

TESTIMONY OF
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SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE

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SB 46, An Act Prohibiting Hospitals From Charging Fees For Trauma Activation

Stamford Health appreciates this opportunity to submit testimony concerning **SB 46, An Act Prohibiting Hospitals From Charging Fees For Trauma Activation**. Stamford Health opposes this bill.

Stamford Health is a comprehensive, independent non-profit health care system that serves a region of approximately 650,000 people. We employ more than 3,500 people, making us the largest employer in the city of Stamford and one of the largest in Fairfield County. Beyond the lifesaving care we provide 24 hours a day, 365 days a year, we contribute more than \$1 billion to our state and local and economy and provide more than \$90 million in uncompensated care to the residents that need it most. We are committed to providing friendly, personal care coupled with the most sophisticated services to all residents of lower Fairfield County.

As an American College of Surgeons (ACS)-designated trauma center, one of only 12 in the state of Connecticut, SB 46 would directly affect Stamford Health. Moreover, it would hurt the community we serve. Recently, Stamford Health's Level 2 trauma team treated a child who had been struck in the head with a brick. He came into the ED and was soon unconscious. Our trauma staff was available to provide him with the care he needed immediately. Soon, he was in the operating room receiving life-saving brain surgery by a neurosurgeon on our team, who was required to be present within 30 minutes because we are a designated trauma center. The child has since fully recovered.

If it wasn't for our trauma center designation, which is made possible by the very funds SB 46 would cut, that child may not be with us today.

As a trauma center, we treat all injured patients, 24 hours a day, 365 days a year, regardless of ability to pay. Without a Level 2 trauma center in this area, patients would need to travel over 45 minutes to the closest Level 1 facility, which could be disastrous for a patient with a life-threatening injury, including severe head injuries, spinal cord trauma, heart and lung injuries, liver and spleen injuries, and major fractures, including pelvis fractures.

Research has found that patients who are treated at a trauma center have a significantly higher chance of survival, approximately 15% and up to 25% in the elderly. It is well established that the person's chance of survival is greatest if they receive appropriate care within a short period of time after a severe injury – the so-called “golden hour” during which there is the highest likelihood that prompt medical and surgical treatment will prevent death. Without Stamford Hospital’s Level 2 trauma center, patients access to appropriate care would fall outside of the “golden hour.”

As a Level 2 trauma center, Stamford Hospital’s trauma program must have the full range of emergency healthcare providers and services available – *at all times*. This includes surgical specialists and physicians – specialists with years of extra training to take care of a trauma patient, and therefore command a higher wage. We have on-call, on-site trauma and critical care surgeons, emergency physicians, radiologists, orthopedic trauma physicians, neurosurgeons, anesthesiologists, other surgical specialists, nurses, interdisciplinary staff, and trauma specific equipment. In addition, over 10 surgical specialists, including cardiac, hand, microvascular, ophthalmology, otolaryngology, plastic and reconstructive, thoracic, urology and vascular surgeons, are required to be readily available in case they are needed. This includes lifesaving expensive equipment for procedures and resuscitation of the patient in shock in the Emergency Department. A full operating room needs to be ready 24/7 with personnel and the latest in high technology equipment to be able to stop bleeding, repair pelvises, put in emergency vascular grafts, and perform other procedures.

Support services are also required. We are required to have highly trained emergency, critical care and operating room nurses and technicians, who also command a higher wage because of their special training. We must have a robust rehabilitation department with physical, occupational and speech therapists to help start and direct recovery, and we need additional discharge planners and social workers to plan the safest discharge for severely injured patients with complex needs. We provide all of this additional support because most trauma patients were healthy prior to their injury, and are frequently devastated by their injuries and the long road ahead. Life changes in an instant for these patients, and they deserve the care of highly trained specialists and wraparound services to help them not just survive but recover.

In addition, to the personnel costs outlined above, ACS-designated trauma centers must meet strict capital and training requirements as a condition of designation. We undertake a rigorous designation process and re-designation process, which is costly. We are mandated to provide annual trauma courses for nurses and physicians to make sure all of our staff are operating with the most current standards of care, including Advanced Trauma Life Support (ATLS), Advanced Trauma Operative Management (ATOM), Trauma Nurse Core Course (TNCC), Trauma Care After Resuscitation (TCAR), and the ACS Resources for Optimal Care of the Trauma Patient. We host an annual trauma symposium at the hospital and state level. To ensure we are providing the highest

level of care, we undergo an ACS verification site visit every 3 years. We are proud to say that the trauma service outperforms on a range of quality measures, backed by rigorous data collection and analysis and ongoing quality review.

Beyond all of the things we do to provide care to patients, trauma centers perform disaster preparedness and implement injury prevention programs in partnership with local community organizations and municipal governments.

All of these costs are offset by the trauma activation fees that SB 46 would seek to eliminate. The use of billing revenue code 068x for trauma services rendered – a fee, it should be noted, that only those facilities designated as a trauma center by the ACS can utilize, and then only under a limited set of circumstances – helps to ensure that Stamford Hospital can maintain our trauma designation and provide this critical service to our region. Specifically, the trauma response code 068x allows us to charge for activating a trauma team when they are needed. The elimination of these fees would directly jeopardize our ability to maintain our trauma program for the community and provide critical care. These fees are a matter of life and death for our patients.

Thank you for your consideration of our position. For additional information, contact Kevin Dwyer, MD, at 203-276-7470 or Carla Rennie, MSN, RN at 203-276-4949

Sincerely,

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