

INLAND COUNTIES EMERGENCY MEDICAL AGENCY



515 N Arrowhead Avenue
San Bernardino CA 92415-0060
(909) 388-5823 Fax (909) 388-5825

January 13, 2009

TO: Chief Executive Officer
Each General Acute Care Hospital Maintaining a Basic ER Permit

FROM: Virginia Hastings
Executive Director 

SUBJECT: **ASSESSMENT OF TRAUMA SYSTEM IN SAN
BERNARDINO: NON-BINDING LETTER OF INTEREST**

I anticipate that on January 27, 2009, the ICEMA Governing Board will consider a contract with the selected vendor to conduct an assessment of the Trauma System in San Bernardino County. For purposes of the assessment, ICEMA has divided the County into the following geographic areas:

- High Desert (map and description included)
- Low Desert (map and description included)
- Valley (map and description included)

Among the scope of work, the contractor must project trauma patient volume in one, five, and ten year increments, evaluate a hospital's ability to meet trauma hospital Regulations and ICEMA criteria, evaluate financial viability and projected payor mixes, evaluate physician availability, evaluate potential costs and revenue implications upon existing trauma hospitals, and so forth.

The purpose of this memorandum is to solicit a Non-binding Letter of Interest in participating in the assessment. In determining interest, please review the California Code of Regulations, Title 22, Division 9, Chapter 7, Trauma Care Systems, and the American College of Surgeons Committee on Trauma, "Resources for the Optimal Care of the Injured Patient 2006." To stay within the budget appropriated for the assessment, ICEMA reserves the right to select the hospitals participating in the assessment.

Please complete the attached Letter of Interest Form and return to Virginia Hastings, ICEMA Executive Director, by February 6, 2009.

Attachment: Letter of Interest Form
Maps

cc: Chief Administrative Officer

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LETTER OF INTEREST

TRAUMA SYSTEM ASSESSMENT

HOSPITAL NAME: _____

_____ I have reviewed the California Code of Regulations, Title 22, Division 9, Chapter 7, Trauma Care Systems, and the American College of Surgeons Committee on Trauma, "Resources for the Optimal Care of the Injured Patient 2006, and request that this hospital be included in the Trauma System Assessment.

_____ This hospital is **NOT** interested at this time in participating in the Trauma System Assessment.

Signature : _____
Chief Executive Officer

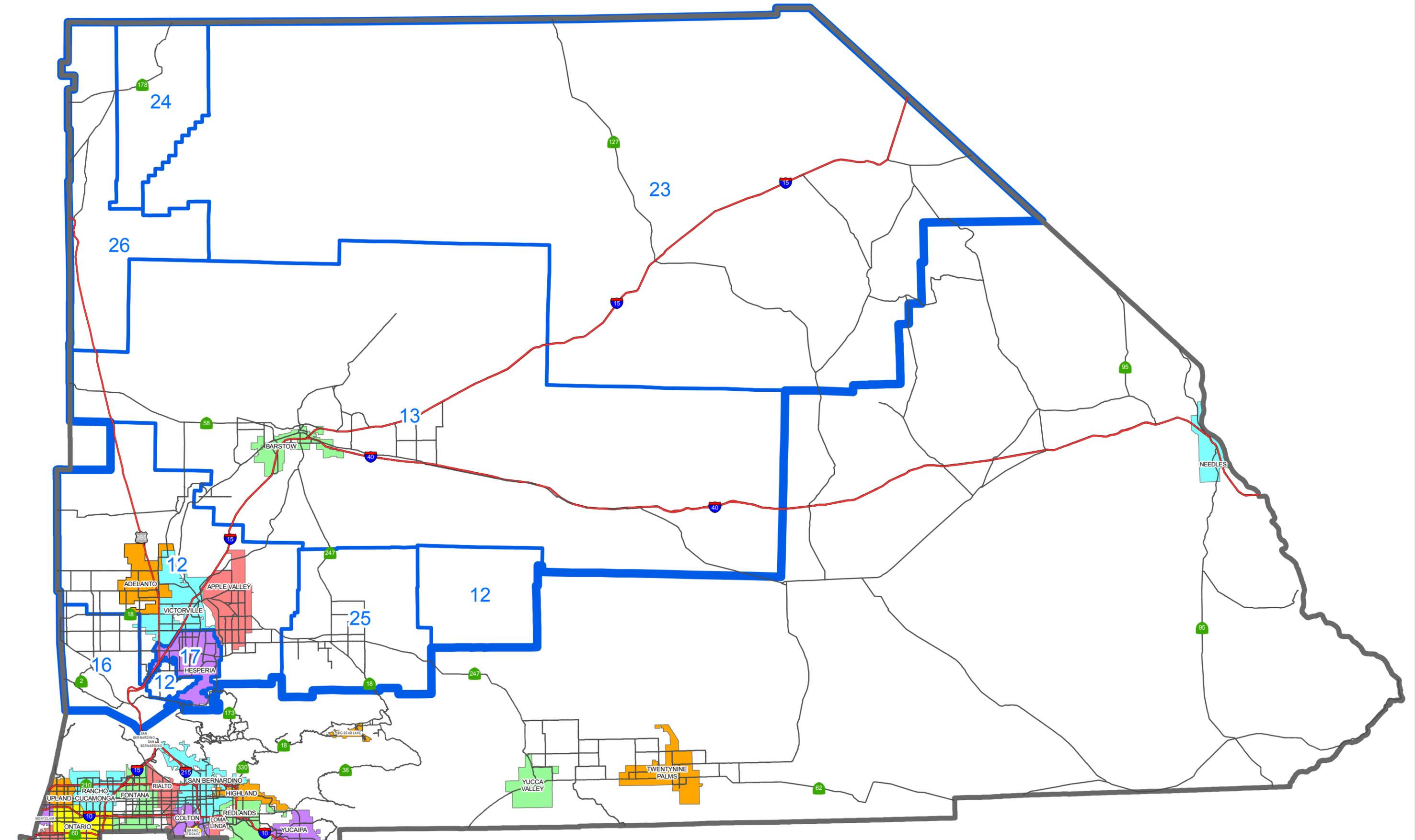
Printed Name: _____

Date: _____

Return to:

Virginia Hastings
Executive Director
ICEMA
515 N Arrowhead Ave,
San Bernardino, CA 92415-0060

1/13/09



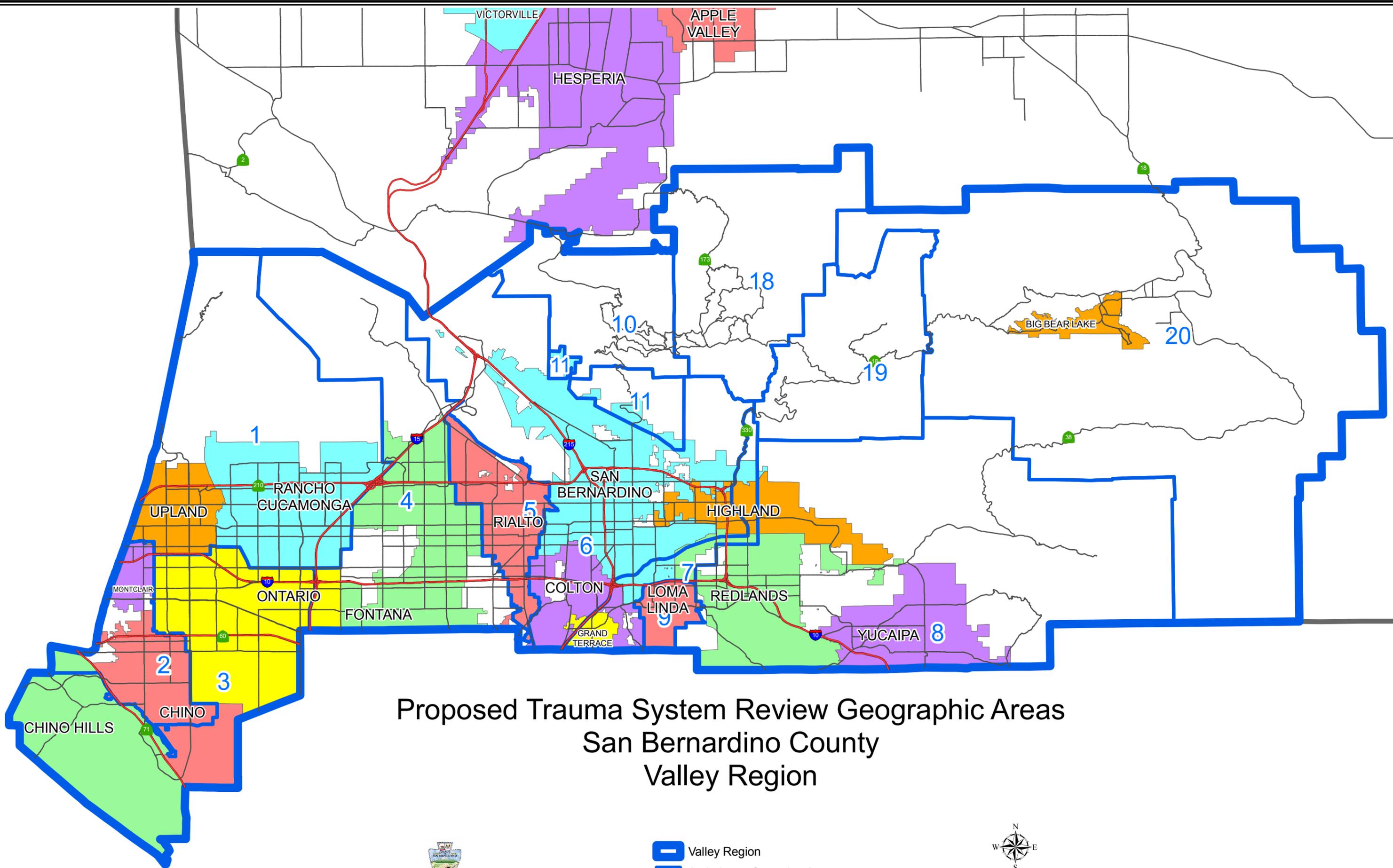
Proposed Trauma System Review Geographic Areas
 San Bernardino County
 High Desert Region



- High Desert Region
- Ambulance Operating Areas

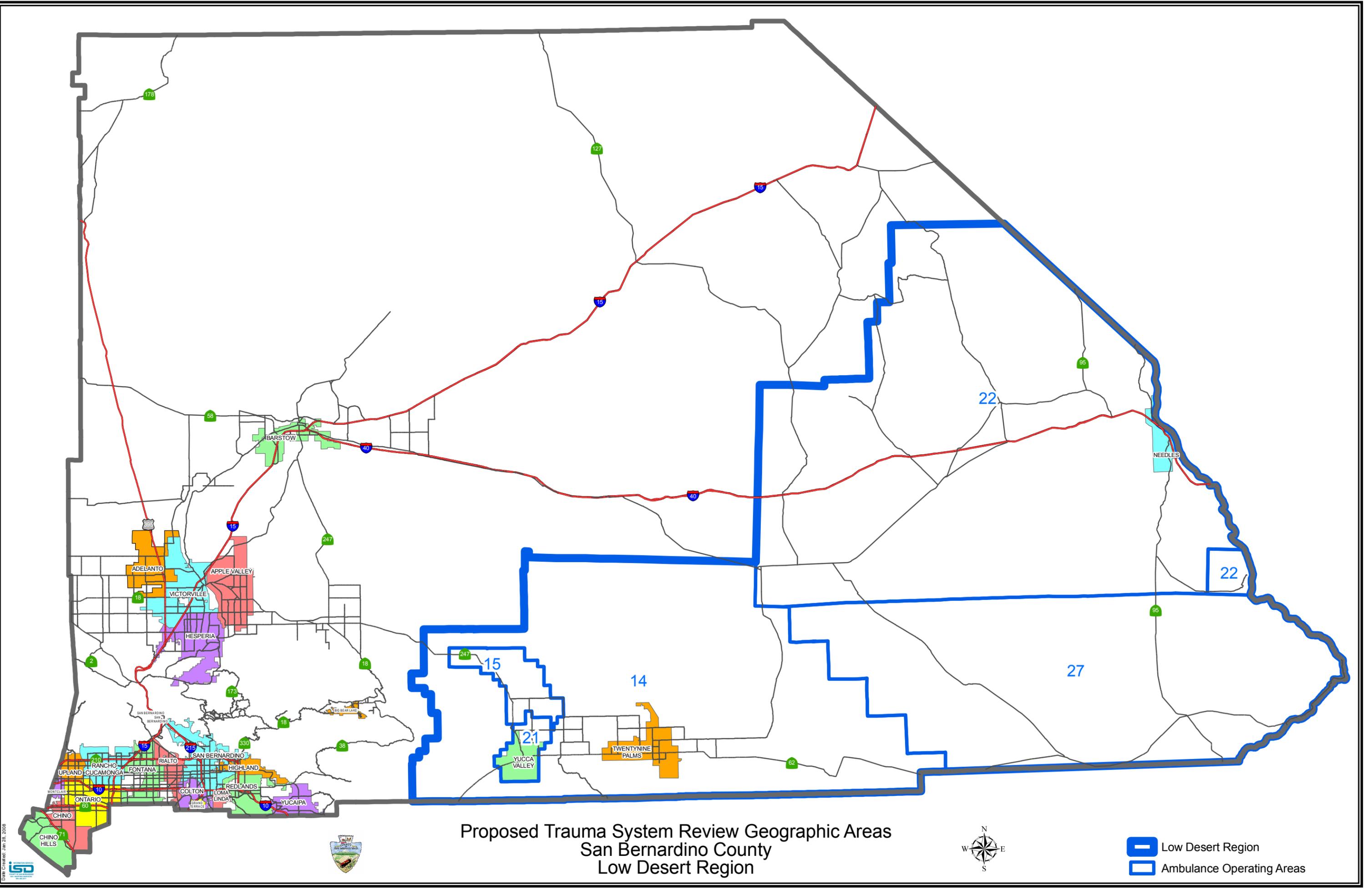


Proposed Trauma System Review Geographic Areas San Bernardino County Valley Region



-  Valley Region
-  Ambulance Operating Areas





Proposed Trauma System Review Geographic Areas
 San Bernardino County
 Low Desert Region



- Low Desert Region
- Ambulance Operating Areas

Date Created: Jan 26, 2008

