SUBMITTAL TO THE BOARD OF SUPERVISOR COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



FROM: Executive Office

SUBMITTAL DATE: September 13, 2005

SUBJECT: Response to the Grand Jury Report: Riverside County Regional Medical Center Trauma and Security Services

RECOMMENDED MOTION: That the Board of Supervisors:

1) Approve with or without modifications, the attached response to the Grand Jury's recommendations regarding the Riverside County Regional Medical Center Trauma and Security Services.

2) Direct the Clerk of the Board to immediately forward the Board's finalized response to the Grand Jury, to the Presiding Judge, and the County Clerk-Recorder (for mandatory filing with the State).

BACKGROUND: On July 12, 2005, the Board directed staff to prepare a draft of the Board's response to the Grand Jury's report regarding the Riverside County Regional Medical Center Trauma and Security Services.

Section 933 (c) of the Penal Code requires that the Board of Supervisors comment on the Grand Jury's recommendations pertaining to the matters under the control of the Board, and that a response be provided to the Presiding Judge of the Superior Court within 90 days.

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GARY CHRISTMAS Deputy County Executive Officer

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FINANCIAL DATA \$ N/A In Current Year Budget: \$ Budget Adjustment:

Annual Net County Cost: SOURCE OF FUNDS: For Fiscal Year: Positions To Be Deleted Per A-30 Requires 4/5 Vote

C.E.O. RECOMMENDATION: APPROVE.

County Executive Office Signature

Current F.Y. Total Cost:

Current F.Y. Net County Cost:

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MINUTES OF THE BOAF	D OF/SUPERVISO	RS .

On motion of Supervisor Stone, seconded by Supervisor Wilson and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

o't Recomm 🌒 🗌	Exec. Ofc.:	Ayes: Nays: Absent: Date: xc:	Buster, Tavaglione, St None None September 13, 2005 E.O., Grand Jury, RC		Shley Nancy Romero Clerk of the Board By Journa adge, Co. Clk. & Recorder Dep		
Dep'	Per	Prev. Agn. Ref.	: 3.4- 7/12/05	District:	Agenda Number:	5	

Departmental Concurrence

REALERSIDE COUNTY REGIONAL MEDICAL CENTER Trauma and Security Services

FINDINGS:

Number 1:

On July 21, 2004, the Riverside County Community Health Agency, which serves as the local Emergency Medical Services Agency for Riverside County, conducted a focused survey of the RCRMC Trauma Center, and noted that the "Trauma Bay was extremely small." The Office of Statewide Health Planning and Development* confirmed that there are no California State standards for Trauma Bay size or design and that each healthcare institution determines its own size and design. Therefore, the Grand Jury obtained comparative data from other hospitals in Riverside and San Bernardino counties (See Table I).

*A state agency that approves all new hospital construction and remodeling in California

FACILITY	TRAUMA BAY	ROOM SIZE	ANNUAL VOLUME
RIVERSIDE COUNTY			
REGIONAL MEDICAL CENTER	1	12' X 14' 9"	2,160
RIVERSIDE COMMUNITY			
HOSPITAL	2	14' 5" X 18' 5"	1,842
ARROWHEAD REGIONAL			
MEDICAL CENTER	8	14' 6" X 11' 2"	2,068
SAN BERNARDINO COUNTY			
LOMA LINDA UNIVERSITY			
MEDICAL CENTER	10	9' X 18'	2,700
SAN BERNARDINO COUNTY			

TABLE I RIVERSIDE AND SAN BERNARDINO COUNTIES TRAUMA CENTER COMPARISON

Response:

Respondent agrees with the finding.

Riverside County Regional Medical Center (RCRMC) is a 439-bed Level II Regional Trauma Center. RCRMC is the only Trauma Center in Riverside County (population 1.7 million), designated for both adult and pediatric trauma patients. Forty-seven percent of all trauma patients in Riverside County are cared for at RCRMC. Additionally, RCRMC has a mass decontamination unit, capable of handling up to 150 patients per hour for chemical, biological, or nuclear exposure. Therefore, in the event of any type of major emergency, disaster situation, terrorist attack, etc., RCRMC will be the hospital of choice for mass casualties.

RCRMC agrees the Trauma resuscitation area is undersized. During the end phases of construction of RCRMC, various regulatory, fire, safety and handicap requirements resulted in downsizing the existing trauma room. In addition, the trauma patient volume has grown to exceed expectations. Since the facility relocated to Moreno Valley in 1998, trauma admissions Therefore, RCRMC must expand its trauma have increased 55%. resuscitation and emergency department treatment areas to be able to adequately fulfill RCRMC's role as the primary hospital and trauma center for emergency, trauma, disaster and terrorist response in Riverside County. RCRMC is currently seeking solutions to increase the size of the Emergency Department to accommodate current needs and meet future population growth projections. This will require increasing the existing one bed (177 sq. ft.) trauma resuscitation room to an area capable of supporting four trauma resuscitation treatment beds. RCRMC is also requesting space to accommodate a quick scan x-ray machine (Lodox Statscan®, capable of providing full body x-rays in 13 seconds), support offices/conference room training areas for local, State, County and Federal emergency disaster/terrorist response training, and medical support equipment for the trauma resuscitation areas. Estimated cost for expansion is between \$5 and \$6 million. Federal funding assistance would be requested.

Number 2:

In November 2004, the RCRMC received a \$250,000 Federal Planning Grant to design the expansion of the Trauma Center. As of June 28, 2005, there has been no public release of a plan design or timeline for a Trauma Center Expansion project.

Response:

Respondent disagrees partially with the finding.

RCRMC completed the HRSA Grant Application in 2003, requesting \$4.1 million for Emergency Room and Trauma Center expansion project. In November 2004, RCRMC was notified it was selected as one of the recipients and will receive \$250,000 for design costs only. However, this was just the notification of the allocation of Federal appropriation funds, not the actual transfer of any money. The dollars have not yet been received. The Grant Funding was earmarked for RCRMC in fiscal year 2004/05 and will be received in fiscal year 2005/2006 after completion of required documentation. RCRMC is currently working with the Health Resources and Services Administration (HRSA) office to complete the necessary documentation. A Facilities Management Project Request Form 5 was initiated on March 17, 2005 for design only and sent to Facilities Management. Any further development of this project is dependent on receiving additional funds which are anticipated in the near future.

Number 3:

The 2004 Annual Security Assessment for RCRMC prepared by a Security Officer with the Riverside County Sheriff's Department and a RCRMC Safety Officer stated the following:

- Although terrorist attacks can occur anywhere in the country, the threat of a possible terrorist attack occurring at RCRMC is rated medium. This is based on the Rapid Response Profile** of the Riverside County Sheriff's Department. However, the Medical Center would be expected to deal with other Mass Casualty Incidents (MCIs) occurring within the county. In order for RCRMC to effectively respond to MCIs, perimeter security of the facility is vital. Currently, RCRMC has over thirty (30) perimeter doors that are accessible from the street.
- The electronic monitoring system that attaches to newborn, Neonatal Intensive Care Unit and pediatric patients to prevent infant abduction is "....becoming antiquated and parts are becoming harder to find. Additionally, with the current system it takes an extended amount of time to validate if an actual abduction has occurred. This allows an abductor to exit the Medical Center before a perimeter is established, and this was proved during a recently staged abduction drill."

**The Rapid Response Profile is designed to respond to previously identified critical infrastructure within the county. This is a pre-plan for law enforcement operations in the event of a terrorist attack or natural emergency.

Response:

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Respondent agrees with this finding.

- In order to secure the facility perimeter, RCRMC has submitted a Project Request Form 5 to Facilities Management on August 9, 2005 to determine cost and timeline for the project. As there are only two driveways into the property, this action was deemed the most appropriate first response due to the potential damage that could be done by a vehicle driving up to the building and/or loading docks with explosives would be devastating to the operation of the facility. A request for funding of the project will be forwarded to the Executive Office and Board of Supervisors.
- The Infant Abduction System needs to be upgraded. An RFP for the purchase of an upgraded system will be conducted to procure the best system for the facility.

Number 4:

Although RCRMC is committed to providing a safe and secure environment or patients, staff and visitors, the RCRMC 2004 Annual Security Assessment identifies additional strategies to enhance security at the Medical Center. The estimated cost of implementation of these safety and security strategies is summarized in Table II.

TABLE II

RCRMC PROPOSED SECURITY AND SAFETY STRATEGIES

a.	Install perimeter fence around the Medical Center and Tank Farm.	\$130,000
b.	Upgrade the Infant Abduction Monitoring	200,000
~.	System.	,
C.	Install barrier doors that require the use of key	15,000
	card to control access to the Operating Room.	
d.	Install doors in the hallway that require the use	30,000
•	of key card to control access to the Diagnostic	
	Imaging Department	
е.	Install an alarm system around the perimeter of	4,000
	the Tank Farm.	
f.	Install a gate at the top of driveway leading to	30,000
	the Loading Dock.	
g.	Implement a screening system for patients and	15,000
	visitors with the use of color-coded passes.	
h.	Install a stationary metal detector at the four	35,000
	main entrances (Nason Street, Cactus Avenue,	
	and Security and Emergency Departments) to the Medical Center.	
Total		\$459,000

Response:

Respondent agrees with the finding.

a. A Project Request Form 5 was forwarded on August 9, 2005 to Facilities Management Department to assist in completion of installation of a perimeter fence around the facility and tank farm. It is estimated that the process of implementing this recommendation will take approximately six months.

Anticipated completion date:February 2006Revised cost:\$250,000 to \$300,000

b. The existing Infant Abduction System is over 6 years old and due to technological issues the upgrade is not viable. RCRMC is currently investigating infant abduction products available on the market and an RFP will be conducted to procure the best system for the facility.

Anticipated completion date: March 2006 Revised cost: \$200,000

c. Automatic safety doors will be installed to secure the open access hallway of the operating room suite. A Project Request Form 5 was forwarded on July 8, 2005 to Facilities Management Department to begin the process. The process will require Architectural Drawings, OSHPD approval, RFP process and Board approval.

Anticipated completion date: March 2006 Revised cost: \$40,000

- d. A security door will be installed in the hallway leading to Diagnostic Imaging from the interior of the facility to prevent unauthorized access. A Project Request Form 5 was forwarded on August 3, 2005 to Facilities Management Department to begin the process. The process will require Architectural Drawings, OSHPD approval, RFP process and Board approval.
- Anticipated completion date: April 2006 Revised cost: \$40,000
- e. Installation of the perimeter fence around the facility will negate the need for an alarm system at the Tank Farm. The fence will limit access to the area and will provide the needed security.
- f. The loading dock area is currently open to outside traffic at all hours. The proposed gate will be electronically controlled to secure the dock area and prevent access to the facility after normal business hours. A Project Request Form 5 was forwarded on August 9, 2005 to Facilities Management Department to begin the process.

Anticipated completion date: December 2005 Cost: \$30,000

- g. Patients and visitors currently receive passes after normal business hours. The facility has explored using the same system during regularly scheduled visiting hours; however at this time, it is not viable due to the large number of hospital entrances that are accessible.
- h. It is not feasible to implement this recommendation. Due to the multitude of entrances into the facility, it is not possible to adequately staff each entrance with a security staff person, or to install metal detectors at every entrance. Without detectors at every entrance the integrity of the system would be compromised.

RECOMMENDATIONS:

Number 1:

RCRMC Chief Executive Officer develop and submit Trauma Center Expansion Plans by November 1, 2005, to the Board of Supervisors for approval.

Response:

The recommendation requires further analysis.

A design for the Trauma Center expansion, funded by the Federal grant, will be prepared by an architect and presented to the Board of Supervisors by RCRMC CEO for approval.

Number 2:

RCRMC Chief Executive Officer request approval from the Board of Supervisors for Trauma Center Expansion Project.

Response:

The recommendation requires further analysis.

Project will be submitted to the Board of Supervisors for consideration.

Number 3:

RCRMC Chief Executive Officer formally request approval and funding from the Board of Supervisors to implement by March 31, 2006, all safety and security strategies identified on the RCRMC 2004 Annual Security Assessment as shown on Table II, specifically upgrade the Infant Abduction Monitoring System.

Response:

The recommendation requires further analysis.

RCRMC Chief Executive Officer will request general fund monies from the Board of Supervisors to implement items identified on the RCRMC 2004 Annual Security Assessment.

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