_\_\_\_\_  
Chief Executive Officer

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Board President

**Integration of Pediatric Hospitals**

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

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

- A. All designated trauma centers shall maintain a transfer agreement with a pediatric trauma center.
- B. Each facility shall arrange for transfer according to the agreement.
- C. The Southeast 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.

Date: July 26, 2012

Approval: \_\_\_\_\_  
Chief Executive Officer

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Board President

## **Trauma Care Coordination (Inter-region)**

**PURPOSE:** To provide the mechanism for coordinating trauma care between the Southeast Trauma Care Region and other Regions located in Mississippi

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

- A. Trauma Centers within the SETCR shall establish and maintain transfer agreements approved by the Mississippi Department of Health and the SETCR Board of Directors.
- B. Each EMS agency, to include hospital-based agencies, shall attempt in good faith to establish mutual aid agreements with all adjacent EMS agencies.
- C. The Southeast Trauma Care Region shall maintain contact with neighboring Trauma Regions and the State Department of Health to monitor the status of and changes to the Mississippi Trauma Care System and its Regions. The Southeast Trauma Care Region shall incorporate any Mississippi Trauma Care System changes and consider changes in other region's plans into the Southeast Trauma Care Region's Performance Improvement Plan.

Date: July 26, 2012

Approval: \_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Board President

## **Intra-Regional Coordination**

**PURPOSE:** To establish and maintain cooperation among the agencies participating in the regional trauma plan adopted by the SETCR Board of Directors.

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

- A. The system shall provide for regional medical control to include criteria for activation of the trauma team. Regional medical control shall be in the form of cooperating individual designated trauma center 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 Southeast Trauma Care Region to ensure each designated trauma center, located in the region; obtain a transfer agreement for use among the designated trauma center hospitals located in the region.
  
- C. Designated trauma center hospitals within the SETCR shall provide to the SETCR their individual application for designation to serve as their trauma plan.

Date: July 26, 2012

Approval: \_\_\_\_\_  
Chief Executive Officer

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Board President



## Designated Trauma Center Diversion

**PURPOSE:** To establish and maintain a system of control regarding the inter-facility transportation of trauma patients only when diversion has been declared by any of the SETCR designated trauma centers.

**POLICY:** The Southeast Trauma Care Region shall develop and maintain a system designed to facilitate the appropriate transportation of trauma patients if a designated trauma center hospital is on diversion.

- A. All designated trauma center hospitals shall develop and maintain within their facility trauma plans, diversion criteria and a system for diversion notification and cancellation; such notifications and cancellations shall include the SETCR office.
- B. This policy does not pertain to pre-hospital transports; no pre-hospital diversion is authorized.

Date: July 26, 2012

Approval: \_\_\_\_\_

Chief Executive Officer

\_\_\_\_\_

Board President

## **Professional and Staff Training**

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

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

- A. As specified by level designation, hospital staff is defined as physicians, nurse practitioners, nurses, allied health, and employed pre-hospital personnel.
- B. The Southeast Trauma Care Region shall transfer any provided information regarding trauma triage guidelines and operational procedural changes associated with trauma care to all designated trauma center 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 Southeast Trauma Care Region shall assist with the coordination and promotion of any multi facility educational sessions on trauma care.
- D. The Southeast Trauma Care Region shall provide training to hospital staff on its trauma policies and procedures.
- E. Trauma surgeons and emergency room physicians are required to maintain ATLS and a yearly average of 16 hours (48 over 3 years) of CME's as specified by hospital level and clinical specialty in the Mississippi Trauma Care System Regulations. The Southeast Trauma Care Region shall relay any information

regarding physicians' educational opportunities to the designated trauma center hospitals.

Date: July 26, 2012

Approval: \_\_\_\_\_

Chief Executive Officer

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Board President

## **Public Information and Education**

**PURPOSE:** To provide a format for informing and education the general public residing in the Southeast Trauma Care Region and to provide regulatory oversight for the marketing and advertising by the agencies included in the Trauma Plan.

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

- A. The Southeast Trauma Care Region shall establish a network among its designated trauma center hospitals and other providers for the purpose of providing educational materials. The designated trauma center hospitals and other providers shall provide the informational and educational materials to the general public through any means deemed acceptable to the Regional Board.
- B. The Southeast Trauma Care Region shall facilitate speakers, address public groups and serve as a resource for trauma education.
- C. The Southeast 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 material meets the requirements of the Mississippi Trauma Care System Regulations as set forth in Miss Code Ann 41-59-1.

E. All marketing and promotional plans relating to the trauma program shall be submitted to the Southeast 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.

Date: July 26, 2012

Approval: \_\_\_\_\_

Chief Executive Officer

\_\_\_\_\_

Board President

## **System Evaluation and Performance Improvement**

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

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

- A. Each hospital shall participate in the statewide trauma registry.
  
- B. Each designated trauma center must develop an internal PI plan that minimally addresses the following key components:
  - 1. A multidisciplinary trauma committee
  - 2. Clearly defined authority and accountability for the program
  - 3. Clearly stated goals and objectives, one of which should be the reduction of inappropriate variation in care
  - 4. Development of expectations from evidenced based guidelines pathways and protocols
  - 5. Explicit definitions of outcomes derived from institutional standards
  - 6. Documentation system to monitor performance, corrective action, and the results of the actions taken
  - 7. A process to delineate privileges credentialing all trauma service physicians
  - 8. An informed peer review process utilizing a multidisciplinary method
  - 9. A method for comparing patient outcomes with computed survival probability
  - 10. Autopsy information on all deaths when available
  - 11. Medical nursing audits
  - 12. Reviews of pre-hospital care, and times and reasons for both trauma bypass and trauma transfers

- C. The Southeast Trauma Care Region shall evaluate and review the following for effectiveness:
  - 1. The components of the regional system
  - 2. Triage criteria and effectiveness
  - 3. Activation of the trauma team
  - 4. Notification of specialists and ancillary personnel
  - 5. Trauma center diversions and transfers
  
- D. The Southeast Trauma Care Region shall develop a performance improvement process that identifies root causes of problems and provides for continuous improvement of the system.
  
- E. The performance improvement process shall provide for input and feedback from patients, guardians (pediatrics), and provider staff.

Date: July 26, 2012

Approval: \_\_\_\_\_

Chief Executive Officer

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Board President

## **System Organization and Management**

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

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

- A. The Region shall incorporate, develop and operate a Board of Directors and Regional Bylaws.
- B. The Southeast Trauma Care Region voting membership shall consist of the geographically eligible hospitals designated as trauma centers by the Mississippi State Department of Health.
- C. Others may attend meetings in a non-voting capacity 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 Department of Health.
- E. The Regional Board shall appoint some person or entity that shall have administrative authority over the daily operations of the Southeast Trauma Care Region.
- F. Each member shall participate in the Southeast Trauma Care Region as specified in the Board's Bylaws and other policies.
- G. Each member shall develop and maintain a Mississippi Department of Health certified trauma program.



H. All information submitted from members to Southeast Trauma Care Region shall be considered proprietary. Member organizations shall not use Region's proprietary information for individual or organization gain.

Date: July 26, 2012

Approval: \_\_\_\_\_  
Chief Executive Officer

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Board President

## **Data Collection and Reporting**

**PURPOSE:** To provide a procedure for reporting data to the Southeast Trauma Care Region

**POLICY:** The regional trauma registry exists to identify and maintain information on all trauma patients within the region as required by the Mississippi State Department of Health criteria for trauma center designation. Data from in-region hospitals must be submitted to the Southeast Trauma Care Region office no later than one month plus 6 days for the previous month. For example: January data is due March 6.

- A. All hospitals shall forward all trauma data to the Southeast Trauma Care Region at the time of submission to the State which is a month plus 6 days past previous month. Required Region PI data is due at the same time.
  
- B. The Southeast Trauma Care Region shall collect all data submitted by the hospitals and develop reports from the aggregate data for the Board of Directors, appropriate committees, and the State Department of Health as necessary.

Date: July 26, 2012

Approval: \_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Board President

## Trauma Triage and Destination Guidelines

**PURPOSE:** To ensure the appropriate treatment and subsequent transport of individuals sustaining major traumatic injury within the Southeast Trauma Care Region.

**POLICY:** All ambulance services operating within the Southeast Trauma Care Region will utilize Mississippi State Department of Health approved policies, procedures, and protocols for the purpose of patient treatment and activation and destination guidelines. The policies, procedures, and protocols for determining triage criteria and patient destination adopted by the State will be followed by the region. All services must include, at a minimum, all regionally required policies, procedures and protocols, in their medical control plans. Services may only alter the format of regional requirements to meet the needs of each service.

- A. All trauma patients will receive initial evaluation for categorization as Alpha or Bravo using State approved activation criteria.
- B. Patient interventions and treatment will be instituted following Mississippi State Department of Health approved treatment protocols, procedures, and/or on line medical control.
- C. Transport will be initiated as soon as possible from the scene. Scene time for traumatic injury should be less than 20 minutes. Patient destination will be in accordance with State approved destination guidelines.

Date: July 26, 2012

Approval: \_\_\_\_\_

Chief Executive Officer

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Board President

## **Participation in Regional Activities**

**PURPOSE:** To establish minimum standards for participation in SETCR regional activities to assure proper coordination of the regional trauma system and to advance its further development.

**POLICY:** All members of the regional board of directors and all members of committees established by the regional board of directors shall be present at their respective regional meetings not less than 75% of the time.

- A. Regional trauma center CEOs must be present at 3 of the 4 regularly scheduled meetings of the SETCR Board of Directors. A trauma center CEO may have a representative attend meetings in their absence to facilitate the flow of information from that member to the regional board and back to the member; however, that representative may not vote unless the regional board has been given evidence that the representative has the authority to make budgetary and other administrative decisions for the trauma center CEO represented.
- B. Members of the regional Clinical Committee must be present at 3 of the 4 regularly scheduled meetings. Physician or nurse practitioner members may have another physician or nurse practitioner attend in their absence; however, that representative may not vote unless the CEO of the trauma center being represented has provided evidence to the regional board that the representative has authority to make trauma care decisions for that trauma center. Other non-

physician personnel may attend as representatives of physician or nurse practitioner members for information flow, but may not vote on any issues of the Clinical Committee.

- C. Trauma Nurse Coordinator (TNC) and Trauma Registrar members of the Trauma Nurse Coordinator Committee must be present at 3 of the 4 regularly scheduled meetings. In cases where these positions are held by two different people, the presence of one meets the attendance requirements. In cases where one person holds both positions, a representative from the represented trauma center may attend for information purposes, but may not vote on any issues of the TNC Committee.
- D. Members of the Pre-hospital Committee must be present at all called meetings.
- E. Attendance records will be forwarded to the SETCR Board of Directors for appropriate action.

Date: July 26, 2012

Approval: \_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Board President

## Compliance

**PURPOSE:** To promote region-wide compliance with Southeast Trauma Care Regional Plan and Mississippi Trauma Care System Rules and Regulations.

**POLICY:** All In-Region Trauma Centers and EMS Agencies within the SETCR shall comply with the Regional Plan, all requests for information, and deadlines set forth by the SETCR and the Mississippi Trauma Care System.

A. Notification of Deadlines and Requests

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

B. Notification of Non-Compliance

1. The Regional Director shall notify the organization's senior management within 10 business days after the organization is deemed non-compliant with Mississippi Trauma Care System and Southeast Trauma Care Region deadlines and requests. Notices of Non-Compliance may either be emailed or mailed via certified mail to the non-compliant facility.
2. Organizations shall contact the Regional Director to discuss the deficiency within 10 business days after the receipt of the Region's *Initial* Notice of Non-Compliance.

3. If the organization does not respond to the Southeast Trauma Care Region's *initial* request for follow up on a non-compliant issue within the 10 business day period, a *Second* Notice of Non-Compliance will be mailed to the non-compliant entity via certified mail. The Region's Board of Directors and the Mississippi State Department of Health shall be copied on the second notification.

C. Habitual and/or Continued Non-Compliance

1. If the organization is non-compliant with the same issue for two consecutive quarters, the organization shall be considered to have established a pattern of non-compliance and must submit a plan of corrective action to the Region's Board of Directors for review. This plan must be submitted, in writing, to the Southeast Trauma Care Region within 14 calendar days of notification of the second incidence of non-compliance. The plan of correction shall
  - a. Outline the organization's process for correcting the deficiency (ies),
  - b. List the person (s) responsible for correcting the deficiency, and
  - c. Provide a definitive timeline for correction.

D. Withholding Funds

1. Any Mississippi Trauma Care System or Southeast Trauma Care Region funds owed to a non-compliant organization may be withheld until a pattern of compliance is established. A pattern of compliance shall be considered established after the non-compliant entity has maintained compliance with all Mississippi Trauma Care System and Southeast Trauma Care Region requests and deadlines for a minimum of one quarter. For this purpose, any decision to withhold or distribute funding owed to a non-compliant organization shall be made by the voting membership of the Southeast Trauma Care Region Board of Directors. Non-Compliant member hospitals shall abstain from voting to withhold or disburse funding owed to their facility. Withheld funds shall be disbursed after a pattern of compliance is established

by the non-compliant organization and approved by the voting membership of the Southeast Trauma Care Region Board of Directors.

E. Disputes

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

*Submit Written Disputes to:*

President

Southeast Trauma Care Region, Inc.

PO Box 17889

Hattiesburg, MS 39404

F. Notice of Compliance

1. The Southeast Trauma Care Region shall issue a written Notice of Compliance to any organization determined to have achieved a state of compliance with any non-compliant issue(s). The Mississippi State Department of Health shall receive a copy of the Notice of Compliance.

Date: July 26, 2012

Approval: \_\_\_\_\_

Chief Executive Officer

\_\_\_\_\_

Board President



## Trauma Care Trust Fund Distribution for Ground EMS Agencies

**PURPOSE:** To provide a methodology for the Southeast Trauma Care Region's distribution of EMS agency Trauma Care Trust Funds.

**POLICY:** The Board of Directors will distribute EMS agency trauma care trust funds to compliant ground ambulance companies located within the Region's boundaries based on information contained within the trauma registries of in-region trauma centers and the regional trauma registry.

- A. All ground EMS agencies will comply with the current trauma plan as adopted by the Region and the State; agencies deemed non-compliant by the Board of Directors shall have their respective shares of the Trauma Care Trust Fund held until deemed compliant.
- B. EMS agencies that are routinely recognized as the single provider for a county located within the Region shall receive 100% of the Trauma Care Trust Fund allocation to that county by the State through the Region.
- C. EMS agencies that are recognized as routinely sharing a county shall receive a proportionate share of the Trauma Care Trust Fund allocation to that county by the State through the Region; proportionate shares shall be determined based on trauma registry data for that county.
- D. Distribution calculations for ambulance funds shall include only runs meeting the State Destination Guidelines.

Date: July 26, 2012

Approval: \_\_\_\_\_

Chief Executive Officer

\_\_\_\_\_

Board President

### **XIII. Appendix**

- A. Management Approval Letter, MS State Department of Health
- B. SETCR Board of Directors and Committee Members
- C. Bylaws of the Southeast Trauma Care Region
- D. Trauma Assessment Criteria and Destination Guidelines
- E. EMS Mutual Aid Agreement – one example
- F. Transfer Agreement – two examples
- G. Performance Improvement Tracking Form
- H. EMS First Responder Rules and Guidelines – one example



MISSISSIPPI  
STATE DEPARTMENT OF HEALTH  
Emergency Medical Services

December 20, 2000

William C. Oliver, CPA, FHFMA  
President: Southeast Trauma Care Region, Inc.  
c/o Forrest General Hospital  
P. O. Box 16389  
Hattiesburg, MS 39404

Dear Mr. Oliver.

570 East Woodrow Wilson  
Post Office Box 1760  
Jackson, Mississippi  
39215-1700

F. L. Thompson, Jr., MD, MPH  
State Health Officer

I have received your request for an opinion regarding approval of a management contract for further development of your trauma region. Please be advised that such a contract between the Southeast Trauma Care Region and AAA Ambulance Service will be approved in accordance with the Mississippi Trauma Care Regulations, Chapter 5, paragraph 5.2. I would appreciate, however, that upon implementation of such a contract that up-to-date copies be forwarded to me for inclusion in the Southeast Trauma Care Region file in this office.

Please contact me if I can be of further assistance.

Sincerely,

Austin Banks, Acting Director  
Emergency Medical Services

AB:WSjr:hdd

cc: File  
Ingrid Dave Williams

**Southeast Trauma Region, Inc.**  
**Member Hospitals and Board of Directors**

<u>County</u>	<u>Hospital</u>	<u>Member</u>
Covington	Covington County Hospital	Mr. Paul Peiffer PO Box 1149 Collins, MS 39428 601-765-6711 601-698-0180 fax
Forrest	Forrest General Hospital	Mr. Evan Dillard Board Vice-President PO Box 16389 Hattiesburg, MS 39404 601-288-8090 601-288-4367 fax
Greene	Greene County Hospital	Ms. Deborah Berry PO Box 819 Leakesville, MS 39451 601-394-4135 601-394-9741 fax
Jasper	Ineligible Hospital	
Jefferson Davis	Jefferson Davis Community Hospital	Mr. Jimmy Graves PO Box 1288 Prentiss, MS 39474 601-792-4276 601-792-2947 fax
Jones	South Central Regional Medical Center	Mr. Doug Higginbotham Board President PO Box 607 Laurel, MS 39441 601-426-4000 601-426-4729 fax
Lamar	Non-Participating Hospital	

Marion	Marion General Hospital	Mr. Bryan Maxie PO Box 630 Columbia, MS 39429 601-740-2190 601-740-2244 fax
Pearl River	Highland Community Hospital	Mr. Mark Stockstill PO Box 909 Picayune, MS 39466 601-798-4711 601-798-3187 fax
Pearl River	Applicant Hospital	Mr. Steve Vaughan Pearl River County Hospital PO Box 392 Poplarville, MS 39470 601-795-4543
Perry	Perry County Hospital	Mr. David Paris Board Secretary PO Box 1665 Richton, MS 39476 601-788-6316 601-788-2223 fax
Stone	Stone County Hospital	Mr. Jason Kirkland PO Box 97 Wiggins, MS 39577 601-928-6600 601-928-6475 fax
Walthall	Walthall General Hospital	Mr. Bryan Maxie Board Secretary 100 Hospital Drive Tylertown, MS 39667 601-876-2122 601-876-4190 fax
Wayne	Wayne General Hospital	Mr. Don Hemeter PO Box 1249 Waynesboro, MS 39367 601-735-7100 601-735-7181 fax

**Southeast Trauma Region, Inc.**  
**Clinical Committee Members**

<b><u>County</u></b>	<b><u>Hospital</u></b>	<b><u>Member</u></b>
Covington	Covington County Hospital	Dr. Andrea Bruce
Forrest	Forrest General Hospital	Dr. Kate Aseme, Chair Dr. William E. Walker Dr. John Nelson
Greene	Greene County Hospital	Dr. Larry Henderson
Jasper	Ineligible Hospital	
Jefferson Davis	Jefferson Davis Community Hospital	Dr. Dianne Moran
Jones	South Central Regional Medical Center	Dr. Chad Saul Dr. Michael Larochelle
Lamar	Non-Participating Hospital	
Marion	Marion General Hospital	Dr. Mark Stevens
Pearl River	Highland Community Hospital	Dr. Kizzy Bailey
Pearl River	Pearl River County Hospital	
Perry	Perry County Hospital	Joyce Martin, CFNP
Stone	Stone County Hospital	Dr. James Cade
Walthall	Walthall General Hospital	Dr. Sharon Collins
Wayne	Wayne General Hospital	Dr. Charles Berryman

## Southeast Trauma Region, Inc.

### Trauma Nurse Coordinator/Registrar Committee Members

<u>County</u>	<u>Hospital</u>	<u>Member</u>
	Regional Trauma Nurse Coordinator and Registrar	Gloria Smalley
	Assistant Regional Registrar	Andy Geske
Covington	Covington County Hospital	Kathe Bryant John Calhoun
Forrest	Forrest General Hospital	Stacie Moore Monica McCullum
Greene	Greene County Hospital	Heather McLain
Jasper	Ineligible Hospital	
Jefferson Davis	Jefferson Davis Community Hospital	Jessie Burns Patricia Magee
Jones	South Central Regional Medical Center	Danielle Welch Bobbie Knight
Lamar	Non-Participating Hospital	
Marion	Marion General Hospital	David Albritton
Pearl River	Highland Community Hospital	Robin Montalbano
Pearl River	Pearl River County Hospital	Terrell Adcox
Perry	Perry County Hospital	Celeste Brewer
Stone	Stone County Hospital	Whitney Underwood
Walthall	Walthall General Hospital	Sheila Brock Sherry Brown
Wayne	Wayne General Hospital	Jennifer Myers Wenonah Hailey

**Southeast Trauma Region, Inc.**  
**Pre-Hospital Committee**

<u>County</u>	<u>Agency</u>
Covington	Covington County Hospital Ambulance Service
Forrest	AAA Ambulance Service
Greene	ASAP
Jasper	ASAP
Jefferson Davis	AAA Ambulance Service
Jones	EMServ ASAP
Lamar	AAA Ambulance Service ASAP
Marion	AAA Ambulance Service
Pearl River	AAA Ambulance Service
Perry	AAA Ambulance Service
Stone	AAA Ambulance Service Stone County Hospital Ambulance Service
Walthall	AAA Ambulance Service
Wayne	Wayne General Hospital Ambulance Service



SECOND AMENDED  
BYLAWS OF  
SOUTHEAST TRAUMA REGION  
A Mississippi Non-Profit Corporation

THE SECOND AMENDED BYLAWS OF SOUTHEAST TRAUMA REGION are hereby adopted by the Board of Directors of the Corporation to update and replace the First Amended Bylaws of the Corporation.

ARTICLE I

NAME AND OFFICES

Section 1. Name. The name of the Corporation is Southeast Trauma Region, hereinafter referred to as the "Corporation".

Section 2. Principal Office. The principal office of the Corporation shall be located at 214 S. 28<sup>th</sup> Avenue, Hattiesburg, MS 39401, or at such other office address as the Board of Directors may determine from time to time. The Corporation's registered office in the State of Mississippi is as reflected on the files of the Mississippi Secretary of State.

Section 3. Additional Offices. The Corporation may also have offices at such other places, either within or without the State of Mississippi, as the board of Directors may from time to time deem appropriate.

ARTICLE II

PURPOSES

The Corporation is a non-profit corporation organized and existing under the laws of the State of Mississippi for the following purposes:

A. The purpose of the Corporation is to organize, implement, review and monitor the delivery of trauma care within the Southeast Trauma Region, a geographic area delineated by the Mississippi State Department of Health, to disburse funds made available through the Mississippi Trauma Care Systems Fund for the purposes set forth in Miss. Code Ann. §41-59-75 (Rev. 2009), as amended, or from any other funding sources, and to otherwise carry out rules and regulations promulgated by the Mississippi Department of Health.

B. The purposes for which Southeast Trauma Region is organized are exclusively charitable, scientific and educational within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, or the corresponding provision of any future U.S. Internal Revenue law.

C. Notwithstanding any other provision of the Articles of Incorporation or these Bylaws, this Corporation shall not carry on any activities not permitted to be carried on by an organization exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, or the corresponding provision of any future U.S. Internal Revenue law.

D. In the event of dissolution, the residual assets of the Corporation will be turned over to one or more organizations described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1986, or the corresponding provision of any future U.S. Internal Revenue Code, for exclusive public purposes.

### ARTICLE III

#### MEMBERSHIP

Section 1. Eligibility. The membership of the Corporation shall consist of those hospitals that are designated as Level I, II, III or IV Trauma Centers within the Southeast Trauma Region by the Mississippi State Department of Health, each of which such hospitals shall be deemed a "Member". Other Hospitals which are not designated as Trauma Centers, but which

are located within the Southeast Trauma Region, may send a representative to attend, as a non-member, non-voting participant, in all meetings of the Board of Directors.

Section 2. Voting Rights. In all meetings of Members each Member shall be entitled to one (1) vote. Each Member may be represented by its Chief Executive Officer/President or by any other officer designated by the Chief Executive Officer/President in writing.

Section 3. Resignation. Any Member may resign as a Member of the Corporation by submitting a written notice of resignation to the Corporation by service upon the Chairman and Secretary.

#### ARTICLE IV

##### MEETINGS OF MEMBERSHIP

Section 1. Annual Meeting. There shall be an annual meeting of Members during the third quarter of each calendar year at the principal office of the Corporation on such date as is fixed by the Board of Directors, or at such other time and place as shall be so designated. At such annual meeting the Members shall elect a Board of Directors and transact such other business as may properly be brought before the meeting.

Section 2. Special Meetings. Special meetings of Members may be called for any purpose by the Chairman of the Board, the Vice-Chairman or the Board of Directors, either at their own request or upon written petition by at least forty percent (40%) of the Members. Any such request shall state the purpose for which such meeting is called and designate the date, time and place for such special meeting.

Section 3. Notice of Meetings. Written notice of every meeting of Members stating the place, date and hour of the meeting, shall be given either personally or by mail facsimile, email or other electronic communication means to each person not less than 10 days nor more than 60 days before the date of the meeting. Attendance at a meeting of Members shall

constitute a waiver of notice of such meeting and all objections to the place or time of meeting, or the manner in which it has been called or convened, unless a Member states at the commencement of said meeting that the attendance of the Member at such meeting is for the sole purpose of objecting to the holding of the meeting or the transaction of any business at the meeting.

Section 4. Quorum. Fifty-one percent (51%) of the Members present in person or by proxy shall constitute a quorum for the transaction of business, except as may otherwise be provided by law. If a quorum is not present or represented at any meeting of the Members, the presiding officer shall not attempt to conduct any business and those Members present shall be dismissed.

Section 5. Voting. When a quorum is present at any meeting and unless otherwise provided by law, a majority of the Members voting, whether in person or represented by proxy, shall be the act of the Members.

Section 6. Presiding Officer. The Chairman of the Board shall preside at the meetings of Members. If the Chairman is not present, then the Vice-Chairman of the Corporation shall preside; but if the Vice-Chairman is not present then a person designated by the Board of Directors shall preside. The Secretary of the Company shall act as secretary at meetings of Members. If the Secretary is not present, then a person designated by the Board of Directors shall act as secretary.

Section 7. Member Records. The Corporation shall keep at its registered office or principal place of business a record of its Members and its Members' representatives, giving their names and addresses. The officer who has charge of the membership records of the Corporation shall prepare and make, for every meeting of the Members or any adjournment thereof, a

complete, alphabetically ordered list of the Members entitled to vote at the meeting or any adjournment thereof.

Section 8. Action by Consent. Any action required or permitted to be taken at any meeting of the Members may be taken without a meeting if a written consent to such action is signed by all Members through their duly authorized representative and such written consent is filed with the minutes of its proceedings.

## ARTICLE V

### BOARD OF DIRECTORS

Section 1. General Powers. The Board of Directors shall be the governing body of the Corporation and shall manage, direct and exercise all powers of the Corporation and do all acts and things not prohibited by law, by the articles of incorporation or by these Bylaws.

Section 2. Number, Selection and Term. The number of Directors shall be equal to the number of Members, but the Board of Directors may increase or decrease the number of Directors without amending the bylaws. The Board of Directors shall consist of one representative elected from each Member which shall be its Chief Executive Officer/President or an officer duly designated by Chief Executive Officer/President in writing. In the event that a Director designated by a Member is removed as the designated Director of said Member, the Member, by and through its Chief Executive Officer/President, shall be entitled to designate a replacement Director. Each Director shall serve until such time as a replacement Director is designated in writing by the Member which the Director represents.

Section 3. Removal or Resignation. Any Director may be removed by the electing Member or by the affirmative vote of three-fourths of the Directors in office. Any Director may resign by giving written notice to the Chairman of the Board, the Secretary and the electing Member. Unless otherwise specified in such notice, the resignation shall take effect upon

delivery to the designated officers. A resignation need not be accepted in order to become effective.

Section 4. Vacancies. Any vacancy in the Board of Directors shall be filled by the Member whose Director created the vacancy.

## ARTICLE VI

### MEETING OF DIRECTORS

Section 1. Annual Meeting. The annual meeting of the Board of Directors shall be held immediately following the annual meeting of the Members for the purpose of election of officers. Written notice of the time and place of the annual meeting shall be given to each Director by personal delivery or by mail, facsimile, email or other electronic communication means at least two (2) days before the meeting.

Section 2. Regular Meetings. Additional regular meetings of the Board of Directors may be held at such time and place as may be established by the Board of Directors. Written notice of the date, time and place of the meeting shall be given to each Director by personal delivery or by mail, facsimile, email or other electronic communication means at least two (2) days before the meeting.

Section 3. Special Meetings. Special meetings of the Board of Directors may be called by the Chairman of the Board or by the Vice-Chairman. Special meetings shall also be called by the Secretary on written request of a majority of the Board of Directors. The Secretary shall give written notice to each Director of the date, time and place of the special meetings at least two (2) days before the date of said meeting by personal delivery, or by mail, facsimile, email or other electronic communication means.

Section 4. Quorum. At all meetings of the Board of Directors fifty-one percent (51%) of the Directors shall constitute a quorum for the transaction of business. The act of a

majority of the Directors present at any meeting at which there is a quorum shall be the act of the Board of Directors, except as may be otherwise specifically provided by law or by these Bylaws. If a quorum shall not be present at the meeting of the Board, the Directors present shall not attempt to conduct any business and the presiding officer shall dismiss those Directors present.

Section 5. Presiding Officer. The Chairman of the Board shall preside at all meetings of the Board of Directors. If the Chairman of the Board is not present the Vice-Chairman shall preside; if the Vice-Chairman is not present, then a person designated by the Board of Directors shall preside. The Secretary of the Corporation shall act as secretary of the meeting. If the Secretary is not present a person chosen by the Board of Directors shall act as secretary.

Section 6. Action by Consent. Any action required or permitted to be taken at any meeting of the Board of Directors may be taken without a meeting, if a written consent to such action is signed by all members of the Board of Directors and such written consent is filed with the minutes of its proceedings.

Section 7. Meetings by Telephone or Other Similar Communications Equipment. The Board of Directors may participate in a meeting by means of a conference telephone or similar electronic communications equipment by means of which all Directors participating in the meeting can hear each other, and participate in such a meeting. Participation in a meeting by these means shall constitute presence in person by such Director at such meeting.

## ARTICLE VII

### OFFICERS

Section 1. Designation. The officers of the Corporation shall be elected by the Board of Directors. The Board of Directors shall elect a Chairman of the Board, a Vice-Chairman, a Secretary/Treasurer. Each of the three (3) Trauma Care Levels currently found in the Southeast

Trauma Region shall have a representative elected to one of the three (3) officer positions, such that the Level II Members will have a representative in one of the officer positions, the Level III Members will have a representative in one of the officer positions, and the Level IV Members will have a representative in one of the officer positions. The Board of Directors may elect such other officers and agents as it shall deem necessary or appropriate, including a Chief Executive Officer, without regard to which Trauma Care Level the representative represents. All officers of the Corporation shall exercise the powers and perform the duties that shall from time to time be determined by the Board of Directors and the Executive Committee. Officers need not be Directors of the Corporation, except the Chairman of the Board and the Vice-Chairman shall be Directors. Any two or more offices may be held by the same person except the Chairman and Secretary/Treasurer.

Section 2. Term of, and Removal from, Office. Officers shall be elected initially at the first meeting of the Board of Directors and thereafter at the annual meeting of Directors. Each officer of the Corporation shall hold office until his successor is chosen and shall qualify. Any officer may be removed, with or without cause, at any time by the affirmative vote of a majority of the Board of Directors. Any vacancy occurring in any office of the Corporation may be filled for the unexpired term by the Board of Directors or the Executive Committee.

Section 3. Chairman of the Board. The Chairman of the Board shall, if present, preside at all meetings of Members and of the Board of Directors, and, subject to the direction of the Board of Directors and Executive Committee, perform such other duties and have such other powers as may be assigned to him from time to time by the Board of Directors or the Executive Committee.

Section 4. Vice-Chairman. The Vice-Chairman shall in the absence of the Chairman of the Board or in the event of the Chairman's disability, perform the duties and exercise the



powers of Chairman and generally assist the Chairman of the Corporation and, subject to the direction of the Board of Directors and Executive Committee, perform such other duties and have such other powers as may be assigned to him from time to time by the Chairman, the Board of Directors or the Executive Committee.

Section 5. Secretary/Treasurer. The Secretary/Treasurer shall attend all meetings of the Board of Directors and the Members and record all votes and the proceedings of the meetings in a minute book kept for that purpose. He shall perform like duties for the Executive Committee. He shall give, or cause to be given, notice of all meetings of Members and meetings of the Board of Directors, and shall perform such other duties as may from time to time be prescribed by the Board of Directors or the Executive Committee, the Chairman of the Board, or the Vice-Chairman. The Secretary/Treasurer shall also have custody of the corporate funds and other valuable effects, and shall keep full and accurate accounts and financial records of the Corporation and shall deposit all moneys and other valuable effects in the name and to the credit of the Corporation in such depositories as may from time to time be designated by the Board of Directors or the Executive Committee. He shall disburse the funds of the Corporation in accordance with the orders of the Board of Directors or the Executive Committee, taking proper vouchers for such disbursements, and shall render to the Chairman of the Board, the Vice-Chairman, the Board of Directors and the Executive Committee an account of all his transactions as Secretary/Treasurer and of the financial condition of the Corporation.

Section 6. Chief Executive Officer. The Chief Executive Officer (CEO) shall, subject to the direction of the Board of Directors and the Executive Committee, perform such executive, supervisory and management functions and duties as may be assigned to him from time to time by the Board of Directors or the Executive Committee and shall have general charge of the business affairs and property of the Corporation and general supervision over its staff and

agents.

## ARTICLE VIII

### COMMITTEES

Section 1. Executive Committee. The Board of Directors shall appoint an Executive Committee, to be composed of the Chairman of the Board, the Vice-Chairman and the Secretary/Treasurer. The Executive Committee shall serve until the next annual meeting of the Members.

(a) Powers of Executive Committee. During the intervals between meetings of the Board of Directors, the Executive Committee shall have and may exercise all the powers and authority of the Board of Directors in the management of the business and affairs of the Corporation to the extent permitted by law. The Executive Committee shall not (1) increase or decrease the number of Directors, (2) dispose of the Corporation's assets upon dissolution of the Corporation, (3) amend the articles of incorporation, (4) alter, amend or repeal the Bylaws of the Corporation, or (5) adopt an agreement of merger or consolidation of the Corporation. All actions of the Executive Committee shall be reported to the Board of Directors at its next regular meeting.

(b) Presiding Officer. The Chairman of the Board shall be the Chairman of and preside at meetings of the Executive Committee. If the Chairman is not present the Vice-Chairman shall preside. The Secretary of the Corporation shall act as secretary at meetings of the Executive Committee. If the Secretary is not present then another member chosen by the Executive Committee shall act as secretary of the Executive Committee.

(c) Vacancies in Executive Committee. Vacancies in the Executive Committee shall be filled by the Board of Directors, but in the interim between meetings of the Board of Directors such vacancies may be filled by the Executive Committee.

Section 2. Other Committees. The Board of Directors, the Executive Committee and the Chairman of the Board shall appoint such other committees as may be appropriate from time to time.

## ARTICLE IX

### MEETINGS OF COMMITTEES

Section 1. Committees. In addition to the Executive Committee referenced above, the following standing Committees are hereby established: Clinical Committee, Nursing Committee and Pre-Hospital Committee. Each Member shall appoint one (1) representative to each of the Clinical and Nursing Committees, with the Clinical representative being a physician on staff at the Member hospital and the Nursing representative being a nurse on staff at the Member hospital. The Pre-Hospital Committee shall be composed of one (1) representative from each ambulance service operating within the Southeast Trauma Region, and one (1) medical control director selected by the Board of Directors.

Section 2. Procedure and Meetings. Except as otherwise provided in these Bylaws, each committee shall establish its own rules of procedure and shall meet at such time and place as shall be established by the Committee. Each Committee shall keep minutes of its meetings.

Section 3. Quorum. A majority of the members of any committee shall constitute a quorum. The affirmative vote of a majority of the members of the whole committee shall be necessary for the passage of any resolution, or the taking of any action.

Section 4. Action by Consent. Any action required or permitted to be taken at any meeting of any committee may be taken without a meeting if a written consent to such action is signed by all members of the committee and such written consent is filed with the minutes of its proceedings.

Section 5. Meetings by Telephone or Similar Communications Equipment. The members of any committee may participate in a meeting of such committee by means of conference telephone or similar electronic communications equipment by means of which all person participating in such meeting can hear each other, and participate in such a meeting. Participation in a meeting by these means shall constitute presence in person by any such committee member at such meeting.

## ARTICLE X

### NOTICES

Section 1. Form and Delivery. Whenever notice is required to be given to any Director or Member it may be given in writing mailed to the Director or Member at his/its address as it appears on the books of the Corporation, unless otherwise specifically provided by law or these Bylaws. Notices given by mail shall be deemed to be given when they are deposited in the United States mail, postage prepaid. Notice to a Director may also be given by personally delivering written notice to the Director or by sending such notice via facsimile, email or other electronic communication means to the Director at his address as it appears on the records of the Corporation. Notices given by facsimile, email or electronic means shall be deemed to be given when transmitted.

Section 2. Waiver. Whenever any notice is required to be given a written waiver thereof signed by the person entitled to said notice, whether before or after the time stated therein, shall be deemed to be equivalent to such notice. Any Member who attends a meeting of Members in person by and through its duly authorized representative, without protesting at the commencement of the meeting the lack of notice thereof or any Director who attends a meeting of the Board of Directors or any committee without protesting at the commencement of the meeting the lack of notice, shall be conclusively deemed to have waived notice of such meeting.

## ARTICLE XI

### DISSOLUTION

Section 1. Disposition of Assets. Upon the dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all the liabilities of the Corporation, dispose of all the assets of the Corporation as provided in the Articles of Incorporation and in Article II of these Bylaws.

## ARTICLE XII

### FISCAL YEAR

The fiscal year of the Corporation shall begin on the first day of July and end on the last day of June of the following year.

## ARTICLE XIII

### FINANCE

Section 1. Authorized Signatories. The Board of Directors shall authorize the execution of all checks, drafts, and other instruments for the payment of money and all instruments of transfer of securities by signatories designated by the Board who shall sign in the name and on behalf of the Corporation.

Section 2. Deposits. All funds of the Corporation shall be deposited from time to time to the credit of the Corporation in such banks, trust companies, or other depositories as the Board of Directors may select.

Section 3. Gifts. The Board of Directors may accept on behalf of the Corporation any contributions, gifts, bequests, or devices for the general purposes or for any special purposes of the Corporation.

Section 4. Annual Financial Statements. Not later than three (3) months after the close of each fiscal year, the Corporation shall cause to be prepared by a CPA, as follows:

- a. A balance sheet showing in reasonable detail the financial condition of the Corporation as of the close of the fiscal year.
- b. A source and application of funds statement showing the results of its operation during its fiscal year.
- c. An audit of financial records of the Corporation using generally accepted auditing standards.

#### ARTICLE XIV

#### INDEMNIFICATION

The Corporation shall indemnify and may obtain insurance with respect to, each person who is or shall be a Director, officer, agent, or employee of the Corporation from and against loss, damage, or expense on account of any action, suit, or proceeding brought or threatened against such person by reason of his being or having been a Director, officer, agent, or employee of the Corporation, to the fullest extent permitted by law, including, but not limited to, the provisions of Miss. Code Ann. §79-11-281 (1972), as amended.

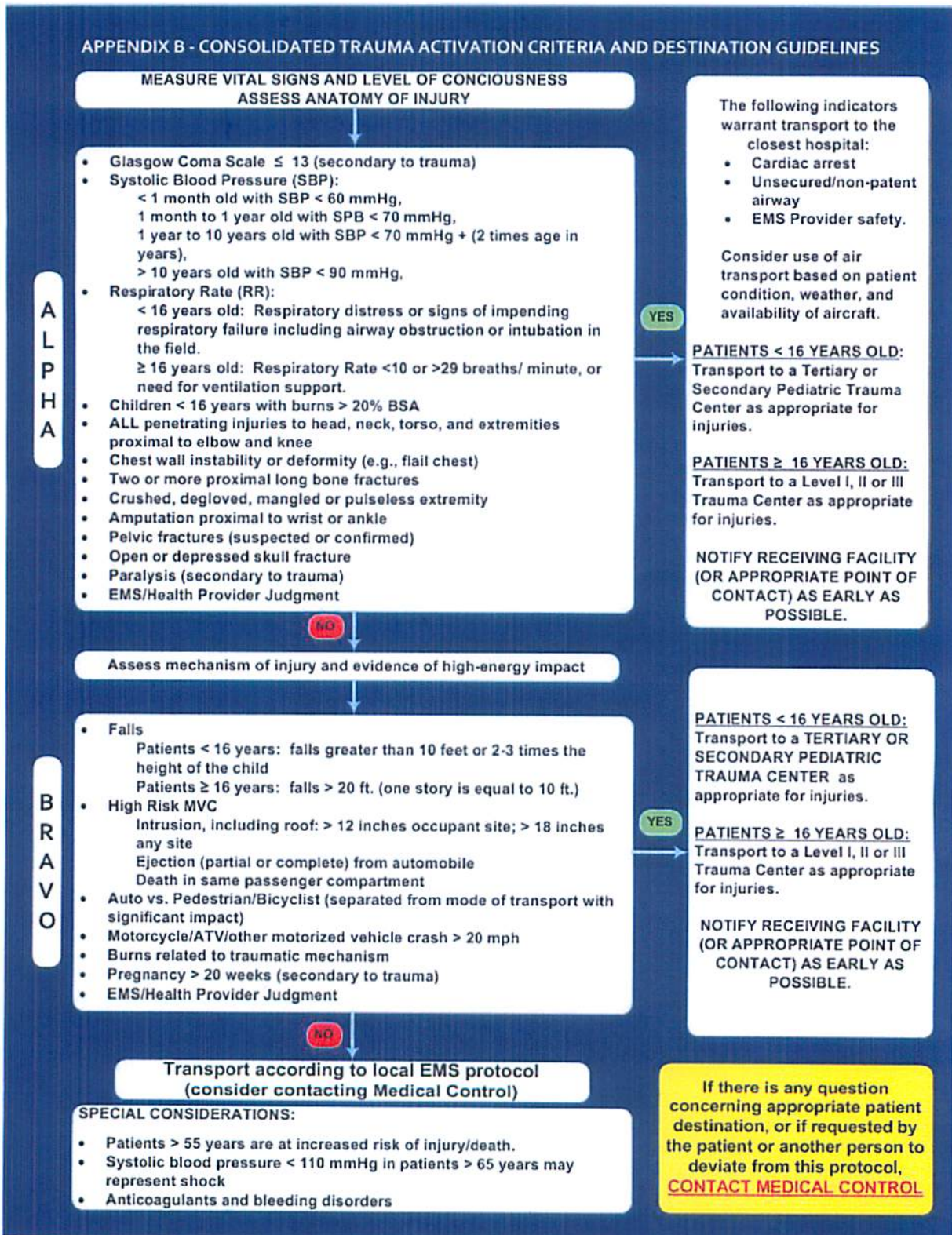
#### ARTICLE XV

#### AMENDMENTS

The Board of Directors shall have authority to alter, amend or repeal these Bylaws and to adopt new Bylaws by an affirmative vote of a majority of the Board; provided however, the Board of Directors cannot amend any provision in a manner which would adversely affect the Corporation's exemption under Section 501(c)(30 of the Internal Revenue Code.

(End of Bylaws)

Appendix B – Consolidated Trauma Activation Criteria and Destination Guidelines



## MUTUAL AID AGREEMENT

American Medical Response – South Mississippi  
and  
AAA Ambulance Service, Inc.

THIS AGREEMENT, entered into by and between American Medical Response (AMR) South Mississippi, and AAA Ambulance Service, Inc. (AAA Ambulance).

WHEREAS, pursuant to state laws and local ordinances and contracts, both AMR and AAA ambulance are licensed ambulance providers in Mississippi; and,

WHEREAS, some of the service areas of the two parties are adjacent to each other; and,

WHEREAS, each party provides ambulance vehicles and related equipment staffed with sufficient personnel to cover reasonably foreseeable demand for ambulance services throughout its respective designated service area; and,

WHEREAS, extraordinary situations may occur that will over-tax the ability of either service to provide prompt and efficient ambulance service to their respective service areas; and,

WHEREAS, each party acknowledges that it is authorized to enter into mutual aid agreements; and,

WHEREAS, AMR and AAA Ambulance desire to enter into this Mutual Aid Agreement pursuant to which either party may, at its option, request ambulance response by the other party into the requesting party's designated service area, subject to the conditions set forth herein,

NOW, THEREFORE, the parties agree to the following:

1. MUTUAL AID – In the event either party to this Agreement receives, through its dispatch facilities, a request for ambulance response to a location within that party's own service area, which in relation to the then-current availability of that party's ambulances is such that, in the opinion of that party, would likely place an extraordinary burden on the system and compromise the system standard of care, that party (i.e., the *requesting party*) may, at its option, request back-up ambulance and/or manpower support from the other party (i.e., the *requested party*).
2. USE OF BEST EFFORTS – In the event the requested party determines that the request for mutual aid can safely be accepted without unreasonably jeopardizing coverage of its own service area, the requested party shall notify the requesting party of the location from which its nearest unit would respond if the request for mutual aid is confirmed. The requesting party shall then decide whether to confirm or cancel the request for mutual aid. If the request is confirmed, the requested party shall use its best efforts to respond to the call in a timely manner. Provided, however, that any such request may be refused by the requested party when, in the opinion of the requested party, accepting the request would unreasonably



jeopardize coverage and response time reliability within the requested party's own service area.

3. **FINANCIAL RESPONSIBILITY** – In the event a party to this Agreement accepts responsibility for responding to a request for assistance pursuant to this Agreement, such party agrees to respond promptly. Once a mutual aid request has been accepted, the party accepting the request shall assume full responsibility for billing the patient and/or any appropriate third-party payor directly. The requesting party shall have no financial responsibility for payment or reimbursement unless agreed to by both parties. Any fees collected for such service shall belong only to the party actually providing the service and there shall be no referral fee or other fee due to payable to or by the requesting party. In cases where a mutual aid response may result in the assessment of financial penalties in the requesting party's service area, the requested party shall have no responsibility relative to payment of such penalties.
4. **CONCURRENT RESPONSE** – This agreement may result in situations where both ambulance services are present simultaneously at the scene of an ambulance call.
5. **RESPONSE ON OR NEAR CONGRUENT BOUNDARY** – In situations where both services may respond to ambulance calls on or near the service area boundary, the service to arrive first on the scene shall begin treatment and if both services arrive on the scene, the service that has jurisdiction for the specific locations shall determine who will take control and who will transport the patient. If a call occurs directly on the boundary, and both services respond and are comparably staffed and equipped to meet the patient's need, the first service to arrive will have jurisdiction. If both services are not comparably staffed and equipped, the service which is better equipped and staffed to manage the patient's immediate needs shall determine who will transport the patient.
6. **AUTHORITY FOR CONTROL OF PATIENT MANAGEMENT** – Authority for patient management during a joint response shall follow the guidelines established by the Mississippi State Department of Health, Division of EMS: Patient management shall be the responsibility of the individual in attendance who is most appropriately trained and knowledgeable in providing prehospital emergency stabilization and transport.
7. **RESPONSE IN OTHER PARTY'S AREA** – If either party receives a request for emergency ambulance response in the other agency's service area, the call will be promptly referred to the party that has jurisdiction.
  - 7.1. Neither party will make an ambulance call that originates and terminates in the other's service area without prior approval from the party that services the area. It is acceptable, however, for one party to enter another party's service area for non-emergency calls to either pick up or deliver patients as long as origin and destination are not both within the other's service area.
8. **RETURN TRANSPORTS** – Unless otherwise stipulated, if one party transports a patient from its service area and delivers said patient to the other party's service area and the patient

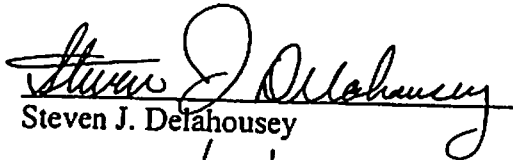
requires transport back to the original party's service area, the party that made the original transport will be expected to make both calls.

9. LIMITATION OF AUTHORIZATION – Only services rendered by one party to this Agreement at the specific request of the other party to this Agreement shall be considered services rendered pursuant to this Mutual Aid Agreement. Such requests shall be considered official only when made by the requesting party. In the event an ambulance operated by either party spontaneously discovers an emergency incident in progress while passing through the other party's service area, the parties agree that the local provider's dispatch center shall be immediately notified of the nature and location of the incident, and the ambulance crew at the scene shall then render assistance. The crew at the scene may operate under their own standing orders to address life-threatening conditions in accordance with their level of training. Local protocols and medical direction should guide all other treatment and transportation decisions. Depending upon the nature of the incident and the estimated time of arrival of the nearest ambulance in the service area, the service area dispatch center may request and authorize transport by the unit on the scene (i.e., a "mutual aid request"), or may direct that the transport shall be made by an incoming unit. In the later case, the first unit on the scene shall not depart the scene until the second unit arrives, and shall assist in preparing and loading the patient for transport.
  
10. CLINICALLY QUALITY ASSURANCE – Both parties agree that the level of services provided pursuant to this Agreement shall be substantially clinically equivalent or appropriate for the situation at hand and in compliance with applicable local ordinances. "Substantial clinically equivalent" shall not necessarily require identical on-board equipment, training requirements, or medical protocols. Medical control authorities for each party authorize personnel from the adjacent service to function at their level in these mutual aid situations. Notwithstanding any other provisions regarding termination of this Agreement, either party's Medical Director may, at any time and in his sole discretion, revoke this medical control.
  - 10.1. Each party agrees when functioning as the requested party to cooperate fully and participate in any medical audit requested or conducted by the requesting party, involving mutual aid runs accepted by the requested party.
  
11. DISPATCH DOCUMENTATION - If resources exist, the parties hereto agree that the dispatch center for the requested party shall accurately document the response times for any mutual aid request accepted.
  
12. SPECIALIZED SERVICES – Unless otherwise restricted or regulated by local ordinance, specialized services, i.e., Mobile Intensive Care Transport, governmental contracts, air ambulance with accompanying ground transport, etc., shall be excluded from the provisions of this Agreement.
  
13. INDEMNIFICATION – Each party agrees to indemnify and hold harmless the other party and the political subdivisions within the designated service areas, including officers, agents and employees from and against any and all claims or suits for property damage or loss

and/or personal injuries, including death, for errors or omissions on the part of either party in any manner arising out of the services rendered pursuant to this Agreement. Such indemnifications for acts occurring or alleged to have occurred during the effective dates of the Agreement shall survive the terminations of this Agreement for any reason.

14. **LIABILITY** – Each service agrees to provide for itself, appropriate liability, auto, and Workers' Compensation insurance, in amounts as may be required by law.
15. **TERM AND EFFECTIVE DATE** – This agreement is non-assignable. The effective date of this agreement shall be February 1, 2001, and shall remain in effect until (i) the loss of either party's jurisdiction or license, or (ii) failure of any party to fulfill the terms of the Agreement. Either party may terminate this Agreement at any time by giving written notice delivered to the other party. The Agreement shall also be considered valid by successors to any of the parties signing hereto unless otherwise stipulated by the successor.

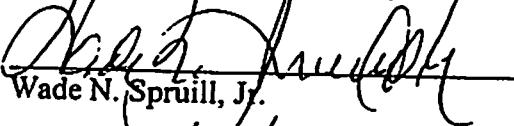
for AMERICAN MEDICAL RESPONSE – SOUTH MISSISSIPPI

  
Steven J. Delahousey

Title: Director of Operations

Date: 2/9/01

for AAA Ambulance Service, Inc.

  
Wade N. Spruill, Jr.

Title: Chief Executive Officer

Date: 2/12/01

P:\Mutual Aid\AAA Feb. 2001.doc

### TRANSFER AGREEMENT

#### I. INSTITUTIONS

This agreement, made and entered this 1st day of March, 2001 is between the The University of Mississippi Medical Center, University Hospitals and Clinics, 2500 North State Street, Jackson, Mississippi 39216, (hereinafter referred to as UHC) and

\_\_\_\_South Central Regional Medical Center\_\_\_\_  
(Company)

\_\_\_\_Post Office Box 607\_\_\_\_  
(Address)

\_\_\_\_Laurel, Mississippi 39441\_\_\_\_  
(City, State, and ZIP)

(hereinafter referred to as TRANSFERRING FACILITY).

#### II. PURPOSE

In order to assure the appropriate and orderly transfer of patients between UHC and the TRANSFERRING FACILITY, as well as to maintain the desired level and continuity of care of patients so affected, the parties involved agree to coordinate their efforts to achieve these objectives. It is further agreed that said parties agree to cooperate in securing optimum use of their facilities and services during routine and emergency conditions.

#### III. AUTONOMY

Nothing in this agreement shall alter the freedom enjoyed by either institution, nor shall it affect the independent operation of either institution.

#### IV. TERMS

- I. Patient transfer to UHC will be requested and accomplished for the purpose of securing a level of care or service which cannot otherwise be provided. It is clearly understood that the financial circumstances of the patient, in and of themselves, are not sufficient reason to justify or request transfer.

2. Transfer, when justified, must be accomplished by request from the patient's attending physician to an appropriate member of the medical staff of UHC. After medical and bed availability approvals have been granted, the TRANSFERRING FACILITY and its physician will be informed of the status of the request. Transfer may not be initiated until final approval has been given. Information needed to facilitate the reception of the patient at UHC must be obtained at that time.
3. Patient transfer is subject to availability of services, beds and other resources which might be needed to care for the patient. UHC agrees to provide necessary services when suitable accommodations are available, consistent with its mission and objectives.
4. In the event of a question as to the ability of UHC to accept the patient, the administrator on call will render a final decision.
5. Responsibility for the transfer of the patient will rest with the TRANSFERRING FACILITY.
6. At the time of transfer, the TRANSFERRING FACILITY will provide an abstract of appropriate medical, social, financial and other information necessary to continue the patient's treatment, without interruption, including:
  - Test/Laboratory results
  - Medications given
  - Pertinent social/environmental information
  - Dietary instruction
  - Photocopies of appropriate physician/nursing notes
7. UHC and the TRANSFERRING FACILITY further agree that, in the event of a disaster or other emergency, normal preparatory mechanisms will be waived in order to provide for the safe and effective care of the patient, with the exception that the TRANSFERRING FACILITY shall always agree to request and receive approval prior to the transfer of any patient. Necessary information will be furnished as soon as possible and all other terms will similarly remain in effect.
8. UHC shall provide patient outcome data required by the Mississippi Trauma Care System to the TRANSFERRING FACILITY for inclusion into the system Trauma Registry. Pursuant to the Mississippi Trauma Care System regulations, all trauma care hospitals will agree to provide services to trauma victims regardless of their ability to pay. Trauma patients requiring transfer to UHC's Level I Trauma Center from a Level II, III or IV Trauma Center in the Mississippi Trauma Network's Central Region, will be accorded priority and accepted for transfer and for further diagnosis and treatment in accordance with the Trauma Network's Guidelines, Rules and Regulations.

V. FINANCIAL ARRANGEMENTS

Other than those stipulated above, neither institution shall assume any responsibility for the collection of any accounts receivable other than incurred as a result of rendering direct services to patients.

VI. NONEXCLUSION

Nothing in this agreement shall be construed as limiting the right of either party to affiliate or contract with any other facility.

VII. RE-TRANSFER

At such time as the patient no longer requires the level of care which necessitated the transfer, UHC may, by its attending physician contacting the appropriate physician of the TRANSFERRING FACILITY, request the retransfer of the patient. The decision to retransfer the patient shall rest solely with the attending physician of UHC. The retransfer may include coordinating efforts on the part of both hospitals. Upon notification of such request by its medical staff member, TRANSFERRING FACILITY shall make every effort to accomplish the retransfer within twenty four (24) hours and assist with or accept responsibility for arranging appropriate transportation. UHC shall not assume financial responsibility with regard to patient transportation.

VIII. PERIOD OF AGREEMENT

This agreement will remain in full force and effect from the effective date, indefinitely, unless terminated by either party. If either party wishes to terminate this agreement, they may do so by providing the other sixty (60) days written notice. However, the agreement shall be automatically terminated in the event that either party fails to maintain its licensure or certification as issued by appropriate authorities, or if the ownership of either party is transferred or otherwise altered. Modifications or amendments may be made to the agreement at any time by mutual consent.

IX. COMPLIANCE

As a part of UHC's overall compliance program, South Central Regional Medical Center, (TRANSFERRING FACILITY) shall establish procedures to ensure adherence to all appropriate state and federal statutes, including but not limited to Stark Legislation and regulations, False Claims Act, anti-kickback statutes Health Insurance Portability and Accountability Act the Balance Budget Act, Medicare and Medicaid statutes and regulations and other third party payer regulations as applicable to this Agreement. All applicable JCAHO standards will also be adhered to. South Central Regional Medical Center (TRANSFERRING FACILITY), certifies that neither South Central Regional Medical Center, nor any of its employees has been excluded from participation in any federally funded program.

X. APPROVAL

In witness whereof, the parties hereto have executed this agreement the day and year first written above.

For: The University of Mississippi  
Medical Center, University Hospitals  
And Clinics

For: South Central Regional Medical Center

*A. Wallace Conerly*  
A. Wallace Conerly, M.D.  
Vice Chancellor for Health Affairs

*Charles Haggstrom*  
Name: *Charles Haggstrom*  
Title: *EXECUTIVE DIRECTOR*

*Frederick D. Woodrell*  
Frederick D. Woodrell  
Associate Vice Chancellor of Integrated  
Health Systems and Director of  
Hospitals and Clinics

*3/2/01*  
Date

*3/20/01*  
Date



*2*

*Cardell*

### TRANSFER AGREEMENT

THIS TRANSFER AGREEMENT ("Agreement"), made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by and between Forrest County General Hospital (hereinafter "Forrest General"), a Mississippi community hospital, and SOUTH CENTRAL REGIONAL MEDICAL CTR (hereinafter "Transferring Hospital").

#### WITNESSETH:

**WHEREAS**, both Forrest General and Transferring Hospital, the "parties," are health care facilities providing services and access to patient care for the residents of their service areas, and

**WHEREAS**, the parties have determined that it would be in the best interest of patient care and it would promote the optimum use of their facilities to enter into this Agreement for the transfer of patients from the Transferring Hospital to Forrest General, and

**WHEREAS**, the parties desire to assure the appropriate and orderly transfer of patients from the Transferring Hospital to Forrest General and, as well as, to maintain the desired level and continuity of care of patients so affected, the parties wish to coordinate their efforts to achieve the objectives and to cooperate in securing optimum use of their facilities and services during routine and emergency conditions.

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

1. **TERM.** This Agreement shall commence on the date set forth above and shall continue for a period of one (1) year and shall be renewed automatically for successive periods of one (1) year, unless sooner terminated as hereinafter set forth.
2. **PATIENT TRANSFER.** Patient transfer to Forrest General will be requested and accomplished for the purpose of securing a level of care or service that cannot otherwise be provided at the Transferring Hospital.
  - A. Transfer, when justified, must be accomplished by request from the patient's attending physician at the Transferring Hospital to an appropriate member of the medical staff of Forrest General. It will be the duty of the attending physician and/or the Transferring Hospital to obtain the requisite certification that the benefits of transfer outweigh the risks involved (if required) and obtain from the patient, or a legally responsible person acting on the patient's behalf, whatever written request or consent for the transfer as may be required by federal and/or state law and regulation, including, but not limited to, 42 C.F.R. & 489.24 and Miss. Code Ann. & 41-41-3 (1972), as amended.



- B. Prior to transfer, the Transferring Hospital shall provide medical treatment within its capacity that minimizes the risks to the patient's health and, in the case of a woman in labor, the health of the unborn child.
- C. If Forrest General has available space and qualified personnel necessary for the treatment of the patient, it will inform the Transferring Hospital that it has agreed to accept transfer of the patient and agreed to provide appropriate medical treatment. Transfer may not be initiated until final approval has been given by Forrest General. Patient transfer is subject to availability of services, beds and other resources that might be needed to care for the patient. Forrest General agrees to provide necessary services when suitable accommodations are available, consistent with its mission and objectives.
- D. In the event of a question as to the ability of Forrest General to accept the patient, the administrator on call will render a final decision.
- E. At the time of transfer, the Transferring Hospital will provide to Forrest General all medical records (or copies thereof) that are reasonably available at the time of the transfer, including any records related to any emergency condition which the individuals has presented, and including available history, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests, and the informed written consent or certification (or copy thereof) required for the transfer. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer.
- F. Responsibility for the transfer of the patient to Forrest General will rest with the Transferring Hospital. The Transferring Hospital shall have responsibility for arranging transportation for the patient, including selection of the mode of transportation and providing appropriate health care practitioner(s) to accompany the patient. The transfer should be effected through qualified personnel and transportation equipment, including the use of necessary and medically appropriate life support measures during the transfer (if necessary). The Transferring Hospital's responsibility for the patient's care shall continue while the patient is being transported and will not end until the patient has been received by the receiving hospital.
- G. At such time as the patient shall no longer require the level of care that necessitated the transfer, Forrest General may request the retransfer of the patient by having the patient's attending physician at Forrest General contact the appropriate medical staff member at the originating Transferring Hospital. The originating Transferring Hospital agrees to reaccept the patient for admission/readmission.\* All transfers shall be done by physician to physician

*\*INCE ACCEPTED BY THE APPROPRIATE MEMBER OF THE ORIGINATING*

following all Federal, State, and local guidelines regarding interfacility patient transfers. The retransfer shall include coordinating efforts by both Forrest General and Transferring Hospital to ensure continuity of care for the patient. Upon notification of such request by its medical staff member, the Transferring Hospital shall make every effort to accomplish the retransfer within 24 (twenty-four) hours.

- H. Each institution shall provide for an exchange of information about the patient through the appropriate department and staff, and regular contact will be maintained between the institutions.
3. **PAYMENT FOR SERVICES.** Neither institution shall assume any responsibility for the collection of any accounts receivable other than those incurred as a result of rendering direct services to patients.
  4. **ADVERTISING AND PUBLIC RELATIONS.** Neither party shall use the name of the other party in any promotional or advertising material without the express written consent of the other.
  5. **AUTONOMY.** Both parties are independent contractors. Nothing herein shall be construed as to create a joint venture, partnership, agency or employment relationship between the parties. The governing body of each institution shall have exclusive control of its policies, management, assets and affairs, and neither shall incur any responsibility by virtue of this Agreement for any debts or other financial obligations incurred by the other. Further, nothing in this Agreement shall be construed as limiting the rights of either institution to contract with any other facility on a limited or general basis, and nothing in this Agreement shall alter the freedom enjoyed by either institution, nor shall it affect the independent operation of either hospital.
  6. **LIABILITY.** Each party shall be responsible for its own acts and omissions and shall not be responsible for the acts and omissions of the other party.
  7. **TERMINATION.** This Agreement may be terminated by either party, with or without cause, by giving sixty (60) days written notice of its intention to withdraw from and terminate this Agreement. Additionally, the Agreement shall automatically terminate in the event that either party fails to maintain its licensure or certification as issued by appropriate authorities, or if the ownership of either party is transferred or otherwise altered.
  8. **NONWAIVER.** No waiver of any term or condition of this Agreement by either party shall be deemed a continuing or further waiver of the same term or condition or a waiver of any term or condition of this Agreement.
  9. **GOVERNING LAW.** This Agreement is made and entered into the State of Mississippi, and Mississippi law shall govern.
  10. **ASSIGNMENT.** This Agreement shall not be assigned in whole or in part by either party hereto without the express written consent of the other party.

- 11. **INVALID PROVISION.** In the event that any portion of this Agreement shall be determined to be invalid or unenforceable, the remainder of this Agreement shall be deemed to continue to be binding upon the parties in the same manner as if the invalid or unenforceable provision were not a part of this Agreement.
- 12. **AMENDMENT.** This Agreement may be amended at any time by a written agreement signed by the parties.
- 13. **NOTICE.** Any notice required or allowed to be given hereunder shall be deemed to have been given upon deposit in the United States mail, registered or certified, with return receipt requested and addressed as follows:

SOUTH CENTRAL REGIONAL MEDICAL CENTER  
ATTN: DOUG HIGGINBOTHAM  
P. O. BOX 607  
LAUREL, MS 39441-0607

William C. Oliver, President, and  
 William H. Peters, M.D., VP of Medical Affairs  
 Forrest County General Hospital  
 P.O. Box 16389  
 Hattiesburg, MS 39404-6389

- 14. **BINDING AGREEMENT.** This Agreement constitutes the entire agreement between the parties and contains all of the agreements between them with respect to this subject matter and supercedes any and all other agreements, either oral or in writing, between the parties with respect to this subject matter.
- 15. **HEADINGS.** The headings to the various sections of this Agreement are for convenience only and shall not modify, define or limit the express provisions of this Agreement.
- 16. **COMPLIANCE WITH LAWS.** This Agreement is entered into and shall be performed by both parties in compliance with all local, state, and federal laws, rules, regulations, and guidelines in the event that either party reasonably determines that any term or provision of this Agreement may be in violation of any applicable statute or regulation, such party shall notify the other party of such potential or actual violation. Upon the issuance and receipt of such notice, the parties shall in good faith promptly attempt to amend this Agreement in order to bring it into compliance with the applicable statute or regulation. Notwithstanding any other provision in this Agreement to the contrary, if the parties are unable, within thirty (30) days of receipt of the above-described notice, to

amend the Agreement in order to bring it into compliance with the applicable statute or regulation, then either party may terminate this Agreement by thirty (30) days' notice to the other party.

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

**FORREST COUNTY  
GENERAL HOSPITAL**

**SOUTH CENTRAL REGIONAL MEDICAL CENTER  
TRANSFERRING HOSPITAL**

William C. Oliver  
William C. Oliver, President

By: G. Douglas Higginbotham  
G. Douglas Higginbotham  
(Printed Name)

William H. Peters, M.D.  
William H. Peters, M.D.,  
Vice President of Medical Affairs

Title: EXECUTIVE DIRECTOR

11/17/03  
Date

12/3/03  
Date

## TRANSFER AGREEMENT

### I. INSTITUTIONS

This agreement, made and entered into as of November 1, 2000, by and between South Central Regional Medical Center, 1220 Jefferson St., Laurel, Mississippi 39441-0607, (hereinafter referred to as SCRMC), and

H.C. WATKINS MEMORIAL HOSPITAL, INC.  
605 SOUTH ARCHUSA AVENUE  
QUITMAN, MISSISSIPPI 39355

(Hereinafter referred to as the TRANSFERRING FACILITY).

### II. PURPOSE

In order to assure the appropriate and orderly transfer of patients between SCRMC and the TRANSFERRING FACILITY, as well as to maintain the desired level and continuity of care of patients so affected, the parties involved agree to coordinate their efforts to achieve these objectives. It is further agreed that said parties agree to cooperate in securing optimum use of their facilities and services during routine and emergency conditions.

### III. AUTONOMY

Nothing in this agreement shall alter the freedom enjoyed by either institution, nor shall it affect the independent operation of either institution.

### IV. TERMS

1. Patient transfer to SCRMC will be requested and accomplished for the purpose of securing a level of care or service that cannot otherwise be provided at the TRANSFERRING FACILITY. It is clearly understood that the financial circumstances of the patient, in and of themselves, are not sufficient reason to justify or request transfer.
2. Transfer, when justified, must be accomplished by request from the patient's attending physician to an appropriate member of the medical staff of SCRMC. After medical and bed availability approvals have been granted, the TRANSFERRING FACILITY and its physician will be informed of the status of the request. Transfer may not be initiated until final approval has been given. Information needed to facilitate the reception of the patient at SCRMC will be obtained at that time.
- 3 Patient transfer is subject to availability of services, beds and other resources

that might be needed to care for the patient. SCRMC agrees to provide necessary services when suitable accommodations are available, consistent with its mission and objectives.

4. In the event of a question as to the ability of SCRMC to accept the patient, the administrator on call will render a final decision.

5. Responsibility for the transfer of the patient to SCRMC will rest with the TRANSFERRING FACILITY.

6. At the time of transfer, the TRANSFERRING FACILITY will provide an abstract of appropriate medical, social, financial and other information necessary to continue the patient's treatment, without interruption, including:

- \* Test/Laboratory results
- \* Medications given
- \* Pertinent social/environmental information
- \* Dietary instruction
- \* Photocopies of appropriate physician/nursing notes

7. SCRMC and the TRANSFERRING FACILITY further agree that, in the event of a disaster or other emergency, normal preparatory mechanisms will be waived in order to provide for the safe and effective care of the patient, with the exception that the TRANSFERRING FACILITY shall always agree to request and receive approval prior to the transfer of any patient. Necessary information will be furnished as soon as possible and all other terms will similarly remain in effect.

8. SCRMC shall provide patient outcome data required by the Mississippi Trauma Care System to the TRANSFERRING FACILITY for inclusion into the system Trauma Registry. Pursuant to the Mississippi Trauma Care system regulations, all trauma care hospitals will agree to provide services to trauma victims regardless of their ability to pay.

V: FINANCIAL ARRANGEMENTS

Other than those stipulated above, neither institution shall assume any responsibility for the collection of any accounts receivable other than those incurred as a result of rendering direct services to patients.

VI. NONEXCLUSION

Nothing in this agreement shall be construed as limiting the right of either party to affiliate or contract with any other facility.

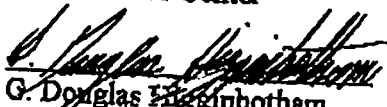
VII. PERIOD OF AGREEMENT

This agreement will remain in force and effect from the effective date, indefinitely, unless terminated by either party. If either party wishes to terminate this agreement, they may do so by providing the other with sixty (60) days written notice. However, the agreement shall be automatically terminated in the event that either party fails to maintain its licensure or certification as issued by appropriate authorities, or if the ownership of either party is transferred or otherwise altered. Modifications or amendments may be made to the agreement at any time by mutual consent.

APPROVAL

In witness whereof, the parties hereto have executed this agreement the day and year first written above.

For: South Central Regional  
Medical Center

  
G. Douglas Higginbotham  
Executive Director

For: H.C. Watkins Memorial Hospital, Inc.

---

  
Fred A. Truesdale, Jr.  
President and Chief Executive Officer

Performance Improvement Tracking Form

Date of report \_\_\_\_\_

Trauma registry # \_\_\_\_\_

Hospital \_\_\_\_\_

Location of issue:

- \_\_\_\_\_ Prehospital
- \_\_\_\_\_ Resuscitation
- \_\_\_\_\_ Imaging
- \_\_\_\_\_ Lab
- \_\_\_\_\_ OR
- \_\_\_\_\_ PACU
- \_\_\_\_\_ ICU
- \_\_\_\_\_ Floor
- \_\_\_\_\_ Rehab
- \_\_\_\_\_ Other \_\_\_\_\_

Complication, occurrence, problem, or complaint:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reported to \_\_\_\_\_ Reviewed by \_\_\_\_\_

- Determination:
- \_\_\_\_\_ System related
  - \_\_\_\_\_ disease-related
  - \_\_\_\_\_ provider-related
  - \_\_\_\_\_ cannot be determined

- Preventability:
- \_\_\_\_\_ nonpreventable
  - \_\_\_\_\_ potentially prevented
  - \_\_\_\_\_ preventable
  - \_\_\_\_\_ cannot be determined

- Corrective Action(s):
- \_\_\_\_\_ Unnecessary
  - \_\_\_\_\_ trend
  - \_\_\_\_\_ education
  - \_\_\_\_\_ guideline/protocol
  - \_\_\_\_\_ Counseling

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Memorandum of Understanding

Between

City of Hattiesburg Fire Department

And

AAA Ambulance Service

This Memorandum of Understanding is entered into effective as of the 1<sup>st</sup> day of June, 2010, by and between The City of Hattiesburg, Mississippi, Fire Department (hereinafter "HFD") and AAA Ambulance Service, a Mississippi non-profit corporation, (hereinafter "AAA") for the purpose of reducing to written form their agreement as to the provision of emergency medical services within the jurisdictional boundaries of the City of Hattiesburg, Mississippi.

AAA is licensed by the Mississippi State Department of Health, Bureau of Emergency Medical Services, to provide advanced life support ambulance services. AAA's service area includes the areas served by HFD in the Mississippi Counties of Forrest and Lamar, comprising the areas within the jurisdictional boundaries of the City of Hattiesburg, Mississippi.

HFD is a department of the City of Hattiesburg, Mississippi, responsible for fire suppression, rescue, First Responder emergency medical response, hazardous materials response and fire prevention and education services for the City.

AAA has been appointed by the City of Hattiesburg, Mississippi, pursuant to city ordinance, as the Emergency Medical Services Lead Agency. In that capacity AAA must coordinate all EMS activities within the jurisdictional boundaries of the City. HFD has resources available to supplement and enhance the system of emergency medical services within the City and for this reason the following agreement is made.

It is the intent of the parties that AAA and HFD work in conjunction to provide appropriate EMS first response within the City. AAA, as Lead Agency, shall authorize the City of Hattiesburg Dispatch Center to request that HFD respond its appropriate unit(s) and personnel in the support of EMS as first response units on all emergency requests as outlined in this document (with the exception of calls originating from certain healthcare facilities to include hospitals, nursing homes, assisted living centers, hospices, medical clinics and dental clinics), when available, within the jurisdictional boundaries of the City of Hattiesburg, to specifically include the following categories of calls:

1. Suspected or confirmed life-threatening situations, including respiratory-cardiac arrest or distress, chest pain, electrocution, gun shots or stab wounds.

2. Calls requiring extrication or other specialized rescue (including confined, trench or high angle).
3. Calls involving hazardous materials.
4. Mass casualty incidents.
5. Calls where fire hazards exist.
6. All motor vehicle crashes with suspected injuries.
7. Industrial/machine accidents.
8. Overdose or poisoning.
9. Burns.

In addition to the above, AAA may direct that the City of Hattiesburg Dispatch Center request HFD respond to the following situations:

1. Calls where additional manpower is needed for extraordinary circumstances.
2. Calls where there may be an unusual delay in response by AAA.

The General Guidelines under which AAA and HFD will operate to insure the proper provision of EMS first response within the City is as follows:

1. The Rules and Regulations of the Mississippi State Department of Health, Bureau of Emergency Medical Services, shall govern the management of the emergency scene. AAA and its medical control shall at all times, as between AAA and HFD, maintain authority of patient management.
2. City of Hattiesburg Dispatch Center (HDC) will dispatch the appropriate HFD units and personnel according to the HFD Operational Plan and Protocol. Upon receipt of a call for emergency medical response, HDC will transfer the caller to the AAA Ambulance Service Dispatch Center while remaining on the line to ascertain the nature of the call. If the nature of call falls within the category of calls previously enumerated, HDC will automatically dispatch the appropriate HFD unit(s) and personnel. Once dispatched, appropriate HFD unit(s) and personnel shall proceed to the emergency scene immediately.
3. AAA will replace disposable supplies (one-for-one) used by HFD in reporting to EMS first response calls, at no cost to HFD. Disposal supplies include the following:

Cardboard Splints  
Head Blocks  
Cervical Collars  
Bag Valve Mask  
Oral Airways

Nasal Airways  
Nasal Cannulas  
Non-Rebreather Mask  
Simple Face Mask  
Kling  
Gauze  
Triangular Bandages  
Cold Packs  
Hot Packs  
Assorted Tape  
Disposable Gloves

4. AAA will provide reasonable access to EMS continuing education opportunities to all interested HFD personnel designated by HFD for participation in such programs.
5. HFD will from time to time offer educational opportunities to all interested AAA personnel.
6. HFD will establish an operational plan for the provision of EMS first response to include the following:
  - a. Operational Scope and Response Plan
  - b. Establishment of minimum training guidelines and certifications to include, at a minimum, National Registry of EMT First Responder Certification and Mississippi State Department of Health First Responder Certification
  - c. Minimum and required equipment for each first response unit
  - d. Documentation standards for patient care
  - e. Treatment Protocols approved by the off-line medical director of AAA
  - f. HFD will keep in force its general liability insurance policy.
  - g. HFD will evaluate continually the response of its EMS first responders in areas of appropriateness of pre-hospital care and work in concert with AAA's Quality Assurance team, as needed, to elevate the level of care provided through its first responders.
7. HFD personnel are to accompany patients in AAA ambulances only when absolutely necessary, and only then if adequate Fire Department personnel are available and approval is obtained from the ranking HFD officer on scene. Note, AAA and HFD recognize that certain fire service obligations will take precedence over EMS calls. HFD will establish these policies as part of its Operational Scope and Response Plan.
8. Only authorized HFD personnel, on-duty and functioning in an official capacity, shall be dispatched in response to requests for first responder assistance.

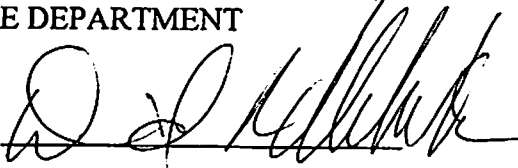
9. HFD agrees that all EMS first response by their personnel will occur in coordination with AAA under the terms of this Agreement, and not as an independent emergency medical service.
10. AAA and HFD may determine who, within their respective organizations, shall be authorized to make the determination that an ambulance or fire department unit is not required and, thus, cancel a responding ambulance or fire department unit and carry out the necessary patient refusal procedures.

This Memorandum of Understanding shall remain in full force and effect as long as AAA serves as Lead Agency for the City of Hattiesburg, Mississippi.

EXECUTED as of the date first set forth above.

THE CITY OF HATTIESBURG, MISSISSIPPI  
FIRE DEPARTMENT

By:



AAA AMBULANCE SERVICE

By:

