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8/21/2013
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APPLICATION FOR "IN THE ACS
VERIFICATION PROCESS" LEVEL III
TRAUMA CENTER STATUS



Lafayette, Indiana

August 20, 2013

CRAWFORDSVILLE
1710 Lafayette Road
Crawfordsville, IN 47933
PH: 765 362 2800

ATTN: Mara Snyder
Legal & Code Services
Indiana Department of Homeland Security
302 West Washington Street, Room W246
Indianapolis, IN 46204

LAFAYETTE CENTRAL
1501 Hartford Street
Lafayette, IN 47904
PH: 765 423 6011
TF: 800 371 6011

Indiana State Trauma Care Committee:

Subject: Application for hospital to be designated
"In the ACS Verification Process"

LAFAYETTE EAST
1701 South Creasy Lane
Lafayette, IN 47905
PH: 765 502 4000
TF: 800 654 9410

Enclosed please find Franciscan St. Elizabeth's application for "In the ACS Verification Process" Level III Trauma Center Status. Each packet's cover page includes a brief narrative for the information within.

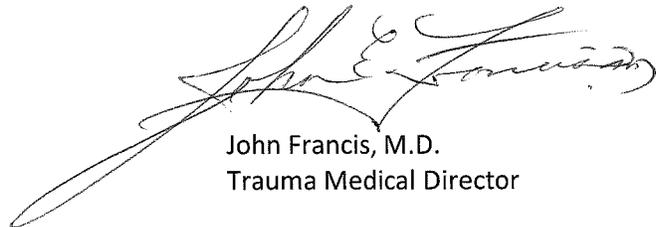
It is the desire of Franciscan St. Elizabeth Health Lafayette East to become part of Indiana's trauma system by becoming designated as a Trauma III hospital, thus providing the necessary resources for resuscitation, surgery and intensive care for most trauma victims.

Please review our application. If you have questions, or we need to provide any additional information to facilitate your consideration of our application status, please contact Ms. Sherry Ransom, Vice President and CNO at (765) 502-4495.

Sincerely,



Terrance E. Wilson
President and CEO



John Francis, M.D.
Trauma Medical Director

TEW/nk

Enclosures



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



Date submitted (month, day, year)
August 20, 2013

APPLICANT INFORMATION		
Legal name Franciscan St. Elizabeth Health - Lafayette East		
Mailing address (number and street, city, state, and ZIP code) 1701 S. Creasy Lane, Lafayette, IN 47905		
Business telephone number (765) 502-4000	24-hour contact telephone number (765) 502-4000	Business fax number (765) 502-4455

CHIEF EXECUTIVE OFFICER INFORMATION	
Name Terrance E. Wilson	Title President and CEO
Telephone number (765) 502-4440	E-mail address terry.wilson@franciscanalliance.org

TRAUMA PROGRAM MEDICAL DIRECTOR INFORMATION	
Name John E. Francis, M.D.	Title Trauma Medical Director
Telephone number (765) 446.5065	E-mail address jfrancismd@mac.com

TRAUMA PROGRAM MANAGER INFORMATION	
Name Regina Nuseibeh	Title Trauma Program Manager
Telephone number (765) 502.4412	E-mail address regina.nuseibeh@franciscanalliance.org

TRAUMA LEVEL BEING REQUESTED (check one) LEVEL I LEVEL II 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 	Printed name Terrance E. Wilson	Date (month, day, year) 7/16/13
Signature of trauma medical director 	Printed name John E. Francis, M.D.	Date (month, day, year) 7/15/13
Signature of trauma program manager 	Printed name Regina Nuseibeh	Date (month, day, year) 7/15/13

INSTRUCTIONS: Address each of the attached in narrative form

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

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Franciscan St. Elizabeth Health
Lafayette, Indiana

APPLICATION FOR "IN THE ACS VERIFICATION PROCESS" LEVEL III TRAUMA
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SECTION 1

Trauma Medical Director

1. Board certified or eligible
2. Participates in trauma call
3. Advanced Trauma Life Support (ATLS)
4. Dedicated to hospital

John Francis is a board certified general surgeon and an American College of Surgeons Fellow. As the Trauma Medical Director at Franciscan St. Elizabeth Health, Lafayette East, Dr. Francis is current in ATLS and participates in trauma call.

Franciscan St. Elizabeth Health
Lafayette, Indiana

JOHN FRANCIS, M.D., F.A.C.S.

Lafayette Surgical Clinic

Education:

- Research at Brigham and Women's Hospital, Harvard Medical School, Boston, MA
- Michigan State University College of Human Medicine, East Lansing, MI

Residency:

- General Surgery, Spectrum Health/St. Mary's Hospital, Grand Rapids, MI

Current Academic Appointments:

- Volunteer Assistant Professor of Surgery, Indiana University School of Medicine, Indianapolis, IN

Professional Affiliation:

- Medical Director - Trauma Care Services, Franciscan St. Elizabeth Health – Lafayette East

Professional Societies:

- Board Certified by the American Board of Surgery
- Fellow of the American College of Surgeons
- Christian Medical and Dental Associations
- Indiana State Representative
- Indiana State Medical Association
- Tippecanoe County Medical Association
- Society of Laparoendoscopic Surgeons
- Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)
- Pan-African Academy of Christian Surgeons



TRAUMA, CRITICAL CARE & ACUTE CARE SURGERY 2012

American College of Surgeons
Division of Education
Continuing Medical Education Certificate

JOHN E. FRANCIS, M.D.

**LAS VEGAS, NEVADA
March 26-28, 2012**

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

The American College of Surgeons designates this Live Activity for a maximum of 22.75 AMA PRA Category 1 Credits™. Physicians should only claim only the credit commensurate with the extent of their participation in the activity.

A maximum of 1 AMA PRA Category 1 Credit™ in Ethics has been designated for this activity.

Approved by the American College of Emergency Physicians for a maximum of 23.75 hour(s) of ACEP Category I credit.

This Live activity, Trauma, Critical Care & Acute Care Surgery 2012, with a beginning date of March 26, 2012, has been reviewed and is acceptable for up to 23.75 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Ajit K. Sachdeva, MD, FACS
Director, Division of Education

Kenneth L. Mattox, MD, FACS
Program Director

MEDICAL DISASTER RESPONSE 2012

American College of Surgeons
Division of Education
CONTINUING MEDICAL EDUCATION CERTIFICATE

JOHN E. FRANCIS, M.D.

LAS VEGAS, NEVADA
March 25, 2012

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

The American College of Surgeons designates this live activity for a maximum of 9.75 AMA PRA Category 1 Credits™. Physicians should only claim only the credit commensurate with the extent of their participation in the activity.

Approved by the American College of Emergency Physicians for a maximum of 9.75 hour(s) of ACEP Category I credit.

This Live activity, Medical Disaster Response 2012, with a beginning date of March 25, 2012, has been reviewed and is acceptable for up to 9.75 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Ajit Sachdeva

Ajit K. Sachdeva, MD, FACS
Director, Division of Education

Kenneth L. Mattox

Kenneth L. Mattox, MD, FACS
Program Director

9.75

Total Credits Claimed

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

SECTION 2

Trauma Program Director

1. Registered nurse with educational preparation
2. Minimum 16 hours trauma-related continuing ed/year
3. Clinical experience in care of injured patients

Regina Nuseibeh, RN, Clinical Nurse Specialist intern, Trauma Program Manager,
has completed a minimum of 16 hours of trauma related continuing education
and is experienced in the care of injured patients.

Franciscan St. Elizabeth Health
Lafayette, Indiana

Regina Nuseibeh

Regina.nuseibeh@franciscanalliance.org

254 Compton Pl., Lafayette, IN 47905

(765)-409-2255

EDUCATION

IUPUI, 12 credits of pre-requisite classes to apply to RN to Masters

Indiana Wesleyan University, 150 credits toward BSN

Saint Elizabeth's Hospital School of Nursing, Nursing Diploma

Rensselaer Central High School, Diploma

CAREER EXPERIENCE

Clinical Nurse Specialist-Intern/Trauma Program Manager Emergency Care Center, Franciscan Alliance Saint Elizabeth Health, Lafayette

- Developed an Evidenced based orientation and mentoring program utilizing team concept for the care of Trauma Patients

- Worked on the Shared Governance Design Team to develop new leadership model for Emergency Care Center, Franciscan Alliance Saint Elizabeth Health, Lafayette

- Work with Trauma Medical Director in the Development of the Trauma Program, patient care, Registry oversight, operational monitoring, PI program

Education Coordinator, **Emergency Care Center, Franciscan Alliance Saint Elizabeth Health, Lafayette** 2010-2012

- Education coordinator responsible for education development for approximately 120 staff.

- Developed evidence based individualized orientation program for all incoming staff that incorporates a planned orientation for Novice to Expert level nurses.

- Developed a continuing education program for all staff.

- Developed evidence based competency program for the nursing staff that evaluates individual level of knowledge using the novice to expert model.

Staff Nurse, **Home Hospital**

2003-2010

- Staff nurse and charge nurse position in an Emergency Department.
- Primary responsibilities included direct patient care of all patients coming into the Emergency Department. Performed charge nurse responsibilities of making staff assignments and managing overall patient flow.

CAREER EXPERIENCE CONTINUED

Regina Nuseibeh

Staff Nurse, **Clarian Arnett Hospital**

2008-2009

- Staff nurse in the Emergency Department and House Supervisor.
- Primary responsibility included direct care of patients coming in to the Emergency Department. Worked as House Supervisor on an as needed basis. Responsibilities included responding to all codes and rapid responses. Worked with the units to make sure staffing was safe for patient acuities. Held daily meetings with charge nurses to discuss patient concerns and assisted in the decision making for safe patient care.

Director of Nursing, **Unity Surgical Center**

2001-2003

- Director of Nursing for a Multi-Specialty surgical center.
- Primary responsibility included staff development, Policy and Procedure development, maintaining all state, local and federal requirements.

CERTIFICATIONS

- BLS, ACLS, PALS, TNCC, ACLS Instructor, PALS Instructor

ADDITIONAL FUNCTIONS

- Trauma Nurse Manager- Oversee the Trauma program at FSEH.

- Lead in PI project that decreased Blood Culture contamination rates in ECC from 9% to less than 3% at FSEH.
- Worked with Sepsis initiative group to evaluate sepsis processes at FSEH.

ORGANIZATIONS

- ENA

Certificate of Completion

Continuing Education Units (3 hours)

Statewide Trauma Education Session

District 4 - Lafayette

May 14, 2013



William C. Vann Ness II, M.D.

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

Indiana State
Department of Health





American Trauma Society

American Trauma Society

7611 South Osborne Road, Suite 202
Upper Marlboro, Maryland 20772

hereby awards

Regina Nuseibeh

this certificate for successful completion of the

Trauma Program Manager Course

Indianapolis, Indiana

October 29-30, 2011

Wendy Hums, RN

Wendy Hums, RN

Course Coordinator

This activity has been approved for 15 contact hours.

Code number: A10-93-415-406

The Maryland Nurses Association an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

6/2013

TCAB

TRAUMA CARE AFTER RESUSCITATION

This certificate verifies that

REGINA NUSEIBEH

Has successfully completed the *Trauma Care After Resuscitation* course sponsored by The Laurelwood Group. This continuing education activity is approved by the California Board of Registered Nursing, provider number CEP 15483, for 14 continuing education contact hours. This certificate must be retained for 4 years.

Professional License or certification number

Laura M. Criddle PhD RN
Chief Clinical Officer



A Course for Nurses Across the Trauma Spectrum

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

SECTION 3

Trauma Data

Data submission to Indiana Trauma Registry

Franciscan St. Elizabeth Health, Lafayette East, submits data to the Indiana Trauma Registry following the Registry's data dictionary on an ongoing basis. We have been submitting data since 2011.

Franciscan St. Elizabeth Health
Lafayette, Indiana

Franciscan St Elizabeth Health-Lafayette East

(None)

May 2010

June 2010

July 2010

September 2010

October 2010

November 2010

December 2010

February 2011

April 2011

May 2011

June 2011

July 2011

August 2011

September 2011

October 2011

November 2011

December 2011

January 2012

February 2012

March 2012

April 2012

May 2012

June 2012

July 2012

August 2012

September 2012

October 2012

November 2012

December 2012

January 2013

February 2013

March 2013

April 2013

May 2013

June 2013

July 2013

Number of Records: 727

Number of Records: 1

Number of Records: 14

Number of Records: 7

Number of Records: 2

Number of Records: 1

Number of Records: 1

Number of Records: 2

Number of Records: 2

Number of Records: 1

Number of Records: 6

Number of Records: 13

Number of Records: 13

Number of Records: 13

Number of Records: 15

Number of Records: 13

Number of Records: 12

Number of Records: 5

Number of Records: 10

Number of Records: 19

Number of Records: 14

Number of Records: 23

Number of Records: 31

Number of Records: 37

Number of Records: 34

Number of Records: 38

Number of Records: 28

Number of Records: 22

Number of Records: 33

Number of Records: 22

Number of Records: 22

Number of Records: 29

Number of Records: 40

Number of Records: 58

Number of Records: 41

Number of Records: 57

Number of Records: 46

Number of Records: 2

Total Records: 727
Report Criteria

Facility Name: Is Equal To Franciscan St Elizabeth Health-Lafayette East

Incident Created On: Is Within last_2_years

Franciscan St Elizabeth Health-Lafayette East	Number of Records: 727
(None)	Number of Records: 1
May 2010	Number of Records: 14
June 2010	Number of Records: 7
July 2010	Number of Records: 2
September 2010	Number of Records: 1
October 2010	Number of Records: 1
November 2010	Number of Records: 2
December 2010	Number of Records: 2
February 2011	Number of Records: 1
April 2011	Number of Records: 6
May 2011	Number of Records: 13
June 2011	Number of Records: 13
July 2011	Number of Records: 13
August 2011	Number of Records: 15
September 2011	Number of Records: 13
October 2011	Number of Records: 12
November 2011	Number of Records: 5
December 2011	Number of Records: 10
January 2012	Number of Records: 19
February 2012	Number of Records: 14
March 2012	Number of Records: 23
April 2012	Number of Records: 31
May 2012	Number of Records: 37
June 2012	Number of Records: 34
July 2012	Number of Records: 38
August 2012	Number of Records: 28
September 2012	Number of Records: 22
October 2012	Number of Records: 33
November 2012	Number of Records: 22
December 2012	Number of Records: 22
January 2013	Number of Records: 29
February 2013	Number of Records: 40
March 2013	Number of Records: 58
April 2013	Number of Records: 41
May 2013	Number of Records: 57
June 2013	Number of Records: 46
July 2013	Number of Records: 2
	Total Records: 727

Report Criteria

Facility Name: Is Equal To Franciscan St Elizabeth Health-Lafayette East

Incident Created On: Is Within last_2_years

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

SECTION 4

Trauma Registrar

1. Abstracts high quality data into hospital's trauma registry
2. Works with hospital's trauma team
3. Managed by Trauma Program Manager

Franciscan St. Elizabeth Health Lafayette has a Trauma Registrar who works directly with the hospital's trauma team and abstracts high quality data. The registrar is managed by our Trauma Program Manager.

Franciscan St. Elizabeth Health
Lafayette, Indiana

Job Description

for SSFHS Western Indiana Region employees

Position Identification	
Job Title:	<u>Data Coordinator, Trauma Registrar</u>
Job Code(s):	_____
FLSA:	<input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt

Document Dates	
Effective:	<u>July 2013</u>
Reviewed:	_____
Revised:	_____

General Summary & Purpose of Position

Under the direction of the Division Director, Emergency Room, the Trauma Registrar will be responsible for the data and data collection of the Trauma Registry. The Trauma Registrar is also responsible for facilitation of continuous performance improvement throughout the Emergency Room, and serves as a resource for planning, implementation and evaluation of various projects and initiatives. The position is responsible for valid and reliable data abstraction, trending and statistical analysis of data, report preparation and presentation, and facilitation of information flow throughout the organization. Responsibilities include knowledge of current regulatory and accreditation standards and the promotion of efforts to maintain organization compliance. Maintains the confidentiality of the registry data and provides registry data as appropriate.

Section I

Our Franciscan Values and Standards/Behaviors

1. Respect for Life

The gift of life is so valued that each person is cared for with such joy, respect, dignity, fairness and compassion that he or she is consciously aware of being loved.

Example Behaviors

- Greets everyone promptly in a warm and caring manner using the person's name whenever possible
- Uses tact, sensitivity, sound judgment and a professional attitude when relating to patients, families, visitors, physicians and co-workers
- Displays a warm and caring attitude, regardless of the individual's feelings
- Listens intently to whoever is speaking
- Is empathetic and courteous in all encounters. Treats everyone with dignity
- Shows respect, empathy and consideration to patients, visitors, physicians and co-workers at all times.
- Maintains a positive attitude particularly in the face of adverse circumstances
- Gives hope to others in difficult situations.
- Wears name badge
- Knocks before entering a closed door, especially a patient's room

2. Fidelity to our Mission

Loyalty to and pride in the healthcare facility are exemplified by members of the staff through their joy and respect in empathetically ministering to patients, visitors and co-workers.

Example Behaviors

- Takes pride and care in professionalism and personal appearance
- Demonstrates commitment to our mission and values.
- Maintains confidentiality at all times
- Avoids inappropriate conversations and language.
- Serves as a patient advocate.
- Does not share concerns and/or problems with anyone other than the person involved or the supervisor
- Listens to issues and ideas and follows up appropriately

3. Compassionate Concern

In openness and concern for the welfare of patients, especially the aged, the poor and the disabled, the staff works with select associations and organizations to provide a continuum of care commensurate with the individual's needs.

Example Behaviors

- Speaks and acts in a concerned manner
- Uses proper telephone and interpersonal communication etiquette at all times
- Is attentive to others needs for direction and assistance
- Is open and accepting of constructive criticism.
- Demonstrates positive communication and listening skills
- Is attentive to the special needs of patients, families, physicians and co-workers
- Works at establishing good rapport and professional working relationships with other co-workers and outside organizations
- Maintains appropriate interdepartmental communications
- Is mindful of patient privacy, i.e. pulling the curtain for privacy, shutting the door and then informing the patient that it is being done for their privacy

4. Joyful Service

The witness of Franciscan presence throughout the institution encompasses but is not limited to joyful availability, compassionate, respectful care and dynamic stewardship in the service of the Church.

Example Behaviors

- Works well with others to accomplish tasks or goals.
- Is an active and supportive team member, both inside and outside of the department
- Displays a positive and joyful attitude
- Takes responsibility for questions and complaints until resolved
- Works toward maintaining high morale
- Promotes cooperation and understanding within the facility and shares information and resources with others
- Demonstrates flexibility in work practices, procedures or processes
- Displays enthusiasm and a willingness to learn; asks for help when needed
- Accepts additional assignments willingly
- Actively supports group ideas and decisions

5. Christian Stewardship

Christian stewardship is evidenced by just and fair allocation of human, spiritual, physician and financial resources in a manner respectful of the individual, responsive to the needs of society and consistent with Church teachings.

Example Behaviors

- Promotes the effective use of all resources
- Commits to continuous improvement. Looks for better, faster, less costly or more efficient ways of doing things
- Completes assignments following accepted procedures and practices, even when workloads and demands are high
- Takes pride in the environment; minimizes waste; and supports appropriate recycling efforts

Section II

Behavioral Standards

1. Leadership/Initiative

Example Behaviors

- Demonstrates ingenuity, self-reliance and resourcefulness
- Anticipates what needs to be done and follows through with assignment
- Shows strong work ethic by effectively utilizing work time
- Motivates others and leads by example
- May assist in the effective training/orientation of fellow employees

2. Dependability

Example Behaviors

- Reports to work station within established guidelines, maintains attendance per policy
- Reports from breaks and meals within allotted time
- Takes initiative to see that work is completed; assists others when own work is completed
- Sets high expectations of self and works to achieve goals

3. Communication

Example Behaviors

- Verbal expression is clear, positive and appropriate
- Clearly communicates with co-workers, patients, visitors, and family members
- Follows up as appropriate to ensure understanding
- Writes clear grammatical thoughts in a legible and understandable manner
- Effectively listens for understanding
- Effectively communicates to appropriate audience
- Stays informed by reading organizational communications (i.e. newsletters, memos, mailings, Intranet)

4. Adaptability

Example Behaviors

- Understands and effectively adjusts to change
- Demonstrates flexibility and willingness to learn
- Assists others in understanding and accepting change
- Graciously assumes new roles to meet changing business demands or patient care

5. Teamwork & Cooperation

Example Behaviors

- Maintains positive approach, works cooperatively with others
- Works with other departments to resolve issues; does not shift blame on others
- Demonstrates a constructive response to criticism, and works with others as a team
- Assists others in completing their tasks as needed; works for the good of the organization rather than to benefit the individual

Section III

Essential Job Functions

1.0 Trauma Registrar**1.1 Data Collection**

- 1.1.1 Performs basic data collection of demographics, and coding of clinical and follow-up data from all sources into trauma registry database.
- 1.1.2 Interacts with physicians, nurses, and other members of the trauma team and trauma patients to perform trauma registry functions.
- 1.1.3 Maintains the registry current within 60 days of patient discharge.

1.2 Abstracting

- 1.2.1 Abstracts, assembles, enters and codes clinical data with 95% accuracy into computer database by using the Association for the Advancement of Automotive Medicine Abbreviated Injury Scale (AIS) and the Registry Users Operations and Standards Manual.
- 1.2.2 Participates in quality assurance and performance improvement activities to ensure accuracy of data collection and timely submission of data according to the Indiana State Trauma Registry and the American College of Surgeons Optimal Guidelines for Trauma Centers.
- 1.2.3 Resolves routine coding issues/problems and appropriately seeks assistance from the Division Director of Emergency Services for the more difficult issues.
- 1.2.4 Maintains patient confidentiality including confidentiality of sensitive hospital performance improvement information.
- 1.2.5 Participates in Trauma Performance Improvement and ACS Committee meetings and educational conferences in order to maintain and expand Trauma Registry knowledge base.
- 1.2.6 Participates in internal and community outreach education on injury prevention, trauma systems, and trauma data.
- 1.2.7 Contributes data to the State Trauma Registry quarterly and to the NTDB annually. Also provides registry reports to hospital personnel as requested.
- 1.2.8 Assists with other department functions as assigned.
- 1.2.9 Assists with orientation for new members related to trauma registry.

2.0 Performance Improvement Responsibilities**2.1 Medical Staff Peer Review**

- 2.1.1 Reviews medical records to abstract pre-established data elements and identify unanticipated patient events.
- 2.1.2 Prepares reports in cooperation with others.
- 2.1.3 Presents various reports to Medical and Dental Staff committee meetings.
- 2.1.4 Records minutes at Medical and Dental Staff Committee meetings.

2.2 Organizational Performance Improvement

- 2.2.1 Promotes continuous performance improvement throughout the organization.
- 2.2.2 Organizes and facilitates unit or department level and interdisciplinary projects.
- 2.2.3 Collects, trends and reports data for various projects.
- 2.2.4 Participates in risk management activities, i.e. root cause analyses, and trends event report data.
- 2.2.5 Serves as an organizational resource for performance improvement activities.

2.3 Regulatory & Accreditation

- 2.3.1 Maintains knowledge of current federal, state, and accrediting agency standards.
- 2.3.2 Promotes compliance with standards.
- 2.3.3 Participates in survey preparation and actual survey process.

2.4 Decision Support

- 2.4.1 Serves as point person for assigned decision support tools, meeting specifications and deadlines.
- 2.4.2 Abstracts and enters data with attention to accuracy.
- 2.4.3 Retrieves and reports useful and required data for current projects, initiatives and activities.

2.5 Data Analysis

- 2.5.1 Queries and collates data from multiple sources.
- 2.5.2 Analyzes data for relevance, completeness, accuracy, and reasonableness.
- 2.5.3 Generates reports from electronic distribution.

Knowledge, Skills & Abilities

- 1.0 Strong, multi-faceted clinical background in acute hospital care.
- 2.0 Strong communication skills ensuring ability to speak with hospital administration, physicians, department directors, admitting staff and other ER staff as required.
- 3.0 Ability to communicate effectively with outside vendors as related to the trauma registry.
- 4.0 Computer proficiencies to enter, retrieve, assemble and organize data.
- 5.0 Knowledge of basic anatomy, ICD-9-CM coding, E-codes, Injury Severity Scoring and Probability of Survivability.
- 6.0 Ability to integrate data from multiple sources.
- 7.0 Skilled in effective group facilitation and presentation of data to groups.
- 8.0 Skilled in mathematical concepts and basic statistical methodologies/applications.
- 9.0 Advanced Microsoft Office skills preferred, i.e. Word, Excel, Powerpoint and Access.

Section V

Minimum Position Qualifications

Appropriate education and/or experience may be substituted on equivalent basis

- Education:** Graduate of an accredited school of nursing.
- Experience:** Minimum five years clinical experience preferred.
- Licensure/Certification:** Must hold current Indiana nursing licensure.
- Other:**

Section VI

Physical Demands & Working Conditions

Physical Demands are special physical requirements of a specific job. The chart below indicates any special requirements of this position.

Physical Activities	Amount of Time			
	None	Under 1/3	To 2/3	Over 2/3
Stand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Use hands to handle, finger, or feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reach with hands and arms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Climb or balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoop, kneel, crouch, or crawl	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk or hear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Weight Lifted or Force Exerted	Amount of Time			
	None	Under 1/3	To 2/3	Over 2/3
Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Up to 25 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 50 pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vision Requirements

- No special vision requirements

Working Conditions & Hazards

- Other (please explain)
Typical office setting

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

SECTION 5

Tiered Activation System

1. Clearly defined Tiered Activation System
2. Continuously evaluated by hospital PI and Patient Safety program

Franciscan St. Elizabeth Health Lafayette has a clearly defined, tiered activation system that is evaluated by the Trauma Performance Improvement Committee. We follow, at minimum, the guidelines of the American College of Surgeons for the tiered activation.

Franciscan St. Elizabeth Health
Lafayette, Indiana

**FRANCISCAN ST. ELIZABETH HEALTH
LAFAYETTE, IN
EMERGENCY**

NUMBER: 6781-II-3304 **DATE:** May 21, 2003
DEPARTMENT: Emergency **REVISED:** July 10, 2013
REPLACES 6781-II-3304 (6/11) **REVIEWED:**
PROCEDURE #:

MULTIDISCIPLINARY RESPONSE FOR THE CARE OF TRAUMA PATIENTS

PURPOSE:

1. To establish a systematic approach to the delivery of care of the trauma patient.
2. To provide expedient assessment, treatment of life threatening injuries, stabilization, and/or transportation to a higher level of care.

GENERAL INFORMATION:

1. To clearly define the roles of individuals involved in the care of trauma patients.
2. To define the level of trauma care and response to such levels.

PERSONNEL: Applicable to staff of the Emergency Care Center, Registration, Switchboard, Laboratory, Radiology, Respiratory Services, Spiritual Care, and the trauma surgeon on call.

EQUIPMENT: Trauma Room and medical supplies to care for the patient.
Portable x-ray machines and images.
I-STAT machine.
Focused abdominal sonography for trauma (FAST) ultrasound

PROCEDURE:

- I. Team Members
 - A. Availability of personnel will depend upon level of staffing and may require the initiation of on call systems.
 1. Emergency Care Center (ECC) Physician
 2. Trauma surgeon
 3. ECC Trauma nurse
 4. ECC Patient Care Coordinator
 5. ECC Trauma Technician
 6. Respiratory Therapy Technician
 7. Radiology Technologist
 8. CT scan Technologist
 9. Ultrasound Technologist, MRI Technologist, Nuclear Med Technologist and/or Interventional Radiology Team as appropriate

10. Laboratory/Blood Bank
11. ECG Technician
12. Registration
13. Unit Secretary
14. Spiritual Care
15. Security

B. Additional Department Notifications:

1. ICU
2. Operating Room Staff
3. Nursing Supervisor

II. Levels of Trauma

A. Trauma One:

1. Confirmed blood pressure < 90 at any time in adults and age-specific hypotension in children with mechanism attributed to trauma.
2. Gunshot wound (GSW) to the neck, chest or abdomen
3. Glasgow Coma Scale (GCS) < 13 with mechanism attributed to trauma
4. Transfer trauma patient from other hospitals receiving blood to maintain vital signs.
5. Intubated patients transferred from the scene or patients with respiratory compromise or obstruction attributed to trauma
6. Traumatic arrest
7. Hanging victim
8. All penetrating injuries to the head, neck, torso
9. Flail Chest
10. Crush, degloved or mangled extremity
11. Extremity injury with massive blood loss
12. Amputation proximal to wrist or ankle
13. Open or depressed skull fracture
14. Pelvic fractures
15. Paralysis with mechanism attributed to trauma
16. Burns to chest, groin, face, or burn > 20% of body surface area (BSA)
17. Any other traumatic scenario in which the paramedic believes a limb or life-threatening emergency involving trauma could exist.

B. Trauma Two:

1. (Adult) Fall > 20 feet
2. (Children) Fall > 10 feet
3. Pedestrian vs vehicle accident in which significant trauma occurred
4. Trauma based on mechanism of action but stable vital signs and GCS.
5. EMS to call and discuss with ECC physician if uncertain the trauma patient meets trauma one criteria above or if mechanism of injury alone suggests significant trauma could exist.

III. Levels of Response

A. Trauma One

1. Upon notification from the ECC physician or PCC, the ECC unit secretary will notify the switchboard operator by dialing "8" to initiate the Trauma One page. The unit secretary will notify switchboard of the Trauma One, ECC, and the estimated time the trauma will arrive. This will not occur more than fifteen (15) minutes prior to the estimated patient arrival.
2. Unit secretary will page the trauma medical director and the trauma surgeon on call.
3. All trauma team members report to the ECC upon paging. The trauma surgeon will initially respond via phone.

B. Trauma Two

1. Upon notification from the ECC physician or PCC, the ECC unit secretary will notify the switchboard operator by dialing "8" to initiate the Trauma Two overhead page. The unit secretary will notify the switchboard of the Trauma Two, ECC and the estimated time the trauma will arrive. This will not occur more than 15 minutes prior to the estimated patient arrival.
2. Unit secretary will page the trauma medical director and the trauma surgeon on call. The unit secretary will notify the surgeon that it is a Level Two Trauma.
3. All trauma team members will report to the ECC trauma room upon paging. The trauma surgeon will respond via phone and be on "stand-by."

IV. Trauma One Team Member Role Definitions

A. Emergency Care Center Physician

1. Corresponds with pre-hospital personnel or ECC staff taking report to determine level of trauma prior to patient arrival.
2. Overall coordination of trauma room activities until a trauma surgeon or specialist surgeon arrives to assume care.
3. Responsible for signing all initial care orders.
4. Responsible for patient assessment and to perform life-saving interventions for life-threatening injuries found on primary survey.
5. Responsible for signing emergency transfusion request form if uncrossmatched or type-specific blood was administered.

B. Trauma surgeon

1. Responds to the Trauma One patient and is available in the ECC within 30 minutes of the patient's arrival to the ECC.
2. Responsible for the overall care of the trauma patient.
3. Coordinates care with other specialties to facilitate continuity of care.

4. Evaluates and treats the patient.
 5. Participates in the initial evaluation and resuscitation of the seriously injured patients.
 6. Remains on standby for Level Two Trauma.
- C. ECC Trauma Nurse
1. Responsible for adequately stocking the Trauma Room and making sure all equipment is in functioning order.
 2. Responsible for overall coordination of care delivered by nursing and ancillary personnel.
 3. Performs primary and secondary assessment of trauma patient upon arrival to ECC, assuring priority of care and initiation of resuscitation protocols.
 4. Re-assesses and evaluates patient response to interventions.
 5. Responsible for documentation, observation, delegation, and communication of care of the trauma patient:
 - a. Documentation
 - 1) Completion of Trauma Critical Care Record
 - 2) Completing all transfer records when applicable
 - b. Observation
 - 1) Knowledge of patient status at ALL times
 - 2) Monitors vital functions
 - 3) Assures that personnel are functioning in proper capacity for protocol and job description
 - c. Delegation
 - 1) Assures proper patient care by delegation of orders and/or procedures to appropriate personnel
 - d. Communication
 - 1) Assures communication of patient report to receiving unit or hospital
 - 2) Assures patient update reports to the ECC physician and/or trauma surgeon
- D. ECC Patient Care Coordinator:
1. Assigns trauma staff at beginning of shift.
 2. Takes pre-hospital report when ECC physician is not available.
 3. Follows guidelines to make level of trauma determination when ECC physician is not available.
 4. Is present upon patient arrival to ECC until stabilized.
 5. Acts as a resource for trauma team.
 6. Performs interventions for trauma patient care when needed.
 7. Coordinates continuation of care for existing patients in department.
- E. ECC Trauma Tech
1. Is present upon patient arrival to ECC.
 2. Performs tasks delegated by ECC Trauma nurse

Example: Assists with hemorrhage control, wound care, CPR, immobilization, spine stabilization, foley insertion, procedure set up

- F. Respiratory Therapy Technician
 1. Team members will respond as assigned.
 2. Maintain open airway
 3. Assist with intubation or cricothyrotomy
 4. Maintain positive pressure ventilation
 5. Obtain ABG's
 6. Accompany patient to other areas if airway management and/or ventilation required.

- G. Radiology Technologist
 1. Team members will respond as assigned.
 2. Obtains images as ordered
 3. All portable images must be completed prior to patient going to CT scan unless otherwise directed by either the ECC physician or the trauma surgeon.

- H. CT Scan Technologist
 1. Upon receiving the page, will finish with any current scans and clear scanner until trauma scans are finished.
 2. Initiate call to the radiologist as required.

- I. Laboratory/Blood Bank
 1. Prepares and responds to Trauma One with cooler containing two (2) units O negative blood and emergency transfusion documents.
 2. Collects necessary blood specimens and properly bands patient
 3. Notifies ECC when type-specific and crossmatched blood is available.

- K. Registration
 1. Makes chart and places ID band on patient. Merges anonymous male/female trauma patient as soon as identification made.
 2. Gives ECC staff identification labels as soon as possible.

- L. Unit Secretary
 1. Obtains Trauma One alert form/tracks communication times of physicians.
 2. Via Smart Web, pages trauma surgeon and trauma medical director upon hearing overhead page.
 3. Responds to trauma and transcribes orders from ECC physician.
 4. Places orders for trauma one in computer.

- M. Spiritual Care
 1. Assist with patient identification as necessary
 2. Notify family members as necessary

Title: Multidisciplinary Response For The Care Of Trauma Patients

Number: 6781-II-3304

Page: 6

3. Keep family updated on patient care
4. Minister to patient and family as necessary.

N. Security

1. Crowd control as necessary at ECC entrance.
2. Secures helipad and elevators for air transport, as needed.

O. Additional Department Notifications

1. ICU:
 - a. Upon hearing overhead Trauma One page, anticipates need for room assignment.
 - b. May respond to ECC for bedside report as needed and available.
2. Operating Room Staff: Team members will respond as assigned.
3. Nursing Supervisor: Assists with inpatient placement as needed.

V. Emergent Blood Procedures

A. Trauma Refrigerator

1. Two (2) units of uncross-matched blood will be in trauma refrigerator for trauma patients.
2. Blood Bank performs all quality controls and checks on trauma refrigerator and blood products.
3. If uncrossmatched blood is used, the primary trauma nurse will assure contact to Blood Bank to replace blood.
4. If suspected more than 5 units of any blood product are needed, the Massive Transfusion Policy (MTP) will be initiated (Massive Transfusion Policy 7100-II-710-92).

Title: Multidisciplinary Response For The Care Of Trauma Patients
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APPROVAL

Division Director, Emergency Services

Medical Director, Lafayette Central &
Lafayette East

Division Director, Patient Access

Division Director, Laboratory Services

Division Director, Radiology

Vice President and Chief Nursing Officer

Vice President, Mission Services

Regional Chief Financial Officer

Executive Vice President and Chief Operating
Officer

President, CEO

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

SECTION 6

Trauma Surgeon Response Times

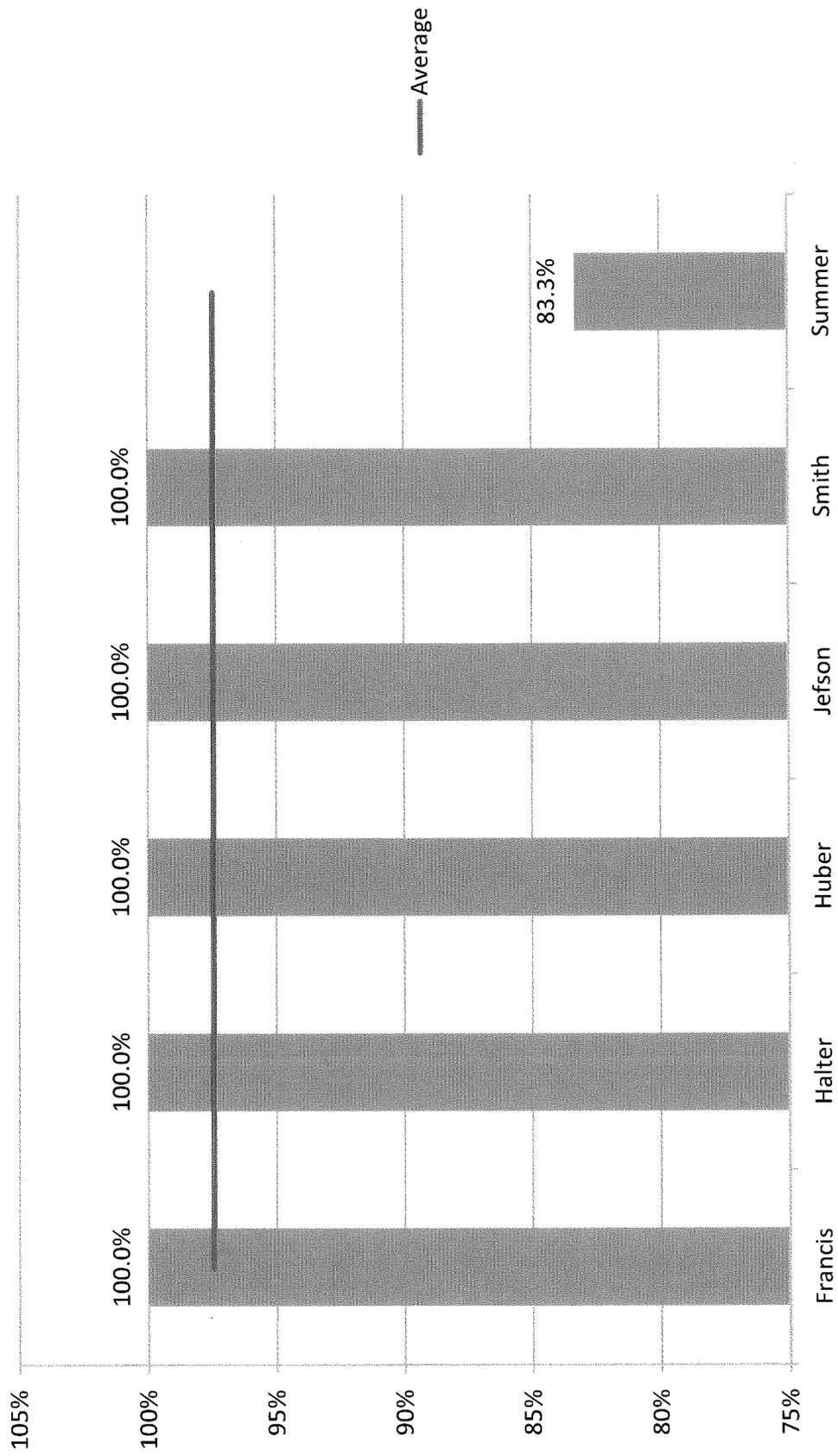
1. Evidence of Trauma Surgeon response times
2. Written letter of commitment signed by Trauma Medical Director
3. Evidence of Trauma Surgeon as member of hospital disaster committee

The trauma surgeons of Franciscan St. Elizabeth Health Lafayette respond to the highest level of trauma activation within 30 minutes of patient arrival. Dr. Francis, Trauma Medical Director, has signed a letter of commitment. Dr. Francis is a member of the hospital disaster committee.

Franciscan St. Elizabeth Health
Lafayette, Indiana

FSEH - Trauma 1 - Responding in 30 Minutes

Jan 2012 to Dec 2012



July 15, 2013

ATTN: Mara Snyder
Legal & Code Services
Indiana Department of Homeland Security
302 West Washington Street, Room W246
Indianapolis, IN 46204

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Crown Point

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Michigan City

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Mooreville

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PHYSICIANS HOSPITAL, LLC
Munster

Indiana State Trauma Care Committee:

Subject: Application for hospital to be designated "In the ACS Verification Process"

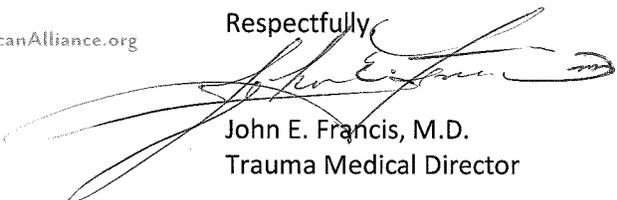
Lafayette Surgical Clinic is pleased to support Franciscan St. Elizabeth Health • Lafayette East as they apply for the "In the ACS Verification Process" status. It is our understanding that a favorable approval recommendation from the EMS Commission will allow any EMS Provider to take trauma patients to this facility, thus, providing Franciscan St. Elizabeth Health • Lafayette East the opportunity to receive the patients necessary to demonstrate a track record of excellent trauma care.

We further understand that our role as general surgeons is significant and will impact the success of this endeavor. We look forward to working with the multidisciplinary team and we will:

- Support the Mission, Vision, Values and Goals of the organization.
- Offer expertise to help ensure the health and success of the program.
- Provide board certified general surgeons with privileges in general surgery.
- Provide an on call general surgeon who is promptly available. Promptly available is defined as responding within 30 minutes, 80% of the time for the highest level of activations.
- Identify a general surgeon to act as the liaison to the trauma program. The expectation is that he will be in attendance at 50% of the multidisciplinary peer review meetings and actively participate in the overall trauma Performance Improvement Patient Safety program.
- Provide proof that general surgeons have successfully completed the ACS ATLS course at least once.

Acting as the Trauma Medical Director of Franciscan St. Elizabeth Health • Lafayette East and on behalf of Lafayette Surgical Clinic, I have read and agree to this Letter of Commitment and look forward to assisting the organization in this role.

Respectfully,



John E. Francis, M.D.
Trauma Medical Director

FranciscanAlliance.org

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1710 Lafayette Road
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PH: 765 362 2800

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July 15, 2013

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Munster

FranciscanAlliance.org

ATTN: Mara Snyder
Legal & Code Services
Indiana Department of Homeland Security
302 West Washington Street, Room W246
Indianapolis, IN 46204

Indiana State Trauma Care Committee:

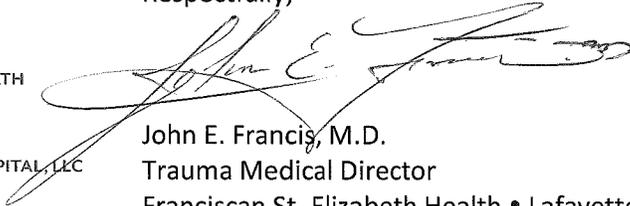
Subject: Application for hospital to be designated "In the ACS Verification Process"

The purpose of the letter is to inform the committee that I am currently in the role of Trauma Medical Director for Franciscan St. Elizabeth Health • Lafayette East. I am pleased to serve in this role and support Franciscan St. Elizabeth Health • Lafayette East as they apply for the "In the ACS Verification Process" status. It is my understanding that a favorable approval recommendation from the EMS Commission will allow any EMS Provider to take trauma patients to this facility, thus, providing Franciscan St. Elizabeth Health • Lafayette East the opportunity to receive the patients necessary to demonstrate a track record of excellent trauma care.

I further understand that my role as Trauma Medical Director is to ensure that response times for the trauma surgeon are as defined by the Optimal Resources document of the American College of Surgeons. Please see attached document providing evidence of those times. It is also my understanding I must serve as a member of the hospital's disaster committee.

I have read and agree to this Letter of Commitment and look forward to assisting the organization in this role.

Respectfully,



John E. Francis, M.D.
Trauma Medical Director
Franciscan St. Elizabeth Health • Lafayette East

JEF/cjk

Attachment

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Franciscan St Elizabeth Health
Safety Committee and Task Forces 2013
(As of July 1, 2013)

Safety Committee (Meets Quarterly)

Jim Siemers	Executive Vice President/COO
Laura Aschenberg	Regional Coordinator, Infection Control
John Fisk	Division Director, Clinical Engineering
Ed Carlson	Division Director, Engineering
Kristin Deno	Manager, Employee Health Office
Larry Stair	Division Director, Materials
Wayne O'Connor	Division Director, Emergency Care
Diana Marion	Nurse Specialist, Risk Management
Patsy Moore	Division Director, Performance Improvement
Vicky Snipes	Division Director, Environmental Services (EVS) & Safety
Jackie Nielsen	Manager, Staff Education
Brad Day	Manager, Security
Jody Mathew	Clinical Director, Nurse Practice

Emergency Preparedness Task Forces (Meet as Needed)

Disaster Preparedness

Vicky Snipes	Division Director, EVS & Safety
Michelle "Schelee" Paddock	Staff Education / District Four Co-Chair
Sara Timmons	Director, Patient Access
Jody Mathew	Clinical Director, Nurse Practice
Laura Aschenberg	Regional Coordinator Infection Control
Brad Day	Manager, Security
Tricia Schuessler	Manager, Public Relations
Lynn Cheeseman	Division Director, Laboratory
Darrell Clase	Director, Tippecanoe Emergency Medical Svcs
Regina Nuseibeh	Manager, Trauma Program
John Francis, MD	Medical Director, Trauma

Fire Control/Life Safety Code

Ed Carlson	Division Director, Engineering
Patsy Moore	Division Director, Performance Improvement
Shirley Gamble	Department Director, Nursing
Brad Day	Manager, Security
Vicky Snipes	Division Director, EVS & Safety

Franciscan St Elizabeth Health
Safety Committee and Task Forces 2013
(As of July 1, 2013)

Hazardous Materials and Waste

Bill Overman	Supervisor, Environmental Services
Vicky Snipes	Division Director, EVS & Safety
Laura Aschenberg	Regional Coordinator, Infection Control
Lynn Cheeseman	Division Director, Laboratory
Laura Shondell	Division Director, Pharmacy
Brad Day	Manager, Security
Carlos Vasquez	Director, Facility Management
Ed Carlson	Division Director, Engineering
Larry Stair	Division Director, Materials & Purchasing
Darrell Clase	

Medical Equipment

John Fisk	Division Director, Clinical Engineering
Ed Carlson	Division Director, Engineering
Vicky Snipes	Division Director, EVS & Safety
Patsy Moore	Division Director, Performance Improvement
Jody Mathew	Clinical Director, Nurse Practice

Safety

Brad Day	Manager, Security
Ed Carlson	Division Director, Engineering
Kristin Deno	Manager, Employee Health Office
Jim Siemers	Executive Vice President/COO
Laura Aschenberg	Regional Coordinator, Infection Control
Vicky Snipes	Division Director, EVS & Safety

Security Task Force

Brad Day	Manager, Security
Wayne O'Connor	Division Director, Emergency Care
Joyce VanHoosier	Department Director, Women's Health
Vicky Snipes	Division Director, EVS & Safety
Tina Brown	Supervisor, Communications

Utilities, Maintenance and Facilities

Ed Carlson	Division Director, Engineering
Jennifer Sanford	Division Director, Food & Nutrition Services
Jody Mathew	Clinical Director, Nurse Practice
Tim Gill	Information Technology
Brad Day	Manager, Security
Vicky Snipes	Division Director, EVS & Safety

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

SECTION 7

In-House Emergency Department Physician Coverage

1. Designated Emergency physician director
2. Supported by additional physicians

Dr. Marc Estes is the Emergency Department Medical Director at Franciscan St. Elizabeth Health Lafayette and is supported by a number of additional physicians to ensure immediate care for the injured patients.

Franciscan St. Elizabeth Health
Lafayette, Indiana

Indiana Emergency Care, P.C.

3652 Rome Drive
Suite A
Lafayette, IN 47905

Telephone (765) 446-0170
Fax (765) 446-9279

July 11, 2013

RE: Emergency Department-Franciscan St. Elizabeth Health-East

To Whom It May Concern:

Indiana Emergency Care hires and staffs the physicians for the Emergency Department of Franciscan St. Elizabeth Health-East Campus. IEC currently has 21 physicians credentialed on staff at East who ensure the immediate care of all sick and injured patients in the Emergency Department. 19 of these physicians are certified by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM). The remaining 2 physicians are in the process of obtaining their board certifications.

Dr. Marc Estes is the Emergency Medical Directors of Franciscan St. Elizabeth East. Dr. Christine Waller is the Assistant Emergency Medical Director. These directors ensure that the standards of quality and efficiency are maintained by the Emergency Department physicians on a daily basis.

Sincerely,



Teresa Luttrell
HR/Credentialing Coordinator
Indiana Emergency Care

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TO BE USED ONLY FOR THE PURPOSE SUBMITTED"*

Indiana Emergency Care, P.C.

3652 Rome Drive
Suite A
Lafayette, IN 47905

Telephone (765) 446-0170
Fax (765) 446-9279

July 11, 2013

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To Whom It May Concern:

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Dr. Marc Estes is the Emergency Medical Directors of Franciscan St. Elizabeth East. Dr. Christine Waller is the Assistant Emergency Medical Director. These directors ensure that the standards of quality and efficiency are maintained by the Emergency Department physicians on a daily basis.

Sincerely,



Teresa Luttrell
HR/Credentialing Coordinator
Indiana Emergency Care

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

SECTION 8

Orthopedic Surgery

1. Orthopedic surgeon on call 24 hours per day
2. Supported by additional physicians
3. Written letter of commitment by ortho surgeons and Trauma Medical Director

There is a written letter of commitment signed by Lafayette Orthopedics and our Trauma Medical Director for prompt availability of orthopedic coverage 24 hours per day.

Franciscan St. Elizabeth Health
Lafayette, Indiana

August 19, 2013

ATTN: Mara Snyder
Legal & Code Services
Indiana Department of Homeland Security
302 West Washington Street, Room W246
Indianapolis, IN 46204

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Indiana State Trauma Care Committee:

Subject: Application for hospital to be designated "In the ACS Verification Process"

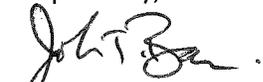
Lafayette Orthopaedic Clinic is pleased to support Franciscan St. Elizabeth Health • Lafayette East as they apply for the "In the ACS Verification Process" status. It is our understanding that a favorable approval recommendation from the EMS Commission will allow any EMS Provider to take trauma patients to this facility, thus, providing Franciscan St. Elizabeth Health • Lafayette East the opportunity to receive the patients necessary to demonstrate a track record of excellent trauma care.

We further understand that our role as orthopaedic surgical providers is significant and will impact the success of this endeavor. We look forward to working with the multidisciplinary team and we will:

- Support the Mission, Vision, Values and Goals of the organization.
- Offer expertise to help ensure the health and success of the program.
- Provide board certified / board eligible orthopaedic surgeons with privileges in general orthopaedic surgery.
- Provide an on call orthopaedic surgeon who is promptly available. Promptly available will be defined by regulation and in collaboration with the multidisciplinary team.
- Identify an orthopaedic surgeon to act as the liaison to the trauma program. The expectation is that he will be in attendance at 50% of the multidisciplinary peer review meetings and actively participate in the overall trauma Performance Improvement Patient Safety program.
- Demonstrate commitment to excellence in trauma patient care by participating in the review for appropriateness of the decision to transfer or retain major orthopaedic trauma.

We have read and agree to this Letter of Commitment and look forward to assisting the organization in this role.

Respectfully,


John T. Bauman, M.D.
Lafayette Orthopaedic Clinic


John E. Francis, M.D.
Trauma Medical Director

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

SECTION 9

Neurosurgery

1. Plan for neuro treatment types and transfers
2. Approved by facilities Trauma Medical Director
3. Transfer agreement with Level I or II centers
4. Signed letter of commitment by neurosurgeons and Trauma Medical Director

There is a written letter of commitment signed by Goodman Campbell Brain and Spine and our Trauma Medical Director. Franciscan St. Elizabeth Health Lafayette and Goodman Campbell Brain and Spine has a plan that determines which type of neurological injuries should remain at the facility for treatment and has been approved by the Trauma Medical Director. There is a transfer agreement in place with a Level I or Level II trauma center.

Franciscan St. Elizabeth Health
Lafayette, Indiana

July 15, 2013

ATTN: Mara Snyder
Legal & Code Services
Indiana Department of Homeland Security
302 West Washington Street, Room W246
Indianapolis, IN 46204

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Indiana State Trauma Care Committee:

Subject: Application for hospital to be designated "In the ACS Verification Process"

Goodman Campbell Brain and Spine is pleased to support Franciscan St. Elizabeth Health • Lafayette East as they apply for the "In the ACS Verification Process" status. It is our understanding that a favorable approval recommendation from the EMS Commission will allow any EMS Provider to take trauma patients to this facility, thus, providing Franciscan St. Elizabeth Health • Lafayette East the opportunity to receive the patients necessary to demonstrate a track record of excellent trauma care.

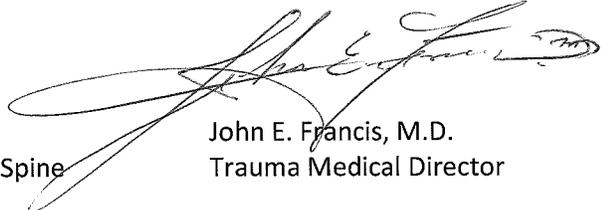
We further understand that our role as neurosurgeons is significant and will impact the success of this endeavor. We look forward to working with the multidisciplinary team and we will:

- Support the Mission, Vision, Values and Goals of the organization.
- Offer expertise to help ensure the health and success of the program.
- Provide board certified neurosurgeons with privileges in general neurosurgery.
- Provide a neurosurgeon that is promptly available. Promptly available will be defined by regulation and in collaboration with the multidisciplinary team.
- Identify a neurosurgeon to act as the liaison to the trauma program. The expectation is that he/she will be in attendance at 50% of the multidisciplinary peer review meetings and actively participate in the overall trauma Performance Improvement Patient Safety program.

Acting as the Trauma Medical Director of Franciscan St. Elizabeth Health • Lafayette East and on behalf of Goodman Campbell Brain and Spine, I have read and agree to this Letter of Commitment and look forward to assisting the organization in this role.

Respectfully,


Randy L. Gehring, M.D.
Goodman Campbell Brain and Spine


John E. Francis, M.D.
Trauma Medical Director

TRAUMA PATIENT TRANSFER AGREEMENT
BETWEEN
FRANCISCAN ST. ELIZABETH HEALTH
AND
ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC.

THIS AGREEMENT made and entered into by and between **St. Vincent Hospital and Health Care Center, Inc.**, an Indiana nonprofit corporation, (hereinafter "Hospital") and **Franciscan Alliance d/b/a Franciscan St. Elizabeth Health** (hereinafter "FSEH").

WITNESSETH:

WHEREAS, Hospital is the owner and operator of a general, acute care hospital known as St. Vincent Hospital and Health Care Center, Inc., with facilities in Indianapolis, Indiana, and in which there is located an emergency department, medical and surgical services and outpatient services; and

WHEREAS, FSEH owns and operates St. Elizabeth East and St. Elizabeth Central, both are acute care hospitals located in Lafayette, Indiana; and

WHEREAS, Both parties to this Agreement desire to assure continuity of care and treatment appropriate to the needs of each trauma patient at FSEH and the Hospital; and

WHEREAS, In order to assure continuity of care for FSEH's trauma patients in need of inpatient hospital service, FSEH desires to transfer trauma patients who meet Hospital's admission criteria to Hospital, as needed; and

WHEREAS, Hospital is willing to receive and to provide inpatient hospital services to FSEH's trauma patients who meet Hospital's admission criteria, as needed;

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 institutions, 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 TRAUMA PATIENTS

2.1 Transfer of Trauma Patient to Hospital. Whenever the emergency room physician, attending physician, or surgeon of a trauma patient determines that a transfer of a trauma patient from FSEH to Hospital is medically necessary and appropriate, FSEH shall take whatever steps are reasonably necessary to affect a transfer of a trauma patient to the Hospital as promptly as possible. FSEH shall give notice to the Hospital as far in advance as possible of an impending transfer. FSEH shall arrange for, and pay for to the extent not covered by a third party,

appropriate transportation of the trauma patient. Responsibility for notification and the safe transfer of the trauma patient shall be that of FSEH.

2.2 Notification. FSEH will make its best effort to notify the appropriate Hospital department regarding the trauma patient's need for assistance upon arrival at Hospital, prior to trauma patient's transport.

2.3 Acceptance. Hospital reserves the right to decline a transfer when there is inadequate space available, or when the Hospital lacks the capability to care for the patient. Any restrictions or criteria relating to the transfer of patients will be the same as those applied by Hospital to all other potential patients of the Hospital.

III. ADMISSION PRIORITIES

Admissions to the Hospital shall be in accordance with its general admission policies and procedures and in accordance with the Medical Staff Bylaws and rules and regulations. Nothing in this Agreement shall be construed to require the Hospital to give priority of admission to trauma patients being transferred from FSEH.

IV. DISCLAIMER REGARDING ADMISSIONS

The parties expressly agree that nothing contained in this Agreement shall, either explicitly or implicitly, require or obligate FSEH to utilize, arrange for, or recommend Hospital services or to admit any patients whatsoever to Hospital. Furthermore, this Agreement shall not be deemed to be in any manner an inducement for any referrals of patients or other business generated by FSEH or Hospital whatsoever.

V. MEDICARE PARTICIPATION

During the term of this Agreement, and any extensions thereof, FSEH agrees to meet and maintain all necessary Medicare Conditions of Participation and coverage so as to remain an approved provider thereunder. FSEH shall be responsible for complying with all applicable federal and state laws. In addition, FSEH agrees to maintain all licensure requirements promulgated by the Indiana State Department of Health.

VI. INTERCHANGE OF INFORMATION AND MEDICAL RECORDS

FSEH and Hospital agree to transfer medical and other information and medical records which may be necessary or useful in the care and treatment of trauma patients transferred hereunder as required and permitted by all applicable federal and state laws. Such information shall be provided by FSEH and Hospital in advance, where possible, and in any event at the time of the transfer, and shall be recorded on a transferal and referral form which shall be mutually agreed upon by the parties.

VII. CONSENT

FSEH is responsible for obtaining appropriate consent to the transfer of the patient to the Hospital prior to the transfer. FSEH agrees to provide the Hospital with information which may be needed by, or helpful to, the Hospital in securing consent for medical treatment for the trauma patient.

VIII. TRANSFER OF PERSONAL EFFECTS AND VALUABLES

FSEH shall be responsible for effecting the transfer of personal effects and valuables of trauma patients. A standard form shall be used for affecting the transfer of the trauma patient's personal effects and valuables.

IX. FINANCIAL ARRANGEMENTS

All claims or charges incurred with respect to any services performed for trauma patients transferred pursuant to this Agreement shall be billed and collected by the party providing such services either directly from the trauma patient, third party payor, or other sources normally billed by that party.

X. INSURANCE

10.1 Worker's Compensation. Hospital and FSEH shall carry Worker's Compensation Insurance covering all of its employees per statutory limits performing services, and Employer's Liability insurance in an amount not less than \$1,000,000.00.

10.2 General Liability. Hospital and FSEH shall carry occurrence form Primary Commercial General Liability in minimum limits of \$1,000,000 each occurrence and \$3,000,000 annual aggregate. Such policy shall also include contractual liability protection insurance.

10.3 Professional Liability. Hospital and FSEH shall each maintain in full force and effect during the entire period of the Agreement such limits, policies of professional liability insurance, and pay all appropriate surcharge amounts as shall be required to qualify each party and its employees as "Qualified Providers" under the Indiana Medical Malpractice Act (the "Act"), and to insure all parties against any claim or claims for damage arising by reason of bodily injuries or death occasioned directly or indirectly in connection with the performance of any medical service provided hereunder and medical activities performed by either of the parties in connection with this Agreement.

It is agreed that either party may choose to provide coverage through a program of self-insurance. Any insurance coverage not provided through a program of self-insurance shall be placed with an A.M. Best Rated Insurance Company with no less than an A-Rating and licensed to provide insurance in the State of Indiana unless FSEH provides insurance through the Hills Insurance Company, Inc. Further, each party hereby agrees to notify the other immediately of the termination, expiration, or cancellation of any of its insurance coverage or loss of such qualified health care provider status.

Any insurance which is placed on a claims made basis will be required to have an unlimited extended reporting period ("tail") providing coverage for any claim or incident that occurred during the term of this Agreement but not reported until after the termination unless each and every claims made renewal policy hereafter is renewed with prior acts covering the term of this Agreement.

XI. INDEMNIFICATION

11.1 FSEH Indemnification. FSEH agrees that it will indemnify and hold harmless the Hospital, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of bodily injury, property damage, or both of whatsoever nature or kind, arising out of or as a result of the negligent act or negligent failure to act of FSEH or any of its agents or employees.

- 11.2 Hospital Indemnification. The Hospital agrees that it will indemnify and hold harmless FSEH, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of bodily injury, property damage, or both of whatsoever nature or kind, arising out of or as a result of the negligent act or failure to act of the Hospital, its employees or agents or arising out of the failure of equipment or the malfunction of equipment owned and maintained by the Hospital so long as the malfunction or failure is not caused by the negligence of FSEH or its agents or employees.

XII. TERM AND TERMINATION

- 12.1 The term of this Agreement is for a period of one (1) year, commencing June 1, 2013, and it shall be considered to be automatically renewed for successive one (1) year terms unless on or before sixty (60) days from the expiration of an annual term one party notifies the other, in writing, that the Agreement is not to be renewed, in which event the Agreement shall terminate at the expiration of the then current term. Notwithstanding the provisions of the just preceding sentence, this Agreement shall terminate upon the giving of ninety (90) days written notice to the other party of its intention to terminate the Agreement and the Agreement shall further terminate immediately and automatically if:

12.1-1 Either the Hospital or FSEH has its license issued to it by the State of Indiana revoked, suspended, or not renewed; or

12.1-2 Either party's agreement with the Secretary of Health and Human Services under the Medicare Acts is terminated.

- 12.2 During the term of this Agreement, FSEH shall notify Hospital regarding: (1) FSEH ownership change; (2) FSEH name change; or (3) an appointment of a new Administrator and/or Hospital-FSEH liaison person, as soon as practicable after the change.

XIII. ETHICAL AND RELIGIOUS DIRECTIVES

Parties acknowledge that Hospital conducts its operation in a manner consistent with the Ethical and Religious Directives for Catholic Health Care Services as promulgated by the United States Conference of Catholic Bishops, Washington D.C., of the Roman Catholic Church or its successor ("Directives"). It is the intent and agreement of the Parties that neither this Agreement nor any part hereof shall be construed to require Hospital to violate said Directives in its operation, and all parts of this Agreement must be interpreted in a manner that is consistent with said Directives.

XIV. NOTICES

Notices or communication herein required or permitted shall be given the respective parties by registered or certified mail (said notice being deemed given as of the date of mailing) or by hand delivery at the following addresses unless either party shall otherwise designate its new address by written notice:

FSEH

Franciscan St. Elizabeth Health
Attn: Contract Administration
1501 Hartford St
Lafayette, IN 47904

HOSPITAL

Kyle DeFur
President
St. Vincent Hospital and
Health Care Center, Inc.
2001 West 86th Street
Indianapolis IN 46260

Copy to: St. Vincent Contract Management
8402 Harcourt Road, Suite 823
Indianapolis, IN 46260

XV. REGULATORY COMPLIANCE

The parties will operate at all times in compliance with federal, state, and local laws, rules and regulations, the policies, rules and regulations of the parties, and the applicable standards of the accreditation for healthcare facilities.

XVI. HIPAA COMPLIANCE

Each party agrees that it will comply in all material respects with all federal and state mandated regulations, rules or orders applicable to privacy, security and electronic transactions, including without limitation, regulations promulgated under Title II Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-191) ("HIPAA") and as amended by the Health Information and Technology for Economic and Clinical Health Act ("HITECH"). Furthermore, the parties shall promptly amend the Agreement to conform with any new or revised legislation, rules and regulations to which Hospital is subject now or in the future including, without limitation, the Standards for Privacy of Individually Identifiable Health Information or similar legislation (collectively, "Laws") in order to ensure that Hospital is at all times in conformance with all Laws. If, within thirty (30) 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 upon thirty (30) days prior written notice.

XVII. ACCESS TO BOOKS AND RECORDS

If this Agreement is determined to be a contract within the purview of Section 1861(v)(1)(l) of the Social Security Act (Section 952 of the Omnibus Reconciliation Act of 1980), and the regulations promulgated in implementation thereof at 42 CFR Part 520, FSEH agrees to make available to the Comptroller General of the United States, the Department of Health and Human Services ("DHHS") and their duly authorized representatives, access to FSEH's books, documents, and records, and such other information as may be required by the Comptroller General or Secretary of DHHS to verify the nature and extent of the costs of services provided by FSEH. If FSEH carries out the duties of the contract through a subcontract worth Ten Thousand Dollars (\$10,000) or more over a twelve (12) month period with a related organization, the subcontract will also contain an access clause to permit access by the Secretary,

Comptroller General and their representatives to the related organization's books and records. If FSEH refuses to make the books, documents, and records available for said inspection and if Hospital is denied reimbursement for said services as a result of such refusal, FSEH agrees to indemnify Hospital for Hospital loss or reduction in reimbursement, which shall include, but not be limited to, the amount of reimbursement denied or disallowed, plus any associated interest, penalties, and attorneys' fees. The obligation of FSEH to make records available shall extend for four (4) years after the furnishing of the latest services under this Agreement and any renewal thereof.

XVIII. CORPORATE COMPLIANCE.

Hospital has in place a Corporate Compliance Program ("Program") which has as its goal to ensure that the Hospital complies with federal, state and local laws and regulations. The Program focuses on risk management, the promotion of good corporate citizenship, including the commitment to uphold a high standard of ethical and legal business practices, and the prevention of misconduct. FSEH acknowledges Hospital's commitment to corporate compliance and agrees to conduct all business transactions which occur pursuant to this Agreement in accordance with the underlying philosophy of corporate compliance adopted by Hospital. FSEH shall acknowledge and respect the freedom of patients to participate in health care decision-making, and shall honor patient choice in the selection of health care providers. FSEH further agrees to disclose immediately any proposed or actual debarment, exclusion or other event that makes FSEH ineligible to participate in Federal health care programs or Federal procurement or non-procurement programs

XIX. ASSIGNMENT

Assignments of this Agreement or the rights or obligations hereunder shall be invalid without the specific written consent of the other party herein, except that this Agreement may be assigned by the Hospital without the written approval of FSEH to any successor entity operating the facility now operated by the Hospital or to a related organization.

XX. GOVERNING LAW

This Agreement shall be governed by the laws of the state of Indiana, without giving effect to its conflicts of law provisions.

XXI. AMENDMENTS

This Agreement may be amended only by an instrument in writing signed by the parties hereto.

XXII. NON-EXCLUSIVE

Nothing in this Agreement shall be construed as limiting the rights of either party to affiliate or contract with any other hospital or facility on either a limited or general basis while this Agreement is in effect.

XXIII. ADVERTISING

Neither Party shall use the name of the other Party in any promotional or advertising material unless review and approval of the intended use is first obtained, in writing, from the Party whose name is to be used.

XXIV. 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.

XXV. EXECUTION

This Agreement and any amendments thereto shall be executed in duplicate copies on behalf of the Hospital and FSEH 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 representatives of the Hospital and FSEH have executed this Agreement the dates written below.

St. Vincent Hospital and Health Care Center, Inc.

By: *[Signature]*

Title: Administrator

Date: 6/17/13

Franciscan St. Elizabeth Health

By: *[Signature]*
Terrance E. Wilson, Regional CEO

Date: 4/30/13

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

SECTION 10

Transfer Agreements and Criteria

1. Transfer criteria
2. Transfer agreements with other hospitals

Franciscan St. Elizabeth Health has transfer criteria and transfer agreements with other hospitals.

Franciscan St. Elizabeth Health
Lafayette, Indiana

TRAUMA PATIENT TRANSFER AGREEMENT
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It is agreed that either party may choose to provide coverage through a program of self-insurance. Any insurance coverage not provided through a program of self-insurance shall be placed with an A.M. Best Rated Insurance Company with no less than an A-Rating and licensed to provide insurance in the State of Indiana unless FSEH provides insurance through the Hills Insurance Company, Inc. Further, each party hereby agrees to notify the other immediately of the termination, expiration, or cancellation of any of its insurance coverage or loss of such qualified health care provider status.

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XII. TERM AND TERMINATION

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12.1-1 Either the Hospital or FSEH has its license issued to it by the State of Indiana revoked, suspended, or not renewed; or

12.1-2 Either party's agreement with the Secretary of Health and Human Services under the Medicare Acts is terminated.

- 12.2 During the term of this Agreement, FSEH shall notify Hospital regarding: (1) FSEH ownership change; (2) FSEH name change; or (3) an appointment of a new Administrator and/or Hospital-FSEH liaison person, as soon as practicable after the change.

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XIV. NOTICES

Notices or communication herein required or permitted shall be given the respective parties by registered or certified mail (said notice being deemed given as of the date of mailing) or by hand delivery at the following addresses unless either party shall otherwise designate its new address by written notice:

FSEH

Franciscan St. Elizabeth Health
Attn: Contract Administration
1501 Hartford St
Lafayette, IN 47904

HOSPITAL

Kyle DeFur
President
St. Vincent Hospital and
Health Care Center, Inc.
2001 West 86th Street
Indianapolis IN 46260

Copy to: St. Vincent Contract Management
8402 Harcourt Road, Suite 823
Indianapolis, IN 46260

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Comptroller General and their representatives to the related organization's books and records. If FSEH refuses to make the books, documents, and records available for said inspection and if Hospital is denied reimbursement for said services as a result of such refusal, FSEH agrees to indemnify Hospital for Hospital loss or reduction in reimbursement, which shall include, but not be limited to, the amount of reimbursement denied or disallowed, plus any associated interest, penalties, and attorneys' fees. The obligation of FSEH to make records available shall extend for four (4) years after the furnishing of the latest services under this Agreement and any renewal thereof.

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Neither Party shall use the name of the other Party in any promotional or advertising material unless review and approval of the intended use is first obtained, in writing, from the Party whose name is to be used.

XXIV. 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.

XXV. EXECUTION

This Agreement and any amendments thereto shall be executed in duplicate copies on behalf of the Hospital and FSEH 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 representatives of the Hospital and FSEH have executed this Agreement the dates written below.

St. Vincent Hospital and Health Care Center, Inc.

By: *[Signature]*

Title: Administrator

Date: 6/17/13

Franciscan St. Elizabeth Health

By: *[Signature]*
Terrance E. Wilson, Regional CEO

Date: 4/30/13

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

SECTION 11

Trauma Operating Room Staff & Equipment

1. Prompt availability of trauma OR
2. Appropriately staffed OR team
3. Essential equipment, including for craniotomy
4. Anesthesiologist services 24 hours per day
5. List of essential equipment available to OR staff

Franciscan St. Elizabeth Health Lafayette has prompt availability of a trauma operating room and appropriately staffed OR team with essential equipment, including equipment needed for craniotomy, and anesthesiologist services 24 hours per day.

**Franciscan St. Elizabeth Health
Lafayette, Indiana**

**FRANCISCAN ST. ELIZABETH HEALTH
LAFAYETTE, IN
SURGERY**

NUMBER:	6601-II-01	DATE:	February 19, 2002
DEPARTMENT:	Surgery	REVISED:	March 15, 2013
REPLACES PROCEDURE #:	6601-II-01 (2/10)	REVIEWED:	

SURGERY STRUCTURE STANDARD I – OVERALL PURPOSE

PURPOSE: To establish standards by which nursing care is delivered within Surgery located on the East Campus. The purpose of Surgery is to provide comprehensive nursing care to patients undergoing a surgical procedure.

- A. To identify and implement nursing care for the surgical patient that is based on established professional standards.
- B. To provide a safe and therapeutic environment for surgical intervention.
- C. To collaborate with other health care team members and professionals to meet the patients' health care needs.
- D. To provide personnel, services and equipment that facilitates surgical intervention.

GENERAL INFORMATION: Applicable for nursing care delivered to the surgical patient

PERSONNEL: All staff within Surgery.

EQUIPMENT: N/A

PROCEDURE:

SCOPE OF SERVICES

Surgery is a specialty unit for the care and monitoring of the patients during surgical procedures. Care is provided in surgery for all types of surgical patients, including inpatients and outpatients. Services provided for patients of all ages; infancy, childhood, adolescence, adult and geriatric populations.

Patient care needs are in accordance with the Indiana State Department of Health, Healthcare Facilities Accreditation Program, and the Association of Operating Room Nurses. Surgery provides comprehensive, individual care to both inpatients and outpatients requiring surgical interventions. See addendum A for a list of surgical procedures performed. These include, but are not limited to the following: general, vascular, adult cardio-thoracic, urological,

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neurosurgical, gynecological, orthopedics, ophthalmic, maxillofacial, dental, plastic, and otolaryngological.

Surgery works closely with several departments to provide efficient, quality care:

- Central Scheduling provides an accurate schedule of each day's activities.
- Registration registers and provides the patient's demographics face sheets.
- Medical Records maintains the patient's old records for physician reference accessed at times by computer.
- Materials Management provides the supplies to perform procedures.
- Central Sterile Supply sterilizes instruments.
- Clinical Engineering assists in troubleshooting equipment problems and maintains preventative maintenance programs.
- Maintenance and Environmental Services help maintain a clean and safe environment for patients and staff.
- Ambulatory Surgery staff provides pre-operative preparation for surgery and post-operative care for those patients who qualify.
- Post Anesthesia Care Unit staff provides care for patients undergoing a general anesthetic or other patients who qualify.
- Nursing Supervisors are resource personnel and they facilitate notification of regular call staff for emergency procedures.

PHILOSOPHY

The philosophy of Surgery is consistent with the mission statement of the Franciscan Alliance and the Division of Nursing.

1. We believe in the dignity of all human life and that patient care in Surgery shall be provided equally to all patients, regardless of age, race, physical, or socioeconomic conditions.
2. We believe that human life is worthy of respect; and therefore, we provide patient care and interact with others in a manner, which confirms the value of the person, and in a manner in which we would like to be treated.
3. We believe that each member of the Surgery staff is valuable and can reach their fullest potential in a work environment that offers opportunities for challenge and growth, participation in the unit management, and a voice in Nursing.
4. We believe that patient care and staff performances are best achieved in an environment where standards for work/staff performances are clearly defined and consistently administered.
5. We believe in the dynamic quality of patient care. We use a proactive approach to implement necessary change in respect to current scientific principles, regulatory/professional/legal standards, and/or growth in the health care environment.
6. We believe that each member of the surgery staff is responsible for a cost effective, productive delivery of care.

See FSEH Division of Nursing Structure Standards I.

GOALS OF SURGERY

1. To provide an environment that is safe and conducive to effective quality care by using the nursing process and following the physician's orders to meet the specific needs of each patient.
2. To provide nursing care that is in accordance with the hospital and the nursing division standards; which meet legal, state, and federal regulatory agency requirements, as well as recommended practices of pertinent national organizations (AORN, etc.)
3. To provide an orientation program and a staff educational program which ensures the competency of staff by continually assessing staff's knowledge, skills and performance to identify needs.
4. To provide and maintain appropriate equipment, instruments, and supplies necessary to perform procedures in a competent and cost-efficient manner, ensuring the safety of patients and staff.
5. To foster and maintain a professional working relationship with nursing units and ancillary departments to assure patients receive timely and efficient service.
6. To provide compassionate concern while functioning as a patient advocate, facilitator, and resource.
7. To develop annual goals and objectives which will be identified and measured through performance improvement activities.
8. To provide a climate of positive spirit and cooperation among all members of the operative team while functioning at the highest level of proficiency and efficiency.
9. To respect and protect the rights of privacy and confidentiality of all individuals receiving care within the organization.

DESCRIPTION OF SETTING

Surgery is located on the 2nd floor of the Bonzel Building at Franciscan St. Elizabeth East Hospital. Adjacent is the Post Anesthesia Care Unit. To the north, in the Francis Building is the Ambulatory Surgery Center. The proximity of the three units allows for the transfer of patients between units. Surgery consists of the following:

- Eight operating rooms.
- Four Substerile Rooms
- All operating rooms have laminar air flow.
- One clean storage room.
- Men and Women's locker rooms.
- One control office area.
- A staff lounge
- The Materials/Purchasing office.
- Journaling/Charging Office
- Supply room for sterile instruments, supplies, and equipment.
- An Education coordinators office.

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- One soiled utility room.

All of the operating rooms are equipped with oxygen, air, nitrous oxide, nitrogen, and suction. General anesthetics are given only in the OR.

All rooms can be used for different types of cases. They can be mixed and interchanged as needed as dictated by the surgery schedule.

GYN Surgery will be performed in the Women's Center. Pre-Operative Care of the patient will occur in the Observation Unit and the Post Anesthesia Care Unit is adjacent to the OR's. The proximity of the three units allows for the transfer of patients between units.

All patients are monitored; cardiac, blood pressure, pulse oximetry, and gas analysis monitors are available for all patients. Continuous cardiac output, arterial, central venous, and pulmonary artery pressure monitors are available. The unit has its own monitor-defibrillator with printouts available. The crash cart is set up according to the needs of the anesthesiologists and surgeons, available equipment/drugs and tracheotomy tray, for handling neonates, infants, children, adolescents, adult and geriatric patient codes in combination with the hospital crash carts used as a guideline. A separate specialized cart contains medications and supplies for malignant hyperthermia crisis.

1. **SPACE--** Space is allocated within the OR suite to provide for the work to be done, with consideration for efficiency with which it can be accomplished. The OR suite is divided into unrestricted, intermediate, semi-restricted, and restricted areas.
 - Unrestricted: Street clothes are permitted in this area, and traffic is not limited in the front entrance into the main OR. Hospital staff and/or others may enter up to the door into the OR. It serves as an outside access area.
 - Intermediate or interchange area: Areas serving as intermediate access between unrestricted corridors and semi-restricted corridors. Included in this is the PACU, if entered at North entrance or the supply receiving area.
 - Semi-restricted: OR attire is required. The corridor down the OR hallway that enters into the operating rooms, and includes the scrub sink areas.
 - Masks are required in the autoclave area while baskets of instruments are being transferred to the back door of the ORs.
 - Restricted: OR rooms where sterile procedures are carried out. Personnel must wear scrub attire, caps, masks and shoe covers if required.
2. **Inpatient holding bay**
 - This area is designed to have inpatients wait in readiness for their physician/anesthesiologist and preparation of the surgical site as needed before surgery. All patients entering through the Surgery Center will be seen and transported from there..

3. Dressing Rooms.
 - Dressing rooms are provided for men or women. Lockers are provided for the employees, some lockers may be shared. The Operations Manager of the OR will assign lockers for female physicians and staff. Male physicians and staff have locker rooms to use for dressing. Physicians are encouraged not to lock the lockers (long) and to use the billfold lockers as their personal lockers. Lavatory facilities are provided for both male and female staff. Showers are available in both lavatory facilities.
4. Control Office.
 - The OR office is used for talking to surgeons, hospital personnel, and others. The open windows are used to stop unauthorized persons from entering the OR. The office is used as the communication center for the OR.
5. Lounge.
 - The staff lounge is located on the South End of the department and will be utilized by PACU and Surgery staff as well as Physicians and is used for eating and drinking. It contains the coffeepot, refrigerator, and bulletin boards that are used for staff announcements, information, educational offerings, staff meeting minutes, and performance improvement data. Staff meetings may be held at KWC or in the lounge.
6. Decontamination Room.
 - Case materials are brought to this area after the case. Contaminated items are transported to CSR by the elevator. This room also contains trash and line chutes. They then process the instruments as they are transferred from the OR, with washer-decontamination and then are sterilized by the appropriate sterilization method. Specimen containers are also available in the decontamination room. Specimens are to be transported to the grossing room adjacent to surgery.
7. Workroom/Sterile supply room/Instrument room.
 - Disposable supplies are kept in this area; sterile sets of instruments and disposable packs and drapes are kept in this room. An elevator brings sterile supplies from CSR on carts to the OR. The workroom is located just inside the semi-restricted area.
8. Offices for the Operation Manager and Division Director
 - The Operations Manager will use the Control Office. For confidential conversations, she will use the education coordinator's office to the left of the control office. The Division Director's office is just outside the Surgery department, just inside the North Building on the 2nd floor.
9. Storage Rooms
 - Sterile supplies (special order) and extra instruments are available in these rooms. The shelves are properly labeled.
 - The receiving area will also hold some supplies/loaner instruments.
 - Equipment such as microscopes, tourniquets, video carts, etc., as well as other specialty supplies, may be kept in the storage area to the East of the Surgery Department.

10. Scrub area.
 - Sixteen scrub sinks are available at East. They are located outside each of the rooms (OR). The scrub area contains numerous supplies. Masks, shoe covers, hats, and protective eyewear are also available.
11. Substerile rooms
 - These rooms are located between each OR.
 - Each room contains one autoclave, one steris system and cabinetry to store biological indicators as well as logs.
 - Each room also has a sink to clean an instrument for flash sterilization.
 - The room between OR 7 and 8 contains equipment needed to clean the TEE probe.
12. OR Rooms
 - Room 1 is used for the area with late schedule cases and most emergency cases. It is a general OR room.
 - Room 2 is a general OR.
 - Room 3 is a general OR.
 - Room 4 is a general or ortho OR.
 - Room 5 is a general or neuro/spine OR.
 - Room 6 is a general, ortho or neuron/spine room.
 - Room 7 is general. Ortho, neuron/spine, or backup CV OR.
 - Room 8 is general OR but, will be the designated CV OR.
13. Airflow.
 - The ventilation system in the OR must be a controlled filtrated air supply. Its rate of filtration is at 95%. Air changes and circulation provide fresh air and prevent accumulation of anesthetic gases in the room. Approximately fifteen (15) air exchanges per hour are maintained. To avoid build up of waste anesthetic gases, each anesthesia machine has a gas scavenger unit, which is attached to suction and vented to the outside.
 - Positive air pressure in each OR is greater than that outside in the corridors, scrub areas, and sub-sterile rooms. Microorganisms in the air can enter the room unless positive pressure is maintained to force air out of the room. Inlets are at the ceiling. Air leaves through the outlets at floor level. Doors of the operating rooms are kept closed as much as possible.
 - Air conditioning controls the humidity to help reduce the possibility of explosions. Moisture provides a relatively conductive medium, allowing static charge to leak to earth as fast as it is generated.
 - Room temperature is maintained within a range of 68°-72° or higher for infants. Staff is not to change room temperatures without direct instructions from the anesthesiologist/surgeon. Humidity of surgery is maintained between 30% and 60%.
14. Piped-In and Electrical Systems.

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- Vacuum, nitrogen, compressed air, oxygen, and nitrous oxide are piped into the OR. The outlets for the gases are suspended from the ceiling. As a protection against fire, etc., the gases can be shut off from outside of the OR rooms. All anesthesia machines have back up E tanks for air, O₂ and nitrous oxide.
- The plug-ins in the rooms cannot be interchanged as to inadvertently plug in the wrong gas, using the pin index system.
- The gas supply is kept in the basement of the hospital, and hospital grade tanks are used to supply the OR. This is the responsibility of the Maintenance Department to keep the proper number and hook-up of gases for the OR. The gas outlet on the O₂ and NO₂ cannot be interchanged. Small tanks are available on the anesthesia machines, and also small tanks are available in the OR in case of emergency.
- No flammable gases are used in the OR, but outlets (explosion proof) are available with the use of explosion-proof cords.
- Multiple electrical outlets are available from separate circuits. This minimizes the possibility of a blown fuse or a faulty circuit shutting off all electricity at a critical moment. Rooms are divided into 4 circuits. Yag laser outlets are used as 208 X-ray outlets.

15. Communication.

- Communication takes place by a telephone system where persons can talk directly into the room (speakerphone) or by use of the regular telephone. Pathology has the ability to call directly into each OR room. Each room has an intercom system hook-up that the room may call or the office may call into the room. This intercom can also be used to the mens or women's locker rooms, lounge and each OR.
- Wireless telephones are also used by each circulating nurse, periop liaison, operations manager and instrument/supply coordinator.

16. PACS system.

- PACS stations are available in each OR.

17. Clocks.

- Clocks using military time with a second hand are included in each OR room. Heparin clock/timers are available in each room.

18. Operating Room attire—PERSONNEL/PATIENTS

All personnel entering the semi-restricted (hallways outside the operating doors) and the restricted areas (operating rooms) of Surgery are required to wear appropriate apparel.

- Criteria for attire for personnel
 - a. Only hospital approved scrub attire may be worn
 - b. All scrub attire is laundered by the hospital
- Appropriate attire for personnel
 - a. Proper attire in the semi-restricted areas shall include hospital supplied
 1. Disposable bouffant cap
 2. Disposable surgeon cap

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3. Disposable hood for personnel with facial hair
 4. Scrub pants and shirt
 5. Warm up jacket
 6. Disposable shoe covers or boots are optional
 7. Protective eyewear must be worn by scrub personnel
- b. Attire that becomes wet or otherwise contaminated is removed, and fresh attire is donned
 - c. Masks are changed between cases
 - d. Scrub attire is changed daily and complies with the dress code if worn outside the hospital campus
- Upon leaving Surgery Suite
 - a. All masks removed
 - Appropriate attire for patients
 - a. Appropriate attire in the restricted and semi-restricted areas of Surgery consists of
 1. Clean patient gown.
 2. Surgical cap
 - b. Nail polish and hairpins are to be removed
 - c. Jewelry and personal items should be removed and given to a family member if present, or remain with the patient's personal items

HOURS OF OPERATION:

Surgery is an episodic department. The department is open 24 hours a day, seven days a week for surgical cases. Staffing is between the hours of 0700 and 1930, Monday through Friday.

Cases which need to be performed after normally staffed hours are covered by Staff taking call.

ADDENDUM A

<p>ABDOMINAL Adrenalectomy Appendectomy Appendectomy, laparoscopic Bowel resection Bowel resection laparoscopic Colostomy Abdominal perineal resection Pyloroplasty Ramstedt Splenectomy Cholecystectomy/related procedures Cholecystectomy, laparoscopic Hysterectomy Hysteroscopy Oophrectomy Laporatomy Partial hepatectomy Ileostomy Gastropexy Hysterotomy Enterostomy Gastrostomy Gastric resection Vagotomy Hiatus hernia Lysis of adhesions Pancreatectomy Salpingectomy Tuboplasty Laparoscopy/pelviscopy Herniorrhaphy (ing,inc,umb,fem) Hernia (ventral, diaphragmatic) Hernia (laparoscopy) Cecostomy Ectopic Laparoscopic assisted vaginal hysterectomy Nissan, Laparoscopic</p>	<p>Otoplasty Thyroidectomy Neck discectomy Laryngectomy Thyroglossal duct cyst Polypectomy Lymph node biopsy Tympanoplasty Tonsillectomy and adenoidectomy Submucous resection Nasal reconstruction rhinoplasty Septoplasty, out fractures, cautery of turbinates Ethmoidectomy Palatopharyngealplasty Endoscopic sinus Mandibulectomy/Ostectomy Glossectomy Laser procedures of cords Facial reconstruction Pharyngeal flap</p> <p>ENDOSCOPY Bronchoscopy, fiberoptic bronchoscopy Esophagoscopy Mediastinoscopy Choledochotomy Endoscopic, Gastrostomy, Colonoscopy Fiberoptic cystoscopy Laryngoscopy fiberoptic laryngoscopy Gastroscopy Sigmoidoscopy, fiberoptic sigmoidoscopy Angioscopy Microlaryngoscopy Laser procedures bronchoscopy, laryngoscopy, UVP3 with laser</p> <p>PERINEAL Hemorrhoidectomy fissure, fistula, I&D rectal abscess Excision of cervical stump A&P repair Vulvectomy</p>
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<p>CARDIOVASCULAR Abdominal aortic aneurysm Carotid endarterectomy Repair of artery Femoral to femoral bypass graft Femoral to popliteal bypass graft Aortic to femoral bypass graft Brachial to brachial bypass graft Axillo-femoral Graft repair Distal leg bypass Thoracotomy/lobectomy, wedge or pneumectomy Thoracoscopy Decortication Pericardial windows Coronary Artery Bypass Grafts Thoracic Aneurysm Repair Open Heart Valve Replacement/Repair Septal Defect Repair Laser revascularization MAZE procedure</p> <p>EAR, NOSE, THROAT Mastoidectomy Stapedectomy Myringotomy/tube insertion Tracheostomy Fenestration Parotid/tumor Ossicular reconstruction</p>	<p>Vaginal hysterectomy Vesicle vaginal and rectal vaginal repair</p> <p>INSERTION OF CATHETERS Hickman, Broviac Dialysis catheter Groshong catheter Greenfield vena cava filter Triple lumen catheters Epidural catheter Double, single, and triple lumen catheter insertion A-V shunt LeVeen shunt Denver shunts Pacemaker CVP lines Swan Ganz catheters/pacing catheter A-Lines</p>
<p>EYE Plastic repair of lacerations Ptosis repair Lacrimal-duct dilation Dacryocystorhinostomy Enucleation Exenteration Cauterization Keratoplasty Cataract procedures, intracapsular extracapsular, linear, and phacoemulsification Implantation of intraocular lens Retinal repairs Biopsy of neoplasms</p>	<p>UROLOGICAL Prostatectomy (TUR/suprapubic) Nephrectomy Pyelolithotomy Hydrocelectomy Ileo-bladder Nephroscopy Spermatocoelectomy Stamey procedure Penile prosthesis Ureterolithotomy Vasovasostomy Nephrostomy Cystoscopy, retrogrades, stents, stone</p>

<p>Blepharoplasty Dacryocystectomy Muscle procedures Evisceration Removal of foreign body Pterygium Repair of corneal lacerations Vitrectomy Laser</p> <p>PLASTIC Pedicle flaps Mammoplasty Excision of cysts, lesions, and scar revisions Foreign body removal Mandibular advancement/reduction Breast reduction Teeth extraction Skin grafts Breast procedures, laser, radical, modified radicals Vein ligation Tissue expander Breast implantation Gingivectomy</p> <p>NEUROSURGICAL Aneurysm Trefine Laminectomy AV shunt Discectomy/rhizotomy Hypophesectomy Tumor (neurosurgical) Craniotomy, craniectomy, burr holes Laminectomy/fusion Sympathectomy Anterior/posterior cervical spine Carpal tunnel Cordotomy TRSH (spinal procedure) Anterior/posterior stabilizations</p>	<p>manipulation Orchiectomy Circumcision Ureteroscopy Pyeloplasty TUR bladder tumor or vesicle neck Lithotripsy/ESWL Penile amputation Varicocelelectomy V-lap Laser lithotripsy</p> <p>ORTHOPEDICS Open reduction all bones/joints Total joint replacements (hips, knees, shoulder, elbow) Arthroscopy Repair of tendons, ligaments Excision of tumors, lesions, and bone biopsy Midas Rex instrumentation Bone grafting Prothesis devices implanted Use of bone cement/bone grafting Closed reductions Skeletal traction Intramedullary nailing Joint reconstruction Bunionectomy and associated procedure Laminectomy Application of plaster Arthrotomy Metacarpophalangeal joint replacement Hand Procedures Digit reattachments</p>
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APPROVALS:

Division Director, ASU and Surgery

Vice President and Chief Nursing Officer

**FRANCISCAN ST. ELIZABETH HEALTH
LAFAYETTE, IN
SURGERY**

NUMBER:	6601-II-04	DATE:	January, 1993
DEPARTMENT:	Surgery	REVISED:	March 15, 2013
REPLACES PROCEDURE #:	6601-II-04 (12/09)	REVIEWED:	

SURGERY STRUCTURE STANDARD IV – STAFFING

PURPOSE: To establish the standards by which nursing staff is utilized and competencies determined within Surgery. To provide the patients with optimal nursing care and to describe the operational plan for the delivery of care.

GENERAL

INFORMATION: Surgery will be staffed by personnel who qualify by relevant education, training and current competency to provide patient care. Surgery provides a care delivery system that allows staff to meet the patient and family care needs in a safe, therapeutic, efficient and cost-effective manner.

PERSONNEL: All Surgery staff

EQUIPMENT: N/A

PROCEDURE:

STAFFING CONSIDERATIONS AND NURSING PERSONNEL MANAGEMENT

Utilization on Nursing Staff and Staffing

See Franciscan St. Elizabeth Health (FSEH) Division of Nursing- Structure Standard IV.

Delivery of Care Methodology

See FSEH Division of Nursing- Structure Standard IV for basic information. The following is in addition to this.

The delivery of care in Surgery is modified primary. The role of the professional RN is to define, direct, supervise, and evaluate patient care directly and via delegation to others. The role of the RN is that of a primary circulator on all surgery cases. The primary role of any non-RN staff is as a complimentary support to the RN in providing care to patients and the running of the unit as directed by the RN staff, State/local regulations, and the Division of Nursing standards. Also, see job descriptions for responsibilities of all staff.

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The staff, who is opening the department in Surgery is responsible for verifying any changes in the surgery schedule or anesthesiologists, and then post the daily schedule. To check the crash cart, complete refrigerator and freezer temperature records, check the glucometer/ I-stat, check the first cases of the day and run the checks on the steris machines, then complete any tasks needed and to prepare the area to receive patients.

The staffs who are closing Surgery are responsible to confirm area is stocked adequately for the next day's activities, cases are set-up, put away supplies and equipment, turn off electrical appliances and equipment, return all blood products and notify they nursing supervisor if applicable.

Call schedules: Call is utilized in Surgery whenever the department is closed, which includes holidays and weekends and after all the staff have left the department, the call schedule and hours are the responsibility of the Division Director and Operations Manager. The schedule is for a 6-week period of time and is posted at least two (2) weeks prior to the beginning of the schedule. Requests for time off must be completed four (4) weeks prior to the beginning of the schedule.

Scheduled procedures or add on procedures that are underway prior to the department's scheduled closing time may require staff to remain past scheduled hours and this considered overtime.

Weeknights: Call has one RN and one CST on call, weeknight call is assigned and may be traded with the approval of the Division Director or Operations Manager. The shift is from 17:30 to 2200. If the department shuts down early the staff on call will assume call earlier than 17:30 and will be in contact with the Operations Manager or designee to assume call at an earlier hour. From 2200-0700, the cases are covered by a RN and CST Monday thru Friday. At all times the Hospital Nursing Supervisor will be informed of the call situation and who is on call.

Weekends: Call is from 0700 Saturday till 0700 Monday.

Holidays: Call is from 0700 till 0700 the next day. Holidays may be split and the communication again must be on the callboard and the Nursing Supervisor must be kept informed. Holidays are by a rotation system. New employees fill in for the person whose place they replaced. Holidays may be divided up into 4-hour blocks with the approval of the Division Director or Operations Manager.

Assigned call rotation will be in the hour book and is posted with the staff schedule and will include weekend and holiday call. If staff trade call duties after the schedule is posted, it is only with the approval.

During the timeframe from Memorial Day to Labor Day only two (2) weeks of vacation time will be granted at one time. Two nurses and two CST's may be off at any given week. Requests for time off begin 1 year in advance at the beginning working day of that month. More staff may be granted time as the schedule allows. Seniority grants the time off on the first day of the month. Time requested on the second day of the month is first come first serve.

Change of hours will be eight 8-hours, ten 10-hour and twelve, 12-hour shifts. On occasion staff will be asked to work different hours and different shifts to meet the needs of the department.

When back-up is needed staff or designee will call according to the department list. If a staff member is called to assist and declines the disciplinary process may be used.

Coming in on call: The Nursing supervisor will call the Surgery RN and the CST. The Surgery nurse is responsible to call in the PACU nurse when she or he determines the need for Post Anesthesia Care giving them at least a 45 minute notice. The Nursing Supervisor connects the Surgeon and the Anesthesiologist, and the Surgeon is responsible to communicate back to the Nursing Supervisor the time of the case, type of case, patient's name, NPO status, and any pertinent information about needed items.

Illness: If a staff member becomes ill while on call or prior to call, the person who is ill needs to find a replacement for the call. The replacement works out the call schedule with the ill employee at the first available time. The communication must also take place with the knowledge of the Nursing Supervisor.

Pagers: Pagers are provided by the hospital for the convenience of the call staff, it is the responsibility of the call staff to make sure that the pager is working properly before taking call. If there is a problem with the pager the Division Director or Operations Manager must be notified and return to IT for a replacement. The staff is responsible to know what frequency the pager is to be on for the distance that they are from the hospital. If taking a pager for a call shift, it must be returned promptly when the call shift ends so it will be available for the next person on call.

Inclement Weather: It is the responsibility of the person on call to be knowledgeable about the weather forecast. When a winter storm warning is issued or is imminent, the person on call must be sure that they can be at the hospital within the thirty (30 minutes) drive and to be ready to do a case in forty five minutes. This time should be taken into account how long it will take to get dressed, scrape snow and any other thing that must be done before you can get to the hospital. Two sleep rooms have been provided close to the department or on the Nursing Units if a staff member needs to stay at the hospital.

Termination or transfer of an employee: When a RN or CST leaves the department that position will remain as is for the rotation only. The call responsibilities will be divided between the remainder of the RN's or CST's until a new schedule is posted and a new rotation is created.

Determination of Staffing Patterns

See FSEH Division of Nursing- Structure Standard IV, for basic information. The following is in addition to this.

- Staffing is sufficient in terms of numbers, skill mix and competency to meet the needs of the patients.
- Assignments are made daily and determined according to the patient acuity, staff mix, surgery schedule, physicians working, etc. (some require more staff due to their style of practices)
- Staff must be flexible to meet the changing needs of the department; adjusting to add-ons, emergent procedures, and alterations in anticipated length of surgery.

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- Add on cases will be delegated among the staff according to availability and workloads. Every attempt will be made to share add-ons among staff present.
- Considerations for alterations in staffing pattern or mix are:
 - Type of cases scheduled—short, rapid turnover cases, especially children, which may require extra staff.
 - Number of OR rooms scheduled, general rooms, eye rooms, and local areas.
 - Medical staff scheduled – some require more staff due to their style of practices, (pre-op medications, preps, IV's, etc.).

Department Specific Staffing Plans

See FSEH Division of Nursing- Structure Standard IV.

Staffing Adjustments

See FSEH Division of Nursing- Structure Standard IV for basic information. The following is in addition to this.

- A schedule will be set up for each staff member. Staff coverage will be for the hours that the unit is open, Monday through Friday from 7am until 19:30. These are schedules that are the basis for staffing and are to be used as a baseline. It may be necessary to change days worked per week due to vacations, patient census, staffing needs such as illness, weather, PTO, etc. As staffing positions and the unit's needs change, it may be necessary to change the schedules permanently.
- The Division Director or Operations Manager will make staffing adjustments. Short-term adjustments are made in situations of changing patient acuity and/or census when staffing is either inadequate or in excess of what is required.
- In order to flex up or down according to the actual number and acuity of patients, we maintain an employee list of phone numbers. When the need for additional staffing is identified in advance, changing regularly scheduled workdays if possible increases Surgery staff. If needed, we will call and schedule off duty staff, (part time staff first). When census is low we will work on unit projects i.e. P.I.; educational needs, grant PTO or VTO. Paid time will be granted first and then VTO will be rotated among staff. When possible staff will leave as the days schedule allows, staff scheduled for an earlier shift will leave first before a later nurse. I.E., the 7A-3:30 staff will be allowed to leave at 1300 before a nurse who is scheduled until 17:30 or 19:30 to ensure coverage if later cases are added on or unplanned patients are on the Surgery schedule.
- In order to provide coverage for staff members to attend meetings and mandatory inservices, these are scheduled on the department calendar and staffing adjusted accordingly.
- Departmental policy for unscheduled paid time off (PTO) will follow the hospital P&P with these additional guidelines.
 - If the staff suspects that they will be unable to fulfill their scheduled obligation they should call the unit and talk with the person in charge or Operations Manager. They will then assess the staffing needs and availability, scheduled procedures, etc. to determine if staff scheduled off need to be contacted to cover shift or part of the shift.

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- Vacations/PTO-guidelines are as follows: Staff is responsible for knowing what their maximum PTO is and need to plan for use of their PTO throughout the year. Staff should not wait until their PTO bank is full and then request PTO; the PTO may not be granted if a previous request approved.
 - PTO is to be requested in written form and submitted to the Operations Manager or her designee. PTO will be evaluated based on the needs of the unit, staffing availability, and expected activities of the unit.
 - Trading of shifts, or coverage should not involve overtime, (unless approved by the Division Director or Operations Manager.)
 - The Division Director and the Vice President will review the staffing plan, and the master schedule, at least annually.

Schedules

See FSEH Division of Nursing- Structure Standard IV, also see the Department Specific Staffing Plan above for more information.

Surgery schedules are based on the projected daily census and typical surgical scheduling patterns. Staff flexibility is necessary for effective scheduling. A staggered staffing schedule has been developed to meet the needs of the department.

Weekend and Holiday Schedules

Surgery is closed on weekends and hospital approved holidays and an on-call system is in place.

Human Resources Policies

See FSEH Division of Nursing- Structure Standard IV.

Competency Based Orientation

See FSEH Division of Nursing- Structure Standard IV.

Orientation Mechanisms

See FSEH Division of Nursing- Structure Standard IV, the following is in addition to this.

After successful completion of the Hospital orientation program, an orientation program specific to Surgery is provided. This orientation is specific to the employee's needs, based on previous experience and knowledge. An orientation checklist is used to document understanding and/or performance of departmental responsibilities. The orientation will include information on the general function of the department, chain of command, forms and documentation needed for the day to day function of the unit. The unit-based orientation program for nursing includes but is not limited to, the understanding/performance of:

- Surgery procedures, and standards
- Assessment interview
- Knowledge of surgical procedures/anesthetic agents and complications of.

Title: SURGERY STRUCTURE STANDARD IV-STAFFING
Number: 6601-II-04
Page: 6

- Certifications
 - CPR
 - Basic EKG course
 - IV therapy
 - Sedation/analgesia
 - ACLS
 - Glucometer/I-Stat
- Documentation in the electronic system.

Staff orientation is the responsibility of the Division Director and Operations Manager, who are assisted by the Educational Coordinator and designated staffs preceptors.

- Orientation of staff to the Surgery consist of:
 - A brief tour of the department, introduction to staff
 - Explanation of the flow of patients through the department
 - Location of equipment and supplies
 - Responsibilities of the position assigned
 - Name of resource person in the department if questions arise
 - Surgery related competencies

Staff development

See FSEH Division of Nursing- Structure Standard IV. The following is in addition to this.

An educational **Needs Assessment** is used as a tool to assist in developing staff education programs. P.I. studies that have identified areas for improvement in care can be used to plan educational programs. There will be educational opportunities for staff to be involved with, readings pertinent to Surgery and new procedures, will be posted and the staff will arrange presentations at department meetings.

Volunteers

See FSEH Division of Nursing- Structure Standard IV.

Student Utilization

See FSEH Division of Nursing- Structure Standard IV. The following is in addition to this. Students will shadow a staff member depending on their learning needs and focus. Students are in Surgery for observational purposes and are under the direct supervision of the staff and/or their instructor.

Title: Surgery Structure Standard IV - Staffing
Number: 6601-II-04
Page: 7

APPROVAL

Division Director, ASU and Surgery

Vice President and Chief Nursing Officer

July 15, 2013

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OR equipment available for trauma and craniotomy cases:

- Monitor for basic vitals and invasive monitoring
- Bair Hugger for warming
- OR table
- Fx table
- Vascular table
- Bovie
- Bipolar
- Suction
- Tourniquets
- Hand table
- Headlights
- Large crani table
- Cell saver
- Fluid warmers
- Rapid infuser – Level 1
- IV pumps
- C-arm – large and mini
- Regular x-ray
- DVT prevention machine
- PACS computer and viewer for viewing scans and x-rays
- Computers
- Ortho instrumentation for all ortho needs: drills, basic and specialized instrument sets, implant sets
- Neuro instrumentation for all crani needs: drill, basic instruments, clips, cranial implants
- Instrumentation available for all other specialties based on nature of injury
- Bioimplants including: bone grafts and dural tissue
- X-ray aprons
- Sitting and standing stools
- Sponge counter system

Title: Anesthesia Services
Number: 2731-II-0402
Page: 2

- D. FSEH requires intra-operative physiological monitoring that must include continuous evaluation and monitoring of oxygenation, ventilation, circulation, and any other parameters deemed necessary.
- E. Each patient must be appropriately evaluated and examined by the anesthesiologist before surgery to evaluate the risk of anesthesia relative to the procedure being performed.
- F. The anesthesiologist is responsible for peri-anesthetic care throughout the course of the operative procedure.
- G. Before discharge from FSEH, the patient is appropriately evaluated prior to discharge. FSEH uses discharge criteria established by the medical staff to determine if an individual meets such discharge criteria and, if so, authorize discharge when those criteria are met.

III. Guidelines for Anesthetic Care:

- A. The same quality of anesthetic care is available for all patients. There is a call system in place that provides support for both surgery departments and also Labor, Delivery, Recovery Postpartum unit (LDRP) 24 hours a day, 7 day a week.
- B. Each anesthesiologist is responsible for pre-anesthetic evaluation and preparation. Such evaluation includes:
 - 1. Review of the patient's medical chart.
 - 2. An interview with the patient/significant other to include:
 - a. Discuss medical and medication history, including anesthetic experiences and drug therapy; and
 - b. Perform any physical examinations necessary to provide information to assist the anesthesiologist in decisions regarding risk and patient management.
 - 3. Order necessary tests and medications necessary for anesthesia induction.
 - 4. If necessary, obtain appropriate consultations.
 - 5. Record impressions and plan on the patient medical chart.
 - 6. Discuss finding with the patient or other responsible adult, as appropriate, and obtain patient's consent for anesthesia.
- C. The anesthesiologist will classify the patient's physical status in accordance with ASA Classification scheme as follows:
 - P-1 A normal healthy patient.
 - P-2 A patient with mild systemic disease.
 - P-3 A patient with severe systemic disease.
 - P-4 A patient with severe systemic disease that is a constant threat to life.
 - P-5 A moribund patient who is not expected to survive without the operation.
 - P-6 A declared brain dead patient whose organs are being removed for donor purposes.

IV. Peri-Anesthesia Care. The anesthesiologist is responsible for:

- A. Re-evaluation of the patient immediately prior to induction of the anesthesia.
- B. Preparation and check of equipment, drugs, fluids and gas supplies.

Title: Anesthesia Services
Number: 2731-II-0402
Page: 3

- C. Appropriate intra-operative monitoring of the patient.
- D. Selection and administration of anesthetic agents to render the patient insensible to pain during the procedure.
- E. Recording the events of the procedure on the appropriate anesthesia chart form.

V. Post-Anesthesia Care

- A. The responsible anesthesiologist will remain with the patient as long as necessary.
- B. FSEH is responsible for providing adequate nursing personnel and equipment necessary for a safe post-anesthesia care environment.
- C. The anesthesiologist is responsible to provide a verbal report to personnel caring for the patient and informing the Post Anesthesia Care staff of any specific problems relative to each patient.
- D. The PACU staff will continually monitor the patient's condition while in the PACU. The anesthesiologist and/or surgeon will be informed of significant changes in the patient's condition.
- E. The anesthesiologist is responsible to discharge the patient in accordance with discharge criteria established by the medical staff.

VI. Bypassing the PACU:

- A. Anesthesia determines what patient's may bypass the PACU
 - 1. Patients from the Critical Care Units may return to the units.
 - 2. Those patient's that need ventilator support for > than recovery period.
 - 3. Patient's that meet the criteria for dismissal from PACU i.e. bier blocks, and monitored anesthesia patients.

VII. Post-Operative Visit:

The post anesthesia follow-up on each inpatient will be completed within 48 hours after surgery. Documentation of this visit with date and time will accompany a description of the presence of an anesthesia-related complications and their management.

Title: Anesthesia Services
Number: 2731-II-0402
Page: 4

APPROVAL

Division Director, Surgery

Medical Director, Anesthesia Services

Chairman, Anesthesia Department

Vice President and Chief Nursing Officer

Vice President, Medical Services and Quality
Initiatives

July 15, 2013

ATTN: Mara Snyder
Legal & Code Services
Indiana Department of Homeland Security
302 West Washington Street, Room W246
Indianapolis, IN 46204

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Indiana State Trauma Care Committee:

Subject: Application for hospital to be designated "In the ACS Verification Process"

Franciscan Physician Network – WIR Anesthesiology is pleased to support Franciscan St. Elizabeth Health • Lafayette East as they apply for the "In the ACS Verification Process" status. It is our understanding that a favorable approval recommendation from the EMS Commission will allow any EMS Provider to take trauma patients to this facility, thus, providing Franciscan St. Elizabeth Health • Lafayette East the opportunity to receive the patients necessary to demonstrate a track record of excellent trauma care.

We further understand that our role as anesthesiologists is significant and will impact the success of this endeavor. We look forward to working with the multidisciplinary team and we will:

- Support the Mission, Vision, Values and Goals of the organization.
- Offer expertise to help ensure the health and success of the program.
- Provide board certified anesthesiologists;
- Provide an on call anesthesiologist that is promptly available twenty four (24) hours per day.
- Identify an anesthesiologist to act as the liaison to the trauma program, must attend a minimum of 50% of the multidisciplinary peer review meetings and actively participate with the overall trauma Performance Improvement Patient Safety program.
- Demonstrate commitment to excellence in trauma patient care by participating in the organization of trauma protocols, trauma call rosters, and trauma rounds, as indicated.

Acting as the Medical Director of Franciscan St. Elizabeth Health • Lafayette East, I have read and agree to this Letter of Commitment and look forward to assisting the organization in this role.

Respectfully,



Jan H. Fisher, M.D.

Franciscan Physician Network – WIR Anesthesiology



TO: FRANCISCAN PHYSICIAN NETWORK – WIR ANESTHESIOLOGY

FROM: SHERRY RANSOM, VICE PRESIDENT CHIEF NURSING OFFICER
JIM SIEMERS, EXECUTIVE VICE PRESIDENT CHIEF OPERATING OFFICER

DATE: JULY 15, 2013

SUBJECT: APPLICATION FOR HOSPITAL TO BE DESIGNATED “IN THE ACS VERIFICATION PROCESS”

Purpose:

The purpose of this memorandum is to facilitate a collaborative partnership Franciscan Physician Network – WIR Anesthesiology and Franciscan St. Elizabeth Health • Lafayette East (the Agency). It is imperative to coordinate the efforts of these Agencies to promote a comprehensive clinical base for supporting Indiana’s Trauma system plan. Building on individual strengths and competencies, a collaborative partnership will extend and strengthen the Agency’s ability to ensure that trauma patients will experience fewer deaths and improved outcomes.

Background:

Injuries are the leading cause of death for Hoosiers aged 1-34. More than 95,000 Hoosiers are hospitalized and more than 5,000 die from injuries each year. For those over the age of 65, falls are the number one injury cause of death. Motor vehicle fatality is the number one killer of people ages 5-24. Forty-one states have trauma systems, Indiana is not one of them. 36% of Indiana’s hospitals are rural and 16 Of Indiana’s 92 counties do not have a hospital; however, the Indiana State Department of Health is working on a plan to implement a state wide system in Indiana. Currently, there are 8 American College of Surgeons (ACS) Certified hospitals. Three Level I and five Level II trauma centers include: Methodist Hospital, Indianapolis (I), Riley Children’s Hospital, Indianapolis (I), Memorial Hospital of South Bend (II), Parkview Hospital, Fort Wayne (II), Deaconess Hospital, Evansville, (II), St. Mary’s Medical Center, Evansville (II), Wishard Health Services, Indianapolis (I), and Lutheran Hospital of Indiana, Fort Wayne (II). St. Vincent opened Level II trauma services in the summer of 2011, and IU Arnett has applied for Level III designation. The Triage and Transport Rule requires medical personnel to transport a severe traumatic injury patient, as defined by the Center for Disease Controls and Prevention, to the nearest trauma center instead of the nearest hospital. It is the desire of Franciscan St. Elizabeth Health • Lafayette East to become part of Indiana’s trauma system by becoming designated as a trauma Level III hospital; thus, providing the necessary resources for resuscitation, surgery, and intensive care for most trauma victims. A pre-planned, comprehensive, inclusive network of trained and equipped trauma care providers including ambulance, crews, hospitals, trauma centers, physicians, nurses, rehabilitation specialists, trauma registrars and injury prevention professionals, throughout the state, ensure that optimal trauma care is available and accessible everywhere. This designation provides a benefit to the community of Tippecanoe County and surrounding counties, serves as a pathway for continuous improvement, and eliminates the potential loss of revenue and service line impact for patients currently being treated at Franciscan St. Elizabeth Health • Lafayette East.

Roles and Responsibilities:

Franciscan Physician Network – WIR Anesthesiology will:

- 1) Provide board certified anesthesiologists. A CRNA under physician supervision may also be utilized;
- 2) Provide an on call anesthesiologist or CRNA with appropriate supervision that is promptly available 24 hours per day. Promptly available is defined as responding within 30 minutes, 80% of the time for the highest level of activations. Assist with the development of criteria to allow the anesthesia provider to take call from outside the hospital, but with the clear commitment that the provider will be immediately available for airway and operative management. Under these circumstances, the presence of a physician skilled in emergency airway management must be documented;
- 3) Identify an anesthesiologist to act as the liaison to the trauma program, must attend a minimum of 50% of the multidisciplinary peer review meetings and actively participate with the overall trauma Performance Improvement Patient Safety program. Specific participation includes a commitment to improve trauma care by reviewing selected deaths, complications, sentinel events and assisting with the development of criteria for the highest level activations. The goal is to identify issues and formulate adequate responses.
- 4) Demonstrate commitment to excellence in trauma patient care by participating in the organization of trauma protocols, trauma call rosters and trauma rounds, as indicated.

Franciscan St. Elizabeth Health • Lafayette East will:

- 1) Provide board certified anesthesiologists. Operative anesthesia may also be provided by a CRNA under physician supervision;
- 2) Provide an operating room that is adequately staffed and readily available in a timely manner. In a Level III designated trauma center, this criterion can be met by a team on call from outside the hospital;
- 3) Provide relevant operating room equipment, inclusive of, rapid infusers, thermal control equipment, resuscitation fluids, intraoperative radiologic capabilities, equipment for fracture fixation and equipment for endoscopic evaluation (bronchoscopy and gastrointestinal endoscopy), as well as craniotomy equipment;
- 4) Provide postoperative recovery care in the postanesthesia care unit (PACU) or intensive care unit (ICU). This availability requirement may be met with an on call team from outside the hospital;
- 5) Provide monitoring and resuscitative equipment that will address the need for pulse oximetry, end-tidal carbon dioxide detection, arterial pressure monitoring, pulmonary artery catheterization, patient rewarming and intracranial pressure monitoring;
- 6) Provide qualified ICU nurses 24 hours per day to provide care for trauma patients during the acute phase;
- 7) Provide respiratory therapy and clinical laboratory services 24 hours per day;
- 8) Provide twenty four (24) hour availability of CT scan and conventional radiography capabilities;
- 9) Provide promptly available qualified radiologists in person or by teleradiology. Promptly available to be defined collaboratively as well as other performance indicators, i.e., diagnostic accuracy of imaging compared with outcomes, timeliness of preliminary and final reports, etc.
- 10) Provide a rehabilitation team for assessment of rehabilitation needs as early as possible in the hospitalization in order to determine the potential for rehabilitation benefit.

Memorandum: July 15, 2013

Franciscan Physician Network – WIR Anesthesiology | Franciscan St. Elizabeth Health • Lafayette East
Page 3

The roles described above are contingent upon the completion and submission of the Application for Hospital to be Designated “In the ACS Verification Process.” This designation allows the hospital two years to achieve ACS verification while ensuring that trauma patients currently being treated at Franciscan St. Elizabeth Health • Lafayette East may continue to receive those services on an on-going basis.

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

SECTION 12

Critical Care Physician Coverage

1. Physicians capable of rapid response to urgent problems
2. Prompt availability of Critical Care physician coverage 24 hours
3. Supporting documentation: signed letter of commitment
4. Proof of physician coverage 24 hours

There is a signed letter of commitment for prompt availability of critical care physician coverage 24 hours per day and rapid response to deal with urgent problems in the critically ill trauma patients. Proof of physician coverage is verified through call roster.

**Franciscan St. Elizabeth Health
Lafayette, Indiana**

July 15, 2013

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ATTN: Mara Snyder
Legal & Code Services
Indiana Department of Homeland Security
302 West Washington Street, Room W246
Indianapolis, IN 46204

Indiana State Trauma Care Committee:

Subject: Application for hospital to be designated "In the ACS Verification Process"

The purpose of the letter is to inform the committee that I serve as the Chief for the Department of Medicine, Chairman of the Critical Care Committee and Medical Director of the Sleep Lab at Franciscan St. Elizabeth Health. I am pleased to serve in these roles and support Franciscan St. Elizabeth Health • Lafayette East as they apply for the "In the ACS Verification Process" status. It is my understanding that a favorable approval recommendation from the EMS Commission will allow any EMS Provider to take trauma patients to this facility, thus, providing Franciscan St. Elizabeth Health • Lafayette East the opportunity to receive the patients necessary to demonstrate a track record of excellent trauma care.

I further understand that my role is to ensure that there is prompt availability of Critical Care physician coverage twenty four (24) hours per day. The service provides rotating continuous call coverage and works closely with those physicians involved in the delivery of trauma care.

I have read and agree to this Letter of Commitment and look forward to assisting the organization in this role.

Respectfully,



Shahid M. Ahsan, M.D.
Chief of Medicine, Chairman Critical Care and Sleep Lab Medical Director
Franciscan St. Elizabeth Health

June 2013

June 2013
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July 2013

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August 2013

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Aug 25 - 31

September 2013

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sep 1 Day Call/NC: Khadra Seton: Khadra	2 Day Call/NC: Fischer Labor Day Seton: Fischer	3 Day Call: Ahsan Office: Abou Jaoude Office: Fischer Seton/NC: Khadra	4 Day Call: Ahsan Office: Abou Jaoude Office: Fischer Seton/NC: Khadra	5 Day Call: Ahsan Office: Abou Jaoude Office: Fischer Seton/NC: Khadra	6 Day Call/NC: Ahsan Seton: Khadra	7 Day Call/NC: Ahsan Seton: AJ
8 Day Call/NC: Ahsan Seton: AJ	9 Day Call: Abou Jaour Office: Khadra Seton/NC: Ahsan	10 Day Call: Abou Jaour Office: Khadra Seton/NC: Ahsan	11 Day Call: Abou Jaour Office: Khadra Seton/NC: Ahsan	12 Day Call: Abou Jaour Office: Khadra Seton/NC: Ahsan	13 Day Call/NC: Abou J. Seton: Ahsan	14 Day Call/NC: Abou J. Seton: Abou Jaoude
15 Day Call/NC: Abou J. Seton: Abou Jaoude	16 Day Call: Fischer Office: Khadra Office: Ahsan Seton/NC: Abou Jao	17 Day Call: Fischer Office: Khadra Office: Ahsan Seton/NC: Abou Jao	18 Day Call: Fischer Office: Khadra Office: Ahsan Seton/NC: Abou Jao	19 Day Call: Fischer Office: Khadra Office: Ahsan Seton/NC: Abou Jao	20 Day Call/NC: Fischer Seton: Abou Jaoude	21 Unavailable: Abou Jao Day Call/NC: Fischer Seton: Fischer
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29 Unavailable: Abou Jao Day Call/ NC: Khadra Seton: Khadra	30 OFFICE: AJ Day Call: Ahsan Office: Fischer Seton/NC: Khadra	Oct 1	2	3	4	5

SIGMA PULMONARY & CRITICAL CARE

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

SECTION 13

CT Scan and Conventional Radiography

1. 24 hour availability of CT scan and conventional radiography capabilities
2. Written letter of commitment from hospital's Chief of Radiology

There is a written letter of commitment from Franciscan St. Elizabeth Health Lafayette's Chief of Radiology that there will be 24 hour availability of CT scan and conventional radiography capabilities.

Franciscan St. Elizabeth Health
Lafayette, Indiana

July 15, 2013

ATTN: Mara Snyder
Legal & Code Services
Indiana Department of Homeland Security
302 West Washington Street, Room W246
Indianapolis, IN 46204

FRANCISCAN ALLIANCE
CORPORATE OFFICE
Mishawaka

FRANCISCAN
ST. ANTHONY HEALTH
Crown Point

FRANCISCAN
ST. ANTHONY HEALTH
Michigan City

FRANCISCAN
ST. ELIZABETH HEALTH
Crawfordsville

FRANCISCAN
ST. ELIZABETH HEALTH
Lafayette Central

FRANCISCAN
ST. ELIZABETH HEALTH
Lafayette East

FRANCISCAN
ST. JAMES HEALTH
Chicago Heights

FRANCISCAN
ST. JAMES HEALTH
Olympia Fields

FRANCISCAN
ST. MARGARET HEALTH
Dyer

FRANCISCAN
ST. MARGARET HEALTH
Hammond

FRANCISCAN
ST. FRANCIS HEALTH
Beech Grove

FRANCISCAN
ST. FRANCIS HEALTH
Indianapolis

FRANCISCAN
ST. FRANCIS HEALTH
Mooresville

FRANCISCAN
PHYSICIANS HOSPITAL, LLC
Munster

FranciscanAlliance.org

Indiana State Trauma Care Committee:

Subject: Application for hospital to be designated "In the ACS Verification Process"

I, Robert E. Mehl, M.D., am pleased to support Franciscan St. Elizabeth Health • Lafayette East as they apply for the "In the ACS Verification Process" status. It is my understanding that a favorable approval recommendation from the EMS Commission will allow any EMS Provider to take trauma patients to this facility, thus, providing Franciscan St. Elizabeth Health • Lafayette East the opportunity to receive the patients necessary to demonstrate a track record of excellent trauma care.

I further understand that the role of radiology is significant and will impact the success of this endeavor. I look forward to working with the multidisciplinary team and I will:

- Support the Mission, Vision, Values and Goals of the organization.
- Offer expertise to help ensure the health and success of the program.
- Provide qualified radiologists that are promptly available in person or by teleradiology, when requested, for the interpretation of imaging studies or interventional procedures. Promptly available will be defined by regulation and in collaboration with the multidisciplinary team. Appropriate timelines of the technologist's arrival will be documented by the Performance Improvement Patient Safety program (PIPS).
- Ensure that the communication of diagnostic information will be completed in a written format and in a timely manner. Critical information that is deemed to immediately affect patient care will be verbally communicated to the trauma team. Preliminary reports will be permanently recorded. The final report will accurately reflect the chronology and content of communications with the trauma team, including changes between the preliminary and final interpretation. Interpretative changes will be monitored through the PIPS program.

I have read and agree to this Letter of Commitment and look forward to assisting the organization in this role.

Respectfully,



Robert E. Mehl, M.D.
Chief of Radiology

CRAWFORDSVILLE
1710 Lafayette Road
Crawfordsville, IN 47933
PH: 765 362 2800

LAFAYETTE CENTRAL
1501 Hartford Street
Lafayette, IN 47904
PH: 765 423 6011 TF: 800 371 6011

LAFAYETTE EAST
1701 South Creasy Lane
Lafayette, IN 47905
PH: 765 502 4000 TF: 800 654 9410



TO: ROBERT E. MEHL, M.D., CHIEF OF RADIOLOGY

FROM: SHERRY RANSOM, VICE PRESIDENT CHIEF NURSING OFFICER
JIM SIEMERS, EXECUTIVE VICE PRESIDENT CHIEF OPERATING OFFICER

DATE: JULY 15, 2013

SUBJECT: APPLICATION FOR HOSPITAL TO BE DESIGNATED "IN THE ACS VERIFICATION PROCESS"

Purpose:

The purpose of the Memorandum is to facilitate a collaborative partnership between Lafayette Radiology and Franciscan St. Elizabeth Health • Lafayette East (the Agency). It is imperative to coordinate the efforts of these Agencies to promote a comprehensive clinical base for supporting Indiana's Trauma system plan. Building on individual strengths and competencies, a collaborative partnership will extend and strengthen the Agencies ability to ensure that trauma patients will experience fewer deaths and improved outcomes.

Background:

Injuries are the leading cause of death for Hoosiers aged 1-34. More than 95,000 Hoosiers are hospitalized and more than 5,000 die from injuries each year. For those over the age of 65, falls are the number one injury cause of death. Motor vehicle fatality is the number one killer of people ages 5-24. Forty-one states have trauma systems, Indiana is not one of them. 36% of Indiana's hospitals are rural and 16 Of Indiana's 92 counties do not have a hospital; however, the Indiana State Department of Health is working on a plan to implement a state wide system in Indiana. Currently, there are 8 American College of Surgeons (ACS) Certified hospitals. Three Level I and five Level II trauma centers include: Methodist Hospital, Indianapolis (I), Riley Children's Hospital, Indianapolis (I), Memorial Hospital of South Bend (II), Parkview Hospital, Fort Wayne (II), Deaconess Hospital, Evansville, (II), St. Mary's Medical Center, Evansville (II), Wishard Health Services, Indianapolis (I), and Lutheran Hospital of Indiana, Fort Wayne (II). St. Vincent opened Level II trauma services in the summer of 2011, and IU Arnett has applied for Level III designation. The Triage and Transport Rule requires medical personnel to transport a severe traumatic injury patient, as defined by the Center for Disease Controls and Prevention, to the nearest trauma center instead of the nearest hospital. It is the desire of Franciscan St. Elizabeth Health • Lafayette East to become part of Indiana's trauma system by becoming designated as a trauma Level III hospital; thus, providing the necessary resources for resuscitation, surgery, and intensive care for most trauma victims. A pre-planned, comprehensive, inclusive network of trained and equipped trauma care providers including ambulance, crews, hospitals, trauma centers, physicians, nurses, rehabilitation specialists, trauma registrars and injury prevention professionals, throughout the state, ensure that optimal trauma care is available and accessible everywhere. This designation provides a benefit to the community of Tippecanoe County and surrounding counties, serves as a pathway for continuous improvement and eliminates the potential loss of revenue and service line impact for patients currently being treated at Franciscan St. Elizabeth Health • Lafayette East.

Roles and Responsibilities:

Lafayette Radiology will:

- 1) Provide qualified radiologists that are promptly available in person or by teleradiology, when requested, for the interpretation of imaging studies or interventional procedures. Promptly available to be defined by regulation and in collaboration with the multidisciplinary team. Appropriate timeliness of the technologist's arrival must be documented by the Performance Improvement Patient Safety (PIPS) program.
- 2) Communicate diagnostic information in a written form and in a timely manner. Critical information that is deemed to immediately affect patient care must be verbally communicated to the trauma team. Preliminary reports should be permanently recorded. The final report must accurately reflect the chronology and content of communications with the trauma team, including changes between the preliminary and final interpretation. Interpretative changes must be monitored through the Performance Improvement Patient Safety program.
- 3) Identify a radiologist to act as the liaison to the trauma program, must attend a minimum of 50% of the multidisciplinary peer review meetings and actively participate with the overall trauma Performance Improvement Patient Safety program. Specific participation includes a commitment to improve trauma care by assisting with radiology metrics that contribute to the most important process and outcome measures, to include but not limited to, timely availability of radiology technical staff, adherence to appropriate imaging protocols and proper accompaniment of trauma patients. In addition, reviewing selected deaths, complications, sentinel events and assisting with the development of criteria for the highest level activations would be an expectation. The goal is to identify issues and formulate adequate responses.
- 4) Demonstrate commitment to excellence in trauma patient care by participating in the organization of trauma protocols, trauma call rosters and trauma rounds, as indicated.

Franciscan St. Elizabeth Health • Lafayette East agrees to:

- 1) Provide board certified anesthesiologists. Operative anesthesia may also be provided by a CRNA under physician supervision;
- 2) Provide an operating room that is adequately staffed and readily available in a timely manner. In a level III designated trauma center, this criterion can be met by a team on call from outside the hospital;
- 3) Provide relevant operating room equipment, inclusive of, rapid infusers, thermal control equipment, resuscitation fluids, intraoperative radiologic capabilities, equipment for fracture fixation and equipment for endoscopic evaluation (bronchoscopy and gastrointestinal endoscopy), as well as craniotomy equipment;
- 4) Provide postoperative recovery care in the postanesthesia care unit (PACU) or intensive care unit (ICU). This availability requirement may be met with an on call team from outside the hospital;
- 5) Provide monitoring and resuscitative equipment that will address the need for pulse oximetry, end-tidal carbon dioxide detection, arterial pressure monitoring, pulmonary artery catheterization, patient rewarming and intracranial pressure monitoring;
- 6) Provide qualified ICU nurses 24 hours per day to provide care for trauma patients during the acute phase;
- 7) Provide twenty four (24) hour availability of CT scan and conventional radiography capabilities;

Memorandum: July 15, 2013

Robert E. Mehl, M.D. | Franciscan St. Elizabeth Health • Lafayette East

Page 3

- 8) Provide respiratory therapy and clinical laboratory services 24 hours per day;
- 9) Provide a rehabilitation team for assessment of rehabilitation needs as early as possible in the hospitalization in order to determine the potential for rehabilitation benefit.

The roles described above are contingent upon the completion and submission of the Application for Hospital to be Designated "In the ACS Verification Process." This designation allows the hospital two years to achieve ACS verification while ensuring that trauma patients currently being treated at Franciscan St. Elizabeth Health • Lafayette East may continue to receive those services on an on-going basis.

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

SECTION 14

Intensive Care Unit

1. Patient/nurse ratio not exceeding 2:1
2. Appropriate resources to resuscitate and monitor injured patients

Franciscan St. Elizabeth Health Lafayette has an Intensive Care Unit with a patient to nurse ratio that does not exceed a 2:1 ratio. The Intensive Care Unit has appropriate resources to resuscitate and monitor injured patients.

Franciscan St. Elizabeth Health
Lafayette, Indiana

**FRANCISCAN ST. ELIZABETH HEALTH
LAFAYETTE, IN
NURSING ADMINISTRATION**

NUMBER:	6401-II-01	DATE:	November 5, 2001
DEPARTMENT:	Intensive Care Units	REVISED:	July 10, 2013
REPLACES PROCEDURE #:	6401-II-01 (12/06)	REVIEWED:	

INTENSIVE CARE UNITS-STRUCTURE STANDARD I – OVERALL PURPOSE

PURPOSE: To establish the standards by which nursing care is planned, delivered, supervised and evaluated within the Intensive Care units (ICU).

**GENERAL
INFORMATION:** N/A

PERSONNEL: Intensive Care Unit Staff

EQUIPMENT: N/A

PROCEDURE:

OVERALL PURPOSE OF INTENSIVE CARE UNITS

The Intensive Care Units are designed for the care of critically or seriously ill patients and/or those requiring constant intensive, multidisciplinary assessment and intervention on a concentrated 24-hour basis. The patient nurse ratio does not exceed 2:1. Appropriate resources are available to resuscitate and monitor all patients in the ICU including those who have been injured.

DEFINITIONS

See FSEH Nursing Administration Structure Standard I.

PHILOSOPHY OF NURSING PRACTICE

See FSEH Nursing Administration Structure Standard I.

DESCRIPTION OF NURSING PRACTICE

Title: Intensive Care Units Structure Standard I –Overall Purpose
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See FSEH Nursing Administration Structure Standard I.

ICU DEPARTMENT GOALS

ICU department goals are planned and driven by the departments' performance improvement, Corporate and Regional organizational goals.

DESCRIPTION OF CARE SETTING

There are two Intensive Care Units at Franciscan St. Elizabeth Health Lafayette--a 12-bed intensive care unit on East campus (2 North) and a 9 bed intensive care unit on Central campus (2 East).

At the East campus there are 12 private rooms all with Liko lifts and room 2N20 with two Liko lifts. Each lift can lift up to 507 pounds. There are two rooms with negative air flow, 2N20 and 2N38. All rooms are equipped for dialysis. There are two (2) crash carts with defibrillators.

See FSEH Nursing Administration Structure Standard I. for standard room detail in Intensive Care.

The unit at the Central campus is a 9 bed intensive care unit all with private rooms. There is one (1) room with negative airflow, 2112. All rooms are equipped for dialysis. There is one crash cart with a defibrillator in the ICU.

There is a central monitoring station that is constantly attended 24 hours a day. Closed circuit TV cameras are in each patient room not visible by the nurses station at the St. Elizabeth East campus and are viewed by the monitor technician. At the Central campus they can be viewed from the nursing station. The cameras can be turned off for patient privacy per patient request.

INTENSIVE CARE UNITS HOURS OF OPERATION

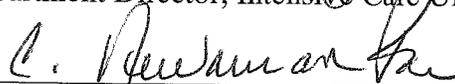
The units operate 24 hours per day, seven days a week.

Title: Intensive Care Units Structure Standard I –Overall Purpose
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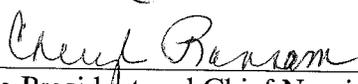
APPROVAL



Department Director, Intensive Care Units



Clinical Director, Medicine Services



Vice President and Chief Nursing Officer

Title: Intensive Care Unit Structure Standard II - Organization

Number: 6401-II-02

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2. Staffing/scheduling
3. Personnel performance appraisals -pay for performance
4. Delivery of safe, effective and appropriate patient care
5. Orientation/development of staff
6. Standards development
7. Quality assurance/quality improvement
8. Accreditation activities
9. Budget formation/monitoring

C. Interaction/Collaboration

1. Hospital Administration: The working relationship/interaction of the first line manager and hospital administration will be in terms of formal meetings, accessibility for informal communication, rounds on the unit, etc.
2. Nursing Administration: The working relationship/interaction of the first line manager, patient care coordinator (PCC), and charge nurses will be in terms of formal meetings, accessibility for informal communication, clinical rounds, or attendance at staff meetings on the unit as requested.
3. Medical Staff: The working relationship/interaction of the first line manager and medical staff will be in terms of formal meetings, accessibility for informal communication/problem solving sessions, use of clinical rounds/chart reviews, or care conferences, etc. The Department Director is a member of the Critical Care and Respiratory Care Committees.

CLINICAL ISSUES CHAIN OF COMMAND

If clinical issues or patient care concerns are identified, the involved nursing staff member will contact those immediately connected to the issue or concern in order to preserve the nurse's professional integrity while ensuring the patient's safety and best interests (AACN: Standards for establishing and sustaining healthy work environments, 2005). Charge nurse and/or department director are to be notified of actions taken. If the issue is not resolved, the nurse will contact his/her supervisor, who will discuss the issue or concern with the Clinical Director(s) as appropriate. If the issue or concern remains unresolved the Clinical Director(s) will notify the Vice President of Patient Care Services.

The Clinical Director's responsibility and authority is directing, supporting, and guiding first line managers in their responsibilities.

II. Medical Direction

The overall responsibility of directing medical care of patients on this unit resides with the attending MD and his/her associates. Delegation of primary MD responsibilities may be done via written orders for transfer or consultation as defined in Medical Staff Bylaws.

III. Unit Level Committees/Meetings

A. Unit Committees

Title: Intensive Care Unit Structure Standard II - Organization

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Unit based committees are organized to accomplish the business of managing the unit and to involve the nursing staff in decision-making in clinical and managerial issues. All staff are encouraged to participate in unit committee activities as specified in unit based performance standards

B. ICU Committees:

PI Committee:

Purpose:	To plan and review PI projects and status in conjunction with other committees
Chairperson:	Staff member and Department Director
Members:	PCC, staff nurses and members of other committees
Agenda Format:	Review of current projects and future ideas
Meeting Time:	Quarterly and as needed

Education Committee:

Purpose:	To plan and review educational offerings.
Chairperson:	Department Director
Members:	EC, staff members, PCC's
Agenda Format:	Open; follow-up concerns, incidents or PI activities
Meetings Time:	As needed

Satisfaction Committee:

Purpose	To find and implement ways to increase employee and patient satisfaction.
Chairperson:	Staff Member
Members:	Staff from all shifts
Agenda Format:	Open; Brainstorm for improvements; review suggestions
Meetings:	Every other month

Safety committee

Chairperson:	To find and implement ways of keeping patients safe. Unit Staff Member
Member:	ICU Staff
Agenday Format:	Review pertinent issues
Meetings:	As needed

C. Unit Meetings:

1. Daily rounding

- a. Purpose/Rationale: In a continuing effort to improve quality of care, Patient Care Conferences will be held daily on the unit. The objective will be to address the Interdisciplinary Treatment Plan and Goals of patients, enhance communication among the health care team, and to efficiently assign resources on behalf of the patient.

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- b. Disciplines involved: Nursing, Respiratory Care, Food & Nutrition Services, Pharmacy, Pastoral Care, Medical Social Work & Utilization Review, PT/OT, physicians, and other ancillary departments as needed.
 - c. Special care conferences may be set up at the request of family, physicians or staff.
 2. Staff Meetings
 - a. Purpose – open communication
 - b. Chairperson – Department Director
 - c. Committee membership – all unit staff
 - d. Meeting frequency as needed
 - e. Agenda formation – items from nurse director meetings; PI; patient safety issues, matters from med. safety committee, or any issues of concern.
 - f. Documentation – Minutes will be written kept on the S:Drive so all staff may read..
 - g. Written communication via bi monthly newsletter and as needed.
 3. PCC/Charge nurse Meetings
 - a. Purpose—open communication
 - b. Chair Person—Department Director
 - c. Members—all unit PCC's
 - d. Frequency—monthly and as needed
 - e. Agenda—items from nurse director meetings, senior management communication, PI, issues of concern
 - f. Documentation—minutes distributed via email
 4. Staff nurses are encouraged to become members of hospital committees and task forces on an as needed basis.
 5. Each shift has a designated patient care coordinator or charge nurse appointed by the Department Director, that oversees the care, patient assignment, patient triage and family or patient concerns that may occur in the absence of the department director. If the PCC charge nurse needs assistance, they may call the nursing supervisor .

Title: Intensive Care Unit Structure Standard II - Organization

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APPROVALS:

Division Director, Intensive Care Unit

Clinical Director, Medicine Services

Vice President and Chief Nursing Officer

C. Physician Responsibilities

1. Admission orders are obtained from the attending physician or Emergency Room physician.
2. A time frame expectation for physician to assess patients in ICU may vary from an immediate need to being seen or within 12 hours of admission according to patient acuity.
3. Physician admission documentation is expected within 24 hours of admission.

D. Nursing Responsibilities: The ICU nurse admitting the patient is responsible for:
See Nursing Administration Structure Standard III.

1. In the ICU, a complete assessment will be performed when patient condition permits, preferably within 1 hour of admission to unit. .
2. Completion of unit orientation of patient/significant other.
3. Completion of patient identification/valuable/medications by asking the patient or family for verification. If there is no family with the patient and the patient is unresponsive, we attempt to contact family. We will try to obtain information about the patient from identification in wallet or from the chart of a previous admission.
4. Complete medication reconciliation form
5. Transcription of MD orders (routine and STAT).
6. Identification of need/collaboration with support services required by patient.

E. Admission Limitations:

1. The ICU units are designed to manage critically ill patients who meet admission criteria
2. This is based on capacity, available nursing staff, knowledge and skill level of nursing staff, available equipment and supplies, and environmental factors.

F. Bed Emergencies

Demand for beds beyond capacity – see priority criteria.

At least two (2) RN's will staff the Intensive Care Unit at all times. There must be a minimum of 2 code blue nurse at all times at East and 2 at the central campus.

ADMISSION AND DISCHARGE CRITERIA

- I. In case of conflict regarding admission or discharge of a patient due to demand that exceeds capacity, the issue will be resolved by the PCC/Division Director or Nursing Supervisor. .

- A. Priority One Patients:
 - 1. Critically ill, unstable patients in need of intensive treatment such as ventilator support, ICP, hemodynamically unstable and continuous vasoactive drug infusion, etc.
 - 2. No limits placed on therapy.
 - B. Priority Two Patients:
 - 1. At the time of admission, patients whose conditions requires the technologic monitoring services of the ICU such as peripheral or pulmonary arterial lines.
 - 2. Patients who are at risk of needing immediate intensive treatment.
 - C. Priority Three Patients
 - 1. Unstable patients whose previous state of health, underlying disease, or acute illness, either alone or in combination, severely reduces the likelihood of recovery and benefit from ICU treatment.
 - 2. These patients receive intensive therapy to relieve acute complications, but may stop short of other measures such as intubation or CPR.
 - D. When the ICU is full and a bed is needed for a critical care patient, the nursing staff will collaborate with the nursing supervisor and obtain an order from the attending physician to transfer the patient who seems to be most able to transfer without compromising his or her recovery.
- II. Admission Criteria:
- A. Campus Determination of ICU patient placement: Any patient who may need surgical intervention will be admitted to St Elizabeth East. Medical patients will be admitted to either campus, but preferably the central campus.
 - B. Life-threatening cardiovascular impairment as evidenced by shock, hypotension, depressed renal function, or major cardiac arrhythmias.
 - C. Compromised airway, impaired pulmonary function or acute respiratory distress syndrome.
 - D. Cerebral vascular injuries/surgeries, including closed head injury, craniotomy, cranial procedures, spinal injuries, intracerebral bleeds.
 - E. Multiple injuries, including crushed chest, flail chest, crushing long bone injuries, and others that result in impaired or compromised circulation.
 - F. Any condition that is immediately life threatening, such as drug overdose, or metabolic imbalance. Any condition requiring frequent monitoring and/or titration of IV medication. Overwhelming circulatory impairment such as in disseminated intravascular coagulation (DIC).
 - G. Patient's care requires special procedures, such as cardioversion, intra-arterial

Title: Intensive Care Unit Structure Standard III – Utilization

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infusions, or equipment only used in the ICU or cardiac care area.

- H. Surgical cases that require frequent, intense observation to detect and/or prevent possible complications.

III. Duration of Stay

A. Length of Stay (LOS) - Physician Responsibilities

1. See admission and discharge criteria.
2. Participate in unit care conferences when presence is needed.

B. Dismissals

1. Dismissals and transfers are per physician's order.
2. Discharge criteria for a patient in the ICU may be related to three physiological functions:
 - a. Cardiovascular: The patient has a stable rhythm and maintains a stable blood pressure that allows for adequate perfusion.
 - b. Pulmonary Function: The patient is able to maintain adequate oxygenation, adequate minute ventilation and secure airway.
 - c. Central Nervous System: The patient has a stable neuro assessment.
3. Exceptions to the above criteria are based on the needs of the ICU patient population in coordination with the Medical Staff.

IV. Minor Surgical Procedures

Minor surgical procedures generally will not be performed in the critical care area. Post procedural recovery patients may be in the ICU's if beds are available. Exceptions will be made by the attending physician and the infection control nurse. (percutaneous tracheostomies are performed in the ICU).

V. Environment - Building Management Service

Floor surfaces, trash, bedwashing, curtains, drapes, and dusting will be done per Hospital Infection Control Procedures and per Environmental Services Procedures.

VI. Visitors

1. Visitors to the area will be instructed regarding hand hygiene and universal precautions, as well as any isolation precautions, if applicable.
2. Any visitor with signs and symptoms of an infectious respiratory illness, will be encouraged not to visit, but a mask may be given in unusual circumstances.

VII. Floral Items - Fresh cut flowers and plants are prohibited in the Intensive Care area.

VIII. Monitors - Bedside monitors are cleaned after each patient with approved cleaning solution (outside cabinet only). Display panel of monitor is cleaned with only dilute glass cleaner.

Title: Intensive Care Unit Structure Standard III – Utilization

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IX. Infection Control Committee

1. The Hospital Infection Control Committee shall devise an ongoing system for reporting, reviewing, and evaluating infections within the intensive care unit.

X. Infection Control

- A. Written infection control policies and procedures will comply with any requirements directed by:
 1. National, state, and local agencies
 2. Hospital Infection Control Committee
- B. Universal precaution will be followed on all patients. Careful handwashing by all personnel remains the single most important barrier in preventing infection.
- C. Alcohol-foam cleansing dispensers are located inside or outside of every patient room.
- D. Visitors will be instructed regarding universal precautions and will be asked to wash their hands when entering or exiting the unit.

Title: Intensive Care Unit Structure Standard III – Utilization
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APPROVAL

Division Director, Intensive Care Unit

Clinical Director, Medicine Services

Vice President and Chief Nursing Officer

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

SECTION 15

Blood Bank

1. 24 hour Blood Bank availability
2. Ability to Type and Crossmatch blood products
3. Adequate amounts of PRBC, FFP, cryo, and clotting factors

Franciscan St. Elizabeth Health Lafayette has a Blood Bank that is available 24 hours per day with the ability to type and crossmatch blood products and has adequate amounts of packed red blood cells, fresh frozen plasma, platelets, cryoprecipitate, and other proper clotting factors to meet the needs of injured patients.

**Franciscan St. Elizabeth Health
Lafayette, Indiana**

**FRANCISCAN ST. ELIZABETH HEALTH
LAFAYETTE, INDIANA
APHL LABORATORY**

NUMBER: 7100-II-710-92 **DATE:** May 1, 2009

DEPARTMENT: APHL Laboratory **REVISED:** August 2012

**REPLACES
PROCEDURE #:** **REVIEWED:**

MASSIVE TRANSFUSION PROTOCOL (MTP)

PURPOSE: To establish a protocol to be followed in those instances where massive transfusion of blood and components is likely to be indicated.

GENERAL

INFORMATION: *Massive Transfusion* will be defined as any occurrence where there is anticipated to be a loss of 1 total blood volume over 1-3 hours OR more than 10 units of RBCs transfused within 24 hours OR the acute administration of 4 to 5 units of RBC units in 1 hour.

The MTP can be invoked by any attending physician in any emergent clinical situation, i.e. trauma, surgical, obstetrical, GI, etc. The Blood Bank must be called as soon as possible, state that the Massive Transfusion Protocol is to be initiated, and provide Blood Bank with the name of the attending physician who initiated the protocol.

Blood Bank cannot initiate an MTP without a physician order.

It is agreed between the Medical Staff and the blood bank/transfusion service that the hospital *Hematology/Oncology Committee* will audit the ordering of MTPs to ensure compliance with the criteria.

Upon initiation of the MTP, blood products will be provided according to protocol without requiring specific physician orders.

PERSONNEL: ER physicians, Surgeons, Anesthesiologists, ER staff, Surgical Personnel, Blood Bank Personnel

EQUIPMENT: N/A

Title: Massive Transfusion Protocol (MTP)
Number: 7100-II-710-92
Page: 2

PROCEDURE:

1. The Massive Transfusion Protocol is initiated.

NOTE: The MTP is to be initiated and terminated by the *attending physician only*. Indications for initiating an MTP include, but are not limited to:

- a. Administration of one estimated blood volume and continuing need for transfusion
- b. Massive blood loss with profound hemorrhagic/hypovolemic shock

Blood and components administration will be based on the clinical condition and the results of laboratory testing. This will require tests to be done frequently with rapid turnaround time to support timely assessment and treatment.

2. Following initiation of the MTP, one blood bank technologist will be dedicated to the MTP until such time as the MTP is discontinued by the physician. The blood bank will indicate to the initial caller the identity of the technologist who will be handling the MTP and the phone extension dedicated to the MTP technologist (ext.4497). Similarly, in the ER, the primary trauma nurse (ext. 4821) will be the dedicated contact between the ER and the blood bank in the MTP situation. In the OR, the blood bank technologist will call the OR control desk initially. Once the patient arrives in surgery and an OR suite has been selected, the blood bank technologist will contact that OR suite directly from that point forward.
3. Upon initiation of the MTP, lab staff will immediately respond to the patient location and the following initial lab assays will be drawn:

- Type and screen

NOTE: The Blood Bank sample must be drawn according to normal type and screen/type and crossmatch sample guidelines. The sample must also be of adequate volume to allow for subsequent testing if unexpected antibodies are detected upon screening.

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- PT-INR, PTT, D-dimer
- ABG
- Fibrinogen
- CBC
- Chemistry panels as ordered by attending physician

4. Once the MTP has been initiated by the physician, an initial cycle of blood products will be prepared by the blood bank and placed in a cooler with ice. Blood products will be prepared according to the following ratios:

- 5 units of O negative red blood cells, or type-specific red blood cells if the patient's ABO/RH has been determined prior to the initiation of the MTP.
- 5 units of AB or type-specific FP24 [requires approximately 20 minutes to thaw]
- 3 units of platelet apheresis

NOTE: A combined total of 5 apheresis platelets are routinely kept as part of optimum inventory between both FSEH facilities.

- Blood will be available uncrossmatched if it is not possible to wait for crossmatched blood

5. Once the first cycle has been issued to the OR, the blood bank technologist dedicated to the MTP will call the OR and ask if the protocol is to continue. If it is determined that the protocol should continue, a second cycle will be prepared with the following ratios of blood products:

- 5 units of O neg or type-specific RBC's
- 5 units of AB or type-specific FP24 (requires approximately 20 minutes to thaw)
- 2 units of platelet apheresis

6. Once the second cycle has been issued to the OR, the blood bank technologist dedicated to the MTP will call the OR and ask if the protocol is to continue. If it is determined that the protocol should continue, a third cycle will be prepared with the following ratios of blood products:

- 5 units of O neg or type-specific RBC's
- 5 units of AB or type-specific FP24 (requires approximately 20 minutes to thaw)
- 1 unit of platelet apheresis

KEYPOINT: *Ongoing communication with the blood bank is important to determine continued need.*

7. In order to expedite therapy, the simultaneous ordering of hemostatic blood products and tests of hemostasis will allow clinicians to transfuse the most appropriate components. Clinical judgment must be the foremost consideration in ordering blood, FP24, cryoprecipitate, and platelets.
8. Blood draws for essential coagulation parameters may be ordered by the physicians throughout the duration of the MTP situation.
9. The MTP does not preclude the ordering of other blood products, factors, or pharmaceuticals.
10. Due to inherent risk of component-induced hypothermia, it is highly recommended that, where possible, blood warmers be utilized during transfusion.

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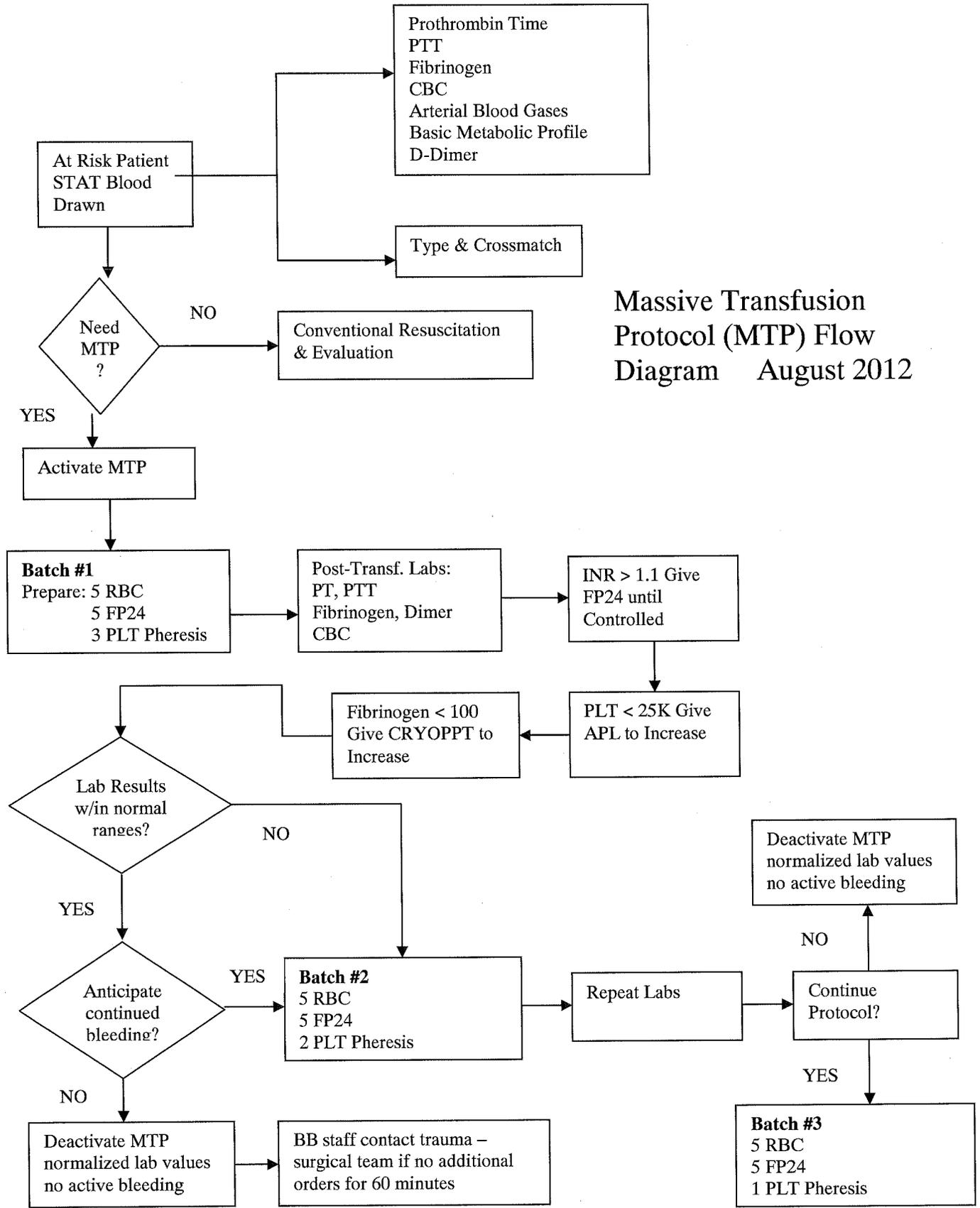
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Massive Transfusion Protocol (MTP) Flow Diagram August 2012