SAN DIEGO COUNTY
INDIAN GAMING LOCAL COMMUNITY BENEFIT COMMITTEE

Application Form
For FY 2012-2013 Grants

A. Name of Jurisdiction: Grossmont Healthcare District

B. Mailing Address of Jurisdiction: 9001 Wakarusa St. La Mesa, CA 91942

C. Name of Project: Grossmont Hospital Heart and Vascular Center

D. Impacts are associated with which casino(s)? Barona, Sycuan, Viejas

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 X
Environmental Impacts	Water Supplies	Waste Disposal
Behavioral Health	Public Health X	Planning and Adjacent Land Uses
Roads	Recreation and Youth Programs	Child Care Programs

F. On a separate sheet, please provide the following:

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).

AB 2515 (2012) amended Government Code Section 12715(b)(1)(A) establishing all application policies and procedures for grants from the Individual Tribal Casino Account or County Tribal Casino Account. *Each grant application shall clearly show how the grant will mitigate the impact of the casino on the grant applicant.*

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)[1] _____

2. 20% Non-Nexus Grant _X_

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 _X_

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[2] and for assistance to local jurisdictions for one-time large capital projects.

H. What is the project's estimated time frame?

In April 2013 construction of the Heart and Vascular Center's lower level (including material handling and loading dock) will begin followed by work on the middle level (including clinical lab and pharmacy). The completion date for these levels is estimated to be March 2015. The rest of the project (building out the top of the building including cath labs and operating rooms) and other renovations will be done by mid 2017.

I. Proportionate share of the project expenditure that mitigates the impact from the casino(s): 10%

J. Amount of funding requested through this application: $ 250,000

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

K. What will be the total cost of the project? $ 92,469,000

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:

$88,414,000 of the total project cost will be funded by Proposition G (Grossmont Healthcare District, 2006) property taxes. $4,055,150 of the cost will be a combination of funds raised in the community through grants/private donations and hospital operating revenue.

Dollars raised through contributions and grants will benefit the overall Prop G program by maximizing available funding and assist in meeting patient care needs at Grossmont Hospital. The overall available Prop G funding, all projects, is $247 million not counting needed non-capital equipment, which cannot be funded with Prop G monies. This compares to current estimated needed funds for all the Prop G projects in excess of $270 million plus needed non-capital equipment.

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, 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.

Please e-mail the complete Application to Eric.Lardy@sdcounty.ca.gov **AND** hand-deliver or mail a copy with the page containing the original Authorized Signature to the following address:

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

I, Barry Jantz, 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: Barry Jantz

(Authorized Signature)

Title: Chief Executive Officer
Grossmont Healthcare District

Date: 3/29/13

CONTACT PERSON: Name: Barry Jantz, CEO, Grossmont Healthcare District

Phone: (619) 825-5050

Fax: (619) 825-5051

E-mail Address: bjantz@grossmonthealthcare.org

F.

1) A complete description of the project:

A grant award to Grossmont Healthcare District from the IGLCBC will help fund the construction of a new Heart and Vascular Center at Grossmont Hospital and support superior cardiovascular treatment in the East County Region. Grossmont Healthcare District manages Proposition G improvement projects at the hospital. The grant will be a District managed project.

The process of creating the new Heart and Vascular Center at the hospital began with the passage of the Prop G bond issue in 2006. The Heart and Vascular Center will have three levels specifically designed to treat the challenges of heart and vascular diseases and defects. Rather than being a stand-alone building, the new center will be placed adjacent to the hospital's current operating rooms and cardiac cath labs. New square footage will total 71,000 with an additional 17,000 of planned square footage for renovation of older areas of the hospital, replacing that space with new functions. The center will include three levels:

- Level 1 will have four hybrid operating rooms and four cath labs.
- Level A will have a pharmacy and clinical laboratory.
- Level B will encompass supply services space and new loading docks.

Starting in April 2013, construction of lower level B will begin, along with work on the middle level for the clinical lab and pharmacy. This will be completed by March 2015. The building out of the top level 1, including cath labs and operating rooms, will occur by mid 2017.

In traditional operating rooms, interventional procedures like heart catheterizations are done in separate rooms from medical imaging, which in turn are done in separate rooms from surgeries. Hybrid operating rooms will combine a full range of intervention, imaging and surgical services in one place. When the condition of a patient undergoing a minimally invasive cath lab procedure suddenly worsens and requires open surgery, transport time to operating rooms can lead to poor outcomes. The hybrid operating room model combines a full range of interventional, imaging and surgical services in one place. The versatility of hybrid operating rooms will provide the ability to move from a minimally invasive procedure to a surgical procedure based on a real-time assessment of patient condition. Architectural consideration in the operating rooms will support any manufacturer's equipment, allowing platforms and design to change-out with advances in technology in the future.

Heart and vascular services is at the core of what Grossmont Hospital does to save lives. Now is the time for the reinvention of this cornerstone of the hospital. The ability to provide a more connected, coordinated and convenient experience is now greater than ever. The new center will improve the continuum of care and transcend the level of service provided to patients, families and physicians; creating a lasting legacy to the community.

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):

From 2/01/2012 to 2/01/2013 ambulance runs from local casinos were as follows:

Grossmont Base Station ambulance runs	**Calls from casinos**	**Arrivals at Grossmont Hospital from casinos**
Barona FD	392	171
Sycuan FD	404	217
Viejas	354	197
Total	**1,150**	**585**

Of the 585 casino ambulance run patients, 61 arrived in the ED with chest pain and approximately 100 were admitted for a cath lab procedure, and all utilized the pharmacy and/or clinical lab services.

Additionally, ED records show an absolute minimum count of 503 casino employees who came to Grossmont Hospital's ED in 2012:

Casino Employees	**ED admissions**
Barona	145
Sycuan	199
Viejas	162
Total	**506**

Of the casino employees, 15 had a cath lab procedure and all utilized the pharmacy and/or clinical lab services.

Last year there were over 90,000 emergency department visits at Grossmont Hospital. From 02/01/2012 to 02/01/2013, **1,091** casino patrons and casino employees came to the ED.

1,136 patients overall that came through the ED either went directly to the cath lab, or prior to discharge had a cath lab procedure due to cardiovascular conditions. Casino ambulance run patients in the ED utilizing cath lab treatments numbered approximately

100 (out of 585) and casino employees who came to the ED receiving cath lab treatments numbered **15** (out of 506)

The proportional benefit calculation is based on the total number of **115** which is approximately **10 percent** of **1,136**. This data demonstrates a proportional benefit of **10%** to the casinos, and **90%** to the other jurisdiction.

Construction costs for the project is approximately $92.46 million. The IGLCBC grant request of $250,000 falls well below the proportional benefit percentage.

Heart disease is the second leading cause of death in San Diego County. Two-out-of-five deaths are a result of cardiovascular disease. Heart disease kills more residents in East San Diego County than in the rest of the county. On average, there are 1,050 deaths per year due to heart disease in the hospital's service area. By region, East San Diego County has the highest mean rate of coronary heart disease: (222.68 rate per 100,000) and mortality from it. (California Office of Statewide Health Planning & Development Hospital Discharge.)

Research is changing the way doctors advise heart patients. Substantial links between heart attacks, strokes and other cardiovascular diseases are now not just attributed to lifestyle, but to what we breathe. What your lungs can handle, your heart may not.

NNAL is a cancer-causing chemical produced in the human body and is an accepted biomarker for uptake of tobacco-specific carcinogens. For casino patrons, the average levels of the carcinogen NNAL increased by 112% after four hours of exposure to secondhand smoke in a smoke-filled casino with a sophisticated ventilation system. ("Metabolites of Tobacco-Specific Lung Carcinogen in Nonsmoking Casino Patrons," *Cancer Epidemiology, Biomarkers & Prevention*, 12:1544-1546, December 2003.)

As noted in a federal report from the National Institute for Occupational Safety and Health (NIOSH), casino workers are at greater risk for lung and heart disease because of secondhand smoke exposure. Even in a well-ventilated casino, employees have metabolized nicotine levels 300-600% higher than in other smoking workplaces during a work shift.

Approximately 8 percent of the population 45 to 64 years of age, and 20 percent of those over 65, suffers from coronary heart disease. As such, these age groups are at greater risk from exposure to secondhand smoke. These two age groups also have higher gambling rates than those under 45. Just two hours of exposure to secondhand smoke in casinos is enough to impair the heart's ability to pump blood, placing susceptible casino patrons and workers at acute risk of heart disease. Casino gambling has been rapidly expanding across the San Diego region, as it does so too does the increased risk of exposure to secondhand smoke. This in turn increases the potential for cardiovascular emergencies.

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

The Heart and Vascular Center will offer multipurpose rooms that can serve as an operating room and cardiac catheterization lab combined. This integrated design can provide open heart surgeries such as cardiac bypass, as well as catheter-based procedures like angioplasty in the same area; and will allow cardiac surgeons to perform diagnostic testing during and at the end of surgery.

Cath labs are more efficient when located close to operating rooms. When the condition of a patient undergoing a minimally invasive procedure suddenly worsens and requires open surgery, transport time to operating rooms can lead to poor outcomes. The new Heart and Vascular Center will offer a hybrid operating room model that combines a full range of interventional, imaging and surgical services in one place. This will result in better patient care, especially in emergencies.

The new Heart and Vascular Center will reflect an integrated approach to diagnosis, treatment and rehabilitation of heart conditions. It will help patients return to their communities with a lower risk of heart disease than before and help to reduce the risk of chronic events. It will coordinate a variety of services including preventative health, outpatient and inpatient care, invasive and non-invasive diagnostics, wellness services, rehabilitation, screenings for potential problems, and disease management. This means someone entering the new Heart and Vascular Center will be evaluated more efficiently and thoroughly in one location by a team of medical professionals. This streamlined approach will make it quicker and easier for patients to get the comprehensive assessment and treatment they need.

The hospital's current pharmacy location is roughly half the size it needs to be, serving 700 patients a day and dispensing 185,000 doses of medications each month. Additionally, during the 30 years it's been in existence, the hospital's clinical lab testing volume has increased from 1,000 tests per month to more than 100,000. The existing lab cannot support the growing amount of automated technology and 175 employees. The new pharmacy and lab to be located in the Heart and Vascular Center will help to better meet the needs of patients by expanding capacity.

With one of the busiest emergency departments in the county, many people who present at the Grossmont Hospital emergency department are cardiac patients, or high-risk patient populations requiring rapid cardiovascular interventions, and heart attack patient volume is on the rise. Grossmont Hospital is established as one of 13 San Diego County-designated ST-Segment Elevation Myocardial Infarction (STEMI) centers providing streamlined and optimized treatment for heart attack patients. For these patients, rapid triage to restore coronary blood flow is crucial to prevent permanent damage. Shortening time to treat patients with STEMI within 30 to 45 minutes of symptom onset limits damage and significantly reduces mortality up to 50 percent.

In the case of cardiac emergencies, time is critical. Just a few minutes can mean the difference between full recovery and permanent damage, or even death. The new center will support the hospital's challenging role in decreasing the high cardiovascular disease mortality rate in East County. It will serve as a central hub where cardiac specialists and can not only provide procedures, treatments and surgeries with advanced technology, but also support staff to conduct stroke and heart disease

screenings, educate on risk factors, and implement appropriate interventions for patients with early onset symptoms.

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 will be displayed at the Heart and Vascular Center.