SNHA Safety Net Hospital Alliance of Florida

SUPPORT A COORDINATED SUSTAINABLE QUALITY TRAUMA SYSTEM
RECENT TV & RADIO ADS ARE MISLEADING

SNHAF Position:
Florida deserves a trauma system that assures the best possible recovery after injury. Approval of new centers must focus on efficiency, quality outcomes, cost effectiveness, and sustainability.

Statement of Issue:
The Florida Department of Health (DOH) approved new trauma centers, most located near existing Level I trauma centers, despite a ruling by the Florida courts that DOH had used an invalid rule in approving the facilities. The agency has allowed these Level II centers to continue to operate without a legal basis. In 2013, DOH drafted a proposed "new" trauma center apportionment rule that ignored key elements of 2004 legislative mandates and input from stakeholders. Subsequently, 12 statewide workshops failed to gain stakeholder support for this proposed rule. Most recently the agency scheduled a one-day *Negotiated Rule Making Workshop* for Jan. 23, which resulted in some common ground. DOH has issued another proposed rule resulting in legal challenge filings.

Key Points:

- In 2009, 97.2% of all Floridians lived within 60 minutes of a trauma center (21% above the national average).
- A series of published scientific studies document that patient outcomes are better at high-volume trauma centers. When it comes to trauma care, closer isn't always better because quality counts. The proliferation of trauma centers without appropriate statewide planning does not improve, and can reduce, the quality of care and patient outcomes.
- When trauma centers operate too close to each other, health care costs rise for patients, hospitals, and the public.
- The 60 Plus Association has accused Level I trauma centers of opposing the new Level II centers to profiteer. Their $250,000 "Save Our Trauma Centers" media campaign is utterly false, as it is for-profit hospitals that mean to destabilize Florida's excellent network of Level I and Level II trauma centers in order to make profits for their shareholders.

Background:
Since 1992, DOH has used trauma service area ("TSA") boundaries apportionment defined in 1990 as the basis for approval of new trauma centers. Yet despite recognizing the tremendous changes in Florida's population and the significant advances in medicine, the Florida Legislature has twice charged DOH to revise the 1990 boundaries to optimize the number and distribution of trauma centers needed to serve the population within the revised trauma service areas.

Legislation passed in 1999 required DOH to review and revise the 1990 trauma service area boundaries, which DOH failed to do. Legislation passed in 2004 included a provision sunsetting the use of the 1990 trauma service areas upon completion of a statewide needs-assessment of the trauma system and requirements for DOH to assign the 67 Florida counties to trauma service areas and specify the number of trauma centers needed. This was to have been completed by Feb. 1, 2005. However, the requirements of the 2004 legislation were not met and DOH wrongly relied on the 1990 TSAs to approve new trauma centers. The courts have ruled that the DOH's approval of new trauma centers in 2011, were not based upon a valid rule. Administrative courts are now deciding whether these trauma centers should have been approved in the first place.

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Recently, the Surgeon General defined a trauma system "as a collection of resources that are inclusive, sustainable and efficient" in testimony to House and Senate Health Care Committees. However, the proposed draft "new" trauma center apportionment rule developed and work-shopped by DOH in 2013 continued to use the 1990 trauma service areas. This is plainly in violation of court rulings. Parameters for the determination of new trauma centers is – by court order – to be made within newly and properly defined trauma service areas after assessing current need and collective resources rather than basing it on a methodology using 1990 trauma service area definitions. DOH cannot accurately determine the number or distribution of trauma centers in a regional trauma system without first understanding the population needs and resources available.

The Safety Net Hospital Alliance of Florida (SNHAF) **members operate 7 of the 8 Level I trauma centers;** 100% of all ICU burn care; 70% of all organ transplants; 48% of all pediatric ICU days; 41% of all charity care days; and 40% of all Medicaid days in the State. They provide 68% of all medical training for physicians.

The following Trauma Centers are SNHAF members:

LEVEL I:	**LEVEL II:**	**PEDIATRIC:**
Broward Health Medical Center	Sacred Heart Hospital	All Children's Hospital
Jackson Memorial Hospital/Ryder	Halifax Medical Center	Miami Children's Hospital
Memorial Regional Hospital	Broward Health North	Sacred Heart Hospital
Orlando Regional Medical Center	Lee Memorial Hospital	
UF Health Shands Hospital		
UF Health Jacksonville		
Tampa General Hospital		

The SNHAF advises that DOH follows Florida Statute and Court rulings as well as recommendations from the American College of Surgeons to DOH to take a broader system view of all resources within a trauma region in drafting a proposed trauma center apportionment rule. A trauma center apportionment rule should include:

- Nationally recognized trauma caseload requirements for clinical quality.
- Analysis of the capacity of existing trauma centers so that treatment of patients spuriously redesignated as "traumatically injured" at non-trauma center hospitals does not constitute "need" for more trauma centers.
- Availability of physician specialist and other clinical staff vital for operations of all trauma centers within a trauma region.
- Analysis of the "drivers" of median transport time, i.e., capacity, availability and transport protocol restrictions of local emergency services is essential if transport time is a factor for apportionment of new trauma centers. Longer median transport time does not automatically equal "need" for more trauma centers. Survival and recovery rates are far more relevant.
- Population total, density and characteristics of a trauma service area.
- The impact decreases in caseload volume will have on specialty training programs at existing trauma centers and the ability to train tomorrow's trauma specialists.
- Assessment and realignment of the 19 trauma service areas with consideration to natural patient referral patterns and advances in trauma care pre-transport staging through the use of telemedicine and other technology, as well as changes in population migrations, and transportation improvements.

Florida and medicine have come a long way since 1990. Floridians deserve access to trauma care that is truly expert and timely via an apportionment rule based on accurate medical and epidemiological data – not politics and for-profit interests.