

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 18, 2012
Date Reviewed: December 28, 2012
Reviewers' Names: Grace Sandeno, Margaret Mohan

Facility Name: St. Anthony North, Westminster, CO

Standard: "6 CCR 1015-4 Chapter Three - Designation of Trauma, 305.2.A Level III trauma center shall meet all of the following clinical capabilities criteria:...

B. The following service available in person 24 hours a day within 20 minutes of trauma team activation:

(1) General surgery. Coverage shall be provided by.

a. The attending board certified surgeon or board qualified surgeon working toward certification, who may only take call at one facility at any one time, and..."

Proposed Alternative: One of the general surgeons providing trauma coverage is not board certified in surgery. The alternative proposed by the facility is that the surgeon will meet the alternate criteria for non-board-certified surgeons at Level II facilities as listed by the American College of Surgeons in "Resources for Optimal Care of the Trauma Patient, 2006." The state does not have any alternate criteria for Level III surgeons.

Staff Summary:

Background: Until July 2011, St. Anthony North was a level IV trauma center and did not have surgeons involved in the trauma program. This issue did not come up during the July 2011, level III trauma facility review because of a misinterpretation of the information on the application. The facility brought the issue to the department when the facility recognized the deficiency.

A request to waive the board certification requirement for this physician was received in March 2012. During the April 12, 2012, SEMTAC meeting the waiver request was reviewed and a recommendation to approve the waiver was made by the SEMTAC to the department. The department approved the waiver on May 1, 2012.

Regulations prevent waivers from exceeding beyond the trauma designation cycle for the facility. New trauma facilities undergo a full review within 12-14 months of the designation date. A review was conducted on October 24, 2012, all requirements were met and a three year designation was granted extending the designation to January 29, 2016. Subsequent to the new designation cycle, a new waiver request has been submitted for consideration.

Alternative Criteria: The state does not have any process for a physician who is outside the “board – eligible” period to participate in trauma call. The American College of Surgeons does have a process to allow for non-boarded surgeons to participate in the call panel in rare instances for Level II facilities. Current ACS requirements do not appear to address board certification requirements for Level III surgeons.

The ACS alternate criteria focus on verifying the physician’s original and continuing education, on specific quality improvement requirements for the physician and on the continued licensure and credentialing requirements of the physician. A complete list of the nine criteria is in the separate document entitled “SAN Waiver Packet.”

Staff Assessment (Criteria from Waiver Rules):

1. Information on application:
 - a. Cost: No fiscal impact above current costs.
 - b. Quality Improvement: All of the current trauma quality improvement standards that apply to the rest of the team would continue to apply to the non-boarded surgeon. In addition, the proposed quality standards in the alternate criteria include:
 - i. A requirement that the physician attend at least 50% of the trauma performance improvement and educational meetings;
 - ii. A list of patients treated during each year with accompanying ISS score and outcome; and
 - iii. Performance improvement assessment by the trauma medical director demonstrating that morbidity and mortality results for patients treated by the surgeon compare favorably with similar patients treated by other members of the trauma panel.
2. Information submitted by interested parties:

None currently. Any correspondence received prior to January 24, 2013, will be presented at the SEMTAC meeting.
3. Whether granting waiver would adversely affect the health, safety, or welfare of patients:
 - a. Patient care: The waiver would allow continuation of the current trauma surgeon rotation, with additional requirements on the surgeon in question. (See Quality Improvement above.)
4. Other relevant information:
 - a. Training: While Dr. Kamau is not boarded in general surgery, he did complete a residency in surgery, including a year as chief resident at St. Mary’s Hospital, Rochester, NY, 1973-1977. In addition, he completed a residency in cardiovascular-thoracic surgery in Winnipeg, Manitoba, 1977-1979. He has been active in surgical practice in the Denver metro area since 1980.
 - b. Fairness to other facilities: Other facilities have not requested such a waiver. We do not know of any competitive advantage or disadvantage to the hospital in granting this waiver.

Possible conditions on the waiver: Semi-annual reporting to the department regarding compliance with meeting the alternative criteria terms specified in the waiver request.