



# SAN DIEGO COUNTY INDIAN GAMING LOCAL COMMUNITY BENEFIT COMMITTEE

## Application Form For FY 2011-2012 Grants

- A. Name of Jurisdiction: San Miguel Consolidated Fire Protection District
  
- B. Mailing Address of Jurisdiction: 2850 Via Orange Way Spring Valley, CA 91978

---

- C. Name of Project: Sharp Grossmont Hospital ED Nurse Call System
  
- D. Impacts are associated with which casino(s)? all
  
- E. The following uses are the priorities for receipt of grant money.  
Please check all the priorities the project satisfies:

Law Enforcement	Fire Services	Emergency Medical Services <b>X</b>
Environmental Impacts	Water Supplies	Waste Disposal
Behavioral Health	Public Health	Planning and Adjacent Land Uses
Roads	Recreation and Youth Programs	Child Care Programs

- F. On a separate sheet, please provide the following: **(Section F. 1-3 ATTACHED)**

- 1) A complete description of the project;
- 2) Evidence showing the relationship between the project and impacts on your jurisdiction associated with the particular casino(s) listed under "D" above, and data linking the percentage of the requested funding to the percentage of impacts associated with particular casinos (include the data source); and
- 3) An explanation of how the proposed project will mitigate impacts of casino(s).

G. Type of grant for which you are applying: (Check each that applies)

1. **60% Nexus Grant (note that only County of San Diego Offices and Departments are eligible for this type of grant)<sup>1</sup>** \_\_\_\_\_

2. **20% Non-Nexus Grant**  \_\_\_\_\_

These "20% Non-Nexus Grants" are intended only for local jurisdictions (County, cities and special districts) impacted by Barona and/or Sycuan Casinos.

3. **20% Non-Nexus Grant**  \_\_\_\_\_

These "20% Non-Nexus Grants" are intended for local jurisdictions (County, cities and special districts) impacted by casinos of Tribes NOT paying into the Special Distribution Fund<sup>2</sup> and for assistance to local jurisdictions for one-time large capital projects.

H. What is the project's estimated time frame? 1 year \_\_\_\_\_

I. Proportionate share of the project expenditure that mitigates the impact from the casino(s): 100% \_\_\_\_\_

J. Amount of funding requested through this application: \$ 165,753 \_\_\_\_\_

K. What will be the total cost of the project? \$ 165,753 \_\_\_\_\_

L. If total cost of the project exceeds amount of funding requested, please name other sources of funding that will be contributed to the project and the amount provided by each source: \_\_\_\_\_  
\_\_\_\_\_

M. On a separate sheet, please describe how you intend to meet the requirement that grant recipients must provide notice to the public, either through a slogan,  
\_\_\_\_\_

<sup>1</sup> County of San Diego is the only "local government jurisdiction" that meets two or more nexus criteria.  
<sup>2</sup> Campo, La Jolla (proposed), La Posta, Pala, Pauma, Rincón, San Pasqual, Santa Ysabel and Viejas Bands.

signage or other mechanism, which states that the project has received funding from the Indian Gaming Special Distribution Fund and further identifies the particular Individual Tribal Casino Account from which the grant derives.

**(Section M. ATTACHED)**

Please e-mail the complete Application to [Eric.Lardy@sdcounty.ca.gov](mailto:Eric.Lardy@sdcounty.ca.gov) **AND** hand-deliver or mail a copy with the page containing the original Authorized Signature to the following address by **March 16, 2012**.

County of San Diego  
Attn. Mr. Eric Lardy  
1600 Pacific Highway  
Room 212, MS A6  
San Diego, CA 92101

I, Augie Ghio, hereby acknowledge that the grant funds requested herein shall be used solely for the purpose that to the best of my knowledge mitigates impacts from casino projects. In compliance with AB 158, I agree to ensure that all grant funds received shall be deposited in a separate interest-bearing account; and at the completion of the project, I agree to return any earned interest or cost savings from the project to the County for reallocation by the Indian Gaming Local Community Benefit Committee.

**Submitted by:** Augie Ghio Title: Fire Chief, San Miguel FPD

(Print name)

Augie Ghio

(Authorized Signature)

Date: 3-14-12

**CONTACT PERSON:** Name: Darilyn O'Dell, Business Manager, SMFD

Phone: 619-670-0500

Fax: 619-670-5331

E-mail Address: dodell@smgfire.org

F.

1) A complete description of the project:

Sharp Grossmont Hospital is among the top 5 percent of busiest Emergency Departments in the United States. Last year, nearly 90,000 patients presented at the ED. Over half of Sharp Grossmont Hospital's admissions come via the ED.

A grant from the SDF will purchase a Hill-Rom *NaviCare* Nurse Call System for Station-D within Sharp Grossmont Hospital's Emergency Department. The cost of \$165,753 includes the equipment plus software, installation and wiring. The Nurse Call System will support preparation for, and efficiency of, patient care.

Nurse call technology helps coordinate communications by supporting improvements in the following ways:

- prioritizing requests for nursing assistance
- better managing group emergency communications (such as code blue alarms)
- triage calls from the patient room via the nurse call application
- improved one-on-one communications between care providers and ancillary support
- augmentation of patient monitoring alarm notifications

The Nurse Call technology is compatible with all hospital beds which have optimum connectivity to the system with a dedicated voice path to every patient room. This ensures immediate notification of changes in the patient environment including but not limited to, alerts/alarms for bed exit, bed brakes, bed height, head/foot rails.

The system excels beyond automated patient surveillance and alerts and improved safety protocol compliance. It includes easy to access information from nurse call and digital Voice over Internet Protocol audio. The digital audio between a patient room and nursing station can also be synched to wireless devices carries by nurses. Real time audio volume control and full duplex audio allows patients and caregivers to talk and hear simultaneously without cutting off. Improved sound quality and projected audio range includes directional microphones that improve reception of the patient's voice and block out other ambient noise.

The nurse call system equipment and software will deliver actionable information to patient bedside, nurse station, caregiver, and clinical IT system/electronic medical records. Real-time dashboards deliver information and track key performance metrics such as call response times. Graphical touch screen patient stations enable caregivers to reduce steps in their routine through benefits like direct staff-to-staff communication, patient-to-staff communication, automatic alarm suppression, and call cancellation.

- 2) Evidence showing the relationship between the project and impacts on your jurisdiction associated with the particular casino(s) listed under "D" above, and data linking the percentage of the requested funding to the percentage of impacts associated with particular casinos (include the data source):

The Sharp Grossmont Hospital Emergency Department serves all of East San Diego County, including the casinos and their patrons. Ambulances transport individuals to the hospital from casinos as well as local areas off casino grounds.

Ambulance runs between casinos and Sharp Grossmont Hospital occurs multiple times per week (upwards of 12 times in a 7 day period). Not all patients were transported to SGH for reasons such as declining transport against medical advice; deceased at the scene, or sent to a trauma center.

Sharp Grossmont Hospital is a designated base hospital. Of the 22 hospitals in San Diego County, only 7 have a Base Station Radio Nurse. These nurses field the radio report made from the field by the responding medic. As medical issues are addressed at the location of the ambulance, one of the medics or ambulance employees will begin a radio report to the nearest base hospital with a full report of what they arrived to find, vital signs, medical attention applied, and the destination hospital.

The total number of Sycuan and Barona ambulance calls over ten months between May 1, 2011 and February 29, 2012 is as follows:

- Grossmont Base Station ran 310 calls with Sycuan Fire Department, of those calls 166 individuals (54%) came to Sharp Grossmont Hospital's Emergency Department. 74 of those patients were admitted to the hospital and 94 were discharged.
- Grossmont Base Station ran 338 calls with Barona Fire Department, of those 173 individuals (51%) came to Sharp Grossmont Hospital's Emergency Department. 79 of those patients were admitted and 94 were discharged.

Most ambulance calls directly to casino facilities are medical-related. An emergency is the sudden and often unexpected onset of a medical condition that threatens life and requires immediate care. Some examples are loss of consciousness, chest pain, fractures, respiratory problems/failure, uncontrolled bleeding, poisoning, and suicide attempts/thoughts. Following are the medical diagnoses reported, on average, from each of the Barona and Sycuan casino ambulance runs:

- Chest pain is the highest percentage at 33%
- Altered mental status is 32%. This includes CVA (strokes), TIA (mini strokes), head bleeds, and conditions that cause an altered neurological status.
- 11% Trauma related

- 7% Behavioral health and/or alcohol/substance abuse
- 6% Abdominal issues
- 4% Allergic reactions
- 3% Respiratory-specific problems
- 3% Epistaxis (acute sinus/nasal hemorrhage)
- 1% Obstetrics related

Indian Gaming has developed into a burgeoning industry, bringing economic independence and stability to Tribes and their surrounding communities. A solid body of evidence suggests that casinos are likely to have social and economic impacts that are known to be associated with both positive and negative health outcomes. The increase in population caused by casino visitors, staff, and increased traffic all lead to a growth in medical care needs, ambulance responses, and visits to emergency departments. When a casino holds a special event, patient presentations to EDs all increase because the volume of visitors to the casino swells to even greater numbers.

Unfortunately, very little historical data is available nationally, let alone locally, to quantify the negative impacts.

Academic, PubMed and Web-based searches for “casino impact” and “casino” + “impact” were used to identify the broad range of outcomes associated with casino projects. The following are some published facts:

- Smoky casinos contain up to 50 times more cancer-causing airborne particles than highways and city streets clogged with diesel trucks at rush hour. Cancer-causing particulates are virtually eliminated when indoor smoking bans are instituted (Repace J, Journal of Occupational and Environmental Medicine, September, 2004).
- Regular exposure at work to second-hand smoke can cause a 91 percent increase in coronary heart disease (Repace J, Smoke-Free Casino Advocacy Guide, American Indian Tobacco Education Partnership, April 2004)
- Secondhand smoke-induced heart disease and lung cancer will cause an estimated 10 casino workers’ deaths annually per 10,000 at risk.

Problem gambling can have medical consequences as well. Many of the health consequences present at generalist services—general practices, accident and emergency departments, and mental health services. The New England Journal of Medicine calls pathological gambling "one of the fastest growing mental health problems in the western world" (10.5.00).

This mental health problem has severe repercussions on the body. The Department of Health and Human Services finds that problem gamblers “have a higher likelihood of

suffering from cardiac arrest due to stress and hypertension” and are more prone to behavioral health issues such as depression, suicide, and substance abuse.

3) An explanation of how the proposed project will mitigate impacts of casino(s):

When an ambulance arrives at a casino, some medical conditions can be corrected on scene. Other problems call for the patient to be taken to a hospital. By law the patient can request a hospital of their choice, within reason; however the majority, if not all, of the individuals experiencing a medical emergency at East County casinos are brought to Sharp Grossmont Hospital Emergency Department.

If a patient receives proper medical care in that first hour immediately following a serious injury or medical incident, the chances of survival triple and the long-term side effects significantly decrease. This is one of the reasons distance between the location of an emergency and the ED, as well as rapid response, is so important.

Nurse call systems are very similar to emergency call systems but with more features: nurse stations, administrator stations, substations, audio/visual applications. They begin with emergency call systems whereby an emergency condition can be announced at the location of the incident and a central monitoring point; often a nurses or attendants station.

The proposed new nurse call system will mitigate the impact of casinos by supporting a systematic approach within the hospital to ensure optimal care once a patient arrives at the ED and then through the continuum of care. It will improve response time to patient needs and streamline communications. It will also increase the amount of productive time nurses spend at the bedside.

Pre-assessment predicts that time spent at the bedside and overall patient satisfaction will both increase by more than 10 percent in the first few months of implementation.

- M. Describe how you intend to meet the requirement that grant recipients must provide notice to the public, either through a slogan, signage or other mechanism, which states that the project has received funding from the Indian Gaming Special Distribution Fund and further identifies the particular Individual Tribal Casino Account from which the grant derives:

A plaque acknowledging the contribution from the Indian Gaming Special Fund will be displayed in the lobby of the Emergency Department. The hospital’s marketing department coordinates news releases. Grossmont Hospital Foundation has a quarterly newsletter, website, and e-alerts (electronic publication distributed system wide).