First and foremost it seems that it would fit very well into the clinical, academic and strategic missions of the organization. The need to consider trauma center accreditation is occurring for many different reasons. It is well documented in the literature that implementing a trauma program rapidly raises the level of care and service throughout a medical organization. Making a stronger commitment to the community by elevating the level of care for emergency services seems logical as UH Health continues to grow and expand (Cancer Center, Emergency Center, Rainbows Children’s). There seems to be an enlarging demand, but current limitations of resources and capacity have prevented this from happening. Several service lines have been successfully integrated/networked through your “institute model” and it seems it would be logical to create a Case Injury Care, Science and Prevention (CICSP) Institute to include in your high profile service lines. Several affiliate hospitals are currently Level II and Level III trauma centers with no mechanism to consistently transfer emergent and or urgent patients except to competing hospitals.

The purpose of this consultation is to complete a clinical, leadership and hospital capability analysis required to fulfill trauma center accreditation. Our team will validate the current ability and necessary additional components to build a Regional Resource (Level I) trauma center at UH Case Medical Center. The definition of a regional resource trauma center is:

1. To provide the highest level of trauma designation and function as the resource center for all other hospitals in the surrounding region.
2. To provide total care for every aspect of injury, from prevention through rehabilitation.
3. To maintain resources and personnel for patient care, education and research (usually in a university-based teaching hospital).
4. To provide leadership in education, research, system planning to all hospitals caring for injured patients in the region, state and nation.

Recommendations are based on the American College of Surgeons Resources for Optimal Care of the Injured Patient 2006, Pennsylvania Trauma Systems Foundation 2011 Standards for Trauma Center Accreditation, Requirements for Certification as an OTA Trauma Center (Level I), and our sixteen (16) years of consultation experience identifying best practices in injury care. We used the PA Standards because Ohio is a contiguous state and geographically close to Level I and academic trauma centers that adhere to or are influenced by these standards. We feel it is important to meet or exceed these standards and as a result reposition Case as a leader in Ohio.

Based on our collection of data and interviews with UH Case Medical Center physicians, nurses and administrative leadership, we feel that a (Level I) Regional Resource trauma center could and should be developed.

- This will require significant commitment and moderate investment in staffing, facilities and some capital. The CICSP Institute will expand market share, prominence and reputation. Significant short and long term commitment would be needed from leadership to build a stable platform for the provision of modern injury care. There seems to be precedence for this as UH Rainbow
Babies and Children’s is a Level I Pediatric Center located on the same campus and (3) wholly owned or jointly affiliated institutions are Level III trauma centers; Geauga Medical Center, St. John’s Medical Center and Southwest General Hospital. Optimizing the existing network would support a new center and offset local payor mix challenges.

- We believe Case will realize an increase in all emergency care with the opening of the new state of the art Emergency Department and beautiful new Cancer Center. That combined with Huron Hospital closing is an invitation for the public to turn to Case for more emergent care. There is already a strong existing network supporting the hospital that has the potential for significant growth beyond the current region. This halo effect from trauma will provide growth opportunity for all hospital services. Educationally, the addition of a trauma program would provide great opportunity for physicians, nurses and all specialty and ancillary services. From a funding perspective, if an “Institute” model is implemented, the development and research opportunities that could result would be significant and lead to long term support options for the trauma program.

- The opportunity to develop a trauma program seems very good to excellent. It appears the expense to modify the institution is moderate with relatively short and very positive return on investment. The (2) major capital items needed would be expansion of the operating rooms and an additional surgical intensive care unit. In our opinion, this is needed now for all surgical services and cannot be applied solely to the concept of a trauma program. It appears that modest increases in staff (OR, ICU) would be needed to care for injured patients. The focus needs to be on re-training the staff in trauma and emergency care and assuring the system is set up to prioritize patient flow for the emergency/urgent patient. Recruitment of additional talent to establish a Division of Trauma, Surgical Critical Care and Emergency Surgery, expand ICU beds and expand perioperative and operative services 24/7/365 are needed.

- The catchment area of UH Case medical Center is quite large when considering the five county Cleveland-Elyria-Mentor Metropolitan Statistical Area (MSA). This consists of Cuyahoga County, Geauga County, Lake County, Lorain County, and Medina County, and has a population of 2,077,240. Greater Cleveland is the largest metropolitan area in Ohio. When reviewing statistics for Cleveland, data demonstrates a significant decline in population last year placing the area among the fastest declining cities in the United States. Although this is concerning, the number of individuals receiving health care services from University Hospitals far extends beyond that of the immediate Cleveland area.

2. **Conclusions and Findings**

There is significant opportunity to create a successful regional resource academic center for Surgical Emergency, Traumatology and Surgical Intensive Care for UH Case medical Center and establish an academic Division and consolidated practice for these specialists within the Department of Surgery. This could reposition Case as a safety net hospital, good citizen and academic leader in these fields.

a. **Strengths and Opportunities**
• Regional population statistics support more than (1) Level I trauma center for the Greater Cleveland area (2.5-2.7 million individuals).
• Slow growth of the inner and surrounding city of Cleveland and stronger growth in the suburban counties provides ample advantage for a “regional program”.
• Several major highways traverse the Greater Cleveland area making it a highly traveled transportation corridor.
• The existing strong network of UH Hospitals and its EMS and aeromedical programs with broad diversification of payor mix.
• The geographical position of UH Case Medical Center will need to support East Cleveland and center city.
• Mature EMS System and Institute supporting 83 ground transportation agencies and 2 helicopters.
• The academic position of Case Western Reserve University School of Medicine and the Department of Surgery is very strong.
• A potential to maximize business opportunity in trauma, surgical critical care and emergency surgery with the organization of emergency surgical services which benefits all departments and the hospital. Telemedicine opportunity to existing and potential network sites.
• There are highly regarded specialists, nurses and allied health practitioners already present.
• The Department of Nursing is very strong with the achievement of Magnet status, Beacon Awards for (5) nursing units and very little turnover and high satisfaction rate.
• There are recent and successful precedents with the “Institute Model” in Neurological, Oncologic, Heart & Vascular, Pediatric and Women’s Health services. If applied to this effort it would set Case above Metro Health. The “academic mission” gives you credibility for doing this.
• The opening of a new state of the art Emergency Department in the summer of 2011. This already begins to reset your image and will bring in more emergency patients in all areas.
• Opportunity to improve resident education in trauma and surgical critical care at “home” with enhanced regional and national presence.
• The potential to strengthen surgical critical care as a service and enhance DOS and hospital revenue is present. This also creates an attractive opportunity for expanded training (fellowships both MD & RN).
• Creating an “Institute” would strengthen commitment to the community, expand market share, and set Case apart from other local health care organizations.

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C. William Schwab, MD, FACS
Professor of Surgery
Chief, Division of Traumatology, Surgical Critical Care & Emergency Surgery
Hospital of the University of Pennsylvania