



Ohio House of Representatives
Health and Aging Committee
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Chair Gonzales, Vice Chair Huffman, and Ranking Member Antonio, thank you for this opportunity to voice support for House Bill 261. My name is Jeffrey Claridge and I am a full time practicing trauma surgeon. I also happen to be the Director of Trauma at MetroHealth Medical center, Medical Director for the Northern Ohio Trauma System, and have recently been appointed Ohio's State Chair of the American College of Surgeons Committee on Trauma (ACS COT). More importantly, I am a citizen of Ohio and father of two young children who were born here. I want them to have access to a great trauma system with great care.

MetroHealth is an essential hospital serving the public for over 178 years, and is the region's only Level I Adult Trauma Center and Level II Pediatric Trauma Center certified by The American College of Surgeons (ACS). MetroHealth also has the John A. Gannon Comprehensive Burn Center, the only such center verified by the American Burn Association and the ACS COT, has a Level II Neonatal Intensive Care Unit, and is the State of Ohio's only Ebola treatment center.

MetroHealth's Trauma Center is one of the busiest in the nation, with over 3,100 admissions related to trauma per year servicing patients across 26 counties in Ohio. The 27-bed Surgical Intensive Care Unit admits more than 2,000 critically ill surgical patients per year. The Burn Care Center treats more than 1,700 outpatient and inpatient burn injuries every year. We also operate a Trauma Survivors Network and burn support groups, including Camp Cheerful, a retreat for children who have been victims of severe burns. Additionally, as an essential hospital, we are responsible to meet the care obligations for federal officials in the area and, as an example, have been sending dozens of staff to Alabama to receive Homeland Security training in advance of the RNC.

Needless to say, we are there when you need us most and have often served in that role since our inception. That is why we feel the creation of a state trauma system as outlined in HB 261 is critical for what we do. Ultimately, we believe it is what is best for Ohioans from a public health standpoint.

A Trauma Center is a hospital equipped and staffed to provide comprehensive medical services to patients suffering traumatic injuries. A well-functioning, experienced Level I Trauma Center provides the highest level of surgical care to trauma patients with access to a full range of surgical specialists and equipment available 24 hours a day. If you are severely injured, getting care at such a Level I Trauma Center can lower your risk of death by 25 percent, as long as the care is appropriately coordinated and there is system harmonization. Unfortunately, failure to adopt a statewide system can threaten outcomes related to delivering trauma care.

In 2010, recognizing the importance of regional planning and teamwork in meeting patient needs, health care leaders in the Cleveland area formed the Northern Ohio Trauma System (NOTS). We created the following mission:

“To provide the highest quality of care to trauma patients across the region by rigorously evaluating and improving outcomes, optimizing resources, and providing education across the region utilizing a collaborative approach with hospitals, emergency medical services and the public health services.”

Through NOTS, health systems share quality data and jointly coordinate trauma care among facilities and EMS. We also have monthly quality and protocol meetings. Our overall philosophy is “to get the right patient to the right place at the right time”

Even after a few short years, the evidence of this collaboration’s success is unmistakable. The key to this success is recognizing the clinical and scientific evidence that collaboration and improved systemization of trauma care produces the best results.

In fact, NOTS has demonstrated the following:

1. Significant, sustained reduction of mortality, with a mortality rate improvement of 40%;
 - a. This means over 700 lives have been saved since NOTS was formed, including on Cleveland’s east side where a Trauma Center had closed (Figure 1)
2. Cuyahoga County outpaced the rest of the state in mortality rates; (Figure 2)
3. Reduction in mortality and long term functional outcomes of patients after traumatic brain injury¹;
4. Improvements in outcomes for patients who needed an emergent abdominal operation.

We feel that the bill supports the creation of a state wide system that can have similar results as NOTS but affect a much larger population. This opinion on the need for systemization, however, is not just that of MetroHealth or NOTS.

In May of 2013, the American College of Surgeons, the certification body for Trauma Centers, came to the State of Ohio to evaluate its trauma system. It made the following conclusions about Ohio:

- No effective oversight of trauma care occurs
- No requirements for Trauma Center designation exist beyond verification by the ACS
- Trauma system coordination and patient flow across the entire spectrum of trauma care is disjointed at the state level in Ohio
- Ohio Trauma Centers are in a competitive relationship, one which can work against the best interests of the trauma patient

¹ “Regionalized trauma care boosts TBI survival” - <http://bit.ly/1Llu8Ev>

The ACS also had recommendations:

- Seek executive and legislative support to pass enabling legislation for a Trauma System Program and create a Lead Trauma Agency
- Ensure that enabling legislation provides the authority to set standards and enforce rules for the statewide trauma system
- Establish a transparent, broadly accepted process for future provisional trauma center designation based upon both facility capacity and trauma system need
- Regional trauma systems have been successful in developing integrated and data-driven processes of trauma care, and can serve as models for a statewide system

What's more, the national ACS released a statement in February 2015 laying out guidelines for optimal trauma system function (Exhibit 1), and stated the following:

“...the designation of trauma centers (should be) the responsibility of (a) governmental lead agency with oversight of the regional trauma system. Furthermore, the lead agency should be guided by the local needs of the region(s) for which it provides oversight, and Trauma Center designation should be guided by the regional trauma plan based upon the needs of the population being served, rather than the needs of individual health care organizations or hospital groups.”

Consistent with the ACS recommendations and their statement on how to fix this fragmented delivery system, Representatives Grossman and Huffman started work on legislation that adopts many of ACS's outlined proposals. This work, which has been years in the making, included stakeholders from Government, the hospital community, the EMS/Fire community, professional medical associations and others. What you have here before you represents the culmination of that national expertise, local examples of success (like NOTS) and a clear path forward on reforming our system.

As the Trauma Director of MetroHealth, Medical Director of our Regional Trauma System, Ohio State Chair of the ACS Committee on Trauma, and a citizen of Ohio, I strongly urge your support of House Bill 261.

Thank you for your time. I am more than happy to answer any questions you may have.

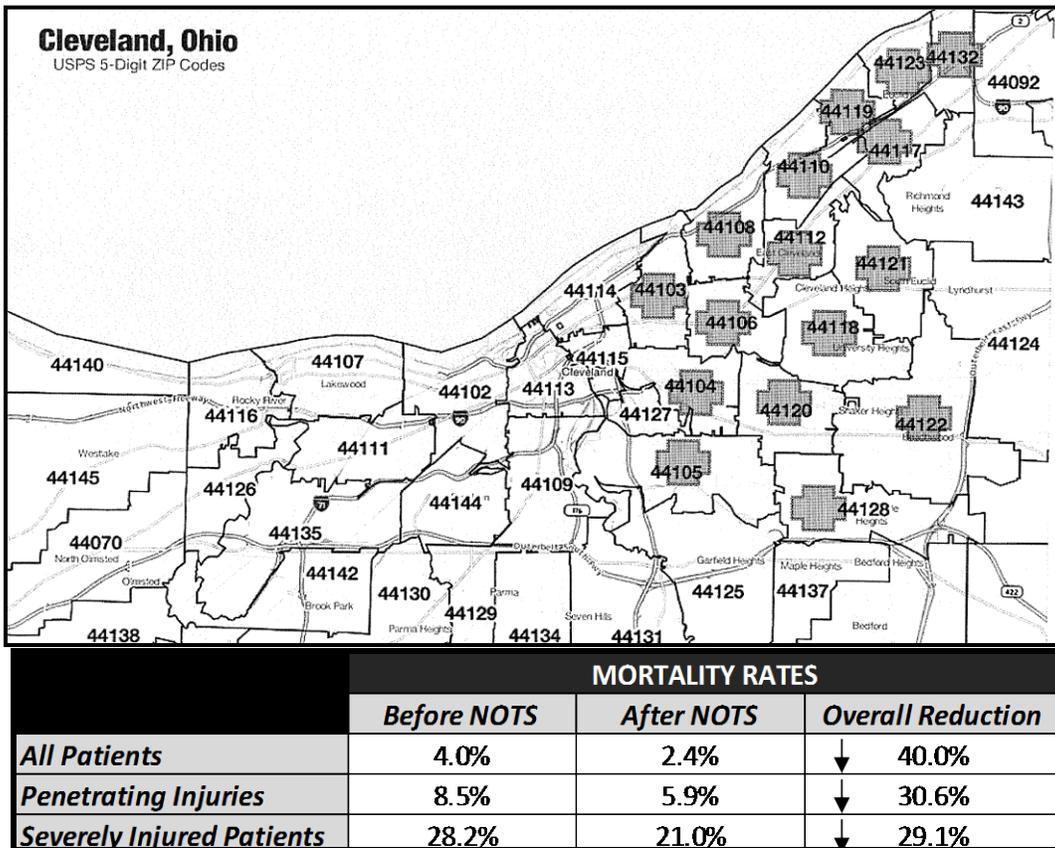


Figure 1: Data from NOTS Presentation to Cleveland City Council, February 2014

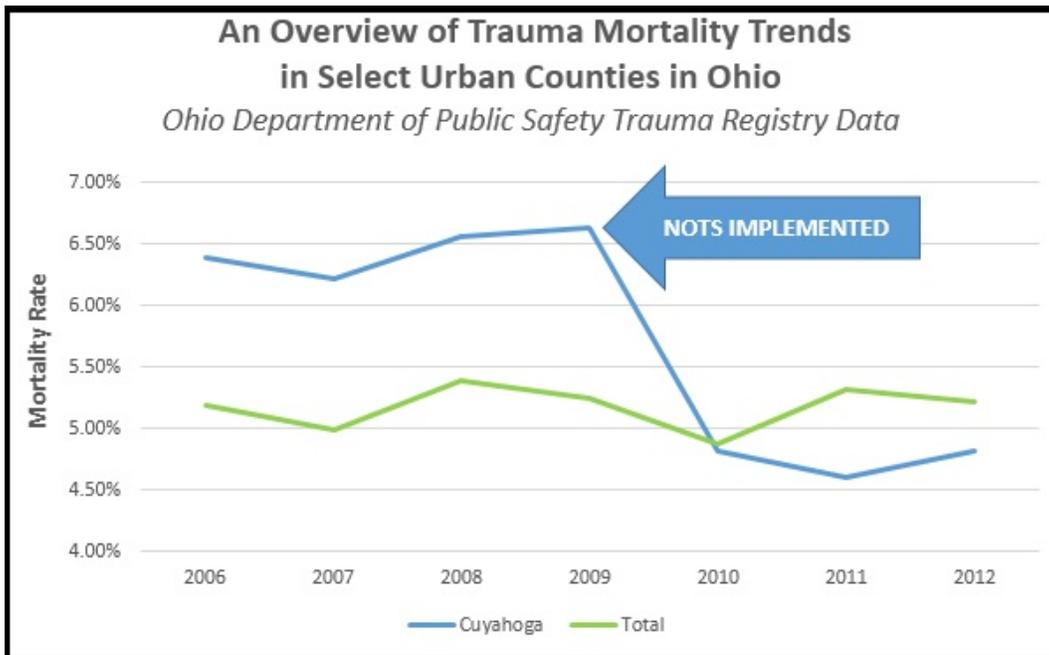


Figure 2: http://www.publicsafety.ohio.gov/links/ems_Select_mortality.pdf