

OCT 4 - 2013



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



Date submitted (month, day, year)  
10-01-2013

APPLICANT INFORMATION		
Legal name St. Vincent Anderson Regional Hospital		
Mailing address (number and street, city, state, and ZIP code) 2015 Jackson Street, Anderson, IN 46016		
Business telephone number ( 765 ) 646-8220	24-hour contact telephone number ( 765 ) 646-8220	Business fax number ( 765 ) 646-8599

CHIEF EXECUTIVE OFFICER INFORMATION	
Name Thomas J. VanOsdol MS,MA, FACHE	Title President and Chief Executive Officer
Telephone number ( 765 ) 646-8373	E-mail address thomas.vanosdol@stvincent.org
TRAUMA PROGRAM MEDICAL DIRECTOR INFORMATION	
Name Dr. Joseph C. Baer, FACS	Title Trauma Medical Director
Telephone number ( 765 ) 298-4140	E-mail address jbaermd@gmail.com
TRAUMA PROGRAM MANAGER INFORMATION	
Name Michelle D. Moore RN, BSN	Title Trauma Program Manager
Telephone number ( 765 ) 646-8220	E-mail address michelle.moore2@stvincent.org
TRAUMA LEVEL BEING REQUESTED (check one) <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input checked="" type="checkbox"/> LEVEL III	

ATTESTATION		
In signing this application, we are attesting that all of the information contained herein is true and correct and that we and the applicant hospital agree to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission regarding our status.		
Signature of chief executive officer 	Printed name Thomas J. VanOsdol	Date (month, day, year) 9/30/13
Signature of trauma medical director 	Printed name Joseph C. Baer	Date (month, day, year) 9/27/13
Signature of trauma program manager 	Printed name Michelle D. Moore	Date (month, day, year) 9/25/13

**INSTRUCTIONS:** Address each of the attached in narrative form

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

Part of State Form 55271 (5-13)

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

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

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

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

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

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

1210 Medical Arts Blvd. #215  
Anderson, IN 46011  
(765) 298-4140

Fax (765) 298-4941  
E-mail: jbaer@ecommunity.com

# Joseph C. Baer, M.D.

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**Residency Training** Methodist Hospital/Indiana University, Indianapolis, IN (317) 962-3398

July 1994 – June 1999

Emphasis: General Surgery

**Medical Education** Indiana University School of Medicine, Indianapolis, IN

August 1990 – May 1994

Degree: M.D.

Alpha Omega Alpha Honor Society

Research in Medical Science Award

**Undergraduate Education** Michigan State University, East Lansing, MI

September 1986 – June 1990

B.S. Major: Physiology

Honors and Activities

Graduate with High Honors

Mortar Board Honor Society

Golden Key Honor Society

Alpha Epsilon Delta

Member of Michigan State Varsity Cross Country Team

Pi Kappa Phi Fraternity

**Board Certification** American Board of Surgery, April 2000 #45073

**Licenses** Indiana: #01046360A, Active, Unrestricted

**Military**

Commissioned 2<sup>nd</sup> Lieutenant United States Air Force 1990

Honor Graduate Officer's Training School 1991

Promoted to Captain 1994

Commissioned Officer Training 1999

Hoyte S. Vandenberg Award

Honor Graduate

Promoted to Major 2000

Duty Station; Offutt Air Force Base, Bellevue, NE 68113

Chief of General Surgery

Chief of Endoscopy Unit

Medical Director of Anesthesia

Medical Director of Ambulatory Procedures Unit

University of Nebraska Medical Center Department of Family Medicine  
"Physician Teacher of the Year." – 2003

ATLS certified and ATLS Instructor

Honorable Discharge, October, 2003

**Essays and  
Publications**

**Bowel Anastomosis Failures in the Trauma Patient.** Presented June 1999.

**Sartorius Muscle Flap for the Treatment of Vascular Graft Infections.** Presented June 1998. Winner J.K. Berman Essay Award.

**Gastro Duodenal to Right Renal Artery Bypass for the Management of Reno Vascular Occlusive Disease.** Winner J.K. Berman Essay Award.

**Burn Care in Indiana.** Presented at the Indiana Chapter of the American College of Surgeons, May 1997.

**Synchronous Colon Cancer; the Methodist Hospital Experience.** Presented at the Indiana Chapter of the American College of Surgeons, May 1996.

**Classification and Treatment of Local Septic Complications in Acute Pancreatitis.** *American Journal of Surgery.* 170 (1): 44-50, 1995 Jul.

**Professional Experience**

August 2003 – present General Surgery Private Practice

**Medical Staff Member, Community Hospital of Anderson and St. Vincent Anderson Regional Hospital**

- Medical Director Center for Advanced Wound Healing
- Trauma Medical Director St. Vincent Anderson Regional Hospital

December 2008 – present Member Anderson Police SWAT Team

**Combat Physician, Entry Team Member**

- Delaware County SWAT School Graduate 2009
- Indiana State Police Academy Pre Basic Graduate 2013

July 1999 – August 2003 United States Air Force Offutt AFB, NE

**Chief of General Surgery, Chief of Endoscopy Unit, Medical Director of Anesthesia/APU**

- Full time responsibility for providing General Surgical Care in Outpatient, Inpatient, Clinic and Emergency Room settings.
- Responsible for day-to-day operation of 14-person surgery clinic.
- Planned, developed and managed Endoscopy Unit.
- Provided medical guidance and policy for Anesthesia Department

June 1999 - July 1999 Community Hospitals of Indianapolis

**Physician, Emergency Room**

- Part time responsibility for providing Emergency Room Care at Community South Hospital, Indianapolis, In.

**Professional memberships**

Fellow, American College of Surgeons

**Personal**

Married, Father of 2

Enjoys woodworking, backpacking, running and coaching.

**References**

Available upon request



**ST. MARY'S**

Adult and Pediatric  
Regional Trauma Centers

*William J. Millikan, M.D.,  
ACS-COT State Faculty  
ATLS® Instructor Course  
Director*

*Stephen Lanzarotti, M.D.  
ATLS® Student Course  
Director*

*Laura Torbeck, Ph. D  
ATLS® Instructor Course  
Educator*

*Mary Raley, BSN, RN, TNS  
ATLS® Course Coordinator  
812-485-6827*

*St. Mary's Trauma Services  
3700 Washington Ave.  
Evansville, IN 47750*

*812-485-6817 - Student  
Registration*

*812-485-6827 - Course  
Administration*

*812-485-6833 - Fax*

Advanced Trauma Life Support®

September 26, 2013

Dear Dr. Baer:

Thank you for enrolling in our 9<sup>th</sup> edition ATLS® Student Provider course, scheduled for Saturday, November 2 and Sunday, November 3, 2013. We realize that there are other very well qualified facilities and courses available to you and that you chose to train with us. We hope that you will be satisfied with our program.

At the completion of your course you will receive a certificate for your Continuing Medical Education Credit. As an organization accredited for the continuing education of physicians by the Accreditation Council for Continuing Medical Education as well as the American College of Emergency Physicians, the American College of Surgeons designates the ATLS® Student Course as meeting the criteria for 17 credit hours in Category 1.

You will also receive a new ATLS® verification card. Your ATLS® status will be valid for **FOUR** years from the date of issue. If you wish to maintain your ATLS® status, you must renew your card no later than 6 months after the expiration date.

Please retain this letter for proof of your registration. Our serial number for this course is 41101-P. This is the number assigned to our course by the College.

The course is being offered in the St. Mary's Amphitheater, which is on the lower level of the hospital. Please take the visitor elevator, located in the main lobby

On behalf the staff of St. Mary's Trauma Services, I want to thank you for choosing our program for your Advanced Trauma Life Support® education.

Sincerely,

Mary Raley, BSN, RN, TNS  
ATLS® Course Coordinator  
St. Mary's Trauma Services

CC: William J. Millikan, M.D.  
Stephen Lanzarotti, M.D.



# St. Vincent Anderson Regional Hospital

2015 Jackson Street • Anderson, Indiana 46016

## St. Vincent Anderson Regional Hospital Trauma Medical Director Roles and Responsibilities

### I. Description

The Trauma Medical Director is the Trauma Surgeon who has been assigned by St. Vincent Anderson to lead the medical multidisciplinary activities of the Trauma Program. The role of the Trauma Medical/Surgical Director is to pursue the full development of the trauma center in terms of quality of care, volume, scope of services and cost-effectiveness, and to organize and manage the overall physician/surgeon component of the trauma service.

The Trauma Medical Director will be given absolute authority for determining each general surgeon's ability to participate on trauma call based on annual review.

The Trauma Medical Director has authority and administrative support to lead the Trauma Program.

The Trauma Medical Director has the authority to correct deficiencies in trauma care or exclude from trauma call the trauma team members who do not meet specified criteria.

### II. Qualifications

1. The Trauma Medical Director is a member of good standing of the medical staff.
2. The Trauma Medical Director is duly licensed to practice medicine in Indiana.
3. The Trauma Medical Director is board certified.

### III. Responsibilities

1. Clinical
  - a. Develops, coordinates and provides input on the development and maintenance of practice guidelines and policies for trauma medical/surgical patient care.
  - b. Makes appropriate referrals for specialty services and communicates regularly with referring physician as appropriate.
  - c. Meets established Health Information and hospital standards for documentation and turnaround times.
  - d. Reports quality of care issues promptly to appropriate individuals, including Trauma Program Manager, Risk Manager, Chief of Staff and Administration.
  - e. Coordinates, chairs and participates in all relevant trauma medical QA/PI/UR and peer review activities as required by the Medical Staff, Trauma Service and Hospital.
  - f. Coordinates the transition of the trauma patient to sub-acute care.
2. Communication
  - a. Collaborates with the Trauma Program Manager to establish trauma program goals and objectives consistent with those of the hospital and ensure that those of the trauma service are being met.

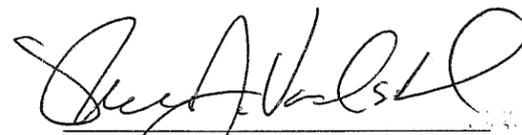
- b. Consistently demonstrates positive interpersonal relationships with colleagues, hospital personnel, and patients/family in order to achieve maximum operational effectiveness and customer satisfaction.

3. Managerial

- a. Performs and participates in an annual review (credentialing) process of all surgeons and has authority for determining each general surgeon's ability to participate in trauma call based on annual review.
- b. Excludes from trauma call those medical/surgical trauma team members who do not meet established credentialing requirements.
- c. Coordinates, participates and chairs trauma, educational, quality assurance and multi-disciplinary meetings.
- d. Ensures compliance of the trauma medical/surgical care with all regulatory and trauma designation/verification requirements including ACS, JCAHO, ISDH, OSHA, CLIA, EMTALA and local designating agencies.
- e. Maintains relations with community organizations and legislative bodies whose activities relate to trauma care and injury prevention.
- f. Coordinates and participates in trauma service marketing, and community education/prevention activities.

4. Education/Training/Research

- a. Participates in the education/training of hospital personnel, surgeons and co-specialist.
- b. Adheres to Trauma Program guidelines and assists in the education and training of hospital personnel.
- c. Provides educational trauma case presentations. The educational session will be open to pre-hospital, nursing, ancillary and physician staff.

  
Thomas J. Vanosdol, M.S., M.A., FACHE  
President and CEO  
Date 9/30/13

  
Gary Brazel, MD, CPE  
Chief Medical Officer  
Date 9/30/13

**Trauma Medical Director CMEs**

**Oct 1, 2010 – Oct 1, 2013**

**Dr. Joseph Baer**

<u>Date</u>	<u>CMEs</u>	<u>Topic</u>
10/19/10	2	HRO Training
4/17/11	22	The Symposium on Advanced Wound Care
10/7/11	7.75 <i>5.00 Paid</i>	Hands-on Laparoscopic Colectomy
9/12/12 – 9/14/12	24	NACCME Symposium on Advanced Wound Care Session
9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session 2
9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session 5
9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session 8
9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session 10
9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session 13
9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session 14
9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session 18
9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session 19
9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session 24

9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session 26
9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session 31
9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session 33
9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session 35
9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session 39
9/12/12 – 9/14/12	1	NACCME Symposium on Advanced Wound Care Session GS1
10/9/12	1	2012 General Surgery CME to Go Volume 1, Module 1, Lecture 2

**Total CMEs: 71.75**

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**JOSEPH C. BAER, M.D.**  
1210 MEDICAL ARTS BLVD STE 115  
ANDERSON, IN 46011

Peer-Point Medical Education Institute, LLC (Peer-Point)

## **CERTIFICATE OF CREDIT**

The Peer-Point Medical Education Institute, LLC

certifies that

**Joseph Baer, MD**

has participated in the educational activity entitled:

2012 General Surgery CMEtoGO  
Volume 1, Module 1, Lecture 2  
Prevention of Surgical Site Infection

Provided by

American Physician Institute for Advanced Professional Studies  
and is awarded

1 AMA/PRA Category 1 CME™ and 1 Self-Assessment Credit toward ABS MOC Part 2

October 9, 2012

*The American Physician Institute for Advanced Professional Studies, LLC, provides medical education courses. The Peer-Point Medical Education Institute, LLC, is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.*

**St. John's Health System**  
**Provider CME Credits**

Joseph C. Baer, MD 066340

Description	Accredited By	From	To	Hours
<b>CME</b> Hyperbaric Medicine Team Training		11/09/2009	11/13/2009	40.00
<b>CME</b> Advanced Wound Center Physician Training		11/19/2009	11/19/2009	8.00
<b>CME</b> HRO Training		10/19/2010	10/19/2010	2.00
<b>CME</b> The Symposium on Advanced Wound Care		04/14/2011	04/17/2011	22.00
<b>Total CME Credit Hours</b>				<b>72.00</b>

Local category No Value Specified total hours -> 72.00



INTERNATIONAL ATMO

This certificate attests that

*Joseph Baer, MD*

has successfully completed the educational activity

### Hyperbaric Medicine Team Training

Conducted at  
Nix Medical Center  
San Antonio, Texas

November 9-13, 2009

The Undersea and Hyperbaric Medical Society has reviewed and approved this activity as a UHMS Designated Introductory Course in Hyperbaric Medicine.  
This activity has been reviewed and approved by the National Board of Diving and Hyperbaric Medical Technology as a basic hyperbaric medicine course.  
This activity meets the UHMS and NBDHMT minimum requirements including 40 hours of face-to-face instruction.



*Robert B. Sheffield*

Robert B. Sheffield, BA, CHT  
Director of Education  
International ATMO, Inc.

*Paul J. Sheffield*

Paul J. Sheffield, PhD  
CME Program Director  
International ATMO, Inc.

10/31/09

**Overland Park Regional Medical Center**

10500 Quivira Road  
Overland Park, KS 66215  
(913) 541-5563  
Fax: (913) 541-5438

**Continuing Medical Education Certificate**

Overland Park Regional Medical Center certifies that

**Joseph C. Baer, M.D.**

1210 Medical Arts Blvd  
Suite 215  
Anderson, IN 46011

Has participated in the educational activity entitled

**Advanced Wound Center Physician Training**

At: Doubletree Suites Hotel; 10100 College Boulevard; Overland Park KS, 66210

On: November 19, 2009

And is awarded 8 (eight) hours of Category 1 credit  
toward the AMA Physician's Recognition Award.

Instructor(s):

William J. Ennis, DO, MBA

Overland Park Regional Medical Center is accredited by the Kansas Medical Society to sponsor continuing medical education for physicians. Overland Park Regional Medical Center designates this educational activity for a maximum of 8 AMA PRA Category 1 Credits *TM*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Reference CME-0600-1119-09

*Marian Kaplan*

CONTINUING MEDICAL EDUCATION COORDINATOR



CERTIFIES THAT

**Joseph Baer, MD**

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has participated in the educational activity titled:

**The Symposium on Advanced Wound Care**

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**DATE: April 14-17, 2011**

**LOCATION: Dallas, TX**

and is awarded **22 AMA PRA Category 1 Credit(s)**<sup>TM</sup>.

NACCME is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

NACCME designates this educational activity for a maximum of **22 AMA PRA Category 1 Credit(s)**<sup>TM</sup>.

Physicians should claim only the credit commensurate with the extent of their participation in the activity. This activity has been planned and produced in accordance with the ACCME Essential Areas and Policies.

10/11/11 10:00 AM

John T. Savage, MS, CCMEP  
Senior Director, Accreditation Services



**CREDIT DETAILS FOR**

**Joseph Baer, MD**

Session#	Title	Credit
7	07) Atypical Wounds: 1: Inflammation	1
13	13) Atypical Wounds: 2	1
19	19) Missteps in Debridement- Anatomy and Beyond	1
25	25) Wound Scene Investigation 1: Linking Science and Clinical Care	1
30	30) Oral Abstracts	1
35	35) Wound Scene Investigation II	1
40	40) Oral Abstracts	1
45	45) Controversies in Infection: Diagnosing and Treating Osteomyelitis	1
51	51) Management of the Complicated Post Surgical Abdominal Wound	1
58	58) Advanced Surgical Repair of Wounds	1
1N	01) Dressings 2011	4
B	B) From Discovery to Therapy: What Every Researcher Should Know About Technology Transfer and Drug Development	2
GSD1	GSD1) Keynote Address: Perspectives on the Future of Wound Care and Research	1
WHS GSD2	WHS GSD2) New Approaches to Repair of Skin Diseases	1
GSD3	GSD3) John Boswick Memorial Award and Lectureship Science: Freedom to Advance Wound Care	1
I	I) Cellular Response to Stress and Wound Healing	1
WHS GSD3	WHS GSD3) Hot Topics in Regenerative Medicine: Lessons from Heart, Eyes, and Bones	1
GSD4	GSD4) Hyperbaric Oxygen Therapy – New Data – Is it Enough?	1
<b>Total Credits Earned</b>		<b>22</b>

**St. John's Health System**  
**Provider CME Credits**

Joseph C. Baer, MD 066340

Description	Accredited By	From	To	Hours
<b>CME</b> Selected Readings in General Surgery Vol 34 No 4		01/31/2008	01/31/2008	10.00
<b>CME</b> Computerized Data Accessing		06/01/2008	12/31/2008	1.00
<b>CME</b> Selected Reading in General Surgery Vol 34 No 9		08/27/2008	08/27/2008	10.00
<b>CME</b> Selected Readings in General Surgery Vol 34 No 10		09/29/2008	09/29/2008	10.00
<b>CME</b> Selected Readings in General Surgery Vol 34 No 11		10/28/2008	10/28/2008	10.00
<b>CME</b> Selected Reading in General Surgery Vol 35 Iss 2		03/30/2009	03/30/2009	10.00
<b>CME</b> Selected Reading in General Surgery Vol 35 Iss 3		04/24/2009	04/24/2009	10.00
<b>Total CME Credit Hours</b>				<b>61.00</b>

Local category No Value Specified total hours -> 61.0



2015 Jackson Street  
Anderson, IN 46016-4339  
(765) 649-2511

www.stjohnshealthsystem.org

**CERTIFICATE OF ATTENDANCE**

**ST. VINCENT HOSPITALS AND HEALTH SERVICES, INC.**

Indianapolis, IN

This is to acknowledge that **Joseph C. Baer, MD** participated in the following Continuing Education Course:

**PROGRAM NAME:** Computerized Data Accessing

**DATE:** June 2008 – December 2008 (ongoing)

**LOCATION:** Saint John's Health System Anderson, Indiana

**CME CREDIT:** St. Vincent Hospitals and Health Services is accredited by the Indiana State Medical Association to provide continuing medical education for physicians. St. Vincent Hospital designates this educational activity for a maximum of **1.0 AMA PRA Category 1 Credit(s)**<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Angela Koszyk  
Coordinator, Continuing Medical Education

A member of



Core Values

We are called to:

**Service of the Poor**

Generosity of spirit for persons most in need.

**Reverence**

Respect and compassion for the dignity and diversity of life.

**Integrity**

Inspiring trust through personal leadership.

**Wisdom**

Integrating excellence and stewardship.

**Creativity**

Courageous innovation.

**Dedication**

Affirming the hope and joy of our ministry

A member of St. Vincent HEALTH



ACS Member: Joseph Charles Baer, MD FACS  
ACS Member ID: 03036631

Program	Awarded By	ACS-Verified Credits	Unverified Credits *	Date
Selected Readings in General Surgery Volume 35, Issue No. 3	ACS	10.00		04/24/2009
Selected Readings in General Surgery Volume 35, Issue No. 2	ACS	10.00		03/30/2009
Selected Readings in General Surgery Volume 34, No. 11	ACS	10.00		10/28/2008
Selected Readings in General Surgery Volume 34, No. 10	ACS	10.00		09/29/2008
Selected Readings in General Surgery Volume 34, No. 9	ACS	10.00		08/27/2008
Selected Readings in General Surgery Volume 34, No. 4	ACS	10.00		01/31/2008
Selected Readings in General Surgery Volume 34, No. 3	ACS	10.00		11/30/2007
Selected Readings in General Surgery Volume 34, No. 2	ACS	10.00		10/31/2007
Selected Readings in General Surgery Volume 34, No. 1	ACS	10.00		09/30/2007
<b>Total</b>		<b>90.00</b>	<b>0.00</b>	

NOTE. Verification levels are associated with post-graduate courses (designation PG or SC) taken at our 2006 - 2008 Clinical Congresses. To receive a certificate with the verification level statement, please contact [mycme@facs.org](mailto:mycme@facs.org) or call (312) 202-5430.

Volume 34 #4

Thank you for submitting your CME answers online. You received 95% and 10 AMA PRA Category 1 Credits™. A certificate will be sent at the end of your CME year. Please let me know if you have any questions.

**ACCREDITATION**

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

**AMA PRA Category 1 Credits™**

The American College of Surgeons designates this educational activity for a maximum of 110 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation to the activity.

**Tana Heckel**

**Selected Readings in General Surgery**

**P O Box 36483**

**Dallas Texas 75235-1483**

**Selected Readings in General Surgery**  
**PO Box 36483, Dallas TX 75235-1483**  
**Toll Free 800/631-0033 FAX 214/648-2893**

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December 20, 2007

ID: 000149

JOSEPH BAER MD  
1210 MEDICAL ARTS BLVD SUITE 215  
ANDERSON IN 46011

Dear Dr. Baer,

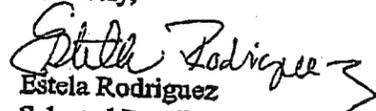
You earned 30 Category 1 credits for the year beginning Volume 34 Numbers 1 through Volume 34 number 11. (1/07-11/08) These tests have due dates from September 2007 through August 2008. All 30 of these credits were earned in 2007 You have the possibility of earning 80 additional credits for a total of 110 when we receive your remaining tests by their due dates.

The American College of Surgeons will issue your certificate within two months after your final CME test has been received and graded.

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians and designates this activity for a maximum possibility of 110 AMA PRA category 1 credits towards (ACCME). Participants in the CME program will receive 10 Category 1 credits per exam (a possible total of 110 credits for the year).

Thank you for your continuing interest in Selected Readings in General Surgery.

Sincerely,



Estela Rodriguez  
Selected Readings in General Surgery



**Provider CME Credits**

Joseph C. Baer, MD 066340

Description	Accredited By	From	To	Hours
<b>CME</b>				
Hands-on Laparoscopic Colectomy		10/07/2011	10/07/2011	7.75
<b>CME</b>				
NACCME Symposium on Advanced Wound Care Session 31		09/12/2012	09/14/2012	1.00
NACCME Symposium on Advanced Wound Care Session 26		09/12/2012	09/14/2012	1.00
NACCME Symposium on Advanced Wound Care Session 33		09/12/2012	09/14/2012	1.00
NACCME Symposium on Advanced Wound Care Session 39		09/12/2012	09/14/2012	1.00
NACCME Symposium on Advanced Wound Care Session 35		09/12/2012	09/14/2012	1.00
NACCME Symposium on Advanced Wound Care Session GS1		09/12/2012	09/14/2012	1.00
NACCME Symposium on Advanced Wound Care Session 14		09/12/2012	09/14/2012	1.00
NACCME Symposium on Advanced Wound Care Session 24		09/12/2012	09/14/2012	1.00
NACCME Symposium on Advanced Wound Care Session 18		09/12/2012	09/14/2012	1.00
NACCME Symposium on Advanced Wound Care Session 19		09/12/2012	09/14/2012	1.00
The Symposium on Advanced Wound Care		09/12/2012	09/14/2012	24.00
NACCME Symposium on Advanced Wound Care Session 2		09/12/2012	09/14/2012	1.00
NACCME Symposium on Advanced Wound Care Session 8		09/12/2012	09/14/2012	1.00
NACCME Symposium on Advanced Wound Care Session 5		09/12/2012	09/14/2012	1.00
NACCME Symposium on Advanced Wound Care Session 13		09/12/2012	09/14/2012	1.00
NACCME Symposium on Advanced Wound Care Session 10		09/12/2012	09/14/2012	1.00
<b>CME</b>				
2012 General Surgery CME to Go Volume 1, Module 1, Lecture 2		10/09/2012	10/09/2012	1.00
<b>Total CME Credit Hours</b>				<b>47.80</b>

Local category No Value Specified total hours -> 47.8

24



Center for Continuing Medical Education

**Dr. Joseph Baer**  
**1210 Medical Arts Blvd #215**  
**Anderson, IN 46011**

**10/31/2011**

The Ohio State University Medical Center, Center for Continuing Medical Education certifies that Dr. Joseph Baer has participated in the live activity titled HANDS-ON LAPAROSCOPIC COLECTOMY at The Ohio State University Biomedical Research Tower in Columbus, OH on 10/07/2011 and is awarded 7.75 AMA PRA Category 1 Credit(s)<sup>™</sup>

The Ohio State University Medical Center, Center for Continuing Medical Education (CCME) is accredited by the Accreditation Council for Continuing Medical Education (ACCME®) to provide continuing medical education for physicians.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This document should be retained as a record of your credits earned.



CERTIFIES THAT

**Joseph Baer, MD**

has participated in the educational activity titled:

**The Symposium on Advanced Wound Care**

**DATE: September 12-14, 2012**

**LOCATION: Baltimore, MD**

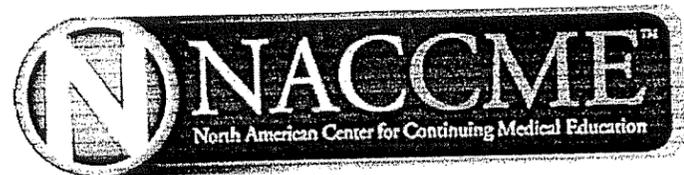
and is awarded **24.0 AMA PRA Category 1 Credit(s)**<sup>TM</sup>.

North American Center for Continuing Medical Education, LLC (NACCME) is accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

NACCME designates this live activity for a maximum of 24.0 *AMA PRA Category 1 Credit(s)*<sup>TM</sup>.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

John T. Savage, MS, CCMEP  
Executive Director, Accreditation Services



## CREDIT DETAILS FOR

Joseph Baer, MD

Session#	Title	Credit
Session 2	02) Drugs That Inhibit Healing	1
Session 5	05) Inflammatory Ulcers and Unusual Wounds: How Do I Diagnose and Manage Them?	1
Session 8	08) Osteomyelitis- Do Data Drive Practice?	1
Session 10	10) Emerging Treatments for Diabetic Foot Ulcers	1
Session 13	13) Comparative Effectiveness: What Does It Mean for Medicine and For You	1
Session 18	18) Negative Pressure Wound Therapy: Do the Data Suck?	1
Session 19	19) Update on Antimicrobials: Salves, Beads, Pills, and Infusions	1
Session 24	24) Post-Amputation Rehabilitation	1
Session 26	26) Science-Based Wound Dressings	1
Session 31	31) It's Not Healing: Now What?	1
Session 33	33) Engineered Skin: It's Time You Learned the Facts!	1
Session 35	35) Debridement: Science and Reality	1
Session 39	39) To Squeeze or Not to Squeeze: The Science of Compression Therapy for the Swollen Limb and Venous Ulcer	1
Session 41	41) Making Sense of Extracellular Matrix Scaffolds	1
GS1	General Session Day 1 - Crisis 2012: The Pandemic of Wounds	1
<b>Total Credits Earned</b>		<b>15</b>

Michelle Moore RN, BSN

6308 Woodchuck Drive

Pendleton, IN 46064

Education

8/1989-5/1993 Ball State University, Bachelor of Science in Nursing

28121991A Registered Nurse License Number

Certifications

Trauma Nursing Core Course Instructor – February 2013

Trauma Program Manager Course – October 2012

Trauma Nursing Core Course – Renewal Date 8/2015

Emergency Nursing Pediatric Course – Renewal Date 8/2013

Advanced Cardiovascular Life Support – Renewal Date 6/2014

Pediatric Advanced Life Support – Renewal Date 1/2015

Basic Life Support for Healthcare Provider – Renewal Date 5/2014

Memberships

Emergency Nurses Association – Renewal Date 3/2014

Professional Nursing Experience

Trauma Program Manager, St Vincent Anderson Regional Hospital

Anderson, Indiana 01/2013 – current

**Registered Nurse, Charge Nurse**

St Vincent Anderson Regional Hospital, Emergency Department

Anderson, Indiana 06/1993 – current

**Registered Nurse, Supervisor**

St Vincent Anderson Regional Hospital, Emergency Department

Anderson, Indiana 02/2001 – 2003

**Registered Nurse, Professional Career Advancement Program**

St Vincent Anderson Regional Hospital, Anderson, Indiana

2009 –current

**Student Nurse**

St Vincent Anderson Regional Hospital, Anderson, Indiana

10/1991 – 6/1993



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## **Trauma Program Manager Roles and Responsibilities**

The Trauma Program Manager is responsible for the development, implementation and evaluation of systems and programs at St. Vincent Anderson Regional Hospital directed toward the provision of quality services for trauma patients from a multidisciplinary perspective throughout the continuum of care. This structure of care for the injured patient is a collaborative effort from all departments that make up the trauma response team.

The TPM works closely with the Trauma Medical Director to:

### **Clinical**

1. Assure compliance with the American College of Surgeons and the Indiana State Department of Health standards for the optimal care of the injured patient.
2. Work toward future strategic goals as a trauma center geared toward excellence and high standards of care, consistent with the Mission of St. Vincent Health.
3. Coordinate trauma care management across the continuum of care.
4. Coordinate with physicians, nurses and other hospital staff to evaluate and address specific patient care issues.
5. Assess the need for policies, procedures, protocols, supplies and equipment relating to the care of trauma patients in coordination with hospital administration and clinicians.
6. Identify the need for and coordinate the development and implementation of clinical pathways for trauma patient populations incorporating members from the multidisciplinary team.
7. Develop policies and procedures based on current literature, input from clinicians and other sources, such as information from the trauma peer review process.

### **Education**

8. Serve as a clinical practice resource.
9. Coordinate orientation, nursing education and in-service programs related to the care and management of trauma patients in conjunction with the Department Educators.
10. Direct community trauma education and prevention programs

### **Performance Improvement**

11. Participate in case reviews and trauma rounds.
12. Monitor clinical outcomes.
13. Monitor system issues related to quality of care delivery.
14. Develop quality filters, audits and case reviews.
15. Identify trends and sentinel events
16. Assist in the development, implementation and evaluation of a quality plan that is multidisciplinary and focused on patient outcomes.

**Administrative**

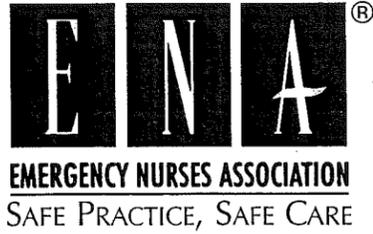
17. Represent the Trauma Program on various hospital and State committees to enhance and foster optimal trauma care management.
18. Manage, as appropriate, the operational, personnel and financial aspects of the Trauma Program
19. Supervise adherence to hospital policies, procedures and standards through observation, medical record review, staff feedback and other appropriate sources.

**Trauma Registry**

20. Review the collecting, coding, scoring and developing of processes for validation of data entered into the trauma registry.
21. Design the registry to facilitate performance improvement activities, trend reports and research, while protecting confidentiality.

**EMS/Emergency Management**

22. Work with EMS Coordinator to review trauma education needs of the local EMS agencies.
23. Collaborate with District 6 Emergency Preparedness goals and deliverables.



This certifies that Michelle Moore has attended

*Trauma Nursing Core Course (Instructor)*

earning 7.5 Total Contact Hours.

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

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

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

Rick McKinstry

Course Director (Print)

2-16-13

Date of Course

Rick McKinstry

Course Director (Signature)

St. Vincent Indianapolis, IN

Location of Course

Emergency Nurses Association

Provider Unit  
915 Lee Street  
Des Plaines, IL 60016

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

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



EMERGENCY NURSES ASSOCIATION  
SAFE PRACTICE, SAFE CARE



This Certifies That

Moore, Michelle

has completed

**Indiana ENA Symposium**

***Check the sessions you attend and total the contact hours below***

Clinical	Other	KEYNOTE	8:30-9:30	Date, June 20, 2013	X
	1.0	Service Excellence in the ED - Deb Delaney			
Clinical	Other	SESSION I	10:15-11:30	Date, June 20, 2013	X
1.25		Mechanism of Injury: Post Mortem Review – Thomas Sozio			
	1.25	Simulation in Education: What Would You Do If...? – Bruce Williams			
1.25		The Out to Lunch Bunch – Marylou Killian			
Clinical	Other	SESSION II	12:30-1:30	Date, June 20, 2013	X
1.0		Pediatric Sports Related Head Injuries – Elizabeth Weinstein			
1.0		From Human Traffic Victim to Triumphant Survivor – Marti MacGibbon			
1.0		Lead aVR: What You Don't Know May Kill Your Patient – Andrew Bowman			
Clinical	Other	SESSION III	1:45-2:45	Date, June 20, 2013	X
1.0		Straight Talk on EMR Documentation – Katherine Straight			
1.0		Pharmacology Potpourri – Karalea Jasiak			
1.0		Understanding Best Practice – Deb Delaney			
Clinical	Other	GENERAL SESSION	3:00-4:15	Date, June 20, 2013	X
	1.25	Never Give Into Fear – Marti MacGibbon			

Earning a total of 5.5 Contact Hours (not to exceed 5.5 contact hours)

ENA has approved 8.5 Contact Hours which meets BCEN's Category of Clinical.

ENA has approved 3.5 Contact Hours which meets BCEN's Category of Other.



EDUCATIONAL SESSION CONTACT HOUR RECORD

This will verify that

Name/Credentials Michelle Moore RN

Address 6308 Woodchuck Drive, Pendleton, IN 46064

Attended

Title: The 24 th Annual Trauma Symposium: Cutting-Edge Trauma Resuscitation

ID #: 04-13-03

Date: May 3, 2013

Location: Ceruti's Reception Hall

Address: 6601 Innovation Blvd.

Fort Wayne, IN. 46818

and has been awarded 6.25 CONTACT HOURS

Debra L. Stam RN, B.S.N.

Debra Stam, MPA, BSN, RN, Director, Leadership and Organizational Development

Parkview Health System (OH-427, 6/1/2015) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

The Indiana State Nurses Association has designated ONA as the official approver of CNE Providers and activities for Indiana

**PARKVIEW HEALTH**  
FORT WAYNE, INDIANA 46805  
260/373-4000



hereby awards

**Michelle Moore**

**this certificate for successful completion of the  
Trauma Program Manager Course  
Indianapolis, IN  
October 13-14, 2012**

*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.

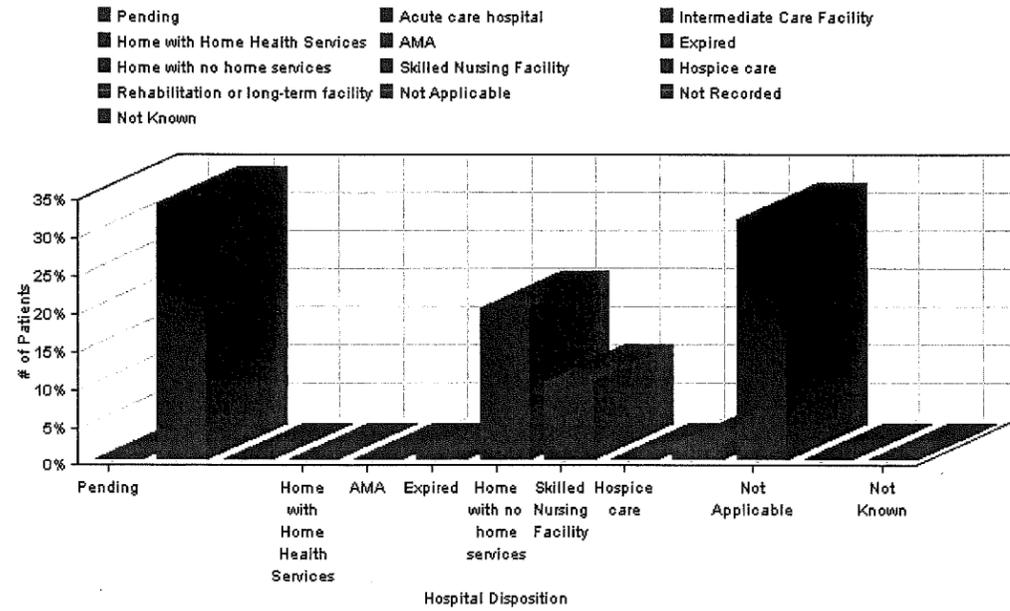
Hospital Disposition



**Hospital Disposition**

Facility: St. Vincent  
 Anderson Regional Hospital  
 Incident date: 01/01/2013 to 07/31/2013  
 Gender: All  
 Age: All  
 Race: All  
 Transport Mode: All

**Indiana Patient Registry**



Disposition	Number	Percent
Pending	0	0.00%
Acute care hospital	32	34.04%
Intermediate Care Facility	0	0.00%
Home with Home Health Services	0	0.00%
AMA	0	0.00%
Expired	1	1.06%
Home with no home services	19	20.21%
Skilled Nursing Facility	10	10.64%
Hospice care	0	0.00%
Rehabilitation or long-term facility	2	2.13%
Not Applicable	30	31.91%
Not Recorded	0	0.00%
Not Known	0	0.00%

Search Criteria	
From:	01/01/2013
To:	07/31/2013

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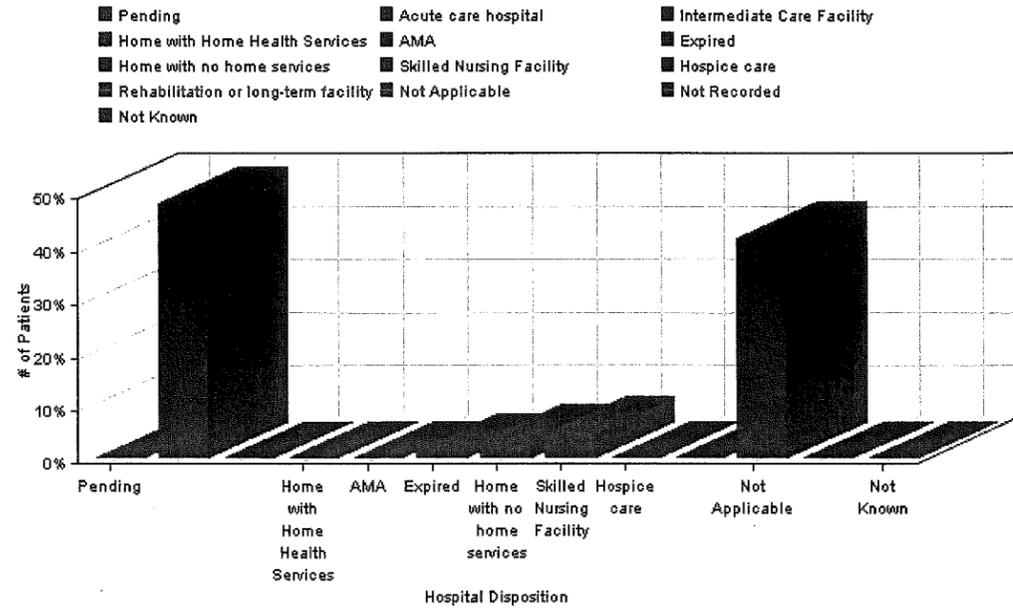
Hospital Disposition



**Hospital Disposition**

St. Vincent  
 Facility: Anderson Regional Hospital  
 04/01/2013  
 Incident date: to 07/31/2013  
 Gender: All  
 Age: All  
 Race: All  
 Transport Mode: All

Indiana Patient Registry



Disposition	Number	Percent
Pending	0	0.00%
Acute care hospital	29	48.33%
Intermediate Care Facility	0	0.00%
Home with Home Health Services	0	0.00%
AMA	0	0.00%
Expired	1	1.67%
Home with no home services	2	3.33%
Skilled Nursing Facility	3	5.00%
Hospice care	0	0.00%
Rehabilitation or long-term facility	0	0.00%
Not Applicable	25	41.67%
Not Recorded	0	0.00%
Not Known	0	0.00%

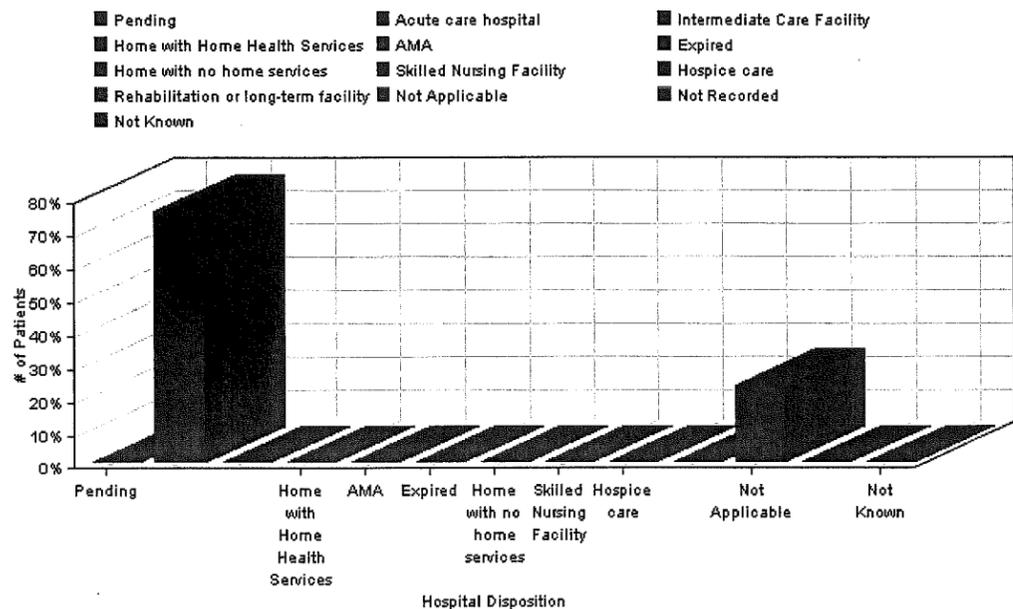
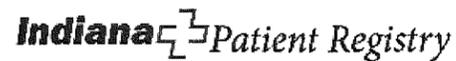
Search Criteria	
From:	04/01/2013
To:	07/31/2013

Hospital Disposition



**Hospital Disposition**

St. Vincent  
 Facility: Anderson Regional Hospital  
 Incident date: 01/01/2012 to 12/31/2012  
 Gender: All  
 Age: All  
 Race: All  
 Transport Mode: All



Disposition	Number	Percent
Pending	0	0.00%
Acute care hospital	16	76.19%
Intermediate Care Facility	0	0.00%
Home with Home Health Services	0	0.00%
AMA	0	0.00%
Expired	0	0.00%
Home with no home services	0	0.00%
Skilled Nursing Facility	0	0.00%
Hospice care	0	0.00%
Rehabilitation or long-term facility	0	0.00%
Not Applicable	5	23.81%
Not Recorded	0	0.00%
Not Known	0	0.00%

Search Criteria	
From:	01/01/2012
To:	12/31/2012

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**Trauma Registrar: Ryan Walsh**

St. Vincent Anderson Regional Hospital recognizes the need for a State Trauma System and has participated through meeting attendance since the early stages of development. St. Vincent Anderson volunteered to enter data into the State Trauma Registry in 2009 and Michelle Moore, who is now our Trauma Program Manager became our first trauma registrar. Katie Gatz re-oriented our team to the updated system in early 2013 and Ryan Walsh now serves as interim trauma registrar.

*Kathi Wasilewski* 9/30/13

Kathi Wasilewski, RN, MA, CEN  
Director Emergency Services

Date

interim registrar



*St. Vincent  
Anderson Regional Hospital*

*2015 Jackson Street • Anderson, Indiana 46016*

***Trauma Registrar***

***Roles and Responsibilities***

Under the direction of the Trauma Program Manager, The Trauma Registrar is responsible for the data and data collection of the Trauma Registry. The registrar collects, compiles, organizes facts, figures and/or other information in accordance with established procedures or as directed.

The Trauma Registrar is knowledgeable of ICD-9-CM Coding, data entry, possesses knowledge of basic anatomy, E-codes, Injury Severity Scoring and Probability of Survivability. The registrar has an understanding of quality assurance and performance improvement as well as effective interpersonal skills. Knowledge, understanding, acceptance, and support of the philosophy, objectives, and policies of the Department of Surgery Trauma Service and St. Vincent Anderson Regional Hospital is essential.

The Registrar:

1. Communicates with Hospital Administration, physicians, department directors, admitting staff and other trauma staff.
2. Communicates with the state trauma registry staff.
3. 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.
4. Participates in quality assurance and improvement activities to ensure accuracy of data collection and timely submission of data according to Arizona State Trauma Registry and the American College of Surgeons Optimal Guidelines for Trauma Centers.
5. Participates in quality assurance and improvement activities to ensure accuracy of data collection and timely submission of data according to Arizona State Trauma Registry and the American College of Surgeons Optimal Guidelines for Trauma Centers.
6. Participates in quality assurance and improvement activities to ensure accuracy of data collection and timely submission of data according to Arizona State Trauma Registry and the American College of Surgeons Optimal Guidelines for Trauma Centers.
7. Resolves routine coding issues/problems and appropriately seeks assistance from Trauma Program Manager for the more difficult ones.
8. Maintains patient confidentiality including confidentiality of sensitive hospital performance improvement information.
9. Participates in Trauma Performance Improvement and ACS Committee meetings and educational conferences in order to maintain and expand Trauma Registry knowledge base.
10. Participate in internal and community outreach education on injury prevention, trauma systems, and trauma data.
11. Contributes data to the State Trauma Registry quarterly and to the NTDB annually. Also provides registry reports to hospital personnel as requested.

**Wasilewski, Mari**

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**From:** Gatz, Katie [KGatz@isdh.IN.gov]  
**Sent:** Wednesday, July 17, 2013 8:09 AM  
**To:** Contos, Sarah; Moore, Michelle (St.Vincent Health/Indianapolis); Walsh, Ryan  
**Cc:** Wasilewski, Mari  
**Subject:** RE: Cleaning up usernames in the Indiana Trauma Registry

Thanks Sarah – I have also re-activated Kathi and have added her to the mailing list.  
~Katie

---

**From:** Contos, Sarah [mailto:Sarah.Contos@stvincent.org]  
**Sent:** Tuesday, July 16, 2013 2:30 PM  
**To:** Gatz, Katie; Moore, Michelle (St.Vincent Health/Indianapolis); Walsh, Ryan  
**Cc:** Wasilewski, Mari  
**Subject:** RE: Cleaning up usernames in the Indiana Trauma Registry

Katie,  
  
Sorry, I was on vacation last week – Yes, please keep me as an active account. I will be likely be helping Michelle enter data.

Kathi would like to be “active” also, and could you add her to your email list?

I’ll “cc” her so you have her email. Thanks.

Thanks,  
Sarah

---

**From:** Gatz, Katie [mailto:KGatz@isdh.IN.gov]  
**Sent:** Tuesday, July 09, 2013 12:38 PM  
**To:** Moore, Michelle (St.Vincent Health/Indianapolis); Contos, Sarah; Walsh, Ryan  
**Subject:** Cleaning up usernames in the Indiana Trauma Registry

To maintain the security of the Indiana Trauma Registry (ITR), I will be sending out periodic emails to ensure the correct people at your facility have access to the ITR.

At this time, the following individuals have ACTIVE accounts:  
Michelle Moore  
Sarah Contos  
Ryan Walsh

At this time, the following individuals have INACTIVE accounts:  
Kathi Wasilewski

Please let us know if this information is accurate.  
Thanks,  
~Katie

Katie Gatz  
Trauma Registry Manager  
Division of Trauma and Injury Prevention

**Tiered Trauma Activation Criteria**

**Trauma Code 1:**

- EMS judgment
- SBP < 90
- GCS < 13 or loss of consciousness < 5 minutes
- RR < 10 or > 29
- Respiratory or airway compromise/intubated
- Needle chest decompression or cricothyroidotomy in field
- Penetrating injury to head, neck, chest, abdomen, back, buttocks, or extremities proximal to elbow or knee
- Flail Chest
- Burns > 15% or high voltage electrical injury
- 2 or more long bone fractures
- Crushed, degloved, mangled, or pulseless extremity
- Traumatic amputation proximal to the wrist or ankle
- Known or suspected pelvic fracture
- Open or depressed skull fracture
- Extremity paralysis suggestive of spinal cord injury
- Judgment of the emergency physician or emergency RN.

**Trauma Alert:**

- History of loss of consciousness following a traumatic event
- Fall > 20 feet or 2 stories
- High risk auto crash
  - Intrusion > 12 in. occupant site; > 18 in. any site
  - Ejection from vehicle
  - Death in same vehicle
- Pedestrian or bicyclist stuck, thrown, or run over by vehicle
- Motorcycle crash > 20 MPH
- Traumatic amputation distal to wrist or ankle
- Open long bone fracture
- Pregnancy > 20 weeks with significant mechanism of injury
- EMS provider, ER Nurse judgment



St. Vincent  
Anderson Regional Hospital

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### Evaluation of Tiered Trauma Activation

St. Vincent Anderson Regional Hospital's tiered trauma activation is evaluated continuously by the trauma medical director and the trauma program manager through the Performance Improvement and Patient Safety Program. Over and under activations are monitored with injury severity scores. Changes are made based on need identified through this process.

Joseph C. Baer, FACS  
Trauma Medical Director  
St. Vincent Anderson Regional Hospital

9/25/13

Date

Michelle Moore, BSN  
Trauma Program Manager  
St. Vincent Anderson Regional Hospital

9/25/13

Date



St. Vincent  
Anderson Regional Hospital

2015 Jackson Street • Anderson, Indiana 46016

### Commitment of General Surgeons Providing Trauma Coverage

The on call general surgeons, who provide trauma coverage, are committed to providing care to the injured patient by ensuring a general surgeon is on call and promptly available twenty four (24) hours per day. These surgeons are committed to responding to Trauma Code 1 within thirty minutes of the patient's arrival. Response times are continuously evaluated through St. Vincent Anderson Performance Improvement and Patient Safety Program.

Joseph C. Baer, FACS  
Trauma Medical Director  
St. Vincent Anderson Regional Hospital

9/20/13

Date

General Surgery

2013 Call Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Jun 16 B	Jun 17 W	Jun 18 B	Jun 19 M	Jun 20 R	Jun 21 M	Jun 22 M
Jun 23 M	Jun 24 R	Jun 25 M	Jun 26 B	Jun 27 W	Jun 28 B	Jun 29 B
Jun 30 B	Jul 1 W	Jul 2 B	Jul 3 M	Jul 4 R	Jul 5 R	Jul 6 R
Jul 7 R	Jul 8 W	Jul 9 M B	Jul 10 B MR	Jul 11 R M	Jul 12 W	Jul 13 W
Jul 14 W	Jul 15 R	Jul 16 <del>W</del> R	Jul 17 B	Jul 18 <del>R</del> W	Jul 19 M	Jul 20 M
Jul 21 M	Jul 22 W	Jul 23 M	Jul 24 B M	Jul 25 M	Jul 26 W	Jul 27 W
Jul 28 W	Jul 29 R	Jul 30 W	Jul 31 R	Aug 1 W	Aug 2 R	Aug 3 R
Aug 4 R	Aug 5 B	Aug 6 M	Aug 7 B	Aug 8 R	Aug 9 B	Aug 10 B
Aug 11 B	Aug 12 W	Aug 13 M B	Aug 14 B M	Aug 15 R	Aug 16 B	Aug 17 B
Aug 18 B	Aug 19 W	Aug 20 M	Aug 21 R	Aug 22 B	Aug 23 W	Aug 24 W
Aug 25 W	Aug 26 B	Aug 27 M	Aug 28 R	Aug 29 W	Aug 30 M	Aug 31 M
Sep 1 M	Sep 2 M	Sep 3 B	Sep 4 R	Sep 5 W	Sep 6 B	Sep 7 B

B = Dr. Baer  
W = Wakim

R = Ritchison  
Mc = McCurdy  
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ended 4/31

2013 Call Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sep 8 B	Sep 9 B	Sep 10 R	Sep 11 M R	Sep 12 M	Sep 13 R	Sep 14 R
Sep 15 R	Sep 16 <del>M</del>	Sep 17 W	Sep 18 B	Sep 19 W	Sep 20 M	Sep 21 M
Sep 22 M	Sep 23 M	Sep 24 W	Sep 25 B	Sep 26 R	Sep 27 W	Sep 28 W
Sep 29 W	Sep 30 R	Oct 1 B	Oct 2 M	Oct 3 W	Oct 4 R	Oct 5 R
Oct 6 R	Oct 7 M	Oct 8 B	Oct 9 W	Oct 10 R	Oct 11 B	Oct 12 B
Oct 13 B	Oct 14 M	Oct 15 W	Oct 16 B	Oct 17 M	Oct 18 W	Oct 19 W
Oct 20 W	Oct 21 R	Oct 22 W	Oct 23 B	Oct 24 W	Oct 25 R	Oct 26 R
Oct 27 R	Oct 28 M	Oct 29 R	Oct 30 B	Oct 31 R	Nov 1 M	Nov 2 M
Nov 3 M	Nov 4 B	Nov 5 R	Nov 6 B	Nov 7 M	Nov 8 B	Nov 9 B
Nov 10 B	Nov 11 M	Nov 12 B	Nov 13 R	Nov 14 W	Nov 15 R	Nov 16 R
Nov 17 R	Nov 18 W	Nov 19 B	Nov 20 M	Nov 21 R	Nov 22 M	Nov 23 M
Nov 24 M	Nov 25 B	Nov 26 R	Nov 27 W	Nov 28 W	Nov 29 W	Nov 30 W

B = Di Burr      R = Ritchison      Undered 8/23/13  
 W = Wakim 47      Mc = Mc Curdy

FAX COVER SHEET

DATE: 06-17-2013

FROM: SURGICAL ASSOCIATES OF MADISON COUNTY  
D. BENJAMIN McCURDY, MD  
JOSEPH C. BAER, MD

TO: Comm ER; St. Vincent Anderson; Answering Service: Dr Wakim &  
Dr. Ritchison

PAGES TO FOLLOW: -0-

REMARKS: this is a change for General Surgery Call Schedule:

~~07-09-13 will be Dr Baer~~

~~07-10-13 will be Dr McCurdy~~

~~08-13-13 will be Dr Baer~~

~~08-14-13 will be Dr McCurdy~~

THANK YOU  
Heather

The documents accompanying this telecopy transmission contains confidential information. The information is intended only for the use of the individual(s) or entity named above. If you are not the intended recipient, you are notified that any disclosure, copying, distribution, or the taking of and action in reliance on the contents of this telecopied information are not permissible. If you have received this telecopy in error, please immediately notify us by phone at the below to arrange for the return of the original documents.

VOICE: 765-298-4140

FAX: 765-298-4941

**Trauma Code 1 Activations January 2013 - September 2013**

Motor Vehicle Crash	9
GSW	7
Fall	5
Motorcycle Crash	4
Pedestrian Struck	2
Hanging	2
Burn	1
Other	1
Bike	1
Assault / Abuse	1
<b>Grand Total</b>	<b>33</b>



**St. Vincent  
Anderson Regional Hospital**

2015 Jackson Street • Anderson, Indiana 46016

Dr. Joseph Baer, Trauma Medical Director is a member of the Environment of Care Committee which serves as oversight for Emergency and Disaster Preparedness at St. Vincent Anderson Regional Hospital. The Environment of Care Committee is actively involved in the Indiana State Department of Health District 6 initiatives.

David Maxwell  
Chief Operating Officer  
St. Vincent Anderson Regional Hospital

9-23-13

Date

9-23-13

9-23-13



*St. Vincent  
Anderson Regional Hospital*

*2015 Jackson Street • Anderson, Indiana 46016*

### **Commitment of Emergency Medicine Department**

The Emergency Department Physicians, led by the Chief of Emergency Medicine are committed to providing immediate care to the injured patient by ensuring twenty four (24) hours per day coverage.

A handwritten signature in black ink, appearing to read "E. Irick".

9/26/13

Edward Irick, FACEP  
Chief of Emergency Medicine  
St. Vincent Anderson Regional Hospital

Date

# SEPTEMBER 2013

8/30/13

1 SUNDAY	2 Labor Day	3 TUESDAY	4 WEDNESDAY	5 THURSDAY	6 FRIDAY	7 SATURDAY
WAG 7 to 3 PIN 9 to 4 KYL 3 to 11 IRI 4 to 12 BEE 11 to 7 Lara 12 to 6 Mary 6 to 12 Preston 6 to 2	WAG 7 to 3 PUG 9 to 5 COM 3 to 11 BIE 4 to 12 BEE 11 to 7 Brandon 12 to 12 Carole 6 to 2	WAG 7 to 3 PUG 9 to 4 COM 3 to 11 CEC 4 to 12 BEE 11 to 7 Trent 12 to 12 Carole 6 to 2	WAG 7 to 3 PUG 9 to 4 COM 3 to 11 BIE 4 to 12 BEE 11 to 7 Trent 12 to 5 Brandon 5 to 12 Carole 6 to 2	WAG 7 to 3 PUG 9 to 4 BIE 3 to 11 COY 4 to 12 BEE 11 to 7 Whitney 12 to 6 Gayle 6 to 12 Preston 6 to 2	WAG 7 to 3 PUG 9 to 4 COM 3 to 11 COY 4 to 12 BEE 11 to 7 Lara 12 to 6 Helen 6 to 12 Carole 6 to 2	CEC 7 to 3 PUG 9 to 4 COM 3 to 11 COY 4 to 12 BEE 11 to 7 Brandon 12 to 12 Carole 6 to 2
8 SUNDAY	9 MONDAY	10 TUESDAY	11 WEDNESDAY	12 THURSDAY	Friday the 13th	14 SATURDAY
WAG 7 to 3 PUG 9 to 4 COM 3 to 11 BIE 4 to 12 COM 11 to 7 Mary 12 to 12 Carole 6 to 2	CEC 7 to 3 KYL 9 to 5 SOP 3 to 11 IRI 4 to 12 COM 11 to 7 Trent 12 to 12 Preston 6 to 2	CEC 7 to 3 KYL 9 to 4 SOP 3 to 11 IRI 4 to 12 COM 11 to 7 Trent 12 to 12 Preston 6 to 2	CEC 7 to 3 KYL 9 to 4 SOP 3 to 11 COY 4 to 12 COM 11 to 7 Trent 12 to 6 Linda 6 to 12 Carole 6 to 2	CEC 7 to 3 KYL 9 to 4 SOP 3 to 11 BIE 4 to 12 COM 11 to 7 Gayle 12 to 12 Preston 6 to 2	CEC 7 to 3 KYL 9 to 4 SOP 3 to 11 BIE 4 to 12 COM 11 to 7 Linda 12 to 6 Helen 6 to 12 Preston 6 to 2	SOP 7 to 3 KYL 9 to 4 CEC 3 to 11 BIE 4 to 12 COM 11 to 7 Helen 12 to 12 Preston 6 to 2
15 SUNDAY	16 MONDAY	17 TUESDAY	18 WEDNESDAY	19 THURSDAY	20 FRIDAY	21 SATURDAY
SOP 7 to 3 KYL 9 to 4 CEC 3 to 11 IRI 4 to 12 BIE 11 to 7 Brandon 12 to 12 Preston 6 to 2	BEE 7 to 3 PIN 9 to 5 WAG 3 to 11 PUG 4 to 12 BIE 11 to 7 Trent 12 to 12 Carole 6 to 2	BEE 7 to 3 WAG 9 to 4 COM 3 to 11 PUG 4 to 12 BIE 11 to 7 Trent 12 to 12 Carole 6 to 2	BEE 7 to 3 COM 9 to 4 WAG 3 to 11 PUG 4 to 12 BIE 11 to 7 Trent 12 to 5 Brandon 5 to 12 Preston 6 to 2	BEE 7 to 3 COM 9 to 4 SOP 3 to 11 KYL 4 to 12 BIE 11 to 7 Gayle 12 to 12 Carole 6 to 2	BEE 7 to 3 COM 9 to 4 WAG 3 to 11 PUG 4 to 12 BIE 11 to 7 Cheryl 12 to 6 Helen 6 to 12 Preston 6 to 2	BEE 7 to 3 COM 9 to 4 WAG 3 to 11 PUG 4 to 12 BIE 11 to 7 Helen 12 to 12 Lara 6 to 2
22 SUNDAY	23 MONDAY	24 TUESDAY	25 WEDNESDAY	26 THURSDAY	27 FRIDAY	28 SATURDAY
BEE 7 to 3 COM 9 to 4 WAG 3 to 11 PUG 4 to 12 IRI 11 to 7 Mary 12 to 12 Preston 6 to 2	COM 7 to 3 PIN 9 to 5 SOP 3 to 11 KYL 4 to 12 IRI 11 to 7 Trent 12 to 12 Carole 6 to 2	COM 7 to 3 PIN 9 to 4 SOP 3 to 11 KYL 4 to 12 IRI 11 to 7 Trent 12 to 12 Preston 6 to 2	COM 7 to 3 PIN 9 to 4 SOP 3 to 11 KYL 4 to 12 IRI 11 to 7 Trent 12 to 5 Brandon 5 to 12 Preston 6 to 2	PIN 7 to 3 CEC 9 to 4 WAG 3 to 11 PUG 4 to 12 COY 11 to 7 Gayle 12 to 12 Preston 6 to 2	PIN 7 to 3 CEC 9 to 4 SOP 3 to 11 KYL 4 to 12 COY 11 to 7 Cheryl 12 to 6 Helen 6 to 12 Carole 6 to 2	PIN 7 to 3 CEC 9 to 4 SOP 3 to 11 KYL 4 to 12 COY 11 to 7 Brandon 12 to 12 Carole 6 to 2
29 SUNDAY	30 MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
COM 7 to 3 CEC 9 to 4 SOP 3 to 11 KYL 4 to 12 PUG 11 to 7 Lara 12 to 12 Carole 6 to 2	BIE 7 to 3 WAG 9 to 5 BEE 3 to 11 COM 4 to 12 PUG 11 to 7 Trent 12 to 12 Preston 6 to 2	COM 7 to 3 PIN 9 to 4 SOP 3 to 11 KYL 4 to 12 IRI 11 to 7 Trent 12 to 12 Preston 6 to 2	COM 7 to 3 PIN 9 to 4 SOP 3 to 11 KYL 4 to 12 IRI 11 to 7 Trent 12 to 5 Brandon 5 to 12 Preston 6 to 2	PIN 7 to 3 CEC 9 to 4 WAG 3 to 11 PUG 4 to 12 COY 11 to 7 Gayle 12 to 12 Preston 6 to 2	PIN 7 to 3 CEC 9 to 4 SOP 3 to 11 KYL 4 to 12 COY 11 to 7 Cheryl 12 to 6 Helen 6 to 12 Carole 6 to 2	PIN 7 to 3 CEC 9 to 4 SOP 3 to 11 KYL 4 to 12 COY 11 to 7 Brandon 12 to 12 Carole 6 to 2

*EMERGENCY PHYSICIAN COVERAGE  
ST VINCENT ANDERSON*

Master schedule

# AUGUST 2013

7/30/13

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<i>EMERGENCY PHYSICIAN COVERAGE</i> <i>St. Vincent Anderson</i>						
<b>4</b> SUNDAY IRI 7 to 3 BIE 9 to 4 WAG 3 to 11 CEC 4 to 12 COM 11 to 7 Lara 12 to 12 Preston 6 to 2	<b>5</b> MONDAY PUG 7 to 3 BEE 9 to 5 BIE 3 to 11 WAG 4 to 12 COM 11 to 7 Trent 12 to 12 Carole 6 to 2	<b>6</b> TUESDAY PUG 7 to 3 BEE 9 to 4 BIE 3 to 11 WAG 4 to 12 COM 11 to 7 Trent 12 to 12 Carole 6 to 2	<b>7</b> WEDNESDAY PUG 7 to 3 BEE 9 to 4 SOP 3 to 11 WAG 4 to 12 COM 11 to 7 Trent 12 to 5 Brandon 5 to 12 Carole 6 to 2	<b>8</b> THURSDAY PUG 7 to 3 BEE 9 to 4 IRI 3 to 11 SOP 4 to 12 COM 11 to 7 Cheryl/Linda 12 to 6 Gayle 6 to 12 Preston 6 to 2	<b>9</b> FRIDAY PUG 7 to 3 BEE 9 to 4 SOP 3 to 11 WAG 4 to 12 COM 11 to 7 Cheryl/Linda 12 to 6 Helen 6 to 12 Carole 6 to 2	<b>10</b> SATURDAY PUG 7 to 3 BEE 9 to 4 SOP 3 to 11 WAG 4 to 12 COM 11 to 7 Brandon 12 to 12 Carole 6 to 2
<b>11</b> SUNDAY PUG 7 to 3 BEE 9 to 4 SOP 3 to 11 WAG 4 to 12 CEC 11 to 7 Mary 12 to 12 Carole 6 to 2	<b>12</b> MONDAY KYL 7 to 3 PIN 9 to 5 IRI 3 to 11 SOP 4 to 12 CEC 11 to 7 Trent 12 to 12 Preston 6 to 2	<b>13</b> TUESDAY KYL 7 to 3 PIN 9 to 4 COY 3 to 11 SOP 4 to 12 CEC 11 to 7 Trent 12 to 12 Preston 6 to 2	<b>14</b> WEDNESDAY KYL 7 to 3 PIN 9 to 4 COY 3 to 11 SOP 4 to 12 CEC 11 to 7 Trent 12 to 5 Brandon 5 to 12 Preston 6 to 2	<b>15</b> THURSDAY KYL 7 to 3 PIN 9 to 4 BIE 3 to 11 WAG 4 to 12 CEC 11 to 7 Gayle 12 to 12 Carole 6 to 2	<b>16</b> FRIDAY KYL 7 to 3 COM 9 to 4 IRI 3 to 11 SOP 4 to 12 CEC 11 to 7 Cheryl/Linda 12 to 6 Helen 6 to 12 Carole 6 to 2	<b>17</b> SATURDAY KYL 7 to 3 COM 9 to 4 IRI 3 to 11 SOP 4 to 12 CEC 11 to 7 Brandon 12 to 12 Preston 6 to 2
<b>18</b> SUNDAY KYL 7 to 3 COM 9 to 4 IRI 3 to 11 CEC 4 to 12 WAG 11 to 7 Mary 12 to 12 Preston 6 to 2	<b>19</b> MONDAY COM 7 to 3 BIE 9 to 5 PUG 3 to 11 BEE 4 to 12 WAG 11 to 7 Trent 12 to 12 Carole 6 to 2	<b>20</b> TUESDAY COM 7 to 3 BIE 9 to 4 PUG 3 to 11 BEE 4 to 12 WAG 11 to 7 Trent 12 to 12 Carole 6 to 2	<b>21</b> WEDNESDAY COM 7 to 3 BIE 9 to 4 PUG 3 to 11 BEE 4 to 12 WAG 11 to 7 Trent 12 to 5 Brandon 5 to 12 Carole 6 to 2	<b>22</b> THURSDAY COM 7 to 3 BIE 9 to 4 KYL 3 to 11 BEE 4 to 12 WAG 11 to 7 Gayle 12 to 12 Preston 6 to 2	<b>23</b> FRIDAY COM 7 to 3 BIE 9 to 4 PUG 3 to 11 BEE 4 to 12 WAG 11 to 7 Cheryl 12 to 6 Helen 6 to 12 Carole 6 to 2	<b>24</b> SATURDAY COM 7 to 3 BIE 9 to 4 PUG 3 to 11 BEE 4 to 12 WAG 11 to 7 Helen 12 to 12 Carole 6 to 2
<b>25</b> SUNDAY COM 7 to 3 BIE 9 to 4 PUG 3 to 11 BEE 4 to 12 SOP 11 to 7 Brandon 12 to 12 Carole 6 to 2	<b>26</b> MONDAY CEC 7 to 3 IRI 9 to 5 KYL 3 to 11 PIN 4 to 12 SOP 11 to 7 Trent 12 to 12 Preston 6 to 2	<b>27</b> TUESDAY CEC 7 to 3 IRI 9 to 4 KYL 3 to 11 PIN 4 to 12 SOP 11 to 7 Trent 12 to 12 Preston 6 to 2	<b>28</b> WEDNESDAY CEC 7 to 3 IRI 9 to 4 KYL 3 to 11 PIN 4 to 12 SOP 11 to 7 Trent 12 to 5 Brandon 5 to 12 Preston 6 to 2	<b>29</b> THURSDAY CEC 7 to 3 COY 9 to 4 PUG 3 to 11 PIN 4 to 12 SOP 11 to 7 Gayle 12 to 12 Preston 6 to 2	<b>30</b> FRIDAY CEC 7 to 3 COY 9 to 4 KYL 3 to 11 PIN 4 to 12 SOP 11 to 7 Lara 12 to 12 Carole 6 to 2	<b>31</b> SATURDAY CEC 7 to 3 COY 9 to 4 KYL 3 to 11 PIN 4 to 12 SOP 11 to 7 Lara 12 to 12 Preston 6 to 2



# JUNE 2013

5-31-13

SUNDAY JUNE 30	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	<i>EMERGENCY PHYSICIAN COVERAGE - ST VINCENT ANDERSON</i>					
<b>2</b> SUNDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>3</b> MONDAY 7 to 3 9 to 5 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>4</b> TUESDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>5</b> WEDNESDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 5 5 to 12 6 to 2	<b>6</b> THURSDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 6 6 to 2	<b>7</b> FRIDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>1</b> SATURDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2
<b>9</b> SUNDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>10</b> MONDAY 7 to 3 9 to 5 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>11</b> TUESDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>12</b> WEDNESDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 5 5 to 12 6 to 2	<b>13</b> THURSDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>14</b> FRIDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>8</b> SATURDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2
<b>16</b> SUNDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>17</b> MONDAY 7 to 3 9 to 5 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>18</b> TUESDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>19</b> WEDNESDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 5 5 to 12 6 to 2	<b>20</b> THURSDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>21</b> FRIDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>15</b> SATURDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2
<b>23</b> SUNDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>24</b> MONDAY 7 to 3 9 to 5 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>25</b> TUESDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2	<b>26</b> WEDNESDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 5 5 to 12 6 to 2	<b>27</b> THURSDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 6 6 to 2	<b>28</b> FRIDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 6 6 to 2	<b>29</b> SATURDAY 7 to 3 9 to 4 3 to 11 4 to 12 11 to 7 12 to 12 6 to 2



**St. Vincent  
Anderson Regional Hospital**

2015 Jackson Street • Anderson, Indiana 46016

**Commitment of Orthopedic Surgeons**

Central Indiana Orthopedic Surgeons are committed to providing care for the injured patient by ensuring an orthopedic surgeon is on call and promptly available twenty four hours per day.

Joseph C. Baer, FACS  
Trauma Medical Director  
St. Vincent Anderson Regional Hospital

9/20/13

Date

David Graybill, MD  
Central Indiana Orthopedics  
Chief of Surgery  
St. Vincent Anderson Regional Hospital

9/25/13

Date

10/15/13

# September 2013

*CTD*

September 2013							October 2013						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7	6	7	1	2	3	4	5
8	9	10	11	12	13	14	6	7	8	9	10	11	12
15	16	17	18	19	20	21	13	14	15	16	17	18	19
22	23	24	25	26	27	28	20	21	22	23	24	25	26
29	30						27	28	29	30	31		

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>Sep 1 - 7</b>	<b>Sep 1</b> 12:00am Kay	<b>2</b> 12:00am Kay	<b>3</b> 12:00am Kay	<b>4</b> 12:00am Shick	<b>5</b> 12:00am Shick	<b>6</b> 12:00am Shick	<b>7</b> 12:00am Herbst
<b>Sep 8 - 14</b>	<b>8</b> 12:00am Herbst	<b>9</b> 12:00am Surtani	<b>10</b> 12:00am Surtani	<b>11</b> 12:00am Jerman	<b>12</b> 12:00am Jerman	<b>13</b> 12:00am Chen	<b>14</b> 12:00am Chen
<b>Sep 15 - 21</b>	<b>15</b> 12:00am Chen	<b>16</b> 12:00am Graybill	<b>17</b> 12:00am Graybill	<b>18</b> 12:00am Jerman	<b>19</b> 12:00am Jerman	<b>20</b> 12:00am Surtani	<b>21</b> 12:00am Surtani
<b>Sep 22 - 28</b>	<b>22</b> 12:00am Surtani	<b>23</b> 12:00am Chen	<b>24</b> 12:00am Chen	<b>25</b> 12:00am Jerman	<b>26</b> 12:00am Jerman	<b>27</b> 12:00am Graybill	<b>28</b> 12:00am Graybill
<b>Sep 29 - Oct 5</b>	<b>29</b> 12:00am Graybill	<b>30</b> 12:00am Surtani	<b>Oct 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

# August 2013

CIO

August 2013							September 2013						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3	1	2	3	4	5	6	7
4	5	6	7	8	9	10	8	9	10	11	12	13	14
11	12	13	14	15	16	17	15	16	17	18	19	20	21
18	19	20	21	22	23	24	22	23	24	25	26	27	28
25	26	27	28	29	30	31	29	30					

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	Jul 28	29	30	31	Aug 1	2	3
Jul 28 - Aug 3					12:00am Graybill	12:00am Kay	12:00am Kay
	4	5	6	7	8	9	10
Aug 4 - 10	12:00am Kay	12:00am Graybill	12:00am Graybill	12:00am Surtani	12:00am Surtani	12:00am Chen	12:00am Chen
	11	12	13	14	15	16	17
Aug 11 - 17	12:00am Chen	12:00am Shick	12:00am Graybill	12:00am Jerman	12:00am Jerman	12:00am Surtani	12:00am Surtani
	18	19	20	21	22	23	24
Aug 18 - 24	12:00am Surtani	12:00am Shick	12:00am Shick	12:00am Kay	12:00am Kay	12:00am Jerman	12:00am Jerman
	25	26	27	28	29	30	31
Aug 25 - 31	12:00am Jerman	12:00am Chen	12:00am Chen	12:00am Shick	12:00am Shick	12:00am Kay	12:00am Kay



**St. Vincent  
Anderson Regional Hospital**

2015 Jackson Street • Anderson, Indiana 46016

**Commitment of Neurology**

The neurologists practicing at St. Vincent Anderson Regional Hospital are committed to providing care for the injured patient within the scope of their practice. Patients in need of a neurosurgeon will be transferred as outline in the transfer policy.

Joseph C. Baer, FACS  
Trauma Medical Director  
St. Vincent Anderson Regional Hospital

9/20/13

Date

Larry Blankenship, MD  
Central Indiana Neurology

9/20/13

Date

## TRAUMA CENTER TRANSFER AGREEMENT

**THIS AGREEMENT** is made and entered into by and between **ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC.**, an Indiana nonprofit corporation (hereinafter "Facility"), and **ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC.** (hereinafter "Hospital"), individually referred to as "Party" and collectively as "Parties."

### WITNESSETH:

**WHEREAS**, Hospital is the owner and operator of a general, acute care hospital known as St. Vincent Indianapolis Hospital, with facilities in Indianapolis, Indiana, which has been certified by the American College of Surgeons as a Level II Trauma Center; and

**WHEREAS**, Facility is the owner and operator of a hospital in Anderson, Indiana, which provides health care services, including emergency and surgical care, to the members of the surrounding communities, and which is currently seeking certification by the American College of Surgeons as a Level III Trauma Center; and

**WHEREAS**, Facility recognizes that on certain occasions, trauma patients require specialized care and services beyond the scope of services available at Facility and that optimal care of these patients requires transfer from the emergency department or inpatient services to centers with specialized critical care or trauma services; and

**WHEREAS**, the medical staff and hospital administration of Facility have identified Hospital as a referral center with specialized staff and facilities for care of critically ill and/or injured patients; and

**WHEREAS**, Hospital is in reasonable proximity to Facility and both Parties desire to assure continuity of care and treatment appropriate to the needs of each patient in Facility and Hospital.

**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 PATIENTS

2.1 Transfer of Patient to Hospital. Facility shall transfer a patient to Hospital whenever it is medically appropriate as determined by the patient's attending physician.

Facility will notify Hospital as far in advance as practical of an impending transfer. Facility shall be responsible for arranging for (and paying for, to the extent not covered by a third party) appropriate and safe transportation of the patient from Facility to Hospital. Hospital shall admit the patient as promptly as possible under the circumstances, subject to the terms of this Agreement, provided that all admission requirements under federal and state law and regulations and the established policies and procedures of Hospital are met, and provided that bed space is available to accommodate the patient. Hospital reserves the right to decline a transfer when there is inadequate space available, or when 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 Hospital.

- 2.2 Transfer of Patient to Facility. In the event the transfer from Facility to Hospital is temporary and/or for a specific procedure or service with the intent that the patient be returned to Facility, or in the event that Hospital determines that the level of care and services it provides is no longer required by the patient but the patient is not ready for discharge from a hospital, Facility agrees to accept the patient for continued care upon completion of the procedure, service, or other event(s) that necessitated the transfer. Hospital shall assist Facility in arranging for safe and appropriate transportation of the patient back to Facility.

### **III. ADMISSION PRIORITIES**

Admissions to Hospital shall be in accordance with its 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 Hospital to give priority of admission to patients being transferred from Facility.

### **IV. MEDICARE PARTICIPATION**

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

### **V. INTERCHANGE OF INFORMATION AND MEDICAL RECORDS**

Facility and Hospital agree to exchange medical and other information, including medical records (or copies thereof), which may be necessary or useful in the care and treatment of patients hereunder, and for reimbursement for patient services, as required and permitted by

all applicable federal and state laws. Such information shall be provided by and between Facility and Hospital, by telephone or hard copy as appropriate, prior to any services provided hereunder where possible, or when such information becomes known. Nonetheless, all such information shall be recorded on a transferal and referral form which shall be mutually agreed upon by the Parties.

#### **VI. PATIENT CONSENT**

Except in medical emergencies, Facility is responsible for obtaining appropriate consent to the transfer of the patient to Hospital prior to the transfer. Facility agrees to provide Hospital with information that may be needed by, or helpful to, Hospital in securing consent for treatment for patients transferred under this Agreement.

#### **VII. TRANSFER OF PERSONAL EFFECTS**

Facility shall be responsible for the transfer of any personal effects, particularly money and valuables, of patients hereunder.

#### **VIII. FINANCIAL ARRANGEMENTS**

Reimbursement from the patient, Medicare, Medicaid, or other third party payor for claims and charges incurred with respect to patient services shall be the responsibility of the Party which directly provides such services, unless applicable law and regulations require that one Party bill the other Party for certain services.

#### **IX. INSURANCE**

9.1 Worker's Compensation. The Parties shall carry Worker's Compensation insurance covering all employees per statutory limits performing services at Hospital or Facility, and Employer's Liability insurance in an amount not less than \$1,000,000. Said Worker's Compensation policy shall contain an endorsement waiving subrogation rights by each Party against the other.

9.2 Comprehensive and Property Damage Liability. The Parties shall carry occurrence form Primary Commercial General Liability in minimum limits of \$1,000,000 each occurrence and \$2,000,000 general aggregate, combined single limit on \$1,000,000 bodily injury and \$1,000,000 property damage and \$2,000,000 general aggregate. Such policies shall also include contractual liability protection insurance to satisfy the Parties' indemnification obligations set out in Article X, below.

9.3 Professional Liability. Throughout the term of this Agreement and for any extension(s) thereof, the Parties shall qualify as health care providers as defined under the Indiana Medical Malpractice Act (I.C. 34-18) and maintain professional liability insurance coverage with the limits as required therein. Each Party shall provide the other with proof of such coverage upon request.

9.4 Proof of Coverage. The Parties shall provide each other with appropriate certificates evidencing the insurance coverages set out in this Article IX upon request.

## X. INDEMNIFICATION

10.1 Facility Indemnification. Facility agrees that it will indemnify and hold harmless 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 sole negligent act or failure to act of Facility or any of its agents or employees.

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

## XI. TERM AND TERMINATION

11.1 Term. The term of this Agreement is for a period of one (1) year commencing on October 1, 2013, and thereafter, 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.

11.2 Termination. Notwithstanding Section 11.1, this Agreement may be terminated as follows:

11.2-1 Termination by Agreement. In the event Hospital and Facility shall mutually agree in writing, this Agreement shall be terminated on the terms and date stipulated therein.

11.2-2 Early Termination. This Agreement may be terminated by either Party at any time upon the provision of ninety (90) days prior written notice to the other Party.

11.2-3 Automatic Termination. This Agreement shall immediately and automatically terminate if:

- (a) . . . Either Hospital or Facility has its license issued to it by the State of Indiana revoked, suspended, or not renewed; or
- (b) Either Party's agreement with the Secretary of Health and Human Services under the Medicare Act is terminated.

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

## **XII. ETHICAL AND RELIGIOUS DIRECTIVES**

The Parties acknowledge that both Parties conduct their operations 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 either Party 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.

## **XIII. HIPAA**

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 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 and Security 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.

#### XIV. GENERAL PROVISIONS

- 14.1 Advertising and Publicity. 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.
- 14.2 Affirmative Action Notice. The Parties hereby incorporate the requirements of 41 C.F.R. §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a), as well as the posting requirements of 29 C.F.R. part 471, appendix A to subpart A, if applicable.
- 14.3 Amendments. This Agreement may be amended only by an instrument in writing signed by the Parties hereto.
- 14.4 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 either Party without the written approval of the other Party to any successor entity operating the facilities now operated by Hospital or Facility or to a related or affiliated organization. "Related or Affiliated Organization" shall mean an entity whose sole member or owner is St. Vincent Hospital and Health Care Center, Inc.; St. Vincent Anderson Regional Hospital, Inc.; St. Vincent Health; Ascension Health; or one of their subsidiaries.
- 14.5 Confidentiality. Hospital and Facility agree that the terms and conditions of this Agreement shall remain confidential. Neither Hospital nor Facility shall distribute this Agreement, or any part thereof, or reveal any of the terms of this Agreement to parties other than the Parties hereto, or their employees or agents, unless expressly allowed or required by law or with the express written consent of the other Party.
- 14.6 Corporate Responsibility. Each Party has in place a Corporate Compliance Program ("Program") which has as its goal to ensure that the Party 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. The Parties acknowledge each other'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 the Parties. The Parties 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. Each Party further agrees to disclose to the other

Party immediately any proposed or actual debarment, exclusion or other event that makes the Party ineligible to participate in Federal health care programs or Federal procurement or non-procurement programs.

- 14.7 Entire Agreement. This Agreement supersedes all previous contracts or agreements between the Parties with respect to the same subject matter and does constitute the entire Agreement between the Parties hereto and Hospital and Facility shall neither be entitled to other benefits than those herein specifically enumerated.
- 14.8 Governing Law. This Agreement shall be construed and governed by the laws of Indiana.
- 14.9 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.
- 14.10 Notices. Notices or communication herein required or permitted shall be given to 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:

HOSPITAL

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

FACILITY

Thomas J. VanOsdol  
President  
St. Vincent Anderson Regional  
Hospital, Inc.  
2015 Jackson Street  
Anderson, IN 46016

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

- 14.11 Regulatory and Statutory Compliance. The Parties agree that this Agreement is intended to comply with all applicable state and federal laws, rules, regulations and accreditation standards including, but not limited to, the Medicare and Medicaid Fraud and Abuse Statute and Regulations, HIPAA, OSHA and standards of accrediting bodies, including Joint Commission standards, and all regulations governing use of facilities financed with tax-exempt bonds ("Laws"). If, at any time,

this Agreement is found to violate any applicable provision of these Laws, or if either Party has a reasonable belief that this Agreement creates a material risk of violating the Laws, and after consultation with the other Party, and thirty (30) days after written notice to the other Party, the Parties shall renegotiate the portion of this Agreement that creates the violation of the Laws. If the Parties fail to reach agreement within one hundred twenty (120) days following said written notice, this Agreement shall terminate.

- 14.12 Severability. In the event that any provision hereof is found invalid or unenforceable pursuant to judicial decree or decision, the remainder of this Agreement shall remain valid and enforceable according to its terms.
- 14.13 Status of the Parties. In carrying out the terms of this Agreement, the Parties agree that each is acting as an independent contractor and not as an agent or employee of the other. Each Party agrees to pay, as they become due, all federal and state withholdings and income taxes, including social security taxes due and payable on the compensation earned by each Party and each Party agrees to hold the other harmless from any taxes, penalties or interest which might arise by its failure to do so.
- 14.14 Waiver of Breach. The waiver by either Party of a breach or violation of any provision of this Agreement shall not operate as, nor be construed to be, a waiver of any subsequent breach hereof.

*[Signatures on the following page]*

**XV. EXECUTION**

This Agreement and any amendments thereto shall be executed in duplicate copies on behalf of Hospital and Facility 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.

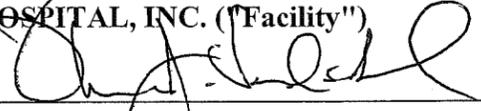
**IN WITNESS WHEREOF**, the duly authorized representatives of Hospital and Facility have executed this Agreement on the dates written below.

**ST. VINCENT HOSPITAL AND HEALTH CARE  
CENTER, INC. ("Hospital")**

By:   
Kyle DeFur  
President

Date: 10/1/13

**ST. VINCENT ANDERSON REGIONAL  
HOSPITAL, INC. ("Facility")**

By:   
Thomas J. VanOsdol  
President

Date: 10/1/13

Current Status: Active

PolicyStat ID: 424958



Effective Date: 07/1992  
Approved Date: 05/2013  
Last Revised: 05/2013  
Expires: 05/2016  
Author: Pitcock, Nancy: Vice President  
of Nursing and Chief Nursing  
Office  
Policy Area: Administrative  
References:  
Applicability: St. Vincent Anderson Regional  
Hospital :  
St. Vincent Anderson Regional  
Hospital (stvanderson)

## Patient Transfers - ADMIN-168

### POLICY STATEMENT:

Patient transfer requirements are mandated by federal law for the protection of the patient from unnecessary and potentially harmful transfers; therefore patients are not transferred arbitrarily. Transfers occur when a patient requires or requests the service of another facility because 1) the transferring facility cannot render the necessary care; 2) the patient requests transfer and meets all other transfer requirements; or 3) the level of care provided at another facility is more appropriate to the patient's condition.

### SCOPE:

all inpatient care areas, Cath Lab, Surgery Services and Emergency Department

### DEFINITION:

- A.
1. **The Consolidated Omnibus Budget Reconciliation Act (COBRA)** Law applies to all emergency medical conditions that are not stabilized at the time of transfer.
  2. **The Emergency Medical Treatment and Active Labor Act (EMTALA)** requires a medical screening/examination and provision of stabilizing treatment.
  3. **Transfer** is the movement (including the discharge) of an individual outside St. Vincent Anderson Regional Hospital facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) St. Vincent Anderson Regional Hospital, but does not include such a movement of an individual who (1) has been declared dead, or (2) leaves the facility without the permission of any such person.
  4. **Emergency Medical Condition** is:
    - a. a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in
      - i. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
      - ii. Serious impairment to bodily functions; or
      - iii. Serious dysfunction of any bodily organ or part; or
  5. With respect to a pregnant woman who is having contractions
    - a. That there is inadequate time to effect a safe transfer to another hospital before delivery; or
    - b. That transfer may pose a threat to the health or safety of the woman or the unborn child.
- B. **Labor** means the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman experiencing contractions is in true labor unless a physician or qualified medical person as determined by hospital by-laws or rules and regulations certifies that, after a reasonable time of observation, the woman is in false labor.

- C. **Stabilized** means that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility or that the woman has delivered the child and the placenta.
- D. **Appropriate transfer**, regardless of the stability of the patient, is one in which
1. The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations and the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer;
  2. A physician has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or
  3. If a physician is not physically present on the hospital campus at the time an individual is requiring transfer, a qualified medical person (as determined by the hospital in its by-laws or rules and regulations) signs a certification after consultation with the physician, who authorizes the transfer and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based.
  4. A qualified medical person is a Registered Nurse trained in the appropriate clinical area who has examined and evaluated the patient.
  5. A transfer to another medical facility will be appropriate only in those cases in which
    - a. The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child;
    - b. The receiving facility
      - i. Has available space and qualified personnel for the treatment of the individual; and
      - ii. Has agreed to accept transfer of the individual and has an accepting physician to provide appropriate medical treatment;
    - c. The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification of the consent to transfer (or copy thereof). Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practical after transfer; and
    - d. The transferring facility must maintain documentation of the transfer for five (5) years.
    - e. The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.
    - f. Patients, family or responsible parties have the right to request transfer to another facility.
- E. A **patient** is considered stable for discharge (vs. for transfer from one facility to a second facility) when, within reasonable clinical confidence, it is determined that the patient has reached the point where his/her continued care, including diagnostic work-up and/or treatment could be reasonably performed as an outpatient or later as an inpatient provided the patient is given a plan for appropriate follow-up care with the discharge instructions.
- F. **Stable for discharge** does not require the final resolution of the emergency medical condition.
- G. **Refusal to consent to transfer.** A hospital meets the requirements of the law if the hospital offers to transfer the individual to another medical facility and informs the individual (or a person acting on his or her behalf) of the risks and benefits to the individual of the transfer, but the individual (or a person acting on the individual's behalf) refuses to consent to the transfer. The hospital must take all reasonable steps to secure the individual's written informed refusal (or that of a person acting on his or her behalf). The written document must indicate the person has been informed of the risks and benefits of the transfer and state the reasons for the individual's refusal. The medical record must contain a description of the proposed transfer that was refused by or on behalf of the individual.
- H. **Refusal to transfer.** A participating hospital may not penalize or take adverse action against a physician or a qualified medical person because the physician or qualified medical person refuses to authorize the transfer of an individual with an emergency medical condition that has not been stabilized, or against any hospital employee because the employee reports a violation of an EMTALA requirement.

- I. A participating hospital may not delay providing an appropriate medical screening examination or further medical examination and treatment in order to inquire about the individual's method of payment or insurance status.
- J. A participating hospital that has specialized capabilities or facilities (including, but not limited to, facilities such as burn units, shock-trauma units, neonatal intensive care units, or (with respect to rural areas) regional referral center may not refuse to accept from a referring hospital within the boundaries of the United States an appropriate transfer of an individual who requires such specialized capabilities or facilities if the receiving hospital has the capacity to treat the individual.
- K. The transferring hospital is required to send the name and address of any on-call physician who has refused or failed to appear with a reasonable time to provide necessary stabilizing treatment.
- L. **Internal transfer** - All internal inpatient transfers to another level of care require a physician's order for transfer and appropriate updating of the plan of care.

## **ACTION STEPS:**

### **A. 1. EMERGENCY TRANSFER**

#### **a. Physician will:**

- i. Conduct a complete examination and evaluation of the patient unless after consultation with the qualified medical person, the physician deems that it is in the best interest of the patient and/or fetus to transfer the patient immediately.
- ii. Administer necessary care which can include imminent delivery of the fetus and placenta.
- iii. Determine need for transfer, facility to which the patient is to be transferred, means of transport, care and equipment required for transport, and medical control during transport.
- iv. Explain need and means for transfer to the patient and/or responsible significant others.
- v. Document the medical benefits expected as well as the potential risks of transfer, and the anticipated time of transfer, and authorizes the transfer by signing or countersigning the certificate of transfer. (Mechanical failure or lack of available CCA beds are appropriate reasons for transfer.) See Emergency Medical Condition Transfer form (678-3-1294).
- vi. Secure a written informed refusal from the patient or patient's representative, when the patient refuses treatment or transfer, assuring that they are aware of the risks of refusal.
- vii. Contact the receiving physician to assume care at the receiving facility.
- viii. Determine who assumes care during transport, which is usually the transferring physician.
- ix. Re-evaluate the patient prior to release.
- x. Provide information to nursing staff as necessary for transfer.

#### **2. Nursing will:**

- a. Obtain a physician's order and signs the certificate of transfer if a physician is not immediately available.
- b. Contact the receiving facility to verify the acceptance of the patient. Persons to contact may include the Admitting Office and the receiving unit.
- c. Give patient report to nursing personnel of receiving hospital and obtain fax number of receiving unit.
- d. Arrange transportation according to level of care, be it basic life support, advanced life support, or helicopter.
- e. Assemble completed documentation to send with the patient including copies of tests. Indicates on the transfer forms what medical records were sent with the patient. See Emergency Transfer Summary Form (678-2-991).
- f. Assemble equipment, supplies, and medication which may be needed, attaching a "return to St. Vincent Anderson Regional Hospital" notice which includes the address and telephone number, of equipment being sent and needing returned. (Refer to Borrowing/Loaning Equipment/Supplies Documentation 949-110.)
- g. Prepare patient for transfer.
- h. Give significant others direction (written, if possible) to the receiving facility and the name of the physician who is assuming care of the patient at the receiving facility.
- i. Record all transfer information in the Emergency Department's electronic log for transfers from the Emergency Department.
- j. Review Emergency Medical Condition Transfer form (678-3-1294) for completion.

- k. Complete Emergency Transfer Summary form (678-2-991).
- l. Notify the receiving facility by telephone of any test results that become available after the patient has been transferred and fax those results to the appropriate unit.
- m. Refer to Nursing Policy Helicopter Transport of Patients (601-206) for inpatient transfer by helicopter.
- n. Notify the transferring physician if the anticipated time of transfer cannot be met.
- o. Place the white copy on the chart. Send yellow copy with patient and send the pink copy to the Unit Manager or, for Emergency Services patients, to the Education Coordinator, Emergency Services.

**A. 1. MEDICALLY APPROPRIATE - NON-EMERGENCY TRANSFERS**

**a. Physician will:**

- i. Contact the physician who will be rendering care at the acute care facility.
- ii. Write the transfer order and indicates if any records are to be copied.
- iii. Complete the Emergency Medical Condition Transfer (678-3-1294).

**2. Nursing will:**

- a. Contact the receiving acute care facility to obtain specific unit/room information and give patient report to the appropriate person.
- b. Review Emergency Medical Condition Transfer form (678-3-1294) for completeness.
- c. Complete EMR If using downtime form (678-2-991) Place the white copy on the chart. Send yellow copy with patient and send the pink copy to the Unit Manager or, for Emergency Services patients, to the Education Coordinator, Emergency Services.

**B. Patient Initiated Transfer**

**1. Physician will:**

- a. Examine the patient and determine appropriateness of transfer.
- b. Administer necessary care.
- c. Arrange for receiving facility and physician to assume care of patient.
- d. Explain the risks/benefits of transfer to the patient and/or significant others.
- e. Determine level of transport needed.
- f. Complete the Emergency medical Condition Transfer form (678-3-1294).
- g. Provide information to nursing staff as needed to complete transfer.

**C. Nursing will:**

- 1. Obtain a physician's order.
- 2. Contact the receiving facility to verify the acceptance of the patient. Persons to contact may include the Admitting Office and/or the receiving unit.
- 3. Give patient report to nursing personnel of receiving hospital and obtain fax number of receiving unit.
- 4. Arrange transportation according to level of care, be it basic life support, advanced life support, or helicopter.
- 5. Assemble completed documentation to send with the patient including copies of tests. Indicates on the transfer forms what medical records were sent with the patient. See Emergency Transfer Summary Form (678-2-991).
- 6. Assemble equipment, supplies, and medication which may be needed, attaching a "return to St. Vincent Anderson Regional Hospital" notice which includes the address and phone number, of equipment being sent and needing returned.
- 7. Prepare patient for transfer.
- 8. Give significant others direction (written, if possible) to the receiving facility and the name of the physician who is assuming care of the patient at the receiving facility.
- 9. Record all transfer information in the Emergency Department's electronic log for transfers from the Emergency Department.
- 10. Complete the EMR.

11. Notify the receiving facility by telephone of any test results that become available after the patient has been transferred and fax those results to the appropriate unit.
12. If using downtime transfer summary (678-2-991) Place the white copy on the chart. Send yellow copy with patient and send the pink copy to the Unit Manager or, for Emergency Services patients, to the Education Coordinator, Emergency Services.

**STABLE FOR DISCHARGE**

**A. Physician will:**

1. Write order for discharge
2. Write discharge instructions
3. Order necessary follow-up care.

**B. Nursing will:**

1. Process order for discharge.
2. Give discharge instructions and plan for follow-up care to patient/significant other.
3. Complete Patient Information Transfer Form (768-36-298) if the patient is transferred to an outside extended care facility.

**DISCHARGE TO BENNETT:**

**A. Physician will:**

1. Write order to discharge to Bennett.

**B. Nursing will:**

1. Complete Patient Discharge Instructions/Final Progress Note (768-59-702).
2. Send patient chart to Bennett.

**TRANSFER FROM ANDERSON CENTER TO HOSPITAL**

- A. Anderson Center staff will complete the Anderson Center of St.Vincent Anderson Patient Transfer form.

**DESCRIPTION OF FORMS**

**FORMS:**

- A.
1. Emergency Medical Condition Transfer Form (678-3-1294)
  2. Emergency Transfer Summary Form (678-2-991) (Used only during computer downtime)
  3. Continuing Care Admission Order
  4. Patient information Transfer Form (768-36-298)
  5. Anderson Center Patient Transfer Form
  6. Patient Discharge Instructions/Final Progress Note (768-36-302)

**WHEN TO UTILIZE SPECIFIC FORMS:**

- A.
1. Emergency transfer from any patient area of St.Vincent Anderson to another acute care facility:
    - a. Emergency Medical Condition Transfer Form (678-3-1294)
    - b. Emergency Transfer Summary Form (678-2-001) (Used only during computer downtime)
- B. Medically appropriate non-emergency transfer from any patient area of St.Vincent Anderson to another acute care facility:
1. Emergency Medical Condition Transfer Form (678-3-1294)
  2. Emergency Transfer Summary Form (678-2-991) (Used only during computer downtime)
- C. Patient Initiated Transfers:
1. Emergency Medical Condition Transfer Form (678-3-1294)
  2. Emergency Transfer Summary Form (678-2-991) (Used only during computer downtime)
- D. Transfer from inpatient unit to external extended care facility:

1. Patient Information Transfer Form (768-36-302)
- E. Discharge from inpatient unit to Continuing Care:
1. Continuing Care Admission Orders
  2. Patient Information Transfer Form (768-36-302)
- F. Discharge from inpatient unit to Bennett Rehabilitation:
1. Patient Discharge Instructions/Final Progress Note (768-59-702).
- G. Transfer from Anderson Center to St.Vincent Anderson inpatient units or to Emergency Department:
1. Anderson Center of St.Vincent Anderson Patient Transfer.

**PERSON RESPONSIBLE FOR COMPLETE FORMS:**

- A.
1. Emergency Medical Condition Transfer Form (678-3-1294) - to be completed by the physician.
  2. Emergency Transfer Summary Form (678-2-991) - to be completed by the nurse. (Used only during computer downtime)
  3. Patient Information Transfer Form (768-36-302) - to be completed by the nurse.
  4. Continuing Care Admission Orders - to be completed by the physician.
  5. Patient Discharge Instructions/Final Progress Note (768-59-702) - to be completed by the nurse.

**Key Words:** EMTALA, anti-dumping

**Related Forms:** Emergency Transfer Summary Form (678-2-991); Emergency Medical Condition Transfer Form (678-3-1294)

**Other Forms/Documents:**

**Administrative or Departmental Forms replaced or eliminated:** Patient Initiated Transfer Request Form (768-26B-292); Patient Information Transfer Form (768-36-298)

**Related Policies:**

Policy Type/Dept Name	Policy #	Policy Title
Nursing	601-206	Helicopter Transport (Lifeline) of Inpatients
Emergency	678-33	Transfers
Administrative	949-196	Discharge Planning
Administrative	949-110	Borrowing/Loaning Equipment/Supplies Documentation

**Administrative or Departmental Policies Eliminated:** None

**Policy Owner (by title):** Director, Specialty Services

**Policy Reviewers (by title):** Director, Medical/Surgical Services; Director, Emergency Department; Social Services; Director, Risk Management

**Policy Approvers (medical staff and/or health system committee):** Vice President, Nursing; Vice President, Operations/ Risk Management; Medical Executive Committee

**Regulatory Standards (list specific reference for each that apply):**

- **Associated JCAHO Standards:** CC.6, CC.6.1.1, CC.7
- **State Department of Health Standards:** 410 IAC 15-1.6-2
- **HCFA Standards:** 849.24, Emergency Medical Treatment and Active Labor Act (EMTALA)
- **Professional Association Standards:**
- **Other:**

Attachments:	No Attachments	
	<b>Approver</b>	<b>Date</b>

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*St. Vincent  
Anderson Regional Hospital*

*2015 Jackson Street • Anderson, Indiana 46016*

**Trauma Transfer**

**POLICY STATEMENT:**

Patient transfer requirements are mandated by federal law for the protection of the patient from unnecessary and potentially harmful transfers; therefore patients are not transferred arbitrarily. The transfer of the critically injured patient occurs when the level of care provided at a Level I or Level II Trauma Center is more appropriate to the patient's condition.

**SCOPE:**

Emergency Department, Trauma Services, Surgery Services, and Intensive Care Unit

**DEFINITION:**

1. Transfers from St Vincent Anderson Regional Hospital will be done in accordance with this policy and will be conducted with mutual agreement of the transferring and receiving hospital based upon transfer agreements. The decision for transport will be made solely on the patient's needs and not the ability to pay.
2. Trauma transfers must be prompt and every effort will be made to expedite the transfer meeting thirty minute goal for Trauma Code 1 patients.
3. Transfers are not to be delayed awaiting results of lab or Xray results. These can be faxed or transmitted after the patient is transferred.

Criteria for Transfer:

A. Critical injuries to Level I or II or trauma center:

1. Any suspected vascular injury
2. Torn thoracic aorta or great vessel
3. Cardiac rupture
4. Bilateral pulmonary contusion with PaO<sub>2</sub> to FiO<sub>2</sub> ratio less than 200
5. Unstable penetrating trauma
6. Grade IV or V liver injuries requiring >6 U RBC transfusions in 6h
7. Unstable pelvic fracture requiring >6 U RBC transfusion in 6h
8. Fracture or dislocation with loss of distal pulses

B. Life-threatening injuries to Level I or Level II trauma center:

1. Penetrating injury or open fracture of the skull
2. Glasgow Coma Scale score < 14 or lateralizing neurologic signs
3. Spinal fracture or spinal cord deficit
4. >2 unilateral rib fractures or bilateral rib fractures with pulmonary contusion
5. Open long bone fractures
6. Significant torso injury with advanced co-morbid disease

C. Orthopedic:

1. Complex pelvic fractures
2. Debilitating hand fractures
3. Intra-articular fractures

D. General Surgery:

1. Partial thickness burns of greater than 10% BSA
2. Burns involving the face, hands, feet, genitalia, perineum or major joints
3. Third degree burns in any age group
4. Electrical burns including lightning injuries
5. Chemical burns
6. Inhalation injury
7. Burn injury in patients with co-morbidities that could complicate management, prolong recovery or impact mortality
8. Any patients with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality.
9. Burned children
10. Burn injury in patients who will require special social, emotional, or rehabilitative intervention.
11. Vascular injury with threatened limb
12. Complex poly-trauma at discretion of attending general surgeon

E. Neurosurgery:

There is no neurosurgical coverage at St Vincent Anderson Regional Hospital and transfer agreements exist with Level I and Level II Trauma Centers for care of patients with the following:

1. Intracranial hemorrhage
2. Spinal fractures with spinal cord injury
3. Cranial trauma with vascular injury
4. Complex craniofacial trauma

F. OB/GYN:

1. Hemodynamically stable gravid patients > 20 weeks gestation with significant trauma or placental abruption which require monitoring for potential intervention
2. Discretion of attending OB/GYN physician if risk of premature delivery is significant

G. Pediatrics:

1. Any child age 16 and younger with significant traumatic injury will be transferred to a Level 1 Pediatric Trauma Center. (Transfer Agreement in place with Riley for Trauma cases)

**ACTION STEPS:**

A transfer should be initiated any time the trauma patient requires care beyond the capacity of the referring facility.

1. The referring physician (ED physician) should contact the receiving referral center, and the receiving physician must confirm that the admission is accepted. Patients cannot be transferred without an accepting physician.
2. Once acceptance of the patient is confirmed, mode of transport is considered by the referring physician based on: a) Patient's medical needs during transport; and b) Need to minimize out-of-hospital transport time.
3. If a helicopter is the indicated mode of transport:
  - a) The sending facility will arrange air transportation. The sending facility is deemed ultimately responsible for decisions regarding the mode of transfer.
  - b) The following patient information should be provided:
    - i. Approximate weight, age and mechanism of injury;
    - ii. Suspected major injuries or medical condition along with status of other family members that may be injured and location if known.
    - iii. Level of consciousness and airway status
    - iv. History/Meds
    - v. Most recent vital signs
    - vi. Ongoing therapies
    - vii. Specialized equipment (ventilator, isolette)
    - viii. Call back number
    - ix. Referring physician and hospital
4. If an ambulance is the indicated mode of transport:
  - a) The referring hospital will contact an appropriately licensed ambulance service of its choice that is capable of providing the level of care required.
  - b) If the patient requires a level of care during transport outside the scope of practice of the ambulance staff, the hospital should provide for a supplemental provider capable of providing the care required.
5. A copy of all medical records must be sent with the patient and include the following:
  - Physician notes
  - Trauma Nursing Notes
  - Medication and fluid records
  - Copies of X-rays
  - Laboratory results