



Mississippi

Trauma Care System Foundation

The Mississippi Trauma Care System Foundation developed a pin to honor EMS and their contributions to trauma patients. The trauma pin allows you to recognize their dedication and expertise in caring for injured patients. The **Mississippi Trauma EMS** pin is awarded to a pre-hospital individual or team to demonstrate leadership and patient advocacy. All EMS supporting the Mississippi Trauma System of Care transporting patients to Level I-Level IV trauma centers, both in-state and out-of-state, are eligible. Please recommend qualifying candidates by answering the items below.

1. The recipient demonstrates extraordinary compassion and skill in providing care to the injured patient. Please provide a brief narrative describing an incident to illustrate exceptional care. Please attach an explanatory narrative with this document.
2. Pre-hospital individual or team that supports the trauma patient and the hospital team to collaborate care and facilitates teamwork in the hospital setting
3. The Pre-hospital individual or team follows the state guidelines for field triage of the injured patient and advocates for the patient to go to the right place the first time.
4. In addition to providing exemplary care, the EMS individual or team being nominated participates as a leader in trauma care and communicates with the Trauma Center by at least one of the following criteria. *(Please check the appropriate response(s).)*
 - Communicates important aspects surrounding the situation that may lead the hospital personnel to identify the need to activate the trauma team according to state guidelines and protocol.
 - Participates in trauma PI as evidenced by the Trauma committee or other committee minutes.
 - Participates in trauma PI as evidenced by providing education and support for best practices for trauma patients.
 - Participates in Community outreach and community education
5. Provides run reports in a timely manner with documentation that supports data needed for the registry.
 - Yes
 - No

Nominee's signature /date _____

Contact information of nominee _____

Email the completed form and document for #1 to:

John Gardner JGardner@mhanet.org,

or Matt Edwards medwards@mhanet.org

or Victoria Hickerson vhickerson@mhanet.org