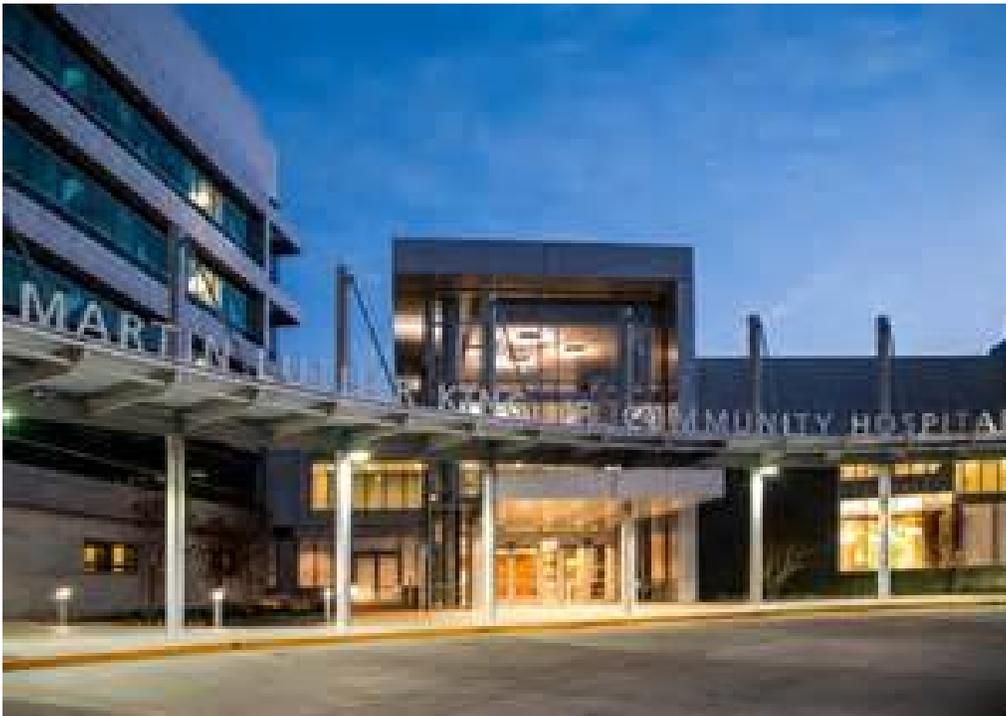


**MARTIN LUTHER KING JR. COMMUNITY HOSPITAL  
FEASIBILITY OF ESTABLISHING TRAUMA SERVICES**



**January 2015**

**Prepared by**

**Los Angeles County**

**Department of Health Services/Emergency Medical Services Agency**

## Purpose and Scope

On September 16, 2014, the Board approved a motion by Supervisor Mark Ridley-Thomas (Attachment I), directing the Director of Health Services (DHS) to work with MLKCH on the feasibility of establishing trauma services at Martin Luther King Jr. Community Hospital (MLKCH) in South Los Angeles. In response to this motion, this report (a) identifies the specific requirements that must be met by MLKCH in order to become a designated trauma center and (b) summarizes the considerations that must be made by MLKCH leadership during the process of becoming a trauma center. This report provides a rough time frame for MLKCH to meet the specific requirements and complete the trauma center designation application process. It also provides the key areas where additional financial expenditures are required.

## Overview of MLKCH as Currently Planned

MLKCH plans to open as a General Acute Care Community Hospital with 131 licensed inpatient beds and basic emergency services to serve the area of South Los Angeles in Service Planning Area (SPA) 6. SPA 6 has a population of over 1 million people (1,009,550). The planned capacity of MLKCH is listed in the following chart.

<b>MLKCH</b>	
<b>Bed Classification/Services</b>	<b>Capacity</b>
Intensive Care	20
Telemetry/Medical Surgical	93
Perinatal Services	18
Operating Suites	3 fully functional 1 OR without full equipment <sup>1</sup> necessary to operate on a trauma patient
<b>Other Approved Services</b>	
Emergency Department	29 treatment areas with 8 designated as Fast Track

## Methodology Used to Evaluate MLKCH's Potential for Level II Trauma Center Designation

The DHS Emergency Medical Services (EMS) Agency is responsible for the designation, coordination and monitoring of the trauma system. To assess the

---

<sup>1</sup> One operating suite is not fully equipped and would not be appropriate for trauma surgeries.

feasibility of establishing trauma services at MLKCH, the EMS Agency utilized the regulatory requirements in the Health and Safety Code, Division 2.5, which defines the minimum standards for the development of a trauma system and designation of a trauma center, the requirements delineated in the DHS Trauma Center Services Agreement (TCSA), data from the Trauma Emergency Medical Information System (TEMIS) and information about LAC's active trauma centers. Additionally, the EMS Agency met with MLKCH leadership to discuss their expected future capabilities and short and long-term priorities and plans.

Los Angeles County trauma system consists of Level I and Level II trauma centers for the treatment of adults who sustain significant traumatic injuries. The system also has designated pediatric trauma centers that meet additional requirements, including a pediatric Intensive care unit approved by California Children's Services (CCS) for the care of injured patients age 14 and under. Considering the requirements for the various trauma center levels, this report examines the potential for Level II<sup>2</sup> trauma center designation (trauma care of adults age 15 and above). MLK would not be eligible for potential Level I designation until it has the necessary ACGME approved residency training programs, as well as meeting other regulatory requirements.

As a starting point for this analysis, the EMS Agency relied on a detailed list of requirements for Level II trauma center designation. Substantial work will need to be done after opening to become fully compliant with the various requirements of gaining trauma center designation. The basic requirements that would need to meet in order to obtain trauma center designation are included in the chart below.

Trauma Center Requirement	MLKCH's Current Compliance Y/N	Actions Required to Achieve Compliance	Projected or Earliest Potential Date of Fulfilling Requirement
Licensed by the California Department of Health as an	N	<ul style="list-style-type: none"> <li>MLKCH is in the process of completing state</li> </ul>	<u>Mid-May</u> 2015

<sup>2</sup> The American College of Surgeons publication, Resources for Optimal Care of Injured Patient – 2014, details identical standards for the provision of clinical care to injured patients for Level I and Level II trauma centers. Beyond this clinical service parity, Level I trauma centers are distinguished from Level II in that Level I trauma centers must meet the following additional requirements:

- Meet the admission volume requirements of at least 1,200 trauma patients yearly, or have 240 admissions with an Injury Severity Score of more than 15
- Maintain a surgically directed critical care service, as well as maintain prompt availability of additional qualified surgical specialists (e.g., pediatrics, cardiothoracic surgery)
- Maintain an ACGME-approved surgical residency program, and be a leader in education and outreach activities
- Maintain a trauma research program

Trauma Center Requirement	MLKCH's Current Compliance Y/N	Actions Required to Achieve Compliance	Projected or Earliest Potential Date of Fulfilling Requirement
Acute Care Hospital with a Basic Emergency Department		licensing requirements.	
Designation as a 9-1-1 Receiving Hospital	N	<ul style="list-style-type: none"> <li>MLKCH must first be licensed as an Acute Care Hospital before it can be designated as a 9-1-1 receiving hospital.</li> <li><del>MLKCH plans to open the emergency department 1-2 months after the opening of the hospital.</del></li> </ul>	<del>Mid</del> July 2015
Designation as an Emergency Department Approved for Pediatrics (EDAP)	N	<ul style="list-style-type: none"> <li>Financial investment is needed to support EDAP designation (e.g., personnel, education and equipment).</li> </ul>	Early 2016
Designation as a Paramedic Base Hospital	N	<ul style="list-style-type: none"> <li>Financial investment is needed to support base hospital designation (e.g., personnel, education and equipment).</li> </ul>	Late 2016 (Must be designated as a base station hospital at least one year prior to trauma center application submittal}
Dedicated Trauma Operating Room (OR) Suite	N	<ul style="list-style-type: none"> <li>MLKCH has three complete OR suites.</li> <li>MLKCH would need to assess the impact on hospital operations of dedicating an OR to trauma patients, specifically determining if additional fully functional ORs are needed to support trauma services while still maintaining service levels for non-trauma patients.<sup>3</sup></li> </ul>	Unknown: Depends on results of MLKCH OR assessment and timeline for any required construction

<sup>3</sup> MLKCH will be licensed for inpatient surgery only. This decreases their flexibility to move elective surgeries to an outpatient setting, thus facilitating efforts to ensure one OR remains open for trauma as required by Title 22.

Trauma Center Requirement	MLKCH's Current Compliance Y/N	Actions Required to Achieve Compliance	Projected or Earliest Potential Date of Fulfilling Requirement
Helipad on facility grounds <sup>4</sup>	N	<ul style="list-style-type: none"> <li>• MLKCH grounds do not have a helipad; previous helipads were decommissioned.</li> <li>• Helipad design, construction and licensing would require detailed planning and financial investment.</li> </ul>	Unknown – depends on construction plans <sup>5</sup> . Minimum timeline estimated at 2 years.
Specialty Services	N	<ul style="list-style-type: none"> <li>• As currently planned, MLKCH will not have the full breadth of surgical specialties on call; securing the additional required specialties (e.g., neurosurgery, cardiothoracic surgery) will require additional planning and expense</li> </ul>	6-9 months after decision is made to recruit a specific specialty.

In addition to the above requirements, MLKCH should also consider the potential impact of trauma center designation on routine hospital operations and patient flow. A detailed patient flow assessment would be needed to determine whether or not additional inpatient beds or ancillary service (e.g., laboratory, blood bank, radiology, etc.) capacity would be needed to support the expected volume of trauma patients while maintaining services to its planned non-trauma patients. As a comparison, it should be noted that, Henry Mayo Newhall Memorial Hospital (HMN), the smallest trauma center currently in the Los Angeles County trauma system, has 215 licensed beds, 36 treatment areas in their emergency department, and 4 fully functional ORs.

### Process for Designation of a New Trauma Center in LA County

The addition of a new TC to the system consists of multiple steps and historically takes one to two years after the candidate hospital meets all basic requirements, listed above. As a necessary first step, the EMS Agency would perform a comprehensive community

<sup>4</sup> The LA County trauma agreements require all trauma facilities to have a helipad as a condition of trauma center designation in order to help with potential mass trauma incidents/disasters and provide back-up as needed for other trauma centers.

<sup>5</sup> The anticipated location of a helipad on MLKCH grounds would be on the existing lawn area east of the old MLK MACC; patients would need to be transported by ambulance to the MLKCH ED after landing.

needs assessment in order to confirm the need and location of an additional trauma center within Los Angeles County. The County EMS Agency has designed a trauma system which ensures all regulatory requirements are met and which strikes a careful balance between ensuring there is a sufficient number and distribution of TCs so that all LA County residents have rapid access to trauma services and ensuring each TC maintains an adequate number of patients in order to maintain the quality of trauma services<sup>6</sup>. The needs assessment is critical to ensuring this delicate balance is maintained.

If warranted based on the results of this needs assessment the EMS agency would amend the current trauma plan and submit to the State EMS Authority (EMSA) for approval. Such approval is required prior to implementing any changes in the LA County trauma system. Following plan approval by EMSA, a Request for Applications would be issued by the EMS Agency to hospitals in the area of the County where a need has been identified. Upon review, scoring and successful completion of negotiations with the selected applicant, DHS would recommend the application to the County's Board of Supervisors for a Trauma Center Service Agreement.

Upon execution of the TCSA, the hospital would begin pre-designation activities as outlined in the Agreement. Pre-designation activities would include participation in the ACS Consultation Program. The ACS Consultation Program is designed to assist hospitals in the evaluation and improvement of trauma care and provide objective, external review of institutional capability and performance. These functions are accomplished by an on-site review of the hospital by a peer review team experienced in the field of trauma care. The team assesses commitment, readiness, resources, policies, patient care, performance improvement, and other relevant features of the program as outlined in the current edition of Resources for Optimal Care of the Injured Patient.

At the same time, EMS Agency would determine optimal catchment area for the new trauma center, including proposed modifications of the catchment areas for existing LA County trauma centers. Such an assessment would take into account, among other factors, the capabilities of a new trauma center including the volume of trauma patients they would be able to handle given their facility size, infrastructure, etc.

---

<sup>6</sup> Rapid transport to a designated trauma center has been shown to improve patient outcomes and would be one factor in support of designating additional trauma centers (or considering other measures such as air transport to a designated trauma center). However, patient outcomes are also improved when care is provided at high volume facilities given the higher levels of experience and expertise at such sites.

Upon validation that the issues identified during the consultative review have been addressed and after determining the proposed revised catchment areas within the LA County trauma network, the EMS Agency would arrange for a verification review by the ACS. Verification of a trauma center is the process by which the ACS confirms that the facility is performing as a trauma center and meets all necessary criteria contained in the current edition of the Resources for Optimal Care of the Injured Patient. Once the verification process has been successfully completed, the TC designation can be finalized by the EMS Agency.

### **MLKCH's Strategic Considerations**

MLKCH leadership has indicated that its available staff and resources are fully absorbed with immediate projects related to the opening of the facility in 2015 (e.g., California Department of Public Health licensing process, Joint Commission accreditation, CMS validation survey, staff onboarding). Once open, MLKCH hospital leadership has indicated that they will focus on fine-tuning hospital operations to provide the highest quality, patient-centered care possible.

As hospital operations mature, MLKCH leadership has indicated they will pursue other priorities ~~based on an assessment of community needs such as establishment of a Graduate Medical Education program or pursuit of trauma center designation. The MLKCH leadership will look to an assessment of community need and the financial status of the hospital, as part of their process to pursue additional services or programs, including trauma center designation.~~

### **Conclusion**

A decision to seek Level II trauma center designation for the MLKCH would require substantial commitment on the part of MLKCH leadership and its Board and significant financial investment ~~to expand in the number and type of staff at the hospital and the hospital infrastructure, including the addition of inpatient beds.~~ The timeline to achieve these requirements and begin the trauma designation process is a minimum two years following the MLKCH's opening, but possibly longer depending on the scope of any potential construction required. ~~Given the length of the trauma designation process, the soonest MLKCH could achieve trauma designation is late 2018 or early 2019. To establish a more accurate timeline, a detailed planning assessment would need to be done to better understand the scope of changes required to prepare the hospital building and the hospital staff to become a trauma center. A detailed planning~~

~~assessment would need to be done to fully understand the scope of changes required and the resulting costs and timeline of seeking trauma center designation.~~

Attachment I

AGN. NO.

MOTION BY SUPERVISOR MARK RIDLEY-THOMAS      SEPTEMBER 16, 2014

Analysis on the Potential Loss of Trauma Services in South Los Angeles

The Daughters of Charity Health System (DCHS) operates several hospitals in California, including St. Francis Medical Center (St. Francis) in Lynwood. The DCHS network anticipates losing more than \$150 million this year and is currently seeking the sale of its facilities and network, either in whole or in part, to an operator that the DCHS board hopes will continue to provide essential healthcare services to the community.

Among the criteria the DCHS board is considering in selecting a buyer include funding of pension plans, willingness to invest in capital improvements, financial stability for future operations, a history of successfully managing hospitals in California, and the ability to close the sale on a reasonable timeline.

St. Francis is a 384-bed acute care hospital and offers a broad range of health services, including Behavioral Health Services, Community Clinics, a Heart and Vascular Center, Industrial and Occupational Medicine, Radiation Oncology and Rehabilitation Services. It operates the largest and busiest private emergency trauma

- MORE -

MOTION

MOLINA \_\_\_\_\_  
RIDLEY-THOMAS \_\_\_\_\_  
YAROSLAVKSY \_\_\_\_\_  
ANTONOVICH \_\_\_\_\_  
KNABE \_\_\_\_\_

**MOTION BY SUPERVISOR MARK RIDLEY-THOMAS  
SEPTEMBER 16, 2014  
PAGE 2**

center in Los Angeles County (County), treating 60,000 children and adults each year.

The trauma center at St. Francis has served the community as a Level II Trauma Center since 1996. One of the requirements of this certification dictates that trauma centers meet essential criteria and rigorous standards of trauma care capability and performance. Certified trauma centers must not only provide the resources necessary to treat traumatic injury, but the entire spectrum of care. Trauma centers are also expensive to operate. Thus, St. Francis plays an essential role in the region.

While delivering quality patient care, serving Medi-Cal and other patients and achieving financial success will be significant factors in evaluating potential buyers, there is no guarantee that a new owner will possess the same commitment to ensuring DCHS's legacy of compassionate and essential healthcare services to the community, particularly trauma care, in the portions of the County that are the most critically underserved.

**I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:**

1. Direct the Director of the Department of Health Services (DHS) to undertake an analysis of the impact loss of the Level II Trauma Center at St. Francis Medical Center on the trauma and emergency medical service system as a whole and in the region currently served by the facility;
2. Direct the Emergency Medical Services Commission to hold a public hearing and to provide advice and counsel to the Board of Supervisors

**MOTION BY SUPERVISOR MARK RIDLEY-THOMAS  
SEPTEMBER 16, 2014  
PAGE 3**

(Board) on DHS's analysis and feasibility report;

3. Direct the Director of DHS to work with the Martin Luther King, Jr. Community Hospital on the feasibility of establishing trauma services at the facility; and
4. Direct the Director of DHS to report back to the Board in 120 days outlining the consequences of a potential elimination of trauma services at St. Francis Medical Center and a list of options for replacing those services.

**###**