

**SAN LUIS OBISPO COUNTY  
HEALTH COMMISSION**

Minutes of Meeting

Monday, April 12, 2010 (County Board of Supervisors Chambers)

Members Present: Pam Heatherington (Chair), Jesse Arnold, Penny Chamousis, Martin Craven, MD, DDS, Lynn Enns, Ed Guereña, Gina Kirk, David Odell, Susan Warren, Dawn Williams

Members Absent: Pamela Munson (excused)

Staff Present: Penny Borenstein, MD, Health Officer, Jean White (Recorder)

Speakers: James Caruso (SLO County Planning Dept); Lisa Fraser (SLO County Child Abuse Prevention Council); Charlotte Alexander (EMSA, Inc.)

Agenda Item	Discussion	Action	Who/When
<b>1. Call to Order</b>	Meeting called to order by Chair Heatherington at 6:00 P.M.	<i>Call to order</i>	<i>Chair Heatherington</i>
<b>2. Approval of Minutes</b>	Minutes of March 8, 2010 approved as written.	<i>January minutes approved</i>	<i>Arnold/Guereña/All</i>
<b>3. Public Comment</b>	<b>Michael Axelrod, Project Amend</b> , commented that Project Amend is the only State licensed residential drug & alcohol treatment & detox facility in San Luis Obispo County and that they are dependent on program fees to keep their doors open. His concern is that many people wanting to get into their program cannot afford the program fees. He emphasized the need for addressing the root of the problem “addiction” in order to obtain and use our funding sources most wisely, helping those people who desperately need these services.		
<b>4. Conservation and Open Space Element Update</b>	<p><b>James Caruso, COSE Project Manager, SLO County Planning Department</b>, provided a Power Point overview of the Conservation and Open Space Element (COSE), two mandatory elements of the County General Plan. Mr. Caruso explained the purposes and intent of the COSE. The COSE is a 9 chapter document and addresses emerging issues and challenges with new state requirements, such as greenhouse gas emissions, climate change and green building and implements strategic growth principles. The conservation element was last updated in 1972 and the open space element last updated in 1995. One of the goals was to create a more user-friendly document. Mr. Caruso referred to Policy OS 2.4 of the COSE that prohibits the disposal of biosolids on open space lands, noting that the County has an Interim Ordinance in effect that establishes regulations for the land application of biosolids/treated sewage sludge.</p> <p><b>Mr. Rich Lichtenfels, Environmental Division of Public Health</b>, talked more about the Interim Biosolids Ordinance currently in effect, noting that only exceptional quality biosolids may be land applied in the unincorporated areas of San Luis Obispo County and must be applied at the appropriate agronomic rate for the intended use on agricultural land.</p> <p><b>Commissioner Guereña</b> expressed his concern that “exceptional quality” according to EPA standards doesn’t test for many chemicals. <b>Commissioner Enns</b> noted that the Open Space Element is more of a broad document and the Interim Biosolids Ordinance more specifically addresses the land application of biosolids on agricultural lands. <b>Commissioner Heatherington</b> agreed that there is concern about exceptional quality and what is tested for. She is certain there will be further discussion on this as the County works toward a Permanent Ordinance.</p> <p><b>Commissioner Arnold</b> asked about the application of treated sewage sludge on grazing lands.</p>		

	<p>Mr. Lichtenfels explained that in certain circumstances, it can be applied. The permanent ordinance will more conservatively address these issues to ensure that any material applied is not blowing off the property and that neighbors are protected.</p> <p><b>Commissioner Kirk</b> asked about disposal of biosolids that do not meet standards for agricultural application. Mr. Lichtenfels explained that much is landfill, and some places incinerate it or use it as a power resource.</p> <p><b>Public Comment:</b></p> <p><b>David Broadwater</b> referred to a 5 page brief he emailed to commissioners. He commented that the Board of Supervisors voted to prohibit the land application of sewage sludge on open space lands, but removed language in the COSE that would prohibit composted sewage sludge. He recommended the commission support the recommendation of the Planning Commission to include the language that prohibits composted biosolids on open space lands. The reason he believes that composted sewage sludge should also be prohibited is because agronomic rate of application is not possible. Mr. Broadwater offered to answer any questions.</p> <p><b>Bruce Keogh, Wastewater Division Manager, City of Morro Bay</b> supports the Board of Supervisors recommendation to exclude the language that would prohibit composted biosolids, thus remaining consistent with the Interim Ordinance that is in place. Mr. Keogh also emphasized the importance of having an educational component in the permanent ordinance and offered members of the commission and the public a tour of the wastewater treatment plant. He added that biosolids are heavily regulated and the compost that is produced now is tested for trace metals and 167 other potential contaminants.</p>		
<p><b>5. Child Abuse Prevention Month</b></p>	<p><b>Lisa Fraser, Executive Director, SLO County Child Abuse Prevention Council (SLO-CAP)</b>, provided a Power Point presentation overview of SLO CAP’s collaborative efforts in providing prevention, education and community outreach. The Counties of San Luis Obispo, Santa Barbara &amp; Ventura work regionally to strengthen their child abuse prevention councils and to share resources. This week all of the councils are speaking before commissions and their Board of Supervisors about the work they are doing and to recognize April as Child Abuse Prevention Month. Ms. Fraser presented statistics and described some of the educational and outreach programs that they are actively involved with. Their latest project, Project Connection @ sloparents.org, is a comprehensive information resource, providing parent education.</p> <p><b>Commissioner Craven</b> asked for information on mandated reporting of child abuse. <i>(Ms. Fraser explained that there is a long list of mandated reporters (those in a professional capacity who serve children) who are required by law to report their suspicions or concerns of child abuse to local child welfare services or if necessary, to law enforcement.)</i></p> <p><b>Commissioner Guerena</b> asked about ways of identifying parents at higher risk for child abuse. <i>(Ms. Fraser noted that most neglect or physical abuse cases are related to substance abuse/use issues.)</i></p> <p><b>Commissioner Warren</b> asked about outreach efforts to students. <i>(Ms. Fraser referred to two programs: “Real Care Parenting” using computer dolls and a program (through Beginnings, funded by First 5 &amp; United Way) that goes into classrooms and educates students on the consequences of using alcohol and drugs and how this impacts the developing unborn child.)</i></p>		

**6. SLO County 2010 Trauma System Plan**

**Charlotte Alexander, Executive Director, SLO County Emergency Medical Services Agency, Inc. (EMSA)**, referred to the revised SLO County Trauma System Plan (available on the EMSA website at [www.sloemsa.org](http://www.sloemsa.org)) and handed out a copy of the letter that will accompany the revised trauma system plan when it is sent to the State EMS Authority for approval. The revised Trauma System Plan recommends that San Luis Obispo County would be best served by a single centrally located trauma center. Following approval from the State EMS, the first step will be to issue a request for proposals for one centrally located level III trauma center, with the ultimate goal being the achievement of a level II trauma center designation. The second step will be to implement a trauma registry system. Ms. Alexander noted that a hospital applying for trauma center designation must operate as a trauma center for at least a year prior to receiving a designation.

**Commissioner Odell** congratulated everyone on the progress they have made and asked about funding for the trauma registry. *(Ms. Alexander explained that funding will be received through application fees and annual maintenance fees.)*

**Commissioner Guereña** asked about the difference between a level II and level III designation. *(Dr. Borenstein explained the levels of designation, with level I being the highest, a research and teaching hospital with minimum volume requirements. Level II is similar to a level I, without the teaching or volume requirements, and must have a full array of surgical specialists immediately available to respond. Level III requires that three primary surgical subspecialties – trauma surgery, neurosurgery and orthopedic surgery must be available. The plan more specifically defines what is required for a level II and level III designation.)*

**Commissioner Guereña** asked if input was received from specialists and about the controversy surrounding the plan. He asked if there was a current plan in place for trauma patients. *(Input was received from specialists at EMSA committee meetings and a special meeting between county surgeons and Dr. Borenstein. Ms. Alexander explained that the initial designation of any type of specialty center can be controversial. Currently, trauma patients are taken to the closest hospital, stabilized and then transferred if they need a higher level of care.)*

**Commissioner Heatherington** noted a concern among orthopedics about the timelines that have to be met while on trauma call. *(Ms. Alexander explained that when a specialist is on call, they have to be promptly available, but can have a back up. Part of the site review necessary to be designated as a trauma center includes having contracts in place with on call specialists. If hospitals don't have specialty contracts in place, they cannot be designated a trauma center.)*

**Commissioner Warren** asked if SBRIT (Screening, Brief Intervention and Referral to Treatment) is included under the Development and Injury Prevention Plan. *(Ms. Alexander is unfamiliar with SBRIT, but noted that the specific components of Injury Prevention have not been detailed yet.)*

**Public Comment:**

**Bob Neumann, Retired Fire Chief from City of San Luis Obispo**, has been involved in pre-hospital care for 38 years. He serves as a consumer representative on the EMSA Board and is Chair of the Trauma System Committee. Mr. Neumann talked about the careful consideration given by the 13 stakeholders sitting on the committee over the past 24 months to put together the

	<p>Trauma System Plan. Mr. Neumann and the EMSA Board believe the plan proposed is the best approach. They will closely monitor the impacts as the plan moves forward and are committed to making quick changes if there are any unintended consequences.</p> <p><b>Clint Slaughter, M.D., Physician at French and Arroyo Grande Hospitals</b>, and current Chair of ECO SLO, does not agree with the way the trauma plan has moved forward and believes the process has been one-sided. Dr. Slaughter commented that there are not any good studies available showing that level II or level III trauma centers provide better patient outcomes. He believes specialty care in our County is currently working well and that a trauma center may unnecessarily burden some of the specialists. He noted the importance of getting patients to the closest facility and believes having a level III designation will extend patient transport times. Law requires SLO County to have a trauma plan, but not a trauma center. <i>(Dr. Borenstein agreed that there isn't good data available for level III, but noted that there is some data available showing level II trauma centers make a difference.)</i></p> <p><b>Stephen Tigee, M.D., Emergency Room Physician at French and Arroyo Grande Hospitals</b>, believes the trauma plan is well intended, but noted the lack of data showing mortality benefit for level III trauma centers. He commented that all of our hospitals have similar resources; but have different specialty resources. He is concerned that putting a label on one hospital will be misleading to the public, indicating it is the center that has all of the resources.</p> <p><b>Phil Kissel, M.D., Neurosurgeon</b>, has been practicing in San Luis Obispo County for 20 years, and sees trauma designation of a center as an important component to the trauma plan. He believes the plan has been well thought out and does exactly what it should do, by “taking a pulse” on what is going on with trauma in the County. He highlighted that there is more to managing trauma patients than the initial triage and emergency care which includes post-operative care and rehabilitation. Trauma Centers have a whole team to provide that type of follow-up. He does not agree with the concern that there will be less volume at other hospital emergency rooms due to a trauma center designation at one hospital.</p> <p><b>Terry Fibach, Arroyo Grande, retired Fire Chief from Cities of Arroyo Grande and Grover Beach</b>, has been actively involved with Arroyo Grande Hospital for a number of years, and was part of the committee when Catholic Healthcare West organization took ownership. He sat on the EMSA Board while he was Fire Chief and was part of the Trauma System Task Force that worked on the 2004 plan. Mr. Fibach is concerned that patient care will be compromised with the designation of one trauma center, due to protocols that will extend transport time. There are a number of triggers that will send patients past the hospital in Arroyo Grande and will cut back on quality of care for those patients in the south and north parts of the community, which are two of the busiest emergency rooms.</p> <p><b>Paul Christensen, M.D., Emergency Room Physician at French and Arroyo Grande Hospitals</b>, past president of SLO County Medical Association, and past Chief of Staff at French Hospital, stated that his first and foremost interest is quality and care of patients and that he, with the unanimous support of his medical group, is opposed to the trauma plan as written. Dr. Christensen noted that the criteria used in the 2010 trauma system plan is more than 17 years old and medicine has changed dramatically. He expressed concern that the trauma plan ignored a consensus document developed by surgeons and emergency medical physicians in the</p>		
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	<p>community, that reflected the triage criteria they all agreed would be appropriate for bypassing hospitals. He believes our County would be best served by a plan that allows seamless movement of patients to the facilities where they need to go. All hospitals have board certified emergency medical physicians fully capable of managing a trauma patient. The challenges are with legislation that creates enormous challenges in getting patients from one facility to another. Dr. Christensen disagrees with the consultant’s report because it used level I criteria for all of their assumptions. The State requires a trauma plan, not a trauma center designation and Dr. Christensen encouraged going back to the drawing board, getting the right stakeholders at the table. He again emphasized his opposition to the plan as written.</p> <p><b>Tom Hale, M.D., Emergency Room Physician at Twin Cities Hospital</b>, volunteered to serve on the Trauma System Care Committee because he believes the level of care provided to the most critically injured local trauma patients could be improved. He believes the biggest controversy is market share and agrees that both south county and north county hospitals have the skill to take care of most of these patients, but that trauma care is more than just emergency room care; it is total hospital care for trauma patients and that can’t be done as well at the outlying hospitals. A better job can be done taking care of the multi-injured trauma patients by going directly to a single centrally located trauma center. Dr. Hale commented that he was a part of the meeting on development of the consensus document that Dr. Christensen referred to and that much of the triage criteria was included in the plan. Dr. Hale believes a trauma system plan that includes a trauma center will be transparent and require review of cases and accountability. He asked the commission for support of the plan.</p> <p><b>Will McCloud, M.D., Physician at French and Arroyo Grande Hospitals</b>, noted his concern that the plan “doesn’t feel right” to a large portion of the emergency room physicians in the community. He asked about the other 85,000 emergency room visits in the County when all of the resources and specialty physicians are allocated to one trauma center. He urged that the plan be re-evaluated, because it does not have the support of many physicians in the community.</p> <p><b>Rick Castro, President, Arroyo Grande Hospital</b>, expressed his concern about the process. He acknowledged the hard work that has gone into the plan and that patient care should be the focus. He does not believe San Luis Obispo County can reach a level II designation without affecting the resources at other hospitals. He believes a discussion with the surgeons should have taken place earlier, and noted it wasn’t until after a meeting with the surgeons that the plan was changed to a recommendation for a level III designation. He is also concerned about ambulance data that was misstated about the number of patients that would be affected from Arroyo Grande Hospital. He does not believe the plan as written should go forward and strongly believes the Board of Supervisors need to be involved and take a stand.</p> <p><b>Kristopher Lyon, M.D., Emergency Room Physician at French and Arroyo Grande Hospitals</b>, stated his opposition to the Trauma Plan as written. He noted the lack of data supporting designations (other than level I trauma centers) and that the current plan revolves solely around a trauma center. He believes having specialists at a designated trauma center will decrease resources at other facilities. He commented that most of the trauma in the county is north at the lakes or south at the dunes and by bypassing two good emergency departments that have Board certified emergency physicians will take units out of service for significantly longer</p>		
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	<p>amounts of time and increase response time for patients. He does not believe this plan will improve patient care. Dr. Lyon believes the County needs an effective regional trauma plan and transfer agreements. He encouraged the commission to oppose the trauma plan and direct the EMSA to develop an effective plan utilizing and improving on the resources of our County.</p> <p><b>Rachel May, M.D., Board Certified Emergency Room Physician, Assistant Medical Director of French Hospital Emergency Department and current member of the SLO County EMSA Board,</b> stated that she does not support the current proposed trauma plan. She noted that the consultant concluded that our community would be best served by a single trauma center and unfortunately, that was based on studies for a Level I trauma center. It did not recognize the advantages of our community, in that we have board certified emergency room physicians that staff all four hospitals 24-7 in this county. She believes SLO County would be best served by a regional trauma plan, utilizing the services of all hospitals in the system, with transfer agreements in place for the smooth and seamless transfer of patients to facilities that have the specialty care they need based on their specific injuries.</p> <p><b>Scott Bisheff, M.D., Emergency Room Physician at Sierra Vista and Twin Cities Hospitals,</b> believes it was an open process and will remain an open process. He supports the plan and believes it will be an opportunity to do a better job, collect data, and find ways to improve our current system. He believes arguing against the plan goes against the goal of improving care. He noted that there are many other emergency room physicians who were unable to be here tonight who agree with moving forward.</p> <p><b>Sue Fortier, Trauma Clinical Medical Specialist and Trauma Program Manager at Sierra Vista Hospital,</b> noted there is no magical transformation that will happen the day that San Luis Obispo County designates a center; it will only be the beginning of a long road to the care of trauma patients in our county. She commented that trauma care starts in the pre-hospital emergency setting and then goes to inpatient and that's where the work and coordination efforts really need to be put in place by a designated center. A designated center provides oversight and includes a trauma registry, which really helps form the trauma system and helps improve patient care.</p> <p><b>Penny Borenstein, M.D.,</b> responded to some of the comments, noting that most emergency physicians agree that we can do a better job in taking care of the small number of critically injured patients in this County. She acknowledged the opinions by some that this can be done in ways other than designating a trauma center, but has not seen evidence of how that would occur given state legislation, state policy, and other issues. Notwithstanding ongoing efforts to regionalize trauma care, she believes a trauma center designation is the only way to do a better job by this small number of patients, but also noted the need to ensure that we don't disturb the well functioning emergency care system in this County providing care to the other 95,000 patients distributed across the other hospitals, for the benefit of a handful of patients. She explained the four steps used for trauma triage criteria that are national standards, and believes we have the capabilities for getting the right patients to the trauma center. The level of engagement and awareness will remain and the system will be held accountable if there is error. Dr. Borenstein also addressed the process which was of concern to some. She stated that at every step of the process questions were publicly voiced about whether the County would be able</p>		
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	<p>to achieve level II. Recently, with additional input from the State Authority and surgeons, there was more definitiveness given to the fact that we may not be ready for a level II, although it is an aspiration. Dr. Borenstein explained County Counsel’s formal opinion based on case law and in talking with State Authority that the plan should not go to the Board of Supervisors. Dr. Borenstein also commented on the triage criteria document developed by the consensus meeting of a group of physicians and hospital administrators, noting that the document was reviewed and that all elements but one were included in the final triage criteria.</p> <p><b>Commissioner Kirk</b> suggested development of a regional plan as an alternative model. <b>Commissioner Odell</b> asked about the commission’s role. <b>Commissioner Heatherington</b> noted that since this is not going before the Board, the commission’s role is educational. <b>Commissioner Arnold</b>, after listening tonight, is not convinced that this plan should go forward. <b>Commissioner Chamousis</b> acknowledged all of the effort and energy that went into the plan and thanked everyone for working together as this moves forward. <b>Commissioner Craven</b> asked how the decision for a trauma center will be made. <i>(The decision will be based on applicants fulfilling all the requirements, a site visit by an external expert, and a hospital functioning as a trauma center for a year, prior to designation.)</i> <b>Commissioner Enns</b> believes it is important for the commission, as the Health Commission for the County, to get behind the recommendation of the EMSA and show consensus. <b>Commissioner Warren</b> applauded everyone for coming to the table to develop a plan to improve patient care in the County. <b>Commissioner Heatherington</b> thanked everyone for their comments and invited them back as the process goes forward with their concerns &amp; observations.</p>		
<p><b>7. Health Agency / Public Health Report</b></p>	<p><b>Penny Borenstein, MD, Health Officer</b>, provided an update:</p> <p><b><u>Ocean Water Monitoring Results:</u></b> Dr. Borenstein explained there are logistical reasons why the ocean water testing results cannot be posted on the Public Health website, and have the results be meaningful, but Environmental Health will make the results individually available to members of the public through their rapid fax system.</p> <p><b><u>Health Agency Reduction List:</u></b> The Health Agency was asked to cut 2.2 million for fiscal year 2010-11. Dr. Borenstein provided a copy of the reduction list to commissioners and offered to answer any questions.</p> <p><b><u>APCD Study on Particulate Matter:</u></b> Ann McDowell, County Epidemiologist, referred to the Air Pollution Control District report and explained the lack of data available to tell us whether or not there are adverse health outcomes in the Nipomo Mesa sub-county region. She explained that data collected through CHIS (California Health Interview Survey) is done on a countywide basis and although there is an option to obtain limited sub-county data on certain subjects, it is very costly. She explained that hospital discharge data is also available to the Public Health Department, but has severe limitations because it is based on zip codes and not individual visits. Basically, there is no definitive data available that compares a sub-county region and their health status to the rest of the county or even a comparable area elsewhere in our state. <i>(Commissioner Guerena noted the connection between high PM and a disease state in human beings and asked if it would be reasonable to say that high PM in this population can cause a problem. Ann</i></p>		

	<p><i>McDowell agreed that the high PM in the air puts that population at risk, but there is no epidemiologic data to say whether the sand coming off the dunes is causing asthma in a particular person in that population. Chair Heatherington asked why if it is known that the cause of PM on high wind days is due to the disruption of the sand crust and lack of vegetation, that it is incumbent upon the person who is suffering the ill effects to stay in the house, rather than to stop the activity causing the problem. Ann McDowell provided examples of sandy areas that do not have vehicular activity and noted that on high wind days, PM still gets into the air. She emphasized the importance of public education and for individuals to take a strong stance on their own public health and individual health and think about the effects when going outside on a windy day.)</i></p>		
<p><b>8. Health Commissioner Updates</b></p>	<p><b>Chair Heatherington</b> attended the March 30<sup>th</sup> special health session at the Board of Supervisors and spoke at public comment on behalf of the commission about the commission’s goal to preserve and improve the quality of health for all people within the community. At that meeting, she also suggested the possibility of convening an ad hoc committee to help the Board of Supervisors assess the clinic system, looking at any redundancy in services and the impact of reductions to CHC. She asked if there was interest from the commission in convening an ad hoc committee. <i>(Commissioner Odell agreed that an ad hoc committee could be of value.)</i></p> <p><b>Commissioner Warren made a motion that the Health Commission convene an ad hoc committee to look at the impact of budget cuts to CHC and to look at any redundancies in services throughout the clinic system. Motion seconded by Commissioner Chamousis. (Discussion: Commissioner Enns asked about the timeline in order for information to be relevant. Chair Heatherington suggested a 6 month time frame, noting there would not be enough time to have something prepared for the budget hearings in June.) All in favor (10-0). Commissioners Warren, Williams and Odell volunteered to be on the committee.</b></p> <p><b>Commissioner Warren</b> referred to a video called “Wasted,” that Drug &amp; Alcohol Services Friday Night Live has worked on with other counties that addresses teenagers &amp; alcohol. She will bring forward more information on how &amp; when it will be available. Commissioner Warren also wanted to inform folks that there is a new movie out on the Hallmark Channel on April 25, 9PM, called “When Love is Not Enough,” that has to do with family members of an alcoholic and how they can help themselves and get help.</p> <p>No other commissioner updates.</p>	<p><i>Motion approved to convene an ad hoc committee to assess the clinic system.</i></p>	
<p><b>9. Committee Reports</b></p>	<p>No committee reports.</p>		
<p><b>10. Prospective Future Items</b></p>	<p><u>May 2010:</u></p> <ul style="list-style-type: none"> <li>▪ World Viral Hepatitis Day and the SLO Hep C Project – Invite David Kilburn, SLO Hep C</li> <li>▪ Report from Epidemiologist on cancer rates in the County</li> <li>▪ H1N1 Wrap Up/After Action Report – Dr. Borenstein/SLO Co Health Department</li> <li>▪ Show D/AS Video “Wasted,” if available – Susan Warren will follow up</li> <li>▪ Operation Medicine Cabinet – follow up w/ Public Works &amp; Sheriff</li> </ul>		
<p><b>11. Adjournment</b></p>	<p>Motion to adjourn at 9:30.</p>	<p><i>Meeting adjourned</i></p>	