

STATE OF COLORADO

John W. Hickenlooper, Governor
Christopher E. Urbina, MD, MPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S. Laboratory Services Division
Denver, Colorado 80246-1530 8100 Lowry Blvd.
Phone (303) 692-2000 Denver, Colorado 80230-6928
Located in Glendale, Colorado (303) 692-3090

<http://www.cdphe.state.co.us>



Colorado Department
of Public Health
and Environment

Special Circumstance Waiver Request Staff Assessment

Date Received: December 21, 2012
Date Reviewed: January 10, 2013
Reviewers' Names: Grace Sandeno, Margaret Mohan, Michelle Reese

Facility Name: The University of Colorado Health Memorial Hospital Central

Standard: 6 CCR 1015-4, State Board of Health Rules Pertaining To the Statewide Emergency Medical And Trauma Care System, Chapter Two - State Emergency Medical And Trauma Care System Standards, 202.D. Summary: This rule requires the transfer pediatric trauma patients with certain injuries to a regional pediatric trauma center. The rules are cited in full at the end of this analysis.

Proposed Alternative:

The facility is requesting that a waiver be granted to the transfer rules to allow pediatric patients with all types of trauma, except for burns, reimplantation and certain complex facial fractures, to be transferred for inpatient care to the pediatric inpatient units that are now licensed to Children's Hospital Colorado but are located at Memorial Hospital Central. This waiver would be required until a separate trauma designation can be obtained for pediatric care provided at Children's Hospital Colorado Memorial Hospital Central.

Acronym List

Memorial Health System (MHS)
University of Colorado Health (UCH)
University of Colorado Health Memorial Hospital Central (UCHMHC)
The Children's Hospital of Colorado (CHCO)
Children's Hospital of Colorado at Memorial Hospital Central (CHCMHC)

Staff Assessment:

1. Information on application:
 - a. Efforts to Comply: On October 1, 2012, a change in ownership occurred at Memorial Health System (MHS). The University of Colorado Health (UCH) leased MHS and simultaneously subleased the pediatric inpatient care areas (both ICU and regular inpatient unit) to Children's Hospital Colorado. Since all other care areas have remained under the hospital license that reflects the change of ownership from MHS to UCH, the trauma designation has remained intact. However, since the licensure of the pediatric

areas was handled separately the trauma designation no longer extends to the pediatric areas.

Trauma designation is tied to both geographic location and licensure. Thus the pediatric inpatient units could no longer be under the former Memorial designation because they are licensed separately. Neither could they be designated under the regional pediatric trauma center designation of Children's Hospital Colorado as that designation is tied to the Aurora campus location.

The services at the location (including both licensed entities) have not changed or diminished since the change of ownership. This was a commitment made by UCH to the community of Colorado Springs and to the collective health care community.

Currently when a pediatric trauma patient is admitted to the pediatric inpatient areas, he/she is being transferred to a non-designated facility as the pediatric inpatient areas are not currently designated by the trauma system.

- b. **Costs:** Cost has not been discussed as a factor; rather, this waiver is based on community needs and desire to safely meet those local needs. However, if the facility UCHMHC had to transfer all pediatric trauma meeting current criteria to the Aurora campus of Children's Hospital Colorado, there would be significant additional costs for the transport of such patients and for families trying to remain close to the patients.
- c. **Length of Waiver:** The maximum length is through the rest of the designation cycle. The waiver application suggests a length through October 1, 2013. Staff suggests a waiver length through April 30, 2014. Staff believes that the longer waiver would allow for the trauma designation process to be completed by CHCMHC.

2. Information submitted by interested parties:

As of the writing of this memo, the department has received one letter of support for this waiver from Children's Hospital Colorado. The letter will be appended to this analysis.

3. Whether granting waiver would adversely affect the health, safety, or welfare of patients:

- a. **Quality Improvement:** The newly licensed facilities have been required under their conditional licenses to continue collaborative quality improvement so that the UCHMHC staff is still tracking pediatric trauma patients after transfer to the CHCMHC-licensed inpatient beds. The quality improvement program remains as extensive in the pediatric area as prior to the change of ownership and licensure. Physicians are now credentialed at both facilities and flow back and forth between pediatric and adult patients with the exception of those who only care for pediatric patients.

The facilities currently have strict weekly reporting requirements for all significant pediatric trauma patients (Injury Severity Score of 9 or greater, deaths, transfers out.)

- b. **Patient care:** By agreement with the City of Colorado Springs, the new owners are not allowed to decrease the level of services available to the public for a certain time period. Likewise, the conditional licensure process requires that all changes in service be approved by the department prior to implementation.

- c. **Public Health Impact:** Public health impact is uncertain. There would likely be negative public health impact if all significant pediatric patients were required to make the 70+ mile trip to the Aurora campus.
4. Other relevant criteria:
- a. **Designation visit:** An American College of Surgeons trauma verification visit and a state trauma designation review were conducted in July of 2012. All criteria were fully met.
 - b. **The department issued conditional licenses to each of the new partners:** UCHMHC as a hospital and CHCMHC as a hospital unit. These licenses were conditioned on stringent reporting requirements on pediatric patients and on UCHMHC applying for a waiver of the appropriate trauma rules while CHCMHC works toward applying for separate trauma designation within the next year.
 - c. **Fairness to other facilities:**
 - i. The state has no criteria for judging this, and the rules clearly do not contemplate the complexity of the current licensure/designation situation.
 - ii. To date, no other level I or II trauma centers in Colorado has applied for a waiver of these criteria.

Requested Length of Waiver: Maximum length of waiver is through end of the current designation cycle, July 31, 2015. The waiver application suggests a length through October 1, 2013. Staff suggests a waiver length through April 30, 2014.

Possible conditions on the waiver:

The department has the opportunity to impose conditions on this waiver, if deemed in the best interest of patient care and quality assurance.

Current conditions on the license include extensive weekly reporting on all pediatric patients with ISS of 9 or greater, deaths and transfers.

Staff is requesting a recommendation on the waiver and any suggestions on conditions for the waiver.

6 CCR 1015-4, State Board of Health Rules Pertaining To the Statewide Emergency Medical And Trauma Care System, Chapter Two - State Emergency Medical And Trauma Care System Standards

Staff Note: The rules were created 15 years ago along with specific criteria for Level I and II trauma centers "with pediatric commitment." Since that time, the definitions and requirements for "pediatric commitment" have been removed from both national standards and state trauma designation rules as found in 6 CCR 1015-4, Chapter Three. However, the trauma system rules regarding interfacility transfer of trauma patients as found in 6 CCR 1015-4, Chapter Two, have not been adjusted to reflect that change and thus still refer to "pediatric commitment" and "LI/PC or LII/PC" the acronym for Level I or Level II with pediatric commitment.

“202.D. Interfacility Transfer and Consultation^{1,2} - Pediatric - Age 0-14

1. For the purpose of 6 CCR 1015-4, Chapter Two, Section 202.D. "critical injuries" are defined as any of the following:
 - a. Bilateral pulmonary contusions requiring non-traditional ventilation
 - b. Multisystem trauma with preexisting or life threatening coagulopathy
 - c. Pelvic fractures with unrelenting hemorrhage
 - d. Aortic tears
 - e. Liver injuries with vena cava injury or requiring emergency surgery with liver packing
 - f. Coma for longer than 6 hours or with focal neurologic deficit
2. For the purpose of 6 CCR 1015-4, Chapter Two, Section 202.D, "high risk injuries" are defined as any of the following:
 - a. Penetrating injuries to head, neck, torso, or proximal extremities
 - b. Injuries resulting in the need for mechanical ventilation of > 16 hours
 - c. Persistent in-hospital evidence of physiologic compromise including: tachycardia relative to age plus signs of poor perfusion (capillary refill test > 2 seconds, cool extremities, decreased pulses, altered mental status, or respiratory distress), hypotension
 - d. Hemodynamically stable children with documented visceral injury admitted for "observational" management and requiring blood transfusion or fluids > 40cc/kg
 - e. Injury Severity Score \geq 9 including, but not limited to:
 - (1) Multisystem blunt injuries (> 2 systems)
 - (2) Pelvic or long bone fractures in conjunction with multisystem injuries
 - (3) Altered mental status (GCS <10) with significant trauma
3. For the purpose of 6 CCR 1015-4, Chapter Two, Section 202.D. "high risk mechanisms" are defined as any of the following high energy transfer mechanisms:
 - a. Falls > 20 feet
 - b. Auto crashes with significant vehicle body damage
 - c. Significant motorcycle crashes
 - d. All terrain vehicle crashes
4. Level II trauma centers with pediatric commitment designation (LII/PC) that care for pediatric patients (age 0-14 years) with critical injuries must comply with the actions required:

Actions required:

 - a. Mandatory timely (but within 6 hours after recognition of condition) consultation^{1,2} is required with an attending trauma surgeon from a Regional Pediatric Trauma Center (RPTC) or a Level I trauma center with Pediatric Commitment (LI/PC).
5. Level I and II trauma centers without pediatric commitment and Level III centers caring for pediatric trauma patients (age 0-14 years) with critical injuries or high risk injuries must comply with the actions required:

Actions required:

 - a. Children 0 - 5 years of age with critical injuries shall be transferred with prior consultation^{1,2} to a RPTC. If such a center is not available, then transfer^{1,2} shall be to a LI/PC. If such a center is not available, then transfer shall be to a LII/PC. If no center with pediatric commitment is available, transfer^{1,2} shall be to the highest level trauma center available.

- b. Children 6 - 14 years of age with critical injuries. Mandatory timely (but within 6 hours after recognition of condition) consultation^{1,2} is required with an attending trauma surgeon at a RPTC or a LI/PC for consideration of transfer of the patient.
 - c. Children 0 - 14 years of age with high risk injuries. Mandatory timely (but within 6 hours of recognition of condition) consultation^{1,2} is required with an attending trauma surgeon at a RPTC or LI/PC for consideration of transfer of the patient.
 6. Level IV trauma centers and nondesignated facilities caring for pediatric patients (age 0-14 years) with critical injuries or high risk injuries must comply with the actions required:
Actions required:
 - a. Children 0 - 5 years of age with critical injuries shall be transferred^{1,2} to a RPTC. If such a center is not available, then transfer^{1,2} shall be to a LI/PC. If such a center is not available, then transfer shall be to a LII/PC. If no center with pediatric commitment is available, transfer^{1,2} shall be to the highest level trauma center available.
 - b. Children 6 - 14 years of age with critical injuries shall be transferred^{1,2} to a RPTC or a LI/PC. If such a center is not available, then to a LII/PC. If no center with pediatric commitment is available, transfer^{1,2} to the highest level trauma center available.
 - c. Children 0 - 5 years of age with high risk injuries shall be transferred^{1,2} to either a RPTC or a LI/PC. If such a center is not available, then to a LII/PC. If no center with pediatric commitment is available transfer^{1,2} to the highest level trauma center available.
 - d. Children 6 - 14 years of age with high risk injuries shall be transferred with prior consultation^{1,2} to either a RPTC, LI/PC or LII/PC. If no center with pediatric commitment is available then transfer to the highest level trauma center available.
 7. Level IV trauma centers and nondesignated facilities caring for pediatric patients (age 0-14 years) who are injured by high risk mechanisms shall comply with the actions required:
Actions required:
 - a. Mandatory timely (but within 6 hours) consultation^{1,2} is required with an attending trauma surgeon from a RPTC , LI/PC or LII/PC for consideration of transfer.
 8. Consultation and/or transfer decisions in pediatric patients with traumatic injuries less severe than those listed above shall be determined by the RETAC based on resources, facilities, and personnel available in the region and shall be in accordance with the RETAC protocols.
 9. Nondesignated Facilities
Nondesignated facilities that receive and are accountable for pediatric trauma patients (age 0-14 years) with any traumatic conditions other than non-complicated, non-life threatening, single system injuries must transfer those patients to the appropriate, designated trauma center. Transfer agreements are required.
 10. RETACs must monitor transport of pediatric trauma patients within their regions and report systematic exceptions to the protocols or regulations to the department.”



Children's Hospital Colorado



January 9, 2013

To: Colorado Department of Public Health and Environment

Re: Hospital License Waiver Application

To Whom It May Concern:

On October 1, 2012 Children's Hospital Colorado assumed license of all inpatient pediatric services at University of Colorado Health at Memorial (UCH-MEM), as part of its lease agreement with the City of Colorado Springs. Memorial has long operated a State Designated and American College of Surgeons Verified Level II trauma center, which has cared for, and continues to care for both adult and pediatric trauma patients. In July 2012 the facility successfully completed a state designation and ACS verification review.

Pediatric trauma patients receive the same care now as they did prior to relicensing of the facility. Pediatric patients are initially evaluated in the Emergency Department by the on-call adult general trauma surgeon. The on-call pediatric surgeon is consulted and participates in the care of seriously injured pediatric patients in the same fashion as prior to the relicensing. The pediatric care areas are staffed with pediatric specialists. Care is scrutinized in the PIPS program in the same fashion prior to relicensing.

The Trauma Program at Children's Hospital Colorado is in support of the Hospital License Waiver Application submitted by University of Colorado Health at Memorial. This waiver, if approved, will enable UCH-MEM to continue to operate as a Level II Trauma Center, pending trauma verification review of Children's Hospital Colorado at Memorial.

Sincerely,

Steven L. Moulton, MD
Medical Director, Trauma / Burn Programs
Children's Hospital Colorado

Professor of Surgery
University of Colorado School of Medicine