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MAY 23 2013



**Chandler • Arizona**  
*Where Values Make The Difference*

**Memorandum**

**Memo: MC13-017**

**DATE:** May 14, 2013

**TO:** MAYOR AND CITY COUNCIL

**FROM:** DAVE BIGOS, MAYOR AND COUNCIL ASSISTANT *DB*

**THRU:** RICH DLUGAS, CITY MANAGER *RD*  
NACHIE MARQUEZ, COMMUNICATIONS & PUBLIC AFFAIRS DIR. *NM*

**SUBJECT:** Resolution No. 4689

**RECOMMENDATION:**

Request approval of Resolution No. 4689 authorizing the submittal of a \$2,200,120.00 Pass-Through Indian Gaming Grant application from Dignity Health Foundation, East Valley, to the Gila River Indian Community.

**BACKGROUND/DISCUSSION:**

The grant funding sought by Dignity Health Foundation, East Valley, is intended to provide equipment needed to fund a Level 1 Trauma Center, a neurosurgical imaging system, trauma-specific training for hospital staff and a course to develop rural trauma teams at outlying facilities. It should be noted the request asks that payments be disseminated over a three-year period which could tie up funding for other requesters in future years. The attached Tribal application provides a detailed account of the request.

**PROPOSED MOTION:**

Move to approve Resolution No. 4689 authorizing the submittal of a \$2,200,120.00 Grant application from Dignity Health Foundation, East Valley, to the Gila River Indian Community.

**Attachments:**

Resolution 4689

City Application

Tribal Application and/or Related Documentation on behalf of Dignity Health Foundation, East Valley

RESOLUTION NO. 4689

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CHANDLER, ARIZONA, AUTHORIZING THE MAYOR TO SUBMIT AN APPLICATION FOR AN INDIAN GAMING REVENUE SHARING GRANT TO GILA RIVER INDIAN COMMUNITY ON BEHALF OF DIGNITY HEALTH FOUNDATION, EAST VALLEY, IN THE AMOUNT OF \$2,200,120.00.

WHEREAS, pursuant to A.R.S. § 5-601.02, Indian tribes entering into a tribal-state gaming compact shall contribute monies to “. . . cities, towns and counties . . . for government services that benefit the general public, including public safety, mitigation of impacts of gaming, and promotion of commerce and economic development”; and

WHEREAS, those Indian tribes entering into a tribal-state gaming compact have various grant application procedures for evaluating which cities, towns and counties, and which government services, will receive gaming revenue sharing contributions pursuant to A.R.S. § 5-601.02; and

WHEREAS, it has become a relatively common practice for cities to authorize the submission of grant applications for such Indian gaming revenue sharing grants on behalf of 501(c)(3) nonprofit organizations that are deemed to be providing government related services that benefit the general public; and

WHEREAS, Dignity Health Foundation, East Valley, a 501(c)(3) nonprofit organization, has requested that the City authorize the submission of an application for such Indian gaming revenue sharing grant funding to Gila River Indian Community on its behalf in the amount of \$2,200,120.00; and

WHEREAS, the deadline for accepting applications for grant funding by Gila River Indian Community is June 7, 2013; and

WHEREAS, the funding sought by Dignity Health Foundation, East Valley, is intended to provide equipment needed to fund a Level 1 Trauma Center, a neurosurgical imaging system, trauma-specific training for hospital staff and a course to develop rural trauma teams at outlying facilities; and

WHEREAS, the City Manager’s Office has reviewed the application materials prepared by Dignity Health Foundation, East Valley, and believes that the funding request described in such application materials qualifies as being for government related services that benefit the general public and is consistent with the City’s Administrative Regulation regarding such grant applications.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Chandler, Arizona, that:

1. Dignity Health Foundation, East Valley, is hereby authorized to submit the application materials prepared by Dignity Health Foundation, East Valley, that are attached hereto, together with this Resolution, to Gila River Indian Community.
2. The Mayor is hereby authorized to execute the application, in the form attached hereto, in conjunction with the grant application to be submitted to Gila River Indian Community on behalf of Dignity Health Foundation, East Valley.
3. Within ten (10) days of the City's receipt of any grant funds from Gila River Indian Community pursuant to a grant application submitted on behalf of Dignity Health Foundation, East Valley, City staff is directed to mail a check to Dignity Health Foundation, East Valley, covering one hundred percent (100%) of the funds received by the City from Gila River Indian Community pursuant to such application.
4. The City, by virtue of this Resolution, is simply acting as a financial conduit between the Gila River Indian Community and Dignity Health Foundation, East Valley, and is in no way:
  - (a) Agreeing or obligating itself to monitor or report on the expenditure of any grant funding distributed to or on behalf of Dignity Health Foundation, East Valley; or
  - (b) Guaranteeing or warranting the accuracy, completeness or truthfulness of the information set forth in the application materials prepared by Dignity Health Foundation, East Valley; or
  - (c) Supervising, or taking any responsibility regarding, the actions or activities undertaken by Dignity Health Foundation, East Valley; or
  - (d) Representing that Dignity Health Foundation, East Valley, either has, or does not have, other sources of funding relating to the intended use of grant funding set forth in this Resolution, including funding from grant applications made on behalf of Dignity Health Foundation, East Valley, to other Indian tribes.

PASSED AND ADOPTED by the City Council of the City of Chandler, Arizona, this \_\_\_\_ day of \_\_\_\_\_, 2013.

ATTEST:

\_\_\_\_\_  
CITY CLERK  
APPROVED AS TO FORM:

\_\_\_\_\_  
MAYOR

\_\_\_\_\_  
CITY ATTORNEY (P/B)

CERTIFICATION

I HEREBY CERTIFY that the above and foregoing Resolution No. 4689 was duly passed and adopted by the City Council of the City of Chandler, Arizona, at a regular meeting held on the \_\_\_\_ day of \_\_\_\_\_, 2013, and that a quorum was present thereat.

\_\_\_\_\_  
CITY CLERK

PRELIMINARY INFORMATION REGARDING REQUEST  
THAT THE CITY OF CHANDLER PASS-THROUGH AN  
APPLICATION FOR AN INDIAN GAMING REVENUE  
SHARING GRANT ON BEHALF OF NON-PROFIT  
ORGANIZATION

1. Requestor Name: Dignity Health Foundation East Valley
2. Address: 1727 West Frye Road, Suite 230, Chandler, AZ 85224
3. Contact Person and Contact Information: Aaron Peace, 1727 W. Frye Road Suite 230, Chandler, AZ 85224, (480) 728-3931, aaron.peace@dignityhealth.org.
4. Date of obtaining 501(c)(3) non-profit organizational status and verification of such status at time of the request. July 10, 1986
5. Describe the nexus between Requestor and the City of Chandler and its residents. Dignity Health and the City of Chandler have collaborated on projects to benefit Chandler residents including implementation of Dignity Health's Children's Dental Clinic, Building Blocks, and previous grants from the Gila River Indian Community.
6. Specifically, but concisely, describe how the grant funding sought by Requestor will be utilized (please do not just refer to general description included in the application materials). Dignity Health will use funding from Gila River Indian Community to provide equipment needed to operate a Level I Trauma Center, a neurosurgical imaging system, trauma-specific training for hospital staff, and a course to develop rural trauma teams at outlying facilities.
7. Describe how the use for which funding is sought will provide "government (related) services that benefit the general public, including public safety, mitigation of impact of gaming and promotion of commerce and economic development". (See A.R.S. § 5-601.02(H)(4)). CRMC is seeking a Level I trauma center designation in conjunction with the hospital expansion and the new, state-of-the-art emergency department. With the new designation, trauma patients from Chandler and surrounding rural areas will be treated right here. When time is of the essence in life and death trauma situations, more patients' lives and functionality will be saved by being treated right here in the East Valley.
8. Describe how the use for which funding is sought will benefit Chandler residents as a whole rather than simply benefiting a particular individual, entity or class of individuals. A Level I Trauma Center will benefit every Chandler resident. Right now, Level I Trauma Centers are clustered in central Phoenix and Scottsdale. For major trauma patients to make the best recovery, they must receive life-saving treatment within one hour. Reducing transport time for East Valley residents who

sustain major injuries from serious accidents, falls, crushing, or gunshot wounds to trauma care will greatly benefit all Chandler and East Valley residents.

9. Verify that no portion of the funding sought will be used to in any way promote or teach any religious or political viewpoint or cause. AP (initial)
  
10. Identify the Tribe that Requestor wishes the City to submit application materials on Requestor's behalf, and the deadline for such application submittal. Dignity Health requests that the City submit these application materials to the Gila River Indian Community with a deadline date of June 7, 2013.  
\_\_\_\_\_
  
11. Identify any application for Indian gaming revenue sharing grant submitted on Requestor's behalf by another city, town or county, and the amount of funding sought. Dignity Health requests no other funding from another city.  
\_\_\_\_\_  
\_\_\_\_\_
  
12. Attach to the request all information that is to be submitted to the Tribe on Requestor's behalf.
  
13. Agree that, to the fullest extent permitted by law, Requestor shall defend, indemnify and hold harmless the City of Chandler, its Mayor and Council, officials, officers and employees from and against all losses, claims, suits, actions, payments and judgments, demands, expenses, damages, including consequential damages and loss of productivity, attorney's fees, defense costs or actions of any kind and nature relating to, arising out of, or alleged to have resulted from the City of Chandler's processing or consideration of this request to pass through an application for an Indian gaming revenue sharing grant on behalf of Requestor, or in passing through any grant funds awarded pursuant to such application.  
AP (initial)

By signing below, Aaron Peace, asserts that he or she has the authority to execute the application on behalf of Requestor, has read, understands and agrees to be bound by Sections 9 and 13 of this application, and otherwise certifies that the information provided herein is believed to be true and correct.

  
(Signature)  
Aaron Peace  
(Print)  
President and VP of Philanthropy  
(Title)  
April 29, 2013  
(Date)

STATE OF ARIZONA        )  
  )ss  
County of Maricopa        )

SUBSCRIBED AND SWORN to before me this 29 day of April,  
2014 by Aaron Pease.

Debra Kay Dieu  
Notary Public

My Commission Expires: March 16, 2014





## Gila River Indian Community Grant Application

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### Municipality Information

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Date of Application: April 29, 2013  
Name of City, Town or County: City of Chandler  
Mayor or Board of Supervisor's Chairman: Mayor Jay Tibshraeny  
Mailing Address: P.O. Box 4008  
City: Chandler State: AZ Zip Code: 85224-4008

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### Department/Non-Profit Information

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Department or Organization Name: Dignity Health Foundation East Valley  
Mailing Address: 1727 W. Frye Road, Ste. 230 City: Chandler State: AZ Zip Code: 85224  
Contact Person\*: Aaron Peace Title: President and Vice President of Philanthropy  
Phone Number: 480-728-3931 E-mail Address: aaron.peace@dignityhealth.org

\*The individual listed here will be our direct point of contact for grant-related questions or requests for information. Duplicates of all grant correspondence will be sent to the contact person.

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### Grant Information

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Program or Project Name: Chandler Regional medical Center Level I Trauma Center and O-Arm Multi-dimensional Surgical Imaging System  
Purpose of Grant: To provide equipment needed to operate a Level I Trauma Center, a neurosurgical imaging system, trauma-specific training for hospital staff, and a course to develop rural trauma teams at outlying facilities.

Beginning and ending dates of Program or Project: 10/1/2013 to 10/1/2016

Amount Requested: \$2,200,120.00 Total Project Cost: \$2,200,120.00

Multi-year Request – If checked, # of years requested: 3 Amount/year: \$733,373

Priority Funding Area:

Economic Development  Education  Healthcare  Public Safety  Transportation

Geographic Area Served: East Valley Maricopa County, including Chandler, and Pinal County

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Signature:

Mayor OR Chairman BOS: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name and Title: **Mayor Jay Tibshraeny**

**Dignity Health Foundation East Valley  
Chandler Regional Medical Center Level I Trauma Center  
O-Arm® Multi-dimensional Surgical Imaging System**

**1. Purpose of Grant**

Chandler Regional Medical Center (CRMC) has been at the heart of health and well-being in our community since it began as a small community hospital in 1961. Today, it is a 243-bed facility with more than 850 doctors on staff representing all major specialties. CRMC is now at a critical point in its evolution and service to its community, one which mandates new and enhanced facilities and services in order to meet our region's healthcare demands throughout this decade and into the next.

CRMC's goal is to proactively address the increased need for high-quality, compassionate healthcare services through improved facilities and expanded services. CRMC's planned new 153,000 square foot tower will increase the number of beds available to more than 300. In addition, the expansion will provide six new operating rooms, two new catheterization labs, and an expanded emergency department.

CRMC is seeking a Level I trauma center designation in conjunction with the hospital expansion and the new, state-of-the-art emergency department. A trauma center is a healthcare institution that has the resources and capabilities necessary to provide trauma services at a particular level to injured patients. Previously, all emergency departments in the East Valley could only resuscitate, stabilize, and transfer trauma patients to a facility equipped to treat the patients' injuries. With the new designation, trauma patients from the East Valley and surrounding rural areas will be treated right here. When time is of the essence in life and death trauma situations, more patients' lives and functionality will be saved by being treated right here in the East Valley.

Dignity Health Foundation – East Valley values the relationship that has been forged with the Gila River Indian Community. Together, we have accomplished much to ensure Phoenix's suburban eastern communities and rural areas have access to quality and compassionate healthcare. This year, we respectfully ask for the Community's partnership once again in helping us to purchase some of the equipment and provide some of the training necessary to establish CRMC's Level 1 Trauma Center.

We are requesting Gila River Indian Community contribute \$2,200,120 over a three-year period towards the purchase of equipment needed to operate a Level I Trauma Center, an O-Arm® Surgical Imaging System, trauma-specific training for all pertinent hospital staff, and a course to develop rural trauma teams at outlying facilities. While we wish to spread out this donation for Gila River, all equipment and training would be required to be purchased within the first year of the grant as they are necessary to operate the Level I Trauma Center. As a result, Dignity Health proposes to purchase all equipment and accomplish the staff training in the first year while Gila River Indian Community could provide reimbursement funds in equal installments spread out over three years following the purchases. An additional rural trauma course would be conducted throughout the three years of the grant. Your contribution will ensure severely injured East Valley and outlying residents receive treatment in time to save lives.

a) Describe the proposed program or project

**Level I Trauma Center.** CRMC will be obtaining a Level I trauma designation from the Arizona Department of Health Services (ADHS) – Bureau of Emergency Medical Services and Trauma Systems. A Level I designation will ensure CRMC is approved and equipped to treat the most life-threatening injuries, such as serious motor vehicle accidents, gunshot wounds, falls, and crush injuries.

Of the six Level I trauma centers in metro Phoenix, five are clustered in Phoenix and one is in Scottsdale. That means people who are badly injured in a car crash or severely injured on the fringes of metro Phoenix are often flown by emergency medical helicopter or transported by ambulance to a Level I trauma center in Phoenix or Scottsdale. The time it takes to stabilize and transport patients with life-threatening injuries to another facility can put outlying residents at a severe disadvantage.

Time is critical for trauma patients. Emergency medical physicians say that proper medical care within one hour of a severe injury can mean the difference between temporary or permanent disabilities or life and death. Dr. Brian Tiffany, chief of staff at Chandler Regional and an emergency room physician, says that “the closer you are to a medical center, the better your outcomes are. The general consensus has been we need more trauma care centers in the East Valley.”

ADHS has established criteria and standards for designating trauma centers at varying levels based on a hospital’s resources and capabilities. Arizona’s Trauma System ensures that each trauma patient is cared for at a healthcare institution with the resources and capabilities that match the patient’s treatment needs. Establishing and maintaining criteria and standards for Arizona trauma centers insures the right care, at the right place, at the right time, helps people continue to live to their full potential, despite having experienced a severe injury<sup>1</sup>.

In a partnership with Barrow Neurological Institute, as a Level I trauma center, CRMC will have medical and surgical specialists on-hand around the clock to provide the full range of care for every aspect of injury from prevention through rehabilitation. CRMC trauma surgeons will specialize in the areas of orthopedics, neurosurgery, cardiac surgery, thoracic surgery, hand surgery, vascular surgery, plastic surgery, obstetric and gynecologic surgery, ophthalmology, otolaryngology, and urology.

Of the Level I trauma designation for Chandler Regional, Chandler’s Mayor Jay Tibshraeny commented recently, “This is tremendous news for the Chandler community and Southeast Valley. Chandler Regional Medical Center has delivered excellent care to the region for more than 50 years and this enhanced service will greatly benefit those most in need of critical medical attention.”

**Level I Trauma Center Designation Process.** Dignity Health’s state attestation will be completed by Spring 2014. This means that Dignity Health “attests” that it meets all state requirements to operate a Level I trauma center. After our attestations are submitted in Spring 2014, ADHS will grant provisional status so that CRMC can begin operating as a trauma center. Once CRMC meets the requirements under the provisional status, we will be eligible for a rigorous evaluation by the American College of Surgeons. This national organization requires a trauma center to report data over several months before it verifies and designates a hospital’s trauma program. We expect to receive the official designation in Spring 2015, after the new 96-bed tower opens in late 2014.

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<sup>1</sup> ADHS, Trauma Program Information, <http://azdhs.gov/bems/documents/trauma/GeneralTraumaInformation.pdf>

Through its Committee on Trauma, the American College of Surgeons improves the care of injured and critically ill patients--before, en route to, and during hospitalization. Its mission is to develop and implement meaningful programs for trauma care in local, regional, national, and international arenas. These programs must include education, professional development, standards of care, and assessment of outcomes. It also serves as a valuable resource by conducting training courses in emergency care for ambulance personnel; sponsoring courses for the management and prevention of injuries for trauma specialists; and maintaining a voluntary verification/consultation program for trauma centers.

Numbers to be Served. Initial estimates indicate the number of patients the Level I Trauma Center will serve will be between 1,600 to 1,700 patients per year. This includes patients with mild, moderate and major trauma. It is estimated that approximately 19% of patients coming to the trauma center each year will be major trauma victims who can only be treated in a Level I Trauma Center. Other estimations are as follows:

- 89% of patients are estimated to be blunt trauma victims
- Approximately 50% of patients will sustain injuries due to motor vehicle accidents
- 84% of patients will be brought by ground ambulance
- Approximately 61% of patients will be admitted to the hospital due to their injuries
- An estimated 30% of patients will be discharged home after receiving treatment in the trauma center

***What Dignity Health Will Provide:***

East Valley Trauma Service Line Steering Committee. This Committee has been meeting for the past year to develop plans for the new trauma center. Composed of our hospital Chief Executive Officer, Chief Nursing Officer, Chief Operating Officer, Director of Emergency and Trauma Services, Senior Project Manager, Director of Business Development, Chief Medical Officer, Vice President of Patient Management, Trauma Program Manager, and Medical Director of Trauma Services, this Steering Committee has helped to develop the physical plans for the new emergency department in the tower, trauma center organizational structure, steps to meet Level I designation requirements, and the vision for the trauma center in our community. The Steering Committee will continue to meet throughout the planning, attestation, and designation phases to guide all processes. The Committee is committed to review all systems on a continual basis to ensure that the trauma center runs in the most efficient manner possible.

Trauma Center Management. The trauma service represents a structure of care for injured patients. This service includes personnel and other resources necessary to ensure appropriate and efficient provision of care is rendered to all patients. Dignity Health is providing experienced and necessary staff and leadership for the Level I Trauma Center.

The Trauma Medical Director (TMD) is a surgeon who is board-certified. He is current in Advanced Trauma Life Support (ATLS), and is an instructor. He is currently a Chair of the Arizona Trauma & Acute Care Consortium (AZTrACC) 2013 Symposium. The Trauma Medical Director leads the multidisciplinary activities of the trauma program. The TMD works in cooperation with nursing administration to support the nursing needs of trauma patients, develops treatment protocols along with the trauma team, and

coordinates the performance improvement. The TMD will provide outreach and education to referring facilities and pre-hospital providers.

The Director of Emergency and Trauma Services is a registered nurse with a Bachelor of Science in Nursing degree and a Masters in Healthcare Administration. She is a member of the Society of Trauma Nurses. She has extensive experience in the emergency department. She is currently in Advanced Trauma Care for Nurses. She has direct responsibility of the Trauma Program with the Trauma Program Manager working in collaboration with her and reporting directly to her.

The Trauma Program Manager (TPM) is a registered nurse with a Bachelor of Science in Nursing degree and a Masters in Nursing in the field of Nursing Informatics. The TPM is a member of the Society of Trauma Nurses; she is a course coordinator for Advanced Trauma Life Support courses and Rural Trauma Team Development Course. The TPM has clinical experience in critical care, cardiology, quality management, performance improvement, regulatory knowledge and experience along with previous TPM duties. The TPM does surveys for the ADHS for Level IV Trauma facilities. The TPM is responsible for the organization of services and systems necessary for a multidisciplinary approach to providing care to the injured patient. The TPM assumes the day-to-day responsibilities for process and performance improvement activities related to the care of trauma patients. The TPM is responsible for the trauma registry and the Trauma Registrar reports to the TPM, along with all activities related to Injury Prevention. The TPM provides and assists in offering outreach education and feedback to referring facilities, pre-hospital providers, and rural hospitals.

The Trauma Registrar is an important member of the trauma team and service. The Trauma Registrar is responsible for the abstraction and data entry of the injured patients into the Trauma database. The importance of this data will assist in identification of areas where possible improvements can be done to the trauma program. The database will assist in identification of possible areas for research and where to focus our efforts in Injury Prevention.

The Level I Trauma Center organizational chart is attached.

***Staff Training.*** Some staff trauma training is included in this request. This request, however, does not reflect all the training that needs to go into staff development for a Level I Trauma Center. Throughout this past year, Dignity Health has already provided a large part of the training necessary for a wide-variety of staff. This includes:

- E-Learning trauma modules assigned to all employees throughout the organization
- St. Joseph's Trauma Symposium: attendance by designated Emergency Department, Intensive Care Unit, Telemetry and Education staff
- Education plan developed for Telemetry, Orthopedics, Maternal Child Health, and other ancillary departments
- Emergency Department (ED) and Intensive Care Unit (ICU) nurses begin Trauma Nurse Care Course (TNCC) and Advanced Trauma Care for Nurses (ATCN) training, as described in *Staff Training* below
- ICU staff classes initiated
- Obstetrics, Labor and Delivery, and Nursery Trauma simulation and scenarios planned and scheduled

- Orthopedics, Medical/Surgical, Observation, Telemetry, Interventional Radiology, and Perioperative classes planned, scheduled, and initiated
- ICU Skills Competency classes planned and scheduled
- Emergency Department skills
- Ancillary areas trauma education classes planned and scheduled
- ICU Trauma Skills competency days
- Address education needs for trauma related policies, practices, protocols

Specific equipment. Dignity Health is providing all equipment already used within its Emergency Department and other departments and will provide the staff to operate CRMC's Level I Trauma Center.

***What Dignity Health Requests from Gila River:***

Staff Training. Some staff trauma training is included in this request which will include:

- ED skills/competency
- ICU skills/competency
- Continue Orthopedics, Medical/Surgical, Observation, Telemetry, Interventional Radiology, Perioperative, and ancillary education
- Trauma documentation education completed
- Mock Trauma drills conducted
- Obstetrics and Labor and Delivery/Nursery Trauma simulation and scenarios
- On-site trauma drill including all the ancillary areas completed
- ED and ICU nurses complete TNCC and ATCN training, as described below
- Information Technology education complete
- Plans for continued education implemented

The East Valley Trauma Service Line Steering Committee and the Arizona Trauma Center Standards have provided us with facility-wide education guidelines for staff to demonstrate knowledge, skill, and ability to provide patient care in the Level I Trauma Center. All of CRMC's approximately 2000 employees require some degree of education. This education can take many forms, ranging from e-learning modules to extensive courses with multiple components, including lectures, skills demonstration, equipment training, policy and procedure review, protocol review, and mock trauma events, among others. The majority of education and competency development will be required of clinicians.

Dignity Health uses two courses to provide the educational content – the Trauma Nursing Core Course (TNCC), developed by the Emergency Nurses Association, and the Advanced Trauma Care for Nurses (ATCN), developed by the Society of Trauma Nurses. The courses are based on the fact that the optimal care of the trauma patient is best accomplished within a framework in which all members of the trauma team use a systematic, standardized approach to the care of the injured patient. The purpose of the courses is to present core-level knowledge, refine skills, and build a firm foundation in trauma nursing. Specific areas of training include: Penetrating traumas and blunt force traumas across the continuum of care, epidemiology, biomechanical injuries, initial assessment, management of patients with shock, brain and craniofacial trauma, thoracic and neck trauma, abdominal trauma, spinal cord, vertebral column, musculoskeletal trauma, burn trauma, and trauma and pregnancy. Psychosocial aspects of trauma and family-centered care as it relates to trauma are also included. A leading group of nurses and

other technical staff from departments such as Nursing Support, ED, Hospital Leadership, ICU, Perioperative, Maternal Child Health, Telemetry, Orthopedics, Radiology, and Medical/Surgical will attend these advanced courses. The number of staff from each department that is planned to attend can be found outlined as a part of the attached budget. CRMC's Director of Education is coordinating the delivery of these courses, both live classes and web-based modules, to the staff.

Training equipment including a wound kit, splint, pelvic binder and rapid infuser are key components of the training and are included in the training budget. Staff must be trained in the use of this basic trauma equipment.

Specific equipment. Through this application, we are requesting funds to purchase equipment that is needed to operate a Level I Trauma Center, above what Dignity Health is providing. Trauma centers must have equipment specifically designed to care for trauma victims. Equipment we are requesting from Gila River Indian Community is as follows:

1 Level 1 infuser	2 Open thoractomy trays	1 DR portable x ray
1 Blanket/fluid warmer	2 Pericardialcentesis trays	1 countertop CR x ray unit
10 Lead aprons	2 Pelvic binders	ultrasound machine
1 Blanket and fluid warmer	4 CVP cords for Dash 4000	1 Bausch and Lomb stellaris
2 Bladder scanners	4 Arterial line cords for Dash	system
1 Vein finder-IV access	4000	Panorex X-ray
1 Bladder scanner	4 Temp foley cords for Dash	Public Access Computer
4 Backboards	4000	Station
4 ET CO2 monitoring	1 Blood freezer	EM System
modules for Dash 4000	1 Eye Box	TQUIP
4 Trauma Gurneys	1 Dental Box	
2 Diagnostic peritoneal	2 Coagulation instruments	
lavage trays	2 overhead radiology booms	

Rural Trauma Team Development Course. This grant includes a request to fund the Rural Trauma Team Development Course. This course was developed by the American College of Surgeon's Committee on Trauma to teach rural facilities the fundamental elements of injury resuscitation. This course would be offered to rural hospitals in our area that would transfer patients to our facility. It would provide education that would enable their staff to help stabilize patients, if necessary, before the patients are transported to other trauma facilities. The course content includes key concepts relative to organization of the trauma receiving area, utilization of available resources and regional system relationships. The course is offered in a single day to enable a rural facility to form a trauma team consisting of at least three core members that could include physicians, nurse practitioners, physician assistants, nurses, pre-hospital personnel, technicians, and administrative support.

Staff from CRMC, Mercy Gilbert Medical Center, and St. Joseph's Hospital and Medical Centers will offer this training to rural hospitals in our area that will be transferring trauma patients to us at the Level I Trauma Center. The course will be delivered by our Course Director who will be one of the trauma physicians, a nurse, and the Trauma Program Manager, in addition to additional staff from partnering hospitals. They will travel to the rural facility to conduct the training which includes team performance scenarios using their own equipment and organizational systems to perform primary assessments. At least six facilities have already shown interest in this type of training and outreach education personnel

will contact other facilities to schedule trainings. CRMC's Trauma Program Manager will serve as the Course Coordinator and will set up the trainings.

**O-Arm®.** In addition to the needed equipment to treat trauma patients discussed in the previous section, this grant also features a request to purchase an O-Arm® Multi-dimensional Surgical Imaging System. This system is becoming a best practice in all types of spine surgeries, including trauma cases. The O-Arm® provides detailed, multidimensional images and is designed for use in spine, orthopedic, and trauma-related surgeries. During back and spinal cord surgery, the O-Arm® provides the surgeon with clear, real-time images of the body during surgery. This shows him where best to place his instruments and allows him to make the best decisions during surgery. The O-Arm® is unique because it allows the surgeon to make fewer and smaller incisions, precisely navigate delicate areas like the spinal cord, confidently place screws and align joints, and minimize pain and recovery time.

In a typical spinal cord surgery, multiple CT scans and X-rays would be taken before, during, and after surgery to ensure that instrumentation and screws are placed properly, adding time and expense to the surgery. Until now, this has been the best accuracy that could be obtained, although it still doesn't provide extremely accurate information. In a typical surgery, the risk always exists of damaging fragile vascular structures surrounding the spine without real-time pictures to guide the surgeon. With the O-Arm® all this changes, the surgical time is minimized, and many of the risks virtually disappear.

Here's how it works: During the surgery, the patient is placed with the O-Arm® forming a ring around the body. The ring then rotates to take 2-D x-rays and 3-D images of the body. It has a navigational component, like a GPS, which helps the surgeon to track instruments in relation to the body's anatomy. It helps to monitor the surgical site, including the soft tissue. Surgery with the O-Arm® enables the surgeon to:

- Navigate more precisely through delicate anatomy at exactly the right angle;
- Use smaller and fewer incisions;
- Preserve healthy tissue;
- Minimize complications, pain, recovery time, and the need for repeat procedures

The unique design of the O-Arm® increases access to the patient without compromising mobility. It also produces faster imaging with reduced radiation dosage. The patented design helps to maintain sterility and safety. The device can make robotic movements to preset positions and provides the surgeon with complete access to the patient while providing real-time images. This imaging system represents the seamless integration of intra-operative imaging with image guided surgery.

Large hospitals in big cities throughout the country perform spinal surgeries using this innovative device. It is less available in suburban or rural hospitals. CRMC's purchase and use of the O-Arm® device would be the first in the East Valley. More complex spinal surgeries will be able to be performed for East Valley residents right here, so they won't have to be transported to facilities such as Barrow Neurological Institute in downtown Phoenix.

CRMC has prepared to become the East Valley's neurological and spinal center for the past 18 months. Through a partnership with Barrow Neurological Institute, three spinal surgeons regularly perform complex neurological and spinal surgeries at our Chandler facility. That number is projected to grow to four surgeons by next year and five or six within the next two years. Since we began our spinal surgeries

18 months ago, the numbers of patients treated have doubled and are projected to double again within the next two years.

Use of the O-Arm® during spinal surgeries, which includes cervical, thoracic, and lumbar vertebrae and down into the pelvis, will reduce the time of such surgeries by as much as two hours, increase precision, and produce better outcomes for patients of these extremely delicate surgical procedures. It also increases the ability to accomplish minimally invasive complex surgeries for much quicker healing and recovery with far less risk than traditional surgery.

**b) Describe how the proposed program or project satisfies one or more of the “priority areas” identified by the Gila River Indian Community.**

This request falls under Gila River Indian Community’s priority funding area of healthcare services. Currently, patients in the Southeast Valley needing care for the most critical injuries are flown to Phoenix or Scottsdale. According to the 2012 annual report of the Arizona Bureau of Emergency Medical Services and Trauma System, only 42 percent of patients critically injured in Maricopa County last year arrived at a Level I Trauma Center within the “golden hour,” the first hour after a severe injury. In Pinal County, the percentage of those getting necessary treatment within the “golden hour” is much less – only 10 percent! During the golden hour, the lives of a majority of critically injured trauma patients can be saved if definitive surgical intervention is provided. To this end, we are excited that the communities of Apache Junction, Casa Grande, Chandler, Florence, Gila River, Gilbert, Globe, Maricopa, Mesa, Miami, Queen Creek, Sun Lakes, and Tempe will benefit from the proximity of CRMC’s trauma center.

Providing an O-Arm® device for the East Valley will allow residents from all these same communities to have increased access to state-of-the-art spinal surgery close to or within their community. It will also be a key piece of equipment for CRMC’s Level I Trauma Center to repair highly complex orthopedic or spinal trauma quickly and accurately. As technology advances in the field of medical care, it is CRMC’s goal to provide the best, innovative, quality healthcare to our region of the metropolitan area.

**c.) Identify the needs and problems to be addressed, target population and number of persons to be served by this project.**

Since the 1990’s Chandler has experienced exponential growth and has been one of the fastest growing cities in the country. In the 90’s alone, the population grew by 97%. Population growth has slowed recently due to the economic downturn, however, due to Chandler’s focus on attracting companies to provide good-paying jobs, it continues to grow at a slower steady rate.

CRMC is growing to meet the needs of this ever-expanding population. One of the clear needs for the East Valley is trauma services. In FY 2009-2010, CRMC reported more than 61,000 Emergency Department visits. Many of these visits were for ambiguous “symptoms, signs, and ill-defined conditions.” However, an Emergency Department visit for injury or poisoning was the second highest visit category for adults and the highest category for children<sup>2</sup>.

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<sup>2</sup> Chandler Regional Medical Center, Community Health Needs Assessment CY 2009, Center for Health Information & Research, Arizona State University, April 2012

Injuries are the leading cause of death for people ages 1-44 in Arizona. More than 24,000 people are severely injured in Arizona annually – 1,400 severe injuries occur in rural and frontier regions, necessitating long distance transport of trauma patients. Arizona’s trauma system ensures each patient is cared for at an institution with resources and capabilities that match the patient’s needs<sup>3</sup>.

In 2007, the American College of Surgeons’ trauma committee reviewed Arizona’s trauma system and concluded it was fragmented, lacked timely access for some residents and had inadequate data reporting and coordination. At that time, the report estimated that about 320 deaths could be prevented each year with a more inclusive trauma system. In order to achieve full designation, a trauma center must meet standards established by the ACS verification process. According to the ACS Arizona Trauma System Consultation Report, one of the vulnerabilities for the state of Arizona was the clustering of Level I trauma centers in the middle of large urban areas, leaving limited resources in rural areas<sup>4</sup>.

For people just having suffered a traumatic injury, there is a one-hour period of time, called the “golden hour” in which their lives are more likely to be saved if definitive medical intervention is provided. This one-hour time span incorporates all of the events that transpire after a significant injury has taken place including notifying the police, dispatching an ambulance to the scene, transporting the victim to the hospital, summoning the appropriate surgical and support staff, and performing the surgery. This is an extraordinary amount of activity that needs to happen within one hour, particularly if the injury takes place in an outlying or rural area. Last year in Pinal County, only 107 out of 1,128 trauma patients received the stabilization treatment necessary within the golden hour. That’s only 10.12 percent of Pinal County trauma patients<sup>5</sup>. The time it takes to transport Eastern Maricopa County and Pinal County victims to a Level I Trauma Center will be greatly reduced when they don’t have to be taken to downtown Phoenix or Scottsdale, ensuring that many more people will receive lifesaving treatment within that “golden hour.”

*Need for staff training.* A Level I Trauma Center is required by the State of Arizona to provide continuing education to its staff and outreach education to allied health personnel, pre-hospital personnel and the community<sup>6</sup>. Operating a trauma center requires that specific physician specialists and support teams are always available to treat people in need of trauma services. Staff training on a constant basis is necessary to ensure these support teams are ready to provide life-saving medical care. It takes very specialized training for surgeons, physicians, nurses, and staff to provide care that saves lives and quickens patient recovery at every stage of the process. For effective treatment to be provided as quickly as needed in a trauma situation, a systematic approach is necessary. The optimal care of the trauma patient is best accomplished within a framework in which all members of the trauma team use a systematic, standardized approach to the care of the injured patient. Staff must receive ongoing training to be able to operate effectively within that system.

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<sup>3</sup> Trauma Program Information, Arizona Department of Health Services,  
<http://www.azdhs.gov/bems/documents/trauma/GeneralTraumaInformation.pdf>

<sup>4</sup> ACS College of Surgeons Committee on Trauma, Phoenix, AZ, November 26-29, 2012,  
<http://www.azdhs.gov/bems/documents/trauma/acs-az-trauma-system-consultation-report.pdf>

<sup>5</sup> State Trauma Advisory Board 2012 Annual Report, <http://azdhs.gov/bems/documents/data/ASTR/2012-stab-annual-report.pdf>

<sup>6</sup> Arizona Trauma Center Standards, 2007, <http://www.azdhs.gov/bems/documents/trauma/ExhibitI-ArizonaTraumaCenterStandards.pdf>

*Need for Rural Trauma Team Development Course.* While only 25 percent of our population lives in rural regions, more than 60 percent of the trauma deaths in America occur in these remote geographic segments of the country<sup>7</sup>. Dignity Health is committed to preparing our rural partners to be part of a well-functioning trauma system throughout our region of service. The coordinated responses of EMS, paramedics, rural trauma services, Mercy Gilbert Medical Center as a Level III Trauma Center, and CRMC as a Level I Trauma Center all work together to ensure that as many trauma patients as possible are served within the “golden hour” of opportunity and are restored to health and function as quickly as possible.

Offering this course to our partners will help them to improve quality of care in rural areas by developing a timely, organized, and rational response to the care of the trauma patient and a team approach that addresses the initial assessment and stabilization of the injured. The organization of this part of the overall regional trauma team will help to increase the efficiency of resource utilization and improve the level of care provided to the injured patient in the rural environment. Six neighboring facilities have already expressed interest in receiving the course. More will be identified as our staff reach out to the community.

*Need for O-Arm®.* With the growing population of the East Valley, the incidence of residents requiring spinal surgery is also increasing. The causes can be many – degenerative diseases including arthritis or degenerative disc disease, trauma, or deformities such as scoliosis or kyphosis. Aging is a risk factor for disc degeneration. By the age of 50, 85% of the population will show evidence of disc degeneration<sup>8</sup>. Minimally invasive surgery can be the perfect solution for our East Valley older population. In addition, there are 12,000 cases of spinal cord injury each year in the U.S.<sup>9</sup> Use of the O-Arm® can provide time and precision vital to preserving the functionality of the spine.

**d.) Describe the project goals and objectives, and your plan to meet them.**

**Level I Trauma Center Goals**

- Provide advanced trauma life support and critical access to a Level I trauma center for people in the immediate and surrounding communities within the “golden” hour

*Action Plan*

1. Acquire and maintain equipment to be continuously ready to care for severely injured patients
2. Provide adequate staffing levels and management to provide round the clock care for trauma patients
3. Provide consistent training to hospital personnel so that all staff operate within the trauma system efficiently and effectively

- Comply with requirements set forth by the American College of Surgeons’ Committee on Trauma with the goal of providing optimal care for trauma patients

*Action Plan*

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<sup>7</sup> American College of Surgeons, Rural Trauma Team Development Course, <http://www.facs.org/trauma/rtttdc/>

<sup>8</sup> Modic, M., Ross, J. (2006), Lumbar Degenerative Disk Disease. Radiology, <http://radiology.rsna.org/content/245/1/43.full>

<sup>9</sup> Spinal Cord Injury Facts and Figures at a Glance, National Spinal Cord Injury Statistical Center, February 2012, [www.nscisc.uab.edu](http://www.nscisc.uab.edu)

1. Submit trauma data to state database and National Trauma Database
  2. Develop trauma performance indicators
  3. Adhere to the criterion for optional care of the trauma patient
  4. Report compliance with criterion based on evaluation of the trauma audits monthly
- Keep our emergency transport services within our community to shorten response times  
*Action Plan*
    1. Coordinate and integrate trauma care using standard protocols and Centers for Disease Control (CDC) accepted triage criteria
    2. Provide appropriate placement of the patient in the health care system
    3. Enhance communication with the pre-hospital providers in regards to trauma patients brought to the facility
    4. Identify education needed for pre-hospital providers, provide all necessary education, and offer feedback
    5. Pre-hospital and functional outcomes will be tracked and used to improve policies, procedures, and processes throughout the trauma continuum.
  - Reduce morbidity and mortality through primary injury prevention efforts  
*Action Plan*
    1. Annually design and deliver outreach efforts to the community conducted by our trauma facility
  - Enable surrounding rural facilities to develop rural trauma teams  
*Action Plan*
    1. Provide a Rural Trauma Team Development course to the rural facilities in the surrounding area with the following objectives: 1) Define roles and responsibilities for the rural trauma team; 2) appropriate care of the injured patient; 3) identify local resources and limitations; 4) initiate patient transfer process; 5) establish a performance improvement process; and 6) define the relationship between the rural trauma facility and the regional trauma system.

**O-Arm® Multi-dimensional Imaging Device Goals**

- Provide state-of-the-art imaging for spine, orthopedic, and trauma-related spine surgeries  
*Action Plan*
  1. Purchase and install the O-Arm® system
  2. Provide necessary staff training
  3. Secure contract for regular maintenance and calibration of the equipment
- Grow the East Valley’s spinal surgery program  
*Action Plan*
  1. Perform increasingly complex spinal surgeries
  2. Decrease the amount of time for surgeries and increase surgery precision
  3. Perform spinal surgeries for East Valley residents within our community’s facility
  4. Hasten healing and recovery with minimally invasive techniques
  5. Increase partnership with Barrow Neurological Institute and affiliation with additional surgeons within two years

**f) Identify other organizations, partners or funders participating in the project and their roles.**

Operating a Level I Trauma Center that will benefit all surrounding areas of the East Valley will involve Emergency Medical Services transport agencies and fire departments from all the communities including Chandler, Gilbert, Sun Lakes, Gila River, and Maricopa. With the partnership of these agencies, response times for critically injured patients will be reduced and transport vehicles will stay in our communities ready to answer a call, rather than transporting patients across the Valley for the treatment that they need. CRMC will provide educational opportunities by patient follow up and outreach trauma education to the surrounding EMS transport agencies and Fire Departments. The following are quotes from local fire chiefs on what this trauma center will mean to them:

*"A Level I trauma center has been needed in the East Valley for a long time now. It will provide a much shorter response time to our critically injured citizens when minutes can mean life or death. Our firefighter paramedics will benefit from the outstanding experience and education that a Level I Trauma Center brings and even more importantly the safety of our firefighters will increase because it decreases the amount of time they are in the back of an ambulance traveling with a patient to the hospital." Chief Jeff Clark - Chandler Fire Department*

*A Level I Trauma Center in the East Valley will provide improved emergency services for the residents of and visitors to the Sun Lakes community. Reduced ambulance transport times to the trauma center coupled with quicker treatment of traumatic injuries will save lives." Chief Paul S. Wilson - Sun Lakes Fire District*

*Time is the critical factor when dealing with any life-threatening emergency. This center, being so close to the City of Maricopa, will dramatically reduce the time it takes for our critically injured patients to reach the specialized, multi-disciplinary medical teams; resources; and treatment they need to survive." Chief Wade Brannon - Maricopa Fire Department*

**g) Indicate any application to and/or awards made by a Tribe other than the Gila River Indian Community.**

Dignity Health has not applied to nor received any other awards for this project or any other project from another Tribe.

**h) Provide a timetable for implementation.**

Please see attached timelines.

**i) Identify long-term funding resources or project sustainability.**

Patients who will be admitted to the Level I Trauma Center will have a variety of payment options including: commercial insurance, Medicare/Medicaid, Arizona Healthcare Cost Containment System (AHCCCS), and private pay. Arizona's Medicaid, AHCCCS, has been in existence for thirty years and is a stable source of medical assistance. The Arizona legislature is currently considering reversing recent cuts to the AHCCCS system and expanding it to the amount of coverage it offered in the past. Those who still won't qualify for Medicaid, will be eligible for the insurance programs to be offered through the president's Affordable Care Act. Dignity Health is actively advocating for the restoration of Arizona's

enhanced Medicaid coverage and the expansion of Medicaid in the federal government's affordable care act program. Patient use of the O-Arm® will be funded primarily through the same payor options.

After the initial start-up costs, the Trauma Center will be somewhat sustained through these commercial and government reimbursements for trauma services. However, it is not expected that these parties will completely cover the cost of providing services to the medically indigent. Since the area is severely underserved by existing trauma providers and a Level I Trauma Center expansion is long overdue, Dignity Health Foundation – East Valley will continue to build a solid fundraising program which strengthens its relationships with private and public donors, volunteers and community partners to assist in future funding for Level I Trauma Center equipment and training. Various funding strategies include, but are not limited to, mail appeals and individual, major and planned gift opportunities as well as seeking corporate and foundation support. Dignity Health is committed to the establishment of long-term sustainability and growth.

## **2. Reports**

CRMC will supply Gila River Indian Community with all required reporting documentation. In addition, leadership and staff from CRMC will report on progress in person, as needed. Tours will be available for Gila River leadership and community members to learn more about the trauma facility and neurosurgical equipment.

**Dignity Health Foundation East Valley  
Chandler Regional Medical Center Level I Trauma Center  
O-Arm Multi-dimensional Surgical Imaging System  
BUDGET**

The budget period is 10/1/2013 to 10/1/2016. Equipment will be purchased within the first year of the grant. Staff training will be accomplished within the first year of the grant. Rural Trauma Course will occur throughout the three years of the grant. Requesting Gila River to pay three equal installments of \$733,373 to reimburse costs of equipment and training over three years. In-kind Dignity Health donations to this project are described within the grant application narrative.

<b>Trauma Center Equipment</b>				
<b>Item</b>	<b>Quantity</b>	<b>Hospital Department</b>	<b>Amount Requested from GRIC</b>	<b>Detail</b>
Ultrasound machine	1		45,000	
Level 1 infuser	1		2,200	
Blanket/fluid warmer	1		1,800	
Lead aprons	10		3,750	
Blanket and fluid warmer	1		1,800	
Bladder scanner	1		5,000	
Vein finder-IV access	1		2,000	
Vein finder-IV access	1		2,000	
Bladder scanner	1		5,000	
Backboards	4		2,500	
ET CO2 monitoring modules for Dash 4000	4		6,000	
Trauma Gurneys	4		48,000	
Diagnostic peritoneal lavage tray	2		500	
Open thoracotomy tray	2		500	
Pericardialcentesis tray	2		500	
Pelvic binders	2		430	
Panorex X-ray	1		50,000	
Public Access Computer Stations			100,000	
EM System			65,000	
TQUIP			9,000	
CVP cords for Dash 4000	4		3,000	
Arterial line cords for Dash 4000	4		3,000	
Temp foley cords for Dash 4000	4		1,500	
Blood freezer	1		9,000	
Eye Box	1		400	
Dental Box	1		300	
Coagulation instruments	2		90,000	
overhead radiology boom	2		500,000	
DR portable x ray	1		130,000	
countertop CR x ray unit	1		50,000	
Bausch and Lomb stellaris system	1		91,000	
<b>SUBTOTAL</b>			<b>1,229,180</b>	
<b>O-Arm Multi-Imaging System</b>	1	Neurosurgery	<b>800,000</b>	
<b>Rural Trauma Team Development Course</b>				

Books	330		16,500	3 classes X 30 participants each (Year 1); 4 classes x 30 participants (Year 2); 4 classes x 30 participants (Year 3) X \$50
Simulation Man	2		50,000	
<b>SUBTOTAL</b>			<b>66,500</b>	

Trauma Center Education				
Trauma Training Equipment		All Departments		
Gaumard Trauma wound kit			450	
Laerdal Trauma makeup			210	
Hare Traction splint			560	
Pelvic Binder			190	
Rapid blood/fluid infuser			8,094	
Advanced Trauma Training (ATCN course)		Emergency Department	3,420	1 conference \$285 X 12 RNs
Advanced Trauma Training (TNCC course)			5,750	1 conference \$250 X 23 RNs
Unit-wide Trauma Training Development				
ER Trauma Skills Days			16,272	1 - 8 hr. class; \$144 X 113 RNs and technicians
Team STEPPS			2,016	1 - 2 hr. class; \$36 X 56 RNs and technicians
ER Mock Trauma Drills			6,048	6 hr. class; \$108 X 56 RNs and technicians
Books			448	\$8 X 56 RNs and technicians
ICU Core Staff Advanced Trauma Training		Critical Care		
Trauma Symposium at St. Joseph's			600	4 RNs X \$150
Advanced Trauma Care for Nurses			1,995	7 RNs X \$285
ICU Staff Trauma Training			6,912	4 classes X \$72/class X 24 RNs *
Simulation Lab Skills: Trauma			4,176	1 class X \$72 X 29 RNs *
Trauma Case Scenarios			4,176	1 class X \$144 X 29 RNs *
Perioperative Core Staff Advanced Trauma Training		Perioperative		
Trauma Symposium at St. Joseph's			150	1 conference X 1 RN X \$150
ATCN			285	1 conference X 1 RN X \$285
Perioperative Team Trauma Education			7,200	8 X 1 hr. in-services X \$18 X 50 RNs and technicians *
Team Trauma Education		Maternal Child Health	6,480	1 - 8 hr. class X \$144 X 45 RNs *
Neonatal trauma, resuscitation and surgery			1,728	1 - 4 hr. class X \$72 X 24 RNs *
Staff Trauma Training		Telemetry		
Overview of multisystem trauma (eLearning)			343	1 module X \$3.50 X 98 RNs
Trauma Pathophysiology, treatment, and nursing care			14,112	1 - 8 hr. class X \$144 X 98 RNs*
Staff Trauma Education		Orthopedics/Medical Surgical	7,920	2 - 4 hr. classes X \$72 X 55 RNs*
Core Staff Advanced Trauma Training		Observation	570	1 conference X 2 Nurse Practitioners X \$285
Staff Trauma Education			2,160	2 - 4 hr. classes X \$72 X 15 RNs*
Core Staff Advanced Trauma Training (Resource RNs)		Nursing Support	1,425	1 conference X \$285 X 5 RNs
House Supervisors			750	1 conference X \$250 X 3 RNs

<b>SUBTOTAL</b>			<b>\$104,440</b>	
<b>TOTAL</b>			<b>2,200,120</b>	

\* Class costs are calculated based on ATCN  
conference hourly rates of \$18/hr., \$72/4 hrs., and  
\$144/8 hrs.

# Chandler Regional Medical Center- Trauma

Tim Bricker  
President and CEO

Jane Hanson  
Chief Operating Officer

Dr. Terry Happel  
Chief Medical Officer

Peter Menor  
VP Operations

Peg Smith  
Chief Nursing Officer

Trauma Medical Director, CRMC

Janet Shepard  
Director Emergency and Trauma  
services

Lori Wass  
Trauma Program Manager

**CRMC Steering Committee**  
CEO, Chief Nursing Officer, Chief Operating officer, Director of  
Emergency and Trauma Services, Senior Project Manager, Chief  
Medical officer, Vice President of Patient Management, Director of  
Business Development, Medical Director of Trauma Services, Trauma  
Program Manager.

Trauma Registrar

Injury Prevention

**Dignity Health Foundation East Valley  
Chandler Regional Medical Center Level I Trauma Center  
O-Arm Multi-dimensional Surgical Imaging System**

**TIMELINE**

Nov.-Dec. 2013

Jan. - March 2014

April - May 2014

June – Dec. 2014

2015

2016

**Trauma Training**

- ED skills/ competency
- ICU skills competency
- Continue Orthopedics, MS, Observation, Tele, I.R., Periop & ancillary education.
- Trauma documentation education completed.
- Mock Trauma drills conducted
- OB/L&D/Nursery Trauma Sim &Scenarios
- On-site trauma drill including all the ancillary areas completed

**Trauma Training**

- ED & ICU nurses complete TNCC/ ATCN training
- Trauma education for Orthopedics, MS, Observation, Tele, I.R., Periop & ancillary areas complete.
- IT education complete
- Plans for continued Education implemented

**Trauma Designation**

Attestation to grant provision al status to begin operating as a trauma center

**Trauma Designation**

Trauma patients are treated with the full services of a Level I Trauma Center as outlined in grant narrative

**Trauma Designation**

Approximate date of official trauma designation (April)

**Trauma Designation**

Patients receive treatment as outlined in grant narrative

Dignity Health Foundation – East Valley  
 Chandler Regional Medical Center Level I Trauma Center  
 O-Arm Multi-dimensional Surgical Imaging System  
 Timeline

Nov.-Dec. 2013      Jan. - March 2014      April - May 2014      June – Dec. 2014      2015      2016 →

<p><b>Trauma Equipment Purchase</b></p>	<p><b>Trauma Equipment Purchase</b></p>	<p><b>Trauma Equipment Purchase</b></p>			
<p><b>O-Arm Purchase and Installation</b></p>	<p><b>O-Arm</b>        Staff undergo necessary training from purchase company and receive routine mechanical checks and updates through service plan.</p>	<p><b>O-Arm</b>        Machine is used in neurosurgeries as outlined in narrative. Routine mechanical checks and updates continue through service plan.</p>			
<p><b>Rural Trauma Team Development Course</b></p> <ul style="list-style-type: none"> <li>• Train physicians to deliver course</li> <li>• Set up arrangements for 3 classes in 2014</li> </ul>	<p><b>Rural Trauma Team Development Course</b></p> <p>Offer one course</p>	<p><b>Rural Trauma Team Development Course</b></p> <p>Offer one course</p>	<p><b>Rural Trauma Team Development Course</b></p> <p>Offer one course</p>	<p><b>Rural Trauma Team Development Course</b></p> <ul style="list-style-type: none"> <li>• Train additional physicians to deliver course</li> <li>• Advertise course to community facilities</li> <li>• Schedule and deliver 4 courses</li> </ul>	<p><b>Rural Trauma Team Development Course</b></p> <ul style="list-style-type: none"> <li>• Train additional physicians to deliver course</li> <li>• Advertise course to community facilities</li> <li>• Schedule and deliver 4 courses</li> </ul>

# CRMC Trauma Designation and Verification Schedules v.1

