Arroyo Grande Community Hospital
A member of CHW

Jeff Hamm, Director
San Luis Obispo County Health Agency
2191 Johnson Avenue
San Luis Obispo, CA 93401

July 3, 2008

Dear Mr. Hamm,

As Chief of Staff and Medical Director of the Emergency Department at the Arroyo Grande Community Hospital (AGCH), I would like to express my concerns regarding the recent misguided decision by the San Luis Obispo County EMSA to accept and move forward on the latest trauma plan proposal. If this plan, which calls for a single Level II trauma center, is adopted, it will erode rather than enhance the access to medical care in our community. It will undermine the significant time, effort, and financial commitments AGCH has made over the years to assure that the south county has not only a health services safety net for the indigent and visiting patients, but also a team of physicians who are on-call 24/7/365 to provide care to even the most seriously injured patients. We feel that the recent SLO County EMSA Board's decision to adopt the outside consultants' recommendations is fraught with statistical inaccuracies and political bias.

Back in 2004, I was one of the physicians at the table when the now defunct trauma plan was designed. All involved parties had the opportunity to participate in the development of that plan, while attending meetings over many months. At the conclusion of those meetings a concise and county-wide appropriate plan was developed, and accepted by all the ambulance, fire, hospital, and medical providers serving our community! That plan had called for three Level III trauma centers, thus formalizing a level of care that the community was already enjoying, which was meeting its needs. For many reasons, however, that plan never made it to the next step.

Most recently, a new EMSA Director was appointed and the previously accepted trauma plan was rejected and a consultant was sought out to devise a new trauma plan. The current EMSA Director, Charlotte Alexander, in her first year as director, with absolutely no EMS or medical background has ignored input from the medical community stakeholders and is driving forward, what can only be seen as her own agenda. Within the last 4 weeks, I was one of the public participants of what was likely the best attended EMSA Board meeting ever. (I had served on the EMSA Board for 2 years as the Community Medical Specialist.) All 8 physicians present as public urged the board to carefully look at the trauma plan consultant's recommendations, analyze the recommendation as to why a single Level II trauma center would even be needed, determine what needs the medical community is currently not providing, and then reconvene with all the stakeholders to formulate a more comprehensive solution. The EMSA Board, however, chose at its next meeting to approve all the consultants' recommendations, again ignoring the input from stakeholders!

It does need to be pointed out that the EMSA Board has a conflict of interest, in that the "hospital representative," the "medical director," and the "MICN representative" on the EMSA Board are all affiliated with the institution seeking the single Level II scenario.

AGCH has in the recent years committed to providing 24/7/365 coverage for General Surgery, Orthopedic Surgery, and Critical Care Medicine. In conjunction with an Emergency Department that is staffed by Board Certified Emergency Physicians, we have been able to stabilize and treat or, rarely, transfer all critically injured patients. We have been functioning as a Level III trauma center. The plan adopted by the EMSA Board excludes us from even participating at that level! Should a plan for a single Level II trauma center be adopted by the SLO County Board of Supervisors, our ability to care for our patients will not only be eroded, but appropriate patients will be siphoned away from our facility for financial gain, regardless of the assurances of the EMSA medical director. There are a limited number of general and specialty surgeons serving the needs of our county's residents. A Level II Trauma center would require more resources on their behalf thus leaving the other hospital's call panels uncovered.

I highly advocate the greatest standard of care for injured patients in our community. The decision to move forward with a trauma plan that allows for only one level II trauma center must be based on sound science and evidence that demonstrates a deficiency in our present system. No one has yet come forward to present to the medical community the actual need for a Level II trauma center. There have been no studies or reports from the EMSA or the trauma plan consultant that actually demonstrate a deficiency in our present trauma care. If the morbidity and mortality of our trauma patients is higher than that of a similar sized and demographically related county with a Level II trauma center, then I would absolutely embrace the current recommendation by the EMSA board. However, without that information the consultant's plan is speculative, at best.

I would ask you to reject the trauma plan forwarded to you by the EMSA, and instruct the EMSA to create a plan that takes into account all of the stakeholders' efforts and concerns.

Sincerely,

Carsten Zieger, DO
Diplomat, American Board of Emergency Medicine
Fellow, American College of Emergency Physicians