REQUEST FOR PROPOSAL

for
The North Dakota Rural Hospital Flexibility (Flex) Program 2008
CAH/EMS Trauma Designation

RFP #97-2008

RELEASE DATE: January 7, 2008

APPLICATION DUE DATE: February 8, 2008

AWARD DATE: February 29, 2008

Prepared by the University of North Dakota Purchasing Department
PURPOSE

This Request for Proposal is released by the University of North Dakota Purchasing Department on behalf of the North Dakota Medicare Rural Hospital Flexibility Program (Flex). The North Dakota Flex Program is administered by the University of North Dakota Center for Rural Health, School of Medicine and Health Sciences, and its partners include the North Dakota Department of Health and the North Dakota Healthcare Association. The Flex Program’s Steering Committee is comprised of one or more members from each of the partners as well as a representative from the North Dakota Healthcare Review, Inc. (North Dakota’s quality improvement organization). The Steering Committee sets policy, develops guidelines, and reviews and determines the hospital grant awards. The ND Flex Grant Program is designed to support the goals of the Flex Program at the local level by supporting rural hospitals in remaining viable while maintaining access to care for rural North Dakotans. The Medicare Rural Hospital Flexibility Program is funded by the federal Office of Rural Health Policy (ORHP), Department of Health and Human Services.

An inclusive trauma system, engaging all available acute care resources, is deemed to be the most effective method to provide optimal emergency care in the rural setting. Providing trauma care in rural areas presents unique challenges. The best possible care for patients can be achieved with an inclusive program that clearly defines the role of each facility within the system. Thirty-seven of North Dakota’s forty-five hospitals are designated trauma centers. Of the remaining 8 non-trauma designated hospitals, 7 are Critical Access Hospitals (CAHs). The Rural Hospital Flex Grant program has identified this as a shortcoming for emergency health care in rural North Dakota.

State Law requires that major trauma patients be transported to designated trauma centers. This places a burden on rural Emergency Medical Services (EMS), which are typically volunteer based, as they are required by law to bypass those non-trauma designated facilities for trauma centers that may be located further away. The goal of this program is to have all North Dakota CAHs designated as trauma centers thereby improving trauma care and relieving some of the pressure that is put upon volunteer EMS. Critical Access Hospitals (CAHs) that are not currently designated as trauma centers are eligible to apply.

DEFINITIONS

Application ......................................................Response to the RFP
CAH................................................................Critical Access Hospital
Contractor.........................................................Hospital of contract award
Flex ..............................................................Rural Hospital Flexibility Program
NDDOH........................................................North Dakota Department of Health
NDHA............................................................North Dakota Healthcare Association
NDHCRI.........................................................North Dakota Healthcare Review, Inc.
Network.........................................................A CAH working with at least one other entity
ORHP................................................................Federal Office of Rural Health Policy
Proposal........................................................Response to the RFP
RFP................................................................Request for Proposal
Respondent ....................................................Hospital responding to RFP, Applicant
Flex Steering Committee ................................University of North Dakota, Center for Rural Health
........................................................................North Dakota Department of Health
........................................................................North Dakota Healthcare Association
........................................................................North Dakota Healthcare Review, Inc.
UND.................................................................University of North Dakota
SECTION 1
STANDARD TERMS AND CONDITIONS

1.1 Please refer to the attached sample subcontract.

SECTION 2
SCOPE OF WORK

Critical Access Hospitals (CAH) are eligible to apply for Flex Grant funding as well as rural hospitals in the process of obtaining CAH designation. The ND Flex Grant Program is designed to support the goals of the Flex Program at the local level by supporting rural hospitals in remaining viable while maintaining access to care for rural North Dakotans.

Funding is available to support EMS trauma designation. A description follows.

CAH/EMS Trauma Designation

The purpose of this grant is to assist in the development, and preparation for designation of eligible Critical Access Hospitals as Trauma Centers.

Under this grant, an eligible Critical Access Hospital (CAH) may apply for assistance in qualifying for designation as a Trauma Center. Assistance will be provided to up to three CAHs per year (subject to funds availability) and up to $9,000.00 per CAH. Each eligible CAH may receive one such grant.

It is important that the applicant convey to the steering committee how the CAH will function in a manner that bestows benefit to all of the communities that they represent. The CAH can request funds to cover a variety of activities meant to qualify the facility to become designated as a Trauma Center. This can include, but is not limited to, the following activities: staff training; travel; locum coverage while physician/staff attend training, equipment, other. Requests for equipment over $5,000 require a minimum of two estimated cost proposals with the applicant providing rationale for the vendor of choice.

The CAH may be asked to participate in a meeting with members of the Flex Steering Committee for the purpose of providing a planning and/or progress report(s) sometime within the grant period (February 22, 2008 to August 31, 2008). Steering Committee members are available to facilitate strategic planning and evaluation-related sessions for grant recipients at no cost. It is the expectation of the FLEX Program that grant recipients will be eligible for trauma designation and will have filed application for designation by the end of the grant period, August 31, 2008.

NOTE: Rural Hospital Flexibility funds cannot be used to purchase or acquire real property or to improve existing property. The funds cannot be used for building and/or physical structural improvements.
SECTION 3
RULES FOR APPLICATION

3.1 It is the sole responsibility of the Respondent to be certain that it has received a full set of the Proposal Documents when preparing to respond. Upon submission of its Application, the Respondent shall be deemed conclusively to have been in possession of a full set of proposal documents.

**Respondents are expected to examine the entire RFP, including all specifications, requirements, and instructions. Failure to do so will be at the Respondent's risk.**

3.2 UND will not be responsible for any costs incurred by Respondents which may result from preparation or submission of application to this RFP.

3.3 Proposal Application

Respondents should use the attached application form (fill into an electronic copy available at http://ruralhealth.und.edu/projects/flex/grants.php). Each sheet must be identified with the hospital’s name.

Please refer to Section 2, Scope of Work, for additional application information.

An electronic copy of the application is preferred. Mailed applications will also be accepted if the applicant prefers. Only one copy of the application is needed.

**APPLICATION SUBMISSION OPTIONS:**

1. **E-mail (preferred):** marlenemiller@medicine.nodak.edu
2. **Mail:**
   UND Center for Rural Health
   School of Medicine & Health Sciences
   Attn: Marlene Miller
   501 N. Columbia Road, Stop 9037
   Grand Forks, ND 58202-9037

UND accepts no responsibility for non-receipt and delays in receipt caused by mail carrier.

Applications **postmarked by February 8, 2008** will be accepted.

Acceptance or Rejection of Application: The Steering Committee reserves the right to accept or reject any or all Applications or parts of the Application, and to waive informalities.

The time line for this grant is as follows.

- **RFP release date:** January 7, 2008
- **Application due date:** February 8, 2008
- **Award date:** February 29, 2008
- **Work completion:** August 31, 2008
APPLICATION GUIDELINES

Instructions: The application form is to be completed by hospitals seeking support from the Flex Grant Program. For information on the grant or its application please contact Marlene Miller at the UND Center for Rural Health, School of Medicine and Health Sciences at the following:

UND Center for Rural Health
School of Medicine and Health Sciences
501 N. Columbia Road, Stop 9037
Grand Forks, ND 58202-9037

701-777-4499 (Phone) E-mail: marlenemiller@medicine.nodak.edu
701-777-6779 (Fax)
World Wide Web Address: http://medicine.nodak.edu/crh

In completing this application, be as specific as you can be in stating your needs, describing your situation, and identifying your actions. Maximum application length is 10 pages. If you include appendices, those are not counted against the 10 page limit, but please, only provide pertinent information.

SECTION 4
AWARD

4.1 Applications will be reviewed by the Flex Steering Committee consisting of the following:

University of North Dakota, Center for Rural Health (Marlene Miller, Brad Gibbens, Christine Lennon)
North Dakota Department of Health (Gary Garland, Fred Larson, Tim Meyer)
North Dakota Healthcare Association (Karen Haskins)
North Dakota Healthcare Review, Inc. (Barb Groutt)

4.2 The criteria for application evaluation is the meeting of requirements as outlined in Section 2, Scope of Work and address the following in this order:

A. SUMMARY (One page maximum for summary)
   1. Provide a brief description of your plan to obtain trauma level designation and whether you are working towards Level four or five.
   2. Provide a brief description of anticipated steps and outcomes along a timeline.
   3. State the total amount being requested.

B. BUDGET & BUDGET NARRATIVE
   1. The budget section could cover such areas as personnel, fringe benefits, equipment, supplies, travel, contractual costs, etc.
   2. The budget narrative must follow the order of the budget and is a mechanism to assist the reviewers in understanding the budget. It should help by using detail to
elaborate on the dollar figures presented in the budget.

3. Copy of consultant bids/equipment estimates and rationale for consultant/vendor choice.

**PLEASE NOTE:** Any expenditure made prior to the formal contractual signing by both parties are the responsibility of the hospital or the network members. These prior expenses cannot be submitted as grant expenses or reimbursements. All project activities must be completed by August 31, 2008.

C. **NEED STATEMENT**
1. Describe your health system’s service area including demographic data
2. Describe your relationship with local emergency medical services and how obtaining trauma level designation will impact that relationship and the patients served.
3. Describe the elements needed for your health system to obtain trauma level designation including staff training, equipment, etc.

D. **PROJECT DESCRIPTION**
1. Describe your plan to obtain trauma level designation
2. Provide a description of anticipated steps and outcomes along a timeline (project activities must be completed by August 31, 2008).
3. What trauma level (four or five) is being pursued?
4. How will this benefit the CAH involved and the communities in the service area?
5. How will this help to ensure the future of health care service delivery for the service area?

E. **PROJECT MANAGEMENT AND ORGANIZATIONAL READINESS**
1. Include information on the applicant’s ability (e.g. previous grant project management, etc.) to manage implementation of the grant.
2. Describe the applicant’s state of readiness to implement the proposal.

F. **PROJECT SUSTAINABILITY**
1. Describe how the project will continue once Flex funds expire.

4.3 A contract will be provided as the award document. A sample copy of the subcontract is attached for your information. **You do not need to complete the subcontract or return it with your proposal. It is simply meant to serve as an example of what a hospital/UND subcontract will include.**

4.4 Funded projects are required to submit a final report to the Center for Rural Health and participate in the Flex Program’s evaluation.

4.5 The North Dakota Rural Hospital Flexibility Program will coordinate news release information following award notification.
4.6 General requirements for level four and level five trauma center designation are attached. Please pay particular attention to the **required components**. All such requirements are expected to be in place by the end of the grant period, August 31, 2008. The application should specify in sections A. and D. of the application, which trauma level designation is being pursued.

4.7 A schedule of training dates for **ADVANCED TRAUMA LIFE SUPPORT (ATLS) AND TRAUMA NURSING CARE COURSE (TNCC)** is attached. All required training should be completed by the end of the grant period, August 31, 2008.
North Dakota Medicare Rural Hospital Flexibility Grant Program
APPLICATION FORM

1. Hospital Name:
   Federal Tax ID Number:

2. Hospital Address:
   Phone Number:
   Fax Number:

3. Name of Contact Person:
   E-mail address:

4. Name of Acute Care Network Partner (referral hospital):
   Names of EMS units impacted:

5. Type of Application: ___ CAH/EMS Trauma Designation (Described in Section 2)

6. Use the following as an outline for your application, completing all questions (unless otherwise indicated) in the order presented.

   A  SUMMARY (One page maximum for summary)
   1. Provide a brief description of your plan to obtain trauma level designation and whether you are working towards Level four or five.
   2. Provide a brief description of anticipated steps and outcomes along a timeline.
   3. State the total amount being requested.

   B  BUDGET & BUDGET NARRATIVE
   1. The budget section could cover such areas as personnel, fringe benefits, equipment, supplies, travel, contractual costs, etc.
      Rural Hospital Flexibility funds cannot be used to purchase or acquire real property or to improve existing property. The funds cannot be used for building and/or physical structural improvements.
   2. The budget narrative must follow the order of the budget and is a mechanism to assist the reviewers in understanding the budget. It should help by using detail to elaborate on the dollar figures presented in the budget.
   3. Copy of consultant bids/equipment estimates and rationale for consultant/vendor choice.
PLEASE NOTE: Any expenditure made prior to the formal contractual signing by both parties are the responsibility of the hospital or the network members. These prior expenses cannot be submitted as grant expenses or reimbursements. All project activities must be completed by August 31, 2008.

C. NEED STATEMENT
   1. Describe your health system’s service area including demographic data
   2. Describe your relationship with local emergency medical services and how obtaining trauma level designation will impact that relationship and the patients served.
   3. Describe the elements needed for your health system to obtain trauma level designation including staff training, equipment, etc.

D. PROJECT DESCRIPTION
   1. Describe your plan to obtain trauma level designation
   2. Provide a description of anticipated steps and outcomes along a timeline (project activities must be completed by August 31, 2008).
   3. What trauma level (four or five) is being pursued?
   4. How will this benefit the CAH involved and the communities in the service area?
   5. How will this help to ensure the future of health care service delivery for the service area?

E. PROJECT MANAGEMENT AND ORGANIZATIONAL READINESS
   1. Include information on the applicant’s ability (e.g. previous grant project management, etc.) to manage implementation of the grant.
   2. Describe the applicant’s state of readiness to implement the proposal.

F. PROJECT SUSTAINABILITY
   1. Describe how the project will continue once Flex funds expire.

7. Signature and Title of Application Preparer:

   ___________________________ ___________________________
   Print Name and Title Date

   Signature (not required for electronic submission)

8. Signature and Title of Hospital Official authorized to enter into contract:

   ___________________________ ___________________________
   Print Name and Title Date

   Signature (not required for electronic submission)
SAMPLE SUBCONTRACT
SUBCONTRACT #
UND Fund
North Dakota Medicare Rural Hospital Flexibility Program

This agreement is between the University of North Dakota, hereinafter called the CONTRACTOR, and , hereinafter referred to as the RECIPIENT.

Whereas the CONTRACTOR has entered into Grant Agreement 5 H54 RH00036-06 (CFDA #93.241 State Rural Hospital Flexibility Program) with the Department of Health and Human Services, Health Resources & Services Administration.

Whereas the RECIPIENT has proposed to assist the CONTRACTOR in the accomplishment of said work.

Now therefore, the parties hereto do covenant and agree as follows:

1. **SCOPE OF WORK.**
The RECIPIENT agrees to perform the scope of work set forth below. The scope of work shall not be changed except by duly executed amendments to this agreement.

2. **PERIOD OF PERFORMANCE.**
The period of performance for this agreement shall commence on September 1, 2007, and shall terminate on August 31, 2008, unless extended by mutual agreement in writing between the parties, or unless terminated by the CONTRACTOR as provided in Article 9.

3. **PAYMENTS**
As consideration and compensation for the work cited above, the CONTRACTOR agrees to pay the RECIPIENT on a cost reimbursement basis, specifying payment terms as follows:

The RECIPIENT may incur costs up to $9,000. The parties agree to the subcontract budget, specifying major object categories as shown below.

The CONTRACTOR shall not be obligated to pay the RECIPIENT for any costs incurred above the total funds allocated of $ or any subsequent written amendments to said funding allocation.

Invoices for expenses incurred shall be submitted in duplicate not more frequently than monthly, in amounts determined to be allowable by the CONTRACTOR and in accordance with the applicable circulars identified in Article 4. Funds from this agreement are included under Expanded Authority.

Payment of said invoices shall be contingent upon approval by the Contractors Technical Representative. Said invoice shall be in accordance with the RECIPIENTS standard billing format.

The RECIPIENT shall submit a **Final Bill**, designated as such, promptly upon completion of work, but no later than October 15, 2008.

The reports listed above along with all matters affecting the terms of this agreement or the administration thereof shall be referred to:

Marlene Miller
Center for Rural Health
University of North Dakota
501 N. Columbia Road, Stop 9037
Grand Forks, ND 58202-9037
Phone: (701) 777-4499   Fax: (701) 777-6779

Prior written approval shall be required for any changes or amendments to the agreement , including but not limited to, changes in scope of work, period of performance, cost, subcontracting and report requirements. Any changes in or amendments to this agreement will be executed by an authorized official of the CONTRACTOR.
4. **INCORPORATING PROVISIONS OF PRIME AWARD**
The subcontracted effort being performed under this agreement is part of the award received from the prime sponsor Department or Health and Human Services. Consequently, the terms and conditions specified by the prime sponsor become a part of this agreement.

Treatment of all costs must be consistent with acceptable accounting procedures outlined in OMB Circular A-110. Allowable costs shall be determined by the application of the cost principals found in OMB Circular A-21.

5. **TECHNICAL DIRECTION.**
The RECIPIENT's performance of the work shall be under the direction of the CONTRACTOR'S Technical Representative, Brad Gibbens, who will be charged with monitoring the project. The Technical Representative is authorized to exercise the technical direction of the project within the general scope of work and the administration thereof. The Technical Representative will comment on technical reports and approve all reports and other deliverables including payment request vouchers.

6. **INDEPENDENT CONTRACTOR.**
RECIPIENT herein is an Independent Contractor, not a partner or joint venturer, and shall not act as an agent for CONTRACTOR or shall RECIPIENT be deemed to be an employee of CONTRACTOR for any purpose whatsoever. RECIPIENT shall not have any authority, either express or implied, to enter any agreement, incur any obligations on CONTRACTOR'S behalf, or commit CONTRACTOR in any manner whatsoever without CONTRACTOR'S express prior written consent.

7. **LIABILITY.**
The Sponsor and Recipient each agrees to assume its own liability for any and all claims of any nature including all costs, expenses, and attorneys' fee which may in any manner result from or arise out of this agreement.

8. **INSURANCE.**
The Sponsor and Recipient each shall secure and keep in force during the term of this Agreement, commercial general liability with minimum limits of liability of $250,000 per person and $1,000,000 per occurrence.

9. **TERMINATION.**
In the event of default by RECIPIENT of the obligations under this agreement, or in the event that the prime sponsor, DHHS, terminates work by CONTRACTOR on this subject matter, then performance by RECIPIENT may be terminated by CONTRACTOR at any time by giving written notice. Such notice shall be effective upon the receipt of written notice by RECIPIENT. The RECIPIENT shall take all reasonable steps to minimize termination costs.

CONTRACTOR shall, in the event of termination of the contract, in whole or part, make payment to the RECIPIENT for such portion of the agreement which has been performed according to the terms of the agreement prior to termination. CONTRACTOR may withhold from such payments due RECIPIENT such sums as the CONTRACTOR determine to be necessary to protect the CONTRACTOR against loss of any nature.

10. **GOVERNING LAW.**
All interpretation of the agreement shall be governed by the laws of the State of North Dakota, United States of America. The only appropriate venue for resolution of disputes to the agreement shall be in the State of North Dakota, United States of America.

11. **SUBCONTRACTING.**
The RECIPIENT shall not subcontract any portion of the Services assigned to it without advance written authorization from the CONTRACTOR and DHHS.

12. **AUDIT AND ACCESS TO RECIPIENTS RECORDS.**
The RECIPIENT will comply with OMB CIRCULAR A-133, for examination of records and audit purposes.

13. **MISCELLANEOUS PROVISIONS.**
This document, with its ATTACHMENTS, constitutes the entire agreement between the parties relative to the subject matter, and may be modified or amended only by written agreement signed by both parties.

If one or more of the provisions of the agreement shall be held to be invalid, illegal or unenforceable in any respect, the validity legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.
Failure of either party to insist upon strict performance of any covenant or condition of the agreement in any one or more instances shall not be construed as a waiver for the future of any such covenant or condition, but the same shall be and remain in full force and effect.

In the event of any inconsistency between the conditions of this agreement and those of the aforementioned ATTACHMENTS, the inconsistency shall be resolved by giving precedence in the following order: 1) Subcontract Agreement, and 2) the ATTACHMENTS. If any inconsistency exists within the aforementioned order of precedence of definition of terms, RECIPIENT shall be responsible for notifying the CONTRACTOR’S Grants & Contracts Administration for determination by the CONTRACTOR.

In witness whereof, the parties hereto have executed this agreement on the day and year last specified below.

BY: _________________________________
NAME: ______________________________
TITLE: ______________________________
DATE: ______________________________
TAX ID#: ______________________________

UNIVERSITY OF NORTH DAKOTA

BY: _________________________________
NAME: Barry Milavetz, Ph.D.
TITLE: Associate Vice President for Research
DATE: ______________________________
SAMPLE BUDGET & BUDGET NARRATIVE

Budget

XYZ Hospital
Contact Person
Address
Phone Number

Type of Grant
RFP#
Date

Itemized List | Support Requested | Other Contributions
--- | --- | ---
1. Staff | $10,000 | $5,000
2. Fringe benefits @15% | $1,500 | $750
3. 2 computers/1 printer | $6,500 | 
4. Professional dev/travel | $2,500 | 
Sub totals: | $14,000 | $12,250

Total project cost: | $26,250

Budget Narrative:
The _________ hospital is making application to The North Dakota Rural Hospital Flexibility Program for the funding period ______________ to _________________ and the budget is in the amount of $26,250.

Personnel:
Mary Jones, BSW, community organizer, will coordinate the implementation of community meetings, survey development and dissemination, and fundraising activities. She will provide .5 FTE based on an annual salary of $30,000. Funds in the amount of $15,000 are requested.

Fringe benefits:
Fringe benefits for the above mentioned position are estimated at 15 percent. Actual benefits will be charged to the project. The amount of $1,500 is requested for fringe benefits.

Supplies:
Funds are not requested to cover supplies but will be provided as the hospital’s in-kind contribution toward this project. Two computers (2@$2,500) and one printer ($1,500) will be purchased for a total of $6,500. This equipment will be used by the community organizer and her administrative assistant.

Professional development/travel:
Funds in the amount of $2,500 are requested for training and travel purposes. The community organizer will travel to Washington, DC in October, 2006 to attend a 3-day national training event for community development specialists. Air travel, registration, lodging, meals and material total $2,500.
Levels IV and V Trauma Center Designation Criteria

E = Essential  D = Desirable

HOSPITAL ORGANIZATION

□ Trauma program E
□ Trauma team E
□ Emergency department E
□ Anesthesiology D
□ General surgery D
□ Radiology D

TRAUMA POLICY/GUIDELINES

□ Trauma team activation protocol E
(with specified criteria for calling a trauma code)
□ Immediate phone contact with a level II trauma center E
□ Posted on call schedule for trauma team leader E
□ Trauma transfer protocol E

TRAUMA CAPABILITIES

□ Trauma team leader on call and promptly available within E
20 minutes/24 hours a day
□ Level IV – Physicians current in ATLS certification E
□ Level V – Nurse practitioner/physician assistant with ATLS and E
TNCC

FACILITIES/RESOURCES/CAPABILITIES

Personnel

□ Nursing personnel with special capability in trauma care D
who provide continual monitoring of the trauma patient.
□ Trauma coordinator/QI personnel E
□ Designated physician director D

Equipment for resuscitation of patients of all ages shall include but is not limited to:

□ Airway control and ventilation equipment, including E
laryngoscopes, endotracheal tubes, bag-valve-mask,
pocket masks and oxygen.
□ Pulse oximetry E
□ End-title CO₂ E
□ Suction devices E
□ Monitor-defibrillator E
□ Standard intravenous fluids and administration devices, E
including large-bore intravenous catheters
□ Gastric decompression E
□ Drugs necessary for emergency care E
□ Surgical sets for airway control, cricothyrotomy, vascular access, E
and chest decompression
Including 36 Fr chest tubes, drainage setup, and insertion tray
□ X-ray availability, 24 hours a day D
□ Two-way communication with vehicles of emergency E
transport system
□ Spinal immobilization E
□ Pediatric weight/length based drug dosage and equipment system E
Thermal control equipment:
- For patient
- For blood/fluids

Clinical laboratory service (available 24 hours a day)
- Standard analysis of blood, urine, and other body fluids
- Blood typing
- Coagulation studies
- Comprehensive blood bank or access to blood bank
- Blood gases and pH determinations
- Microbiology
- Drug and alcohol screening

QUALITY/PERFORMANCE IMPROVEMENT PROGRAM
- Quality/performance improvement program
- Focused audit of selected filters
- Trauma registry submission to state trauma program
- Special review for all trauma deaths
- Morbidity and mortality review
- Nursing review of trauma care
- Review of pre-hospital trauma care
- Multidisciplinary trauma committee to review trauma patients
- Level V- ATLS physician review of all trauma codes managed by a midlevel practitioner within 48 hours.

CONTINUING EDUCATION
- Nurses
- Allied health personnel

PREVENTION
- Collaboration with other institutions
- Monitor progress/effectiveness of prevention programs
- Outreach activities
- Participation in community prevention activities

TRANSFER AGREEMENTS
- Transfer agreement with regional trauma center
- Transfer agreement with the following specialties:
  - Burn care
  - Rehabilitation
  - Pediatric care
  - Head/spinal care

Checklist derived from the:
1993 Resources for Optimal Care of the Injured Patient; ACS and North Dakota Trauma System Plan Administrative Rules Chapter 33-38
ADVANCED TRAUMA LIFE SUPPORT (ATLS) AND TRAUMA NURSING CARE COURSE (TNCC) DATES

MERITCARE, FARGO
Contact: Amy Larson 701-234-6448
         Deb Syverson 701-234-6378

TNCC
February 13-14, 2008
April 29-30, 2008

ATLS
February 4-5, 2008
April 25-26, 2008

MEDCENTER ONE, BISMARCK
Contact: Paula Doll 701-323-5630

TNCC
February 27-28, 2008
April 16-17, 2008
September 16-17, 2008
October 28-29, 2008
November 18-19, 2008

ST. ALEXIUS, BISMARCK
Contact: Howard Walth 701-530-5119
         Linda Harmsen 701-530-5153

TNCC
March 26-27, 2008

ATLS
March 7-8, 2008
November 21-22, 2008

ALTRU, GRAND FORKS
Contact: Robin Hellman 701-780-5179

TNCC
March 12-13, 2008
October 30-31, 2008