

MEMORANDUM OF UNDERSTANDING #268-M1510
AMENDMENT I

Level III Trauma Center Designation

This Amendment I to that Memorandum of Understanding #268-M1510, is made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and Barton Healthcare System, Inc., a non-profit licensed acute care hospital, duly qualified to conduct business in the State of California, whose principal place of business is 2170 South Avenue, South Lake Tahoe, CA 96158, and whose Agent for Service of Process is John Williams, 2170 South Avenue, South Lake Tahoe, CA 96158 (hereinafter referred to as "Contractor").

RECITALS

WHEREAS, County through its Emergency Medical Services Agency, designated Contractor as a Trauma Level III Center, as part of its regional Trauma System, pursuant to Health and Safety Code Section 1798.165; and California Code of Regulations, Title 22, Division 9, Chapter 7 in accordance with Memorandum of Understanding #268-M1510, dated January 27, 2015, incorporated herein and made by reference a part hereof; and

WHEREAS, Contractor represents to County that it possesses the performance characteristics, personnel, and equipment required in Exhibit A "Level III Trauma Standards," and Contractor confirms again that it meets or exceeds the requirements for a Level III Trauma Center set forth under the applicable regulations, including but not limited to the criteria identified in Exhibit A; and

WHEREAS Contractor has been re-examined on site by the American College of Surgeons ("ACS") Verification Review Committee (Committee), and said Committee has verified that Contractor meets the criteria for a Level III Trauma Center as shown in the Certificate of Verification, attached hereto as Exhibit B – Amendment 1 and incorporated by reference herein; and

WHEREAS, the parties hereto have mutually agreed to amend and replace Exhibit A – Level III Trauma Standards, Exhibit B – Certificate of Verification, and Exhibit C – Rate Schedule.

NOW THEREFORE, the parties do hereby agree that Memorandum of Understanding #268-M1510 shall be amended a first time as follows:

1. Exhibit A is hereby amended and replaced in its entirety by Exhibit A – Amendment I "Level III Trauma Standards," attached hereto and incorporated by reference herein.

2. Exhibit B is hereby amended and replaced in its entirety by Exhibit B – Amendment I “Certificate of Verification,” attached hereto and incorporated by reference herein.
3. Exhibit C is hereby amended and replaced in its entirety by Exhibit C – Amendment 1 “Rate Schedule,” attached hereto and incorporated by reference herein.

Except as herein amended, all other parts and sections of that Memorandum of Understanding #268-M1510 shall remain unchanged and in full force and effect.

Requesting Contract Administrator Concurrence:

By: Richard W. Todd
Richard W. Todd, MBA
EMS Agency Administrator – MHOAC
Health and Human Services Agency

Dated: 01-23-2018

Requesting Department Head Concurrence:

By: Patricia Charles-Heathers
Patricia Charles-Heathers, Ph.D., MPA
Director
Health and Human Services Agency

Dated: 1/24/18

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IN WITNESS WHEREOF, the parties hereto have executed this First Amendment to that Memorandum of Understanding #268-M1510 on the dates indicated below.

-- COUNTY OF EL DORADO --

Dated: 2-16-18

By: 
Michael Ranalli, Chair
Board of Supervisors
"El Dorado"

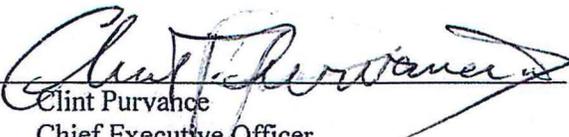
ATTEST:
James S. Mitrising
Clerk of the Board of Supervisors

By: 
Deputy Clerk

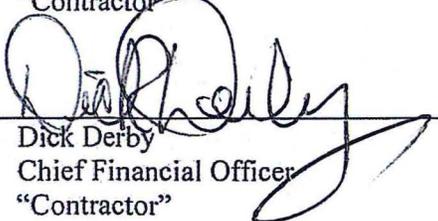
Dated: 2-16-18

-- CONTRACTOR --

BARTON HEALTHCARE SYSTEM, INC.
A CALIFORNIA CORPORATION

By: 
Clint Purvance
Chief Executive Officer
"Contractor"

Dated: 2/12/2018

By: 
Dick Derby
Chief Financial Officer
"Contractor"

Dated: 2/12/2018

EXHIBIT A – AMENDMENT I

Level III Trauma Standards

The designation of a hospital as a Trauma Center for purposes of the Emergency Medical Services (EMS) System of El Dorado County confers upon the facility the recognition that it has the commitment, personnel, and resources necessary to provide optimum medical care and transfer for the trauma patient. Contractor shall meet the criteria set forth herein and demonstrate a continuous ability and commitment to comply with policies and procedures developed by the County.

- A. Contractor shall continue to provide, update, and improve, as needed to stay current as a Level III Trauma Center, the following programs or, where applicable, the following actions, upon execution of the Trauma Designation MOU unless otherwise agreed in writing by the parties:
 - 1. Provide education for the Trauma Nurse Coordinator and Trauma Registrar by the American Trauma Society or equivalent program regarding use and function of the Trauma Registry and International Classification of Diseases, Tenth Revision (“ICD10”) (or latest version) coding classes.

- B. At all times during its designation as a Level III Trauma Center, Contractor shall meet or exceed the requirements set out in California Code of Regulations (CCR), Title 22, Division 9, Chapter 7, Section 100257, including any amendments, modifications, or updates effective during the period of designation.
 - 1. The local EMS agency shall develop and implement a standardized data collection instrument and implement a data management system for trauma care.
 - a. The system shall include the collection of both prehospital and hospital patient care data, as determined by the local EMS agency;
 - b. Trauma data shall be integrated into the local EMS agency and State EMS Authority data management system; and
 - c. All hospitals that receive trauma patients shall participate in the local EMS agency data collection effort in accordance with local EMS agencies policies and procedures.

 - 2. The prehospital data shall include at least those data elements required on the EMT-II or EMT-P patient care record, as specified in Title 22, CCR Section 100129 of the EMT-II regulations and Title 22, CCR Section 100171 of the EMT-P regulations.

 - 3. The hospital data shall include at least the following, when applicable:
 - a. Time of arrival and patient treatment in:
 - i. Emergency department or trauma receiving area; and
 - ii. Operating room.
 - b. Dates for:
 - i. Initial admission;
 - ii. Intensive care; and

- iii. Discharge.
 - c. Discharge data, including:
 - i. Total hospital charges (aggregate dollars only);
 - ii. Patient destination; and
 - iii. Discharge diagnosis.
 - d. The local EMS agency shall provide periodic reports, as requested, to all hospitals participating in the trauma system.
 - e. Any change to, or modification of, the Trauma Registry Data Collection System should be processed in accordance with the procedure outlined in the Article titled "Scope of Services," of the attached MOU.
- C. At all times during its designation as a Level III Trauma Center, Contractor shall meet or exceed the requirements set out in California Code of Regulations, Title 22, Division 9, Chapter 7, Section 100263, including any amendments, modifications, or updates effective during the period of designation.
 - 1. A Level III Trauma Center is a licensed hospital which has been designated as a Level III Trauma Center by the local EMS agency. A Level III Trauma Center shall include equipment and resources necessary for initial stabilization and personnel knowledgeable in the treatment of adult and pediatric trauma. A Level III Trauma Center shall have at least the following:
 - a. A trauma program medical director who is a qualified surgical specialist, whose responsibilities include, but are not limited to, factors that affect all aspects of trauma care such as:
 - i. Recommending trauma team physician privileges;
 - ii. Working with nursing administration to support the nursing needs of trauma patients;
 - iii. Developing trauma treatment protocols;
 - iv. Having authority and accountability for the quality improvement peer review process;
 - v. Correcting deficiencies in trauma care or excluding from trauma call those trauma team members who no longer meet the standards of the quality improvement program; and
 - vi. Assisting in the coordination of budgetary process for the trauma program.
 - b. A trauma nurse coordinator/manager who is a registered nurse with qualifications including evidence of educational preparation and clinical experience in the care of adult and/or pediatric trauma patients, administrative ability, and responsibilities that include, but are not limited to:
 - i. Organizing services and systems necessary for the multidisciplinary approach to the care of the injured patient;
 - ii. Coordinating day-to-day clinical process and performance improvement as pertains to nursing and ancillary personnel; and
 - iii. Collaborating with the trauma program medical director in carrying out the educational, clinical, research, administrative and outreach activities of the trauma program.

- c. A trauma service which can provide for the implementation of the requirements specified in this section and provide for the coordination with the local EMS Agency.
- d. The capability of providing prompt assessment, resuscitation and stabilization to trauma patients.
- e. The ability to provide treatment or arrange for transportation to a higher level Trauma Center as appropriate.
- f. An emergency department staffed so that trauma patients are assured of immediate and appropriate initial care.
- g. Intensive Care Services:
 - i. Intensive Care Unit (ICU) shall have appropriate equipment and supplies as determined by the physician responsible for the intensive care service and the trauma program medical director;
 - ii. ICU shall have a qualified specialist promptly available to care for trauma patients in the intensive care unit. The qualified specialist may be a resident with two (2) years of training who is supervised by the staff intensivist or attending surgeon who participates in all critical decision making; and
 - iii. The qualified specialist in (ii) above shall be a member of the trauma team.
- h. A multidisciplinary trauma team, which will be responsible for the initial resuscitation and management of the trauma patient.
- i. The following qualified surgical specialist(s) shall be promptly available:
 - i. General;
 - ii. Orthopedic; and
 - iii. Neurosurgery (can be provided through a transfer agreement).
- j. Qualified non-surgical specialist(s) or specialty availability, which shall be available as follows:
 - i. Emergency medicine, in-house and immediately available; and
 - ii. Anesthesiology, on-call and promptly available with a mechanism established to ensure that the anesthesiologist is in the operating room when the patient arrives. This requirement may be fulfilled by certified registered nurse anesthetists who are capable of assessing emergent situations in trauma patients and of providing any indicated emergent anesthesia treatment and are supervised by the staff anesthesiologist. In such cases, the staff anesthesiologist on-call shall be advised about the patient, be promptly available at all times, and be present for all operations.
 - iii. The following services shall be available in-house or may be provided through a written transfer agreement:
 - (a) Burn care;
 - (b) Pediatric care; and
 - (c) Rehabilitation services.
- k. The following service capabilities shall be available as follows:
 - i. Radiology. The radiological service shall have a radiological technician promptly available.
 - ii. Clinical laboratory. A clinical laboratory service shall have:

- (a) A comprehensive blood bank or access to a community central blood bank; and
 - (b) Clinical laboratory services promptly available.
 - iii. Surgery services. A surgical service shall have an operating suite that is available or being utilized for trauma patients and that has:
 - (a) Operating staff who are promptly available; and
 - (b) Appropriate surgical equipment and supplies requirements which have been approved by the local EMS agency.
 - l. Written transfer agreements with Level I or II Trauma Centers, Level I or II Pediatric Trauma Centers, or other specialty care centers, for the immediate transfer of those patients for whom the most appropriate medical care requires additional resources.
 - m. An outreach program, to include:
 - i. Capability to provide both telephone and on-site consultations with physicians in the community and outlying areas; and
 - ii. Trauma prevention for the general public.
 - n. Continuing education. Continuing education in trauma care shall be provided for:
 - i. Staff physicians;
 - ii. Staff nurses;
 - iii. Staff allied health personnel;
 - iv. EMS personnel; and
 - v. Other community physicians and health care personnel.
- D. At all times during its designation as a Level III Trauma Center, Contractor shall meet or exceed the requirements set out in California Code of Regulations, Title 22, Division 9, Chapter 7, Section 100265, including any amendments, modifications or updates effective during the period of designation. Specifically, trauma centers of all levels shall have a quality improvement process to include structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process. In addition the process shall include:
1. A detailed audit of all trauma-related deaths, major complications and transfers (including inter-facility transfers).
 2. A multidisciplinary trauma peer review committee that includes all members of the trauma review team.
 3. Participation in the trauma system data management system.
 4. Participation in the local EMS agency trauma evaluation committee.
 5. A written system in place for patient, parents of minor children who are patients, legal guardian(s) of children who are patients, and/or primary caretaker(s) of children who are patients to provide input and feedback to the hospital staff regarding the care provided to the child.
 6. Compliance with applicable provisions of Evidence Code Section 1157.7 to ensure confidentiality.

- E. At all times during its designation as a Level III Trauma Center, Contractor shall meet or exceed the requirements set out in California Code of Regulations, Title 22, Division 9, Chapter 7, Section 100266, including any amendments, modifications or updates effective during the period of designation, and shall maintain:
1. Patients may be transferred between and from trauma centers providing that:
 - a. Any transfer shall be, as determined by the trauma center surgeon of record, medically prudent; and
 - b. In accordance with local EMS agency interfacility transfer policies.
 2. Hospitals shall have written transfer agreements with trauma centers. Hospitals shall develop written criteria for consultation and transfer of patients needing a higher level of care.
 3. Hospitals which have repatriated trauma patients from a designated trauma center shall provide the information required by the system trauma registry, as specified by local EMS agency policies, to the transferring trauma center for inclusion in the system trauma registry.
 4. Hospitals receiving trauma patients shall participate in system and trauma center quality improvement activities for those trauma patients which have been transferred.

Any terms within this Exhibit A, Level III Trauma Standards that are defined under 22 CCR, Sections 100236-100252 shall have the meaning provided by those sections.

NOTE: Reference: 22 CCR Sections 100129, 100236-100252, 100257, 100263, 100265, 100266, and 100171.



Exhibit B - Amendment 1

American College of Surgeons

COMMITTEE ON TRAUMA

CERTIFICATE OF VERIFICATION

The Committee on Trauma of the American College of Surgeons,
in accordance with the rules and regulations thereof, verifies that

Barton Memorial Hospital
South Lake Tahoe, California

meets the criteria for

Level III Trauma Center

according to the document

"Resources for Optimal Care of the Injured Patient."

Ronald Stewart, MD FACS
Chair, Committee on Trauma

Daniel Margulies, MD, FACS
Vice-Chair, Verification Review Committee

Todd Maxson, MD FACS
Chair, Verification Review Committee

Michael F. Rotondo, MD FACS
Director, Trauma Department

October 10, 2017

Date Issued

October 10, 2020

Date of Expiration

268-M1510, A1

EXHIBIT C – Amendment I

Rate Schedule

Activities related to administering the trauma designation, and developing and maintaining the County Trauma Plan.

Position	Activity Rate/Hour
EMS Medical Director	\$97.00/hour
EMS Agency Administrator	\$48.00/hour
	Flat Rate
Trauma Center Designation	\$1,001