



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

Indiana Dept of Homeland Security  
Received

**JUL 16 2013**



Date submitted (month, day, year)  
**07-16-2013**

APPLICANT INFORMATION		
Legal name Indiana University Health Ball Memorial Hospital		
Mailing address (number and street, city, state, and ZIP code) 2401 W. University Avenue, Muncie, IN 47303-3499		
Business telephone number ( 765 ) 747-3111	24-hour contact telephone number ( 765 ) 747-3111	Business fax number ( 765 ) 741-2961

CHIEF EXECUTIVE OFFICER INFORMATION	
Name Michael E. Haley	Title President and Chief Executive Officer
Telephone number ( 765 ) 747-3251	E-mail address MEHaley@iuhealth.org

TRAUMA PROGRAM MEDICAL DIRECTOR INFORMATION	
Name Dr. Mark Saleem, FACS	Title Trauma Medical Director
Telephone number ( 765 ) 289-6381	E-mail address MSaleem@iuhealth.org

TRAUMA PROGRAM MANAGER INFORMATION	
Name Rebekah Dillon, RN, BSN, CEN	Title Trauma Program Manager
Telephone number ( 765 ) 747-4238	E-mail address RDillon@iuhealth.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 Michael E. Haley	Date (month, day, year) <b>07-11-2013</b>
Signature of trauma medical director 	Printed name Mark Saleem	Date (month, day, year) <b>07-11-2013</b>
Signature of trauma program manager 	Printed name Rebekah Dillon	Date (month, day, year) <b>07-11-2013</b>

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

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

Part of State Form 55271 (5-13)

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

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

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

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

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

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

**MARK SALEEM M.D. , F.A.C.S.**

11101 North county road  
Muncie, IN 47303

**EMPLOYMENT**

- 5/2011-present      General Surgeon, Trauma Medical Director, IU Health, Ball Memorial hospital, Muncie, IN
- 8/2008 – 2011      General Surgeon, Laurel Ridge Surgical Associates, Uniontown Hospital, Uniontown, Pennsylvania.

**EDUCATION**

- 7/2007 - 6/2008      Minimally Invasive/Bariatric Surgical Fellow, University of Pittsburgh Medical Center, Magee-Womens Hospital, Pittsburgh, Pennsylvania.
- 7/2006 – 6/2007      Administrative Chief Resident, West Virginia University general surgery residency program, Morgantown, West Virginia.
- 7/2002 – 6/2007      General surgery resident, West Virginia University general surgery residency program, Morgantown, West Virginia.
- 7/1999 – 6/2002      Family practice resident, Williamsport Hospital family practice residency program, Williamsport, Pennsylvania.
- 8/1994 – 5/1999      Temple University School of Medicine\*, voluntary leave of absence in good academic standing used to train for the USA Gymnastics championships (1996-1997 academic year).
- 8/1989 – 5/1994      University of Pittsburgh, undergraduate study in Microbiology, History and Philosophy of Science, Magna cum laude.

**LICENSURE / CERTIFICATION**

- American Board of Surgery, 2007 - present
- Diplomat American Board of Family Medicine, 2003 – 2010
- Pennsylvania State medical license, 6/2007 – present
- Indiana State medical license, 4/2011 – present
- Advanced Trauma Life Support (ATLS), Provider, Expires: 3/2016

## **HONORS / AWARD**

- 2007 – Third place, American College of Surgeons resident research competition, State Chapter Meeting.
- 2005 – Second place, Bernard Zimmerman resident research competition, WVU.
- 2004 – Third place, American College of Surgeons resident research competition, State Chapter Meeting.
- 2004 – First place, Bernard Zimmerman resident research competition, WVU.
- 2004 – WVU department of Surgery resident research award.
- 2004 – Outstanding resident in trauma award, WVU general surgery residency program.
- 2003 – Second place, Bernard Zimmerman resident research competition, WVU.
- 2002 – Third place still rings, Navy Open Gymnastics competition.
- 1994 – NCAA Division one, Academic All America Team.

## **COMMITTEES**

- 7/2006 – 7/2007      Medical Executive Committee, Ruby Memorial hospital, Morgantown, West Virginia.
- 7/2006 – 7/2007      Medical Education Committee, WVU General Surgery residency program.

## **PUBLICATIONS**

"Design and Structural Requirements of Potent Peptidomimetic Inhibitors of p21RAS Farnesyl Transferase." Yimin Qian, Michelle A. Blaskovitch, Mark Saleem, Churl Min Seong, Steven P. Wathen, Andrew D. Hamilton, and Said M. Sebti. Journal of Biological Chemistry, 1994, 269, 12410.

## **EXTRA-CURRICULAR ACTIVITIES**

Artistic Gymnastics still rings specialist, NCAA Division one Gymnast University of Pittsburgh (1989-1994), tennis.

## **MEMBERSHIPS / SOCIETIES**

American College of Surgeons, Fellow

Society of American Gastrointestinal and Endoscopic Surgeons

**Job Title :**

Medical Director-Trauma

**Job Code :**

BMHA47

**Date :**

September 07, 2011

**Summary**

This position exists to provide physician leadership in the development of departmental protocols and procedures. The incumbent will monitor the quality of clinical activities and protocols. The Trauma Medical Director in collaboration with the Trauma Program Manager is responsible for the ongoing 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; resident and staff education and trauma research. He/she has authority to act on all trauma performance improvement and administrative issues and critically review trauma deaths and complications that occur within the hospital. Decisions affecting the care of trauma patients will not be made without the knowledge, input and approval of the Trauma Medical Director.

**Essential Functions****Clinical Leadership:**

Assures that clinical guidelines are developed, communicated and implemented to all medical and professional personnel for the department. Participates in formulation of policies and procedures for the department. Assures adherence to the established protocols and policies, are monitored, and action taken where appropriate. Ensures compliance with standards of care. Exercises authority for all major medical administrative decisions for the department as they involve other hospital departments.

**Quality Improvement:**

Takes appropriate action to ensure quality patient care, assist the quality assurance director in developing a system for assessment of program quality through the use of defined key indicators of performance. Assesses program quality, and reviews variances to established protocols, policies, procedures, taking appropriate actions as necessary.

**Market Development:**

Provides input relating to market enrichment strategies and programs for implementation in conjunction with the Marketing Department. Contributes to a positive community image through promotional efforts with community and state agencies ad groups as requested.

**Patient Care:**

Provides medical consultation and oversees patient care delivered by the organization employees in adherence to the contractual agreement.

**Education:**

Participates in resident, medical student and other allied health personnel education, including the coordination of lectures, schedules, and patient rounds.

**Operational Input:**

Provides input into operational aspects of the department including budget, staffing, resource utilization, space requirements and program development.

**Problem Resolution:**

Works with team members for resolution of problems. Works with team members to ensure

accurate and timely maintenance and completion of all departmental medical records.

**Research Referral:**

Investigates the feasibility of clinically relevant research. Identifies research topics, assists in developing protocols including estimates of man-hours needed for data collection.

**Trauma PI:**

Determines and implements PI activities appropriate to the trauma program. Oversees the trauma PI program and participate in other quality initiatives that deal with the care of injured patients. Reviews and investigates all trauma PI inquiries in collaboration with the Trauma Program Manager and refer to the appropriate committees. Monitors compliance with trauma treatment guidelines, policies and protocols. 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. Reports quality of care issues promptly to appropriate individuals, including Trauma Program Manager and hospital administration. Identifies and corrects deficiencies in trauma care policies, guidelines and protocols.

**Trauma Administration:**

Participates in the research, development and writing of trauma policies, protocols and practice guidelines. Implements trauma program policies and procedures in collaboration with the Trauma Program Manager as they pertain to patient care. Organizes, directs and integrates the trauma program with all other departments and services within the hospital. Promotes a cooperative and collaborative working environment among the clinical disciplines involved in trauma care. Maintains an effective working relationship with the medical staff, trauma service staff, administration and other departments. Provides oversight and direction in recommending privileges for the trauma service. Participates in trauma program marketing activities. Establishes a physician case management process that fosters cost-effective, high quality patient care. Assesses need for equipment, supplies, budget. Assists the leadership in developing and meeting the trauma program budgetary goals. Oversees, participate in and develop projects that ensure the cost-effectiveness of care provided by physicians and hospital.

**Level III Trauma Responsibilities:**

Leads efforts to develop and maintain a trauma center. Collaborates with senior leadership to establish trauma program goals and objectives consistent with those of the hospital and ensure that those of the trauma program are being met. Develops and provides input on the development and maintenance of practice guidelines, policies and methodologies for medical/surgical trauma care. Participates in site review by regulatory agencies. Organizes, directs and implements departmental practices to assure continued compliance with applicable laws including the guidelines established by the American College of Surgeons and the Joint Commission on Accreditation of Hospitals. Demonstrates positive interpersonal relationship with colleagues, referral MDs, hospital personnel, and patients/families in order to achieve maximum operational effectiveness and customer satisfaction. Assures transfer agreements in place and in good standing; maintain relationship with receiving facilities, foster collaborative relationship. Makes appropriate referrals for specialty services and communicate regularly with referring physician as appropriate. Assumes clinical responsibility for all trauma patients. Ensures that adequate attending physician availability is provided to render care to trauma patients. Ensures establishment of physician/surgeon call schedules for all trauma care, excluding those who do not meet educational and credentialing requirements. Provides trauma care leadership and consultation for emergency, surgery and intensive care unit departments. Participates in regional and statewide activities affecting the trauma program. Attends local and national meetings and conferences to remain current regarding issues relevant to the performance of duties. Demonstrates consistent, efficient, cost effective and quality trauma care at all times.

**Licensure/Certification/Registrations:**

Verifies that employee possesses documentation of current appropriate licensure/certification/registrations as required by job description. Yes = Meets Expectations No = Does Not Meet Expectations (will require a comment) N/A= Job does not require DO NOT SELECT EXCEEDS EXPECTATIONS

The preceding essential function statements are not intended to be an exhaustive list of tasks and functions for this position. Job descriptions provide a representative summary of the major duties and responsibilities performed by incumbents. Other tasks and functions may be assigned as needed to fulfill the mission of the organization.

**Job Family: ( Senior Leadership )**

Job Family || Job Behavior

**QUALIFICATIONS/KNOWLEDGE/SKILLS/ABILITIES:**

Requires a Medical Degree with board certification in General Surgery and licensure to practice in the state of Indiana.

Member in good standing of the hospital medical staff.

Currently certified in Advanced Trauma Life Support (ATLS).

Participates in trauma call.

Demonstrated history of positive collegial relations with colleagues, support staff, hospital-based providers, administrators and patients.

Requires strong leadership skills.

Requires marketing knowledge.

Requires knowledge of budgeting processes.

Requires academic interest and background.

Requires strong team management skills.

Requires knowledge of Quality Assurance.

**AUTHORIZED SIGNATURE:**

**DATE:**



# Ball Memorial Hospital

## Trauma Program Autonomy - Role of the Trauma Director

The following bullet points are established by the Administrative Team of IU Health Ball Memorial Hospital and its Board of Directors as policy for our Trauma Program.

- The Trauma Director has the authority to correct deficiencies in trauma care or exclude from trauma call the trauma team members who do not meet specified criteria.
- The Trauma Program is empowered to address issues that involve multiple disciplines.
- The Trauma Program will be given adequate administrative support and defined lines of authority to ensure comprehensive evaluation of all aspects of trauma care.
- The Trauma Program has an appointed Medical Director who is given the authority and administrative support to lead the program.
- The Trauma Medical Director will be given sufficient authority to set the qualifications for the trauma service members.
- The Trauma Medical Director will have sufficient authority to recommend changes for the trauma panel based upon performance reviews.
- The Trauma Medical Director has responsibility and authority to ensure compliance with verification requirements.
- The structure of our Trauma Program will allow the Trauma Director to have over site authority for the care of injured patients who may be admitted to individual surgeons.
- The Trauma Director will be given absolute responsibility and authority for determining each general surgeon's ability to participate on the trauma panel based on annual review.
- The Trauma Director has the authority to correct deficiencies in trauma care or exclude from trauma call the trauma team members who do not meet specified criteria.

Jeffrey C. Bird, M.D.  
Chief Medical Officer and Vice President, Operations

Date: 6/4/13

Michael E. Haley  
President and CEO

Date: 6/4/13



# AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:*

*Highest Standards, Better Outcomes*

ACS Member: Mark Saleem, MD FACS

ACS Member ID: 03097078

Program	Awarded By	ACS-Verified Credits		Unverified Credits *		Date
		Total CME	Self-Assessment	Unverified CME	Unverified Self-Assessment	
March, 2013 - General Surgery	JACS	1.00	1.00			04/02/2013
February, 2013 - Gallbladder	JACS	1.00	1.00			04/01/2013
February, 2013 - Burn, Trauma, Critical Care	JACS	1.00	1.00			03/13/2013
2012 Clinical Congress Webcast - PS 115 Bowel Obstruction: Causes, Management and Prevention	ACS	1.50	1.50			01/17/2013
December, 2012 - Plastic Surgery	JACS	1.00	1.00			12/20/2012
2011 Clinical Congress Webcast - PS223 Everything You Wanted to Know About Clostridium Difficile Colitis	ACS	1.50	1.50			11/30/2012
November, 2012 - Colon/Rectal	JACS	1.00	1.00			11/19/2012
November, 2012 - General Surgery	JACS	1.00	1.00			11/19/2012
October, 2012 - Breast	JACS	1.00	1.00			10/31/2012
August, 2012 - Colon/Rectal	JACS	1.00	1.00			10/31/2012
October, 2012 - Burn, Trauma, Critical Care	JACS	1.00	1.00			10/24/2012
Trauma Techniques: From Top to Bottom	ACS	6.00	0.00			10/03/2012
Total Mesorectal Excision-When and How	ACS	1.00	0.00			10/02/2012
98th Annual Clinical Congress	ACS	14.00	0.00			10/04/2012
Diverticulitis: Bring your Dilemmas	ACS	1.00	0.00			10/01/2012
September, 2012 - Patient Safety	JACS	1.00	1.00			09/03/2012
July, 2012 - Patient Safety	JACS	1.00	1.00			07/31/2012
July, 2012 - Stomach/esophagus	JACS	1.00	1.00			07/31/2012
June, 2012 - Burn, Trauma, Critical Care	JACS	1.00	1.00			07/09/2012
May, 2012 - Colon/Rectal - Part II	JACS	1.00	1.00			05/30/2012
May, 2012 - Colon/Rectal - Part I	JACS	1.00	1.00			05/30/2012
March, 2012 - Colon/Rectal	JACS	1.00	1.00			03/15/2012
Surgical Education and Self-Assessment Program (SESAP), No. 14 Audio Companion	ACS	1.75	1.75			03/14/2012
February, 2012 - Gallbladder	JACS	1.00	1.00			02/13/2012
Surgical Education and Self-Assessment Program (SESAP), No. 14 Audio Companion	ACS	5.25	5.25			01/31/2012

December, 2011 - Appendix	JACS	1.00	1.00		01/23/2012
January, 2012 - Hyperglycemia	JACS	1.00	1.00		01/04/2012
Surgical Education and Self-Assessment Program (SESAP), No. 14 Audio Companion	ACS	3.25	3.25		12/14/2011
October, 2011 - Hernia	JACS	1.00	1.00		12/12/2011
November, 2011 - Gastrointestinal carcinoids	JACS	1.00	1.00		12/09/2011
November, 2011 - Gastric Cancer	JACS	1.00	1.00		12/09/2011
November, 2011 - Sphincter preservation	JACS	1.00	1.00		12/07/2011
November, 2011 - Venous thromboembolism	JACS	1.00	1.00		12/06/2011
December, 2011 - Colon/rectal	JACS	1.00	1.00		12/05/2011
Surgical Education and Self-Assessment Program (SESAP@)14	ACS	70.00	70.00		09/12/2011
Surgical Education and Self-Assessment Program, No. 13 (SESAP 13) Audio Companion	ACS	3.00	3.00		10/24/2010
August, 2010 - Cholecystectomy	JACS	1.00	1.00		08/04/2010
June, 2010 - Surgical Sepsis	JACS	1.00	1.00		07/30/2010
July, 2010 - Laparoscopic cholecystectomy	JACS	1.00	1.00		07/30/2010
January, 2010 - Gastric Cancer	JACS	1.00	1.00		07/30/2010
January, 2010 - Infection	JACS	1.00	1.00		07/30/2010
February, 2010 - Soft Tissue Sarcoma	JACS	1.00	1.00		07/30/2010
February, 2010 - Pain Management	JACS	1.00	1.00		07/30/2010
December, 2009 - Breast	JACS	1.00	1.00		12/08/2009
Surgical Education and Self-Assessment Program, No. 13 (SESAP 13) Audio Companion	ACS	3.00	3.00		12/02/2009
February, 2008 - Colorectal	JACS	1.00	1.00		12/02/2009
December, 2007 - Colectomy for cancer	JACS	1.00	1.00		11/24/2009
December, 2007 - Pancreatitis	JACS	0.50	0.50		11/23/2009
August, 2009 - Postoperative Delirium	JACS	1.00	1.00		11/19/2009
October, 2009 - Perioperative hypothermia	JACS	0.50	0.50		11/18/2009
November, 2009 - inguinal hernia	JACS	1.00	1.00		11/16/2009
November, 2009 - cholecystectomy	JACS	1.00	1.00		11/16/2009
Surgical Education and Self-Assessment Program, No. 13 (SESAP 13) Audio Companion	ACS	3.00	3.00		11/09/2009
Surgical Education Self-Assesment Program No. 13	ACS	60.00	60.00		11/05/2009
Surgical Education and Self-Assessment Program, No. 13 (SESAP 13) Audio Companion	ACS	3.00	3.00		10/07/2009
Surgical Education and Self-Assessment Program, No. 13 (SESAP 13) Audio Companion	ACS	3.00	3.00		09/29/2009
Surgical Education and Self-Assessment Program, No. 13 (SESAP 13) Audio Companion	ACS	18.00	18.00		06/17/2009
Surgical Education and Self-Assessment Program, No. 13 (SESAP 13) Audio Companion	ACS	6.00	6.00		05/23/2009
September, 2007 - Colon/Rectum	JACS	1.00	1.00		09/15/2008
September, 2007 - GI Tumors	JACS	1.00	1.00		09/15/2008
August, 2008 - Antisepsis	JACS	1.00	1.00		09/15/2008
Chapter Meeting - WEST VIRGINIA	ACS	4.00	0.00		04/16/2008

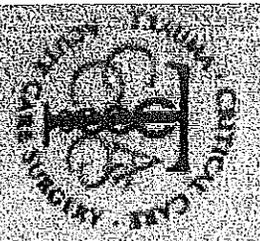
**Total**

**250.25**

**224.25**

**0.00**

**0.00**



# TRAUMA, CRITICAL CARE & ACUTE CARE SURGERY 2013

American College of Surgeons  
Division of Education  
CONTINUING MEDICAL EDUCATION CERTIFICATE

**MARK SALEEM**

Has participated in the live activity  
March 18-20, 2013  
Las Vegas, Nevada

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

The American College of Surgeons designates this live activity for a maximum of 23.25 AMA PRA Category 1 Credit(s)™. Physicians should only claim only the credit commensurate with the extent of their participation in the activity.

A maximum of 3 AMA PRA Category 1 Credit(s)™ in Ethics has been designated for this activity.

Approved by the American College of Emergency Physicians for a maximum of 23.25 hour(s) of ACEP Category 1 credit.

This live activity, Trauma, Critical Care & Acute Care Surgery 2013, with a beginning date of 03/18/2013, has been reviewed and is acceptable for up to 23.25 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



*Ali Saeed*  
Ali K. Saeed, MD, FACS  
Director, Division of Education

*Robert M. ...*  
Robert M. ... MD, FACS  
Program Director

Total AMA PRA Category 1 Credit(s)™ claimed: 23.25  
Of the AMA PRA Category 1 Credit(s)™ claimed above, the Self-Assessment credit earned were: 11.75

**Rebekah Dillon RN, BSN, CEN**

3403 S. 100 W.  
Wabash, IN 46992

**EDUCATION**

**Indiana University Purdue University Indianapolis**

Bachelor of Science in Nursing – December 2005

**Southwood High School**

Academic Honors Diploma – May 2001

**Registered Nurse License Number**

28166720A

**CERTIFICATIONS**

**Basic Life Support for Healthcare Provider – Expires 05/2014**

**Advanced Cardiovascular Life Support – Expires 05/2014**

**Pediatric Advanced Life Support – Expires 03/2014**

**Trauma Nursing Core Course - Expires 07/2015**

**Emergency Nursing Pediatric Course – Expires 06/2016**

**Board Certified Emergency Nurse – Expires 11/ 2016**

**TCAR – May 2013**

**Trauma Program Manager Training Course, June 2013**

**PROFESSIONAL NURSING EXPERIENCE**

**Trauma Program Manager, Indiana University Health – Ball Memorial Hospital  
Muncie, Indiana, 05/2013-Current**

**Registered Nurse, Shift Coordinator**

**Indiana University Health - Ball Memorial Hospital, Emergency Department**

**Muncie, Indiana, 05/2012 – 05/2013**

**Registered Nurse, Department Coordinator**

**Riverview Hospital, Emergency Center**

**Noblesville, Indiana, 04/2009 – 05/2012**

**Registered Nurse**

**River View Surgery Center, Post Anesthesia Care Unit**

**Marion, Indiana, 06/2008 – 08/2011**

**Registered Nurse**

**RN Specialties, Inc.**

**Agency Nursing, PRN - 01/2007 – Currently Inactive**

**Registered Nurse**

**Methodist Hospital, Emergency Medicine and Trauma Center**

**Indianapolis, Indiana, 01/2006 – 06/2009**

**Registered Nurse**

**Indianapolis Motor Speedway, Emergency Care Center**  
Indianapolis, Indiana, 08/2005 - Current

**Student Nurse Extern**

**Methodist Hospital, Emergency Medicine and Trauma Center**  
Indianapolis, Indiana, 05/2005-01/2006

**Student Nurse Extern**

**Methodist Hospital, Adult Critical Care**  
Indianapolis, Indiana, 12/2004-05/2005

<b>Job Title :</b>	<b>Job Code :</b>	<b>Date :</b>
Program Manager-Trauma BMH	BMHM79	June 06, 2013

**Summary**

This position exists to support the Medical Director of Trauma Services in planning, developing, implementing, and directing the administrative activities of the entire trauma program. The incumbent is responsible for the coordination of all services/systems required for the care of all trauma and burn patients. The incumbent is responsible for the initiation and completion of projects assigned by the Medical Director of Trauma Services and participates in strategic planning activities and development of marketing strategies for the Trauma program. Promotes effective relationships with physicians, patients, families, unit personnel and other health disciplines, in conjunction with the Nurse Manager and/or Administrative Director. Advances the professional practice of nursing through staff development, mentoring and focus on outcomes.

**Essential Functions****Related to Customer Service:**

Provides excellent service to our customers following the IU Health IU Health BMH Values, Commitment Statement, Customer Service Standards and Behavioral Expectations. Maintains confidentiality at all times, including HIPAA guidelines. Provides professional nursing care to our customers following professional nursing care standards and utilizing evidence-based practice. Provides professional leadership to the EMS and nursing staff following professional EMS and nursing care standards and utilizing evidence-based practice. Maintains confidentiality according to HIPAA guidelines at all times.

**Planning:**

Contributes toward successful implementation of annual operating plan, and assists with financial analysis and formulation of recommendations to achieve plan objectives.

**Personnel Management:**

Effectively manages assigned staff in a manner consistent with organizational policies and values. Supervises the trauma physician extenders and other non-physician clinical staff. Serves as resource for clinical practice. Maintains an employee feedback process to enhance work processes and employee understanding.

**Accreditation:**

Ensures compliance with all applicable quality and accreditation standards within the assigned areas. Ensures verification as a Trauma Program with the American College of Surgeons is maintained.

**Financial Management:**

Manage the operational, personnel, and financial aspects of the trauma program. Serve as a liaison to administration, and represent the trauma program on various hospital and community committees to enhance and foster optimal trauma care management. Provides for effective monitoring and financial management of assigned areas. Seeks and recommends potential opportunities for cost containment, and analyzes variances from budget plan or anticipated trends.

**Leadership:**

Assists with planning and program development within assigned area, and directs and coordinates

the ongoing activities to meet established objectives and aims. Coordinates management across the continuum of trauma care, which includes planning and implementation of clinical protocols and practice management guidelines, and monitoring care of in-hospital patients. Represents the Trauma Program on various hospital and community committees to enhance and foster optimal care of trauma patient.

**Continuous Improvement:**

Initiates, promotes, and supports the participation of staff in applying the principle/model of continuous improvement to improve existing processes and enhance the effective utilization of resources (human and material). Provides for intra-facility and regional professional staff development. Supervises the Trauma Registrar and the Injury Prevention Coordinator. Facilitates and participates in Trauma Peer Review Committee and Trauma Program Operational Process Performance Committee (TPOPPC) meetings. Completes a minimum of 16 hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients.

**Patient, Staff and Customer Safety:**

Creates a work environment that promotes safety for patients, staff, and customers. Reports any safety concern or near miss on the appropriate report form. Maintains awareness of safety at all times.

**Related to Trauma Services Program Accountabilities:**

Works in close collaboration with the Trauma Medical Director and complements the director's efforts. Is responsible for the organization of services and systems necessary for a multidisciplinary approach to providing care to injured patients. Provides leadership in all facets of quality care for the trauma patient. Initiates and completes the business and quality management plans of the program. Serves as liaison both internal and external to establish a network to provide high quality trauma care. Develops and implements trauma education. Develops and maintains a communication system which assures effective flow of information. Effects customer satisfaction by continually assessing customer needs. Assists department/services to develop/implement plans that respond to the voice of the customer. Directs community trauma education and prevention programs. Facilitate protocol design for accurate data collection, feedback, and analysis.

**Licensure/Certification/Registration:**

Verifies that employee possesses documentation of current appropriate licensure/certification/registrations as required by job description. Yes = Meets Expectations No = Does Not Meet Expectations (will require a comment) N/A= Job does not require DO NOT SELECT EXCEEDS EXPECTATIONS

**Other:**

Participates in nursing continuing education programs. Integrates the department's service with other organizational functions. Coordinates and integrates patient care services provided by the department with that of other departments. Develops and implements departmental policies and procedures which support the mission, vision, and values of the organization. Recommends and provides for a sufficient number of qualified staff in the department. Determines appropriate staff qualifications, and assesses staff competence. Assesses continually and improves performance, and actively participates in and supports departmental and interdepartmental performance improvement programs. Maintains programs to monitor quality, and identifies factors affecting quality. Provides for staff education and development. Makes appropriate space and resource recommendations. Participates in selecting outside sources of patient care services where appropriate. Performs other duties as assigned.

The preceding essential function statements are not intended to be an exhaustive list of tasks and

functions for this position. Job descriptions provide a representative summary of the major duties and responsibilities performed by incumbents. Other tasks and functions may be assigned as needed to fulfill the mission of the organization.

**Job Family: ( Direct Patient Care )**

Job Family || Job Behavior

**QUALIFICATIONS/KNOWLEDGE/SKILLS/ABILITIES:**

Graduate of an accredited school of nursing with a current license to practice as a registered nurse in the state of Indiana; or evidence of application for Indiana licensure required. Current American Heart Association (AHA) Health Care Provider CPR preferred or American Red Cross Professional Rescuer Certification at point of hire or must obtain AHA Health Care Provider CPR within 1st week of orientation prior to patient care required.

BSN required, MSN preferred. Minimum of 2-3 years of recent progressive experience in nursing required. Demonstrated competence in management and leadership skills.

Requires clinical experience that includes at least 2 years of Emergency Room or Trauma Care.

Requires maintaining own competency and continuing education in area of specialty.

Requires knowledge of state and national regulatory agency guidelines.

Requires knowledge in business applications.

Requires a high-degree of self-motivation required to direct, plan and implement new programs.

Requires ability to plan and manage the utilization of resources.

Requires ability to facilitate and lead work groups.

Requires knowledge of IU Health personnel policies and procedures.

Requires effective written and verbal communication skills.

Requires strong customer service skills.

Requires ability to promote teamwork and build effective relationships.

Requires ability to take initiative and meet objectives.

Requires a high level of interpersonal; problem-solving; and analytical skills.

Requires knowledge of computer software applications.

Requires effective communication as well as listening skills. Must have the ability to frequently work in a standing position and do frequent walking. Must have the ability and transfer patients up to 6 inches from a stooped position then pushing or pulling the weight up to 3 feet. Must have the ability to lift and transfer patients from a stooped to an upright position to accomplish bed to chair and chair to bed transfers, estimated 100-350 pounds with multiple assistance. Must have the ability to physically apply up to 10 pounds of pressure to bleeding sites or in performing CPR. Must have the ability to use analytical ability to evaluate problem situations in depth and come to independent, appropriate conclusions. Must have the ability to use independent judgment and discretion. Must have the ability to perform mathematical calculations in medication preparation and administration. Must have the ability to manage several assignments simultaneously and appropriately prioritize and delegate based on workload. Must have the ability to document in clear and concise fashion with appropriate grammar and word usage. Must have the ability to communicate effectively with patients, families, physicians, co-workers, supervisors and other hospital personnel on a one-to-one basis using appropriate grammar, vocabulary and word usage. Must have the ability to respond and react immediately with unimpeded auditory perception of verbal/vocal instructions and auditory auscultation. Must have the ability to achieve outcomes with respect to the coordinating of patient care activities with others; patient education teaching/discharge planning needs; supervising, directing, evaluating patient care. Must have

the ability to quickly and accurately manipulate a keyboard. Must have the ability to learn and proficiently perform computer applications related to department operations.

**AUTHORIZED SIGNATURE:**

**DATE:**

Name: Rebekah Dillon  
 Learner Id: rdillon

Facility: IU Health Ball Memorial  
 Dept: IU Health Ball Memorial

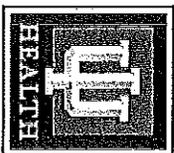
Report Options Selected: Show All  
 Lesson Plan: Show Module: No

Status: All Dates Sort by:

Item Name	Item Type	Lesson Plan	Dates	Completed	# of Units	Type of Unit	Provider
Emergency Nursing Orientation 2.0: Spinal Trauma	Lesson	03-31-2013		2.8	Contact Hours	ENA	
Emergency Nursing Orientation 2.0: Obstetric Trauma	Lesson	04-30-2013		2.1	Contact Hours	ENA	
Emergency Nursing Orientation 2.0: Thoracic Trauma	Lesson	01-25-2013		1.3	Contact Hours	ENA	
Emergency Nursing Orientation 2.0: Shock Emergencies	Lesson	02-28-2013		2.6	Contact Hours	ENA	
Emergency Nursing Orientation 2.0: Head Trauma	Lesson	02-26-2013		2	Contact Hours	ENA	
Emergency Nursing Orientation 2.0: Abdominal and Genitourinary Trauma	Lesson	03-27-2013		1.4	Contact Hours	ENA	
Emergency Nursing Orientation 2.0: Maxillofacial Trauma	Lesson	01-25-2013		1.1	Contact Hours	ENA	
Emergency Nursing Orientation 2.0: Musculoskeletal and Neurovascular Trauma	Lesson	05-01-2013		1.6	Contact Hours	ENA	

Only completed training items will display in the grand totals.

Provider	Type of Unit	Total
ENA	Contact Hours	14.9



# Indiana University Health

## Continuing Education

Certifies that:

Rebekah Dillon, RN, BSN, CEN

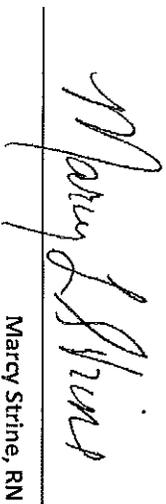
Has attended and successfully completed the educational activity:

“Trauma Topics”

At: Indiana University Health, Indianapolis

On: April 9, 2013

Number of contact hours awarded **7.25**

  
Marcy Strine, RN

Continuing Education

IU Health Indianapolis (OH-412, 6/1/2013) is an approved provider of continuing nursing education by the Ohio Nurses (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

### Import XML File

Import Date	Import File	Import Type	Total Records	Status
06/26/2013 10:45	<a href="#">NTDS_18022_20130626102553.XML</a>	NTR Import	175	
06/26/2013 10:42	<a href="#">NTDS SDL 18022 201301171048581.XML</a>	Indiana Import	179	
01/17/2013 10:56	<a href="#">NTDS SDL 18022 20130117104858.XML</a>	Indiana Import	179	
11/09/2012 08:40	<a href="#">NTDS SDL 18022 20121109084146.XML</a>	Indiana Import	208	
09/28/2012 10:23	<a href="#">NTDS SDL 18022 20120928102628.XML</a>	Indiana Import	98	
09/28/2012 08:38	<a href="#">NTDS SDL 10001 201209250955411.XML</a>			
09/25/2012 09:56	<a href="#">NTDS SDL 10001 20120925095541.XML</a>			

- Records 1:7 of 7
- First
- <<
- >>
- Last
- Per Page

View Details   
  Completed   
  Failed   
  Completed w/ Error(s)   
  Pending Import  
 (Please check back at a later time.)

To download the file, right click on the file link and select 'Save Target As'.

#### Import Information

Facility to Import To: IU Health - Ball Memorial Hospital

Location of XML file:

Notification

Preference: Email Internal Messaging

Form Type to Import:

---



[Activity Menu](#)   [Reports](#)   [Facility Info](#)   [Support](#)

Please click [here](#) to submit data

Year of Submission:

**NOTE:** In order to **finalize your submission**, you must hit the **[Accept]** link on the files you wish to submit. You will see Processing Status is set to 'Pending User Approval'.

**NOTE:** If you wish to **cancel a submission**, you must hit the **[Reject]** link on the file. You may **cancel a submission** Call for Data is active.

Sub ID	Facility Name	Date/Time of Submission	Processing Status	Disposition Status	File Name	Accept	Reject	Validator Report - Summary	Validator Report - Del
8864	IU Health Ball Memorial	05/17/2013 05:27 PM	Processed	Loaded	NTDS_18022_20130517155709				

[Prev](#)   [Next](#)

Total Records: 1 - Page 1 of 1



American College of Surgeons National Trauma Data Bank®  
 633 N. Saint Clair St. - 26th Floor, Chicago, IL 60611-3211  
 Phone: +1 (312) 202-5917 Fax: +1 (312) 202-5015 Email:  
[NTDB@facs.org](mailto:NTDB@facs.org)

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American Trauma Society

# American Trauma Society

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

hereby awards

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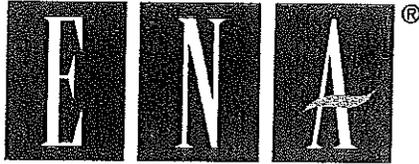
**Connie Brown**

**this certificate for successful completion of the  
Trauma Register Course  
St. Louis, MO  
June 13-14, 2011**

*Michelle Pomphrey*  
Michelle Pomphrey, MLT, RN  
Course Coordinator

This activity has been approved for 16.5 contact hours.  
Code number: A10-94-314-315

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



**EMERGENCY NURSES ASSOCIATION**

SAFE PRACTICE, SAFE CARE

**This Certifies That**

***Connie Brown***

has completed

**Injury Scaling: Uses and Techniques**

Earning a total of 14 Contact Hours

ENA has approved 0 Contact Hours which meets BCEN's Category of Clinical.

ENA has approved 14 Contact Hours which meets BCEN's Category of Other.

*This continuing nursing education activity was approved by the Emergency Nurses Association,  
an accredited approver of continuing nursing education by the  
American Nurses Credentialing Center's Commission on Accreditation*

Activity Date: July 23-24, 2012

Activity Code: 120204-IL-C

Activity Coordinator: Jan Price, RN, MSA

Activity Location: Chicago In Person

Furthermore, this program has been approved for 14 continuing education units for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA).

2012 ENA Education Committee Chairperson  
Lead Nurse Peer Reviewer— (Previously Anthony Angelow), MSN, RN, CEN, ACNP-BC  
(Do not send this certificate to the Board of Nursing. Keep it for your personal files.  
This certificate must be kept by licensee for a period of six years.)

**Provider: Association for the Advancement of Automotive Medicine (AAAM)**

Address: PO Box 4176

City/State/Zip: Barrington, IL 60011-4176

ENA has approved contact hours for this activity through 2/7/2013.  
Please contact the ENA approver Unit with questions related to contact hours.  
ENA Approver Unit via e-mail: [CNF@ena.org](mailto:CNF@ena.org) or by phone 847/460-4116

<b>Job Title :</b>	<b>Job Code :</b>	<b>Date :</b>
Trauma Registrar	BMHG88	November 07, 2011

**Summary**

This position is accountable for prioritizing and coordinating the activities for the Trauma Registry in order to meet schedules and deadlines, maintain current and accurate procedures and practices. The incumbent performs a variety of functions to support the collection and coordination of Trauma Performance Improvement statistics with emphasis on data entry into a comprehensive computerized management system. The incumbent acts as a liaison with the Trauma Program Manager, Medical Director(s) and trauma staff to provide reports on a scheduled and ad hoc basis. The incumbent collects trauma data for injury research and prevention, as well as quality improvement tracking and assures accuracy and confidentiality in the handling of all Trauma Registry related matters and is concerned with and active in the improvement of Trauma Program within the facility. All duties must be accomplished in a manner that is consistent with the Mission and Philosophy of the the organization. This position will report to the Trauma Program Manager.

**Essential Functions****Database Management/Support:**

Builds and maintains various types of files, extracts information to support departmental management and decision-making. Monitors data flow and data quality. Serves as a resource to users. Coordinates work flow for assigned department. Directs/redirects complex or programming issues to the appropriate resource(s). Makes corrections and suggests interventions as necessary. Completes data entry to support report production. Modifies database daily to meet business needs. Conducts research and queries on systems to assist users and staff in resolving problems. Assists in completing and supporting inventories.

**Customer Service:**

Provides excellent service to our customers following the IU Health BMH Values, Commitment Statement, Customer Service Standards and Behavioral Expectations. Maintains confidentiality at all times, including HIPAA guidelines.

**Registry Reporting:**

Creates reports and spreadsheets as required and exports or imports data into reports. Takes concept from requester and designs reports to achieve desired results. Creates reports to support contracting function, to support audit of department functions. Distributes reports as needed. Maintains report logbook and guidelines for reporting release and confidentiality for people requesting information from the registry. Assist in the preparation for the American College of Surgeons Committee on Trauma site visit and other regulatory agency visits such as JCAHO. Develop patient outcome analysis? using the TRISS methodology. Analyzes statistical information in reporting, i.e., Z scores, RTS (Revised Trauma Score), and ISS (Injury Severity Score). Prepares reports for committee meetings as requested. Attends meetings (Trauma Morbidity and Mortality, Trauma Performance Improvement Committee, etc) as requested. Maintains all reference materials necessary for trauma registry, coding and abstracting, etc. Develops and maintains processes of data validation. Provides feedback to providers on detailing injury descriptions to improve injury severity scoring and hospital reimbursement. Maintains knowledge base of trauma care by attending conferences, workshops, literature review and seminars. Assists in developing, implementing, and deploying programs as directed.

**Data Abstraction:**

Reviews emergency department log and in-patient bed register daily to identify all patients needing entry into the registry. Abstract pertinent data from patient's record meeting inclusion criteria and acquires patient records of all identified patients both post-discharge and current admission status for review, analysis and entry into the trauma registry. Reviews records for data collect according to standards outlined by the trauma committee and as directed by the trauma program manager and medical director(s). Completes data entry of abstracted data into the registry both concurrently and retrospectively. Coordinates the collection of the data for reporting to state and national registries including but not limited to NTDB, and ACS as directed. Assures the accuracy, evaluates appropriateness of ICD-9-CM codes and codes as needed. Completes AIS, ISS injury scoring, RTS, and GCS scoring accurately. Rounds daily on hospitalized patients reviewing patient charts for additional data indicators, complications and completion of concurrent chart abstraction. Coordinates with other departments and agencies (pre hosp, radiology, pathology, coroner, etc) as needed to gather all the data necessary to complete the abstraction on each patient. Maintain and organizes the files on each patient.

**Training:**

Trains support staff on data entry functions as needed. Assists users with computer problems when appropriate.

**Licensure/Certification/Registration:**

Verifies that employee possesses documentation of current appropriate licensure/certification/registrations as required by job description. Yes = Meets Expectations No = Does Not Meet Expectations (will require a comment) N/A= Job does not require DO NOT SELECT EXCEEDS EXPECTATIONS

The preceding essential function statements are not intended to be an exhaustive list of tasks and functions for this position. Job descriptions provide a representative summary of the major duties and responsibilities performed by incumbents. Other tasks and functions may be assigned as needed to fulfill the mission of the organization.

**Job Family: ( Professional & Technical )**

Job Family || Job Behavior

**QUALIFICATIONS/KNOWLEDGE/SKILLS/ABILITIES:**

Prefer current state of Indiana licensure as Registered Nurse; or credentialed as EMT-Paramedic; Certified Coding Specialist; Registered Health Information Technician; Registered Health Information Administrator or Registered Record Administrator.

Trauma Registry experience preferred.

Requires knowledge of database management and proficiency in Microsoft Office applications.

Requires knowledge of statistical calculations and information display techniques.

Requires knowledge of ICD-9-CM; CPT; DRG; AIS and ISS coding.

Requires knowledge and proficiency in medical and hospital terminology; anatomy; pathophysiology and pharmacology.

Requires ability to work independently.

Requires ability to communicate clearly and concisely through written and verbal communication.

Requires strong customer service skills.

Requires ability to manage multiple tasks.

Requires attention to detail and aptitude for accuracy.

Requires the ability to utilize critical thinking skills to prioritize and problem-solve complex work assignments.

Requires extensive knowledge of computer desktop skills.

Requires knowledge of how errors impact users; database; and application.

Requires attention to detail.

Requires ability to recognize discrepancies and perform research to determine cause and correct errors.

Requires ability to meet deadlines for data input to reports; ensuring accuracy and reliability.

Requires high degree of accuracy and efficiency in processing and maintaining database.

**AUTHORIZED SIGNATURE:**

**DATE:**

IU Health Ball Memorial Hospital Trauma Service  
Tiered Response

**Trauma I Activation Criteria**

Activate a Trauma I response with the presence of any one of the following

**TRAUMATIC MECHANISM WITH ANY ONE OF THESE...**

- Glasgow Coma Scale (GCS)  $\leq 10$
- Systolic blood pressure  $< 90$  mmHg
- Respiratory rate  $< 10$ /min
- Respiratory rate  $> 29$ /min
- Infant  $< 1$  year old with respiratory rate  $< 20$ /min
- Neurological deficit or paralysis
- Arrives with tracheal intubation or obstruction
- Receiving blood to maintain vital signs
- Traumatic Arrest

- Gunshot wound to head, neck, chest, abdomen
- Penetrating injury to neck
- Penetrating injury to torso
- Significant penetrating injury to upper extremity above (proximal to) elbow
- Significant penetrating injury to lower extremity (proximal to) knee
- Flail chest
- Two or more proximal long bone fractures (femur, humerus)
- Crushed extremity
- Degloved extremity
- Mangled extremity
- Amputation proximal to wrist
- Amputation proximal to ankle
- Open skull fracture
- Depressed skull fracture
- Emergency Physician discretion

**If no Trauma I Response Criteria apply, evaluate the patient for a  
Trauma II Response**

IU Health Ball Memorial Hospital Trauma Service  
Tiered Response

**Trauma II Activation Criteria**

Activate a Trauma II response with the presence of any one of the following

- Pelvic Fracture suspected or unstable pelvis
- Adult sustaining a fall from > 20 feet (1 story = 10 feet)
- Child sustaining a fall from > 10 feet or 2-3 times the height of the child
- Automobile crash with intrusion of approximately 12 inches or more on occupant's side
- Automobile crash involving prolonged extrication of patient
- Automobile crash with intrusion of approximately 18 inches or more on any side
- Ejection (partial or complete) from vehicle
- Rollover vehicular crash
- Motor vehicle collision with impact  $\geq$  40 miles per hour
- Vehicle telemetry data consistent with high risk of injury
- Death of another individual in the same passenger compartment
- Automobile vs. pedestrian
- Automobile vs. bicyclist
- Motorcycle crash occurring at > 20 mph
- Bent steering wheel
- Traumatic Mechanism with confirmed or suspected loss of consciousness
- Drowning
- Electrocutation
- Hanging
- ED Shift Coordinator/Charge Nurse or Physician discretion

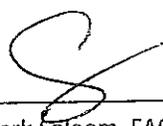
The above criteria are used as a guideline. The Trauma Team may be activated for other situations as they arise.



# Indiana University Health

## Evaluation of Tiered Activation System

IU Health Ball Memorial Hospital's tiered activation system is continuously evaluated by the trauma medical director and the trauma program manager through our Performance Improvement and Patient Safety (PIPS) program. Over and undertriage are monitored with injury severity scores, as well as injured patients that did not meet activation criteria. Thorough analysis is conducted and changes made accordingly.

  
\_\_\_\_\_  
Mark Saleem, FACS  
Trauma Medical Director  
IU Health Ball Memorial Hospital

7/9/13  
Date

  
\_\_\_\_\_  
Rebekah Dillon RN, BSN, CEN  
Trauma Program Manager  
IU Health Ball Memorial Hospital

7/9/13  
Date



# Indiana University Health

## Commitment of General Surgeon Providing Trauma Coverage

Our general surgeons, who provide trauma coverage, are committed to providing care to the injured patient by ensuring a general surgeon is on call and promptly available twenty four (24) hours a day. These surgeons are committed to responding to the highest level of activation within thirty (30) minutes of the patient's arrival. Response times are continuously evaluated through the hospital's Performance Improvement and Patient Safety (PIPS) program.

X

Mark Saleem, FACS  
Trauma Medical Director

Date: 7/1/13

IU Health Ball Memorial Hospital  
2401 W. University Avenue  
Muncie, IN 47303-3499

T 765.747.3111

[iuhealth.org](http://iuhealth.org)

Activation	DOS	Time of Patient arrival	Time of Surgeon arrival	Response Time In Minutes
Trauma I Activation 1317	1/17/2013	13:18	13:20	2
Trauma I Activation 1126	1/23/2013	11:31	11:43	12
Trauma I Activation 2017	1/23/2013	20:14	Dismissed by ED Physican Prior to Arrival	
Trauma I Activation 0926	1/30/2013	9:43	9:43	0
Trauma I Activation 0336	2/2/2013	3:49	4:00	11
Trauma I Activation 01:01	2/3/2013	1:01	1:20	19
Trauma I Activation 2001	2/4/2013	19:57	20:05	8
Trauma I Activation 1322	2/9/2013	13:32	13:39	7
Trauma I Activation 0251	2/25/2013	2:54	3:11	17
Trauma I Activation 1347	2/23/2013	13:55	14:12	17
Trauma I Activation 1941	2/24/2013	19:41	19:48	7
Trauma I Activation 2158	3/2/2013	21:54	21:54	0
Trauma I Activation 1729	3/9/2013	17:41	17:53	12
Trauma I Activation 1634	3/10/2013	16:56	17:15	19
Trauma I Activation 1719	3/10/2013	18:04	18:04	0
Trauma I Activation 1948	3/16/2013	19:48	20:02	14
Trauma I Activation 1933	3/21/2013	19:33	20:06	33
Trauma I Activation 1624	3/24/2013	16:33	16:44	11
Trauma I Activation 1623	3/27/2013	16:27	17:30	63
Trauma I Activation 0531	4/9/2013	5:37	5:55	18
Trauma I Activation 2035	4/10/2013	20:35	20:46	11
Trauma I Activation 1807	4/10/2013	18:11	18:29	18
Trauma I Activation 1815	4/13/2013	18:21	18:28	7
Trauma I Activation 1552	4/17/2013	15:50	16:00	10
Trauma I Activation 1446	4/18/2013	15:03	15:03	0
Trauma I Activation 1500	4/18/2013	15:06	15:06	0
Trauma II Activation 1506	4/18/2013	15:12	15:26	14
Trauma I Activation 0425	4/19/2013	4:35	4:36	1
Trauma I Activation 0037	4/26/2013	0:39	0:53	14
Trauma I Activation 1649	4/28/2013	16:58	17:02	4
Trauma I Activation 2110	4/29/2013	21:28	21:37	9
Trauma I Activation 0128	5/1/2013	2:07	2:07	0
Trauma I Activation 1127	5/1/2013	11:50	11:50	0
Trauma I Activation 2320	5/1/2013	23:35	23:35	0
Trauma II Activation 1955/upgr	5/2/2013	22:16	22:16	0
Trauma I Activation 1347	5/3/2013	13:45	13:45	0
Trauma I Activation 1931	5/3/2013	19:39	19:41	2
Trauma I Activation 2021	5/3/2013	20:29	21:11	42
Trauma I Activation 1648	5/6/2013	16:48	17:04	16
Trauma I Activation 2000	5/7/2013	20:07	20:11	4
Trauma II Activation 1825 upgra	5/9/2013	18:49	19:09	20
Trauma I Activation 1358	5/10/2013	21:52	22:03	11
Trauma I Activation 1853	5/11/2013	18:56	19:03	7

Trauma I Activation 2129	5/10/2013	21:33	21:45	12
Trauma I Activation 0014	5/15/2013	0:15	0:33	18
Trauma I Activation 2150	5/16/2013	22:06	22:14	8
Trauma I Activation 2014	5/24/2013	20:17	20:22	5
Trauma II Activation 1735 upgra	5/29/2013	17:48	18:05	17
Trauma I Activation 0351	6/7/2013	3:52	4:12	20
Trauma I Activation 1622	6/10/2013	16:29	16:52	23
Trauma I Activation	6/13/2013	0:37	0:43	6
Trauma II Activation 1408 upgra	6/14/2013	15:49	15:53	4
Trauma II activation 0616 upgra	6/15/2013	6:21	6:27	6
Trauma I Activation 0021	6/14/2013	0:27	0:27	0
Trauma I Activation 1125	6/17/2013			0
Trauma I Activation 2250	6/18/2013	23:08	23:08	0
Trauma I Activation 1215	6/19/2013	12:22	12:30	8
Trauma I Activation 0939	6/20/2013	9:44	10:06	22
			Average	11 Minutes

# June 2013 Surgery Call Schedule

Dr. Cleary 262-0856  
 Dr. Cassel 262-0855  
 Dr. Cocco 262-0796  
 Dr. Eliades 262-0496

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
							1 DR. BURRELL
2	DR. CLEARY	DR. CASSEL	DR. STEWART	DR. COCCO PAC AHN	DR. SALEEM	7 DR. STEWART PAC OUT WSC OUT	8 DR. COCCO PAC OUT WSC OUT
9	DR. STEWART PAC OUT WSC OUT	DR. CASSEL	DR. CLEARY	DR. BURRELL AMC AHN	DR. SALEEM	14 DR. CASSEL JE OUT	15 DR. DURBIN JE OUT
16	DR. CASSEL JE OUT	DR. BURRELL JE OUT	DR. COCCO JE OUT	DR. CLEARY WSC AHN JE OUT	DR. DURBIN JE OUT	21 DR. SALEEM JE OUT	22 DR. CLEARY JE OUT
23	DR. SALEEM JE OUT	DR. CASSEL JE OUT	DR. STEWART JE OUT	DR. CLEARY JE AHN JE OUT	DR. SALEEM JE OUT	DR. COCCO JE OUT	DR. STEWART JE OUT
30	DR. COCCO JE OUT						



# Indiana University Health

June 28, 2013

Allow this letter to serve as evidence of Dr. Mark Saleem, Trauma Medical Director position as a member of the Indiana University Health Ball Memorial Hospital Emergency Preparedness Committee.

Lynne C Bunch, RN, MBA  
Administrative Director of Critical Patient Services  
Indiana University Health-Ball Memorial Hospital  
(O) 765 747 3122  
(C) 317 379 7156  
[lbunch@iuhealth.org](mailto:lbunch@iuhealth.org)

William Gossett  
EMS/Emergency Preparedness Manager  
Indiana University Health Ball Memorial Hospital  
765 751-6137 / 765 425-1896 Cell  
[wgossett@iuhealth.org](mailto:wgossett@iuhealth.org)  
Discover the strength at [iuhealth.org](http://iuhealth.org)

IU Health Ball Memorial Hospital  
2401 W. University Avenue  
Muncie, IN 47303-3499

T 765.747.3111

[iuhealth.org](http://iuhealth.org)

# Emergency Physician Schedule

June

All Locations (Wallace, Ryan)

2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Shifts:</b> Ball AP 6:30am BM MD 7a-3p BM MD 8a-4p BM MD 10a-6p Ball AP 11a-11p BM MD 3p-11p BM MD 4p-12a BM MD 6p-2a Ball AP 6:30p Ball AP 6:30pm BM MD 11p-7a						<b>06/01</b> Ball AP 6:30am S.Henry BM MD 7a-3p L.Liu BM MD 8a-4p R.Fox BM MD 10a-6p Open Ball AP 11a-11p R.Keltner BM MD 3p-11p D.Crandall BM MD 4p-12a J.Kornilow BM MD 6p-2a G.Brown Ball AP 6:30pm R.Ledgerwood BM MD 11p-7a J.Wilson
<b>06/02</b> Ball AP 6:30am B.Renz BM MD 7a-3p L.Liu BM MD 8a-4p E.Boente BM MD 10a-6p Open Ball AP 11a-11p R.Keltner BM MD 3p-11p J.Kornilow BM MD 4p-12a D.Sheldon BM MD 6p-2a D.Crandall Ball AP 6:30pm J.Bush BM MD 11p-7a J.Wilson	<b>06/03</b> Ball AP 6:30am B.Renz 6:30a-12:30p Ball AP 6:30am S.Henry 12:30p-6:30p BM MD 7a-3p R.Wallace BM MD 8a-4p K.Baker BM MD 10a-6p R.Fox Ball AP 11a-11p R.Goens BM MD 3p-11p D.Crandall BM MD 4p-12a D.Sheldon BM MD 6p-2a D.Kuxhausen Ball AP 6:30pm J.Bush BM MD 11p-7a J.Wilson	<b>06/04</b> Ball AP 6:30am B.Renz BM MD 7a-3p T.Drummond BM MD 8a-4p E.Boente BM MD 10a-6p R.Wallace Ball AP 11a-11p R.Goens BM MD 3p-11p D.Sheldon BM MD 4p-12a D.Kuxhausen BM MD 6p-2a D.Crandall Ball AP 6:30pm J.Bush BM MD 11p-7a J.Wilson	<b>06/05</b> Ball AP 6:30am B.Renz BM MD 7a-3p J.Kornilow BM MD 8a-4p E.Boente BM MD 10a-6p R.Wallace Ball AP 11a-11p N.Brown BM MD 3p-11p K.Baker BM MD 4p-12a J.Medler BM MD 6p-2a D.Sheldon Ball AP 6:30pm S.Henry BM MD 11p-7a B.Hayes	<b>06/06</b> Ball AP 6:30am J.Bush BM MD 7a-3p J.Kornilow BM MD 8a-4p D.Crandall BM MD 10a-6p Open Ball AP 11a-11p R.Keltner BM MD 3p-11p R.Fox BM MD 4p-12a D.Kuxhausen BM MD 6p-2a M.Rudicel Ball AP 6:30pm S.Henry BM MD 11p-7a B.Hayes	<b>06/07</b> Ball AP 6:30am J.Bush BM MD 7a-3p R.Wallace BM MD 8a-4p D.Sheldon BM MD 10a-6p R.Fox Ball AP 11a-11p R.Goens BM MD 3p-11p D.Kuxhausen BM MD 4p-12a L.Liu BM MD 6p-2a E.Boente Ball AP 6:30pm R.Ledgerwood BM MD 11p-7a J.Wilson 11p-3a BM MD 11p-7a T.Drummond 3a-7a	<b>06/08</b> Ball AP 6:30am B.Renz BM MD 7a-3p T.Drummond 7a-11a BM MD 7a-3p M.Rudicel 11a-3p BM MD 8a-4p D.Sheldon BM MD 10a-6p Open Ball AP 11a-11p R.Goens BM MD 3p-11p K.Baker BM MD 4p-12a J.Lee BM MD 6p-2a R.Wallace Ball AP 6:30pm R.Ledgerwood BM MD 11p-7a B.Hayes
<b>06/09</b> Ball AP 6:30am S.Henry BM MD 7a-3p D.Sheldon BM MD 8a-4p T.Drummond BM MD 10a-6p Open Ball AP 11a-11p N.Brown BM MD 3p-11p R.Wallace BM MD 4p-12a K.Baker BM MD 6p-2a M.Rudicel Ball AP 6:30p J.Bush BM MD 11p-7a B.Hayes	<b>06/10</b> Ball AP 6:30am S.Henry BM MD 7a-3p D.Sheldon BM MD 8a-4p D.Crandall BM MD 10a-6p R.Fox Ball AP 11a-11p N.Brown BM MD 3p-11p G.Brown BM MD 4p-12a R.Wallace BM MD 6p-2a J.Lee Ball AP 6:30pm J.Bush BM MD 11p-7a B.Hayes	<b>06/11</b> Ball AP 6:30am S.Henry BM MD 7a-3p K.Baker BM MD 8a-4p E.Boente BM MD 10a-6p Open Ball AP 11a-11p R.Goens BM MD 3p-11p R.Wallace BM MD 4p-12a D.Kuxhausen BM MD 6p-2a M.Rudicel Ball AP 6:30pm J.Bush BM MD 11p-7a B.Hayes	<b>06/12</b> Ball AP 6:30am B.Renz BM MD 7a-3p L.Liu BM MD 8a-4p R.Fox BM MD 10a-6p R.Wallace Ball AP 11a-11p R.Goens BM MD 3p-11p T.Drummond BM MD 4p-12a E.Boente BM MD 6p-2a J.Schuergen Ball AP 6:30pm C.Bow BM MD 11p-7a J.Lee	<b>06/13</b> Ball AP 6:30am B.Renz BM MD 7a-3p R.Fox BM MD 8a-4p R.Wallace BM MD 10a-6p Open Ball AP 11a-11p R.Keltner BM MD 3p-11p T.Drummond BM MD 4p-12a E.Boente BM MD 6p-2a M.Rudicel Ball AP 6:30pm C.Bow BM MD 11p-7a G.Brown	<b>06/14</b> Ball AP 6:30am S.Henry BM MD 7a-3p L.Liu BM MD 8a-4p K.Baker BM MD 10a-6p Open Ball AP 11a-11p N.Brown BM MD 3p-11p E.Boente BM MD 4p-12a T.Drummond BM MD 6p-2a J.Kornilow Ball AP 6:30pm C.Bow BM MD 11p-7a R.Wallace	<b>06/15</b> Ball AP 6:30am A.Sparks BM MD 7a-3p R.Fox BM MD 8a-4p K.Baker BM MD 10a-6p G.Brown Ball AP 11a-11p N.Brown BM MD 3p-11p E.Boente BM MD 4p-12a M.Rudicel BM MD 6p-2a J.Kornilow Ball AP 6:30pm R.Ledgerwood BM MD 11p-7a R.Wallace
<b>06/16</b> Ball AP 6:30am S.Henry BM MD 7a-3p R.Fox BM MD 8a-4p D.Kuxhausen BM MD 10a-6p Open Ball AP 11a-11p N.Brown BM MD 3p-11p J.Kornilow BM MD 4p-12a E.Boente BM MD 6p-2a M.Anderson 6p-9:30p BM MD 6p-2a M.Rudicel 9:30p-2a Ball AP 6:30pm R.Ledgerwood BM MD 11p-7a R.Wallace	<b>06/17</b> Ball AP 6:30am S.Henry BM MD 7a-3p D.Crandall BM MD 8a-4p D.Kuxhausen BM MD 10a-6p Open Ball AP 11a-11p R.Goens BM MD 3p-11p T.Drummond BM MD 4p-12a J.Medler BM MD 6p-2a J.Lee Ball AP 6:30pm C.Bow BM MD 11p-7a J.Wilson	<b>06/18</b> Ball AP 6:30am S.Henry BM MD 7a-3p R.Fox BM MD 8a-4p K.Baker BM MD 10a-6p R.Wallace Ball AP 11a-11p R.Goens BM MD 3p-11p D.Crandall BM MD 4p-12a E.Boente BM MD 6p-2a J.Schuergen Ball AP 6:30pm C.Bow BM MD 11p-7a J.Wilson	<b>06/19</b> Ball AP 6:30am D.Sheldon BM MD 7a-3p J.Kornilow BM MD 8a-4p D.Kuxhausen BM MD 10a-6p R.Fox Ball AP 11a-11p N.Brown BM MD 3p-11p T.Drummond BM MD 4p-12a R.Wallace BM MD 6p-2a E.Boente Ball AP 6:30pm J.Bush BM MD 11p-7a B.Hayes	<b>06/20</b> Ball AP 6:30am R.Ledgerwood BM MD 7a-3p K.Baker BM MD 8a-4p D.Kuxhausen BM MD 10a-6p J.Medler Ball AP 11a-11p R.Keltner BM MD 3p-11p R.Wallace BM MD 4p-12a D.Sheldon BM MD 6p-2a M.Rudicel Ball AP 6:30pm J.Bush BM MD 11p-7a B.Hayes	<b>06/21</b> Ball AP 6:30am R.Ledgerwood BM MD 7a-3p J.Medler BM MD 8a-4p K.Baker BM MD 10a-6p R.Wallace Ball AP 11a-11p R.Goens BM MD 3p-11p R.Fox BM MD 4p-12a L.Liu BM MD 6p-2a D.Crandall Ball AP 6:30pm C.Bow BM MD 11p-7a J.Wilson	<b>06/22</b> Ball AP 6:30am R.Ledgerwood BM MD 7a-3p D.Kuxhausen BM MD 8a-4p M.Rudicel BM MD 10a-6p M.Anderson Ball AP 11a-11p R.Goens BM MD 3p-11p G.Brown BM MD 4p-12a Open BM MD 6p-2a D.Crandall Ball AP 6:30pm C.Bow BM MD 11p-7a J.Wilson

<b>06/23</b> Ball AP 6:30am R.Ledgerwood BM MD 7a-3p L.Liu BM MD 8a-4p D.Kuxhausen BM MD 10a-6p Open Ball AP 11a-11p R.Goens BM MD 3p-11p R.Fox BM MD 4p-12a D.Crandall BM MD 6p-2a M.Rudicel Ball AP 6:30pm C.Bow BM MD 11p-7a J.Wilson	<b>06/24</b> Ball AP 6:30am S.Henry BM MD 7a-3p D.Kuxhausen BM MD 8a-4p L.Liu BM MD 10a-6p J.Bush Ball AP 11a-11p N.Brown BM MD 3p-11p G.Brown BM MD 4p-12a D.Crandall BM MD 6p-2a J.Medier Ball AP 6:30pm C.Bow BM MD 11p-7a J.Wilson	<b>06/25</b> Ball AP 6:30am S.Henry BM MD 7a-3p K.Baker BM MD 8a-4p J.Lee BM MD 10a-6p Open Ball AP 11a-11p N.Brown BM MD 3p-11p J.Medier BM MD 4p-12a E.Boente BM MD 6p-2a M.Rudicel Ball AP 6:30pm J.Bush BM MD 11p-7a J.Wilson	<b>06/26</b> Ball AP 6:30am S.Henry BM MD 7a-3p J.Kornilow BM MD 8a-4p D.Crandall BM MD 10a-6p Open BM MD 10a-6p D.Kuxhausen Ball AP 11a-11p N.Brown BM MD 3p-11p K.Baker BM MD 4p-12a J.Lee BM MD 6p-2a J.Schuergen Ball AP 6:30pm J.Bush BM MD 11p-7a J.Wilson	<b>06/27</b> Ball AP 6:30am S.Henry BM MD 7a-3p J.Medier BM MD 8a-4p D.Crandall BM MD 10a-6p Open Ball AP 11a-11p R.Keltner BM MD 3p-11p J.Kornilow BM MD 4p-12a R.Wallace BM MD 6p-2a M.Rudicel Ball AP 6:30pm J.Bush BM MD 11p-7a B.Hayes	<b>06/28</b> Ball AP 6:30am R.Ledgerwood BM MD 7a-3p R.Wallace BM MD 8a-4p E.Boente BM MD 10a-6p Open Ball AP 11a-11p R.Goens BM MD 3p-11p G.Brown BM MD 4p-12a D.Crandall BM MD 6p-2a D.Kuxhausen Ball AP 6:30pm C.Bow BM MD 11p-7a J.Lee	<b>06/29</b> Ball AP 6:30am R.Ledgerwood BM MD 7a-3p L.Liu BM MD 8a-4p J.Schuergen BM MD 10a-6p Open Ball AP 11a-11p N.Brown BM MD 3p-11p R.Wallace BM MD 4p-12a E.Boente BM MD 6p-2a D.Kuxhausen Ball AP 6:30pm B.Vannatter BM MD 11p-7a J.Lee
<b>06/30</b> Ball AP 6:30am R.Ledgerwood BM MD 7a-3p J.Medier BM MD 8a-4p D.Crandall BM MD 10a-6p J.Schuergen Ball AP 11a-11p N.Brown BM MD 3p-11p E.Boente BM MD 4p-12a D.Kuxhausen BM MD 6p-2a M.Rudicel Ball AP 6:30pm C.Bow BM MD 11p-7a J.Wilson						

**Schedule Notes**

Short Name	Location Name	Notes
BM MD	Ball Memorial-MD	Here is the June schedule. Sorry for the delay. Please note that there are some openings- June 14, 22, 23, and 24. Please let me know ASAP if you are able to help with any of these dates. Thanks.

**Published Date**

Short Name	Location Name	Published Date
Ball APP	Ball Memorial-APP	06/01 - 06/30 Published 05/02/2013 at 11:58
BM MD	Ball Memorial-MD	06/01 - 06/30 Published 04/21/2013 at 22:40

# JUNE 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday																																																																																				
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2 LJM	3 BMD	4 KDB	5 SWW	6 MLT	7 KWM	8 MLT																																																																																				
9 MLT	10 SAH	11 JAH	12 LJM	13 JCD	14 Flag Day KWM	15 JAH																																																																																				
16 Father's Day JAH	17 BMD	18 KDB	19 SWW	20 JCD	21 June Solstice NJC	22 KDB																																																																																				
23 KDB	24 SAH	25 JAH	26 LJM	27 MLT	28 NJC	29 NJC																																																																																				
30 NJC		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><b>May 2013</b></p> <table border="1" style="font-size: small;"> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>Th</th><th>F</th><th>Sa</th></tr> <tr><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td></td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr> </table> </div> <div style="text-align: center;"> <p><b>July 2013</b></p> <table border="1" style="font-size: small;"> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>Th</th><th>F</th><th>Sa</th></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td></tr> </table> </div> </div>				S	M	T	W	Th	F	Sa			1	2	3	4		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		S	M	T	W	Th	F	Sa		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				Notes:
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# Indiana University Health

## Commitment of Orthopedic Surgeons

Our orthopedic surgeons are committed to providing care for the injured patient by ensuring an orthopedic surgeon is on call and promptly available twenty four (24) hours a day.

X

Joseph C. Duncan, MD  
Orthopedic Surgeon Liason Date: 6/27/13

X

Mark Saleem, FACS  
Trauma Medical Director Date: 6/27/13

IU Health Ball Memorial Hospital  
2401 W. University Avenue  
Muncie, IN 47303-3499

T 765.747.3111

[iuhealth.org](http://iuhealth.org)



# Indiana University Health

## Commitment of Neurosurgery

The Department of Neurosurgery is committed to providing care for the injured patients. Our scope of practice will include traumatic brain injury and spinal cord injury conducive to our comfort level, provided a neurosurgeon is available on call. All other injuries will fall under our predetermined transfer policy.

X *Julius Silvini, MD*

Julius Silvini, MD  
Neurosurgeon Liaison

Date: 6/10/13

X

*Mark Saleem*

Mark Saleem, FACS  
Trauma Medical Director

Date: 6/10/13

IU Health Ball Memorial Hospital  
2401 W. University Avenue  
Muncie, IN 47303-3499

T 765.747.3111

[iuhealth.org](http://iuhealth.org)

CENTRAL INDIANA NEUROSURGERY-TIM BURNS, PA-- 6N AND OUT PATIENT CALLS FIRST

June 2013

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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6/30 - 7/5	6/23 - 28	6/16 - 21	6/9 - 14	6/2 - 7	5/26 - 31
Sunday May 26 DR. SILVIDI NO ER/JCB all day	Monday 27 TIM/DR PHOOKAN	Tuesday 28 TIM/DR PHOOKAN	Wednesday 29 TIM/DR PHOOKAN	Thursday 30 TIM/DR PHOOKAN	Friday 31 DR. PHOOKAN NO ER/JCB after 5P
30 DR. SILVIDI	24 TIM/DR PHOOKAN	25 TIM/DR PHOOKAN	26 TIM/DR PHOOKAN	27 TIM/DR PHOOKAN	Jun 1 DR. PHOOKAN
16 DR. SILVIDI	17 TIM/DR PHOOKAN	18 TIM/DR SILVIDI	19 TIM/DR PHOOKAN	20 TIM/DR SILVIDI	21 DR. SILVIDI NO ER/JCB after 5P
9 DR. PHOOKAN NO ER/JCB all day	10 TIM/DR PHOOKAN	11 TIM/DR SILVIDI	12 TIM/DR SILVIDI	13 TIM/DR PHOOKAN	14 DR. SILVIDI
2 DR. PHOOKAN	3 TIM/DR SILVIDI	4 TIM/DR PHOOKAN	5 TIM/DR SILVIDI	6 TIM/DR PHOOKAN	7 DR. PHOOKAN NO ER/JCB after 5P
23 DR. SILVIDI NO ER/JCB all day	24 TIM/DR PHOOKAN	25 TIM/DR PHOOKAN	26 TIM/DR PHOOKAN	27 TIM/DR PHOOKAN	28 DR. SILVIDI
30 DR. SILVIDI	Jul 1	2	3	4	5
16 DR. SILVIDI	17 TIM/DR PHOOKAN	18 TIM/DR SILVIDI	19 TIM/DR PHOOKAN	20 TIM/DR SILVIDI	21 DR. SILVIDI NO ER/JCB after 5P
9 DR. PHOOKAN NO ER/JCB all day	10 TIM/DR PHOOKAN	11 TIM/DR SILVIDI	12 TIM/DR SILVIDI	13 TIM/DR PHOOKAN	14 DR. SILVIDI
2 DR. PHOOKAN	3 TIM/DR SILVIDI	4 TIM/DR PHOOKAN	5 TIM/DR SILVIDI	6 TIM/DR PHOOKAN	7 DR. PHOOKAN NO ER/JCB after 5P
23 DR. SILVIDI NO ER/JCB all day	24 TIM/DR PHOOKAN	25 TIM/DR PHOOKAN	26 TIM/DR PHOOKAN	27 TIM/DR PHOOKAN	28 DR. SILVIDI
30 DR. SILVIDI	Jul 1	2	3	4	5



## Ball Memorial Hospital

The following neurologic injuries should be transferred to a higher level of care:

- a) Intra-cranial hemorrhage when no neurosurgical coverage is available
- b) Spinal fractures when no neurosurgical or orthopedic spine coverage is available
- c) Spinal fractures with spinal cord injury
- d) Cranial trauma with vascular injury
- e) Complex craniofacial trauma

**Reference:** IU Health Ball Memorial Hospital Policy: TRD-002-P: Trauma Transfer to Another Facility

ORTHOPEDIC ON CALL PHYSICIANS

LJM	Dr. L Jay Matchett
BMD	Dr. Brent Damer
KDB	Dr. Kerry Bennett
SWW	Dr. Scott Walker
MLT	Dr. Marshal Trusler
KWM	Dr. Keith Miller
SAH	Dr. Steven Herbst
JAH	Dr. Jeff Heavilon
JCD	Dr. Joe Duncan
NJC	Dr. Nicholas Cook

**TRANSFER AGREEMENT  
BETWEEN  
INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC.  
AND  
INDIANA UNIVERSITY HEALTH, INC.**

**THIS AGREEMENT** is entered into, by and between Indiana University Health Ball Memorial Hospital, Inc., an Indiana nonprofit corporation (hereinafter "HOSPITAL"), and Indiana University Health, Inc., an Indiana nonprofit corporation (hereinafter "IU Health").

**WHEREAS**, HOSPITAL is the owner and operator of a hospital with facilities located at 2401 West University Avenue, Muncie, Indiana 47303;

**WHEREAS**, the IU Health Academic Health Center in Indianapolis, Indiana includes IU Methodist Hospital, Riley Hospital for Children and IU University Hospital, a Level I adult trauma center at IU Methodist Hospital, a Level I pediatric trauma center at Riley Hospital, specialized research and teaching institutions, physician group practices and clinics, and other organizations related to the delivery and management of health care services; and

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

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

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

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

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

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

IX. Financial Arrangements. Each party shall each be responsible for billing and collecting for the services which it provides to the patient transferred hereunder from the patient, third party payor or other sources normally billed by each institution. Neither party shall assume any liability by virtue of this Agreement for any debts or other obligations incurred by the other party to this Agreement.

X. Return Transfer of Patients. HOSPITAL will accept transferred patients back from IU Health when medically appropriate and in the best interests of the patient.

XI. Professional and General Liability Coverage. Throughout the term of this Agreement and for any extension(s) thereof, HOSPITAL and IU Health shall each maintain professional and general liability insurance coverage with limits reasonably acceptable to the other party. Each party shall provide the other party with proof of such coverage upon request. HOSPITAL and IU Health shall each maintain qualification as a qualified health care provider under the Indiana Medical Malpractice Act, as amended from time to time, including, but not limited to, proof of financial responsibility and payment of surcharge assessed on all health care providers. Each party shall provide the other party with proof of such qualification upon request.

XII. Indemnification.

12.1. HOSPITAL Indemnification. HOSPITAL agrees that it will indemnify and hold harmless IU Health, 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 HOSPITAL or any of its agents or employees.

12.2. IU Health Indemnification. IU Health agrees that it will indemnify and hold harmless HOSPITAL, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of 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 IU Health or any of its employees or agents.

XIII. Term and Termination.

13.1. Term. The term of this Agreement is for a period of one (1) year from the date hereof, with an automatic renewal of successive one (1) year periods unless on or before sixty (60) calendar days prior to the expiration of the annual term, one party notifies the other, in writing, that the Agreement is

not to be renewed, in which event the Agreement will be terminated at the expiration of the then current annual term.

13.2. Termination.

13.2-1 Either party may terminate this Agreement with or without cause at any time by providing written notice to the other party at least sixty (60) days in advance of the desired termination date.

13.2-2 The Agreement shall terminate immediately and automatically if (i) either IU Health or HOSPITAL has any license revoked, suspended, or nonrenewed; or (ii) either party's agreement with the Secretary of Health and Human Services under the Medicare Act is terminated.

13.2-3 Except as provided for elsewhere in this Agreement, either party may declare this Agreement terminated if the other party does not cure a default or breach of this Agreement within thirty (30) calendar days after receipt by the breaching party of written notice thereof from the other party.

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

HOSPITAL

Indiana University Health Ball Memorial  
Hospital, Inc.  
2401 West University Avenue  
Muncie, IN 47303

Attention: President/CEO

IU Health

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

Attention: President/CEO  
General Counsel

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

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

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

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

IN WITNESS WHEREOF, the duly authorized officers and representatives of HOSPITAL and IU Health have executed this Agreement the 1<sup>st</sup> day of June, 2013.

HOSPITAL:

INDIANA UNIVERSITY HEALTH BALL  
MEMORIAL HOSPITAL, INC.

By: [Signature]

Title: COO/CEO

AND

IU HEALTH:

INDIANA UNIVERSITY HEALTH, INC.

By: [Signature]

Title: President, IU Methodist and University Hospitals

## PATIENT TRANSFER AGREEMENT

This Patient Transfer Agreement ("Agreement") is between Eskenazi Health Center, Inc. ("Wishard/Eskenazi"), and Indiana University Health Ball Memorial Hospital Inc. ("IU Health-Ball"). Wishard/Eskenazi and IU Health-Ball are collectively referred to as "Institutions."

Wishard/Eskenazi is a comprehensive public health care system with facilities and services including a hospital, outpatient clinics, inpatient and outpatient mental health services, Level I Trauma Center and the Richard M. Fairbanks Burn Center.

IU Health-Ball is an acute care hospital.

Wishard/Eskenazi and IU Health-Ball have determined that it would be in the best interests of patient care and would promote the optimum use of facilities to enter into a transfer agreement for transfer of patients between the respective Institutions.

Wishard/Eskenazi and IU Health-Ball therefore agree as follows:

1. *Term.* This Agreement shall become effective beginning June 1, 2013 ("Effective Date") and shall remain in effect for a period of one year from the Effective Date, upon which date the Agreement will automatically renew for additional one-year periods.

2. *Purpose of Agreement.* Each Institution agrees to transfer to the other Institution and to receive from the other Institution patients in need of the care provided by their respective Institutions for the purpose of providing improved patient care and continuity of patient care, subject to patient choice.

3. *Patient Transfer to Wishard/Eskenazi.* The request for transfer of a patient from IU Health-Ball to Wishard/Eskenazi shall be initiated by the patient's attending physician. Any authorized member of Wishard/Eskenazi's medical staff may authorize a transfer when the patient in question needs Level 1 Trauma Services or the services of the Burn Unit if Wishard/Eskenazi has an appropriate bed available and is not on diversion. All other IU Health-Ball requests for patient transfers to Wishard/Eskenazi Health shall be referred to the Bed Control Coordinator/House Supervisor. Prior to moving the patient, IU Health-Ball must receive confirmation from Wishard/Eskenazi that it can accept the patient, and there must be direct communication between the referring and receiving physician. Patients shall be delivered to the Wishard/Eskenazi Emergency Department.

4. *Patient Transfer to IU Health-Ball.* The request for transfer of a patient from Wishard/Eskenazi to IU Health-Ball shall be initiated by the patient's attending physician. Any authorized member of IU Health-Ball's medical staff may authorize a transfer if IU Health-Ball has an appropriate bed available and is not on diversion. Prior to moving the patient, Wishard/Eskenazi must receive confirmation from IU Health-Ball

that it can accept the patient, and there must be direct communication between the referring and receiving physician. Patients shall be delivered to IU Health-Ball's Emergency Department.

5. *Patient Records and Personal Effects.* Each of the Institutions agrees to adopt standard forms of medical and administrative information to accompany the patient from one Institution to the other. The information shall include, when appropriate, the following:

- A. Patient's name, address, hospital number, and age; name, address, and telephone number of the patient's legal guardian (if applicable);
- B. Patient's third-party billing data;
- C. History of the injury or illness;
- D. Condition on admission;
- E. Vital signs prehospital, during stay in emergency department, and at time of transfer;
- F. Treatment provided to patient; including medications given and route of administration;
- G. Laboratory and X-ray findings, including films;
- H. Fluids given, by type and volume;
- I. Name, address, and phone number of physician referring patient;
- J. Name of physician in receiving Institution to whom patient is to be transferred; and
- K. Name of physician at receiving Institution who has been contacted about patient.
- L. Specialized needs and dietary restrictions.

Each Institution shall supplement the above information as necessary for the maintenance of the patient during transport and treatment upon arrival at the receiving Institution, and the Institutions shall work together to reduce repetition of diagnostic tests. Transfers of Protected Health Information (PHI) shall comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

In addition, each Institution agrees to adopt a standard form to inventory a patient's personal effects and valuables that shall accompany the patient during transfer. The records described above shall be placed in the custody of the person in charge of the transporting medium who shall sign a receipt for the medical records and the patient's valuables and personal effects and in turn shall obtain a receipt from the receiving Institution when it receives the records and the patient's valuables and personal effects. The transferring Institution shall bear responsibility for the loss of the patient's personal effects and valuables unless it can produce an authorized receipt for the personal effects and valuables from the accepting Institution.

6. *EMTALA Compliance and Transfer Consent.* The transferring Institution shall have responsibility for meeting the requirements for an "appropriate transfer" under the Emergency Medical Treatment and Active Labor Act (EMTALA), if applicable. The transferring Institution is responsible for obtaining the patient's consent to the transfer to the other Institution prior to the transfer, if the patient is competent. If the patient is not competent, the transferring Institution shall obtain the signature of the an authorized representative proceed or as otherwise provided by law; if such consent is not possible, the consent of the patient's physician shall be obtained by the transferring Institution.

7. *Payment for Services.* The patient is primarily responsible for payment for care received at either Institution. Each Institution shall be responsible only for collecting its own payment for services rendered to the patient. No clause of this Agreement shall be interpreted to authorize either Institution to look to the other Institution to pay for services rendered to a patient transferred by virtue of this Agreement, except to the extent that such liability would exist separate and apart from this Agreement.

8. *Transportation of Patient.* The transferring Institution shall have responsibility for arranging transportation of the patient to the other Institution, including selection of the mode of transportation and providing appropriate health care practitioner(s) to accompany the patient if necessary. The receiving Institution's responsibility for the patient's care shall begin when the patient is admitted, either as an inpatient or an outpatient, to that Institution.

9. *Advertising and Public Relations.* Neither Institution shall use the name of the other Institution in any promotional or advertising material unless review and approval of the intended advertisement first shall be obtained from the party whose name is to be used. Both Institutions shall deal with each other publicly and privately in an atmosphere of mutual respect and support, and each Institution shall maintain good public and patient relations and efficiently handle complaints and inquires with respect to transferred or transferring patients.

10. *Independent Contractor Status.* Both Institutions are independent contractors. Neither Institution is authorized or permitted to act as an agent or employee of the other. Nothing in this Agreement shall in any way alter the freedom enjoyed by

either Institution, nor shall it in any way alter the control of the management, assets, and affairs of the respective Institutions. Neither party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or a legal nature incurred by the other party to this Agreement.

11. *Liability.* IU Health-Ball shall save, indemnify, and hold Wishard/Eskenazi harmless of and from any and all liability, loss, costs, and expenses incurred directly or indirectly from any acts, errors, or omissions by IU Health-Ball, its agents, employees or invitees from any cause arising out of or relating to IU Health-Ball's performance under this Agreement.

Wishard/Eskenazi shall save, indemnify, and hold Wishard/Eskenazi harmless of and from any and all liability, loss, costs, and expenses incurred directly or indirectly from any acts, errors, or omissions by Wishard/Eskenazi, its agents, employees or invitees from any cause arising out of or relating to Wishard/Eskenazi Health's performance under this Agreement.

Any obligation of Wishard/Eskenazi Health to save and hold IU Health-Ball harmless is limited in substance by statutes designed to protect and limit the exposure and liability of Wishard/Eskenazi as an instrumentality of the State of Indiana under the Indiana Tort Claims Act and as a qualified health care provider under the Indiana Medical Malpractice Act.

12. *Exclusion.* Institutions represent and warrant that the Institution, its employees, directors, officers, subcontractors, and agents are not under sanction and/or have not been excluded from participation in any federal or state program, including Medicare or Medicaid.

13. *Insurance.* Each Institution shall maintain at all times throughout the term of this Agreement commercially reasonable insurance, including but not limited to, comprehensive general liability insurance, professional liability insurance, and property damage insurance. Upon request, each Institution shall provide the other with written documentation evidencing such insurance coverage.

14. *Termination.*

A. *Voluntary Termination.* This Agreement shall be terminated by either party for any reason, by giving thirty (30) days' written notice of its intention to withdraw from this Agreement, and by ensuring the continuity of care to patients who already are involved in the transfer process. To this end, the terminating party will be required to meet its commitments under the Agreement to all patients for whom the other party has begun the transfer process in good faith.

B. *Involuntary Termination.* This Agreement shall be terminated immediately upon the occurrence of any of the following:

1. Either Institution is destroyed to such an extent that the patient care provided by such Institution cannot be carried out adequately;
2. Either Institution loses its license or accreditation;
3. Either Institution no longer is able to provide the service for which this Agreement was sought; and
4. Either Institution is in default under any of the terms of this Agreement.
5. Either Institution have been debarred, excluded or otherwise determined ineligible from participation in any federal or state program, including Medicare and Medicaid.

14. *Nonwaiver.* No waiver of any term or condition of this Agreement by either party shall be deemed a continuing or further waiver of the same term or condition or a waiver of any other term or condition of this Agreement.

15. *Governing Law.* This Agreement is governed by the laws of the State of Indiana. Any litigation arising out of this Agreement shall be brought in a court located in Marion County, Indiana.

16. *Assignment.* This Agreement shall not be assigned in whole or in part by either party without the express written consent of the other party.

17. *Invalid Provision.* In the event that any portion of this Agreement shall be determined to be invalid or unenforceable, the remainder of this Agreement shall be deemed to continue to be binding upon the parties in the same manner as if the invalid or unenforceable provision were not a part of this Agreement.

18. *Amendment.* This Agreement may be amended at any time by a written agreement signed by the parties.

19. *Notice.* Any notice required or allowed to be given under this Agreement shall be deemed to have been given upon deposit in the United States mail, registered or certified, with return receipt requested. Any and all notices are to be addressed as follows:

WISHARD/ESKENAZI:  
Attn: Wishard/Eskenazi Health  
1001 W. 10<sup>th</sup> Street  
Indianapolis, IN 46202

IU HEALTH-BALL:

Attn: Indiana University Health Ball Memorial Hospital, Inc.  
2401 West University Avenue  
Muncie, IN 47303

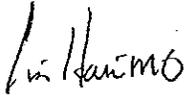
20. *Entire Agreement.* This Agreement constitutes the entire agreement between the parties and contains all of the agreements between them with respect to its subject matter and supersedes any and all other agreements, either oral or in writing, between the parties to the Agreement with respect to the subject matter of this Agreement.

21. *Binding Agreement.* This Agreement shall be binding upon the successors or assigns of the parties.

22. *Authorization for Agreement.* The execution and performance of this Agreement by each Institution has been duly authorized by all necessary laws, resolutions, or corporate actions, and this Agreement constitutes the valid and enforceable obligations of each Institution in accordance with its terms.

Wishard/Eskenazi and IU Health-Ball are each signing this Agreement on the date stated below (that party's signature).

ESKENAZI HEALTH CENTER, INC.



\_\_\_\_\_  
Lisa Harris, CEO and Medical Director

Date: 6/28/13

INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC.

By:  \_\_\_\_\_  
VP/UMH

Date: 6/14/13



# Ball Memorial Hospital

SUBJECT: TRAUMA TRANSFER TO ANOTHER FACILITY		FILE NO.:TRD-002-P
SPONSORING DEPARTMENT/COMMITTEE: Trauma Department		
SCOPE/CATEGORIES: Indiana University Health Ball Memorial Hospital – Trauma Department		
ORIGINATOR: Trauma Program manager		APPROVED BY: Trauma Medical Director
CREATION DATE: 12/14/2012	GENERAL REVISION DATE: 12/14/2012	CONTENT REVISION DATE: 07/09/2013
KEY WORDS: trauma, transfer, guidelines, trauma center, TRD, TRD-002, transferring, agreement, EMTALA, ortho, neurosurgery, pediatrics, surgeon, OB, cardiothoracic		
RELATED DOCUMENTS/FORMS/POLICIES/ATTACHMENTS: EDS-71-P: Transfer Process for Just Call Ball Transfer Center; EDS-55-P: Transfer of a Patient to Another Facility; NSP-305-P: Utilization of Aeromedical Transport		

**PURPOSE:** To identify the guidelines for consideration of transferring a trauma patient from Indiana University Health Ball Memorial Hospital to an appropriate Level I Trauma Center.

**POLICY:** The patient will be transferred in the most appropriate, safest manner under the guidelines of EMTALA.

Transfers from IU Health Ball Memorial will be done in accordance with this policy and will be conducted with mutual agreement of the transferring and receiving hospital based upon transfer agreements. Every attempt to utilize IU Health services should be made.

- No patient will be transferred without direct physician to physician contact.
- No patient will be transferred that is hemodynamically unstable.
- Every effort will be made to expedite the decision to transfer within thirty (30) minutes of patient arrival.
- The decision for transfer will be made solely on the patient’s needs and not the ability to pay.
- Once the decision for transfer is made, it will not be delayed by diagnostic testing.
- Continuity of care will be ensured during transport. The transferring physician, shift coordinator/charge nurse, and primary nurse will ensure the following procedures are implemented.

SUBJECT:

FILE NO.: - -P

PAGE: 2 of 3

CONTENT REVISION DATE:

**SUPPLIES/EQUIPMENT (if applicable):**

**PREPARATION OF PATIENT:**

**PROCEDURE:**

**Transfer Guidelines**

- 1). Ortho injuries
  - a) Complex pelvic fractures
  - b) Hand fractures
  - c) Intra-articular fractures
  
- 2). General Surgery
  - a) Partial thickness burns of greater than 10% BSA
  - b) Burns involving the face, hands, feet, genitalia, perineum or major joints
  - c) Third-degree burns in any age group
  - d) Electrical burns, including lightning injury
  - e) Chemical burns
  - f) Inhalation injury
  - g) Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery or affect mortality
  - h) Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient's condition may be stabilized initially in the trauma center before transfer to a burn center (Wishard/Eskenazi Health).
  - i) Burned children
  - j) Burn injury in patients who will require special social, emotional or rehabilitative intervention.
  - k) Vascular injury with threatened limb when no vascular coverage is available
  - l) Complex poly-trauma at discretion of attending general surgeon.
  
- 3). Neurosurgery
  - a) Intra-cranial hemorrhage when no neurosurgical coverage is available
  - b) Spinal fractures when no neurosurgical or orthopedic spine coverage is available
  - c) Spinal fractures with spinal cord injury
  - d) Cranial trauma with vascular injury
  - e) Complex craniofacial trauma
  
- 4). OB/GYN
  - a) Hemodynamically stable gravid patients greater than 20 weeks gestation with significant trauma or placental abruption which require monitoring for potential intervention

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SUBJECT:	FILE NO.: - -P PAGE: 3 of 3 CONTENT REVISION DATE:
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b) Discretion of attending OB/GYN physician if risk of premature delivery is significant

5). Pediatrics

- a) Any child age 14 and younger with significant traumatic injury
- b) Discretion of attending consulting pediatrician or family practitioner when comorbidities may be exacerbated by traumatic injury (i.e. asthmatic child with rib fractures and pulmonary contusion)

6). Cardiothoracic Surgery

- a) Significant cardiothoracic trauma where cardiothoracic coverage is not available and general surgeon is not comfortable with injury management

**AFTERCARE (if applicable):**

**SPECIAL CONSIDERATIONS (if applicable):**

**REFERENCES (if applicable):**



# Indiana University Health

## Trauma Operating Room, Staff and Equipment

IU Health Ball Memorial Hospital's Operating Room (OR) is committed to providing care to the injured patient by providing staff twenty four (24) hours a day. A back-up call team is also available with a 30 minute maximum response time. Anesthesiologists are also in house or promptly available with a 30 minute maximum response time. The following equipment is available in the OR:

- Hotline Fluid Warmers
- Level 1 Rapid Infuser
- Bair Hugger
- Dornoch Suction System that holds over 20 liters of fluid
- 2 sets of Craniotomy Instruments
- 6 Maestros Drills
- 2 Mayfield head positioning devices for craniotomy
- 4 burr hole sets
- Set up for craniotomy surgeries in OR room 8
- 1 emergency case cart with all of our supplies located in the workroom
- We have emergency case carts in the workroom for the following type of procedures – exploratory laparotomy, AAA/chest cart, and a diagnostic laparoscopy.
- We also have rolling carts that we can pull into the room that has the chest instrumentation, invasive lines, cardiovascular instruments, and supplies.

*Michelle J. Etchison*

7-1-13

Michelle J. Etchison, RN, MSN, CNOR

Date

Administrative Director of Surgical Services

IU Health Ball Memorial Hospital

IU Health Ball Memorial Hospital  
2401 W. University Avenue  
Muncie, IN 47303-3499

T 765.747.3111

[iuhealth.org](http://iuhealth.org)



# Ball Memorial Hospital

SCOPE OF CARE/SERVICE FOR CLINICAL AREA: Main Operating Room (Main OR)	FILE NO.: SSP-SOS-SUR-OR-D
ENTITY: Indiana University Health Ball Memorial Hospital	
DEPARTMENT/CATEGORIES: Surgical Services Department	
ORIGINATOR: Marcy Pittenger, BSN,RN, CNOR	APPROVED BY: Surgical Services
LAST REVIEW/REVISION DATE: 1/17/13	

## SECTION #1: WHO DO YOU SERVE/WHAT DO YOU DO?

The Main Operating Room serves a multi-cultural population. Our customer's age range is an infant, adolescent, adult, and geriatric patient. We specialize in open heart, cardiovascular, total joints, plastics, genital urinary, neurological, retinal, gynecological, thoracic, ears, nose, throat, robotic surgery, knee and hip arthroscopy, and general surgery including bariatric.

## SECTION #2: LIST THE GOALS OF THE UNIT/DEPARTMENT IN A BRIEF,

- Improve customer service
- Continue to improve and facilitate collaborative performance improvement effort.
- Support and facilitate increases in market shares; i.e., neurological, cardiac, orthopedic.
- Retain and maintain current staffing levels.
- Standardize and be cost effective
- Continue to learn and adapt to the current computer system and the new update (clinical documentation) for efficiency and ease of use.
- Monitor and assess all processes relating to safety for patient and staff.

## SECTION #3: DESCRIBE HOW THE UNIT/DEPARTMENT OPERATIONS ARE MANAGED.

The ten room Main Operating Suite is managed by nursing in conjunction with surgeons and anesthesiologists. Services are provided 24 hours a day 7 days a week. The Main Operating Room works in conjunction with all areas of Surgical Services, which include Central Processing, Surgical Admissions Unit, Post Anesthesia Recovery, Endoscopy Unit, and Surgery Support Services.

SSP-SOS-SUR-OR-D

01/17/2012

**SECTION #4: LIST THE STAFFING PLAN FOR YOUR UNIT/DEPARTMENT;  
INCLUDE ALL JOB TITLES OF PEOPLE EMPLOYED IN YOUR AREA.**

The staff includes a medical director, administrative director, nurse manager, Assistant managers, registered nurses (RN), certified surgical technologists (CST), scheduling/ secretaries, and surgery prep assistants (SPA). Nursing assessment begins within 15 minutes of admission to the operating room; re-assessment is done on a PRN according to patient condition. The nurse to patient ratio depends upon identified nursing needs of the patient and complexity of the procedure being performed and multiple types of equipment being used. Variations in staffing occur with the number of procedures scheduled, open positions, LOAs and other factors. These variations are addressed on a day-to-day basis with monthly reports. Staffing is done by the nurse manager and assistant nurse managers. Additional needs may be met with the use of supplemental, overtime, and on call staff.

Surgical Services utilizes the nursing data set PND (Perioperative Nursing Data Set) as a framework for standardization of nursing documentation and as the universal language for perioperative nursing practice and education.

Budgeted staffing includes:

Budgeted FTE'S

<u>7-3</u>	<u>7a-7p</u>	<u>11a-7p</u>	<u>12:30p-9p</u>
RN 9	RN 5	RN 3	RN 1
CST 6.0	CST 1	CST 3	CST 1
SPA 6.4		SPA 1.0	SPA 1

<u>3P-11P</u>	<u>7P-7A</u>	<u>11P-7A</u>	<u>WEEKEND</u>
RN	RN 1.0	CST 1.0	RN 1.7
CST 1			CST 1.0
SPA 1			SPA 1.0

Nurse Manager/OR director 1.0  
 Assistant Manager 2.0  
 Scheduling Clerk/Secretary 2.75  
 Total FTE: 49.80

**SECTION #5: WHAT ARE OUR MINIMUM REQUIREMENTS FOR STAFF  
EMPLOYED IN YOUR AREA?**

Requirements for staff:

- RN - current state license
- LPN - current state license
- CST - certification
- SPA- high school diploma/GED
- Scheduling Clerk/secretary - high school diploma/GED

All personnel have annual contribution management appraisals, and success plans as needed. Those individuals providing care within Surgical Services will maintain and broaden their nursing knowledge base through professional/educational offerings by the following:

- Attend a minimum of 25 unit approved educational offerings yearly.
- Attend annual infection control and safety programs yearly.
- Attend all declared mandatory offerings yearly.
- Attend annual safety competency.
- RN's will be Trauma Care After Resuscitation- TCAR certified and maintain certification every 4 years.
- RN's will be ACLS certified and maintain certification every two (2) years. (New employees must complete within 1 year of becoming a staff member)
- RN's, LPN's, CST's, SPA's will maintain CPR certification annually.
- Participate in the evaluation of quality nursing care.
- Complete and pass all learning management testing and competencies.

#### **SECTION #6: WHO HELPS YOU SUPPORT YOUR CUSTOMERS?**

Shared decision making is necessary in an organization that supports professional nursing practice. Our vision for Nursing Excellence: *Best Nurses, Best Care, Every Day*, is supported by our Professional Practice Model, a council structure that includes resources for research, nursing practice, quality, education, and leadership. The core support of the council structure is our Unit-Based Councils with guidance from our Coordinating Council. All councils within the Professional Practice Model have staff RNs in the membership and staff RNs provide leadership in most council's. The theoretical framework that supports our Professional Practice Model is *Relationship-Based Care*.

It is within this structure that our organization provides an environment for nurses to have a voice in decision-making that affects nursing practice and the quality and safety of nursing care delivered to our patients and families. The outcomes of this structure are measured using nurse-sensitive patient outcome indicators as described by the National Database for Nursing Quality Indicators, annual RN Satisfaction Survey, and patient satisfaction data from the NRC Picker Survey along with participation in the HCAHPS survey database.

#### **SECTION #7: BRIEFLY DESCRIBE HOW PERFORMANCE IMPROVEMENT IS INCORPORATED INTO YOUR AREA.**

The Main Operating Room utilizes Process Improvement meetings with staff involvement, in an effort to promote quality patient care and exceed customer satisfaction. The Main Operating Room also utilizes an interdisciplinary P.I. approach with other members of Surgical Services for a collaborative solution. A VAT (value analysis committee) for Surgical Services to help with new products and cost savings. A Unit Based Council works on departmental and process issues. We are a part of the Transformation of the OR/ VHA to help facilitate efficiencies and change in the OR.

SSP-SOS-SUR-OR-D

01/17/2012

## **SECTION #8: COMPETENCY ASSURANCE PLAN:**

Different competencies are designated each year as appropriate for educational needs. These are mandatory and must be completed to work in the unit. Examples are: Fire safety, malignant hyperthermia.

### **A. OVERVIEW:**

The provision of quality patient care delivery, in the rapidly changing field of healthcare, is dependent upon all employees being assessed and evaluated for competence on a periodic basis. This assessment and evaluation is to assure that each employee remains competent throughout their employment at IU Health Ball Memorial Hospital.

### **B. DEFINITION:**

Competence refers to the performance of tasks, skills, application of knowledge and/or the critical thinking skills that are required for assessing, planning, implementing and evaluating job performance. Competency refers to those selected tasks, knowledge, or critical thinking skills specifically targeted for assessment and evaluation.

### **C. RESPONSIBILITY:**

The department manager maintains responsibility for assuring the competency of all staff members in their department. The competencies are assessed by the department manager, educators, preceptors, supervisors, or other skilled staff. The CST annually completes and submits documentation for fifteen (15) hours of continuing education concerning surgical technology required for continued employment in CST role. **NOTE: For those employees that have managers who are of another profession, their "skills" need to be assessed and documented by someone from their own profession on the performance appraisal.** Each employee is also accountable for insuring his/her own individual competencies through participation in continuous educational opportunities.

### **D. MECHANISMS:**

Mechanisms for assessing, evaluating, and assuring competence and competencies are as follows:

- educational requirements
- licensure/certification
- general hospital orientation
- unit/department specific orientation annual performance evaluation standards
- job competency checklist
- annual competency review
- populations served competency (if applicable)
- in-service education programs
- continuing education (formal and informal)
- annual mandatory education per department/unit

#### **E. ANNUAL COMPETENCY ASSURANCE PLAN:**

- survey of learning needs identified by staff
- changes in products, equipment, technologies, unit or department standards/procedures, laws or regulations
- procedures that are low volume/high risk, high volume/high risk, or problem-prone
- indicators from patient satisfaction surveys
- indicators from critical incidents or safety related issues
- importance to mission
- effects on cost



# Ball Memorial Hospital

SUBJECT: Main OR, SAU/PACU, Endoscopy Call/Shift Coverage Policy		FILE NO.: SSP-SUR-104-P
SPONSORING DEPARTMENT/COMMITTEE: Surgical Services		
SCOPE/CATEGORIES: Surgical Services, Main OR , PACU, SAU, Endoscopy		
ORIGINATOR: Jennifer Alford , RN	APPROVED BY: Surgical Services	
CREATION DATE: 1-1-97	GENERAL REVISION DATE: 6-11-12	CONTENT REVISION DATE: 6-11-12
KEY WORDS: Surgery call policy, call policy, Main OR, SAU, PACU, Endoscopy, call, coverage		
RELATED DOCUMENTS/FORMS/POLICIES/ATTACHMENTS: Wage policy: ADM-HR-8-P		

**PURPOSE:**

To provide back up coverage for non-staffed hours in the Main OR, SAU, PACU, and Endoscopy assuring the patients of Indiana University Health Ball Hospital with prompt and skilled care.

**POLICY:**

Main OR, SAU/PACU and Endoscopy Call Policy

**SUPPLIES/EQUIPMENT (if applicable):**

N/A

**PREPARATION OF PATIENT (if applicable):**

N/A

**PROCEDURE (if applicable):**

**Guidelines:**

1. Each RN, LPN, CST and Endoscopy Technician, agrees to accept call as part of their employment.
2. Call will be assigned after orientation is complete.
3. Response time for on call is 30 minutes.

**Compensation:**

1. Please refer to wage policy: ADM-HR-8-P

SUBJECT: Main OR, SAU/PACU Call/Shift Coverage  
Policy

FILE NO.: SSP-SUR-104-P  
PAGE: 2 of 4  
CONTENT REVISION DATE:  
6-11-12

2. If you are out on call during the night/you will be first on LVLC list to go home if you choose too.
3. Neuro staff will cover their own call and be exempt from the rest of the OR call.

**Beepers:**

1. Beepers are available for on call staff.
2. They are located in the Pyxis in the holding area for the Main OR.
3. If you take a beeper the beeper # is to be written on all of the call cards/call sheets. This is your (employee) responsibility. In endo, beepers are signed out of the Pyxis.
4. It is the responsibility of each person on call to verify the information on the call card/call sheet is the correct phone # and/or beeper number.
5. The beeper should be returned at the end of the call shift making the beeper available for others.

**Call Assignments:**

**Call is assigned for SAU/PACU:**

- Friday night 2300 to 0700 am; every 9<sup>th</sup> Friday
- Mondays 0001-0700; every 9<sup>th</sup> weekend?
- Saturday 1500 to 0000; every 9<sup>th</sup> Weekend
- Sunday 0001 to 2400; every 9<sup>th</sup> Weekend
- Holidays: Memorial Day: 2300 the day before until 2300 on the Holiday  
July 4<sup>th</sup>: Same as above  
Labor Day: Same as above  
Thanksgiving: Same as above  
Christmas: I= 1730 12/24 until 0800 12/25  
II= 0800 12/25 until 2300 12/25  
New Years: 1830 12/31 until 2300 1/1

**Call assigned for the Main OR:**

- Call is assigned Monday—Friday night 2045 to 0645.
- Saturday call begins on Saturday 1445 to 0645 am. Sunday (16 hours)
- Sunday call begins on Sunday 0645 to 0645 Monday (24 hours)
- Holiday call begins at midnight the night preceding the Holiday until midnight the Holiday night.(24hours)
- Once a person has served 15 consecutive years full or part time in the Main OR one can elect to not be on the weekend and/or week call rotation. (Excluding holidays) One must notify management in writing to elect to not participate in the call rotation.

**Call assigned for Endoscopy:**

- Monday through Friday from 1630 to 0700.
- Saturday call begins at 0700 and ends at 0700 on Sunday
- Sunday call begins at 0700 and ends Monday morning at 0700.

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- Holidays in which Endoscopy is closed will be assigned in shifts with the holiday beginning at 0700 the day of the holiday and continuing until 0700 the next day.

**Call Rotation** -Call will be assigned equally to all individuals.

**Call Rotation for SAU/PACU**

- a) Weekend and Holiday Call will be assigned according to call teams; two RN's will be assigned.
- b) Emergency Call back will be assigned by random scheduling, Monday through Thursday night; one RN will be assigned.
- c) The individual assigned call is responsible for that call. (This includes coverage during elective leaves, surgery, and Leaves of Absence); exceptions would be Emergency situations or funeral leave.
- d) Individuals may trade or relinquish any and/or their entire call shift to any person qualified to take that call.

**Call Rotation for the Main OR:**

1. Call will be assigned equally to all individuals.
2. Weekend staff will be assigned call during week.
3. Call will not be assigned during requested vacations—providing the vacation is approved prior to call list being posted.
4. Weekend call is posted 6 months at a time.
5. Week night call is posted with hours.
6. Each individual assigned call is responsible for that call shift.
7. When on maternity leave, military leave, educational seminars, and Leaves of Absence, volunteers will be sought first; however, the person with the lowest seniority will be responsible for the call if there is no other coverage.
8. Individuals may trade their call shift or any portion of it with any person qualified to take that call.
9. The person assuming the call is then totally responsible for that call shift if any questions arise.
10. If the call person's name is not on the call sheet the call pay will not be paid.
11. It is your responsibility to make sure your name is on the call sheet. A special request is completed before that pay period ends.

**Call Rotation Endoscopy:**

It is the responsibility of all members of the call team to assign call among themselves in an equitable manner. Once a call schedule has been established, the call list will be posted in the Endoscopy department at all times on a call calendar. It is the responsibility of the assigned on-call personnel to get coverage if they are unable to fulfill their call obligation.

**Call replacements:**

1. All circs/scrubs names are put in a box (except Neuro staff) for drawing.
2. If an individual calls in and has assigned call, a volunteer will be sought first.

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3. If no one volunteers for the call an individual's name will be drawn out of the box by a staff member. If the person is on vacation or working their name will be placed back in and another name drawn out.
4. The name will be eliminated until all names have been used.
5. An individual covering the call due to the absence of the scheduled call person must be reimbursed with equal time by the absent call member. (Example) weeknight for weeknight, weekend for weekend, holiday for holiday.
6. Call will be paid back in cases of maternity leave, military leave, educational seminars and Leaves of Absence unless traded prior to time off, and exceptions are funeral leave or emergency surgery. Payback of call shift will occur with the first assigned call to the staff member who covered the absentee. This is the total responsibility of the two staff members involved. Newly assigned call, that is, call which cannot be taken by the person originally assigned, will be covered with as much notice as possible.

**Weeknight/Weekend Replacement:**

1. If an individual calls in for night or weekend shift a volunteer is sought first.
2. If no volunteers the call person will be required to work that shift (it is the option of the person to work 8 or 12 hour shift). Another person will be found for the last 4 hours if person chooses to work only 8 hours.
3. A name will then be drawn to cover the call.
4. If an individual is required to work the night shift you will have the next day off.
5. If picked to cover Sundays:
  - Whether you are picked to work the A.M. or P.M. shift you will not be responsible for call.
  - Another name will be drawn to cover the full 24 hours call.
6. If a call in occurs on evening shift for the night shift, the charge nurse must contact the manager on call.
7. When on maternity leave, military leave, educational seminars, and Leaves of Absence, volunteers will be sought first; however, the person with the lowest seniority will be responsible for the shift if there is no other coverage.

**Main OR Permanent Weeknight/Weekend Replacement (if staff quits or is terminated)**

1. Volunteers will be sought first.
2. However, the person with the lowest seniority will be responsible for the shift if there is no other coverage

**AFTERCARE (if applicable):**

N/A

**SPECIAL CONSIDERATIONS (if applicable):**

N/A

**REFERENCES (if applicable):**

N/A

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# Indiana University Health

## Critical Care Physician Coverage

Our critical care physicians are committed to providing care to the injured patient and are in house or promptly available twenty four (24) hours a day. An internal medicine resident is in house twenty four (24) hours a day to provide immediate care to the injured patient under the direction of the critical care physician. Care of the critically injured patient is continuously evaluated through the hospital's Performance Improvement and Patient Safety (PIPS) program.

X *Darryl Morriscal*

Darryl Morriscal, MD  
Director of Critical Care Date: 7/1/13

X *Mark Saleem*

Mark Saleem, FACS  
Trauma Medical Director Date: 7/1/13



# ICU SHORT CALLS

5/28/13

## Internal Medicine Call Schedule June 2013

Wards Team #	Intern(s)	Resident(s)	Staff Physician(s)
1	Dr. Jobe	Dr. Overpeck	Drs. Thomas / Lee
2	Dr. Michael, Sub-I Zachary Ritchie	Dr. Singson	Dr. R. Yuhico
3	Dr. Eley-Alfrey	Dr. Knapp	Drs. Bunch / Wallace / Wilson
4	Drs. Behery, Laurente	Dr. Malik	Dr. Dickey
5		Drs. Sarin, Zakharian	Dr. Burugapalli

ICU	
A	Dr. Al-Buoshkor
B	Dr. Roque
C	Dr. Crane
D	Dr. Amedi
E	Dr. Glant
F	Dr. Arcenas

IIII  
 IIII  
 IIII  
 IIII  
 IIII

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
S= 7a-3p L= 3p-7a I= ICU OP= Out Patient *= Paid Call N= Night Float (9p-7a)	<b>3</b> Change Over L: 2 S: 4 I: A B N: Laurente	<b>4</b> L: 3 S: 5 I: E E N: *Celkis 9p-7a	<b>5</b> L: 4 S: 1 I: C D N: Laurente	<b>6</b> L: 5 S: 2 I: D B N: Laurente	<b>7</b> L: 1 S: 3 I: B A OP: Sandhu N: *Hansen 9p-7a	<b>8</b> L: 2 S: 2 I: A D N: Laurente
<b>9</b> L: 3 S: 3 I: B C OP: Sandhu N: *Celkis 9p-7a	<b>10</b> L: 4 S: 1 I: C A N: Laurente	<b>11</b> L: 5 S: 2 I: D B N: Laurente	<b>12</b> L: 1 S: 3 I: E E N: *Celkis 9p-7a	<b>13</b> L: 2 S: 4 I: A D N: Laurente	<b>14</b> L: 3 S: 5 I: B C OP: Sandhu N: *Hansen 9p-7a	<b>15</b> L: 4 S: 4 I: C A N: Laurente
<b>16</b> L: 5 S: 5 I: D A N: Laurente	<b>17</b> L: 1 S: 3 I: E E N: Amos	<b>18</b> L: 2 S: 4 I: A C N: Behery	<b>19</b> L: 3 S: 5 I: B C OP: Yuhico N: *Ollerton 9p-7a	<b>20</b> L: 4 S: 1 I: C A N: Behery	<b>21</b> L: 5 S: 2 I: D B N: Behery	<b>22</b> L: 1 S: 1 I: E E N: Amos
<b>23</b> L: 2 S: 2 I: A B N: Behery	<b>24</b> L: 3 S: 5 I: B D OP: Yuhico N: Amos	<b>25</b> L: 4 S: 1 I: C A N: Behery	<b>26</b> L: 5 S: 2 I: D B N: Behery	<b>27</b> L: 1 S: 3 I: E C N: *Ollerton 9p-7a	<b>28</b> L: 2 S: 4 I: A D N: Behery	<b>29</b> L: 3 S: 3 I: B C OP: Yuhico N: Amos
<b>30</b> L: 4 S: 4 I: C D N: Behery						

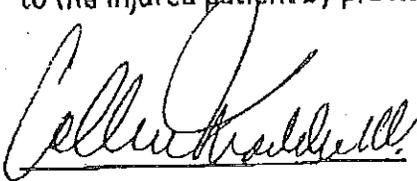
IM Weekend Attending Coverage	
6/8	Dr. Dickey
6/15	Dr. Johnston
6/22	Dr. R. Yuhico
6/29	Dr. Burugapalli



# Indiana University Health

## Commitment of Radiology

Our Radiology Department at IU Health Ball Memorial Hospital is committed to providing care to the injured patient by providing radiology services twenty four (24) hours a day.

 7-11-13

Colleen Madden, MD

Date

Medical Director of Radiology

IU Health Ball Memorial Hospital

IU Health Ball Memorial Hospital  
2401 W. University Avenue  
Muncie, IN 47303-3499

T 765.747.3111

[iuhealth.org](http://iuhealth.org)



# Ball Memorial Hospital

SUBJECT: Radiology Trauma Alert Policy		FILE NO.: RAD-DEP-031-P
SPONSORING DEPARTMENT/COMMITTEE: Indiana University Health Ball Memorial Hospital – Radiology Departments		
SCOPE/CATEGORIES: Indiana University Health Ball Memorial Hospital – Radiology Departments		
ORIGINATOR: Eric Tharp, Director of Radiology	APPROVED BY: Colleen Madden, MD, Radiology Medical Director	
CREATION DATE: 10/11/12	GENERAL REVISION DATE: 12/5/12	CONTENT REVISION DATE: 12/5/12
KEY WORDS: Radiology, Trauma, Alert, Stroke, Protocol, RAD-DEP-031-P		
RELATED DOCUMENTS/FORMS/POLICIES/ATTACHMENTS:		

**PURPOSE:**

To establish expectations and processes for technologists working with ED and providing imaging services for Trauma Alert and Stroke Protocol patients.

**POLICY:**

Radiology Trauma Alert Policy

**SUPPLIES/EQUIPMENT:**

Portable wireless phones assigned to ED x-ray and ED CT staff.

**PREPARATION OF PATIENT:**

**PROCEDURE:**

Radiology technologists working in either ED x-ray or ED CT will have one tech designated to carry and maintain a portable phone for the purpose of trauma alert notifications. It is the responsibility of the radiology staff to keep the phone operational and charged to receive these potential alerts 24/7/365.

Calls placed to ED x-ray regarding a trauma alert level 1 will initiate the following actions:

- Staff will immediately prepare for the incoming trauma patient by loading the necessary supplies and preparing the portable x-ray machine as appropriate.

- Staff will cover all digital detectors or CR cassettes with plastic to prevent damaging exposure to blood or body fluids.
- Staff will wear protective apparel prior to entering the trauma bay including but not limited to lead aprons, gowns, gloves, masks and eye shields to prevent exposure to blood and body fluids.
- X-ray staff should arrive prepared to image the trauma patient within 15 minutes of notification.

Calls placed to ED CT regarding a trauma alert level 1 or Stroke Protocol will initiate the following actions:

- Staff will discuss with the trauma team when the patient should be transported to CT scanner. CT staff will give priority to the trauma patient, but coordination is necessary should a patient already be in the scanner at the time of the alert.
- Staff will immediately prepare for the incoming trauma patient by loading the necessary supplies and preparing the CT machine as appropriate.
- (Trauma Alert patients) Staff will wear protective apparel prior to entering the trauma bay including but not limited to lead aprons, gowns, gloves, masks and eye shields to prevent exposure to blood and body fluids.
- (Trauma Alert patients) Trauma team will transport patient to the scanner at the appropriate time.

Calls placed to ED x-ray or ED CT regarding a trauma alert level 2 will initiate the following actions:

- Staff will not need to report to the trauma bay or hold the CT scanner for the patient unless requested by the trauma team.
- Staff will continue working and be on alert to provide immediate/asap imaging for the trauma level 2 patients as requested by the trauma team following patient assessment.

For Trauma level 1 or 2 - Once images are obtained, technologists will expedite the completion of tracking and documentation and send the images to the PACS. Technologists will confirm that all exams (CT and X-ray) are tracked with a status of "STAT with Call Read" and that the reading radiologist is notified to expedite these exams.

## **AFTERCARE**

## **SPECIAL CONSIDERATIONS**

## **REFERENCES**

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# Ball Memorial Hospital

SCOPE OF CARE/SERVICE FOR CLINICAL AREA: Radiology – CT	FILE NO.: RAD-SOS-CT-D
ENTITY: Indiana University Health Ball Memorial Hospital	
DEPARTMENT/CATEGORIES: Radiology – CT Department	
ORIGINATOR: Eric Tharp, Director of Radiology	APPROVED BY: Colleen Madden, MD, Radiology Medical Director
LAST REVIEW/REVISION DATE: 02/18/2013	

## SECTION #1: WHO DO YOU SERVE/WHAT DO YOU DO?

- The CT department of Radiology performs CT examinations on all age groups: infants, pediatrics, adults and senior adults.
- All scans, with the exception of self referred screening exams, are performed on the order of the referring physician requesting CT scan examinations.
- All CT imaging is performed by technologists that meet department requirements for training and certification.
- All CT exams are interpreted by a Radiologist and reported to the ordering physician, via written report. These results are available via fax, mail, and electronic access through PACS or EMR. When Indicated, immediate notification of results to the ordering physician or their designee, will be performed by the Radiologist or their designee via telephone.
- CT guided invasive procedures are performed by the department Radiologists, Physician Assistants or Radiology Physician Assistants that are appropriately credentialed. Registered Nurses assist with any invasive procedure requiring sedation or as appropriate per Radiologist's direction.
- Technologists assist both physicians and nursing staff by retrieving medications for patients per physician direction and protocol.
- The CT department's scope of practice includes in-patient, emergency and outpatient services.
- The department is staffed 24 hours per day. Outpatient exams are scheduled during weekdays from 7:00am until 8:00 pm. During the weekend, outpatient exams are scheduled for the hours of 8:00am until 4:00pm
- As trained, are able to provide point of care testing.
- In accordance with medical staff bylaws are able to accept and process verbal orders.

RAD-SOS-CT-D

Reviewed: 02/18/2013

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Exams performed in the CT department include, but are not limited to:

- Head
- Thorax
- Abdomen
- Pelvis
- Extremity
- Vascular
- Interventional

**SECTION #2: LIST THE GOALS OF THE UNIT/DEPARTMENT.**

- Provide high quality exams for interpretation
- Maintain a high level of customer and employee satisfaction
- Maintain our department as a premier medical imaging provider in the community
- Maintain state of the art equipment and high levels of education for staff so that we are able to continuously provide cutting edge procedures and medical imaging.
- Fiscal Responsibility

**SECTION #3: DESCRIBE HOW THE UNIT/DEPARTMENT OPERATIONS ARE MANAGED.**

- The CT scan department is under the direct supervision of the Lead CT Tech, department manager, director and the radiologist serving as medical director.
- The CT scan department utilizes 3 scanners. Two scanners are located in the radiology department with another being in the emergency department. Three patient prep rooms are utilized within the main department to document patient history and for gaining intravenous access.

**SECTION #4: LIST THE STAFFING PLAN FOR YOUR UNIT/DEPARTMENT; INCLUDE ALL JOB TITLES OF PEOPLE EMPLOYED IN YOUR AREA.**

- The CT department is staffed by staff technologists, registered nurses, and radiologic technologist assistants.
- Staffing decisions are made by the radiology manager. A minimum of 4 technologists must be scheduled to cover three shifts Monday through Friday, with ideal staffing levels being obtained with 6 technologists.
- Variations in staffing can be caused by low exam volumes, staff vacations, or sick time. These variations are addressed on a day to day basis and with monthly reports. Additional needs may be met with the use of overtime, cross trained staff, and PRN staff.

Budgeted FTE for CT department:

- Lead CT Technologist 0.90
- CT Technologists 8.7
- Registered Nurse 0.90
- Technologist Assistants 1.0

## **SECTION #5: WHAT ARE OUR MINIMUM REQUIREMENTS FOR STAFF EMPLOYED IN YOUR AREA?**

- Technologist: RT - ARRT Certified and state of Indiana License. CPR Certification
- Technologist Assistant: High school diploma
- Nurse: RN with state of Indiana license. ACLS Certification

The department manager/supervisor maintains responsibility for assuring the competency of all staff members in their respective areas. The competencies are assessed by the department manager, educators, supervisors, and other skilled staff. All staff members receive a 90 day or 6 month evaluation followed by annual evaluations based on their hire date. Staff performance and competencies are reviewed and documented annually. Poor performance is addressed through success plans, or counseling and corrective action.

## **SECTION #6: WHO HELPS YOU SUPPORT YOUR CUSTOMERS?**

The Radiology CT area is supported by the following areas:

- Radiology Front office and registration
- Outpatient registration
- Access Services
- Respiratory Therapy
- Distribution services
- Central Processing Services
- Environmental Services

## **SECTION #7: BRIEFLY DESCRIBE HOW PERFORMANCE IMPROVEMENT IS INCORPORATED INTO YOUR AREA.**

- The department participates in the "Plan-Do-Check-Act" Performance Improvement process. Performance improvement is a component of the Radiology management scorecard, which is reviewed with Administration on a quarterly basis. Department staff is involved in performance improvement through communication at meetings, participation on performance improvement teams and through an ongoing focus of customer satisfaction and patient survey results.
- Process improvement areas are selected by the Director of radiology. The Director also assigns PI team leaders. Together, the Director PI team leader(s) develop teams and their associated goals.

## **SECTION #8: COMPETENCY ASSURANCE PLAN:**

### **A. OVERVIEW:**

The provision of quality patient care delivery, in the rapidly changing field of healthcare, is dependent upon all employees being assessed and evaluated for competence on a periodic basis. This assessment and evaluation is to assure that each employee remains competent throughout their employment at IU Health Ball Memorial Hospital.

## **SECTION #8: COMPETENCY ASSURANCE PLAN: (cont.)**

### **B. DEFINITION:**

Competence refers to the performance of tasks, skills, application of knowledge and/or the critical thinking skills that are required for assessing, planning, implementing and evaluating job performance. Competency refers to those selected tasks, knowledge.

### **C. RESPONSIBILITY:**

The department manager maintains responsibility for assuring the competency of all staff members in their department. The competencies are assessed by the department manager, educators, preceptors, supervisors, or other skilled staff. Each employee is also accountable for insuring his/her own individual competencies through participation in continuous educational opportunities.

### **D. MECHANISMS:**

Mechanisms for assessing, evaluating and assuring competence and competencies are as follows:

- educational requirements
- licensure/certification
- general hospital orientation
- unit/department specific orientation annual performance evaluation standards
- job competency checklist
- annual competency review
- age-specific competency (if applicable)
- in-service education programs
- continuing education (formal and informal)
- annual mandatory education per department/unit

### **E. ANNUAL COMPETENCY ASSURANCE PLAN:**

- All staff members are required to maintain annual competencies and attend the Health Fair based on their positions.
- All employees are evaluated and appraised on their own performance annually.
- Employees are also reviewed by their peers and the results presented at the time of the employee's appraisal.
- A member of the same profession and skill set evaluates each profession.
- All staff members are required to stay current on changes in department/unit products, equipment, technologies, and standards/procedures, as well as state/government laws or regulations



# Ball Memorial Hospital

SCOPE OF CARE/SERVICE FOR CLINICAL AREA: Radiology – General Diagnostic	FILE NO.: RAD-SOS-DX-D
ENTITY: Indiana University Health Ball Memorial Hospital	
DEPARTMENT/CATEGORIES: Radiology – Diagnostic Department	
ORIGINATOR: Eric Tharp, Director of Radiology	APPROVED BY: Colleen Madden, MD, Radiology Medical Director
LAST REVIEW/REVISION DATE: 02/18/2013	

## SECTION #1: WHO DO YOU SERVE/WHAT DO YOU DO?

- The Diagnostic Section of Radiology performs general x-ray and fluoroscopy procedures on all age groups: infants, pediatrics, adult and senior adults.
- Exams are completed in multiple areas of the hospital including, the emergency room, surgery, ICU, and other nursing units. All exams are performed on the order of a physician and interpreted by a Radiologist. The Diagnostic Section's scope of practice includes inpatient, outpatient, emergency patients and Breast health.
- All x-ray imaging is performed by technologists that meet department requirements for training and certification.
- X-ray guided invasive procedures are performed by the department Radiologists, Physician Assistants or Radiology Physician Assistants that are appropriately credentialed. Registered Nurses assist with any invasive procedure requiring sedation or as appropriate per Radiologist's direction.
- The Diagnostic Section of Radiology operates seven days a week, 24 hours a day.
- In accordance with medical staff bylaws, are able to accept and process verbal orders.

Exams performed in the Diagnostic Radiology department include, but are not limited to:

- Routine diagnostic X-rays
- Fluoroscopy procedures
- Portable exams
- C-arm exam (surgery/pain clinic)
- Minor Invasive Procedures

RAD-SOS-DX-D

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**SECTION #2: LIST THE GOALS OF THE UNIT/DEPARTMENT IN A BRIEF, "BULLET-POINT" FORMAT.**

- Provide high quality exams for interpretation
- Maintain a high level of customer and employee satisfaction
- Maintain our place in the community as a premier provider of medical imaging
- Maintain state of the art equipment and high levels of staff education so that we are able to continuously provide cutting edge procedures and medical imaging.
- Fiscal Responsibility

**SECTION #3: DESCRIBE HOW THE UNIT/DEPARTMENT OPERATIONS ARE MANAGED.**

- The diagnostic section of radiology is under the direct management of the supervisors, manager, director, and the radiologist acting as the medical director.
- The diagnostic section of radiology utilizes a broad range of technology. That technology includes, DR, CR, and Fluoroscopic imaging.

**SECTION #4: LIST THE STAFFING PLAN FOR YOUR UNIT/DEPARTMENT; INCLUDE ALL JOB TITLES OF PEOPLE EMPLOYED IN YOUR AREA.**

- The diagnostic section of radiology is staffed by radiologic technologists, a lead radiologic technologist, and two radiological technologist supervisors.
- Budgeted Staff:

Diagnostic Technologists (all shifts)	19.6
Supervisor (1 days/1 evenings)	2.00
Lead Technologist	0.9
- Staffing decisions are made by the manager and/or supervisor.
- Variations in staffing can be caused by exam volumes, staff vacations, and sick time. Additional needs may be met with the use of overtime, cross trained staff, and PRN staff
- These variations are addressed on a day-to-day basis by the manager, supervisor and/or lead technologist who will adjust staffing as needed. Additional needs may be met with the use of overtime, but only for extreme situations and if it is absolutely necessary.

**SECTION #5: WHAT ARE OUR MINIMUM REQUIREMENTS FOR STAFF EMPLOYED IN YOUR AREA?**

- Lead Technologists - ARRT Certified; State of Indiana License; CPR (BLS)
- Staff Rad. Technologists -
- Supervisors - ARRT Certified; State of Indiana License; CPR (BLS)

## **SECTION #5: WHAT ARE OUR MINIMUM REQUIREMENTS FOR STAFF EMPLOYED IN YOUR AREA? (cont.)**

The department manager/supervisor maintains responsibility for assuring the competency of all staff members in their respective areas. The competencies are assessed by the department manager, educators, supervisors, and other skilled staff. All staff members receive a 90 day or 6 month evaluation followed by an annual evaluation based on their hire date. Staff competencies are reviewed and documented annually. Staff performance and competencies are reviewed and documented annually. Poor performance is addressed through success plans, or counseling and corrective action.

## **SECTION #6: WHO HELPS YOU SUPPORT YOUR CUSTOMERS?**

The Radiology Diagnostic area of radiology is supported by the following areas:

- Outpatient registration
- Access Services
- Respiratory Therapy
- Distribution Services
- Environmental Services
- Central Processing Services.

## **SECTION #7: BRIEFLY DESCRIBE HOW PERFORMANCE IMPROVEMENT IS INCORPORATED INTO YOUR AREA.**

- The department participates in the "Plan-Do-Check-Act" Performance Improvement process. Performance improvement is a component of the Radiology management scorecard, which is reviewed with Administration on a quarterly basis. Department staff members are involved in performance improvement through communication at meetings, participation on performance improvement teams and through an ongoing focus of customer satisfaction and patient survey results.
- Process improvement areas are selected by the Director of radiology. The Director also assigns PI team leaders. Together, the Director PI team leader(s) develop teams and their associated goals.

## **SECTION #8: COMPETENCY ASSURANCE PLAN:**

### **A. OVERVIEW:**

The provision of quality patient care delivery, in the rapidly changing field of healthcare, is dependent upon all employees being assessed and evaluated for competence on a periodic basis. This assessment and evaluation is to assure that each employee remains competent throughout their employment at IU Health Ball Memorial Hospital.

## **SECTION #8: COMPETENCY ASSURANCE PLAN: (cont.)**

### **B. DEFINITION:**

Competence refers to the performance of tasks, skills, application of knowledge and/or the critical thinking skills that are required for assessing, planning, implementing and evaluating job performance. Competency refers to those selected tasks, knowledge.

### **C. RESPONSIBILITY:**

The department manager maintains responsibility for assuring the competency of all staff members in their department. The competencies are assessed by the department manager, educators, preceptors, supervisors, or other skilled staff. Each employee is also accountable for insuring his/her own individual competencies through participation in continuous educational opportunities.

### **D. MECHANISMS:**

Mechanisms for assessing, evaluating, and assuring competencies are as follows:

- Educational requirements
- Licensure/certification
- General hospital orientation
- Department specific orientation
- Job competency check list
- Annual competency review
- In-service education programs
- Continuing education
- QA of Radiology exams by Radiologists

### **E. ANNUAL COMPETENCY ASSURANCE PLAN:**

- All staff members are required to maintain annual competencies in LMS and at the Comp Fair based on their positions.
- All employees are evaluated and appraised on their own performance annually.
- Employees are also reviewed by their peers and the results presented at the time of the employee's appraisal.
- A member of the same profession and skill set evaluates each profession.
- All staff members are required to stay current on changes in department/unit products, equipment, technologies, and standards/procedures, as well as state/government laws or regulations

## ICU Staffing Grid 2013

Census	Days 7a-7p			Nights 7p-7a			HPPD
	Charge	RN	PNT/SNT	Charge	RN	PNT/SNT	
18	1	9	1	1	9	0	14.82
17	1	9	1	1	9	0	15.75
16	1	9	1	1	9	0	15.75
15	1	8	1	1	8	0	15.20
14	1	8	1	1	8	0	16.29
13	1	7	1	1	7	0	15.69
12	1	7	1	1	7	0	17.00
11	1	6	1	1	6	0	16.36
10	1	6	1	1	6	0	18.00
9	1	5	1	1	5	0	17.33
8	1	5	0	1	5	0	18.00
7	1	4	0	1	4	0	17.14
6	1	3	0	1	3	0	16.00
5	1	3	0	1	3	0	19.20

**Minimum staffing is 4 RNs and 1 Secretary**

The charge nurse will only take patients if there are not other RNs available to be floated to the unit. The charge nurse will carry the EMA pager and the nurse open for admission will carry the code pager.

The grid is no longer designed to account for 1:1. If there is a 1:1 then a nurse will need be added to manage the 1:1.

**The following patients generally require 1:1 care:**

- Status post code- (pt requiring line placement, multiple drips, traveling or severe instability)
- CVVHD
- Ventriculostomy/ICP monitoring
- NMBA
- Open AAA (First 4 hours)

**IOPO**

- determining** Experience of staff  
 Number of unit staff vs float or pulled staff  
 Number of orientees/preceptors

**Staffing Guidelines:**

Day Shift	Census	CS/MTs
	1-8 pts	1
	9-18 pts	2

**Night Shift**

Census	CS/MTs
1-10pts	1
11-18 pts	1

Revised : 2/28/2013



# Ball Memorial Hospital

SCOPE OF SERVICE FOR CLINICAL AREA: Acute Patient Care and ICU	DOCUMENT FILE NO.: SOS-APS-ICU-D
ENTITY: Indiana University Health Ball Memorial Hospital	
DEPARTMENT/CATEGORIES: ICU	
ORIGINATOR: Michele L. Wagner	APPROVED BY: Michele L. Wagner
LAST REVIEW/REVISION DATE: 01/17/2013	

**SECTION #1: WHO DO YOU SERVE/WHAT DO YOU DO?** The Intensive Care Unit accepts any patient with a presently or potentially life threatening medical or surgical condition. The age category of most patients served by the ICU includes but is not limited to adolescent through geriatric. Patients under the age of 16 may be admitted under special circumstances however a specialty physician will be consulted as well as a pediatrician or obstetrician, depending on the circumstance.

The major diagnoses and/or DRGs of the patient population we serve includes, but is not limited to: respiratory failure, septicemia, trauma, pneumonia, congestive heart failure, renal failure, major small and large bowel surgical procedures, AAA repair, intentional and un-intentional overdoses/poisoning & toxic effects of drug, surgical patients with co-morbidities, post-operative & post-traumatic infections, and intracranial hemorrhage/CVA stroke patients that are in need of TPA.

**Therapies performed include, but are not limited to, the following:**

- Administration of vasoactive agents
- CRRT
- Ventilator Support
- Bedside Invasive Line Placement
- Intracranial Pressure Monitoring
- Neuromuscular Blockade
- Invasive & Non-invasive Hemodynamic Monitoring
- Electrocardiogram continuous
- Continuous Pulse Oximetry Monitoring
- Ultrasound
- Central Line Blood Sampling
- Emergency Cardiopulmonary Resuscitation

- Provide ACLS qualified RN services to all Medical Alerts
- Provide Rapid Response Team Services (in collaboration with Respiratory Service and Lab) to other areas of the hospital
- Insertion of the Intraosseous IV (EZIO)
- Administer TPA for stroke patients within given time frame

**SECTION #2: LIST THE GOALS OF THE UNIT/DEPARTMENT IN A BRIEF, "BULLET-POINT" FORMAT.**

The goals of the ICU include:

- Best care, every patient, every day!
- Maintain excellent patient care and satisfaction
- Goal of Healthcare Related Infections = 0% (VAP, BSI, Catheter related BSI, MRSA)
- Zero Patient Falls
- Exceed National Benchmark for Pressure Ulcer Prevalence Rate
- Deliver Nursing Care based upon Evidence based and the Relationship-Based Care Delivery Model

**SECTION #3: DESCRIBE HOW THE UNIT/DEPARTMENT OPERATIONS ARE MANAGED.**

A nurse manager, in conjunction with, an administrative director and a medical director, manage the eighteen -bed unit. The Intensive Care Unit (ICU), a member of Acute Patient Services, is located on the second floor of the South Tower. ICU consists of eighteen private rooms numbered from 2301 – 2318. The Clinical Staff, Internal Medicine, Family Practice, Transitional Residents, and Specialists provide care twenty-four hours a day, seven days a week. There are attending, full-time Intensivists / Pulmonologists that may be consulted to oversee the care of the patients in the ICU.

Shared decision making is necessary in an organization that supports professional nursing practice. Our vision for Nursing Excellence: *Best Nurses, Best Care, Every Day*, is supported by our Professional Practice Model, a council structure that includes resources for research, nursing practice, quality, education, and leadership. The core support of the council structure is our Unit-Based Councils with guidance from our Coordinating Council. All councils within the Professional Practice Model have staff RNs in the membership and staff RNs provide leadership in most council. The theoretical framework that supports our Professional Practice Model is *Relationship-Based Care*.

It is within this structure that our organization provides an environment for nurses to have a voice in decision-making that affects nursing practice and the quality and safety of nursing care delivered to our patients and families. The outcomes of this structure are measured using nurse-sensitive patient outcome indicators as described by the National Database for Nursing Quality Indicators, annual RN Satisfaction Survey, and patient satisfaction data we receive from the NRC picker survey. We utilize the NRC Picker survey along with participation in the HCAHPS survey database.

**SECTION #4: LIST THE STAFFING PLAN FOR YOUR UNIT/DEPARTMENT;  
INCLUDE ALL JOB TITLES OF PEOPLE EMPLOYED IN YOUR AREA.**

All Job Positions/Titles in the ICU	Budgeted FTEs / position
Medical Director	N/A
Nurse Manager	1.0
Registered Nurse	41.73
Certified Nursing Technician	2.33
Shift Coordinator	1.80
Patient care interns	
Clinical Secretary / Monitor Technician	6.90
<b>Totals:</b>	<b>53.76</b>

The unit is staffed based on the average daily census and our staffing grid. Patient needs determine appropriate staffing for the unit. The patient classification determines the workload of the unit and provides a guideline for staffing. Variations in staffing occur with census, acuity, open positions, LOAs and other factors. These variations are addressed on a day-to-day basis and can be reviewed with monthly reports. Additional needs may be met with the use overtime, extra shifts, staff from other units, resource pool and prn staff. Staffing is done by the schedule team. The nurse manager oversees this team. On a daily basis, our permanent charge nurses oversee the schedule. However, the nurse manager is ultimately responsible for the schedule.

Patient care is delivered utilizing the Total Patient Care Delivery Model with a Relationship-Based Care approach. RN decision-making occurs over a single shift by the RN assigned to the patient during the shift. RNs complete all patient care needs and activities of care. The RN completes all communication with the physician and other disciplines. Communication between RNs at shift change is critical to sustaining the relationship with the patient. Assignments are patient-based with consideration to complexity of patient and experience level of the RN, as well as, ensuring continuity of nursing care for the patient. CNTs & PCI's are utilized to assist the RN with various physical tasks.

An initial, problem-focused assessment will be completed within 30 minutes of arrival to ICU. A complete assessment of all pertinent systems of clients admitted to ICU will be completed within 8 hours of admission and document in the electronic medical record (EMR) as soon as the client condition and treatment regime permits. Patients in the ICU will be assessed every 4 hours thereafter unless patient condition warrants otherwise.

**SECTION #5: WHAT ARE OUR MINIMUM REQUIREMENTS FOR STAFF  
EMPLOYED IN YOUR AREA?**

Nurse Manager	Bachelor's Degree in Nursing, Master's Degree Preferred, Current IN RN License, * Current ACLS Certification, Current CPR Certification
Registered Nurse	Current IN RN License, completion of ICU orientation, current CPR certification, * Current ACLS Certification
Certified Nursing Technician	HS Diploma or GED and completion of BMH - CNT

	Class, current CPR certification. Current CNA License.
Patient Care Intern	HS Diploma, current enrollment in Nursing School, & completion of BMH – PCI Class
Clinical Secretary/Monitor Technician	HS Diploma or GED & Monitor Technician Certification

\*ACLS Certification is required within the first year of employment. Once certification is received, it is the responsibility of the employee to keep certification current.

## **SECTION #6: WHO HELPS YOU SUPPORT YOUR CUSTOMERS?**

### **Multidisciplinary Support provided by:**

- Respiratory Therapy
- Laboratory
- Radiology
- Pharmacy
- Dialysis
- Case Management
- Dietetics
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Environmental Services
- Patient Care Representatives
- Pastoral Care
- Biomedical Services
- Maintenance
- Epidemiology
- Security
- Information Systems

## **SECTION #7: BRIEFLY DESCRIBE HOW PERFORMANCE IMPROVEMENT IS INCORPORATED INTO YOUR AREA.**

The Intensive Care Unit utilizes Continuous Quality Improvement (CQI) staff involvement to improve patient care in an effort to minimize the patient's hospital stay and exceed customer expectations. We participate in the Critical Care Collaborative, which is a multi-disciplinary team consisting of representative from the following areas: the Intensivist group, pathology, epidemiology, educational services, pharmacy, dietary, nursing, administration, and medical education. The Collaborative reviews PI data on a quarterly basis. The data reviewed at this Collaborative is obtained through our Department of Quality and Safety. The Unit-Based Council (UBC) provides a forum for dialogue and communication among professional nurses to identify and resolve clinical practice and patient/family care issues, facilitate participation and shared decision-making for nursing through collaboration with leadership and Nursing Councils, and provide consistent communication to the care delivery team. In addition, the UBC reports quarterly to the Professional Nursing Council regarding nursing report card outcomes. Further, the UBC refers any issues / concerns, when appropriate, to the Coordinating Council.

## **SECTION #8: COMPETENCY ASSURANCE PLAN:**

### **A. OVERVIEW:**

The initial competency assessment at the time of orientation builds the foundation for the learning experience during orientation. New nurses are assigned a preceptor to guide them through the orientation process. The Skills Checklist provides a method of validating competency during the initial months of employment.

Ongoing competency validation is provided on an annual basis. Staff members, via the Unit-Based Council, provide input into the unit-specific competency decision process. The competencies are prioritized based on high-risk/low-volume, and problem-prone concepts. In addition to the annual house-wide mandatory competencies, ICU validates competency on Intracranial Pressure Monitoring, Hemodynamic Monitoring, and Continuous Renal Replacement Therapy, as well as Moderate Sedation.

Methods of competency validation include return demonstration, written test, and evidence of daily work, case study, self-assessment, peer review, exemplar, discussion/reflection group, presentation, mock events, and quality improvement monitors. These methods are evidence-based and utilized by all nursing units. The appropriate validation method is determined by the Educational Services Instructor, with input from the manager and UBC. Failure to complete assigned competencies results in disciplinary action, as outlined in the Employee Handbook.

### **B. DEFINITION:**

Competency refers to the performance of tasks, skills, application of knowledge and/or the critical thinking skills that are required for assessing, planning, implementing and evaluating job performance. Competency refers to those selected tasks, knowledge, or critical thinking skills specifically targeted for assessment and evaluation.

### **C. RESPONSIBILITY:**

The department manager ultimately maintains responsibility for assuring the competency of all staff members in their department. Competencies are assessed by the department educator, preceptors, supervisors, or other skilled staff & reviewed by the department manager to assure compliance. Each employee is accountable for insuring his/her own individual competencies through participation in continuous educational opportunities.

### **D. MECHANISMS:**

Mechanisms for assessing, evaluating and assuring competence and competencies are as follows:

- educational requirements
- licensure/certification
- general hospital orientation
- unit/department specific orientation annual performance evaluation standards
- job competency checklist
- annual competency review
- populations served competency (if applicable)
- in-service education programs
- continuing education (formal and informal)

- annual mandatory education per department/unit

#### **E. ANNUAL COMPETENCY ASSURANCE PLAN:**

An annual Competency Assurance Plan may be developed based on one or more of the following:

- survey of learning needs identified by staff
- changes in products, equipment, technologies, unit or department standards/procedures, laws or regulations
- procedures that are low volume/high risk, high volume/high risk, or problem-prone
- indicators from patient satisfaction surveys
- indicators from critical incidents or safety related issues
- importance to mission
- effects on cost



# Cardiac Intensive Care Staffing Grid 2012

Budgeted ADC: 13.02

Budgeted HPD: 16.45

DAYS 0700-1930

Nights 1900-0730

ADC	CHG	RN	PNT/SNT	CS	CHG	RN	PNT/SNT	CS
18	1	10	2	2	1	10	1	1
17	1	10	2	2	1	10	1	1
16	1	9	2	2	1	9	1	1
15	1	8	2	2	1	8	1	1
14	1	8	1	2	1	8	1	1
13	1	7	1	2	1	7	1	1
12	1	7	1	2	1	7	1	1
11	1	6	1	2	1	6	1	1
10	1	5	1	2	1	5	1	1
9	1	5	1	2	1	5	1	1
8	1	4	1	2	1	4	1	1
7	1	4	0	1	1	4	0	1
6	0	4	0	1	0	4	0	1
5	0	4	0	1	0	4	0	1
4	0	3	0	1	0	3	0	1
3	0	3	0	1	0	3	0	1
2	0	2	0	1	0	2	0	1
1	0	2	0	1	0	2	0	1

Suggested Nurse to Patient Ratios: 1:2

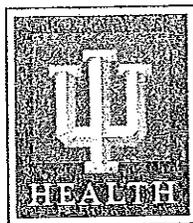
\*\*\*Census of 3 or less - 100% RN Staff all shifts

Staffing decision-making criteria:

1. Post-operative open heart 1:1 until 0300
2. IABP 1:1
3. CVVHD 1:1
4. Fresh code patients 1:1 for 4 hours
5. Number of open heart admissions expected
6. Number of syvan ganz with multiple drips
7. Number of telemetry or med-surg transfers or potential transfers

*Approved*

FTE =  
7 (hpod\*1.25)  
40



# Ball Memorial Hospital

SCOPE OF SERVICE FOR CLINICAL AREA: Cardiac Intensive Care	DOCUMENT FILE NO.: CIC-SOS-D
ENTITY: Indiana University Health Ball Memorial Hospital	
DEPARTMENT/CATEGORIES: Cardiac Intensive Care Unit	
ORIGINATOR: Christina Schemenaur	APPROVED BY: Lynne C. Bunch, Administrative Director, Critical Patient Services
LAST REVIEW/REVISION DATE: 03-4-2013	

## SECTION #1: WHO DO YOU SERVE/WHAT DO YOU DO?

The Cardiac Intensive Care Unit (CIC) is a specialized critical care unit within the Critical Patient Service Line. The CIC provides care to adult and geriatric patients post cardiovascular surgery, post cardiac interventional procedures, post thoracic surgery, and/or whose diagnosis is cardiac related requiring cardiac monitoring, invasive or noninvasive hemo-dynamic monitoring. Additionally the CIC provides care to those patients who cared for under the ICU guidelines as well, as needed. Physician order is needed for admission. Specific admission criteria guide appropriateness of admissions. The unit accepts patients from surgery, the Emergency Department, Direct Admission, Cardiac Cath Lab, and transfers from other inpatient units or from outlying hospitals upon physician acceptance of the referral. The CIC may receive overflow patients from other units as needed.

## SECTION #2: LIST THE GOALS OF THE UNIT/DEPARTMENT IN A BRIEF

The current goals for CIC are:

- Maintain Patient Satisfaction at or above the 90<sup>th</sup> percentile.
- Promote education and growth on the unit by
  - a. Increasing the number of open heart recovery nurses
  - b. Providing staff with the tools needed to help educate one another leading to staff empowerment
  - c. Increased number of critical care certified RN's.
- Empower all staff, and more specifically the UBC, to help monitor our processes to improve and promote patient safety for optimal patient outcomes.

- Foster and promote relationships with other units and departments to foster a multidisciplinary approach to safe patient care.
- Promote relations with outlying facilities to increase referrals.

**SECTION #3: DESCRIBE HOW THE UNIT/DEPARTMENT OPERATIONS ARE MANAGED.**

The Nurse Manager and Administrative Director of Critical Patient Service Line in conjunction with the CIC Medical Director, provide the unit with a shared vision and direction. The cardiovascular surgeon, on call surgeon, and admitting physicians, in conjunction with specialist, consulting physicians and critical care physicians, are responsible for 24-hour medical care. The 18 bed CIC is comprised of private rooms with nurse servers, a central nursing station, a clean utility area, a soiled utility room, medication prep room, a pantry and a classroom. Two rooms contain negative airflow for air-borne isolation. The unit is in operation 24 hours a day, 7 days a week.

Shared decision making is necessary in an organization that supports professional nursing practice. Our vision for Nursing Excellence: Best Nurses, Best Care, Every Day, is supported by our Professional Practice Model, a council structure that includes resources for research, nursing practice, quality, education, and leadership. The core support of the council structure is our Unit-Based Councils with guidance from our Coordinating Council. All councils within the Professional Practice Model have staff RNs in the membership and staff RNs provide leadership in most councils. The theoretical framework that supports our Professional Practice Model is Relationship-Based Care.

It is within this structure that our organization provides an environment for nurses to have a voice in decision-making that affects nursing practice and the quality and safety of nursing care delivered to our patients and families. The outcomes of this structure are measured using nurse-sensitive patient outcome indicators as described by the National Database for Nursing Quality Indicators, annual RN Satisfaction Survey, and patient satisfaction data from the NRC Picker Survey along with participation in the HCAHPS survey database.

**SECTION #4: LIST THE STAFFING PLAN FOR YOUR UNIT/DEPARTMENT; INCLUDE ALL JOB TITLES OF PEOPLE EMPLOYED IN YOUR AREA.**

The staff includes registered nurses, certified nurse technicians, Patient Care Interns, and clinical secretaries/monitor technicians. Patients are provided nursing care utilizing primary nursing and the nursing process. Nursing care is provided 24 hours per day. Physician order sets and nursing protocols approved by the medical director and the hospital direct patient care to assure the highest quality of care. Nursing assessments and discharge planning are begun upon admission to the unit and are completed within eight hours after arrival to CIC. Patients are reassessed every four hours or more frequently if their condition warrants.

Patient needs and acuity are linked with nurse competencies to determine appropriate staffing for the unit and patient care assignments. Variations in staffing occur with census, acuity, open positions, leave of absences and other factors. These variations are addressed on a day-to-day basis by the unit Charge RN, staffing specialist, and the nurse manager. Staffing is done by the Charge RN in conjunction with the nursing resource office. Additional needs may be met with the use of overtime, Resource Pool staff and PRN staff.

**FTEs:**

Nurse Manager	1.00
RN	39.68
CNT	2.28
CS/MT	6.85

**SECTION #5: WHAT ARE OUR MINIMUM REQUIREMENTS FOR STAFF EMPLOYED IN YOUR AREA?**

Requirements for staff:

RN - current state license

CNT – current nursing assistant certification

CS/MT - high school diploma or GED, monitor tech certification

Specific skills needed to work in CIC include but are not limited to

- Basic Cardiac Life Support
- Basic arrhythmia recognition,
- Basic 12-lead interpretation,
- Hemodynamic monitoring skills,
- Ventilator management,
- Management of specific vasoactive therapies,
- Electrical and pharmacological antiarrhythmic therapy
- Advanced Cardiac Life Support
- Continuous Renal Replacement Therapy
- Intra-aortic Balloon Pump Therapy
- Psychosocial, Spiritual, and Cultural Diversity, Patient Education Skills
- Team and communication skills

**SECTION #6: WHO HELPS YOU SUPPORT YOUR CUSTOMERS?**

Ancillary support is provided by: Material Management Department, Lab, Dialysis (peritoneal and hemo), Occupational Therapy, Physical Therapy, Pharmacy, Patient Care Representatives, Cardiac Rehab, Education Services, Respiratory Therapy, Social Services/Case Management, Security, and Hospital Information Systems for communication with other departments.

**SECTION #7: BRIEFLY DESCRIBE HOW PERFORMANCE IMPROVEMENT IS INCORPORATED INTO YOUR AREA.**

The CIC utilizes Performance Improvement with staff involvement, to improve patient care and exceed customer satisfaction. CIC monitors patient data, outcomes and nursing sensitive outcomes in conjunction with the Quality Management Department. PI data is reported to the CIC staff via unit staff meetings and through the unit based council. Data is also reported at the Cardiology Collaborative on a quarterly basis. Nursing sensitive data is reported via the Nursing

CIC-SOS-D

Report card to the Nursing Quality Council. The Unit Based Council (UBC) develops action plans based on the data monitored.

Current UBC improvement plans in place are:

1. Improvement in all areas associated with the NDNQI nurse sensitive indicators with special focus on patient fall and VAP
2. Maintain staff and patient satisfaction, at a preeminent level.
3. Promotion of evidenced based practice through current literature and research in conjunction with CNS

#### **SECTION #8: COMPETENCY ASSURANCE PLAN:**

Those individuals providing care within the Department of Nursing Service will maintain and broaden their nursing knowledge base through professional/educational offerings.

1. Prior to completing orientation the staff member will be able to show basic critical thinking skills for this patient population.
2. Attend annual infection control and safety programs yearly
3. Attend all declared mandatory offerings yearly
4. RNs will have advanced cardiovascular assessment and technical skills and will have successfully completed the hospital and critical care orientation program
5. RNs will be ACLS certified within one year of employment and maintain certification every two years
6. RNs maintain CPR certification bi-annually
7. Participate in the evaluation of quality nursing care

**A. OVERVIEW:** The provision of quality patient care delivery, in the rapidly changing field of healthcare, is dependent upon all employees being assessed and evaluated for competence on a periodic basis. This assessment and evaluation is to assure that each employee remains competent throughout their employment at IU Health Ball Memorial Hospital.

**B. DEFINITION:** Competence refers to the performance of tasks, skills, application of knowledge and/or the critical thinking skills that are required for assessing, planning, implementing and evaluating job performance. Competency refers to those selected tasks, knowledge, or critical thinking skills specifically targeted for assessment and evaluation.

**C. RESPONSIBILITY:** The department manager maintains responsibility for assuring the competency of all staff members in their department. The competencies are assessed by the department manager, educators, preceptors, supervisors, or other skilled staff.

**NOTE:** For those employees that have managers who are of another profession, their "skills" need to be assessed and documented by someone from their own profession on the performance appraisal. Each employee is also accountable for insuring his/her own individual competencies through participation in continuous educational opportunities.

D. **MECHANISMS:** Mechanisms for assessing, evaluating and assuring competence and competencies are as follows:

- educational requirements
- licensure/certification
- general hospital orientation
- unit/department specific orientation annual performance evaluation standards
- job competency checklist
- annual competency review
- populations served competency (if applicable)
- in-service education programs
- continuing education (formal and informal)
- Annual mandatory education per department/unit.

E. **ANNUAL COMPETENCY ASSURANCE PLAN:** An annual Competency Assurance Plan may be developed based on one or more of the following:

- survey of learning needs identified by staff
- changes in products, equipment, technologies, unit or department standards/procedures, laws or regulations
- procedures that are low volume/high risk, high volume/high risk, or problem-prone
- indicators from patient satisfaction surveys
- indicators from critical incidents or safety related issues
- importance to mission
- effects on cost



## Ball Memorial Hospital

### Intensive Care Unit/Cardiac Intensive Care Equipment

- Arctic Sun
- Level One Rapid Infuser
- Difficult Intubation Supplies
- Video Laryngoscope
- 2 Code Carts
- Fluid Warmer
- Intra-Aortic Balloon Pump
- Open Chest Cart
- Swan Cart
- Central Line Cart
- Hardwired GE Monitors in all 18 Rooms(HR,BP,RR,SPO2,Art,CVP,ICP,HD Monitoring of Swans, Vent integration and Charting integration)
- Ventriculostomies to monitor and/or to drain
- Warmed and Chilled Fluids
- Portable Bedside Ultrasound



# Indiana University Health

## Blood Band and Laboratory Services

IU Health Ball Memorial Hospital's blood bank is available twenty four (24) hours a 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. Minimum Inventory is as follows:

Red Blood Cells	120
Frozen Plasma	80
Cryo (pools of 5)	10
Apheresis Platelets	At least 2

Further, laboratory services are available twenty four (24) hours per day.

Debbie Garner      7-1-13

Debbie Garner      Date  
Clinical Laboratory Manager  
IU Health Ball Memorial Hospital

IU Health Ball Memorial Hospital  
2401 W. University Avenue  
Muncie, IN 47303-3499

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[iuhealth.org](http://iuhealth.org)



# Ball Memorial Hospital

SCOPE OF SERVICE FOR NON-CLINICAL AREA: THE DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE AT INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL	DOCUMENT FILE #: PLM-SOS-D
ENTITY: Indiana University Health Ball Memorial Hospital	
DEPARTMENT/CATEGORIES: ALL ANATOMIC AND CLINICAL PATHOLOGY LABORATORY OPERATIONS AT IU HEALTH BALL MEMORIAL HOSPITAL AND ASSOCIATED FACILITY LABORATORIES.	
ORIGINATOR: Debbie Garner/Dave Risley	APPROVED BY: Dr. George Branam
LAST REVIEW/REVISION DATE: 1/30/13	

## SECTION #1: WHO DO YOU SERVE/WHAT DO YOU DO?

The Department of Pathology and Laboratory Medicine (DPLM) at Indiana University Health Ball Memorial Hospital provides anatomic and clinical pathology testing and consulting services for the inpatients, outpatients and designated outreach patients choosing IU Health Ball Memorial Hospital as their resource for healthcare. These testing services provide information to physicians and healthcare providers to identify and diagnose illness, develop effective treatment and maintain wellness. The technology and staff proficiency meets the medical staff requirements for a complete range of services needed from birth through geriatric and end stages of life.

## SECTION #2: LIST THE GOALS OF THE UNIT/DEPARTMENT IN A BRIEF, "BULLET-POINT" FORMAT.

- Provide routine and stat testing turnaround times that meet medical staff requirements for efficient and effective patient care services. Currently, approved medical staff turnaround times are: **Hospital-Wide STAT:** ≤ 60 minutes; **Hospital-Wide ROUTINE:** ≤4.0 hrs. **EMERGENCY DEPARTMENT:** Special TAT defined for 6 tests: 1) Automated CBC with Differential: 10 min; Comprehensive Metabolic Profile: 45 min; Basic Metabolic Profile: 35 min; 4) Urinalysis: 20 min; 5) Urine Pregnancy Test: 15 min; 6) APTT: ≤45 min; and 7) PT-INR: ≤45 min; **BLOOD BANK:** Type and Screen: ≤60 min.

- Maintain accurate patient and specimen identification throughout specimen collection, transport, testing reporting and archiving records.
- Verify the Communication of life threatening or life altering (critical) patient test results.
- Time efficient identification, communication and correction of errors, including corrected reports.
- Test order accuracy.
- Specimen acceptability.
- Blood component wastage.
- Blood culture contamination.

**SECTION #3: DESCRIBE HOW THE UNIT/DEPARTMENT OPERATIONS ARE MANAGED.**

The Department of Pathology and Laboratory Medicine (DPLM) determines and oversees policies and standard operating procedures from its headquarters located at the IU Health Pathology Laboratory (IUHPL) in Indianapolis. The system is administered by a pathologist who serves as medical director and director of laboratories, an administrative director of laboratories and a chief operations officer. Within the laboratory at IU Health Ball Memorial Hospital laboratory services are administered by a pathologist as director of laboratories, a laboratory manager, an administrative/information technology manager and a quality assurance/regulatory specialist.

The anatomic pathology laboratory is located on the second floor, north tower and operates 24 hours/day, seven days/week.

The clinical pathology laboratory is located on the first floor, south tower and operates 24 hours/day, seven days/week.

**SECTION #4: LIST THE STAFFING PLAN FOR YOUR UNIT/DEPARTMENT; INCLUDE ALL JOB TITLES OF PEOPLE EMPLOYED IN YOUR AREA.**

The following lists describe the staffing plans for the laboratory services at IU Health Ball Memorial Hospital. All positions are budgeted.

- **Pathologists.** All are M.D. and Certified Diplomates of the American Board of Pathology.
  - The Director of Laboratories is a pathologist
  - Staff pathologists (clinical consultants)
- **Administrative Staff.** All hold Bachelor of Science degrees and are Registered Medical Technologists: MT (ASCP) or CLS (ASCP)
  - Laboratory Manager
  - Administrative and Information Technology Manager
  - Quality Assurance and Regulatory Specialist

- **1<sup>st</sup> Shift (Day Shift) Operations Staff.**
  - Technical Coordinators (All hold Bachelor of Science degrees and are Registered Medical Technologists: MT (ASCP), CLS (ASCP), or equivalent.
  - Registered Medical Technologists: all meet CLIA-1988 requirements for education and experience.
  - Registered Histotechnologists: all meet CLIA-1988 requirements for education and experience.
  - Registered Medical Laboratory Technicians: all meet CLIA-1988 requirements for education and experience.
  - Laboratory assistants: all meet CLIA-1988 requirements for education and experience.
  - Information Technology analysts.
  - Customer Service Representatives
- **2<sup>nd</sup> Shift (Afternoon Shift) Operations Staff.**
  - Technical Coordinators (All hold Bachelor of Science degrees and are Registered Medical Technologists: MT (ASCP), CLS (ASCP), or equivalent.
  - Registered Medical Technologists: all meet CLIA-1988 requirements for education and experience.
  - Registered Histotechnologists: all meet CLIA-1988 requirements for education and experience.
  - Registered Medical Laboratory Technicians: all meet CLIA-1988 requirements for education and experience.
  - Laboratory assistants: all meet CLIA-1988 requirements for education and experience.
  - Information Technology analysts.
  - Customer Service Representatives
- **3<sup>rd</sup> Shift (Night Shift) Operations Staff.**
  - Technical Coordinators (All hold Bachelor of Science degrees and are Registered Medical Technologists: MT (ASCP), CLS (ASCP), or equivalent.
  - Registered Medical Technologists: all meet CLIA-1988 requirements for education and experience.
  - Registered Histotechnologists: all meet CLIA-1988 requirements for education and experience.
  - Registered Medical Laboratory Technicians: all meet CLIA-1988 requirements for education and experience.
  - Laboratory assistants: all meet CLIA-1988 requirements for education and experience.
- **Staffing Decisions**
  - Staffing decisions are made by the laboratory manager. Criteria for staffing is workload and its effect on test report turnaround time demands utilizing staff that meet qualifications defined by regulatory agencies (CLIA-1988, College of American Pathologists (CAP) and the American Association of Blood Banks (AABB).

- Variations in staffing requirements are caused by fluctuations in demand for laboratory services. This is directly related to the hospital's census (bed occupancy), outpatient visits and work brought to the laboratory from approved outreach clients.
- These variations are addressed on a day-to-day basis by the laboratory manager. Staffing is done by the laboratory manager and technical coordinators. Additional needs may be met with the use of overtime and expanding schedules of part-time staff.

- Describe how patient care is delivered in your unit/area.

Patient care is delivered by providing tests results and information required to move the patients through the healthcare system from initial assessment to diagnosis, treatment and continued maintenance of health. Nurses and phlebotomists collect specimens, qualified laboratory staff performs specimen analysis and pathologists provide consultative and diagnostic services to physicians and other healthcare providers.

#### **SECTION #5: WHAT ARE OUR MINIMUM REQUIREMENTS FOR STAFF EMPLOYED IN YOUR AREA?**

- **Pathologists.** All are required to be a M.D. or D.O and be a Certified Diplomate of the American Board of Pathology and meet requirements defined in CLIA-1988 for one of the following: Laboratory Director, Clinical Consultant, Technical Supervisor, or Cytology Technical Supervisor.
- **Administrative Staff.** All are required hold at minimum a Bachelor of Science degree and be a Registered Medical Technologist: MT (ASCP) or CLS (ASCP) and meet requirements defined in CLIA for one of the following: Technical Supervisor, Technical Supervisor-Cytology, General Supervisor, General Supervisor-Cytology or Technical Consultant.
- **Technical Coordinators.** All are required to hold at minimum a Bachelor of Science degree and be a Registered Medical Technologist: MT (ASCP), CLS (ASCP), or equivalent and have at least four years experience performing high complexity testing and meet requirements defined in CLIA-1988 for one of the following: Technical Supervisor, Technical Supervisor-Cytology, General Supervisor, General Supervisor-Cytology or Technical Consultant. Performance evaluation is assessed at 90 days, 180 days, and annually thereafter. Competence revalidation is required at 180 days and annually thereafter.
- **Testing Personnel – Medical Technologists.** All are required to hold at minimum a Bachelor of Science degree and be a Registered Medical Technologist: MT (ASCP), CLS (ASCP), or equivalent and meet requirements defined in CLIA-1988 for one of the following: Technical Supervisor, Technical Supervisor-Cytology, General Supervisor,

General Supervisor-Cytology, Technical Consultant, Testing Personnel or Cytotechnologist. Performance evaluation is assessed at 90 days, 180 days, and annually thereafter. Competence revalidation is required at 180 days and annually thereafter.

- **Testing Personnel – Histotechnologists.** All must meet the CLIA-1988 requirements for education and experience for Testing Personnel for performing histology procedures. Performance evaluation is assessed at 90 days, 180 days, and annually thereafter. Competence revalidation is required at 180 days and annually thereafter.
- **Laboratory Assistants.** All are required to meet the CLIA-1988 requirements for education and training as Testing Personnel. Performance evaluation is assessed at 90 days, 180 days, and annually thereafter. Competence revalidation is required at 180 days and annually thereafter.
- The requirements stated above for each staffing group match those indicated on job descriptions for those individuals. An individual must meet these requirements to be employed by the Department of Pathology and Laboratory Medicine at IU Health Ball Memorial Hospital.
- The Competency Plan is described in Section 8.

## **SECTION #6: WHO HELPS YOU SUPPORT YOUR CUSTOMERS?**

- East Central Indiana Pathology, PC provides the director of laboratories and staff pathologists who perform the duties of clinical consultant to the medical staff.
- The patient advocate provides information to the laboratory manager for issues related to inpatient and outpatient services provided by the laboratory.
- The DPLM customer service representatives convey information from the approved outreach clients who obtain services from this laboratory.
- Laboratory staff participate in the following IU Health Ball Memorial Hospital Committees:
  - Medical Staff Committee
  - Transfusion Committee
  - Credentials Committee
  - Maternal/Child Peer Review
  - Cancer Committee
  - Pharmacy and Therapeutics Committee
  - Physician Health and Well Being Committee
  - Radiation Safety Committee
  - Core Competency Committee
  - Tumor Board
  - Internal Review Board
  - Chest Conference
  - Utilization Management/QA Committee
  - Infection Control Committee

- Safety Committee
- Emergency Department – Laboratory Committee
- Surgery Department – Laboratory Committee
- Laboratory-Nursing Liaison Committee
- Quality Assurance (FMEA, RCA, ISO9001, etc)
- Hospital Management Committee
- Quality & Safety Council
- Orthopedic Collaborative
- Medical Service Collaborative
- Critical Care Collaborative
- Cardiology Collaborative
- Emergency (ED) Collaborative
- Women and Children Collaborative
- Surgery Collaborative

**SECTION #7: BRIEFLY DESCRIBE HOW PERFORMANCE IMPROVEMENT IS INCORPORATED INTO YOUR AREA.**

- The laboratory developed a Quality Management Plan that, in part, directs Performance Improvement. Ongoing activity requires the laboratory staff to acquire continuous data related to key quality indicators called Quality Management Indicators. These Indicators represent a set of laboratory goals that are monitored and reported monthly to laboratory management and periodically to the hospital's Quality and Safety Council. When metric criteria are not met a corrective action plan is designed by the laboratory staff and monitored for effectiveness. When the laboratory is involved in a sentinel event occurrence a root cause analysis (RCA) is conducted by the hospital Quality Assurance and/or Risk Management Department. The laboratory quality assurance specialist participates in the analysis and reports data or actions to the RCA group as needed.
- The laboratory quality management plan requires ongoing monitoring of the following metrics:
  - Provide routine and stat testing turnaround times that meet medical staff requirements for efficient and effective patient care services.
  - Maintain accurate patient and specimen identification (labeling) throughout specimen collection, transport, testing reporting and archiving records.
  - Verify the communication of life threatening or life altering (critical) patient test results.
  - Time efficient identification, communication and correction of errors, including corrected reports.
  - Specimen acceptability.
  - Blood component wastage.
  - Blood culture contamination.
  - Proficiency testing performance
  - Safe Work Practices
  - Response to complaints/occurrences

- Inspection and accreditation status
- Customer satisfaction surveys

Data for the above metrics are obtained from Cerner Information Systems, the CoPath Pathology Information System and manual data acquired from laboratory operations.

Performance is reported to laboratory management monthly and periodically to the hospital's Quality and Safety Council Department monthly.

## **SECTION #8: COMPETENCY ASSURANCE PLAN:**

### **A. OVERVIEW:**

The provision of quality patient care delivery, in the rapidly changing field of healthcare, is dependent upon all employees being assessed and evaluated for competence on a periodic basis. This assessment and evaluation is to assure that each employee remains competent throughout their employment by the Department of Pathology and Laboratory Medicine at IU Health Ball Memorial Hospital.

### **B. DEFINITION:**

Competence refers to the performance of tasks, skills, application of knowledge and/or the critical thinking skills that are required for assessing, planning, implementing and evaluating job performance. Competency refers to those selected tasks, knowledge, or critical thinking skills specifically targeted for assessment and evaluation.

### **C. RESPONSIBILITY:**

The laboratory manager maintains responsibility for assuring the competency of all staff members in their department. The competencies are assessed by the department manager, educators, preceptors, supervisors, or other skilled staff. Each employee is also accountable for ensuring his/her own individual competencies through participation in continuous educational opportunities.

### **D. MECHANISMS:**

Mechanisms for assessing, evaluating and assuring competence and competencies are as follows:

- Educational requirements
- Certification
- General DPLM orientation
- Department specific orientation (Onboarding)
- Annual performance evaluation standards
- Job competency checklist

- Annual competency review
- Mandatory requirements for continuing education (formal and informal)
- Direct observation of routine job duty performance
- Monitoring the recording and reporting of patient test results, including critical results
- Review of worksheets, quality control records, proficiency testing results and preventive maintenance records
- Direct observation of analyzer maintenance and function checks
- Evaluation of problem-solving skills (cognitive challenges)

**E. ANNUAL COMPETENCY ASSURANCE PLAN:**

The DPLM at IU Health Ball Memorial Hospital Annual Competency Assurance Plan was developed based on one or more of the following:

- survey of learning needs identified by staff
- Regulatory (CMS, CAP, AABB, OSHA) requirements
- changes in products, equipment, technologies, unit or department standards/procedures
- procedures that are low volume/high risk, high volume/high risk, or problem-prone
- indicators from critical incidents or safety related issues
- importance to mission
- effects on cost



# Indiana University Health

## Post-Anesthesia Care Unit

Our post-anesthesia care unit (PACU) is committed to providing care to the injured patient by having qualified nurses in house or promptly available twenty four (24) hours a day. Registered nurses are staffed in the PACU Monday through Thursday, twenty four (24) hours a day. Friday at 2330 through Monday at 0700, the unit is covered by a call team with the exception of an eight (8) hour shift on Saturday from 0700-1500. The call team has a 30 minute maximum response time. The following equipment is available in the PACU:

- Adult and Pediatric code carts
- Arterial line equipment
- Baer Hugger
- 2 Hotline fluid warmers
- Level 1 Rapid Infuser (nearby in OR)
- Ability to monitor internal temperature via a anchored foley catheter sensor
- Ventilator capable
- All basic equipment (O2, suction, cardiac monitor etc.)
- Proximity to the operating room makes much of their equipment readily accessible.
  - a. In example: Easy I/O is accessible from OR

Michelle J. Etchison      7-1-13  
Date

Michelle J. Etchison, RN, MSN, CNOR  
Administrative Director of Surgical Services  
IU Health Ball Memorial Hospital



# Ball Memorial Hospital

SCOPE OF CARE/SERVICE FOR CLINICAL AREA: Surgical Admissions Unit (SAU) / Post Anesthesia Care Unit (PACU)	FILE NO.: SSP-SOS-SAU-PACU-D
ENTITY: Indiana University Health Ball Memorial Hospital	
DEPARTMENT/CATEGORIES: Surgical Services	
ORIGINATOR: Annaliese Kinch MSN, RN-BC	APPROVED BY: Surgical Services
LAST REVIEW/REVISION DATE: 01/01/2013	

## SECTION #1: WHO DO YOU SERVE/WHAT DO YOU DO?

The Surgical Admissions Unit (SAU) is the point of entry for patients who will be undergoing surgical procedures in the Main OR, or who will undergo certain types of radiological or cardiology procedures. The SAU provides care to infants, pediatric, adolescent, adult and geriatric patients. The unit also contains a pre-admission testing area where patients are screened prior to surgery. The Executive Physical program is a comprehensive approach to health management providing medical screening. This program is also housed in SAU and staffed by SAU staff.

1. Surgical patients who will be admitted to the hospital after surgery and surgical patients who will be discharged post-surgery
2. Radiology and Cardiac Catheterization Lab (overflow) patients undergoing procedures including, but not limited to:
  - Myelograms
  - Lumbar punctures
  - Pacemaker implants
  - Internal cardiac defibrillator placement
  - Cardiac catheterization

## SECTION #2: LIST THE GOALS OF THE UNIT/DEPARTMENT IN A BRIEF, "BULLET-POINT" FORMAT.

The current goals for the SAU are:

- To continuously monitor and improve our service to our internal and external customers.
- To improve our environment and our processes and to promote delivery of high quality cost effective and safe patient care.
- To recruit and retain highly qualified, customer service oriented, professional and ancillary staff.

- To enhance multidisciplinary collaboration to assure optimal patient outcomes.

**SECTION #3: DESCRIBE HOW THE UNIT/DEPARTMENT OPERATIONS ARE MANAGED.**

The Nurse Manager and Senior Administrative Director of Surgical Services manage the SAU under the direction of the Anesthesia Department. A Charge Nurse in SAU assists the manager in the day to day operation of the unit. The management team communicates collaboratively with patients, physicians and other departments to assure continuity of care for all patients.

**SECTION #4: LIST THE STAFFING PLAN FOR YOUR UNIT/DEPARTMENT; INCLUDE ALL JOB TITLES OF PEOPLE EMPLOYED IN YOUR AREA.**

The staff includes registered nurses, secretaries, and Certified Nursing Technicians. The nurse to patient ratio in SAU is generally 1:2. Pathways and nursing protocols are in place to assure continuity and quality of care. The frequency of nursing assessment and reassessment depends on the acuity and the requirements of each patient. The staff is cross-trained to work in the Post Anesthesia Care Unit (PACU). Variations in staffing occur with census and acuity. These variations are addressed continuously throughout the day. The Nurse Manager and Charge Nurse manage staffing through communication and collaboration. Additional staffing needs are addressed with prn staff, on call staff and overtime staff as a last option.

Budgeted staffing plan includes: (Budgeted FTE's shared between SAU/ PACU/ PAT)

RN - 18.61

CNT- 7.9

Nurse Manager- 1.0

Total = 27.51

**SECTION #5: WHAT ARE OUR MINIMUM REQUIREMENTS FOR STAFF EMPLOYED IN YOUR AREA?**

Registered Nurse (RN) – current state license.

Certified Nursing Technician (CNT) – high school diploma or GED, some staff are Certified Nursing Assistants, but this is not required.

Specific skills needed to work in SAU include:

Registered Nurses

- Basic Life Support
- ACLS/PALS certification
- Phlebotomy skills
- Team and communication skills
- Psychosocial, Spiritual, and Cultural Diversity Patient Education skills
- Hemodynamic monitoring skills

Certified Nursing Technicians

- Certified Nursing Assistant (CNA) unless employed prior to this requirement.
- Basic Life Support
- Phlebotomy skills

## **SECTION #6: WHO HELPS YOU SUPPORT YOUR CUSTOMERS?**

Ancillary support is provided by: Main OR, Radiology, Laboratory, Physical Therapy, Nursing Service, Pharmacy, Materials Management, and Information Systems for communication with other departments.

Shared decision making is necessary in an organization that supports professional nursing practice. Our vision for Nursing Excellence: *Best Nurses, Best Care, Every Day*, is supported by our Professional Practice Model, a structure that places the patient at the center and surrounds him/her with support from nursing, and family. Councils: unit-based, professional nursing council, leadership council, and coordinating council. The theoretical framework that supports our Professional Practice Model is *Relationship-Based Care*.

It is within this structure that our organization provides an environment for nurses to have a voice in decision-making that affects nursing practice and the quality and safety of nursing care delivered to our patients and families. The outcomes of this structure are measured using nurse-sensitive patient outcome indicators as described by the National Database for Nursing Quality Indicators, annual RN Satisfaction Survey, and patient satisfaction data from the NRC Picker Survey along with participation in the HCAHPS survey database.

## **SECTION #7: BRIEFLY DESCRIBE HOW PERFORMANCE IMPROVEMENT IS INCORPORATED INTO YOUR AREA.**

Our Unit Based Council (UBC) works cooperatively with the manager, educator, director and other departments both within and outside of surgery to monitor and improve processes.

## **SECTION #8: COMPETENCY ASSURANCE PLAN:**

### **A. OVERVIEW:**

The provision of quality patient care delivery, in the rapidly changing field of healthcare, is dependent upon all employees being assessed and evaluated for competence on a periodic basis. This assessment and evaluation is to assure that each employee remains competent throughout their employment at Ball Memorial Hospital.

### **B. DEFINITION:**

Competence refers to the performance of tasks, skills, application of knowledge and/or the critical thinking skills that are required for assessing, planning, implementing and evaluating job performance. Competency refers to those selected tasks, knowledge, or critical thinking skills specifically targeted for assessment and evaluation.

### **RESPONSIBILITY:**

The department manager maintains responsibility for assuring the competency of all staff members in their department. The competencies are assessed by the department manager, educators, preceptors, supervisors, or other skilled staff. **NOTE: For those employees that have managers who are of another profession, their "skills" need to be assessed and documented by someone from their own profession on the performance appraisal.** Each employee is also accountable for insuring his/her own individual competencies through participation in continuous educational opportunities.

**C. MECHANISMS:**

Mechanisms for assessing, evaluating and assuring competence and competencies are as follows:

- educational requirements
- licensure/certification
- general hospital orientation
- unit/department specific orientation annual performance evaluation standards
- job competency checklist
- annual competency review
- populations served competency (if applicable)
- in-service education programs
- continuing education (formal and informal)
- annual mandatory education per department/unit

**D. ANNUAL COMPETENCY ASSURANCE PLAN:**

An annual Competency Assurance Plan may be developed based on one or more of the following:

- survey of learning needs identified by staff
- changes in products, equipment, technologies, unit or department standards/procedures, laws or regulations
- procedures that are low volume/high risk, high volume/high risk, or problem-prone
- indicators from patient satisfaction surveys
- indicators from critical incidents or safety related issues
- importance to mission
- effects on cost

**BMH ADMINISTRATION:** Once the Contract (duplicate originals) is signed by BMH, please return one fully executed original to Quadrea Slavens, Legal & Regulatory Affairs and retain the other duplicate original for BMH Administration records. Thank you.

By: Mary C. Miller Date: 1/19/08

**CONTRACT MEMORANDUM**

*Delivered to  
Batman  
2-16-07  
for  
signature  
MSA*

TO: Brent Batman, President, Ball Memorial Hospital, Inc.  
FROM: Michelle Altobella, In-House Counsel, Director Legal & Regulatory Affairs  
RE: Organ Procurement Agreement between Ball Memorial Hospital, Inc. and Indiana Organ Procurement Organization, Inc.

**A. CONTRACT SUMMARY**

Facility: Ball Memorial Hospital, Inc. ("Hospital")  
Provider: Indiana Organ Procurement Organization, Inc. ("IOPO")  
Subject: Organ procurement  
BMH Duties: BMH shall cooperate with IOPO in the recovery of organ and tissue donation referrals and maintain requisite policies and procedures governing same; BMH shall provide the necessary facilities and support more particularly described in Sections 2., 3. and 5 of the agreement.  
IOPO Duties: IOPO shall coordinate the retrieval, preservation and transportation of organs and tissues; provide 24-hour availability, Family Service Coordinator, in-service training, pay private physicians customary procurement fees and other duties are more particularly described in Section 4. of the agreement.  
Costs: IOPO shall reimburse BMH an amount not greater than five hundred dollars (\$500.00); BMH shall not bill the patient/insurer such charges  
Audits: IOPO shall review at least monthly, BMH death records  
Term: February 15, 2007 – until terminated by either party  
Termination: Either party may terminate at any time without cause upon ninety days (90) written notice to the other party  
Governing Law: State of Indiana  
Insurance: Each party shall maintain applicable insurance coverage  
Indemnification: Each party shall indemnify the other party from any claims  
Quality: Services are to be provided in a safe and effective manner in accordance with all applicable laws, rules, and regulations; services shall be monitored through BMH's quality assurance program  
HIPAA: Parties agree to comply with all laws governing the privacy of patient protected health information.

**B. CONTRACT RECOMMENDATIONS/CONCLUSIONS**

The above Contract is substantially in compliance with our internal guidelines with respect to contractual Agreements. I recommend its approval.

**C. OFFICE OF LEGAL & REGULATORY AFFAIRS CHECKLIST: To be completed by Quadrea Slavens**

- \_\_\_ Receives fully executed Contract from BMH Administration
- \_\_\_ Forwards fully executed Contract to: (1) Lynn Driver, IOPO (original); and (2) Sherry Harrigan-ICU (copy).
- \_\_\_ Enters Contract into the contract database and files copy in OLRA contract file.

**CONFIDENTIALITY NOTICE:**

This Memorandum is confidential, intended only for the named recipient(s) and contains information that is privileged, attorney work product or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this Memorandum is strictly prohibited. Receipt by anyone other than the named recipient(s) is not a waiver of any attorney-client, work product, or other applicable privilege.

**HOSPITAL PROCUREMENT AGREEMENT**  
**(ORGAN, TISSUE AND EYE)**

This Hospital Procurement Agreement (Organ, Tissue and Eye) ("Agreement") is made this 21<sup>st</sup> day of April, 2008, between Ball Memorial Hospital, Inc. ("Hospital") and Indiana Organ Procurement Organization, Inc. ("IOPO").

**RECITALS**

A. IOPO is an Indiana nonprofit corporation and is a freestanding Organ procurement organization (within the meaning of 42 C.F.R. § 413.200 and § 486.302 ) which is the federally qualified Organ procurement organization designated for the donation service area within the State of Indiana in accordance with Section 371 of the Public Health Service Act (42 U.S.C. § 273) ("Donation Service Area");

B. IOPO is a member of the Organ Procurement and Transplantation Network ("OPTN") established under Section 372 of the Public Health Service Act (42 U.S.C. § 274), the nonprofit corporation composed of transplant centers, organ procurement organizations, and histocompatibility laboratories, with the purpose of increasing the availability and access to donor organs;

C. OPTN is administered by the United Network for Organ Sharing ("UNOS"), a nonprofit corporation, which, as the OPTN contractor, manages the national Organ transplant waiting list, manages clinical data in a secure environment, works to improve the quality processes of OPTN, and facilitates the Organ allocation, matching and placement process for human Organ transplants;

D. IOPO conducts Tissue and Eye procurement services and is accredited by the American Association of Tissue Banks ("AATB"), and complies with requirements of the United States Food and Drug Administration ("FDA") in conducting Tissue and Eye procurement activities for transplantation, therapy, medical research or educational purposes;

E. The purposes of IOPO are to perform and coordinate the identification of donors, the retrieval, procurement, preservation and transportation of Organs, Tissue and Eye for transplantation, therapy, medical research or educational purposes, to work with the OPTN and UNOS in the allocation and placement of Organs available for transplant, and to educate medical personnel and the general public regarding donation and transplantation issues;

F. Hospital participates in the Medicare and Medicaid program and desires to be in compliance with Section 1138 of the Social Security Act (42 U.S.C. § 1329b-8) and the rules of the Centers For Medicare and Medicaid Services ("CMS") for hospital conditions of participation in Medicare and Medicaid programs (42 CFR Part 482.45);

G. Hospital is located within the Donation Service Area of IOPO;

H. Hospital agrees to cooperate with IOPO in identifying Potential Donors in order to maximize the number of usable Organs donated, providing Timely Referral to IOPO of Imminent Deaths and deaths which occur in Hospital; allowing families of Potential Donors to be informed of the potential for Organ, Tissue, or Eye donation; and maintaining Potential Donors under the direction and guidance of IOPO while necessary determinations of medical suitability, testing and placement of Organs can take place. Hospital agrees to cooperate with IOPO in supporting a patient's right to donate Organs, Tissue and Eyes when an appropriate declaration of gift has been made by the patient, even if that declaration of gift is contrary to the wishes of the next of kin, and, allowing IOPO to appropriately approach all families of medically suitable Potential Donors in order to obtain the consent to donate Organs, Tissue and Eyes, when appropriate, for suitable Potential Donors under eighteen years of age or where no declaration of gift can be found. Hospital hereby requests that IOPO recover all Organs from Donors who die within Hospital that are determined to meet the requirements of medical suitability; and

I. In situations where organs, tissue and eyes are determined not to be medically suitable for purposes of human transplantation, Hospital and IOPO agree that with appropriate consents, procurement may proceed for medical or dental education, research, the advancement of medical or dental science, or therapy.

#### AGREEMENT

NOW, THEREFORE, in consideration of the foregoing recitals, the mutual covenants contained herein and for other good and valuable consideration, the parties hereby agree as follows:

1. Definitions. For purposes of this Agreement, the following words shall have the meanings indicated herein:
  - a) "Brain Death" shall mean the condition of death occurring when increased intracranial pressure is sufficient to impede the flow of blood into the brain causing cellular death of the brain tissue and/or herniation; characterized by the absence of electrical activity in the brain, blood flow to the brain, and brain function as determined by the clinical assessment of responses therefor, resulting in complete, irreversible cessation of all functions of the entire brain, including the brain stem.
  - b) "Clinical Indicators" shall mean the following criteria for a patient with severe, acute brain injury and (i) who requires mechanical ventilation; (ii) is in an intensive care unit, critical care unit or emergency department; (iii) has clinical findings consistent with a Glasgow Coma Score that is less than a threshold of 5, absent central nervous system depressants or an induced coma, or for whom the attending physicians are evaluating a diagnosis of brain death, or for whom a physician has ordered that life-sustaining therapies be withdrawn, pursuant to the family's or guardian's decision.

c) "Conversion Rate" shall mean the number of Potential Donors meeting the medical suitability requirements of IOPO, who actually donate Organs compared to all eligible Organ Donors who die in Hospital, including those for whom consent to donate is not obtained, expressed as a percentage.

d) "Designated Requestor" shall mean an individual designated by the Hospital or IOPO and trained to handle or participate in the donation consent process, who has completed a course offered or approved by IOPO or, in conjunction with a local Tissue and Eye bank, regarding the methodology for approaching the family or person responsible for a Potential Donor and requesting Organ, Tissue or Eye donation.

e) "Donation after Cardiac Death" ("DCD") shall mean an Organ donation process with a patient who has suffered a non-survivable brain injury or cardiac event such that patient death would be imminent subsequent to the removal of mechanical support for circulatory and respiratory functions. A Donor after Cardiac Death means an individual who donates Organs after his or her heart has irreversibly stopped beating and may be termed a non-heart beating systolic Donor.

f) "Donor" or "Potential Donor" shall mean any person who dies in circumstances (causes and conditions of death, and age at death) that are generally acceptable for donation of at least one vascularized Organ, Tissue or Eye; the Potential Donor can be identified in a timely manner; and where proof of the patient's declaration to donate an anatomical gift can be obtained; or, absent such a declaration to donate, permission for donation can be obtained from the family or other legal guardian.

g) "Eye" or "Eyes" shall mean the whole eye or portions of the human eye, including the cornea, corneal tissue, sclera, and vitreous.

h) "Family Services Coordinator" shall mean an employee of IOPO trained in obtaining consent for Organ, Tissue and Eye donations.

i) "Imminent Death" shall mean the time when an individual's death is reasonably expected utilizing the criteria enumerated for Clinical Indicators.

j) "Organ" shall mean a human kidney, heart, lung, pancreas, liver, or intestine (or multivisceral Organs when transplanted at the same time as an intestine).

k) "Procurement Transplant Coordinator" or "PTC" shall mean an employee of IOPO trained in coordinating the process of Organ donation and procurement.

l) "Timely Referral" shall mean a telephone call by Hospital notifying IOPO of an Imminent Death, in sufficient time to give IOPO an adequate opportunity to begin assessment of a Potential Donor prior to the withdrawal of, or discussion with family or guardian regarding, any life-sustaining therapies (i.e., medical or pharmacological support) and as soon as it is anticipated a patient will meet the criteria for Imminent

Death agreed by the OPO and Hospital or as soon as possible after a patient meets the criteria for Imminent Death agreed to by the OPO and Hospital.

m) "Tissue" shall mean other transplantable and non-transplantable tissues of the human body, excluding Organs, and including but not limited to whole heart for heart valves, vascular tissue, connective tissues, skin and bones.

2. Notice of Donor Availability and Consent. Hospital shall, consistent with applicable laws and regulations, cooperate with IOPO in the recovery of Organs, Tissues and Eyes donated from patients who die in the Hospital. Hospital shall cooperate with IOPO to prepare and implement appropriate policies that support the mechanism of the donation of Organs, Tissues and Eyes.

a) Hospital shall provide Timely Referral to IOPO as soon as possible of every individual whose death is imminent or who has died (including calling prior to or at the time Brain Death is declared), in the Hospital. In addition, Hospital shall provide Timely Referral to IOPO or the named donee, if any, when Hospital becomes aware that a person in transit to Hospital is identified as a Potential Donor. IOPO shall preliminarily determine, based upon medical and patient information provided by Hospital, the medical suitability of each Potential Donor for Organ, Tissue and Eye donation according to requirements utilized by IOPO.

b) The determination of death for a Potential Donor shall be made by the Donor's attending physician or by the physician responsible for certifying death at the Hospital. Such physician shall not participate in any procedure relating to removal or transplantation of any Organs, Tissues, or Eyes. IOPO shall not participate in the determination of death of any potential Organ, Tissue or Eye Donor. Notification of a determination of death shall be written into the patient's chart upon pronouncement. IOPO shall verify the determination of death according to applicable State and federal laws prior to proceeding with any anatomical recovery.

c) Hospital shall allow IOPO to determine the medical suitability of any Potential Donor and to use such portable laboratory equipment as may be necessary to facilitate such determination.

d) Hospital shall ensure, in collaboration with IOPO and consistent with federal and state laws, rules and regulations, that a patient's right to donate Organs, Tissues, and Eyes is fulfilled when appropriate declaration of gift is noted, or that the family of each Potential Donor, or person legally responsible for a Potential Donor, is informed of the potential to donate Organs, Tissues, and Eyes, or to decline to donate when the appropriate declaration of gift cannot be found. When a family member or person legally responsible for a Potential Donor is informed about the procedures for making a gift of Organs, Tissue or Eyes, the fact that the family member or representative was so informed shall be noted in the Potential Donor's medical chart. Hospital and IOPO shall encourage discretion and sensitivity with respect to the circumstances, views and beliefs of the families of Potential Donors.

e) IOPO and Hospital shall act in good faith to support a patient's right to donate, and fulfill a patient's wishes to donate anatomical gifts in accordance with the Indiana Uniform Anatomical Gift Act, Indiana Code 29-2-16-2 et seq. (the "Act"). The Act prevents a patient's family from altering a gift declared in writing by an individual under the provisions of the Act. Under the provision of the Act, IOPO shall attempt to obtain any documentation of patient's declared decision to donate, including applicable designations on an individual's driver's license, which may be determined from the Bureau of Motor Vehicles registry or the Donate Life Indiana registry and honor such request in accordance with applicable requirements of law.

f) IOPO shall determine whether a Potential Donor has made a written anatomical gift, and, if so, whether the Potential Donor has subsequently revoked the anatomical gift in writing, in consultation with the family or guardian of the Potential Donor and with any other sources that are reasonably available, and any information received by IOPO shall be provided by IOPO to Hospital, the attending physician, and the physician who certified the Potential Donor's death if there is not an attending physician, and must be documented in the Donor's medical chart.

g) Designated Requestor shall work cooperatively with a Family Services Coordinator in requesting consent for any potential anatomical donation from a Potential Donor's family, when no declared intent by the Potential Donor can be found. If Hospital has actual notice of contrary intent in writing by a Potential Donor, or that the potential donation is opposed by a member of the Potential Donor's family or guardian, which member is of the same or prior class under Indiana law as the family member or guardian granting the consent, Hospital shall notify IOPO of such contrary intent. This shall not prevent IOPO from presenting options for donation to a Potential Donor's family members or guardian.

h) In the event that Organs, Tissue or Eyes are determined not to be medically suitable for purposes of human transplantation, Hospital and IOPO agree that with appropriate consent, procurement and all examinations necessary to assure suitability may proceed for donation for medical or dental research or education, the advancement of medical or dental science, or therapy.

3. Organ, Tissue and Eye Procurement. The procedures undertaken to procure donated Organs, Tissue and Eye shall be supervised by PTC, or other professional procurement personnel, provided by and or contracted by IOPO, with specialized training in transplantation, Donor evaluation and management and Organ, Tissue and Eye preservation, to coordinate Organ, Tissue and Eye procurement activities at Hospital, or, to serve as consultants to the Hospital physicians on the staff of Hospital, or when other qualified Organ, Tissue and Eye procurement personnel perform such activities. Hospital agrees to grant access, on an emergency basis in accordance with its Medical Staff rules and regulations, to physicians and other Organ, Tissue and Eye procurement personnel participating in the procurement procedures, case management, and all ancillary activities. Hospital and IOPO agree to cooperate in complying with reasonable requirements of other health care providers and payors in connection with Organ, Tissue and Eye procurement pursuant to the terms of this Agreement.

4. IOPO Obligations. IOPO, consistent with its purposes of performing and coordinating the retrieval, preservation and transportation of Organs, Tissues and Eyes will follow the system of locating prospective recipients pursuant to the rules of the OPTN for available Organs, and educating medical personnel regarding donation issues, shall:

- a) provide twenty-four (24) hour availability of a qualified IOPO staff member or PTC to evaluate and determine the medical suitability for Organs, Tissues and Eyes from Potential Donors; assist in the clinical management of the Donor, coordinate the procurement teams for Organ, Tissue and Eye recovery, provide technical assistance during recovery and initiate Organ, Tissue and Eye preservation and recovery;
- b) provide a Family Services Coordinator or other qualified IOPO staff member to appropriately inform the family of a Potential Donor of the right to donate or to decline to donate, to seek to obtain consent for donation from the family or person legally responsible in accordance with applicable law, and with discretion and sensitivity to the family or legal guardian.
- c) provide in-service training for Hospital personnel involved in Organ, Tissue and Eye donations;
- d) educate Hospital personnel regarding donation and transplantation issues;
- e) if requested, approve or provide on at least an annual basis a course in the methodology for approaching Potential Donor families and requesting Organ and Tissue donation for the purposes of training Hospital personnel to become Designated Requestors, which training shall also be designed in conjunction with the tissue and eye bank community, if Hospital chooses to use Hospital personnel to perform such tasks;
- f) provide a physician or other qualified and trained personnel to assist in the medical management of the Potential Donor during the time of actual procurement of Organs, Tissues and Eyes and provide assistance to physicians who are members of the Medical Staff of Hospital to provide such services, and IOPO's Medical Director shall provide oversight and assistance in the clinical management of a Potential Donor when the Hospital physician on call is unavailable;
- g) ensure that IOPO personnel and IOPO contractors providing services under this Agreement are trained in the proper methods necessary for Donor screening, determining medical suitability, requesting consent for donation, procurement, transportation and preservation of Organs, Tissue and Eyes, efficient placement of Organs, Tissue and Eye, and oversight of Organ, Tissue and Eye recovery;
- h) determine whether there are conditions that may influence or affect the medical suitability and acceptance of a Potential Donor;

- i) to the extent reasonably practical, obtain the medical and social history of a Potential Donor;
- j) review the medical chart of a Potential Donor and perform a physical examination of a Potential Donor;
- k) obtain the vital signs of a Potential Donor and perform all pertinent tests, including blood typing using two separate samples from each Potential Donor;
- l) document each Potential Donor's medical chart with all test results, including blood type, before beginning Organ or Tissue recovery;
- m) if IOPO recovers Organs from a DCD Donor, IOPO shall maintain and follow protocols for evaluating DCD Donors; for withdrawal of support, including the relationship between the time of consent to donation and the withdrawal of support; the use of medications and interventions not related to the withdrawal of support; the involvement of family members prior to Organ recovery; and criteria for the declaration of death and time period that must elapse prior to Organ recovery;
- n) provide qualified and trained personnel, materials, certain pharmaceuticals and equipment for recovery and preservation of Organs and Tissues after their procurement;
- o) utilize Organs procured at Hospital in accordance with the rules and requirements of OPTN and UNOS, and requirements of law, to recipients deemed suitable in accordance with sound medical practice;
- p) utilize Tissues procured at Hospital in accordance with sound medical practice and in accordance with standards recognized by the FDA and AATB;
- q) if requested by Hospital, provide Hospital with information as to the eventual disposition of all Organs procured at the Hospital;
- r) reimburse Hospital at a rate consistent with national Organ procurement standards that are reasonable and customary for the Indiana region as determined by American Medical Bill Review ("AMBR"), for all costs associated with procurement of Organs from Donors preliminarily approved as medically suitable from and after the time of death of the Donor is determined and proper consent is obtained, in accordance with existing applicable CMS regulations;
- s) pay private physicians not otherwise compensated through Hospital for reasonable and customary procurement fees for services related to procurement activities, unless IOPO and a physician have entered into a separately negotiated agreement for charges related to procurement activities;

t) make arrangements for histocompatibility tissue testing and testing for potentially transmittable diseases according to the current standards of practice to determine the medical acceptability of the donated Organs for the purposes intended, which shall be performed by a laboratory that is certified in the appropriate specialty or subspecialty of service and meeting the requirements specified by UNOS, in accordance with the guidelines specified by the Center for Disease Control and other applicable laws and regulations;

u) send complete documentation of Donor information including Donor's blood type and other vital data necessary to determine compatibility for purposes of transportation, the complete record of Donor's management, documentation of consent, documentation of the pronouncement of death, and documentation regarding determining Organ quality to the Transplant Center that will utilize each Organ; and two individuals, one of whom must be an IOPO employee, must verify that the documentation that accompanies an Organ is correct;

v) conduct reviews, on at least a monthly basis, of death records in every Medicare and Medicaid participating hospital in its Donation Services Area that has a Level I or Level II trauma center or 150 or more beds, a ventilator and an intensive care unit (unless the hospital has a waiver to work with an Organ procurement organization other than IOPO), with the exception of psychiatric and rehabilitation hospitals; to make an assessment of the medical charts of deceased patients to evaluate the potential for Organ donation; and in the event that missed opportunities for donation are identified, IOPO, working with Hospital, shall implement actions reasonably necessary to improve performance in identifying such opportunities;

w) establish written policies to address the process for identifying, reporting, thoroughly analyzing and preventing adverse events that may occur during the Organ and Tissue donation process, and use the analysis to affect changes in IOPO's policies and procedures to prevent the repetition of adverse events during Organ and Tissue donation;

x) maintain a toll-free telephone number (800-356-7757) to facilitate the central referral of Organ, Tissue and Eye donations within the IOPO Donation Service Area; and

y) either directly or through a contract with an answering service, shall cause Organ, Tissue and Eye donation referrals to be referred to IOPO and its on-call staff.

5. Additional Hospital Obligations. In addition to those obligations set forth in Section 2 of this Agreement, Hospital shall:

a) comply with the requirements of Section 1138 of the Social Security Act (42 U.S.C. § 1320b-8) and the regulations of the Centers for Medicare and Medicaid Services; all anatomical gift legislation of the State of Indiana; and other legal requirements applicable to Organ, Tissue and Eye donation;

- b) allow IOPO to use ancillary laboratory facilities, other than any available at Hospital, for tests of Organ function, blood typing, and other indicated clinical studies of Potential Donors as directed or requested by IOPO;
- c) maintain certification of Hospital laboratory testing under the Clinical Laboratory Improvement Amendments of 1988 ("CLIA") and regulations of the Centers for Medicare and Medicaid Services, 42 C.F.R. Part 493.
- d) in a timely manner provide intensive care or other clinical support for optimum maintenance of Potential Donors prior to Organ, Tissue and Eye procurement, to follow procedures and protocols as specified by IOPO for Organ, Tissue and Eye procurement; and work cooperatively with IOPO in the optimum maintenance of Potential Donors while necessary testing and placement of potential donated Organs takes place;
- e) shall adopt a protocol for DCD Donors, and notify IOPO of Hospital's DCD protocol, and to take all steps required under such protocol for determinations of death as provided in subsection 5. (f) below;
- f) in a timely manner provide physicians to determine the death of Potential Donors in compliance with applicable state law and in accordance with standard medical practice;
- g) work cooperatively with IOPO on providing access to Potential Donor medical records, in providing appropriate access to Hospital's information system;
- h) provide IOPO with wired or wireless secure high-speed internet connection within the Hospital, at no charge to IOPO, for the purpose of facilitating the evaluation, maintenance, recovery, placement, and medical charting of Donors, in order for IOPO to provide Donor information to UNOS, and, if Hospital cannot provide a high speed Internet connection, Hospital agrees to work with IOPO to make the best alternative Internet connection available, which could include wireless Internet access cards or a dial-up connection;
- i) provide an operating room with staff if needed (including surgical, anesthesia, and nursing) and materials deemed appropriate by IOPO for performing cadaveric Organ recovery, and assistance in performing all reasonably necessary tests and examinations, and if Hospital does not have appropriate operating room facilities, to follow procedures and protocols as specified by IOPO until such time as a potential Donor can be transported to another medical facility with appropriate facilities;
- j) provide an itemized bill of all services for each Organ or Tissue Donor for which Hospital seeks reimbursement, and ensure that the family of an Organ or Tissue Donor, or person financially responsible for payment of the expenses for medical and surgical care for the Donor, is not charged or billed for expenses related to Organ or Tissue donation and to furnish to IOPO, upon request, an itemized statement of expenses billed to the Donor family or other responsible party, relating to the Donor's medical and

surgical care and treatment to confirm that no such charges or bills were remitted, and to limit the total facilities or other charges for the procurement of Tissues and Eyes to an amount not greater than \$500;

k) work cooperatively with IOPO in the education of Hospital staff and the community regarding donation issues;

l) enter a notation in a patient's chart when Timely Referral is provided to IOPO;

m) cooperate with IOPO and provide the assistance of at least one qualified Hospital employee to assist in verifying that documentation, including Donor blood type and other vital data necessary to determine compatibility for purposes of transplantation, specified in subsection 4. (u) of this Agreement that accompanies an Organ to a Transplant Center is correct;

n) cooperate with IOPO in performing death record reviews as specified in subsection 4. (v) of this Agreement; and, if required, to cooperate with IOPO in implementing actions deemed reasonably necessary to improve the opportunities for identifying Potential Donors;

o) cooperate with IOPO in identifying, reporting, analyzing and preventing adverse events that may occur during Organ, Tissue or Eye donation at Hospital, as specified in subsection 4(u) of this Agreement, and cooperate with IOPO in taking all steps deemed reasonably necessary to prevent the repetition of adverse events during Organ or Tissue donation at Hospital; and

p) prepare and implement written policies supporting a program for monitoring the effectiveness of its Organ donation and procurement program by collecting and analyzing records regarding Potential Donors and referrals to IOPO, and Hospital's Conversion Rate data, and, where possible, taking steps to improve the Conversion Rate

6. Retention and Access to Records. In accordance with the Omnibus Reconciliation Act of 1980, 42 U.S.C. § 1395x(v)(I) and regulations thereunder, IOPO and Hospital agree that each shall retain and for four years after services are furnished by either hereunder, shall allow the Comptroller General of the United States and the United States Department of Health and Human Services, and their duly authorized representatives, access to this Agreement and to such of the books, documents and records of each as are necessary to verify the costs of services performed hereunder, provided that the said access is required by the cited law and regulations and further provided that the request for access complies with the procedural requirements of those regulations.

7. Independent Contractors. In the performance of all obligations hereunder, the relationship of Hospital and IOPO shall be that of independent contractors, and neither shall be deemed to be the partner or agent of the other, and no party shall withhold or in any way be responsible for the payment of any federal, state, or local income or occupational taxes, F.I.C.A.

taxes, unemployment compensation or workers compensation contributions, or any other payments for or on behalf of any other party or any person on the payroll of any other party.

8. Professional Liability. IOPO and Hospital shall each, at all times, qualify and comply with the procedures to be and remain qualified health care providers pursuant to the Indiana Medical Malpractice Act, as amended, Indiana Code § 34-18-1-1 et seq. and shall maintain professional malpractice liability insurance coverage or other qualifying financial responsibility in accordance with the applicable liability limits or securities as specified therein, and pay the annual surcharges levied by the Indiana Department of Insurance.

9. Indemnification. Hospital and IOPO shall protect, defend, indemnify and hold harmless the other party from and against all claims, losses, demands, damages and causes of action, including reasonable attorney fees arising or in any way resulting from the indemnifying party's willful or negligent acts or omissions or the acts of the indemnifying party's agents or employees, in providing services pursuant to this Agreement. Said indemnification shall be limited to the maximum exposure permitted under Indiana Code § 34-18-1-1 et seq., unless insurance coverage in a greater amount is possessed by the indemnifying party.

10. Governing Law. This Agreement shall be controlled by and construed under, the laws and regulations of the State of Indiana and applicable federal laws and regulations.

11. Compliance with Social Security Act. The parties agree that all provisions of this Agreement shall be interpreted in such a manner as to comply with the requirements of Section 1138 of the Social Security Act, as added by Section 9318 of the Omnibus Budget Reconciliation Act of 1986 (42 U.S.C. § 1320b-8), and rules or regulations adopted pursuant to that law relating to Organ procurement.

12. Confidentiality of Patient Records. The parties agree to maintain the confidentiality of patient records pursuant to state and federal laws and regulations. However, to the extent permissible, the parties agree to cooperate in the exchange of information and records as may be necessary to carry out the terms of this Agreement, including obtaining information for inclusion in any IOPO originated donation chart as required by federal law. IOPO may disclose Donor medical and patient information to physicians providing treatment for Organ, Tissue or Eye recipients to entities that process or distribute Tissue or Eyes, to Transplant Centers receiving Organs, Tissue and Eyes, to the local coroner, and as may otherwise be required by applicable laws or regulations. IOPO may disclose medical and billing information to institutions providing reimbursement of expenses related to Organ donation and procurement.

13. Termination. This Agreement shall remain in effect until terminated by either party. Termination may be made by either party upon 90 days prior written notice to the other.

14. Waiver. The failure of any one party hereto to enforce any breach or to enforce any lack of performance of any covenants or obligations contained herein shall not constitute the waiver of that breach or of any similar subsequent breach of this Agreement.

15. Amendment. This Agreement represents the entire agreement between the parties hereto, and supersedes any prior stipulation, agreement, or understanding of the parties, whether oral or written. Any modification of this Agreement shall be invalid unless stated in writing and signed by both parties hereto.

16. Notice. All communications, notices and demands of any kind which either party may be required or desires to give or serve upon the other party shall be made in writing and sent by registered or certified mail, postage prepaid, return receipt requested, to the following addresses:

**Hospital:**

Brent L. Batman, President  
Ball Memorial Hospital, Inc.  
2401 University Avenue  
Muncie, IN 47303

**IOPO:**

Lynn Driver, President/CEO  
Indiana Organ Procurement Organization, Inc.  
429 N. Pennsylvania St., Suite 201  
Indianapolis, IN 46204-1816

Either party hereto may change its address specified for notices herein by designating a new address in accordance with this paragraph.

17. Separable Provisions. If any provisions hereof shall be, or shall be adjudged to be, unlawful or contrary to public policy, then that provision shall be deemed to be null and separable from the remaining provisions hereof, and shall in no way affect the validity of this Agreement.

18. Discrimination. The parties hereby warrant that each party is and shall continue to be in compliance with the Civil Rights Act of 1964 and the Rehabilitation Act of 1973. No person shall, on account of race, color, religious creed, national origin, ancestry, sex, handicap or age be unlawfully excluded from participation in any program sponsored by either of the parties of this Agreement.

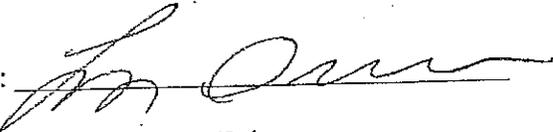
19. Debarment. IOPO and Hospital each represents and warrants to the other, that neither it nor any of its affiliates, officers, directors, subcontractors, or employees, is barred from participating in federal or state health care programs, or has been convicted of a criminal offense with respect to health care reimbursement. IOPO and Hospital shall notify the other immediately if the foregoing representation becomes untrue, or if it is notified by the Office of the Inspector General of the Department of Health and Human Services or other enforcement agencies that an investigation of IOPO or Hospital has begun which could lead to a sanction, debarment, or conviction.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives as of the day and year first written above.

BALL MEMORIAL HOSPITAL, INC.

INDIANA ORGAN PROCUREMENT ORGANIZATION, INC.

By: 

By: 

Printed: Brent L. Batman

Printed: Lynn Driver

Its: President

Its: President/CEO

Date: \_\_\_\_\_

Date: 3-20-08

“HOSPITAL”

“IOPO”

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# Ball Memorial Hospital

SUBJECT: Anatomical Gifts		FILE NO.: ADM-RI-13-P
SPONSORING DEPARTMENT/COMMITTEE: Anatomical Gift Team		
SCOPE/CATEGORIES: Indiana University Health Ball Memorial Hospital		
ORIGINATOR: Michele Wagner		APPROVED BY: Medical Executive Committee: Ethics Committee: Nurse Practice Council
CREATION DATE: 03/01/1991	GENERAL REVISION DATE: 08/02/2011	CONTENT REVISION DATE: 07/21/2011
KEY WORDS: Anatomical, Gifts, Organ, Donation, Donate, Tissue Donor, Donor, Death, RI-13, Deaths, ADM-RI-13-P, administrative, admin		
RELATED DOCUMENTS/FORMS/POLICIES/ATTACHMENTS: Organ Donation Consent (Order Set BMH-10789) Death Report (Order Set BMH-10522)		

**PURPOSE:** To identify potential organ/tissue donors and offer grieving families the option of organ donation, which can help save lives and give needed solace and consolation. A secondary purpose of this policy is to comply with state and federal regulations concerning organ donation.

**POLICY:**

IU Health Ball Memorial Hospital shall identify potential organ and tissue donors and facilitate anatomical gifts in accordance with the following guidelines.

**SUPPLIES/EQUIPMENT (if applicable):**  
**PREPARATION OF PATIENT (if applicable):**

**I. PROCEDURE**

- 1) All deaths and impending deaths must be reported in a timely manor to the Indiana Donation Alliance Foundation (IDAF) at 1-800-356-7757. An Indiana Organ Procurement Organization (IOPO) representative and/or designated tissue representative will be responsible for accessing the Bureau of Motor Vehicle (BMV) database to determine if there is a declared intent to donate.

- 2) The IDAF must be called and medical suitability determined prior to the termination of any life sustaining measures in the event of brain death declaration (impending death). \* See IOPO algorithm. If patient meets any one of the following two triggers, please call IDAF
  - A) Any mechanically ventilated patient with glasgow coma scale 5 or less
  - B) At first mention of terminal wean from family or physician
- 3) If patient does not meet Brain Death criteria refer to Donation After Cardiac Death (DCD) policy ADM-RI-17
- 4) The determination of medical suitability will be made by an IOPO representative and/or designated tissue representative.
- 5) For a coroner's case, call the coroner to obtain permission for eye, tissue or organ donation. The family members of the decedent will NOT be approached without the coroner's (medical examiner) permission. IOPO and lions will seek and receive coroner permission before proceeding with the donation process.
- 6) IU Health Ball Memorial Hospital will work in collaboration with IOPO and the designated tissue and eye bank to provide emotional support and assess their readiness to discuss donation options. Additionally, all will use discretion and sensitivity with respect to the circumstances, views, and beliefs of the families of potential donors.
- 7) Upon confirmation of a patient's status as a potential organ, tissue, or cornea donor, the representative of the patient will be informed of the decedent's intention to donate by an Organ Procurement Organization representative, designated agency representative, or an individual who has received formal training through an OPO approved educational program.

At IU Health Ball Memorial Hospital, the Chaplains are the only trained designated requestors.

- A) IOPO will request for all ORGAN DONATION CANDIDATES.
- B) The chaplain is to be contacted first on all TISSUE DONATION CANDIDATES. If the chaplain is not available and it is a coroner's case, the coroner can request. If neither is available the tissue agency representative will request.
- C) If there is no documented intent to donate or the decedent is a minor child, consent must be obtained from the patient representative. The representative to give consent is any of the following persons, in order of the priority stated:
  1. The spouse;
  2. A son or daughter at least 18 years of age;
  3. Either parent;
  4. Grandparent
  5. A brother or sister at least 18 years of age;
  6. A guardian of the person of the decedent at the time of his/her death, or
  7. Any other person authorized or under obligation to dispose of the body.

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Efforts will be made to resolve any conflict among the representatives concerning the donation.

- 8) If family members or representatives of the decedent consent to eye, tissue and organ procurement, it shall be documented under "Authorization for Organ and Tissue Donation" orderset .
- 9) Permission from the person making the gift must be documented on the consent form and witnessed by two staff members.
- 10) The original copy is to be provided to the procurement center involved. A copy shall also be placed in the decedent's medical record.
- 11) When a written signature cannot be obtained from the person consenting to donation, the following guidelines are to be followed:
  - A) If the consent is by telephone, at least one hospital employee must listen to the conversation on an extension telephone and record his/her name as a witness on the form below the signature of the individual obtaining the telephone consent. While the employee acting as witness listens on the extension, the person obtaining the consent explains the anatomical gift requirements to the consenting individual. The consenting individual should clearly state his/her desire for the anatomical gift to be performed and describe any limitation to the procedure. The name and address of the consenting individual must be recorded on the form.
  - B) If consent is by telegram or fax, it will be placed in the decedent's medical record.
- 12) Complete the Death Report order set:
  - Call the hospital operator to notify the Chaplain
- 13) IU Health Ball Memorial Hospital will work cooperatively with IOPO and LIONS to educate its staff on donation issues, include consent process, referral criteria, importance of discretion and sensitivity, the role of the OPO, donation and transplantation of all ages, and on the maintenance of potential donor patients while necessary testing and placement of donated organs, tissue and eye take place (CMS Requirement)
  - Refer to policy-- Brain Death ADM-LD-34
- 14) IU Health Ball Memorial Hospital will allow and support any necessary patient medical record reviews requested by contracted recovery agencies to improve identification of potential donors. Summary of such reviews will be made available to appropriate regulatory and accrediting bodies for the purpose of demonstrating compliance with regulations. (CMS Requirement)
- 15) If organ/tissue procurement proceeds, the following procedure shall be followed:
  - A) Call IDAF 1-800-356-7757 for organ/tissue/eye donations.

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- B) Carry out orders received from the transplant team regarding body maintenance.
- C) All orders should be written on the patient's chart. The Indiana Organ Procurement Organization (IOPO) has a contract with IU Health Ball Memorial Hospital which provides temporary privileges to the Medical Director Physicians of IOPO to complete all orders.
- D) Notify patient accounts staff listed on DCD worksheet of the patient name, medical record number, account number, and date/time the IOPO consent was signed.
- E) Order lab work, as directed by the transplant coordinator (FOR ORGAN DONATION ONLY). A coordinator from IOPO will provide by fax or in person a copy of Routine Standing Orders.
  - 1. Pertinent Tests:
    - a. Pre-transfusion blood if, possible. Draw two red top tubes and hold for IOPO Coordinator.
    - b. All other tests will be sent with the Routine Standing Orders.
    - c. If a donor is strictly eyes or tissue only, the coordinator will draw a tube of blood at the time of procurement. All labs/serologies will be run by the procuring agency.
- F) The transplant coordinator will make all arrangements for contacting the hospital surgery team. (ORGAN DONATION ONLY)
- G) The time of death is when the physician declares brain death. (ORGAN DONATION ONLY)
- H) Arrange for Security to meet the plane at the Muncie Airport if the team is arriving by air (ORGAN DONATION ONLY). It is necessary to know the ETA and the number of persons expected in order to send the appropriate vehicle.
- I) A transplant coordinator will notify the nurse when any type of donation has been completed. At this time the nurse should contact the requested mortuary so funeral arrangements may take place.

Note: Complete organ/tissue procurement may last up to 20 hours. A cornea donation alone will take approximately 2 hours to complete. A multiple tissue donation may take from 3–6 hours and organ donation alone 12–20 hours.

## II. Responsibilities of the Recovery Coordinator

- 1. To assist with questions regarding eye, tissue and organ donation.
- 2. If the decedent is an organ donor as well as a tissue and cornea donor, the IOPO Coordinator will contact the Lions Eye Bank for cornea donation. Eye and tissue donation will take place after the organ procurement team has finished and cross-clamp time is established.
- 3. If heart, liver, or lung teams are coming to IU Health Ball Memorial Hospital, they will work through IOPO to make arrangements for OR set-up and transportation.
- 4. To access BMV database and determine if decedent has declared intent to donate.

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### III. Responsibilities of the Operating Room

- 1) The Indiana Lions Eye Bank and IOPO tissue recovery personnel arrive with their own equipment and will need no assistance to complete the donation.
- 2) Check Organ and Tissue Donation Consent Form to ensure that all teams – organ, tissue and cornea – have completed their processes before calling the funeral home. Notify the requested mortuary at the time of completion of all procurements for transport.
- 3) After surgery, transport the body to the morgue and notify the coroner, if appropriate.

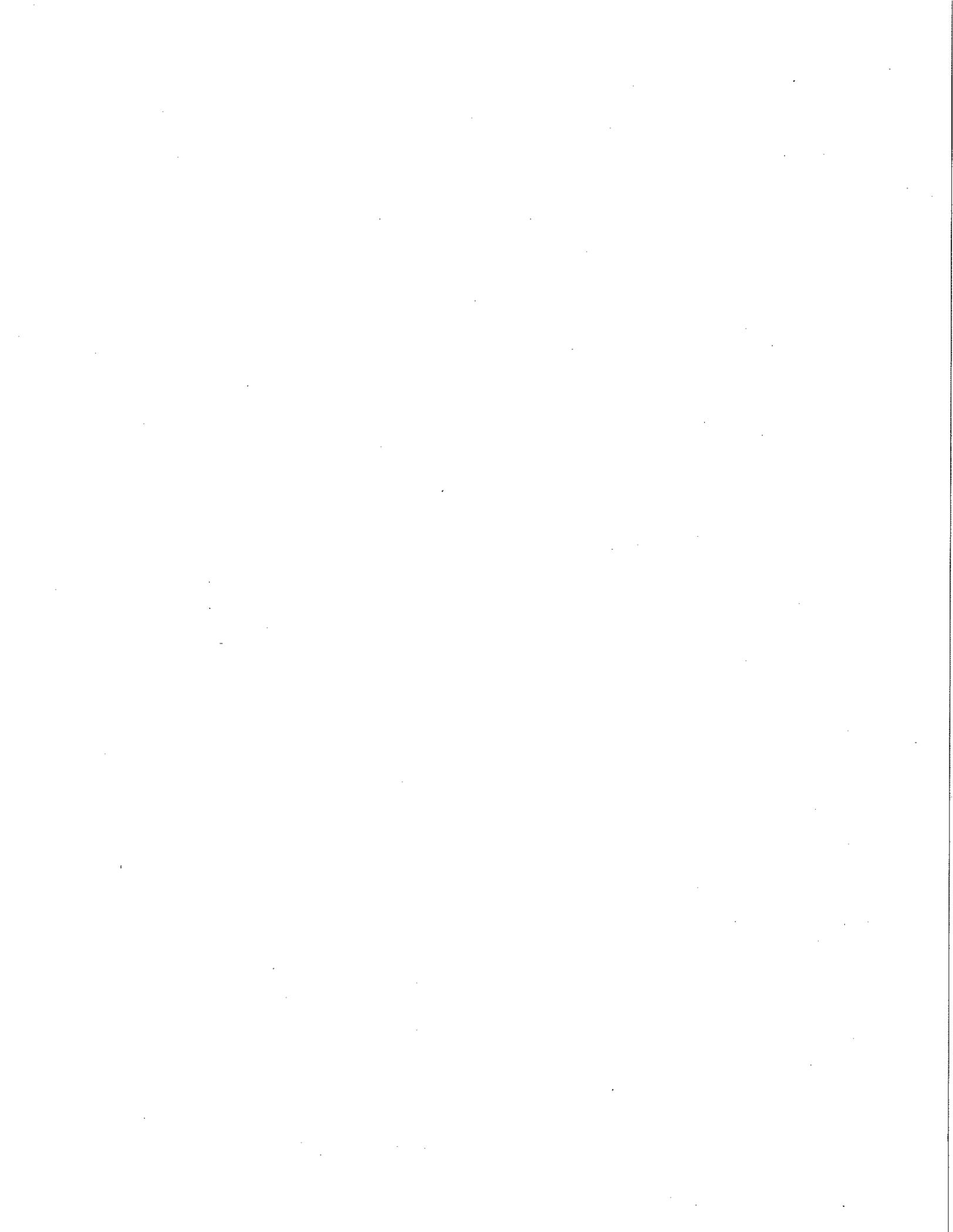
#### For Air ambulance assistance

Notify Security of impending transport of procurement team as soon as possible. Security will transport team to and from IU Health Ball Memorial Hospital. If security would happen to be unavailable call Delaware County Dispatch at 747-7778 or 747-7779 and they will send an ambulance to transport. The pilots will follow normal FAA guidelines for entrance into the Delaware county airport. (note: security and Delaware county EMS know how to obtain access into the airport after hours.) Delaware county airport authority: 747-5690 or 282-5328.

AFTERCARE (if applicable):

SPECIAL CONSIDERATIONS (if applicable):

REFERENCES (if applicable):





# Indiana University Health

## Diversion Policy

IU Health Ball Memorial Hospital is committed to providing care to the injured patient and affirms that it will not be on diversion status more than five percent (5%) of the time. Further, we affirm that our Emergency Department has not been on diversion at any time during the previous year.

A handwritten signature in cursive script, appearing to read "Lynne C Bunch", written over a horizontal line.

Lynne C Bunch, RN, MBA

A handwritten date "6/30/13" written in cursive script.

Date

Administrative Director of Critical Patient Services

IU Health Ball Memorial Hospital

IU Health Ball Memorial Hospital  
2401 W. University Avenue  
Muncie, IN 47303-3499

T 765.747.3111

[iuhealth.org](http://iuhealth.org)



# Ball Memorial Hospital

SUBJECT: Diversion/Bypass		FILE NO.: TRD-007-P
SPONSORING DEPARTMENT/COMMITTEE: Trauma Department		
SCOPE/CATEGORIES: Indiana University Health Ball Memorial Hospital – Trauma Department		
ORIGINATOR: William Gossett		APPROVED BY: Trauma Medical Director
CREATION DATE: 10/30/2012	GENERAL REVISION DATE: 03/29/2013	CONTENT REVISION DATE: 03/29/13
KEY WORDS: diversion, divert, temporary, diverting, volume, disaster, bypass		
RELATED DOCUMENTS/FORMS/POLICIES/ATTACHMENTS:		

## PURPOSE:

To establish guidelines and level of authority when there is a need to temporarily divert ambulance patients from Indiana University Health Ball Memorial Hospital.

## POLICY:

Diversion is the process of diverting ambulance traffic in cases where resources are not sufficient to meet potential or real needs.

Diversion of ambulance traffic is to be avoided and instituted only as a last resort. Ambulance diversion status may be initiated under the following criteria:

- A. Emergency Department (ED) saturation
  1. The ED's volume/acuity has consumed current/available ED resources of space/equipment/staffing.
  2. Lack of available in-patient beds/staff has caused the ED to hold admissions.
  
- B. Internal disaster situation
 

The ED cannot receive any patients because of a physical plant breakdown (e.g. power outage, fire, bomb threat, etc.)

Only a partial diversion status will be initiated when only a portion of the facility's operation is compromised.

For example:

1. CT scanner is down-diversion to be determined by current situation and time frame of down time

SUBJECT: Diversion/Bypass

FILE NO.: TRD-007 -P  
PAGE: 2 of 3  
CONTENT REVISION DATE:

2. ICU beds are full and ED is holding admissions-divert only ICU patients.
3. Med-Surg beds are full and ED is holding admissions-divert medical patients only.
4. OB's resources are saturated-divert only OB patients

The decision to initiate ambulance diversion may only be made collaboratively by the Emergency Department Medical Director, Associate Administrator, Emergency Department Nursing Leadership and a member of Administrative Leadership at the request of the ED physician and the ED shift coordinator on duty or the Trauma Surgeon.

At minimum, the name of the administrator authorizing diversion and the reason for the diversion, the start and stop time of each diversion occurrence will be documented by the shift coordinator on duty or the trauma surgeon and kept as a permanent record by the ED manager.

At no time will an ambulance be refused if arrival on hospital property has occurred, if physician acceptance for a direct admits has been pre-approved or any patient experiencing signs and symptoms of Acute Coronary Syndrome, Acute Stroke, imminent child birth, unstable hemodynamics or need of definitive airway management.

**SUPPLIES/EQUIPMENT (if applicable):**

**PREPARATION OF PATIENT (if applicable):**

**PROCEDURE (if applicable):**

- A. ED shift coordinator and physician on duty will evaluate the status of all ED patients and level of care necessary.
- B. Evaluation of current resources i.e. equipment, staffing, space
- C. Emergency Department Medical Director is notified.
- D. Emergency Nursing Leadership is notified.
- E. Appropriate diversion status is determined by the Emergency Department Medical Director or trauma surgeon. Director and/or trauma surgeon will collaborate with on-duty nursing leadership to determine inpatient census and acuity
- F. Emergency Department Medical Director and/or trauma surgeon notifies member of Administration or the administrator on call with the following information:
  1. Category of diversion
  2. Reason for diversion
  3. Estimated duration of the diversion status

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SUBJECT: Diversion/Bypass

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CONTENT REVISION DATE:

- G. Emergency Department Medical Director and/or trauma surgeon and the administrator collaborate to make decision to divert.
- H. Notify Emergency Medical Services.
- I. ED shift coordinator and physician on duty re-evaluates minimally every 2 hours and contacts the Director and/or trauma surgeon as needed
- J. ED shift coordinator communicates diversion status with administration at least every 8 hours while on diversion.

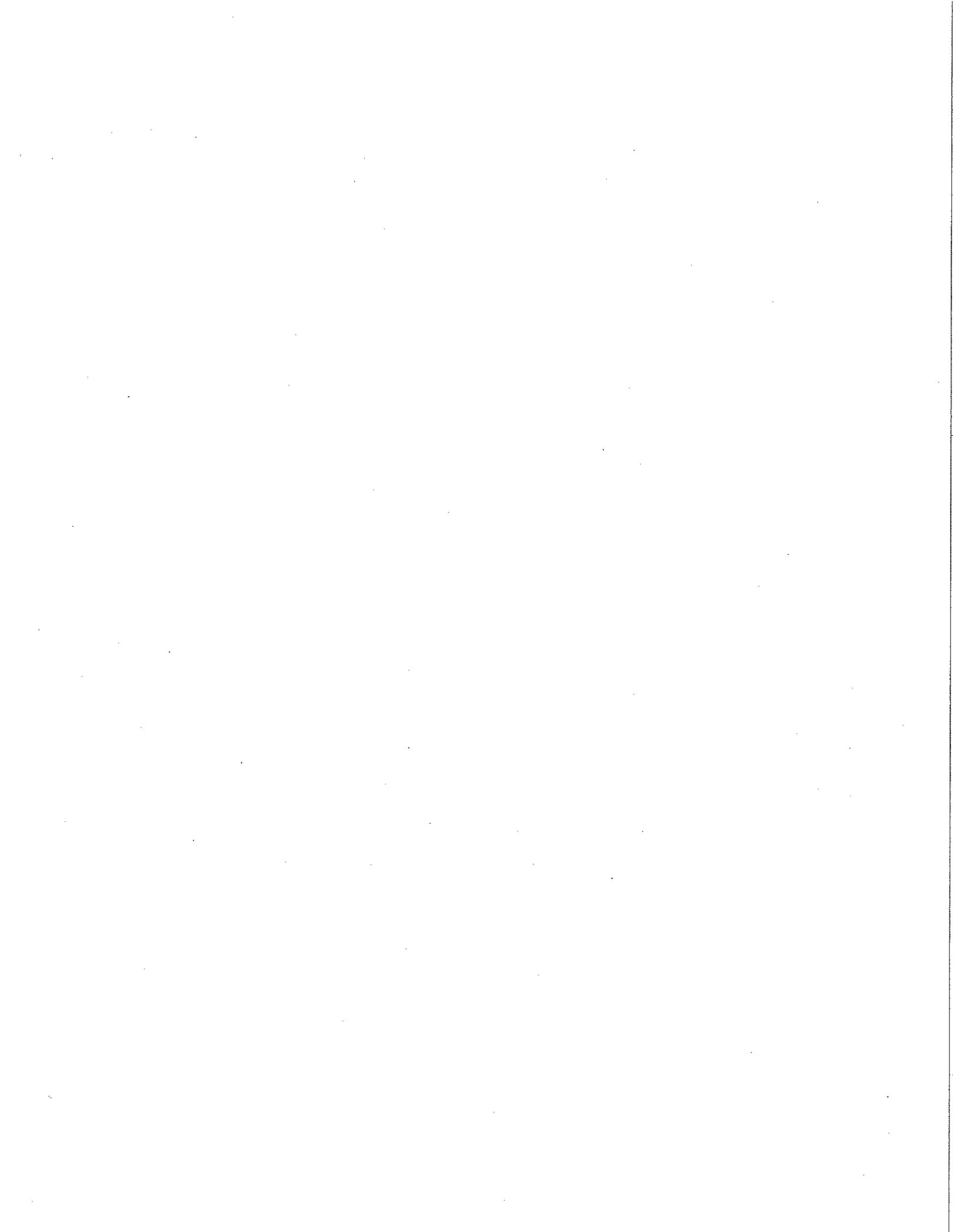
**Failure to follow appropriate channels before initiating diversion status may result in corrective action and/or CMS sanctions for EMTALA violation.**

**AFTERCARE (if applicable):**

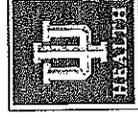
**SPECIAL CONSIDERATIONS (if applicable):**

**REFERENCES (if applicable):**

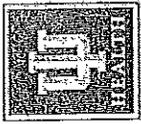
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Trauma Program Operational Process  
Performance Committee  
(T.P.O.P.P.C)



Ball Memorial Hospital



# Ball Memorial Hospital

Trauma Multi Department Meeting Planning Committee

Wednesday December 12, 2012 1330-1430 OMP

**Attendance:**

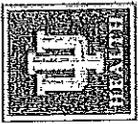
Name	Department	Position	Name	Department	Position
Chanel Venable	7N	Nurse Manager	Marci Pittrenger	Surgery	Nurse Manager
Connie Brown	Trauma	Trauma Registrar	William Gossett	Trauma	Trauma Program Manager
Lynne Bunch	Critical Patient Services	Administrative Director	Dr. Mark Saleem	Trauma	Trauma Medical Director
Dough Hale	Security	Manager	Christina Schemenaur	CIC	Nurse Manager
Jessica West	6N	Nurse Manager	Sara Speidel	Communications	Manager
Steve Lovell	Information Systems	Analyst	Carrie Brannon	Rehab	Manager
Paula Tyler	Ortho	Service Line Leader	Annaleise Kirch	SAU/PACU/Endoscopy	Nurse Manger
Cyndi Davisson	Professional Development	Director	Sean May	Clinical Informatics	Coordinator
Tina Love	Pharmacy	Director	Rod Evans	Information Systems	Director
Michele Wagner	ICU	Nurse Manager	Tim Oren	Resource	Nurse Manager
Tim Hall	ICU	RN-Trauma Liaison	Shannon Cooper	Case Management	Program Manager

Item	Discussion	Action	Responsible Person(s)	Target Date
<p><b>Introductions and Stakeholders:</b></p> <p><b>Did we miss anyone?</b></p>	<p>Lynne Bunch started introductions and why we are here. She asked for any ideas of people missed on the invitation list- suggestions included: Quality; PR; Registration: LifeLine; EMS; AMG; Case Management; Chaplaincy; Radiology; Lab; Respiratory and Palliative Care.</p>	<p>In reviewing these suggestions it was noted that representatives from Quality; Registration; EMS; Case Management (she came later); Chaplaincy; Radiology; Lab and Respiratory were included in the invitation list.</p>	<p>Connie Brown</p>	<p>12/17/2012</p>

NSS-ADM-009-F

8-29-2011

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# Ball Memorial Hospital

TPOPPC

January 9, 2013/OMP

Submitted by: Connie Brown

**Attendance:**

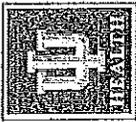
Name	Department	Name	Department	Name	Department
Dr. Mark Saleem	Trauma	Doug Hale	Security	Dr. Joseph Duncan	Orthopedics
William Gossett	Trauma	Mike Ashley	Delaware County EMS	Sara Speidel	Communications
Tim Adney	AMG	Rodney McGriff	AMG	Tina Love	Pharmacy
Jeff Benson	Delaware County EMS	Dr. Linda Camp	Plastic Surgery	Michele Wagner	ICU
Elaine Winmer	Quality and Safety	Annaleise Kinch	SAU/PACU	James Hilleson	Chaplaincy Service
Christina Schemenaur	CIC	Shannon Cooper	Case Management	Marci Pittenger	Main OR
Jessica West	6N	Mary Atkins	Just Call Ball	Amy Yakos	Education Services
Lynne Bunch	Administrative Director	Cassie Warren	ED	Steve Lovell	IT
Susan Horevay	Blood Bank	Deb Garner	Lab	Sean May	Clinical Informatics
Eric Tharp	Radiology				

Item	Discussion
<b>Introduction</b>	Meeting began with Dr. Saleem introducing the Trauma Department. He explained the need to become a Level II Trauma Center.
<b>Power Point Presentation</b>	Dr. Saleem presented a power point that details needs to achieve Level III status. He spoke about the tiered activation. <u>Power point\TPOPPC.pptx</u>
<b>Committee</b>	Dr. Saleem explained the function of this committee. TPOPPC will meet quarterly to address system issues related to trauma patients. Discussed the need for PACU response to be 30 minutes when on call. Annaleise Kinch will forward copy of policy name to pull from DMS. Radiology-asked Eric Tharp about how changes in radiology reports from preliminary to final are noted. Eric explained that there are no preliminary reports. All radiological exams have reports being ready by teleradiology. Addendums care communicated by phone to the surgeons. End tidal CO2 monitors-how many are in the facility? ICU has 2, CIC has 2 and ED has 10. Lab-Dr. Saleem wants to talk with lab about appropriate tests to be run on DPL fluid. Lab assures that they

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# Ball Memorial Hospital

Nursing Meeting Template

May 22, 2013 OMP 1

Submitted by: Connie Brown

TPOPPC

Attendance:

Name	Department	Position	Name	Department	Position
Dr. Mark Saleem	Trauma	Trauma Medical Director	William Gossett	Trauma	Trauma Program Manager- outgoing
Bekah Dillon	Trauma	Trauma Program Manager- incoming	Connie Brown	Trauma	Trauma Registrar
Leroy Snider	Delaware County EMS	Supervisor	Tim Oren	Nursing Service	Manager
Josh Allen	Radiology	Manager	Sean May	Informatics	Coordinator
Eric Tharp	Radiology	Director	Doug Hale	Security	Manager
Dr. Jamie Wilson	Radiology	Interventional Radiologist/Trauma Liaison	Carol Jones for Steve Lovell	Information Systems	
Deb Garner	Lab	Manager	Tina Love	Pharmacy	Director
Annaliese Kinch	SAU	Manager	Mark Rohlfing	ICU	Manager
Terri Schmaltz	Office of Legal and Regulatory Affairs	Risk Manager	Chanel Venable	7N	Manager
Dr. John Durbin	Surgery	Surgeon	Jessica West	6N	Manager
Janda Combs	6N	Education	Sara Speidel	Communications	Manager
Dr. Patrick Cleary	Surgery	Surgeon	Dr. Alex Cocco	Surgery	Surgeon
Ann Taylor	PCU	Manager	Paula Tyler	Ortho	Service Line Leader
Shannon Cooper	Case Management	Manager	Dr. Gerard Costello	Anesthesia	Anesthesiologist/Trauma Liaison
Lynne Bunch	Critical Patient Service Line	Administrative Director	James Hilleson	Chaplaincy Department	Chaplain
Dr. William Cassel	Surgery	Surgeon	Dr. Paul Stewart	Surgery	Surgeon

Item	Discussion	Action
<b>Power Point</b>	Dr. Saleem opened with Power Point Presentation ..A..Power point\TPOPPC May 2013.pdf and ..A..Power point\TPOPPC May 2013 2.pdf	
<b>Admission</b>	Printed copy handed out to all-Reviewed admission	Questions reviewed and answered.

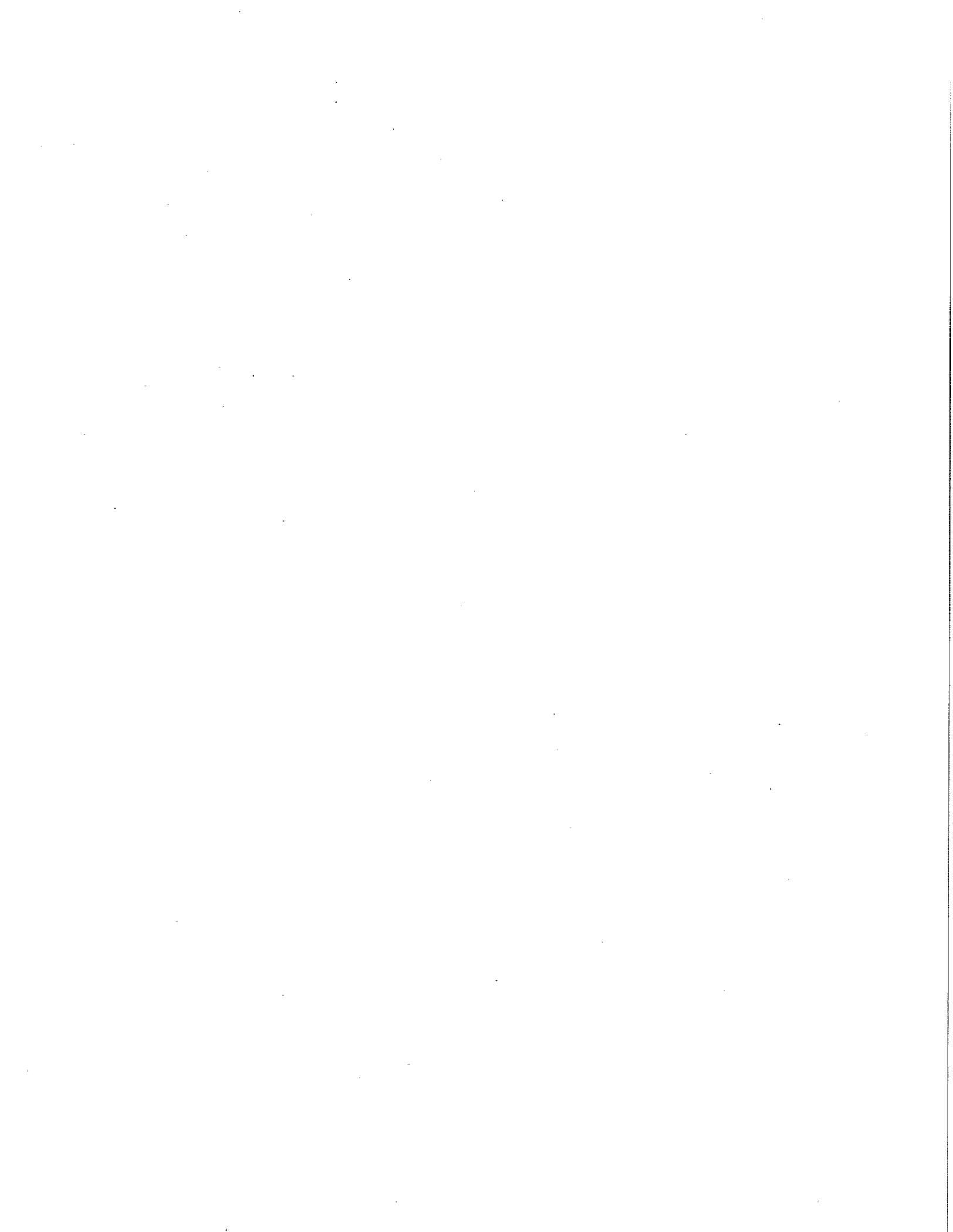
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8-29-2011

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Members:

Cooper, Shannon R.	SRCooper@IUHealth.org
Costello, Gerard T.	gcostello@IUHealth.org
Allen, Joshua S	JAllen20@IUHealth.org
Atkins, Mary K.	MATkins@IUHealth.org
Brown, Connie E. (BMH)	cbrown22@IUHealth.org
Bunch, Lynne C	LBunch@IUHealth.org
Burrell, Michael	mburrell1@IUHealth.org
Camp, Linda	LCamp@IUHealth.org
Cassel, William S, M.D.	wcassel@IUHealth.org
Cleary, Patrick A	pcleary@IUHealth.org
Cocco, Alex M., MD	acocco@IUHealth.org
Hilleson, James B.	JHilleson@IUHealth.org
Kinch, Annaliese	akinch@IUHealth.org
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Dowden, Paisha E	PDowden@IUHealth.org
Durbin, John	jdurbin1@IUHealth.org
Evans, Rod L	revans4@IUHealth.org
Farmer, Zachary R	zfarmer@IUHealth.org
Garner, Debbie L	DGarner@IUHealth.org
Gorman, Patricia M.	PGORMAN@IUHealth.org
Gossett, William R.	WGossett@IUHealth.org
Hale, Doug P.	dhale2@IUHealth.org
Hall, Timothy A	thall7@IUHealth.org
Hayes, Misha N.	mhayes8@IUHealth.org
Schmaltz, Teresa R.	tschmaltz@IUHealth.org
Shardo, Misty	mshardo@IUHealth.org
Kornilow, Jan	jkornilo@IUHealth.org
Kornilow, Jan, M.D. (external mail)	jkornilow@comcast.net
Lang, Carolyn S	CLang3@IUHealth.org
Love, Tina M. (Pharmacy Director)	tlove1@IUHealth.org
Lovell, Steven D.	slovell@IUHealth.org
May, Sean D.	SDMay@IUHealth.org
Morrical, Daryl G., M.D.	dgmorrical@pol.net
Oren, Tim E.	toren@IUHealth.org
Pittenger, Marci L.	MPittenger@IUHealth.org
Saleem, Mark J	MSaleem@IUHealth.org
Schemenaur, Christina M.	CSchemenaur@IUHealth.org
Speidel, Sara	SSpeidel@IUHealth.org
Stewart, Paul B	pstewar1@IUHealth.org
Taylor, Ann M.	AMTaylor@IUHealth.org
Tharp, Eric L.	ETharp@IUHealth.org
Tyler, Paula S.	PTyler@IUHealth.org
Venable, Chanel	Cvenable@IUHealth.org
Warren, Cassie A	cwarren@IUHealth.org
Weidert, Denise J	dweidert@iuhealth.org
West, Jessica E.	jwest8@IUHealth.org
White, Sherrill A.	swhite13@IUHealth.org
White, Timothy R.	trwhite@IUHealth.org
Wilson, Jamison L (IU)	jamiwils@iupui.edu
Dr. Duncan	joe_duncan@ciocenter.com
Dr. Silvidi	jasilvidi@att.net
Benson, Jeff	dcems21@sbcglobal.net





# Ball Memorial Hospital

## Nurse Credentialing Requirements

### Intensive Care Unit:

BLS  
ACLS  
TCAR (All ICU Nurses are in the process of attending)  
CCRN (Not required, but working on increasing our certifications)  
Critical Care Class  
Hemodynamics Class

### Cardiac Intensive Care:

BLS  
ACLS  
TCAR (All CIC Nurses are in the process of attending)  
CCRN (Not required, but working on increasing our certifications)  
CCVHD  
IABP  
Critical Care Class  
Hemodynamics Class

### Emergency Department:

BLS  
ACLS  
PALS  
TNCC  
ENPC  
CEN (Not required, but working on increasing our certifications)  
Critical Care Class  
Hemodynamics Class

**EMERGENCY DEPARTMENT  
RN COMPETENCIES Due Dates**

Name	ACLS	PALS	BLS	TNCC	ENPC
Alig, Kendall	Feb-14	Mar-15	Aug-14		
Arnett, Haley	Sep-14	Dec-14	Feb-14	Feb-17	
Arnold, Bryan	Aug-13	Jan-14	Feb-14	Feb-16	
Atkins, Gerald	Nov-13	Feb-14	Aug-13	Oct-15	Jun-16
Atkins, Mary (JCB)	Nov-14	Dec-14	Aug-13	Apr-15	
Backus, Kimberly	Oct-14	Feb-15	Dec-13	Oct-15	
Barlow, Brenda	Oct-13	Oct-14	Sep-14	Apr-15	Oct-16
Bennett, Jackie (JCB)	NA	NA	Aug-14	na	na
Bertram, Summer	Nov-14	Feb-15	Dec-14	Oct-15	Oct-16
Bladen, Kelly M.	Oct-14	Oct-14	Jun-14	Feb-17	
Bogue, Kristen	Feb-15	Jan-15	Oct-13	May-17	Jun-16
Bousman, Denise	IN Feb-15	Apr-14	Feb-15	instructor	
Burton, Barbara	Apr-15	Apr-14	Feb-15	Nov-13	
Buschur, Thomas 5/20	aug	july	Nov-13		
Cook, Robin D.	Aug-14	Sep-14	IN Nov-	Aug-16	
Craig, Shannon	Apr-14	IN Feb- 15	May-14	instructor	
Crouch-Compton, Dina	Feb-15	Apr-15	Sep-13	Jul-16	
Curtis, Tami	Dec-14	Jan-15	Jun-15	Oct-15	
Dahl, Laura	Sep-14	Jan-15	Oct-14	Feb-17	
Davis, Amanda D.	May-15	May-15	Nov-13		
Deeds, Chris	Mar-14	May-14	Mar-14	Aug-16	Jun-16
Dillon, Rebekah B. MGR	May-14	Mar-14	May-14	Jul-15	Jun-16
Eastus, Kelli	Sep-14	Mar-15	Mar-14	Apr-15	Oct-16
Evans, Cindy (JCB+)	Mar-14	Oct-13	Sep-13	instructor	
Ewer, Elizabeth	May-15	Jan-15	May-14	May-16	
Frazier, Michael	Feb-15	Mar-15	Dec-14		
Fred, Ciera	May-14	Jul-14	Nov-14	Aug-16	Jun-16
Fuller, David	Feb-15	Apr-14	Aug-13	Apr-15	Jun-16
Gass, Britni	Jan-14	Jan-14	Aug-13	Apr-15	Oct-16
Giammichele, Catherine	May-14	Feb-15	IN Dec-	May-16	
Gower, Ashley	Sep-13	Feb-15	Sep-13	Oct-15	
Gregory, Elaine (JCB)	NA	NA	Sep-14	NA	NA
Grindstaff, Jessica	Jul-13	Nov-13	Jun-14	Feb-16	
Grubbs, Stephanie	Mar-14	Mar-14	Mar-15	Aug-16	Jun-16
Hamilton, Andrea	Nov-13	Sep-13	Oct-13	Feb-16	
Harney, Valleri (4/22)	july	july	Jan-15		
Harter, Jenny	Apr-15	May-15	Sep-13	Aug-16	Apr-17
Havens, Stephanie (JCB)	NA	NA	Jul-14	NA	NA
Heiden-Peters, Lisa (CB)	N/A	N/A	Nov-14	NA	NA
Heyer, Amber	May-15	Sep-13	Nov-14	Feb-16	
Hicks, Jacinda	Aug-13	Aug-14	Dec-13	May-14	Oct-16
Johnson, Mary Ann	Nov-14	Aug-14	Jul-13	10/2015	
Kaffenberger, Nicole	May-15	Feb-14	Jul-13	Aug-16	Oct-16
Kaffenberger, Sherri	IN Nov - 13	IN Feb- 15	May-15	May-17	Jun-16
Karner, Mary E.	Oct-14	Oct-14	Jun-15	Feb-17	
Koors, Kim	Mar-14	Sep-14	Dec-14	Aug-16	Apr-16
Kowalski, John	Sep-13	Oct-14	Jan-15	May-14	Dec-16

**EMERGENCY DEPARTMENT  
RN COMPETENCIES Due Dates**

Lawson, Erica	Feb-15	Apr-15	Sep-14		
Lawson, Stacy	Nov-13	Nov-13	IN Jan -	Feb-17	
Lowe, Keri	Apr-15	Apr-15	Feb-15		
McDaniel, Jeremy R	Nov-14	Dec-14	Dec-14	May-17	
McLain, Carrie S.	Aug-14	Oct-14	Dec-14	Feb-17	
McLaren, Penny (JCB)	Sep-14	??	Jul-14	na	na
Melton, Amy	Dec-13	Mar-14	May-13	Apr-16	
Merlin, Amy	Dec-13	Jan-14	Sep-13	Apr-15	Oct-16
Mulder, Dana L	Aug-14	Oct-14	Mar-14	Feb-17	
Nickens, Diane (JCB+)	Jul-14	Mar-15	Aug-13	Apr-15	
Osborne, Carrie	Dec-14	Apr-15	Aug-13	Oct-15	Dec-16
Owens, Krystyna	aug	aug	Feb-14		
Pappas, Heather R	Oct-14	Oct-14	Jun-15	Feb-17	
Phipps, Rebecca	Jan-15	May-15	Mar-14		
Phipps, Tamara	Feb-15	Dec-14	Dec-14	Oct-15	
Rhoads, Karen	Mar-14	May-14	Aug-14	Aug-16	Apr-16
Roberts, Kay	May-15	Dec-13	May-15	Feb-17	
Ruckel, Nicholas	Nov-14	Dec-14	Aug-13		
Schuhmacher, Michelle	Jan-14	Nov-13	Sep-13	Aug-16	
Sexton, Michelle	May-14	Jul-14	Mar-15	Aug-16	Jun-16
Shannon, Alisha	Feb-15	Mar-15	Jan-14		
Starr, Maggie	Jun-15	Jan-14	May-15	Feb-16	
Stevens, Janet	Feb-15	Jan-15	IN May -	Nov-13	
Stevens, Suzy	Oct-14	Nov-14	May-15	May-17	Dec-16
Stewart, Stacey N	Oct-14	Jan-15	May-14	Feb-17	
Summers, Millie	Sep-14	Nov-13	Aug-14	May-17	Dec-16
Swoboda, Krista	May-15	Jan-14	Oct-13	Apr-16	
Taylor, Christy (Deborah)	Feb-14	May-15	Feb-15	Apr-15	Apr-17
Thorne, Kristina M	Oct-14	Nov-14	Apr-14		
Turner, Heather L	Sep-14	Dec-14	Jun-15	Feb-17	
Turner, Nicole	Dec-13	Mar-14	Jul-13	Apr-16	
Tutterow, Bruce	Jun-15	Mar-14	May-14	Feb-16	Apr-17
Tweedy, Jessica	Jul-14	Nov-14	May-14	Aug-16	Oct-16
Van Nuland, Shari	Nov-13	Mar-14	IN June	Apr-16	Dec-16
VanNatter, Kelli	Dec-14	Feb-15	Apr-15	Oct-15	
Voth, Charity	Feb-15	Jan-15	Jan-15	Apr-15	?
Warren, Cassie	Jun-15	Oct-13	May-15	?	?
Westbrook, Curita	Jan-14	Dec-14	Apr-15	Feb-17	
White, Timothy	May-14	Jan-14	Oct-14	Feb-17	Oct-16
Wise, Trisha M	Sep-14	Jan-15	Oct-14	Feb-17	
Wisehart, Lisa	Nov-14	Mar-14	Feb-14	Aug-16	
Yoder, Brooke	Feb-15	Mar-15	Apr-15		

## Hemodynamics Class

### Description:

Hemodynamics Class is offered on approximately twelve times throughout the calendar year and every attempt is made to coordinate these dates with NCO. All RN's in ICU, CIC, and ER are required to complete this course. Consideration from both the manager and educator is given to experienced nurses on an individual basis. The class is held over one working day, from 0830 until 1630. Instructional method is lecture with audiovisual supplement, group discussion, demonstration, simulation, and hands-on practice along with policy review.

### **Hemodynamic Monitoring and Equipment Setup – Alines, CVP**

#### Objectives

At the end of this course the learner will be able to:

- Identify indications for invasive monitoring
- Describe basic invasive monitoring concepts, such as transducers, waveform analysis including square-wave test.
- Troubleshoot a monitoring system
- Demonstrate correct set-up of a transducer system and what supplies are needed
- Identify normal values and how frequently to document values
- Identify resources and policy parameters

### **Swan Line – CIC and ICU Only**

#### Objectives

At the end of this course the learner will be able to:

- Identify indications for pulmonary catheter monitoring
- Understand the swan-ganz catheter
- Discuss basic hemodynamic characteristics of various pathologic conditions
- Discuss the effects that various treatment modalities have on hemodynamic variables.
- Describe how to assist physician with insertion
- Demonstrate correct set-up of swan-ganz catheter monitoring system and what supplies are needed
- Identify normal values and how frequently to document values
- Identify resources and policy parameters

### **ICP – ICU Only**

#### Objectives

At the end of this course the learner will be able to:

- Identify structures in the intracranial compartment
- Describe symptoms associated with increased intracranial pressure
- Demonstrate assessment of neuro patient and cerebral spinal fluid
- Demonstrate correct set up and maintenance an external drainage/monitoring device and what supplies are needed
- Describe steps necessary when ICP is greater than 20 and how to refer to policy
- Calculate Cerebral Perfusion Pressure
- Document appropriately
- Identify resources for care of a patient with a ventriculostomy and policy parameters.

### **Train Of Four – Equipment, Neuromuscular Blockade Order Set**

#### Objectives

At the end of this course the learner will be able to:

- Identify the purpose of assessing adequacy of induced muscular paralysis
- Discuss and understand order set
- Identify equipment needed to assess patients paralysis level by using the train of four
- Demonstrate correct use of train of four and identify which nerves to stimulate.

- Document appropriately

## **Med Rad**

### Objectives

At the end of this course the learner will be able to:

- Identify the indications for use of the Med Rad
- Understand and demonstrate correct set-up of Med Rad
- Identify where equipment and tubing is kept
- Identify resources

## **Level 1**

### Objectives

At the end of this course the learner will be able to:

- Identify the indications of use of the Level 1
- Understand how the machine works and the alarms
- Identify where equipment and tubing is kept
- Demonstrate correct set-up and maintenance of machine
- Identify resources
- Document appropriately

## **Arctic Sun**

### Objectives

At the end of this course the learner will be able to:

- Understand therapeutic hypothermia and normothermia treatment
- Identify the indications of use of the Arctic Sun machine
- Understand how the machine works and the alarms
- Identify where equipment is kept
- Demonstrate correct set-up and maintenance of machine
- Identify methods to assess and treat shivering
- Understand order set and medications used to treat shivering
- Identify resources
- Document appropriately

## Critical Care Class

### Description:

Critical Care Class is offered on approximately twelve times throughout the calendar year and every attempt is made to coordinate these dates with NCO. All RN's in ICU, CIC, ER, PCU, and CPC are required to complete this course. Consideration from both the manager and educator is given to experienced nurses on an individual basis. The class is held over one working day, from 0830 until 1630.

Instructional method is lecture with audiovisual supplement, guest instructors, group discussion, demonstration, some simulation, interactive game, and hands-on practice along with policy review.

### **Respiratory**

#### Objectives

At the end of this course the learner will be able to:

- Understand different modes of a ventilator and settings
- Understand role of RN and Respiratory Therapist together as a team
- Troubleshoot common alarms
- Discuss interventions for a patient on a ventilator
- Understand basic concepts and normal values of ABG's
- Demonstrate basic steps to interpret classic ABG results

### **EKG**

#### Objectives

At the end of this course the learner will be able to:

- Understand basic 12-Lead EKGs
- Understand basic 12-Lead EKG interpretation.

### **IOPO**

#### Objectives

At the end of this course the learner will be able to:

- Identify when to call IOPO
- Discuss what is needed when calling IOPO
- Document appropriately
- Discuss nurse's role in donation process

### **Sedation – RASS, Adult Analgesic Order Set, ABCDE Paradigm**

#### Objectives

At the end of this course the learner will be able to:

- Define and Identify the rationale for using RASS scale
- Discuss adverse effects associated with oversedation and undersedation.
- Demonstrate how to assess a patient's sedation level by using the RASS scale and how often to do assessment.
- Identify interventions for a patient on continuous sedation including daily awakening and breathing trials
- Discuss the components of the ABCD Paradigm.
- Document appropriately
- Understand the Adult Analgesic Order Set

### **Infection – Bundles – rounding forms, VAP (Oral Care), CLABSI, CAUTI, MDROs, Surgical Site Infections, Sepsis – SIRs Criteria.**

#### Objectives

At the end of this course the learner will be able to:

- Understand and discuss health-care associated infections including: CLABSI, CAUTI, VAP, MDROS, and Surgical Site Infections

- Identify interventions nurses can do to prevent CLABSI, CAUTI, VAP, MDROS, and Surgical Site Infections
- Define and discuss AACN's bundle approach to critical care nursing.
- Demonstrate use of daily rounding forms to assist with bundle approach to care.
- Document interventions appropriately
- Identify policies associated with prevention of infections.
- Define and discuss sepsis
- Discuss SIRS criteria and how to assess patient's for sepsis by using this criteria

### **Critical Care Pharmacology – Game, Resources, Pre-work**

#### Objectives

At the end of this course the learner will be able to:

- Discuss the multiple different drugs that are frequently seen in critical care including: indication for use, normal dose/units, contraindications and main side effects.
- Identify nursing drug resources via Pulse, Cerner, and Policies.

### **Delirium – CAM ICU Assessment**

#### Objectives

At the end of this course the learner will be able to:

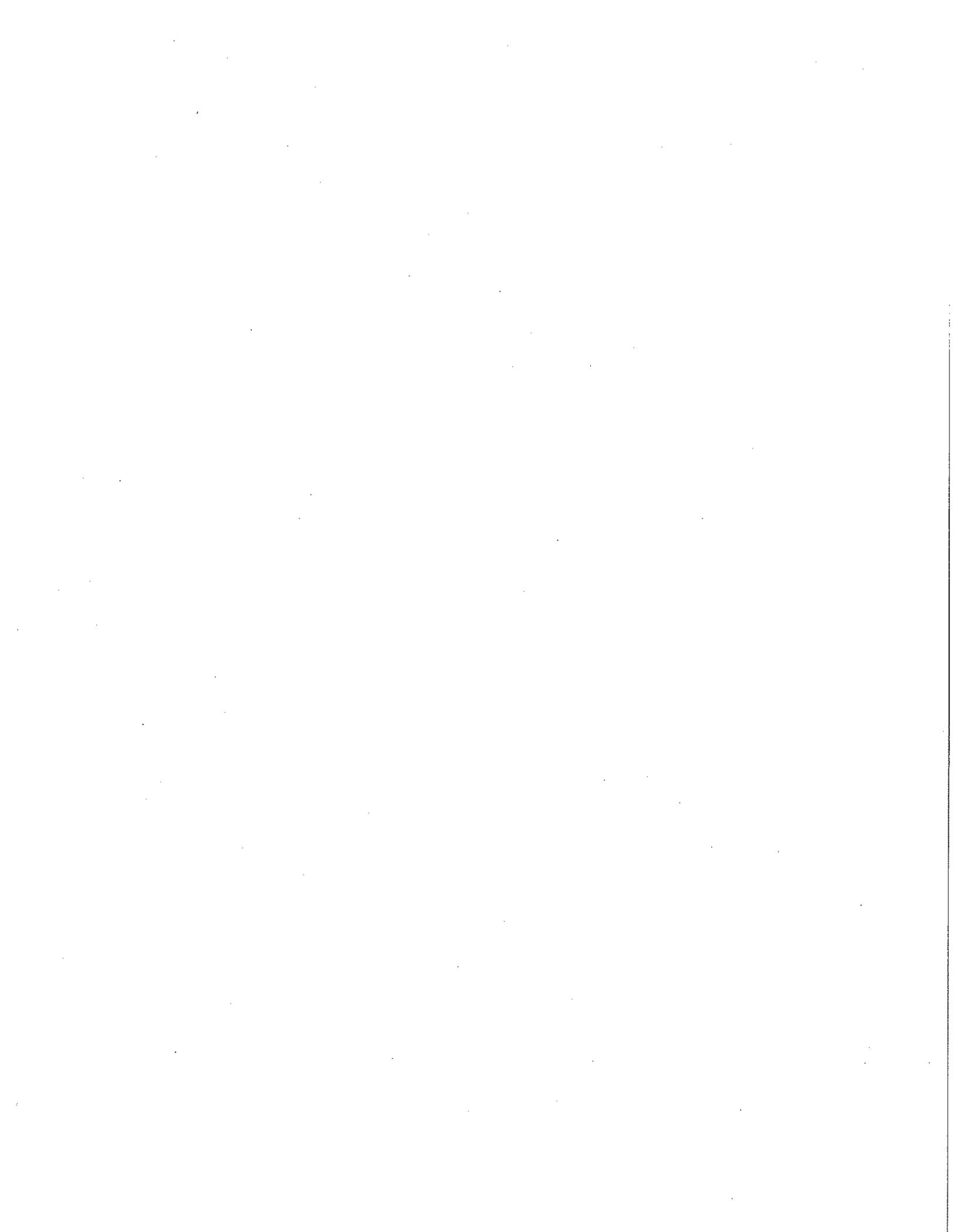
- Define delirium.
- Discuss the prevalence of delirium in the ICU.
- Identify the different types of delirium.
- Identify risk factors and causes of delirium.
- Assess a patient for delirium using the CAM-ICU tool.
- Identify interventions for a patient with delirium.
- Document appropriately.
- Correctly work through case studies using the CAM-ICU tool.

### **Procedural Moderate Sedation – ETCO2 Machine, Policy, Checklists**

#### Objectives

At the end of this course the learner will be able to:

- Define procedural moderate sedation.
- Identify the different medications used in moderate sedation including their side effects.
- Identify the RN requirements for assisting with moderate sedation.
- Identify the steps included in the procedure for assisting with moderate sedation outside the monitored units.
- Discuss the rolls of the Nursing House Officer, the Procedural RN, the Unit's RN, and the Physician
- Familiar with ETCO2 Monitoring.
- Familiar with the waveforms associated with ETCO2 monitoring.
- Document appropriately





# Indiana University Health

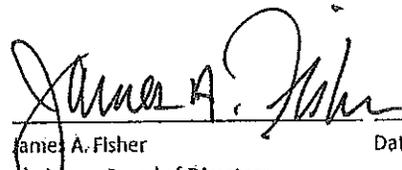
## Commitment of the Governing Body

IU Health Ball Memorial Hospital's governing body is committed to becoming an established Level III Trauma Center and to pursue verification by the American College of Surgeons within one (1) year of submitting the "in the ACS verification process" application and to achieve ACS verification within two (2) years of the granting of "in the ACS verification process" status.

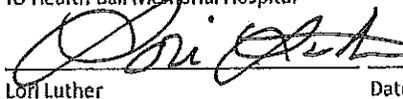
Further, IU Health Ball Memorial Hospital recognizes that if verification is not pursued within one (1) year of this application and/or does not achieve ACS verification within two (2) years of the granting of "in the ACS verification process" status that the hospital's "in the ACS verification process" status will immediately be revoked, become null and void and have no effect whatsoever.

 07/15/13  
Date

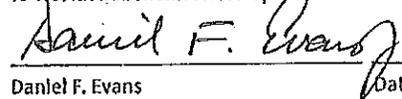
Michael E. Hiley  
President and CEO  
IU Health Ball Memorial Hospital

 07/15/13  
Date

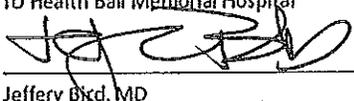
James A. Fisher  
Chairman, Board of Directors  
IU Health Ball Memorial Hospital

 07/15/13  
Date

Lori Luther  
Vice President and COO  
IU Health Ball Memorial Hospital

 07/15/13  
Date

Daniel F. Evans  
President and CEO  
Indiana University Health

 07/15/13  
Date

Jeffery Bird, MD  
Chief Medical Officer, VP of Operations  
IU Health Ball Memorial Hospital

IU Health Ball Memorial Hospital  
2401 W. University Avenue  
Muncie, IN 47303-3499

T 765.747.3111  
iuhealth.org

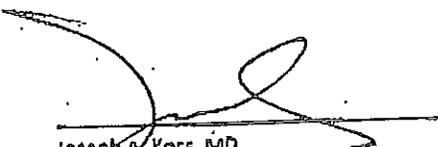


# Indiana University Health

## Commitment of the Medical Staff

IU Health Ball Memorial Hospital's medical staff is committed to becoming an established Level III Trauma Center and to pursue verification by the American College of Surgeons within one (1) year of submitting the "In the ACS verification process" application and to achieve ACS verification within two (2) years of the granting of "In the ACS verification process" status.

Further, IU Health Ball Memorial Hospital recognizes that if verification is not pursued within one (1) year of this application and/or does not achieve ACS verification within two (2) years of the granting of "In the ACS verification process" status that the hospital's "In the ACS verification process" status will immediately be revoked, become null and void and have no effect whatsoever.

  
\_\_\_\_\_  
Joseph A. Koss, MD  
Chairman, Medical Executive Committee  
IU Health Ball Memorial Hospital

11/1/13  
Date

IU Health Ball Memorial Hospital  
2401 W. University Avenue  
Muncie, IN 47303-3499

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[iuhealth.org](http://iuhealth.org)



# Indiana University Health

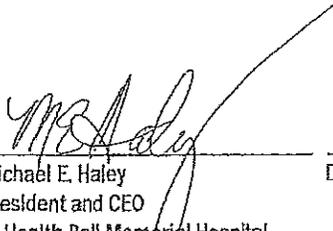
## Commitment to Level III Trauma Care:

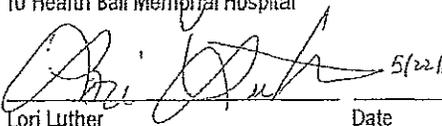
Whereas, Indiana University Health Ball Memorial Hospital (IU Health Ball Memorial Hospital) has a long and distinguished commitment to serve our community and surrounding regions health care needs dating back to 1929.

Whereas, trauma care is a growing demand in our state and region and as such has provided an opportunity for IU Health Ball Memorial Hospital to develop a provider relationship to our community and surrounding region in support of this need and to be a part in the Indiana University Health Trauma System for Indiana.

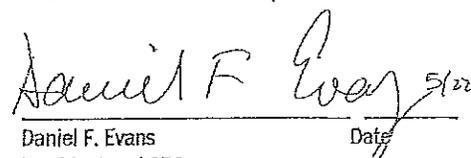
Whereas, IU Health Ball Memorial Hospital's commitment to Level III Trauma Care is reflected in our parent corporations directives, Indiana University Health has been working toward a state-wide trauma system since the beginning of 2011, and that IU Health Ball Memorial Hospital will provide Level III Trauma Care to promote the wellness and improve the health status of the people of East Central Indiana and surrounding areas we serve through patient care, education, research and networking of services to provide preeminent trauma care.

Now Therefore, Be It Resolved, that the Board of Directors of IU Health Ball Memorial Hospital recognizes the invaluable contribution to our community and surrounding regions healthcare that Level III Trauma Care will afford, and confirms its commitment to Level III Trauma Care by pledging to invest the necessary educational, financial, and human resources in support of the highest quality trauma service available in our region.

  
\_\_\_\_\_  
Date 5/22/13  
Michael E. Haley  
President and CEO  
IU Health Ball Memorial Hospital

  
\_\_\_\_\_  
Date 5/22/13  
Lori Luther  
Vice President and COO  
IU Health Ball Memorial Hospital

  
\_\_\_\_\_  
Date 5/22/13  
James A. Fisher  
Chairman, Board of Directors  
IU Health Ball Memorial Hospital

  
\_\_\_\_\_  
Date 5/22/13  
Daniel F. Evans  
President and CEO  
Indiana University Health

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**RESOLUTION OF THE MEDICAL EXECUTIVE COMMITTEE  
OF THE MEDICAL STAFF  
OF INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL**

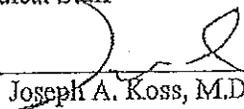
WHEREAS, Indiana University Health Ball Memorial Hospital (IU Health Ball Memorial Hospital) and staff members have a long and distinguished commitment to serve our community and surrounding region's health care needs dating back to 1929; and

WHEREAS, trauma care is a growing demand in our state and region and as such has provided an opportunity for IU Health Ball Memorial Hospital and staff to develop a provider relationship to our community and surrounding region in support of this need and to be a part in the Indiana University Health Trauma System for Indiana; and

WHEREAS, the Medical Staff of IU Health Ball Memorial Hospital have commitment to Level III Trauma Care and is reflected in our parent corporation's directives, Indiana University Health has been working toward a state-wide trauma system since the beginning of 2011, and that medical Staff of IU Health Ball Memorial Hospital will provide Level III Trauma Care to promote the wellness and improve the health status of the people of East Central Indiana and surrounding areas we serve through patient care, education, research and networking of services to provide preeminent trauma care.

NOW, THEREFORE, BE IT RESOLVED, that the Medical Staff of IU Health Ball Memorial Hospital recognizes the invaluable contribution to our community and surrounding regions healthcare that Level III Trauma Care will afford, and confirms its commitment to Level III Trauma Care by pledging to provide the necessary educational, professional and consistent services available in support of the highest quality trauma services available in our region.

Indiana University Health Ball Memorial Hospital, Inc.  
Medical Staff

By:  12/20/12  
Joseph A. Koss, M.D., Chairman, Medical Executive Committee