

Methodist Hospitals
Northlake Campus
“In the ACS Verification Process”
Application

Respectfully submitted June 13, 2014



**APPLICATION FOR HOSPITAL TO BE DESIGNATED
"IN THE ACS VERIFICATION PROCESS"**
State Form 55271 (5-13)



Date submitted (month, day, year)
JUNE 13, 2014

APPLICANT INFORMATION		
Legal name THE METHODIST HOSPITALS, INC		
Mailing address (number and street, city, state, and ZIP code) 600 GRANT STREET, GARY, INDIANA, 46402		
Business telephone number (219) 886-4494	24-hour contact telephone number (219) 886-4000	Business fax number (219) 886-6979

CHIEF EXECUTIVE OFFICER INFORMATION	
Name MICHAEL DAVENPORT, MD	Title CHIEF MEDICAL OFFICER/INTERIM CEO
Telephone number [REDACTED]	E-mail address [REDACTED]
TRAUMA PROGRAM MEDICAL DIRECTOR INFORMATION	
Name REUBEN RUTLAND, MD	Title TRAUMA MEDICAL DIRECTOR
Telephone number [REDACTED]	E-mail address [REDACTED]
TRAUMA PROGRAM MANAGER INFORMATION	
Name JENNIFER MYERS MULLEN, BSN, RN, CEN	Title TRAUMA PROGRAM COORDINATOR
Telephone number [REDACTED]	E-mail address [REDACTED]
TRAUMA LEVEL BEING REQUESTED (check one) <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input checked="" type="checkbox"/> LEVEL III	

ATTESTATION		
In signing this application, we are attesting that all of the information contained herein is true and correct and that we and the applicant hospital agree to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission regarding our status.		
Signature of chief executive officer <i>[Signature]</i>	Printed name Michael Davenport, MD	Date (month, day, year) 6/9/2014
Signature of trauma medical director <i>[Signature]</i>	Printed name Reuben Rutland, MD	Date (month, day, year) Jun 05, 2014
Signature of trauma program manager <i>[Signature]</i>	Printed name Jennifer Mullen, RN, CEN	Date (month, day, year) 6/15/2014

INSTRUCTIONS: Address each of the attached in narrative form

APPLICATION FOR "IN THE ACS VERIFICATION PROCESS" LEVEL III TRAUMA CENTER STATUS

Part of State Form 55271 (5-13)

Hospitals that wish to apply for status as an "in the ACS verification process" Level III Trauma Center must provide sufficient documentation for the Indiana Emergency Medical Services Commission to conclude that your hospital complies with each of the following requirements:

1. **A Trauma Medical Director** who is Board-Certified, or Board-Eligible, or an American College of Surgeons Fellow. This is usually a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Trauma Medical Director must be dedicated to one hospital.
2. **A Trauma Program Manager**: This person is usually a registered nurse and must show evidence of educational preparation, with a minimum of sixteen (16) hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients.
3. **Submission of trauma data to the State Registry**: The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard within thirty (30) days of application and at least quarterly thereafter.
4. **A Trauma Registrar**: This is someone who abstracts high-quality data into the hospital's trauma registry and works directly with the hospital's trauma team. This position is managed by the Trauma Program Manager.
5. **Tiered Activation System**: There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital's Performance Improvement and Patient Safety (PIPS) program.
6. **Trauma Surgeon response times**: Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. Also, there must be a written letter of commitment, signed by the Trauma Medical Director, that is included as part of the hospital's application. There must be evidence that a trauma surgeon is a member of the hospital's disaster committee.
7. **In-house Emergency Department physician coverage**: The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients.
8. **Orthopedic Surgery**: There must be an orthopedic surgeon on call and promptly available twenty four (24) hours per day. There must also be a written letter of commitment, signed by orthopedic surgeons and the Trauma Medical Director, for this requirement.

**APPLICATION FOR "IN THE ACS VERIFICATION PROCESS"
LEVEL III TRAUMA CENTER STATUS (continued)**

9. **Neurosurgery**: The hospital must have a plan that determines which type of neurologic injuries should remain at the facility for treatment and which types of injuries should be transferred out for higher levels of care. This plan must be approved by the facility's Trauma Medical Director. There must be a transfer agreement in place with Level I or Level II trauma centers for the hospital's neurosurgical patient population. The documentation must include a signed letter of commitment by neurosurgeons and the Trauma Medical Director.
10. **Transfer agreements and criteria**: The hospital must include as part of its application a copy of its transfer criteria and copies of its transfer agreements with other hospitals.
11. **Trauma Operating room, staff and equipment**: There must be prompt availability of a Trauma Operating Room (OR), an appropriately staffed OR team, essential equipment (including equipment needed for a craniotomy) and anesthesiologist services twenty four (24) hours per day. The application must also include a list of essential equipment available to the OR and its staff.
12. **Critical Care physician coverage**: Physicians must be capable of a rapid response to deal with urgent problems as they arise in critically ill trauma patients. There must be prompt availability of Critical Care physician coverage twenty four (24) hours per day. Supporting documentation must include a signed letter of commitment and proof of physician coverage twenty four (24) hours a day.
13. **CT scan and conventional radiography**: There must be twenty four (24) hour availability of CT scan and conventional radiography capabilities. There must also be a written letter of commitment from the hospital's Chief of Radiology.
14. **Intensive care unit**: There must be an intensive care unit with patient/nurse ratio not exceeding 2:1 and appropriate resources to resuscitate and monitor injured patients.
15. **Blood bank**: A blood bank must be available twenty four (24) hours per day with the ability to type and crossmatch blood products, with adequate amounts of packed red blood cells (PRBC), fresh frozen plasma (FFP), platelets, cryoprecipitate and other proper clotting factors to meet the needs of injured patients.
16. **Laboratory services**: There must be laboratory services available twenty four (24) hours per day.
17. **Post-anesthesia care unit**: The post-anesthesia care unit (PACU) must have qualified nurses and necessary equipment twenty four (24) hours per day. Documentation for this requirement must include a list of available equipment in the PACU.
18. **Relationship with an organ procurement organization (OPO)**: There must be written evidence that the hospital has an established relationship with a recognized OPO. There must also be written policies for triggering of notification of the OPO.

**APPLICATION FOR "IN THE ACS VERIFICATION PROCESS"
LEVEL III TRAUMA CENTER STATUS (continued)**

19. **Diversion policy:** The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than five percent (5%) of the time. The hospital's documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.
20. **Operational process performance improvement committee:** There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year.
21. **Nurse credentialing requirements:** Briefly describe credentialing requirements for nurses who care for trauma patients in your Emergency Department and ICU.
22. **Commitment by the governing body and medical staff:** There must be separate written commitments by the hospital's governing body and medical staff to establish a Level III Trauma Center and to pursue verification by the American College of Surgeons within one (1) year of this application and to achieve ACS verification within two (2) years of the granting of "in the ACS verification process" status. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one (1) year of this application and/or does not achieve ACS verification within two (2) years of the granting of "in the ACS verification process" status that the hospital's "in the ACS verification process" status will immediately be revoked, become null and void and have no effect whatsoever.



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METHODIST HOSPITALS APPLICATION SUMMARY FOR "IN THE ACS VERIFICATION PROCESS" DESIGNATION

Trauma Medical Director:

Reuben Rutland, MD is the Trauma Medical Director for Methodist Hospital's Northlake Campus. He is Board Eligible until 2017 and Trauma/Surgical Critical Care Fellowship trained. Dr. Rutland has passed the written boards at this time and plans on taking the oral board in the fall of 2014. He takes regular trauma call and his ATLS certification (course # 233560) expires on 4/11/2015 per Freddie Scruggs at the ACS.

Please refer to Trauma Medical Director tab # 2

Trauma Program Coordinator

Jennifer Mullen, BSN, RN is the Trauma Program Coordinator for Methodist Hospitals. She has both Associate and Bachelor of Arts degrees concentrating in Liberal Arts, and a Bachelor of Science in Nursing, each from Indiana University. Jennifer has been an Emergency Nurse for the majority of the past 12 years working at Level I Trauma Centers prior to her employment at Methodist. She is a Certified Emergency Nurse, Trauma Nurse Specialist (Illinois) and TNCC Instructor who is ATCN, ACLS, BLS, and PALS certified. For 2013 she had over 60 hours of Continuing Education. She recently attended the Society of Trauma Nurses Annual Conference and plans on attending the Emergency Nurses Annual Conferences this fall.

Please refer to Trauma Program Coordinator tab # 3

Submission of Trauma Data to the State Registry

Methodist Hospitals utilizes the Indiana Patient Registry (Image Trend) as our trauma registry and began entering data as of July, 2012. Data is entered on a daily basis and we have submitted data for both 2012 and 2013 to the National Trauma Data Bank.

Please refer to Trauma Registry tab # 4

Trauma Registrar

Latasha Taylor is the Trauma Data Coordinator. She graduated from Indiana University Northwest with a Bachelor of Science degree in Health Services Management and an Associate of Science degree in Health Information Technology. She is a credentialed Registered Health Information Technician (RHIT). Latasha serves a key role in abstracting, submitting, and analyzing trauma data. Latasha has attended the American Trauma Society Trauma Registrar course.

Please refer to Trauma Registrar tab # 5

Tiered Activation System

Methodist Hospitals has clearly defined trauma criteria as outlined in policy number TR_03. The patients meeting this criteria, as well as, team responses are continuously evaluated by our Trauma Program Performance Improvement Committee (TPPIC).

Please refer to Trauma Activation System tab # 6

Trauma Surgeon Response Times

The surgeons covering trauma call are committed to meeting the standard of responding to the most critically injured patient, defined by Methodist Hospitals as a Trauma Activation, within thirty (30) minutes of the patient's arrival. These response times will be closely and continuously monitored and reviewed by the TPPIC.

Dr. Rutland is a member of our hospital's Emergency Management Committee.

Please refer to Trauma Surgeon Response Times tab # 7

In-house Emergency Department Physician Coverage

Michael McGee, MD is the Emergency Department Medical Director at Methodist Hospitals. All but three (who are current in ATLS) of our physicians are Board Certified or eligible in Emergency Medicine. These physicians staff the Emergency Department 24 hours per day. There is also coverage by a second physician from 1100 to 2300 and mid-level providers from 0800 to 2000 and 1600 to 0300.

Please refer to Emergency Department Physician tab # 8

Orthopedic Surgery

Methodist Hospitals has orthopedic physicians available 24 hours per day/7 days a week who are committed to caring for the injured patient.

Please refer to Orthopedic Surgery tab # 9

Neurosurgery

Neurosurgical coverage is intermittent at Methodist Hospitals and transfer agreements exist with Level I and II Trauma Centers both in Indiana and Illinois for when coverage is not available or patients needing a higher level of care.

Please refer to Neurosurgery tab # 10

Transfer Agreements and Criteria

Methodist Hospitals has clearly defined trauma transfer criteria as outlined in policy and procedure TR_06 in addition to having transfer agreements with both Level I and II Trauma and Burn Centers in Indiana and Illinois.

Please refer to Transfer Agreements and Criteria tab # 11

Trauma Operating Room, Staff, and Equipment

Operating room (OR) staff is committed to providing care to the injured patient 24 hours per day. There are two call teams available with a maximum 30 minute response time outside of normal operating hours. Anesthesiologists are on-site 24 hours per day. There are five major surgical rooms, one dedicated specifically to Ortho and Trauma, one PACU, and one holding area. Each area is equipped with the necessary resources to care for the injured patient.

Please refer to Trauma Operating Room, Staff, and Equipment tab # 12

Critical Care Physician Coverage

Hospitalists are in-house 24 hours a day, 7 days a week and will address all critical values/results for laboratory and radiology- in conjunction with the on-call physician, as well as, respond to Code Blue and Rapid Response patients.

Please refer to Critical Care Coverage tab # 13

CT Scan and Conventional Radiology

Methodist Hospitals has full service radiology available 24 hours a day, 7 days a week. There are x-ray and CT technologists in house at all times.

Please refer to CT Scan and Conventional Radiology tab # 14

Intensive Care Unit (ICU)

The ICU at Methodist Hospital's Northlake campus is a ten bed unit and has the appropriate resources to provide care for and resuscitate a wide spectrum of critically ill patients. The average nurse to patient ratio is 1:2 and is often 1:1 based on the patient's acuity.

Please refer to Intensive Care Unit tab # 15

Blood Bank

The blood bank is available 24 hours a day, 7 days a week and has the ability to type and cross match blood products and is stocked with adequate blood products to resuscitate a patient. Should additional supply be needed, we are supported by our sister campus, Methodist Southlake.

Please refer to Blood Bank tab # 16

Laboratory Services

The laboratory at Methodist Hospitals provides diagnostic testing 24 hours a day, 7 days a week and provides the following services: Chemistry, Hematology, Microbiology, Immunology, Transfusion Services, Surgical Pathology, Histology, and Cytology.

Please refer to Laboratory Services tab # 17

Post-Anesthesia Care Unit (PACU)

The PACU is staffed during normal operating hours and is covered by on call staff off hours with the expectation of arriving in a timely fashion. All PACU nurses are certified with both ACLS and PALS. The PACU is equipped with the necessary resources and equipment to care for a post-surgical patient.

Please refer to Post-Anesthesia Care Unit tab # 18

Relationship with an Organ Procurement Organization (OPO)

Methodist Hospitals has a relationship with Gift of Hope Organ & Tissue Donor Network for organ and tissue procurement, as well as, several policies in place that address end of life care and donation/procurement. Please refer to Relationship with Organ Procurement Organization tab # 19

Diversion Policy

Methodist Hospitals has a trauma diversion policy in place and is committed to being on diversion less than 5% of the time. In the past year, the Northlake campus has been on trauma diversion a total of 21.5 hours for OR air handler repair and replacement and electrical upgrade. All instances of trauma diversion will be evaluated in the TPPIC. Please refer to Diversion Policy tab # 20

Operational Process Performance Improvement Committee

Methodist Hospital has two committees in place where trauma is addressed. The Trauma Program Performance Improvement Committee (TPPIC) is a multi-disciplinary committee that meets monthly. The purpose of this committee is to use a data driven approach in identifying opportunities to improve patient safety through all phases of trauma care. Our goal is to reduce patient morbidity and mortality. Operative and Trauma PIOC is also a multidisciplinary committee which meets monthly with the purposes of peer review.

Please refer to Operational Process Performance Improvement Committee tab # 21

Nurse Credentialing Requirements

All nurses employed by Methodist Hospital are required to have a valid Indiana nursing license. Emergency Department Nurses are required to have current BLS and ACLS certifications. PALS and TNCC are required within two years of hire. Intensive Care Unit Nurses are required to have current BLS certifications. ACLS and PALS are pursued after one year of experience. Both units have annual competencies that are mandatory, as well as, on-going continuing education in trauma care and resuscitation.

Please refer to Nursing Credentialing Requirements tab # 22

Commitment by the Governing Body and Medical Staff

The Board of Directors and Medical Staff of Methodist Hospitals recognizes the community's need of trauma care and the invaluable contribution that trauma care will afford. Both are committed to supporting the highest quality of service in our region and the pursuit of American College of Surgeons verification within two years of this application's acceptance.

Please refer to Commitment by the Governing Body and Medical Staff tab # 23

Reuben C. Rutland, M.D.

EDUCATION

College:

Tennessee State University
Biological Sciences Major
Chemistry Minor
Bachelors of Science 1994

Medical College:

Meharry Medical College
School of Medicine
Medical Doctorate 1998

Residency:

Wilford Hall Medical Center
General Surgery Internship 1998-1999

St. Mary's Hospital

General Surgery Residency 2002-2006

Hartford Hospital

Trauma Surgery Fellowship 2006-2007

University of Connecticut

Surgical Critical Care Fellowship 2007-2008

St. Mary's Hospital

General Surgery Residency
2008-2010

WORK EXPERIENCE

Methodist Hospital

Trauma Medical Director
600 Grant Street
Gary, IN 46402
August 2013- present

WORK EXPERIENCE

General and Vascular Surgery
500 Arcade Ave. Suite 200
Elkhart, IN 46514
(574)293-3317 Phone
(574)293-3523 Fax
September 2010- 2013

United States Navy
Battalion Surgeon for Third Marines Regiment 1999-2002

School City of Hammond
Junior High School Teacher
January 1993- June 1993

RESEARCH EXPERIENCE

Post-Doctoral Fellowship in Vascular Surgery
Yale University, School of Medicine
Department of Vascular Surgery
July 2004-2005

Can Injury Severity Score Predict The Outcome For Pulmonary Contusion?
St Mary's Hospital
July 2002

In Vitro Fertilization in C₅₁B₁ Mice
Michigan State University
May 1993-August 1993

Prolonged Positive End Expiratory Pressure Effects on the Lungs and Retina
Vanderbilt University, School of Medicine
May 1992-August 1992

PRESENTATION AND PUBLICATIONS

Reuben C. Rutland MD, Robert A. Brenes MD, Emilia Paszkowiak MD, J. Alexander Palesty, MD and Michael Ajemian MD. Does Payment Method Affect Trauma Outcomes?
American College of Surgery, Connecticut Chapter Meeting 2009

Rutland RC, Oprisui CA, Shapner C, Keating K, Abbenetts K, and Perdrizet G
Traumatic Amputation in a Jehovah's Witness: Options for Oxygen Delivery
Undersea Hyperbaric Medicine Society 2006

Rutland RC, Westzik H, Maloney S, Dudrick SJ and Dardik A
Increased Cardiac Complications in Hispanic Patients After Carotid Endarterectomy.
American College of Surgery, Connecticut Chapter Meeting 2004

Palesty JA, Wang XJ, **Rutland RC**, Dudrick SJ and Benbrahim A.
Fifty-Five Consecutive Laparoscopic: Appendectomy Procedures Without Conversion.
Journal of Laparoscopic Surgery:141-145 2004

Rutland RC, Kidd M, and Dudrick, SJ
The Treatment of Morbid Obesity
Annual Research Day- Waterbury, Hospital, 2004

Rutland RC, Paszkowiak JJ, and Dudrick, SJ
Bariatric Surgery; From the Fat Into the Frying Pan.
American College of Surgery, Connecticut Chapter Meeting
2004

Rutland, RC, Palesty JA, Rezak A, and Dudrick SJ
Tube-Ovarian Abscesses in a Post-Partum Adolsecent
American College of Surgery, Connecticut Chapter Meeting
2003

Rutland RC, Edwards RE, Rabbi JF, Staib S and Dudrick SJ
Can Injury Severity Score Predict The Outcome For Pulmonary Contusion
American College of Surgery Connecticut Chapter
October 2002 Second Prize Trauma Division

HONORS AND AWARDS

Meharry Medical College Scholarship
United States Naval Scholarship
Navy Achievement Medal 2002
Sea Service Deployment Award 2002
Sea Service Deployment Award 2001
National Defense Award 1998
Jungle Warfare Training Certificate
Field Medicine Certificate
Beta Kappa Chi Scientific Honor Society
Who's Who Among Students in American Colleges and Universities
National Dean's List Among College Students

CERTIFICATIONS

Advance Cardiopulmonary Life Support
Advance Trauma Life Support Instructor
Advance Trauma Life Support
Focus Abdominal Sonography Trauma
Advance Trauma Operative Management (ATOM) Instructor
Hyperbaric Medicine Certificate

SOCIETIES AND ORGANIZATIONS

American College of Surgeons
Society of American Gastrointestinal and Endoscopic Surgeons
National Medical Association
American College of Surgeons
Prince Hall Free and Accepted Mason
Kappa Alpha Psi Fraternity, Inc

VOLUNTEER EXPERIENCE

Granville Academy this is a free after-school coaching and counseling program designed to give inner city youth an introductory knowledge of business and industry, including an understanding of the language, foundation and environment of the free enterprise system.

The Enlightenment School is an alternative learning program for middle and high school aged students with behavioral and truancy problems in Waterbury, CT.

SCHEDULE 1

Clinical Duties of Contractor

Medical Director Duties of Physician – Trauma Program

Physician shall lead the medical multidisciplinary activities of the Trauma Program. As the Trauma Medical Director, Physician shall pursue the full development of the trauma center in terms of quality of care, volume, scope of services and cost-effectiveness, and shall organize and manage the overall physician/surgeon component of the trauma service. In fulfilling these responsibilities, Physician shall:

A. Clinical

- Oversee all aspects of the multidisciplinary care from the time of injury through discharge.
- Develop, coordinate and provide input on the development and maintenance of practice guidelines, policies, and methodologies for trauma medical/surgical patient care.
- Ensure that Trauma Program demonstrates consistent, efficient, cost effective, quality trauma medical/surgical care at all times.
- Ensure that Trauma Program maintains utilization of ancillaries and pharmacy costs within accepted managed care standards.
- Report quality of care issues promptly to appropriate individuals, including Trauma Program Manager, Risk Manager, and Administration.
- Ensure that Trauma Program meets established Health information and hospital standards for documentation and turnaround times.
- Coordinate, chair and participate in all relevant trauma medical QA/PI and peer review activities as required by the Medical staff, Trauma Services, and Hospital.
- Ensure that appropriate referrals for specialty services are made within the Trauma Program and that there is regular communication with referring physicians as appropriate.
- Assist with Managing patients in consultation with referring physicians and provide feedback regarding clinical care in the trauma region.
- Coordinate the transition of the patient to subacute care.

B. Communication

- Collaborate with the Trauma Program Manager to establish trauma program goals and objectives consistent with those of the hospital and ensure that those of the trauma service are being met.
- Consistently demonstrate positive interpersonal relationships with colleagues, hospital personnel, and patients/family in order to achieve maximum operational effectiveness and customer satisfaction.

C. Managerial

- Perform and participate in an annual review (credentialing) process of all Trauma Surgeons and Co-specialist providing trauma care at Methodist Hospital.
- Exercise the authority to remove members from/appoint members to the trauma panel annually.
- In conjunction with the representatives from the co-specialties, recommend and approve qualified medical/surgical trauma team privileges.
- Exclude from trauma call those medical/surgical trauma team members who do not meet established designation/verification criteria and requirements.
- Establish a physician case management process which fosters cost-effective, high quality patient care.
- Oversee, participate in and develop projects that ensure cost-effectiveness of care provided by physicians and hospital.
- Coordinate, participate in and chair trauma, educational, quality assurance and multi-disciplinary meetings.
- Ensure establishment of physician/surgeon call schedules for all specialties.
- Ensure compliance of the trauma medical/surgical care with all regulatory and trauma designation/verification requirements including ACS, HFAP, OSHA, EMTALA and local designating agencies.
- Develop strategic relationships with referring hospitals and physicians.
- Maintain relations with community organizations and legislative bodies whose activities relate to trauma care and injury prevention.
- Coordinate and participate in trauma surgeon recruitment, trauma service marketing, and community education/prevention activities.
- Participate in trauma patient/family satisfaction projects.
- Assists the Trauma Program Manager in developing and meeting the Trauma Service budgetary goals.

D. Education/Training/Research

- Participate in the education/training of hospital personnel, trauma surgeons, and co-specialists.
- Conduct monthly Trauma Grand Rounds with at least 1 CME accredited educational trauma round for all Trauma Team Members and hospital personnel.
- Participate in the development of providing/coordinating ATLS courses in local area. Then, once established, directly participating at least 2-3 times a year.
- Adhere to Trauma Service guidelines and assists in the education and training of hospital personnel.
- Oversee, participate in, and coordinate all Trauma related research.
- Represent Methodist Trauma Services as the Trauma Director by lecturing on a trauma topic at Methodist's Annual Trauma Symposium.
- Participate in the education of faculty and professional students as requested and approved by Methodist Hospital and allowed by professional practice commitment.
- Provide, on a semi-annual and PRN basis, educational trauma case presentations to all regional facilities which have referred patients to Methodist Hospital Trauma Surgery. The educational session will be open to pre-hospital, nursing, ancillary and physician staff.

E. OTHER

Such other administrative services as are required from time to time pursuant to the By-Laws, rules and regulations of the Hospital, the Hospital, and its Medical Staff, departments and committees.



POLICY Subject: Requirements and Responsibilities of Trauma Medical Director		POLICY NO.: TR_01
ORIGINAL DATE: October 20, 2013	SUPERSEDES: n/a	PAGE: 1

Key Words: Trauma, Medical Director, Authority, Responsibilities

Applies to: Inpatient: Outpatient: Provider: All:

Video:

I. POLICY:

The Trauma Medical Director (TMD) leads the multidisciplinary activities of the trauma program at Methodist Hospital's Northlake Campus and is responsible for the organizational integrity of the program. The Trauma Medical Director works collaboratively with the Trauma Program Coordinator (TPC) to assure compliance with both the verification requirements of American College of Surgeons, as outlined in *Resources for the Optimal Care of the Injured Patient, 2006*, and Indiana Statewide Trauma System requirements.

A. Requirements of the Trauma Medical Director:

1. Must be a board-certified or board eligible general surgeon or an American College of Surgeons Fellow.
2. Must participate in trauma call.
3. Must be current in Advanced Trauma Life Support (ATLS).
4. Must participate in regional and/or national trauma organizations.
5. Must oversee the Trauma Program Performance Committee and attend all meetings.
6. Must be actively involved in pre-hospital personnel training, the PIPS process, and the development of trauma components of Emergency Medical Services.
7. Trauma Medical Director will serve as the Intensive Care Co-Director, working with the ICU Medical Director, overseeing all aspects of trauma medical care.

B. Responsibilities of the Trauma Medical Director:

1. Has oversight authority to manage all aspects of trauma care and to correct deficiencies.
2. Has the authority to set qualifications and to determine each general surgeon's ability to participate on the trauma team.
3. Has the authority to determine trauma service privileges of the on-call panel and may exclude trauma team member who do not meet specified criteria. Appointment or removal of personnel from the Trauma Service is done by the Trauma Medical Director in accordance with Medical Staff Bylaws.
 - i. Issues unresolved by the Trauma Medical Director through Methodist Hospital's Northlake Campus organizational structure, are addressed by the Chief Medical Officer, or the Chief Executive Officer (CEO). This mechanism includes direct consultation with the affected service,

including but not limited to, physician consultants or departments within the hospital.

4. Monitors trauma patient care on an ongoing basis through the Trauma Program Performance Committee.
5. Will lead the development of and approve before implementation, trauma care guidelines for the following areas:
 - a. Emergency Department
 - b. ICU
 - c. Operating Room and Post-Anesthesia Care Unit
 - d. Adult Medical Surgical Units
 - e. Emergency Medical Services

C. The Trauma Program Coordinator performs under the direction of the Trauma Medical Director and Director of Emergency Services and interacts with all departments on behalf of the Medical Director when indicated.

II. DEFINITIONS:

n/a

III. REFERENCE:

Resources for Optimal Care of the Injured Patient, Committee on Trauma, American College of Surgeons, 2006

IV. DOCUMENT INFORMATION

A. Prepared by

Dept. & Title
Trauma Medical Director
Trauma Program Coordinator

B. Review and Renewal Requirements

This policy will be reviewed annually and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: "Type Date (mm/yyyy)."
Revised on: "Type Date (mm/yyyy)."

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

Vice President(s)
Chief Nursing Officer

Date
2/13/2014

2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

<u>Committee(s)</u>	<u>Date</u>
Trauma Program Performance Improvement Committee	10/29/2013
LPIC	12/03/2013
Medical Council	1/28/2014



ATLS® 9th EDITION UPDATE - INSTRUCTORS

Please keep this document as a record of your ATLS 9th edition update/ reverification process.

Name: Reuben C. Rutland, MD
Faculty Type: Instructor
Date of online update: 01/16/2014

Accreditation

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

AMA Credit Designation

The American College of Surgeons designates this enduring material for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Your instructor status is valid for a 4-year period of time. To retain a valid instructor status, you need to teach 4 courses in 4 years and be current on the Student Manual edition used in the courses. Each teaching episode in a given course must consist of teaching a lecture and a skills station. You also need to consistently demonstrate the characteristics desired of an ATLS® Instructor, successfully complete a written test, and be updated on the latest edition of the course before being assigned to teach. You have up to 6 months after your status expires to complete the reverification process.

If you relocate during this 4-year period, please contact the American College of Surgeons (ACS) office with your change of address.

A complete listing of courses is available on the College's ATLS® Web site at <http://www.facs.org/trauma/atls/index.html>.

JENNIFER MYERS MULLEN, BSN, RN, TNS, CEN

CERTIFICATIONS AND LICENSURE

- Registered Professional Nurse, State of Illinois, May 2016
- Registered Professional Nurse, State of Indiana, October 2015
- American Heart Association CPR Certified, January 2015
- American Heart Association ACLS Provider, January 2015
- Emergency Communications Registered Nurse, State of Illinois, July 2016
- Trauma Nurse Specialist, State of Illinois, November 2014
- Certified Emergency Nurse, ENA, February 2015
- American Heart Association, PALS Provider, May 2015
- Trauma Nurse Core Course, ENA, July 2017
- Trauma Nurse Core Course Instructor, ENA

PROFESSIONAL EXPERIENCE

The Methodist Hospitals Merrillville & Gary, IN
(April 2013 to current)
Trauma Program Coordinator/Trauma Services

- Responsible for guiding organization toward Level III State of Indiana Trauma Designation and American College of Surgeons Trauma Verification.
- Developing Trauma Policies and Procedures to both standardize trauma care and decrease provider variation while providing supporting education during implementation process.
- Participating in various Indiana State Trauma Committees to help support the development of our state trauma system.

Northwestern Memorial Hospital Chicago, IL
(March 2009 to May 2010)
(May 2010 to April 2013)
Staff Nurse/Emergency Department
Trauma Coordinator/EMS & Trauma

- Collaborated with Emergency and Surgery/Trauma Department to ensure hospital complied with Illinois Department of Public Health Trauma Center Code for Level I Trauma Center.
- On a daily basis, monitored trauma activations for appropriateness, timeliness of trauma team and specialty service response, OR/IR availability, nursing documentation compliance, and admission/disposition status and problem solves when needed.
- On a monthly basis, assimilated and evaluated trauma quality statistics which included total volume, mechanism of injury, transfers, consults, and disposition summary, and reviewed all emergency department intubations, deaths, OR/IR cases, and EMS scene time variances.
- Participated in trauma registry data abstraction, oversee data quality to ensure inter-rater reliability, and provide trauma reports and statistics as requested for research and quality purposes.
- Supported ongoing ED nursing education by teaching the Trauma Nurse Mentoring Program on a quarterly basis and organized participation in Trauma Nurse Specialist classes.
- Supported ED and ICU nursing, ED and Surgical Resident education by contributing to monthly and annual conferences and simulation lab.
- Monitored compliance with initial contact of CeaseFire to ensure all victims of violent crime were referred.

Advocate Christ Medical Center Oak Lawn, IL
(January 2008 to March 2009)
Staff Nurse/Post Anesthesia Care Unit

- Functioned in a face-paced environment to recover both adult and pediatric patients from post-surgical anesthesia while monitoring airway patency and managing pain.
- Evaluated invasive monitors, lab values, and EKGs, and communicated changes in patient status to surgeon and anesthesia personnel.
- Participated in post-surgical patient and family teaching care in regard to equipment use, wound care instructions, and follow up.

St. James Hospital and Health Center
Assistant Patient Care Manager/Emergency Center

Olympia Fields, IL
(April 2006 to December 2007)

- Provided emergency and trauma nursing care, participated in patient/family teaching, and served as a patient advocate to deliver exceptional care and promote optimal outcomes at Level I Trauma Center and teaching hospital.
- Assumed role of Charge RN, trained and developed staff nurses in all aspects of patient care, performed administrative support to Emergency Center Manager in regard to scheduling, maintaining policy and procedure, and new staff orientation.
- Responsible for upgrading Emergency Department's three tiered level of triaging to the ESI system, which included reformatting triage documentation, developing teaching materials, and educating staff during transition.

Northwestern Memorial Hospital
Staff Nurse/Emergency Department

Chicago, IL
(May 2000 to April 2006)

- Provided emergency and trauma nursing care at an academic medical center with Magnet status and Level I Trauma Accreditation, managed all aspects of patient care in team approach environment, identified and anticipated changes in physiological condition, and communicated patient condition to multi-disciplinary team members, patient, and their families.
- Assimilated information from multiple sources and applied critical thinking skills to provide appropriate clinical interventions to meet patient's needs and documented process while providing safe and quality nursing care.
- Functioned in roles of new hire mentor, team leader, and triage nurse.

EDUCATION

Indiana University Northwest

Gary, IN

- Associate of Arts, Liberal Arts-graduated May 1991
- Bachelor of Arts, Liberal Arts-graduated August 1992
- Bachelor of Science, School of Nursing-graduated May 2002

PROFESSIONAL MEMBERSHIPS AND COMMITTEE PARTICIPATION

- Sigma Theta Tau-Alpha Chapter Inductee 2001
- Emergency Nurses Association member
- Society of Trauma Nurses member
- Indiana Trauma Network member
- Indiana State Trauma Care Committee member
- Indiana Process Improvement Sub-committee member
- Trauma Center Association of America hospital member
- American Trauma Society hospital member



Job Description

Job Details

Job Title: Coordinator Trauma
Program

Job Code: 2509

FLSA Classification: Exempt

Job Summary

Under direction, to perform work providing support and services to the Trauma services offered by Methodist Hospitals. Develops, implements and evaluates systems and programs directed toward the provision of quality services for trauma patients from a multidisciplinary perspective throughout the continuum of care. Responsible for leading the organization to achieving trauma level designation and maintaining that designation.

Principal Duties and Responsibilities (Essential Functions)

Description

Provides leadership for developing and maintaining trauma level designation in the healthcare system.

Assesses the need for policies, procedures, protocols, supplies and equipment to care for trauma patients, and develops and recommends changes and updates for consideration.

Develops, implements and evaluates systems and programs directed toward the provision of quality services for trauma patients from a multidisciplinary perspective throughout the continuum of care. Works in close collaboration with the Trauma Medical Director.

Coordinates the development and implementation of clinical pathways for trauma patient populations incorporating members from multidisciplinary teams.

Serves as a resource on Trauma Programs from clinical practice in order to provide high-quality trauma patient care.

Develops, coordinates and implements orientation programs and nursing education and in-service programs related to the care and management of trauma patients in conjunction with the Education Department.

Serves as the coordinator of the identification, investigation, reporting and follow-up of incidents and quality issues throughout the program.

Ensures adherence to hospital policies, procedures and standards through observation, medical record review, staff feedbacks and other appropriate sources.

Collects, codes, scores and develops processes for validation of data entered into the trauma registry, and ensures that the design of the registry facilitates performance improvement activities, trend reports and research while protecting confidentiality.

Automatically added: Performs other duties as needed and/or assigned.

Knowledge, Skills and Abilities

Ability to read, analyze and interpret common scientific and technical journals, financial reports and legal documents.

Ability to respond to common inquiries and complaints from customers, regulatory agencies or members of the business community.

Ability to write speeches and articles for publication that conform to prescribed style and format.

Ability to effectively present information to public groups, staff and management.

Ability to apply mathematical concepts such as fractions, percentages, ratios, proportions and data analysis.

Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.

Ability to interpret a variety of instructions furnished in written, oral, diagram or schedule format.

Requires computer and systems competency in the following areas: enters data, retrieves data, assembles and organizes data, uses and analyzes data, integrates diverse sources of data.

Education

All post high school education must have been obtained from a recognized College or University. Other majors or courses of study will be considered as meeting these requirements, as long as they are closely related to the essential functions of the position.

Degree/Diploma Obtained	Program of Study	Required/Preferred
Masters	Nursing	Preferred
Bachelors	Nursing	Required

Educational Requirements

A Bachelor's Degree from a recognized college or university in Nursing or a closely related field is required.

A Master's Degree from a recognized college or university in Nursing or a closely related field is desirable.

Experience

Other types of work experience will be considered as meeting these experience requirements, as long as they are closely related to the essential functions of the position.

Years of Experience	Type of Experience	Required/Preferred
----------------------------	---------------------------	---------------------------

Experience Requirements

Three years of progressively responsible work experience as a registered nurse in an emergency department or trauma center setting or a closely related field is required.

Certification and Licensures

Other certifications and/or licensures may be considered as meeting any listed requirements, as long as they are closely related to the essential functions of the position and satisfy any regulatory requirements.

Title and Description

Licensed Registered Nurse

New Hire Mandatory Competencies

Description

Annual Mandatory Competencies

Description

Model of Care and Conduct

Methodist Hospitals strives for excellence and insists on high standards of conduct and performance in everything we do. Our Model of Care and Conduct is designed to create a positive work environment which Methodist desires for all employees. This is foundational to the high level of patient, family and physician satisfaction we strive for each day. As part of all position's duties at Methodist Hospitals, all employees are responsible to conduct themselves in accordance with the Model of Care and Conduct and will be evaluated according to these standards of behavior.

Working Conditions

Under 1/3 Up to 2/3 Over 2/3

Wet or humid conditions (non-weather)

Work near moving mechanical parts

Exposure to bloodborne pathogens x

Hazardous waste x

Work in high, precarious places

Fumes or airborne particles

Toxic or caustic chemicals

Outdoor weather conditions

Extreme cold (non-weather)

Extreme heat (non-weather)

Under 1/3

Up to 2/3

Over 2/3

Risk of electrical shock

Risk of radiation

Vibration

Noise

Title and Description

Moderate noise (examples: business office with computers and printers, light traffic)

Physical Requirements

Under 1/3

Up to 2/3

Over 2/3

Standing

Walking

Sitting x

Using hands to finger, handle, and/or feel

Reaching with hands and arms

Climbing or balancing

Stooping, kneeling, crouching, or crawling

Talking or hearing

x

Tasting or smelling

Under 1/3 Up to 2/3 Over 2/3

Up to 10 pounds

Up to 25 pounds ×

Up to 50 pounds

Up to 100 pounds

More than 100 pounds

Vision

Close vision (clear vision at 20 inches or less)

Distance vision (clear vision at 20 feet or more)

Depth perception (three-dimensional vision, ability to judge distances and spatial relationships)

Ability to adjust focus (ability to adjust the eye to bring an object into sharp focus)

Age Specific Competencies

Title and Description

Pediatric (29 days – 12 years)

Adolescent (13 – 17 years)

Adult (18 – 64 years)

Geriatric (65 yrs & older)

Employee Statement of Understanding

I have read and understand the job description for my position. I am able to perform all of the essential functions of this position. I agree to comply with the corporate compliance policy and all laws, rules and regulations relating to my position.

Employee: JENNIFER MULLEN J.M. (electronic signature for
Coordinator Trauma Program (2509))

Date: 05/02/2013 10:01 AM

HEALTHCARE PROVIDER

Healthcare Provider

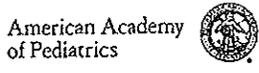


Jennifer Myers Mullen

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

Issue Date: 2013 Recommended Renewal Date: JAN 2015

PEDIATRIC ADVANCED LIFE SUPPORT



PALS Provider

Jennifer Mullen

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Pediatric Advanced Life Support (PALS) Program.

Issue Date: 05/24/2013 Recommended Renewal Date: 05/2015



915 Lee Street • Des Plaines, IL • 60016-6569

Jennifer Mullen July, 2017 Name Expiration Date

has successfully completed all Provider course requirements for the ENA Trauma Nursing Core Course (TNCC).

Scott Williams RN Course Director

Illinois Department of Public Health LICENSE, PERMIT, CERTIFICATION, REGISTRATION JENNIFER MYERS MULLEN EXPIRATION DATE: 07/31/2014 CATEGORY: ECRN ID NUMBER: [REDACTED] ECRN - EMERGENCY COMMUNICATIONS REGISTERED NURSE ISSUED PURSUANT TO EMERGENCY MEDICAL SERVICES ACT (210 ILCS 50/2 CH 111/2, PAR 5502-11.1)

CEN BCEN CEN Name: Jennifer Mullen Certification Number: [REDACTED] Expiration Date: 2/12/2015 800/900-9659 ext 2630 www.BCENcertifications.org

Sigma Theta Tau International Honor Society of Nursing This is to certify that Jennifer Myers Mullens is an active member of 001 Alpha Chapter Account Number: [REDACTED] Annual Membership Renewal Required to Validate Card

State of Illinois Department of Financial and Professional Regulation Division of Professional Regulation REGISTERED PROFESSIONAL NURSE JENNIFER MYERS MULLEN EXPIRES 5/31/2014 BRENT E. ADAMS SECRETARY JAY STEWART DIRECTOR official status of this license can be verified at www.idfpr.com

Illinois Department of Public Health LICENSE, PERMIT, CERTIFICATION, REGISTRATION JENNIFER MYERS MULLEN EXPIRATION DATE: 11/30/2014 CATEGORY: TNS ID NUMBER: [REDACTED] TNS - TRAUMA NURSE SPECIALIST ISSUED PURSUANT TO EMERGENCY MEDICAL SERVICES ACT (210 ILCS 50/2 CH 111/2, PAR 5502-11.1)



915 Lee Street • Des Plaines, Illinois 60016-6569

Instructor Verification No. [REDACTED]

Jennifer M Mullen BSN RN CEN
[REDACTED]
[REDACTED]

has successfully completed all instructor course requirements
for the ENA Trauma Nursing Core Course (TNCC).



Continuing Education Certificate
Society of Trauma Nurses

Advanced Trauma Care for Nurses[®]

Student Course
Borgess Medical Center

May 19 & 20, 2014

Jennifer Mullen

Amy Koestner, MSN, RN

Course Director

STN is a licensed continuing education provider in the State of California Board of Registered Nursing. Provider Number [REDACTED] This course has been approved for 19 hours of credit.

Certificate of Completion

Jennifer Mullen

Continuing Education Units (0.5 hours)

Statewide Trauma Education Session

April 2, 2014



William C. VanNess II

Indiana State
Department of Health



William C. VanNess II, M.D.
State Health Commissioner
Chair, Indiana State Trauma Care Committee



2014 CONFERENCE

Contact Hour Certificate

Address

[Redacted Address]

Name Jennifer Mullen

Address [Redacted Address]

City [Redacted City] State IN Zip [Redacted Zip]

RN License # _____
for your records only

I, Jenn Mullen, affirm that I attended the sessions shown here for contact hour credit.

Program: Bring It to the Bayou: Big Ideas,
Big Trauma in the Big Easy

Date: April 2-5, 2014
Location: New Orleans, LA
Awarding Inst: STN
Activity ID: [Redacted]
Nurse Planner: Rita Cox, RN, BSN

FAX 888-271-0607

CONFERENCE TOTAL

11.31

The maximum of 14.66 (including workshop) contact hours will be awarded for this educational activity. This continuing nursing education activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center's COA.

INSTRUCTIONS

1. Complete the demographic data section of this form. A place for your license number is included for your personal records.
2. Check the box by each activity you attend.
3. Place the total number of hours earned in the space provided.
4. At the end of the program, turn in the **yellow copy** to staff.
5. **Retain the white copy for your records. This is your contact hour certificate.**

Thursday, April 3, 2014

<input type="checkbox"/> President's Address	0.33
<input checked="" type="checkbox"/> Distinguished Lectureship	1.0
Concurrent Sessions 1	
<input type="checkbox"/> Blast Injuries and Children	1.0
<input type="checkbox"/> From Idea to Paper	1.0
<input type="checkbox"/> Elderly Trauma Patients	1.0
<input type="checkbox"/> Pressure Ulcers	1.0
<input type="checkbox"/> Trauma Care in the Military	1.0
<input checked="" type="checkbox"/> Performance Improvement 101	1.0
Concurrent Session II	
<input type="checkbox"/> Trauma Across the Continuum	1.0
<input type="checkbox"/> Oral Abstract Winners/Evidence Based	1.0
<input type="checkbox"/> Trauma in Pregnancy	1.0
<input type="checkbox"/> Sympathetic Storming/TBI	1.0
<input type="checkbox"/> Youth Violence Prevention	1.0
<input type="checkbox"/> Radiological Images	1.0
Concurrent Session III	
<input type="checkbox"/> Patient Safety/Pediatric Trauma	1.0
<input type="checkbox"/> Oral Abstract Winners – Research	1.0
<input checked="" type="checkbox"/> Trauma Jeopardy	1.0
<input type="checkbox"/> Managing Moderate TBI	1.0
<input type="checkbox"/> Weather the Trauma Storm	1.0
<input type="checkbox"/> Rib Fracture Stabilization	1.0
Concurrent Session IV	
<input type="checkbox"/> Mild TBI in Children	1.0
<input type="checkbox"/> Ethical Considerations	1.0
<input checked="" type="checkbox"/> Blunt Aortic Injury	1.0
<input type="checkbox"/> Blast Dynamics/Injury Patterns	1.0
<input type="checkbox"/> Partnerships in Prevention	1.0
<input type="checkbox"/> Case Studies/Rural Trauma	1.0
Poster Session (Number of Poster Abstracts reviewed)	
<input type="checkbox"/> 6	1.0
<input type="checkbox"/> 7	1.16
<input type="checkbox"/> 8	1.32
<input type="checkbox"/> 9	1.48
<input type="checkbox"/> 10	1.64
<input type="checkbox"/> 11	1.8
<input type="checkbox"/> 12	1.96
<input type="checkbox"/> 13	2.12
<input type="checkbox"/> 14	2.28
<input checked="" type="checkbox"/> 15	2.5
Daily Total	<u>6.5</u>
Friday, April 4, 2014	
<input type="checkbox"/> Mature P.I. Program	1.0
<input checked="" type="checkbox"/> Trauma Resuscitation	1.42
<input checked="" type="checkbox"/> Nagging Trauma Issues	1.42
<input checked="" type="checkbox"/> Brian Boyle Story	0.83
<input type="checkbox"/> Unique Trauma Populations	1.0
<input type="checkbox"/> Rapid Fire Countdown	1.0
<input checked="" type="checkbox"/> Evaluations	0.16
Daily Total	<u>4.81</u>

11.31

THE UNIVERSITY OF
CHICAGO MEDICINE
UCAN



AT THE FOREFRONT
OF CRITICAL CARE TRANSPORT™



This is to certify that

Jennifer Mullen

successfully completed the educational activity listed below and has been awarded contact hours.

2014 Critical Care & Trauma Conference

March 5, 2014
Merrillville, Indiana

6.0 contact hours for nurses have been approved by the State of California Board of Registered Nursing. Most states recognize CE credit for license renewal that has been approved by the State of California Board of Nursing.
6.0 contact hours have been approved by the State of Indiana, Department of EMS and the State of Illinois Department of Public Health, Division of EMS. Most states recognize CE credit for license renewal that has been approved by these states.

Scott L. DeBoer, RN
Scott L. DeBoer, RN, MSN, CCRN, CPEN, CEN, CFRN, EMT-P
Founder: Peds-R-Us Medical Education, L.L.C.
Flight Nurse
UCAN

Kelley Holgren, RN
Kelley Holgren, RN, BSN, CFRN
Administrative Director & Chief Flight Nurse
Conference Co-Director
UCAN

The American Trauma Society

Hereby Awards

Jennifer Mullen

this certificate for successful completion of the

Trauma Program Manager Course

Indianapolis, Indiana

November 13 & 14, 2013

Tracy Rogers McDonald

Tracy Rogers McDonald
TPM Course Coordinator

This activity has been approved for 15 CME Contact Hours.

Code Number: A12-63-314-125

The Maryland Nurses Association (MNA)

The MNA is an accredited provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation



SOCIETY OF TRAUMA NURSES

Continuing Education Certificate

This certifies that

Jennifer Mullen BSN, RN, CEN, TNS

has attended and successfully completed:

Optimal Trauma Center Organization and Management Course

and is hereby awarded

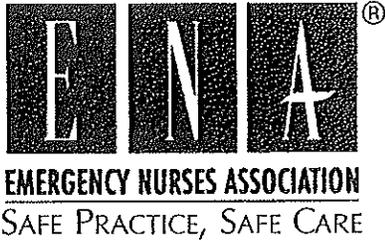
6.2 contact hours

Wednesday, October 11, 2013
Indiana State Department of Health
Indianapolis, IN

Sponsored by: Society of Trauma Nurses
3493 Lansdowne Drive, Lexington, KY 40517

STN is a licensed continuing education provider in the State of California Board of Registered Nursing.
Provider No. CEP 11062 Course #040313

This certificate must be retained by the licensee for a period of four years after the completion of the course.



This certifies that Jennifer M. Mullen, RN has attended
Trauma Nursing Core Course (Instructor)
earning 7.5 Total Contact Hours.

ENA has provided 0 Contact Hours in the Category of Clinical. The remaining 7.5 Contact Hours are in the Category of Other.

The Emergency Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Emergency Nurses Association is recognized as a provider of continuing education in nursing. California Continuing Education Provider #CEP2322.

Janelle N. Glasgow, RNC, CPEN
Course Director (Print)

September 13, 2013
Date of Course

Janelle Glasgow RNC CPEN
Course Director (Signature)

Central Ohio Trauma System
Location of Course

Emergency Nurses Association
Provider Unit
915 Lee Street
Des Plaines, IL 60016

Lead Nurse Planner – Betty O. Mortensen, BSN, MS, FACHE

Do not send this certificate to the Board of Nursing – keep it for your personal files. This certificate must be kept by licensee for a period of six years.

Columns Display Grouping Sorting Criteria Actions »

Generate Report »

Printed: 06/04/2014 at 4:58 PM



**Methodist Hospitals Northlake -
Month of Injury Report v.2**

Export

Facility Name: Methodist Hospitals Inc Northlake Campus

Year	Month	Number of Records
		0
2011	04 April	1
2012	06 June	40
2012	07 July	33
2012	08 August	19
2012	09 September	20
2012	10 October	30
2012	11 November	35
2012	12 December	34
2013	01 January	42
2013	02 February	26
2013	03 March	43
2013	04 April	47
2013	05 May	41
2013	06 June	60
2013	07 July	53
2013	08 August	51
2013	09 September	36
2013	10 October	40
2013	11 November	35
2013	12 December	36
2014	01 January	28
2014	02 February	43
2014	03 March	48
2014	04 April	48
2014	05 May	43
2014	06 June	2
Total:		934
Total:		934

Report Criteria

Facility Name: Is Equal To Methodist Hospitals Inc Northlake Campus

Incident Created On: Is Within last_2_years



The American College of Surgeons
Committee on Trauma

Recognizes
METHODIST HOSPITALS - NLC
for

2014 Participation in the National Trauma Data Bank

A handwritten signature in black ink, appearing to read "Avery B. Nathens".

Avery B. Nathens, MD, PhD, FACS
Chair, NTDB Committee

A handwritten signature in black ink, appearing to read "John Fildes MD".

John Fildes, MD, FACS
Medical Director, Trauma Program

This certificate confirms your participation in the NTDB through June 2015 for ACS Verification purposes

NTDB Validator Report

Call for Data Year: 2014

Date Range of Records: 01/02/2013 - 12/30/2013

Produced For: 18020

Submission Id: ██████████

NTDS Version: 2013.1.3

Channel: 105

FileType: NTDB

File Result: Pass

Monthly Record Count Summary:

January	February	March	April	May	June	July	August	September	October	November	December	Total
42	23	37	39	37	39	40	45	32	27	26	19	406

Policy Validation Issues:

None

File Based Issues:

None

File Validation Summary:

	Level 1	Level 2	Level 3	Level 4	Total
Number of Validation Issues	0	0	1	0	1
Number of Invalid Records	0	0	1	0	1
%Invalid Records	0.00%	0.00%	0.25%	0.00%	0.25%

Please refer to the NTDS Data Dictionary for a full description of validation issues.



NTDB[®]
NATIONAL TRAUMA DATA BANK

The American College of Surgeons
Committee on Trauma
Recognizes
METHODIST HOSPITALS - NLC

for

2013 Participation in the National Trauma Data Bank

Avery B. Nathans, MD, PhD, FACS
Chair, NTDB Committee

John Fildes, MD, FACS
Medical Director, Trauma Program

This certificate confirms your participation in the NTDB through May 2014 for ACS Verification purposes

NTDB Validator Report

Call for Data Year: 2013

Date Range of Records: 07/01/2012 - 12/31/2012

Produced For: 18020

Submission Id: ██████████

NTDS Version: 2012.1.4

Channel: 104

File Result: Pass

Monthly Record Count Summary:

January	February	March	April	May	June	July	August	September	October	November	December	Total
0	0	0	0	0	0	32	18	18	23	25	20	136

Policy Validation Issues:

None

File Based Issues:

None

File Validation Summary:

	Level 1	Level 2	Level 3	Level 4	Total
Number of Validation Issues	0	0	3	0	3
Number of Invalid Records	0	0	3	0	3
%Invalid Records	0.00%	0.00%	2.21%	0.00%	2.21%

Please refer to the NTDS Data Dictionary for a full description of validation issues.

Latasha M. Taylor

Objective: To obtain a career oriented position that will allow me to utilize my Administrative and Organizational skills.

Professional Summary: Highly motivated self-starter dedicated to finding solutions and implementing innovative ideas using excellent organizational, project management, leadership, and customer service skills.

Professional Experience:

Methodist Hospitals, Gary and Merrillville, IN **Jan. 2013 – Present**

Trauma Data Coordinator

- Identify eligible trauma incidents for reporting as required by the American College of Surgeon's Committee on Trauma and the State of Indiana.
- Abstract information from the electronic health record (Epic) and enter data into the trauma registry ensuring efficient and timely reporting to the National Trauma Data Bank (NTBD) and the Indiana State Department of Health (ISDH).
- Prepare statistical reports for review by administration and other stakeholders/committees for performance improvement and trending.

Professional Dynamic Network, Inc., Olympia Fields, IL **Sept. 2000 – Jan. 2013**

(Consulting/Professional Services Corporation)

Director of Corporate Services (2006-2013)

Assistant to the President & CEO (2004-2008)

Account Executive/Manager (2000-2004)

Overall Accomplishments:

- Processed, submitted, and maintained corporate records and annual MBE/WBE/DBE certifications for the corporation with six agencies; allowing the corporation to participate in bidding and subcontracting business opportunities.
- Prepared and submitted contracts/professional service agreements for new business within the same business day; ensuring responsiveness and timely service.
- Provided internal and external communications on behalf of the President & CEO as the executive assistant; draft correspondence, prepare reports and presentations, and facilitate organization of meetings. Troubleshoot problems, perform project management duties, organize materials for meetings, coordinate travel arrangements, schedule and confirm appointments.
- Built solid relationships with customers through qualifying job orders, negotiating appropriate bill rates, employ appropriate methodologies to facilitate job matching process, and conducted follow-up activities with clients to ensure customer satisfaction.
- Staffed and managed the highest producing revenue service line (Medical Coding and Cancer Registry) which consists of an average of 30 consultants weekly. Coordinated medical coding compliance reviews for RAC, MS- DRG, and OIG focused audits.
- 2008 & 2010 President's Award recipient for Performance Excellence – Professional Dynamic Network, Inc.

Tri-City Community Mental Health, East Chicago, IN **Nov. 1998 – Sept. 2000**

Auditor

- Responsible for the overall review and preparation of clinical medical records and/or documents requested for audit by any federal or state accrediting and licensing bodies and/or other funding sources.

- Provided on-going quality assurance audits of clinical medical records to ensure compliance with JCAHO, Medicaid, Medicare, Indiana Department of Health, and Third Party payor regulations/requirements/standards.
- Monitored and tracked organization's performance in documentation of the clinical medical record and measured outcomes of care and services provided to individuals served; improved performance of the clinical process and established priorities for improvement and target areas.

Community Hospital, Munster, IN **Oct. 1997 – Nov. 1998**
Medical Records Coder

- Coded and abstracted inpatient and outpatient surgery medical records using ICD-9-CM, CPT-4, and Medicus encoding system.

Medical Records Clerk

- Performed chart assembly, release of information, and retrieved charts for healthcare studies.
- Maintained a filing system which met JCAHO, Medicaid, and Medicare standards.

Education: B.S., Indiana University Northwest **Major:** Health Services Management
 A.S., Indiana University Northwest **Major:** Health Information Technology

Credentials: Registered Health Information Technician (RHIT)

Professional Memberships: American Health Information Management Association
 Indiana Health Information Management Association
 IUN Health Information Management Programs Advisory Committee



Job Description

Job Details

Job Title: Coordinator Trauma
Data

Job Code: 2510

FLSA Classification: Non-exempt

Job Summary

Under direction, performs work involving the collection, completeness and verification of the accuracy of all patient data collected from the Trauma Registry data system. Assures that quality assurance and improvement issues are being served as the foundation of the Trauma Services area. Creates and maintains clinical and statistical data, AIS coding, ICD9CM codes and abstracts various data elements required by The American College of Surgeons, the state of Indiana, and Methodist Hospitals.

Principal Duties and Responsibilities (Essential Functions)

Description

Coordinates the efficient and timely processing of Trauma Registry data by collaborating with staff members to ensure the accuracy of the data collected.

Identifies eligible trauma patients for entry into the Trauma Registry by reviewing daily printouts of admitted patients with a trauma related diagnosis.

Enters all collected patient data into the electronic Trauma Registry data system in a manner which meets the requirements of the American College of Surgeon's Committee on Trauma and the State of Indiana.

Contacts and follows through with other staff and physicians to clarify diagnosis and/or treatment information and data.

Abstracts core information from patient medial records, histories, procedures and treatments, etc., and contacts referring hospitals for missing records, and assembles and disseminates data collected in the Trauma Registry answering requests for data.

Ensures that all billing charges are captured and coordinates all patient charges to assure entry into the EPIC system on a timely basis.

Develops and prepares monthly and ad hoc reports of a statistical nature for review by administration, Committees and other outside agencies concerning the trauma service.

Provides information and training to others concerning the operation of the trauma data system.

Provides input and feedback concerning process improvement opportunities, problems and needed changes in the trauma data system to leadership.

Automatically added: Performs other duties as needed and/or assigned.

Knowledge, Skills and Abilities

Requires a solid understanding of medical terminology, ICD-9 coding systems, anatomy and physiology.

Successful completion of the American Association of Automotice Medicine (AIS-90) training is required (or must be completed within the first year of employment).

Successful completion of the Advanced Certification Trauma Registry Course is preferred within two years of employment.

Successful completion of current Trauma Registry Software's Basic & Advanced training is required (or must be completed within the first year of employment).

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.

Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

Demonstrates the analytical skills to gather and process data, based on predetermined criteria, and identify problems, must be detailed oriented.

Education

All post high school education must have been obtained from a recognized College or University. Other majors or courses of study will be considered as meeting these requirements, as long as they are closely related to the essential functions of the position.

Degree/Diploma Obtained	Program of Study	Required/Preferred
High School Diploma/GED Equivalent	General Studies	Required
Associates	Health Information	Preferred

Educational Requirements

High school graduation or GED equivalent.

An Associates Degree in medical terminology or a closely related field is preferred.

Experience

Other types of work experience will be considered as meeting these experience requirements, as long as they are closely related to the essential functions of the position.

Years of Experience	Type of Experience	Required/Preferred
---------------------	--------------------	--------------------

Experience Requirements

Two (2) years of progressively responsible work experience in a healthcare related field including medical records maintenance, coding, billing or a closely related field is required.

Certification and Licensures

Other certifications and/or licensures may be considered as meeting any listed requirements, as long as they are closely related to the essential functions of the position and satisfy any regulatory requirements.

Title and Description

New Hire Mandatory Competencies

Description

Annual Mandatory Competencies

Description

Model of Care and Conduct

Methodist Hospitals strives for excellence and insists on high standards of conduct and performance in everything we do. Our Model of Care and Conduct is designed to create a positive work environment which Methodist desires for all employees. This is foundational to the high level of patient, family and physician satisfaction we strive for each day. As part of all position's duties at Methodist Hospitals, all employees are responsible to conduct themselves in accordance with the Model of Care and Conduct and will be evaluated according to these standards of behavior.

Working Conditions

Under 1/3 Up to 2/3 Over 2/3

Wet or humid conditions (non-weather)

Work near moving mechanical parts

Exposure to bloodborne pathogens

Hazardous waste

Work in high, precarious places

Fumes or airborne particles

Toxic or caustic chemicals

Outdoor weather conditions

Extreme cold (non-weather)

Extreme heat (non-weather)

Under 1/3

Up to 2/3

Over 2/3

Risk of electrical shock

Risk of radiation

Vibration

Noise

Title and Description

Moderate noise (examples: business office with computers and printers, light traffic)

Physical Requirements

Under 1/3

Up to 2/3

Over 2/3

Standing

Walking

Sitting x

Using hands to finger, handle, and/or feel x

Reaching with hands and arms x

Climbing or balancing

Stooping, kneeling, crouching, or crawling

Talking or hearing x

Tasting or smelling

Under 1/3

Up to 2/3

Over 2/3

Up to 10 pounds x

Up to 25 pounds

Up to 50 pounds

Up to 100 pounds

More than 100 pounds

Vision

Close vision (clear vision at 20 inches or less)

Distance vision (clear vision at 20 feet or more)

Ability to adjust focus (ability to adjust the eye to bring an object into sharp focus)

Age Specific Competencies

Title and Description

Non-age Specific Task

Employee Statement of Understanding

I have read and understand the job description for my position. I am able to perform all of the essential functions of this position. I agree to comply with the corporate compliance policy and all laws, rules and regulations relating to my position.

Employee: LATASHA TAYLOR L.T. (electronic signature for
Coordinator Trauma Data (2510))

Date: 02/19/2013 02:00 PM

AHIMA



COMMISSION ON CERTIFICATION

Certificate of Completion

This certificate verifies completion of the continuing education units (CEUs) required by AHIMA's Commission on Certification for Health Informatics and Information Management (CCHIM) recertification program.

This certificate validates that

Latasha M. Taylor, RHIT

is credentialed as a

RHIT

through

March 31, 2015

Certificate of Completion

12 CEU's awarded to:

Latasha Taylor

"Sharper Coding for Trauma
with ICD-10-CM & ICD-10-PCS"

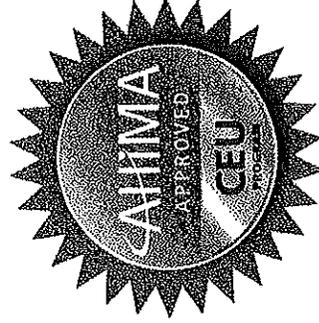


Trauma Consulting LLC

Kathy J. Cookman

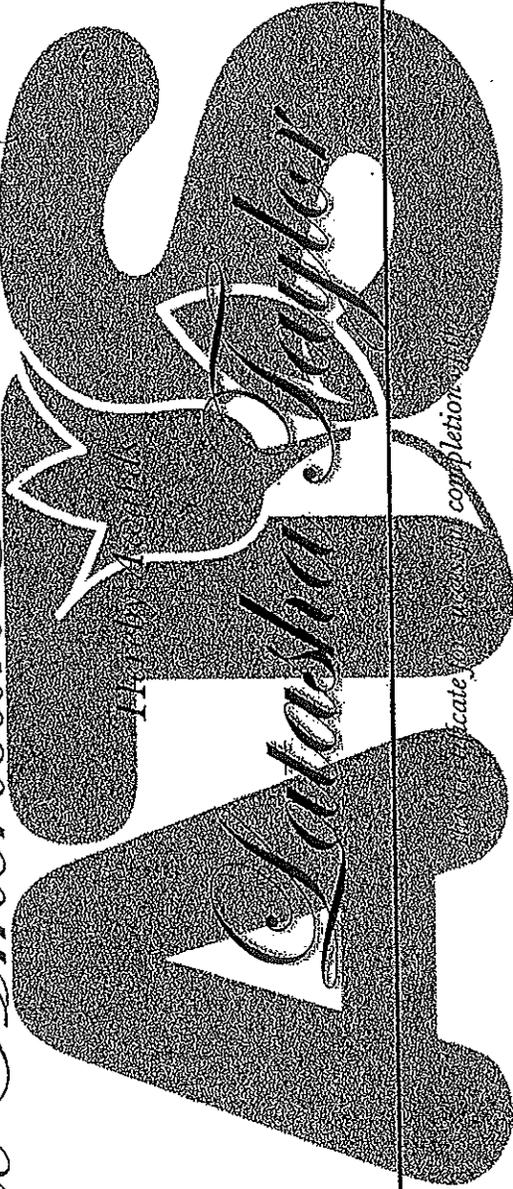
Kathy J. Cookman, BS, CSTR, CAISS
Course Facilitator

February 27 & 28, 2014
Indianapolis, Indiana



"This program has been approved for 12 continuing education units for use in fulfilling the continuing education requirement of the American Health Information Management Association (AHIMA). Granting prior approval from AHIMA does not constitute endorsement of the program content or its program sponsor."

The American Trauma Society



American Trauma Registrar Society
Distance Learning Course

Ian Weston

Ian Weston
Executive Director

This activity has been approved for 10 CME Contact Hours

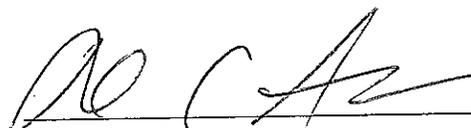
Code Number: LA10-3-1104-11-4

The Maryland Nurses Association (MNA)

The MNA is an accredited approver of continuing nursing education by the American
Nurses Credentialing Center's Commission on Accreditation

Evaluation of Tiered Activation System

Methodist Hospital's Northlake Campus' tiered trauma criteria system is continuously evaluated by the Trauma Program Manager through our Trauma Program Performance Improvement Committee. Over and Under triage are monitored with injury severity scores, as well as, injured patients that did not meet criteria. Thorough analysis is conducted and changes made accordingly.


Reuben Rutland, MD
Trauma Medical Director
Methodist Hospital

18 Feb 2014
Date




Jennifer Mullen, RN
Trauma Program Coordinator
Methodist Hospital

2/27/2014
Date

Northlake Campus
600 Grant Street
Gary, Indiana 46402

Northlake Campus
609 West 25th Avenue
Gary, Indiana 46404

Southlake Campus
8701 Broadway
Merrillville, Indiana 46410



POLICY AND PROCEDURE		POLICY NO.:
Subject: Trauma Criteria-NORTHLAKE CAMPUS		TR_03
ORIGINAL DATE:	SUPERSEDES:	PAGE:
04/1989	NEW	1

Key Words: Trauma, Criteria, Activation, Stand-by, Northlake

Applies to: Inpatient: _ Outpatient: _ Provider: _ All: X

Video: _

I. POLICY:

Trauma Criteria is required by the American College of Surgeons and is intended to identify patients at greatest risk for life and/or limb threatening injury. When a trauma patient is identified, the appropriate category will be immediately activated-either from the field or at the point of first identification.

The following activation criteria are mandatory and in conjunction with a traumatic injury.

- A. **TRAUMA ACTIVATION** –The general surgeon on-call will be contacted immediately and is required to be present within thirty (30) minutes of patient arrival. Response times will be continuously monitored and reviewed at the Trauma Program Performance Committee.
 - a. Intubated patient or patient with airway/respiratory compromise attributed to traumatic injury
 - b. Hemodynamic Compromise- SBP ≤ 90 at any time or age appropriate hypotension as outlined below:
 - i. Newborn to 1 month: SBP < 60
 - ii. 1 month -1 year: SBP < 70
 - iii. > 1 year: SBP $< 70 + (2x \text{ age})$
 - c. Traumatic Arrest
 - d. GCS ≤ 8 with mechanism attributed to trauma
 - e. All penetrating injuries to head, neck, chest, abdomen, or back
 - f. Transferred-in patients receiving blood products to maintain vital signs due to traumatic injury
 - g. ED Physician discretion

- B. **TRAUMA STAND-BY** – The Emergency Department (ED) Physician will evaluate, treat, and discharge patient or may call surgeon after initial evaluation for further evaluation and/or admission.
 - a. Falls > 20 feet (two stories) (Pediatric - 3x times body length)
 - b. Penetrating injuries above the elbow or knee
 - c. Electrical, chemical, or thermal burns $\geq 20\%$ of total body surface area
 - d. High-risk motor vehicle collisions:
 - i. Significant intrusion into passenger compartment
 - ii. Ejection
 - iii. Death in same vehicle
 - iv. Extrication
 - v. Rollover
 - e. Auto vs. pedestrian or bicyclist
 - f. Motorcycle crash

600

- g. Open or depressed skull fracture
- h. Amputation above wrist or ankle
- i. Two or more long bone fractures (humerus/femur, femur/femur, etc.)
- j. EMS provider discretion
- k. ED Physician discretion

C. **NON-MANDATORY CRITERIA**- When the previous criteria have not been met and in conjunction with *traumatic injuries*, Trauma Stand-by may be initiated at the provider's discretion with the following patients:

- i. <5 or >55
- ii. > 20 weeks pregnant
- iii. Clotting disorder or currently taking anticoagulants
- iv. Inhalation injury

NOTE: If at any point during the resuscitation of a **TRAUMA STAND-BY** the patient becomes unstable and meets **TRAUMA ACTIVATION** criteria, the patient will be upgraded as such and the trauma surgeon immediately called.

D. **TRAUMA CONSULT** - Any trauma patient who does not meet Trauma Activation or Trauma Stand-by criteria but still has an injury that requires the evaluation of a general or specialty evaluation.

II. DEFINITIONS:

- A. **TRAUMA ACTIVATION**-identifies patients at highest risk for life or limb threatening injuries and elicits a full trauma team response.
- B. **TRAUMA STAND-BY**- identifies patients at high risk for significant injury due to mechanism of injury and elicits a partial trauma team response.

III. PROCEDURE:

<u>Responsible person</u>	<u>Action</u>
Emergency Department MD or RN	Upon identification of a patient meeting trauma criteria, either from the field or upon presentation to the Emergency Department (ED), the appropriate trauma category will be determined and initiated.
Health Unit Partner (HUP)	<ol style="list-style-type: none"> 1. The Health Unit Partner will dial 22 and provide the operator with the following information: <ul style="list-style-type: none"> a. Trauma Activation or Trauma Stand-By b. Number of patients-Adult or Pediatric 2. For <u>all Trauma Activations</u> <i>the general surgeon on call is immediately paged</i> .
Hospital Operator	The hospital operator announces the following information overhead, repeating it twice: <ol style="list-style-type: none"> 1. Level of activation 2. Number of patients

Trauma Team Member Response:

TRAUMA ACTIVATION

1. General Surgeon (should be physically present within thirty (30) minutes of patient arrival)
2. Emergency Department RN x 2
3. Emergency Department Attending MD (and resident when present)
4. ED Technician
5. Respiratory Therapist- one therapist to respond immediately to trauma bay with ventilator
6. Radiology Technologist –responds immediately to trauma bay
7. CT Technologist- clears CT scanner, responds to trauma bay for patient status, then prepares for scanner patient if necessary.
8. Security
9. Chaplain-the covering chaplain will be paged by the hospital operator and will respond to the ED
10. OR Desk-to call ED Charge RN for patient status and potential need for OR intervention when in house
11. House Manager (after hours & weekends/holidays)-to call ED charge RN or respond to trauma bay to evaluate need for OR intervention or bed placement.
12. Blood Bank personnel – will immediately respond to trauma bay with blood cooler
13. Anesthesia – to be notified by either ED MD or House Manager when need for OR intervention is identified
14. ICU Charge RN-to call ED Charge RN for patient status and need for potential bed placement
15. Security- Responds immediately for all Trauma Activations by posting outside the Trauma bay doors.

TRAUMA STAND-BY

1. Emergency Department RN x 2
2. Emergency Department Attending MD (and resident when present)
3. ED Technician
4. Radiology Technologist –responds immediately to trauma bay
5. CT Technologist-clears CT scanner, responds to trauma bay for patient status, then prepares for scanner patient if necessary.

IV. REFERENCE:

2011, U.S Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Injury Response, Guidelines for Field Triage of Injured Patients.

2006, Resources for Optimal care of the Injured Patient 2006, Committee on Trauma, American College of Surgeons

V. DOCUMENT INFORMATION

A. Prepared by

Dept. & Title

Trauma Medical Director
Trauma Program Coordinator

B. Review and Renewal Requirements

This policy & procedure will be reviewed annually and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: 2/17/2014

Revised on: 2/17/2014

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

<u>Vice President(s)</u>	<u>Date</u>
Chief Nursing Officer	

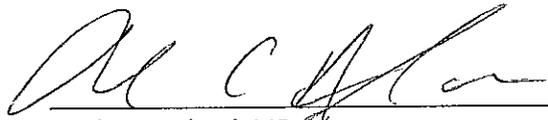
2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

<u>Committee(s)</u>	<u>Date</u>
Shared Governance	3/26/2014
Trauma Program Performance Improvement Committee	3/6/2014
LPIC	3/4/2014
Medical Council	

Commitment of General Surgeons to Provide Trauma Coverage

The general surgeons covering call at Methodist Hospital's Northlake Campus are committed to providing trauma coverage for the injured patient by ensuring that a general surgeon is on call and promptly available twenty-four hours a day.

The surgeons are committed to responding to the highest level of trauma – Trauma Activations- within thirty minutes of the patient's arrival. These response times are continuously monitored and evaluated through the Trauma Program Performance Improvement Committee.

 18 Feb 2014

Reuben Rutland, MD
Trauma Medical Director
Methodist Hospital Northlake

Date



Northlake Campus
600 Grant Street
Gary, Indiana 46402

Northlake Campus
1609 West 25th Avenue
Gary, Indiana 46404

Southlake Campus
8701 Broadway
Merrillville, Indiana 46410

SURGEON RESPONSE TIMES

Methodist Hospitals' tiered trauma criteria have been in effect since October of 2013. Effective July 1st, 2014, the mandatory thirty minute response time for the surgeon on call will be implemented for our highest level, Trauma Activation.

Surgeon response times will be monitored on a daily basis and feedback will be provided on both the individual and committee level.

METHODIST HOSPITALS / EMERGENCY DEPARTMENT TRAUMA - NORTHLAKE CAMPUS

June

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 ATIF	2 ATIF SCOTT	3 ATASSI	4 FARIAS	5 INDIANA SURGICAL ASSOCIATES 947-1910	6 NYONGANI RUTLAND	7 RUTLAND
8 SCOTT	9 ATASSI	10 FARIAS	11 INDIANA SURGICAL ASSOCIATES 947-1910	12 NYONGANI	13 RUTLAND NYONGANI	14 SCOTT
15 ATASSI	16 FARIAS	17 INDIANA SURGICAL ASSOCIATES 947-1910	18 NYONGANI	19 RUTLAND	20 SCOTT	21 ATASSI
22 FARIAS	23 INDIANA SURGICAL ASSOCIATES 947-1910	24 NYONGANI	25 RUTLAND	26 SCOTT ATIF ATASSI	27 ATASSI ATIF	28 ATIF
29 INDIANA SURGICAL ASSOCIATES 947-1910	30 FARIAS				Dr. Atif: OOT - June 3rd- 25th Dr. Rutland: OOT - June 28th- 29th	
4/10/14: AS of 5/8, 5/28, 6/3						

2014

PLEASE REVIEW THIS CALL SCHEDULE CAREFULLY. IF YOU ARE UNABLE TO TAKE YOUR SCHEDULED ER CALL, IT IS YOUR RESPONSIBILITY TO FIND COVERAGE AND TO INFORM THE APPROPRIATE EMERGENCY DEPARTMENTS AT NLC @ 886-4710; SLC @ 738-5510 and Physician Services @ 738-5891 TO MAKE APPROPRIATE CHANGES.

Division Chief Approval: _____ Date: _____

METHODIST HOSPITALS / EMERGENCY DEPARTMENT
 TRAUMA – NORTHLAKE CAMPUS

May

Sun	Mon	Tue	Wed	Thu	Fri	Sat
3/13/14, 4/11 REVISED: 5/15				1 SCOTT	2 ATIF	3 ATASSI
4 FARIAS	5 NYONGANI	6 RUTLAND ATIF	7 SCOTT	8 ATIF	9 ATASSI	10 FARIAS
11 NYONGANI	12 RUTLAND	13 SCOTT	14 ATIF RUTLAND	15 ATASSI	16 FARIAS	17 NYONGANI SCOTT
18 RUTLAND	19 SCOTT NYONGANI	20 ATIF	21 ATASSI	22 FARIAS	23 NYONGANI	24 RUTLAND
25 ATIF	26 ATASSI	27 FARIAS NYONGANI	28 NYONGANI FARIAS	29 RUTLAND	30 SCOTT	31 ATIF

Dr. Scott - OOT
 5/22 - 5/27

2014

PLEASE REVIEW THIS CALL SCHEDULE CAREFULLY. IF YOU ARE UNABLE TO TAKE YOUR SCHEDULED ER CALL, IT IS YOUR RESPONSIBILITY TO FIND COVERAGE AND TO INFORM THE APPROPRIATE EMERGENCY DEPARTMENTS AT NLC @ 886-4710; SLC @ 738-5510 and Physician Services @ 738-5891 TO MAKE APPROPRIATE CHANGES.

Division Chief Approval: _____ Date: _____

April

METHODIST HOSPITALS / EMERGENCY DEPARTMENT TRAUMA - NORTHLAKE CAMPUS

Sun	Mon	Tue	Wed	Thu	Fri	Sat
2/13/14, REVISED: 3/3/14, 3/26		1 NYONGANI	2 SCOTT	3 NYONGANI	4 ATIF	5 ATIF
6 ATIF	7 RUTLAND	8 FARIAS	9 SCOTT	10 NYONGANI	11 FARIAS	12 FARIAS
13 FARIAS	14 ATIF	15 SCOTT	16 RUTLAND	17 NYONGANI	18 SCOTT	19 SCOTT
20 NYONGANI	21 FARIAS	22 SCOTT	23 NYONGANI	24 ATIF	25 RUTLAND	26 RUTLAND
27 RUTLAND	28 SCOTT	29 FARIAS	30 ATIF			

PLEASE REVIEW THIS CALL SCHEDULE CAREFULLY. IF YOU ARE UNABLE TO TAKE YOUR SCHEDULED ER CALL, IT IS YOUR RESPONSIBILITY TO FIND COVERAGE AND TO INFORM THE APPROPRIATE EMERGENCY DEPARTMENTS AT NLC @ 886-4710; SLC @ 738-5510 and Physician Services @ 738-5891 TO MAKE APPROPRIATE CHANGES.

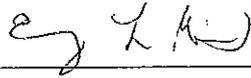
Division Chief Approval: _____ Date: _____

2014

Emergency Management Committee Participation

November 5th, 2013

This letter and the following sign-in sheets are to serve as evidence that Dr. Reuben Rutland, Trauma Medical Director, serves as a member of the Emergency Management Committee and regularly participates in monthly meetings.



Emery Garwick
Emergency Management Preparedness Coordinator
Methodist Hospital



Northlake Campus
600 Grant Street
Gary, Indiana 46402

Westlake Campus
2239 West 25th Avenue
Gary, Indiana 46407

Southlake Campus
8701 Broadway
Merrillville, Indiana 46410

MICHAEL A. MCGEE, MD, MPH

WORK EXPERIENCE

- Jan. '10 – Present **Northwest Emergency Associates, LLC (Methodist Hospitals ER Group)**
President and Chief Executive Officer (CEO), Emergency Department
- August '08 – Present **Indiana University Northwest Campus Health and Wellness Center**
Medical Director, Student Health Center
- January '08 – Present **Methodist Hospitals EMS Regional Care Center**
Medical Director, EMS
- May '07 – present **Indiana University NW School of Medicine, Gary, Indiana**
Volunteer, Associate Professor of Emergency Medicine Department
- Aug. '06 -- present **Methodist Hospitals (NLC & SLC), Gary & Merrillville, Indiana**
Medical Director and Chief, Emergency Medicine Department
- Dec. '05 -- Aug. '06 **Methodist Hospitals (NLC & SLC), Gary & Merrillville, Indiana**
Associate Medical Director, Emergency Medicine
- Dec. '04 -- Dec. '05 **Methodist Hospitals (NLC & SLC), Gary & Merrillville, Indiana**
Faculty, Emergency Medicine
Manage and treat pediatrics, adolescents, adults and critical care patients with acute medical issues. Proficient in PALS, ATLS, and ACLS.
- July '04 -- December 05 **Emory Medical Center (Crawford Long & Grady Hospital), Atlanta, Georgia**
Assistant Professor of Emergency Medicine
Supervise and lecture House Staff Residents
Manage and treat pediatrics, adolescents, adults and critical care patients with acute medical issues. Proficient in PALS, ATLS, and ACLS.

POST-GRADUATE TRAINING

- 2000-2004 **New York University/Bellevue Hospital Medical Center, New York, New York**
Internship and Residency
Department of Emergency Medicine

EDUCATION

- 1996-2000 **Rush Medical College, Chicago, Illinois**
Medical Doctorate
- 1994-1996 **University of Illinois, Chicago, Illinois**
Masters in Public Health (MPH): Epidemiology/Biostatistics

Graduated 1992 **Purdue University, West Lafayette, Indiana**
Bachelor of Science (BS) in Biology/Psychology

WORK EXPERIENCE

- 1995-1997 University of Illinois, Chicago, IL
Graduate Research Assistant for the Psychiatric Department of Juvenile Research
- 1996-1996 Daniel Hale Williams Health Center, Chicago, IL - Assistant Data Manager.
Created epidemiologic patient origin maps, designed and implemented triage program, conducted community assessment study and wrote Primary Care Expansion and Violence Prevention grants.
- 1995-1996 Cook County Hospital, Chicago, IL - Assistant Data Manager for Tuberculosis Program.
Created TB Database and retrospective study comparing treatment vs. control.
- 1994-1995 University of Illinois, Chicago, IL - Graduate Assistant for Urban Health Program

SKILLS

Statistical Analysis System (SAS) - Mainframe Computer and Efficiency w/Microsoft Power Point

LICENSURE

- 2004 - Present Medical License, State of Indiana 01059941A - Current
2004 - Present Medical License, State of Georgia 054855 - Expired
2003 - Present Medical License, State of New York 231246 - Expired

CERTIFICATIONS

- Ultrasound -- over 150 confirmed scans and 40 hours of didactics according to SAEM/ACEP guidelines
- American Heart Association Certified Provider of Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Neonatal Advance Life Support (NALS), and Advanced Trauma Life Support (ATLS)
- Emergency Medical Technician Certification

TEACHING EXPERIENCE

Emergency Medicine Preceptor for Family Practice Medicine Residency Program at Methodist Hospital

Assistant Coordinator for Undergraduate Education

Supervise, present cases, and lecture rotating students on important emergency medicine topics.

ACLS Instructor for RNs, MDs, EMS, medical students, etc.

Emergency Department Conference Lecturer

- Thoracostomy/Thoracotomy Procedures
- Traumatic Brain Injuries
- Blunt/Penetrating Abdominal Injuries and Imaging
- Rhabdomyolysis-- How Much Exercise is Too Much?

Morning Report Case Studies Lecturer

Presented and led bi-weekly discussions of cases to faculty, house staff, and medical students.

Power Point Presentation on ACLS for Respiratory Therapists 1199 lecture and website

Created NYU/Bellevue Adult and Pediatric Emergency Fact Sheets

COMMUNITY OUTREACH EXPERIENCE

Created Project Outreach Prevent (POP) on Teenage Violence

Teenage health awareness and violence prevention for grades 7th – 12th

Completed programs: Gary Boys and Girls Club, Youth Economic Summit, Health Careers and Law Enforcement Mentoring Program

Designed to promote interest in health and law enforcement careers

Outreach Effort in Jamaica for medically underserved areas – supervising physician
Latino Expo Health Care Fair – health educator
Health Care Fair in Harlem – hypertension screening and education
Volunteer ring-side physician for NYPD Boxing Fundraiser

AWARDS AND HONORS

Rush Medical College David Peck Merit Award (2000)
Cardiology Student of the Year Award (2000)
Patti Labelle National Merit Medical Scholarship (1999)
Cook County Physician's Association Scholarship (1997)
National Medical Association, Northwest Indiana Scholarship (1997)
Rush Medical Dean's Research Fellowship in Neurology/Cook County Hospital (1997)
Minority Medical Education Program Tutor at Rush Medical College (Summer 1997)
CAHMCP 1995 Summer DAT/MCAT Program at the University of Illinois at Chicago
Rush Medical School 1994 Robert-Woods Johnson Summer Scholar's Program
1992 Who's Who Among Students in American Universities and Colleges
Gary Steel City Hall of Fame Award for Academic Achievement
School of Science Talent Award
Ronald E. McNair Post-Baccalaureate Achievement Program
1991 Summer Research Internship Program in Microbiology

PUBLICATIONS AND PAPERS

August 2008 "Trauma Centers on the Brink of Extinction: Strategic Plan to Acquire Funding for a Trauma Center" presentation at Emergency Section of National Medical Association in Atlanta Georgia
2003-Present The Determination of Age and Weight by Physicians in the Emergency Department Currently in data collection
April 2000 Retrospective Study Comparing Control vs. High-Risk Tuberculosis Patients in Directly Observed Therapy (DOT) Programs at Cook County Hospital
Presentation at National Medical Association Conference in Los Angeles, CA
April 1994 Paper "The Survival of *Escherichia coli* on Stainless Steel and the Effectiveness of a Bactericidal Reagent in Disinfecting 0157:H7"

ADMINISTRATIVE ACTIVITIES

2003-2004 **Liaison**, Postgrad Physician to Emergency Medicine of National Medical Association
1999-2000 **Liaison**, National Medical Association
1997-1998 **Co-Chairman**, Student National Medical Association Annual Conference in Chicago
1997-1998 **Member**, Board of Director Student National Medical Association
1997-1998 **President**, Local Chapter President of SNMA at Rush Medical College
1996-1997 **Delegate**, Student National Medical Association Region II

ORGANIZATIONS

Kappa Alpha Psi Fraternity, Inc.
Indiana State Department of Health Trauma Task Force
Society of Academic Emergency Medicine
American College of Emergency Medicine
Cook County Physicians Association
National Medical Association
American Medical Association
Public Health Association

INTERESTS/HOBBIES

Resident and Student Education, Community Service, Martial Arts, Travel

NORTHWEST EMERGENCY ASSOCIATES PROVIDER CERTIFICATIONS

PROVIDER	ATLS	ACLS	PALS	NEONAT	BLS	EM BOARDED	LAST ATLS CERT
BAUER, GEOFFREY	2/06	1/16	1/16	1/16		YES	2/2002-2/2006
GALVAN, CYNTHIA	6/11	3/14			3/14	YES	6/2007-6/2011
GORDON, GREGORY	12/17	6/15	6/15	6/15		NONE	CURRENT
HASSAN, ZAHID	5/16	11/15	11/15		11/15	FAMILY MEDICINE	CURRENT
JOHNSON, NICHOLAS	8/09	3/15	3/15	3/15		YES	8/2009-8/2013
KENEFAKE, MARY ELLA	4/17	4/15	4/15		4/15	ELIGIBLE	CURRENT
KRSTEVSKI, LAZO	12/17	6/15	6/15	6/15		AB OF PHYSICIAN SPECIALTIES	CURRENT
KUNZ, PHILLIP	5/10	7/14	7/14	7/14	7/14	YES	5/2006-5/2010
LONG, RUBY	11/11	11/15	3/14		11/15	YES	11/2007-11/2011
McGEE, MICHAEL	11/08	1/16	1/16	1/16		YES	11/2004-11/2008
MOON, CYNTHIA	2/12	10/15	10/15		10/15	YES	2/2008-2/2012
NOURANI, CAMERON	7/13	6/15	6/15		6/15	YES	7/2009-7/2013
RICHARDSON, AIRRON	5/10	6/15	6/15	6/15		YES	5/2006-5/2010
ROBERTSON, THESSA	6/06	1/16	1/16	1/16		YES	6/2006-6/2010
WARD, MICHAEL	6/14	4/15	4/15	4/15		YES	CURRENT
MIDLEVELS							
ACEVEDO, FRANK		3/15	12/14		11/14		
BRUSKOSKI, JESSICA		5/14					
GILL, ANDREA		1/16					
MARTINEZ, JUSTIN		3/15	3/15		4/15		
MEHTA, MAHESH					12/14	YES	
NABORS, SARAH		3/15	3/15		2/15		
PATTON, KENDRA		5/14	2/14				
RAMOS, FILIMON		11/14					
RUZGA, CLAUDINE		5/16	5/16		3/14		
VEGA, AL		12/15					
WHITE, RENITA		6/14					

Moderate Sedation Privileges-need both ACLS and PALS Certification



July 2014

? Period Status: Published

NorthLake Campus

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29 a6a-6p* G.Bauer d11a-11 N.Johnson g7p-6a G.Gordon t8a-8p A.Gill v4p-3a A.Vega	30 a6a-6p* A.Richards d11a-11 C.Galvan g6p-6a M.Kenefake s8a-4p J.Martinez u3p-3a K.Patton	Jul 1 a6a-6p* G.Bauer d11a-11 N.Johnson g6p-6a P.Kunz s8a-4p L.Ashley u3p-3a A.Vega	2 a6a-6p* G.Bauer d11a-11 M.Ward g7p-6a P.Kunz s8a-8p L.Ashley u5p-3a A.Vega	3 a6a-6p* R.Long d11a-11 A.Richards g8p-6a M.Kenefake s8a-7p J.Bruskosk u5p-2a A.Vega	4 a6a-6p* C.Galvan d11a-11 A.Richards g8p-6a M.Kenefake s8a-7p C.Ruzga u5p-2a J.Martinez
6 a6a-6p* G.Bauer d11a-11 M.Ward g7p-6a N.Johnson t8a-8p C.Ruzga v4p-3a J.Martinez	7 a6a-6p* Z.Hassan d11a-11 C.Galvan g6p-6a M.Kenefake s8a-4p K.Patton u3p-3a A.Vega	8 a6a-6p* A.Richards d11a-11 P.Kunz g6p-6a M.Kenefake s8a-4p A.Gill u3p-3a A.Vega	9 a6a-6p* A.Richards d11a-11 C.Galvan g7p-6a G.Gordon s8a-8p J.Martinez u5p-3a A.Vega	10 a6a-6p* G.Bauer d11a-11 N.Johnson g8p-6a R.Long s8a-7p J.Sedlacek u5p-2a K.Patton	11 a6a-6p* A.Richards d11a-11 N.Johnson g8p-6a R.Long s8a-7p L.Ashley u5p-2a A.Vega
13 a6a-6p* P.Kunz d11a-11 L.Dore g7p-6a M.Kenefake t8a-8p L.Ashley v4p-3a A.Vega	14 a6a-6p* A.Richards d11a-11 C.Galvan g6p-6a G.Gordon s8a-4p J.Martinez u3p-3a A.Vega	15 a6a-6p* G.Bauer d11a-11 N.Johnson g6p-6a G.Gordon s8a-4p J.Sedlacek u3p-3a J.Bruskosk	16 a6a-6p* P.Kunz d11a-11 N.Johnson g7p-6a M.Kenefake s8a-8p R.White u5p-3a J.Sedlacek	17 a6a-6p* R.Long d11a-11 G.Bauer g8p-6a M.Kenefake s8a-7p J.Bruskosk u5p-2a L.Ashley	18 a6a-6p* A.Richards d11a-11 L.Dore g8p-6a C.Galvan s8a-7p K.Patton u5p-2a J.Sedlacek
20 a6a-6p* A.Richards d11a-11 L.Dore g7p-6a C.Galvan t8a-8p K.Patton v4p-3a J.Sedlacek	21 a6a-6p* A.Richards d11a-11 N.Johnson g6p-6a Z.Hassan s8a-4p C.Ruzga u3p-3a A.Vega	22 a6a-6p* C.Moon d11a-11 N.Johnson g6p-6a Z.Hassan s8a-4p C.Ruzga u3p-3a A.Vega	23 a6a-6p* R.Long d11a-11 C.Moon g7p-6a Z.Hassan s8a-8p R.White u5p-3a J.Martinez	24 a6a-6p* R.Long d11a-11 C.Galvan g8p-6a A.Richards s8a-7p A.Vega u5p-2a J.Sedlacek	25 a6a-6p* L.Dore d11a-11 G.Bauer g8p-6a A.Richards s8a-7p A.Vega u5p-2a J.Sedlacek
27 a6a-6p* N.Johnson d11a-11 C.Galvan g7p-6a A.Richards t8a-8p A.Vega v4p-3a C.Ruzga	28 a6a-6p* P.Kunz d11a-11 C.Galvan g6p-6a M.Kenefake s8a-4p J.Sedlacek u3p-3a K.Patton	29 a6a-6p* L.Dore d11a-11 N.Johnson g6p-6a M.Ward s8a-4p A.Gill u3p-3a C.Ruzga	30 a6a-6p* L.Dore d11a-11 C.Galvan g7p-6a M.Ward s8a-8p A.Vega u5p-3a C.Ruzga	31 a6a-6p* L.Dore d11a-11 G.Bauer g8p-6a M.Kenefake s8a-7p A.Vega u5p-2a K.Patton	Aug 1 a6a-6p* C.Moon d11a-11 N.Johnson g8p-6a M.Kenefake s8a-7p (Open) u5p-2a (Open)
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



June 2014

? Period Status: Published

NorthLake Campus

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 a6a-6p* A.Richards d11a-11 N.Johnson g7p-6a R.Long t8a-8p C.Ruzga v4p-3a K.Patton	2 a6a-6p* Z.Hassan d11a-11 M.Ward g6p-6a M.Kenefake s8a-4p C.Ruzga u3p-3a R.White	3 a6a-6p* A.Richards d11a-11 C.Nourani g6p-6a G.Gordon s8a-4p C.Ruzga u3p-3a J.Bruskosk	4 a6a-6p* A.Richards d11a-11 N.Johnson g7p-6a G.Gordon s8a-8p C.Ruzga u5p-3a J.Martinez	5 a6a-6p* R.Long d11a-11 N.Johnson g8p-6a P.Kunz s8a-7p L.Ashley u5p-2a J.Bruskosk	6 a6a-6p* Z.Hassan d11a-11 C.Nourani g8p-6a P.Kunz s8a-7p J.Martinez u5p-2a C.Ruzga
8 a6a-6p* M.McGee d11a-11 A.Richards g7p-6a C.Nourani t8a-8p J.Martinez v4p-3a K.Patton	9 a6a-6p* M.Ward d11a-11 A.Richards g6p-6a C.Nourani s8a-4p C.Ruzga u3p-3a A.Vega	10 a6a-6p* C.Moon d11a-11 C.Galvan g6p-6a M.Kenefake s8a-4p C.Ruzga u3p-3a A.Vega	11 a6a-6p* A.Richards d11a-11 C.Galvan g7p-6a M.Kenefake s8a-8p J.Martinez u5p-3a A.Vega	12 a6a-6p* C.Moon d11a-11 A.Richards g8p-6a N.Johnson s8a-7p J.Sedlacek u5p-2a A.Vega	13 a6a-6p* G.Bauer d11a-11 C.Galvan g8p-6a N.Johnson s8a-7p C.Ruzga u5p-2a J.Martinez
15 a6a-6p* R.Long d11a-11 C.Galvan g7p-6a M.Kenefake t8a-8p S.Nabors v4p-3a J.Sedlacek	16 a6a-6p* A.Richards d11a-11 N.Johnson g6p-6a M.Ward s8a-4p J.Martinez u3p-3a A.Vega	17 a6a-6p* C.Nourani d11a-11 N.Johnson g6p-6a M.Ward s8a-4p J.Sedlacek u3p-3a A.Vega	18 a6a-6p* C.Nourani d11a-11 R.Long g7p-6a Z.Hassan s8a-8p J.Martinez u5p-3a A.Vega	19 a6a-6p* C.Galvan d11a-11 N.Johnson g8p-6a M.Kenefake s8a-7p J.Sedlacek u5p-2a A.Vega	20 a6a-6p* C.Nourani d11a-11 N.Johnson g8p-6a A.Richards s8a-7p C.Ruzga u5p-2a J.Martinez
22 a6a-6p* C.Moon d11a-11 G.Bauer g7p-6a A.Richards t8a-8p C.Ruzga v4p-3a J.Martinez	23 a6a-6p* M.McGee d11a-11 N.Johnson g6p-6a G.Gordon s8a-4p C.Ruzga u3p-3a A.Vega	24 a6a-6p* Z.Hassan d11a-11 P.Kunz d11a-11 G.Bauer g6p-6a M.Kenefake s8a-4p L.Ashley u3p-3a A.Vega	25 a6a-6p* Z.Hassan d11a-11 C.Galvan g7p-6a G.Bauer s8a-8p J.Martinez u5p-3a C.Ruzga	26 a6a-6p* M.McGee d11a-11 N.Johnson g8p-6a C.Galvan s8a-7p L.Ashley u5p-2a A.Vega	27 a6a-6p* P.Kunz d11a-11 M.Ward g8p-6a R.Long s8a-7p J.Sedlacek u5p-2a A.Vega
29 a6a-6p* G.Bauer d11a-11 N.Johnson g7p-6a G.Gordon t8a-8p A.Gill v4p-3a A.Vega	30 a6a-6p* A.Richards d11a-11 C.Galvan g6p-6a M.Kenefake s8a-4p J.Martinez u3p-3a K.Patton	Jul 1 a6a-6p* G.Bauer d11a-11 N.Johnson g6p-6a P.Kunz s8a-4p L.Ashley u3p-3a A.Vega	2 a6a-6p* G.Bauer d11a-11 M.Ward g7p-6a P.Kunz s8a-8p L.Ashley u5p-3a A.Vega	3 a6a-6p* R.Long d11a-11 A.Richards g8p-6a M.Kenefake s8a-7p J.Bruskosk u5p-2a A.Vega	4 a6a-6p* C.Galvan d11a-11 A.Richards g8p-6a M.Kenefake s8a-7p C.Ruzga u5p-2a J.Martinez
5 a6a-6p* Z.Hassan d11a-11 A.Richards g8p-6a C.Nourani t8a-8p L.Ashley v4p-2a K.Patton	6 a6a-6p* R.Long d11a-11 C.Galvan g8p-6a N.Johnson s8a-7p J.Sedlacek u5p-2a A.Vega	7 a6a-6p* R.Long d11a-11 C.Galvan g8p-6a M.Kenefake t8a-8p C.Ruzga v4p-2a J.Sedlacek	8 a6a-6p* P.Kunz d11a-11 G.Bauer d11a-11 N.Johnson g8p-6a A.Richards t8a-8p C.Ruzga v4p-2a J.Martinez	9 a6a-6p* P.Kunz d11a-11 N.Johnson g8p-6a R.Long t8a-8p S.Nabors v4p-2a A.Vega	10 a6a-6p* G.Bauer d11a-11 M.Ward g8p-6a N.Johnson t8a-8p C.Ruzga v4p-2a J.Martinez
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

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May 2014

Period Status: Published

NorthLake Campus

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27 a6a-6p* C.Nourani d11a-11 R.Long g7p-6a M.Kenefake t8a-8p S.Nabors v4p-3a A.Vega	28 a6a-6p* M.Ward d11a-11 N.Johnson g6p-6a M.Kenefake s8a-4p J.Sedlacek u3p-3a K.Patton	29 a6a-6p* A.Richards d11a-11 N.Johnson g6p-6a C.Moon s8a-4p C.Ruzga u3p-3a A.Vega	30 a6a-6p* A.Richards d11a-11 N.Johnson g7p-6a C.Moon s8a-8p J.Martinez u5p-3a A.Vega	May 1 a6a-6p* P.Kunz d11a-11 C.Nourani g8p-6a M.Kenefake s8a-7p C.Ruzga u5p-2a A.Vega	2 a6a-6p* P.Kunz d11a-11 C.Nourani g8p-6a M.Kenefake s8a-7p S.Nabors u5p-2a L.Ashley
4 a6a-6p* M.McGee d11a-11 M.Ward g7p-6a M.Kenefake t8a-8p C.Ruzga v4p-3a A.Vega	5 a6a-6p* A.Richards d11a-11 N.Johnson g6p-6a G.Gordon s8a-4p S.Nabors u3p-3a J.Martinez	6 a6a-6p* A.Richards d11a-11 N.Johnson g6p-6a G.Gordon s8a-4p A.Vega u3p-3a J.Martinez	7 a6a-6p* G.Bauer d11a-11 R.Long g7p-6a M.Kenefake s8a-8p J.Bruskosk u5p-3a A.Vega	8 a6a-6p* Z.Hassan d11a-11 N.Johnson g8p-6a M.Kenefake s8a-7p J.Martinez u5p-2a A.Vega	9 a6a-6p* C.Moon d11a-11 G.Bauer g8p-6a C.Nourani s8a-7p C.Ruzga u5p-2a K.Patton
11 a6a-6p* Z.Hassan d11a-11 N.Johnson g7p-6a C.Nourani t8a-8p J.Sedlacek v4p-3a J.Martinez	12 a6a-6p* A.Richards d11a-11 R.Long g6p-6a M.Kenefake s8a-4p C.Ruzga u3p-3a L.Ashley	13 a6a-6p* M.McGee d11a-11 R.Long g6p-6a M.Kenefake s8a-4p A.Vega u3p-3a J.Martinez	14 a6a-6p* C.Nourani d11a-11 N.Johnson g7p-6a Z.Hassan s8a-8p L.Ashley u5p-3a K.Patton	15 a6a-6p* M.Ward d11a-11 N.Johnson g8p-6a A.Richards s8a-7p A.Vega u5p-2a K.Patton	16 a6a-6p* R.Long d11a-11 N.Johnson g8p-6a A.Richards s8a-7p A.Vega u5p-2a L.Ashley
18 a6a-6p* R.Long d11a-11 P.Kunz g7p-6a A.Richards t8a-8p F.Ramos v4p-3a C.Ruzga	19 a6a-6p* C.Nourani d11a-11 N.Johnson g6p-6a M.Kenefake s8a-4p S.Nabors u3p-3a A.Vega	20 a6a-6p* R.Long d11a-11 M.Ward g6p-6a M.Kenefake s8a-4p C.Ruzga u3p-3a A.Vega	21 a6a-6p* R.Long d11a-11 P.Kunz g7p-6a G.Gordon s8a-8p S.Nabors u5p-3a K.Patton	22 a6a-6p* M.Ward d11a-11 P.Kunz g8p-6a N.Johnson s8a-7p A.Vega u5p-2a C.Ruzga	23 a6a-6p* A.Richards d11a-11 G.Bauer g8p-6a N.Johnson s8a-7p A.Gill u5p-2a K.Patton
25 a6a-6p* C.Nourani d11a-11 A.Richards g7p-6a M.Kenefake t8a-8p K.Patton v4p-3a A.Vega	26 a6a-6p* Z.Hassan d11a-11 C.Nourani g6p-6a M.Kenefake s8a-4p L.Ashley u3p-3a A.Vega	27 a6a-6p* M.McGee d11a-11 R.Long g6p-6a M.Ward s8a-4p C.Ruzga u3p-3a K.Patton	28 a6a-6p* Z.Hassan d11a-11 N.Johnson g7p-6a M.Ward s8a-8p J.Martinez u5p-3a A.Vega	29 a6a-6p* A.Richards d11a-11 C.Nourani g8p-6a P.Kunz s8a-7p J.Martinez u5p-2a A.Vega	30 a6a-6p* G.Bauer d11a-11 N.Johnson g8p-6a P.Kunz s8a-7p J.Martinez u5p-2a A.Vega
Jun 1 a6a-6p* A.Richards d11a-11 N.Johnson g7p-6a R.Long t8a-8p C.Ruzga v4p-3a K.Patton	2 a6a-6p* Z.Hassan d11a-11 M.Ward g6p-6a M.Kenefake s8a-4p C.Ruzga u3p-3a R.White	3 a6a-6p* A.Richards d11a-11 C.Nourani g6p-6a G.Gordon s8a-4p C.Ruzga u3p-3a J.Bruskosk	4 a6a-6p* A.Richards d11a-11 N.Johnson g7p-6a G.Gordon s8a-8p C.Ruzga u5p-3a J.Martinez	5 a6a-6p* R.Long d11a-11 N.Johnson g8p-6a P.Kunz s8a-7p L.Ashley u5p-2a J.Bruskosk	6 a6a-6p* Z.Hassan d11a-11 C.Nourani g8p-6a P.Kunz s8a-7p J.Martinez u5p-2a C.Ruzga
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



April 2014

Period Status: Published

NorthLake Campus

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30 a6a-6p* P.Kunz d11a-11 M.Ward g7p-6a M.Kenefake t8a-8p L.Ashley v4p-3a J.Bruskosk	31 a6a-6p* A.Richards d11a-11 P.Kunz g6p-6a G.Bauer s8a-4p L.Ashley u3p-3a A.Vega	Apr 1 a6a-6p* A.Richards d11a-11 N.Johnson g6p-6a M.Kenefake s8a-4p C.Ruzga u3p-3a A.Vega	2 a6a-6p* C.Nourani d11a-11 C.Galvan g7p-6a M.Kenefake s8a-8p L.Ashley u5p-3a A.Vega	3 a6a-6p* P.Kunz d11a-11 C.Galvan g8p-6a A.Richards s8a-7p J.Sedlacek u5p-2a A.Vega	4 a6a-6p* M.McGee d11a-11 N.Johnson g8p-6a A.Richards s8a-7p C.Ruzga u5p-2a J.Martinez	5 a6a-6p* P.Kunz d11a-11 N.Johnson g8p-6a A.Richards t8a-8p J.Sedlacek v4p-2a C.Ruzga
6 a6a-6p* P.Kunz d11a-11 M.Ward g7p-6a A.Richards t8a-8p J.Sedlacek v4p-3a L.Ashley	7 a6a-6p* M.McGee d11a-11 C.Galvan g6p-6a G.Gordon s8a-4p J.Sedlacek u3p-3a A.Vega	8 a6a-6p* C.Moon d11a-11 C.Galvan g6p-6a Z.Hassan s8a-4p C.Ruzga u3p-3a A.Vega	9 a6a-6p* R.Long d11a-11 C.Galvan g7p-6a Z.Hassan s8a-8p J.Martinez u5p-3a K.Patton	10 a6a-6p* C.Nourani d11a-11 C.Galvan g8p-6a M.Kenefake s8a-7p J.Martinez u5p-2a A.Vega	11 a6a-6p* P.Kunz d11a-11 C.Galvan g8p-6a M.Kenefake s8a-7p J.Martinez u5p-2a A.Vega	12 a6a-6p* C.Nourani d11a-11 N.Johnson g8p-6a C.Galvan t8a-8p L.Ashley v4p-2a A.Vega
13 a6a-6p* C.Nourani d11a-11 N.Johnson g7p-6a C.Galvan t8a-8p L.Ashley v4p-3a A.Vega	14 a6a-6p* A.Richards d11a-11 N.Johnson g6p-6a R.Long s8a-4p L.Ashley u3p-3a A.Vega	15 a6a-6p* C.Moon d11a-11 C.Nourani g6p-6a R.Long s8a-4p L.Ashley u3p-3a A.Vega	16 a6a-6p* Z.Hassan d11a-11 C.Galvan g7p-6a G.Gordon s8a-8p J.Sedlacek u5p-3a A.Vega	17 a6a-6p* Z.Hassan d11a-11 C.Galvan g8p-6a C.Nourani s8a-7p J.Sedlacek u5p-2a A.Vega	18 a6a-6p* G.Bauer d11a-11 N.Johnson g8p-6a C.Nourani s8a-7p S.Nabors u5p-2a F.Ramos	19 a6a-6p* P.Kunz d11a-11 C.Galvan g8p-6a M.Ward t8a-8p J.Martinez v4p-2a L.Ashley
20 a6a-6p* G.Bauer d11a-11 P.Kunz g7p-6a M.Ward t8a-8p J.Martinez v4p-3a L.Ashley	21 a6a-6p* R.Long d11a-11 A.Richards g6p-6a M.Kenefake s8a-4p J.Martinez u3p-3a R.White	22 a6a-6p* G.Bauer d11a-11 R.Long g6p-6a M.Kenefake s8a-4p C.Ruzga u3p-3a J.Martinez	23 a6a-6p* C.Nourani d11a-11 M.Ward g7p-6a P.Kunz s8a-8p L.Ashley u5p-3a A.Vega	24 a6a-6p* A.Richards d11a-11 M.Ward g8p-6a N.Johnson s8a-7p J.Sedlacek u5p-2a A.Vega	25 a6a-6p* C.Nourani d11a-11 G.Bauer g8p-6a N.Johnson s8a-7p C.Ruzga u5p-2a A.Vega	26 a6a-6p* C.Moon d11a-11 R.Long g8p-6a M.Kenefake t8a-8p C.Ruzga v4p-2a A.Vega
27 a6a-6p* C.Nourani d11a-11 R.Long g7p-6a M.Kenefake t8a-8p S.Nabors v4p-3a A.Vega	28 a6a-6p* M.Ward d11a-11 N.Johnson g6p-6a M.Kenefake s8a-4p J.Sedlacek u3p-3a K.Patton	29 a6a-6p* A.Richards d11a-11 N.Johnson g6p-6a C.Moon s8a-4p C.Ruzga u3p-3a A.Vega	30 a6a-6p* A.Richards d11a-11 N.Johnson g7p-6a C.Moon s8a-8p J.Martinez u5p-3a A.Vega	May 1 a6a-6p* P.Kunz d11a-11 C.Nourani g8p-6a M.Kenefake s8a-7p C.Ruzga u5p-2a A.Vega	2 a6a-6p* P.Kunz d11a-11 C.Nourani g8p-6a M.Kenefake s8a-7p S.Nabors u5p-2a L.Ashley	3 a6a-6p* M.McGee d11a-11 G.Bauer g8p-6a M.Kenefake t8a-8p C.Ruzga v4p-2a A.Vega
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

The Methodist Hospitals, Inc.

Orthopedic Surgery Medical Staff Resolution

Whereas, The Methodist Hospitals, Inc. has a commitment to serve our community by leading the way to better health for Northwest Indiana; and

Whereas, trauma care is a growing demand in Northwest Indiana and the development of a statewide trauma system has provided Methodist Hospital's Northlake Campus an opportunity to develop a provider relationship with our community; and

Whereas, treatment at a trauma center that participates in a consistent and standardized system of trauma care can significantly increase the chance of survival for victims of serious injury; and

Whereas, participation in the Indiana Statewide Trauma System will result in an organized and timely response to patients' needs, an efficient determination of definitive care requirements, improved care through the development of the trauma program's performance improvement program, and an assurance those caring for trauma patients are educationally prepared:

Now therefore, be it resolved, that the Orthopedic Medical Staff of Methodist Hospitals, Inc. recognizes both the community's need of trauma care and the invaluable contribution that trauma care will afford, and confirms its commitment to provide the resources necessary to achieve and sustain Level III trauma designation at its Northlake Campus located in Gary, Indiana.



Handwritten signature of Judson B. Wood, MD, in black ink.

Judson Wood, MD
Orthopedic Surgery Trauma Liaison
Methodist Hospitals

Handwritten signature of Reuben Rutland, MD, in black ink.

Reuben Rutland, MD
Trauma Medical Director
Methodist Hospitals

Northlake Campus
600 Grant Street
Gary, Indiana 46402

Northlake Campus
1309 West 25th Avenue
Gary, Indiana 46404

Southlake Campus
8701 Broadway
Merrillville, Indiana 46410

METHODIST HOSPITALS / EMERGENCY DEPARTMENT
 ORTHOPEDICS – NORTHLAKE & SOUTHLAKE CAMPUS

June

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 WOOD	2 SHAH, VINEET	3 SHAH, VINEET	4 SHAH, VINEET	5 SHAH, VINEET	6 SHAH, VINEET	7 SHAH, VINEET
8 SHAH, VINEET	9 WOOD	10 WOOD	11 WOOD	12 WOOD	13 WOOD BONJEAN	14 WOOD BONJEAN
15 WOOD BONJEAN	16 SHAH, VINEET	17 SHAH, VINEET	18 SHAH, VINEET	19 SHAH, VINEET	20 SHAH, VINEET	21 SHAH, VINEET
22 SHAH, VINEET	23 WOOD	24 WOOD	25 WOOD BONJEAN SHEPHERD	26 WOOD BONJEAN SHEPHERD	27 WOOD	28 WOOD
29 WOOD	30 SHAH, VINEET					
4/10/14, REVISED: 4/23, 5/7, 5/22						

PLEASE REVIEW THIS CALL SCHEDULE CAREFULLY. IF YOU ARE UNABLE TO TAKE YOUR SCHEDULED ER CALL, IT IS YOUR RESPONSIBILITY TO FIND COVERAGE AND TO INFORM THE APPROPRIATE EMERGENCY DEPARTMENTS AT NLC @ 866-4710; SLC @ 738-5510 and Physician Services @ 738-5891 TO MAKE APPROPRIATE CHANGES.

Division Chief Approval: _____ Date: _____

2014

May

METHODIST HOSPITALS / EMERGENCY DEPARTMENT ORTHOPEDICS – NORTHLAKE & SOUTHLAKE CAMPUS

Sun	Mon	Tue	Wed	Thu	Fri	Sat
3/13/14, Revised: 4/30/14				1 WOOD	2 WOOD	3 WOOD
4 WOOD	5 SHAH, VINEET	6 SHAH, VINEET	7 SHAH, VINEET	8 SHAH, VINEET BONJEAN	9 SHAH, VINEET BONJEAN	10 SHAH, VINEET BONJEAN
11 SHAH, VINEET BONJEAN	12 WOOD	13 WOOD	14 WOOD	15 WOOD	16 WOOD	17 WOOD
18 WOOD	19 SHAH, VINEET	20 SHAH, VINEET	21 SHAH, VINEET	22 SHAH, VINEET	23 SHAH, VINEET	24 SHAH, VINEET
25 SHAH, VINEET	26 WOOD	27 WOOD	28 WOOD	29 WOOD	30 WOOD	31 WOOD

2014

PLEASE REVIEW THIS CALL SCHEDULE CAREFULLY. IF YOU ARE UNABLE TO TAKE YOUR SCHEDULED ER CALL, IT IS YOUR RESPONSIBILITY TO FIND COVERAGE AND TO INFORM THE APPROPRIATE EMERGENCY DEPARTMENTS AT NLC @ 886-4710; SLC @ 738-5510 and Physician Services @ 738-5891 TO MAKE APPROPRIATE CHANGES.

Division Chief Approval: _____ Date: _____

April

METHODIST HOSPITALS / EMERGENCY DEPARTMENT, ORTHOPEDICS - NORTHLAKE & SOUTHLAKE CAMPUS

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
2/13/14		1 WOOD	2 WOOD	3 WOOD	4 WOOD	5 WOOD
6 WOOD	7 SHAH, VINEET	8 SHAH, VINEET	9 SHAH, VINEET	10 SHAH, VINEET	11 SHAH, VINEET	12 SHAH, VINEET
13 SHAH, VINEET	14 WOOD	15 WOOD	16 WOOD	17 WOOD	18 WOOD	19 WOOD
20 WOOD	21 SHAH, VINEET	22 SHAH, VINEET	23 SHAH, VINEET	24 SHAH, VINEET	25 SHAH, VINEET	26 SHAH, VINEET
27 SHAH, VINEET	28 WOOD	29 WOOD	30 WOOD			

PLEASE REVIEW THIS CALL SCHEDULE CAREFULLY. IF YOU ARE UNABLE TO TAKE YOUR SCHEDULED ER CALL, IT IS YOUR RESPONSIBILITY TO FIND COVERAGE AND TO INFORM THE APPROPRIATE EMERGENCY DEPARTMENTS AT NLC @ 886-4710; SLC @ 738-5510 and Physician Services @ 738-5891 TO MAKE APPROPRIATE CHANGES.

Division Chief Approval: _____ Date: _____

2014

The Methodist Hospitals, Inc.

Neurosurgery Medical Staff Resolution

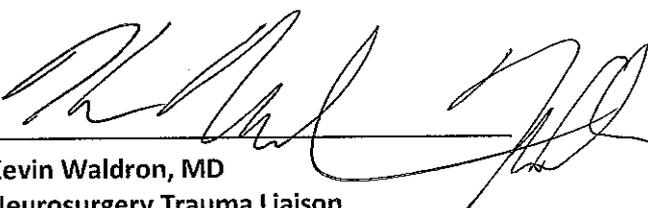
Whereas, The Methodist Hospitals, Inc. has a commitment to serve our community by leading the way to better health for Northwest Indiana; and

Whereas, trauma care is a growing demand in Northwest Indiana and the development of a statewide trauma system has provided Methodist Hospital's Northlake Campus an opportunity to develop a provider relationship with our community; and

Whereas, treatment at a trauma center that participates in a consistent and standardized system of trauma care can significantly increase the chance of survival for victims of serious injury; and

Whereas, participation in the Indiana Statewide Trauma System will result in an organized and timely response to patients' needs, an efficient determination of definitive care requirements, improved care through the development of the trauma program's performance improvement program, and an assurance those caring for trauma patients are educationally prepared:

Now therefore, be it resolved, that the Neurosurgery Medical Staff of Methodist Hospitals, Inc. recognizes both the community's need of trauma care and the invaluable contribution that trauma care will afford, and confirms its commitment to provide the resources necessary to achieve and sustain Level III trauma designation at its Northlake Campus located in Gary, Indiana.



Kevin Waldron, MD
Neurosurgery Trauma Liaison
Methodist Hospitals



Reuben Rutland, MD
Trauma Medical Director
Methodist Hospitals



Northlake Campus
600 Grant Street
Gary, Indiana 46402

Northlake Campus
1009 West 25th Avenue
Gary, Indiana 46404

Southlake Campus
8701 Broadway
Merrillville, Indiana 46410

METHODIST HOSPITALS / EMERGENCY DEPARTMENT NEUROSURGERY - NORTHLAKE CAMPUS

June

	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	1 WALDRON	2 RIFAI	3 RIFAI	4 RIFAI	5 RIFAI	6 RIFAI	7 RIFAI
	8 RIFAI	9 WALDRON RIFAI	10 WALDRON RIFAI	11 WALDRON RIFAI	12 WALDRON RIFAI	13 WALDRON RIFAI	14 WALDRON RIFAI
	15 WALDRON RIFAI	16 RIFAI	17 RIFAI	18 RIFAI	19 RIFAI	20 RIFAI	21 RIFAI
	22 RIFAI	23 WALDRON	24 WALDRON	25 WALDRON	26 WALDRON	27 WALDRON	28 WALDRON
	29 WALDRON	30 RIFAI				DR. WALDRON OUT OF TOWN June 6 th - returning 23 rd	
4/10/14, Revised: 4/23	<p style="font-size: small;">PLEASE REVIEW THIS CALL SCHEDULE CAREFULLY. IF YOU ARE UNABLE TO TAKE YOUR SCHEDULED ER CALL, IT IS YOUR RESPONSIBILITY TO FIND COVERAGE AND TO INFORM THE APPROPRIATE EMERGENCY DEPARTMENTS AT NLC @ 886-4710; SLC @ 738-5510 and Physician Services @ 738-5891 TO MAKE APPROPRIATE CHANGES.</p> <p style="font-size: x-small;">Division Chief Approval: _____ Date: _____</p>						

2014

METHODIST HOSPITALS / EMERGENCY DEPARTMENT
NEUROSURGERY – NORTHLAKE CAMPUS

May

Sun	Mon	Tue	Wed	Thu	Fri	Sat
3/13/14, As of 4/23/14				1 WALDRON	2 WALDRON	3 WALDRON
4 WALDRON	5 RIFAI	6 RIFAI	7 RIFAI	8 RIFAI	9 RIFAI	10 RIFAI
11 RIFAI	12 WALDRON	13 WALDRON	14 WALDRON	15 WALDRON	16 WALDRON	17 WALDRON
18 WALDRON	19 RIFAI	20 RIFAI	21 RIFAI	22 RIFAI	23 RIFAI	24 RIFAI
25 RIFAI	26 WALDRON	27 WALDRON	28 WALDRON	29 WALDRON	30 WALDRON	31 WALDRON

2014

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Division Chief Approval: _____ Date: _____

METHODIST HOSPITALS / EMERGENCY DEPARTMENT
NEUROSURGERY – NORTHLAKE CAMPUS

April

Sun	Mon	Tue	Wed	Thu	Fri	Sat
2/13/14 Revised: 3/18, 4/4, 4/4*2 nd		1	2	3	4	5
6	7	8	9	10	11	12
13	14 WALDRON	15 WALDRON	16 WALDRON	17 WALDRON	18 WALDRON	19 WALDRON
20 WALDRON	21	22	23	24	25	26
27	28	29	30			

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Division Chief Approval: _____ Date: _____

2014



POLICY AND PROCEDURE		POLICY NO.:
Subject: Trauma Transfers		TR_06
ORIGINAL DATE:	SUPERSEDES:	PAGE:
December 1, 2013	Original	1

Key Words: Trauma, Transfer, EMTALA

Applies to: Inpatient: _ Outpatient: _ Provider: _ All: X

Video: _

I. POLICY:

- A. Patient transfer requirements are mandated by federal laws for the protection of the patient from unnecessary and potentially harmful transfers; therefore patients are not transferred arbitrarily. The transfer of an injured patient occurs when the level of care provided at a Level I or Level II Trauma Center is more appropriate to the patient's condition.
- B. Transfer from Methodist Hospital will be done in accordance with this policy and conducted with mutual agreement of the transferring and receiving hospital based upon transfer agreements.
- C. All trauma patient transfers will be evaluated for appropriateness and reviewed by the Trauma Program Performance Improvement Committee.
- D. The decision to transport will be based solely on the patients' needs and not the ability to pay.
- E. Trauma transfers must be prompt and every effort should be made to expedite the decision to transfer within thirty (30) minutes of patient arrival.
- F. Once the decision to transport is made, it will not be delayed by labs or diagnostic testing.
- G. No patient should be transferred without speaking to the appropriate surgical service on-call.
- H. No patient will be transferred without direct physician to physician contact.
- I. The following are injuries that should immediately activate emergency transfer procedures:
 - 1. Orthopedic Injuries
 - a. Pelvic fractures including: complex acetabular fractures, pelvic ring disruption, open pelvic injury, concomitant shock or evidence of ongoing hemorrhage.
 - b. Hand injuries with flexor/extensor injuries
 - c. Complex open comminuted long bone fractures
 - d. Fracture/dislocation with loss of distal pulses
 - 2. Burns
 - a. Partial thickness burns greater than 10% total body surface area (TBSA)
 - b. Burns involving the face, hands, feet, genitals, perineum, or major joints

- c. Third degree burns
 - d. Electrical burns, including lightening injury
 - e. Chemical burns
 - f. Inhalation injury
 - g. Burn injury in patients with pre-existing medical disorders that could complicate management, prolong recovery, or affect mortality.
 - h. Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity and mortality
 - i. Burned children
 - j. Burn injury in patients who will require special social, emotional, or rehabilitative intervention
3. General Surgery
- a. Vascular injury with threatened limb when no vascular coverage is available.
 - b. Complex poly-trauma at discretion of attending general surgeon.
4. Neurosurgery
There is intermittent Neurosurgical coverage at Methodist Hospital and transfer agreements exist with Level I and II Trauma Centers for care of the patients with the following when coverage is not available:
- a. Intracranial hemorrhage
 - b. Spinal fractures with spinal cord injury
 - c. Cranial trauma
 - d. Complex craniofacial trauma
 - e. Penetrating cranial injury, including gunshot wounds or depressed skull fractures
5. Pediatrics
- a. Any child <15 years old with significant injury will be transferred to a Pediatric Trauma Center
6. OB-GYNE - at discretion of surgeon and OB/GYNE on call

II. DEFINITIONS:

None

III. PROCEDURE:

<u>Responsible person</u>	<u>Action</u>
Referring (ED) Physician/Designee	<ol style="list-style-type: none"> 1. The ED Physician/designee should contact the appropriate hospital to initiate the transfer process. The receiving referral center must confirm that the patient is accepted. Patients cannot be transferred without an accepting physician. 2. Once the patient is accepted, mode of transport is considered by the ED physician based on the patient's medical needs during transport and the need to minimize out-of-hospital transport time. 3. The Methodist Hospital ED physician is ultimately responsible for the decision regarding the appropriate mode of and arranging of transport. 4. If a ground ambulance is the indicated mode of transport, Methodist Hospital will contact the appropriately licensed ambulance service of its choice that is capable of providing the level of care required. 5. A copy of all medical records must be sent with the patient including: <ol style="list-style-type: none"> a. Physician notes b. Nursing notes c. Medication and fluid records d. Laboratory results e. Xray/CT imaging results (for receiving hospitals with Cloud

	capability-radiology should be contacted to transfer images digitally as well) f. Patient transfer form
--	--

IV. REFERENCE:

EMTALA, "2006, Resources for the Optimal Care of the Injured Patient 2006, Committee on Trauma, American College of Surgeons"

V. DOCUMENT INFORMATION

A. Prepared by

Dept. & Title

Trauma Services-Trauma Program Coordinator
Trauma Services-Trauma Medical Director

B. Review and Renewal Requirements

This policy will be reviewed annually and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: "Type Date (mm/yyyy)."
Revised on: "Type Date (mm/yyyy)."

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

<u>Vice President(s)</u>	<u>Date</u>
Chief Nursing Officer	3/21/2014

2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

<u>Committee(s)</u>	<u>Date</u>
Shared Governance	3/26/2014
Trauma Program Performance Improvement Committee	3/6/2014
LPIC	3/4/2014
Medical Council	3/20/2014

- c. Third degree burns
 - d. Electrical burns, including lightening injury
 - e. Chemical burns
 - f. Inhalation injury
 - g. Burn injury in patients with pre-existing medical disorders that could complicate management, prolong recovery, or affect mortality.
 - h. Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity and mortality
 - i. Burned children
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- a. Vascular injury with threatened limb when no vascular coverage is available.
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II. DEFINITIONS:

None

III. PROCEDURE:

<u>Responsible person</u>	<u>Action</u>
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	capability-radiology should be contacted to transfer images digitally as well) f. Patient transfer form
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V. DOCUMENT INFORMATION

A. Prepared by

Dept. & Title

Trauma Services-Trauma Program Coordinator
Trauma Services-Trauma Medical Director

B. Review and Renewal Requirements

This policy will be reviewed annually and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: n/a
Revised on: n/a

D. Approvals

- 1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):**

<u>Vice President(s)</u>	<u>Date</u>
"Type Vice President."	"mm/dd/yyyy"

- 2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):**

<u>Committee(s)</u>	<u>Date</u>
Shared Governance	3/6/2014
Trauma Program Performance Improvement Committee	3/4/2014
LPIC	
Medical Council	

**TRANSFER AGREEMENT
BETWEEN
ADVOCATE HEALTH AND HOSPITALS CORPORATION d/b/a
ADVOCATE CHRIST MEDICAL CENTER AND ADVOCATE CHILDREN'S
HOSPITAL
AND
Methodist Hospitals, INC**

This Agreement is made and effective as of the 1st *day of September, 2013*, between **Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center and Advocate Children's Hospital**, an Illinois not-for-profit corporation ("MEDICAL CENTER"), and **The Methodist Hospitals, Inc.**, an Indiana not-for profit corporation ("FACILITY") owner and operator of hospitals located at 600 Grant Street, Gary, Indiana, 8701 Broadway, Merrillville, Indiana; and 2269 West 25th Avenue, Gary, Indiana.

WHEREAS, both parties to this agreement desire to assure continuity of care and treatment appropriate to the needs of each patient in the MEDICAL CENTER and the FACILITY, and to use the skills, resources and physical plant of patient care at both the acute and post-acute stages of illness.

NOW, THEREFORE, IN CONSIDERATION of the mutual advantage occurring to the parties hereto, the MEDICAL CENTER and FACILITY hereby covenant and agree with each other as follows:

1. Autonomy. The Board of Directors of the MEDICAL CENTER and the Board of Directors of the FACILITY shall continue to have exclusive control of the management, assets and affairs of their institutions, and neither party by virtue of this Agreement shall assume any liability for any debts or obligations which have been or which may be incurred by the other party to this Agreement.

2. Transfer of Patients. Whenever the attending physician of any patient confined in the MEDICAL CENTER or in the FACILITY shall determine that a transfer of such patient from one of these institutions to the other is medically appropriate, the parties shall take whatever steps may be necessary to effect such a transfer in their admissions policies to patients requiring such transfer, subject to availability of bed space, and provided that all the usual conditions for admission are met. Each party shall give notice to the other party, as far in advance as possible, of responsibility of the institution and attending physician initiating transfer to arrange for appropriate and safe transportation. Further, it shall be their responsibility for arranging for the care of the patient during transfer. These responsibilities will cease when the patient has been physically admitted at the designation designated. All transfers will be done in accordance with all applicable requirements of federal, state, or local laws, rules and regulations and shall meet the Emergency Medical Treatment and Labor Act (EMTALA) statute and accompanying regulations.

3. Medical Center Admissions Priority. In establishing its preference in admission policies for patients subject to transfer from the FACILITY in accordance with Article II, the MEDICAL CENTER shall be guided by its usual admission requirements in accordance with criteria for admission:

- A. Patients declared as emergencies by their attending physicians shall be admitted to the MEDICAL CENTER without delay.
- B. Patients not strictly emergent, but requiring early admission to the MEDICAL CENTER shall be placed on the MEDICAL CENTER's urgent list.
- C. Elective cases shall be booked for future admission to the MEDICAL CENTER according to the established routine of the MEDICAL CENTER.

4. Facility Admissions Priority. In establishing its preference in admission policies for patients subject to transfer from the MEDICAL CENTER in accordance with Article II, the FACILITY shall be guided by the following plan:

- A. To admit the patient from the MEDICAL CENTER as promptly as possible, provided general admission requirements established by the institution are met.
- B. To give priority to re-admission of patients transferred from the FACILITY to the MEDICAL CENTER.

5. Interchange of Information. The parties shall interchange all pertinent medical records and other information which may be necessary or useful in the care and treatment of patients transferred between the parties or which may be relevant to determining whether such parties can be adequately cared for otherwise than in either the MEDICAL CENTER or FACILITY. All such information shall be provided by the transferring institution in advance, where possible, and in any event at the time of the transfer, and shall be recorded on a referral form which shall be mutually agreed upon by the parties. This information shall include but not be limited to current medical findings, diagnosis, rehabilitation potential, and a brief summary of the course of treatment followed in the MEDICAL CENTER or FACILITY the care of the patient, ambulation status and pertinent administrative and social information. The MEDICAL CENTER and FACILITY acknowledge and agree to maintain the confidentiality of all patient medical records and information in compliance with applicable State and Federal Laws.

6. Transfer of Personal Effects. Procedures for affecting the transfer of patients and their personnel effects and valuables shall be developed and adhered to by both parties. These procedures will include, but are not limited to, the provision of information concerning such

valuables, money, and personal effects transferred with the patient so that a receipt may be given and received for same.

7. Final Financial Arrangements. Charges for services performed by either party for patients transferred from the other party pursuant to this Agreement shall be collected by the party rendering such services directly from the patient, third party payors or from other sources normally billed. Neither party shall have any liability to the other for such charges, except to the extent that such liability would exist separate and apart from the Agreement. Nor shall either party receiving a transferred patient be responsible for collecting any previously outstanding account receivable due the other party from such patient.

8. Insurance. Each party shall maintain professional and public liability insurance coverage of One Million Dollars (\$1,000,000.000)/Three Million (\$3,000,000.000) or not less than what is stipulated under the Indiana Malpractice Act. Coverage will be maintained as a qualified healthcare provider under the Indiana Malpractice Act.

9. Independent Contractor. Nothing contained in this Agreement shall constitute or be construed to create a partnership, joint venture, employment, or agency relationship between the parties and/or their respective successors and assigns, it being mutually understood and agreed that the parties shall provide the services and fulfill the obligations hereunder as independent contractors. Further, it is mutually understood and agreed that nothing in this Agreement shall in any way affect the independent operation of either MEDICAL CENTER or FACILITY. The governing body of MEDICAL CENTER and FACILITY shall have exclusive control of the management, assets, and affairs at their respective institutions. No party by virtue of this Agreement shall assume any liability for any debts or obligations of a financial or legal nature incurred by the other, and neither institution shall look to the other to pay for service rendered to a patient transferred by virtue of this Agreement.

10. Nondiscrimination. The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that title, section 504 of the Rehabilitation Act of 1973, and all related regulations, to insure that neither party shall discriminate against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age or handicap, under any program or activity receiving Federal financial assistance.

11. Term and Termination. This Agreement shall commence on *September 01, 2013*, and shall automatically be renewed annually for one year periods unless terminated according to this Section 11. This Agreement may be terminated by either party at any time upon the giving of at least sixty (60) day's prior written notice. Notwithstanding any notice which may have been given, however, this Agreement shall be automatically terminated whenever either party shall have its license to operate revoked, suspended or non-renewed.

12. Notices. All notices required to be served under this Agreement may be served on any of the parties hereto personally or may be served by sending a letter duly addressed by registered or certified mail. Notices to be served on MEDICAL CENTER shall be served at or mailed to:

Advocate Christ Medical Center and Advocate Children's Hospital, attention President, with a copy to Chief Legal Officer, Advocate Health and Hospitals Corporation 3075 Highland Parkway, Suite 600, Downers Grove, IL 60514. Notices to be served on FACILITY shall be served at or mailed to: The Methodist Hospitals, Inc., Attention: Ian McFadden, President, 600 Grant Street, Gary, Indiana, 46402, unless otherwise instructed.

13. Advertising and Publicity. Neither party shall use the name of the other party in any promotional or advertising material unless review and approval of those intended use shall be first be obtained from the party whose name is to be used.
14. Nonexclusive Clause. Nothing in this Agreement shall be construed as limiting the right of either party to affiliate or contract with any other MEDICAL CENTER or FACILITY, or either a limited or general basis, while this Agreement is in effect.
15. Amendment. This Agreement may be amended, modified, or supplemented by agreement of both parties, but no such modification, amendment, or supplement shall be binding on either party unless and until the same is attached hereto in writing and signed by authorized officials of both parties.
16. Governing Law. Each party agrees to perform its respective obligations hereunder in full compliance with any and all applicable governing federal, state and/or local laws, statutes, rules regulations and/or ordinances; including but not limited to the Emergency Medical Treatment and Active Labor Act (EMTALA).
17. No Assignability. This Agreement may not be assigned by either party to this Agreement without the express written consent of the other party hereto.
18. Qualifications. Each party represents and warrants that it has all the necessary qualifications, certifications, and/or licenses required by federal, state, and local laws and regulations. In addition, both parties are approved for participation under the Medicare and Medicaid programs.
19. Severability. If any part of this Agreement should be held to be void or unenforceable, such part shall be treated as severable, leaving valid the remainder of the Agreement notwithstanding the part or parts found void or unenforceable.
20. Waiver. Any failure by either party to enforce or require strict keeping and performance by the other party of any of the terms or conditions of the Agreement shall not constitute a waiver of breach of any such term or condition by the other party and shall not affect or impair such terms and conditions in any way or the right of the other party at any time to avail itself of such remedies as it may have for any such breach or breaches of such terms and conditions.

IN WITNESS WHEREOF, this Agreement has been executed by MEDICAL CENTER and FACILITY on the date first written above.

**ADVOCATE HEALTH AND HOSPITALS CORPORATION d/b/a
ADVOCATE CHRIST MEDICAL CENTER AND ADVOCATE CHILDREN'S
HOSPITAL**

By: 
President

Methodist Hospitals, INC

By: 
President

28943

**TRANSFER AGREEMENT
BETWEEN
THE METHODIST HOSPITALS, INC.
AND
INDIANA UNIVERSITY HEALTH, INC.**

THIS AGREEMENT is entered into, by and between The Methodist Hospitals, Inc., an Indiana hospital (hereinafter "HOSPITAL"), and Indiana University Health, Inc., an Indiana nonprofit corporation (hereinafter "IU Health").

WHEREAS, HOSPITAL is the owner and operator of a hospital with facilities located at 600 Grant Street, Gary, Indiana; 8701 Broadway, Merrillville, Indiana; and 2269 West 25th Avenue, Gary, Indiana; and

WHEREAS, IU Health operates a statewide health care delivery system consisting of hospitals, specialized research and teaching institutions, physician group practices and clinics, and other organizations related to the delivery and management of health care services; and

WHEREAS, HOSPITAL wishes to maintain a written agreement with IU Health for timely transfer of patients, including trauma patients, between their facilities;

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

- I. Autonomy. It is the parties' intentions that the relationship between HOSPITAL and IU Health is that of independent contractors. The parties agree that each shall continue to have the exclusive control of the management, business and properties of their respective facilities, and neither party by virtue of this Agreement assumes any liability for any debts or obligations of the other party to the Agreement.
- II. Transfer of Patients. Whenever a transfer of a patient from HOSPITAL to IU Health is determined by medical staff at HOSPITAL to be medically necessary and appropriate, HOSPITAL shall notify IU Health of the proposed transfer request and provide such medical and personal patient information as necessary and appropriate to assist IU Health in evaluating and assuming the medical care of the patient upon patient's arrival. IU Health and HOSPITAL shall develop and adhere to any necessary protocols to facilitate such communication and transfer. HOSPITAL shall give notice to IU Health as far in advance as reasonably possible of a proposed transfer. HOSPITAL shall arrange for transportation of the patient. IU Health shall not be responsible for the notification and the safe transfer of the patient to the applicable IU Health facility except to the extent that IU Health is actually involved in providing the transport service.
- III. Admission Priorities. Admissions to IU Health shall be in accordance with IU Health's general admission policies and procedures and in accordance with IU Health's Medical Staff Bylaws and Rules and Regulations. IU Health is not

required to give priority of admission to patients to be transferred from HOSPITAL over patients from other transferring facilities. IU Health reserves the right to decline acceptance of a HOSPITAL patient transfer if IU Health is on diversion or otherwise does not have appropriate, available resources to treat the patient.

- IV. Medicare Participation. During the term of this Agreement, and any extensions thereof, HOSPITAL and IU Health agree to meet and maintain all necessary Medicare Conditions of Participation and coverage so as to remain approved providers thereunder. HOSPITAL and IU Health shall each be responsible for complying with all applicable federal and state laws.
- V. Compliance. HOSPITAL and IU Health agree that any services provided under this Agreement will comply in all material respects with all federal and state mandated regulations, rules or orders applicable to IU Health and/or HOSPITAL, including, but not limited, to regulations promulgated under Title II, Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-91) - "HIPAA" and Title XVIII, Part D of the Social Security Act (42 U.S.C. § 1395dd) - "EMTALA". Furthermore, HOSPITAL and IU Health shall promptly amend the Agreement to conform with any new or revised legislation, rules and regulations to which HOSPITAL and/or IU Health is subject now or in the future including, without limitation, the Standards of Privacy of Individually Identifiable Health Information or similar legislation (collectively, "Laws") in order to ensure that HOSPITAL and IU Health are at all times in conformance with all Laws. If, within ninety (90) days of either party first providing notice to the other of the need to amend the Agreement to comply with Laws, the parties acting in good faith, are (i) unable to mutually agree upon and make amendments or alterations to this Agreement to meet the requirements in question, or (ii) alternatively, the parties determine in good faith that amendments or alterations to the requirements are not feasible, then either party may terminate this Agreement immediately.
- VI. Interchange of Information and Medical Records. HOSPITAL and IU Health agree to transfer medical and other information and medical records which may be necessary or useful in the care and treatment of patients transferred hereunder as required and permitted by all applicable federal and state laws. Such information shall be provided by HOSPITAL and IU Health in advance, when possible, and where permitted by applicable law. HOSPITAL shall commit to subscribing to a spoke connection to the IU Health Radiology Cloud in order to enhance the timely transmission and reading of diagnostic images at IU Health for transferred patients, particularly trauma patients.
- VII. Consent to Medical Treatment. To the extent available, HOSPITAL agrees to provide IU Health with information and assistance, which may be needed by, or helpful to, IU Health in securing consent for medical treatment for the patient.
- VIII. Transfer of Personal Effects and Valuables. Procedures for effecting the transfer of personal effects and valuables of patients shall be developed by the parties and

subject to the instructions of the attending physician and of the patient and his or her family where appropriate. A standard form shall be adopted and used for documenting the transfer of the patient's personal effects and valuables. HOSPITAL shall be responsible for all personal effects and valuables until such time as possession is accepted by IU Health.

- IX. Financial Arrangements. Each party shall each be responsible for billing and collecting for the services which it provides to the patient transferred hereunder from the patient, third party payor or other sources normally billed by each institution. Neither party shall assume any liability by virtue of this Agreement for any debts or other obligations incurred by the other party to this Agreement.
- X. Return Transfer of Patients. HOSPITAL will cooperate in accepting transferred patients back from IU Health when medically appropriate and in the best interests of the patient.
- XI. Professional and General Liability Coverage. Throughout the term of this Agreement and for any extension(s) thereof, HOSPITAL and IU Health shall each maintain professional and general liability insurance coverage with limits of not less than what is stipulated under the Indiana Medical Malpractice Act. Each party shall provide the other party with proof of such coverage upon request. HOSPITAL and IU Health shall each maintain qualification as a qualified health care provider under the Indiana Medical Malpractice Act, as amended from time to time, including, but not limited to, proof of financial responsibility and payment of surcharge assessed on all health care providers. Each party shall provide the other party with proof of such qualification upon request. Both parties also agree to maintain workers compensation insurance; automobile and/or aircraft liability insurance; and general liability insurance in appropriate limits to cover its employees. Either party shall provide the other party with certificates of insurance evidencing the required coverage as outlined above from time to time, upon reasonable request. If any party determines to cancel any required coverage as outlined above, that party shall provide the other with thirty (30) days written notice prior to cancellation.
- XII. Term and Termination.
- 12.1. Term. The term of this Agreement is for a period of one (1) year from the date hereof, with an automatic renewal of successive one (1) year periods unless on or before sixty (60) calendar days prior to the expiration of the annual term, one party notifies the other, in writing, that the Agreement is not to be renewed, in which event the Agreement will be terminated at the expiration of the then current annual term.



POLICY AND PROCEDURE		POLICY NO.:
Subject: Trauma Transfers		TR_06
ORIGINAL DATE: December 1, 2013	SUPERSEDES: Original	PAGE: 1

Key Words: Trauma, Transfer, EMTALA

Applies to: Inpatient: Outpatient: Provider: All:

Video:

I. POLICY:

- A. Patient transfer requirements are mandated by federal laws for the protection of the patient from unnecessary and potentially harmful transfers; therefore patients are not transferred arbitrarily. The transfer of an injured patient occurs when the level of care provided at a Level I or Level II Trauma Center is more appropriate to the patient's condition.
- B. Transfer from Methodist Hospital will be done in accordance with this policy and conducted with mutual agreement of the transferring and receiving hospital based upon transfer agreements.
- C. All trauma patient transfers will be evaluated for appropriateness and reviewed by the Trauma Program Performance Improvement Committee.
- D. The decision to transport will be based solely on the patients' needs and not the ability to pay.
- E. Trauma transfers must be prompt and every effort should be made to expedite the decision to transfer within thirty (30) minutes of patient arrival.
- F. Once the decision to transport is made, it will not be delayed by labs or diagnostic testing.
- G. No patient should be transferred without speaking to the appropriate surgical service on-call.
- H. No patient will be transferred without direct physician to physician contact.
- I. The following are injuries that should immediately activate emergency transfer procedures:
 - 1. Orthopedic Injuries
 - a. Pelvic fractures including: complex acetabular fractures, pelvic ring disruption, open pelvic injury, concomitant shock or evidence of ongoing hemorrhage.
 - b. Hand injuries with flexor/extensor injuries
 - c. Complex open comminuted long bone fractures
 - d. Fracture/dislocation with loss of distal pulses
 - 2. Burns
 - a. Partial thickness burns greater than 10% total body surface area (TBSA)
 - b. Burns involving the face, hands, feet, genitals, perineum, or major joints

la

12.2. Termination.

12.2-1 Either party may terminate this Agreement with or without cause at any time by providing written notice to the other party at least sixty (60) days in advance of the desired termination date.

12.2-2 The Agreement shall terminate immediately and automatically if (i) either IU Health or HOSPITAL has any license revoked, suspended, or nonrenewed; or (ii) either party's agreement with the Secretary of Health and Human Services under the Medicare Act is terminated.

12.2-3 Except as provided for elsewhere in this Agreement, either party may declare this Agreement terminated if the other party does not cure a default or breach of this Agreement within thirty (30) calendar days after receipt by the breaching party of written notice thereof from the other party.

XIII. Notices. Notices or communication herein required or permitted shall be given the respective parties by registered or certified mail, documented courier service delivery or by hand delivery at the following addresses unless either party shall otherwise designate its new address by written notice:

HOSPITAL

The Methodist Hospitals, Inc.
600 Grant Street
Gary, Indiana 46202

Attention: President/CEO

IU Health

Indiana University Health, Inc.
340 West 10th Street, Suite 6100
Indianapolis, IN 46206-1367

Attention: President/CEO
General Counsel

XIV. Assignment. Assignments of this Agreement or the rights or obligations hereunder shall be invalid without the specific written consent of the other party herein.

XV. Nonexclusive Clause. This is not an exclusive Agreement and either party may contract with other institutions for the transfer of patients while this Agreement is in effect.

XVI. Governing Law. This Agreement shall be construed and governed by the laws of the State of Indiana. The venue for any disputes arising out of this Agreement shall be Marion County, Indiana.

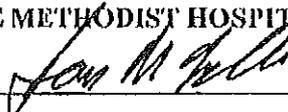
XVII. Waiver. The failure of either party to insist in any one or more instance upon the strict performance of any of the terms or provisions of this Agreement by the other party shall not be construed as a waiver or relinquishment for the future of any such term or provision, but the same shall continue in full force and effect.

- XVIII. Severability. If any provision of this Agreement is held by a court of competent jurisdiction to be unenforceable, invalid or illegal, such unenforceability, invalidity or illegality shall not affect any other provision hereof, and this Agreement shall be construed as if such provision had never been contained herein.
- XIX. Section and Other Headings. The article and other headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
- XX. Amendments. This Agreement may be amended only by an instrument in writing signed by the parties hereto.
- XXI. Entire Agreement. This Agreement is the entire Agreement between the parties and may be amended or modified only by a written amendment hereto duly executed by both parties.
- XXII. Execution. This Agreement and any amendments thereto shall be executed in duplicate copies on behalf of HOSPITAL and IU Health by an official of each, specifically authorized by its respective Board to perform such executions. Each duplicate copy shall be deemed an original, but both duplicate originals together constitute one and the same instrument.

IN WITNESS WHEREOF, the duly authorized officers and representatives of HOSPITAL and IU Health have executed this Agreement the 22nd day of October, 2013.

HOSPITAL:

THE METHODIST HOSPITALS, INC.

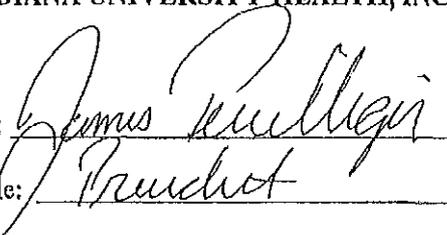
By: 

Title: President/CEO

AND

IU HEALTH:

INDIANA UNIVERSITY HEALTH, INC.

By: 

Title: President

**PATIENT TRANSFER AGREEMENT
BETWEEN
THE METHODIST HOSPITALS, INC.
AND
LOYOLA UNIVERSITY MEDICAL CENTER**

THIS AGREEMENT is made and is effective as of this 1st day of June, 2013 by and between Loyola University Medical Center, an Illinois not-for-profit corporation located in Maywood, Illinois (hereinafter referred to as "Receiving Hospital") and The Methodist Hospitals, Inc., an Indiana not-for-profit corporation located in Gary, Indiana (hereinafter referred to as "Transferring Facility").

WHEREAS, both parties hereto desire to assure continuity of care and treatment appropriate to the needs of medically unstable adult and pediatric patients requiring specialized burn and/or level I trauma center care and treatment not otherwise available at Transferring Facility; and

WHEREAS, the Parties will cooperate to achieve this purpose; and

NOW THEREFORE, Receiving Hospital and Transferring Facility hereby covenant and agree as follows:

When Transferring Facility has determined that an adult or pediatric patient is medically unstable, and requires burn and/or level I trauma center stabilizing care and treatment unavailable at Transferring Facility and thereby requires admission to Receiving Hospital, and when a physician of Receiving Hospital accepts the transfer of such Transferring Facility's patient requiring such care and treatment, then Receiving Hospital agrees to admit such a patient as promptly as possible provided transfer and admission requirements are met and adequate staff, equipment, bed space and capacity to provide medically specialized care and treatment for such a patient are available at Receiving Hospital. All transfers will be done in accordance with all applicable requirements of federal, state, or local laws, rules and regulations and shall meet the Emergency Medical Treatment and Labor Act (EMTALA) statute codified at § 1867 of the Social Security Act, (the Act) the accompanying regulations in 42 CFR § 489.24 and the related requirements at 42 CFR 489.20 (l), (m), (q), and (r).

The parties hereto agree that the referring physician of Transferring Facility, in consultation with the receiving physician at Receiving Hospital, should determine the method of transport and the appropriate personnel, if any, to accompany a patient during any transfer to Receiving Hospital. Transferring Facility agrees that it will send with each patient at the time of transfer, any transfer form(s) and medical records necessary to ensure continuity of care following transfer.

Transferring Facility understands and agrees, upon Receiving Hospital's request, to accept for return transfer and prompt admission to Transferring Facility, any patient that

has been medically stabilized and that has been transferred to Receiving Hospital pursuant to this agreement.

Transferring Hospital and Receiving Hospital shall each designate a representative who shall meet as often as necessary to discuss quality improvement measures related to patient stabilization, and/or treatment prior to and subsequent to transfer and patient outcome. The parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under this Agreement to the extent permissible under applicable laws. All information obtained and any materials prepared pursuant to this section and used in the course of internal quality control or for the purpose of reducing morbidity and mortality, or for improving patient care, shall be privileged and strictly confidential for use in the evaluation and improvement of patient care according to applicable state and federal laws, including 735 ILCS 5/8-2101 et seq., as may be amended from time to time.

The parties hereto acknowledge that they are each "Covered Entities," as that term is defined by the Health Insurance Portability and Accountability Act ("HIPAA"), and each party agrees to comply with all applicable requirements of the HIPAA Privacy and Security Rules and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 C.F.R. Part 160, 162 and 164, Subparts A and E.

The parties hereto acknowledge and agree to comply with applicable federal and state laws and regulations, CMS Conditions of Participation and the standards of the Joint Commission.

Procedures for effecting the transfer of patients and their personal effects and valuables shall be developed and adhered to by both parties. These procedures will include, but are not limited to, the provision of information concerning such valuables, money and personal effects transferred with the patient so that a receipt may be given and received for same.

The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that title, section 504 of the Rehabilitation Act of 1973, and all related regulations, to insure that neither party shall discriminate against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age handicap, under any program or activity receiving Federal financial assistance.

Neither party shall use the name of the other party in any promotional or advertising material unless review and written approval of such intended uses is first obtained from the party whose name is to be used.

The parties hereto agree that charges for care and services performed in connection with this Agreement shall be collected by the party rendering such care and services directly from the patient, third party payor or other sources normally billed by the institution and neither party shall have any liability to the other party for such charges.

Each party acknowledges the non-exclusive nature of this Agreement. It is the parties' intention that the relationship between Receiving Hospital and Transferring Facility be that of independent contractors. The governing body of each shall have exclusive control of policies, management, assets and affairs of its respective institution. Each party will maintain such insurance as will fully protect it from any and all claims of any nature for damage to property or from personal injury including death, made by anyone which may arise from operations carried on by either party under this Agreement.

The term of this Agreement shall begin on the 1st of June, 2013 and continue through May 31, 2014 ("Initial Term") and shall, thereafter, **AUTOMATICALLY RENEW ON AN ANNUAL BASIS (RENEWAL TERM) ABSENT WRITTEN NOTICE OF NON-RENEWAL BY EITHER PARTY THIRTY (30) DAYS PRIOR TO THE EXPIRATION OF THE INITIAL TERM OR ANY RENEWAL TERM.** Either party hereto may terminate this Agreement at any time, without cause upon providing ninety (60) days advance written notice.

This Agreement shall automatically terminate without regard to notice in the event either party hereto: a) ceases to have a valid provider agreement with the Secretary of the Department of Health and Human Services; or b) fails to renew, has suspended or revoked its license or registration issued by the State to operate as an acute care Hospital.

All notices which either party is required to give to the other under or in conjunction with this Agreement shall be in writing, and shall be given by addressing the same to such other party at the address indicated below, and by depositing the same so addressed, certified mail, postage prepaid, in the United States mail, or by delivering the same personally to such other party. All notices shall be effective upon receipt of said notice.

Any notice provided to Receiving Hospital shall be directed to:

Wendy S. Leutgens, RN, MSN
Chief Operating Officer
Loyola University Medical Center
2160 South First Avenue
Maywood, Illinois 60153

With copies to:

Vice President and General Counsel
Office of the General Counsel
Loyola University Medical Center
2160 South First Avenue
Maywood, Illinois 60153

Any notice provided to Transferring Facility shall be directed to:

Ian McFadden

President
The Methodist Hospitals, Inc.
600 Grant Street
Gary, Indiana 46402

With copies to:

Jen Mullen, BSN, RN, CEN, TNS
Trauma Program Coordinator
The Methodist Hospitals, Inc.
600 Grant Street
Gary, Indiana 46402

Neither party to this Agreement may assign any of the rights or obligation under this Agreement without the express written consent of the other party. Any attempt to assign this Agreement without consent shall be void.

Neither Party is under any obligation to refer or transfer patients to the other Party and neither Party will receive any payment for any patient referred or transferred to the other Party. A Party may refer or transfer patients to any facility based on the professional judgment of the treating physician and the individual needs and wishes of the patient.

The Parties acknowledge and agree that, in performing their respective obligations under this Agreement, each is acting as an independent contractor. Transferring Facility and Receiving Hospital are not and shall not be considered joint venturers or partners, and nothing herein shall be construed to authorize either Party to act as general agent for the other. Neither Party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or legal nature incurred by the other Party.

Each party represents and warrants that it has all the necessary qualifications, certifications, and/or licenses required by federal, state, and local laws and regulations. In addition, both parties are approved for participation under the Medicare and Medicaid programs.

If any part of this Agreement should be held to be void or unenforceable, such part shall be treated as severable, leaving valid the remainder of the Agreement notwithstanding the part or parts found void or unenforceable.

Any failure by either party to enforce or require strict keeping and performance by the other party of any of the terms or conditions of the Agreement shall not constitute a waiver of breach of any such term or condition by the other party and shall not affect or impair such terms and conditions in any way or the right of the other party at any time to avail itself of such remedies as it may have for any such breach or breaches of such terms and conditions.

This Agreement may be modified at any time by the mutual agreement of the parties, provided that before any modification shall be operative and valid, it shall be reduced to writing and signed and dated by both parties.

This Agreement constitutes the entire understanding between the parties with respect to its subject matter and constitutes and supersedes all prior agreements, representations and understandings of the parties, whether written or oral.

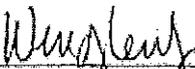
This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute one and the same instrument.

IN WITNESS WHEREOF, we the undersigned, duly authorized representatives have executed and delivered this Agreement without reservation and having read the Terms contained herein.

On behalf of:

**LOYOLA UNIVERSITY
MEDICAL CENTER**

Signature:



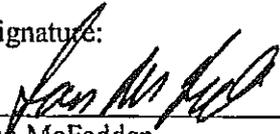
Wendy S. Leitzgens, RN, MSN
Chief Operating Officer

Date: 12-4-13

On behalf of:

**THE METHODIST
HOSPITALS, INC.**

Signature:



Ian McFadden
President

Date: 8/2/13

**TRANSFER AGREEMENT
BETWEEN
THE METHODIST HOSPITALS, INC.
AND
MEMORIAL HOSPITAL OF SOUTH BEND**

THIS AGREEMENT is entered into, by and between The Methodist Hospitals, Inc., an Indiana hospital (hereinafter "HOSPITAL"), and Memorial Hospital of South Bend Inc. ,located in South Bend IN (hereinafter "Memorial")

WHEREAS, HOSPITAL is the owner and operator of a hospital with facilities located at 600 Grant Street, Gary, Indiana; 8701 Broadway, Merrillville, Indiana; and 2269 West 25th Avenue, Gary, Indiana; and

WHEREAS, Memorial operates an acute care general hospital.

WHEREAS, HOSPITAL wishes to maintain a written agreement with Memorial for timely transfer of patients, including trauma patients, between their facilities;

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

- I. Autonomy. The parties agree that each shall continue to have the exclusive control of the management, business and properties of their respective facilities, and neither party by virtue of this Agreement assumes any liability for any debts or obligations of the other party to the Agreement.

- II. Transfer of Patients. Whenever a transfer of a patient from HOSPITAL to Memorial is determined by medical staff at HOSPITAL to be medically necessary and appropriate, HOSPITAL shall notify Memorial of the proposed transfer request and provide such medical and personal patient information as necessary and appropriate to assist Memorial in evaluating and assuming the medical care of the patient upon patient's arrival. Memorial and HOSPITAL shall develop and adhere to any necessary protocols to facilitate such communication and transfer. HOSPITAL shall give notice to Memorial as far in advance as reasonably possible of a proposed transfer. HOSPITAL shall arrange for transportation of the patient. Memorial shall not be responsible for the notification and the safe transfer of the patient, except to the extent that Memorial is actually involved in providing the transport service.

- III. Admission Priorities. Admissions to Memorial shall be in accordance with Memorial's general admission policies and procedures and in accordance with Memorial's Medical Staff Bylaws and Rules and Regulations. Memorial is not required to give priority of admission to patients to be transferred from HOSPITAL over patients from other transferring facilities. Memorial reserves the right to decline acceptance of a HOSPITAL patient transfer if Memorial is on

diversion or otherwise does not have appropriate, available resources to treat the patient.

- IV. Medicare Participation. During the term of this Agreement, and any extensions thereof, HOSPITAL and Memorial agree to meet and maintain all necessary Medicare Conditions of Participation and coverage so as to remain approved providers thereunder. HOSPITAL and Memorial shall each be responsible for complying with all applicable federal and state laws.
- V. Compliance. HOSPITAL and Memorial agree that any services provided under this Agreement will comply in all material respects with all federal and state mandated regulations, rules or orders applicable to Memorial and/or HOSPITAL, including, but not limited, to regulations promulgated under Title II, Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-91) - "HIPAA" and Title XVIII, Part D of the Social Security Act (42 U.S.C. § 1395dd) - "EMTALA". Furthermore, HOSPITAL and Memorial shall promptly amend the Agreement to conform with any new or revised legislation, rules and regulations to which HOSPITAL and/or Memorial is subject now or in the future including, without limitation, the Standards of Privacy of Individually Identifiable Health Information or similar legislation (collectively, "Laws") in order to ensure that HOSPITAL and Memorial are at all times in conformance with all Laws. If, within ninety (90) days of either party first providing notice to the other of the need to amend the Agreement to comply with Laws, the parties acting in good faith, are (i) unable to mutually agree upon and make amendments or alterations to this Agreement to meet the requirements in question, or (ii) alternatively, the parties determine in good faith that amendments or alterations to the requirements are not feasible, then either party may terminate this Agreement immediately.
- VI. Interchange of Information and Medical Records. HOSPITAL and Memorial agree to transfer medical and other information and medical records which may be necessary or useful in the care and treatment of patients transferred hereunder as required and permitted by all applicable federal and state laws. Such information shall be provided by HOSPITAL and Memorial in advance, when possible, and where permitted by applicable law.
- VII. Consent to Medical Treatment. To the extent available, HOSPITAL agrees to provide Memorial with information and assistance, which may be needed by, or helpful to, Memorial in securing consent for medical treatment for the patient.
- VIII. Transfer of Personal Effects and Valuables. Procedures for effecting the transfer of personal effects and valuables of patients shall be developed by the parties and subject to the instructions of the attending physician and of the patient and his or her family where appropriate. A standard form shall be adopted and used for documenting the transfer of the patient's personal effects and valuables. HOSPITAL shall be responsible for all personal effects and valuables until such time as possession is accepted by Memorial

- IX. Financial Arrangements. Each party shall each be responsible for billing and collecting for the services which it provides to the patient transferred hereunder from the patient, third party payor or other sources normally billed by each institution. Neither party shall assume any liability by virtue of this Agreement for any debts or other obligations incurred by the other party to this Agreement.
- X. Return Transfer of Patients. HOSPITAL will cooperate in accepting transferred patients back from Memorial when medically appropriate and in the best interests of the patient. For any transfers back to HOSPITAL from Memorial, Memorial shall follow the terms and conditions herein which govern patient transfers.
- XI. Professional and General Liability Coverage. Throughout the term of this Agreement and for any extension(s) thereof, HOSPITAL and Memorial shall each maintain professional and general liability insurance coverage with limits reasonably acceptable to the other party. Each party shall provide the other party with proof of such coverage upon request. HOSPITAL and Memorial shall each maintain qualification as a qualified health care provider under the Indiana Medical Malpractice Act, as amended from time to time, including, but not limited to, proof of financial responsibility and payment of surcharge assessed on all health care providers. Each party shall provide the other party with proof of such qualification upon request.
- XII. Term and Termination.
- 12.1. Term. The term of this Agreement is for a period of one (1) year from the date hereof, with an automatic renewal of successive one (1) year periods unless on or before sixty (60) calendar days prior to the expiration of the annual term, one party notifies the other, in writing, that the Agreement is not to be renewed, in which event the Agreement will be terminated at the expiration of the then current annual term.
- 12.2. Termination.
- 12.2-1 Either party may terminate this Agreement with or without cause at any time by providing written notice to the other party at least sixty (60) days in advance of the desired termination date.
- 12.2-2 The Agreement shall terminate immediately and automatically if (i) either Memorial or HOSPITAL has any license revoked, suspended, or nonrenewed; or (ii) either party's agreement with the Secretary of Health and Human Services under the Medicare Act is terminated.
- 12.2-3 Except as provided for elsewhere in this Agreement, either party may declare this Agreement terminated if the other party does not cure a default or breach of this Agreement within thirty (30) calendar days after receipt by the breaching party of written notice thereof from the other party.

XIII. Notices. Notices or communication herein required or permitted shall be given the respective parties by registered or certified mail, documented courier service delivery or by hand delivery at the following addresses unless either party shall otherwise designate its new address by written notice:

HOSPITAL

The Methodist Hospitals, Inc.
600 Grant Street
Gary, Indiana 46202

Attention: President/CEO Ian McFadden

Cc: Jennifer Mullen, BSN, RN, CEN
Trauma Program Coordinator

Memorial

Memorial Hospital of South Bend
615 N Michigan
South Bend IN 46601

Attention: President Kreg Gruber

- XIV. Assignment. Assignments of this Agreement or the rights or obligations hereunder shall be invalid without the specific written consent of the other party herein.
- XV. Nonexclusive Clause. This is not an exclusive Agreement and either party may contract with other institutions for the transfer of patients while this Agreement is in effect.
- XVI. Governing Law. This Agreement shall be construed and governed by the laws of the State of Indiana.
- XVII. Waiver. The failure of either party to insist in any one or more instance upon the strict performance of any of the terms or provisions of this Agreement by the other party shall not be construed as a waiver or relinquishment for the future of any such term or provision, but the same shall continue in full force and effect.
- XVIII. Severability. If any provision of this Agreement is held by a court of competent jurisdiction to be unenforceable, invalid or illegal, such unenforceability, invalidity or illegality shall not affect any other provision hereof, and this Agreement shall be construed as if such provision had never been contained herein.
- XIX. Section and Other Headings. The article and other headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
- XX. Amendments. This Agreement may be amended only by an instrument in writing signed by the parties hereto.
- XXI. Entire Agreement. This Agreement is the entire Agreement between the parties and may be amended or modified only by a written amendment hereto duly executed by both parties.

XXII. Execution. This Agreement and any amendments thereto shall be executed in duplicate copies on behalf of HOSPITAL and Memorial by an official of each, specifically authorized by its respective Board to perform such executions. Each duplicate copy shall be deemed an original, but both duplicate originals together constitute one and the same instrument.

XXIII. Additional Provisions.

22.1 Civil Rights. The parties shall comply with Titles VI and VII of the Civil Rights Act of 1964, Sections 503 and 504 of the Rehabilitation Act of 1973, and all requirements imposed by or pursuant to the regulations of the Department of Health and Human Services issued pursuant to these Acts.

22.2 Qualifications. Hospital and Memorial both represent and warrant that it has all the necessary qualifications, certifications and/or licenses required by federal, state, and local laws and regulations as required by the State of Indiana. In addition, Hospital is approved for participation under the Medicare and Medicaid programs.

IN WITNESS WHEREOF, the duly authorized officers and representatives of HOSPITAL and Memorial have executed this Agreement the 1st day of July, 2013.

HOSPITAL:

The Methodist Hospitals, Inc.

By: Jan E. McCall

Title: CEO/President

AND

MEMORIAL

MEMORIAL HOSPITAL OF SOUTH BEND INC.

By: Kreg Gruber

Title: President

TRANSFER AGREEMENT

This Transfer Agreement ("Agreement") is entered into as of this 1st day of August, 2013 ("Effective Date") by and between Northwestern Memorial Hospital, an Illinois corporation ("Receiving Hospital") and Methodist Hospital ("Transferring Facility"). The Receiving Hospital and Transferring Facility may be referred to individually as a "Party" and collectively the "Parties".

RECITALS

WHEREAS, Transferring Facility owns and operates a general acute care hospital;

WHEREAS, Transferring Facility receives, from time to time, patients with acute spinal cord, traumatic hand and maxillofacial injuries, who are in need of treatment that may not be available at Transferring Facility, but are available at Receiving Hospital; and

WHEREAS, the Parties desire to establish a transfer arrangement to promote continuity of care and treatment appropriate to the needs of patients with acute spinal cord, traumatic hand and maxillofacial injuries.

NOW, THEREFORE, for and in consideration of the terms, conditions, covenants, agreements and obligations contained herein:

SECTION 1 PATIENT TRANSFERS

- 1.1 **Acceptance of Patients.** Upon recommendation of an attending physician, and pursuant to the provisions of this Agreement, Receiving Hospital agrees to accept the transfer of patients with acute spinal cord, traumatic hand and maxillofacial injuries from Transferring Facility *provided that* customary admission requirements, applicable State and Federal laws and regulations are met, and Receiving Hospital has the capacity and ability to treat the patient, as determined in its sole discretion. A request for a patient transfer shall be made by Transferring Facility as soon as possible once the need for a transfer has been identified. After receiving a transfer request, Receiving Hospital shall exercise its reasonable best efforts to promptly communicate whether it has the capacity to accept the transfer. Receiving Hospital further agrees to exercise its reasonable best efforts to provide for the prompt admission of transferred patients.
- 1.2 **Appropriate Transfer.** It shall be Transferring Facility's responsibility, at no cost to Receiving Facility, to arrange for appropriate and safe transportation and care of the patient during such transport. The Transferring Facility shall assure that the transfer is an "appropriate transfer" as defined in the Emergency Medical Treatment and Active Labor Act ("EMTALA") and related regulations, and is carried out in accordance with any other applicable laws and regulations. The Transferring Facility shall provide all available

information regarding the patient when requesting a transfer, and shall comply with Section 2 below regarding the transmission of the patient's medical record to Receiving Hospital. Direct communication between the patient's attending physician from the Transferring Facility and an attending physician at the Receiving Hospital is required before Receiving Hospital will agree to accept the requested transfer.

- 1.3 **Standard of Performance.** Each Party shall, in performing its obligations under this Agreement, provide patient care services in accordance with the same standards as services provided under similar circumstances to all other patients of such Party, and as may be required by federal and state laws and Medicare/Medicaid certification standards. Each Party shall maintain all legally required certifications and licenses from all applicable governmental and accrediting bodies, and shall maintain full eligibility for participation in Medicare and Medicaid.
- 1.4 **Billing and Collections.** Each Party shall be entitled to bill patients and any third parties responsible for paying a patient's bill, for services rendered to patients by such Party and its employees, agents and representatives, and neither Party will have any liability to the other Party for such charges. Each Party shall be solely responsible for all matters pertaining to its billing and collection of such charges, including all forms, documentation, and insurance verification. The Parties shall reasonably cooperate with each other in the preparation and completion of all forms and documentation necessary for billing.
- 1.5 **Oversight of Transfers.** Transferring Hospital and Receiving Hospital shall each designate a representative who shall meet as often as necessary to discuss quality improvement measures related to patient stabilization and/or treatment prior to and subsequent to transfer and patient outcome. The parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under this Agreement to the extent permissible under applicable laws. All information obtained and any materials prepared pursuant to this section and used in the course of internal quality control or for the purpose of reducing morbidity and mortality, or for improving patient care, shall be privileged and strictly confidential for use in the evaluation and improvement of patient care according to 735 ILCS 5/8-21 01 et seq., as may be amended from time to time.

SECTION 2 MEDICAL RECORDS

Subject to applicable confidentiality requirements, the Parties shall exchange all information which may be necessary or useful in the care and treatment of a transferred patient, or which may be relevant in determining whether such patient can be adequately cared for by the Receiving Hospital. All such information shall be provided by the Transferring Facility in advance, where possible, and in any event, no later than at the time of the transfer. The Transferring Facility shall send a copy of all patient medical records that are available at the time of transfer to the Receiving Hospital, including documentation pertaining to the transfer. Any other patient records shall be sent as soon as practicable after the transfer. Each Party shall and shall cause its employees and agents to protect the confidentiality of all patient health information, and comply

with all applicable state and federal laws and regulations protecting the confidentiality of patients' records, including the privacy and security regulations related to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

SECTION 3 TERMS AND TERMINATION

- 3.1 **Term.** This Agreement shall be effective as of the Effective Date and shall remain in effect until terminated as provided herein.
- 3.2 **Termination.** This Agreement may be terminated as follows:
- (a) **Termination by Mutual Consent.** The Parties may terminate this Agreement at any time by mutual written consent, and such termination shall be effective upon the date stated in the consent.
 - (b) **Termination without Cause.** Either Party may terminate this Agreement, without cause, upon thirty (30) days prior written notice to the other Party.
 - (c) **Termination for Cause.** A party shall have the right to immediately terminate this Agreement for cause upon the happening of any of the following:
 - (i) If such Party determines that the continuation of this Agreement would endanger patient care.
 - (ii) Violation by the other Party of any material provision of this Agreement, which violation continues for a period of fifteen (15) days after receipt of written notice by the other Party specifying the violation and failure by the other Party to cure.
 - (iii) Exclusion of the other Party from participation in the Medicare or Medicaid programs or conviction of the other Party of a felony related to the provision of health care services.
 - (iv) Except with respect to a change from one accrediting organization to another, the other Party's loss or suspension of any certification, license, accreditation (including Health Facilities Accreditation Program ("HFAP") or The Joint Commission ("TJC") or other applicable accreditation), or other approval necessary to render acute patient care services.

SECTION 4 NON-EXCLUSIVE RELATIONSHIP

This Agreement shall be non-exclusive. Either Party shall be free to enter into similar arrangements at any time with other hospitals, or health care entities on either a limited or general basis while this Agreement is in effect. Neither Party shall use the other Party's name or

marks in any promotional or advertising material without first obtaining the written consent of the other Party.

SECTION 5 LICENSURE AND INSURANCE

- 5.1 **Licenses, Permits and Certification.** Each party represents to the Other Party that it and all of its employees, agents and representatives possess and shall maintain all required licenses, permits and certifications enabling such Party to provide the services referenced in this Agreement.
- 5.2 **Notification of Claims.** Each Party shall notify the other Party in writing of any action or suit filed, and shall give prompt notice of any claim made, against the Party by any person or entity that may result in litigation related to the subject of this Agreement.

SECTION 6 COMPLIANCE

- 6.1 **Compliance.** At all times, both Parties shall comply with all federal, state and local laws, rules and regulations now in effect or later adopted relating to the services to be provided hereunder. Each Party shall promptly notify the other Party if it receives notice of any actual or alleged infraction or violation of the same, or notice of any suit or action filed or claim made against a Party related to this Agreement.
- 6.2 **Mutual Representations and Warranties.** As of the date hereof and throughout the term of this Agreement, each Party represents and warrants to the other Party that it: (a) is licensed to operate a general acute care hospital in Illinois; (b) is participating provider in all federally funded health care programs, including Medicare and Medicaid; and (c) is accredited by the HFAP or TJC. A Party shall promptly notify the other Party if it is no longer able to support any of the above representations and warranties.

SECTION 7 MISCELLANEOUS

- 7.1 **Non-Referral of Patients.** Neither Party is under any obligation to refer or transfer patients to the other Party. Neither Party will receive any payment for any patients referred or transferred to the other Party. A Party may refer or transfer patients to any facility based on the professional judgment of the treating physician(s) and the individual needs and wishes of the patient.
- 7.2 **Relationship of the Parties.** The Parties expressly acknowledge that, in performing their respective obligations under this Agreement, each is acting independently. The Parties are not, and shall not be considered to be, joint venturers or partners, and nothing herein shall be construed to authorize either Party to act as an agent for the other. Neither Party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or legal nature incurred by the other Party.

7.3 **Notices.** Any notice required to be given under this Agreement shall be in writing and shall be deemed given when personally delivered or sent by prepaid United States certified mail, return receipt requested, or by traceable one or two-day courier services or confirmed facsimile to each Party as follows:

To Receiving Hospital:	Northwestern Memorial Hospital 251 E. Huron Chicago, IL 60611 Attention: Chief Executive Officer
With a copy to:	Northwestern Memorial HealthCare 211 E. Ontario Street, Suite 1800 Chicago, IL 60611 Attention: Office of General Counsel
To Transferring Facility:	Methodist Hospital 600 Grant Street Gary, Indiana 46402 Attention: President/CEO-Ian McFadden
With a copy to:	Methodist Hospital Trauma Services 600 Grant Street, Office # 1016 Gary, Indiana 46402 Attention: Jennifer Mullen, RN Trauma Program Coordinator

or to such other address of which the receiving Party has given notice pursuant to this Section. All notices shall be considered given and received on the date actually received if given by personal delivery, or traceable courier service, or on the date shown as received on a fax confirmation sheet (unless such date is not a business day, in which case the notice shall be deemed given on the next business day) if given by facsimile.

7.4 **Assignment.** Neither Party may assign its rights or delegate its obligations under this Agreement without the prior written consent of the other, except that either Party may assign all or part of its rights and delegate all or part of its obligations under this Agreement to any entity controlled by or under common control with such Party, or a successor in interest to substantially all of the assets of such Party.

7.5 **Entire Agreement; Amendment.** This Agreement contains the entire agreement of the Parties with respect to the subject matter hereof and may not be amended or modified except in a writing signed by both Parties. All continuing covenants, duties, and obligations contained herein shall survive the expiration or termination of this Agreement.

7.6 **Governing Law.** This Agreement shall be governed by and construed according to the laws of the State of Illinois without regard to the conflict of laws provisions thereunder.

- 7.7 **Headings.** The headings of sections contained in this Agreement are for reference purposes only and will not affect in any way the meaning or interpretation of this Agreement.
- 7.8 **Non-discrimination.** Neither Party shall discriminate against any individuals on the basis of race, color, sex, age, religion, national origin, or disability while acting pursuant to this Agreement.
- 7.9 **Severability.** If any provision of this Agreement, or the application thereof to any person or circumstance, shall be held to be invalid, illegal or unenforceable in any respect by any court or other entity having the authority to do so, the remainder of this Agreement, or the application of such affected provision to persons or circumstances other than those to which it is held invalid or unenforceable, shall be in no way affected, prejudiced or disturbed, and each provision of this Agreement shall be valid and shall be enforced to the fullest extent permitted by law.
- 7.10 **Successors and Assigns.** This Agreement shall be binding upon, and shall inure to the benefit of the Parties hereto, their respective successors and permitted assigns.
- 7.11 **Waiver.** No failure by a Party to insist upon the strict performance of any covenant, agreement, term or condition of this Agreement, shall constitute a waiver of any such breach of such covenant, agreement, term or condition. Any Party may waive compliance by the other Party with any of the provisions of this Agreement if done so in writing. No waiver of any provision shall be construed as a waiver of any other provision or any subsequent waiver of the same provision.
- 7.12 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the Parties have executed this Agreement through their respective authorized officers, effective as of the day and year first written above.

Northwestern Memorial Hospital



Signature

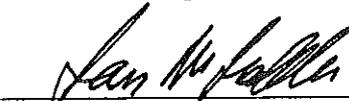
Director, operations

Title

8/1/2013

Date

Methodist Hospital



Signature

President, CEO

Title

8/2/13

Date

PATIENT TRANSFER AGREEMENT

THIS TRANSFER AGREEMENT (the "Agreement") is made as of 5/14/2013, by and between St. Joseph Health System, LLC doing business as St. Joseph Hospital and Methodist Hospital 1545, each individually referred to herein as "Transferring Facility" if transferring a patient, or "Receiving Facility" if receiving a patient, pursuant to the terms and provisions of the Agreement, and collectively as "facilities."

WITNESSETH:

WHEREAS, the parties hereto desire to enter into the Agreement governing the transfer of patients between the two facilities; and,

WHEREAS, the parties hereto desire to enter into the Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients between the facilities.

NOW, THEREFORE, to facilitate the continuity of care and the timely transfer of patients and records between the facilities, the parties agree as follows:

1. **TRANSFER OF PATIENTS.** In the event any patient of either facility is deemed by Transferring Facility as requiring the services of Receiving Facility and the transfer is deemed medically appropriate, a member of the nursing staff of Transferring Facility or the patient's attending physician will contact the admitting office or Emergency Department, whichever is applicable, of Receiving Facility to arrange for appropriate treatment as contemplated herein. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of The Joint Commission and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious, or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either facility. Receiving Facility's responsibility for the patient's care shall begin when the patient is admitted to Receiving Facility.
2. **RESPONSIBILITIES OF TRANSFERRING FACILITY.** Transferring Facility shall be responsible for performing or ensuring performance of the following:
 - (A) Provide, within its capabilities, stabilizing treatment of the patient prior to transfer;
 - (B) Arrange for appropriate and safe transportation and care of the patient during transfer, in accordance with applicable federal and state laws and regulations;
 - (C) Designate a person who has authority to represent Transferring Facility and coordinate the transfer of the patient from the facility;
 - (D) Notify Receiving Facility's designated representative prior to transfer to receive confirmation as to availability of appropriate facilities, services, and staff necessary to provide care to the patient;

- (E) Prior to patient transfer, if for direct admission, the transferring physician shall contact and secure a receiving physician at Receiving Facility who shall attend to the medical needs of the patient and who will accept responsibility for the patient's medical treatment and hospital care;
- (F) Provide, within its capabilities, appropriate personnel, equipment, and services to assist the transferring physician with the coordination and transfer of the patient;
- (G) Provide, within its capabilities, personnel, equipment, and life support measures determined appropriate for the transfer of the patient by the transferring physician;
- (H) Forward to the receiving physician and Receiving Facility a copy of those portions of the patient's medical record that are available and relevant to the transfer and continued care of the patient, including records related to the patient's condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests, and a copy of the patient's executed Advance Directives. If all necessary and relevant medical records are not available at the time the patient is transferred, then the records will be forwarded by Transferring Facility as soon as possible;
- (I) Transfer the patient's personal effects, including, but not limited to, money and valuables, and information related to those items;
- (J) Notify Receiving Facility of the estimated time of arrival of the patient;
- (K) Provide Receiving Facility any information available about the patient's coverage under a third party coverage plan, Medicare or Medicaid, or a healthcare assistance program established by a county, public hospital, or hospital district;
- (L) Acknowledge any contractual obligations and comply with any statutory or regulatory obligations that might exist between a patient and a designated provider;
- (M) Recognize the right of a patient to request to transfer into the care of a physician and facility of the patient's choosing;
- (N) Recognize the right of a patient to refuse to consent to treatment or transfer;
- (O) Establish a policy and/or protocols (i) for maintaining the confidentiality of the patient's medical records in accordance with applicable state and federal law and (ii) for the inventory and safekeeping of any patient valuables sent with the patient to Receiving Facility; and,
- (P) Recognize and comply with the requirements of any state law and regulations or local ordinances that apply to the care and transfer of patients.

3. RESPONSIBILITIES OF RECEIVING FACILITY. Receiving Facility shall be responsible for performing or ensuring performance of the following:

- (A) Provide, as promptly as possible, confirmation to Transferring Facility regarding the availability of bed(s), appropriate facilities, services, and staff necessary to treat the patient and confirmation that Receiving Facility has agreed to accept transfer of the patient. Receiving Facility shall respond to Transferring Facility promptly after receipt of the request to transfer a patient with an emergency medical condition or in active labor;
- (B) Provide, within its capabilities, appropriate personnel, equipment, and services to assist the receiving physician with the receipt and treatment of the patient transferred, maintain a call roster of physicians at Receiving Facility and provide, on request, the names of on-call physicians to Transferring Facility;
- (C) Reserve beds, facilities, and services as appropriate for patients being transferred from Transferring Facility who have been accepted by Receiving Facility and a receiving physician, if

deemed necessary by a transferring physician unless such are needed by Receiving Facility for an emergency;

(D) Designate a person who has authority to represent and coordinate the transfer and receipt of patients into the facility;

(E) When appropriate and within its capabilities, assist with the transportation of the patient as determined appropriate by the transferring or receiving physician;

(F) Upon discharge of the patient back to Transferring Facility, provide Transferring Facility with a copy of the patient's clinical or medical records, including any record generated in the emergency department;

(G) Maintain the confidentiality of the patient's clinical or medical records in accordance with applicable state and federal law;

(H) Establish a policy and/or protocols (i) for maintaining the confidentiality of the patient's clinical or medical records in accordance with applicable state and federal law, (ii) for the receipt of the patient into its facility, and (iii) for the acknowledgment and inventory of any patient valuables transported with the patient;

(I) Provide for the return transfer of the patients to Transferring Facility when requested by the patient or Transferring Facility and ordered by the patient's attending/transferring physician, if Transferring Facility has a statutory or regulatory obligation to provide health care assistance to the patient, and if transferred back to Transferring Facility, provide the items and services required of a Transferring Facility in Section 2 of the Agreement.

(J) Provide Transferring Facility any information available about the patient's coverage or eligibility under a third party coverage plan, Medicare or Medicaid, or a healthcare assistance program established by a county, public hospital, or hospital district;

(K) Upon request, provide current information concerning its eligibility standards and payment practices to Transferring Facility and patient;

(L) Acknowledge any contractual obligations and comply with any statutory or regulatory obligations that might exist between a patient and a designated provider;

(M) Recognize and comply with the requirements of any state law and regulations or local ordinances that apply to the care and transfer of patients.

4. **BILLING.** All claims or charges incurred with respect to any services performed by either facility for patients received from the other facility pursuant to the Agreement shall be billed and collected by the facility providing such services directly from the patient, third party payer, Medicare or Medicaid, or other sources appropriately billed by that facility, unless applicable law and regulations require that one facility bill the other facility for such services. In addition, it is understood that professional fees will be billed by those physicians or other professional providers who actually participate in the care and treatment of the patient and who are entitled to bill for their professional services at usual and customary rates. Each facility agrees to provide information in its possession to the other facility and such physicians or professional providers sufficient to enable them to bill the patient, responsible party, or appropriate third party payer.

5. **TRANSFER BACK; DISCHARGE; POLICIES.** At such time as the patient is ready for transfer back to Transferring Facility or another health care facility or discharge from Receiving

Facility, in accordance with the direction from the responsible physician in Transferring Facility and with the proper notification of the patient's family or guardian, the patient will be transferred to the agreed upon location. If the patient is to be transferred back to Transferring Facility, Receiving Facility will be responsible for the care of the patient up until the time the patient is re-admitted to Transferring Facility. In the event the "transferring facility" transfers a resident with a documented chronic antibiotic resistant infection to the "hospital," the "transferring facility" agrees to re-accept this resident upon discharge from the acute "hospital" provided all other transfer and admission criteria is met. Any return transfer must meet acute care admission criteria and be approved by Receiving Facility's case management nurse.

6. **COMPLIANCE WITH LAW.** Both facilities shall comply with all applicable federal and state laws, rules and regulations, including, without limitation, those laws and regulations governing the maintenance of clinical or medical records and confidentiality of patient information as well as with all standards promulgated by any relevant accrediting agency.

7. **INDEMNIFICATION; INSURANCE.** The facilities shall each be responsible for their own acts and omissions in the performance of their duties hereunder, and the acts and omissions of their own employees and agents, and shall indemnify and hold harmless the other party from and against any and all claims, liabilities, causes of action, losses, costs, damages and expenses (including reasonable attorney's fees) incurred by the other party as a result of such acts and omissions. In addition, each party shall maintain, throughout the term of the Agreement, comprehensive general and professional liability insurance and property damage insurance coverage in amounts not less than One Million (\$1,000,000.00) per occurrence and Three Million (\$3,000,000.00) in the aggregate, and shall provide evidence of such coverage upon request.

8. **TERM; TERMINATION.** The term of the Agreement shall be 24 months, commencing on the 5/1/2013, and ending on 4/30/2015, unless sooner terminated as provided herein. Unless notified at least 90 days in advance this Agreement shall automatically renew for successive 24 month terms for a total of 5 additional terms. Either party may terminate the Agreement without cause upon 30 days advance written notice to the other party. Either party may terminate the Agreement upon breach by the other party of any material provision of the Agreement, provided such breach continues for five (5) days after receipt by the breaching party of written notice of such breach from the non-breaching party. The Agreement may be terminated immediately upon the occurrence of any of the following events:

(A) Either facility closes or discontinues operation to such an extent that patient care cannot be carried out adequately, or

(B) Either facility loses its license, or Medicare certification.

9. **ENTIRE AGREEMENT; MODIFICATION.** The Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties relating to such subject matter. The Agreement may not be amended or modified except by mutual written agreement.

10. **GOVERNING LAW.** The Agreement shall be construed in accordance with the laws of the state in which Transferring Facility is located.

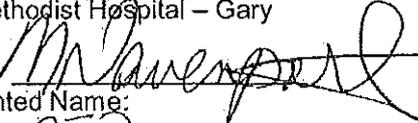
days after said notice was given, the Agreement shall terminate as of midnight local time on the third (3rd) day after said notice was given.

16. EXECUTION OF AGREEMENT. The Agreement shall not become effective or in force until all of the below named parties have fully executed the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed the Agreement as of the day and year written above.

FACILITY

Methodist Hospital - Gary

By: 

Printed Name:

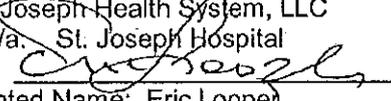
Title: CEO

Date: 11/9/13

CHS HOSPITAL

St. Joseph Health System, LLC

d/b/a: St. Joseph Hospital

By: 

Printed Name: Eric Loope

Title: Hospital CEO

Date: 10.25.2013

PATIENT TRANSFER AGREEMENT

THIS PATIENT TRANSFER AGREEMENT (the "Agreement"), is made and entered into this 7 day of March, 2013 by and between THE METHODIST HOSPITALS, INC., an Indiana nonprofit corporation, (hereinafter referred to as the "Hospital") and Sheyer Hospital of Cook County (hereinafter referred to as "Receiving Facility").

WHEREAS, the Hospital is the owner and operator of a hospital with facilities located at 600 Grant Street, Gary, Indiana; 8701 Broadway, Merrillville, Indiana; and 2269 West 25th Avenue, Gary, Indiana; and,

WHEREAS, the Hospital is organized under the Indiana Nonprofit Corporation Act for purposes of providing treatment of sick, wounded, deformed and injured persons and maternity patients; and,

WHEREAS, the Receiving Facility is a qualified provider of health care services with facilities located at 1901 W. Harrison St, Gary, Ind; and

WHEREAS, patients are transferred from the Hospital to Receiving Facility as necessary and required in order to best provide patients with quality medical and health care; and,

WHEREAS, the Hospital and Receiving Facility desire that the procedures for transfer of patients be governed by this Agreement.

NOW, THEREFORE, in consideration of the foregoing and the mutual covenants and agreements herein contained, the parties hereto agree as follows:

1. TERM.

1.1 The term of this Agreement shall commence on immediately and continue in full force and effect for a period of two (2) years thereafter.

1.2 Either party to this Agreement may at any time terminate this Agreement, with or without cause, upon thirty (30) days advance written notice to the other party. This Agreement shall be terminated immediately if either party's license to operate is revoked or suspended.

2. SERVICES.

2.1 All transfers from the Hospital's facilities to the Receiving Facility will be done in accordance with all applicable requirements of federal, state, or local

laws, rules and regulations and shall meet the Emergency Medical Treatment and Labor Act (EMTALA) statute codified at §1867 of the Social Security Act, (the Act) the accompanying regulations in 42 CFR §489.24 and the related requirements at 42 CFR 489.20(l), (m), (q), and (r).

2.2 When a patient's need for transfer from the Hospital to the Receiving Facility has been determined and substantiated by the patient's physician, and the Hospital has contacted the Receiving Facility to confirm it has available space and qualified personnel for the treatment of the individual, the Receiving Facility to which transfer is to be made agrees to admit the patient as promptly as possible, provide admission requirements in accordance with Federal and State laws and regulations and assure that admission requirements are met. Prior to transferring the patient, the Hospital must receive confirmation from the Receiving Facility that it can accept the patient.

2.3 The Hospital will send with each patient, at the time of transfer, or in the case of emergency, as promptly as possible, the completed transfer and referral forms required by the Receiving Facility to provide the medical and administrative information necessary to determine the appropriateness of the transfer or placement and to enable continuing care of the patient and all medical records (or copies thereof) related to the emergency medical condition of the individual being transferred. The transfer forms and copies of certain medical records will include such information as 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, reason for transfer, the informed written consent or certification (or copy thereof) required, and the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment and any pertinent administrative and social information.

2.4 The Receiving Facility shall make available the diagnostic and therapeutic services on an outpatient or inpatient basis as ordered by the attending physician subject to Federal and State laws and regulations and Receiving Facility requirements.

2.5 The Hospital will be responsible for the appropriate disposition of personal effects such as money and valuables belonging to the transferred patient and any information related thereto.

2.6 The Hospital shall make every effort to stabilize the patient to avoid all immediate threats to the patient's life and shall provide medical treatment within its capacity which maximizes the risks to the individual's health. If stabilization is not possible, the Hospital shall either establish:

a. the transfer is the result of informed written request of the patient or the patient's representative after being informed of the Hospital's obligations under EMTALA and of the risk of transfer. The request must be in writing, indicate the reason for request and that the individual is aware of the risks and benefits of the transfer; or

b. that the Hospital has obtained a written certification from a physician or other qualified medical person in consultation with a physician based upon the information available at the time of transfer, the medical benefits reasonable expected from the provision of appropriate medical treatment at another facility outweigh the increased risk to the individual or, in the case of the women in labor, to the women or the unborn child, from being transferred. The certification must contain a written summary of the risks and benefits upon which it is based and the date and time of the certification should be documented.

2.7 The Hospital shall affect the transfer to Receiving Facility through qualified personnel and appropriate transportation equipment, including the use of necessary and medically appropriate life support measures during the transfer.

3. CHARGES FOR SERVICES.

Charges for services performed by the Receiving Facility or the Hospital shall be collected by the institution providing those services directly from the patient, third party payor or other sources normally billed by each institution. Neither institution shall assume any liability by virtue of the agreement for any debts or other obligations incurred by the other party to this agreement.

4. CIVIL RIGHTS.

The parties shall comply with Titles VI and VII of the Civil Rights Act of 1964, Sections 503 and 504 of the Rehabilitation Act of 1973, and all requirements imposed by or pursuant to the regulations of the Department of Health and Human Services issued pursuant to these Acts.

5. QUALIFICATIONS.

5.1 The Hospital represents and warrants that it has all the necessary qualifications, certifications and/or licenses required by federal, state, and local laws and regulations as required by the State of Indiana. In addition, Hospital is approved for participation under the Medicare and Medicaid programs.

5.2 : The Receiving Facility represents and warrants that it has all the necessary qualifications, certifications and/or licenses required by federal, state, and local laws and regulations as required by the State of _____. In addition, Hospital is approved for participation under the Medicare and Medicaid programs.

6. INSURANCE.

Both parties agree that they shall, at their expense, obtain and maintain Professional Liability (Malpractice) Insurance with limits of not less than what is stipulated under the Indiana Malpractice Act and maintain coverage as qualified healthcare providers under the Indiana Malpractice Act.

OR

The Hospital agrees it shall, at its own expense, obtain and maintain Professional Liability (Malpractice) Insurance with limits of not less than what is stipulated under the Indiana Malpractice Act and maintain coverage as qualified healthcare provider under the Indiana Malpractice Act. The Receiving Facility agrees it shall, at its own expense, obtain and maintain professional liability insurance with limits of not less than \$ 1,000,000 per occurrence and \$ 3,000,000 annual aggregate.

Both parties also agree to maintain workers compensation insurance; automobile and/or aircraft liability insurance; and general liability insurance in appropriate limits to cover its employees. Either party shall provide the other party with certificates of insurance evidencing the required coverage as outlined above from time to time, upon reasonable request. If any party determines to cancel any required coverage as outlined above, that party shall provide the other with thirty (30) days written notice prior to cancellation.

7. INDEPENDENT CONTRACTOR.

It is the parties' intentions that the relationship between the Hospital and Receiving Facility is that of independent contractors. The governing body of each party shall have exclusive control over the policies, management, assets, and affairs of its respective institution. This Agreement shall not be construed as a partnership. Neither party shall be liable for any obligations incurred by the other party to the Agreement.

8. CONFIDENTIALITY OF INFORMATION.

Hospital and Receiving Facility acknowledge and agree to maintain the confidentiality of all patient medical records and information in compliance with applicable State and Federal Laws.

9. NON-ASSIGNABILITY.

This Agreement may not be assigned by either party to this Agreement without the express written consent of the other party hereto.

10. GOVERNING LAW AND VENUE.

This Agreement is to be governed by and construed in accordance with the laws of the State of Indiana, and the venue for any dispute concerning it is to be Lake County, Indiana.

11. MISCELLANEOUS PROVISIONS.

11.1 Notices. All notices under this Agreement must be in writing, must be sent by overnight mail with receipt verification or Certified Mail, Return Receipt Requested, and will be effective upon receipt, and must be addressed as follows:

RECEIVING FACILITY:

Stroger Hospital of Cook County
1901 W. Harrison St
Chicago IL 60612

HOSPITAL:

The Methodist Hospitals, Inc.
Attention: Ian McFadden, President
600 Grant Street
Gary, Indiana 46402

11.2 Modification. This Agreement may be modified at any time by the mutual agreement of the parties, provided that before any modification shall be operative and valid, it shall be reduced to writing and signed and dated by both parties.

11.3 Severability. If any part of this Agreement should be held to be void or unenforceable, such part shall be treated as severable, leaving valid the remainder of the Agreement notwithstanding the part or parts found void or unenforceable.

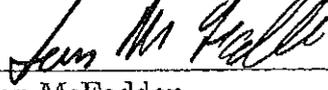
11.4 Waiver. Any failure by either party to enforce or require strict keeping and performance by the other party of any of the terms or conditions of this Agreement shall not constitute a waiver of breach of any such term or condition by the other party and shall not affect or impair such terms or conditions in any way or the right of the other party at any time to avail itself of such remedies as it may have for any such breach or breaches of such terms and conditions.

11.5 Compliance with Laws. Each party agrees to perform its respective obligations hereunder in full compliance with any and all applicable federal, state and/or local laws, statutes, rules, regulations and/or ordinances.

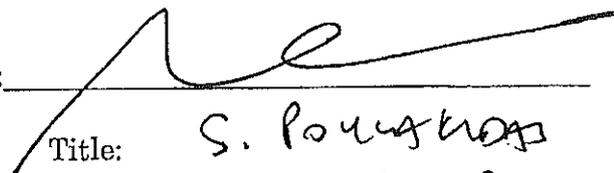
IN WITNESS WHEREOF, the parties have executed this Agreement this 10 day of April, 2013

HOSPITAL:

THE METHODIST HOSPITALS, INC.

By: 
Ian McFadden
Title: President

RECEIVING FACILITY:

By: 
Title: S. Poulos
Director Bupa Genesis
Shroyer Hospital of Cook County

84724.1
6367-1990-204

PATIENT TRANSFER AGREEMENT

THIS PATIENT TRANSFER AGREEMENT (the "Agreement"), is made and entered into this 1 day of August, 2013, by and between THE METHODIST HOSPITALS, INC., an Indiana nonprofit corporation, (hereinafter referred to as the "Hospital") and The University of Chicago Medical Center (hereinafter referred to as "Receiving Facility").

WHEREAS, the Hospital is the owner and operator of a hospital with facilities located at 600 Grant Street, Gary, Indiana; 8701 Broadway, Merrillville, Indiana; and 2269 West 25th Avenue, Gary, Indiana; and,

WHEREAS, the Hospital is organized under the Indiana Nonprofit Corporation Act for purposes of providing treatment of sick, wounded, deformed and injured persons and maternity patients; and,

WHEREAS, the Receiving Facility is a qualified provider of health care services with facilities located at 5841 S. Maryland Avenue, Chicago, IL 60637 and

WHEREAS, patients are transferred from the Hospital to Receiving Facility as necessary and required in order to best provide patients with quality medical and health care; and,

WHEREAS, the Hospital and Receiving Facility desire that the procedures for transfer of patients be governed by this Agreement.

NOW, THEREFORE, in consideration of the foregoing and the mutual covenants and agreements herein contained, the parties hereto agree as follows:

1. TERM.

1.1 The term of this Agreement shall commence on Aug. 1, 2013, and continue in full force and effect for a period of two (2) years thereafter.

1.2 Either party to this Agreement may at any time terminate this Agreement, with or without cause, upon thirty (30) days advance written notice to the other party. This Agreement shall be terminated immediately if either party's license to operate is revoked or suspended.

2. SERVICES.

2.1 All transfers from the Hospital's facilities to the Receiving Facility will be done in accordance with all applicable requirements of federal, state, or local

laws, rules and regulations and shall meet the Emergency Medical Treatment and Labor Act (EMTALA) statute codified at §1867 of the Social Security Act, (the Act) the accompanying regulations in 42 CFR §489.24 and the related requirements at 42 CFR 489.20(l), (m), (q), and (r).

2.2 When a patient's need for transfer from the Hospital to the Receiving Facility has been determined and substantiated by the patient's physician, and the Hospital has contacted the Receiving Facility to confirm it has available space and qualified personnel for the treatment of the individual, the Receiving Facility to which transfer is to be made agrees to admit the patient as promptly as possible, provide admission requirements in accordance with Federal and State laws and regulations and assure that admission requirements are met. Prior to transferring the patient, the Hospital must receive confirmation from the Receiving Facility that it can accept the patient.

2.3 The Hospital will send with each patient, at the time of transfer, or in the case of emergency, as promptly as possible, the completed transfer and referral forms required by the Receiving Facility to provide the medical and administrative information necessary to determine the appropriateness of the transfer or placement and to enable continuing care of the patient and all medical records (or copies thereof) related to the emergency medical condition of the individual being transferred. The transfer forms and copies of certain medical records will include such information as 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, reason for transfer, the informed written consent or certification (or copy thereof) required, and the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment and any pertinent administrative and social information.

2.4 The Receiving Facility shall make available the diagnostic and therapeutic services on an outpatient or inpatient basis as ordered by the attending physician subject to Federal and State laws and regulations and Receiving Facility requirements.

2.5 The Hospital will be responsible for the appropriate disposition of personal effects such as money and valuables belonging to the transferred patient and any information related thereto.

2.6 The Hospital shall make every effort to stabilize the patient to avoid all immediate threats to the patient's life and shall provide medical treatment within its capacity which maximizes the risks to the individual's health. If stabilization is not possible, the Hospital shall either establish:

a. the transfer is the result of informed written request of the patient or the patient's representative after being informed of the Hospital's obligations under EMTALA and of the risk of transfer. The request must be in writing, indicate the reason for request and that the individual is aware of the risks and benefits of the transfer; or

b. that the Hospital has obtained a written certification from a physician or other qualified medical person in consultation with a physician based upon the information available at the time of transfer, the medical benefits reasonable expected from the provision of appropriate medical treatment at another facility outweigh the increased risk to the individual or, in the case of the women in labor, to the women or the unborn child, from being transferred. The certification must contain a written summary of the risks and benefits upon which it is based and the date and time of the certification should be documented.

2.7 The Hospital shall affect the transfer to Receiving Facility through qualified personnel and appropriate transportation equipment, including the use of necessary and medically appropriate life support measures during the transfer.

3. CHARGES FOR SERVICES.

Charges for services performed by the Receiving Facility or the Hospital shall be collected by the institution providing those services directly from the patient, third party payor or other sources normally billed by each institution. Neither institution shall assume any liability by virtue of the agreement for any debts or other obligations incurred by the other party to this agreement.

4. CIVIL RIGHTS.

The parties shall comply with Titles VI and VII of the Civil Rights Act of 1964, Sections 503 and 504 of the Rehabilitation Act of 1973, and all requirements imposed by or pursuant to the regulations of the Department of Health and Human Services issued pursuant to these Acts.

5. QUALIFICATIONS.

5.1 The Hospital represents and warrants that it has all the necessary qualifications, certifications and/or licenses required by federal, state, and local laws and regulations as required by the State of Indiana. In addition, Hospital is approved for participation under the Medicare and Medicaid programs.

5.2 The Receiving Facility represents and warrants that it has all the necessary qualifications, certifications and/or licenses required by federal, state, and local laws and regulations as required by the State of Illinois. In addition, Hospital is approved for participation under the Medicare and Medicaid programs.

6. INSURANCE.

Both parties agree that they shall, at their expense, obtain and maintain Professional Liability (Malpractice) Insurance with limits of not less than what is stipulated under the Indiana Malpractice Act and maintain coverage as qualified healthcare providers under the Indiana Malpractice Act.

OR

The Hospital agrees it shall, at its own expense, obtain and maintain Professional Liability (Malpractice) Insurance with limits of not less than what is stipulated under the Indiana Malpractice Act and maintain coverage as qualified healthcare provider under the Indiana Malpractice Act. The Receiving Facility agrees it shall, at its own expense, obtain and maintain professional liability insurance with limits of not less than \$ 1,000,000 per occurrence and \$ 3,000,000 annual aggregate.

Both parties also agree to maintain workers compensation insurance; automobile and/or aircraft liability insurance; and general liability insurance in appropriate limits to cover its employees. Either party shall provide the other party with certificates of insurance evidencing the required coverage as outlined above from time to time, upon reasonable request. If any party determines to cancel any required coverage as outlined above, that party shall provide the other with thirty (30) days written notice prior to cancellation.

7. INDEPENDENT CONTRACTOR.

It is the parties' intentions that the relationship between the Hospital and Receiving Facility is that of independent contractors. The governing body of each party shall have exclusive control over the policies, management, assets, and affairs of its respective institution. This Agreement shall not be construed as a partnership. Neither party shall be liable for any obligations incurred by the other party to the Agreement.

8. CONFIDENTIALITY OF INFORMATION.

Hospital and Receiving Facility acknowledge and agree to maintain the confidentiality of all patient medical records and information in compliance with applicable State and Federal Laws.

9. NON-ASSIGNABILITY.

This Agreement may not be assigned by either party to this Agreement without the express written consent of the other party hereto.

10. GOVERNING LAW AND VENUE.

This Agreement is to be governed by and construed in accordance with the laws of the State of Indiana, and the venue for any dispute concerning it is to be Lake County, Indiana.

11. MISCELLANEOUS PROVISIONS.

11.1 Notices. All notices under this Agreement must be in writing, must be sent by overnight mail with receipt verification or Certified Mail, Return Receipt Requested, and will be effective upon receipt, and must be addressed as follows:

RECEIVING FACILITY:

*University of Chicago Medicine
5841 S. Maryland Ave., G-104, MC 1132
Chicago, IL 60637
Attn: General Counsel*

HOSPITAL:

The Methodist Hospitals, Inc.
Attention: Ian McFadden, President
600 Grant Street
Gary, Indiana 46402

11.2 Modification. This Agreement may be modified at any time by the mutual agreement of the parties, provided that before any modification shall be operative and valid, it shall be reduced to writing and signed and dated by both parties.

11.3 Severability. If any part of this Agreement should be held to be void or unenforceable, such part shall be treated as severable, leaving valid the remainder of the Agreement notwithstanding the part or parts found void or unenforceable.

11.4 Waiver. Any failure by either party to enforce or require strict keeping and performance by the other party of any of the terms or conditions of this Agreement shall not constitute a waiver of breach of any such term or condition by the other party and shall not affect or impair such terms or conditions in any way or the right of the other party at any time to avail itself of such remedies as it may have for any such breach or breaches of such terms and conditions.

11.5 Compliance with Laws. Each party agrees to perform its respective obligations hereunder in full compliance with any and all applicable federal, state and/or local laws, statutes, rules, regulations and/or ordinances.

IN WITNESS WHEREOF, the parties have executed this Agreement this 18th day of July, 2013.

HOSPITAL:

THE METHODIST HOSPITALS, INC.

By: Ian McFadden

Ian McFadden

Title: President

RECEIVING FACILITY:

By: Sharon Okun

Title: President

84724.1
6367-1990-204

NLC/SLC – Peri Operative Services - 2013

Scope of Patient Needs: Surgery department provides individualized and comprehensive quality care to both in and outpatients. The physician, patient and significant others are involved in accomplishing this goal. Our patients range from the young adult to the geriatric, from those who are ambulatory to the critically ill or emergency type patient.

Structural Description: NLC is located on the first floor in the west wing. There are 4 major surgical rooms, one PACU, one holding area, and Sterile Processing Department in the basement below surgery.

SLC is located on the first floor. There are 11 major rooms, one holding room, one PACU and Sterile Processing Department located in the basement below surgery.

Services Provided: Provides major and minor surgical procedures, pre and post op care and Sterile processing for instruments, supplies and equipment.

Staffing: Staffing adjustments are made depending upon the degree of patient acuity without compromising safety and quality of care and in accordance with the hospital staffing policy.

Qualifications of Staff: All staff is required to be certified in BCLS, be knowledgeable in Restraint Management, and have Age Specific Competency, attend HIPPA and Corporate Compliance In-Services. Nursing staff are also required to meet competencies in Medical Gases and Pain Assessment. PACU RN's are also ACLS and PALS certified.

Required Competencies: Check off of annual competencies and point of care testing as well as performance evaluation provides the basis for ensuring on-going competencies.

Goals:

In relation to our patient:

- A. Work collaboratively with physicians and other health disciplines to assist patients in reaching the highest level of health/functioning that is possible given the patient's condition and values.
- B. Use the nursing process in the delivery of nursing care- assess, set goals, develop a plan of care, implement the plan of care, and if needed re-evaluate and revise the plan of care.
- C. Use the established model (PDCA) for monitoring and evaluation in conducting quality assessment and improvement activities.
- D. Provide specialized clinical care services as indicated by patient need.
- E. Promote continuity of care from admission through discharge.



Scope of Service

F. Provide the best possible care for the least cost.

In relation to staff:

- A. Recruit and maintain high level who reflects the philosophies of the Methodist Hospitals.
- B. Collaborate with Educational Services to provide for the continuing development of all levels of 4w3 staff members.
- C. Work cooperatively with physicians and other hospital staff and ancillary staff to provide quality services.
- D. Provide a climate which motivates 4w3 staff to develop and actualize their potential for personal and professional growth and improvement of patient care.



Operating Room, Staff, and Equipment

The Methodist Hospital's Northlake Campus Operating Room is committed to providing care to the injured patient 24 hours a day. There are two call teams available with a thirty minute maximum response time outside of normal operating hours. Anesthesiologists are on-site 24 hours per day.

Equipment/Trays:

- Hotline Fluid Warmers
- Level 1 Rapid Infusers
- Bair Huggers
- Neptune Suction system
- Mayfield Head Positioning Device
- Emergency Carts located immediately outside of sterile corridor
 - Crani Cart
 - Exploratory Cart
 - AAA Cart
 - Rolling carts with supplies for Aneurism Repair and AV graft
 - Rolling cart with implants; facial fractures and large and small bone fractures
- Craniotomy trays
- Large and small bone trays
- Thoracotomy tray
- Small cardiovascular tray
- Large cardiovascular tray
- Chest trays
- Midas Rex drill
- Stryker System 6 drills
- Stryker 4400 drills
- Stryker TPS drills
- Stryker TPS Core drill

OR Overview:

- Ten beds in OR holding
- Five OR rooms-one dedicated to Ortho/Trauma
- Eight PACU beds



POLICY AND PROCEDURE		POLICY NO.:
Subject: On-Call Operating Room Nurse and Technicians		SURG-STAFF_04
ORIGINAL DATE: 07/2001	SUPERSEDES: 07/2001	PAGE: 1 of 2

Key Words:

Applies To: Inpt: _____ Outpt: _____ Provider: _____ All: X

Video:

I. POLICY:

All members of the on-call team will be available "on-call" for all emergency surgical procedures performed after regular working hours. The scrub nurse or technician and circulating nurse must be within 30 minutes of the hospital. They must be able to be reached by telephone or pager. Any Unexcused Absence or no-call/no-show and/or Response Time beyond 30 minutes are subject to Group 1 corrective action under HR_25.

II. DEFINITIONS:

Surgical Services On-Call Team: A registered nurse (circulating nurse) and an operating room technician (scrub tech).

III. PROCEDURE:

<u>Responsible person</u>	<u>Action</u>
Perioperative Personnel	1. The Charge nurse will compile a list each day with the names, phone numbers and beeper numbers of the personnel on-call for that day. After the schedule is made, any changes in personnel must be reported to the Surgery supervisor or Manager.
Nursing House Supervisor	2. The responsibility for calling the on-call team lies with the nursing supervisor.
Perioperative Personnel	3. A staff member who is on call will be compensated as follows: <ul style="list-style-type: none"> A. There is a per hour standing pay for scheduled on-call hours. <ul style="list-style-type: none"> • This hourly rate stops from the time one arrives at work on call until he/she leaves and resumes 'standby' status. B. Compensation will be paid time and a half the hourly base salary rate for hours worked while on call. <ul style="list-style-type: none"> • Begins at the time of arrival at the hospital.

- C. A staff person, who is called in and arrives in a timely manner, will be paid a minimum of 2 hours at the time and a half rate.
- 4. All employees must report to work as scheduled the day after call.
 - A. The manager may approve PTO and DWD if staffing is adequate to meet patient needs the day after call.
 - B. If the day's schedule allows he/she will be allowed to leave first.
- 5. Each person taking call has the responsibility for informing the nursing supervisor of any changes in the posted on-call schedule.

IV. REFERENCE:

None

V. DOCUMENT INFORMATION

A. Prepared by

Dept. & Title
 Perioperative Services

B. Review and Renewal Requirements

This policy will be reviewed annually and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: 8/2007, 8/2008, 1/2009, 11/2011, 5/2013
 Revised on:

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

<u>Vice President(s)</u>	<u>Date</u>
CMO	6/2013

2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

<u>Committee(s)</u>	<u>Date</u>
Shared Governance	6/2013
Director of Surgery	6/2013
L-PIC	7/2013
Medical Council	7/2013



POLICY AND PROCEDURE Subject: Surgical Scheduling		POLICY NO.: SURG-ADM_03
ORIGINAL DATE: 07/2001	SUPERSEDES: 08/2008	PAGE: 1 of 4

Key Words:

Applies To: Inpt:___ Outpt:___ Provider:___ All: X

Video:

I. POLICY:

1. Surgical scheduling is a matter of access to resources and preparation of the patient so that scheduling personnel are charged with the responsibility of equal services to all customers, surgeons and office staff.
2. The route and contact person to schedule a case is indicated by the lead time to date of surgery and medical urgency of the case. Note the definitions below.
 - During normal working hours and for all advance elective cases, contact the scheduling office.
 - For emergency, urgent or add-on cases, contact the operating room directly and ask for the charge nurse. The surgeon's classification of the procedure as an emergency will be honored without question unless the procedure bumps another case and that surgeon disagrees. Anesthesia staff will provide the immediate on-site medical direction when the emergent nature of a case is questioned. Challenges to that decision will be after the case to the chief of surgery.
 - For emergency, urgent or add on cases on weekends, holidays or any hours not routinely staffed in the OR, contact the house supervisor who will activate the call team. Please note that the house supervisor has no access to the advance elective schedule. She/he can communicate a message to scheduling to follow up for a case for the advance elective schedule. Immediate on-site concerns related to the emergent nature of a case will be directed to anesthesia personnel for resolution. Challenges to that decision will be after the fact to the Chief of Surgery.
3. Clearance: For all elective procedures, regardless of the method of access, clearance from the patient's insurance provider is required.
4. **Scheduling is in two parts: (1.) Communication of details of the procedure and patient and (2.) Confirmation of time and date with office staff or surgeon.**
5. Communication of details of the procedure and patient can be done electronically, by fax of completed form or by verbal/written order. If the patient is an inpatient, the order is written for the nursing staff to complete the scheduling process.
6. Confirmation of time and date must occur verbally between the scheduling staff/charge nurse and the surgeon or his/her designee.

7. Procedures that require lead time by virtue of implants, equipment or resources that must be ordered must be booked in advance of that lead time to assure the appropriate resources on the day of surgery. This is the responsibility of the surgeon or scheduling office unless delegated particularly for any case.

II. DEFINITIONS:

1. **Advance elective schedule:** Cases booked by the scheduling office in advance of the schedule publication (which is, 2pm the working date prior to the date of surgery).
2. **Elective case:** patient has a condition requiring surgical intervention but the impact of the condition and intervention allows for the time and convenience of advance preparation.
3. **Elective add on.** The condition and procedure are elective in nature but for reasons of efficiency and customer convenience, the case is requested to be done without advance preparation. These cases can be scheduled in unscheduled time or follow scheduled cases at the end of the daily schedule
4. **Urgent add on:** The condition and procedure have some opportunity for flexibility so that bumping is not necessary but will eventually become an emergency if not accommodated within a particular period of time.
5. **Emergent:** Patient condition is such that immediate intervention is required. This classification may bump elective or even urgent cases from a previously scheduled time agreement.
6. **Block time:** Time and resources withheld from general open scheduling for a particular user.
7. **Open time:** Time and resources available to all uses on first-come-first-serve basis
8. **First Come-First Serve:** First case to book. Time cannot be held in anticipation of a case not prepared to book unless by block time agreement.

III. PROCEDURE:

Responsible person

Action

Surgical Scheduling Secretaries,
Nursing Coordinators
Physician and or office staff

A. Scheduling all elective procedures before 1:30 p.m. Monday through Friday:

1. The Physician's Office will contact the scheduling Secretary or charge nurse as appropriate to schedule all elective procedures.
2. Physician may schedule cases in person or with reservation fax sheet or electronically.
3. The scheduler will enter all information into the computer using the surgical scheduling program.
4. The secretary will then send the reservation fax sheet to the pre-admitting department.
 - All scheduled cases will then be entered on a reservation sheet which is faxed to pre-admitting.
 - All elective cases must have all insurance information and prior authorization numbers for final scheduling.
5. If the requested time is not available, the scheduler will offer at least three other choices that may be acceptable. If none are acceptable, confirm a time and number (10-20 min.) to return the call and seek assistance from OR manager.
6. If the preferred time is in a block of another surgeon that ordinarily does not use the time, the scheduler should contact the owner of the block to request permission to release the time for a specific case and surgeon. If the request is rejected, communicate that failed option to the OR manager.

7. The scheduling secretary will confirm time and procedure with physician office.
- B. Scheduling Elective Procedures on the advance elective schedule after 5:30 p.m.:
 1. The nursing coordinator will schedule all procedures after 5:30 p.m. and on the weekend.
 2. These cases are not given assigned rooms or time slots.
 3. Nursing/Manager, Supervisor or designee will adjust the schedule the next morning.
 - C. Scheduling add on procedures to the next day's schedule after 5:30 pm:
 1. All emergency procedures must be reported to the nursing coordinator.
 2. The coordinator will verify with charge nurse.
 - The name.
 - Procedure.
 - Surgeon scheduling the procedure.
 - Location of patient.
 3. The charge nurse/coordinator will contact Anesthesia for final approval.
 - They will be done in the order they are received without disruption of previous scheduled cases.
 - D. Block scheduling system: The Medical Council authorizes block time:
 1. Morning block (7:30-12:30 p.m.), afternoon block (1:00-3:30 p.m.) are held for the assigned surgeon until 60 hours prior to the designated block time Monday through Friday.
 2. Released block time becomes **open time**; available to any surgeon on a first come, first serve basis.
 3. Scheduled time and block time agreements will be honored except for emergencies and particular instances as agreed with block owners who may be asked if a block can be released early.

IV. REFERENCE:

AORN Perioperative Standards and Recommended Practices 2011 Edition

V. DOCUMENT INFORMATION

A. Prepared by

Dept. & Title
Perioperative Services

B. Review and Renewal Requirements

This policy will be reviewed annually and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: 8//2002, 2/2003, 7/2005, 8/2008, 1/2009, 9/2012, 2/2013

Revised on: 7/2005, 8/2008, 9/2009

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

<u>Vice President(s)</u>	<u>Date</u>
CMO	5/2013

2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

<u>Committee(s)</u>	<u>Date</u>
Shared Governance	2/2013
Director of Surgery	2/2013
L-PIC	5/2013
Medical Council	5/2013
Board of Directors	6/2013



POLICY AND PROCEDURE Subject: Operating Room Staff Education		POLICY NO.: SURG-STAFF_02
ORIGINAL DATE: 07/2001	SUPERSEDES: 02/2003	PAGE: 1 of 9

Key Words:

Applies To: Inpt: ___ Outpt: ___ Provider: ___ All: X

Video:

I. POLICY:

Staff education is an integral part of the operating room staff's effective and efficient delivery of services.

Staff Education is provided by hospital personnel and equipment and supply vendors.

Staff education attendance is recorded and used as a basis of clinical competencies.

II. DEFINITIONS:

None

III. PROCEDURE:

Responsible person

Perioperative Personnel

Action

- A. Continuing educational programs will reflect and meet the developmental needs of the Surgical Services nursing personnel and may be offered as internal programs or available through community resources.
- B. In-service programs are regularly scheduled and designed to assure that the Surgical Services personnel are knowledgeable of organizational policies and procedures, current concepts in perioperative nursing practice and performance and new equipment.
- C. Documentation of employee attendance at continuing education programs is maintained in Surgical Educators office.
- D. Annual department competencies must be completed.
- E. Organization competency exams must be completed yearly by all staff.

IV. REFERENCE:

AORN Perioperative Standards and Recommended Practices 2013

V. DOCUMENT INFORMATION

A. Prepared by

Dept. & Title

Perioperative Services

B. Review and Renewal Requirements

This policy will be reviewed annually and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: 6/09, 6/2012, 5/2013

Revised on: 7/2005

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

Vice President(s)

CMO

Date

6/2013

2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

Committee(s)

Shared Governance

Director of Surgery

L-PIC

Medical Council

Date

6/2013

6/2013

7/2013

7/2013

OR/PACU RN STAFF COMPETENCY LIST

Healthstream modules located on the Intranet:

Surgery RN's

AORN: Concepts of Scrubbing, Gowning, and Gloving

AORN: Fire Prevention in the Perioperative Setting

AORN: Malignant Hyperthermia

Identifying and Treating Malignant Hyperthermia

Anesthesia

Knowledge of Anesthetics

Care of the Anesthetized Patient

Aseptic Technique

Chloraprep Competency Test

Preoperative Preparations

Positioning

PACU RN'S

Anesthesia

Knowledge of Anesthetics

Care of the Anesthetized Patient

AORN: Malignant Hyperthermia

Identifying and Treating Malignant Hyperthermia

OR/PACU COMPETENCY ACHIEVEMENTS 2013

Name	Fit Test Compliance	C P R	*SCHEDULED	A C L S	*SCHEDULED	P A L S	*SCHEDULED
NL OR RN'S							
CATTAN, TERESA		8/15					
EVANS, KEITH		8/15		9/14	*	3/14	*
JONES, JUANA	1/9	11/14		1/15			
ROSS, DEVORA	1/9	9/15			*		
LINTNER, JANET	1/9	1/15					
PARROTT, SAUNDRA	1/9	2/15					
KOHN, ROBIN		3/14					
SCOTT, KEN		12/14		5/14	*		
HALL, BETTY		9/14					
NL OR TECH'S							
KOZEL, STEVE		8/14					
LEE, KRISTIN	5/9	2/15					
WARE, REGGIE		9/15					
LENOIR, TASHEMA		8/15					
WILLIAMS, LATOYA	12/8	5/15					
WASHINGTON, GWENDOLYN	12/8	1/15					
NL PACU							
BOBO, MARY		5/15		4/14		3/14	
MORGAN, TYRA	12/8	5/15		5/14		1/14	
OBRIEN, CHRIS		9/14		9/14		3/14	
KOSLOVSKY, MELINDA		12/14		7/14		11/14	

METHODIST NORTHLAKE CAMPUS SURGERY-106562

EMPLOYEE NAME	POSITION TITLE	FTE	2010 BUDGETED
KOZEL, STEVE	CERTIFIED OR TECHNICIAN-SURGERY	0.5	
JONES, JUANA	RN- SURGERY-HOLDING ROOM	1.0	
LEE, KRISTIN	CERTIFIED OR TECHNICIAN-SURGERY	1.0	
LENOIR, TASHEMA	CERTIFIED OR TECHNICIAN-SURGERY	1.0	
MOORE, URSULA	SURGICAL ASSISTANT	1.0	
ROSS, DEVORA	RN - SURGERY ACLS	1.0	
ROSCOE, LATOYA	CERTIFIED OR TECHNICIAN-SURGERY	1.0	
SCOTT, KENNETH	RN - SURGERY ACLS	0.6	
WASHINGTON, GWEN	CERTIFIED OR TECHNICIAN-SURGERY	1.0	
WILLIAMS, WENDY	SURGICAL ASSISTANT	1.0	
LINTNER, JANET	RN- SURGERY	0.5	
PARROTT, SANDY	RN - SURGERY	0.5	
EVANS, EVAN	RN - SURGERY ACLS	0.5	
WARE, REGGIE	CERTIFIED OR TECHNICIAN-SURGERY	0.5	
KOHN, ROBIN	RN - SURGERY ACLS	0.8	
HALL, BETTY	RN - SURGERY	0.2	
REED, NELDA	SURGERY SCHEDULER	1.0	
BREITWEISER, AMANDA	SURGERY MANAGER	1.0	
TOTAL FTE'S		14.1	

PACU - 106563

EMPLOYEE NAME	POSITION TITLE	FTE	BUDGETED
O'BREIN, CHRIS	RN - PACU ACLS PALS	1.0	
CATTAN, THERESA	RN - SURGERY -(Works Holding Room & Surgery)	1.0	
BOBO, MARY	RN - PACU ACLS PALS	0.6	
MORGAN, TYRA	RN - PACU ACLS PALS	1.0	
BARNEY, JULIE	RN - PACU	0.6	
KOSLOVSKY, MELINDA	RN-PACU	1	
TOTAL FTE'S		5.2	

ENDOSCOPY-106057

EMPLOYEE NAME	POSITION TITLE	FTE	BUDGETED
TALBOT, DIANE	RN -ACLS PALS	0.8	
WOODS, VERONICA	RN - ACLS	1.0	
BOSTIC, KENYATTA	TECH	0.5	
DULLECL, SHARON	RN - ACLS	1.0	
TOTAL FTE'S		3.3	

NLC/SLC Anesthesia Services - 2014

Scope of Patient Needs: The Department of Anesthesia is an integral part of the Surgical Services Department. Anesthesia services are provided by a group of qualified licensed physicians specially trained in anesthesiology and CRNAs for all general, regional, monitored and deep sedation, and pain management procedures on a five (5) day per week basis. Emergency surgical procedures which require the services of an anesthesiologist or CRNA are covered by an "on-call" anesthesiologist or CRNA 24 hours per day, seven (7) days per week (or after hours).

Structural Description: NLC anesthesia department is located on the first floor in the surgery department.

SLC is located on the first floor in the surgery department.

Services Provided: Anesthesia services are available to inpatients and outpatients regardless of age, sex, race or financial class on an emergent, urgent and elective basis, Monday through Friday Anesthesia Services are provided to the following departments:

- Operating Rooms - inpatient and outpatient
- Obstetrical Suites
- Imaging Services Department
- Emergency Department
- Outpatient Surgery Areas
- Special Procedure Areas, i.e., GI Lab, Specialty Health
- Other

Categories of Anesthesia: Anesthesia involves the administration of a medication to produce a blunting or loss of:

- Pain perception (analgesia)
- Voluntary and involuntary movements
- Autonomic function
- Memory and/or consciousness, depending on where along the central neuraxial (brain and spinal cord) the medication is delivered

- Analgnesia involves the use of a medication to provide relief of pain through the blocking of pain receptors in the peripheral and/or central nervous system. The patient does not lose consciousness, but does not perceive pain to the extent that may otherwise prevail.
- General Anesthesia: a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory support is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. For example, a patient undergoing major abdominal surgery involving the removal of a portion or all of an organ would require general anesthesia in order to tolerate such an extensive surgical procedure. General anesthesia is used for those procedures when loss of consciousness is required for the safe and effective delivery of surgical services.
- Regional Anesthesia: the delivery of anesthetic medication at a specific level of the spinal cord and/or to peripheral nerves, including epidurals, spinals and other central neuraxial nerve blocks, is used when loss of consciousness is not desired but sufficient analgesia and loss of voluntary and involuntary movement is required. Given the potential for the conversion and extension of regional to general anesthesia in certain procedures, it is necessary that the administration of regional and general anesthesia be delivered or supervised by a qualified practitioner.
- Monitored Anesthesia Care (MAC): anesthesia care that includes the monitoring of the patient by a practitioner who is qualified to administer anesthesia. Indications for MAC depend on the nature of the procedure, the patient's clinical condition and/or the potential need to convert to a general or regional anesthetic. Deep sedation/analgesia is included in MAC.
- Deep Sedation/Analgesia: a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. Because of the potential for the inadvertent progression to general anesthesia in certain procedures, it is necessary that the administration of deep sedation/analgesia be delivered or supervised by a qualified practitioner.
- Moderate Sedation/Analgesia (Conscious Sedation): a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are

required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Hospital, consistent with CMS and ASA guidelines, does not define moderate or conscious sedation as anesthesia.

- Minimal Sedation: a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilator and cardiovascular functions are unaffected. This is also not anesthesia.
- Topical or Local Anesthesia: the application or injection of a drug or combination of drugs to stop or prevent a painful sensation to a circumscribed area of the body where a painful procedure is to be performed. There are generally no systemic effects of these medications, which also are not anesthesia, despite the name.

Staffing: The Department of Anesthesia provides 24 in house call and on-call coverage after hours and on weekends and holidays. Anesthesia services are available within 30 minutes after anesthesia is determined necessary for all emergency and obstetric cases. In addition, the anesthesia provider, if available, should assist in all cardiopulmonary resuscitations in the hospital. Neonatal resuscitation, however, is normally performed by a pediatrician or neonatologist, if available. Assignment of anesthesia cases will be made by the chief anesthesiologist or the person to whom the responsibility is designated.

Qualifications of Staff: All staff is required to be certified in BCLS, be knowledgeable in Restraint Management, and have Age Specific Competency, attend HIPPA and Corporate Compliance In-Services. Nursing staff are also required to meet competencies in Medical Gases and Pain Assessment. PACU RN's are also ACLS and PALS certified.

Required Competencies: The Department of Anesthesia is under the direction of a qualified doctor of medicine and is staffed by qualified physicians and Certified Registered Nurse Anesthetists. Anesthesia Services is responsible for all anesthesia administered in the hospital.

- Methodist Hospital's medical staff shall establish and maintain criteria for the qualifications for the Director of Anesthesia in accordance with state laws and acceptable standards of practice.
- The Director of Anesthesia is a member of the active medical staff and is appointed by the Chief of Staff according to the medical staff bylaws of this hospital.

- The Director of Anesthesia has responsibility for, but is not necessarily limited to:
 - Serving as Chairperson of the Department of Anesthesia
 - Responsible to the Department of Anesthesia; planning, directing and supervising all activities of Anesthesia Services
 - Establishing staffing schedules
 - Ensuring that anesthetic services are provided by CRNAs or qualified licensed physicians who have been trained in the specialty of anesthesiology
 - Ongoing monitoring of the quality of anesthesia rendered by all anesthetists in the Surgical Services Department and OB/GYN Departments
 - Monthly review and evaluation of anesthesia services according to pre-established criteria, the quality and appropriateness of anesthesia care both pre- and postoperatively as well as the safety regulations for the department; findings will be incorporated into the hospital wide performance improvement system
 - The inspection and evaluation of anesthetic equipment on a daily basis to provide a safe anesthetic environment and assist in updating the anesthesia equipment, to be current with standards of the medical community
 - Act as a consultant in all measures concerning anesthesia services
 - These duties may be delegated to active staff anesthetists at the discretion and/or in the absence of the Director of Anesthesia
- Anesthesia (regional, monitored and deep sedation) shall be administered only by the following qualified healthcare providers:
 - A qualified anesthesiologist
 - Certified registered nurse anesthetist (CRNA), under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed

- Is licensed as a registered professional nurse by the state in which the nurse practices
- Meets any licensure requirements the state imposes with respect to non-physician anesthetists
- Has graduated from a nurse anesthesia educational program that meets the standards of the Council on Accreditation of Nurse Anesthesia Programs, or such other accreditation organization as may be designated by the Secretary; **and**
- Meets the following criteria:
 - ◆ Has passed a certification examination of the Council on Certification of Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists, *or*
 - ◆ Is a graduate of a program described as described above and within 24 months after that graduation and has passed a certification examination of the Council on Certification of Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists

Standards OF Practice:

Policies and procedures are formulated by using information and data obtained from nationally recognized guidelines from organizations including but not limited to American Society of Anesthesiologists, the American Association of Nurse Anesthetists, AORN, accrediting organizations, as well as information submitted by anesthesiologists and CRNAs to allow for the formulation of policies appropriate to the resources and needs of this facility. All policies are reviewed and approved by the Director of Anesthesia and are subject to medical staff approval where applicable.

Goals:

In relation to our patient:

- A. Work collaboratively with physicians and other health disciplines to assist patients in reaching the highest level of health/functioning that is possible given the patient's condition and values.
- B. Consistently meet SCIP measures.
- C. Use the established model (PDCA) for monitoring and evaluation in conducting quality assessment and improvement activities.
- D. Provide specialized clinical care services as indicated by patient need.
- E. Promote continuity of care from admission through discharge.
- F. Provide the best possible care for the least cost.



Scope of Service

In relation to staff:

- A. Recruit and maintain high level who reflects the philosophies of the Methodist Hospitals.
- B. Work cooperatively with physicians and other hospital staff and ancillary staff to provide quality services.
- D. Provide a climate which motivates staff to develop and actualize their potential for personal and professional growth and improvement of patient care.

Methodist Hospital Schedule

5/29/14

Date	NL 1st call	NL 2nd call	NL cm	SL 1st call	SL 2nd call	SC	SZ	BA	KW	NV	SH	NN	HK	CH*	CRNA	CRMA	CRMA	total	CV backup	VACATION	
2 Mon	SH1	NV2	Willis	SC1	SZ1	X	SZ(POS)	^	KW	nv	X	NN	HK		Niles	Yaneba	Chris24	13	SC	RV	
3 Tues	KW1	SH1	Kalife24	RW1	SZ2	SC(POS)	SZ	BA	X	xxx	^	X	HK	CH	ebert	willis2	Yaneba	13	SZ	MR-military	
4 Wed	BA2	NV3	Willis	SZ2	SC1	SC	X	X	KW(POS)	nv	SH	NN	HK		***	Chris2	Yaneba	13	SC	GROSS	
5 Thur	RH(nv)	made	Chris24	SZ3	NN1	SC	X	^	KW	xxx	SH	NN	HK	CH	Kalife24	Yaneba	Nolan	13	SZ		
6 Fri	KW2	sh	Kalife24	SZ4	nolan	SC	X	BA	X	nv	SH	NN	HK		willis12	Nolan	Miles	13	SZ		
7 Sat	SH2	NV2	Willis	SZ5	SC2	SC	X														
8 Sun	NV2	SH2	Willis	SZ6	SC3	SC	X														
9 Mon	BA3	NV4	Yaneba	SZ5	KW1	SC	X	X	KW	nv	SH	nn(POS)	HK		AB	Chris2	Miles	13	SZ	RV,RM,KK	
10 Tues	NV1	RH	Chris24	SC3	na	X	SZ(POS)	^	KW	nv	SH	NN	HK	CH	ebert	WMS	Yaneba	13	SC	MR-military	
11 Wed	nv	NV3	Willis	SH3	KW2	SC(POS)	SZ	BA	KW	X	X	NN	HK		AB	Nolan	Yaneba	13	SC		
12 Thur	BA4	SH3	Nolan	NV3	SC3	SC	SZ	X	KW	nv	sk(POS)	X	HK	CH	ebert		Chris24	13	SC	MILESATAA	
13 Fri	nv	HOLMES	nolan	SC4	nn	X	SZ	BA	KW	X	SH	nn(POS)	HK		AB	WMS	miles	13	SC		
14 Sat	nv	HOLMES	Yaneba	SC5	SC	SC	X														
15 Sun	nv	SH	Yaneba	SC6	SC	SC	X														
16 Mon	nv	MADE	Nolan	SC	SC	SC	X	BA	VACA	X	SH	nn*	VACA		AB	ebert	7777?	Yaneba	12	SZ	HK,NN,KW,
17 Tues	RH/nn	nv	Kalife24	SH4	SC4	SC	SZ(POS)	^	VACA	NV	X	nn*	VACA	CH	AB	ebert	WMS	Yaneba	13	SC	MR-military
18 Wed	BA5		Nolan	NV2	SZ4	SC	SZ	X	VACA	X	sk(POS)	nn*	VACA		AB	miles	Yaneba	12	SZ	GROSS	
19 Thur	SH5	nv	Yaneba	SC5	SC	X	SZ	^	VACA	NV	X	nn*	VACA	CH	Kalife24	AB	Miles	13	SZ		
20 Fri	NV3	HOLMES	Kalife24	nn	nolan	SC(POS)	SZ	BA	VACA	X	sk(POS)	VACA	VACA		Yaneba	willis12	Miles	13	SZ		
21 Sat	nv	HOLMES	Willis	SH	SC	SC	X														
22 Sun	nv	SH	Willis	SH	SC	SC	X														
23 Mon	nv	nolan	Kalife24	KW3	RH	VACA	VACA	BA	X	NV	VACA	NN	HK		Yaneba	AB	Miles	Chris24	13	SC,SH,SZ	
24 Tues	NV4	made	Nolan	NV4	RH	VACA	VACA	BA	KW(POS)	X	VACA	X	HK	CH	Nolan	willis12	Yaneba	13		MR-military	
25 Wed	BA6	nv	Nolan	KW4	NN4	VACA	VACA	X	X	NV	VACA	nn(POS)	HK		777?	AB	Yaneba	Chris24	12		holmes off.
26 Thur	NV5	MADE	WMS	NV5		VACA	VACA	^	KW(POS)	X	VACA	X	HK		Kalife24	ebert	AB	Yaneba	12		
27 Fri	RH(nv)	nolan	Kalife24	nv		VACA	VACA	BA	KW	NV	VACA	VACA	HK	AB	Willis12	Chris2	Nolan	13			
28 Sat	BA1	NV5	Willis	SC	SH	VACA	VACA														
29 Sun	NV5	nv	Willis	SC	SH	VACA	VACA														
30 Mon	BA7	SH4	Yaneba	SZ	nl	VACA	X	X	kw(POS)	NV	SH	NN	HK		AB	ebert	Nolan	Miles	13	SZ	SC,VA,KK

SH= Schein, Khalilwade
KW=Kawan Wainar
CH=Chuck Holmes
SC= Shelby Olien
RH= Ryan Kim
RH= Rajaraj Rajapane
SZ= Shounin Zhu
RH= Ron Hayes

LITO TO MASC FOR ROCHELLE 4 & 18

April 2014

Methodist Hospital Anesthesia Schedule

Date	NLC_1st call	NLC_2nd call	NLC_crna	SIC_1st call	SIC_2nd call	RH	SC	HK	SH	NN	BA	KW	NV	SZ	JG	CH	AB	CRNA	CRNA	CRNA	total	VACATION	
1	Tues	JG1	Yranela	NV1			vacca	^	SH	NN	BA	KW	X	SZ	X		AB	Ames	Nolan	11	SC,NV,KW		
2	Wed	HK5	Yranela	SH1			vacca	x	X	NN	BA	KW	NV(POS)	SZ	JG(POS)	Watson	AB	Madewel	Ames	Rayter	13	CH	
3	Thur	BA1	Yranela	SZ1	KW1		vacca	^	SH(POS)	NN	X	KW	NV	X	JG		AB	Madewel	Ames	Rayter	14		
4	Fri	JG2	watson	SZ2	NV		vacca	HK	SH	NN	^	KW	NV	X	X		AB	Madewel	Ames	Rayter	13		
5	Sat	NN2	miles8	HK3	SZ3		kelly8																
6	Sun	BA2	NN	SZ3	HK																		
7	Mon	NV1	sh	JG3	SZ2		SC	HK	vacca	NN	BA	KW	X	^	X		AB	Madewel	Ames	Yranela	13	SH,MR	
8	Tues	BA3	HK2	NN3	SC1		SC	HK	vacca	X	X	KW	NV(POS)	SZ	JG(POS)		AB	Madewel	Willis8	Yranela	13	CH	
9	Wed	KW1dm7p	RH	JG	SC2		SC	HK	vacca	^	^	X	NV	SZ	X		AB	Madewel	Ames	Willis12	Yranela	13	
10	Thur	HK	NV1	SC1	SZ3		X	X	vacca	NN	BA	KW(POS)	NV	SZ	JG			Madewel	Ames	Nolan	Yranela	14	
11	Fri	BA4	SZ	nn	KW2		SC(POS)	^	vacca	X	X	KW	NV	SZ	JG		AB	Madewel	Ames	Yranela	Watson	14	
12	Sat	NV3	nn	SC2	JG		Murphy8																
13	Sun	nv	madewel	JG5	SC3																		
14	Mon	BA5	nv	SZ3	sh		SC	vacca	vacca	NN	X	KW	NV	X	JG		AB	Madewel	Ames	Willis	Yranela	13	HK,SH
15	Tues	SZ4	nv	KW2dm7p	RH		SC	vacca	vacca	NN	BA	X	X	SZ(POS)	JG		AB	Madewel	Rayter	Willis	Yranela	13	
16	Wed	nv	NV3	SC3			X	vacca	vacca	NN	BA	KW(POS)	X	SZ	JG		AB	Madewel	Ames	Rayter	Yranela	13	
17	Thur	BA6	KW3	nn	sh		SC(POS)	vacca	vacca	X	X	KW	NV	SZ	JG	CH	X	Madewel	Ames	Watson	Yranela	13	
18	Fri	NV4	mm	NN4	SZ4		SC	vacca	vacca	X	^	KW	X	SZ	JG		AB	Madewel	Ames	Yranela	Watson	11	rm
19	Sat	nv	HOLMES	SZ	KW4		?????																
20	Sun	nv	nn	KW3	SZ		miles(24)			Happy		Easter											
21	Mon	NV4	sh	SC4	sz		X	HK	SH	NN	vacca	KW(POS)	X	SZ	JG		AB	Madewel	Ames	Nolan	Yranela	13	MR,BA
22	Tues	kw4dm7p	RH	HK3	nn		SC(POS)	X	SH	NN	vacca	X	NV	SZ	JG	CH		Madewel	Ames	miles	Yranela	13	
23	Wed	SH2		nv	SC4		SC	^	X	NN	vacca	KW(POS)	NV	X	JG		AB	Madewel	Ames	Nolan	Yranela	13	
24	Thur	NV5	SZ	KW5	HK3		SC	HK	SH(POS)	NN	vacca	X	X	SZ(POS)	JG	CH	AB	Madewel	Ames	miles(24)	Yranela	13	VW
25	Fri	NV	HK4	SH3	sz		SC	HK	X	NN	vacca	KW(POS)	X	SZ	x		AB	Madewel	Ames	Watson	miles8	12	VW
26	Sat	nv	HOLMES	JG	SH1		Yranela8																
27	Sun	nv	nn	SH4	JG																		
28	Mon	HK4	sh	NN5	sz		SC	X	SH(POS)	X	BA	KW	NV	SZ	JG		AB	Madewel		miles	Yranela	13	mr,VW
29	Tues	BA7	NV4	SC5	SZ		X	^	SH	^	X	KW	NV	SZ	JG	CH	AB	Madewel	Ames	Willis8	Yranela	13	
30	Wed	NN1		SH5			SC(POS)	HK	X	X	BA	KW	NV	SZ	JG		AB	Madewel		Ames	Willis12	13	

SC= Sheby Chien SH= Sohan Khatiwada BA= Ben Aquino HK= Hyun Kim SZ= Shuomin Zhu
 KW=Kaveri Warriar RH= Ron Hayes

Note

The Methodist Hospitals, Inc.

Critical Care Medical Staff Resolution

Whereas, The Methodist Hospitals, Inc. has a commitment to serve our community by leading the way to better health for Northwest Indiana; and

Whereas, trauma care is a growing demand in Northwest Indiana and the development of a statewide trauma system has provided Methodist Hospital's Northlake Campus an opportunity to develop a provider relationship with our community; and

Whereas, treatment at a trauma center that participates in a consistent and standardized system of trauma care can significantly increase the chance of survival for victims of serious injury; and

Whereas, participation in the Indiana Statewide Trauma System will result in an organized and timely response to patients' needs, an efficient determination of definitive care requirements, improved care through the development of the trauma program's performance improvement program, and an assurance those caring for trauma patients are educationally prepared;

Now therefore, be it resolved, that the Critical Care Medical Staff of Methodist Hospitals, Inc. recognizes both the community's need of trauma care and the invaluable contribution that trauma care will afford, and confirms its commitment to provide the resources necessary to achieve and sustain Level III trauma designation at its Northlake Campus located in Gary, Indiana.



A handwritten signature in black ink, appearing to read "H. A. [unclear] MD", written over a horizontal line.

Intensive Care Medical Director
Methodist Hospitals

Northlake Campus
600 Grant Street
Gary, Indiana 46402

Midlake Campus
2269 West 25th Avenue
Gary, Indiana 46404

Southlake Campus
8701 Broadway
Merrillville, Indiana 46410



Home > Staff Phone Book > Hospitalist



Password: ZAP

PS-MSR_53 - Hospitalist Policy

Contact Numbers:

Call Rooms - NORTHLAKE CAMPUS ONLY

NLC: [Redacted] (Male) [Redacted] (Female)

On call: 1st call Doctor listed takes ER calls, covers the house, (code blue, RRT's, critical labs, etc.) If 1st call can not be reached the 2nd call Doctor should be contacted in 30mins or less.

yesterday 6/8/2014

NLC	7a-7p - Abbas 1st call, Vardanyan 2nd call Mid Level - Jessica	7p-7a - Asgar
SLC	7a-7p - Alonzo 1st call, Reynolds 2nd call Mid Level - Kim	7p-7a - Eko

today 6/9/2014

NLC	7a-7p - Reynolds 1st call, Washington 2nd call Mid Level - Richard	7p-7a - Asgar
SLC	7a-7p - Jackson 1st call, Uzokwe 2nd call Mid Level - Kim	7p-7a - Eko

tomorrow 6/10/2014

NLC	7a-7p - Washington 1st call, Reynolds 2nd call Mid Level - Richard	7p-7a - Asgar
SLC	7a-7p - Uzokwe 1st call, Jackson 2nd call Mid Level - Kim	7p-7a - Eko

Contact Information:

- Zainab Abbas, M.D. [Redacted] If no response, use back-up #: [Redacted]
- Clive Alonzo, M.D. [Redacted] If no response, use back-up #: [Redacted]
- Mohammed Asgar, M.D. [Redacted] If no response, use back-up #: [Redacted]
- Ujor Eko, M.D. [Redacted] If no response, use back-up #: [Redacted]
- William Jackson, M.D. [Redacted] If no response, use back-up #: [Redacted]
- Albert Reynolds, M.D. [Redacted] If no response, use back-up #: [Redacted]
- Medical Director
- KeKe Uzokwe, M.D. [Redacted] (If no response, use back-up #: [Redacted])
- Zaruhi Vardanyan, M.D. [Redacted] If no response, use back-up #: [Redacted]
- Mark Washington, M.D. [Redacted] If no response, use back-up #: [Redacted]

Allied Health-Physician Assistants:

- Jessica Bruskoski, P.A. [Redacted]
- Kim Goodrich, N.P. [Redacted]
- Richard Kay, P.A. [Redacted] If no response, use back-up #: 312-914-6760)

Practice Administrator:

Sabina McCray [Redacted]

Hospitalists Billing Specialist:

Tanisha Smith [Redacted]

Northlake Schedule, 6/9 to 7/6, 2014

		9 June	10 Tu	11 We	12 Th	13 Fr	14 Sa	15 Su
NL MD Rounding SHIFT 1	7a-7p	Reynolds	Washington	Reynolds	Washington	Reynolds	Reynolds	Washington
NL MD Rounding SHIFT 2	7a-7p	Washington	Reynolds	Washington	Reynolds	Washington	Washington	Reynolds
NL PA-NP Rounding SHIFT 1	7a-7p	Kay	Kay	Kay	Kay	Kay	Kay	
NL MD Nocturnist Shift	7p-7a	Asgar						
		16 Mo	17 Tu	18 We	19 Th	20 Fr	21 Sa	22 Su
NL MD Rounding SHIFT 1	7a-7p	Reynolds	Alonzo	Reynolds	Alonzo	Reynolds	Reynolds	Alonzo
NL MD Rounding SHIFT 2	7a-7p	Alonzo	Reynolds	Alonzo	Reynolds	Alonzo	Alonzo	Reynolds
NL PA-NP Rounding SHIFT 1	7a-7p	Kay	Kay	Kay	Kay	Kay	Kay	
NL MD Nocturnist Shift	7p-7a	Asgar						
		23 Mo	24 Tu	25 We	26 Th	27 Fr	28 Sa	29 Su
NL MD Rounding SHIFT 1	7a-7p	Alonzo	Washington	Alonzo	Washington	Eko	Washington	Eko
NL MD Rounding SHIFT 2	7a-7p	Washington	Alonzo	Washington	Alonzo	Washington	Eko	Washington
NL PA-NP Rounding SHIFT 1	7a-7p	Bruskoski						
NL MD Nocturnist Shift	7p-7a	Asgar						
		30 Mo	1 July	2 We	3 Th	4 July 4th	5 Sa	6 Su
NL MD Rounding SHIFT 1	7a-7p	Reynolds	Abbas	Reynolds	Abbas	Reynolds	Reynolds	Asgar
NL MD Rounding SHIFT 2	7a-7p	Abbas	Reynolds	Uzokwe	Reynolds	Abbas	Abbas	Reynolds
NL PA-NP Rounding SHIFT 1	7a-7p	Kay	Kay	Kay	Kay	Kay	Kay	
NL MD Nocturnist Shift	7p-7a	Uzokwe	Uzokwe	Uzokwe	Uzokwe	Asgar	Asgar	Asgar

Contact [REDACTED] if you have questions. Schedule last updated Jun 2 11:00 2014.
 2014 (13-14) [REDACTED]

Northlake Schedule, 5/12 to 6/8, 2014

		12 May	13 Tu	14 We	15 Th	16 Fr	17 Sa	18 Su
NL MD Rounding SHIFT 1	7a-7p	Reynolds	Jackson	Reynolds	Jackson	Reynolds	Reynolds	Eko
NL MD Rounding SHIFT 2	7a-7p	Jackson	Reynolds	Jackson	Reynolds	Jackson	Eko	Reynolds
NL PA-NP Rounding Shift	7a-7p	Kay	Kay	Kay	Kay	Kay	Kay	
NL MD Nocturnist Shift	7p-7a	Asgar	Asgar	Asgar	Asgar	Asgar	Eko	Asgar
		19 Mo	20 Tu	21 We	22 Th	23 Fr	24 Sa	25 Su
NL MD Rounding SHIFT 1	7a-7p	Reynolds	Vardanyan	Reynolds	Vardanyan	Reynolds	Reynolds	Vardanyan
NL MD Rounding SHIFT 2	7a-7p	Vardanyan	Reynolds	Vardanyan	Reynolds	Vardanyan	Vardanyan	Reynolds
NL PA-NP Rounding Shift	7a-7p	Kay	Kay	Kay	Kay	Kay	Kay	Bruskoski
NL MD Nocturnist Shift	7p-7a	Eko	Eko	Eko	Eko	Eko	Eko	Eko
		26 Mem. day	27 Tu	28 We	29 Th	30 Fr	31 Sa	1 June
NL MD Rounding SHIFT 1	7a-7p	Reynolds	Uzokwe	Reynolds	Uzokwe	Reynolds	Reynolds	Uzokwe
NL MD Rounding SHIFT 2	7a-7p	Uzokwe	Reynolds	Uzokwe	Reynolds	Uzokwe	Uzokwe	Reynolds
NL PA-NP Rounding Shift	7a-7p	Kay	Kay	Kay	Kay	Goodrich	Goodrich	Goodrich
NL MD Nocturnist Shift	7p-7a	Asgar	Asgar	Asgar	Asgar	Asgar	Asgar	Asgar
		2 June	3 Tu	4 We	5 Th	6 Fr	7 Sa	8 Su
NL MD Rounding SHIFT 1	7a-7p	Abbas	Vardanyan	Abbas	Vardanyan	Abbas	Vardanyan	Abbas
NL MD Rounding SHIFT 2	7a-7p	Vardanyan	Abbas	Vardanyan	Abbas	Vardanyan	Abbas	Vardanyan
NL PA-NP Rounding Shift	7a-7p	Kay	Kay	Kay	Kay	Kay	Kay	Bruskoski
NL MD Nocturnist Shift	7p-7a	Asgar	Asgar	Asgar	Asgar	Asgar	Asgar	Asgar

Contact [REDACTED] if you have questions. Schedule last updated Jun 2 11:00 2014.
 2014 (13-14) [REDACTED]

Northlake Schedule, 4/14 to 5/11, 2014

		14 April	15 Tu	16 We	17 Th	18 Fr	19 Sa	20 Su
NL MD Rounding SHIFT 1	7a-7p	Jackson	Abbas	Jackson	Jackson	Alonzo	Abbas	Asgar
NL MD Rounding SHIFT 2	7a-7p	Abbas	Jackson	Abbas	Abbas	Jackson	Alonzo	Abbas
NL PA-NP Rounding Shift	7a-7p							
NL PA-NP Rounding SHIFT 1	7a-7p	Kay	Kay	Kay	Kay	Kay	Kay	
IU Student 9a-5p	9a-5p	Polezoes	Polezoes	Polezoes	Polezoes			
IU Student	9a-5p	Cox	Cox	Cox	Cox			
NL MD Nocturnist Shift	7p-7a	Asgar						
		21 Mo	22 Tu	23 We	24 Th	25 Fr	26 Sa	27 Su
NL MD Rounding SHIFT 1	7a-7p	Alonzo	Uzokwe	Alonzo	Uzokwe	Alonzo	Uzokwe	Alonzo
NL MD Rounding SHIFT 2	7a-7p	Uzokwe	Alonzo	Uzokwe	Alonzo	Uzokwe	Alonzo	Uzokwe
NL PA-NP Rounding Shift	7a-7p							
NL PA-NP Rounding SHIFT 1	7a-7p	Goodrich	Goodrich	Goodrich	Goodrich	Goodrich	Goodrich	
IU Student 9a-5p	9a-5p							
IU Student	9a-5p							
NL MD Nocturnist Shift	7p-7a	Asgar						
		28 Mo	29 Tu	30 We	1 May	2 Fr	3 Sa	4 Su
NL MD Rounding SHIFT 1	7a-7p	Reynolds	Washington	Reynolds	Washington	Reynolds	Reynolds	Washington
NL MD Rounding SHIFT 2	7a-7p	Washington	Reynolds	Washington	Reynolds	Washington	Washington	Reynolds
NL PA-NP Rounding Shift	7a-7p							
NL PA-NP Rounding SHIFT 1	7a-7p	Bruskoski						
IU Student 9a-5p	9a-5p							
IU Student	9a-5p							
NL MD Nocturnist Shift	7p-7a	Jackson	Jackson	Jackson	Jackson	Asgar	Asgar	Asgar
		5 May	6 Tu	7 We	8 Th	9 Fr	10 Sa	11 Su
NL MD Rounding SHIFT 1	7a-7p	Reynolds	Alonzo	Reynolds	Alonzo	Reynolds	Reynolds	Alonzo
NL MD Rounding SHIFT 2	7a-7p	Alonzo	Reynolds	Alonzo	Reynolds	Alonzo	Alonzo	Reynolds
NL PA-NP Rounding Shift	7a-7p						Kay	
NL PA-NP Rounding SHIFT 1	7a-7p	Kay	Kay	Kay	Kay	Kay	Bruskoski	Bruskoski
IU Student 9a-5p	9a-5p							
IU Student	9a-5p							
NL MD Nocturnist Shift	7p-7a	Asgar						

Contact [REDACTED] if you have questions. Schedule last updated Jun 2 11:00 2014.
 2014 (13-14) smccray

Northlake Schedule, 3/17 to 4/13, 2014

		17 March	18 Tu	19 We	20 Th	21 Fr	22 Sa	23 Su
NL MD Rounding SHIFT 1	7a-7p	Abbas	Vardanyan	Abbas	Vardanyan	Abbas	Eko	Abbas
NL MD Rounding SHIFT 2	7a-7p	Vardanyan	Abbas	Vardanyan	Abbas	Eko	Abbas	Eko
NL PA-NP Rounding SHIFT 1	7a-7p	Kay	Kay	Kay	Kay	Kay	Kay	
NL MD Nocturnist Shift	7p-7a	Asgar						
		24 Mo	25 Tu	26 We	27 Th	28 Fr	29 Sa	30 Su
NL MD Rounding SHIFT 1	7a-7p	Alonzo	Uzokwe	Alonzo	Uzokwe	Alonzo	Uzokwe	Alonzo
NL MD Rounding SHIFT 2	7a-7p	Uzokwe	Alonzo	Uzokwe	Alonzo	Uzokwe	Alonzo	Uzokwe
NL PA-NP Rounding SHIFT 1	7a-7p	Bruskoski	Bruskoski	Bruskoski	Bruskoski	Kay	Kay	Bruskoski
NL MD Nocturnist Shift	7p-7a	Jackson	Jackson	Jackson	Jackson	Asgar	Asgar	Asgar
		31 Mo	1 April	2 We	3 Th	4 Fr	5 Sa	6 Su
NL MD Rounding SHIFT 1	7a-7p	Reynolds	Washington	Reynolds	Washington	Reynolds	Reynolds	Washington
NL MD Rounding SHIFT 2	7a-7p	Washington	Reynolds	Washington	Reynolds	Washington	Washington	Reynolds
NL PA-NP Rounding SHIFT 1	7a-7p	Kay	Kay	Kay	Kay	Kay	Kay	
NL MD Nocturnist Shift	7p-7a	Asgar						
		7 April	8 Tu	9 We	10 Th	11 Fr	12 Sa	13 Su
NL MD Rounding SHIFT 1	7a-7p	Reynolds	Alonzo	Reynolds	Alonzo	Reynolds	Reynolds	Alonzo
NL MD Rounding SHIFT 2	7a-7p	Alonzo	Reynolds	Alonzo	Reynolds	Alonzo	Alonzo	Reynolds
NL PA-NP Rounding SHIFT 1	7a-7p	Bruskoski	Bruskoski	Bruskoski	Bruskoski	Kay	Kay	
NL MD Nocturnist Shift	7p-7a	Asgar						

Contact [REDACTED] if you have questions. Schedule last updated Mar 10 12:23 2014.
 2014 (13-14) smccray



POLICY AND PROCEDURE Subject: Hospitalist Program		POLICY NO.: PHSVCS_11
ORIGINAL DATE: 11/2009	SUPERSEDES: PS-MSR_53	PAGE: 1 of 2

Key Words: Hospitalist Staff, intensivists,
 Applies to: Inpt: _____ Outpt: _____ Provider: X All: _____
 Video:

I. POLICY:

To provide guidelines for roles, responsibilities and guidelines for the Hospitalist Staff at Methodist Hospitals.

Hospitalists are physicians whose primary professional focus is the general medical care of hospitalized patients. Hospitalists are credentialed practitioners assigned to the Division of Medicine or Family Medicine with core privileges in those areas, and must maintain their membership on the staff with all rights, privileges and obligations as defined in the Bylaws/Rules & Regulations of the Medical Staff. Hospitalists are intensivists.

II. DEFINITIONS:

NONE

III. ROLES & RESPONSIBILITIES:

1. Upon request, respond and address all critical values/results for laboratory and radiology –in conjunction with on-call physician or if the Primary Care physician is not available.
2. Upon request, attend to cases needing urgent medical attention and management; facilitate level of care transfer of service.
3. Maintain close contact and good communication with patient’s attending physician in ongoing care of patients covered by Hospitalist staff.
4. Supports nursing units on emergency or consulting basis during the night.
5. Provide urgent medicine consults to attending physicians upon request and make treatment and intervention recommendations.
6. Provide coverage of “CODE BLUE” patients throughout the Hospital, with assistance from Nurse Anesthetists for control of airways and/or intubations, 24 hours a day, seven days a week.
7. Respond to “RAPID RESPONSE” calls for at-risk inpatients throughout the Hospital, 24 hours a day, seven days a week.
8. Provide History of present illness on directly admitted patients covered by Hospitalist staff.
9. Maintain accurate records for billing purposes.
10. Ensure a fair and equitable referral process with patients needing inpatient/outpatient follow-up care, specialty care, and procedural intervention.
11. Must be currently certified in ACLS.

12. Discharge summaries should be dictated within twenty-four hours following the patient's discharge and communicated to the attending physician for follow-up.

IV. GUIDELINES:

1. Hospitalist staff must be physically on site for the duration of their shift, they will remain on site until their replacement arrives.
2. Hospitalist practice will primarily be limited to the care of patients age 14 and above.
3. Physicians must not have medical record deficiencies, or be in disciplinary status.
4. If patient has an established physician, hospitalist staff are to foster that continued relationship.
5. Hospitalist staff will only be allowed to see patients in the hospital by request, with the exception of a CODE BLUE or RAPID RESPONSE.
6. Hospitalist staff shall not engage in the practice of medicine in a private practice of any type.
7. Hospitalist Staff will not be part of the Emergency Room call roster rotation for primary care.
8. Members of the staff who do not want to take ER call, can request the Hospitalist Staff to take their ER call, providing they have the same privileges. If any of these patients need follow-up care when leaving the ER/hospital, the Hospitalist will refer them back to the physician they are covering.
9. If any patients need follow-up care when leaving the ER/hospital, the Hospitalist will refer them back to their primary care physician. If the patient has no primary care physician, they will be referred to the on call physician.
10. Medical Director of the Hospitalist group will be established and report to the Vice President, Medical Affairs.

V. DOCUMENT INFORMATION

A. Prepared by

<u>Dept. & Title</u>	<u>Date</u>
Physician Services Manager	6/2013

B. Review and Renewal Requirements

This policy will be reviewed annually and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: 10/15/2012, 6/2013
 Revised on:

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

<u>Vice President(s)</u>	<u>Date</u>
Medical Affairs	6/2013

2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

<u>Committees</u>	<u>Date</u>
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POLICY AND PROCEDURE		POLICY NO.:
Subject: Rapid Response Team		NSC-CB_11
ORIGINAL DATE: 6/2008	SUPERSEDES: New	PAGE: 1 of 4

I. POLICY:

The Rapid Response Team (RRT) will be activated for the in-house patient upon situations of deteriorating clinical status with the intention of averting a code blue situation, utilizing pre-established clinical criteria as a guideline clinical criteria as a guideline.

II. DEFINITIONS:

1. Rapid Response Team: Will consist of a Hospitalist (when present) at both campuses, RN from Neuro ICU at Southlake Campus, RN from ICU at Northlake Campus and a Respiratory Therapist, as designated, each shift.
2. Pre-established clinical criteria include:
 - New** changes in heart rate: less than 50 or greater than 140
 - New** changes in respiratory rate: less than 10 or greater than 30
 - New** change in systolic blood pressure: rise or decrease of 30mmHg or greater
 - New** change in mental status/level of consciousness
 - New** signs/symptoms of Stroke utilizing the F.A.S.T. criteria (Facial /Arm Weakness, Speech difficulties)
 - Chest pain
 - Intuitive sense from nurse that something is going wrong with the patient

III. PROCEDURE:

<u>Responsible person</u>	<u>Action</u>
Individual Identifying symptoms	Upon identification of the need to activate RRT, will contact the operator via "22" and inform operator to activate RRT to room 'x'
Operator	Will announce three times "Rapid Response Team to room 'x'"
RRT	Will arrive on the unit and collaborate with primary nurse while performing an assessment of the patient and situation and then initiate established protocol, including NIHSS as indicated
Patient's Primary nurse	After collaboration with the RRT, will contact the patient's physician to inform him/her of patient status and to receive further orders, as indicated Retains responsibility for the care of the patient

House Manager

Expedites patient throughput within hospital system

Assists with patient placement, if necessary

RRT

Will complete the RRT evaluation and submit for Performance Improvement tracking

IV. REFERENCE:

Institute of Healthcare Improvement, "Getting started kit for Rapid Response Teams"
<http://www.ihl.org/IHI/Programs/Campaign/>

V. DOCUMENT INFORMATION

A. Prepared by

<u>Dept. & Title</u>	<u>Date</u>
Director of Nursing Operations	7/2008

B. Review and Renewal Requirements

This policy will be reviewed every three years and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: 11/2008, 06/09, 02/10
Revised on:

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

<u>Vice President(s)</u>	<u>Date</u>
M. Major, CNO	06/2009

2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

<u>Committee(s)</u>	<u>Date</u>
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The Methodist Hospitals, Inc.

Radiology Medical Staff Resolution

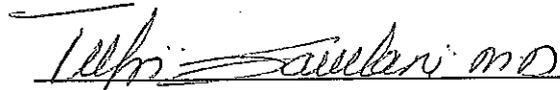
Whereas, The Methodist Hospitals, Inc. has a commitment to serve our community by leading the way to better health for Northwest Indiana; and

Whereas, trauma care is a growing demand in Northwest Indiana and the development of a statewide trauma system has provided Methodist Hospital's Northlake Campus an opportunity to develop a provider relationship with our community; and

Whereas, treatment at a trauma center that participates in a consistent and standardized system of trauma care can significantly increase the chance of survival for victims of serious injury; and

Whereas, participation in the Indiana Statewide Trauma System will result in an organized and timely response to patients' needs, an efficient determination of definitive care requirements, improved care through the development of the trauma program's performance improvement program, and an assurance those caring for trauma patients are educationally prepared:

Now therefore, be it resolved, that the Radiology Medical Staff of Methodist Hospitals, Inc. recognizes both the community's need of trauma care and the invaluable contribution that trauma care will afford, and confirms its commitment to provide the resources necessary to achieve and sustain Level III trauma designation at its Northlake Campus located in Gary, Indiana.



Tulsi Sawlani, MD
Chief of Radiology
Methodist Hospitals



Northlake Campus
600 Grant Street
Gary, Indiana 46402

Northlake Campus
2269 West 25th Avenue
Gary, Indiana 46404

Southlake Campus
8701 Broadway
Merrillville, Indiana 46410



Scope of Service

Diagnostic Radiology - 2013

Scope of Patient Needs: We have a diverse customer base. We serve the communities of Gary and Merrillville and the surrounding areas. Our patients range from infant, child, adolescent, young adult, adult and geriatric patients. We provide services to inpatients, outpatients and emergency department patients as requested by a physician, regardless of race, color, creed or reimbursement.

Structural Description: The Diagnostic Radiology departments are located at The Methodist Hospitals in Gary (Northlake) and Merrillville (Southlake) campuses and at the Southlake Diagnostic Center adjacent to the Southlake campus. Diagnostic Radiology is under the Imaging Services umbrella within Diagnostic and Therapeutic Division.

Services Provided: The Diagnostic Equipment provides static images of the region of interest allowing visualization of the specific anatomy or any pathology, which could be present. Diagnostic Radiology provides both diagnostic and interventional procedures. Procedures which are routinely performed are:

- Chest and Thoracic Radiographs
- Abdominal and Pelvic Radiographs
- Spine and Myelography
- Extremities and Arthrography
- Fluoroscopy including Upper Gastrointestinal (single and double contrast), Small Bowel, Barium Enema (single and double contrast).
- Urinary Tract procedures
- Venography
- Cookie Swallows

Services are provided in the Main Radiology Department and throughout the hospital in areas such as Surgery, the Emergency Department, and all Nursing Units.

Staffing: Our hours of operation at the Northlake and Southlake Campuses are 24 hours a day 7 days a week, including holidays. The hours of operation at the Southlake Diagnostic Center are 7:00 AM – 7:00 PM Monday through Friday and Saturdays 7:00 AM – 3 PM. We have a variety of staff which includes:

- A Supervisor
- Registered Technologist (regular and resource)
- Externs
- Office Team Leaders
- Technical / Medical Assistants
- Transcriptionists



Scope of Service

- Registered Nurses
- Data Analysts

Qualifications of Staff:

Technologists

- ARRT Certification
- Associates Degree in Radiological Technology or equivalent
- Indiana State Board of Health License
- CPR Certification
- Diagnostic Radiology Competency
- Age Specific Competency

Technical Assistants

- Medical Terminology
- CPR Certification
- Basic Knowledge of Anatomy
- Previous Medical Experience
- Sterile Technique

Externs

- Student in good standing with a Certified Radiological Technology School
- Completion of 1 semester in the RT program
- CPR Certification

Transcriptionists

- 70 WPM transcription skills
- Graduate of a Transcription School
- 3-5 years Radiology experience preferred

Registered Nurses

- Graduated of an accredited school of nursing
- BSN or experience in Radiology nursing
- ACLS, PALS, CPR Instructor, EKG Certified
- Competency in venipuncture
- Competency in Moderate Sedation

Medical Assistant

- Certified Medical Assistant
- Experience in Ambulatory Care or Physicians office
- CPR Instructor and EKG Certified



Scope of Service

Office Team Leaders

- Associate Degree or 2 years of college preferred
- 3 years of Medical Office experience preferred
- Medical Terminology
- Type 40 wpm
- Computer knowledge

Required Competencies:

- Diagnostic Radiology Competency
- Age Specific
- CPR Certification
- Restraints

Committee(s)
Division of Radiology

Date
05/13



POLICY AND PROCEDURE		POLICY NO.:
Subject: Diagnostic Radiologic Technologists Staffing Levels (NLC)		IMS-GEN_38
ORIGINAL DATE:	SUPERSEDES:	PAGE:
03/1999	11/2008	1 of 3

I. POLICY:

To ensure adequate staffing so we may provide quality patient care on all shifts.

Northlake Campus Diagnostic Radiology is open 7 days a week, 24 hours a day. The following is the minimum number of technologists required in order to provide appropriate patient care.

Monday – Friday	Day Shift	4 technologists
	Evening Shift	2 technologists
	Midnight Shift	1 technologist
Saturdays	Day Shift	4 technologists
	Evening Shift	2 technologists
	Midnight Shift	1 technologist
Sundays	Day Shift	2 technologists
	Evening Shift	2 technologists
	Midnight Shift	1 technologist

II. DEFINITIONS:

None

III. PROCEDURE:

Responsible person
Supervisor

Action

Determine the staffing levels in relation to the number of patients. The levels are reviewed as needed by the Supervisor of Diagnostic Radiology.

Supervisor/
Technologist in Charge

If the minimum number is not met on PM's or midnights, a technologist will be required to work over to cover the shift. If the minimum number of technologists is not met on days, we will attempt to call in staff. If unsuccessful, rooms will be closed and tests will be rescheduled if necessary.

IV. REFERENCE:

V. DOCUMENT INFORMATION

A. Prepared by

<u>Dept. & Title</u>	<u>Date</u>
Director of Imaging Services	11/2008

B. Review and Renewal Requirements

This policy will be reviewed every three years and revised as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: 1/09; 01/11
Revised on: 11/02, 02/05; 11/08; 01/11

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

<u>Vice President(s)</u>	<u>Date</u>
VP of Operations	01/2011

2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

<u>Committee(s)</u>	<u>Date</u>
Division of Radiology	01/2011



POLICY AND PROCEDURE Subject: CT Department Staffing		POLICY NO.: IMS-CT-GEN_04
ORIGINAL DATE: 09/11/2002	SUPERSEDES: 11/2008	PAGE: 1 of 2

I. POLICY:

To provide guidelines and information for CT department staffing at both Campuses and Outpatient Center

NL and SL: CT is staffed 24 hours daily including the weekends and holidays.

Holidays: For the following holidays, New Years Day, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas there will be 1 Technologist for each campus per shift, covering all three shifts.

Southlake Campus Staffing: Monday through Friday there are 2 Technologists on the day shift. There is 1 Technologist on the PM shift. On Saturday, there is 1 Technologist on the day shift and 1 Technologist on the PM shift. On Sunday, there is 1 Technologist on the day shift, and 1 Technologist on the PM shift. All midnight shifts are covered by 1 Technologist.

Northlake Campus Staffing: Monday through Friday there are 2 Technologists on the day shift. There is 1 Technologist on the PM shift. On Saturday, there is 1 Technologist on the day shift and 1 Technologist on the PM shift. On Sunday there is 1 Technologist on the day shift and 1 Technologist on the PM shift. All midnight shifts through the week are covered by 1 Technologist.

OutPatient Diagnostic Center: Monday through Friday there will be 1 Technologist from 7 am until 7 pm during normal business hours. On Saturday there will be 1 Technologist from 7 am to 12 pm.

This is minimum staffing requirements for the CT Department. In the event of under staffing, there will be voluntary overtime assigned. If non-voluntary, then the shifts will be covered with assigned overtime starting with the least senior technologist.

II. DEFINITIONS:

N/A

III. PROCEDURE:

None	<u>Action</u>
<u>Responsible person</u>	

IV. REFERENCE:

N/A

V. DOCUMENT INFORMATION

A. Prepared by

<u>Dept. & Title</u>	<u>Date</u>
Director of Imaging Services	1/2011

B. Review and Renewal Requirements

This policy will be reviewed every three years and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: 09/11/2002, 2/27/2003, 6/24/2005, 8/2006, 01/07; 01/09
Revised on: 08/2006; 11/08; 01/11

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

<u>Vice President(s)</u>	<u>Date</u>
Operations	01/2011

2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

<u>Committee(s)</u>	<u>Date</u>
Division of Radiology	01/2011

Methodist Hospital Northlake Campus ICU Staffing model

A. Synergy Model to achieve optimal patient outcomes

1. Link patient characteristics to nurse characteristics in such a synergistic
2. Patient characteristics include stability, complexity, vulnerability, resiliency, and predictability; resources available; and patients' ability to participate in their care and decision making
3. Nurse characteristics, or competencies, are evidenced by sound clinical judgment and ability to advocate and respond to a patient's uniqueness, collaborate with colleagues, recognize holistic interrelationships, respond to diversity, show evidence of clinical inquiry, and demonstrate an ability to facilitate learning
4. Adaptable to all areas of nursing practice including determining staffing criteria for intensive care unit (ICU)
5. Factors in the severity and complexity of patients
6. Using the Synergy Model to determine staffing result in more patient-centered care and better use of resources
7. Address the patient characteristics of stability, complexity, vulnerability, and resiliency
8. Patients requiring 1:1 nursing care would be highly unpredictable, unable to participate fully in decision making about their care
9. Synergy Model reflects our practice of linking patient characteristics with nursing competencies
10. The Synergy Model assists us in exploring our practice and developing organizational strategies that are driven by the needs of patients, families, and the healthcare team
11. The Synergy Model allows us to standardize the delivery of care in the ICU while personalizing it according to patients' needs

B. Acuity guidelines

1. ICU has different criteria for 1:1 staffing
 - a. patients that are on Balloon pump; CCVHD; Hypothermia Therapy would be classified as requiring 1:1 nursing care
 - b. patients that required 24-hour nursing care (1:1 care) and could not safely be assigned to a nurse caring for another patient
 - c. based on severity of trauma patients they would be classified as requiring 1:1 nursing care
 - d. patients are highly complex, vulnerable, and unpredictable and minimally stable with low resilience; they require many resources and cannot participate in their care
2. ICU has a 1:2 ratio staffing for a 12 bed unit
 - a. May be assigned to a nurse caring for a stable patient who is awaiting transfer to another unit. These patients are also highly complex and unpredictable but require fewer resources and can minimally participate in their care.
 - b. Such patients may need hourly assessments and/or interventions; they are moderately complex, moderately stable, and more predictable



THE METHODIST HOSPITALS

Intensive Care Unit Equipment List

- Gaymar
- Code Carts x 2
- Glidescope
- Procedure Cart equipped for : central line, chest tube , and dialysis catheter insertion
- Hardwired Philip Monitors in all 12 rooms
- Bedside ultrasound
- Prismaflex
- Hypothermia Cart



Scope of Services

Laboratory - 2013

Scope of Patient Needs:

The Laboratory Service provides diagnostic testing 24 hours a day, 7 days a week for inpatients, and outpatients - from neonates to geriatric patients, as well as Methcare/Outreach clients, Occupational Health, Employee Health, Care and Nursing home customers. The following types of services are provided: Chemistry, Hematology, Microbiology, Immunology, Transfusion services, Surgical Pathology, Histology, and Cytology.

Patient/Customer needs are assessed by: Medical Staff interaction, Laboratory & Pathology Leadership Team, and Customer assessments provided by the Outreach Coordinator and surveys performed by Marketing and Evaluation Services.

Structural Description:

Laboratory Services consists of an Immediate Response Laboratory (IRL) at each campus (NLC and SLC) and a CORE laboratory at the Southlake Campus (SLC). Physicians have defined a menu of tests that can be ordered STAT and is performed by the IRL at each campus round the clock. The STAT menu is attached herewith.

Laboratory Services in the aggregate provide approximately over one million diagnostic billable tests per year.

Services Provided:

The following types of services are provided:

Chemistry, Hematology, Microbiology, Immunology, Transfusion services, Surgical Pathology, Histology, and Cytology.

Staffing:

HOURS OF OPERATION:



Scope of Services

<i>IRL (NL/SL):</i>	<i>7 DAYS PER WEEK, 24 HOURS PER DAY</i>
<i>CORE LAB (SL):</i>	<i>7 DAYS PER WEEK, 7 AM To 7 PM</i>
<i>MICROBIOLOGY (NL/SL):</i>	<i>7 DAYS PER WEEK, 7 AM TO 3:30 PM</i>
<i>HISTOLOGY (NL):</i>	<i>6 DAYS PER WEEK, (CLOSED SUNDAY & HOLIDAYS) 4:30 AM TO 6:30 PM</i>
<i>CYTOLOGY (SL):</i>	<i>5 DAYS PER WEEK, (CLOSED WEEKEND & HOLIDAYS) 9:00 AM TO 5:30 PM</i>
<i>PATHOLOGY:</i>	<i>(NL/SL) 6 DAYS PER WEEK, (CLOSED SUNDAY & HOLIDAYS) 8:00 AM TO 5:00 PM</i>

Staffing Level:

Each section within the laboratory defines optimal staffing based on historical workload experience and to assure that the expected turn around times are met. In consultation with the Medical & Administrative Directors, the staffing levels can be adjusted to address Emergency Management situations. These situations include increased number of potentially infectious patients or patient specimens.

Qualifications of Staff:

The Laboratory Service is staffed by Medical Technologists, Medical Laboratory Technicians, Phlebotomists, and Certified Specialists certified by the American Society of Clinical Pathologists or the National Certification Agency for Clinical Laboratory Science.

Pathologists are licensed MDs and are Board Certified in Clinical & Anatomical Pathology.

Required Competencies:

The Laboratory utilizes the competency standards established by the College of American Pathologists, American Society of Clinical Pathologists, the American Association of Blood Banks, Joint Commission, HFAP and the Clinical Laboratory Improvement Act of 1988 (CLIA).

Goals:

The goals of Laboratory Services are as follows:



Scope of Services

- *Provide accurate Diagnostic & Therapeutic Monitoring procedures for inpatients, outpatients, and outreach patients.*
- *Provide reports in a timely manner to shorten inpatient length of stay and increase outpatient/physician satisfaction.*
- *Provide appropriate patient care services in a timely and caring manner to facilitate the ability of each individual to achieve their highest level of health status.*



POLICY AND PROCEDURE		POLICY NO.:
Subject: Emergency Release of Blood/Components		LAB-BB_021
ORIGINAL DATE:	SUPERSEDES:	PAGE:
02/14/2003	BB-21	1 of 3

I. POLICY:

When blood is urgently needed, the patient's physician must weigh the risk of transfusing uncross matched or partially cross matched blood against the risk of delaying transfusion until compatibility testing is complete. Ideally, a transfusion service physician should provide consultation. The risk that the transfused unit might be incompatible may be judged to be less than the risk of depriving the patient of oxygen-carrying capacity of that transfusion.

It is the responsibility of the Blood Bank to issue properly grouped and labeled blood, and to complete all patient transfusion testing as soon as possible.

II. DEFINITIONS: none

III. PROCEDURE:

Responsible person
All Blood Bank personnel

Action
Perform procedure

When blood is released before pre-transfusion testing is complete, the records must contain a signed statement of the requesting physician indicating that the clinical situation was sufficiently urgent to require release of blood. Such a statement does not absolve blood bank personnel from their responsibility to issue properly labeled donor blood that is ABO-compatible with the patient. When urgent release is requested, blood bank personnel should:

1. Issue uncrossmatched blood, which should be:
 - a. Group O Red Blood Cells if the patient's ABO group is unknown. It is preferable to give Rh-negative blood if the recipient's Rh type is unknown, especially if the patient is female with the potential to bear children.
 - b. ABO and Rh compatible, if there has been time to test a current patient specimen. Previous records must not be used, nor should information be taken from other records such as a donor card, military tags, or driver's license.
2. Place in a conspicuous fashion an orange-red label that states "UNIT UNCROSSMATCHED" to indicate that testing was not complete at the time of issue. Place the orange-red UNIT

UNCROSSMATCHED above the label on each unit that is being issued. Do not place the label anywhere on the original unit label.

- a. Write down all the information you have (you may not have much in a trauma) on a transfusion record including each unit you take to the requesting department.
- b. Pull a segment from each uncross matched unit for cross matching when you get the specimen and deliver the units to the ordering department **STAT**.
- c. Take the blood to the requesting department where both the technologist delivering the blood and the nurse receiving the blood will check the unit/units together to be sure they are match the record.
- d. Have the transfusion record signed by the physician requesting the uncrossmatched blood component. The signature is required in the EMERGENCY RELEASE SECTION of the transfusion record. The RN who is receiving the blood component may sign the physician's name followed by her initials if the doctor cannot sign the transfusion record at the time of issue.
- e. Complete all patient testing and standard compatibility tests for the uncrossmatched units as soon as possible.
- f. If incompatibility is detected at any stage of testing, notify the patient's physician and the transfusion service physician immediately. If any unused units are still available retrieve them immediately.
- g. File the transfusion records as follows:
 - i. Place the top copy in the patient's medical record.
 - ii. File the disposition copy in the Blood Bank disposition file
 - iii. Put the Blood Bank (yellow) copy in the Emergency Release binder.

IV. REFERENCE:

Technical Manual current edition
AABB Standards current edition

V. DOCUMENT INFORMATION

A. Prepared by

Dept. & Title

Transfusion Services Supervisor

B. Review and Renewal Requirements

This policy will be reviewed every year and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: 6/2010, 7/2011, 12/2012

Revised on: 10/2007

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

Vice President(s)

Operations

Date

12/2012

2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

Committee(s)

N/A

Date

3. This Policy & Procedure has been reviewed and approved by the following Medical Director and Laboratory Director

Medical/Laboratory Directors

L.Teresa Vazquez, M.D.

Medical Director of Laboratory Services

Mushtaq Ahmed, Director of Laboratory Services

Date

12/2012

Please see Blood Bank tab for evidence of 24 hour laboratory service availability

NLC/SLC – Peri Operative Services - 2013

Scope of Patient Needs: Surgery department provides individualized and comprehensive quality care to both in and outpatients. The physician, patient and significant others are involved in accomplishing this goal. Our patients range from the young adult to the geriatric, from those who are ambulatory to the critically ill or emergency type patient.

Structural Description: NLC is located on the first floor in the west wing. There are 4 major surgical rooms, one PACU, one holding area, and Sterile Processing Department in the basement below surgery.

SLC is located on the first floor. There are 11 major rooms, one holding room, one PACU and Sterile Processing Department located in the basement below surgery.

Services Provided: Provides major and minor surgical procedures, pre and post op care and Sterile processing for instruments, supplies and equipment.

Staffing: Staffing adjustments are made depending upon the degree of patient acuity without compromising safety and quality of care and in accordance with the hospital staffing policy.

Qualifications of Staff: All staff is required to be certified in BCLS, be knowledgeable in Restraint Management, and have Age Specific Competency, attend HIPPA and Corporate Compliance In-Services. Nursing staff are also required to meet competencies in Medical Gases and Pain Assessment. PACU RN's are also ACLS and PALS certified.

Required Competencies: Check off of annual competencies and point of care testing as well as performance evaluation provides the basis for ensuring on-going competencies.

Goals:

In relation to our patient:

- A. Work collaboratively with physicians and other health disciplines to assist patients in reaching the highest level of health/functioning that is possible given the patient's condition and values.
- B. Use the nursing process in the delivery of nursing care- assess, set goals, develop a plan of care, implement the plan of care, and if needed re-evaluate and revise the plan of care.
- C. Use the established model (PDCA) for monitoring and evaluation in conducting quality assessment and improvement activities.
- D. Provide specialized clinical care services as indicated by patient need.
- E. Promote continuity of care from admission through discharge.



Scope of Service

F. Provide the best possible care for the least cost.

In relation to staff:

- A. Recruit and maintain high level who reflects the philosophies of the Methodist Hospitals.
- B. Collaborate with Educational Services to provide for the continuing development of all levels of 4w3 staff members.
- C. Work cooperatively with physicians and other hospital staff and ancillary staff to provide quality services.
- D. Provide a climate which motivates 4w3 staff to develop and actualize their potential for personal and professional growth and improvement of patient care.



POLICY AND PROCEDURE Subject: On-Call		POLICY NO.: PACU-ACT_01
ORIGINAL DATE: 2/2002	SUPERSEDES: 8/2002	PAGE: 1 of 2

I. POLICY:

After working regular hours, a PACU RN will be available “on-call” for all emergency surgical procedures and will be notified by the On Call Circulating Nurse.

II. DEFINITIONS:

The Surgical Services on-call team is comprised of a registered nurse (circulating nurse) and an operating room technician (scrub tech).

III. PROCEDURE:

<u>Responsible person</u>	<u>Action</u>
Post Anesthesia Care Unit Nurses	<ol style="list-style-type: none"> 1. All PACU personnel, when “on-call”, will carry a pager. 2. Current up-dated PACU call schedule will be available to the OR charge person at all times. 3. A staff member who is on call will be compensated as follows: <ol style="list-style-type: none"> A. There is a per hour standing pay for scheduled on-call hours. <ul style="list-style-type: none"> • This hourly rate stops from the time one arrives at work on call until he/she leaves and resumes ‘standby’ status. B. Compensation will be paid time and a half the hourly base salary rate for hours worked while on call. <ul style="list-style-type: none"> • Begins at the time of arrival at the hospital. C. A staff person, who is called in and arrives in a timely manner, will be paid a minimum of 2 hours at the time and a half rate. 4. All employees must report to work as scheduled the day after call. <ol style="list-style-type: none"> A. The manager may approve PTO and DWD if staffing is adequate to meet patient needs the day after call. B. If the day’s schedule allows he/she will be allowed to

- leave first.
- C. If the employee complains of illness, the manager will send to Occupational Health Services for evaluation.

IV. REFERENCE:

None

V. DOCUMENT INFORMATION

A. Prepared by

<u>Dept. & Title</u>	<u>Date</u>
Perioperative Services	8/2007

B. Review and Renewal Requirements

This policy will be reviewed every three years and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: 8/2007, 1/2009

Revised on:

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

<u>Vice President(s)</u>	<u>Date</u>
Michele Major, Chief Nursing Officer	1/2009

2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

<u>Committee(s)</u>	<u>Date</u>
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POLICY AND PROCEDURE		POLICY NO.:
Subject: PACU Emergency Drugs and Equipment		PACU-ACT_07
ORIGINAL DATE:	SUPERSEDES:	PAGE:
7/2001	8/2002	1 of 2

I. POLICY:

Emergency drugs and equipment will be available and in good working condition at all times in PACU.

II. DEFINITIONS:

None

III. PROCEDURE:

Responsible person

Post Anesthesia Care Unit
Personnel

Action

1. Each bedside unit will have the following equipment available:
 - A. Wall oxygen with flow meter
 - B. Wall suction outlets with canister and regulator, tubing's and catheters
 - C. Oxygen tubing, masks and cannulas
 - D. Airways (oral and nasal)
 - E. Tongue depressors
 - F. Ambu bags
 - G. EKG/Cardiac Monitor
 - H. Pulse oximeter
 - I. Electrical outlet

2. The crash cart is located in PACU with the following items:
 - A. Defibrillator
 - B. Emergency Drugs noted on diary
 - C. IV equipment and solutions
 - D. Intubation equipment
 - additional airways
 - ET tubes
 - Trach tubes

3. A ventilator is located in the PACU.
4. Malignant Hyperthermia cart is located in PACU and will be monitored maintained per protocol by all staff.

IV. REFERENCE:

AORN Standards and Guidelines 2011

V. DOCUMENT INFORMATION

A. Prepared by

Dept. & Title
 Perioperative Services

B. Review and Renewal Requirements

This policy will be reviewed every three years and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on 1/2009, 11/2011
 Revised on:

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

Vice President(s)
 CMO

Date
 11/2011

2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

Committee(s)

Date

**ORGAN AND TISSUE PROCUREMENT AGREEMENT BETWEEN
GIFT OF HOPE ORGAN & TISSUE DONOR NETWORK
AND
THE METHODIST HOSPITALS, INC.**

THIS ORGAN AND TISSUE PROCUREMENT AGREEMENT (the "Agreement") is entered into this 15th day of December, 2006 (the "Effective Date"), by and between GIFT OF HOPE ORGAN & TISSUE DONOR NETWORK, an Illinois not-for-profit corporation ("Gift of Hope"), and THE METHODIST HOSPITALS, INC., an Indiana nonprofit corporation, with its corporate headquarters at 600 Grant Street, Gary, Indiana 46402, and with Hospital facilities located at 600 Grant Street, Gary, Indiana 46402; and 8701 Broadway, Merrillville, Indiana 46410 (the "Hospital").

Witnesseth

WHEREAS, Gift of Hope is a federally designated Organ Procurement Organization ("OPO"), is a member of the Organ Procurement Transplant Network ("OPTN"), is accredited by the Association of Organ Procurement Organizations ("AOPO") and is a tissue bank accredited by the American Association of Tissue Banks ("AATB");

WHEREAS, the Hospital and Gift of Hope desire to work together to meet each of its respective obligations to promote organ and tissue donation in compliance with the Centers for Medicare and Medicaid Services: Conditions of Participation for Hospitals and Conditions of Participation for Organ Procurement Organizations, the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") standards, American Osteopathic Association ("AOA") standards, and the standards of other accrediting bodies and all state and federal statutes and regulations pertaining to organ and tissue donation as applicable to each organization.

NOW THEREFORE, in consideration of the foregoing, and the terms, covenants and conditions hereinafter set forth, the parties agree as follows:

Definitions

The definitions herein shall apply to the following terms throughout the Agreement, wherever such terms appear and whether such terms are capitalized or not.

Imminent Death: Individuals who are on a ventilator and demonstrate severe neurological dysfunction and 1) appear to be progressing toward brain death or 2) a determination has been made that the individual's condition will not improve and the physician is preparing to have a discussion with the family about DNR orders, discontinuation of the ventilator or withdrawal of life-sustaining therapies.

Timely Notification for Organ Donation: For individuals who are on a ventilator, a referral is timely if it is made as soon as possible (ideally within one (1) hour) after the patient meets the definition of Imminent Death. To be considered timely, referrals must be made prior to discontinuation of or decrease in pharmacological or hemodynamic support that would adversely impact viability of donated organs, prior to approaching the family about organ donation and prior to discussion with the family about DNR orders or discontinuation of ventilator or life-sustaining therapies. Timely notification will allow Gift of Hope to evaluate patients for donation and allow Gift of Hope and the Hospital to create a plan for approaching potential donor families about donation collaboratively and with discretion and sensitivity.

Timely Notification for Tissue Donation: For individuals who have died a cardiac death, notification is timely if the referral is made within two (2) hours of the cardiac death and prior to approaching family about tissue donation.

Timely Response by Gift of Hope for Organ Donation Referrals: Generally Gift of Hope staff will be in route to the Hospital within one (1) hour of the determination by Gift of Hope that the organ donation referral is medically suitable for donation. Arrival at the Hospital will depend on the distance that must be traveled, weather and traffic conditions and the need to mobilize ground or air transportation to reach the Hospital. Gift of Hope, in collaboration with the Hospital, may determine an alternate time of arrival based upon the availability of the family or personal representative, decisions regarding the time of brain death declaration or the time that the Physician wishes to discuss options with the family or personal representative.

Designated Requester: The individual designated by the Hospital to initiate the request to the family must be an OPO representative, a tissue or eye bank representative (for tissue or eye donation) or a hospital designated individual (the "Designated Requester") who has completed a course offered or approved by the OPO and designed in conjunction with the tissue and eye bank community in the methodology for approaching potential donor families and requesting organ and tissue donation.

Discretion and Sensitivity: Discretion and sensitivity refers to the way in which a family is approached about donation and includes respect and care for their grief and loss. Using discretion and sensitivity does not mean that the Hospital determines that a family will not be approached about donation. All potential donor families must be approached and informed of their donation rights.

Referral: All notifications of death or imminent death of an individual made to Gift of Hope's toll free number 1-800-545-4438 (545-GIFT) whether compliant or non-compliant with this Agreement or the Centers for Medicare and Medicaid Services: Conditions of Participation.

Compliant Referral: A referral that was made timely and the approach, if applicable, was made by a Designated Requester.

Non-compliant Referral: A referral that was not made timely, the approach was made by someone other than a Designated Requester or the Hospital refused to comply with the requirement that all families be offered the opportunity for donation.

Medical Suitability: It is Gift of Hope's responsibility to determine the medical suitability of a potential organ donor and, in conjunction with the Hospital's tissue and eye bank, determine medical suitability of a potential tissue or eye donor.

Eligible for Organ Donation: All individuals determined by Gift of Hope to be medically suitable for organ donation, whether referred or unreferred.

Death Record Review: Regularly scheduled review of medical charts to study and evaluate the number of potential donors at the Hospital, monitor that all deaths are reported and monitor compliance with this Agreement and federal laws and regulations regarding organ donation.

Donation After Cardiac Death: For individuals on a ventilator who are not and will not become brain dead, and for whom a decision has been made to withdraw ventilator support, organ donation following the declaration of death by cardiac criteria.

Donation Development Plan: A written plan developed jointly by the Hospital and Gift of Hope that states the collaborative goals and actions for improving donation and measuring outcomes that each entity commits to annually.

First Person Consent: Any individual over the age of 18 may execute a document authorizing donation. These documents include, but are not limited to, a donor card, entering their name in the donation registry operated by their state (generally through the driver's license department) or any other document signed by the individual that clearly states his/her wishes to donate organs, tissues and/or eyes. For purposes of this Agreement, all such properly executed documents are referred to as "donor authorizations" and additional consent from family members or personal representatives is not required for organ, tissue and/or eye donation.

SECTION 1. HOSPITAL OBLIGATIONS

To comply with the applicable Centers for Medicare and Medicaid Services: Conditions of Participation for Hospitals, JCAHO standards and federal and state statutes and regulations the Hospital agrees to:

- 1.1 Comply with all relevant state and federal laws and regulations applicable to organ, tissue and eye donation and recovery, including compliance with any standards applicable to such services as may be promulgated by JCAHO or, as applicable, the standards of the AOA.
- 1.2 Provide Gift of Hope at 1-800-545-4438 (or such other telephone number provided by Gift of Hope from time to time) with a Timely Notification for Tissue

Donation or Timely Notification for Organ Donation, as applicable, of all individuals who have died or whose death is Imminent.

1.3 Develop written policies and procedures to assure that:

- a. Gift of Hope receives Timely Notification for Tissue Donation, or Timely Notification for Organ Donation, as applicable, for all Imminent Deaths and all cardiac deaths and;
- b. potential organ donors are hemodynamically and pharmacologically maintained in a manner that promotes organ viability until the family of a medically suitable potential organ donor has been approached and/or informed of their donation rights by Gift of Hope or the Hospital's Designated Requester and have had adequate time to make a decision about donation;
- c. potential organ donors are identified and declared brain dead within an acceptable timeframe by an appropriate practitioner;
- d. potential donation after cardiac death organ donors are identified and, if deemed eligible, the Hospital provides necessary resources (a practitioner to declare death, timely access to operating rooms, etc) for the donation. If the Hospital does not allow donation after cardiac death, a process by which, in collaboration with Gift of Hope, the potential donor can be transferred to a Hospital where the donation can be performed;
- e. in collaboration with Gift of Hope, the family of every medically suitable potential donor is:
 - i) informed of their option to donate organs, tissue or eyes or to decline to donate, or
 - ii) informed of the decision by the potential donor that, through execution of a donor authorization, the potential donor has made a donation decision that cannot be revoked by the family or personal representative;
- f. only the Gift of Hope representative, the representative of the Hospital's designated tissue and/or eye bank (for tissue and eye donation) or the Hospital's Designated Requester approach the family of a potential donor to request donation. The family request process may include other appropriate individuals, and the hospital and Gift of Hope will work together to determine the most caring and sensitive plan for approaching the family or informing them of the donor authorization executed by the donor.

- 1.4 Develop written policies and procedures regarding the clinical determination of brain death that are consistent with the existing usual and customary standards of medical practice and all relevant laws. The Hospital will provide Gift of Hope with a copy of this policy and the Hospital will make such efforts as are reasonably necessary to monitor compliance with the policy and procedures.
- 1.5 Provide timely access to Hospital services including, but not limited to, skilled critical care nurses, diagnostic testing, echocardiography, cardiology and pulmonary consults, anesthesiology, laboratory services, operating rooms and staff as necessary to maintain the potential donor and facilitate the donation process in a timely manner.
- 1.6 Provide medical information and access to medical records for the purpose of conducting donor eligibility screening, donor management and organ and tissue placement. Under Section 164.512(h) of HIPAA, a covered entity may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes, or tissue for the purposes of facilitating organ, eye or tissue donation and transplantation.
- 1.7 Ensure that the Hospital works cooperatively with Gift of Hope in educating staff on donation policies and procedures.
- 1.8 Permit Gift of Hope timely and regular access to death record information (Death Record Review) to assess the Hospital's potential for donation, measure compliance with Hospital donation policies and this Agreement, and identify areas where Gift of Hope and the Hospital can work cooperatively to improve performance.
- 1.9 Designate an appropriate staff member to serve as the "Donation Liaison" to Gift of Hope and/or designate a key Hospital Committee to review and improve the donation process. Annually, collaborate with Gift of Hope to create and implement a Donation Development Plan for the Hospital.
- 1.10 Present Gift of Hope with an itemized invoice for services requested by Gift of Hope and provided by Hospital within one (1) year of the donation. In cooperation with Gift of Hope, establish a procedure for audit and reconciliation of invoices recognizing that Gift of Hope can only reimburse for services actually requested by and provided to Gift of Hope.
- 1.11 To take such efforts as are reasonably necessary to monitor compliance with the Hospital's policies and procedures related to organ and tissue donation.

SECTION 2. GIFT OF HOPE OBLIGATIONS

To comply with the applicable Centers for Medicare and Medicaid Services: Conditions of Participation for Organ Procurement Organizations, AOPO standards and federal and state statutes and regulations Gift of Hope agrees to:

- 2.1 Maintain a 24-hour-a-day donor referral line (1-800-545-4438) for the timely referral by the Hospital of any individual whose death is Imminent or who has died in the hospital.
- 2.2 Determine the medical suitability of an individual for organ and tissue donation. Transplanting surgeons will determine suitability of organs and tissue for transplantation.
- 2.3 Work cooperatively with Hospital staff including the Hospital's Designated Requester, if applicable, to request and obtain consent from family members or others legally authorized to consent to donation or inform the family of the donor authorization executed by the potential donor.
- 2.4 Provide a timely response to a Hospital referral by trained and qualified individuals, 24-hours-a-day. Gift of Hope personnel will request donation from families, assist in conducting or directing all necessary donor evaluation and supportive care, coordinate the recovery of organ and tissues by trained and qualified surgical teams, and assume responsibility for the preservation and distribution of donated organs to transplant centers. Organs will be procured and distributed in accordance with OPTN policies and procedures. The Hospital is not required to grant privileges to, nor perform credentialing of, organ or tissue procurement teams.
- 2.5 Comply with all relevant state and federal laws and regulations applicable to organ, tissue and eye donation and recovery, including compliance with any standards applicable to such services as may be promulgated by JCAHO or the AOA.
- 2.6 Work cooperatively with the Hospital to educate all appropriate staff on donation issues and, upon the Hospital's request, provide training for the individual(s), if any, that the Hospital selects as Designated Requesters. Designated Requester training will be developed cooperatively with the tissue and eye bank community.
- 2.7 Provide information on the outcome of organ and tissue donation to the donor family, attending physician and other healthcare providers involved in the donation and/or others designated by the Hospital as appropriate, legal and reasonable.
- 2.8 Obtain permission from the local coroner or medical examiner for organ or tissue donation when appropriate.

- 2.9 Cooperate with tissue and eye banks designated by the Hospital in referral of potential donors.
- 2.10 Collect data through regular Death Record Reviews on the potential for donation at the Hospital to assist the Hospital in documenting its compliance with statutes and regulations and as part of an ongoing program to cooperatively improve the performance of the Hospital and Gift of Hope. Gift of Hope will provide timely reports to the CEO, the Donation Liaison, and /or the person designated by the hospital to receive the reports. Death Record Reviews and reports will be utilized only for the improvement of patient care, quality improvement and the study and evaluation of potential donation at the Hospital. All data that is collected during Death Record Reviews is intended to remain privileged under applicable law. Except as required by law, Gift of Hope agrees that it will maintain all such information in confidence and that it will not use or disclose the information to any third party.
- 2.11 Gift of Hope will provide the Hospital with timely reports regarding the Hospital's organ and tissue donation activity, the timeliness of referrals, requesting and consent information and other data reasonably necessary for the Hospital to meet its requirements under state and federal regulations and for accreditation.
- 2.12 Reimburse Hospital within 45 days from receipt of an itemized invoice for 80% of the charges for services requested by Gift of Hope related to organ donation. These include, but are not limited to, all medical care charges for services requested by Gift of Hope following consent and either the declaration of brain death or, in the case of donation after cardiac death, the pronouncement of cardiac death, any tests and copies of records ordered by Gift of Hope in order to evaluate suitability of organs, and all charges related to the excision of donated organs. In the case of donation after cardiac death, Gift of Hope will reimburse the Hospital for operating room charges and related supplies incurred during the DCD attempt even if the patient fails to reach cardiac death.
- 2.13 Reimburse Hospital for utilization of the operating room suite at the rate of \$1, 200 per case for tissue recoveries and 80% of the charges for any supplies, services or tests requested by Gift of Hope. There will be no reimbursement to the Hospital for utilization of the operating room suite when cardiac valves are the sole tissues recovered.

SECTION 3. MISCELLANEOUS

- 3.1 **THIS AGREEMENT SHALL CONTINUE IN EFFECT FOR A TERM OF NOT LESS THAN TWELVE (12) MONTHS FROM THE EFFECTIVE DATE AND SHALL BE AUTOMATICALLY RENEWED ON THE ANNIVERSARY DATE THEREAFTER FOR TWELVE (12) MONTH PERIODS, PROVIDED HOWEVER, EITHER PARTY MAY**

TERMINATE THE AGREEMENT WITHOUT CAUSE WITH NINETY (90) DAYS WRITTEN NOTICE.

- 3.2 Any notice, request, instruction, demand, approval, consents or other document or communication required, permitted or desired to be given hereunder shall be in writing and shall be served on the parties at the following respective addresses:

Gift of Hope: 660 North Industrial Drive
Elmhurst, Illinois 60126
Attention: Mary P. Rosenberg

Hospital: The Methodist Hospitals, Inc.
Attn: President & CEO
600 Grant Street
Gary, IN 46402

Copy to: The Methodist Hospitals, Inc.
Attn: Chief Nursing Officer
600 Grant Street
Gary, IN 46402

or to such other address, or to the attention of such other person or officer, as any party may by written notice designate. Any notice, request, instruction, demand, or other document or communication required, permitted, or desired to be given hereunder shall be sent either (i) by hand delivery, in which case notice shall be deemed received when actually delivered, or (ii) by a nationally recognized overnight courier, in which case notice shall be deemed received one business day after deposit with such courier.

- 3.3 Subject to the limits of the Indiana Medical Malpractice Act, each party hereto agrees to indemnify, hold harmless and defend each other from and against all general and professional liability losses, claims, suits, damages, actions, causes of actions, proceedings, demands assessments, settlements, judgments, costs, expenses or other liabilities of any kind or nature (including reasonable attorney's fees) imposed on or asserted against the other party as a result of, arising out of or relating to the indemnifying party's negligence in performing or failing to perform its obligations under this Agreement or the indemnifying party's breach of this Agreement. The rights and obligations of each party under this Section 3.3 shall survive the termination of the Agreement.
- 3.4 Gift of Hope and Hospital shall each maintain professional liability insurance coverage with sufficient and appropriate limits of coverage for protection against acts or omissions of agents, employees and servants acting on behalf of each and under their respective supervision for any and all purposes contemplated, intended or described herein.
- 3.5 This Agreement contains the entire agreement of the parties and may only be amended by the mutual, written agreement of the parties hereto.

- 3.6 In accordance with the provisions of 42 U.S. C. Section 1395 x(v)(1) and 42 C.F.R Section 402.300-402.304, Gift of Hope agrees that if pursuant to this Agreement or any other contract entered into between the Hospital and Gift of Hope, there shall be paid by the Gift of Hope to the Hospital for services rendered by the Hospital \$10,000.00 or more over a twelve (12) month period, that the Hospital shall:
- a. Until the expiration of four (4) years after the furnishing of such services pursuant to such contract, make available, upon written request to the secretary of Health and Human Services (the "Secretary" or upon request to the Comptroller General of the government accounting office ("Comptroller General"), or any of their duly authorized representatives, the contract, and books, documents and records of the Hospital that are necessary to certify the nature and extent of such costs; and
 - b. If the Hospital carries out any of the duties of the Agreement through a contract, with a value or costs of \$10,000 or more over a twelve (12) month period with a related organization, cause such subcontract to contain a clause to the effect that until the expiration of four (4) years after the furnishing of such services pursuant to such subcontract, the related organization shall make available, upon written request to the Secretary, or upon request to the Comptroller General, or any of their duly authorized representatives, the subcontract, and books, documents, and records of such organization that are necessary to verify the nature of such costs.
 - c. In the event of a request by the Secretary or Comptroller General for access, immediately notify and consult with Gift of Hope concerning the response that will be made to such request.
- 3.7 This Agreement has been made under, and shall be governed and construed in accordance with, the laws of the State of Illinois if the Hospital is located in Illinois and Indiana if the Hospital is located in Indiana.
- 3.8 This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

**GIFT OF HOPE ORGAN & TISSUE
DONOR NETWORK**

By: Mary Rosalez
Title: Vice President
Date: 12/18/06

THE METHODIST HOSPITALS, INC.

By: Karen Strathman
Karen Strathman
Chief Nursing Officer
Date: 1-9-07



POLICY AND PROCEDURE		POLICY NO.:
Subject: Organ /Tissue / Eye Donor Request and Procurement		NSI-LEG_24
ORIGINAL DATE: 09/2002	SUPERSEDES: 09/08/2005	PAGE: 1 of 5

Key Words: Organ Donor, Tissue Donor, Eye Donor
 Applies To: Inpt: _____ Outpt: _____ Provider: _____ All: X
 Video:

I. POLICY:

The Methodist Hospitals has developed the Organ Donation and Procurement Policy to:

- Ensure appropriate parties are advised of their rights to donate Anatomical gifts
- Establish guidelines for determining candidacy for organ donation
- Establish documentation guidelines as indicated by HCFA #42 Part 482 changes
- Promote organ and tissue donation

II. DEFINITIONS:

The Methodist Hospitals has developed the Organ Donation and Procurement Policy to:

- Ensure appropriate parties are advised of their rights to donate Anatomical gifts
- Establish guidelines for determining candidacy for organ donation
- Establish documentation guidelines as indicated by HCFA #42 Part 482 changes
- Promote organ and tissue donation

III. PROCEDURE:

Transplant (Donor status)

Responsible person

Physician/Designate

Nursing Staff

Action

- Examines patient and identifies the possibility of irreversible catastrophic damage or clinical systems that suggest brain death.
- Discusses findings with family/support system
- Orders Brain Death Protocol, additional testing, or consults as needed.

Calls (Organ Procurement Organization)

OPO, if and when the :

Ventilated patient exhibits any of the following:

- ✓ Fixed and dilated pupils
- ✓ No corneal reflexes
- ✓ No response to Noxious stimuli
- ✓ No gag or cough
- ✓ No spontaneous respirations

Or

- ✓ Prior to discussions with the family regarding:
- ✓ Change in code status to DNR
- ✓ Discontinuation of life-sustaining therapies
- ✓

Secretary/staff nurse

Call House Supervisor in the case of death in All Non- ventilated patients

Notifies the House Supervisor of the decision to start Brain Death Protocol and/or communicates the poor prognosis of patient.
Notifies Organ Procurement Organization (OPO) Representative

House Supervisor, Nurse Manager/
Charge Nurse

- Provides support for the family
- Notifies clergy as requested by family
- Orders entered for Brain death protocol

Organ Procurement Organization
(OPO) Representative

- Receives the referral call
- Access Bureau of Motor Vehicle(BMV) records to identify those patients who have indicated organ donation status on their driver's license
- A coordinator follows up over the phone or on-site regarding patient's candidacy for donation
- Reviews patient's record and interviews staff regarding patient's medical status and family status.
- If a patient is determined to be a possible donor the OPO representative will follow up with nursing staff on the status and/or progression of Brain Death Declaration process.
- OPO will want to be physically present on the unit when the MD discusses the condition of the patient with the family

MD/Designate

- Examines patient-performing a full neurological exam.
 - Reviews tests/exams/labs
 - Conducts apnea test with assistance of respiratory therapist and nurse
 - Physician will pronounce brain death. Documents declaring such in the patient chart will include the following:
 - a. Date and time of declaration
 - b. Name of declaring physician
 - c. Clinical testing done to assess brain death
 - d. Statement of pronouncement of death
- OR completion of the BRAIN DEATH CRITERIA (NSI-LEG_23)

Communicates with the family/staff regarding the results

- Meets with the family and discusses organ donation

Organ Procurement
Organizations(OPO) Representative

opportunities

- Obtain authorization from next of kin for organ, tissue and / or eye donation .
- Communicates with staff regarding family decisions regarding organ, tissue and / or eye donation
- If the family opts to donate, then the OPO representative:
- Provides direction for tests and procedures require for the donation.
- Coordinates transplant team activities
- Communicates and Coordinates transplant preparations with the nursing staff/and operating room.

Nursing staff

- Notifies House Supervisor of Donation status
- Notifies Admitting Department of the change in status to Donor.
- Provides nursing care under the direction of the OPO representative once patient has been identified as a donor.
- Notifies MDs of consultations that are identified by the OPO representative.

House Manager, Unit Manager/
Charge Nurse

- If patient is a cornea and tissue potential donor candidate only, the patient will be transported to the morgue to await consent and recovery.
- Notifies the Transport Team/Security to assist in moving the patient to the morgue when appropriate.
- Calls Medical Examiner as appropriate and obtain consent for release of body
- Meets with family and completes forms:

Patient release

- Notifies Operating Room team of anticipated time of transplant team arrival.
- Assists with coordination of services

For Donor

- Reassigns patient an outpatient number once consent has been obtained for donation
- Prepares for donation procedures, adjusting schedule to accommodate Transplant Team and Patients scheduled for surgery
- Coordinates with the OPO representative regarding arrival of transplant team.
- Opens OR suite and provides anesthesia and nursing, and tech support

For All Patients

- Contacts Transport Team/Security to assist with moving the patient to the morgue
- Transport patient to the morgue with nursing
- Calls funeral home that the body is ready or pick up post-donation.

Utilizes select nursing tissue guidelines as appropriate:

Operating Room Staff/ Nursing

A. CORNEA/WHOLE EYE

- Moisten eyes with sterile saline, gently paper tape closed, place small ice packs over eyes, and elevate HOB 15 Degrees.

B. BONE

- Refrigerate body unless sterile recovery is to take place after organ removal

C. HEART VALVES

- Refrigerate body unless sterile recovery is to take place after organ removal

D. SAPHENOUS/FEMORAL VEIN

- Refrigerate body unless sterile recovery is to take place after organ removal

- Provides support for family as needed

Spiritual Care

*note if death occurs in ER, ER nursing staff assumes all functions/activities described under the nursing and House Manager roles.

Donation after Cardiac Death

Responsible person

Nursing Staff

Action

Calls OPO when cardiac death occurs

Organ Procurement Organization (OPO)
Representative

- OPO representative will screen patients suitable for potential donation via phone call and/or in person.
- If the patient is eligible for tissue donation the OPO will present family with donation options by phone
- OPO in conjunction with hospital personnel will coordinate time and location of the surgical recovery of tissues and eye donations.
- If patient is only eligible for eye donation, OPO will refer all information obtained and the Indiana Lions Eye Bank will contact family by phone to request consent for donation.
- The Indiana Lions Eye Bank will communicate outcome of request and schedule time for recovery with hospital.

House Manager, Unit Manager/ Charge
Nurse

- Notifies the OR team of anticipated time of recovery by the transplant team
- After recovery of tissue the Post mortem Care policy will be implemented, and the house Manager will notify the funeral home that the case is complete
- If the patient is NOT a suitable organ/cornea/tissue donor, the patient will be moved to the funeral home or morgue as appropriate after death has occurred.
- Notifies the funeral home that the body is ready for pick up
- Calls coroner as appropriate

Documents :

House Manager, Unit Manager/ Charge
Nurse

- Completes the Patient Release and Anatomical Gift Act Determination Form(6124-2)
- Contact /document discussion with the coroner
- Call to OPO and document results: date/time/OPO staff

- member receiving the call /reference number/ donor status
- Place copy of the completed forms in the patient's record and House Supervisor Log book and RCH book
- Documents that the funeral home is called for need to pick up the body.
- Document OR procedures per protocol
- Documents the response of the family

Operating Room Staff

Spiritual Care

IV. REFERENCE:

Cross reference Policy No. RM_ 34 Brain Death Declaration

1. Holmquist M., Chabalewski F., Blount T., Edwards, C. McBride V., Pietroski R. *Critical Care Nurse*, 19(2):84-98, 1999. A Critical Pathway: Guiding Care for Organ Donors.
2. *American Journal of Transplantation*, 2:761-8, 2002. Increased Transplanted Organs from the Use of a Standardized Donor Management Protocol. UNOS Critical Pathway for the Organ Donor resulted in a 10.3% increase in organs recovered and an 11.3% increase in organs transplanted. There was no reduction in the quality of the organs transplanted.
3. *Circulation* 106:836-41, 2002. Consensus Conference Report: Maximizing Use of Organs Recovered from the Cadaveric Donor: Cardiac Recommendations. Heart donor criteria and a donor management algorithm for heart recovery.
4. Abstract, *International Congress of the Transplantation Society*. Hormonal Resuscitation Yields More Transplanted Hearts with Improved Early Function. Hearts from hormonal resuscitation donors had significantly reduced early graft dysfunction and one-month patient mortality.

V. DOCUMENT INFORMATION

A. Prepared by

Dept. & Title
Neuroscience Department

B. Review and Renewal Requirements

This policy will be reviewed annually and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: 09/08/2005, 01/06/2006, 05/27/2009, 07/20/2009, 11/2011, 07/25/2013

Revised on:

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

Vice President(s)
Operations V.P.

Date
07/30/2013

2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

<u>Committee(s)</u>	<u>Date</u>
Shared Governance	08/28/2013
LPIC	10/01/2013
Neuroscience Institute	07/30/2013
Medical Council	10/15/2013



POLICY AND PROCEDURE		POLICY NO.:
Subject: Trauma Diversion		TR_05
ORIGINAL DATE:	SUPERSEDES:	PAGE:
October 23, 2013	Original	1

Key Words: Trauma, Diversion, Bypass

Applies to: Inpatient: _ Outpatient: _ Provider: _ All: X

Video: _

I. POLICY:

A. To provide a guideline for Trauma diversion due to resource limitations in accordance with the American College of Surgeons, Committee on Trauma. Trauma diversion of ambulance traffic is to be avoided and instituted only as a last resort. Methodist Hospital is committed to instituting bypass no more than 5% of the time.

1. The Trauma Medical Director must be involved in all trauma diversion decision making.
2. All instances of trauma diversion will be reviewed by the Trauma Program Performance Improvement Committee.
3. Diversion will be re-evaluated at two hour intervals.

B. Acceptable circumstances in which to declare trauma diversion:

1. Any internal disaster (ie. Fire, bomb, electrical failure, etc.) which directly impacts the Emergency Department (ED), Computed Tomography (CT), or Operating Rooms.
2. Lack of Operating Room availability because all staffed operating rooms are in use or fully implemented with on-call teams and at least one or more of the procedures is an operative trauma case.
3. All Computed Tomography (CT) scanners are inoperable.
4. No available monitored beds in-house or in the ED.
5. The ED's volume/acuity of patients has overwhelmed available Emergency Department resources of space, equipment, or staffing.

C. Exceptions to trauma diversion:

1. Any patient in need of an airway or other life-saving intervention must be transported to our facility.
2. Walk-in patients during diversion must be medically screened and triaged appropriately.

II. DEFINITIONS:

Diversion-The process of diverting ambulance traffic in cases where resources are not sufficient to meet potential or real needs.

III. PROCEDURE:

<u>Responsible person</u>	<u>Action</u>
<p>IN THE EVENT OF <u>PLANNED MAINTENANCE/REPAIR</u></p>	<ol style="list-style-type: none"> 1. The Facilities Director will give advance notice of maintenance/repair and approximate length of time required to complete to the following people: <ol style="list-style-type: none"> a. Appropriate Department Manager and Director (ie. OR/CT) b. Emergency Department Manager c. Emergency Department Director d. Clinical administrator on call e. Administrator on call f. House Manager scheduled for affected shift (s) g. EMS Coordinator h. Trauma Program Coordinator i. Trauma Medical Director 2. A collaborative and coordinated decision will be made regarding necessity and appropriateness of bypass and persons noted above will be responsible for communicating bypass to their respective departments. 3. The ED Charge RN/designee will notify Hospitals and EMS providers listed on Methodist Hospital Diversion Communication Log at the following intervals: <ol style="list-style-type: none"> a. Upon onset of Diversion. b. Update at two hour intervals. c. Upon discontinuation of diversion.
<p>IN THE EVENT OF <u>UNPLANNED OR, CT, MONITORED BED UNAVAILABILITY, OR INTERNAL DISASTER</u></p>	<ol style="list-style-type: none"> 1. The ED Attending will determine if there is an acceptable circumstance to declare trauma diversion. 2. The Trauma Medical Director (TMD) or designee will be contacted regarding situation and the TMD will make the decision whether trauma diversion is authorized. 3. The ED Charge RN will contact the following: <ol style="list-style-type: none"> a. House Manager b. ED Manager c. EMS Coordinator d. Trauma Program Coordinator 3. The Clinical Administrator on-call will be apprised of the circumstances and notify the Administrator on-call. 4. The ED Charge RN/designee will notify Hospitals and EMS providers listed on Methodist Hospital Diversion Communication

	Log at the following intervals: a. Upon onset of Diversion. b. Update at two hour intervals c. Upon discontinuation of diversion.
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IV. REFERENCE:

“2006, Resources for the Optimal Care of the Injured Patient 2006, Committee on Trauma, American College of Surgeons”

V. DOCUMENT INFORMATION

A. Prepared by

Dept. & Title
Trauma Services-Trauma Medical Director
Trauma Services-Trauma Program Coordinator

B. Review and Renewal Requirements

This policy will be reviewed annually and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: n/a
 Revised on: n/a

D. Approvals

1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):

<u>Vice President(s)</u>	<u>Date</u>
Chief Nursing Officer	3/27/2014

2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):

<u>Committee(s)</u>	<u>Date</u>
Shared Governance	3/26/2014
Trauma Program Performance Improvement Committee	3/6/2014
LPIC	3/4/2014
Medical Council	3/20/2014

Methodist Hospital Diversion Communication Log

DATE / TIME OF INITIATION: _____ DATE / TIME DISCONTINUED: _____

REASON FOR BYPASS: _____

- FULL (closed to all EMS transports)
- ALS (closed to EMS ALS transports only)
- TRAUMA (closed to EMS TRAUMA transports only)

Call facilities below, identify yourself, request name of person speaking with, and notify type of bypass. Update every 2 hours and when off bypass.

HOSPITAL/EMS AGENCY NAME	NUMBER (SPEAK TO CHARGE RN)	NOTIFICATION TIME/INITIALS	CONTACT NAME	NOTIFICATION TIME/INITIALS	CONTACT NAME	NOTIFICATION TIME/INITIALS	CONTACT NAME
Methodist SLC	[REDACTED]						
St. Anthony's-Crown Point	[REDACTED]						
St. Mary's-Hobart	[REDACTED]						
Porter Regional	[REDACTED]						
Portage Community	[REDACTED]						
Munster Community	[REDACTED]						
St. Margaret's-South	[REDACTED]						
St. Margaret's-North	[REDACTED]						
St. Catherine's	[REDACTED]						
Crown Point EMS	[REDACTED]						
Gary Fire Department	[REDACTED]						
Hobart EMS	[REDACTED]						
Porter County/Portage	[REDACTED]						
Superior	[REDACTED]						
Prompt	[REDACTED]						
Northwest	[REDACTED]						
US Steel	[REDACTED]						
Trauma Program Coordinator	cell # on file						
EMS Coordinator	cell # on file						
Trauma Medical Director	cell # on file						
ED Manager	cell # on file						

TRAUMA DIVERSION

Methodist Hospitals Northlake Campus has been on trauma diversion for a total of 21.5 hours over the past year on the following dates for the following reasons:

- 1/23/2014 from 1700 to 2353 for a total of seven hours due to OR unavailability secondary to a planned air handler repair
- 2/19/2014 from 1600 to 0530 for a total of 11.5 hours due to OR unavailability secondary to a planned air handler coil replacement
- 6/6/2014 from 2230 to 0320 for a total of five hours secondary to CT unavailability secondary to an emergency electrical outage and subsequent repair.

DATE: 1/23/14 REASON: OR unavailability 2 1/2 air handler repair - TRAMA ONLY
 TIME: 1700 ESTIMATED LENGTH OF BYPASS: 8 hours
 TIME DISCONTINUED: 11:03 PM effective @ 1700

219-963-8711
 933-2077

Hospitals	Telephone Number		Notified By		
	Main	Emergency Room	Time	Time	Time
Methodist - NLC	[REDACTED]	[REDACTED]	15:20	21:00	01
St. Anthony's - Crown Point	[REDACTED]	[REDACTED]	15:50	01/210	01/210
Hobart St. Mary	[REDACTED]	[REDACTED]	15:10	01/210	01/210
Porter Regional	[REDACTED]	[REDACTED]	15:10	01/210	01/210
Portage Community	[REDACTED]	[REDACTED]	15:10	01/210	01/210
Munster Community	[REDACTED]	[REDACTED]	15:15	01/210	01/210
St. Margaret's - South	[REDACTED]	[REDACTED]	15:20	01/210	01/210
St. Margaret's - North	[REDACTED]	[REDACTED]	15:22	01/210	01/210
St. Catherine's	[REDACTED]	[REDACTED]	15:25	01/210	01/210
<hr/>					
EMS	Telephone Number		Notified By		
			Time	Time	Time
Crown Point	[REDACTED]	[REDACTED]	N/A	N/A	N/A
Gary	[REDACTED]	[REDACTED]	EG-1450		AM-1135
Hobart	[REDACTED]	[REDACTED]	AM-1515		AM-1136
Porter County / Portage	[REDACTED]	[REDACTED]	EG-1450		AM-1136
Superior	[REDACTED]	[REDACTED]	AM-1525		AM-1140
Prompt	[REDACTED]	[REDACTED]	AM-1525		AM-1140
Northwest	[REDACTED]	[REDACTED]	AM-1530		AM-1142

V. DOCUMENT INFORMATION

A. Prepared by

Dept. & Title Emergency Services Director
--

B. Review and Renewal Requirements

This policy will be reviewed every three years and as required by change of law, practice or standard.

C. Review / Revision History

Methodist Hospital By-Pass Communication Log

DATE / TIME OF INITIATION: 2/19/2014 @ 1000 DATE / TIME DISCONTINUED: 2/20/14 @ 0530

REASON FOR BYPASS: OR Unavailability 212 air hardware replacement

- FULL (closed to all EMS transports)
- ALS (closed to EMS ALS transports only)
- TRAUMA (closed to EMS TRAUMA transports only)

Call facilities below, identify yourself, request name of person speaking with, and notify type of bypass. Update every 4 hours and when off bypass.

911-BYPASS

HOSPITAL/EMS AGENCY NAME	NUMBER (SPEAK TO CHARGE RN)	NOTIFICATION TIME/INITIALS	CONTACT NAME	NOTIFICATION TIME/INITIALS	CONTACT NAME	NOTIFICATION TIME/INITIALS	CONTACT NAME
Methodist SLC	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
St. Anthony's-Crown Point	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
St. Mary's-Hobart	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
Porter Regional	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
Portage Community	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
Munster Community	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
St. Margaret's-South	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
St. Margaret's-North	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
St. Catherine's	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
Crown Point EMS	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
Gary Fire Department	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
Hobart EMS	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
Porter County/Portage	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
Superior	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
Prompt	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
Northwest	[REDACTED]	4:20am	Phonata	5:30am	Phonata		
US Steel	[REDACTED]	4:48am	Kevin	5:30am	Kevin		

Methodist Hospital Diversion Communication Log

DATE / TIME OF INITIATION: 6/6/14 @ 1030 PM
 CT @ Full Trauma

REASON FOR BYPASS: FULL (closed to ALL EMS transports)
 ALS (closed to EMS ALS transports only)
 TRAUMA (closed to EMS TRAUMA transports only)

Call facilities below, identify yourself, request name of person speaking with, and notify type of Bypass. Update every 2 hours and when off bypass.

HOSPITAL/EMS AGENCY NAME	NUMBER (SPEAK TO CHARGE RN)	NOTIFICATION TIME/INITIALS	CONTACT NAME	NOTIFICATION TIME/INITIALS	CONTACT NAME	NOTIFICATION TIME/INITIALS	CONTACT NAME
Methodist SIC	[REDACTED]	10:15 (24)	Tom	18:15am	Kim	2:15am	Kim
St. Anthony's-Crown Point	[REDACTED]	10:30	Mike	18:30am	Mike	2:30am	Mike
St. Mary's-Hobart	[REDACTED]	10:35	Christina	18:35am	Christina	2:35am	Christina
Porter Regional	[REDACTED]	10:40	Linda	18:40am	Robert	2:40am	Robert
Portage Community	[REDACTED]	10:45	Lori	18:45am	Tom	2:45am	Tom
Munster Community	[REDACTED]	10:45	Wikki	18:45am	Wikki	2:45am	Wikki
St. Margaret's-South	[REDACTED]	10:47	Pecky	18:47am	Wikki	2:47am	Wikki
St. Margaret's-North	[REDACTED]	10:45	Josh	18:45am	Wikki	2:45am	Wikki
St. Catherine's	[REDACTED]	10:15	SS	18:15am	Cooper	2:15am	Cooper
Crown Point EMS	[REDACTED]	10:42	Mark	18:42am	#37	2:42am	#37
Gary Fire Department	[REDACTED]	10:05	Mark	18:05am	Michelle	2:05am	Michelle
Hobart EMS	[REDACTED]		Pete	18:15am	Kim	2:15am	Kim
Porter County/Portage	[REDACTED]	10:15		18:15am	Terrell	2:15am	Terrell
Superior	[REDACTED]	10:20	Kyle	18:20am	Tina	2:20am	Tina
Prompt	[REDACTED]	10:05	Oscar	18:05am	Arabel	2:05am	Arabel
Northwest	[REDACTED]	10:05	Stan	18:05am	Gregory	2:05am	Gregory
US Steel	[REDACTED]	10:45	Stan	18:45am	Kevin	2:45am	Kevin
Trauma Program Coordinator	cell # on file	10:05	Mark	18:05am	TH	2:05am	TH
EMS Coordinator	cell # on file	10:05	Phony	18:05am	TH	2:05am	TH
Trauma Medical Director	cell # on file	10:15	Phony	18:15am	TH	2:15am	TH
House Manager (for affected campus only)	[REDACTED]	10:15	Phony	18:15am	TH	2:15am	TH
ED Manager	cell # on file	-					

off
 301 Kum
 301 Kubi
 301 Duki
 305 Rebar
 305 Lou
 304 Nio
 305 Omb
 305 Stuli
 312 EBFH
 312am 97
 312am Hio
 312am Kite
 308 NME
 308 Pto
 308 QABE
 309-levi
 309 EBOC

Brock



THE METHODIST HOSPITALS

Trauma Program Performance Improvement Committee

I. Philosophy

Methodist Hospitals and the Trauma Service is committed to providing compassionate, quality health care services to all those in need and is dedicated to providing efficacious, multidisciplinary care to every injured patient brought to this facility.

II. Mission and Vision of the Trauma Program Performance Committee (TPPC)

The mission of the Trauma Program at Methodist Hospitals is to serve our community by providing excellent trauma care to every injured patient brought to our facility.

The Trauma Service will have a formal, internal process that allows for a multidisciplinary approach to rapid problem identification, data driven analysis, and resolution of issues within the quality framework of our institution. The goal is to identify opportunities to improve patient safety through all phases of trauma care to ultimately reduce mortality and morbidity in the trauma patient population.

III. Authority

The Trauma Program Performance Improvement Committee is directed by the Trauma Medical Director (TMD) who has the authority to monitor all events that occur during a trauma-related episode of care. The TMD is empowered to address issues that involve multiple departments so that program development and performance improvement can occur simultaneously.

IV. Credentialing

Surgeons taking trauma call will be credentialed according to the Methodist Hospitals Medical Staff Bylaws. The Trauma Medical Director has the authority to set additional criteria for these surgeons, including continuing education hours in trauma management, attendance at specified committee meetings, compliance with protocols, and American College of Surgeons Committee on Trauma (ACS-COT) regulations. The Trauma Medical Director has the authority to recommend changes to the trauma call panel based on performance review.

V. Trauma Patient Population Defined

The inclusion criteria defined by the National Trauma Data Bank (NTDB) of the ACS-COT will be used to identify the trauma patient population (see **Appendix A**).

Data definitions are consistent with both the Indiana Trauma Registry Data Dictionary and the National Trauma Data Bank Dictionary.

<http://www.in.gov/isdh/25407.htm>

<http://www.ntdsdictionary.org/>

VI. Data Collection and Analysis

All patients who meet criteria for entry into the Indiana Trauma Registry are monitored for compliance with or adherence to standards of care as established by the Trauma Service. Information for the process is collected both concurrently and retrospectively and includes, but is not limited to, the following:

- Hospital Medical Record

- Pre-hospital Care Report (run sheets)
- Medical Examiner Reports
- Trauma Registry
- Trauma Log
- Trauma Program Coordinator
- Trauma Data Coordinator
- Rounds with the Trauma Service
- Referrals from staff and/or departments involved in care of the trauma patient
- Hospital PI Committees

VII. Process for Compliance Monitoring

See Appendix B

- A. Standards of Care
All trauma patients that meet criteria for entry in the registry are monitored for compliance with or adherence to the standards of quality trauma care as established by the Trauma Service.
- B. Death Reviews
All trauma deaths are reviewed as they relate to trauma care and trauma systems issues.
- C. Patient Transfers
All trauma transfers are monitored for timeliness and appropriateness.
- D. Volume/Indicators/Complications
All will be monitored on either a daily or monthly basis and evaluated for trends. Data will be presented to the Trauma Program Performance Improvement Committee on at least a quarterly basis.
- E. Systems issues
All identified issues that are not provider related will be reviewed by the Trauma Program Performance Improvement Committee. A summary of discussion will be documented in the meeting minutes.

VIII. Review Process

See Appendix C

Trauma care will be monitored by utilizing the indicators as defined by Indiana Rules and Regulations, American College of Surgeons Committee on Trauma, and National Trauma Data Bank. All trauma patients will be monitored using the following process:

- A. Level One Review
The Trauma Program Coordinator will complete the initial case review. Upon completion of review and if clinical care is appropriate with no provider or systems issues identified, the case will be closed. The Trauma Program Coordinator will determine if an issue needs to be addressed by the Trauma Medical Director.
- B. Level Two Review
Opportunities for improvement in the system or with a provider, sentinel events, or other concerns will be referred to the Trauma Medical Director. Cases in which a simple action plan, such as trending, education, or counseling/discussion is the only performance improvement need not proceed to the next level of review. Significant adverse events, deaths, and cases involving more than one service or provider with opportunities for improvement should be elevated to the Third Level of Review.
- C. Level Three Review
Tertiary review will occur at the committee level and may be referred to either the Trauma Program Performance Improvement Committee (TPPIC) or the Operative and Trauma Services

PIOC (Peer Review). In addition to these cases, TPPIC must also review all trauma deaths and a determination must be made as to whether the death was an unanticipated mortality with opportunity for improvement (preventable), mortality without opportunity for improvement (non-preventable), or anticipated mortality with opportunity for improvement (possibly preventable) or unable to determine.

IX. Documentation of Analysis and Evaluation

Patients will be reviewed using the Trauma PI Filter Worksheet (**See Appendix D**). Issues identified will be addressed on the Trauma PI Tracking Worksheet (**See Appendix E**). Once the issue is closed, the Trauma Program Manager will sign the form indicating issue closed. Issues that require further review will be forwarded to the appropriate department and/or committee. Trauma mortalities and selected cases will be listed on the Patient Care Summary Sheet (**See Appendix F**). This form tracks trauma-related mortalities and trauma issue related to a specific patient, level of review required, if they were presented at TPPIC, their judgments, resolutions, and open/closed status, as well as, transcribed in the memo section of the Trauma Registry for each specific patient.

X. Referral Process for Review

The cases determined to require further investigation by the 1st or 2nd level of review or judgment/rating by the Trauma Program Performance Improvement Committee may be referred to the appropriate hospital department via appointed liaisons or department chairman for review. The response of the referral will be shared with the group or person who determined the need for referral and noted on the Trauma PI Tracking Worksheet and Patient Care Summary sheet, as well as, noted in the memo section of the Trauma Registry for follow-up planning.

XI. Committee Structure

See Appendix C

A. Trauma Program Improvement Performance Committee (TPPIC)

The Trauma Program Performance Improvement Committee is a multidisciplinary committee that meets at least every other month. The charge of the committee is to systematically monitor, analyze data, and evaluate the care of a trauma patient from a clinical and systems' perspective to improve patient outcomes. The committee is chaired by the Trauma Medical Director and membership includes surgeons taking trauma call, liaisons from Emergency, Neurosurgery, and Orthopedic Surgery, as well as, representatives from OR, Anesthesia, Radiology, Quality, EMS, and Pathology, the Trauma Program Manager, and the Trauma Data Coordinator. There is an expected 50% attendance requirement. Additional attendees are invited ad hoc.

Minutes are recorded and maintained by the Trauma Program Manager and/or Data Coordinator but will not include patient specific data as that will be documented on the patient care summary sheet and transcribed in the memo section of the Trauma Registry. Meeting minutes will be disseminated to all members (including absent members) and approved in the following meeting. TPPIC provides a quarterly review to LPIC and the Medical Council.

B. Operative and Trauma Services PIOC

The Operative and Trauma Services PIOC is a multidisciplinary committee that meets monthly. The charge of the committee is to conduct peer review and evaluate quality monitoring results for all operative and invasive services, General Surgery, Anesthesia, and Pathology. The responsibility of this committee is quality monitoring and analysis using data in decision making in regard to determining peer review results and to provide action in response to identified trends. The meeting minutes and all supporting documentation will be maintained by the Performance

Medical Staff Specialist/Recorder who will work in conjunction with the Trauma Program Coordinator to ensure loop closure. This committee reports to the Leadership Performance Improvement Council, Transfusion and Medical Records Committee, Medical Council, and the Hospital Board of Methodist Hospital.

XII. PI Program Operational Staff Responsibilities

The process of performance improvement consists of ongoing evaluation of all facets of trauma care provided to the trauma patient. The Trauma Medical Director (TMD) and Trauma Program Coordinator (TPC) provide ongoing and systematic monitoring of care provided by medical, nursing, and ancillary personnel.

- A. Both the Trauma Medical Director and the Trauma Program Coordinator maintain the Trauma PI process with data support from the Trauma Data Coordinator. The Trauma Program Coordinator will report all issues and opportunities for improvement to the Trauma Medical Director to determine the need for further review via the Trauma Program Performance Improvement Committee, Operative and Trauma Services PIOC, or other appropriate committee. Representatives from other clinical and hospital departments, as well as, the hospital quality department participate when appropriate. Loop closure is the responsibility of the Trauma Medical Director and the Trauma Program Manager.
- B. The Trauma Medical Director is responsible for chairing the Trauma Program Performance Improvement Committee and for the initial review of all physician-related issues including all deaths and screened complications. The Trauma Medical Director is also responsible for coordination of all performance improvement activity relative to clinical departments/physicians, as well as, associated remedial action.
- C. The Trauma Program Coordinator is responsible for identification of issues and their initial validation, maintenance of trauma registry files, protection of patient confidentiality, facilitating data trends and analysis, and coordinating surveillance of protocols, guidelines, and clinical pathways.
- D. The Trauma Data Coordinator will assist the Trauma Program Coordinator in these activities. The Trauma Data Coordinator will interface with the TPM and TMD to assist with identification of issues using registry filters and compilation of reports to support the PI process.

XIII. Performance Improvement Plan

The Trauma Medical Director oversees corrective performance improvement planning. Members of the trauma committee may create plans in an effort to improve sub-optimal performance identified through the PI process. Our goal is to create forward momentum to effect demonstrable outcome change leading to loop closure. Potential performance improvement categories include:

- Trend
- Education
- Guideline / Protocol
- Counseling
- Peer Review
- Resource Enhancement
- TPPIC
- Privileged/Credentialing Action
- Other

XIV. Confidentiality Protection

- A. All performance improvement activities and related documents will be considered confidential and protected as defined by I.C. Section 34-30-15-1, et seq.
- B. All PI information will be clearly labeled "Confidential for Peer Review Only. This report is a review function and as such is confidential and shall be used only for the purpose provided by law and shall not be public record and shall not be available for court subpoena".
- C. Whenever feasible, generic identifiers for patients and care providers will be utilized. No PI information will be part of the patient medical record. All PI paper documents and electronic information will be kept in a secure location with limited, controlled access.

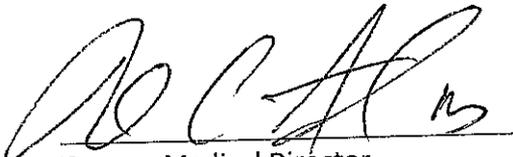
XV. Loop Closure and Re-evaluation

An essential component in Performance Improvement is demonstrating that a corrective action has the desired effect. The outcome of the corrective action plan will be monitored for the expected change and re-evaluated. A PI issue will not be considered to be closed until the re-evaluation process demonstrates a measure of performance or change at an acceptable level. "Acceptable level" may be determined by frequency tracking, benchmarking, and variance analysis as decided by the Trauma Medical Director and/or PI committee. Loop closure will be reported to TPPIC and a determination made regarding periodic or continuous monitoring.

XVI. Integration into Hospital Performance Improvement Process

The Trauma Program Performance Improvement Committee reports are prepared in summary format of problem identification and resolution. These reports are then integrated in to the Hospital Quality Department through reporting of committee meeting minutes. The Trauma Program Coordinator will also attend hospital committee meetings as requested to report data and specific quality concerns.

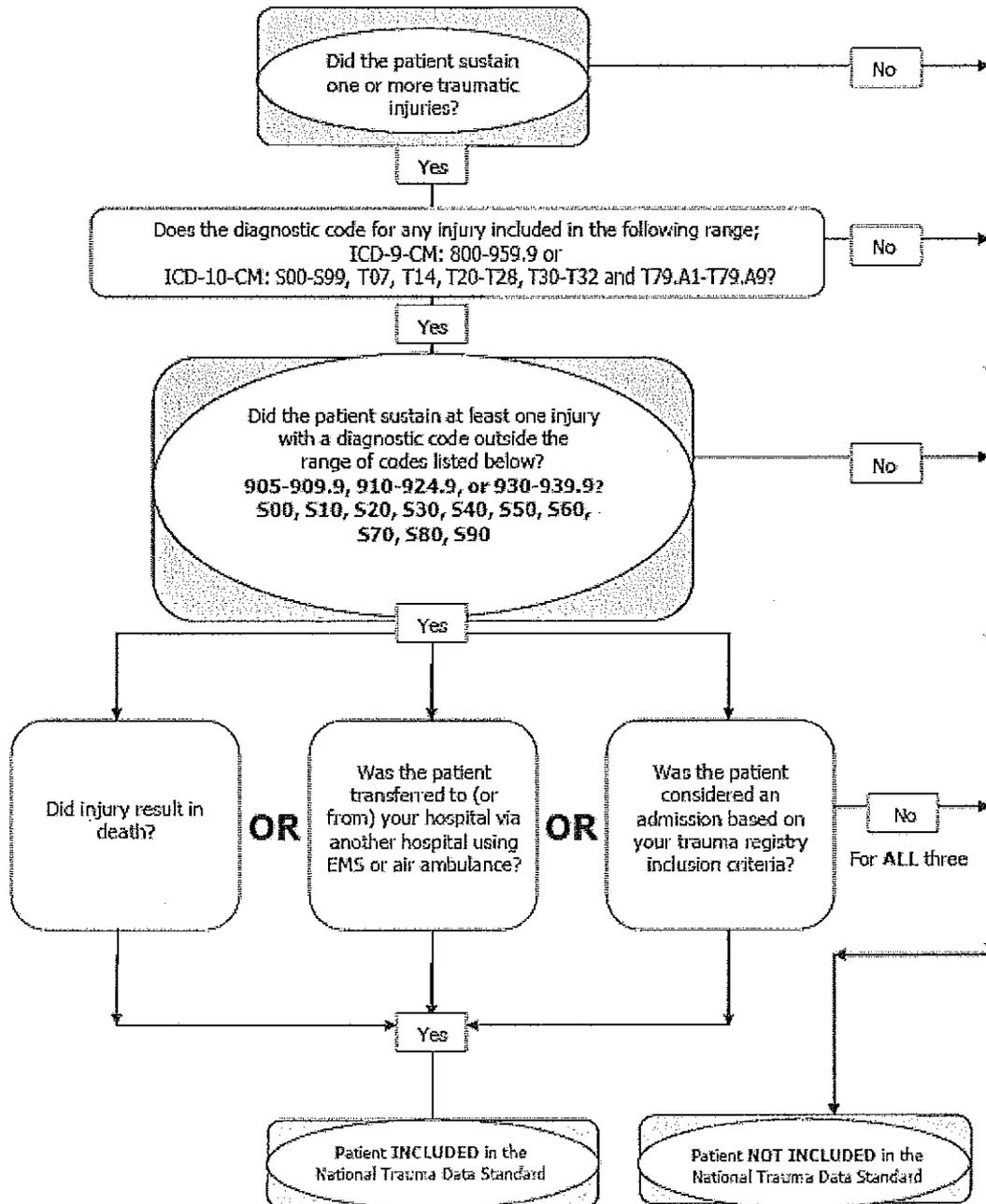
This plan has been approved by:


Trauma Medical Director


Trauma Program Coordinator

APPENDIX A

National Trauma Data Standard Inclusion Criteria

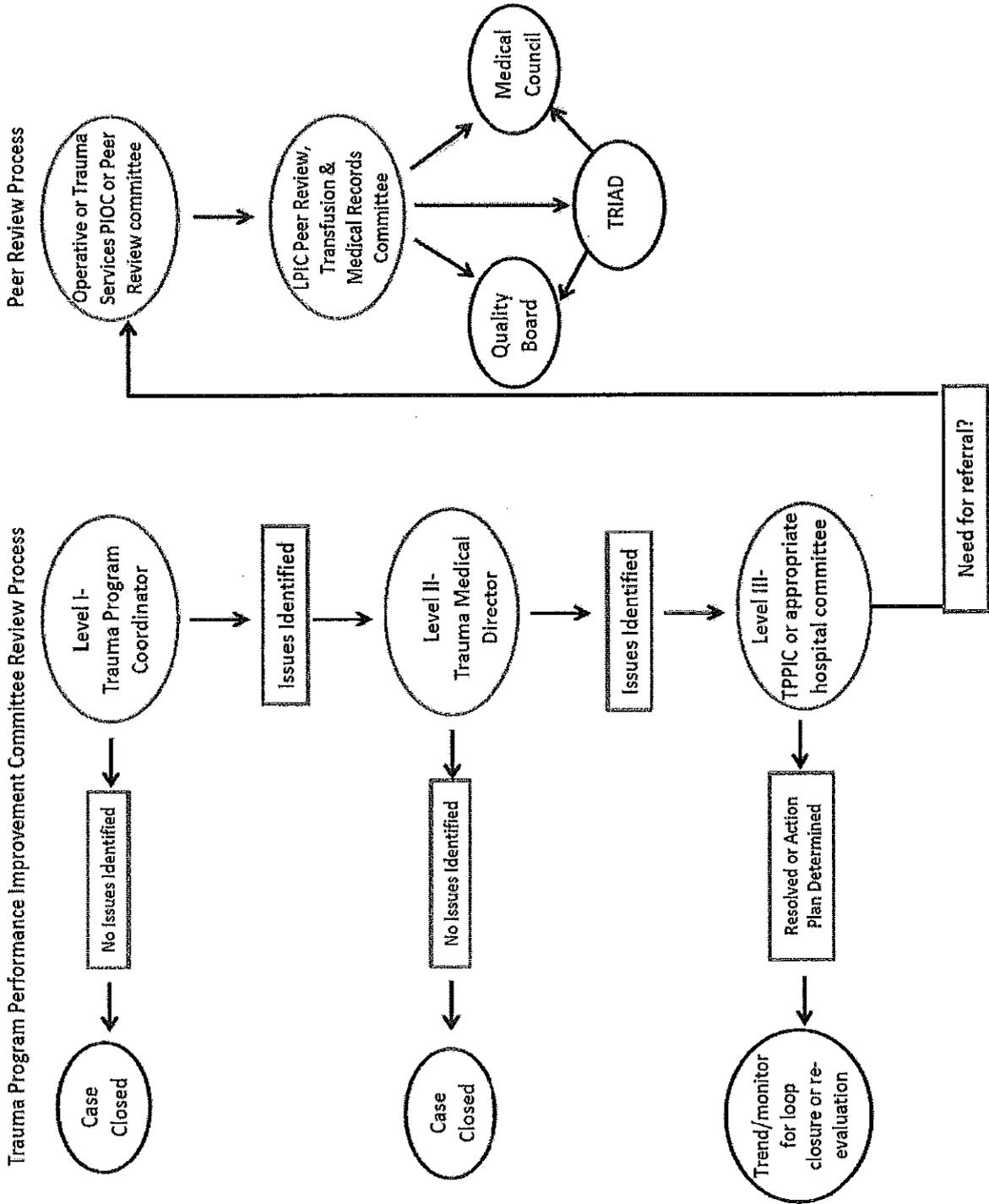


**APPENDIX B
INDICATOR**

EMS
EMS Scene Time >/=20 minutes
Missing EMS Run Sheet
EMERGENCY DEPARTMENT
Airway management - ED airway intervention w/in 10 minutes for patients with GCS <=8
Compliance with Trauma Activation criteria (Over-triage)
Compliance with Trauma Stand-by criteria (Under Triage)
Trauma Patient Admitted to non-surgical service
Trauma patients transferred to outside hospital
SURGERY
Trauma surgeon present in ED resuscitation within 30 minutes after patient arrival for patient's meeting Trauma Activation Criteria
Exploratory laparotomy > 2 hours after patient arrival
Initial abdominal or intrathoracic surgery performed >24 hours after ED arrival
NURSING
Initial patient vital signs, including GCS, documented within 30 minutes of patient arrival
COORDINATION OF CARE
OR available within 60 minutes after the decision to operate is made
Anesthesiology immediately available upon decision to operate.
Orthopedic bedside evaluation within one hour for emergent consult
Orthopedic bedside evaluation by an MD or DO within 24 hours of consult request
Neurosurgeon response within 30 minutes of being paged
Neurosurgical bedside evaluation within 8 hours of consult request.
Blood Utilization and availability of products when needed emergently
MORTALITY
DOA
Death in ED
Death in Hospital
Case Review/Audit Filters/Peer Review Triggers
Review of high volume/high acuity procedures: airway intervention, ED Thoracotomy , chest tube insertion

ED trauma transfer to OSH
EMS Scene Time ≥ 20 minutes
Unplanned readmission within 14 days of discharge
Referrals
Initial abdominal or intrathoracic surgery performed >24 hours after ED arrival
Mis-read Xrays
Missed injuries/delayed diagnoses
Unplanned return to the OR
Unplanned admission to the ICU
Unplanned reintubation
Complications
Pulmonary Embolus, Compartment Syndrome, DVT
Unplanned OR, unplanned ICU, unplanned readmission within 14 days of discharge, UTI
ARDS, pneumonia, chest tube placement/management, UTI
Sepsis, surgical site infection/wound infection, reintubation within 48 hours of extubation

APPENDIX C



APPENDIX D Trauma PI Filter Worksheet

Complete for any case involving a trauma patient, admit, transfer, or death

Patient Name:	AGE:	MR #
Arrival Date:		
Primary Review Date:		
Reviewed by: Jennifer Mullen, RN		

Indicators/Reason for Review	YES	NO	N/A
<input type="checkbox"/> EMS scene time > 20 minutes without justification			
<input type="checkbox"/> EMS run sheet not with patient chart			
<input type="checkbox"/> Trauma team criteria not followed (Over/Under Triage)			
<input type="checkbox"/> Airway Management for GCS </= 8			
<input type="checkbox"/> Admitted to a non-surgical service			
<input type="checkbox"/> Transferred to an outside hospital			
<input type="checkbox"/> Surgeon arrival > 30 minutes after pt arrival (TA Only)			
<input type="checkbox"/> Exploratory lap performed > 2 hours after patient arrival			
<input type="checkbox"/> Initial abdominal surgery performed > 24 hours			
<input type="checkbox"/> Missing vital signs, including GCS, within 30 minutes			
<input type="checkbox"/> OR not available w/in 60 min. after decision to operate			
<input type="checkbox"/> No response from NeuroSX consult w/in 30 minutes			
<input type="checkbox"/> NeuroSX bedside eval not completed within 8 hours of being requested			
<input type="checkbox"/> Ortho bedside eval not completed w/in 1 hour from consult for emergent cases			
<input type="checkbox"/> Ortho bedside eval not completed w/in 24 hrs. of consult by MD/DO for non-emergent cases			
<input type="checkbox"/> ED Thoracotomy			
<input type="checkbox"/> ED chest tube placement			
<input type="checkbox"/> Missed injury/misread xray			
<input type="checkbox"/> Unplanned return to OR			
<input type="checkbox"/> Unplanned return to ICU			
<input type="checkbox"/> Unplanned intubation			
<input type="checkbox"/> Unplanned readmission w/in 14 days of DC			
<input type="checkbox"/> Case Referral			
<input type="checkbox"/> Complication:			
<input type="checkbox"/> Administration of Blood Products			
<input type="checkbox"/> Mortality:			
<input type="checkbox"/> Other:			

Any chart generating a "YES" must be reviewed

OPEN CLOSED

Comments:

Signature: Jennifer Mullen, BSN, RN, CEN

Peer Review document pursuant to "IC 34-30-15-1, et seq."

APPENDIX E Trauma PI Tracking Worksheet

METHODIST HOSPITALS PI Tracking Sheet
Peer Review document pursuant to "IC 34-30-15-1, et seq."

DEMOGRAPHICS	SOURCE OF INFORMATION	LOCATION OF ISSUE
Patient Name: ED Physician: Surgeon: Nurse: Secondary Review Date:	<input checked="" type="checkbox"/> TPM <input type="checkbox"/> Nurse Manager <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Rounds <input type="checkbox"/> Conference <input type="checkbox"/> Registry <input type="checkbox"/> Chart Audit	<input type="checkbox"/> EMS <input type="checkbox"/> ED/Resuscitation <input type="checkbox"/> OR <input type="checkbox"/> ICU <input type="checkbox"/> Floor <input type="checkbox"/> Radiology <input type="checkbox"/> Lab <input type="checkbox"/> Blood Bank <input type="checkbox"/> Physician
PROBLEM:		
DETERMINATION:	DEATH PREVENTABILITY:	CONTRIBUTING FACTORS/JUDGEMENT:
<input type="checkbox"/> System-related <input type="checkbox"/> Disease-related <input type="checkbox"/> Provider-related <input type="checkbox"/> Cannot be determined	<input type="checkbox"/> Unanticipated with OFI <input type="checkbox"/> Anticipated with OFI <input type="checkbox"/> Mortality without OFI <input type="checkbox"/> Unable to determine	1. Delay in diagnosis 2. Error in diagnosis 3. Communication issue 4. Timeliness/Availability 5. Error in management 6. Error in technique 7. Equipment issue 8. Documentation issue 9. Other: Explain
PERFORMANCE IMPROVEMENT ACTION:	Date Completed:	Trend Evaluation:
<input type="checkbox"/> None required <input type="checkbox"/> Trend <input type="checkbox"/> Guideline/Protocol <input type="checkbox"/> Education-specify: <input type="checkbox"/> Resource enhancement-specify: <input type="checkbox"/> Counseling <input type="checkbox"/> IPPIC <input type="checkbox"/> Peer Review/PIOC <input type="checkbox"/> Privileged or Credentialing Action <input type="checkbox"/> Referral to:		<input type="checkbox"/> Re-evaluate in 3 months <input type="checkbox"/> Re-evaluate in 6 months <input type="checkbox"/> Monitor until resolved
Follow-up Notes:		
Re-evaluation Date (s):		Loop Closure Date:
SIGNATURE: _____		DATE: _____

Trauma Program Performance Improvement Committee/Operative and Trauma Services PIOC Meetings
2014

TPPIC Committee Member Name	Specialty Represented	1/9/2014 PIOC & TPPIC	2/6/2014 TPPIC	2/6/2014 PIOC	3/6/2014 TPPIC	3/6/2014 PIOC	4/3/2014 TPPIC	4/3/2014 PIOC	5/1/2014 TPPIC	5/1/2014 PIOC
Amead Atassi, MD	General Surgery	Cancelled			X	X	Cancelled			
Muhammad Atif, MD (Added 5/2014)	General Surgery	Cancelled					Cancelled		X	X
Tyler Emley, MD Co-Chair	Urology	Cancelled	X	X	X	X	Cancelled	X	X	X
Seferino Farias, MD (Added 6/2014)	General Surgery	Cancelled					Cancelled			
Emery Garwick	Regional Coordination	Cancelled			X		Cancelled			
Nicholas Johnson, MD	Emergency Medicine	Cancelled	X	X			Cancelled	X		
James Jones, MD	Otolaryngology	Cancelled	X	X	X	X	Cancelled			
Lawanda Jones	Quality Improvement	Cancelled	X	X			Cancelled			
Mark Jones, MD	Podiatry	Cancelled	X	X	X	X	Cancelled		X	X
Mary Ann Leodoro, RN	Surgery	Cancelled	X	X			Cancelled			
Michael McGee, MD	Emergency Medicine	Cancelled	X				Cancelled	X	X	
Neville Mordi, MD	Anesthesia	Cancelled			X	X	Cancelled	X		
Mark Mueller, MD	General Surgery	Cancelled	X	X			Cancelled	X		
Jennifer Mullen, RN	Trauma Services	Cancelled	X	X	X	X	Cancelled	X	X	X
Paul Nyongani, MD	General Surgery	Cancelled	X	X	X	X	Cancelled	X	X	X
Andrea Petsas, RN	Quality Improvement	Cancelled	X	X	X	X	Cancelled			
Glyn Porter, MD	Pathology	Cancelled	X	X	X	X	Cancelled			
Airron Richardson, MD	Emergency Medicine	Cancelled					Cancelled			
Reuben Rutland, MD Co-Chair	Trauma Services	Cancelled	X	X	X	X	Cancelled			
Tulsi Sawlani, MD	Radiology	Cancelled					Cancelled	X	X	X
Clinton Scott, MD	Podiatry	Cancelled					Cancelled	X	X	X
Henrique Scott, MD	General Surgery	Cancelled	X	X	X	X	Cancelled	X	X	X
Vineet Shah, DO	Orthopedic Surgery	Cancelled	X	X	X	X	Cancelled			
Tarek Shahbandar, MD	Anesthesia	Cancelled	X	X			Cancelled			
James Siatras, MD	General Surgery	Cancelled					Cancelled			
Dennis Streeter, DO	General Surgery	Cancelled					Cancelled			
Latasha Taylor	Trauma Services	Cancelled	X	X	X	X	Cancelled		X	
Kevin Waldron, MD	Neurosurgery	Cancelled	X	X			Cancelled	X		
Jessica Wilson, RN (Added 6/2014)	Nursing Development	Cancelled					Cancelled			
Judson Wood, MD	Orthopedic Surgery	Cancelled	X	X	X	X	Cancelled			
			17	14	15	13		8	10	8

* highlighted cell denotes TPPIC member/liaison
NOTE: TPPIC meets at 5PM, PIOC meets at 6 PM, the first Thursday of each month

Trauma Program Performance Improvement Comm...ee/Operative and Trauma Services PIOC Meetings
2014

12/4/2014 PIOC	Overall Attendance	Total Number of Meetings	Overall Attendance Percentage
	2		#DIV/0!
	2		
	9		#DIV/0!
	0		
	3		#DIV/0!
	0		#DIV/0!
	6		#DIV/0!
	2		#DIV/0!
	6		#DIV/0!
	1		#DIV/0!
	5		#DIV/0!
	4		#DIV/0!
	8		#DIV/0!
	6		#DIV/0!
	8		#DIV/0!
	6		#DIV/0!
	0		#DIV/0!
	6		#DIV/0!
	0		#DIV/0!
	4		#DIV/0!
	8		#DIV/0!
	5		#DIV/0!
	3		#DIV/0!
	0		#DIV/0!
	0		#DIV/0!
	4		#DIV/0!
	5		#DIV/0!
	0		#DIV/0!
	3		#DIV/0!

0

* highlighted cell denotes TPPIC member/liaison
NOTE: TPPIC meets at 5PM, PIOC meets at 6 PM, the first Thursday of each month

NLC
SLC

Emergency Department 2013

Scope of Patient Needs: The Emergency Department provides acute care for all illnesses and complaints without exclusion to age, race, gender, religion, disability, or the ability to pay. The Emergency Departments incorporate a multidisciplinary approach to care. The team includes the physician, nursing staff, emergency department technicians, health unit partners, nurse practitioners, physician assistant and case management.

Structural Description: Emergency Department is located on the first floor providing access for the ambulatory patient as well as the physically challenged patient and a dedicated entrance for those patients arriving by ambulance. There are 21 beds; 17 monitored treatment beds, 4 trauma beds and 4 Fast Track rooms, 2 isolation/seclusion rooms.

Services Provided: The emergency department is open 365 days a year, 24 hours/day. The Methodist Hospitals Emergency Department provides emergent and non-emergent care for a diverse population of patients. All emergency department patients are assessed and triage by a registered nurse on a 24 hour basis.

Staffing: Staff is scheduled appropriate to peak needs based on normal operational days. Staffing is determined by patient census, acuity and number of admissions. The Emergency Department Unit staffing model serves as a guideline for staffing the unit, also accounting for patient acuity and availability of staff when making assignments. Staffing is revised as needed.

Qualifications of Staff: All ED RN's will have current BLS and ACLS certifications. PALS and TNCC are required within two years of hire. All emergency department technicians will have a current BLS certification

Required Competencies: Annual competencies include: hospital wide, emergency department unit based and point of care testing.

Goals: Emergency Department adheres to the mission, vision, and philosophy of The Methodist Hospitals to provide holistic care to our patients. The Emergency Department adheres to Emergency Nursing Association (ENA) standards of practice and safe care, as dictated by the individualized care needs of the patient population and to the policies and procedures of The Methodist Hospitals.

NLC ED NURSING CERTIFICATIONS

Name	Date of Hire	BLS	ACLS	PALS	TNCC	ENPC	CEN	Other
...ndriessen, Noell	12/16/2013	14-Jun						
Bass, Kisha	4/24/2006	15-Oct		May-16	Aug-16			
Bennett, Brittney	3/12/2012	15-Oct						
Blecic, Goyko	7/13/2009	16-Mar						
Bricher, Melinda	5/8/2006	15-Jan	14-Dec	15-Sep	17-Oct	17-Feb		
Cook, Ivan	11/18/2001	15-Oct	15-Aug	15-Mar				
Czekala, Casey	12/16/2013							
Dech, Amanda	12/12/2005	15-Oct			17-Jul			
Driane, Paris	10/8/2012	15-Sep	15-Dec	15-Apr	Oct-17			
Dufresne, Cathy	10/10/2005	15-Oct	15-May	15-Aug	14-Apr			
Ebert, Lucy	10/26/2009	15-Feb	Apr-12	Feb-13				
Flowers, Annessa	2/13/2012	15-Jun	15-May	14-Sep	14-Jun			
Grantsaris, Alex	9/12/2011	13-Sep	15-Jul	15-Apr	17-Jul			
Green, Jennifer	12/2/2013	15-Jan	15-Jul	14-Feb				
Harper, Dawn	11/28/2011	15-Oct	15-Jan		17-Dec			
Hernandez, Detra	6/2/2003	15-Jan	13-Sep	14-Jul	17-Mar			
Jurgensen, Louise	5/19/2014	14-May	16-Feb	16-Apr				
Kryston, Kristine	9/12/2011	15-Jul	15-Dec	15-Sep	Jun-17			
...iatkowski, Shelly	7/9/2008	14-Feb	14-Apr	14-Feb	Apr-17			
Livingston, Katherine	12/2/2013	15-Oct						
Long, Charmaine	6/21/2010	15-Nov			17-Sep			
Losinski, Haley	6/18/2012	14-Apr	15-Mar	14-Jan	17-Mar			
Martin, April	3/24/2014							
Mathews, Lerian	2/11/2013	14-Jan	15-Oct	15-Nov	17-Aug			
Mitchell, Colleen	1/13/2014	14-Aug						
Morales, Maryann	11/6/2006	15-Oct	15-Dec					
Mullen, Jennifer	4/1/2013	15-Jan	15-Dec	15-May	17-Jul		15-Feb	
Norwood, Alechia	7/24/2006	14-Mar	15-Sep	16-May	17-Jun			
Nudi, Tiffany	7/9/2012	14-Jul		15-Sep				
Ochoa, Christina	11/7/2011	15-Sep	15-Apr	15-Sep	16-Jul	16-Aug		
Parker, Laurie	5/20/2002	15-Mar	13-Dec	15-Mar	17-Jun			
Sain, John	10/29/2012	15-Dec	16-May	15-Nov	17-Aug			
Salazar, Carolina	12/10/2012	14-Jul	15-Oct	15-Nov				
Scott, Ashely	12/13/2010	15-Oct	14-Oct		17-Jul			
Smith, Linda (NRP)	12/2/2013	15-May		15-May				15-Jun
Tate, Rhonda	3/24/2014	15-Sep						
Wedel, Angela	9/17/2012	13-Sep	15-Apr	15-Aug	17-Aug			
...hite, Gina	1/25/2010	15-Oct	14-Dec	15-Mar	16-Mar			

2014 NLC ED RN Trauma Education Plan

Month	Topic	Module	A&P Review	Equipment Review	Policy and Procedure Review	Notes
January	Shock	Shock		Rapid Infuser Chest Tube Insertion Auto Transfusion	PPE use Roles and Responsibilities	*Self Study Module posted 1/6/2014 *Healthstream Quiz *Hands-on Mock Shock Drills 1/29, 1/31, 2/3
February	Penetrating Trauma	Thoracic Trauma	Thoracic Cavity			*Self Study Module posted 2/17/2014
March	Penetrating Trauma	Abdominal Trauma	Abdomen Pelvis			*Self study Module posted 3/17/2014
April	Mock Trauma Drills		Thoracic/Abd/Pelvis Injuries r/t penetrating trauma	Quick Clot/Tourniquet Central Lines		*Hands-on Mock Drills 4/7, 4/9/, 4/11
May	Neurotrauma	TBI			Transfer Guidelines	* Lectures completed on 5/8, 5/21, 5/29
June	Mock Trauma Drills		Neurotrauma	Capnography C-Spine Immobilization		*Hands on Mock Drills 6/6, 6/16, 6/20
July	Burns/Blast		Burn care/resuscitation	Fluid Resuscitation	TBD	
August						
September		Ortho				
October	Musculoskeletal		Spinal Column	splinting, immobilization, hare traction	TBD	
November						
December		SCI				

Q MONTH NEW HIRE ORIENTATION LECTURE- Topics include: Trauma system development, Trauma Criteria, Roles & Responsibilities, Mechanism of Injury, and Triage

NURSING

Name	Title	Mechanism of Injury Lecture (ongoing/ orientation)	Mock Shock Drill 1/29, 2/3	Mock Thoracic/ Abdominal Trauma Drill 4/7, 4/9, 4/11	Neuro Trauma Lecture 5/5, 5/21, 5/29	Mock NeuroTrauma Drill 6/6 (in progress through month of June)	Overall Attendance	Total Number of Classes	Overall Attendance Percentage
ANDRIESEN, NOELL	RN	X		X	X	X	4	5	80%
BASS, KISHA	Unit MGR/RN	X			X		2	5	40%
BENNETT, BRITTANY	RN		X		X		2	5	40%
BLECIC, GOYKO	RN				X		1	5	20%
BRICHER, MELINDA	RN	X	X	X	X	X	5	5	100%
COOK, IVAN	RN	X	X	X	X		4	5	80%
COOK, NARKEATAR	RN	X	X	X		X	3	5	60%
CZEKALA, CASEY	RN	X	X	X	X		2	5	40%
DECH, AMANDA	RN	X	X	X	X		3	5	60%
DRAINE, PARIS	RN	X	X	X	X		4	5	80%
DUFRESNE, CATHY	RN	X	X	X	X		4	5	80%
EBERT, LUCILLE	RN	X	X	X			2	5	40%
FLOWERS, ANNESSA	RN	X	X	X			1	5	20%
GRANTSARIS, ALEX	RN	X	X	X	X		4	5	80%
GREEN, JENNIFER	RN	X	X	X	X		2	5	40%
HARPER, DAWN	RN	X	X	X	X		5	5	100%
HERNANDEZ, DETRA	RN	X	X	X		X	1	5	20%
KRZYSTON, KRISTINE	RN	X	X	X	X		4	5	80%
KWIATKOWSKI, SHELLEY	RN	X	X	X			2	5	40%
LIVINGSTON, KATHERINE	RN	X	X	X	X	X	2	5	40%
LONG, CHARMAINE	RN	X	X	X	X		5	5	100%
LOSINSKI, HALEY	RN	X	X	X	X		3	5	60%
MARTIN, APRIL	RN		X	X	X		1	5	20%
MATTHEWS, LERIAN	RN						0	5	0%
MITCHELL, COLLEEN	RN	X	X	X	X		4	5	80%
MORALES, MARYANN	RN	X	X	X			3	5	60%
MUHAMMED, MELISSA	RN	X	X	X			2	5	40%
NORWOOD, ALECHIA	RN	X	X	X	X		3	5	60%
NUDI, TIFFANY	RN		X	X	X		2	5	40%
OCHOA, CHRISTINA	RN	X	X	P	X		2	5	40%
PARKER, LAURIE	RN	X	X		X		1	5	20%
SAIN, JOHN	RN	X	X		X		3	5	60%
SALAZAR, CAROLINA	RN	X	X		X		3	5	60%
SCOTT, ASHLEY	RN	X	X	X	X		4	5	80%
SMITH, LINDA	RN	X	X		X		2	5	40%
TATE, RHONDA	RN				X			5	
WEDEL, ANGELA	RN	X	X		X		3	5	60%
WHITE, GINA	RN	X	X		X		2	5	40%
Class Completion Rate		26	24	19	28				
		68%	63%	53%	72%				

TECHS

Name	Title	Mechanism of Injury	Mock Shock Drill	Mock Thoracic/Abdominal Trauma Drill	Mock NeuroTrauma Drill 6/6			Overall Attendance	Total Number of Classes	Overall Attendance Percentage
MCCOY, ALAN	TECH		X		X			2	4	50%
MOHAMMED, SAMERA	TECH	X	X	X				3	4	75%
REGALADO, RICK	EMT/P	X						1	4	25%
RICHARDSON, WALTER	TECH		X	X				2	4	50%
SANTANA, PATRICIA	TECH		X					1	4	25%
WILLIAMS, MICHAEL	TECH		X					1	4	25%
		2	5	2						

Scope of Service

NLC – Intensive Care Unit– 2014

Scope of Patient Needs: The ICU unit provides the full spectrum of Critical Care nursing for patients with cardiac, surgical, endocrine, pulmonary, renal, trauma, neurological and complex medical/surgical diagnoses. We accept patients of all age ranges, except neonatal and pediatric patients under the age of 15 years, predominately from the urban area of Northwestern Indiana. Unit functions include: 24-hour (invasive and noninvasive) monitoring; frequent patient assessment according to acuity levels; respiratory assessment and treatment to include ventilator support; and titration of critical medications pursuant to hospital standards and in collaboration with treating physicians. The Unit provides holistic care and education to patients and their families.

Structural Description: The Intensive Care unit is located on the first floor and has 12 private, independently monitored Critical Care beds located on the first floor at the West end of the building. The Unique “U” shape unit has a central nursing station, which allows our patients to be closely observed and monitored. The Service Unit Manager’s office, employee lunch room, respiratory therapy room, clean utility and dirty utility rooms are located in the unit as well. There is a large storage area directly to the rear of the unit where supplies are stocked.

Services Provided: Service is provided 24 hours per day, seven days a week. There is support and interdisciplinary inpatient care for the adult and pediatric patients with a critical care diagnosis. Services provided include: respiratory, cardiovascular, neurological, renal and general surgical support for all patients requiring a critical level of nursing care. Pediatric Care is limited to the beginning ages of 15 years and weight requirement of 100 lbs or greater for general admissions. Age requirement for trauma admissions is limited to the beginning ages of 15 years old with weight of 100 lbs or greater.

The Unit provides cardiopulmonary resuscitative services (Code Blue Services) to designated areas of the hospital. The ICU also provides nursing consultative services to all in-patient units as a member of the Rapid Response Team. The ICU is governed by and follows policies and procedures established by the Joint Critical Care Committee. The Intensive Care Unit emphasis is on observation of the total patient, expert assessment of the clinical status, detection of the earliest signs of complications and initiation of a program of treatment. The environment includes instrumentation and equipment which is immediately available for detection of changes in patient condition.

Staffing: The staffing plan includes the following

- Consideration of patient census/acuity
- Operating budget
- Staff competencies
- Staff mix
- Scheduling to meet core requirements and non-productive replacement utilizing internal and external staffing resources

Staff is scheduled appropriate to peak needs based on normal operational days. Staffing is determined based on census and acuity. The average nurse to patient ratio is two patients per nurse (2:1). With high acuity patients there may be a one patient assignment (1:1). Patients who are ready for transfer to a lower acuity level of care or ready for discharge may be part of a three patient assignment (3:1). The staffing plan is based on primarily two patient assignments. Staffing needs in the ICU are variable due to the fluctuations in census and acuity. The Charge Nurse assesses and re-evaluates current staffing needs every four hours based on patient acuity and staffing matrix and flexes staff accordingly. The ICU staffing model serves as a guideline for staffing the unit with the Charge Nurses who continuously monitor patient acuity and availability of staff when making assignments. Staffing is based on 12 hour shifts and revised as needed. When there is a need for additional staff the hospital's Resource Float Pool are available to supplement unit staffing needs. Assignment of Patient Care is to a registered nurse. Health Unit Partners (unit secretary) are supportive in the care of patients according to their scope of practice and job descriptions.

Qualifications of Staff: Nursing staff qualifications include competency in: invasive and non-invasive hemodynamic monitoring, basic arrhythmia recognition and interpretation, basic cardiopulmonary life support ("BCLS"), adult cardiopulmonary life support ("ACLS"), pediatric advanced life support ("PALS"), Code Blue Captain, PRISMA dialysis, Hypothermia Therapy services and critical medication administration and or titration. All professional staff are required to annually verify basic nursing competencies in addition to ICU specific competencies.

Required Competencies: Each nurse is annually evaluated for direct patient care and assessment competency. These evaluations are conducted through the educational department on an annual competency "check-off" of those skills necessary to provide those services listed above. In addition to direct patient care competencies, the ICU nurses participate in and maintain continuing education following an evidenced based model.

Goals: The ultimate goal of the unit is to provide quality nursing care to patients requiring an increased level of care. This goal is achieved through the collaborative direction provided by admitting and consulting physicians. The unit's focus of care is holistic, treating both the patient and their family (or significant others). The unit endeavors to maintain clinical competency through continuing education via evidence based medical model. The unit strives to maintain competent, adequate staffing through an ongoing educational program and through recruitment services as needed.

Methodist Northlake Campus ICU RN Credentials

STAFF	2014-ACLS	2014-PALS	2014-CPR	2015-ACLS	2015-PALS	2015-CPR
(1) BOKHARI, ERLINDA	JULY	SEPTEMBER	JUNE	OCTOBER		
(2) DAHL, RITA		SEPTEMBER	AUGUST			FEBRUARY
(3) ELMAN, JACOB						JUNE
(4) HOLLAND, FLOYD	AUGUST	AUGUST	JULY			
(5) HUNT, SOPHIA	JULY	SEPTEMBER	MAY			
(6) JOINER, DARLENE			JANUARY			
(7) JONES, MELINDA				JUNE		APRIL
(8) JORDAN, WANDA	AUGUST	JUNE	MARCH		MAY	
(9) MACLIN, GLORIA	MAY	NOVEMBER	MARCH			
(10) MAGANA, BEATRIS	MARCH	MARCH	AUGUST			
(11) MARTIN, MONA						JUNE
(12) MARTIN, NAOMI						
(13) McINTYRE, LINDSEY			MARCH	SEPTEMBER	FEBRUARY	
(14) MILLER, MARION			MARCH			
(15) MOFFETT, MARTHA	APRIL	MAY	JULY			
(16) OMORUYI, EBENOVBE				JANUARY		JANUARY
(17) PARKS, MARIA			JUNE	JUNE		JUNE
(18) PARRISH, LINDA		JANUARY				
(19) POPA, JOSEPH					NOVEMBER	
(20) RICHARDSON, MERLENE	OCTOBER		MARCH			
(21) STEELE, MONA				SEPTEMBER	MAY	JULY
(22) STEPHENS, JUDY	APRIL	MARCH	MARCH			
(23) THOMAS, ASHLEY						JUNE
(24) THOMAS, VEETTA	JULY	JULY				JULY
(25) TIEMENS, GREGORY						SEPTEMBER
(26) VAN DER LINDEN, ALISHA	DECEMBER	MARCH				JULY
(27) WHITE, CHERYL			MARCH	MAY	MAY	

Methodist Hospital ICU RN Orientation Plan

A. UNIT PRECEPTOR TEAM

- a. Several experienced preceptors from all 3 shifts
- b. Work full time
- c. Consistently cosigned to train nurses to train nurses who are new to our unit
- d. Familiar with orientation process and competent to evaluate and document progress of new nurses

B. PERIOD OF ORIENTATION

PERIOD OF ORIENTATION	SETUP	DESCRIPTION
First day in Intensive Care Unit	Assigned preceptor goes over 1. Intensive Care Unit Orientation Packet 2. Orientation to physical unit 3. Introduce graduate nurse to staff members 4. 5. Introduce pertinent policy and procedures	Graduate nurses participate in hands-off in-service Shadow preceptor
PHASE 1 First and second week on unit Goal: Standardized information given: outline a structured approach to patient care	Preceptor ↓ Patient 1 ↓ Graduate Nurse	Become familiar with ICU procedures, equipment and expected nursing skill while observing preceptor's routine
PHASE 2 Third, Fourth, fifth and sixth week on unit Goal: Care for 1 patient independently under supervision	Preceptor ↓ Patient 1 ↓ Graduate Nurse	Mid-summation meeting at week 6 is held with nurse manager, preceptor, and graduate nurse to share experiences and feedback to date
PHASE 3 Seventh, eighth and ninth week on unit Goal: Care for 2 patients independently under supervision	Preceptor ↓ Patient 1,2 ↓ Graduate Nurse	After completion of basic dysrhythmia class, each graduate nurse spends time with preceptor reviewing rhythm strips and associated therapeutic interactions
PHASE 3(off shift) Tenth, eleventh and twelfth week on the unit Goal: Care for 2 patients independently under supervision	Preceptor ↓ Patient 1,2 ↓ Graduate Nurse	Collaborate with preceptors, peers and independently continue the education process
PHASE 4 Thirteenth week on unit Goal: Begin working the shift which the new nurse was hired	Graduate Nurse ↓ Patient 1,2 ↓	Graduates begin working the shifts for which they were hired (with a preceptor). Successful completion of basic dysrhythmias examination is required to complete orientation. Final summation takes place with nursing manager, preceptor, and graduate nurse



All class are listed on the Nursing Activities Calendar for registration

Updated: 2/24/14

Department of Critical Care Education Schedule 2014

Class	Date	Time	Place	Recommended Department
12 Lead EKG	1/23/14	8a-4:30p	SLC Classroom #4	ICU, NICU, ED, Cath Lab
Preceptor Workshop	1/24/14	8a-4:30p	SLC Classroom #1	ICU, NICU, ED, Cath Lab
Mock Shock Drill	1/29/14	7a & 9a	NLC Trauma Bay	ED
Mock Shock Drill	1/31/14	7a & 9a	NLC Trauma Bay	ED
Mock Shock Drill	2/3/14	7a & 9a	NLC Trauma Bay	ED
Therapeutic Hypothermia	2/10/14	8a-12p	NLC SPA	ICU, NICU, ED, Cath Lab
New ED/ICU RN Class #1	2/13/14	8a-4:30p	NLC SLICK	ED, ICU
Hemodynamics	2/19/14	8a-4:30p	SLC Classroom #4	ICU, NICU, ED, Cath Lab
Preceptor Workshop	2/21/14	8a-4:30p	SLC Classroom #1	ICU, NICU, ED, Cath Lab
New ED/ICU RN Class #2	2/27/14	8a-4:30p	NLC SPA	ED, ICU
Open Heart Class	3/5/14	8a-12p	SLC Classroom #4	ICU
PRISMA Class	3/6/14	8a-4:30p	NLC SLICK	ICU, NICU
PRISMA Class	3/7/14	8a-4:30p	NLC SPA	ICU, NICU
Therapeutic Hypothermia	3/12/14	8a-12p	NLC SPA	ICU, NICU, ED, Cath Lab
Therapeutic Hypothermia	4/4/14	8a-12p	SLC Classroom #4	ICU, NICU, ED, Cath Lab
Thoracic Injury Drill	4/7/14	7a & 9a	NLC Trauma Bay	ED
Thoracic Injury Drill	4/9/14	7a & 9a	NLC Trauma Bay	ED
Thoracic Injury Drill	4/10/14	7a & 9a	NLC Trauma Bay	ED
New ED/ICU RN Class #1	4/10/14	8a-4:30p	NLC SPA	ED, ICU
IAPB Class	4/14/14	8a-4:30p	NLC SPA	ICU, Cath Lab
New ED/ICU RN Class #2	4/24/14	8a-4:30p	NLC SPA	ED, ICU
IAPB Class	4/15/14	8a-4:30p	SLC ICU Conference Room	ICU, Cath Lab
Hemodynamics	5/15/14	8a-4:30p	NLC SAP	ICU, NICU, ED, Cath Lab
Preceptor Workshop	5/23/14	8a-4:30p	NLC SPA	ICU, NICU, ED, Cath Lab
New ED/ICU RN Class #1	6/12/14	8a-4:30p	SLC Classroom #4	ED, ICU
New ED/ICU RN Class #2	6/26/14	8a-4:30p	SLC Classroom #4	ED, ICU

Therapeutic Hypothermia	7/11/14	8a-12p	NLC SPA	ICU, NICU, ED, Cath Lab
New ED/ICU RN Class #1	8/14/14	8a-4:30p	NLC SPA	ED, ICU
Hemodynamics	8/21/14	8a-4:30p	SLC Classroom #4	ICU, NICU, ED, Cath Lab
Preceptor Workshop	8/22/14	8a-4:30p	SLC Classroom #1	ICU, NICU, ED, Cath Lab
New ED/ICU RN Class #2	8/28/24	8a-4:30p	NLC SLICK	ED, ICU
Open Heart Class	9/23/14	8a-12p	SLC Classroom #4	ICU
New ED/ICU RN Class #1	10/9/14	8a-4:30p	SLC Classroom #4	ED, ICU
Therapeutic Hypothermia	10/17/14	8a-12p	SLC Classroom #4	ICU, NICU, ED, Cath Lab
New ED/ICU RN Class #2	10/31/14	8a-4:30p	SLC Classroom #4	ED, ICU
Preceptor Workshop	11/21/14	8a-4:30p	NLC SPA	ICU, NICU, ED, Cath Lab
New ED/ICU RN Class #1	12/11/14	8a-4:30p	NLC SLICK	ED, ICU
New ED/ICU RN Class #2	12/19/14	8a-4:30p	NLC SPA	ED, ICU

**Acute Care Education Plan Initial Meeting
January 31, 2014**

- Ortho Will continue to be on-going throughout the year (coordinated through Laureena and Lativa)
- Trauma Training will be ongoing through the year (coordinated through Jessica and Kiana)
- NIHSS Stroke Certification (each unit manager to coordinate with Sherry Moiser)
- Behavioral Health Education to be discusses next week in meeting with Jessica and Hope

1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter		
Jan		April		July		October		
February	<ul style="list-style-type: none"> • Documentation (Laureena) • CHF Core Measures (Laureena) • Nebulizer (Kiana) • Gero-Psych treatment modalities (Jessica) <ul style="list-style-type: none"> ○ meet with Hope Feb 19th • Psychopharmacology (Jessica) <ul style="list-style-type: none"> ○ meet with Hope Feb 19th • Nexiva catheter in-services (Nexiva reps/Laureena/Jessica) • Neuro RN Certification Classes (Sherry Moiser RN) 	<ul style="list-style-type: none"> • PCI Training/CHF Care (Jessica) <ul style="list-style-type: none"> ○ April 16th & 21st at 7:30a, 9:00a, 1:00p and 2:00p • CAPD (Laureena) 	<ul style="list-style-type: none"> • Annual Comps 	<ul style="list-style-type: none"> • Annual Comps 	<ul style="list-style-type: none"> • Make-up comp dates 	November		
March	<ul style="list-style-type: none"> • Mock Codes/RRT (Jessica) <ul style="list-style-type: none"> ○ March 5th, 10th, 13, 19th at 7:30a & 2:30p • Gero-Psych treatment modalities (Jessica) <ul style="list-style-type: none"> ○ Dates TBA after meeting with Hope • Psychopharmacology (Jessica) <ul style="list-style-type: none"> ○ Dates TBA after meeting with Hope • Nexiva catheter in-services (Nexiva reps/Laureena/Jessica) 	<ul style="list-style-type: none"> • Chest Tubes (Jessica) <ul style="list-style-type: none"> ○ May 13th & 22nd at 7:30a, 9:00a, 1:00p and 2:00p 					December	
		May		August		September		
		June						

Critical Care Department 2013 Annual Comp Plan

Unit	Standard	Skill Demonstration	Health Stream
ED (NLC/SLC)	HFAP Chapter 20 & 16	<ol style="list-style-type: none"> 1. Restraints 2. Zoll Monitor 3. Arterial Lines 4. EMTALA 5. Chest Tubes/Auto Transfusion 6. Rapid Infuser 7. Infant Warmer 8. Bair Hugger Warmer 9. 12 Lead EKG Application 	<ol style="list-style-type: none"> 1. Blood Administration 2. Medication Administration 3. IV therapy 4. Moderate Sedation 5. Therapeutic Hypothermia 6. Triage 7. OB/GYN emergency 8. Peds (Childhood disease) 9. Trauma 10. Cardiac Crisis (EKG) 11. Ortho/Neuro Crisis 12. Endocrine 13. Psych/Substance Abuse 14. UCC 15. One Touch
ICU (NLC/SLC)	HFAP Chapter 29 & 16	<ol style="list-style-type: none"> 1. Restraints 2. Zoll Monitor 3. Swans 4. IABP 5. CRRT 6. Temp Pacer (pulse generator) 7. Impella 	<ol style="list-style-type: none"> 1. Blood Administration 2. Medication Administration 3. IV Therapy 4. Moderate Sedation 5. Therapeutic Hypothermia 6. Cardiac (EKG) 7. VTE 8. Post Anesth. Care 9. Emotional Support of pt/family 10. One Touch

Unit	Standard	Skill Demonstration	Health Stream
Neuro ICU/IMCU (5W2)	HFAP Chapter 29 & 16	<ol style="list-style-type: none"> 1. Restraints 2. Zoll Monitor 3. Lumbar Drains 4. Cervical Traction 5. Arterial Lines 6. Equipment Safety 	<ol style="list-style-type: none"> 1. Blood Administration 2. Medication Administration 3. IV Therapy 4. Moderate Sedation 5. Therapeutic Hypothermia 6. Cardiac (EKG) 7. VTE 8. Post Anesth. Care 9. Emotional Support of pt/family 10. Prisma 11. One Touch

The Methodist Hospitals, Inc.

Board Resolution

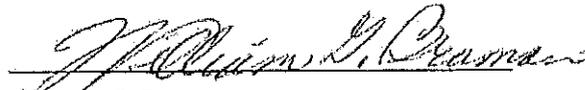
Whereas, The Methodist Hospitals, Inc. has a commitment to serve our community by leading the way to better health for Northwest Indiana.

Whereas, trauma care is a growing demand in Northwest Indiana and the development of a statewide trauma system has provided Methodist Hospital's Northlake Campus an opportunity to develop a provider relationship with our community.

Whereas, the Methodist Hospitals, Inc. is committed to providing the best patient experience and will provide Level III Trauma Care to promote the health and wellness of the people of Northwest Indiana through quality patient care, education, and networking of services to provide preeminent trauma care.

Now therefore, be it resolved, that the Board of Directors of Methodist Hospitals, Inc. recognizes both the community's need of trauma care and the invaluable contribution that Level III trauma care will afford, and confirms its commitment to Level III trauma care by pledging to invest the necessary educational, financial, and human resources in support of the highest quality trauma service in our region.

Furthermore, the Board of Directors understands that if the hospital does not pursue American College of Surgeons (ACS) verification for the Northlake Campus within one (1) year of the Indiana "In the ACS verification process" application and/or does not achieve verification within two (2) years of being acknowledged as "In the ACS Verification Process" status will immediately be revoked, become null and void, and have no effect whatsoever.



William G. Braman
Chairman, Board of Directors
Methodist Hospitals



Northlake Campus
600 Grant Street
Gary, Indiana 46402

Northlake Campus
669 West 25th Avenue
Gary, Indiana 46404

Southlake Campus
8701 Broadway
Merrillville, Indiana 46410

The Methodist Hospitals, Inc.

Medical Staff Resolution

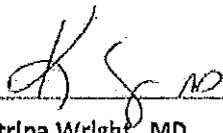
Whereas, The Methodist Hospitals, Inc. has a commitment to serve our community by leading the way to better health for Northwest Indiana.

Whereas, trauma care is a growing demand in Northwest Indiana and the development of a statewide trauma system has provided Methodist Hospital's Northlake Campus an opportunity to develop a provider relationship with our community.

Whereas, the Methodist Hospitals, Inc. is committed to providing the best patient experience and will provide Level III Trauma Care to promote the health and wellness of the people of Northwest Indiana through quality patient care, education, and networking of services to provide preeminent trauma care.

Now therefore, be it resolved, that the Medical Staff of Methodist Hospitals, Inc. recognizes both the community's need of trauma care and the invaluable contribution that Level III trauma care will afford, and confirms its commitment to Level III trauma care by pledging to support the highest quality of trauma service in our region.

Furthermore, the Medical Staff understands that if the hospital does not pursue American College of Surgeons (ACS) verification for the Northlake Campus within one (1) year of the Indiana "In the ACS verification process" application and/or does not achieve verification within two (2) years of being acknowledged as "In the ACS Verification Process" status will immediately be revoked, become null and void, and have no effect whatsoever.



Katrina Wright, MD
Medical Staff President
Methodist Hospitals, Inc.



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