



Indiana Dept of Homeland Security
Received

APR 8 2014

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

Dear Indiana State Trauma Care Committee, Dr. VanNess and EMS Commission,

The employees of Good Samaritan Hospital are committed to provide excellent health care and promote healing through trusting relationships. Because we are centrally located in an underserved area for the severely injured, we feel that we have a responsibility to extend our services to those patients. Our newly formed Good Samaritan Hospital Trauma Team is comprised of Physicians with a combined 75 years of EMS, Emergency and Surgery experience and Nurses with 35 years of Patient Care. Our Trauma Team has spent countless hours in trainings and site visits to other Trauma Centers to internally create policies and procedures in order to transition Good Samaritan Hospital into a Level III Trauma Center. To ensure that Good Samaritan Hospital has implemented the most effective and efficient procedures within the guidelines set forth by the American College of Surgeons, we have scheduled an ACS-COT Verification Consult Visit in the fall of 2014.

Please accept our enclosed application for Good Samaritan Hospital to be designated "In the ACS Verification Process." We agree to pursue verification by the American College of Surgeons within one year and achieve ACS Verification within two years of this application. We recognize that if verification is not pursued within one year and/or ACS Verification is not obtained within two years of the granting of "in the process" status, the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

We strongly believe that our facility, which is Magnet-accredited and has achieved the Baldrige Silver Award at the State level, is prepared and equipped to improve trauma outcomes. Upon "In the ACS Verification Process" approval from ISTCC, Dr. VanNess and the EMS Commission, we would welcome patients from our region to provide specialized trauma care.

Best Regards,

Rob McLin
Chief Executive Officer
Good Samaritan Hospital

4-8-14
Date

Karen Haak
Chief Nursing Officer
Good Samaritan Hospital

4/7/14
Date

Improving the health of your community one patient at a time!

Indiana Department of Homeland Security

Application for "in the process" Level III Trauma Center status

Hospitals that wish to apply for status as an "in the process" Level III Trauma Center must provide sufficient documentation for the Indiana State Department of Health and the Indiana Department of Homeland Security 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 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 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 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 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.
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 agreed upon by the neurosurgical surgeon and 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 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 24 hours per day. Supporting documentation must include a signed letter of commitment and proof of physician coverage 24 hours a day.
13. **CT scan and conventional radiography.** There must be 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 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 24 hours per day.
17. **Post-anesthesia care unit.** The post-anesthesia care unit (PACU) must have qualified nurses and necessary equipment 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.
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 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 1 year of this application and to achieve ACS verification within 2 years of the granting of "in the process" status. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one year of this application and/or does not achieve ACS verification within 2 years of the granting of "in the process" status that the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

Additional Information Necessary

Hospital Name and Mailing Address (no PO Box):

Good Samaritan Hospital

520 S. 7th Street

Vincennes, IN 47591

Previously known as (if applicable):

Level of "In the Process" status applied for:

Level Three Adult

Level One Pediatric _____

Level Two Pediatric _____

Hospital's status in applying for ACS verification as a trauma center (including Levels being pursued)
We have submitted our application for a consultation site visit. We anticipate the review team to arrive in the fall.

Based on their recommendations, Good Samaritan Hospital will make the necessary policy and procedure changes
and schedule our verification visit within the following 6 months.

Trauma Medical Director:

NAME: David Purdom M.D.

Email: dpurdom@gshvin.org

Office Phone: 812-885-3456

Cell/Pgr #: _____

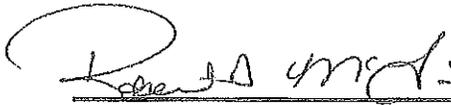
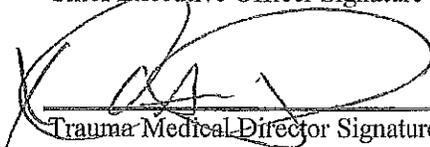
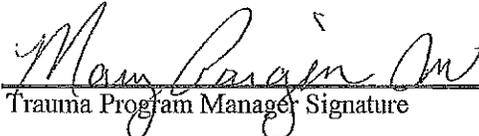
Trauma Program Manager/Coordinator:

NAME: Mary Pargin, RN, BSN, CEN

Email: mpargin@gshvin.org

Office Phone: 812-885-3757 Cell/Pgr #: Pgr # 738

ATTESTATION: In signing this application, we are attesting that all information contained herein is accurate and that we and our attesting hospital agrees to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission and the Indiana State Department of Health regarding our status under this program.

	<u>ROBERT D. MCLIN</u>	<u>4-1-14</u>
Chief Executive Officer Signature	Printed	Date
	<u>DAVID PURDOM</u>	<u>4-1-14</u>
Trauma Medical Director Signature	Printed	Date
	<u>Mary Pargin</u>	<u>4-1-14</u>
Trauma Program Manager Signature	Printed	Date



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



Date submitted (month, day, year)
April 2, 2014

APPLICANT INFORMATION		
Legal name Good Samaritan Hospital		
Mailing address (number and street, city, state, and ZIP code) 520 S 7th Street Vincennes, IN 47591		
Business telephone number (812) 885-3980	24-hour contact telephone number (812) 8825-5220	Business fax number (812) 885-3969

CHIEF EXECUTIVE OFFICER INFORMATION	
Name Rob McLin	Title Chief Executive Officer
Telephone number (812) 885-3333	E-mail address rmclin@gshvin.org

TRAUMA PROGRAM MEDICAL DIRECTOR INFORMATION	
Name David Purdom, M.D.	Title Trauma Medical Director/General Surgeon
Telephone number (812) 885-3456	E-mail address dpurdom@gshvin.org

TRAUMA PROGRAM MANAGER INFORMATION	
Name Mary Pargin, RN, BSN, CEN	Title Trauma Program Manager/ Manager of Emergency Services
Telephone number (812) 885-3757	E-mail address mpargin@gshvin.org

TRAUMA LEVEL BEING REQUESTED (check one) LEVEL I LEVEL II LEVEL III

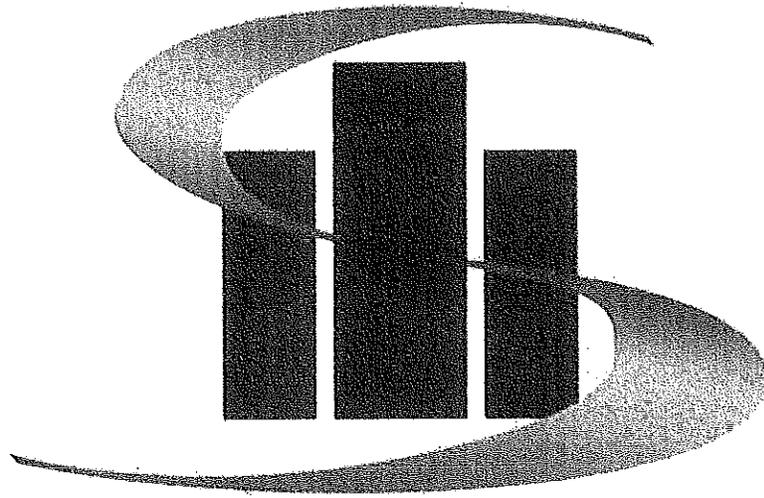
ATTESTATION

In signing this application, we are attesting that all of the information contained herein is true and correct and that we and the applicant hospital agree to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission regarding our status.

Signature of chief executive officer 	Printed name ROBERT D. MCLIN	Date (month, day, year) 4-1-14
Signature of trauma medical director 	Printed name DAVID PURDOM	Date (month, day, year) 4-1-14
Signature of trauma program manager 	Printed name Mary Pargin	Date (month, day, year) 4-1-14

INSTRUCTIONS: Address each of the attached in narrative form

6



GOOD SAMARITAN HOSPITAL

Application to Be Designated
“In the ACS Verification Process”

1. A Trauma Medical Director
Dr. David Purdom, M.D.



Dr. David Purdom has been employed by Good Samaritan Hospital since April 7, 2011. He was previously an ATLS instructor and is currently scheduling his recertification.

Dr. Purdom accepted the position of Trauma Medical Director in January 2014 and immediately began working with the Trauma Team to ensure all other General and Orthopedic Surgeons were properly educated to respond appropriately during a Trauma Activation.



Job Description

Job Title: Trauma Medical Director

Reports To: Chief Medical Officer

Mission: Good Samaritan Hospital will provide excellent health care and promote healing through trusting relationships.

Vision: Good Samaritan Hospital will be recognized as the regional center of excellence for health care.

Description: The Trauma Medical Director will lead all multidisciplinary activities of the Trauma Program. The Trauma Medical Director, in collaboration with the Trauma Program Manager is responsible for ongoing program development, growth and oversight/authority of the Trauma Program. The Trauma Medical Director is responsible for promoting high standards of practice through development of trauma policies, protocols, and practice guidelines; participating in rigorous performance improvement monitoring; staff education and research. The Trauma Medical Director has the authority to act on all trauma performance improvement and administrative issues and exclude from trauma call the trauma team members who do not meet specified criteria.

Professional Qualifications:

1. Requires a Medical Degree with board certification in General Surgery and licensure to practice medicine in the State of Indiana.
2. Must be a member in good standing of the Good Samaritan Hospital medical staff.
3. Currently certified in Advanced Trauma Life Support (ATLS).
4. Clinical experience in emergency/trauma care.
5. Ability to establish and maintain effective interpersonal relationships.
6. Ability to accept and implement change.
7. Membership and active participation in professional trauma organizations.

Administrative Duties:

1. Oversee, as appropriate, the operational, personnel and financial aspects of the Trauma Program.
2. Supervise adherence to Good Samaritan Hospital policies, procedures and standards through observation, chart review, staff feedback and other appropriate sources.
3. Organize, direct and integrate the Trauma Program with all other departments and services within Good Samaritan Hospital.
4. Provide input and direction in recommending privileges for the trauma service.
5. Represent the Trauma Program in various hospital and State trauma committees to enhance and foster optimal trauma care management.

6. Participate in trauma program marketing activities.
7. Collaborate with the Trauma Program Manager in developing and meeting the Trauma Program budgetary goals.
8. Assure transfer agreements are in place and in good standing; maintain relationship with receiving facilities, fostering a collaborative relationship.

Clinical Responsibilities:

1. Provides medical consultation and oversees patient care delivered by the organization employees in adherence to the contractual agreement.
2. Participate in trauma call.
3. Makes appropriate referrals for specialty services and communicates regularly with referring physician as appropriate.
4. Meets established Health Information Management and hospital standards for documentation.

Performance Improvement:

1. Establish a physician case management process that fosters optimal patient care.
2. Organize, direct and implement trauma program practices to assure continued compliance with applicable laws including the guidelines established by the ACS, ISDH, EMTALA. and The Joint Commission..
3. Participate in site review by regulatory agencies.
4. Coordinates, chairs and participates in trauma performance improvement.
5. Participate in trauma rounds.
6. Review and investigate all trauma performance improvement inquiries in collaboration with the Trauma Program Manager and refer to the appropriate committees.
7. Participate in case studies and professional peer review.
8. Monitor compliance with trauma treatment guidelines, policies and protocols.
9. Assures that the quality and appropriateness of patient care are monitored and evaluated and that appropriate actions based on findings are taken on a consistent basis.
10. Identifies and corrects deficiencies in trauma care policies, guidelines and protocols.

Education Responsibilities:

1. Provide for professional medical and nursing staff development.
2. Plan and participate in community injury prevention activities.
3. Obtain an average of 16 CME annually/48 over 3 years.
4. Maintain policies and procedures based on current evidence-based research.

CURRICULUM VITAE

NAME: David G. Purdom, MD

ADDRESS: [REDACTED]

E-MAIL: [REDACTED]

TELEPHONE: [REDACTED]

PROFESSIONAL EXPERIENCE:

Feb 2009-Present Attending Physician *JG*
Great Plains Regional Medical Center
1801 W. 3rd Street
Elk City, OK 73644

July 2007-Jan 2009 Attending Physician *JG*
Preferred Surgical Care
7370 Turfway Road # 390
Florence, KY 41042

POST GRADUATE EDUCATION:

July 2002-June 2007 General Surgery Residency, *AMA*
University of Kentucky College of Medicine
Lexington, Kentucky 40536

EDUCATION:

August 1998-May 2002 Medical Doctor *AMA*
University of Kentucky College of Medicine
Lexington, Kentucky 40536

August 1991-May 1995 Bachelor of Science (Cum Laude)
St. Bonaventure University
St. Bonaventure, New York 14778

PRESENTATIONS:

3/25/2005 Tumor Board: Case Presentation Secondary Lung Tumors, Role of Surgical Intervention
1/27/2005 Tumor Board: Gastrointestinal Stromal Tumors

LICENSURE/CERTIFICATIONS:

7/9/2003-Present Kentucky Board of Medical Licensure
1/29/200-Present Oklahoma Board of Medical Licensure
9/2/2002 Advanced Trauma Life Support Instructor

PUBLICATIONS:

Fowler, C., Zimmer, C., Purdom, D. and Zimmer, S.G. (2000) Spontaneous progression of a human neuroblastoma stage IV-S cell line is associated with the increased expression of the H-ras and eIF-4E oncogenes. Pediatric Pathology and Molecular Medicine.

UNIVERSITY OF KENTUCKY



College of Medicine

To all who may read these letters, Greetings:

Whereby it is recited that, after the pursuit of studies, the passage of examinations required, and upon the recommendation of the University Senate, the Board of Trustees of the University of Kentucky, through the President, confers upon

David S Burdum

the degree of

Doctor of Medicine

with all the rights, privileges and honors pertaining thereto.

Dated this eighteenth day of May, 2002.

John J. Jones, Jr.
PRESIDENT OF THE UNIVERSITY

Robert G. McCall
CLERK OF THE BOARD OF TRUSTEES



James M. Patton
CHURCH OF CHURCHES

Donald E. West
UNIVERSITY REGISTRAR

AMA

AM/A

University of Kentucky
Albert B. Chandler Medical Center
University Hospital and Affiliated Hospitals



This Certificate is Awarded to
David Gerard Purdom, M.D.
who served as
Resident in General Surgery
from July 1, 2002 to June 30, 2007
Chief Resident from July 1, 2006 to June 30, 2007

In witness whereof the undersigned have caused this Certificate to be signed by their Duty Authorized Officers.



Jay Allen Board
Dean
Michael Boyce
Assistant Vice President for Health Affairs

Patrick C. McCarty
Patrick C. McCarty, M.D.
Director
Sam. Phelan
Deputy Director

P. 02

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ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS
Provider



Training Center Name Good Samaritan Hospital TC ID # IN01664

TC Info 520 South 7th Street, Vincennes, IN 47591 TC Phone 47591

Course Location 612-885-3313

Instructor Name Janet P. ... Inst. ID # 4120090825

Holder's Signature _____

David Purdom, M.D.

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

Issue Date 3/13 Recommended Renewal Date 3/15

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PEEL
HERE

This card contains unique security features to protect against forgery.

00-1806 3/11

PEEL
HERE

Issue Date

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00-1806 3/11

PEEL
HERE

3/14/13
Duke

This card contains unique security features to protect against forgery.

00-1806 3/11



GREAT PLAINS REGIONAL MEDICAL CENTER
PO BOX 2929
3801 W. 2ND
ELK CITY, OK 73644
580-821-5567
580-821-5548
plittle@grpmc-ok.com

FAX



To: [REDACTED]

Fax: 812-885-0516

Date: 3/7/2011

Re: Dr. Purdom

From: [REDACTED] GRPMC Peroperative
Department Assltant

Fax: 580-821-5548

Phone: 580-821-5567

Cc:

Comments:
I am faxing the case log for Dr. Purdom for the
time frame he was in GPRMC in Elk City, OK.

If you have any questions or need any additional
information please feel free to contact me.

Pages:

10

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

~~CONFIDENTIAL~~

RUN DATE: 03/07/11		Great Plains Reg Med Ctr SCH LIVEA		PAGE 1	
RUN TIME: 1548		LIST PROCEDURES by ALPHA			
RUN USER: SUR,PJL					
2ND PORTION OF DUODENUM BIOPSY	Total	1	3		
ABDOMINAL CLOSURE	Total	1		0.63	0.63
ABDOMINAL INCISION REVISION	Total	2		1.63	0.77
ABDOMINAL LESTION EXCISION	Total	2	2		
ABDOMINAL WOUND DEBRIDEMENT	Total	2		1.42	0.71
ANAL EXAMINATION UNDER ANES.	Total	1	1	0.67	0.67
ANAL FISTULA REPAIR	Total	1			
ANTHROPOMETRIC SITE BIOPSY	Total	3	3		
ANKLE MASS EXCISION - LESTION	Total	1	1	1.08	1.08
AROSCOPY	Total	1			
ANTERIOR & POSTERIOR RESECTION	Total	1	1	5.63	5.63
ANTRUM BX	Total	149	149		
ANTRUM BX FOR CLO-TEST	Total	1			
ANTRUM BX FOR CLO-TEST @ 1038.	Total	1			
ANTRUM BX FOR CLOTEST	Total	26	26		
ANTRUM BX TO PATHOLOGY	Total	3	3		
ANTRUM BX X 2	Total	4	4		
ANTRUM BX X2	Total	6	6		
ANTRUM BX-CLOTEST	Total	2	2		
ANTRUM POLYPECTOMY	Total	1			
APPENDICITOMY	Total	14	11	2.60	0.87
ARTROSCOPY (KNEE)	Total	1	1		
ASC COLON BK	Total	7	7		
ASCENDING COLON GASTRIC MUCOSAL BIOPSY	Total	1	1		
ASCENDING COLON MASS END BLK RESECTION	Total	1	1		
ASCENDING COLON POLYP	Total	1	1		
ASCENDING POLYP	Total	28	26		
ATTEMPTED COLONOSCOPY	Total	4	3	1.73	0.68
ATTEMPTED DIAGNOSTIC LAPAROSCOPY	Total	1		2.97	2.97
ATTEMPTED LAP COLOSTOMY	Total	1	1	1.98	1.98
ATTEMPTED LAP IRCIS HERNIA REP	Total	1	1		
ATTEMPTED LAPAROSCOPIC APPENDECTOMY	Total	1	1	1.67	1.67
ATTEMPTED LAPAROSCOPIC ASSISTED	Total	1	1		
ATTEMPTED PORT-A-CATH INSERTION	Total	3	1	1.32	1.32
AXILLARY BIOPSY	Total	1		1.83	1.83
AXILLARY MASS EXCISION	Total	3	3	3.80	1.20
AXILLARY NODE BIOPSY	Total	1		0.82	0.82
AXILLARY NODE OTSESECTION	Total	1	1	3.85	3.85
BASAL CELL CARCINOMA EXC NOSE	Total	1	1	1.25	1.25
BASAL CELL CARCINOMA RE-EXCISION EAR	Total	1	1	0.73	0.73
BELOW KNEE AMPUTATION REVISION	Total	1	1	1.42	1.42
BIOPSY OF COLON	Total	1	1		
BIOPSY OF FURCUS OF STOMACH	Total	14	14		
BXA STUMP REVISION	Total	1	1	2.02	2.02
BLADDER REPAIR	Total	3	3		
BOWEL RESECTION	Total	2	2		
BOWEL RESECTION LOW ANTERIOR BOWEL	Total	1	1	4.10	4.10
BREAST ABSCESS DRAINAGE	Total	1			
BREAST BIOPSY	Total	8	8	7.45	0.83
BREAST BIOPSY W/NEEDLE LOC	Total	20	20	25.92	1.30
BREAST LESION EXCISION	Total	4	3	2.92	0.87
BREAST MASS EXCISION	Total	1	1	0.68	0.68
BRONCHIAL BRUSHINGS	Total	1	1		
BRONCHIAL WASHINGS	Total	1	1		
BRONCHOSCOPY	Total	4	2	1.65	0.83

16

RUN DATE: 03/07/11
 RUN TIME: 1540
 RUN USER: SUR_PJL

Great Plains Reg Med Ctr SCH *LIVE*
 LIST PROCEDURES by ALPHA

PAGE 2

PROCEDURE	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
BSD	Total	1		1	
BX AMASTOSIS SITE	Total	1		1	
CARDEL IN DVD	Total	2		2	
CECAL BX	Total	17		17	
CECAL POLYP	Total	24		24	
CECAL POLYP PARTIALLY RESECTED DUE TO	Total	1		1	
CECAL POLYP--RIGHT COLON POLYP	Total	1		1	
CENTRAL LINE PLACEMENT	Total	6		6	
CERVICAL LYMPH NODE BIOPSY	Total	4	4		4.97 1.24
CHEEK LESION EXCISION	Total	2	1	1	0.65 0.65
CHEEK LESION EXCISION (MALIGNANT)	Total	1	1		1.17 1.17
CHEST TUBE PLACEMENT	Total	4	3	1	1.32 0.44
CHEST WALL MASS EXCISION	Total	1		1	
CHIF LESION EXCISION	Total	3	2	1	1.32 0.66
EMB. RECTECTOMY - OPEN	Total	16	4	11	8.32 2.08
COLECTOMY	Total	7	1	6	3.22 3.22
COLON POLYP	Total	1		1	
COLON POLYP ABLATION	Total	4		4	
COLON POLYP AT 20 CM X 2	Total	1		1	
COLON POLYP AT 60 CM	Total	1		1	
COLON POLYP EXCISION	Total	20		20	
COLON POLYP EXCISION 20 CM FROM ANAL	Total	1		1	
COLON POLYP EXCISION @ 25CM	Total	1		1	
COLON POLYP EXCISION @ 40CM	Total	1		1	
COLON POLYP EXCISION AT 70CM	Total	1		1	
COLON POLYP EXCISION X2	Total	2		2	
COLON POLYPECTOMY AT 100CM	Total	1		1	
COLON RESECTION	Total	7	1	6	3.35 3.35
COLONOSCOPY	Total	39	29	10	225.67 0.78
COLONOSCOPY TO HEPATIC FLEXURE	Total	2		2	1.40 0.70
COLONOSCOPY- LIMITED	Total	1		1	1.12 1.12
COLESTYMY	Total	4		4	
COMMON DUCT EXPL	Total	1		1	
D & C	Total	1		1	
DEBRIDEMENT OF SACRAL AREA	Total	1		1	
DEBRIDEMENT OF EAR	Total	1		1	
DECOMPRESSION OF COLON	Total	1	1		0.98 0.98
DELAYED PRIMARY WOUND CLOSURE - ABDOMINAL	Total	1		1	0.40 0.40
DEWIER DRAIN INSERTION	Total	1	1		0.62 0.62
DESCENDING COLON BX	Total	1		1	
DESCENDING COLON BX-ULCERATED LESION @	Total	1		1	
DESCENDING POLYP	Total	8		8	
DIAG LAPAROSCOPY	Total	18	16	2	24.83 1.85
DIAG LAPAROSCOPY (ABO PATH)	Total	1	1		1.15 1.15
DISTAL COLON BX	Total	1		1	
DISTAL ESOPHAGEAL BIOPSY AND SECOND	Total	1		1	
DISTAL ESOPHAGEAL BX	Total	1		1	
DISTAL SIGMOID POLYP X2	Total	1		1	
DISTAL TRANS POLYP	Total	1		1	
DISTAL TRANSVERSE COLON POLYP	Total	1		1	
DRAINAGE OF PERITONEAL ABSCESS	Total	1		1	
DRESSING CHANGE - BACK	Total	1		1	
DRESSING CHANGE - HIP	Total	9	9		5.78 0.64
DUODENAL BIOPSY	Total	1		1	
DUODENAL BX	Total	1		1	

17

Great Plains Reg Med Ctr SCH #LIVE*
LIST PROCEDURES by ALPHA

RUN DATE: 03/07/11
RUN TIME: 1848
RUN USER: SUR.PJL

PAGE 3

PROCEDURE	TOTAL	TOTAL	TOTAL	TOTAL
DUODENAL MASS EXCISION	Total	1	1	2.23
DUODENAL MUCOSA BIOPSY	Total		1	2.23
DUODENAL MUCOSA BIOPSY	Total	2	2	
DUODENAL MUCOSA BX	Total	2	2	
DUODENOSTOMY TUBE PLACEMENT	Total	1	1	
DUODENTAL BX	Total	110	110	
DUODENTAL BX X 2	Total	1	1	
DUODENTAL BX X2	Total	1	1	
DUODENTAL/EJEJUN BX	Total	1	1	
DUODENTAL BX	Total	1	1	
DUODENAL POLYP	Total	3	3	
EAR EXAMINATION AND PACKING	Total	1	1	
EAR LACERATION REPAIR	Total	1	1	1.23
EAR MASS EXCISION	Total	1	1	1.23
ENDO DIALATION	Total	7	7	0.28
ENDO DIALATION BALLOON CRE 12-15	Total	1	1	
ENDO DIALATION OF PYLORIS	Total	1	1	
ENDO DIALATION PYLORIS	Total	1	1	
ENDO PEG TUBE	Total	11	0	4.28
EPIDURAL HERNIA REPAIR	Total	3	3	1.87
ESCHAR EXCISION - THIGH	Total	1	1	0.68
ESOPHAGEAL BIOPSY	Total	20	29	
ESOPHAGEAL BIOPSY FOR SUSPECTED BARRETT'S	Total	1	1	
ESOPHAGEAL FOREIGN BODY REMO	Total	3	2	0.65
ESOPHAGEAL GASTRIC JUNCTION BIOPSY	Total	1	1	
ESOPHAGEAL JUNCTION BIOPSY	Total	43	43	
ESOPHAGOGASTROSCOPY	Total	237	202	157.08
ESOPHAGOGASTROSCOPY-EMERGENCY	Total	1	1	1.15
EXC ARM MASS	Total	1	1	1.75
EXC ARM MASS - ARMPIT	Total	1	1	
EXC ARM MASS - SQUAMOUS CELL CARCINOMA	Total	1	1	0.50
EXC LIP LESION (INTRACRAL)	Total	1	1	0.63
EXC LIP LESION - LIP	Total	1	1	3.97
EXC LIP LESION - LOWER	Total	1	1	1.30
EXC MASS BACK	Total	1	1	1.15
EXC MASS BACK (CYST)	Total	1	1	0.67
EXC MASS BACK (SOFT TISSUE)	Total	2	1	1.07
EXC. LESION FROM CALF	Total	1	1	0.58
EXC. LESION FROM LEG	Total	6	5	4.37
EXCIS OF FOOT MASS (LESION)	Total	1	1	
EXCISION LESION EAR LOBE	Total	1	1	
EXCISION LESION FOREHEAD	Total	1	1	
EXCISION LESION INDEX - FINGER RIGHT	Total	1	1	
EXCISION LESION OF BACK	Total	4	3	2.17
EXCISION OF LESION SCALP	Total	4	4	2.28
EXCISION SKIN LESION ABDOMEN	Total	1	1	
EXCISION SKIN LESION OF RIGHT UPPER ARM	Total	1	1	
EXCISION SKIN LESION- CHEEK	Total	1	1	
EXCISION SKIN LESION- FACE	Total	6	5	2.86
EXCISION SKIN LESION- FACE EYELID	Total	1	1	0.72
EXCISION SKIN LESION- FACE (MULTIPLE)	Total	2	2	3.43
EXCISION SKIN LESION- FACE - JAW	Total	1	1	
EXCISION MOUND BREAST	Total	1	1	1.07
EXPL. INDIANA FOUL	Total	1	1	
EXPLORATORY LAPAROTOMY	Total	35	30	85.68

18

RUN DATE: 03/07/11 Great Plains Reg Med Ctr SCH *LIVE* PAGE 5
 RUN TIME: 1548 LIST PROCEDURES by ALPHA
 RUN USER: SUN,PJL

PROCEDURE	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
HEP FLEX POLYP / QUESTIONABLE LIPOMA	Total	1		1	
HEP FLEX POLYP-PROXIMAL TO HEPATIC	Total	1		1	
HIATAL HERNIA REPAIR	Total	3		3	
HIP MASS EXCISION	Total	1		1	
I & J ABD	Total	2		2	
I & J ABDOMINAL ACCESS	Total	1		1	0.97
I & J OUTLOCKS	Total	8		8	0.45
I & J CALF ABSCESS AND DRAINAGE	Total	1		1	0.45
I & J ELBOW	Total	1		1	0.50
I & J FINGER (RING)	Total	1		1	0.63
I & J FLANK	Total	4		4	0.63
I & J GROIN	Total	2		2	0.55
I & J PERIANAL ABSCESS	Total	1		1	3.53
I & J PERIANAL ABSCESS	Total	2		2	0.88
I & J RECTAL ABSCESS	Total	2		2	1.98
I & J RECTAL ANAL ABSCESS	Total	1		1	0.99
I & J SHOULDER	Total	1		1	0.26
I & J THIGH	Total	4		4	0.26
ILEO COLECTOMY	Total	3		3	0.82
ILEOCECAL BY	Total	3		3	0.82
ILEOCECAL POLYP	Total	1		1	0.50
ILEOCECAL POLYPS X 4	Total	1		1	0.50
ILEOCECAL VALVE BIOPSY	Total	1		1	0.50
ILEOSTOMY	Total	2		2	1.23
ILEOSTOMY REVISION	Total	2		2	1.23
ILEOSTOMY TAKEDOWN	Total	2		2	2.67
INCISION AND DRAINAGE - CHIN	Total	1		1	1.33
INCISION AND DRAINAGE AND	Total	1		1	0.95
INCISION AND DRAINAGE FACIAL ABSCCESS	Total	1		1	0.95
INCISION AND DRAINAGE NECK	Total	3		3	0.27
INCISION AND DRAINAGE OF ABSCESS OF	Total	1		1	0.27
INCISION AND DRAINAGE OF LEG	Total	1		1	1.62
INCISION AND DRAINAGE UMBILICUS	Total	1		1	0.64
INCISIONAL HERNIA REPAIR	Total	5		5	0.75
INCISIONAL HERNIA REPAIR (VENTRAL)	Total	4		4	0.75
INCISIONAL HERNIA REPAIR - VENTRAL	Total	1		1	0.42
INCISIONAL HERNIA REPAIR VENTRAL	Total	1		1	0.42
INGUINAL HERNIA REPAIR	Total	39		39	0.63
INGUINAL HERNIA REPAIR WITH MESH	Total	37		37	1.58
INGUINAL HERNIA REPAIR WITH MESH	Total	1		1	1.62
INSERT OF PORTACATH (C-ARM)	Total	21		21	0.98
INTRA-OPERATIVE ULTRASOUND - BREAST	Total	2		2	1.62
INTRA-OPERATIVE ULTRASOUND (C-ARM)	Total	20		20	0.98
INTRAOPERATIVE ULTRASOUND BILE DUCT	Total	2		2	
INTRAOURAL BIOPSY	Total	11		11	
IRRIGATION & DEBR KNEE	Total	1		1	
JEJUNOSTOMY TUBE PLACEMENT	Total	1		1	1.85
LAP NISSEN/HiATAL HERNIA REP	Total	1		1	1.85
LAPAROSCOPIC APPENDECTOMY	Total	6		6	16.73
LAPAROSCOPIC ASSISTED HEMICOLECTOMY	Total	5		5	3.15
LAPAROSCOPIC ASSISTED PARTIAL COLECTOMY	Total	02		2	77.00
LAPAROSCOPIC ASSISTED RIGHT	Total	1		1	0.97
LAPAROSCOPIC CHOLE ATTEMPTED	Total	1		1	3.68
LAPAROSCOPIC CHOLECYSTECTOMY	Total	3		3	11.35
LAPAROSCOPIC GASTRIC BIOPSY	Total	1		1	3.78
LAPAROSCOPIC HERNIA REPAIR	Total	6		6	2.08
LAPAROSCOPIC HERNIA REPAIR	Total	260		260	2.08
LAPAROSCOPIC HERNIA REPAIR	Total	4		4	7.85
LAPAROSCOPIC HERNIA REPAIR	Total	245		245	1.96
LAPAROSCOPIC HERNIA REPAIR	Total	1		1	2.80
LAPAROSCOPIC HERNIA REPAIR	Total	1		1	2.25
LAPAROSCOPIC HERNIA REPAIR	Total	1		1	2.25
LAPAROSCOPIC HERNIA REPAIR	Total	1		1	2.80
LAPAROSCOPIC HERNIA REPAIR	Total	1		1	2.80

RUN DATE: 03/07/11 Great Plains Reg Med Ctr SCH *LIVE* PAGE 7
 RUN TIME: 1548 LIST PROCEDURES by ALPHA
 RUN USER: SUR.PJL

PROCEDURE	Total				
NECK MASS EXCISION	Total	2	2		2.38 1.19
NOBILE REMOVAL FROM LEFT LOWER ABDOMEN	Total	1		1	
ODOPHERECTOMY	Total	1		1	
OPEN HISSER FUNDOPPLICATION REPAIR	Total	1		1	
OPEN REPAIR INCARCERATED VENTRAL HERNIA	Total	1	1		3.00 3.00
OPEN STAMM GASTROSTOMY TUBE PLACEMENT	Total	1	1		1.62 1.62
OPEN VENTRAL HERNIA REPAIR	Total	1		1	
ORAL MUCOSA LESION EXCISION	Total	1		1	
ORCHIECTOMY	Total	1		1	
OVARIAN CYSTECTOMY	Total	1		1	
PANICULLECTOMY	Total	1		1	
PANESOPHAGEAL HIATAL HERNIA	Total	1	1		1.93 1.93
PARASTOMAL HERNIA REPAIR	Total	1		1	
PARATHYROID ADENOMA EXCTSION	Total	1		1	3.23 3.23
PARATHYROID BIOPSY	Total	1		1	
PARTIAL COLECTOMY	Total	3	3		11.77 3.92
PARTIAL GASTRECTOMY	Total	3		3	
PEG TUBE	Total	1		1	
PEG TUBE PLACEMENT	Total	1		1	0.38 0.38
PEG TUBE REPLACEMENT	Total	1		1	0.43 0.43
PERI ANAL ACCESS	Total	1		1	
PERIANAL MASS EXCISION	Total	1		1	1.05 1.05
PERIARTICULAR REGION RE-EXCISION	Total	1		1	0.88 0.88
PERITONEAL BIOPSY	Total	1		1	
PERITONEAL DRAINAGE CATH INSERTION	Total	1		1	
PILONIDAL CYST	Total	2	2		2.37 1.18
PILONIDAL CYSTECTOMY	Total	1		1	1.28 1.28
POLYP AT 75 CM DISTAL TRANSVERSE COLON	Total	1		1	
POLYP DISTAL TO HEPATIC FLEXURE	Total	1		1	
POLYPECTOMY	Total	1		1	
POST ALTRICULAR LESION EXCISION	Total	1		1	0.50 0.50
PREI ANAL EXAMINATION	Total	1		1	0.55 0.55
PRIMARY REPAIR- FOREARM	Total	1		1	0.53 0.53
PROCTOSCOPY	Total	2		2	
PROXIMAL TRANS POLYP	Total	1		1	
PROXIMAL TRANSVERSE COLON POLYP	Total	1		1	
PYLORIC BIOPSY	Total	5		5	
PYLORIC CHANNEL BIOPSY	Total	2		2	
PYLORIC CHANNEL POLYPECTOMY	Total	2		2	
RADICAL DEBRIDEMENT OF NECROTIZING	Total	1		1	1.75 1.75
RANDOM COLON BX	Total	5		5	
RANDOM COLON BX X 2	Total	1		1	
RANDOM COLON POLYP BIOPSY	Total	1		1	
RECTAL BX	Total	22		22	
RECTAL EXAM	Total	1		1	
RECTAL EXAM WITH SUTURE	Total	1		1	0.65 0.65
RECTAL LESION	Total	1		1	
RECTAL POLYP	Total	73		73	
RECTAL POLYP 15CM FROM ANAL VERGE	Total	1		1	
RECTAL POLYP 5CM FROM ANAL VERGE	Total	1		1	
RECTAL POLYP 5CM FROM ANGLE VERG, RECTAL	Total	1		1	
RECTAL POLYP AT 18CM	Total	1		1	
RECTAL POLYP X 2	Total	3		3	
RECTAL POLYP X 3	Total	1		1	
RECTAL POLYP X 5	Total	1		1	

~~RECEIVED FAX~~ ~~DATE: 03/07/2011~~ ~~TIME: 1:03 PM~~ ~~FROM: [REDACTED]~~ ~~TO: [REDACTED]~~

RUN DATE: 03/07/11		Great Plains Reg Med Ctr SCH *LIVE*		PAGE 8	
RUN TIME: 1848		LIST PROCEDURES BY ALPHA			
RUN USER: SJA.PJL					
PROCEDURE	TOTAL	OTHER	TOTAL	TOTAL	TOTAL
RECTAL POLYP X2	1		1		
RECTAL POLYP X3	1		1		
RECTAL POLYP X8	1		1		
RECTAL POLYPS	1		1		
RECTAL POLYPS AT 10 CM	1		1		
RECTAL SIGMOID JUNCTION POLYP	1		1		
RECTAL SIGMOID JUNCTION POLYP-20CM FROM	1		1		
RECTAL SIGMOID JUNCTION POLYPS- 20CM	1		1		
RECTOSIGMOID BIOPSY	1		1		
RECTOSIGMOID COLON POLYP REMOVAL	1		1		
RECTOSIGMOID JUNCTION POLYP	1		1		
RECTOSIGMOID JUNCTION POLYP X 4	1		1		
RECTOSIGMOID POLYP	2		2		
RECTOSIGMOID POLYP X2	1		1		
RECTOSIGMOID ULCER BIOPSY	2		2		
REMOVAL OF HESH ABDOMINAL	1		1		
REMOVAL PORTACATH	11	8	19	4.27	0.63
REPAIR OF COLIC LACERATION	1		1		
REPAIR OF COLON PERF	1		1		
RETROPERITONEAL MASS EXCISION	1		1		
SALPINGECTOMY	1		1		
SCAPULA MASS EXCISION	1	1	2	0.83	0.83
SENTINEL NODE BX - ARH	1		1		
SHOULDER LESION EXCISION	1		1		
SIGMOID BIOPSY	16		16		
SIGMOID COLON BIOPSY	1		1		
SIGMOID POLYP	56		56		
SIGMOID POLYP 25 CM FROM ANAL VERGE	1		1		
SIGMOID POLYP X 2	1		1		
SIGMOID POLYP X 3	1		1		
SIGMOID POLYP X2	2		2		
SIGMOID POLYP- 35 CM FROM ANAL VERGE	1		1		
SIGMOID POLYP-48 CM	1		1		
SIGMOIDBIOPSY	1	1	2	0.78	0.78
SKIN CANCER EXCISION LEG - SQUAM CELL	1	1	2	1.38	1.38
SKIN GRAFT ABDOMEN	1		1		
SKIN GRAFT TO GROIN	1		1		
SKIN GRAFT-ABDOMEN	1		1		
SKIN TAG EXCISION LEFT NECK	1		1		
SMALL BOWEL BX	1		1		
SMALL BOWEL BX JEJUNEM	1		1		
SMALL BOWEL RESECTION	6	1	7	3.27	3.27
SPHINCTEROTOMY	4	1	5	1.02	1.02
SPHINCTEROTOMY - LATERAL INTERNAL	1		1		
SPHINCTEROTOMY LATERAL INTERNAL	1		1		
SPLENECTOMY	3		3		
SPLenic FLEXURE BIOPSY	5		5		
SPLenic FLEXURE POLYPECTOMY	19		19		
STOMA WIRE REMOVAL	1		1		
STOMA REVISION	1		1		
SUBMENTAL LESION EXCISION	1	1	2	2.07	2.07
SUBMENTAL COLECTOMY	1	1	2	0.92	0.92
SUPRACLAVICULAR NODE (SOFT TISSUE MASS)	1	1	2	1.50	1.50
SURAL NERVE BIOPSY LOWER EXTREMITY	1	1	2	2.68	2.68
TEMPLE LESION EXCISION	2	1	3	1.13	1.13

Run Date: 03/07/2014
Run Time: 09:39:33 AM

CME Attendance and Credits

Good Samaritan Hospital

David G. Purdom, MD - 10961

Surgical Clinic, Inc.
520 S. 7th St.
Vincennes IN 47591-

DATE	CAT 1 CREDITS	CAT 2 CREDITS	DESCRIPTION/SPEAKER
01/12/2012	1.00	0.00	Cancer Pt. Mgmt. Conf.
01/26/2012	1.00	0.00	Breast Cancer Conf.
02/09/2012	1.00	0.00	Cancer Pt. Mgmt. Conf.
02/23/2012	1.00	0.00	Breast Cancer Conf.
03/08/2012	1.00	0.00	Cancer Pt. Mgmt. Conf.
03/22/2012	1.00	0.00	Breast Cancer Conf.
04/12/2012	1.00	0.00	Cancer Pt. Mgmt. Conf.
04/26/2012	1.00	0.00	Breast Cancer Conf.
05/24/2012	1.00	0.00	Breast Cancer Conf.
06/28/2012	1.00	0.00	Breast Cancer Conf.
07/10/2012	1.00	0.00	Grand Rounds - "Emergent Pediatric Burn Care"
07/26/2012	1.00	0.00	Breast Cancer Conf.
08/09/2012	1.00	0.00	Cancer Pt. Mgmt. Conf.
08/23/2012	1.00	0.00	Breast Cancer Conf.
09/13/2012	1.00	0.00	Cancer Pt. Mgmt. Conf.
09/27/2012	1.00	0.00	Breast Cancer Conf.
10/11/2012	1.00	0.00	Cancer Pt. Mgmt. Conf.
10/25/2012	1.00	0.00	Breast Cancer Conf.
11/08/2012	1.00	0.00	Cancer Pt. Mgmt. Conf.
11/15/2012	1.00	0.00	Breast Cancer Conf.
12/13/2012	1.00	0.00	Cancer Pt. Mgmt. Conf.
12/20/2012	1.00	0.00	Grand Rounds - "Modern Treatment of an Ancient Problem: Venous Problems"
01/10/2013	1.00	0.00	Cancer Pt. Mgmt. Conf.
01/17/2013	1.00	0.00	Grand Rounds - "Antimicrobial stewardship & What It Means to GSH"
01/24/2013	1.00	0.00	Breast Cancer Conf.
02/14/2013	1.00	0.00	Cancer Pt. Mgmt. Conf.
02/28/2013	1.00	0.00	Breast Cancer Conf.
03/13/2013	8.00	0.00	ACLS
03/14/2013	1.00	0.00	Cancer Pt. Mgmt. Conf.
03/28/2013	1.00	0.00	Breast Cancer Conf.
04/25/2013	1.00	0.00	Grand Rounds - "Demystification of Chest Tubes, Reservoirs & Pleural Space Diseases"
05/09/2013	1.00	0.00	Cancer Pt. Mgmt. Conf.
05/23/2013	1.00	0.00	Breast Cancer Conf.
07/25/2013	1.00	0.00	Breast Cancer Conf.
08/08/2013	1.00	0.00	Cancer Pt. Mgmt. Conf.
08/22/2013	1.00	0.00	Breast Cancer Conf.
09/12/2013	1.00	0.00	Cancer Pt. Mgmt. Conf.
10/15/2013	1.00	0.00	Knox County Medical Society - "Medical Practice in the Gun Violence Culture"

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Run Date: 03/07/2014
Run Time: 09:39:53 AM

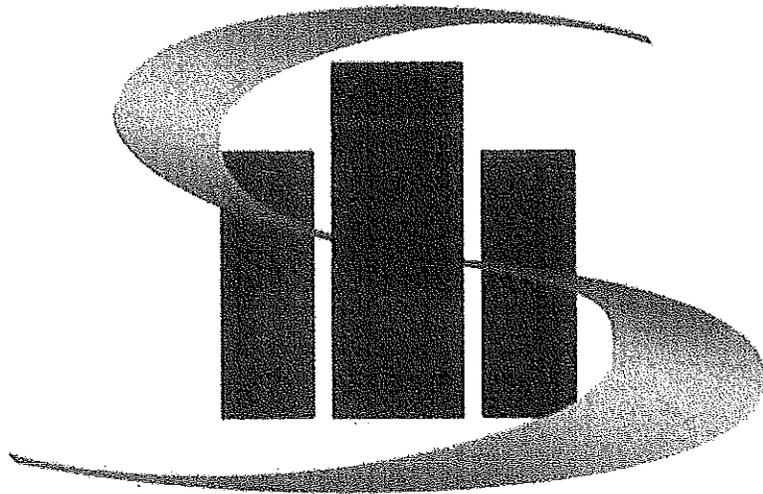
CME Attendance and Credits

Good Samaritan Hospital

David G. Purdom, MD - 10961

DATE	CAT 1 CREDITS	CAT 2 CREDITS	DESCRIPTION/SPEAKER
10/23/2013	2.00	0.00	Proassurance Indemnity - In Defense of Good Medicine
10/24/2013	1.00	0.00	Breast Cancer Conference
10/30/2013	3.00	0.00	Cancer Symposium
11/14/2013	1.00	0.00	Cancer Patient Management Conference
11/14/2013	1.00	0.00	Knox County Medical Society - "Endoscopic Ultrasound"
11/19/2013	1.00	0.00	Grand Rounds - "Lyme Disease & Other Tick-borne Illnesses"
12/11/2013	1.00	0.00	Grand Rounds - "Hepatitis & Chronic Liver Diseases that Lead to Cirrhosis"
12/12/2013	1.00	0.00	Breast Cancer Conference
12/19/2013	0.75	0.00	Cancer Patient Management Conference
	56.75	0.00	Credits For David G. Purdom, MD

26



**GOOD SAMARITAN
HOSPITAL**

Application to Be Designated
“In the ACS Verification Process”

2. A Trauma Program Manager
Mary Pargin, RN, BSN, CEN



Job Description

Job Title: Trauma Program Manager

Reports To: Director of Acute Care

Mission: Good Samaritan Hospital will provide excellent health care and promote healing through trusting relationships.

Vision: Good Samaritan Hospital will be recognized as the regional center of excellence for health care.

Job Summary: Basic Function: This position exists to manage the overall operation of the Level III Trauma program. The Trauma Program Manager will oversee program development, system implementation, policy improvement, and resource management in order to provide optimal care of the trauma patient.

Clinical Responsibilities:

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. Assure compliance with state and national regulatory standards.
3. Coordinate trauma care management across the continuum of care.
4. Assess the need for policies, procedures, protocols, and resources to provide optimal care of the injured patient.

Education Responsibilities:

1. Provide for professional staff development.
2. Plan and participate in community injury prevention activities.
3. Serve as a clinical practice resource.
4. Maintain policies and procedures based on current evidence based research.

Performance Improvement:

1. Develop chart audit procedures.
2. Participate in trauma rounds.
3. Participate in case studies and professional peer review.
4. Monitor clinical outcomes and identify areas for quality improvement.

Administrative Duties:

1. Manage, as appropriate, the operational, personnel and financial aspects of the Trauma Program.
2. Supervise adherence to Good Samaritan Hospital policies, procedures and standards through observation, chart review, staff feedback and other appropriate sources.
3. Represent the Trauma Program in various hospital and State trauma committees to enhance and foster optimal trauma care management.

Trauma Registry:

1. Monitor data collection and entry into the trauma registry.
2. Develop registry reports to facilitate policy improvement.

Professional Qualifications:

1. Holds a current RN licensure in the State of Indiana.
2. BSN or higher nursing degree.
3. Current BLS, ACLS, PALS, and TNCC.
4. Minimum of 5 years clinical nursing experience in Emergency or Trauma Care.
5. Obtain a minimum of 16 hours of trauma-related continuing education per year.
6. Ability to promote teamwork and build effective relationships.
7. Maintains a high degree of self-motivation to direct, plan, and implement new programs.

MARY PARGIN, RN, BSN, CEN

PROFESSIONAL SUMMARY

Registered Nurse

Highly motivated career professional with 11 years of clinical experience in acute care.
Responsible for overseeing all aspects of the emergency department patient experience.
Managerial duties include: maintaining departmental budget, hiring, scheduling and approval of payroll for sixty employees.
Lead process improvement and educational opportunities.
Assist with design, functional testing and training of electronic medical record system.
Actively participate on ED unit based council and Evidence Based Standard of Practice Council.
Collaborate with emergency physician group regarding daily operations of the department.
Maintain working relationship with local Emergency Medical Service Providers.
Provide bedside patient care when needed.

CREDENTIALS

Certified Emergency Nurse	2013-Current
Trauma Nursing Core Curriculum	2003-Current
RN License, State of Indiana	2002-Current

EXPERIENCE

Nurse Manager – Emergency Services <i>Good Samaritan Hospital, Vincennes IN</i>	2013-Current
Shift Coordinator- Emergency Services <i>Good Samaritan Hospital, Vincennes IN</i>	2011-2013
Charge Nurse – Emergency Services <i>Good Samaritan Hospital, Vincennes IN</i>	2006-2011
Staff Nurse – Emergency Services <i>Good Samaritan Hospital, Vincennes IN</i>	2003-2006
Staff Nurse – Medical Intensive Care Unit <i>Good Samaritan Hospital, Vincennes IN</i>	2002-2003

EDUCATION

Currently Pursuing Masters of Science in Nursing Western Governors University	Est. Graduation 2015
Bachelors of Science in Nursing University of Southern Indiana	2012
Associate of Science in Nursing Illinois Eastern Community College	2002

AFFILIATIONS

Society of Trauma Nurses	2014-Current
Emergency Nurses Association • Treasurer of Southwest Trailblazers Chapter 474	2012-Current

CPI Blue Card™

Name: Mary Pargin
 has completed 3 hours of training in
 the Nonviolent Crisis Intervention training program.
 Issued 10/22/14 Key Point Refresher
 Expires 10/22/14 Instructor: Amanda Sims
 KY6E22DB



Name
Mary Pargin
 Certification Number
981116612
 Expiration Date
4/16/2017

+1-877-302-BCEN | www.BCENcertification.org



916 Lee Street • Oak Plains, IL • 60016-6509

Name Mary Pargin Expiration Date 05/1/2017

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

Course Director Mary Pargin BSN, TN, RN
CEN

HEALTHCARE PROVIDER

Training Center Name Good Samaritan Hospital TC ID # IN01664
 TC Info 520 South 7th Street, Vincennes, IN 47591
 Course Location 812-885-3313
 Instructor Name Patricia Keating Inst. ID # 10193194793
 Holder's Signature Mary Pargin
 © 2011 American Heart Association. Temporary with this card until after its appearance. 50-1801

HEALTHCARE PROVIDER

Healthcare Provider American Heart Association
 Name Mary Pargin
 This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.
 Issue Date 2/13 Recommended Renewal Date 3/15

ADVANCED CARDIOVASCULAR LIFE SUPPORT

Training Center Name Good Samaritan Hospital TC ID # IN01664
 TC Info 520 South 7th Street, Vincennes, IN 47591
 Course Location 812-885-3313
 Instructor Name Patricia Keating Inst. ID # 10193194793
 Holder's Signature Mary Pargin
 © 2011 American Heart Association. Temporary with this card until after its appearance. 50-1802

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS Provider American Heart Association
 Name Mary Pargin
 This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.
 Issue Date 5/12 Recommended Renewal Date 5/14

PEDIATRIC ADVANCED LIFE SUPPORT

Training Center Name Good Samaritan Hospital TC ID # IN01664
 TC Info 520 South 7th Street, Vincennes, IN 47591
 Course Location 812-885-3313
 Instructor Name Patricia Keating Inst. ID # 10193194793
 Holder's Signature Mary Pargin
 © 2011 American Heart Association. Temporary with this card until after its appearance. 50-1818

PEDIATRIC ADVANCED LIFE SUPPORT

American Heart Association | American Academy of Pediatrics
 PALS Provider
 Name Mary Pargin
 This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Pediatric Advanced Life Support (PALS) Program.
 Issue Date 4/13 Recommended Renewal Date 4/15

ENA Emergency Nurses Association
915 Lee Street, Des Plaines, IL 60016-6569
800-300-3659 • www.ena.org

Member No.	Chapter	Exp. Date
830828	NCE	10/2014

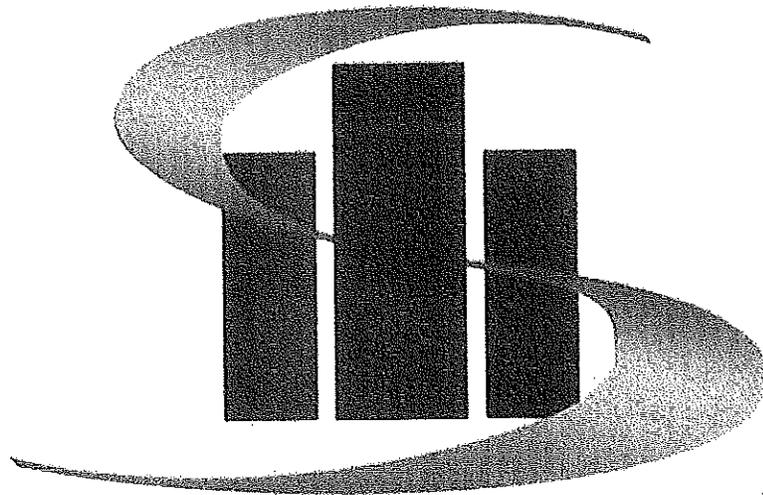
Mary L. Pargin RN
RR 1 BOX 489
Lawrenceville, IL 62439-9201



Society of Trauma Nurses
Spanning the Continuum of Care
www.traumanurses.org

Mary Pargin

Membership ID: 9673360
Membership Valid Through: 1/31/2015
Amount Paid: \$110



GOOD SAMARITAN HOSPITAL

Application to Be Designated
“In the ACS Verification Process”

*3. Submission of trauma data to
the State Registry*

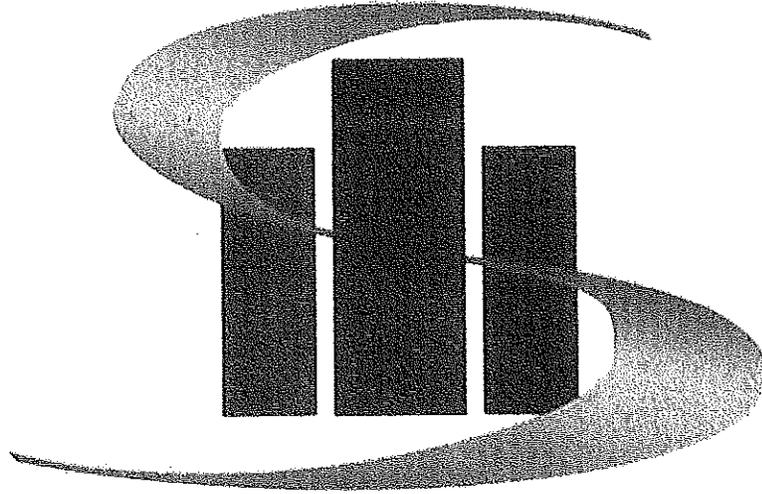


Good Samaritan Hospital has been submitting data to the State Registry since April 2013. We have recorded the following qualifying patients:

January 2013	21 patients
February 2013	31 patients
March 2013	26 patients
April 2013	38 patients
May 2013	32 patients
June 2013	32 patients
July 2013	32 patients
August 2013	27 patients
September 2013	34 patients
October 2013	26 patients
November 2013	26 patients
December 2013	12 patients

Good Samaritan Hospital treated 337 qualifying patients in 2013, for an average of 28 patients per month.

We currently submit data through ImageTrend, but have scheduled a demonstration from Digital Innovation. We anticipate that we will begin using DI's V5 Trauma Registry by Fall 2014.



GOOD SAMARITAN HOSPITAL

Application to Be Designated
“In the ACS Verification Process”

4. *A Trauma Registrar*
Jamie Dugan, BA



Already a member of the Emergency Department staff, Jamie Dugan began submitting registry data in April 2013, immediately after a site visit from Katie Gatz, Indiana State Department of Health Trauma Registry Manager.

On July 1, 2013, the GSH Staffing Board approved the addition of one FTE to ensure that information to the State is submitted in an accurate and timely manner.



Job Description

Job Title: Trauma Registrar

Reports To: Trauma Program Manager

Mission: Good Samaritan Hospital will provide excellent health care and promote healing through trusting relationships.

Vision: Good Samaritan Hospital will be recognized as the regional center of excellence for health care.

Job Summary: To become an active contributor to the Indiana State Trauma Registry and facilitate GSH efforts in being recognized as a regional Trauma Center of Excellence, the Trauma Coordinator will comply with state mandates by reporting all traumas meeting specific criteria as set forth by the Indiana State Department of Health.

Responsibilities:

1. Collect patient data identified in the Trauma Registry and generate monthly, quarterly and annual reports to state and national agencies for the purpose of planning, management, and quality assurance.
2. As a key member of the GSH Trauma Care Team, attend and contribute to all regional and statewide training and listening tours on behalf of Good Samaritan Hospital.
3. Create and maintain Trauma Registry entry procedures.
4. Contribute to efforts of GSH to obtain Trauma Center designation.
5. Responsible for data submission to the State in the required time frame.
6. Attend additional training and complete certifications as recommended by ACS.
7. Perform other duties as assigned

Professional Qualifications:

a. Education:

Associates Degree required, Bachelor's Degree preferred

b. Experience:

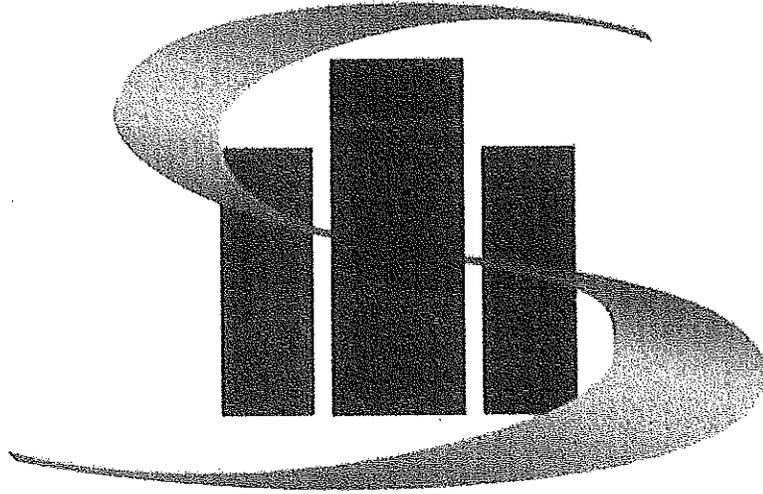
5-10 years of experience in a health-related field.

Administrative experience in a clinical setting, hospital preferred.

Knowledge of medical terminology and familiarity with medical charts to accurately extract data.

Proven ability to establish goals, meet deadlines and work with others to accomplish objectives.

Strong interpersonal skills, good judgment, excellent written and verbal communication skills



GOOD SAMARITAN HOSPITAL

Application to Be Designated
“In the ACS Verification Process”

5. Tiered Activation System



Tiered Trauma System

The "911 Activation" will be activated for trauma team response. The trauma surgeon will be present in the Emergency Department upon patient arrival with proper field notification OR within 30 minutes after the trauma team is activated. The trauma patient will be admitted to the appropriate trauma surgical service.

- CONFIRMED blood pressure <90 at any time in adults
- Respiratory Compromise/obstruction and/or intubation:
 - Any intubated trauma patient is considered to have airway compromise, therefore meets 911 activation criteria (excluding stable transfers from referring hospitals)
 - Respiratory rate <10 or >29
 - Flail chest
- Trauma Transfers in from referring hospitals receiving blood to maintain vital signs
- Penetrating wounds to the head, neck, abdomen, chest, or groin
 - Open or depressed skull fracture
- GCS less than or equal to 10 with the mechanism attributed to trauma
- 2 or more proximal long bone fractures
- Pelvic fractures with hemodynamic instability
- Limb paralysis and/or sensory deficit above wrist and ankle
- Amputation above wrist or ankle
- Combination trauma with 15% TBSA burn, facial burns, and inhalation injuries
- Gunshot wound to head, neck, chest, or abdomen
- Traumatic arrest
- Degloved or mangled extremity
- Pulseless extremity with traumatic injury
- Emergency physician's discretion

The "912 Alert" will be activated for trauma team response with the exception of blood bank and chaplain services. The trauma surgeon will be present in the Emergency Room department upon patient arrival with proper field notification OR within 60 minutes after the trauma team is activated. If at any time the patient deteriorates, a 911 activation must occur according to criteria or at the discretion of the Emergency Room physician. The trauma patient will be admitted to the appropriate Trauma Surgical Service.

*All 911 activation criteria supersede 912 alert criteria

- Falls >20 ft. or more
 - Pediatrics (birth-15 y.o.)-falls 3 times body length of child
- Ejection from automobile, death in automobile accident, or prolonged extrication
- Head injury with LOC
- GCS 11-13 with mechanism attributed to trauma
- Pregnancy >24 weeks and meets 911 or 912 criteria
- Transfers in with 2 or more systems injured
- Emergency physicians discretion
- Drowning
- Hanging
- Auto-pedestrian or Auto-bicycle, ATV injury with significant impact

Trauma consultation will be required for any patient requiring admission to EDTU or the hospital for any traumatic injury that does not fit 911 or 912 criteria.

*A trauma consult will require the trauma surgeon to evaluate the patient within 6 hours of the notification from the ED physician.

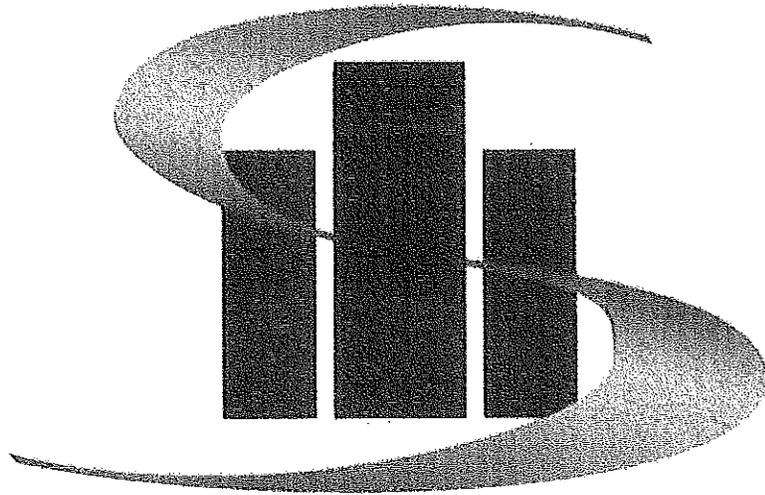
*Patients with isolated one-system injuries may be excluded from trauma system activation. This decision MUST BE documented in the ED physician's H&P.

- Any mechanism of injury associated with trauma excluding, falls from a standing position or isolated hip fractures
- Trauma transfers from referring hospitals that do not meet 911 or 912 criteria



The Performance Improvement and Patient Safety committee reviewed and approved the Tiered Activation System on April 1, 2014.

A review of the activation system will be placed on the PIPS agenda each month to make any necessary adjustments.



GOOD SAMARITAN HOSPITAL

Application to Be Designated
“In the ACS Verification Process”

6. *Trauma Surgeon Response Times*



As Good Samaritan Hospital General Surgeons, we accept the responsibility of providing optimal care through the establishment of a Level III Trauma Center at Good Samaritan Hospital by signing below on this date, April 7, 2014. We agree to provide constant coverage in the event of a trauma patient presenting to Good Samaritan Hospital. We understand that as general surgeons, we will be on call and promptly available 24 hours per day. We further understand that under the direction of the Trauma Medical Director, Dr. David Purdon, we will follow the guidelines set forth by the Indiana State Department of Health and the American College of Surgeons for a Level III Trauma Center.

We agree to pursue verification by the American College of Surgeons within one year and achieve ACS Verification within two years of this application. We recognize that if verification is not pursued within one year and/or ACS Verification is not obtained within two years of the granting of "in the process" status, the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

Best Regards,

Daniel Neumann, MD
General Surgeon
Good Samaritan Hospital

David Purdon, MD
Trauma Medical Director
Good Samaritan Hospital

Charles Hedde, MD, FACP
Chief Medical Officer
Good Samaritan Hospital

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Good Samaritan Hospital will begin our Trauma Activation Procedure the week of April 7, 2014. The Trauma Medical Director and the Surgeon on call, Trauma Nurse Manager, House Supervisor, X-ray, CT, and Lab will be immediately notified on all "911" and "912" activations.

We will begin recording any qualifying trauma events on a specific Trauma Information Form, in addition to our normal patient charting. The information recorded on the form will serve as a resource to the Trauma Team for registry and rounding purposes.

The Trauma Program Manager or designee will record incidents Monday through Friday. The Emergency Department Family Liaison will record incidents on Saturday or Sunday. The incidents recorded from the weekend will be reviewed by the GSH Trauma Team the following week.

The In-House Emergency Trauma Director, Dr. Carl Holt is a member of the hospital's disaster committee. Upon assignment of Trauma Medical Director, Dr. David Purdom has joined the disaster committee as well. He will be present at the next meeting on April 15, 2014.

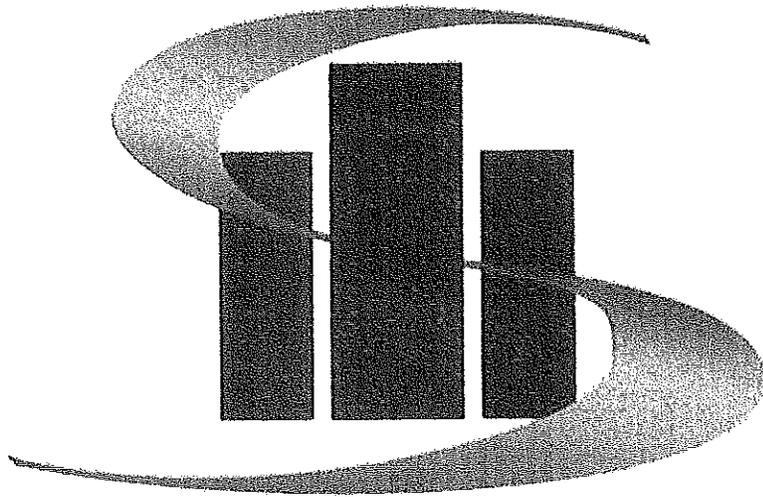
Good Samaritan Hospital Trauma Information Form

Patient Information		Trauma Information	
Encounter number		Type of Trauma (Fall, MVC, Etc.)	
Patient name		Date of Incident	
Address		Time of Incident	
City/State		Place of Incident	
Date of birth		City/State	
Height (in)			
Weight (kg)			
ACTIVATION (Check one)			
<input type="checkbox"/> 911		<input type="checkbox"/> 912	
<input type="checkbox"/> No Activation			
<i>PLEASE CIRCLE ALL APPLICABLE</i>			
Arrived From:		Transported to your facility by:	
Clinic / MD		ALS	
Home		BLS	
Jail		Helicopter Ambulance	
Nursing Home		Police	
Referring Hospital		Private/ Public Vehicle/ Walk-In	
Scene			
Patient Demographics			
Race	Ethnicity	Gender	
American Indian	Hispanic or Latino	Male	
Asian	Not Hispanic or Latino	Female	
Black or African American			
Native Hawaiian or Other Pacific Islander			
Other Race			
White			
Comments:			
DISPOSITION			
Admit	Transfer	Expired	
To Floor/Room:	To:	Time of Death:	
Time of Admit:	Time of Transfer:		

Report Completed by: _____ Date: _____ Time: _____

Good Samaritan Hospital

45



GOOD SAMARITAN HOSPITAL

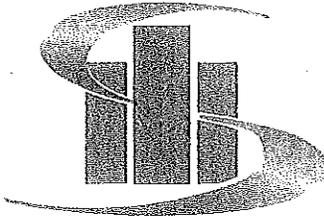
Application to Be Designated
“In the ACS Verification Process”

*7. In-house Emergency
Department physician coverage*



Good Samaritan Hospital's Emergency Department is staffed by Midwest Emergency Medicine, Inc. (MEMI). The Physicians employed by MEMI are an independent incorporation, but work hand-in-hand with the mission and vision of Good Samaritan Hospital. All Physicians are monitored by the GSH Medical Staff Office and remain on Provisional status for 12 months before being considered "in good standing". MEMI employs 14 Physicians, 5 Physician Assistants and 3 Administrators.

Carl Holt, M.D., the MEMI Assistant Medical Director, will be assuming the role of the designated Trauma Emergency Physician Director. Dr. Holt will work with the Trauma Medical Director and Trauma Program Manager to ensure optimal patient care for all traumatically injured patients.



GOOD SAMARITAN
HOSPITAL

As In-House Emergency Trauma Director, I accept the responsibility to aid in the establishment of a Level III Trauma Center at Good Samaritan Hospital. I commit to following the guidelines set forth by the Indiana State Department of Health and the American College of Surgeons. As Director, I will ensure that the hospital staff complies with the guidelines as well in the treatment of each and every trauma patient that presents to Good Samaritan Hospital.

I agree to pursue verification by the American College of Surgeons within one year and achieve ACS Verification within two years of this application. I recognize that if verification is not pursued within one year and/or ACS Verification is not obtained within two years of the granting of "in the process" status, the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

Best Regards,

Carl Holt, MD
Midwest Emergency Medicine, Inc., serving Good Samaritan Hospital

3/28/14

Date

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48

CARL E. HOLT JR., MD

OBJECTIVE

I have been a full time Emergency Physician since 1992 and now have in excess of 15,000 hours of experience and have recently been certified in Emergency Medicine through the American Association of Physician Specialists' Board of Certification in Emergency Medicine. I am current in ACLS, ATLS, and PALS.

EXPERIENCE

Jan 2008 to Present Midwest Emergency Medicine, Inc., Good Samaritan Hospital,
Vincennes, Indiana
Emergency Room Staff Physician

Jan 2008 to Present **Assistant Director of the Emergency Department**

Feb 2000 to July 2002 **Director of the Emergency Department**
We see in excess of 35,000 patients per year.

Sept 2008 to Present
Wabash General Hospital,
Mt. Carmel, Illinois
Emergency Room Staff Physician

Mar 1998 to Jan 2001
Northwest Michigan Emergency Physicians
Emergency Room Staff Physician

Part of the Emergency Room Staff at Mecosta County General Hospital in Big Rapids, Michigan. This Emergency Department saw around 1,800 patient visits per month. We were doubled covered with a physician's assistant 12 hours out of the day.

Mar 1995 to
Mar 1998

Emergency Consultants, Inc.
Director of Emergency Services

Director of the above Emergency Department. I was also the project medical director for the Mecosta County ambulance service and responsible for emergency care throughout Mecosta County, Michigan.

Apr 1992 to
Feb 1995

Brigham City Community Hospital,
Brigham City, Utah
Director of Emergency Services

Responsible for all of the care rendered through the Emergency Room. In addition, I was the project medical director of the Brigham City Ambulance Service and surrounding first responders.

Dec 1991 to
Mar 1992

United States Army Aeromedical Center,
Fort Rucker, Alabama
Chief Physical Exam Clinic

In addition to general Aviation Medicine duties, I was responsible for overseeing the quality of over 400 flight physicals per month at the Army's primary flight training facility.

Nov 1990 to
Mar 1992

United Army Aeromedical Center Air Ambulance Division,
Fort Rucker, Alabama
Project Medical Director

FLATIRON is the Army's only active duty dedicated air ambulance service. They are responsible for crash rescue, MAST (Military Assistance to Safety and Traffic), and aeromedical evacuation. As their supervisor, I was responsible for all of the medical care they provided.

Sep 1990 to
Mar 1992

Dale Medical Center,
Ozark, Alabama
Emergency Room Staff Physician

Staff physician in a busy community hospital Emergency Department.
We provided care to over 12,000 patients per year.

Mar 1991 to
Dec 1991

Hyperbaric Medicine Department,
Fort Rucker, Alabama
Chief of Clinical Services

Officer in charge of the clinical aspects of the Army's only operational hyperbaric oxygen chamber. This chamber is totally dedicated to patient care, providing over 300 dives per month.

Aug 1990 to
Mar 1991

United States Aeromedical Center,
Fort Rucker, Alabama
Officer in Charge Aviation Medical Clinic

Officer responsible for the medical care of all the aviators at the Army's aviation training facility. This clinic provides care to over 150 patients per day.

Mar 1990 to
Jul 1990

Fitzsimons Army Medical Center,
Aurora, Colorado
Emergency Room Staff Physician

Staff physician in the Emergency Room of a major Army Medical Center.

Jul 1987 to
Jun 1989

Headquarters 1st Brigade 6th Infantry Division (Light),
Fort Richardson, Alaska
Brigade Surgeon

Special staff officer responsible for medical readiness in an Army Brigade of over 2,000 men. I supervised the day-to-day operations of 5 physician assistants. We developed and provided field medical care and emergency resuscitation during military operations in severe Arctic conditions.

EDUCATION

May 1982

University of Arkansas at Little Rock
Little Rock, Arkansas
Bachelor of Science in Biology/Chemistry

May 1986

University of Arkansas Medical Science Campus
Little Rock, Arkansas
Doctor of Medicine

POST GRADUATE EDUCATION

Jul 1986 to
Jun 1987

Fitzsimons Army Medical Center
Department of Surgery
Categorical Surgery Intern

Jul 1989 to
Mar 1990

Fitzsimons Army Medical Center
Department Surgery
Resident in General Surgery

I resigned this position due to conflicts with the program director.

PROFESSIONAL AFFILIATIONS

Jan 1994 to
Feb 1995 **Utah State Medical Directors Advisory Council**

I was the rural representative to this council. We provided input to the State EMS council and assisted in developing statewide policy for all EMS concerns.

Jan 1996 to
Jan 1997 **American Association of Emergency Physicians**

Jul 1996 to
Jul 1998 **American College of Physician Executives**

Dec 2001 to
Present **American Association of Physician Specialists**

Apr 1991 to
Present **Aircraft Owners and Pilots Association**



University of Arkansas Medical Sciences

College of Medicine
To all to whom these presents may come
Be it known that

George W. Lind
Victory Falls
has completed successfully the prescribed course of study, including instruction in the *Shaw-Johnson Clinic*, and has duly and faithfully completed with all other requirements for the degree.

D. O. M. D. Doctor of Medicine

Upon the recommendation of the Faculty of the College and with approval of the Board of Trustees, this degree is conferred by the University of Arkansas for Medical Sciences.

Date May 17, 1955.

Frank H. G. G.
CHAIRMAN OF THE BOARD OF TRUSTEES
Ran Thomsen



Lill-Frost, Arkansas.
H. G. G.
CHAIRMAN OF THE BOARD OF TRUSTEES
R. C. Bell

U.S. Army Department



This is to certify that

Captain Carl E. Holt, Jr., MC

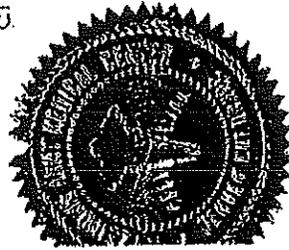
has successfully completed

Categorical Surgery Internship

at

Fitzsimons Army Medical Center, Aurora, Colorado

from 1 July 1986 to 30 June 1987



Dick E. Smith
DICK E. SMITH, M.D.
Colonel, MC
Chief, Department of Surgery

Thomas M. Geer
THOMAS M. GEER, M.D.
Brigadier General, MC
Commanding

Run Date: 03/21/2014
Run Time: 12:06:47 PM

CME Attendance and Credits

Good Samaritan Hospital

Carl E. Holt, Jr., MD - 2030

Midwest Emergency Medicine
520 S Seventh Street
Vincennes IN 47591-

DATE	CAT 1 CREDITS	CAT 2 CREDITS	DESCRIPTION/SPEAKER
09/02/2013	4.00	0.00	Evaluation & Mgmt of bradycardias in the ED
09/12/2013	1.00	0.00	Grand Rounds: "Rural Trauma in the 21st Century: Challenges & Opportunities"
12/16/2013	1.00	0.00	BLS
	6.00	0.00	Credits For Carl E. Holt, Jr., MD

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The GSH Trauma Team will be working closely with Tom Dagney, III, DO. Dr. Dagney has been affiliated with Good Samaritan Hospital since 1990. The 2004 EMS Medical Director of the Year, Dr. Dagney, has been involved with EMS for 41 years and continues to serve as the Medical Director for Knox County. His wealth of experience in Pre-hospital and Emergency Care will continue to guide the GSH Trauma Team in the best practices and education for all staff directly involved with the care of the trauma patient.

Resume

THOMAS J. DAGNEY, III, D.O.

EDUCATION:

Philadelphia College of Osteopathic Medicine
Philadelphia, PA; Doctor of Osteopathy, May, 1987

Penn State University
B.S., Health Planning & Administration, Feb, 1981

**PROFESSIONAL
TRAINING:**

July, 1988 to June, 1990 – Chicago Osteopathic Medical Center
Chicago, IL; Emergency Medicine Residency

July, 1987 to June, 1988 – Hospital of Philadelphia College
of Osteopathic Medicine, Philadelphia, PA;
Osteopathic Rotating Internship

**PROFESSIONAL
EMPLOYMENT:**

July, 1999 to present – President, Midwest Emergency Medicine
Good Samaritan Hospital, Vincennes, IN

June, 2011 to present - Associate Professor, Emergency Dept.
Penn State Hershey Emergency Med, Hershey, PA

Aug, 2008 thru Feb, 2011 – President, Rural Hosp Emergency Phys
Wabash General Hospital, Mt Carmel, IL

Jan, 1993 to Aug, 2006 – Medical Director, Emergency Services
Good Samaritan Hospital, Vincennes, IN

July, 1990 to present – Full time Emergency Physician
Good Samaritan Hospital, Vincennes, IN

Sept, 2008 thru Jan, 2009 – Medical Director, Emergency Services
Wabash General Hospital, Mt Carmel, IL

Sept, 2008 thru Feb, 2011 – Emergency Physician
Wabash General Hospital, Mt Carmel, IL

APPOINTMENTS:

Jan, 1993 to present – Chairman, Emergency Services
Good Samaritan Hospital, Vincennes, IN

Jan, 1998 - Dec, 1998 – Medical Staff President
Good Samaritan Hospital, Vincennes, IN

Jan, 1997 - Dec, 1997 – Chairman, Department of Medicine
Good Samaritan Hospital, Vincennes, IN

July, 1990 to Dec, 1994 – Clinical Regular Assistant Professor
of Emergency Medicine; Midwestern University, Downers
Grove, IL

Aug, 1983 to June, 1987 – Class Chairman, Philadelphia College of
Osteopathic Medicine

Jan, 1987 to Dec, 2005 – Class Agent, Philadelphia College of
Osteopathic Medicine

**RECENT EMS
AFFILIATION/
EXPERIENCE:**

Jan, 1990 to present – Medical Director, Knox County EMS

Jan, 1990 to Aug, 2007 – Medical Director
Vincennes University EMS Training Program

1995 to 1996 – Appointment to Indiana State EMS
Commission Operations Committee

**OTHER EMS
EXPERIENCE:**

1973 – Certified as EMT

1975 – Certified as Paramedic

1973 to 1984 – Newtown Square Volunteer Fire Do., No. 1,
Newtown Square, PA
Firefighter, EMT and Paramedic

June, 1974 to Nov, 1976 – Delaware County Emergency Health
Services Council, Inc., Media, PA; Training Coordinator

1979 to 1980 – New York City EMS System,
New York, NY; Special Projects Coordinator

April, 1981 to Sept, 1981 – South Florida EMS
Coordinating Council, Inc., Miami, FL; EMS Consultant

Sept, 1981 to Aug, 1983 – Delaware County Emergency Health Services Council, Inc., Media, PA; Training Coordinator

1976 to 1983 – Emergency and Safety Programs, Inc. Wilmington, DE; EMS Consultant

Nov, 1977 to Feb, 1981 – Penn State University University Park, PA

Ambulance Service Supervisor, Ritenour Health Center EMT, June 1977 to Feb, 1981

CERTIFICATIONS:

Board Certified in Emergency Medicine
Instructor, Pediatric Advanced Life Support
Diplomat, National Board of Osteopathic Medical Examiners

LICENSURE:

Indiana 02001082
Illinois 036.121590
Pennsylvania OS-006485-L

AWARDS RECEIVED:

2004 - EMS Medical Director of the Year Award
Presented by the State EMS Commission

1987 – Dean's Award, Philadelphia College of Osteopathic Medicine

1986 – Outstanding Young Man in America

PROFESSIONAL MEMBERSHIPS:

American College of Emergency Physicians
American Osteopathic Association

COMMUNITY INVOLVEMENT:

Jan, 1994 to present - Board Member, Knox County Association of Retarded Citizens (KCARC)

Jan, 2006 to present – Treasurer, KCARC Board of Directors

Jan, 2011 to present – President, KCARC Board of Directors

8/2/11



PHILADELPHIA · COLLEGE OF OSTEOPATHIC · MEDICINE

BE · IT · KNOWN · THAT

THOMAS · JOSEPH · DAGNEY · III

DOCTOR · OF · OSTEOPATHY

HAVING · SATISFIED · THE · REQUIREMENTS · FOR · THE · DEGREE · OF
HAS · ACCORDINGLY · BEEN · ADMITTED · TO · THAT · DEGREE · WITH · ALL · THE
RIGHTS · PRIVILEGES · AND · RESPONSIBILITIES · THEREUNTO · APPERTAINING
IN · TESTIMONY · WHEREOF · THE · SEAL · OF · THE · COLLEGE · AND · THE · SIGNATURES
AUTHORIZED · BY · THE · BOARD · OF · TRUSTEES · ARE · HEREUNTO · AFFIXED
SIGNED · THIS · THIRTY · FIRST · DAY · OF · MAY · ANNO · DOMINI
ONE · THOUSAND · NINE · HUNDRED · AND · EIGHTY · SEVEN

Tom Harrell, Jr.
PRESIDENT

Joseph A. Siskala, Sr.
DEAN

E. Sydney Hoffmann
CHAIRMAN · BOARD · OF · TRUSTEES

Nancy Mae Cullen
SECRETARY

National Board of Osteopathic Medical Examiners

hereby declares

Thomas J. Ragnay, III, D.O.

having passed the examinations and furthermore having satisfied all eligibility requirements
is awarded the status of

Diplomate

Of the National Board on this day July 1, 1988



Robert E. Mancini, M.D., D.O.
President

Bruce G. Y. Miller, D.O.
Secretary - General

14840

Certificate Number

Run Date: 09/21/2014
Run Time: 12:05:56 PM

CME Attendance and Credits

Good Samaritan Hospital

Thomas J. Dagney, III, DO - 0516

Midwest Emergency Medicine
520 S Seventh Street
Vincennes IN 47591-

DATE	CAT 1 CREDITS	CAT 2 CREDITS	DESCRIPTION/SPEAKER
09/12/2013	1.00	0.00	Grand Rounds: "Rural Trauma In the 21st Century: Challenges & Opportunities"
	1.00	0.00	Credits For Thomas J. Dagney, III, DO

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Midwest Emergency Medicine, Inc. (MEMI)

GSH Emergency Department Physicians and Physician Assistants

Kelly R. Anderson, D.O.

Adrian L. Carter, D.O.

Holly D. Dagney, D.O.

Thomas J. Dagney, III, D.O.

Richard A. DeFelice, M.D.

Sabrina Atkinson-Dornhoefer, D.O.

Thimjon Craig Ferguson, M.D.

Gregory M. Fletcher, M.D.

Michael S. Herron, M.D.

Carl E. Holt, Jr., M.D.

Scott R. Keyes, M.D.

P. Bryan Lilly, D.O.

Lance T. Payton, M.D.

Monte J. Sellers, D.O.

Physician Assistants

Mary K. Fichtinger, PA-C

Lucas W. Jones, PA-C

Cary S. Malczewski, PA-C

Eric M. Potts, PA-C

Kelly L. Sparks, PA-C

JANUARY 2014 GSH EMERGENCY SERVICES PHYSICIAN COVERAGE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1.7A-7P PA			1	2	3	4
1A.3P-12A	A. 8A-7P		1. HERRON	1. HERRON	1. HOLT	1. HOLT
2. 11A-11P	B. 4P-4A		2. DORNHOEFER	1A. FERGUSON	1A. FERGUSON	2. CARTER
3. 12P-12A			3. DEFELICE	2. DEFELICE	2. DEFELICE	3. KEYES
4. 7P-7A			4. PAYTON	4. PAYTON	4. PAYTON	4. PAYTON
			A. SPARKS B. JONES	A. FICH. B. JONES	A. SPARKS B. JONES	A. SPARKS B. JONES
5	6	7	8	9	10	11
1. HOLT	1. HERRON	1. HOLT	1. PAYTON	1. PAYTON	1. HOLT	1. HERRON
2. DORNHOEFER	1A. KEYES	1A. HERRON	1A. ANDERSON	1A. HERRON	1A. ANDERSON	2. H.DAGNEY
3. KEYES	2. DORNHOEFER	2. KEYES	2. H.DAGNEY	2. H.DAGNEY	2. DORNHOEFER	3. HOLT
4. FLETCHER	4. FLETCHER	4. FLETCHER	4. FERGUSON	4. FERGUSON	4. FERGUSON	4. FERGUSON
A. SPARKS B. JONES	A. FICH. B. JONES	A. FICH. B. POTTS	A. SPARKS B. POTTS	A. SPARKS B. POTTS	A. SPARKS B. POTTS	A. FICH. B. POTTS
12	13	14	15	16	17	18
1. HERRON	1. FERGUSON	1. PAYTON	1. PAYTON	1. FERGUSON	1. PAYTON	1. ANDERSON
2. H.DAGNEY	1A. ANDERSON	1A. FERGUSON	1A. FLETCHER	1A. ANDERSON	1A. KEYES	2. CARTER
3. HOLT	2. KEYES	2. KEYES	2. H.DAGNEY	2. H.DAGNEY	2. DORNHOEFER	3. KEYES
4. FLETCHER	4. FLETCHER	4. FLETCHER	4. HOLT	4. HOLT	4. HOLT	4. HOLT
A. FICH. B. POTTS	A. SPARKS B. JONES	A. SPARKS B. JONES	A. FICH. B. JONES	A. FICH. B. JONES	A. SPARKS B. POTTS	A. SPARKS B. POTTS
19	20	21	22	23	24	25
1. PAYTON	1. PAYTON	1. HERRON	1. PAYTON	1. ANDERSON	1. FERGUSON	1. FERGUSON
2. DORNHOEFER	1A. ANDERSON	1A. ANDERSON	1A. LILLY	1A. LILLY	1A. ANDERSON	2. DORNHOEFER
3. KEYES	2. KEYES	2. HOLT	2. DORNHOEFER	2. H.DAGNEY	2. H.DAGNEY	3. FLETCHER
4. FLETCHER	4. FLETCHER	4. FLETCHER	4. HERRON	4. HERRON	4. HERRON	4. HERRON
A. SPARKS B. POTTS	A. FICH. B. JONES	A. FICH. B. POTTS	A. SPARKS B. POTTS	A. SPARKS B. JONES	A. SPARKS B. POTTS	A. FICH. B. JONES
26	27	28	29	30	31	
1. FERGUSON	1. PAYTON	1. PAYTON	1. PAYTON	1. HOLT	1. HOLT	
2. H.DAGNEY	1A. FERGUSON	1A. LILLY	1A. FLETCHER	1A. FERGUSON	1A. KEYES	
3. ANDERSON	2. KEYES	2. KEYES	2. HERRON	2. H.DAGNEY	2. DORNHOEFER	
4. FLETCHER	4. FLETCHER	4. FLETCHER	4. ANDERSON	4. HERRON	4. FERGUSON	
A. SPARKS B. JONES	A. SPARKS B. JONES	A. SPARKS B. JONES	A. SPARKS B. POTTS	A. FICH. B. POTTS	A. JONES B. POTTS	

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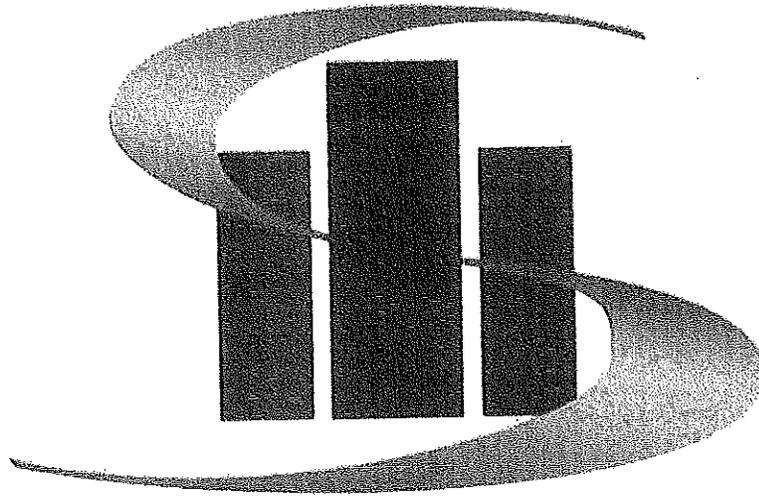
FEBRUARY 2014 GSH EMERGENCY SERVICES PHYSICIAN COVERAGE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1. 7A-7P P.A.S						1
1A. 3P-12A	A. 8A-7P					1. HERRON 2. H.DAGNEY
2. 11A-11P	B. 4P-4A					3. KEYES
3. 12P-12A						4. FERGUSON
4. 7P-7A						A. SPARKS B. POTTS
2	3	4	5	6	7	8
1. HERRON	1. PAYTON	1. FERGUSON	1. HOLT	1. HOLT	1. HERRON	1. HOLT
2. DORNHOEFER	1A. KEYES	1A. LILLY	1A. PAYTON	1A. KEYES	1A. FERGUSON	2. CARTER
3. KEYES	2. DORNHOEFER	2. HERRON	2. ANDERSON	2. DORNHOEFER	2. DORNHOEFER	3. HERRON
4. FLETCHER	4. FLETCHER	4. FLETCHER	4. FERGUSON	4. PAYTON	4. PAYTON	4. PAYTON
A.SPARKS B. POTTS	A. FICH. B. JONES	A. FICH. B. JONES	A. SPARKS B. POTTS	A. SPARKS B. POTTS	A.SPARKS B. JONES	A.FICH. B. JONES
9	10	11	12	13	14	15
1. HOLT	1. FERGUSON	1. PAYTON	1. PAYTON	1. FERGUSON	1. FERGUSON	1. PAYTON
2. DORNHOEFER	1A. KEYES	1A. KEYES	1A. HERRON	1A. HERRON	1A. KEYES	2. KEYES
3. HERRON	2. H.DAGNEY	2. HOLT	2. H.DAGNEY	2. H.DAGNEY	2. DORNHOEFER	3. ANDERSON
4. FLETCHER	4. FLETCHER	4. FLETCHER	4. HOLT	4. HOLT	4. HOLT	4. DEFELICE
A.FICH. B. JONES	A.SPARKS B. JONES	A. SPARKS B. POTTS	A. SPARKS B. POTTS	A.FICH. B. JONES	A.FICH. B. POTTS	A.SPARKS B.JONES
16	17	18	19	20	21	22
1. PAYTON	1. FERGUSON	1. HERRON	1. HOLT	1. HOLT	1. PAYTON	1. HOLT
2. KEYES	1A. HOLT	1A. FERGUSON	1A. FLETCHER	1A. ANDERSON	1A. FERGUSON	2. H.DAGNEY
3. ANDERSON	2. KEYES	2. DORNHOEFER	2. DEFELICE	2. DEFELICE	2. DORNHOEFER	3. FERGUSON
4. FLETCHER	4. FLETCHER	4. FLETCHER	4. HERRON	4. HERRON	4. HERRON	4. FLETCHER
A.SPARKS B. POTTS	A.SPARKS B. JONES	A.FICH. B. JONES	A. FICH. B. POTTS	A.SPARKS B. POTTS	A.SPARKS B. JONES	A.FICH B. COMBS
23	24	25	26	27	28	
1. HOLT	1. HERRON	1. PAYTON	1. PAYTON	1. PAYTON	1. HERRON	
2. H.DAGNEY	1A. FERGUSON	1A. LILLY	1A. LILLY	1A. LILLY	1A. ANDERSON	
3. ANDERSON	2. KEYES	2. KEYES	2.DORNHOEFER	2. HOLT	2. H.DAGNEY	
4. FLETCHER	4. FLETCHER	4. HERRON	4. FERGUSON	4. FERGUSON	4. HOLT	
A. FICH. B. POTTS	A. SPARKS B. POTTS	A. SPARKS B. JONES	A.SPARKS B. POTTS	A.FICH. B. POTTS	A.SPARKS B. JONES	

666

MARCH 2014 GSH EMERGENCY SERVICES PHYSICIAN COVERAGE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1. 7A-7P 1A. 3P-12A 2. 11A-11P 3. 12P-12A 4. 7P-7A	PA'S A. 8A-7P B. 4P-4A					1 1. PAYTON 2. CARTER 3. ANDERSON 4. HOLT A. SPARKS B. JONES
2	3	4	5	6	7	8
1. PAYTON 2. DORNHOEFER 3. KEYES 4. FLETCHER A. SPARKS B. JONES	1. HERRON 1A. FERGUSON 2. KEYES 4. FLETCHER A. FICH. B. POTTS	1. HOLT 1A. FERGUSON 2. KEYES 4. FLETCHER A. FICH. B. POTTS	1. PAYTON 1A. ANDERSON 2. HOLT 4. HERRON A. FICH. B. POTTS	1. PAYTON 1A. KEYES 2. DORNHOEFER 4. HERRON A. SPARKS B. POTTS	1. PAYTON 1A. ANDERSON 2. DORNHOEFER 4. FERGUSON A. SPARKS B. JONES	1. FLETCHER 2. CARTER 3. HERRON 4. FERGUSON A. SPARKS B. POTTS
9	10	11	12	13	14	15
1. ANDERSON 2. DORNHOEFER 3. HERRON 4. FLETCHER A. FICH. B. POTTS	1. PAYTON 1A. HOLT 2. KEYES 4. FLETCHER A. FICH. B. JONES	1. FERGUSON 1A. KEYES 2. HOLT 4. ANDERSON A. SPARKS B. JONES	1. HERRON 1A. FERGUSON 2. DORNHOEFER 4. PAYTON A. SPARKS B. JONES	1. HERRON 1A. LILLY 2. H.DAGNEY 4. AND./PAYTON A. FICH. B. JONES	1. FERGUSON 1A. ANDERSON 2. H.DAGNEY 4. PAYTON A. FICH. B. POTTS	1. FERGUSON 2. CARTER 3. HOLT 4. PAYTON A. FICH. B. POTTS
16	17	18	19	20	21	22
1. FERGUSON 2. H.DAGNEY 3. ANDERSON 4. FLETCHER A. SPARKS B. POTTS	1. HERRON 1A. PAYTON 2. H.DAGNEY 4. FLETCHER A. SPARKS B. POTTS	1. HOLT 1A. ANDERSON 2. PAYTON 4. FLETCHER A. SPARKS B. POTTS	1. HOLT 1A. FLETCHER 2. H.DAGNEY 4. ANDERSON A. SPARKS B. JONES	1. PAYTON 1A. KEYES 2. H.DAGNEY 4. FERGUSON A. FICH. B. JONES	1. PAYTON 1A. ANDERSON 2. KEYES 4. FERGUSON A. SPARKS B. JONES	1. HOLT 2. KEYES 3. DEFELICE 4. ANDERSON A. FICH. B. JONES
23	24	25	26	27	28	29
1. HOLT 2. KEYES 3. DEFELICE 4. FLETCHER A. FICH. B. POTTS	1. HERRON 1A. DEFELICE 2. DORNHOEFER 4. FLETCHER A. SPARKS B. POTTS	1. HOLT 1A. HERRON 2. H.DAGNEY 4. FLETCHER A. SPARKS B. POTTS	1. FERGUSON 1A. FLETCHER 2. DORNHOEFER 4. HOLT A. SPARKS B. POTTS	1. HERRON 1A. FERGUSON 2. H.DAGNEY 4. HOLT A. FICH. B. JONES	1. HERRON 1A. KEYES 2. H.DAGNEY 4. HOLT A. FICH. B. JONES	1. HERRON 2. DORNHOEFER 3. ANDERSON 4. HOLT A. SPARKS B. JONES
30	31					
1. FERGUSON 2. DORNHOEFER 3. ANDERSON 4. HERRON A. SPARKS B. JONES	1. FERGUSON 1A. LILLY 2. KEYES 4. HERRON A. SPARKS B. POTTS					



GOOD SAMARITAN HOSPITAL

Application to Be Designated
“In the ACS Verification Process”

8. *Orthopedic Surgery*



As Good Samaritan Hospital Orthopedic Surgeons, we accept the responsibility of providing optimal care through the establishment of a Level III Trauma Center at Good Samaritan Hospital by signing below on this date, April 7, 2014. We agree to provide constant coverage in the event of a trauma patient presenting to Good Samaritan Hospital. We understand that an orthopedic surgeon will be on call and promptly available 24 hours per day. We further understand that under the direction of the Trauma Medical Director, Dr. David Purdom, we will follow the guidelines set forth by the Indiana State Department of Health and the American College of Surgeons for a Level III Trauma Center.

We agree to pursue verification by the American College of Surgeons within one year and achieve ACS Verification within two years of this application. We recognize that if verification is not pursued within one year and/or ACS Verification is not obtained within two years of the granting of "in the process" status, the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

Best Regards,

Dr. Greg Whitsett, MD
Orthopedic Surgeon

Dr. Molly Weiss, MD
Orthopedic Surgeon

Dr. David Purdom, MD
Trauma Medical Director

Dr. Charles Hedde MD, FACP
Chief Medical Officer

Improving the health of your community one patient at a time!

520 South Seventh St. Vincennes, Indiana 47591 • www.gshvin.org • 812-882-5220

Good Samaritan Hospital

Improving the health of your community one patient at a time!

520 South Seventh St. Vincennes, Indiana 47591 • www.gshvin.org • 812-882-5220

609

GSH Ortho Call Schedule

January 2014

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 We	2 We	3 F	4 F
5 F	6 Wh	7 Wh	8 Wh	9 We	10 We	11 We
12 We	13 F	14 F	15 We	16 We	17 We	18 We
19 We	20 Wh	21 Wh	22 Wh	23 We	24 F	25 F
26 F	27 F	28 Wh	29 Wh	30 We	31 Wh	

No. 3645 P. 2

DEC 30, 2013 11:10AM

GSH Ortho Call Schedule

February 2014

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1 WH
2 WH	3 F	4 WH	5 WH	6 WE	7 WE	8 WE
9 WE	10 F	11 F	12 WH	13 WH	14 WE	15 WE
16 WE	17 WE	18 WE	19 WH	20 WE	21 WE	22 WE
23 WE	24 WE	25 WE	26 WH	27 WE	28 WH	29 WH
30 WH	1 F	2 WH	3 F	4 F	5 F	6 F

Rs. 2122 2/12

Jan. 22, 2014 0:00AM

GSH Ortho Call Schedule

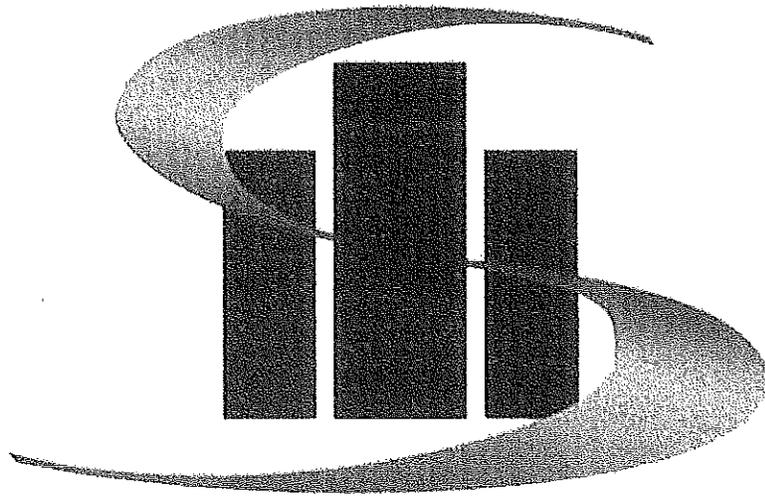
March 2014

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
						F
2	3	4	5	6	7	8
F	F	WE	WH	WE	WH	WH
9	10	11	12	13	14	15
WH	WE	WH	WH	WH	F	WE
16	17	18	19	20	21	22
WE	F	F	F	F	F	F
23	24	25	26	27	28	29
F	F	WH	WH	WE	WE	WE
30	31					
WE	F					

No. 3912 R. 1

FEB. 26. 2014 0:10AM





GOOD SAMARITAN HOSPITAL

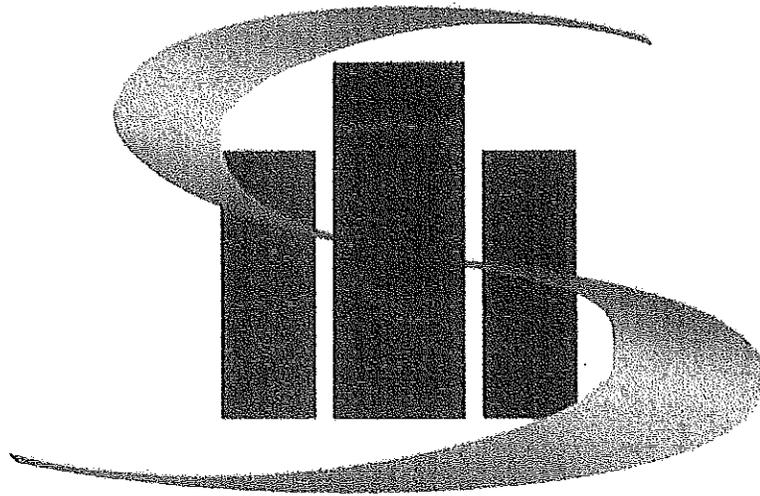
Application to Be Designated
“In the ACS Verification Process”

9. *Neurosurgery*



All trauma patients presenting with any neurologic deficits will be transferred to a higher level of care due to no neurological coverage at Good Samaritan Hospital.

Good Samaritan Hospital has transfer agreements in place with St. Mary's Medical Center and Deaconess Hospital in Evansville, Indiana. Both Level II hospitals have Neurosurgeons on staff to accommodate these patients.



GOOD SAMARITAN HOSPITAL

Application to Be Designated
“In the ACS Verification Process”

10. *Transfer Agreements and Criteria*

ORIGINAL

TRAUMA TRANSFER AGREEMENT

THIS AGREEMENT made and entered into by and between GOOD SAMARITAN HOSPITAL, an Indiana nonprofit corporation, (hereinafter "Hospital") and ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC., (hereinafter "Facility"), 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 Good Samaritan Hospital in which there are located emergency departments, medical and surgical services and outpatient services; and

WHEREAS, Facility is the owner and operator of a hospital licensed by the Indiana State Board of Health for certain health care services and is certified for Medicaid and Medicare reimbursement; and

WHEREAS, Medicare, Medicaid, and State Regulations require that Facility maintain a written agreement with a hospital in close proximity for timely admission of patients who develop complications or require inpatient medical treatment; and

WHEREAS, both Parties to this Agreement wish to assure continuity of care and treatment appropriate to the needs of each patient in the Facility and the Hospital; and

WHEREAS, both Parties to this Agreement wish to establish a coordinated and cooperative program to facilitate continuity of medical care and appropriate treatment for trauma patients and to comply with applicable statutes and federal laws and regulations;

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 Facility. Whenever the attending physician or surgeon of a patient at Hospital determines that a transfer of such patient from Hospital to Facility is medically necessary and appropriate and consistent with the desires of such patient, if such are known, Hospital shall take whatever steps that are reasonably necessary to effect a transfer of such patient to the Facility as promptly as possible. Hospital shall give notice to the Facility as far in advance as possible of an impending transfer. This includes having a physician with authority to represent the Hospital immediately notify the Facility of its desire to transfer such patient by calling the Trauma Facility Surgeon on call at Facility. Hospital shall

arrange for safe and appropriate transportation of the patient and be responsible for notification of the transfer.

The Trauma Facility Surgeon shall as promptly as possible respond to Hospital indicating whether it has an available bed and personnel properly qualified to treat the patient to be transferred and whether it will accept transfer of the patient. Hospital may make recommendations for additional diagnostic and therapeutic management, based upon the availability of these services at Facility.

2.2 Transfer of Patient to Hospital. When the attending physician or surgeon of a patient transferred initially from Hospital to Facility determines that it is medically necessary and appropriate to discharge the patient from Facility, Hospital shall take whatever steps are reasonably necessary and appropriate to accommodate the return of the patient back to Hospital. Facility shall give notice to Hospital as soon as it is practicable of the impending discharge and transfer. If the patient is to be transferred back to Hospital, the responsibility for the return transfer arrangements of the patient shall be that of Facility. In accordance with Hospital's written policy, Hospital shall accept all patients that have previously been transferred to Facility from Hospital. If Hospital is unable to accept patients per specified restrictions as to types of services available and/or types of patients or health conditions that cannot be accepted or due to space limitations, Hospital shall cooperate with Facility to find appropriate placement and care for the patient. Failure of Hospital to reasonably comply with this provision shall be deemed a material breach of this Agreement and the Facility may terminate this Agreement unless said breach is cured by Hospital within five (5) days after written notice of such breach is provided to Hospital.

2.3 Patient Assistance. Hospital will make its best effort to notify the appropriate Facility department, prior to patient transport, regarding the patient's need for assistance upon arrival at Facility.

III. ADMISSION PRIORITIES

Admissions to Facility 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 Facility to give priority of admission to patients being transferred from Hospital.

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 any services provided hereunder where possible, or when such information shall be recorded on hospital's transferal and referral form.

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"). Furthermore, the parties shall promptly amend the Agreement to conform with any new or revised legislation, rules and regulations to which Hospital is subject now or in the future including, without limitation, the Standards for Privacy of Individually Identifiable Health Information or similar legislation (collectively, "Laws") in order to ensure that Hospital is at all times in conformance with all Laws. If, within thirty (30) days of either party first providing notice to the other of the need to amend the Agreement to comply with Laws, the parties, acting in good faith, are (i) unable to mutually agree upon and make amendments or alterations to this Agreement to meet the requirements in question, or (ii) alternatively, the parties determine in good faith that amendments or alterations to the requirements are not feasible, then either party may terminate this Agreement upon thirty (30) days prior written notice.

VI. CONSENT TO MEDICAL TREATMENT

Hospital agrees to provide Facility with information which may be needed by, or helpful to, Facility in securing consent for medical treatment for the patient.

VII. TRANSFER OF PERSONAL EFFECTS

Hospital shall be responsible for the transfer of any personal effects, particularly money and valuables, of patients hereunder, except that Facility shall be responsible for such personal effects, pursuant to Facility's Policy for Patient Valuables and Currency, while patients are at Facility.

VIII. FINANCIAL ARRANGEMENTS

Reimbursement from the patient, Medicare, Medicaid, or other third party (collectively referred to as the "Appropriate 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. To the extent Facility is subject to the skilled nursing facility ("SNF") prospective payment system ("PPS") consolidated billing requirements, Facility shall be responsible for billing the Appropriate Payor and pursuing denied claims for such services, including Hospital provided services, which are provided pursuant to

patients' Resident Care Plan. Facility and Hospital may individually negotiate discounted rates for the provision of such services.

IX. INSURANCE

- 9.1 Worker's Compensation. Facility shall carry Worker's Compensation insurance covering all of its employees per statutory limits performing services at Hospital, and Employer's Liability insurance in an amount not less than \$1,000,000.00. Said Worker's Compensation policy shall contain an endorsement waiving subrogation rights against the Hospital.
- 9.2 Comprehensive and Property Damage Liability. Facility 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 policy shall also include contractual liability protection insurance to satisfy Facility's indemnification obligations set out in Section 10.1 below.
- 9.3 Professional Liability. Facility shall carry Medical Malpractice Insurance with those limits necessary to qualify Facility as a provider under the Indiana Medical Malpractice Act (I.C. 34-18). Facility agrees to be and remain a provider thereunder.
- 9.4 Proof of Coverage. Facility shall provide Hospital with appropriate certificates evidencing the insurance coverages set out in this Article IX.
- 9.5 Hospital Coverage. Hospital shall carry Medical Malpractice Insurance in such amounts as noted on Exhibit A.

X. INDEMNIFICATION

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

XI. DURATION AND TERMINATION

- 11.1 Term and Renewal. The term of this Agreement is for a period of one (1) year from the date hereof, and it shall be considered to be automatically renewed for successive one (1) year terms unless on or before ninety (90) 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 thirty (30) days prior written notice to the other Party.
- 11.2-3 Automatic Termination. This Agreement shall immediately and automatically terminate if:
- (a) Either the Hospital or Facility has its hospital license revoked, suspended, or not renewed; or
 - (b) Either Party's agreement with the Secretary of Health and Human Services under the Medicare Acts is terminated.
- 11.3 Notice of Changes. During the term of this Agreement, each Party shall notify the other Party regarding: (1) ownership change; (2) name change; or (3) an appointment of a new Administrator and/or Hospital-Facility liaison person, as soon as practicable after the changes.

XII. ACCESS TO BOOKS AND RECORDS

- 12.1 Access to Books and Records. In order to assure that compensation paid to Parties is included in determining their proper reimbursement under Medicare and Medicaid, the Parties agree that if this contract is determined to be a contract within the purview of §1861(v)(1)(I) of the Social Security Act (§952 of the Omnibus Reconciliation Act of 1980) and the regulations promulgated in implementation thereof at 42 CFR Part 420, the Parties agrees to make available to the Comptroller General of the United States, the Department of Health and Human Services ("HHS") and their duly authorized representatives, access to the books, documents and records of Parties, and such other information as may be required by the Comptroller General of the United States, the Department of Health and Human Services ("HHS") and their duly authorized representatives, access to the books, documents and records of Parties, and such other information as may be required by the Comptroller General or Secretary of HHS to verify the

nature and extent of the costs of services provided by Parties. If either Party carries out the duties of the contract through a subcontract worth \$10,000 or more over a twelve (12) month period with a related organization, the subcontract will also contain an access clause to permit access by the Secretary, Comptroller General and their representatives to the related organization's books and records.

- 12.2 Compliance. If either Party refuses to make the books, documents and records available for said inspection and if the other Party is denied reimbursement for said services based on such refusal, each Party agrees to indemnify the other Party for such loss or reduction in reimbursement. The obligation of the Parties to make records available shall extend for four (4) years after the furnishing of the latest services under this Agreement or any renewal thereof.

XIII. GENERAL PROVISIONS

- 13.1 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.
- 13.2 Amendments. This Agreement may be amended only by an instrument in writing signed by the Parties hereto.
- 13.3 Assignment. Assignments of this Agreement or the rights or obligations hereunder shall be invalid without the specific written consent of the other Party herein.
- 13.4 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.
- 13.5 Corporate Responsibility. This Agreement is subject to the Parties' corporate responsibility programs, and Facility shall assist the Hospital as needed in the educational and investigational component of that program. 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.
- 13.6 Standard of Conduct. The Parties are committed to upholding the highest standard of ethical and legal business practices. The Parties will not tolerate illegal or unethical activity and will notify opposite Parties' Corporate Responsibility Officer of any suspected illegal or unethical activity by that Party or any of its employees or agents.
- 13.7 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 the Hospital and

Facility shall neither be entitled to other benefits than those herein specifically enumerated.

- 13.8 Governing Law. This Agreement shall be construed and governed by the laws of Indiana.
- 13.9 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.
- 13.10 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
Good Samaritan Hospital
520 South Seventh
Vincennes, IN 47591

FACILITY
St. Mary's Medical Center
Kim Richardson, CFO
3700 Washington Avenue
Evansville, Indiana 47750

- 13.11 Regulatory and Statutory Compliance. Hospital and Facility agree that this Agreement shall be performed in accordance with all applicable state and Federal laws, regulations and accreditation requirements which govern this Agreement. These include, but are not limited to, SNP PPS consolidated billing requirements, and requirements concerning patient admissions and transfers as specified by the Indiana State Department of Health, Emergency Medical Treatment and Labor Act, and the Comprehensive Accreditation Manual for Hospitals from the Joint Commission of Accreditation of Healthcare Organizations.
- 13.12 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.
- 13.13. Status of 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.
- 13.14 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.

(The remainder of this page intentionally left blank)

XIV. EXECUTION

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

"HOSPITAL"

GOOD SAMARITAN HOSPITAL

By: Matthew D. Bailey

Printed: Matthew D. Bailey

Title: President/CEO

Date: 6/16/03

"FACILITY"

ST. MARY'S MEDICAL CENTER

By: Kathleen Korbelak

Printed: Kathleen Korbelak

Title: President

Date: 6/25/03

02575KPS.doc


Deaconess
REGIONAL TRAUMA CENTER

Transfer Agreement
Trauma Patient

This agreement is made as of the twelfth day of December, 2011 by and between (referring hospital), Deaconess Hospital, Inc. at Evansville, Indiana, a nonprofit corporation, and Good Samaritan Hospital at Vincennes, IN.

Whereas, both Deaconess Hospital and Good Samaritan Hospital desire, by means of this Agreement, to assist physicians and the parties hereto in the treatment of trauma patients:
And whereas the parties specifically wish to facilitate: (a) the timely transfer of such patients and medical and other information necessary or useful in the care and treatment of trauma patients transferred, (b) the determination as to whether such patients can be adequately cared for other than by either of the parties hereto, and (c) the continuity of the care and treatment appropriate to the needs of trauma patients, and (d) the utilization of knowledge and other facilities in a coordinated and cooperative manner to improve the professional health care of trauma patients.

Now, therefore, this agreement witnesseth. That in consideration of the potential advantages accruing to the patients of each of the parties and their physicians, the parties hereby covenant and agree with each other as follows:

1. In accordance with the policies and procedures of the Deaconess Hospital, Inc. and upon the recommendation of the attending trauma surgeon, who is a member of the medical staff of Deaconess Hospital, Inc., that such a transfer is medically appropriate, a trauma patient at the Good Samaritan Hospital shall be admitted to Deaconess Hospital, Inc. as promptly as possible under the circumstances, provided that beds are available and the physician at Deaconess Hospital, Inc. agrees with the medical propriety of the transfer.
2. The Good Samaritan Hospital agrees that it shall:
 - a. Notify Deaconess Hospital, Inc. as far in advance as possible of impending transfer of a trauma patient.
 - b. Transfer to Deaconess Hospital, Inc. the personal effect, including money and valuables, and information relating to same.
 - c. Effect the transfer to Deaconess Hospital, Inc. through qualified personnel and appropriate transportation equipment, including the use of necessary and medical appropriate life support measures. Good Samaritan Hospital agrees to bear the responsibility for billing the patient for such services, except to the extent that the patient is billed directly for the services by a third party.
3. The Good Samaritan Hospital agree to transmit with each patient at the time of transfer, or in the case of emergency, as promptly as possible thereafter, an abstract of pertinent medical and other records necessary in order to continue the patient's treatment without interruption and to provide identifying and other information.

12/12/11

600 Mary Street, Evansville, IN 47747 • 812-450-3940 • Fax: 812-450-5049 • www.deaconess.com


Deaconess
REGIONAL TRAUMA CENTER

4. Bills incurred with respect to services performed by either the Deaconess Hospital, Inc. Or Good Samaritan Hospital shall be collected by the party rendering such services directly from the patient, third party, and neither the Deaconess Hospital, Inc. nor Good Samaritan Hospital shall have any liability to the other for such charges.
5. This agreement shall be effective from the date of execution and shall continue in effect indefinitely, except that either party may withdraw by giving thirty (30) days notice in writing to the other party of its intention to withdraw from this agreement. Withdrawal shall be effective at the expiration of the thirty- (30) day notice period. However, if either party shall have its license to operate revoked by the State, this Agreement shall terminate on the date such revocation becomes effective.
6. The Board of Directors of the Deaconess Hospital, Inc. and the Governing Body of Good Samaritan Hospital shall have exclusive control of the policies, management, assets, and affairs of their respective facilities. Neither party assumes liability by virtue of this Agreement, for any debts or other obligations incurred by the other party to this Agreement.
7. Nothing in this Agreement shall be construed as limiting the right of either to affiliate or contract with any hospital or nursing home on either a limited or general basis while this Agreement is in effect.
8. Neither party shall use the name of the other in any promotional or advertising material unless review and approval of the intended use shall first be obtained from the party whose name is to be used.
9. The parties hereby agree to comply with all applicable laws and regulations concerning the treatment and care of patients designated for transfer from one health care institution to another, including but not limited to the Emergency Medical Treatment and Active Labor Act. 42 U.S.C. 1395fdd.
10. This agreement may be modified or amended from time to time by mutual agreement of the parties, and any such modification or amendment shall be attached to and become part of this Agreement.

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

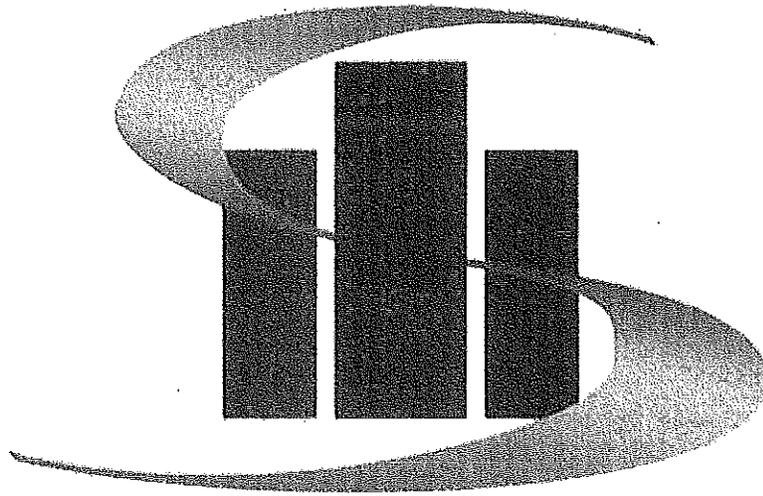
Linda E. White

By: Linda E. White
President & CEO
Deaconess Hospital

Robert M. [Signature]
By: Robert M. [Signature]
President & CEO

12/12/11

600 Mary Street, Evansville, IN 47747 • 812-450-3940 • Fax: 812-450-5049 • www.deaconess.com



GOOD SAMARITAN HOSPITAL

Application to Be Designated
“In the ACS Verification Process”

11. *Trauma operating room, staff
and equipment*



Good Samaritan Hospital Perioperative Services Inpatient Operating Room
Trauma Operating Room, Staff and Equipment

Good Samaritan Hospital commitment to patient excellence continues in the Perioperative Services Inpatient Operating Room by providing twenty-four (24) hours a day coverage utilizing a dedicated call team. The response for the anesthesia provider and surgical staff is a thirty (30) minute arrival time when notified outside of the normal business hours. Below is a list of available equipment in the Inpatient operating room:

- Fluid Warmers
- Bair Huggers
- Twenty-four (24) hour staffed Central Service Department to provide emergency procedural tables and supplies
- Bookwalter Retractor Instruments
- Jackson Table
- Invasive line monitoring equipment and supplies
- Kingscope Portable Video Laryngoscopes
- Fastrach laryngeal mask airways
- Stryker battery operated saws and drills
- Vascular instrumentation and supplies

Brenda Winkler
Brenda Winkler, RN, BSN, BHA, CNOR
Director Perioperative Services
Good Samaritan Hospital

3-24-14
Date

Improving the health of your community one patient at a time!

520 South Seventh St. Vincennes, Indiana 47591 • www.gshvin.org • 812-882-5220

Good Samaritan Hospital

Improving the health of your community one patient at a time!

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January 2014 Call Schedule
Surgical Clinic

1. Dr. Purdom
2. Dr. Neumann
3. Dr. Yang *Neumann*
4. Dr. Yang
5. Dr. Yang *1*
6. Dr. Johnson
7. Dr. Neumann
8. Dr. Yang
9. Dr. Purdom
10. Dr. Neumann *Yang*
11. Dr. Neumann *1*
12. Dr. Neumann
13. Dr. Purdom
14. Dr. Yang
15. Dr. Johnson
16. Dr. Neumann
17. Dr. Purdom
18. Dr. Purdom
19. Dr. Purdom
20. Dr. Johnson
21. Dr. Neumann
22. Dr. Yang
23. Dr. Purdom
24. Dr. Johnson
25. Dr. Johnson
26. Dr. Johnson
27. Dr. Neumann
28. Dr. Yang
29. Dr. Johnson
30. Dr. Purdom
31. Dr. Neumann

February 2014 Call Schedule
Surgical Clinic

1. Dr. Neumann
2. Dr. Neumann
3. Dr. Purdom
4. Dr. Yang
5. Dr. Johnson
6. Dr. Neumann
7. Dr. Yang
8. Dr. Yang
9. Dr. Yang
10. Dr. Neumann
11. Dr. Yang
12. Dr. Johnson
13. Dr. Purdom
14. Dr. Johnson
15. Dr. Johnson
16. Dr. Johnson
17. Dr. Purdom
18. Dr. Yang
19. Dr. Johnson
20. Dr. Neumann
21. Dr. Purdom *Dr. Neumann*
22. Dr. Purdom
23. Dr. Purdom
24. Dr. Yang
25. Dr. Neumann
26. Dr. Johnson
27. Dr. Purdom
28. Dr. Neumann *Purdom*

March 2014 Call Schedule
Surgical Clinic

1. Dr. Neumann *Purdom*
2. Dr. Neumann *P*
3. Dr. Purdom
4. Dr. Yang
5. Dr. Johnson
6. Dr. Neumann
7. Dr. Yang
8. Dr. Yang
9. Dr. Yang
10. Dr. Neumann
11. Dr. Yang
12. Dr. Johnson
13. Dr. Purdom
14. Dr. Johnson
15. Dr. Johnson
16. Dr. Johnson
17. Dr. Purdom
18. Dr. Johnson
19. Dr. Johnson
20. ~~Dr. Neumann~~ *Purdom*
21. ~~Dr. Purdom~~
22. ~~Dr. Purdom~~ *Neumann*
23. ~~Dr. Purdom~~ *Neumann*
24. Dr. Yang
25. Dr. Yang
26. Dr. Johnson
27. ~~Dr. Purdom~~ *Dr Neumann*
28. ~~Dr. Neumann~~ *Purdom*
29. ~~Dr. Neumann~~ *Purdom*
30. ~~Dr. Neumann~~ *Purdom*
31. Dr. Yang

Dr. Purdom out 3/6 through 3/7 ✓
Dr. Yang out 3/17 through 3/23 ✓

Good Samaritan Hospital
Vincennes, Indiana

RULES AND REGULATIONS FOR PERIOPERATIVE SERVICES

Section I. General

Patients will be treated in the OR only by licensed health care professionals who have been appointed to membership of the Medical Staff and granted privileges for each treatment as set forth in the Rules and Regulations of the Medical Staff.

The OR shall accept for care and treatment only those patients needing anesthetic, surgical, or dental care.

No administrator, physician, surgeon, consultant, employee, organization, agency, representative or person acting on behalf of the hospital, either directly or indirectly, shall pay or receive any commission, bonus, kickback, rebate or gratuity or engage in any split fee arrangement in any form whatsoever for the referral of any patient or for the utilization of supplies to care for the patient.

Section II. Patient Safety

The surgeon performing the surgical procedure will be the individual who will mark the patient's surgical site utilizing the surgeon's initials prior to entering the operating room (House wide Policy S 19.09.16).

A "time out" will be performed prior to the incision and will include the entire surgical team. All activities will be suspended during the "time out" (House wide Policy S 19.09.16).

Section III. Orders

All orders of treatment of patients must be in writing.

Verbal orders may be accepted by any of the licensed nursing staff or physicians. A notation is to be made in the chart by one of the nursing staff to this effect. Signatures are required on the medical record by the physician performing the procedure, on designated forms and all orders. Prior to signing, he/she should make sure that all of his orders on the record are correct. Signatures are required on the medical record by the anesthesiologist/CRNA on the lines designated "Signature of Anesthesiologist/CRNA" and all orders. Prior to signing, he/she should make sure that all of his orders on the record are correct.

Unless specified on the physician's orders, generic brands may be substituted for drugs ordered by specific brand names.

Section IV. Informed Consents

Informed surgical consents shall be obtained prior to any operative procedure in accordance with Medical Staff Rules and Regulations (10.5). Written documentation of informed consent will be completed and signed by the physician and placed in the patient's medical record (House wide Policy C.03.01.21).

Section V. Scheduling

All cases done in the perioperative areas will be scheduled by the Surgery Schedule Unit Clerk, evening charge person, or the House Supervisor (when OR is not staffed). This includes all electives, emergencies and outpatients with or without anesthesia support. The scheduling office will be open Monday through Friday, except for hospital recognized holidays, from 6:00 am to 5:00 pm.

Modified block scheduling will be utilized in Inpatient Surgery and the Same Day Surgery Center. All other cases will be scheduled on a first come first serve basis with the exception of those cases that might be infectious. Those cases will generally be done at the end of the day.

1. Elective Surgery

Inpatient Surgery

- 1.1 Inpatient elective surgery will begin at 7:30 a.m. with the patient entering the surgical suite 30 minutes prior to the surgery start time. Joint Venture and ESWL procedures will start at 6:30 a.m. The exception will be the first Wednesday of each month allowing physicians the opportunity to attend surgery section in which surgery will commence at 8:30 a.m. Procedures may start earlier with the approval of department director/manager, surgeon and anesthesia. Elective procedures will be completed by 5:00 pm. Anesthesia will offer two providers for emergent procedures after 5:00 pm until 7:00 pm during the weekdays with the exception of hospital recognized holidays, (Surgery Section 1-2-2013). Emergency procedures will be schedule accordingly to number 4 of this section.

Ambulatory Surgery

Outpatient surgery will begin at 7:30 am with the patient entering the surgical suite 15 minutes prior to the surgery start time with the exception of the monthly surgery section meetings. Elective procedures will be completed by 5:00 pm with anticipating patient discharge at 6:00 pm.

1.2 Information required for surgery scheduling includes:

- 1.2.1 Date and time desired
- 1.2.2 Procedure and anticipated length of procedure
- 1.2.3 Provisional diagnosis
- 1.2.4 Type of anesthesia
- 1.2.5 Surgeon and assistant, if applicable
- 1.2.6 Patient's name, age, telephone number [home and work], social security number or last four digits of social security number, and date of birth
- 1.2.7 Patient's admission status
- 1.2.8 Any special equipment needed
- 1.2.9 Radiology services

1.3 Radiology will be contacted to arrange a mutually agreed upon time for cases requiring their support. Pathology will be notified at the time of scheduling if service from that department is required. Those departments will be notified as changes are made.

1.4 The name of the person scheduling and date the case was scheduled will be captured with the computer program for tracking purposes. The computer will log the time and date of any changes made, also. If the case is scheduled after the scheduling office is closed, the case will be scheduled or canceled using the proper paper form. If the case is canceled the reason must be noted. If a case is added or canceled, the applicable departments will be notified.

1.5 False or ghost scheduling will be reported to the Medical Director for appropriate action.

1.6 Surgeons requesting a specific time slot, which results in a gap in the schedule and is unwilling or unable to move up, may have a procedure scheduled prior to their requested time. Every effort will be made to not change the time of the previously scheduled case.

1.6.1 A case to match the time slot may be scheduled in the open slot. The procedure should be completed no more than 30 minutes later than the next scheduled case.

1.6.2 If the case to be added or moved takes longer than the allocated space, the first surgeon will be asked to move up. If unable to move up, the procedure will be moved back to accommodate the added moved case.

1.7 Cases must be cleared with the Nurse Manager/or designee and the anesthesia provider on call at the time of scheduling when the ending time will be past 5:00 p.m.

2. Surgery requiring anesthesia personnel support:

2.1 Will be assigned the earliest time available to the physician's desired time, allowing approximately 20 minutes between cases.

2.2 Surgeons who have several cases the same day will be scheduled in on bracket when possible

2.3 Cases will be scheduled according to the number of anesthesia providers available; this number is posted in the Scheduling office.

2.4 Request for a specific anesthesia provider will be honored, if possible; however, requests will be managed to avoid case delays.

2.5 Contaminated cases are scheduled as the last cases of the day, when possible.

2.6 Surgeons who have general and local cases scheduled simultaneously, the general anesthetic cases will be done first.

2.7 If an anesthesia provider is 15 minutes late, and has been specifically requested by a patient or physician, the surgeon/patient will be told that another anesthesia provider is available if they prefer to start their case. A procedure will not be delayed if a CRNA is available.

2.8 If the anesthesia provider is 30 minutes late and another anesthesia provider is available, the case will be started. The motion was approved with all voting affirmatively and no abstentions in the Surgery Service Meeting September 2005.

3. Scheduling of local cases excluding MACs:

3.1 Surgery cases requiring local anesthesia will be assigned as room and personnel permit on a first come, first served basis.

4. Scheduling of emergency cases:

4.1 Emergency cases (those declared emergency and classified by the surgeon) shall have priority and be done in the first available appropriate room and team. If possible, it is the surgeon's responsibility to notify his colleague(s) of the impending delay.

4.2 Emergency surgery shall be defined and classified by the surgeon as follows: An "emergency" is that surgical procedure which the physician deems necessary to be done within a specific time frame:

Code	Case Category	Description	Target Time to Surgery Suite	Expected location	Examples
Red	Immediate	Immediate (A) lifesaving or (B) limb or organ saving intervention. Resuscitation simultaneous with surgical treatment.	Within <u>minutes</u> of decision to operate e.g. < 15 minutes	Next available open room- "break in" to existing schedule	Ruptured aortic aneurysm Major trauma to abdomen or thorax Fractures with major neurovascular deficit Compartment syndrome
Orange	Emergent	Acute onset or deterioration of conditions that threaten life, limb or organ survival; fixation of fractures; relief of distressing symptoms	Within 1 to 2 hours.	Day time "emergency list" or Out of hours includes at night	Perforated bowel Ruptured ectopic pregnancy Leaking aortic aneurysm Blunt trauma Threatened limb
Yellow	Urgent	Acute onset or deterioration of conditions that threaten life, limb or organ survival; fixation of fractures; relief of distressing symptoms	Within 6 hours	Day time "emergency list" or Out of hours includes at night	Compound fracture Appendicitis Incarcerated hernia/intestinal obstruction Nonaccidental injuries
Green	Expedited	Stable patient requiring early intervention for a condition that is not an immediate threat to life, limb or organ survival	Within 24 hours	Elective list or Day time "emergency" list not at night	Tendon and nerve injuries Stable and non-septic patients for wide range surgical procedures Potential bleed or obstruction I & D abscess Bleeding hemorrhoids
Blue	Scheduled	Operation during in-house stay on next available slate if possible.	Within 72 hours	Elective list	Elective aortic aneurysm repair Laparoscopic cholecystectomy

4.3 Standby Notification: Nursing staff and anesthesia support (if required) are to be in the hospital within 30 minutes of notification and ready to work within 40 minutes.

5. Procedure for handling the "Emergency Surgery":

- 5.1 Any case that is bumped by an Emergency Surgery will be started as quickly as possible.
 - 5.2 Whenever two emergency situations arise, the case to take precedence will not be the decision of the nurses or the on-call anesthesiologist. Agreement will be jointly by the two surgeons involved. If no agreement can be reached, the situation will be referred to the departments Medical Director for a decision. If the Medical Director is unavailable the Chairman of Surgery Section will be contacted. If the Chairman is unavailable, the on- call Anesthesiologist will act as the arbitrator.
6. Add-on Cases:
- 6.1 The case will be provided a time to the best estimate of the Anesthesia Provider on call.
 - 6.2 If the surgeon requests a specific time, other cases may be started prior to that time and will take precedence. Any discrepancies with procedure times will be resolved with the Anesthesia Provider on call and the procedural surgeon with findings communicated to the Board Runner or Charge Nurse.
7. Weekends and holidays:
- 7.1 One team will be available for classified local or general emergency surgery.
 - 7.2 Non-emergency cases requiring general or local anesthesia will not be scheduled on the weekends or holidays.
 - 7.3 Any cases scheduled will be done in the appropriate order as defined in # 7 above.
8. Canceled cases:
- 8.1 If a case is canceled and the surgeon has another case of equal or less time, the case could be moved into the canceled spot. The inpatient Board Runner must notify the appropriate patient unit of the time change.
 - 8.2 If the surgeon of the canceled case have no future case to advance into the vacated time frame, the next scheduled surgeon would be contacted and asked if he/she desires to advance his/her patient into the vacant time.
 - 8.3 The inpatient Board Runner or ambulatory Charge Nurse will notify the pre-operative area and Unit Clerk of any cancellations
 - 8.4 No substitutions of new cases will be guaranteed for procedures canceled less than 72 hours prior to the surgery date.
9. Delays in Surgery:
- 9.1 "Surgeons must be in the OR and ready to commence the operation at the time scheduled and in no case will the OR be held longer than thirty (30) minutes after the time scheduled." If the surgeon or anesthesia provider is more than 15 minutes late without a reasonable explanation (i.e., ER, OB emergency, etc.), a communication report will be written and given to the Medical Director. After the first offense, a verbal warning will occur. After the second offense, appropriate disciplinary action will occur.

- 9.2 All cases moved due to tardiness will be trended and reported.
10. Block scheduling will be implemented at the discretion of the Surgery Section Utilization Committee. The blocks may be assigned to individual surgeons, for instance, Dr. DeBrock for ESWL, and specialties.
- 10.1 An assigned block must be utilized at least 60% of the time allocated. Time which has been released in advance, such as for vacations or other reasons, will not be used in the calculation of utilization.
- 10.2 All requests for block time allocation must be submitted to the Director of Perioperative Services, reviewed by the Sub-Service and approved by the Department of Surgery Section. Surgeon will receive notification of acceptance / denial of time within five (5) working days of Committee meeting.
- 10.3 Quarterly utilization of < 60% will result in reallocation of (one-half) of the surgeons or specialties allotted block time if deemed appropriate by the Department of Surgery-Section. (If a surgeon or specialty has multiple block days, each day will be reviewed on an individual basis for utilization and reallocation needs.)
- 10.5 Block times will be released 5 days in advance unless stipulated otherwise. The release will be done by the computer and there will be no routine notification to the surgeon's office.
- 10.6 Surgeon will be notified in writing of reallocation of block time or of the specialties block time (e.g. GU block), and an effective date will be 30 days following the date of notification.
- 10.7 Monday a.m. blocks will be released on Friday at 8 a.m. to maximize utilization of OR resources. The Monday CV block will release from 8a.m. to 11a.m. on the actual Monday at 8a.m., with the block time from 11a.m. until 3:30 p.m. released on the Friday before at 11:00 am.
11. Scheduling Implementation:
- To effectively and efficiently use the elective scheduling time frames and the surgeons' time.
 - To start the cases at the times assigned.
 - To reduce the turnover time and repetitive movement of equipment, supplies and staff.
 - To provide timely service to the outpatient by eliminating/reducing the occurrence of a late discharge or overnight stay.
- 11.1 Alterations of the published and the pending schedules will be only at the discretion of the Schedule Coordinator.
- 11.2 The surgeon will notify the operating room staff-when he/she has arrived at the hospital and is available.
- 11.3 The patient will be taken into the OR room only when both the surgeon and the anesthesia provider (if applicable) are available and mutually consent.
- 11.4 A delay longer than 30 minutes after the scheduled start time will be considered inappropriate unless the Schedule Coordinator has been notified. Three (3) inappropriate delays within a 3 month time frame will be reported to the Medical Director and Chairman of Surgery Section. Appropriate action will follow.
- 11.5 Procedures will be moved from room to room to facilitate the posted times and the case load. Every effort will be made to start the procedure when posted. The

anesthesia provider in the rooms in question will be notified of the change when the decision is made.

- 11.6 The inpatient Board Runner must be notified by the anesthesia provider if there are any changes in the anesthesia provider's room assignment. The inpatient Board Runner will notify other surgical areas when changes occur.
- 11.7 As a matter of courtesy, any member of the surgical team (surgeon, assistant, anesthesia provider or nursing staff) who leaves the unit between cases must notify the inpatient Board Runner or ambulatory Charge Nurse of his/her whereabouts and a method of contacting them.

Section VI. Specimens

1. All tissue removed during surgery will be examined by a pathologist and the pathologist's signed report is made a part of the medical record. Certain tissues may be exempt from examination in accordance with Medical Staff Bylaws and Indiana Rules (Nursing Policy T 20.09.19.19). The present list includes:

- 1.1.1 Cataracts
- 1.1.2 Varicose veins
- 1.1.3 Scar
- 1.1.4 Teeth
- 1.1.5 Toenails
- 1.1.6 Pacemaker
- 1.1.7 Bunion
- 1.1.8 Semilunar cartilage-medial meniscus
- 1.1.9 Nasal cartilage from repair
- 1.1.10 Placenta
- 1.1.11 Foreskin
- 1.1.12 Eye muscle
- 1.1.13 All manmade foreign material including IUD's, prosthesis and orthopedic hardware.

Any of the above can be sent to the lab at the request of the surgeon or GSH policy.

Section VII. Anesthesia

1. An anesthesia provider will perform or supervise the administration of all anesthetics to patients other than those patients requiring local infiltration anesthetics. (ISDH 410IAC 15-2-10(1)). The Certified Registered Nurse Anesthetist (CRNA) will be under the supervision of the surgeon with direction, management and instructions provided by an Anesthesiologist (Policy C03.18.14.01). This does not include topical anesthesia. Anesthesia services will be available for obstetrical cases.
2. The preanesthetic evaluation of the patient by an anesthesia provider, with appropriate documentation of pertinent information, shall be recorded on the patient's chart. Immediately prior to induction the information will be reviewed.
3. The anesthesia provider records immediate postoperative emergency, vital signs and presence or absence of anesthesia related complications including date and time on Anesthesia Record (MR-14) upon admission to the Post Anesthesia Care Unit. A second

post anesthesia note is made in the Progress Notes (date and time) within 48 hours. The presence or absence of any known anesthetic complications and the termination of the post anesthesia surveillance is noted at that time. All post anesthetic notes will be signed by the anesthesia provider in charge of that patient. (Anesthesia Service Policies and Procedures).

4. The anesthesia provider will be in charge of the supervision and management of the inpatient or ambulatory postoperative care unit, including oxygen and fluid therapy. All patients are kept in the recovering unit until they have met documented criteria to be discharged. The anesthesia provider will remain in attendance in the facility until the patient is medically discharged from the recovering inpatient or ambulatory unit. The name of the anesthesia provider responsible for the patient's release is recorded in the medical record.
5. Only non-flammable anesthetics will be used in all anesthetizing locations.
6. **At least 6 brackets of anesthesia coverage will be available on Monday through Friday until 5:00 p.m. with the exceptions stated in Section IV #1.**
7. The anesthesia provider on call will assume responsibilities in making the next day assignments with consideration being given to providers schedule to complete epidural blocks.
8. The inpatient Board Runner will collaborate with the anesthesia provider on call for surgery procedures added on during the day. The on call anesthesia provider will be responsible for assigning which anesthesia provider will be performing the add on procedures.
9. Anesthesia will provide a minimum of a written 30 day notice for any approved PTO requests. Any written requests after the 30 day minimum will not be guaranteed.
10. The anesthesia provider requesting PTO will receive notice of approval from the Surgical Coordinator within one week of request. If the anesthesia provider does not receive notification of approval the request was either not received or was denied.
11. A maximum of two anesthesia providers can be on PTO at one given time.
12. Contracted anesthesia providers will be the first to leave the surgical unit for the day under the approval of the anesthesia provider on call.
13. Contracted anesthesia providers will document productive hours daily and will be responsible to obtain management's signature for approval.
14. The Department of Anesthesia will provide supervision, guidance and consultation for the conscious sedation program and privileges that are granted for that service.
15. ASA Physical Status Classification:

Class 1 - There is no organic, physiologic, biochemical or psychiatric disturbance. The pathological process for which operation is to be performed is localized and is not a systemic disturbance.

Class 2 - Mild to moderate systemic disturbance caused either by the condition to be treated surgically, or by other pathophysiologic processes.

Class 3 - Severe systemic disturbance or disease from whatever cause, even though it may not be possible to define the degree of disability with finality.

Class 4 - Indicative of the patient with severe systemic disorder, already life-threatening, not always correctable by the operative procedure.

Class 5 - Indicative of the moribund patient who is not expected to survive.

Class 6 - Indicative of the patient declared brain-dead whose organs are being removed for donor purposes.

Class E - Emergency

Section VIII. Admitting

1. If the patient is scheduled to receive an anesthetic utilizing one of the anesthesia providers, he/she will be scheduled for patient admission testing (PAT). A nurse from PAT will contact the patient at work or home to do a medical screening. If any concerns arise from the screening, the anesthesia provider will be notified and the concerns will be reviewed. If additional testing or a consultation by an anesthesia provider is needed the patient will be notified by the PAT nurse prior to the day of surgery. If the patient refuses to be contacted directly by the nursing staff, an earlier time for admission on the day of the procedure will be required.
2. If the patient is scheduled for PAT, all health screening information is collected at that time.
3. Patients who have gone through the PAT process or have been interviewed over the phone will be admitted through the inpatient Surgical Admission area or Phase I area for ambulatory surgery for unless additional workup or preparation is necessary.
4. The surgeon gives full informed consent to his patient regarding the scheduled procedure(s) in accordance with Medical Staff Rules and Regulations (10.5).
5. Patients who will receive anesthetic care from an anesthesia provider, are to be given a preoperative medical evaluation and physical examination by an anesthesia provider. This evaluation of the patient's condition in regard to his/her ability to tolerate the anesthetics and the planned procedure(s) must be documented in the chart. The scope of this evaluation, the physical examination required, and any laboratory studies needed will be determined by the anesthesiologist. For general anesthesia, an evaluation will contain, at a minimum, a note regarding the cardiac and pulmonary findings the day of surgery.
6. If the anesthesia provider is uncertain about the patient's condition after consultation with the surgeon and/or the local medical doctor, he/she may request that additional medical evaluations be done prior to the scheduled procedure(s). This may include, but is not limited to, the appropriate consultations and further laboratory testing. The name of the person scheduling and date the case was scheduled will be captured with the computer

program for tracking purposes. The computer will also, log the time and date of any changes made. False or ghost scheduling will be reported to the Medical Director for appropriate action.

6. There will be a history and physical workup in the medical record of every patient prior to surgery, except in emergencies. If the history & physical has been dictated, but not yet recorded in the patient's chart, there shall be a statement to that effect and an admission note in the chart by the attending physician, which includes vital signs, allergies and appropriate data. [ISDH 410 IAC 15-1.8(b)(2); R&R 11.8]
 - 7.1 If the H&P is not on the chart, a note summarizing the H&P must be written in the progress note or the procedure will be delayed. [R&R 11.8]
7. A history and physical which has been performed within 30 days before the admission is valid unless changes have occurred. However, notations concerning the changes can be recorded at the time of admission. [R&R 11.4]
8. A patient scheduled for "local" anesthesia and pain control injections:
 - 9.1 the surgeon should dictate a brief summary paragraph of the history, examination and results in the dictated operative report along with indications for the procedure
 - 9.2 A separate typed history and physical is required preoperatively when the procedure is performed by a practitioner other than a physician or dentist with full privileges. [R&R 11.8]
 - 9.3 If deep sedation is anticipated, the H&P will include an ASA classification.

Section IX. Discharging

1. Following procedures performed in the operating rooms with anesthesia support, the patient will be brought to the recovery area unless the patient will be admitted directly to the intensive care unit or at the discretion of the anesthesia provider. Prior to being discharged, the patient must meet the discharge criteria.
2. If the patient has received local or no anesthesia, the patient will be taken directly to admit/discharge area or the nursing unit.
3. Outpatients who have received anesthesia supported care must be discharged in the care of a responsible adult (Medicare Requirement).

Section X. Sponge, sharp and Instrument Count

1. Appropriate sponge, sharp and instrument counts will be completed on all surgeries where the depth of the incision and location of the operative site permits an item to be left in the wound.
2. Results of the count will be reported to the surgeon by the circulating nurse.
3. If the count(s), are incorrect, the surgeon will be notified and a search for the lost item will be initiated. If the item is not located and accounted for, a portable x-ray will be taken at no charge to the patient. The surgeon must write an order for the x-ray. The patient is released from the operating room only with permission of the surgeon.

4. Decision to delete counts during emergency surgery is made by the surgeon and documented on the intraoperative record.[Index S 19.19.09.03]

Section XI. Surgical Attire

1. All individuals entering the surgical semi-restricted and restricted areas shall follow the policy and procedure for the surgical attire.
 - 1.1 Change to hospital provided scrub clothes before entering the semi-restricted and restricted area.
 - 1.2 Change to shoes which are only worn in the OR area or use disposable shoe covers.
 - 1.3 A cap or hat which covers hair on the head is to be worn at all times.
 - 1.4 Masks are to be worn in all restricted areas when sterile supplies have been opened.
 - 1.5 Personal protective attire shall will be worn where and when appropriate. This attire will be provided by the hospital.
[Index: S19.01]

Section XII. Surgery Traffic Patterns

1. Strict traffic patterns will be maintained in the surgery department.
2. Traffic is limited to authorized personnel. Personnel in this area are required to wear proper surgical attire.
3. Movement and conversations will be kept to a minimum while the surgical procedure is in progress.
4. Noise will be kept to a minimum with all radios turned down during the "time out" process.
5. Doors must be closed, except during turnover or when obtaining equipment.
6. The number of personnel in the room will be kept to a minimum. The personnel assigned to the procedure will stay in the room unless absolutely necessary to leave.
7. The movement of clean and sterile supplies and equipment will be separated from contaminated supplies.
8. Patients with known infections will be admitted directly to the OR room and will be recovered in an isolated area in PACU unless recovery in the OR is mandated.
9. Food and drink shall not be permitted in the semi-restricted and restricted areas.
[Index S19.20.16]
10. All sales representatives will retrieve the appropriate badge from RepTrax prior to entering the operating room,

Section XIII. Documentation

1. Only approved hospital abbreviations will be used. All blanks will be completed or marked with a line or an O and a line.
2. A patient ID label will be placed on each page of the patient's record.
3. Allergies will be recorded with specific reaction or that there is no known allergies.
4. Documentation will use military time.
 - 4.1 Time in department: Time patient enters holding areas or waiting space.
 - 4.2 Time in: Time patient enters operating/procedure room.
 - 4.3 Anes Started: Time anesthesia provider starts patient care.
 - 4.4 Surgeon called: Time surgeon is called or paged.
 - 4.5 Time Out: Time "time out" is commenced
 - 4.6 Surgery Start: Time surgeon starts procedure; excluding, draping, injections and positioning.
 - 4.7 Surgery End: Time procedure ends and the dressing has been put in place if applicable.
 - 4.8 Out of Room: Time patient leaves OR.
5. The Pre-operative, Post-operative diagnosis, estimated blood loss, and the surgical procedures performed will be dictated by the surgeon to the circulating nurse for documentation on the intraoperative record. This must be the same as the information contained in the dictated notes.
6. The specimen and/or cultures will be dictated or verified by the surgeon.

Section XIV. Inappropriate Behavior

7. Inappropriate behavior by a physician member of the Medical Staff evidenced by rude, discourteous, and/or intimidating words or actions shall be reported on a Communication Form to the Director of Perioperative Services, Medical Director, Service Chief, with a copy to the Chairman of the Medical Executive Committee and Administration. [Medical Staff Bylaws-9.12]
8. Inappropriate behavior by any hospital employee toward any member of the Medical or Dental Staff as evidenced by rude, abusive, or other unprofessional behavior, will be brought to the attention of that employee's Director of Perioperative Services, the Medical Director and/or Administration. [R&R-13.6]

Section XV. Equipment and Supplies

1. All hospital purchased equipment will be available to all surgeons who are skilled in the use of the equipment or instrumentation.
2. All evaluations and trials for new and/or different equipment and supplies must be requested on the "Product Review/Value Analysis Worksheet". Changes must be economically justified before alterations in inventory and/or consignments will be made (House wide Policy P 16.05).
3. For changes, which effect multiple services or areas, all of the parties involved must be consulted.
4. Staff will work with physicians to standardize and streamline the inventory and manage the patient outcomes.

Revised 7/2013

Approved

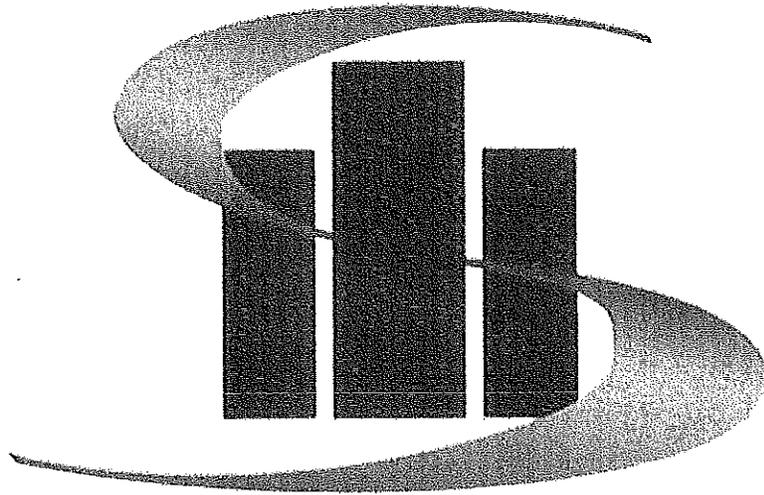
9/25/2013 Medical Executive Committee

9/04/13 Surgery Section

7/07/07 Surgery Service

8/08/07 Department of Surgery

8/27/07 Medical Executive Committee



**GOOD SAMARITAN
HOSPITAL**

Application to Be Designated
“In the ACS Verification Process”

*12. Critical Care physician
coverage*

GOOD SAMARITAN HOSPITAL
Vincennes, Indiana

Approved: 7/94, 8/94, 3/95 Revised: 9/95, 1/96, 4/97, 6/98, 7/99, 6/01, 9/02, 3/04, 5/05, 5/08, 5/11 Reviewed: 5/00	CODE 99 MEDICAL OR SURGICAL EMERGENCY OR CARDIOPULMONARY ARREST (INHOUSE)	Index: C 03.15.04 Pages: 3
President/CEO Approval		Hospital Wide
Approved by: Hosp Wide P&P Com 3/04, 5/05, 5/08, 5/11 Critical Care Com 2/04, 2/05, 2/08 Dept of Medicine 3/05, 3/08 Med Staff Exec Com 3/04, 3/05, 5/08 Joint Conference Com 3/95, 9/02		Prepared by: Judy Morgan, RN, MSN Susan Nesbitt, RN, MSN Janet Sievers, RRT M. Shume Wilson, RPh Kristy Dutton, RN, BSN Debra Brand, RN, BSN Margaret Svozzi, RN, BSN Brenda Winkler, RN, BS

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POLICY:

1. Hospital personnel will activate Code 99 in life threatening situations.
2. All available physicians and code team will respond to the Code 99.
3. In the absence of a physician, a registered nurse will assume responsibility to initiate the Routine Standing Orders for a Cardiopulmonary Arrest. An Advanced Cardiovascular Life Support (ACLS) trained registered nurse will assume charge until the first physician is available. Emergency Services physician will attend all codes on the main campus. First physician to arrive takes charge responsibility until Emergency Services physician or attending physician or his/her designee arrives, and relinquishes his/her charge responsibility.
4. All registered nurses involved in providing nursing care at Good Samaritan Hospital are required to attend Basic Life Support and defibrillation skill training per hospital policy.
5. For First Street Surgery Center, staff will:
 - a. initiate CPR until arrival of the emergency medical team, unless legally noted advanced directive present.
 - b. Follow advanced directive policy.
 - c. Patient will be transported by emergency medical service to the emergency room of the hospital.

PURPOSE:

To provide immediate care to patients in life-threatening situations.

ASSESSMENT AND PLANNING:**Nursing Considerations:**

1. Routine orders for Advanced Cardiovascular Life Support/Cardiopulmonary Resuscitation are found on the crash cart and will be placed on the chart during Code 99.
2. "Code 99" procedure is to be used in cases of sudden, unexpected life endangering situations:
 - a. Respiratory arrest - breathing ceases.
 - b. Cardiopulmonary arrest - pulse and respirations cease.
 - c. Blood pressure suddenly becomes unobtainable or rapidly falls with other clinical symptoms present (pulses weak or absent, deterioration of consciousness, for example, a patient in shock).
 - d. Medical emergencies where assistance is needed immediately such as seizures, insulin shock, etc.
Note: A "Pediatric Code 99" designation is used to notify the Switchboard Operator of an arrest or life endangering emergency when the victim is 12 years old or younger. (pre-pubescent)
 - e. A rapid diagnosis of arrest (unconsciousness, apnea or gasping respirations, death-like appearance with cyanosis or pallor present and absence of pulses in large arteries, femoral or carotid) will be made.

- f. Dilated pupils are not a reliable sign initially because they may not begin to dilate until a few minutes after cessation of circulation and in some cases may never dilate. Drugs may also alter pupil size and reaction.
 - g. If there is any doubt, cardiopulmonary resuscitation will be started immediately unless there is a documented Do Not Resuscitate order from physician, or there is evidence of clinical death progressing to the point of rigor mortis, tissue decomposition, or decapitation. The possibility of brain death will not deter resuscitation efforts since brain death cannot be determined immediately.
3. The doors to the stairwells on the First Columbian Tower are automatically unlocked at the time a code is called in order to facilitate members of the code team to reach the patients on the floors above. The doors remain unlocked for a period of fifteen (15) minutes. In the Health Pavilion, you can exit from the stairwell (by Cardiology Rehabilitation) *Monday through Friday to 2nd (0445-1800), 3rd (0600-1800) and 4th floor (0600-1500); at other times staff will need to open stairwell door. On 5th Health Pavilion (Obstetrics), Obstetrics staff will open the stairwell door. On Third Memorial (Inpatient Rehabilitation Unit), use your employee badge to open secured door from the stairwell.
 4. The doors to the stairwells on Second (Samaritan Center) and Third Columbian Tower (Pediatrics) will be opened by unit personnel when a Code 99 occurs on that unit. Samaritan Center and Pediatrics will unlock the west stairwell door (by the Critical Care elevators).
 - a. Pediatrics unit personnel will use the switch at the nursing station to open doors.
 - b. Samaritan Center inpatient unit personnel will key in the code to unlock the unit doors.
 5. When Cardiology is closed, the electrocardiography machine will be obtained from Critical Care and brought to the Code Room between the hours of 1900 -- 0700.

Resources:

- Crash cart
- Oxygen cylinder and cart (if needed)
- Monitor/defibrillator
- Intravenous pole
- Medical Record
- Doppler (if needed)
- Forms will be available on Crash Carts and in Patientworks Print Manager
- Advanced Cardiovascular Life Support/Cardiopulmonary Resuscitation routine orders as appropriate

 1. Orders for Adult Cardiopulmonary Arrest
 2. Cardiac Arrest Orders for Infants and Children
 3. Orders for Respiratory Arrest in Infants and Children

Brought by Critical Care Nurse:

- Back-up medications
- Pediatric supplies (if needed)

Brought by ER Staff for Codes outside ER, OR & Ambulatory Surgery:

- Difficult Intubation Cart

Reference:

Guidelines for Cardiopulmonary Resuscitation & Emergency Cardiac Care: AHA Guidelines, 2010

IMPLEMENTATION:**Sequence, Intervention/Scientific Rationale:**

1. The healthcare provider in the area of the Code 99 remains with the patient:
 - a. Establishes non-responsiveness
 - b. Calls for assistance from the patient's bedside phone or nearest phone
 - c. Lowers head of bed
 - d. Assesses victim for presence of respiration and palpable carotid pulse
 - e. Follow Code 99 Orders
 - f. With assistance, places cardiac board under patient
 - g. If patient is visibly pregnant, displaces the uterus to allow circulation. Wedges patient to side with a roll under the hip.
 - h. Begins cardiopulmonary resuscitation as indicated.
 - i. Dials the operator at 3911 and reports Code 99, the building, room number, floor and/or department, and the name of the person calling.

2. First Street Surgery Center response team members will:
 - a. Push code button.
 - b. Designated staff member will call Emergency Medical Services 911- when instructed to do so.
 - c. First Street Surgery Center staff will offer assistance to Emergency Medical Services.
 - d. The transferring physician determines and orders life support measures which are medically appropriate to stabilize the patient prior to transfer. When stabilization is not possible, evaluation and treatment will be performed and patient transfer will be carried out as quickly as possible.
 - e. The physician calls the hospital's Emergency Department and gives report..
3. Pediatric Code
 - a. A code involving an individual under the age of 12-16. (pre-pubescent)
 - b. Main Campus Areas, dial 3911 and inform the Switchboard Operator of the "Pediatric Code 99" and the building, room number, floor and/or department, and the name of the person calling.
4. In the event a code occurs in areas other than patient rooms, dial 3911 and inform the Switchboard operator of the area as described in #1 above, Code 99 and the name of person calling.
5. The Switchboard Operator will also contact through a pocket page:
 - a. Respiratory Therapy - using Code 999
 - b. Chaplain - using Code 999
 - c. Nursing Service -- using Code 999
6. The Switchboard Operator will call extensions 3236 Critical Care, and 3344 Emergency Services and announce "Code 99", and the room number or location.
7. The crash cart on the floor of the Code 99 will be taken to the emergency by a member of the department or as defined in Policy C 03.18.01.03 -- Crash Cart Emergency Equipment and Supplies. The cart will be plugged into the electrical outlet and the monitor turned on and connected to the patient
8. The Code 99 team arrives at the emergency area with the nurse assuming responsibility for direction of the code until the physician arrives. "Routine Standing Orders for Cardiac Arrest" will be followed. These orders are subject to change by the physician.
9. A member of the nursing staff, or the supervisor of the area, will be assigned as a recorder using the Medical Emergency/Code 99 form.
10. The patient's attending physician or physicians will be notified.
11. The patient's family will be notified of patient's condition.
12. First Street Surgery Center staff will notify Department Director.
13. Post-Code Conference/evaluation will be held post Code 99.

EVALUATION:

1. Record in the patient record the precipitating events, date and time Code 99 was called, and patient disposition.
2. Document events occurring during Code 99 on the Medical Emergency/Code 99 Form.
3. Advanced Cardiovascular Life Support/Cardiopulmonary Resuscitation approved routine orders placed on chart for physician signature.
4. Code Evaluation Form sent to Nursing Administration.
5. Authenticate all entries with name and title of person making the entry.

GSH Current List of Hospitalists – 2014

Updated: February 2014

Leah Loy, Hospitalist Program Coordinator – ext. 3770

Avena, Robert, MD – FTE, *Eligible to be* Board Certified in IM

Cunningham, Brian, MD – FTE, Board Certified in IM

Gatchalian, Felicitas, MD – FTE, Board Certified in IM

Gonzales, Ruben, MD – FTE, Board Certified in IM

Lawless, Maria Cynthia, MD - FTE, Board Certified in IM

Rogers, John, MD – FTE, Board Certified in IM

Baird-Loftin, Mary, MD - FTE, Board Certified in IM

Russo, Joseph, DO - FTE, Board Certified in FP

Engle, Teri, NP, MSN, CCRN, ACNP-C - FTE

Furman, Felix, MD – PTE, Board Certified in IM

Eubanks, Rhonda, MD, - PTE, Board Certified in IM

Hendrix, Thomas, MD - IC, Board Certified in IM

Polidori, Mariano, MD - IC, Board Certified in FP

Werne, Nick, MD - IC, Board Certified in IM

Kuku, Adekunle, MD - LTC, Board Certified in IM

Mathew, Thomas, MD - LTC, Board Certified in IM

Toler, Howis, MD - LTC, Board Certified in IM

KEY:

FTE – Full Time Employee

PTE – Part Time Employee

IC – Independent Contractor

LC – Locum Tenum Contracted

January - 2014 Hospitalist Service Call Schedule

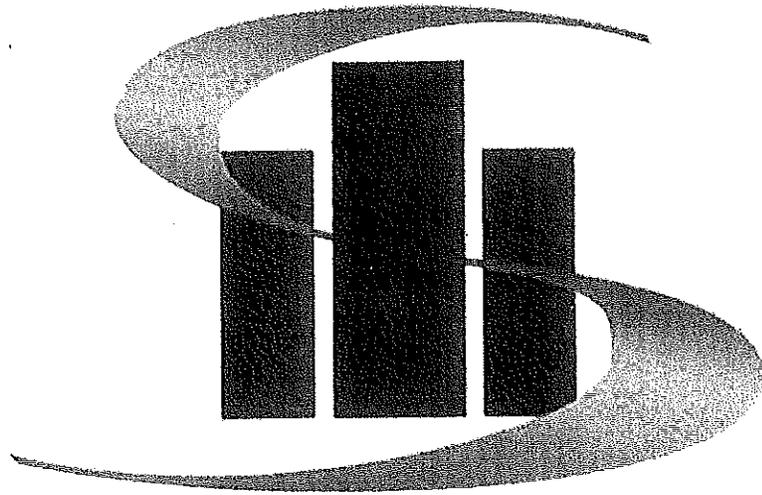
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A	Lawless	Lawless	Lawless	Lawless	Lawless	Lawless	Lawless
B	Lofin	Russo	Russo	Russo	Russo	Russo	Russo
C	Avena	Avena	Avena	Avena	Avena	Avena	Avena
D	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham
SWING NIGHT	Lofin	Lofin	Lofin	Furman	Kuku	Kuku	Kuku
	Rogers	Rogers	Rogers	Kuku	Kuku	Kuku	Kuku
	5	6	7	8	9	10	11
A	Lawless	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Gatchalian
B	Russo	Russo	Russo	Russo	Russo	Russo	Russo
C	Avena	Rogers	Rogers	Rogers	Rogers	Rogers	Rogers
D	Cunningham	Lofin	Lofin	Lofin	Lofin	Lofin	Lofin
SWING NIGHT	Gonzales	Furman	Karki	Karki	Furman	Gonzales	Gonzales
	Kuku	Gonzales	Gonzales	Gonzales	Cunningham	Cunningham	Cunningham
	12	13	14	15	16	17	18
A	Gatchalian	Avena	Avena	Avena	Avena	Avena	Avena
B	Russo	Gonzales	Gonzales	Gonzales	Gonzales	Gonzales	Henrich Jr
C	Rogers	Rogers	Rogers	Cunningham	Cunningham	Cunningham	Cunningham
D	Lofin	Lawless	Lawless	Lawless	Lawless	Lawless	Lawless
SWING NIGHT	Gonzales	Lofin	Furman	Furman	Lofin	Eubanks	Kuku
	Cunningham	Kuku	Kuku	Kuku	Kuku	Kuku	Kuku
	19	20	21	22	23	24	25
A	Avena	Rogers	Rogers	Rogers	Rogers	Rogers	Rogers
B	Henrich Jr	Lofin	Lofin	Lofin	Lofin	Lofin	Lofin
C	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham	Herman Jr
D	Lawless	Russo	Russo	Russo	Russo	Russo	Russo
SWING NIGHT	Gonzales	Eubanks	Avena	Lawless	Lawless	Lawless	Eubanks
	Cunningham	Mathew	Mathew	Mathew	Mathew	Mathew	Mathew
	26	27	28	29	30	31	1
A	Rogers	Lawless	Lawless	Lawless	Lawless	Lawless	Lawless
B	Lofin	Avena	Avena	Avena	Avena	Avena	Avena
C	Herman Jr	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham	Herman Jr
D	Russo	Russo	Russo	Russo	Russo	Russo	Russo
SWING NIGHT	Eubanks	Lofin	Lofin	Rogers in at 12p	Rogers in at 12p	Eubanks	Furman in at 12p
	Mathew	Mathew	Mathew	Mathew	Mathew	Mathew	Mathew

February - 2014 Hospitalist Service Call Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A	Rogers	Lawless	Lawless	Lawless	Lawless	Lawless	Lawless
B	Lofin	Avena	Avena	Avena	Avena	Avena	Avena
C	Herman Jr	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham	Herman Jr
D	Russo	Russo	Russo	Rogers in at 12p	Rogers in at 12p	Eubanks	Furman in at 12p
SWING NIGHT	Eubanks	Lofin	Lofin	Mathew	Mathew	Mathew	Mathew
	Mathew	Mathew	Mathew	Mathew	Mathew	Mathew	Mathew
	2	3	4	5	6	7	8
A	Lawless	Russo	Russo	Russo	Russo	Russo	Russo
B	Avena	Lofin	Lofin	Lofin	Lofin	Lofin	Lofin
C	Herman Jr	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham
D	Rogers	Rogers	Rogers	Rogers	Rogers	Rogers	Rogers
SWING NIGHT	Furman in at 12p	Lawless	Eubanks	Furman	Furman	Eubanks	Furman
	Mathew	Kuku	Kuku	Kuku	Kuku	Kuku	Kuku
	9	10	11	12	13	14	15
A	Russo	Gonzales	Gonzales	Gonzales	Gonzales	Gonzales	Gonzales
B	Lofin	Avena	Avena	Avena	Avena	Avena	Avena
C	Cunningham	Lawless	Lawless	Lawless	Lawless	Lawless	Lawless
D	Rogers	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Gatchalian
SWING NIGHT	Furman	Russo	Russo	Furman	Furman	Eubanks	Eubanks
	Kuku	Mathew	Mathew	Mathew	Mathew	Mathew	Mathew
	16	17	18	19	20	21	22
A	Gonzales	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham	Gatchalian
B	Avena	Lofin	Lofin	Lofin	Lofin	Lofin	Lofin
C	Lawless	Rogers	Rogers	Rogers	Rogers	Rogers	Rogers
D	Gatchalian	Russo	Russo	Russo	Russo	Russo	Russo
SWING NIGHT	Furman	Lawless	Eubanks	Eubanks	Gonzales	Gonzales	Cunningham
	Mathew	Mathew	Mathew	Mathew	Mathew	Mathew	Mathew
	23	24	25	26	27	28	29
A	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Gatchalian
B	Lofin	Gonzales	Gonzales	Gonzales	Gonzales	Gonzales	Gonzales
C	Rogers	Avena	Avena	Avena	Avena	Avena	Avena
D	Russo	Lawless	Lawless	Lawless	Lawless	Lawless	Lawless
SWING NIGHT	Cunningham	Russo	Russo	Eubanks	Cunningham	Eubanks	Lawless
	Mathew	Toler	Toler	Toler	Toler	Toler	Toler

March - 2014 Hospitalist Service Call Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	23	24	25	26	27	28	1
A	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Gatchalian
B	Lofin	Gonzales	Gonzales	Gonzales	Gonzales	Gonzales	Gonzales
C	Rogers	Avena	Avena	Avena	Avena	Avena	Avena
D	Russo	Lawless	Lawless	Lawless	Lawless	Lawless	Lawless
SWING	Cunningham	Russo	Eubanks	Eubanks	Cunningham	Eubanks	Eubanks
NIGHT	Mathew	Toler	Toler	Toler	Toler	Toler	Toler
	2	3	4	5	6	7	8
A	Gatchalian	Russo	Russo	Russo	Russo	Russo	Russo
B	Gonzales	Lofin	Lofin	Lofin	Lofin	Lofin	Lofin
C	Avena	Avena	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Gatchalian
D	Hendrix Jr.	Rogers	Rogers	Rogers	Rogers	Rogers	Rogers
SWING	Lawless	Eubanks	Eubanks	Eubanks	Eubanks	Eubanks	Eubanks
NIGHT	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham
	9	10	11	12	13	14	15
A	Russo	Gonzales	Gonzales	Gonzales	Gonzales	Gonzales	Gonzales (at 2p or 3)
B	Lofin	Avena	Avena	Avena	Avena	Avena	Rogers
C	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Hendrix Jr
D	Lawless	Lawless	Lawless	Lawless	Lawless	Lawless	Lofin
SWING	Furman	Furman	Eubanks	Eubanks	Furman	Furman	Furman
NIGHT	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham	Cunningham	Eubanks
	16	17	18	19	20	21	22
A	Lawless	Lawless	Lawless	Lawless	Lawless	Eubanks	Russo
B	Rogers	Rogers	Rogers	Rogers	Rogers	Rogers	Rogers
C	Hendrix Jr.						
D	Lofin	Lofin	Lofin	Lofin	Lofin	Lofin	Lofin
SWING	Furman in at 12p	Gonzales	Gonzales	Gonzales	Gonzales	Gonzales	Gonzales
NIGHT	Eubanks	Mathew	Mathew	Mathew	Mathew	Mathew	Mathew
	23	24	25	26	27	28	29
A	Russo	Russo - 096	Russo	Russo	Russo	Russo	Russo
B	Rogers	Gatchalian - 081	Gatchalian	Gatchalian	Gatchalian	Gatchalian	Gatchalian
C		Werne - 013	Werne	Werne	Mathew - 013	Mathew	Mathew
D	Lofin	Lofin - 079	Lofin	Rogers - 087	Rogers	Rogers	Lawless - 039
SWING	Gonzales	Eubanks - 498	Eubanks	Mathew - 086	Eubanks	Eubanks	Cunningham - 086
NIGHT	Mathew	Kuku - 499	Kuku	Kuku	Kuku	Kuku	Kuku



GOOD SAMARITAN HOSPITAL

Application to Be Designated
“In the ACS Verification Process”

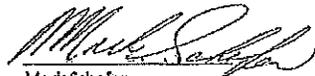
13. *CT Scan and conventional
radiography*



As Director of Radiology, I confirm that there is 24-hour availability of CT Scan and conventional radiology capabilities for the treatment of each and every trauma patient that presents to Good Samaritan Hospital.

I agree to provide any necessary assistance to the Good Samaritan Hospital Trauma Team to pursue verification by the American College of Surgeons within one year and achieve ACS Verification within two years of this application. I recognize that if verification is not pursued within one year and/or ACS Verification is not obtained within two years of the granting of "in the process" status, the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

Best Regards,


Mark Schafer
Director of Radiology

3/25/2014
Date

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**GOOD SAMARITAN HOSPITAL
DEPARTMENT OF RADIOLOGY SERVICES**

<p>Approved: 10/1990 Reviewed: 04/1992; 04/1993; 04/1994; 04/195; 04/1996; 05/1998 09/2001; 07/2003; 10/2005; 10/2007; 10/2009; 10/2010; 10/2011; 10/2012; 10/2013 Revised: 04/1989; 07/1995; 08/2000; 07/2004; 10/2007; 03/2010; 09/2012</p>	<p>ADMINISTRATIVE POLICIES/PROCEDURES</p> <p>PLAN FOR PROVISION OF PATIENT CARE</p>	<p>Index: RAD AD P 16.16.03 Pages: 108 of 172</p>
<p>Approved by:</p> <p>Mark Edward Schafer, MHA, R.T., (R) Administrative Director</p>		<p>Clinical Section: Diagnostic Radiology Interventional Radiology Computed Tomography Magnetic Resonance Imaging Nuclear Medicine Positron Emission Tomography Ultrasound</p>
<p>Prepared by: Mark Edward Schafer, MHA, R.T., (R) Administrative Director</p>		

POLICY:

Radiology Services Plan for Provision of Patient Care is carried out in a systematic process incorporating all facets of its operations and resources.

PURPOSE:

To outline the Plan for Provision of Patient Care in Radiology Services.

PROCEDURE:

1. Patient Care Defined

Patient care in Radiology Services may be defined as those activities in which:

- 1.1. The highest possible quality of medical care, medical imaging, diagnostic, interventional procedures, and therapeutic treatments are provided in the most efficient, effective, and safe manner.
- 1.2. The needs of referring physicians are met for the screening, diagnosis, and treatment of their patients.
- 1.3. The physical, educational, and emotional needs of each patient and their family are met before, during, and after screenings, diagnostic, interventional procedures, and/or therapeutic treatments.

2. Provision for Patient Care

- 2.1. Patient Care needs are assessed, evaluated, and met by a patient care professional, using House-Wide, Nursing, and Department Policies and Procedures as guidelines.
- 2.2. Policies and procedures are adapted to the unique scope of service provided by each area. Policies and procedures are developed and based on Professional Standards of Care and Professional Standards of Practice, as applicable, and describe and guide the patient care provided.
- 2.3. In policy and procedure development, consideration is given to the types of patients served and their ages; the scope and complexity of the patient's needs for patient care, the knowledge and skill level of staff members and the need for collaboration with patient care areas.
- 2.4. The review of policies and procedures includes:
 - 2.4.1. Relevance to patient care given
 - 2.4.2. Regulatory compliance
 - 2.4.3. Ethical, and legal concerns
 - 2.4.4. Current scientific and research knowledge
 - 2.4.5. Findings from Performance Improvement activities, Risk Management, and Utilization Review
 - 2.4.6. Competency assessment processes

- 2.5. Approval of the Standard of Care, Standards of Practice, and Policies/Procedures, is the responsibility of the Department.
 - 2.5.1. Policies and Procedures are reviewed and approved at least every two years.
2. **Provision for Patient Care (CONTINUED)**
 - 2.6. Radiology Services' Plan for the Provision of Patient Care is consistent with:
 - 2.6.1. The Hospital's Mission, Vision, and Quality Statements
 - 2.6.2. The Hospital's Philosophy and Definition of Patient Care and Nursing Care
 - 2.6.3. Standards of Practice and Standards of Care
 - 2.6.4. Performance Assessment/Improvement Program Recommendations
 - 2.6.5. Physician, Patient, and Family Input
 - 2.7. The Plan is reviewed at least annually and revised according to:
 - 2.7.1. Changes in our patients' level of care needs
 - 2.7.2. Regulatory changes
 - 2.7.3. Additions and/or deletions of Departmental or Hospital patient care programs
 - 2.7.4. Evaluations of care by patients, staff and physicians
 - 2.7.5. Continuous performance assessment and improvement activities
 - 2.7.6. Utilization Review and Risk Management activities
2. **Patient Assessment**
 - 3.1. Qualified staff completes an initial assessment when the patient arrives in Radiology Services and immediately prior to their procedure.
 - 3.2. Interventional Radiology patients and those undergoing invasive procedures are assessed prior to their scheduled procedure, upon arrival, and pre/intra/post procedure.
 - 3.3. The initial assessment is pertinent to the procedure requested, and includes the patient's ability to communicate, understand the requirements of the procedure, ability to tolerate the procedure.
 - 3.4. Relevant history, patient communication and assistance needs will be determined as appropriate to perform the procedure and provide necessary clinical information to the radiologist for purposes of medical care, clinical consultation, and professional interpretive services.
4. **Reassessment**

The need for and scope of any further assessments and/or reassessments is based upon the procedure performed, patient response, and possibility of complications.
5. **Scope of Service**
 - 5.1. The Department of Radiology Services provides a full range of diagnostic, interventional and therapeutic services that support the care of all patients served by the Hospital.
 - 5.2. Radiology Services is a multi-specialty department staffed with Radiologists, Registered and Certified Technologists, Registered Nurses, and support personnel.
 - 5.3. Diagnostic, interventional and therapeutic procedures are performed on patients of all ages in a modern, clean, and comfortable environment in accordance with the Hospital Plan of Care.
 - 5.4. Services include:
 - 5.4.1. Diagnostic Radiography
 - 5.4.2. Interventional Radiology
 - 5.4.3. Computed Tomography (CT)
 - 5.4.4. Magnetic Resonance Imaging (MRI)
 - 5.4.5. Nuclear Medicine
 - 5.4.6. Positron Emission Tomography/Computed Tomography (PET/CT) [Contracted Service]
 - 5.4.7. Ultrasound
 - 5.4.8. Four (4) Satellite Imaging Offices provide routine Diagnostic Radiography
5. **Scope of Service (Continued)**
 - 5.5. Radiologist and Interpretive Services:

Radiologists are on duty at the main campus, Good Samaritan Hospital, 520 South Seventh Street, Vincennes, Indiana, to provide services as indicated at the following days and times:

 - 5.5.1. Monday-Friday 7am-7pm; diagnostic, therapeutic, and interventional procedures including professional consultative and interpretive services

5.5.2. Saturday's, Sunday's and holidays 7am-12pm; Diagnostic, interventional and therapeutic procedures including professional consultative and interpretive services

5.5.3. At all other times, a Radiologist is on-call for diagnostic, interventional and therapeutic procedures including professional consultative services.

5.6 After Hours Interpretive Services

Virtual Radiologic Corporation provides preliminary interpretive services at all other times when a Radiologist is not on duty at the main campus.

6. Contracted Services

6.1. When contracted services are obtained, the contract service shall be, whenever possible, accredited through the Joint Commission.

6.2. If the service is not accredited, it will be evaluated against appropriate clinical services, Joint Commission Standards and other regulatory body standards of compliance when applicable.

6.3. Contract services will comply with standards set forth by the appropriate regulatory bodies.

6.4. Medical staff participation is sought through its designated mechanisms to work with senior leadership in the selection of contracted clinical services.

7. Departmental Philosophy

The highest possible quality medical care and medical imaging will be provided to the public in an effort to improve the health and well-being of those we serve. It is believed that this is achieved in accordance with the following:

7.1. Established Standards of Professional Practice

Standards of professional practice are established for each discipline through professional organizations, associations, and promulgated rules and regulations, which include:

7.1.1. Association for Radiologic and Imaging Nursing

7.1.2. The American College of Radiology

7.1.3. The American College of Surgeons

7.1.4. The American Institute of Ultrasound in Medicine

7.1.5. The American Registry of Radiologic Technologists

7.1.6. The American Society of Radiologic Technologists

7.1.7. The American Society of Diagnostic Medical Sonography

7.1.8. Indiana Administrative Code. Title 410. Indiana State Department of Health. Article 5.2. Radiography, Nuclear Medicine, and Radiation Therapy Licensing. Rule 2. Standards of Competent Practice.

7.1.9. Indiana Administrative Code. Title 848. Indiana State Board of Nursing. Article 2. Standards for the Competent Practice of Registered and Licensed Practical Nurses.

7.1.10. Indiana Administrative Code. Title 844. Medical Licensing Board of Indiana. Article 5. Standards of Professional Conduct and Competent Practice of Medicine.

7.1.11. The Nuclear Medicine Technology Certification Board

7. Departmental Philosophy (Continued)

7.1.12. The Society of Interventional Radiology

7.1.13. The Society of Nuclear Medicine and Molecular Imaging

7.1.14. Federal and State Licensing Laws

7.2. Licensing of personnel, equipment, and radioactive materials is outlined by both Federal and State law.

7.2.1. Code of Federal Register. Title 10. Chapter 1. Part 35. Medical Use of Byproduct Material.

7.2.2. Code of Federal Register. Title 21. Food and Drugs. Chapter 1. Food and Drug Administration, Department of Health and Human Services. Subchapter 1. Mammography Quality Standards Act. Part 900. Mammography.

7.2.3. Indiana Administrative Code. Title 410. Indiana State Department of Health. Article 5. Radiologic Health

7.2.4. Indiana Administrative Code. Title 410. Indiana State Department of Health. Article 5.2.

- Radiography, Nuclear Medicine and Radiation Therapy Licensing
- 7.2.5. Indiana Administrative Code. Title 844. Medical Licensing Board of Indiana. Article 4. Medical Doctors; Osteopathic Doctors.
 - 7.2.6. Indiana Administrative Code. Title 848. Indiana State Board of Nursing. Article 1. Registered Nurses and Practical Nurses.
- 7.3. Regulatory Compliance
Regulatory agencies set performance and operational standards/requirements, which must be met and maintained in order to ensure continued licensure(s) and/or accreditation(s).
- 7.3.1. Centers for Medicare and Medicaid Services. Rules and Regulations for Hospitals
 - 7.3.2. Code of Federal Register. Title 10. Energy. Chapter 1. Nuclear Regulatory Commission. Part 35. Medical Use of Byproduct Material.
 - 7.3.3. Code of Federal Register. Title 21. Food and Drugs. Chapter 1. Food and Drug Administration, Department of Health and Human Services. Subchapter 1. Mammography Quality Standards Act. Part 900. Mammography.
 - 7.3.4. Indiana Administrative Code. Title 410. Indiana State Department of Health
 - 7.3.5. The American College of Radiology. Computed Tomography Accreditation.
 - 7.3.6. The American College of Radiology. Magnetic Resonance Imaging Accreditation.
 - 7.3.7. The American College of Radiology. Ultrasound Accreditation.
 - 7.3.8. The American College of Radiology. Mammography Accreditation
 - 7.3.9. The American College of Surgeons Commission on Cancer
 - 7.3.10. The American College of Surgeons National Accreditation Program for Breast Centers
 - 7.3.11. The Joint Commission. Standards for Hospital Accreditation.
 - 7.3.12. The Joint Commission. National Patient Safety Goals.
- 7.4. Moral and Ethical Principles
Treating all individuals with dignity, compassion, courtesy, and respect is required and the worth of each employee is to be recognized.

8. Radiology Services' Organization

- 8.1. Radiology Services' organizational chart represents line and staff responsibilities, both vertically and horizontally, in support of our philosophy that staff participation in decision making and the delivery of patient care is of significant importance.
- 8.2. Clerical and transport staff and technical assistants provide intra-Departmental support.
- 8.3. Support Services ensure that direct patient care services are maintained in an uninterrupted and continuous manner. These services support the accuracy, timeliness, completeness, and efficiency of services. Support services are fully integrated with Radiology patient care services.

9. Medical Staff Services

- 9.1. Radiology Services' medical staff consists of trained radiologists who coordinate, direct and provide diagnostic interventional and therapeutic services to patients of both staff and non-staff referring physicians.
- 9.2. Radiologists are approved medical staff members who practice under established medical staff bylaws, rules, and regulations which govern their activities, management of patient care, performance improvement, peer review, appointment, reappointment, and determination of clinical privileges.
- 9.3. The Radiology Section Chairman functions as the Medical Director and works with Hospital Administration, Radiology Services Management, other Hospital Management, and Medical Staff to ensure Radiology's Plan for the Provision of Patient Care is met.

10. Staff Requirements:

- Staff are qualified to perform duties within their job description by meeting the following requirements:
- 10.1. Completion of hospital and departmental orientation
 - 10.2. Completion of skills checklist (if appropriate)

- 10.3. Verification of current state and national licensure or certification (if applicable)
- 10.4. Attendance at annual update training
- 10.5. Annual competency-based evaluations
- 10.6. Staff not meeting performance standards and/or the expected level of competency are re-evaluated at scheduled intervals and subject to the Employee Performance Improvement Policy.

11. Staffing/Assignments

Departmental staffing and personnel assignments are based on current patient needs, staff qualifications, licensure, and competency. Factors considered when making patient care assignments by Radiology Services' Management:

- 11.1. Patient Condition
- 11.2. Procedure requested
- 11.3. Equipment/technology to be utilized
- 11.4. Staff education, training, licensure, and competence
- 11.5. Degree of supervision needed
- 11.6. Staff mix
- 11.7. Service geography
- 11.8. Work load equity

12. Budget

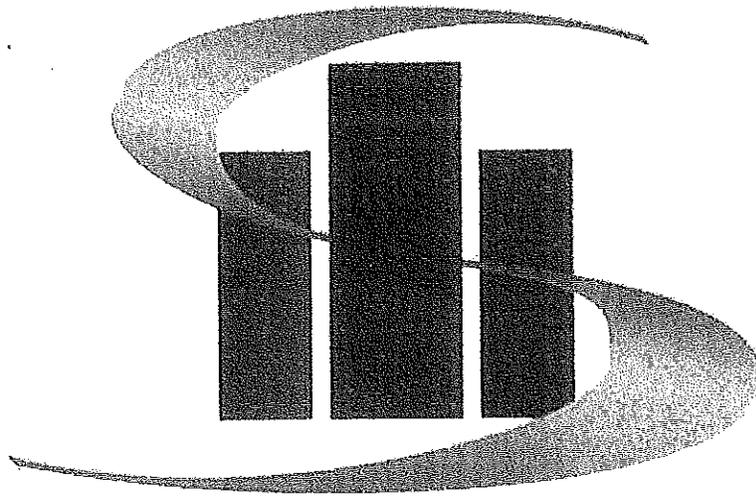
- 12.1. Each Radiology Manager assists the Administrative Director to prepare a Capital and Operational Budget for their respective area(s) of responsibility on an annual basis.
- 12.2. Managers jointly discuss budget needs, and the impact for a cost efficient budget related to quality patient care, (i.e., budgeting collaboration among like areas to consider cost saving measures).
- 12.3. Budget requests, along with supporting documentation or justification, are forwarded to Administration. At various budget meetings, the Administrative Director meets with the Hospital Administration Representative to discuss budgeting needs as they relate to quality of patient care, the Hospital, and Radiology Services' Plan for the Provision of Patient Care.

13. Performance Improvement (PI)

All areas of Radiology Services participate in the Hospital's Plan for Performance Improvement, including planned performance improvement activities, initiation of activities designed for follow-up of unusual occurrences or specific concerns/issues.

- 13.1. Departmental PI activities are established annually based upon:
 - 13.1.1. Senior Management priorities for PI and patient health outcomes
 - 13.1.2. High volume procedures
 - 13.1.3. High risk procedures
 - 13.1.4. Problem prone procedures and processes
 - 13.1.5. Self -identified problem processes
 - 13.1.6. Services which are contracted by the Department or organization
 - 13.1.7. Each area of Radiology Services is represented on P.I. teams for the Department and/or organization.
- 13.2. Professional Standards of Care, Professional Standards of Practice, policies/procedures, internal and external comparisons are used in the measurement, assessment, and improvement of the quality of patient care in all areas where patient care is given.
- 13.3. Performance improvement data is systematically aggregated and analyzed on an ongoing basis.
- 13.4. Pareto, run, control charts, root cause analysis (tap root analysis), and other statistical tools, are used in assessing variation and the study of a process.
- 13.5. Recommendations from the PI activities are integrated into policy and procedure, patient practices, critical paths, and patient care standards.

- 13.6. Continuous monitoring and evaluation of the process is done to identify opportunities to improve patient care and to determine the effectiveness of the actions taken.
- 13.7. Before performance improvement projects are undertaken, baseline data are established.
- 13.8. Sound business principles, mission and plan of the hospital, the needs and expectations of essential constituents, latest information in literature and baseline



GOOD SAMARITAN HOSPITAL

Application to Be Designated
“In the ACS Verification Process”

14. *Intensive care unit*

Good Samaritan Hospital
Critical Care Census/Staffing Worksheet
January 2014

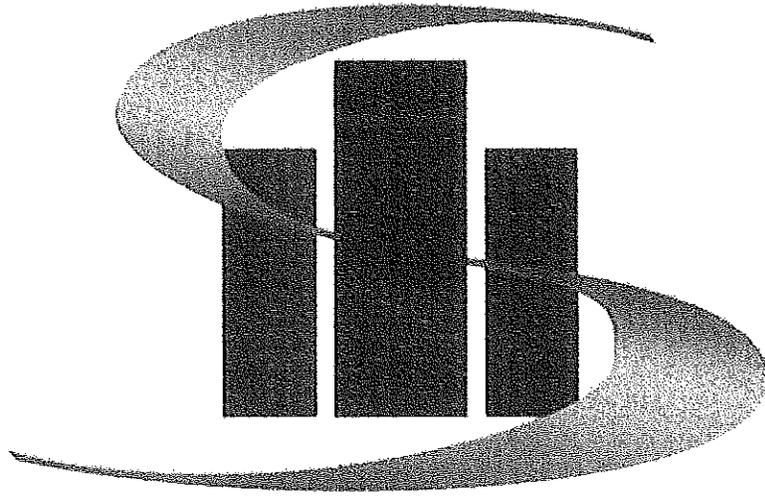
	January 1, 2014			January 2, 2014			January 3, 2014			January 4, 2014		
	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7
Patient Census	6	5	5	6	3	3	5	4	4	8	8	8
RN	4	4	4	4	5	3	3	5	5	5	5	4
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	1	1	1	1	1	1	1	1	1	1	1	1
	January 5, 2014			January 6, 2014			January 7, 2014			January 8, 2014		
	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7
Patient Census	7	5	6	6	8	8	8	9	10	12	11	8
RN	4	4	4	4	5	5	5	5	6	6	6	6
LPN	0	0	0	0	0	0	0	0	0	1	0	0
UC/MS	1	1	1	1	1	1	1	1	1	3	3	3
	January 9, 2014			January 10, 2014			January 11, 2014			January 12, 2014		
	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7
Patient Census	11	7	11	12	12	13	13	14	14	13	10	12
RN	6	6	7	7	7	7	7	7	7	7	6	7
LPN	1	0	0	1	0	0	0	0	0	0	0	0
UC/MS	1	0	0	1	1	1	1	1	1	0	0	1
	January 13, 2014			January 14, 2014			January 15, 2014			January 16, 2014		
	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7
Patient Census	12	13	12	12	11	12	13	14	13	14	11	10
RN	7	7	7	7	7	7	7	7	7	7	6	6
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	1	1	1	1	1	1	1	1	1	1	1	1
	January 17, 2014			January 18, 2014			January 19, 2014			January 20, 2014		
	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7
Patient Census	12	8	10	12	10	10	10	12	8	9	9	8
RN	5	6	6	6	6	6	6	7	5	5	6	5
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	1	1	1	1	1	1	1	1	1	1	2	1
	January 21, 2014			January 22, 2014			January 23, 2014			January 24, 2014		
	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7
Patient Census	10	8	9	9	9	9	9	10	13	11	11	12
RN	6	6	5	6	5	5	5	7	7	6	6	6
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	1	0	0	1	1	1	1	1	1	1	1	1
	January 25, 2014			January 26, 2014			January 27, 2014			January 28, 2014		
	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7
Patient Census	12	11	10	10	8	8	8	11	11	10	12	4
RN	6	6	6	6	5	5	5	7	7	6	6	7
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	1	0	0	1	1	1	1	1	1	1	1	0
	January 29, 2014			January 30, 2014			January 31, 2014			February 1, 2014		
	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7
Patient Census	6	7	8	8	10	10	10	10	7	10	7	7
RN	4	5	5	5	6	6	6	6	5	6	5	5
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	1	1	1	1	1	1	1	1	1	1	1	1

Good Samaritan Hospital
Critical Care Census/Staffing Worksheet
February 2014

	February 1, 2014			February 2, 2014			February 3, 2014			February 4, 2014		
	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7
Patient Census	5	6	7	8	7	6	7	7	10	11	10	9
RN	5	4	4	4	4	4	4	4	5	5	6	5
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	1	1	1	1	1	1	1	1	1	1	1	1
Patient Census	10	9	8	7	7	7	7	7	6	6	5	5
RN	5	5	5	4	4	4	4	4	5	5	5	5
LPN	1	1	1	1	1	1	1	1	0	0	0	0
UC/MS	1	1	1	1	1	1	1	1	1	1	1	1
Patient Census	9	7	7	7	7	7	7	7	8	8	7	7
RN	5	4	5	4	4	4	4	4	5	5	5	5
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	1	1	1	1	1	1	1	1	1	1	1	1
Patient Census	7	8	8	8	7	8	8	8	9	9	10	8
RN	5	5	5	5	4	5	5	5	5	5	6	5
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	1	1	1	1	1	1	1	1	1	1	1	1
Patient Census	9	10	11	14	12	11	11	11	9	9	11	9
RN	5	6	6	6	6	6	6	6	5	5	6	5
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	1	1	1	1	1	1	1	1	1	1	1	1
Patient Census	7	5	6	7	5	5	5	5	6	6	6	6
RN	4	3	3	3	3	3	3	3	4	4	4	4
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	0	0	0	0	0	0	0	0	0	0	0	0
Patient Census	5	6	5	7	3	3	3	3	6	6	7	11
RN	4	4	4	4	3	3	3	3	5	5	5	7
LPN	1	0	0	0	0	0	0	0	0	0	0	1
UC/MS	1	0	0	0	0	0	0	0	1	1	1	1

Good Samaritan Hospital
Critical Care Census/Staffing Worksheet
March 2014

	March 1, 2014			March 2, 2014			March 3, 2014			March 4, 2014		
	7-3	8-11	11-7	7-3	8-11	11-7	7-3	8-11	11-7	7-3	8-11	11-7
Patient Census	11	9	10	10	8	9	12	9	8	8	8	6
RN	7	5	6	6	5	5	7	5	5	5	5	5
LPN	0	0	2	0	0	0	0	0	0	0	0	0
UC/MS	0	0	0	1	0	0	1	1	1	1	1	0
	March 5, 2014			March 6, 2014			March 7, 2014			March 8, 2014		
Patient Census	9	10	11	9	10	9	9	7	4	4	8	8
RN	6	6	6	5	5	7	5	4	3	3	5	5
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	1	0	0	0	0	0	1	2	0	0	0	0
	March 9, 2014			March 10, 2014			March 11, 2014			March 12, 2014		
Patient Census	8	7	7	7	5	6	9	6	8	10	9	9
RN	4	4	4	5	5	4	5	4	4	4	5	5
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	0	0	0	0	0	0	1	1	1	1	1	1
	March 13, 2014			March 14, 2014			March 15, 2014			March 16, 2014		
Patient Census	9	9	8	8	9	8	9	7	5	7	6	8
RN	5	5	4	4	5	4	4	4	3	4	5	6
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	0	0	0	1	0	0	0	0	0	0	0	0
	March 17, 2014			March 18, 2014			March 19, 2014			March 20, 2014		
Patient Census	9	12	13	18	13	12	12	11	12	12	11	10
RN	6	7	7	7	7	7	8	7	7	7	6	6
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	0	0	0	0	0	0	0	0	0	0	0	0
	March 21, 2014			March 22, 2014			March 23, 2014			March 24, 2014		
Patient Census	12	9	11	12	9	10	11	11	11	11	10	9
RN	7	6	6	7	6	6	6	6	6	6	7	6
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	1	0	0	0	0	0	0	0	0	0	0	1
	March 25, 2014			March 26, 2014			March 27, 2014			March 28, 2014		
Patient Census	10	10	10	10	11	13	12	9	8	8	11	11
RN	6	6	6	6	7	7	7	7	7	7	6	6
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	0	0	0	0	0	0	0	0	0	0	0	0
	March 29, 2014			March 30, 2014			March 31, 2014			March 31, 2014		
Patient Census	11	8	8	9	7	7	9	8	8	8	7	8
RN	6	5	5	5	5	5	5	5	5	5	5	5
LPN	0	0	0	0	0	0	0	0	0	0	0	0
UC/MS	0	0	0	0	0	0	0	0	0	0	0	0



**GOOD SAMARITAN
HOSPITAL**

Application to Be Designated
“In the ACS Verification Process”

15. Blood Bank

Good Samaritan Hospital
Blood Bank
Vincennes, Indiana

GSH Blood Supply

The following is the blood supply that is usually kept on hand. There are times during critical blood shortages that this inventory can not be met.

RBC A POS 25
 O POS 35
 B POS 2
 AB POS 2
 A NEG 10
 O NEG 10

Irradiated RBC
 A POS 0-2
 O POS 4
 O NEG 4

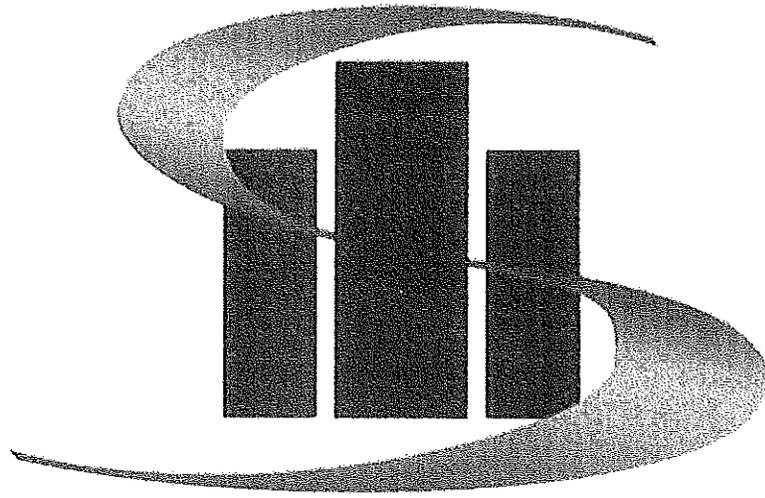
FFP GRP A 15-20
 GRP O 15-20
 GRP B 5-10
 GRP AB5-10

CRYO 3 or 4 prepooled cryo units or 20 individual units

PLTS Available through ARC as needed

Transfusion Medicine Testing and Services Available:

- Gel techniques
- Perinatal testing
- Rh Immune globulin workup
- Antibody Screening (IAT)
- Antibody Identification
- Compatibility Testing: Immediate Spin and GEL/Tube AHG testing
- Prewarm testing for Cold Reacting Antibodies
- Fetal-maternal bleed screen (Rosette test)
- Kleihauer-Belke stain (fetal cell quantitation) from Hematology
- RBC antigen typing
- ABO and Rh blood grouping, including weak D
- Direct Antibody Test (DAT)
- Blood product issue for transfusion
- Blood product processing (pooling, thawing, or aliquating)



GOOD SAMARITAN HOSPITAL

Application to Be Designated
“In the ACS Verification Process”

16. *Laboratory services*



**GOOD SAMARITAN
HOSPITAL**

Good Samaritan Hospital
Vincennes, Indiana

LABORATORY DEPARTMENT PLAN FOR THE PROVISION OF CARE

SCOPE OF SERVICE

Good Samaritan Hospital Laboratory Department provides a full range of diagnostic services that support the care of all patients served by the hospital. The Laboratory Department is a multi-specialty department staffed with Pathologists, Certified Medical Technologists, and support personnel. Diagnostic testing is performed on patients of all ages in a modern, clean, and comfortable environment in accordance with the Hospital Plan of Care.

THE LABORATORY PLAN OF PATIENT CARE IS CONSISTENT WITH:

- The Hospital's Mission, Vision and Quality Statements
- The Hospital's Philosophy and Definition of Patient Care and Nursing Care
- Standards of Practice and Standards of Care
- Performance Assessment/Improvement Program Recommendations
- Physician, Patient, and Family Input
- Our Plan is reviewed at least annually and revised according to:
 - changes in our patients' level of care needed
 - additions or deletions of patient care programs
 - evaluations of care by patients, staff and physicians
 - continuous performance assessment and improvement activities
 - Utilization Review and Risk Management activities.
- The Hospital's Plan of Care

PHILOSOPHY

The Hospital philosophy is based on the premise that quality health services will be provided to the public and will improve health care to our service area. It is believed that optimum care will be performed in accordance with the following:

- 1) Established Standards of Professional Practice
- 2) State Licensing Laws
- 3) Moral and Ethical Principles

It is further believed that treating all with dignity, compassion, courtesy, and respect is required. Also, the recognition of the worth of the individual employee and their growth and development not only adds to their personal and professional fulfillment, but also contributes to the improvement of patient care and to the attainment of the overall objectives of the hospital.

DEFINITION OF PATIENT CARE

Patient care in laboratory is defined as those activities that relate to obtaining high-quality diagnostic studies to assist the referring physician in the screening, diagnosis and treatment of the patient's condition, while meeting the needs of all patient. This includes meeting the needs of the patient/family/significant other with regards to inpatient and outpatient specimen collection. Patient care encompasses those acts which the patient/family/significant other receives in the collection of laboratory specimens. These activities include explaining what will take place during the collection and answering questions of the patient/family/significant other.

LABORATORY ORGANIZATIONAL DESCRIPTION

The Laboratory organizational chart represents line and staff responsibilities and flows both vertically and horizontally to support our philosophy of staff participation in decision making and the delivery of patient care.

PATIENT CARE is provided in the following departments, services, or areas:

- Blood Bank Hematology Urinalysis Histology
- Special Chemistry
- Coagulation Chemistry Cytology Microbiology
- Mayo Reference Lab Services

SUPPORT SERVICES are provided by the following areas:

- Clerical Staff
- Laboratory Assistants (Phlebotomist)

Support Services are provided to ensure that direct patient care services are maintained in an uninterrupted and continuous manner. These services support the accuracy, timeliness, completeness, and efficiency of services available. Support services are fully integrated with the patient care services of Laboratory.

MEDICAL STAFF SERVICES

The Pathologist staff of the Laboratory Department consists of trained Pathologists who coordinate, direct and provide Laboratory diagnostic services to staff and non-staff referring physicians. The Pathologists are approved medical staff members who practice under established medical staff bylaws, rules, and regulations to govern their activities, management of patient care, performance improvement, peer review, appointment, reappointment, and determination of clinical privileges.

CONTRACT SERVICES

When contract services are obtained, the contracted service shall be, whenever possible, accredited through The Joint Commission. If the service is not accredited, it will be evaluated against appropriate clinical services, The Joint Commission standards and other regulatory body standards of compliance when applicable. Contract services will comply with standards set forth by the regulatory bodies. Medical staff participation is sought through its designated mechanisms to work with senior leadership in the selection of contracted clinical services.

PROVISION FOR PATIENT CARE:

Patient Care needs will be assessed, evaluated and met by a patient care professional, using the Department's Policies and Procedures as guidelines.

Policies and Procedures are adapted to the unique Scope of Service provided by each area. Policies and Procedures are based on the Standard of Care and Standard of Practices, as applicable, and describe and guide the Patient Care provided. In Policy and Procedure development, consideration is given to the types of patients served and their ages, the scope and complexity of the patient's needs for Patient Care, the knowledge and skill level of staff members and the need for collaboration with patient care areas. The review of a Policy and Procedure will include: their relevance to patient care given; ethical and legal concerns; current scientific and research knowledge and findings from PI activities; Risk Management, Utilization Review and competency assessment processes. Approval of the Standard of Care, Standards of Practice, and Policies/Procedures, is the responsibility of the Department and are to be reviewed and approved at least every two years.

REQUIREMENTS FOR STAFF:

Staff are qualified to perform duties within their job description by meeting the following requirements:

- Completion of hospital and departmental orientation.
- Completion of skills checklist (if appropriate).
- Verification of current state licensure or certification (if applicable).
- Attendance at annual update training.
- Annual evaluation indicates employees meet position requirements.

STAFFING/ASSIGNMENTS:

Patient Care provided is based on current patient needs, the staff, and their capabilities required to provide the Patient Care as outlined in the Laboratory Definition of Patient Care. Consideration is given to the required needs of the patient and the staff to ensure qualified staff is assigned to provide patient care.

Factors considered in making patient care assignments by the manager are:

- Patient Condition
- Procedure requested
- Equipment/technology used
- Staff competence in relation to license, education
- Degree of supervision needed
- Staff mix
- Service geography
- Work load equity

BUDGET:

The Laboratory Director prepares a Capital, Personnel, and Expense budget for the lab area. The budget requests, along with supporting information or justification, are forwarded to Administration. At various budget meetings, the department director meets with the administrative representative to discuss budgeting needs as they relate to quality patient care and the Hospital and Laboratory Plans for the provision of patient care.

PERFORMANCE IMPROVEMENT (PI):

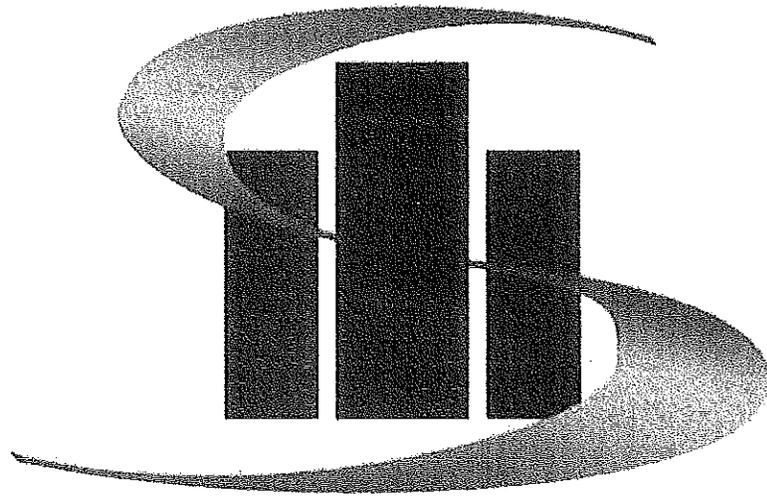
All Laboratory departments will be responsible for following the hospital's plan for Performance Improvement, including planned performance improvement activities, initiating activities designed to follow-up on unusual occurrences or specific concerns/issues, which may include P.I. activities. Each department, as appropriate, will be represented on P.I. teams for the department and organization.

Standards of Care, Standards of Practice, Policies/Procedures and internal comparison as well as comparison with other organizations, are used in the measurement, assessment and improvement of the Quality of Patient Care in all areas where Patient Care is given. P.I. data is systematically aggregated and analyzed on an ongoing basis. Pareto, run, control charts, root cause (tap root analysis), and other statistical tools, are used in assessing variation and studying a process. Recommendations from the PI activities are integrated into Policy and Procedure, Patient Practices, Critical Paths, and Patient Care Standards. Continuous monitoring and evaluation of the process is done to identify opportunities to improve patient care and to determine the effectiveness of the actions taken. Before performance improvement projects are undertaken, a data baseline is established. Sound business principles, mission and plan of the hospital, the needs and expectations of essential constituents, latest information in literature and baseline performance expectations are considered.

Approved: Steven A. Jones Date: 7-30-09
Steven A. Jones, Director of Labs

Approved: Cathy Freeman Date: 7-30-09
Cathy Freeman, M.D. Medical Director of Laboratory

Review Dates: 12-26-13



**GOOD SAMARITAN
HOSPITAL**

Application to Be Designated
“In the ACS Verification Process”

17. Post-anesthesia care unit

Good Samaritan Hospital
Vincennes, Indiana

**Perioperative Services
Inpatient/Ambulatory Surgery
Central Service Departments
Plan of Care**

Perioperative Services provides surgical service care experiencing a surgical procedure but not requiring inpatient hospitalization. These services are provided for the population serviced by Good Samaritan Hospital, patients in all ages, and from various types of socioeconomic backgrounds.

Ambulatory Surgery services include:

- Anesthesia
- Dental Surgery
- Ear, Nose and Throat Surgery
- Gastroenterology
- General Surgery
- Gynecology
- Ophthalmology
- Orthopedic Surgery
- Urology
- Podiatry
- Cardiology
- Radiology

The providers of services include:

- Surgeons
- Anesthesiologists
- Certified Registered Nurse Anesthetists
- Physician Assistants
- Registered Nurse First Assistants
- Registered Nurses
- Perfusionist
- Surgical Technicians
- Unit Clerk/Multiskilled Workers
- Orderly
- Certified Central Service Technicians
- Central Service Attendants

Facility**Ambulatory Surgery**

Approximately 4300 Ambulatory procedures are performed annually at Good Samaritan Hospital. These services are provided in:

- A Total Four (4) Operating Rooms/Endoscopic Suites Two (2) Procedure Rooms
- Pre- and postoperative Holding consisting of 16 Beds in single rooms
- Phase I recovery consists of six (6) patient bays

Regular hours of service for Ambulatory Surgery are 6:00 AM – 6:00 PM, Monday through Friday and 6:00AM to 5:00PM. Each patient will be admitted to the unit one and a half hours prior to the scheduled procedure and the last patient will be expected to be released by 6:00 PM.

The first cases of the day will be started by 7:30 AM unless other arrangements are approved by Anesthesia and the Director and the last case of the day will be scheduled to start between 3:30 and 4:00 PM anticipating patient discharge at 6:00 PM.

Inpatient Surgery

Services are provided in:

- Six (6) Operating Rooms (4 Major Operating Rooms and 2 Urology Rooms) Five (5) Surgical Admission Bays
- Three (3) Post Anesthesia Recovery Bays

Good Samaritan Hospital's Perioperative Service has 24-hour coverage of service with either on-site or on-call staffing. Regular hours of service are 5:00 AM to 9PM, Monday through Friday, with the exception of total joint replacement days and ESWL days. On these particular days the surgeries start at 6:30 AM. Emergency surgeries are scheduled during the day, next available room, after hours or on Saturday and Sunday.

The first cases of the day will be scheduled for 7:30 with elective procedures to be completed by 5PM; one team in house until 9:00 PM.

Central Service Department

Good Samaritan Hospitals' Central Service Department has twenty-four (24) hour coverage.

DEPARTMENTAL PHILOSOPHY

Perioperative services will provide relationship based care designed to meet individual patient needs as well as family needs through teamwork with physicians and allied health professionals. Standard of care for professional practice will be met and all regulatory and accrediting requirements will be met or surpassed. The staff will utilize a professional practice model consistent with Magnet designation.

The patient, who experiences the prospect of or performance of an operative or other invasive procedure, is the focus of care through assessment and reassessment. The support of all perioperative surgery staff is valued and respected. An important aspect of care is empathy for the patient's interruption of lifestyle by the surgical experience.

Staff utilizes research and education to affect quality patient care in a cost-conscious environment. The full team will integrate continuous quality improvement with standards of professional practice and standardization of materials and equipment.

Staffing Requirements/Assignments

Physicians will meet all the requirements of credentialing as indicated by the Medical Staff Bylaws and Rules and Regulation for Good Samaritan Hospital.

All licensed Surgery Staff will be/have as appropriate to position

- Current Indiana licensure
- Completion of orientation: Skills Matrix, and BLS, IV Therapy Course
- Annual Competencies
- ACLS
- PALS
- Laser training

All licensed Pre- and Post-recovery Staff will be/have:

- Current Indiana Licensure Completion of orientation: Skills Matrix, and BLS
- Annual Competencies
- ACLS
- PALS
- Laser training

All unlicensed staff will be BLS certified

Central Service staff will include certified/noncertified personnel

Staff Assignments

Intra-operative

Staff assignments are based upon the complexity of the surgical care needed and the competency of the staff that provide the care. Circulating nurse and scrub personnel are assigned to each case. The circulating nurse is a Registered Nurse, who is responsible for one patient in one operating or procedure room at a time.

As necessary, a second Registered Nurse will be assigned to a patient who receives sedation for the sole purpose of monitoring the patient during the procedure. A second Registered Nurse will be assigned to manage the laser if one should be required.

Pre- and Post-recovery

A Registered Nurse will prepare each patient for surgery being sure that all appropriate education and documentation is completed. All policies and procedures of the Department will be followed. A Registered Nurse will recover each patient. Assignments are no less than one nurse to two patients during first stage recovery. Additional professional and ancillary staff will be assigned to assist the Registered Nurse as needed.

Department Budget/Cost Effectiveness

The Perioperative Service Director will submit capital and operational budgets annually with monthly variance reviews being completed. The budgets will be prepared with the input from physicians, staff and analysis of current trends and /or technological advances. Justification, prepared by the Director, will incorporate the product evaluation criteria outlined by the CQVA policy (House Wide Policy P 16.05).

Organizational Performance

Perioperative services desire the best possible patient outcomes and realize that there is always room for improvement. The staff consults professional standards of care (such as AORN, ASPAN, AAMI, and other specialties) to identify Performance Improvement projects, to outline educational needs, and to collect data. Continuous Performance Improvement is a process which defines what change is needed, plans the implementation of the change, develops the commitment to those changes and completes the process with evaluation. Benchmarking will be done.

Procedure Scheduling Practices

Modified block scheduling will be utilized for scheduling. All other cases will be schedule on a first come first serve basis with the exception of those cases that might be infectious. Those cases will generally be done at the end of the day. Any conflicts with scheduling will be managed between the Operating Room Managers and/or Director, and the Medical Director.

Medical Director

Medical Director will be appointed by Hospital Administration for a term specified by contract.

Anesthesia

Anesthesia will be available for six (6) rooms on a regular basis for anesthesia service coverage. Moderate sedation will be monitored by a Registered Nurse. All patients will be discharged based on specific criteria and discharge orders as set in perioperative services approved policies.

PODIATRY

AMPUTATION FINGER/TOE

ARTHROPLASTY

ARTHROTOMY ANKLE

BUNIONECTOMY

CLOSED REDUCTION

EXCISION BONE SPUR

EXCISION CYST

EXCISION GANGLION

EXCISION MASS

EXCISION MORTONS NEUROMA

HAMMER TOE REPAIR

INCISION & DRAINAGE ABSCESS

IRRIGATION AND DEBRIDEMENT FOOT

METATARSAL HEAD RESURRECTION

REMOVAL FOREIGN BODY

REMOVAL NAIL-BED

REMOVAL SPINAL LEAD

REMOVAL TOENAIL

REVISION SPINAL GENERATOR

REPLACEMENT BATTERY/GENERATOR

SI INJECTION

SPINAL IMPLANT GENERATOR/PERMANENT

SPINAL IMPLANT/SIMULATOR/TRIAL

SPINAL INTRATHECAL PUMP PLACEMENT

SPINAL LEAD REVISION

STELLATE GANGLION BLOCK

SYMPATHETIC NERVE BLOCK

TARSAL TUNNEL REPAIR

TRANSFORAMINAL

TRIGGER POINT INJECTION

WART EXCISION WITH CO2 LASER

ORAL SURGERY

CLOSED REDUCTION MANDIBLE

DENTAL EXTRACTION SURGICAL TOOTH

ENUCLEATION MANDIBLE LESION

EXCISION LESION

GINGIVECTOMY

MULTIPLE TOOTH EXTRACTION

OPEN RED MANDIBLE

OPEN RED MAXILLA

PALATOPLASTY

REPAIR MULTIPLE FACE FRACTURES

SURGICAL REMOVAL TOOTH/TEETH

UROLOGY

CARUNCLECTOMY

CIRCUMCISION – ADULT

CIRCUMCISION – CHILD

CONDYLOMAS WITH LASER

CU, BIOPSY BLADDER WITH LASER

CU, BIOPSY (BRUSH) OF KIDNEY

CU, FLEXIBLE

CU, MEATOTOMY

CU, PROSTATIC BIOPSY NEEDLE

CU, PROSTATIC BRACHYTHERAPY SEED IMPLANT

CU, PROSTATIC BRACHYTHERAPY VOLUME STUDY

CU, RETROGRADE, STENT, STONE MANIP.

CU, STENT, ESWL, WITH/WITHOUT LASER

CYSTOCELE

DORSAL SPLIT

EPIDIDYMECTOMY

EXPLORATION GROIN

EXPLORATION SCROTAL

HERNIA REPAIR INGUINAL

HYDROCELE REPAIR

HYDROCELECTOMY

LAPAROSCOPIC NEPHRECTOMY

NEPHRECTOMY

ORCHIECTOMY BILATERAL/UNILATERAL

ORCHIOPEXY

PENECTOMY

PENILE PROSTHESIS

PROSTATECTOMY

RECTOCELE REPAIR

TORSION TESTICLE

TUIS

TURB WITH/WITHOUT LASER

TVT

URETHROPEXY WITH SLING

URTEROSCOPY

URETHROTOMY

VARICOCELE REPAIR

VASECTOMY

THORACIC/VASCULAR

ABDOMINAL AORTIC ANEURYSM REPAIR

AORTIC/BI-FEMORAL ILIAC BYPASS GRAFT

BRONCHOSCOPY

MEDIASTINOSCOPY

CHEST TUBE INSERTION

ENDARTERECTOMY CAROTID

FEMORAL POPLITEAL BYPASS

LOBECTOMY

REVASCLARIZATION

THORACOTOMY

THORASCOPY

GYNECOLOGY

ANTERIOR AND POSTERIOR REPAIR
BARTHOLIN CYST MARSUPIALIZATION
CERVICAL CERCLAGE
COLD CONIZATION
COLOPOPEXY ABDOMINAL SACRAL
CYSTOCELE REPAIR
D&C
ECTOPIC PREGNANCY
ENDOMETRIAL ABLATION
EXAM UNDER ANESTHESIA-VAGINAL
EXCISION CYST
EXCISION VAGINAL CYST
HYMENECTOMY
HYSTERECTOMY ABDOMINAL/VAGINAL
HYSTEROSCOPY
HYSTEROSCOPY WITH ABLATION
IUD REMOVAL
LAFORTE PROCEDURE
LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY
LAPAROSCOPIC SALPINGO-OOPHORECTOMY
LAPAROSCOPIC TUBAL LIGATION
LAPAROSCOPY
LAPAROSCOPY DIAG WITH VIDEO
LAPAROSCOPY DIAGNOSTIC
LAPAROSCOPIC SUPRACERVICAL HYSTERECTOMY
LASER CONIZATION
LASER VAPORIZATION CONDYLOMA
LOOP EXCISION ELECTRODE PROCEDURE
PARAVAGINAL REPAIR
PERINEOPLASTY
POST PARTUM TUBAL LIGATION
REPAIR LACERATION
SALPINGECTOMY
SUCTION CURRETTAGE
URETHROPEXY
TOT

OPHTHALMOLOGY

ARGON LASER

CONJUCTIVA

CORNEAL SURGERY

EXCISION LESION

EXTRAOCULAR MUSCLES

GLAUCOMA AND IRIS SURGERY

LACRIMAL SYSTEM REPAIR

LID SURGERY

LENS SURGERY

PHACO WITH LENS IMPLANT

PLANNED EXTRACAP WITH IMPLANT

PTOSIS

RETINAL AND VITREOUS SUREGERY

YAG LASER

ORTHOPEDICS/SPINE

ACL RECONSTRUCTION/ARTHROSCOPY

ACROMIONECTOMY

ACROMIOPLASTY SHOULDER

AMPUTATION FINGER/TOE

ARTHROSCOPY ANKLE

ARTHROSCOPY KNEE

ARTHROSCOPY SHOULDER

ARTHOPLASTY OF SHOULDER

BICEP TENDON REPAIR

BIOPSY BONE MARROW

BIOPSY MUSCLE

BONE GRAFT

BRISTOW SHOULDER

BUNIONECTOMY

CARPAL TUNNEL RELEASE

CAST APPLICATION

CERVICAL DECOMPRESSION

CHILECTOMY METATARSAL

CLAVICLE RESECTION

CLOSED REDUCTION

CURRETTAGE BONE

DEBRIDEMENT WOUND

DEQUERVAIN

ENDOPROSTHESIS

EXAMINATION UNDER ANESTHESIA

EXCISION BONE SPUR

EXCISION CYST

EXCISION EXCESS NAVICULAR

EXCISION EXOSTOSIS

EXCISION GANGLION

EXCISION LESION

EXCISION LESION BONE

EXCISION LIPOMA

EXCISION MASS

EXCISION MORTONS NEUROMA

EXCISION NEUROFIBROMA

EXCISION OSTEOCHONDROMA

EXCISION SEBACEOUS CYST

EXOSECTOMY

EXPLORATION KNEE

EXPLORATION WOUND

FASCIECTOMY

FASCIOTOMY

FUSION WRIST

HAMMER TOW REPAIR
IMPINGEMENT RELEASE
IM RODDING
IRRIGATION AND DEBRIDEMENT FOOT
IRRIGATION AND DEBRIDEMENT HAND
IRRIGATION AND DEBRIDEMENT LEG
IRRIGATION AND DEBRIDEMENT WOUND
LIGAMENT REPAIR/RECONSTRUCTION
LUMBAR DECOMPRESSION
MANIPULATION & INJECTION
METATARSAL HEAD RESECTION
METATARSAL RELEASE
NAIL BED RECONSTRUCTION
NERVE REPAIR
NEUROLOSIS
OLECRANON BURSECTOMY
OPEN RED INT FX ANKLE
OPEN RED INT FX ELBOW
OPEN RED INT FX FINGER
OPEN RED INT FX HAND
ORIF HIP FRACTURE
OPEN RED INT FX RADIUS
OPEN RED INT FX SHOULDER
OPEN RED INT FX WRIST
OPEN REDUCTION OTHER
OSTECTOMY
PATELLECTOMY
PATELLA REALIGNMENT
PERCUTANEOUS PINNING
RADIAL HEAD RESECTION
RELEASE TRIGGER FINGER OR THUMB
RELEASE ULNAR NERVE
REMOVAL FOREIGN BODY
REMOVAL HARDWARE
REMOVAL INTERNAL FIXATION
REMOVAL LESION
REMOVAL LOOSE BODIES JOINTS
REMOVAL NAIL-BED
REMOVAL PLATE SCREW OR PIN
REPAIR QUADRICEP TENDON
REPAIR LACERATION
SAD (SUB ACROMINAL DECOMPRESSION)
SKIN GRAFT SPLIT THICKNESS
SYNDACTYLLY RELEASE
SYNOVECTOMY

TENDON TRANSFER
TENNIS ELBOW REPAIR
TENOLYSIS
TENTOTOMY
TIBIAL OSTEOTOMY
TOTAL JOINT REPLACEMENT
TRICEP REPAIR
TRIGGER FINGER RELEASE
UNICONDYLAR
VERTEBROPLASTY

GENERAL SURGERY

ABDOMINAL PERINEAL RESECTION

AMPUTATION

APPENDECTOMY

ARTERIOGRAM

AV FISTULA

AV CONDUIT REPAIR

AV FISTUAL VEIN TRANSPOSITION

AXILLARY NODE DISSECTION

BASILLIAC VEIN TRANSPOSITION

BARTHOLIN CYST MANIPULATION

BIOPSY BREAST

BIOPSY LYMPH NODE

BIOPSY MASS

BIOPSY MUSCLE

BIOPSY NEEDLE

BIOPSY RECTAL

BRONCHOSCOPY FLEXIBLE

CENTRAL LINE PLACEMENT

CLOSURE DELAYED ABDOMINAL

COLON RESECTION

COLOSTOMY/ILEOSTOMY CREATION/REVISION/TAKEDOWN

DEBRIDEMENT

DECLOTTING AV CONDUIT

DECLOTTING GORETEX GRAFT

DIALYSIS CATHETER PLACEMENT

EMBOLOECTOMY

EVACUATION HEMATOMA

EXCISION BREAST TUMOR

EXCISION CHEST WALL

EXCISION CYST

EXCISION LESION

EXCISION LIPOMA

EXCISION LYMPH NODE

EXCISION MASS

EXCISION MASS BREAST

EXCISION MASS BUTTOCKS

EXCISION NODE

EXCISION PILONIDAL CYST

EXCISION SEBACEOUS CYST

EXCISION SKIN LESION(S)

EXCISION TOE NAIL

EXCISION TRANS ANAL RECTAL POLYP

EXPLORATION GROIN

EXPLORATION LAPAROTOMY

EXPLORATION WOUND
FALSE ANEURYSM REPAIR
FEMORAL CONDUIT
FISSURECTOMY
FISTULECTOMY-RECTAL
FISTULOTOMY
GASTRIC FISTULA REPAIR
GASTRIC BYPASS
GASTROSTOMY TUBE PLACEMENT
GORETEX GRAFT
GORETEX REMOVAL
HEMORRHOID BANDING
HEMORRHOIDECTOMY
HEMORRHOIDECTOMY WITH CO2 LASER
HERNIA REPAIR EPIGASTRIC
HERNIA REPAIR FEMORAL
HERNIA REPAIR INCISIONAL
HERNIA REPAIR INGUINAL
HERNIA REPAIR INGUINAL BILATERAL
HERNIA REPAIR INGUINAL CHILD
HERNIA REPAIR UMBILICAL
HERNIA REPAIR VENTRAL
HICKMAN CATHETER
INCISION & DRAINAGE ABSCESS
INCISION AND DRAINAGE FOOT
IRRIGATION AND DEBRIDEMENT ABSCESS
LAPAROSCOPIC APPENDECTOMY
LAPAROSCOPIC CHOLECYSTECTOMY OPERATIVE CHOLANGIOGRAM
LAPAROSCOPIC COLON RESECTION
LAPAROSCOPIC COLOSTOMY
LAPAROSCOPIC INCISIONAL HERNIA REPAIR
LAPAROSCOPIC INGUINAL HERNIA – BILATERAL
LAPAROSCOPIC INGUINAL HERNIA REPAIR
LAPAROSCOPIC DIAG WITH VIDEO
LUMPECTOMY
MASTECTOMY MODIFIED RADICAL
MASTECTOMY – SIMPLE
NEEDLE ASPIRATION OF LUNG WITH FLURO
NISSEN FUNDOPLICATION
OLECRANON BURSECTOMY
PORT A CATHETER PLACEMENT
PILONIDAL CYSTECTOMY
PLACEMENT OF J TUBE
RECTAL EXAM
RECTAL POLYPECTOMY

RECTOCELE
REMOVAL CENTRAL LINE
REMOVAL FOREIGN BODY
REMOVAL LESION
REMOVAL NAIL-BED
REMOVAL PORT A CATH
REMOVAL TOENAIL
REMOVAL WARTS
REVISION GRAFT
REVISION OF HAND
SENTINNEL NODE BIOPSY
SIGMOIDOSCOPY RIGID/FLEXIBLE (OR)
SKIN CANCER WITH FROZEN SECTIONS
SKIN GRAFT SPLIT THICKNESS
T&A (TONSILLECTOMY & ADENOIDECTOMY)
TEMPORAL ARTERY BIOPSY
TENCKOFF CATHETER REMOVAL
TRACHEOSTOMY
TRANS ANAL RESECTION
THROMBECTOMY
TONSILLECTOMY
TRIGGER FINGER RELEASE
VAGINAL SUTURING
VARICOSITIES
VEIN LIGATION STRIPPING

ENT

ADENOIDECTOMY

ANTROSTOMY

BALLOON SINUPLASTY

BIOPSY LYMPH NODE

BIOPSY MASS

CAUTERIZATION NOSE

CLOSED REDUCTION NASLA FRACTURE

ENDOSCOPIC: BRONCHOSCOPY

ENDOSCOPIC: ESOPHAGOSCOPY

ENDOSCOPIC: LARYNGOSCOPY

ENDOSCOPIC: FUNCTIONAL ENDOSCOPIC SINUS

ETHMOIDECTOMY

EXCISION BUCCAL LESION

EXCISION CYST (HEAD AND NECK)

EXCISION LESION (HEAD AND NECK)

EXCISION LIPOMA (HEAD AND NECK)

EXCISION MASS (HEAD AND NECK)

I&D ABCESS, EG., PERITONSILLAR

LARYNGOSCOPY

LARYNGOSCOPY DIRECT W/ VOCAL CORD STRIPPING

LARYNGOSCOPY DIRECT WITH BIOPSY

LINGUAL FRENECTOMY

MYRINGOTOMY WITH TUBES (PE TUBES)

NASAL ENDOSCOPY

PAROTIDECTOMY

SEPTOPLASTY

SPHENOETHMOIDECTOMY

T&A (TONSILLECTOMY & ADENOIDECTOMY)

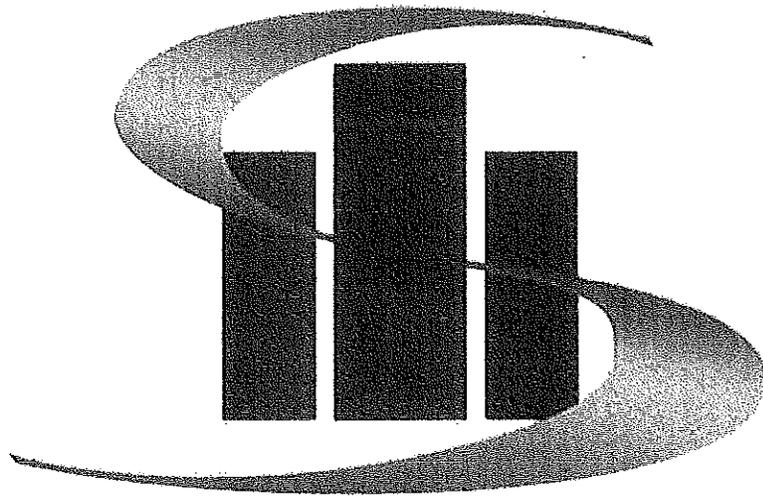
TONSILLECTOMY

THYROIDECTOMY

TURBINECTOMY

Created: January 15, 2004, revised annually

Current Revision Date: December 2013



GOOD SAMARITAN HOSPITAL

Application to Be Designated
“In the ACS Verification Process”

18. *Relationship with an organ
procurement organization
(OPO)*

O 15.18.07.04
GOOD SAMARITAN HOSPITAL
 Vincennes, Indiana

Approved: 8/94 Revised: 10/95, 6/98, 12/98, 6/99, 9/00, 4/04, 3/07, 12/10, 2/12, 1/14 Reviewed: 2/13	ORGAN DONATION	Index: O 15.18.07.04 Pages: 7
Approved by: Chief Nursing Officer Service of Medicine 2/07, 12/10, 1/12 Service/Section of Surgery 2/07, 12/10, 2/12 Ethics Committee 2/07, 11/10, 12/11, 2/13, 11/13 Critical Care Committee 2/07, 12/10, 2/12 Med Exec Committee 2/07, 12/10, 2/12 Joint Conference Com 3/07, 12/10		Clinical Area: General
Prepared by: Director of Medical Nursing Nurse Manager, CCU		

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POLICY:

1. Good Samaritan Hospital will participate in Organ Procurement in compliance with the Uniform Anatomical Gift Act and the Centers for Medicare and Medicaid Services (CMS) rule specific to routine death reporting.
2. The nurse will ask the patient's wishes concerning organ donation. If the patient's wish is to donate, this information will be noted on the admission assessment. The RN will contact the appropriate Organ Procurement Organization (OPO) if additional information is needed.
3. The Nursing Director, Supervisor, Manager or other designated qualified requestor who has completed the "Designated Requestor Training" presented by an approved OPO representative, will notify the Indiana Donation Alliance at 1-800-356-7757 prior to an imminent death, within one hour of cardiopulmonary death or when brain death is determined by the physician (see definitions below).
4. A Nursing Director, Supervisor, Manager or other designated qualified requestor, in consultation with the physician, will approach the family of patients who meet the OPO's criteria for tissue, eye, organ and body donation as directed by the coordinator of the appropriate OPO.
5. All donations including cornea and eye donations will be coordinated by the Indiana Donation Alliance at 1-800-356-7757.
6. All total body donations will be referred to I.U. Medical Center at 1-800-356-7757.

PURPOSE:

1. To insure identification of potential organ donors
2. To present the option of organ donation to patients and/or families
3. To ensure optimal condition of donated organs

DEFINITIONS:

Death: Individual who has sustained an irreversible cessation of all circulatory and respiratory function.

Brain Death: Absence of clinical brain function when the proximate cause is known and demonstrably irreversible. The three cardinal findings in brain death are coma or unresponsiveness, absence of brainstem reflexes and apnea.

Imminent Death: Individual who has a condition, due to his or her injury, disease or illness, from which, with a reasonable degree of medical certainty, there can be no recovery and that death will occur within a short period of

Q 15.18.07.04

time without instituting life-prolonging procedures. If death is imminent, the Indiana Donation Alliance (IDA) will be contacted prior to the removal of any mechanical/artificial support or discussion with the family about the removal of life support, for any brain-injured or vented patient and patients with a Glasgow Coma Scale (GCS) of 5 or less.

Reportable Death: Deaths requiring a death certificate or fetal death certificate as required by Indiana State Department of Health. No reporting is required for abortions, miscarriages or fetal deaths less than 20 weeks gestation.

Organ Donation: Donation of solid organs which includes heart, lungs, liver, kidneys, pancreas and small intestines from an individual who is brain dead but whose heart is beating due to a mechanical-support device or donor-after-cardiac death (DCD).

Donation after cardiac death (DCD): Organ recovery from patients who do not meet the brain death criteria, but are pronounced dead on the basis of irreversible cessation of circulatory and respiratory function.

Tissue donation: Donation of tissues, which includes heart valves, veins, arteries, tendons, ligaments, bone, fascia, skin, corneas, whole eyes and neonatal kidneys from an individual whose heart is no longer beating.

Designated Requestor: A designated requestor is an individual who has completed a course offered or approved by the OPO and designed in conjunction with the tissue and eye bank community in the methodology for approaching potential donor families and requesting organ, tissue or eye donation.

ASSESSMENT AND PLANNING:

Nursing Considerations:

Additional information concerning organ donation or approaching the family for consent is in the "Organ, Tissue and Eye Donation Manual" present on the Critical Care Units, Emergency Service and Supervisor's Office.

Tissue & Eye Donations:

1. The patient is transferred to morgue with ice packs to eyes and patient's head elevated on two pillows.
2. The appropriate procurement agency will procure the tissue and/or eyes in the morgue and will keep in contact with the Nursing Supervisor, Director or Manager about approximate time for release of the body to the appropriate funeral home.
3. The transplant procurement team is responsible for cleaning the area and notifying the Nursing Supervisor when the procedure is completed.
4. The Nursing Director, Supervisor, Manager or their designee will inspect the area before the organ or tissue procurement staff leave the area.

Heart Beating Donor:

1. The patient remains in the Critical Care (CCU) until the organ donor matching process is completed.
2. Hemodynamic instability may occur because of failure of the autonomic nervous system. Management goals and treatment will be directed by OPO representative.
3. Cost associated with organ recovery are billed to the OPO (see Addendum A).
4. If organ recovery is occurring from a patient meeting brain death criteria, the donor remains on the ventilator until organ recovery is complete.
5. Organ donation is a cooperative effort among the family, critical care nurses, physicians, transplant coordinator, OPO coordinator, operating room personnel, and the surgical recovery team. Utilize organ maintenance order set.

Donation after Cardiac Death (DCD):

Appropriate candidates for DCD will be limited to those patients who:

1. Sustained an irreversible, severe, neurological illness or injury with no hope for survival or meaningful functional status but do not meet brain death criteria.
2. The family, in consultation with the attending physician, has made the decision to withdraw life-sustaining procedures. The discussion and outcome of the discussion is documented in the patient's medical record.
3. Maintained on artificial ventilation and not expected to maintain a sustainable respiratory effort without mechanical support.
4. The cause of death is known.
5. In the opinion of the responsible physician, cardiopulmonary death will likely occur within ninety (90) minutes following withdrawal of hemodynamic and respiratory support.

6. Discussion about the option of donation will take place after the decision to remove life-sustaining procedures has been made. The decision to withdraw life support must be made independent of, separate from, and predating any discussion about donation after cardiac death.

Resources:

Thermometer
Electrocardiogram (ECG) monitor and electrodes
Consent form
Laboratory specimen containers and laboratory forms
Prescribed intravenous fluids
Urinary catheter
Ventilator
Additional equipment may include the following:
Arterial line and monitoring system

References:

"AACN Procedure Manual for Critical Care", Elsevier Saunders, St. Louis, 2010
Centers for Medicare and Medicaid Services Conditions of Participation 2012
Indiana Uniform Anatomical Gift Act -- Indiana Code 29-2-16

IMPLEMENTATION:

Sequence, Intervention/Scientific Rationale:

1. The physician, Nursing Management Representative, or RN when designated by the Nursing Management Representative will contact the Indiana Donation Alliance 1-800-356-7757. The Indiana Donation Alliance representative will review information with the hospital representative.
2. If the patient is a potential candidate for DCD, the Nursing Management Representative or RN will make a referral to the Indiana Donation Alliance when:
 - a) discontinuation of life sustaining procedures becomes a consideration,
 - b) the patient meets the established DCD selection criteria,
 - c) or the responsible physician, according to hospital policy, has written a "Do Not Resuscitate" order.
3. The appropriate OPO will determine if the patient meets the criteria for organ and/or tissue donation and will notify the hospital representative if the patient meets criteria or does not meet criteria for organ and/or tissue donation. In evaluating the suitability of DCD the OPO coordinator, in collaboration with the responsible physician, will conduct the following:
 - a) a review of the patient's medical record,
 - b) an initial physical assessment, including a review of the evaluation of the probability of death within 90 minutes,
 - c) verification of the documentation of the family discussion and decision to discontinue life-sustaining procedures.
4. If the OPO determines that the patient does not meet criteria the family will not be approached. Should the patient be deemed medically unsuitable for DCD donation:
 - a) the responsible physician will be informed of the rationale for unsuitability and
 - b) the rationale for declining the patient for DCD will be documented in the medical record.
5. Once the OPO has determined that the patient meets criteria the family may be approached by a designated requestor to determine the patient and family's wishes associated with organ and/or tissue donation.
6. If patient is a registered donor, OPO will contact next of kin for medical history.
7. Documentation of the determination of OPO and the families wishes, will be documented with the referral number on the release of body form, in the appropriately designated area.
8. Consent of the coroner must be obtained if the patient was involved in an accident or suicide attempt, whenever there is any doubt as to actual cause of death of the patient, or the patient is considered a coroner's case.
9. A trained designated requestor will approach the next of kin.
10. Obtain written permission for organ and/or tissue donation from "next of kin" using the OPO consent form.
11. Notify the Indiana Donation Alliance that permission has been obtained from the family for organ donation, or if the family has refused donation.
12. For Brain Death donation only:
 - a. Follow instructions from OPO coordinator
 - b. Refer to "Organ, Tissue and Eye Donation Manual" for further information.
 - c. Alert operating room personnel to schedule room for procurement team. Notify anesthesiologist.
 - d. Hospital charges specific to sustaining optimal organ function occurring after declaration of brain death will be kept separate (see Addendum A).
 - (1) The nursing management representative notifies the admitting clerk that the patient is to become an organ donor and that new identification labels are needed with another account number.

- (2) The nursing management representative of the house will notify the pharmacy clerk of the actual time that the patient officially becomes an approved potential organ donor and gives them the new account number.
 - (3) All charges, after the determination of brain death, are to be identified with the new account number.
13. For Donor after Cardiac Death (DCD) in addition to above:
 - a. Complete the Consent for Organ and Tissue Donation after Cardiac Death Form.
 - b. Contact the Coroner to obtain permission to proceed with donation.
 - c. Notify admitting to attempt to make an appropriate Critical Care bed available if the patient lives beyond 90 minute post discontinuation.
 - d. The bed will be held empty until a call is received from the OR regarding the disposition of the patient.
 14. Contact funeral home of families choice. Inform them there is to be a donation and make arrangements for body release at the completion of the recovery process.

Patient and Family Education

1. Evaluate the family's understanding of the organ recovery process. *Rationale:* Allows the critical care nurse to correct misunderstandings, clarify information, evaluate the efficacy of coping strategies, and reduce anxiety related to the care of the patient.
2. Reinforce to the family that surgical removal of the organs takes place with respect and careful technique, similar to any operation. *Rationale:* Decreases the families' anxiety about the care of their loved one during the recovery of donated organs.
3. For DCD donation only:
 - a) Explain that the location of death is expected to be in the operating room suite.
 - b) Organ recovery will take place immediately after the physician has pronounced the patient dead.
 - c) There is no cost for organ evaluation or recovery.
 - d) In the event that the patient does not expire within ninety (90) minutes after the discontinuation of support and does not demonstrate a significant progression towards death, the organ donation process will cease. In this instance, the family resumes financial obligations associated with terminal care.
 - e) The family will be given the option to see their loved one after organ recovery has been completed.

Patient Assessment - for Brain Death Donation only

1. Assess oxygenation. *Rationale:* Provides baseline data.
2. Assess vital signs and hemodynamic parameters. *Rationale:* Provides baseline data.

Patient Preparation

1. Ensure that the family understands preprocedural teaching. Answer questions as they arise and reinforce information as needed. *Rationale:* Evaluates and reinforces understanding of previously taught information.
2. An arterial catheter may be inserted, if not already in place. *Rationale:* Facilitates assessment of blood pressure and ease of blood sampling.
3. Communicate with the OPO coordinator to determine the timing and logistics of the recovery surgery. *Rationale:* The OPO coordinator has the responsibility of organ placement and the coordination of the arriving surgical recovery teams.
4. Determine a plan for communicating with the family during the organ recovery process. This should be developed with the critical care nurse, OPO coordinator, and the family. *Rationale:* Each family has unique needs during the recovery process. Many families wish to leave the hospital as soon as the consent for donation is signed; others wish to see their deceased loved one after recovery has occurred.

Patient Monitoring and Care - for Brain Death Donation only

1. Ensure that brain death criteria have been met, and are documented by the physician.
2. Ensure that consent form for organ donation has been completed.
3. Obtain blood samples for laboratory analysis as prescribed by the OPO coordinator.
4. Monitor and maintain hemodynamic status as directed by OPO coordinator.
5. Provide family support. Incorporate social worker and pastoral care.
6. Encourage family presence with the patient during the organ donation process.
7. Transfer the patient to the operating room as directed by the OPO coordinator for organ donation.
8. Provide a method for the family to obtain information about organ recovery process.

Patient Monitoring and Care: For Donation after Cardiac Death (DCD)

1. The responsible physician will retain full responsibility for the patient until such time as the patient's death is pronounced.
2. The responsible physician for the patient will make a clinical judgment on the advisability of administering medications for comfort measures. The administration of clinically appropriate medications in appropriate doses to provide comfort is acceptable and encouraged. The use of paralytics is prohibited. Interventions to preserve organ function but which may cause patient discomfort or hasten death are prohibited.

3. Withdraw of support:
 - a. Withdraw of life sustaining procedures will only occur in the operating room suite.
 - b. OR staff will cover windows of the OR room prior to the patient being brought to the room. OR staff will place leads on the back of the patient.
 - c. Family may be with the patient after prepped and draped and support has been withdrawn until cardiac death takes place.
 - d. The organ recovery team will be in the donor hospital and available prior to withdrawing support.
 - e. The organ recovery team will NOT be in the patient's room during the withdrawal of support or the certification of death.
4. Certification of Death:
 - a. The prompt and accurate diagnosis of cardiac arrest is extremely important. Recovery of organs cannot take place until the patient meets the cardiopulmonary criteria for death.
 - b. A physician credentialed by Good Samaritan will certify death. The physician will be present at the time of death.
 - c. Under no circumstances will an incision, for the purpose of organ recovery be made until five (5) minutes after death is pronounced. Under no circumstances will cold perfusion catheters be inserted until five (5) minutes after death has been pronounced.
 - d. For purposes of pronouncing death prior to organ recovery, the following will be confirmed:
 - (1) Correct cardiac electrode placement.
 - (2) Absence of pulse waveform on arterial line and absence of palpable pulse by exam or doppler flow.
 - (3) Apnea via auscultation of breath sounds.
 - (4) Completely unresponsive to stimuli
 - (5) Five (5) minutes of any of the following electrocardiographic rhythms, confirmed in two (2) different leads: electric asystole, ventricular fibrillation, pulseless electrical activity.
 - (6) Pulselessness via auscultation of heart sounds.
 - (7) Pupils fixed and dilated.
 - e. Under no circumstances will chest compressions be performed after the declaration (certification) of death.
 - f. The organ recovery team will not be involved in the declaration of death.
 - g. Upon completion of certification of death, the family will be informed and support will be provided.
 - h. Immediately after certification of death, organ recovery will proceed.
 - i. If the patient does not deteriorate to death within the designated time of ninety (90) minutes, the donation process will cease and comfort measures will be maintained.
 - j. If cardiac death does not occur, the patient and family will be moved to an assigned patient room that has been assigned to the patient for continuation of routine end of life care.

DOCUMENTATION:

For brain death donation:

Document in the clinical multidisciplinary documentation record:

1. Family education
2. Determination of brain death (date, time, and name of physician who made determination of brain death)
3. Completed consent form for organ donation and recovery
4. Complete donor record, including vital signs, assessments, treatment, and the clinical status of the donor
5. Communication with the family with summary of information provided and response of the family
6. Unexpected outcomes
7. Additional interventions

For donation after cardiac death (DCD):

Document in the clinical multidisciplinary documentation record:

1. Family education
2. Family discussion and decision to discontinue life-sustaining procedures. Documentation must include the following:
 - a. Date and time of discussion
 - b. Name of legal next-of-kin's decision
 - c. Responsible physician's signature
3. Completed consent for organ donation and recovery.
4. Communication with the family with summary of information provided and response of the family
5. The physician declaring (certifying) death will document the date and time of death in the patient's medical record and will complete the certificate of death
6. Unexpected outcomes
7. Any additional interventions

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For tissue and eye donation:

Document in the clinical multidisciplinary documentation record:

1. Family education
2. Time of death
3. Organ Procurement Notification/and response
4. If appropriate, family approached and response
5. Complete consent form
6. Transfer of body to morgue
7. Any additional interventions

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ADDENDUM A

GOOD SAMARITAN HOSPITAL
REGISTRATION
ORGAN PROCUREMENT PROCEDURE

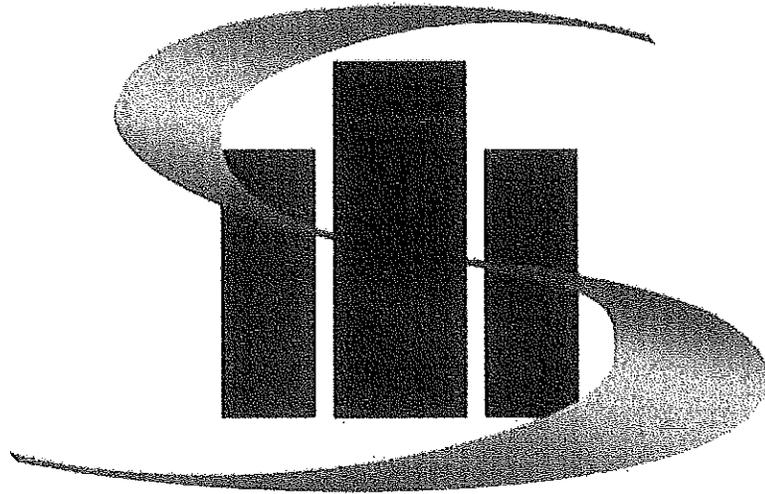
The following procedure will be used to set up accounts for organ procurement. The patient's original account will be discharged as "01-ROUTINE". Set up a new account, using the actual patient name. The patient type will be SDS. The doctor will be organ, donor. The diagnosis will be organ procurement. The guarantor will be Indiana, Organ Procurement. The Insurance will be "167-ADMIN ENC". These items are already in the system. Use partials to look for them. **Do not add them again.** Once the account is set up, assign the original bed to the SDS account. Go to the original account and edit the discharge status to "20-EXPIRED". Call the floor to let them know the new account number and type.

Steps to Follow:

1. Discharge original account using "01-ROUTINE"
2. Set up new account using the actual **PATIENT NAME**
3. Patient type is **SDS**
4. Doctor is **ORGAN, DONOR**
5. Diagnosis is **ORGAN PROCUREMENT**
6. Guarantor is **INDIANA, ORGAN PROCUREMENT**
7. Insurance is "167-ADMIN ENC"
8. Assign the **ORIGINAL BED** to the SDS account.
- 9: Use **REG-EVT-EDIT** and edit the original account discharge to "20-EXPIRED"
10. Call the floor to let them know the new account number and patient type
11. The above items, except diagnosis of course, is already in the system. Use partials to find them.
DO NOT ADD THEM AGAIN.

Only set up one account. If you have any problems, call your supervisor or manager.

DO NOT USE Doe, John or Doe, Jane.



GOOD SAMARITAN HOSPITAL

Application to Be Designated
“In the ACS Verification Process”

19. Diversion Policy

GOOD SAMARITAN HOSPITAL

Good Samaritan Hospital
Vincennes, Indiana

Approved:	TRAUMA DIVERSION POLICY	Index:
		Pages: 3
		Emergency Department
President/CEO Approval		
Approved by:		Prepared by:

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POLICY:

The need to go on "trauma divert" is a rare situation but might occur in the following circumstances:

- The Emergency Department is saturated; demand for critical patient care resources exceeds availability
- Emergency Department resources are fully committed due to an external disaster/multiple-casualty event
- Emergency Department resources are unavailable due to an internal disaster or catastrophic mechanical failure
- All available trauma surgeons are in the operating room
- The operating room is functioning at maximum capacity; no surgical suites are expected to become available within one hour
- General surgeons are overwhelmed with cases
- The General Surgeon is physically unable to operate

In such rare cases, the Emergency Physician and Surgeon, in collaboration with the Trauma Medical Director will make the decision to divert trauma patients for a short period of time. The need to remain on divert status should be reviewed hourly to provide for the shortest possible time on divert.

The diversion of trauma patients only pertains to incoming ambulance patients and not walk-in patients. A patient incoming via ambulance while on "Trauma Divert" will be accepted if the EMS provider and monitoring physician determine that the patient is experiencing a condition such that transport to the next closest appropriate trauma center could reasonably result in increased morbidity or death. "Trauma Divert" status is a request to EMS Personnel to transport the patient to another facility. The

patient or EMS personnel may decline the request to divert provided they have been properly apprised of the potential for delayed treatment affecting the care of the patient.

Ambulance patients who have arrived on hospital property will be admitted to the emergency department and evaluated by a physician regardless of the hospital's diversion status.

Only a "Partial Trauma Diversion" may be implemented in the event a partial facility operation is not fully functioning, such as:

- CT Scanner is Down- Individual Situation and Downtime to be considered
- Med-Surg Beds are Full- Divert Medical Patients Only
- ICU Beds are Full- Divert ICU Patients Only
- OB Resources are Saturated – Divert OB Patients Only

PURPOSE:

Occasions may arise when one or more essential hospital resources are functioning at maximum capacity or otherwise unavailable, and it is in the best interest of the trauma patient to be directed to an alternative facility for optimal care.

PROCEDURE:

Going on "Trauma Divert":

1. The Surgeon on call and the Emergency Department Physician will collaborate with the Trauma Medical Director and decide on the need to go on a "Trauma Divert." The Administrator on call and the House Supervisor will be immediately advised of the need to divert. They will notify the Emergency Department Charge Nurse.
2. The Charge Nurse notifies the following of Trauma Divert status:
 - a. Emergency Department Nursing Staff
 - b. ICU Nursing Staff
 - c. EMS Dispatch Center(s) (e.g. Sheriff Departments); Request EMS Personnel to call hospital early with patient information
 - d. Hospitals within a 45-mile radius
 - i. Daviess Community
 - ii. Gibson General
 - iii. Sullivan County Community
 - iv. Lawrence County Memorial
 - v. Crawford Memorial
 - vi. Richland Memorial
3. The Emergency Department Charge Nurse begins a "Trauma Divert Tracking Log"

When contacted by EMS with information regarding a seriously injured trauma patient, the Emergency Department staff member taking report notifies the EMS Crew that the hospital is on "Trauma Divert" and immediately puts the crew in contact with the Emergency Department

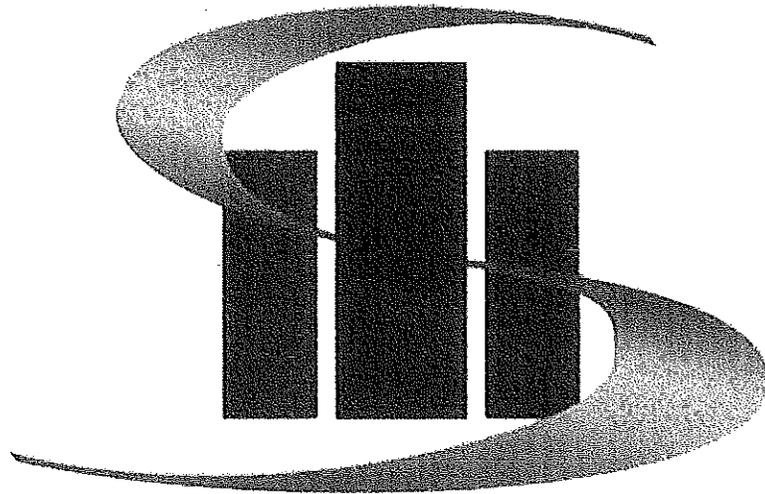
Physician. The Physician will determine if the patient is to be seen in the Emergency Department of diverted to a nearby facility. The decision whether or not to divert must be accomplished very quickly in order to minimize the patient transport time.

Going off "Trauma Divert":

1. The Surgeon and Emergency Physician that initiated the diversion status must:
 - a. Continuously evaluate the need to remain on "Trauma Divert"
 - b. Make the decision as to when the hospital is no longer on "Trauma Divert"
 - c. Notify the Emergency Department Charge Nurse when no longer on "Trauma Divert"
2. The Charge Nurse notifies:
 - a. Emergency Department Nursing Staff
 - b. ICU Nursing Staff
 - c. EMS Dispatch Center
 - d. Hospitals within a 45-mile radius
3. The Emergency Department Charge Nurse completes the "Trauma Divert Tracking Log" and forwards it to the Trauma Program Manager.



Good Samaritan Hospital did not divert any patients in 2013.



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*20. Operational process
performance improvement
committee*



Good Samaritan Hospital has held regular meetings of General Surgery, Surgery Specialties and Pathology 4 times per year. These meetings were held on January 2, May 1, July 3 and September 4, 2013.

There is an additional Anesthesia meeting held 4 times per year. These meeting were held on January 16, March 20, May 15 and July 17, 2013.

Our newly formed PIPS committee met for the first time on April 1, 2014. These meetings will be held the first Tuesday of each month.

**REGULAR MEETING OF
GENERAL SURGERY, SURGERY SPECIALITIES &
PATHOLOGY SECTION/SERVICE**

MEMBERS:

M. Weiss, MD, Chairman
S. Arnett, DO
B. Arnold, MD
G. Chartier, MD
B. DeBrock, MD
T. Fenwick, MD
C. Freeman, MD
A. Hendrix, MD
A. Jennings, DO
J. Johnson, MD
J. Melchior, MD
D. Neumann, MD
T. O'Rourke, MD
M. Turner, MD
W. Vaughn, MD
R. Yang, MD

W. Mayfield, MD, V-Chairman
T. Chung, MD
M. Dulin, MD
F. Emert, MD
S. Furman, MD
D. Herman, Sr., MD
C. Hunt, II, MD
P. Kinman, MD
K. Maddock, MD
J. Mohammed, MD
D. Purdom, MD

OTHERS PRESENT:

R. McLin, President and CEO
D. Brand, Director of Surgical Nursing
D. Dashner, Surgery
K. Everett, Medical Staff Coordinator
B. Winkler, Director of Same Day Surgery

ANESTHESIA SECTION

MEMBERS:

M. Dulin, MD, Chairman
A. Hendrix, MD, V-Chairman
B. Arnold, MD
G. Chartier, MD
A. Jennings, MD

OTHERS PRESENT:

K. Haak, Chief Nursing Officer
D. Brand, Director of Surgical Nursing
K. Everett, Medical Staff Coordinator
J. Fiscus, Surgery Scheduler
C. Ginder, CRNA
C. Goff, CQVA Facilitator
M. Schuckman, VP of Physician Services
A. Siverly, Org. Excell. & Innov.
M. Smith, Director, OEI
B. Winkler, Director, SDS



Performance Improvement & Patient Safety (PIPS) Committee
Meeting Minutes
April 1, 2014

Present: Dr. David Purdom, Trauma Medical Director
Dr. Carl Holt, Trauma Emergency Physician Director
Brenda Winkler, RN, Director Perioperative Services
Vicki Potts, RN, Director Acute Care
Mary Pargin, RN, Emergency Nursing and Trauma Program Manager
Miranda Newberry, RN, Emergency Shift Coordinator
Jamie Dugan, Trauma Registrar

Not Present: Dr. Daniel Neumann, General Surgeon
Dr. Rong Yong, General Surgeon
Dr. James Johnson, General Surgeon
Dr. Terry Fenwick, Orthopedic Surgeon
Dr. Molly Weiss, Orthopedic Surgeon
Dr. Greg Whitsett, Orthopedic Surgeon
Dr. Brian Arnold, Anesthesiologist
Dr. Gavin Chartier, Anesthesiologist
Dr. Michael Dulin, Anesthesiologist
Dr. Alan Hendrix, Anesthesiologist
Dr. Amy Jennings, Anesthesiologist

Next meeting: Tuesday, May 6, 2014 12-1 pm, Cancer Pavilion Conference Room

Announcements

- The first monthly PIPS meeting was called to order. Mary Pargin presented an overview of the meeting purpose and agenda.

Discussion

- The Trauma Team discussed all expired patients from 2013, one admit case and two transfer cases from January/February 2014.
 - Each was categorized as to what activation level would have applied to the case.
 - Particular attention was given to Time of Presentation to CT in regards to patients with head injuries.
- The Trauma Medical Director and Director Perioperative Services discussed the appropriate and timely response of surgeons that were performing a procedure at the time of activation.
- The ACS requirements for PIPS meetings were discussed.
- The activation criteria were reviewed in preparation of activations that will begin the week of April 7, 2014.

**Good Samaritan Hospital
Trauma PI Tracking Form**

Demographics	Source of Information	Location of Issue
Date of service:	<input type="checkbox"/> Trauma program coordinator	<input type="checkbox"/> EMS
Encounter:	<input type="checkbox"/> Nurse manager	<input type="checkbox"/> ED
ED Length Of Stay:	<input type="checkbox"/> Staff nurse	<input type="checkbox"/> OR
Activation Level:	<input type="checkbox"/> Physician	<input type="checkbox"/> ICU/PACU
Patient Disposition:	<input type="checkbox"/> Patient relations	<input type="checkbox"/> Floor
	<input type="checkbox"/> Rounds	<input type="checkbox"/> Radiology
	<input type="checkbox"/> Multi-disciplinary conference	<input type="checkbox"/> Lab
	<input type="checkbox"/> Registry	<input type="checkbox"/> Rehab
	<input type="checkbox"/> QA/QI chart audit	<input type="checkbox"/>
Complication, problem or complaint:		
Date of review:		Reviewed by:
Determination: <input type="checkbox"/> system-related <input type="checkbox"/> disease-related <input type="checkbox"/> provider-related <input type="checkbox"/> unable to determine	Preventability: <input type="checkbox"/> non-preventable <input type="checkbox"/> potentially preventable <input type="checkbox"/> preventable <input type="checkbox"/> unable to determine	
Corrective action: <input type="checkbox"/> not necessary <input type="checkbox"/> guideline/protocol <input type="checkbox"/> resource enhancement <input type="checkbox"/> trend/track similar occurrences <input type="checkbox"/> counseling <input type="checkbox"/> privilege/credentialing review <input type="checkbox"/> education <input type="checkbox"/> peer review <input type="checkbox"/>		
Opportunities for Improvement:		
Signature:	Date:	

Adapted from American College of Surgeons, *Resources for Optimal Care of the Injured Patient: 1999*, p. 72.

**Performance Improvement and
Patient Safety
(PIPS) Committee
1st Tuesday of Every Month**

* Chaired by the
Trauma Medical
Director:
Dr. David Purdom

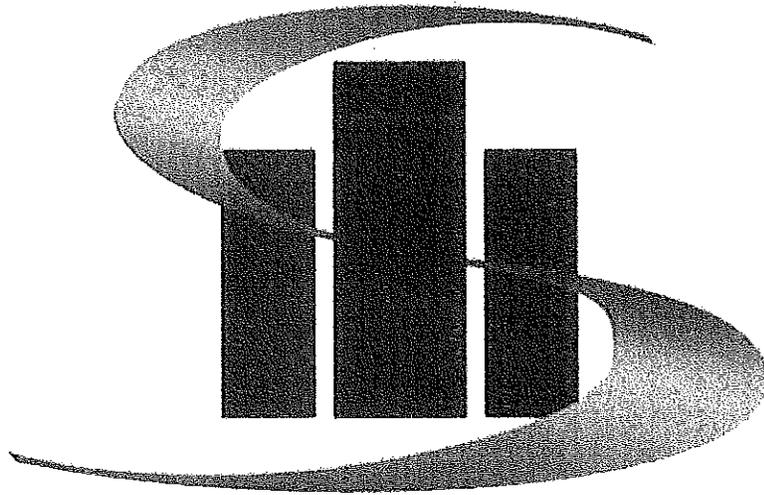
Committee
Members:

- * Representatives
from orthopaedic
surgery,
emergency
medicine and
anesthesia
- * All general
surgeons on the
Trauma Call Panel

- * The purpose of the
committee is to
improve care by
reviewing selected
deaths, complications
and sentinel events
with objective
identification of issues
and appropriate
responses.
- * ACS requires evidence
for participation and
acceptable attendance.

Activation Criteria Activations Begin April 7, 2014

- * The "911 Activation" will be activated for trauma team response. The trauma surgeon will be present in the Emergency Department upon patient arrival with proper field notification OR within 30 minutes after the trauma team is activated. The trauma patient will be admitted to the appropriate trauma surgical service.
- * The "912 Alert" will be activated for trauma team response with the exception of blood bank and chaplain services. The trauma surgeon will be present in the Emergency Room department upon patient arrival with proper field notification OR within 60 minutes after the trauma team is activated. If at any time the patient deteriorates, a 911 activation must occur according to criteria or at the discretion of the Emergency Room physician. The trauma patient will be admitted to the appropriate Trauma Surgical Service.



GOOD SAMARITAN HOSPITAL

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21. *Nurse Credentialing Requirements*

RN Certification Expiration Dates
GSH Emergency Department

Emergency Department Nurse	Employment Status	BLS	ACLS	PALS	TNCC	ENPC	BSN	CEN	NRP	SANE
Ahna Beard	Full-Time	2/15	10/15	5/15	4/18				6/15	
Bonnie Brown	PRN	2/16	5/15	4/14						
Jade Carter	Full-Time	2/15	5/14	4/15	4/18					
Penny Culp	Full-Time	8/14	1/15	10/15	9/13		✓			✓
Rechel Cunningham	PRN		3/15	6/15	5/15					
Brandee Davis	Full-Time	1/16	9/14	9/14	2/18	11/16		✓		✓
Danielle Deisher	Full-Time	8/15	9/14	10/14	5/17					
Sherry Froman	Full-Time	2/16	11/15	11/15	5/17					
Karen Fulcher	Full-Time	2/15	6/14	9/15	4/18		✓			✓
Bethany Fuller	Full-Time	1/16	6/15	7/14	5/17					
Paula Hardy	Full-Time	2/16	2/15	11/14	2/18		✓		6/15	
Mary Harrell	Full-Time	1/16	1/16	1/16			✓			
Tina Kelley	PRN	2/16	11/14	6/14			✓			
Rose Kendall	Full-Time	2/15	6/14	10/14	11/16					
Jennifer Kleuh	Full-Time	1/15	1/16	6/14	5/17					
Devotivi Laughlin	Full-Time	2/14	11/15	11/14	4/18					
Lawburg, Desires	PRN	1/16	3/15	2/15	10/16				2/15	
Amanda Lockhart	PRN		4/15	7/15	4/18					
Leanna McCoy	Full-Time	2/16	2/16	4/14	4/18					
Teresa Mcquaid	Full-Time	2/16	7/15	2/16	8/15					
Marcie Meyer	PRN	2/14	2/15	2/15	4/18		✓			
Shannon Meek	Full-Time	2/16	9/14		5/17					
Paula Middett	Full-Time	1/15	2/16	3/16	5/15				6/14	
Kara Meyer	Full-Time	10/15	5/14	3/14	5/17	11/16	✓	✓	4/14	✓
Miranda Newberry	Full-Time	2/16	8/15	11/15	3/14	11/16	✓	✓		
Mary Newman	Full-Time	2/16	2/16	5/15	4/18					
Mary Patrin	Full-Time	2/15	5/14	4/15	5/17		✓	✓		
Thomas Parkes	Full-Time	11/14	1/15	2/15	5/17					
Laura Perry	Full-Time	1/16	3/15	2/15	11/16					
Julie Phillips	PRN	9/15	2/16	9/15	4/18					
Melanie Pickett	Full-Time	1/14	1/15	2/15	4/18		✓			
Jennifer Pifer	Full-Time	2/15	1/16	2/16	8/15					
Melanie Sampson	Full-Time	2/15	6/15	6/15	8/15					
Amanda Siewers	Full-Time	10/14	5/14	7/15	8/15			✓		
Becky Stephens	Full-Time	6/14	3/14	4/15	11/15		✓			
Tony Stoltz	Full-Time	2/15	4/15	5/14	4/18			✓		
Mary Trimble	PRN	7/15	11/15	10/14						
Sara Ustrey	Full-Time	6/14	5/14	7/15	4/18					
Brooke Waggoner	Full-Time	10/15	10/15	11/15	5/17					
Lindsay Vanschoyck	PRN	5/14	9/14	10/14						

GOOD SAMARITAN HOSPITAL
Vincennes, Indiana

PLAN FOR THE PROVISION OF EMERGENCY SERVICES PATIENT CARE

I. SCOPE OF SERVICE:

The Emergency Services Department provides emergency nursing care for patients of all ages with a multitude of diverse problems in a rural area. The Emergency Services Department is open and staffed 24 hours daily by personnel trained and experienced in the treatment of emergencies.

II. DEPARTMENTAL PHILOSOPHY:

The Emergency Services Department philosophy will provide quality health services to the public and improve health care in our service area by following the established standards of professional practice, moral and ethical principles and state licensing laws.

III. ORGANIZATIONAL DESCRIPTION/DEPARTMENTAL LINKAGE:

The organizational chart represents line and staff responsibilities and flows vertically and horizontally to support staff participation in decision making and delivery of patient care. There is a Medical Director, Chief Nursing Officer, Director, and a Manager. Charge Nurses are assigned when the Director or Manager are not available.

IV. STAFFING REQUIREMENTS/ASSIGNMENTS:

The RN Staff is qualified to perform duties within the scope of the unit by meeting the following requirements:

Current Indiana RN licensure
Completion of orientation – Basic Cardiac Life Support (BCLS)
Within 1 year of hiring – Basic Rhythm Recognition, Advanced Medical Surgical Course, Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Non-violent Crisis Intervention (CPI)
Within 2 years of hiring – Trauma Nursing Core Course (TNCC) – recertifying every 4 years
Annually thereafter - Education Day, Unit competencies, CPI
Biannually thereafter - ACLS Retraining, BCLS Retraining, PALS Retraining.

ES Technicians: Completion of orientation - BCLS, CPI
Annual - Education Day, Unit competencies, CPI, BCLS Retraining, current EMT Certification (for EMTs).

Assignments are made by the Charge Nurse and are based on patient acuity, technology required to provide treatment, and the individual's capability. Critically ill patients are accompanied to testing areas by a RN. Patients are triaged on admission and assigned an acuity level based on Emergency Severity Index (ESI). Placement into rooms within the Emergency Department is based upon the ESI level. Staffing is done according to the staffing pattern and acuity of patients. The staff may obtain assistance from the Vice President of Nursing, Director, Manager, Supervisor, CCU, IMC, SDS, PACU, or other nursing units if a need arises that dictates a need for additional staff.

V. DEPARTMENT BUDGET:

The Emergency Service Department prepares a capital, personnel and expense budget and collaborates with like areas to maintain cost effectiveness, and to ensure the same standard of care is provided. The budget and other supporting information is forwarded to Administration. There is ongoing review of productivity, variance, turnover, supply usage, risk, UR, PI and regulatory agency reports in an effort to identify patient needs, staffing needs and cost containment.

VI. IMPROVING ORGANIZATIONAL PERFORMANCE (PI ACTIVITIES)

To provide for continual performance improvement, the Emergency Service Department maintains ongoing monitoring of high risk, high volume and problem prone issues. When an issue is identified, it is reviewed and a plan of action for improvement is implemented and monitored for any need of revision.

1/31/98
Revised:
3/20/00

6/14/01

5/1/03

5/1/04

8/11/05

12/7/06

01/2/07
01/03/08

Revised: 08/01/08
Revised: 12/21/08
Revised: 11/30/11
Revised: 12/26/13

GOOD SAMARITAN HOSPITAL
Vincennes, Indiana

PLAN FOR THE PROVISION OF CRITICAL CARE PATIENT CARE/SERVICES

I. SCOPE OF SERVICE:

Critical Care provides care for medical and surgical critical care patients. Types of patients include acute myocardial infarction, cardiogenic shock, acute congestive heart failure, acute respiratory failure, acute and chronic renal failure, multiple trauma, general surgery and medical patients at high risk, severe pre/post-partum complications and pediatric patients in serious condition.

II. DEPARTMENTAL PHILOSOPHY:

The critical care philosophy focuses on prompt assessment and treatment of the patient's physical, emotional, spiritual, and cultural needs. Supportive care is also provided to the family during crisis, stabilization, and transfer phases of the patient's hospitalization. The patient needs are incorporated into the plan of care upon admission and are reviewed and revised throughout their stay. Nursing care is delivered utilizing a Relationship Based Care model.

III. ORGANIZATIONAL DESCRIPTION/DEPARTMENTAL LINKAGE:

The organizational chart represents line and staff responsibilities and flows vertically and horizontally to support our staff participation in decision making and delivery of patient care. The chart includes the area Nursing Director, Nurse Manager, Nurse Clinician, Shift Coordinator, Charge Nurses, Staff Nurses, Multi-skilled Workers, as well as interjection by Nursing Supervisors and Orderlies. The team includes members of the following disciplines who are utilized according to need to round out the patients' care: Dietary, Social Services, Respiratory Therapy, Physical Medicine, Care Management, Pharmacy and Radiology. Medical supervision is provided by the Multidisciplinary Critical Care Committee. The committee chairperson acts as the Medical Director. In the absence of the Nurse Manager, the Shift Coordinator is available.

IV. STAFFING REQUIREMENTS/ASSIGNMENTS:

Staff are qualified to perform duties within the scope of the unit by meeting the following requirements:

- RN: Current Indiana licensure
Completion of orientation – BLS, competency assessment validation, skills checklist
Within 1 year of hiring – Essentials of Critical Care Orientation (ECCO), Basic Rhythm
Recognition Course, ACLS, PAL, PACU orientation, and Moderate Sedation
Annually-Unit skills competency and Annual Education Review, Moderate Sedation
Bi-annually-BLS, ACLS and PALS retraining
- MSW: CNA - 12 hour continuing education/in-services
Completion of orientation –BLS, competency assessment validation, skills checklist
Annually thereafter – Annual Education Review, unit skills competency
Biannually - BLS

Staffing Effectiveness:

Staffing is determined by the acuity level of patients, patient falls, patient complaints, turnover of staff, and staffing standards based on national benchmarks. Assignments are made by the Nurse Manager or designated Charge Nurse and are based on patient acuity, skill level of personnel and individual abilities.

V. DEPARTMENT BUDGET:

The Critical Care units prepare a capital, personnel and expense budget and collaborate with other areas to maintain cost effectiveness, and to ensure the same standard of care is provided. The budget and other supporting information is forwarded to Administration. There is ongoing review of productivity, variance, turnover, supply usage, risk, utilization review, performance improvement and regulatory agency reports in an effort to identify patient needs, staffing needs and cost containment.

VI. IMPROVING ORGANIZATIONAL PERFORMANCE (PI ACTIVITIES)

To provide for continual performance improvement, the Critical Care units maintain ongoing monitoring of high risk, high volume and problem prone issues. When an issue is identified, it is reviewed and a plan of action for improvement is implemented and monitored for any need of revision.

Restraints: The unit goal is to reduce the use of restraints through preventative and alternative strategies that protect the patient's health and safety, and preserve his/her dignity, rights and well-being. Restraint use is limited to clinically appropriate and adequately justified situations.

1/31/98

Revised: 3/23/00, 3/22/01, 5/7/04, 8/05, 6/24/06, 1/2/07, 1/2/08, 1/15/09, 12/01/11, 12/30/13