IMPACT EVALUATION REPORT: DOCTORS MEDICAL CENTER SAN PABLO POTENTIAL CLOSURE OF EMERGENCY SERVICES

PREPARED BY THE CONTRA COSTA EMERGENCY MEDICAL SERVICES AGENCY

Pursuant to California Health and Safety Code 1300, within 60 days after the County receives written notification of a proposed downgrade or closure of emergency services, the local Emergency Services Authority shall complete an impact evaluation, conduct a public hearing and submit those findings to the California Department of Health Services and the State Emergency Medical Services Authority by June 15, 2014.

Doctors Medical Center submitted their initial notice of potential closure on April 15, 2014. On June 9, 2014 Doctors Medical Center announced their intention to rescind their closure notice to seek a sustainable downsized service delivery model.

June 13, 2014
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B. Contra Costa EMS Agency Notices
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Impact Evaluation Report
Doctors Medical Center San Pablo
Potential Closure of Emergency Services

I. Purpose of Impact Evaluation

On April 15, 2014, the Contra Costa Emergency Medical Services Agency received notice from Doctors Medical Center indicating that a potential closure or Emergency Services could occur as soon as 12 noon on July 25, 2014.\(^1\) The purpose of this report is to assess the impact of the Emergency Department closure upon the community, including the impact on access to emergency care and the impact on emergency services provided by other entities such as ambulance, police, fire, and other area hospitals. The impact evaluation report has been submitted to State Department of Health Services in accordance with provisions of Health and Safety Code Section 1300. Authority to approve the suspension or cancellation of a special permit for emergency services rests with the State Department of Health Services. Authority to downgrade or close emergency or hospital services at Doctors Medical Center San Pablo rests with the West Contra Costa Healthcare District and Governing Board of Doctors Medical Center San Pablo.

II. Scope of Impact Evaluation

The scope of the impact evaluation is set forth in the County’s impact evaluation policy, a copy of which is contained in Appendix H. The evaluation will consider:

1. Impact of the closure on current and projected population of Doctors Medical Center San Pablo service area, including access to emergency services and related specialty services.

2. Impact of the closure on prehospital emergency service agencies (ambulance, fire), hospitals, and other health care providers.

3. Impact of the closure on community disaster resources.

4. Steps taken by Doctors Medical Center to notify the public, prehospital emergency service agencies, health plans and health plan members and steps taken by Doctors to accommodate members of the public potentially affected by the closure.

5. Potential liability resulting from the closure.

6. Public comment.

\(^1\) See Appendix A
III. Impact Evaluation Process

The impact evaluation process is set forth in Section 1255 and 1300 of the California Health and Safety Code and in the County’s Impact Evaluation Policy adopted pursuant to the Health and Safety Code. The impact evaluation provisions were added to the Health and Safety Code by the passage of AB 2103 (Gallegos), which was signed into law in September 1998. The Gallegos bill sets requirements for notification by the hospital and for the conduct of an impact evaluation study. Hospital notification must be made to the State Department of Health Services, to the local government agency in charge of health services, to health plans under contract with the hospital, and to the public. This notification must be made as soon as possible but not later than 90 days prior to the planned elimination or reduction of services. Public notice must be provided in a manner likely to reach a significant number of the residents of the community served by the hospital whose emergency services are being closed or downgraded. The bill requires that the county conduct an impact evaluation in accordance with a county-adopted impact evaluation policy to determine the impact of the closure or reduction of emergency services upon the community, including access to emergency care and the effect on emergency services provided by other entities. The impact evaluation report must include at least one public hearing and must be completed within 60 days of notification. The county impact evaluation report must be submitted to the State Department of Health Services for consideration before it approves a closure or reduction in emergency services for that facility.

The impact evaluation process for the Doctors Medical Center San Pablo closure was conducted by the Contra Costa Health Services (CCHS) Emergency Medical Services Agency. Based upon the April 15, 2014, notification by Doctors Medical Center, the required completion date for the report is June 15, 2015. The report must then be submitted within three days to the State Department of Health Services. In accordance with Contra Costa’s impact evaluation policy, the evaluation must include at least one public hearing, held June 9, 2014, at 6 to 8pm at the Maple Hall Community Center, 13831 San Pablo Avenue, San Pablo, CA 94806. Notification of closure and an invitation to submit information was sent to all Contra Costa cities, planning or zoning authorities, emergency service agencies, and acute care hospitals; to the Alameda-Contra Costa Medical Association; to the Hospital Council of Central and Northern California; to West County health care facilities; and to other interested organizations and individuals. All these organizations were invited to participate in the public hearing and/or to submit written information relevant to the proposed closure of Doctors Medical Center emergency services. Data for use in the impact evaluation was also obtained from Doctors Medical Center, OSPHD Contra Costa EMS and other affected agencies.

The Impact Evaluation Report has been prepared by EMS staff, distributed to all stakeholders and transmitted to the State Department of Health Services to meet the June 15th statutory deadline and is available on the County Health Services website at cchealth.org/dmc.
IV. Summary of Findings

1. Doctors Medical Center (DMC) began operations in San Pablo in 1954 as Brookside Hospital serving the residents of newly constituted West Contra Costa Healthcare District (“the District”) and has been operated as an independent acute care facility. Financial challenges began to occur by the mid-1990’s and the hospital has had a long history of ongoing fiscal difficulties as described in the May 7, 2014 Interim CEO Report attached as an addendum. In November 2013 the West County Health District Board passed the fiscal emergency resolution and on April 15, 2014 the Hospital submitted a notice of closure. During this period, ongoing efforts to find a sustainable service model are being explored including the feasibility of a free-standing emergency department.

2. Doctors Medical Center San Pablo is one of two hospitals (Doctors San Pablo, and Kaiser Richmond) serving the communities of West Contra Costa County. West Contra Costa County is an area of over one-quarter million residents living in the cities of El Cerrito, Hercules, Pinole, Richmond, and San Pablo and in the unincorporated communities of El Sobrante, Crockett, Kensington, North Richmond, Port Costa, and Rodeo.

3. The area is geographically isolated from the rest of Contra Costa County by a range of low-lying mountains and from other Bay area communities to the west and north by the northern extension of the San Francisco Bay and by the Sacramento River. The principal traffic corridor through western Contra Costa County is the heavily traveled and frequently congested Interstate 80 extending 16 miles through Contra Costa County from the Carquinez Strait south to El Cerrito and connecting with the San Francisco Bay Bridge a few miles further south in Alameda County. This I-80 corridor includes major industrial, petrochemical, and port facilities. Two major oil refineries are located within the I-80 corridor. The Northern Hayward Fault, one of the most dangerous earthquake faults in the world, transects the corridor running through the City of San Pablo.

4. During this period Contra Costa Emergency Medical Services Agency conducted two comprehensive assessments of the public demand for emergency services in West County. The first was in March of 2004 and was subsequently updated in July of 2011. The 2011 study has been placed as an addendum to this report and is also available at http://cchealth.org/ems/pdf/west_county_emergency_report_july_2011.pdf The key conclusions of that report were:

   a) The loss of DMC would be catastrophic to West Contra Costa County; it is one of only two hospitals in the region.
   b) DMC represents 79% of the inpatient capacity in the region.
   c) DMC provides 59% of the ED care in the region.
   d) DMC receives 62% of the regional ambulance traffic.
   e) The remaining West County hospital would be inundated by this patient volume shift as DMC patients would need to go somewhere.
   f) The remaining hospital is part of Kaiser and the general public typically perceives it as unavailable to non-Kaiser members.
   g) The region already does not have enough needed ED treatment stations or ICU beds even with DMC.
   h) West County ED waiting times will likely reach 10-12 hours.
i) Additional ambulance hours needed to maintain current EMS performance would cost $2.5 million annually.

j) Critical infrastructure would be eliminated to support a disaster.

5. In January 2014 the Contra Costa EMS Agency requested and received data and ED demographic data from DMC and Kaiser Richmond to re-evaluate the findings of the 2011 Abaris report. The EMS Agency determined that the major findings of the report were indeed consistent with 2013-14 utilization and its impact on emergency services and notified the CCHS Health Services Director in a memorandum dated April 1, 2014 of these findings. The EMS Agency updated and reviewed regional hospital bed capacity, regional hospital ED utilization, year to date available OSHPD data, 2013 Kaiser Richmond and DMC hospital and ED utilization data, 9-1-1 ambulance utilization and numerous other sources to re-evaluate the impact on EMS and community stakeholders. The 2013-14 EMS Agency impact re-evaluation findings follow:

a) DMC in 2013 had 171 active staffed beds including 83 medical surgical, 64 telemetry beds, 24 ICU beds and 25 ED stations.

b) The ED served 41,903 individuals in 2013 with 29% meeting criteria for severe or critical conditions. Of the patients who walked-in or self-transported 92% were treated and released typically within 24 hours.

c) DMC EMS ambulance utilization in 2013 revealed 8053 emergency transports. The ED serves 61% of all West County EMS traffic, with 68% of EMS transports involving Richmond and San Pablo residents.

d) DMC is a designated primary stroke center serving 50% of West County stroke patients and is the only designated STEMI (high risk heart attack) center serving West County. In the event of closure the closest STEMI receiving center is 15-27 minutes away by ground. These longer transport times do not account for traffic which can add another 20 to 30 minutes of delay to definitive care during peak commute hours.

e) DMC is not a trauma center but in 2013 transferred 17 trauma patients to a designated trauma center.

f) DMC serves as a resource for dialysis patients who receive their care at San Pablo Dialysis or El Cerrito Dialysis. During 2013 some 88 dialysis patients were transported to DMC for emergency services.

g) 11.8% of DMC emergency department admissions in 2010 were from skilled nursing facilities. These are medical fragile patients known not to tolerate long transport times and would be separated from their family and friends in the community if they had to travel to distant hospitals for emergency or hospital services.

h) Although overall bed capacity has significantly increased within Contra Costa and Alameda County the closure of the facility in West County leaves only 15 ED beds at Kaiser Richmond and 8 ICU beds to serve a community of over 250,000. This would result in insufficient ICU and ED bed capacity in the West County region requiring other

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2 See Appendix C with 2011 Abaris Report

3 See Appendix C with EMS memorandum

4 See Appendix C MHOAC Briefing and 2013 regional data sheets
hospitals more than 20-25 minutes away to serve the population. ICU bed capacity in Contra Costa would be reduced back to 2009 levels.

i) Resources for emergency ambulance availability are likely to be compromised with the need to send patients to ED destinations that are cross county and out of county on a normal basis.

j) ED and ambulance patient handoff at facilities that are out of county may deplete resources further if patient handoffs are delayed. It is estimated that during normal high volume periods in the EMS system up to 20% of emergency ambulance assets could be out-of-county.

6. The discontinuation of emergency services at Doctors Medical Center San Pablo would have a significant and adverse impact on the residents seeking urgent and emergency care in West Contra Costa County. These impacts will include:

   a. Longer travel times to reach hospital emergency services.

   b. Lack of reasonably convenient public transportation access to emergency services, and urgent care services.

   c. Longer response times in obtaining prehospital emergency medical services as a result of longer out-of-service times for prehospital EMS personnel engaged in patient transports to more distant hospitals.

   d. Potential increased demands for emergency services resulting from migration of “private transports” to “9-1-1 transports” where patients are unfamiliar with routes to more distant hospitals or are uncomfortable with the longer transport times by private automobile.

   e. Increased overtime costs for fire personnel (or decreased fire protection) when fire personnel accompany critical patients transported by ambulance to more distant hospitals.

   f. Risk of patients in need of emergency medical care being self-transported in error to Doctors Medical Center San Pablo after closure of emergency services. This may occur due to a patient’s/family’s failure to know that emergency services have been discontinued or inability to distinguish between medical conditions requiring “urgent care” services and those requiring “emergency care” services.

   g. Loss of immediately available emergency services for long-term-care, dialysis and oncology patients continuing to be treated at Doctors Medical Center San Pablo.

   h. Loss of nearby hospital emergency services at convalescent and assisted-living facilities located near Doctors Medical Center San Pablo.

   i. Potential direct and indirect economic impact to the communities including loss of economic base and loss of an important amenity attracting residential and business development.

   j. Loss of community resource for disaster response.

7. The closure of Doctors Medical Center San Pablo would reduce the number of emergency department treatment stations from 40 to 15. During 2013 DMC had 41,154 ED visits and Kaiser Richmond 40,761 for a total of 2,048 ED visits per station which is in excess of the American College of Emergency Physicians (ACEP) standard of one treatment station per 2,000 visits. It is estimated that in the event of closure Kaiser Richmond could see an additional more than 83 new walk-in patients per day placing the facility at risk of a functional collapse due to ED saturation.
8. The closure of emergency services at DMC would result in a shift in costs to the County as a result of additional costs incurred by the fire services and by American Medical Response in order to maintain emergency response services at the existing levels. The Abaris July 2011 study estimated the cost to the EMS System could be over 2.5 million dollars a year.

9. Other hospital emergency departments that may be impacted by a closure include Alameda County Highland Hospital, Alta Bates Summit and Berkeley Hospitals, Marin General in Marin County, Sutter Solano, Kaiser Medical Center in Vallejo and Contra Costa Regional Medical Center (CCRMC) in Martinez. Sutter Solano and Kaiser Vallejo would become the closest emergency services to the community of Crockett, and CCRMC would become the closest to Port Costa. These communities account for 0.3% (123) of all DMC ED visits and 1% (248) of all West County 9-1-1 transports.

10. Ongoing traffic congestion and construction projects planned by the California Department of Transportation (Caltrans) contribute to making travel in and out of West County prolonged especially during peak commute hours.

11. Population projections are expected to grow by some 13% by 2019. While the largest numerical increase is projected for Richmond (8,400), the community with the highest rate of projected growth is Hercules (21.1 percent).

12. West Contra Costa County is traversed by the northern extension of the Hayward fault, reportedly one of the most dangerous earthquake faults in California. Kaiser Richmond Medical Center is the only West County hospital that meets 2008 seismic code requirements while DMC would require a new facility to meet required seismic upgrades.

13. Contra Costa County’s contract with American Medical Response (AMR) to provide emergency ambulance service requires a 10-minute response 95% of the time for calls determined to need a “lights and sirens” response in Richmond, while in the remainder of West County emergency response times are similar to the rest of the county at 11:45 90% of the time. The variation in response requirements between these communities was based on the goal of providing a paramedic within 10 minute on scene was established by the County as part of the 2004 ambulance service agreement for areas not served by fire paramedic first response. Over the last 10 years there has been no significant difference in patient outcome between response zones associated with differences in ambulance staffing (e.g., 1 or 2 paramedics) or quicker response times in urban response zones throughout the county. In the event of a closure paramedic staffing and response time may be safely modified consistent with other county ambulance response areas.

14. In the event of an ED closure, ambulance response times would be affected, requiring additional ambulance unit hours due to increases in 9-1-1 volume, out-of-county travel and time on task. Modifications to emergency ambulance deployment would be necessary to assure sustainable service levels. While increases in ambulance unit hours may be partially absorbed by AMR in the short run, they will eventually be passed on to the consumer in the form of increased cost or decreased service. 9-1-1 ambulance resources are not unlimited and the EMS Agency must rely on public private partners to coordinate and optimize deployment to assure the most critical patients requiring 9-1-1 resources are protected.
Recommendations

Based upon the foregoing findings that the closure of hospital emergency services will have a catastrophic affect on the delivery of emergency medical services in the communities of Richmond, San Pablo, Pinole, Hercules, Rodeo, El Sobrante, Crockett, and Port Costa and on the County as a whole, it is recommended that:

(1) The State Department of Health Services not approve the potential downgrade or closure of emergency services and assist the county in finding fiscal solutions and alternative service models to prevent the elimination of emergency services currently provided.

(2) In the event the State Department of Health Services does approve closure or downgrading of emergency service that it allow the county to declare a health emergency in order to fully mobilize the EMS and Health Care communities cooperation in a regional response to the crisis until alternative access of care can be provided for the community.

While complete mitigation of the impacts of a closure of emergency services at Doctors Medical Center San Pablo is not possible, the following recommendations are made to partially offset the likely adverse impacts. These recommendations are directed toward Doctors Medical Center, Hospital Council of the East Bay, American Medical Response, the impacted fire services, Contra Costa Emergency Medical Services Agency, and the California Department of Health Services.

A. Doctors Medical Center, Kaiser Richmond and other affected hospitals

1. The DMC Governing body and County Health Services should aggressively seek a sustainable solution to provide emergency services for West County communities.

2. An extensive public information campaign to inform the community of the closure of emergency services should be undertaken. Such an information campaign is necessary to avert potential inappropriate arrival at DMC of patients in need of emergency services. The campaign should extend well beyond the closure of emergency services.

3. In addition to informing the public of the closure of emergency services, this campaign should educate the public in the appropriate use of urgent care services, when emergency services should be obtained, where the nearest emergency services are located, and how to access emergency services through the 9-1-1 system. Special efforts should be made to bring this message to non-English speaking residents of the area.

4. In addition to the general public information campaign, a special outreach program should be directed to residents of assisted-living facilities, dialysis and skilled nursing facilities served by DMC who rely on the hospital for their emergency care.
5. Kaiser Richmond should work with American Medical Response and other emergency agencies to assure that an adequate flow pattern is maintained for ambulance traffic arriving and leaving the Richmond facility.

6. All affected hospitals near West County should consider standing up command centers to support response and return of ambulance assets to availability during peak periods of ED saturation.

7. All Hospitals receiving West County patients should take whatever steps are necessary to assure that ambulance crews can be rapidly returned to service.

B. American Medical Response (AMR)

1. American Medical Response (AMR) should develop appropriate contingency plans anticipating longer transport times of 15-27 additional minutes and modify ambulance deployment plan to assure continued coverage of the West County area at the existing response levels.

2. AMR should monitor and report patient handoff and crew turnaround times at all hospitals serving West County patients.

3. AMR should monitor West County response times on a community-by-community level, and react quickly to correct any deterioration of response times.

C. Contra Costa and Richmond Fire and Dispatch Services

1. Fire services should prepare contingency plans and work together and with AMR to assure prompt return of firefighters to their units.

2. Fire first responders need to be prepared for prolonged scene times for less acute patients during periods of high utilization of 9-1-1 resources as deployment will be prioritized to respond to the most critical patients.

3. Richmond Fire should fully implement and participate in the Zoll Fire-EMS ePCR (electronic patient care record) system.

4. Richmond Dispatch should become an accredited medical dispatch center to increase capability for tiered deployment of first responders and emergency ambulance assets.

D. Contra Costa Emergency Medical Services (EMS)

1. EMS should stand up emergency operations to manage the event and provide situational awareness in cooperation with the EMS Agencies of Alameda County, Marin County, Solano County and the Regional Medical Operational Area Specialist.

2. EMS should monitor ambulance response times, patient destination and changes in 9-1-1 utilization of West County communities.

3. EMS Medical Director and staff shall be vigilant for EMS and patient safety risks and events that may result in unintended delays in definitive care.
3. EMS should monitor hospital status in West County for emergency department saturation and census alert levels.

E. California State Department of Health Services

1. If closure of emergency services is authorized, the California State Department of Health Services should determine that Doctors Medical Center is in compliance with the recommendations of this report prior to closure.

2. If closure of emergency services is authorized, the State Department of Health Services should determine that all signage referring to availability of emergency services has been removed by Doctors Medical Center and by Caltrans prior to authorizing closure of emergency services.

3. If closure of emergency services is authorized, the State Department of Health Services should assure that any State agency emergency plans referring to Doctors Medical Center San Pablo and any facility emergency plans required by the State referring to DMC are appropriately updated to reflect the closure.
VI. Background Information

**Doctors Medical Center San Pablo:** DMC San Pablo currently functions as a 171-bed (based staffed beds) acute care hospital located at 2000 Vale Road in San Pablo. Kaiser Richmond provides the next closest emergency services. Staffing is consistent with state requirements for patient care.

**B. The Community**

![Map of the area](image)

Doctors Medical Center San Pablo is located in the City of San Pablo in western Contra Costa County. The West County area accounts for some 23% of the county’s estimated 1,094,205 population. The county population is estimated to grow by 13% by 2019.

**Population Projections**

<table>
<thead>
<tr>
<th>Area</th>
<th>2013</th>
<th>2019</th>
<th>Projected County Percent Growth</th>
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<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Contra Costa County, total</td>
<td>1,094,205</td>
<td>100.0</td>
<td>1,236,451</td>
</tr>
<tr>
<td>West County, total</td>
<td>250,207</td>
<td>22.8</td>
<td>282,733</td>
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The communities of west Contra Costa County lie along the Interstate 80 corridor, which runs from the Vallejo Bridge spanning the Carquinez Strait on the north through the communities of Crockett, Rodeo, Hercules, Pinole, El Sobrante, San Pablo, Richmond, and El Cerrito before continuing into Alameda County and to the San Francisco-Oakland Bay Bridge. This section of I-80 is one of the busiest traffic and trucking corridors in the state. This is a heavily industrialized corridor which includes two major oil refineries, deep water shipping facilities, and major rail lines. The area is also traversed by a major earthquake fault – the Northern Hayward Fault.

C. Hospitals and Hospital Emergency Services

Contra Costa County is served by nine acute care hospitals providing emergency services. These hospitals, along with the number of licensed beds, number of licensed intensive care beds, number of emergency treatment stations, and number of emergency patient visits in 1998 are shown below. Countywide these hospitals served a total of 424,431 emergency patient visits in 2012 using 267 emergency treatment stations for a countywide average of 1,590 patients visits per year per treatment station.

Although the countywide ED volume is within the American College of Emergency Physicians’ standard of one treatment station per 2,000 annual visits for the county; when evaluated separately, West County Hospitals average over 300 visits more visits per treatment station compared to other facilities. In 2012, DMC had 1775 EMS visits per treatment station and Kaiser Richmond had over 3214 per treatment station. Of note is that in 2012 the Chevron Refinery Fire created a medical surge of over 15,000 patients over 18 days after the event.
D. Impact of Closure on Hospital Emergency Services

The regional impact of a potential DMC ED closure has been fully described in the Abaris Study completed in July 2011. In April of 2014 the EMS Agency re-evaluated the assumptions of the study and found them to be consistent with current utilization of emergency services.

Contra Costa has been a “no-diversion” EMS System since 2006. Emergency department diversion occurs when EMS transports are temporarily diverted by EMS policy to another facility due to internal disaster, trauma diversion, CT diversion or STEMI diversion associated with equipment failure/maintenance. Diversion due to ED saturation is not allowed under normal conditions. The County EMS Agency manages ambulance flow in partnership with ED and Hospital leadership to facilitate prompt return of emergency ambulance assets to service. Ambulance-ED patient turnover time countywide is typically less than 20 minutes.

**ER Wait Watcher**, is an app which uses nationwide data from the Centers for Medicare and Medicaid Services (CMS) measures for “Timely and Effective Care.” Reported measures are based on a year's worth of data and also estimated in real time based on how long it would take to drive to nearby hospitals using current traffic conditions, fetching data directly from Google as travel time changes during the day. All data is voluntarily reported by hospitals and in a media article at http://www.propublica.org/article/how-long-will-you-wait-at-the-emergency-
room. Public information of this type could help distribute patients more effectively and avoid pockets of crowding common to nearby emergency services if all hospitals participated. However all emergency departments have processes to rapidly triage critical patients needing immediate medical care upon arrival. According to CMS the average wait times for all hospitals show:

1. ED wait times in California average 30 minutes and the National average is 28 minutes
2. It takes up to 2 hours and 52 minutes to be sent home from an ED visit in California
3. It takes up to 5 hours and 23 minutes to be admitted to the hospital in California

The chart below shows the average walk-in patient wait times for affected hospitals including DMC as reported on http://projects.propublica.org/emergency/hospital/ on June 7, 2014:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>2013 CMS Data Average Wait Time in minutes</th>
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<tbody>
<tr>
<td>Doctors Medical Center</td>
<td>25 minutes</td>
</tr>
<tr>
<td>Contra Costa Regional Medical Center</td>
<td>62 minutes</td>
</tr>
<tr>
<td>John Muir Medical Center Concord</td>
<td>25 minutes</td>
</tr>
<tr>
<td>John Muir Medical Center Walnut Creek</td>
<td>21 minutes</td>
</tr>
<tr>
<td>Sutter Delta Medical Center Antioch</td>
<td>32 minutes</td>
</tr>
<tr>
<td>Alta Bates Summit Medical Center: Alta Bates Campus</td>
<td>45 minutes</td>
</tr>
<tr>
<td>Alta Bates Summit Medical Center</td>
<td>55 minutes</td>
</tr>
<tr>
<td>Alameda County Medical Center (Highland Hospital)</td>
<td>97 minutes</td>
</tr>
<tr>
<td>Marin General</td>
<td>33 minutes</td>
</tr>
<tr>
<td>Sutter Solano Medical Center</td>
<td>39 minutes</td>
</tr>
<tr>
<td>All Kaiser Hospitals</td>
<td>Data not reported</td>
</tr>
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</table>

**Conclusion:** Nearby hospitals ED wait times for walk-in patients will be significantly prolonged with influx of an additional 40,000 patients annually however it is difficult to predict which hospitals are likely to be most affected. The assumption is that closer hospitals, Kaiser Richmond, Contra Costa Regional Center, John Muir Concord and nearby out of county hospitals will experience the largest impacts.

**E. Specialty Services**

Doctors Medical Center serves as both the designated ST Elevation Myocardial Infarction (STEMI), (high risk heart attack) center and is a Primary Stroke Receiving Center for West County residents. In 2013, DMC received 78 high risk heart attack patients via EMS with another 500 patients who were either self-transported or transferred from other area emergency departments for urgent and/or elective cardiac intervention.

As an EMS designated Stroke Receiving Center they received 127 suspected stroke patients from the field via EMS, 87 of whom met EMS stroke alert criteria (critical stroke suspected).
Cardiovascular interventional services  
FAA and Caltrans approved helipad

**Hospital specialty services**  
Hyperbaric medicine and wound care center  
Cardiac Rehab/Sleep Studies  
Inpatient acute hemodialysis services  
Radiation Emergency Medical Team available

**Surgical services**  
Backup on-call surgical team available within one hour

**Critical ancillary services**  
Angiography, coronary artery and other types

**Physician specialty and subspecialty availability**  
Cardiac intervention  
Neurology and Neuro intervention  
Psychiatry  
Urologic surgery  
Hospitalist

**F. Trauma Services**

Major trauma patients are transported in most cases to the Trauma Center at John Muir Medical Center in Walnut Creek, or, in the case of pediatric trauma, to the Children’s Hospital Trauma Center in Oakland. Doctors Medical Center is not a Contra Costa designated trauma receiving center however the emergency department frequently deals with trauma associated with the high incidence of violence in the community. It is not unusual for the facility to be the “drop point” for patients who arrive by private vehicle. These patients must be stabilized and transferred to a higher level of care if needed. While closure of DMC may have little impact on trauma destination of via EMS, it will certainly impact the community and adversely. An increase in morbidity and mortality is likely to occur.

Services for air medical transport will also be affected. Air transport is typically considered for critical trauma patients. There were 24 patients who were transported from the DMC landing zone in 2013. Air transport is required during periods when traffic congestion is at its’ peak. The loss of the DMC helicopter landing zone will adversely affect critical patients who require air medical transport for trauma, high risk obstetrics or critical pediatrics.

**G. Base Hospital Services**

DMC is not a paramedic base hospital and, therefore, closure would have no impact on base hospital services.

**H. Disaster and Seismic Issues**

Because of its geographic isolation, its location on one of the most dangerous earthquake faults in the state, and the presence of two oil refineries and related petrochemical industries, western Contra Costa County is particularly vulnerable to disaster. Closure of DMC would leave
the area with only one small hospital emergency department - Kaiser Richmond. As a result of its location and construction, Doctors San Pablo is at significant risk for loss of function in the event of a major earthquake on the northern Hayward fault. On the basis of research conducted since the 1989 Loma Prieta earthquake, U.S. Geological Survey (USGS) and other scientists conclude that there is a 70 percent probability of at least one magnitude 6.7 or greater quake, capable of causing widespread damage, striking the San Francisco Bay region before 2030. At greatest risk, according to the USGS probability report issued October 14, 1999, are areas along the Northern Hayward Fault where the probability of a magnitude 6.7 or greater earthquake before 2030 is 32 percent. This fault traverses the entire West County corridor, passing through the city of San Pablo. Most areas within San Pablo are rated at Level IX or Level X on the Modified Mercalli Scale. These are the two highest levels on the scale and are described as “violent shaking” and “very violent shaking,” respectively. The fault separates the communities of Pinole, Hercules, Rodeo, Crockett, Port Costa, and El Sobrante currently served by Doctors San Pablo.

Doctors San Pablo has special facilities for disaster response including an approved helicopter landing pad and a separate decontamination area with buffer zone, control points, shower and sink and a decontamination table with drainage system. Doctors San Pablo exhibited a high level of preparedness to receive mass numbers of patients in the 2012 Chevron Refinery Fire Incident. If the facility closes there is reduced capability to manage a similar event at any scale.

According to the Contra Costa 2013 Risk-Based Initiative Pilot Project individuals below the Federal poverty line are more at risk than others for increased mortality and morbidity during disaster. West County residents are at increased risk based on that criteria and have less resources for community resiliency. The groups most likely to be affected are the elderly,
children, diabetics and individuals with respiratory diseases and special needs. A large portion of West County is below the Federal Poverty Line by Census Tract.

The overall capability for prehospital care providers to respond effectively in a disaster has suffered throughout Contra Costa County. The EMS System has lost more than 20% of all fire stations countywide since 2009. The June 2014 EMS System Modernization study by independent consultant's Fitch and Associated determined gaps in EMS dispatch capabilities serving West County. These reductions in capability are a consequence of the economic downturn, reduced public safety revenue and increased operational expenses and are experienced by both the private and public sector EMS and Medical Health Care system partners.

During a multi-casualty event with large number of patients regional mutual aid from out-of-county ambulance providers will certainly be needed. West County has one of the highest risk profiles for these events of this type due to the concentration of chemical and oil industry within the community and earthquake demographics. Delays to definitive hospital care associated with a potential ED/Hospital closure could result in increased mortality and morbidity.
I. Prehospital Emergency Medical Services

Prehospital emergency medical services are provided by the fire services, which are first responders to medical emergencies, and by American Medical Response, which provides emergency ambulance services in response to 9-1-1 calls under County contract. Fire response is provided in the areas served by Doctors Medical Center by the Contra Costa County Fire Protection District (county district), El Cerrito/Kensington Fire Department (municipal service), Pinole Fire Department (municipal service), the Rodeo-Hercules Fire Protection District (independent district), the Crockett-Carquinez Fire Protection District (county district) and Richmond Fire Department (municipal service). All firefighters are trained to at least the public safety first aid level and most are trained as Emergency Medical Technicians I and trained and equipped to provide cardiac defibrillation using automated external defibrillators (AED). The Fire Provider Agencies of Pinole, El Cerrito/Kensington, Rodeo-Hercules and Contra Costa Fire staff one paramedic per engine. The chart that follows are the median response times for Code 3 lights and sirens EMS calls where West County Fire-EMS providers are first responders.

<table>
<thead>
<tr>
<th>West County Community</th>
<th>Service Area</th>
<th>2013 Response Times</th>
<th>2014 YTD Response Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fire-EMS First Responder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richmond</td>
<td>Richmond Fire Department</td>
<td>8:21 average</td>
<td>8:02 average</td>
</tr>
<tr>
<td>San Pablo</td>
<td>Contra Costa Fire Protection District</td>
<td>6.56</td>
<td>6:52</td>
</tr>
<tr>
<td>North Richmond</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>El Sobrante</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>El Cerrito</td>
<td>El Cerrito/Kensington Fire Department</td>
<td>6.00</td>
<td>6.40</td>
</tr>
<tr>
<td>Kensington</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pinole</td>
<td>Pinole Fire Department</td>
<td>6.55</td>
<td>6.56</td>
</tr>
<tr>
<td>Hercules</td>
<td>Rodeo Hercules Fire Department</td>
<td>7.38</td>
<td>7.53</td>
</tr>
<tr>
<td>Rodeo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crockett</td>
<td>Crockett Carquinez Fire Department (volunteer)</td>
<td>5.42</td>
<td>5.30</td>
</tr>
<tr>
<td>Port Costa</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

National Fire Protection Agency (NFPA) recommended national standard for fire first medical response is 8 minutes
Response time represents from time call received to at scene time
AMR Ambulances assigned to respond to emergency calls are staffed with a crew of two paramedics. The national industry standard for appropriate emergency ambulance response is 12 minutes. The current contract emergency ambulance expectations and response times for West County are:

<table>
<thead>
<tr>
<th>Affected West County Communities (US Census 2010)</th>
<th>AMR Ambulance County Contracted Response Time Expectation Code 3 lights and sirens response*</th>
<th>Number of ambulance Responses 2013 Code 3 (lights and sirens)</th>
<th>Number of ambulance Responses 2013 Code 2 (non-urgent 9-1-1)</th>
<th>Average 2013 Response Time in minutes Code 3 (lights and sirens)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richmond (103,701)</td>
<td>Urban Zone A (10 min) 95%</td>
<td>8,620</td>
<td>2,426</td>
<td>6:16</td>
</tr>
<tr>
<td>San Pablo (29,139)</td>
<td>Urban Zone B (11:45 min) 90%</td>
<td>3,134</td>
<td>1,080</td>
<td>6:38</td>
</tr>
<tr>
<td>North Richmond (3,717)</td>
<td>Urban Zone B (11:45 min) 90%</td>
<td>21</td>
<td>0</td>
<td>10:56</td>
</tr>
<tr>
<td>El Cerrito (23,549)</td>
<td>Urban Zone B (11:45 min) 90%</td>
<td>1,424</td>
<td>512</td>
<td>7:34</td>
</tr>
<tr>
<td>El Sobrante (12,669)</td>
<td>Urban Zone B (11:45 min) 90%</td>
<td>685</td>
<td>302</td>
<td>7:42</td>
</tr>
<tr>
<td>Kensington (5,077)</td>
<td>Urban Zone B (11:45 min) 90%</td>
<td>167</td>
<td>58</td>
<td>11:58</td>
</tr>
<tr>
<td>Pinole (18,390)</td>
<td>Urban Zone B (11:45 min) 90%</td>
<td>1,287</td>
<td>478</td>
<td>7:31</td>
</tr>
<tr>
<td>Hercules (24,060)</td>
<td>Urban Zone B (11:45 min) 90%</td>
<td>756</td>
<td>335</td>
<td>9:41</td>
</tr>
<tr>
<td>Rodeo* (8,679)</td>
<td>Urban Zone B (11:45 min) 90%</td>
<td>521</td>
<td>186</td>
<td>9:45</td>
</tr>
<tr>
<td>Crockett* (3,094)</td>
<td>Urban Zone B (11:45 min) 90%</td>
<td>443</td>
<td>107</td>
<td>11:23</td>
</tr>
<tr>
<td>Port Costa* (190)</td>
<td>Rural Zone B (20 min) 90%</td>
<td>18</td>
<td>4</td>
<td>18:06</td>
</tr>
</tbody>
</table>

*served by AMR paramedic Quick Response Vehicles (average response times between 6:22 and 10:45) to supplement ambulance service in remote rural areas in these communities. Emergency ambulance contract compliance is based on 90% of the responses provided in that emergency ambulance response zone. There are 10 cities in Emergency Response Zone B and 1 city in Emergency Response Zone A.

Richmond has a 10 minutes 95% requirement (Emergency Response Zone A) while the remaining area of urban West County (Emergency Response Zone B) is 11 minutes 45 seconds 90% of emergency calls as measured during the course of a month. The 2014 EMS System Modernization Study has recommended ambulance response times of <14 minutes as an industry standard as an appropriate level of ambulance response in an integrated and highly coordinated EMS system such as Contra Costa.

Most Fire response times should not be adversely affected by the closure of DMC, unless the EMS volume increases to levels due to ambulances being out of the area. In those cases fire response will be adversely affected by the longer on-scene and out-of-service times for fire units.
Normally, firefighters are released from the scene following arrival of the ambulance and transfer of patient care to the ambulance crew. However, for certain critical patients, a firefighter may be required to accompany the ambulance crew to assist in patient care en route to the hospital. In this situation, the fire unit remains out-of-service until the firefighter is returned to the unit or until a replacement firefighter is obtained. During this period the community would be at risk for longer fire response times. Numerous Fire stations have been downgraded or closed since 2009 due to fiscal issues and fire agencies suffering cutbacks have not returned to 2009 staffing levels due to continued cost constraints.

American Medical Response ambulance crews will experience longer time-on-task for all transports going to more distant hospitals as a result of the DMC closure. While this will certainly have an impact on American Medical Response, the impact on ambulance response times in West County communities will be partially dependent on what EMS Agency modifications in dispatch are possible and AMR system status deployment adjustments. Maintaining the existing emergency ambulance response level while committing resources to longer transports will prove a difficult task at best.

In addition to possible delays in fire and ambulance response resulting from increased time on task, the West County community has raised a concern that there may be an increase in the number emergency calls. Increased 9-1-1 usage may result when patients choose to access 9-1-1 rather than private transport due to the longer driving distance and lack of familiarity with routes to other facilities.
J. Impact on Ambulance Transport Times and Utilization

An analysis of impact on average emergency ambulance transport times from communities are fully described in the Jul 2011 Abaris report. The following is a graphic display of 2013 system utilization of 9-1-1 emergency ambulance services in West Contra Costa County. A large number of these transports are likely to be taken outside the community and out-of-Contra Costa County to access emergency services.
K. Notification to the Public

Doctors Medical Center and Contra Costa County Health Care Services has committed to an education and information campaign to the public in the event the DMC Governing Board passes a resolution to close emergency and/or hospital facilities. This campaign would include outreach via direct mail, advertising, community presentations, our website and social media tools, the media (print, television, radio and online), and our partners. Public outreach about the June 9 Public Hearing included hard copy meeting announcement/agenda postings at appropriate sites, notifications to all affected parties (all Contra Costa cities, planning or zoning authorities, emergency service agencies, and acute care hospitals; to the Alameda-Contra Costa Medical Association; to the Hospital Council of Central and Northern California; to West County health care facilities; and to other interested organizations and individuals), a media advisory, and posting of information on the CCHS Facebook and Twitter accounts and website (cchealth.org/dmc) Copies of notices have been included in an addendum to this report.

L. Legal Liability Resulting from Closure

It is difficult to predict with any accuracy the potential legal liability that could result from the closure of emergency services at Doctors Medical Center San Pablo. Obviously, the greatest risk of liability arises from people who make mistakes of one kind or another. That said, all efforts should be made to notify the community, the patients, the ambulance providers, the local fire departments, the surrounding cities, and everyone who is involved in the emergency response process, so that patients will not go, or be taken, to DMC in the event of closure. The failure to provide adequate notice could result in liability to DMC and possibly to the County if a court determined that to be a responsibility of Emergency Medical Services, should a patient thereafter arrive at Doctors Medical Center San Pablo with a medical emergency and be unable to receive care, to the patient’s detriment and injury. The need for wide dissemination of the information that the emergency department is closed, assuming closure is ultimately approved by the State, is obvious and should be taken seriously by all parties. Liability could also arise from the failure of an ambulance driver to know that the emergency department has been closed and the driver’s attempt to bring a patient to the emergency department, delaying or ultimately denying medical treatment to a patient which results in further injury to the patient. The potential defendants in such a situation would depend on the specific facts in the particular case, but they range from Doctors Medical Center to the ambulance driver and the ambulance company or fire district, depending on what agency operated the ambulance in question. Given the publicity surrounding this proposed closure and the public hearings scheduled for June 9, 2014 notice of the potential closure is intended to reach most members of the public and all affected emergency response agencies. It is in the best interest of all concerned to widely disseminate the news should the State approve the closure of the Doctors Medical Center San Pablo emergency services.
Conclusion

This report has been prepared by Contra Costa EMS staff in cooperation with Contra Costa EMS System stakeholders, Doctors Medical Center San Pablo, Kaiser Medical Center Richmond, the Hospital Council of the East Bay and American Medical Response. It is our strong recommendation that sustainable solutions be crafted to continue emergency services provided by Doctors Medical Center to West County residents. Closure or downsize of the facility will have profound impacts on Contra Costa and surrounding EMS systems.

The ability to modify first medical response and emergency ambulance deployment cannot replace timely definitive care. Downgrade or elimination of hospital emergency services will result in increased morbidity and mortality consequences for the community.
<table>
<thead>
<tr>
<th>Date</th>
<th>Contact</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/12/2013</td>
<td>DMC</td>
<td>Presentation to West County Hospital District Governing Body on Fiscal Emergency</td>
</tr>
<tr>
<td>12/17/2013</td>
<td>CCEMS</td>
<td>Draft Incident Action Plan and Contingency Presented to CCHS and Senior Staff</td>
</tr>
<tr>
<td>12/2013</td>
<td>Fire Chiefs/AMR</td>
<td>Briefing on Hospital Closure Contingency Plan</td>
</tr>
<tr>
<td>12/18/2014</td>
<td>CCEMS</td>
<td>Briefing of Non-Emergency Ambulance Providers</td>
</tr>
<tr>
<td>1/8/2014</td>
<td>CCEMS</td>
<td>Region II MHOAC’s briefed on Closure Contingency Plan</td>
</tr>
<tr>
<td>2/2014</td>
<td>CCEMS</td>
<td>Internal validation and update of 2011 Abaris Impact Report: All data valid and updated with 2013 YTD OSHPD, EMS, Kaiser and DSP data for risk analysis</td>
</tr>
<tr>
<td>3/5/2014</td>
<td>EMCC</td>
<td>Briefing of EMCC</td>
</tr>
<tr>
<td>4/12/2014</td>
<td>CCEMS</td>
<td>Update briefing to Non-Emergency Ambulance Providers</td>
</tr>
<tr>
<td>4/14/2014</td>
<td>DMC</td>
<td>Closure Contingency Planning Meeting with Alameda County, Contra Costa Hospitals, Hospital Council Leadership, ACCMA</td>
</tr>
<tr>
<td>4/15/2014</td>
<td>DMC</td>
<td>Notices sent to the County and CDPH of hospital intent to close within 90 days</td>
</tr>
<tr>
<td>5/6/2014</td>
<td>CCEMS and CCHS</td>
<td>Presentation of impact of potential hospital closure to Board of Supervisors</td>
</tr>
<tr>
<td>5/7/2014</td>
<td>DMC Governing Board Meeting</td>
<td>No action on future of hospital taken. Unions and community vow to unit to keep hospital open</td>
</tr>
<tr>
<td>5/15/2014</td>
<td>Unions</td>
<td>Unions representing workers at DMC file civil charges alleging unlawful discrimination due to closure</td>
</tr>
<tr>
<td>5/22/2014</td>
<td>CNA Town Hall Meetings</td>
<td>CAN hosts town hall meetings urging the County to keep the hospital open</td>
</tr>
<tr>
<td>6/2/2014</td>
<td>CCEMS</td>
<td>Executive Fire Chiefs Briefing on Status of Contingency Planning for potential closure</td>
</tr>
<tr>
<td>6/3/2014</td>
<td>Contra Costa Board of Supervisors</td>
<td>Contra Costa Board of Supervisors votes to authorize a poll for a potential countywide sales tax to support public health and safety</td>
</tr>
<tr>
<td>6/5/2014</td>
<td>Notification from CCHS/CCEMS/CAO</td>
<td>Required notification of public hearing for June 9th (including policy, public hearing dates) to all hospitals, cities, emergency services, EMSA, CDPH, cities, communities, Fire, Police, etc</td>
</tr>
<tr>
<td>6/6/2014</td>
<td>Hospital Council</td>
<td>Meeting of stakeholders to identify short and long term options identified for vetting by technical advisory group.</td>
</tr>
<tr>
<td>6/10/14</td>
<td>DMC /CCHS/EMS</td>
<td>Rescind of closure notice submitted and received by CCHS Emergency Services</td>
</tr>
<tr>
<td>6/11/2014</td>
<td>EMCC Meeting</td>
<td>Update on DMC closure and contingency planning</td>
</tr>
<tr>
<td>6/13/14</td>
<td>Hospital Council</td>
<td>Conference call with Hospital stakeholder regarding options to support DMC community</td>
</tr>
<tr>
<td>6/13-23/2014</td>
<td>CCEMS</td>
<td>Ongoing update public and private EMS System partners on status of contingency planning for potential downgrade of hospital and emergency services.</td>
</tr>
<tr>
<td>6/15/2014</td>
<td>CCEMS</td>
<td></td>
</tr>
<tr>
<td>6/17/2014</td>
<td>Contra Costa Board of Supervisors</td>
<td>Consideration and approval of fund transfer to support DMC to maintain hospital and emergency services.</td>
</tr>
<tr>
<td>6/19-23/2014</td>
<td>DMC Board Meeting</td>
<td>TENTATIVE: DMC Board expected to meet mid-June and take action to support sustainable model and other solutions</td>
</tr>
<tr>
<td>7/18/2014</td>
<td>DMC ED</td>
<td>If DMC was to proceed with hospital closure the ED at DMC was scheduled to close on this date. Closure date was rescinded on June 9, 2014 pending a funding and sustainable plan for continued services.</td>
</tr>
<tr>
<td>7/25/2014</td>
<td>DMC Hospital</td>
<td>If DMC was to close this would have been the final date of hospital operations under planned closure. Closure date was rescinded on June 9, 2014 pending a funding and sustainable plan for continued services.</td>
</tr>
</tbody>
</table>
INTERIM CEO REPORT

BOARD OF DIRECTORS – DOCTORS MEDICAL CENTER

May 7, 2014

At the request of Director Zell, I have prepared the following overview of the recent history of Doctors Medical Center and the measures pursued in the ongoing struggles for the Hospital’s survival.

Background

Doctors Medical Center began operations in San Pablo in 1954 as Brookside Hospital, serving the residents of the newly constituted West Contra Costa Healthcare District ("the District"). From that time until 1997, the District operated the hospital as an independent acute care facility with modest “ad valorem” property tax support. By the mid-1990’s, however, the hospital began experiencing financial challenges, and the District realized that to save this important healthcare resource it needed a capital partner to make necessary investments and to support the financial losses from operations. In January 1997, the District developed a strategic partnership with a national, for-profit hospital company – Tenet. Under this partnership the District retained ownership of the facilities, while Tenet operated all healthcare services and made necessary capital investments in the building, property and equipment. The hospital’s name was changed to Doctors Medical Center.

By 2004, Tenet realized that it was unable to profitably operate Doctors Medical Center, and they were unwilling to sustain the financial loss. As a result, they terminated the partnership and returned ownership of the healthcare services back to the District. The majority of the management team left with Tenet, as did some of the important infrastructure, including information systems. By the summer of 2004, the District found itself with a hospital that was losing money, with no cash, without a management team, and without important technology necessary to manage the organization.

In an effort to once again save the hospital from closure, the District introduced a special parcel tax measure (Measure D) to supplement the existing ad valorem property tax. In June of 2004, 84% of voting residents approved the tax measure. Immediately thereafter the District used the proceeds from that new parcel tax to secure $26 million in long-term financing/debt. The proceeds of this financing were used to support operations and to make necessary investments in the hospital and its equipment.

Bankruptcy and Reorganization

Despite the 2004 parcel tax and financing, Doctors Medical Center continued to struggle, posting operating losses of $22.9 in 2005 and consuming much of the cash reserves created by the 2004 financing. In late 2006 the organization faced serious financial obstacles and had grim prospects of overcoming those adversities. Cash on hand was down to five days and the hospital was losing in excess of $3 million monthly. With the negative operating performance and the capital requirements necessary for DMC to remain viable, the hospital’s operating performance was projected at a deficit of approximately $35 million by the end of 2006.

In October of 2006, the District filed for Bankruptcy and borrowed an additional $20 million from the County to support payroll and other operating expenses. At the end of that year the District hired a turnaround and interim management firm and created a Joint Powers Authority (JPA) with the County for governance participation and oversight. This JPA was later replaced with a Governing Body to include County and DMC medical staff representatives.
In 2007 and 2008, under the direction of the new JPA and interim management and turnaround firm, Doctors Medical Center developed and implemented a plan to achieve more than $17 million in expense reduction/performance improvements, and received a three year commitment of outside funding (2008-2010) to close the balance of the gap: $12 million per year from the State, $4 million per year from Kaiser and $1 million per year from John Muir Health. Kaiser later agreed to an additional year of funding for 2011. With this plan, the hospital emerged from bankruptcy in 2008. If not for the outside funding, DMC would have closed in 2008 rather than emerge from bankruptcy. This funding was time limited, however, and as of 2011 was reduced by more than 93%.

Activities Post Bankruptcy

With the reduction in this outside funding, in 2011 DMC again found itself facing a significant financial gap. In March, unable to make payroll, the Board secured a $10 million loan from the County and brought back the interim management team. The Board of Directors declared that the current delivery model is not sustainable in the long run, and a strategic partner must again be found to ensure long-term survivability. At the same time the Board directed the initiation of a broad-based regional planning initiative to engage other area providers in our planning efforts, and moved aggressively in discussions with the State for additional funding. In July 2011 a Regional Planning Initiative was initiated. As part of this process, DMC leadership brought the leadership of the County Health Services, the John Muir Health System and Kaiser together to discuss and explore options for: 1) outside funding to close the operating deficit on a more permanent basis; 2) changes in structure and nature of services currently provided in an effort to identify a service mix that might lead to greater sustainability; 3) options for potential lease/sale of the hospital; and 4) development of a “legacy plan” in the event the hospital was unable to remain open as a full service hospital. As a result of this planning process, models were developed to investigate the financial implications of developing a freestanding emergency department, for downsizing the hospital to 50-beds, for creating an urgent care center in place of the emergency department, for partnering with a long-term care provider to lease excess capacity, and a number of additional options. None of these models were projected to provide for positive financial performance, and the losses would continue to be excessive. The organization also worked to identify immediate initiatives essential to secure the time necessary for implementation of a longer term strategy. These included another round of expense reductions, a new parcel tax, another debt financing, and multiple proposals to the California Medical Assistance Commission (CMAC). All discussions with CMAC and our proposal request for $14 million in funding resulted in a one-time grant of $1.2 million, and no further payments. The parcel tax – Measure J – was passed with approval of approximately 74% of the voting district residents in November 2011. In December of that year the management team finalized $35 million in additional debt financing to support operations. The hospital is “living” on this financing to support expenses at this time.

Since 2011, the management team of DMC has continued to reduce expenses – including another reduction of more than $5 million for calendar year 2013 and further reductions in calendar 2014. Expense reduction/performance improvement initiatives have included:

- Renegotiated better rates with insurance companies
- Improved billing and collection practices
- Streamlined staffing, making DMC one of the most efficient hospitals in the Bay Area
- Reduced management staffing
- Renegotiated physician contracts to reduce costs
- Renegotiated vendor supply costs
• Made significant changes in the health benefits structure for non-represented and 2 of our union represented employee group. Negotiation underway with remaining collective bargaining units for similar benefit changes.

• Wage/salary freeze – some employees have not received a salary increase in more than 4 years

Simultaneous with these measures to control costs and to find a sustainable model through the Regional Planning Initiative, the organization has been active in searching for a strategic partner at the local, state and national level. In the spring of 2012, contact was made with nearly 2 dozen organizations to discuss potential partnerships. Only one organization (Avanti Hospitals) expressed any interest in conversations, but by early 2013 Avanti informed the Board that they were not interested in moving forward. To the day, the Board and management continue to contact other providers regarding potential partnership options.

The Drivers of the Financial Challenge

The financial issues at DMC, as with similar hospitals across the state, are the direct result of the nature of the population served: the elderly and indigent. In 2013, more than 77% of DMC’s patients were government pay - Medicare and Medicare Managed Care (insurance for older adults), Medi-Cal, Medi-Cal Managed Care (insurance for the indigent). Another 11% were uninsured. None of these payers reimburse the full cost of providing care.

The Congressional Budget Office projects that in 2012 Medicare, on average, covered 90% of the cost of providing care. Hospitals lose an average of 10% on every Medicare patient treated within their facility. Medi-Cal payments for coverage for the indigent is even lower – with CA Medi-Cal covering an average of only 60% of the total cost of care.

Other hospitals offset these losses by charging more to commercial/HMO payers – essentially cost shifting. DMC does not have a sufficient volume of HMO patients to close the gap – and it is not practical to believe that sufficient HMO volume will be realized in the near future. In addition, the gap between costs and reimbursement grows each year. While the hospital historically experiences inflation of 2-5% in salaries, drugs and the cost of other supplies, payment received from Medi-Cal has not increased in more than five years. At the same time, Medicare reimbursement has increased, but not at pace with inflation. As a result, each year DMC falls further behind in attempting to close the gap, and the hospital needs to cut costs just to prevent a further decline. With no profit generated, DMC is unable to invest in new technology, new programs, or physician recruitment, all very necessary to long term sustainability.

This economic equation is not just impacting the hospital, but much of the medical staff as well. Each of those uninsured or government insured patients treated at the hospital is cared for by a physician who is receiving minimal reimbursement for the care provided.

One potential strategy to help solve this financial crisis is to care for more private insured patients. DMC has historically been challenged on two fronts in its efforts to do so. First, an estimated 50% of commercial patient in the DMC service area are Kaiser-insured patients. Kaiser has their own facility in the community and therefore does not have a contract with DMC to provide care — Kaiser patients cannot use DMC for anything other than emergency services. Second, insured patients have a choice of providers in Contra Costa, Alameda or other counties. The patient satisfaction scores at DMC are
materially lower than the scores at other area hospitals – a problem of the hospital’s own making. While management and the Governing Body have made improvement of patient satisfaction a high priority for the past several years, satisfaction scores are slow to improve and the hospital’s reputation continues to drive insured patients out of the District to receive care.

The Impact of Healthcare Reform

In March 2010, President Obama signed the Patient Protection and Accountable Care Act (“ACA”). Many believe that this new reform legislation will provide coverage for the 11% of DMC’s patients that are presently uninsured, and thereby help to solve the financial crisis. The impact of ACA on DMC will not be positive, however, and reimbursement is expected to decline by $2.8 million in 2014.

Consider the math: the Congressional Budget Office projects that only 50% of uninsured patients will become insured under ACA by 2019, an even smaller fraction in 2014. Of DMC’s approximately 700 uninsured inpatients admitted to the hospital last year, that would result in an additional 350 individuals with insurance coverage, and approximately $1.5 million per year in additional revenue moving forward, and only $600,000 in additional revenue in 2014. The additional reimbursement is helpful – but clearly does not close the operating gap.

In addition, under ACA, Medicare (the federal government program to pay for older adults) will be reducing payments on the Medicare patients treated each year at DMC. In 2014, that reduction is projected to be $3.4 million. The net impact of ACA (more reimbursement for uninsured, less from Medicare) is an overall reduction in payments of $2.8 million in 2014, with further reductions in the future.

In addition to receiving less overall reimbursement for caring for many patients, DMC and its physicians are required by ACA to make significant capital invests in information technology. Should those investments not be made, DMC will be penalized another 2% of total government reimbursement.

Finally, as Medicare and private insurers look to “bundle payments” for an episode of care or to contracting with “Accountable Care Organizations”, DMC will need to be a part of a larger organization capable of surviving within the country’s new vision for healthcare delivery. As a relatively small facility without employed physicians, the hospital cannot participate in these new payment arrangements.

Where does this leave us today?

While a majority of voters supported the proposed parcel tax to keep the hospital open, the measure failed to meet the 2/3 approval that is required. As a result, DMC finds itself today in the same financial position and financial crisis that existed in November 2013 when the Board passed the fiscal emergency resolution. In the weeks ahead, the Board will need to move swiftly in deliberations on options and next steps. Without immediate intervention, the hospital must be closed this summer. Without immediate intervention, we will be unable to pay employees, to pay vendors, or to continue to provide the very high quality patient care provided by our dedicated employees and physicians.
Appendix

A

Doctors Medical Center Notification
Documents
April 15, 2014

William Walker, M.D.
Director and Health Officer
Contra Costa Health Services
50 Douglas Drive, Suite 310
Martinez, CA 94553

As you are aware, the Board of Directors of the West Contra Healthcare District (the District) may be passing a resolution in May to direct management to take all actions necessary for the closure of Doctors Medical Center, located at 2000 Vale Road, San Pablo. Should that vote occur, the hospital is expected to close on or about July 25, 2014.

California Health and Safety Code 1255.1 requires 90-day notification to Contra Costa County Emergency Medical Services (CCCEMA) in the event of reduction of service in or closure of emergency services. This letter serves as notice of closure of the Doctors Medical Center Emergency Department at 12:00 noon on July 25, 2014. Should the Board determine prior to that date that closure will not be needed, this notice of closure will be rescinded.

Dating back to November 2013, District management has been working closely with CCCEMS to develop a plan in the event of hospital and emergency medical services closure. On April 14, 2014, District management, along with Contra Costa Health Services, convened a meeting of area emergency services providers to discuss and review the CCCEMS initial assessment and to provide input to their plan. The District appreciates the ongoing support of Contra Costa Health Services and CCCEMS during this transition period. Should you have any questions, please call me at 510-970-5107.

Sincerely,

Dawn M. Gideon
Interim CEO
April 22, 2014

Inez Robinson, RN, MS, PHN
Health Facilities Evaluator Supervisor
Licensing and Certification Program
East Bay District Office
850 Marina Bay Parkway
Richmond, CA 94804

Thank you for your time yesterday for an update regarding the potential closure of Doctors Medical Center. As you are aware, the Board of Directors of the West Contra Healthcare District (the District) may be passing a resolution in May to direct management to take all actions necessary for the closure of Doctors Medical Center, located at 2000 Vale Road, San Pablo. Should that vote occur, the hospital is expected to close on or about July 25, 2014.

California Health and Safety Code 1255.1 requires 90-day notification to the California Department of Public Health and the Contra Costa County Emergency Medical Services (CCCEMA) in the event of reduction of service in or closure of emergency services. This letter serves as notice of closure of the Doctors Medical Center Emergency Department at 12:00 noon on July 25, 2014. Should the Board determine prior to that date that closure will not be needed, this notice of closure will be rescinded.

Dating back to November 2013, District management has been working closely with CCCEMS to develop a plan in the event of hospital and emergency medical services closure, and in completion of the required “impact evaluation of the county to determine impacts, including, but not limited to, an impact evaluation of the downgrade or closure upon the community, including community access to emergency care, and how that downgrade or closure will affect emergency services provided by other entities (CA Health and Safety Code 1300(b)). On April 14, 2014, District management, along with Contra Costa Health Services, convened a meeting of area emergency services providers to discuss and review the CCCEMS initial assessment and to provide input to their plan.

No later than May 21, 2014, the District will provide to you the following:

- A copy of the Board of Directors Resolution authorizing closure
• The management developed and Board approved Closure Plan, including the communications plan to patients/District residents
• Letters sent to patients and other stakeholders

Should you have any questions, please call me at 510-970-5107.

Sincerely,

Dawn M. Gideon
Interim CEO
June 10, 2014

Inez Robinson, RN, MS, PHN
Health Facilities Evaluator Supervisor
Licensing and Certification Program
East Bay District Office
850 Marina Bay Parkway
Richmond, CA 94804

Dear Inez:

Through a regional planning initiative with Contra Costa County public health officials, the Hospital Council of Northern California and area hospitals, the West Contra Costa Healthcare District is exploring options for a sustainable model by which Doctors Medical Center can continue to provide vital emergency medical services in West Contra Costa County.

In light of these discussions, the Board of Directors will **not proceed at this time with a vote to close DMC effective July 25, 2014.** Accordingly, this letter serves to rescind our April 22, 2014 closure notification. We will continue to keep you apprised of activities in the coming weeks and months as we move closer to a final, sustainable operating model.

Should you have any questions, please call me at 510-970-5107.

Sincerely,

[Signature]

Dawn M. Gideon
Interim CEO
Text for Robo-Call to District Households:

“This is an important message from Doctors Medical Center. ([In Spanish] Stay on the line for this important message in Spanish). We regret to inform you that effective (date), Doctors Medical Center and its emergency room will be closed. In the event of an emergency, please call 911 or visit one of the other area hospitals located in the area. For more information, please visit our web site at doctors medical center dot org”

Spanish version

"Lamentamos informarle que a partir del (date) de Doctors Medical Center y su sala de emergencia están cerradas. En caso de una emergencia, por favor llame al 911 o visite uno de los otros hospitales de la zona ubicada en la zona. Para obtener más información, por favor visite nuestro sitio web en doctors medical center de punto org ".

Dear ______:

We regret to inform you that on _______, 2014 the West Contra Costa Healthcare District voted to close Doctors Medical Center, San Pablo, CA. The purpose of this letter is to provide you with information regarding specific dates for service closure.

The entire hospital will be closed on _______, 2014, with substantially all staffing eliminated. Services will be closed as noted below:

- **Outpatient Services**: All outpatient services will close ______ including physical therapy, radiology, GI, outpatient surgery, sleep center and wound care center.
- **Inpatient Services**: The 189 inpatient beds will close effective _____, 2014.
- **Emergency Department**: Will close effective ______, 2014.

Should you have any questions about the hospital or the closure process, please contact Doctors Medical Center at 510-970-5107.

Sincerely,

Dawn M. Gideon
Interim Chief Executive Officer
Doctors Medical Center will close (insert date)

On (insert date), Doctors Medical Center and its Emergency Room will close. After this date, residents are asked to call 911 for an emergency or visit one of the other local hospitals listed below.

Other Area Hospital Providers:

Kaiser Richmond
901 Nevin Avenue
Richmond, CA 94801
Emergency care

Alta Bates Summit Medical Center
2450 Ashby Avenue
Berkeley, CA 94706
Inpatient, outpatient and emergency services

Contra Costa Regional Medical Center
2500 Alhambra Avenue
Martinez, CA 94553
Inpatient, outpatient and emergency services

John Muir Medical Center – Concord Campus
2540 East St.
Concord, CA 94520
Inpatient, outpatient and emergency services

John Muir Medical Center – Walnut Creek Campus
1601 Ygnacio Valley Rd.
 Walnut Creek, CA 94598
Inpatient, outpatient and emergency services

Sutter Solano Medical Center
300 Hospital Drive
Vallejo, CA 94589
Inpatient, outpatient and emergency services

Marin General Hospital
250 Bon Air Road
Greenbrae, CA 94904
Inpatient, outpatient and emergency services

Should you have any questions about the hospital or your care, please contact your care provider or Doctors Medical Center at 510-970-5107.

For more information, visit us at doctorsmedicalcenter.org
ATTENTION

NOTICE OF CLOSURE

Please be advised that Doctors Medical Center and the Doctors Medical Center Emergency Department will close on (Insert Date)

For more information, please call 510-970-5102
Dear Patient:

We regret to inform you that on _______, 2014 the West Contra Costa Healthcare District voted to close Doctors Medical Center, San Pablo, CA. It has been our honor to care for you as a patient at Doctors Medical Center, and we are saddened that we will be unavailable to meet your inpatient and emergency healthcare needs in the future.

The purpose of this letter is to provide you with information regarding specific dates for service closure, to let you know how you can obtain copies of medical records now or in the future, and to provide you with the names and addresses of other hospitals in the area.

The entire hospital will be closed on ______, 2014, with substantially all staffing eliminated. Services will be closed as noted below:

- **Outpatient Services:** All outpatient services will close ______ including physical therapy, radiology, GI, outpatient surgery, sleep center and wound care center. If you have an appointment already scheduled for a date after ____, hospital staff will contact you to assist in rescheduling with another provider.
- **Inpatient Services:** The 189 inpatient beds will close effective _____, 2014.
- **Emergency Department:** Will close effective _____, 2014.

Patient medical records will be available to any patient requesting a copy of their documents.

- If you require a copy prior to ______, you can request that a copy of your record by calling 510-970-5085. Please allow 10 business days for record production, after which time you can pick-up your medical record at Doctors Medical Center. There will be no charge for this service.
- Should you choose to not request a copy of your medical record prior to ______, all medical records will be transferred to the care of Contra Costa Regional Medical Center (CCRMC). After August 15 you can request a copy of your record by contacting CCRMC at xxx--xxx-xxxx.

Attached please find a listing of other area hospitals and outpatient centers available to meet your ongoing healthcare needs. Should you have any questions about the hospital or your care, please contact your care provider or Doctors Medical Center at 510-970-5107.

Sincerely,

Dawn M. Gideon
Interim Chief Executive Officer
OTHER AREA PROVIDERS:

**Hospitals:**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Address</th>
<th>Services</th>
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</thead>
<tbody>
<tr>
<td>Kaiser Richmond</td>
<td>901 Nevin Avenue</td>
<td>Hospital, emergency care</td>
</tr>
<tr>
<td>Richmond, CA 94801</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alta Bates Summit Medical Center</td>
<td>2450 Ashby Avenue</td>
<td>Hospital, outpatient, emergency</td>
</tr>
<tr>
<td>Berkeley, CA 94706</td>
<td></td>
<td>services</td>
</tr>
<tr>
<td>Contra Costa Regional Medical Center</td>
<td>2500 Alhambra Ave</td>
<td>Hospital, outpatient, emergency</td>
</tr>
<tr>
<td>Martinez, CA 94553</td>
<td></td>
<td>services</td>
</tr>
<tr>
<td>John Muir Medical Center – Concord Campus</td>
<td>2540 East St.</td>
<td>Hospital, outpatient, emergency</td>
</tr>
<tr>
<td>Concord, CA 94520</td>
<td></td>
<td>services</td>
</tr>
<tr>
<td>John Muir Medical Center – Walnut Creek Campus</td>
<td>1601 Ygnacio Valley Rd.</td>
<td>Hospital, outpatient, emergency services</td>
</tr>
<tr>
<td>Walnut Creek, CA 94598</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sutter Solano Medical Center</td>
<td>300 Hospital Drive</td>
<td>Hospital, outpatient, emergency</td>
</tr>
<tr>
<td>Vallejo, CA 94589</td>
<td></td>
<td>services</td>
</tr>
<tr>
<td>Marin General Hospital</td>
<td>250 Bon Air Road</td>
<td>Hospital, outpatient, emergency</td>
</tr>
<tr>
<td>Greenbrae, CA 94904</td>
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<td>services</td>
</tr>
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**Primary and Outpatient Services:**

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<th>Clinic</th>
<th>Address</th>
<th>Services</th>
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<tbody>
<tr>
<td>West County Clinic</td>
<td>13601 San Pablo Ave</td>
<td>Outpatient, physician services</td>
</tr>
<tr>
<td>San Pablo, CA 94806</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LifeLong Clinic</td>
<td>2320 Vale Road</td>
<td>Outpatient services</td>
</tr>
<tr>
<td>San Pablo, CA 94806</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B

Contra Costa EMS Notices
DATE: June 5, 2014

TO: All Contra Costa County Hospital Administrators
    All Contra Costa County Emergency Department Directors
    All Contra Costa County City Managers
    All West County Mayors and Council Members
    All Contra Costa County Planning & Zoning Authorities
    All Contra Costa County Fire & Police Chiefs
    All Contra Costa County Ambulance Services
    All West County Area Health Care Facilities
    All West County Chambers of Commerce
    Contra Costa Emergency Medical Care Committee
    Alameda-Contra Costa Medical Association
    Hospital Council of Central and Northern California
    Alameda County Emergency Medical Services
    Solano County Emergency Medical Services
    Marin County Emergency Medical Services
    Other Interested Organizations and Individuals

FROM: Patricia Frost, RN, MS, PNP
Contra Costa Emergency Medical Services Director

SUBJ: Notice of Potential Downgrade or Closure of Doctors Medical Center San Pablo Hospital Emergency Services and Public Hearing June 9, 2014 from 6:00 – 8:00 p.m. at the Maple Hall Community Center, 13831 San Pablo Avenue, San Pablo, CA 94806

Pursuant to California Health and Safety Code Section 1300 (b) and direction from the Contra Costa Board of Supervisors, the Contra Costa Emergency Medical Services Agency is undertaking an Impact Evaluation of the potential downgrade or closure of the Doctors Medical Center San Pablo Campus Emergency Services.

The purpose of this hearing is not to determine whether or not the hospital will close. The hearing is part of legally-mandated process whenever changes to hospital emergency services are proposed. Contra Costa EMS is required by state law to hold the hearing to collect public comment on the impacts and to submit the public comment in a report this month to the California Health and Human Services Agency.
We are providing you with this notice in compliance with the Health and Safety Code 1300 (b) requirement that all hospital, prehospital health care providers and community stakeholders are consulted with and that local emergency service, planning and zoning authorities are notified with respect to the potential closure. A copy of the County Impact Evaluation Policy approved by the Board of Supervisors is attached.

The Impact Evaluation will include one public hearing conducted by the Contra Costa Emergency Medical Services Agency to be held on June 9, 2014 from 6:00 – 8:00 p.m. at the Maple Hall Community Center, 13831 San Pablo Avenue, San Pablo, CA 94806.

A comprehensive impact study of potential downgrade and closure was conducted in July 2011 and evaluated by the Contra Costa EMS Agency as consistent with the current utilization of emergency services in West County. The West County Emergency Medical Services, Emergency Department and Critical Care Access Final Report July 2011 prepared by the Abaris Group is available at:


All organizations and individuals with information relevant to the impact of the potential closure of emergency services are invited to attend this hearing and/or to submit written comment to the Contra Costa Emergency Medical Services Agency. Written comments must be submitted no later than June 9, 2014 at 5pm to be included in the impact report and will be accepted in the following manner:

Via Email: Send to EMS Director Pat Frost at Patricia.Frost@hsd.cccounty.us
Via Fax: 925 313-8389
Via Mail: Contra Costa EMS, 1340 Arnold Drive, Suite 126, Martinez, CA 94553

The results of the Impact Evaluation will be provided as a report to the California Department of Health Services and will be available to the public upon request and posted on the Contra Costa Health Services Website at cchealth.org/dmc.

cc: Board of Supervisors
    County Administrator
    County Health Services Director
    County Counsel
    California Emergency Medical Services Authority
    California Department of Health Services
Contra Costa Health Services  
Emergency Medical Services Agency

December 7, 1999  
(Approved by Board of Supervisors, January 11, 2000)  
(Amended by the Board of Supervisors, June 3, 2014)

Impact Evaluation Policy

I. Purpose

To establish the process and criteria to be used to evaluate the impact of the closure or downgrading of hospital emergency services.

II. Authority

California Health and Safety Code Section 1300.

III. Policy

A. Following receipt of written notification from a licensed acute care hospital located within Contra Costa County that it intends to close or downgrade its emergency service, the Contra Costa EMS Agency will:

1. Within 60 days after County receives written notification of a proposed downgrade or closure of emergency services, conduct at least one public hearing and prepare an impact evaluation report.

2. Ensure that hospitals and prehospital emergency care providers in the geographic area impacted by the service change are consulted with and that local emergency service agencies and planning or zoning authorities are notified prior to completing the impact evaluation.

3. Submit the impact evaluation report to the Contra Costa County Emergency Medical Care Committee, Contra Costa County Board of Supervisors, the hospital proposing closure or reduction of emergency services, and the State Emergency Medical Services Authority.

4. Notify the State of the results of the impact evaluation within three (3) days of completion of the evaluation report.
5. Copies of the completed impact evaluation report shall be made available to the public for review upon request.

B. The following criteria will be used to evaluate the impact of the proposed closure or downgrade of hospital emergency services:

1. Geography (facility isolation; service area population density, age and socio-economic characteristics, populations projections 10 years forward; distance to next nearest facility and travel times, including peak commute hour travel times and consideration of major construction projects affecting traffic flow; number and type of other available emergency services; average emergency department census and patients treated per shift for hospitals in affected area; payer mix (uninsured, Medi-Cal, Medicare, private); availability of prehospital care resources, including ambulance and fire first responder service; impact on other hospital emergency services, including number of emergency patient visits (ambulance and walk-in), capability of other hospitals to absorb increased numbers of emergency patients, and steps taken to accommodate proposed emergency service closure or reduction in services; number of emergency physicians on duty.

2. Base hospital designation (number of calls by type, impact on patient, prehospital personnel, and other base hospitals).

3. Trauma care (number of trauma patients; impact on other hospitals, trauma centers, and trauma patients).

4. Specialty services provided (neurosurgery, obstetrics, burn center, pediatric critical care etc., and their next nearest availability); communicable disease treatment capacities of hospitals in the affected area (availability of negative flow isolation rooms, volume of patients with communicable diseases presenting in the emergency department).

5. Patient volume (number of patients annually, including 9-1-1 transports and other patients seeking emergency services).

6. Notification by hospital to the public (public hearing, advertising, etc.)

7. Communication from hospital to health plans and health plan members.

8. Steps taken by hospital and community providers to accommodate members of the public who may be affected by the proposed closure or downsizing.

9. Impact on community disaster resources, including seismic and hazardous materials
incident considerations.

10. Potential liability resulting from emergency department closure or downsizing, including identification of potential defendant(s).

11. Ambulance diversion (number, frequency, duration) for hospitals in affected area.

12. Average emergency department waiting times (arrival to emergency department discharge) by shift for hospitals in affected area.

13. Standards for hospital emergency services for county and impacted area (e.g., American College of Emergency Physicians standard of one emergency treatment station per 2,000 annual emergency department visits).

C. The Impact Evaluation data collection shall include the most recent full calendar year plus the current year to date.

D. Data for the Impact Evaluation shall be provided by the hospital closing or reducing emergency services, other impacted hospitals, and prehospital emergency services as requested by the EMS agency pursuant to this policy.

Note: Link to the board order amending policy on June 3, 2014 is available at: http://64.166.146.155/agenda_publish.cfm?id=&mt=ALL&get_month=6&get_year=2014&dsp=agm&seq=18073&rev=0&ag=448&ln=35517&nseq=18087&nrev=0&pseq=18037&prev=0#ReturnTo35517
Health & Safety Code
1255.1. (a) Any hospital that provides emergency medical services under Section 1255 shall, as soon as possible, but not later than 90 days prior to a planned reduction or elimination of the level of emergency medical services, provide notice of the intended change to the state department, the local government entity in charge of the provision of health services, and all health care service plans or other entities under contract with the hospital to provide services to enrollees of the plan or other entity.
(b) In addition to the notice required by subdivision (a), the hospital shall, within the time limits specified in subdivision (a), provide public notice of the intended change in a manner that is likely to reach a significant number of residents of the community serviced by that facility.
(c) A hospital shall not be subject to this section or Section 1255.2 if the state department does either of the following:
(1) Determines that the use of resources to keep the emergency center open substantially threatens the stability of the hospital as a whole.
(2) Cites the emergency center for unsafe staffing practices.
1255.2. A health facility implementing a downgrade or change shall make reasonable efforts to ensure that the community served by its facility is informed of the downgrade or closure. Reasonable efforts may include, but not be limited to, advertising the change in terms likely to be understood by a layperson, soliciting media coverage regarding the change, informing patients of the facility of the impending change, and notifying contracting health care service plans as required in Section 1255.1.
1255.3. On or before June 30, 1999, with the state department as the lead agency, the state department and the Emergency Medical Services Authority, in consultation with hospitals and other health care providers and local emergency medical services agencies, shall designate signage requirements for a health facility holding a special permit for a standby emergency medical service located in an urban area. The signage shall not include the word "emergency" and shall reflect the type of emergency services provided by the facility, and be easily understood by the average person. The facility shall not post signs, distribute literature, or advertise that emergency services are available at the facility. Nothing in this section shall be construed to mean that a facility is no longer providing emergency services for purposes of billing or reimbursement. A small and rural hospital, as defined in Section
124840, is not subject to the requirements of this section.

1300. (a) Any licensee or holder of a special permit may, with the approval of the state department, surrender his or her license or special permit for suspension or cancellation by the state department. Any license or special permit suspended or canceled pursuant to this section may be reinstated by the state department on receipt of an application showing compliance with the requirements of Section 1265.

(b) Before approving a downgrade or closure of emergency services pursuant to subdivision (a), the state department shall receive a copy of the impact evaluation of the county to determine impacts, including, but not limited to, an impact evaluation of the downgrade or closure upon the community, including community access to emergency care, and how that downgrade or closure will affect emergency services provided by other entities. Development of the impact evaluation shall incorporate at least one public hearing. The county in which the proposed downgrade or closure will occur shall ensure the completion of the impact evaluation, and shall notify the state department of results of an impact evaluation within three days of the completion of that evaluation. The county may designate the local emergency medical services agency as the appropriate agency to conduct the impact evaluation. The impact evaluation and hearing shall be completed within 60 days of the county receiving notification of intent to downgrade or close emergency services. The county or designated local emergency medical services agency shall ensure that all hospital and prehospital health care providers in the geographic area impacted by the service closure or change are consulted with, and that local emergency service agencies and planning or zoning authorities are notified, prior to completing an impact evaluation as required by this section. This subdivision shall be implemented on and after the date that the county in which the proposed downgrade or closure will occur, or its designated local emergency medical services agency, has developed a policy specifying the criteria it will consider in conducting an impact evaluation, as required by subdivision (c).

(c) The Emergency Medical Services Authority shall develop guidelines for development of impact evaluation policies. On or before June 30, 1999, each county or its designated local emergency medical services agency shall develop a policy specifying the criteria it will consider in conducting an impact evaluation pursuant to subdivision (b). Each county or its designated local emergency medical services agency shall submit its impact evaluation policy to the state department and the Emergency Medical Services Authority within three days of completion of the policy. The Emergency Medical Services Authority shall provide technical assistance upon request.
to a county or its designated local emergency medical services agency.
Contra Costa EMS System Stakeholder Advisory

To: All Contra Costa County Hospital Administrators, Emergency Department Directors, Fire and Police Chiefs, Ambulance Services, West County Health Care Facilities, Contra Costa Emergency Medical Care Committee, Alameda-Contra Costa Medical Association, Hospital Council Central and Northern California and interested parties,

Pursuant to the California Health and Safety Code 1300 on the potential downgrade or closure of the Doctors Medical Center San Pablo Campus Emergency Services you are officially notified and invited to participate in a public hearing to be held on June 9, 2014 at Maple Hall Community Center, 13831 San Pablo Ave, San Pablo CA 94806. All the information is on available on the following website http://cchealth.org/dmc/. Please carefully review the attached information.

A media advisory will be going out shortly. The official letter of notice and agenda for the public hearing is attached. This notice is being sent out to many individuals and groups and we apologize for any duplication in notification.

Pat Frost, RN, MS, PNP
Director Emergency Medical Services
Contra Costa Health Services
1340 Arnold Drive, Suite 126
Martinez CA 94553
Email: Patricia.Frost@hsd.cccounty.us
Phone: 925-313-9554
Personal Fax: 925-313-8389
MAIN: 925-646-4690
www.cccems.org

Follow us on Twitter!

Need Pediatric and Neonatal Disaster Preparedness Info go to https://sites.google.com/site/pedineonetwork/

This message is intended only for the use of the Addressee and may contain information that is PRIVILEGED and CONFIDENTIAL. If you are not the intended recipient, dissemination of this communication is prohibited. If you have received this communication in error, please delete all copies of
Good afternoon Hospital Executives and Public Information Contacts

Forwarded is an announcement from Contra Costa County EMS of a public hearing the agency is conducting on the impacts of potential downgrade or closure of hospital emergency services at Doctors Medical Center in San Pablo.

Please feel free to distribute among your networks.

WHEN: 6 p.m. to 8 p.m. Monday, June 9

WHERE: Maple Hall, 13831 San Pablo Ave., San Pablo

WHY: As the local Emergency Services Authority for the county, Contra Costa EMS is required by state law to hold a public hearing on downgrades or closures of a facility that provides emergency medical services. Doctors Medical Center notified Contra Costa Health Services (CCHS) in April of its intention to close pending the outcome of a proposed tax measure on the ballot in May that would have provided funding for the hospital. The measure failed and CCHS has received notice that the hospital could close by the end of July.

Pat Frost, RN, MS, PNP
Director Emergency Medical Services
Contra Costa Health Services
1340 Arnold Drive, Suite 126
Martinez CA 94553
Email: Patricia.Frost@hsd.cccounty.us
Phone: 925-313-9554
Personal Fax: 925-313-8389
MAIN: 925-646-4690
www.cccems.org

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Doctors Medical Center San Pablo

Impacts of Potential Downgrade or Closure of Hospital Emergency Services at Doctors Medical Center

As the local Emergency Services Authority for the county, Contra Costa Health Services' Emergency Medical Services (EMS) Division is required by state law to hold a public hearing on downgrades or closures of a facility that provides emergency medical services. Doctors Medical Center in San Pablo notified Contra Costa Health Services (CCHS) in April of its intention to close pending the outcome of a proposed tax measure on the ballot in May that would have provided funding for the hospital. The measure failed and CCHS has received notice that the hospital could close by the end of July.

Contra Costa EMS will hold a public hearing on the impacts of the potential downgrade or closure of hospital emergency services at Doctors Medical Center. The purpose of this hearing is not to determine whether or not the hospital will close. The hearing is part of the legally-mandated process whenever changes to hospital emergency services are proposed. Contra Costa EMS is required by state law to hold the hearing to collect public comment on the impacts and to submit the public comment in a report this month to the state Health and Human Services Agency. The report will be posted on this web page when it is available.

The Public Hearing will be held: 6 p.m. to 8 p.m. Monday, June 9.
Maple Hall, 13831 San Pablo Ave., San Pablo

Members of the community are encouraged to attend and comment.

Written comments must be submitted no later than 5 p.m. June 9 in order to be included in the impact report. Written comments will be accepted via email to EMS Director Pat Frost at Patricia.Frost@hsd.co.cccounty.us, fax: 925-313-8389, or mail: Contra Costa EMS, 1340 Arnold Drive, Suite 126, Martinez, CA 94553.
Public Hearing on the Closure of Doctors Medical Center will air on CCTV on

Thursday, June 12 at 8 p.m.,
Friday, June 13 at 10 a.m. and
Monday, June 16 at 8 p.m.

CCTV is Comcast channel 27 and Astound channel 32

For additional air dates please visit CCTV'S program guide at

www.contracostatv.org
Appendix C

Studies of West County Emergency and Hospital Services
DATE: April 1, 2014

TO: William Walker, Health Services Director

FROM: Patricia Frost, EMS Director

SUBJECT: Update of Doctor's San Pablo (DSP) 2011 Report

I have reviewed the July 2011 “Study of West County Emergency Medical Services, Emergency Department and Critical Care Access”, prepared by the Abaris Group to determine if the variables or assumptions were still valid. The full report is posted at http://cchealth.org/ems/pdf/west_county_emergency_report_july_2011.pdf.

The report projected patient care impacts through 2015 and based its’ conclusions on a projected hospital closure date of August 1, 2011. Current OSHPHD (2012-2013) hospital/emergency department utilization datasets and 2013 EMS data show utilization that is consistent with that described in the 2011 report. Therefore the report continues to reliably describe the impacts to West County and the Contra Costa Emergency and Health Care System. The key conclusions of the 2011 report continue to be valid:

1) The loss of DSP would be catastrophic to West Contra Costa County; it is one of only two hospitals in the region.
2) DSP represents 79 percent of the inpatient capacity in the region.
3) DSP provides approximately 60 percent of the ED care in the region.
4) DSP receives 62 percent of the regional ambulance traffic.
5) The remaining West County hospital would be inundated by this patient volume shift as DSP patients would need to go somewhere.
6) The remaining hospital is part of Kaiser and the general public typically perceives it as unavailable to non-Kaiser members.
7) The region already does not have enough needed ED treatment stations or ICU beds even with DSP.
8) West County ED waiting times will likely reach 10-12 hours.
9) Additional ambulance hours needed to maintain current EMS performance would cost $2.5M annually.
10) Critical infrastructure would be eliminated to support a disaster. Remember Doctors’ key role in the Chevron Fire response serving thousands of patients in that event.

In addition DSP is the only hospital in the West County with a STEMI (ST-Elevated Myocardial Infarction) Center. DSP provides 25 percent of the STEMI care in the county. Patient outcomes would be threatened and longer lengths of stay expected due to the resulting delays in arranging for intra-facility transfer or transporting patients to more distant STEMI centers. This critical asset would be a substantial loss to the healthcare system.

cc: Pat Godley, CFO
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Executive Summary

Overview

An audit released on June 14, 2011 identified significant financial concerns for the long-term sustainability of Doctors Medical Center San Pablo (DSP). The audit identified millions of dollars of operating losses over the past three years. This follows the medical center’s bankruptcy, which was declared in 2006. During the bankruptcy period, the Emergency Department (ED) was closed to ambulance traffic for almost two months. Prior to July 2004, Tenet Healthcare Corporation operated the hospital on behalf of the West Contra Costa Healthcare District.

While the District is seeking to continue hospital services, the Contra Costa EMS Agency believes it prudent to undertake an analysis of the potential impact of a change of services or closure of the hospital on the provision of emergency care in the West County area. Thus, The Abaris Group has been asked to undertake an independent analysis of the impact of a potential closure of DSP.

Key Conclusions

1) The loss of DSP would be catastrophic to West Contra Costa County; it is one of only two hospitals in the region.
2) DSP represents 79 percent of the inpatient capacity in the region.
3) DSP provides 59 percent of the ED care in the region.
4) DSP receives 62 percent of the regional ambulance traffic.
5) The remaining West County hospital would be inundated by this patient volume shift as DSP patients would need to go somewhere.
6) The remaining hospital is part of Kaiser and the general public typically perceives it as unavailable to non-Kaiser members.
7) The region already does not have enough needed ED treatment stations or ICU beds even with DSP.
8) West County ED waiting times will likely reach 10-12 hours.
9) Additional ambulance hours needed to maintain current EMS performance would cost $2.5M annually.
10) Critical infrastructure would be eliminated to support a disaster.
Assessment

The Abaris Group conducted an assessment of the public demand for ED services in the West County and also a detailed inventory of ED and inpatient capacity in the region. It is The Abaris Group’s opinion that the closing of the ED at DSP will have a substantial, negative effect on local health care providers and the public. While this effect will vary depending on the actual change that occurs and the location of alternative providers, it will disproportionately affect Kaiser Medical Center Richmond (Kaiser-Richmond). As an example, 9-1-1 ambulance traffic from the region would overwhelm Kaiser-Richmond’s ED or require transporting patients to other EDs that would be further away, impacting ambulance availability within the county. This was the case in 2006 during the two-month ED closure when DSP filed for bankruptcy protection.

The full closure of the ED at DSP should be the biggest concern for the community and other healthcare providers in the region. In the event of such a closure, Kaiser-Richmond will experience 80 – 100 new ED patients per day on top of the 78 it already sees daily. That is an increase of at least 102 percent. While there are 12 other EDs in the region, Kaiser-Richmond will be disproportionately impacted. The reason for this is that patients typically choose the next closest ED for their ED needs, barring significant new healthcare resources in the community or an extensive public education campaign. Additionally, public education processes alone will not likely change a majority of the public’s behaviors as they relate to selecting an ED. The resultant additional volume at Kaiser-Richmond will quickly overwhelm its small 15-bed ED and force extraordinary delays in the assessment, treatment, and disposition of all patients arriving at that ED. This will lead to significant public frustration, risk to patient safety, and ultimately will discourage some patients from going to the ED when they need care. ED overload and ambulance off-load delays will be pervasive, occurring consistently during peak hours of the day at Kaiser-Richmond. The initial impact on other EDs in Alameda and Solano Counties is likely to be low and thus only have a nominal impact on these institutions. However, during periods of high saturation at Kaiser-Richmond, these hospitals would receive a greater additional load.

In the event of a downsizing of ED operations at DSP and the resultant limitation on ambulance arrivals at that facility, all area hospitals are likely to be impacted but, again, Kaiser-Richmond will be the most impacted. Even with the potential for the County EMS Agency to reallocate ambulance patient destinations by policy for more equitable distribution, only a portion of these patients will lend themselves to those changes. The Abaris Group calculates an increase of 12 to 13 new ambulance patients per day at Kaiser-Richmond. These patients will have a higher acuity than walk-in ED patients and will require more resources with nearly half of these patients needing inpatient beds including critical care beds. In an ED the size of Kaiser-Richmond, this is a substantial increase of higher-acuity patients that will lead to ED overload and ambulance delays on a frequent daily basis. This will affect general ambulance traffic and Kaiser patients attempting to arrive by ambulance to their hospital of choice. The remaining 10 to 11 daily ambulance cases transported to other regional EDs will not likely have a substantial effect on these EDs, but saturation of ambulances by Kaiser-Richmond would result in a greater impact on these hospitals.

Many of the new ambulance patients will also require inpatient bed capacity. Should DSP not be able to accept ambulance patients or close, The Abaris Group calculates there would be a sufficient number of medical/surgical (med/surg) beds in the region (see discussion on bed calculations
later in this report), but the current shortage of intensive care beds would become significantly worse. Non-ED admission needs are another concern for the community if DSP closes its hospital. Assumptions on med/surg and intensive care beds would dramatically change should private physicians, currently admitting non-ED admissions at DSP, pre-empt the use of these limited available beds at regional hospitals for their private admission practices.

There will also be a substantial impact on pre-hospital care resources in the West County. A significant increase in ambulance coverage will be needed to offset longer transport times due to any change in status at DSP and resultant ambulance saturation at Kaiser-Richmond. A 2004 report conducted by The Abaris Group concluded that 337 additional ambulance hours would be needed per week to maintain the same level of EMS performance in Contra Costa County. That is the equivalent of two 24/7 ambulances costing $2.5 million annually to sustain. In addition, there would likely be increased patient ED “off-load” times for the ambulance provider due to capacity issues at Kaiser-Richmond that would leave ambulances out of service for longer period of times due to delays in finding a patient bed. There will also likely be a significant impact on fire first responders assisting ambulances with some transports and a potential impact on air medical providers should their services be needed more often to back up the ground ambulance service. Additional ambulance resources will be needed to assist with the resultant secondary transfers that will occur with patients arriving at hospitals with insufficient capacity. This will also add considerably to patient and payer costs. Any reduction of hospital services at DSP would also have a tremendous impact on resources available for major emergencies in the community. Should the hospital close and the West County be isolated during such an emergency, this could have an enormous impact on mortality and morbidity.

There is also the consideration that many of these displaced patients would be taken to hospitals without their specialty physician would not have hospital privileges, the patient’s medical records would not be available at that hospital and certain payer preferences would likely not be honored further adding costs to the patient experience.

In summary, The Abaris Group’s conclusions are as follows:

(1) Closure of the ED at DSP will have a substantial, harmful effect on local health care providers and to the public in general in the West County.
(2) Kaiser-Richmond will be disproportionately affected with a significant increase in ambulance traffic (approximately 12 new ambulance cases per day) and a substantially higher total ED patient volume (approximately 86 additional patients per day).
(3) Kaiser-Richmond’s ED and inpatient capacity would be insufficient to handle the new volume of cases from the ED walk-in and subsequent hospital admissions.
(4) It is unlikely that walk-in patients would travel to considerably more distant EDs for their care, thus creating higher volumes at Kaiser-Richmond and long waits.
(5) The long waits for walk-in patients would be frustrating for them, delay their assessments, and ultimately may discourage patients who need an ED from seeking care there.
(6) Waiting times at Kaiser-Richmond will likely reach 10 – 12 hours for walk-in patients.

(7) The significant increase in ambulance volume at Kaiser Richmond will likely lead that hospital to substantial increases in ambulance “off-load” times for ambulance cases arriving at the hospital. The 45-minute “off-load” delays typical for West County are anticipated to reach 80 – 100 minutes if the majority of ambulance traffic is diverted to Kaiser Richmond.

(8) Increasing ambulance saturation at Kaiser-Richmond will mean higher volumes to other EDs in the region who are already at maximum capacity and cannot handle this additional load.

(9) It is unlikely that all ambulances could be safely diverted to other regional EDs without some risk to patient care.

(10) There is insufficient intensive care unit (ICU) bed capacity in the region to handle the potential new volume of admissions from DSP.

(11) The prehospital care system is likely to be substantially impacted in the West County and moderate impact countywide likely affecting ambulance response times to 911 calls and delaying handoff of patients from first responder fire agencies with the potential of impacting their operations.

(12) Should DSP close its ED, there would be a significant drop in emergency resources available in the event of a major emergency. Current DSP employees would have to find work outside the region, further reducing trained healthcare personnel available during an emergency.

(13) Patients, their medical records, specialty physicians for these patients would be displaced and there would likely be payer consequences adding to the costs of these events.

Findings

Other findings of The Abaris Group on the potential closure of DSP’s ED are as follows:

(1) DSP is licensed for 189 beds, 25 ED treatment stations and 35 ICU beds.

(2) The hospital had a total of 6,293 hospital admissions in 2009 with 5,204 of these admissions coming from the ED (83 percent).

(3) DSP is the busiest ED in West County with a 2009 ED volume of 40,473 visits and has the second highest ambulance volume countywide with 8,186 ambulance arrivals.

(4) It is the only hospital in the West County with a STEMI (ST-Elevated Myocardial Infarction) Center; the next closest is 15 minutes away assuming patients are not transported to a closer, non-STEMI hospital for diagnosis before being transferred to a STEMI center. DSP provides 25 percent of the STEMI care in the county. Patient outcomes would be threatened and longer lengths of stay expected due to the resulting delays in arranging for interfacility transfer or transporting patients to more distant STEMI centers. This critical asset would be a substantial loss to the healthcare system.
The hospital and ED resources in the West County are already strained with the past closure of Doctors Medical Center Pinole. This is evidenced by the need for the past expansion of the ED at DSP and in/outpatient services at Kaiser-Richmond.

The next closest hospital to DSP is Kaiser-Richmond with 42 acute care beds, 8 ICU beds and 15 ED treatment stations.

Other hospitals in adjacent communities with travel times from DSP include: Kaiser Richmond (8 minutes), Alta Bates Summit (15), Alta Bates Berkeley (16), Children’s Oakland (16), Kaiser Oakland (16), Alameda County - Highland (19), Sutter Solano (25), Kaiser Vallejo (23), Contra Costa Regional (23), Marin General (27), John Muir Concord (27) and Kaiser Walnut Creek (31).\(^1\)

Any change in ED services and resultant inpatient services will have a dramatic impact on access of care for the community members and on other West County and regional providers.

Alternative delivery systems (e.g. urgent care, public health clinics) and transportation resources are not currently available to assist with redirecting walk-in patients to other EDs beyond the facilities at Kaiser-Richmond.

In particular, Kaiser-Richmond would be the most impacted with an expected full year impact of 30,315 new ED patients (83 per day) including 4,633 new ambulance patients (12.3 per day). In 2009, the Kaiser-Richmond ED saw 28,538 patients with 4,412 arriving by ambulance. The new (2012) annual volume would be 58,853 for an increase of 106 percent from the 2009 ED volume; ambulance patients would increase by 105 percent.

Other hospitals would be impacted with new volumes to different extents (using data from the 2006 ED closure as a model). The full year impact of a closure is expected to increase calendar year 2012 total ED volume by 1,780 patients at Alta Bates Berkeley, a 4.1 percent increase, and 391 at Alta Bates Summit, a 0.9 percent increase. These volume increases are not significant and would not overwhelm these facilities. However, Contra Costa Regional Medical Center is the busiest, most saturated ED in the County and would be disproportionately affected. The DSP closure would send an additional 3,129 patients to Contra Costa Regional Medical Center, which is more than the already overburdened ED can absorb. It already sees more than double the number of patients per treatment station (3,543 per OSHPD in 2009) than almost every other ED in the county.

The heavy increases of ambulance traffic at Kaiser-Richmond could require that it frequently activate its emergency/disaster medical surge protocols forcing diversion of all ambulance traffic having an even larger impact on patients and hospitals in the region and thus further straining resources with long cross-county transport times. Diversion is not permitted in Contra Costa County except for internal disaster.

The med/surg bed need generated by a closure might be absorbed by Kaiser-Richmond and the two Alta Bates hospitals. However, during peak periods admissions may be much higher than average and exceed capacity requiring frequent emergency surge protocol activation.

A DSP closure would result in a shortage of critical care beds (per 2009 OSHPD data). There are currently not enough ICU beds in Contra Costa County as current occupancy is 66.5 percent (65 percent is considered the maximum). Without the DSP critical care capacity, ICU census for the county would reach 84.7 percent.

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\(^1\) Assumes no delays due to commute traffic, construction, vehicle crashes, etc. This could add another 20 to 30 minutes.
There would likely be a significant resource impact on the ambulance delivery system with more ambulance hours needed due to the longer transport times and to assure compliance with performance standards. A prior report identified that more than 300 additional ambulance unit hours per week would be needed to maintain the existing level of ambulance service. Since it is unlikely that funding would be available to cover the over $2 million annual cost of those additional unit-hours, changes in service level requirements would need to be considered. There would also be an unspecified but significant operational impact on the fire first responder providers who would have longer call times due to longer transports and air medical providers who may be requested to conduct additional transports in the region.

There would be significantly less reserve resources to respond to a major incident or disaster. Approximately 11 – 16 percent of the county’s total medical surge capacity disaster bed capacity would be eliminated; the West County medical surge capability would drop by at least 81 percent (assuming that Kaiser Richmond could only surge 5 percent, which most hospitals could do up to 15 – 25 percent).

The closure of DSP would cause a net increase in the cost of healthcare for West County residents. Access to primary and ED care will be more difficult, resulting in significant impacts for CCRMC and Kaiser Richmond. As access to care becomes more restricted, West County residents are likely to delay care for treatable conditions until they become emergent. Residents will have to travel further (if they have transportation) for even the most minor of conditions to use their insurance providers. West County ambulance transport times would be longer and cost more, residents transported to non-plan hospitals would incur treatment charges until they could be safely transferred to complete their care requiring more doctors, nurses, and staff to cover the longer length of stays, frequent re-admissions and increased volume caused by the disruption in West County healthcare.
Overview

An audit released on June 14, 2011 identified significant financial concerns for the long-term sustainability of DSP. The audit identified millions of dollars of operating losses over the past three years. This follows the medical center’s bankruptcy, which was declared in 2006. During the bankruptcy period, the Emergency Department (ED) was closed to ambulance traffic for almost two months. Prior to July 2004, Tenet Healthcare Corporation operated the hospital on behalf of the West Contra Costa Healthcare District.

While the District is seeking to continue hospital services, the Contra Costa County EMS Agency believes it prudent to undertake an analysis of the potential impact of a change of services or closure of the hospital on the provision of emergency care in the West County area. Thus, The Abaris Group has been asked to undertake an independent analysis of the impact of a potential closure of DSP.

Issues raised by the EMS Agency to be addressed in this study include the overall impact on the emergency care system of the loss of the ED and critical care beds currently provided by DSP, impact on the residents of west Contra Costa County of reduced resources and longer transport times, impact on the EMS system (i.e., ambulance and first responders) of reduced local hospital emergency care resources, the potential impact on other hospitals and health care systems in Contra Costa and neighboring counties, and the potential impact of a major emergency or disaster on the remaining healthcare providers in the West County area. The Abaris Group has been asked to undertake an independent analysis of the impact of a potential closure of DSP.

Scope

For this study, The Abaris Group conducted an assessment of ED and critical care bed demand and population changes in the West County to assist with the evaluation of the potential impact of a change in providers. The Abaris Group has also prepared various scenarios on the impact, cross connecting predicted demand and changes in demand on the various stakeholder groups including patients, EMS providers, hospitals and other healthcare providers.
Specific steps taken in this study included:

(1) Collected data on historical, current and future West County population, ED utilization, critical care and EMS transports
(2) Collected and evaluated historical documents and reports (i.e., Impact Evaluation Report on the Doctors Medical Center Pinole Proposed Closure of Emergency Services, January 14, 2000 and The Abaris Group West County ED Access Study from May 2004)
(3) Prepared impact analysis including scenarios and their impact:
   a. Impact on emergency and non-emergency medical care for residents of West County communities
   b. Impact on EMS system
   c. Impact on other hospitals and health care systems (e.g., Contra Costa Regional Medical Center, Kaiser, Alta Bates)
   d. Impact on other health care providers (e.g., county and community clinics, private physician practices)

The Environment

DSP is an acute care hospital licensed for 189 beds, 25 ED treatment stations and 35 ICU beds. The 2009 ED volume of 40,473 makes the ED the busiest in the West County area and it is the second highest volume ambulance destination site countywide with 8,186 EMS arrivals during 2009. The hospital is the destination for approximately 71 percent of all ambulance transports for the West County area. According to data from the Office of Statewide Health Planning and Development (OSHPD), the hospital admitted from the ED 5,204 patients (12.9 percent of ED visits) during 2009.

The only other hospital in the immediate area serving the West County is Kaiser-Richmond. In comparison, Kaiser-Richmond has 50 licensed beds, 15 ED treatment stations (14 beds and 1 ear, nose and throat chair), and 8 ICU beds. The number of ED arrivals at Kaiser-Richmond for 2009 was approximately 28,538. While Kaiser-Richmond is a full-service hospital, it does not offer some tertiary services such as cardiac surgery, orthopedics, or pediatrics. These services are offered at the Kaiser Oakland campus. Kaiser-Richmond’s ED admissions were approximately 1,930 (6.7 percent) of their ED patients in 2009.

The following is a list of other hospitals in the adjacent area of DSP with EDs and the number of licensed ED treatment stations:

- Alameda County Med Center - Highland Campus – 52 treatment stations
- Alta Bates Summit Medical Center - Alta Bates (Berkeley) Campus – 22 treatment stations
- Alta Bates Summit Medical Center - Summit Campus – 30 treatment stations
- Children’s Hospital and Research Center at Oakland – 37 treatment stations
- Contra Costa Regional Medical Center – 20 treatment stations
- Kaiser Foundation Hospital, Vallejo – 26 treatment stations
- Marin General Hospital – 18 treatment stations
- Sutter Solano Medical Center – 21 treatment stations

The following map provides a geographical portrayal of regional hospitals and the approximate area of the West Contra Costa Healthcare District.

**Exhibit 1: Map of Area Hospitals and the West Contra Costa Healthcare District**
In November 1999, Doctors Medical Center notified the Contra Costa EMS Agency of a planned realignment of services between the Pinole and San Pablo campuses effective March 2000. The proposed realignment included the closure of the acute medical care and intensive care units at the Pinole campus and replacement of the Pinole ED with an urgent care center. The Pinole campus was to retain outpatient surgery services, transitional care, long-term care, substance abuse, sleep lab, and cardiac rehabilitation.

An Impact Evaluation Report was prepared by the Contra Costa EMS Agency to assess the impact of the ED closure on the community, including the impact on access to emergency care and the impact on emergency services provided by other entities such as ambulance, police, fire, and other area hospitals. The impact report was submitted to the State Department of Health Services in accordance with provisions of Health and Safety Code Section 1300. The State Department of Health Services allowed the downgrading of emergency services at the Pinole campus to urgent care status.

The existence of the Impact Evaluation Report for the Pinole campus provides an opportunity to compare the predictions of the earlier report with actual experience. Several scenarios were provided in the original analysis. For example, the report indicates that anywhere from 0 to 10,091 visits were projected for the Pinole Urgent Care Center during 2000. In actuality, the current Pinole Urgent Care Center is treating approximately 5,200 patients annually. The report also predicted an ED visit impact on DSP of anywhere from 3,604 to 13,837 new ED visits in 2000 (a range of 11 to 42 percent), based on reallocation of the Doctors Pinole ED volume for the full year. The actual 2000 increase in ED visits at DSP was 6,739 (26 percent), but given that the Pinole campus did not close their ED until April 3, 2000, the annualized increase at DSP was 8,985 (34 percent) (assuming all of the growth was due to the Pinole closure). In 2001, DSP experienced an additional increase of 3,745 ED patients (11 percent). The hospital had been experiencing a decline of ED visits averaging 1.4 percent for the previous five years (1994-1999).

At the time of the County impact analysis, Kaiser-Richmond had a Standby ED permit but was authorized to accept most ambulance patients due to having recently added ICU beds. ED visits to Kaiser-Richmond decreased by 1,701 (5.4 percent) for 2000 and the hospital experienced a small increase in 2001 of 344 ED patients (1.1 percent). The decline may have been a function of changes in reporting ED visits as Kaiser, which has a triage system that sends lower acuity patients to their urgent care area.

Thus the Urgent Care Center in Pinole did not achieve as high a volume of patients as expected, but DSP did experience the predicted large growth in ED volume in the year of closure and the next year primarily due to the closure of Doctors Pinole. Kaiser-Richmond does not appear to have been impacted.
Demand and Resources

Population

The 2010 population of the West County area most served by DSP is approximately 205,675 and expected to grow to 220,613 by the year 2015. This is an annual average growth rate of 1.4 percent.

Exhibit 2: Population Projections for Cities in West County, 2005-2015

<table>
<thead>
<tr>
<th>City</th>
<th>2005</th>
<th>2010</th>
<th>Average Growth per Year, 2005-2010</th>
<th>2015</th>
<th>Average Growth per Year, 2010-2015</th>
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<tr>
<td>Richmond</td>
<td>102,307</td>
<td>105,630</td>
<td>0.6%</td>
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<td>San Pablo</td>
<td>31,129</td>
<td>32,131</td>
<td>0.6%</td>
<td>34,465</td>
<td>1.4%</td>
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<tr>
<td>Hercules</td>
<td>23,198</td>
<td>24,693</td>
<td>1.3%</td>
<td>26,486</td>
<td>1.4%</td>
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<tr>
<td>El Cerrito</td>
<td>23,244</td>
<td>23,666</td>
<td>0.4%</td>
<td>25,385</td>
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<td>Pinole</td>
<td>19,469</td>
<td>19,555</td>
<td>0.1%</td>
<td>20,975</td>
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<tr>
<td>Total</td>
<td>199,347</td>
<td>205,675</td>
<td>0.6%</td>
<td>220,613</td>
<td>1.4%</td>
</tr>
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</table>

Source: California Department of Finance, 2005-2010, Abaris Group projections

Note: Population projection based on California Department of Finance projected growth for Contra Costa County
The region has two EDs that primarily serve the West County area with an additional seven hospitals within the county that partially serve the ED visit needs of the West County and an additional eight hospitals that serve the fringe population needs of the West County.

### Exhibit 3: Comparison of Emergency Departments

#### Comparison of Emergency Departments in Vicinity of Doctors Medical Center San Pablo

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Hospital Licensed Beds</th>
<th>Intensive Care Beds</th>
<th>Med/Surg Beds</th>
<th>ED Visits</th>
<th>ED Treatment Stations</th>
<th>ED Visits/Station</th>
<th>West County EMS Transports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors Medical Center, San Pablo</td>
<td>189</td>
<td>35</td>
<td>154</td>
<td>40,473</td>
<td>25</td>
<td>1,619</td>
<td>7,301</td>
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<td>Kaiser Foundation Hospital, Richmond</td>
<td>50</td>
<td>8</td>
<td>42</td>
<td>28,538</td>
<td>15</td>
<td>1,903</td>
<td>4,402</td>
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<tr>
<td><strong>West County Total</strong></td>
<td><strong>239</strong></td>
<td><strong>43</strong></td>
<td><strong>196</strong></td>
<td><strong>69,011</strong></td>
<td><strong>40</strong></td>
<td><strong>1,725</strong></td>
<td><strong>11,703</strong></td>
</tr>
<tr>
<td>Doctors Medical Center, San Pablo Share of Total</td>
<td>79.1%</td>
<td>81.4%</td>
<td>78.6%</td>
<td>58.6%</td>
<td>62.5%</td>
<td>-</td>
<td>62.4%</td>
</tr>
</tbody>
</table>

#### Other Contra Costa County

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<tr>
<th>Hospital</th>
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<th>Intensive Care Beds</th>
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<th>West County EMS Transports</th>
</tr>
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<tr>
<td>Contra Costa Regional Medical Center</td>
<td>166</td>
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<td>91</td>
<td>70,850</td>
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<td>3,543</td>
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<tr>
<td>John Muir Medical Center, Concord Campus 5</td>
<td>254</td>
<td>15</td>
<td>229</td>
<td>43,737</td>
<td>26</td>
<td>1,682</td>
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<td>Kaiser Foundation Hospital, Walnut Creek</td>
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<td>N/A</td>
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<td>52,658</td>
<td>32</td>
<td>1,646</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>County Total</strong></td>
<td><strong>1,640</strong></td>
<td><strong>152</strong></td>
<td><strong>1,157</strong></td>
<td><strong>371,492</strong></td>
<td><strong>227</strong></td>
<td><strong>1,637</strong></td>
<td><strong>14,165</strong></td>
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#### Outside Contra Costa County

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<thead>
<tr>
<th>Hospital</th>
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<th>West County EMS Transports</th>
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<td>316</td>
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<td>191</td>
<td>83,611</td>
<td>52</td>
<td>1,608</td>
<td>43</td>
</tr>
<tr>
<td>Alta Bates Summit Medical Center - Alta Bates Campus</td>
<td>347</td>
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<td>146</td>
<td>42,492</td>
<td>22</td>
<td>1,931</td>
<td>1,031</td>
</tr>
<tr>
<td>Alta Bates Summit Medical Center - Summit Campus-Hawthorne</td>
<td>337</td>
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<td>301</td>
<td>39,468</td>
<td>30</td>
<td>1,316</td>
<td>87</td>
</tr>
<tr>
<td>Children’s Hospital and Research Center at Oakland</td>
<td>190</td>
<td>23</td>
<td>111</td>
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<td>287</td>
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<td>160</td>
<td>44,164</td>
<td>26</td>
<td>1,699</td>
<td>262</td>
</tr>
<tr>
<td>Marin General Hospital</td>
<td>235</td>
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<td>164</td>
<td>34,713</td>
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<td>1,929</td>
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<tr>
<td>Sutter Solano Medical Center</td>
<td>111</td>
<td>12</td>
<td>60</td>
<td>34,416</td>
<td>21</td>
<td>1,639</td>
<td>42</td>
</tr>
</tbody>
</table>

1 Intensive Care Beds include all types except neonatal
2 Children’s Hospital pediatric beds are reported here under the Med/Surg category
3 EMS transport data from Contra Costa EMS for 2010
4 John Muir Walnut Creek recently increased to 44 ED treatment stations and recently expanded to 572 licensed beds
5 John Muir Concord recently increased to 33 ED treatment stations

Sources: OSHPD Annual Utilization Reports 2009; Contra Costa EMS
The total 2009 ED visits for the two hospitals located in the West County was 67,756. When compared to the West County population of 205,675, this calculates to an ED utilization rate of 329.4 ED visits per 1,000 population. Available California and Contra Costa County utilization data show an average ED utilization rate of 288 and 324 per 1,000, respectively. The calculated West County ED utilization rate may understate the utilization rate in the West County due to some residents seeking care in non-West County EDs. Likewise the rate may also be overstated if there is a large influx of employees who may use a West County ED during the daytime but would not be reflected in the area’s population. Nonetheless, this ED utilization rate appears to be higher than the state and the county.

DSP and Kaiser Medical Center Richmond have treatment space to patient utilization ratios of 1,619 and 1,903, respectively. Between both of them, there are a total of 40 licensed ED treatment stations in the West County and an average of 1,725 ED visits for each treatment station. A generally recognized national utilization rate is 1,600 patients per bed. Thus, the West County does not appear to have enough capacity when considering the number of ED treatment stations per volume of cases without considering the potential closure of DSP. Seasonal volume changes would cause reoccurring peaks in demand and additional challenges getting seen in the West County EDs.
- Marin General Hospital – 18 treatment stations
- Sutter Solano Medical Center – 21 treatment stations

The following map provides a geographical portrayal of regional hospitals and the approximate area of the West Contra Costa Healthcare District.

**Exhibit 1: Map of Area Hospitals and the West Contra Costa Healthcare District**
Pinole Campus Impact Evaluation Report

In November 1999, Doctors Medical Center notified the Contra Costa EMS Agency of a planned realignment of services between the Pinole and San Pablo campuses effective March 2000. The proposed realignment included the closure of the acute medical care and intensive care units at the Pinole campus and replacement of the Pinole ED with an urgent care center. The Pinole campus was to retain outpatient surgery services, transitional care, long-term care, substance abuse, sleep lab, and cardiac rehabilitation.

An Impact Evaluation Report was prepared by the Contra Costa EMS Agency to assess the impact of the ED closure on the community, including the impact on access to emergency care and the impact on emergency services provided by other entities such as ambulance, police, fire, and other area hospitals. The impact report was submitted to the State Department of Health Services in accordance with provisions of Health and Safety Code Section 1300. The State Department of Health Services allowed the downgrading of emergency services at the Pinole campus to urgent care status.

The existence of the Impact Evaluation Report for the Pinole campus provides an opportunity to compare the predictions of the earlier report with actual experience. Several scenarios were provided in the original analysis. For example, the report indicates that anywhere from 0 to 10,091 visits were projected for the Pinole Urgent Care Center during 2000. In actuality, the current Pinole Urgent Care Center is treating approximately 5,200 patients annually. The report also predicted an ED visit impact on DSP of anywhere from 3,604 to 13,837 new ED visits in 2000 (a range of 11 to 42 percent), based on reallocation of the Doctors Pinole ED volume for the full year. The actual 2000 increase in ED visits at DSP was 6,739 (26 percent), but given that the Pinole campus did not close their ED until April 3, 2000, the annualized increase at DSP was 8,985 (34 percent) (assuming all of the growth was due to the Pinole closure). In 2001, DSP experienced an additional increase of 3,745 ED patients (11 percent). The hospital had been experiencing a decline of ED visits averaging 1.4 percent for the previous five years (1994-1999).

At the time of the County impact analysis, Kaiser-Richmond had a Standby ED permit but was authorized to accept most ambulance patients due to having recently added ICU beds. ED visits to Kaiser-Richmond decreased by 1,701 (5.4 percent) for 2000 and the hospital experienced a small increase in 2001 of 344 ED patients (1.1 percent). The decline may have been a function of changes in reporting ED visits as Kaiser, which has a triage system that sends lower acuity patients to their urgent care area.

Thus the Urgent Care Center in Pinole did not achieve as high a volume of patients as expected, but DSP did experience the predicted large growth in ED volume in the year of closure and the next year primarily due to the closure of Doctors Pinole. Kaiser-Richmond does not appear to have been impacted.
Demand and Resources

Population

The 2010 population of the West County area most served by DSP is approximately 205,675 and expected to grow to 220,613 by the year 2015. This is an annual average growth rate of 1.4 percent.

Exhibit 2: Population Projections for Cities in West County, 2005-2015

<table>
<thead>
<tr>
<th>City</th>
<th>2005</th>
<th>2010</th>
<th>Average Growth per Year, 2005-2010</th>
<th>2015</th>
<th>Average Growth per Year, 2010-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richmond</td>
<td>102,307</td>
<td>105,630</td>
<td>0.6%</td>
<td>113,302</td>
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<tr>
<td>San Pablo</td>
<td>31,129</td>
<td>32,131</td>
<td>0.6%</td>
<td>34,465</td>
<td>1.4%</td>
</tr>
<tr>
<td>Hercules</td>
<td>23,198</td>
<td>24,693</td>
<td>1.3%</td>
<td>26,486</td>
<td>1.4%</td>
</tr>
<tr>
<td>El Cerrito</td>
<td>23,244</td>
<td>23,666</td>
<td>0.4%</td>
<td>25,385</td>
<td>1.4%</td>
</tr>
<tr>
<td>Pinole</td>
<td>19,469</td>
<td>19,555</td>
<td>0.1%</td>
<td>20,975</td>
<td>1.4%</td>
</tr>
<tr>
<td>Total</td>
<td>199,347</td>
<td>205,675</td>
<td>0.6%</td>
<td>220,613</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Source: California Department of Finance, 2005-2010, Abaris Group projections

Note: Population projection based on California Department of Finance projected growth for Contra Costa County
**ED Capacity**

The region has two EDs that primarily serve the West County area with an additional seven hospitals within the county that partially serve the ED visit needs of the West County and an additional eight hospitals that serve the fringe population needs of the West County.

### Exhibit 3: Comparison of Emergency Departments

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Hospital Licensed Beds</th>
<th>Intensive Care Beds</th>
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<tbody>
<tr>
<td><strong>West County</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors Medical Center, San Pablo</td>
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<td>35</td>
<td>154</td>
<td>40,473</td>
<td>25</td>
<td>1,619</td>
<td>7,301</td>
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<tr>
<td>Kaiser Foundation Hospital, Richmond</td>
<td>50</td>
<td>8</td>
<td>42</td>
<td>28,538</td>
<td>15</td>
<td>1,903</td>
<td>4,402</td>
</tr>
<tr>
<td><strong>West County Total</strong></td>
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<td>78.6%</td>
<td>58.6%</td>
<td>62.5%</td>
<td>-</td>
<td>62.4%</td>
</tr>
<tr>
<td><strong>Other Contra Costa County</strong></td>
<td></td>
<td></td>
<td></td>
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ED Payer Mix

Using data provided through OSHPD, the ED payer mix for DSP is 14.4 percent Medicare, 16.2 percent Medi-Cal, 43.6 percent HMO/PPO/Commercial/Workers Comp, and 24.4 percent Self Pay (e.g., no insurance). The Self Pay mix is nearly double the rate in many EDs throughout the state.

Exhibit 4: Doctors San Pablo ED Payer Mix, 2011

Doctors Medical Center, San Pablo
Emergency Department Visits by Expected Payer Source, First Quarter 2011

<table>
<thead>
<tr>
<th>Payer</th>
<th>Visits</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>1,216</td>
<td>14.4%</td>
</tr>
<tr>
<td>Medi-Cal/Managed Medi-Cal</td>
<td>1,370</td>
<td>16.2%</td>
</tr>
<tr>
<td>HMO/PPO/Commercial/Workers Comp/Auto</td>
<td>3,677</td>
<td>43.6%</td>
</tr>
<tr>
<td>Self Pay (e.g., no insurance)</td>
<td>2,062</td>
<td>24.4%</td>
</tr>
<tr>
<td>Other (e.g., Tricare, other federal)</td>
<td>91</td>
<td>1.1%</td>
</tr>
<tr>
<td>Blank/Not Reported</td>
<td>20</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>8,436</td>
<td>100.0%</td>
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</tbody>
</table>

Source: OSHPD MIRCal Emergency Department Profile Reports
ED Acuity

The acuity (or level of severity) of DSP ED patients can be estimated by considering their rate of admission to the hospital following treatment in the ED. DSP has an ED patient admission rate of 12.9 percent, which is just slightly higher than the nation (12.0 percent) and the state (12.5 percent.). Another marker is the ED patient acuity mix reported to the state. The following table demonstrates that DSP reports a similar acuity mix to the county and state. In 2009, the greatest numbers of patients were classified as “Moderate” (49.7 percent), 22.1 percent were severe, and 5.4 percent were defined as critical. Comparable state and countywide data for 2009 are included in the table below. DSP treats more moderate and fewer critical and non-urgent patients than their county and state counterparts.

Exhibit 5: Doctors San Pablo ED Acuity Mix, 2009

Source: OSHPD Annual Utilization Report, 2009
The median income levels of the cities in the West County are listed on the following table.

**Exhibit 6: Median Household Incomes by City, 2009**

<table>
<thead>
<tr>
<th>City</th>
<th>Median Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Cerrito</td>
<td>$76,656</td>
</tr>
<tr>
<td>Hercules</td>
<td>$88,179</td>
</tr>
<tr>
<td>Pinole</td>
<td>$78,835</td>
</tr>
<tr>
<td>Richmond</td>
<td>$55,146</td>
</tr>
<tr>
<td>San Pablo</td>
<td>$46,007</td>
</tr>
<tr>
<td>California</td>
<td>$60,392</td>
</tr>
</tbody>
</table>

Source: US Census Bureau, American Community Survey 2005-2009 5-year estimates

The following table provides historical ED volume growth for DSP from 2000 to 2009. While there has been rapid growth since the year 2000, most of this was due to the closure of Doctors Pinole. The growth rate for the past three years (2007-2009) has been 3.6 percent. OSHPD data for 2004 indicated roughly half of the expected volume based on other years. This may be a result of reporting inconsistencies related to the transition from Tenet back to the District's management in July 2004.

**Exhibit 7: Doctors San Pablo ED Visits, 2000-2009**

Source: OSHPD Annual Hospital Utilization Reports, 2000-2009
Impact

The following chart provides an estimate of driving time from DSP to hospitals in the same region. From a consumer standpoint, 15 minutes is traditionally used as a marker for discretionary time to an ED. That is, a consumer will often be willing to drive 15 minutes farther (assuming they have their own transportation) to obtain what might be perceived as more accessible ED care. While there is no published time for ambulance bypass, up to 25 minutes was chosen by The Abaris Group for this analysis.

The 15-minute private person (walk-in patient) parameter would therefore only include Kaiser-Richmond and Alta Bates Summit. Children’s Hospital might draw more public utilization due to their specialty care. Alta Bates-Berkeley is just outside the calculated 15-minute driving time by 1 minute as is Kaiser Oakland. For the 25-minute ambulance threshold, Kaiser Oakland, Highland, Kaiser Vallejo, Contra Costa Regional, and Sutter Solano would all be added as potential substitute ambulance destinations. Marin General and John Muir-Concord hospitals fall just outside the 25-minute parameter by 2 minutes. These driving times will vary by time of day, unusual traffic congestion, construction, and type of transport (e.g., private car, public transportation); this may further impact what is an acceptable distance to reach another ED.

Exhibit 8: Estimated Travel Times from Doctors San Pablo to Nearby Hospitals

<table>
<thead>
<tr>
<th>Hospital</th>
<th>City</th>
<th>Distance</th>
<th>Approx. Travel Time from Doctors-SP (minutes)</th>
<th>Assumed Average MPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Foundation Hospital, Richmond</td>
<td>Richmond</td>
<td>2.4</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>Alta Bates Summit Medical Center - Summit Campus</td>
<td>Oakland</td>
<td>11.8</td>
<td>15</td>
<td>47</td>
</tr>
<tr>
<td>Alta Bates Summit Medical Center - Alta Bates Campus</td>
<td>Berkeley</td>
<td>10.9</td>
<td>16</td>
<td>41</td>
</tr>
<tr>
<td>Kaiser Foundation Hospital, Oakland</td>
<td>Oakland</td>
<td>12.2</td>
<td>16</td>
<td>46</td>
</tr>
<tr>
<td>Children’s Hospital and Research Center at Oakland</td>
<td>Oakland</td>
<td>12.4</td>
<td>16</td>
<td>47</td>
</tr>
<tr>
<td>Alameda County Medical Center - Highland Hospital</td>
<td>Oakland</td>
<td>14.4</td>
<td>19</td>
<td>45</td>
</tr>
<tr>
<td>Kaiser Foundation Hospital-Rehabilitation Center, Vallejo</td>
<td>Vallejo</td>
<td>16.0</td>
<td>23</td>
<td>42</td>
</tr>
<tr>
<td>Contra Costa Regional Medical Center</td>
<td>Martinez</td>
<td>16.2</td>
<td>23</td>
<td>42</td>
</tr>
<tr>
<td>Sutter Solano Medical Center</td>
<td>Vallejo</td>
<td>16.4</td>
<td>25</td>
<td>39</td>
</tr>
<tr>
<td>Marin General Hospital</td>
<td>Greenbrae</td>
<td>17.3</td>
<td>27</td>
<td>38</td>
</tr>
<tr>
<td>John Muir Medical Center, Concord</td>
<td>Concord</td>
<td>22</td>
<td>27</td>
<td>49</td>
</tr>
<tr>
<td>Kaiser Foundation Hospital, Walnut Creek</td>
<td>Walnut Creek</td>
<td>25.8</td>
<td>31</td>
<td>50</td>
</tr>
<tr>
<td>John Muir Medical Center, Walnut Creek</td>
<td>Walnut Creek</td>
<td>26.4</td>
<td>34</td>
<td>47</td>
</tr>
<tr>
<td>Sutter Delta Medical Center</td>
<td>Antioch</td>
<td>34.7</td>
<td>39</td>
<td>53</td>
</tr>
<tr>
<td>San Ramon Regional Medical Center</td>
<td>San Ramon</td>
<td>36.4</td>
<td>43</td>
<td>51</td>
</tr>
<tr>
<td>Kaiser Foundation Hospital, Antioch</td>
<td>Antioch</td>
<td>38</td>
<td>46</td>
<td>50</td>
</tr>
</tbody>
</table>

Source: Google Maps, 2011
The following tables list ambulance traffic to DSP by city of origin. The largest source of ambulance patients is Richmond (3,530) followed by San Pablo (1,817), Pinole (606), and El Cerrito (451). The remaining communities with ambulance originations are also listed.

Exhibit 9: Ambulance Volume to Doctors San Pablo, 2010

<table>
<thead>
<tr>
<th>City of Origin</th>
<th>Count</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richmond</td>
<td>3,530</td>
<td>48.3%</td>
</tr>
<tr>
<td>San Pablo</td>
<td>1,817</td>
<td>24.8%</td>
</tr>
<tr>
<td>Pinole</td>
<td>606</td>
<td>8.3%</td>
</tr>
<tr>
<td>El Cerrito</td>
<td>451</td>
<td>6.2%</td>
</tr>
<tr>
<td>El Sobrante</td>
<td>343</td>
<td>4.7%</td>
</tr>
<tr>
<td>Hercules</td>
<td>264</td>
<td>3.6%</td>
</tr>
<tr>
<td>Rodeo</td>
<td>244</td>
<td>3.3%</td>
</tr>
<tr>
<td>Crockett</td>
<td>37</td>
<td>0.5%</td>
</tr>
<tr>
<td>Kensington</td>
<td>9</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,316</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: Contra Costa EMS Agency
The following table projects DSP ED potential volume growth until the year 2015. The ED volume projection assumes either that ED visit growth occurs at the same pace as population (1.4 percent annually) or based on the past four years ED volume growth rate of 3.4 percent.

The table on the following page lists the current ED volume at DSP and provides projections on the ED volume at nearby EDs should the ED at DSP close. The Abaris Group calculated current and projected future ED volume at DSP and then reallocated that volume for the partial year for 2011 (assuming an August 1 closure date) and for the full year for remaining years. Allocations were made based on the next closest ED using the home zip code from data available of ED visits at DSP. This data includes ED walk-ins and ambulance traffic.

It was assumed that reasonable adjustments would be made by some of the public in communities where the new commute distance to a farther away but less impacted hospital would be short and therefore be deemed more accessible to the public in that community. This included patients from El Cerrito using Alta Bates Berkeley and patients from Hercules/Rodeo using Solano County hospitals. No interventions were assumed (e.g., new EDs, new urgent care centers, increased ED capacity at adjacent EDs, extensive public education or marketing campaigns). Absent aggressive and substantial interventions, it is not likely a substantial number of the public would use anything other than the next closest ED.

As the table demonstrates, the impact on Kaiser-Richmond would be dramatic. Kaiser-Richmond would experience an immediate 36 percent increase in their ED visits during the remainder of 2011 and another 42 percent the following year (a 93 percent increase in just 16 months). Using the 1 bed per 1,600 visits guideline, Kaiser-Richmond would treat more than double that volume per treatment station – 3,924. Under these circumstances, ambulance off-load times would become substantial and waiting times for walk-in patients would likely reach 10 - 12 hours. The loss of ambulance unit hours to the 911 system would negatively impact response times significantly or require additional unit hours costing easily over a million dollars annually. The impact on other nearby EDs was projected to be nominal and thus bed utilization was not calculated.
### Exhibit 11: DSP Closure Impact on ED Volume at Other Hospitals, 2011-2015

#### Impact on ED Volume 2011 - 2015

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>West County - Total Volume</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors Medical Center, San Pablo</td>
<td>40,473</td>
<td>1,619</td>
<td>25,242</td>
<td>1,731</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser Foundation Hospital, Richmond</td>
<td>28,538</td>
<td>1,903</td>
<td>41,546</td>
<td>2,770</td>
<td>58,853</td>
<td>3,924</td>
</tr>
<tr>
<td><strong>Hospital is closed effective August 1, 2011</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser Foundation Hospital, Richmond</td>
<td></td>
<td></td>
<td>2012 Pts/bed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Contra Costa County - New Volume Only</strong></td>
<td></td>
<td></td>
<td>2013 Pts/bed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contra Costa Regional Medical Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Muir Medical Center, Walnut Creek</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser Foundation Hospital, Walnut Creek</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Muir Medical Center, Concord</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Ramon Regional Medical Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sutter Delta Medical Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser Foundation Hospital, Antioch</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outside Contra Costa County - New Volume Only</strong></td>
<td></td>
<td></td>
<td>2014 Pts/bed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alameda County Med Center - Highland</td>
<td>-</td>
<td>1,265</td>
<td>3,129</td>
<td>3,236</td>
<td>3,346</td>
<td>3,460</td>
</tr>
<tr>
<td>Alta Bates Summit Medical Center - Alta Bates</td>
<td>-</td>
<td>1,780</td>
<td>1,841</td>
<td>1,903</td>
<td>1,968</td>
<td></td>
</tr>
<tr>
<td>Alta Bates Summit Medical Center - Summit</td>
<td>-</td>
<td>158</td>
<td>391</td>
<td>404</td>
<td>418</td>
<td>432</td>
</tr>
<tr>
<td>Children's Hospital at Oakland(^3)</td>
<td>-</td>
<td>964</td>
<td>2,385</td>
<td>2,466</td>
<td>2,550</td>
<td>2,637</td>
</tr>
<tr>
<td>Kaiser Foundation Hospital, Oakland</td>
<td>-</td>
<td>114</td>
<td>283</td>
<td>292</td>
<td>302</td>
<td>313</td>
</tr>
<tr>
<td>Kaiser Foundation Hospital, Vallejo</td>
<td>-</td>
<td>64</td>
<td>157</td>
<td>163</td>
<td>168</td>
<td>174</td>
</tr>
<tr>
<td>Marin General Hospital</td>
<td>-</td>
<td>3,450</td>
<td>8,536</td>
<td>8,826</td>
<td>9,126</td>
<td>9,437</td>
</tr>
<tr>
<td>Sutter Solano Medical Center</td>
<td>-</td>
<td>33</td>
<td>82</td>
<td>85</td>
<td>88</td>
<td>91</td>
</tr>
</tbody>
</table>

1. Assumes Doctors San Pablo closes ED on 8-01-11
2. Doctors San Pablo bed utilization for Jan - July 2011, Kaiser for August - December 2011
3. Assumes 5 percent of ED volume will go to Childrens-Oakland

**Note:** All ED volumes assume 3.4 percent growth rate. New volume from transports calculated based on patterns seen during the 2006 DSP closure. New volume from walk-ins based on ED patient zip code patterns from 2003.

**Sources:** Contra Costa County EMS Agency and The Abaris Group projections.
Ambulance Transports

A substantial impact on ambulance transports is anticipated should the ED at DSP close. During 2010, 7,316 ambulance patients were transported to the DSP ED. For purposes of this scenario, The Abaris Group assumed that ambulances originating in Richmond, San Pablo, and Pinole would be transported to the closest ED, which would be Kaiser-Richmond. Ambulances originating in El Cerrito would be transported to one of the two Alta Bates hospitals. Ambulances originating in Hercules, Crockett, and surrounding region would be transported to Contra Costa Regional Medical Center. A modest percentage of transports (5 percent) were assumed to be pediatric and thus transportable to Children’s Oakland from any destination in the region.

This scenario does not contemplate the use of the EDs at hospitals farther away. Traffic patterns and the capacity at the other hospitals might dictate some transports to these facilities but the volume of calls would not have a material impact on the hospital. While it is possible, it is not likely that ambulances originating in this region would routinely be sent to Alameda County Highland Hospital, Kaiser Medical Center Vallejo, Sutter Solano Medical Center, or Marin General Hospital due to perceived geographical or trade barriers.

The following tables demonstrate under this scenario that Kaiser Richmond would see an immediate and dramatic impact on their ambulance arrival volume, initially with an average of 11.9 ambulances per day and eventually growing to 13.6 per day by the year 2015. Other hospitals would see a smaller impact. However, ambulance and walk-in patient saturation at Kaiser Richmond would increase the impact on the other EDs in the region.

**Daily Ambulance Impact Range - ED Closure at Doctors San Pablo**

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Range</th>
<th>Day Range New Ambulance Arrivals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Doctors San Pablo</td>
<td>Kaiser Richmond</td>
</tr>
<tr>
<td>2010</td>
<td>18.5-24.5</td>
<td>-</td>
</tr>
<tr>
<td>2011</td>
<td>16.8-22.8</td>
<td>9.9-13.9</td>
</tr>
<tr>
<td>2012</td>
<td>-</td>
<td>10.3-14.3</td>
</tr>
<tr>
<td>2013</td>
<td>-</td>
<td>10.7-14.7</td>
</tr>
<tr>
<td>2014</td>
<td>-</td>
<td>11.1-15.1</td>
</tr>
<tr>
<td>2015</td>
<td>-</td>
<td>11.6-15.6</td>
</tr>
</tbody>
</table>

Source: Contra Costa EMS Agency, 2011

Notes: Daily average ranges for new ambulance arrivals are based on ambulance arrivals patterns seen during DSP closure in 2006 and a 3.4% annual growth rate in ED visits.


**Annual Ambulance Impact - ED Closure at Doctors San Pablo**

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline</th>
<th>Annual Ambulance New Volume to Nearby Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Doctors San Pablo</td>
<td>Kaiser Richmond</td>
</tr>
<tr>
<td>2010</td>
<td>7,316</td>
<td>-</td>
</tr>
<tr>
<td>2011</td>
<td>5,043</td>
<td>1,781</td>
</tr>
<tr>
<td>2012</td>
<td>-</td>
<td>4,481</td>
</tr>
<tr>
<td>2013</td>
<td>-</td>
<td>4,633</td>
</tr>
<tr>
<td>2014</td>
<td>-</td>
<td>4,791</td>
</tr>
<tr>
<td>2015</td>
<td>-</td>
<td>4,954</td>
</tr>
</tbody>
</table>

1. Partial year for DSP (January - July 2011)

Notes: New volume is based on ambulance arrivals patterns seen during DSP closure in 2006 and a 3.4% annual growth rate in ED visits.
Hospital Beds

DSP data on ED arrivals and admissions as well as admission location were obtained through 2009 OSHPD records. The Abaris Group used the number of DSP admissions from the ED to calculate the average number of med/surg and ICU beds needed to manage the current number of ED admissions should DSP close. The bed impact was calculated by taking the hospital ED admissions by unit (i.e., med/surg, ICU, and telemetry), multiplying these admissions by the estimated length of stay to obtain total patient days, and then dividing these patient days by 365 days.

The bed utilization by unit is a daily average. However, admissions do not occur in an “average” manner. They vary based on peak admission periods (e.g., November – February) that can drive substantially higher inpatient bed demand during these periods than the averages demonstrate.

<table>
<thead>
<tr>
<th>Exhibit 14: Doctors San Pablo ED Patient Disposition Array</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctors Medical Center San Pablo - ED Patient Disposition</strong></td>
</tr>
<tr>
<td><strong>ED Visits by Disposition</strong></td>
</tr>
<tr>
<td>Admissions</td>
</tr>
<tr>
<td>Discharges</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Med/Surg</td>
</tr>
<tr>
<td>Telemetry</td>
</tr>
<tr>
<td>ICU</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Bed Utilization</strong></th>
<th><strong>Length of Stay</strong></th>
<th><strong>Bed Impact/Day</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Med/Surg</td>
<td>4.2</td>
<td>26.4</td>
</tr>
<tr>
<td>Telemetry</td>
<td>2.0</td>
<td>7.7</td>
</tr>
<tr>
<td>ICU</td>
<td>15.3</td>
<td>49.4</td>
</tr>
</tbody>
</table>

Source: OSHPD Annual Utilization Report, 2009

Med/Surg & ICU LOS estimated from hospital OSHPD data
Telemetry LOS estimated from The Abaris Group databank
To determine available beds, The Abaris Group used current licensed beds and current admission volumes for nearby hospitals that would likely be impacted by an ED closure at DSP. The table on the following page provides this data using OSHPD reports for calendar year 2009.

The Abaris Group used national benchmarks to obtain a determination of “full.” The Healthcare Advisory Board suggests that a hospital’s acute care (or medical/surgical) bed capacity is at full capacity when total utilization reaches 85 percent. The Abaris Group defined critical care (or ICU) bed capacity full at 65 percent.

This following table demonstrates that five of the six hospitals (83 percent) are above capacity for ICU beds. The Abaris Group describes this capacity as theoretical as the actual available capacity in these neighboring hospitals may be overstated as often a hospital has less capacity than their license capacity due to beds being placed out of service or beds that are not staffed. The region serving the West County already exceeds the 65 percent threshold for ICU occupancy without any loss of ICU beds from DSP. Without the latter, the West County ICU bed occupancy would reach 84.7 percent. Again, licensed status of ICU beds in not always a reflection of available beds; the actual capacity could be less. A further concern may be that the current non-ED critical care admissions at DSP might pre-empt the use of these ICU beds at these other hospitals due to medical staff admission practices.

The two hospitals with the lowest theoretical med/surg occupancy rate and thus a theoretical option for absorbing DSP inpatient admissions are Alta Bates Oakland and Kaiser-Richmond, which are at a current med/surg occupancy of 55.2 and 60.8 percent, respectively. However, Kaiser-Richmond has a very small capacity overall (licensed at 42 med/surg beds) and The Abaris Group calculated that it could only handle on average an additional 2.7 new admissions per day before hitting the 85 percent occupancy level. This is far less than the 16.3 per day needed to support the new volume from DSP.

The remaining med/surge admissions would have to be distributed to neighboring hospitals inside and outside of Contra Costa County. However, this calculation does not take into account the current growing demand at these existing hospitals and their ability to staff these beds nor would it necessary assure that unused beds would be placed into service. In addition, ED admissions at DSP only account for approximately 83 percent of the hospital’s admissions with the remaining admissions potentially pre-empting admissions at nearby hospitals making the calculated ED admission space unavailable.
### Exhibit 15: Beds and Utilization at Area Hospitals, 2009

#### Hospital Beds and Utilization, 2009

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Beds</th>
<th>Available Patient Days</th>
<th>Patient Days</th>
<th>Number of Admissions</th>
<th>Length of Stay</th>
<th>Occupancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctors Medical Center San Pablo</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med/Surg</td>
<td>154</td>
<td>56,210</td>
<td>24,940</td>
<td>5,942</td>
<td>4.2</td>
<td>44.4%</td>
</tr>
<tr>
<td>ICU</td>
<td>35</td>
<td>12,775</td>
<td>5,365</td>
<td>351</td>
<td>15.3</td>
<td>42.0%</td>
</tr>
<tr>
<td><strong>Kaiser Foundation Hospital - Richmond</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med/Surg</td>
<td>42</td>
<td>15,330</td>
<td>9,327</td>
<td>2,483</td>
<td>3.8</td>
<td>60.8%</td>
</tr>
<tr>
<td>ICU</td>
<td>8</td>
<td>2,920</td>
<td>2,194</td>
<td>130</td>
<td>16.9</td>
<td>75.1%</td>
</tr>
<tr>
<td><strong>Alta Bates Summit Medical Center - Alta Bates Campus</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med/Surg</td>
<td>146</td>
<td>53,290</td>
<td>38,711</td>
<td>8,756</td>
<td>4.4</td>
<td>72.6%</td>
</tr>
<tr>
<td>ICU</td>
<td>30</td>
<td>10,950</td>
<td>5,802</td>
<td>366</td>
<td>15.9</td>
<td>53.0%</td>
</tr>
<tr>
<td><strong>Alta Bates Summit Medical Center - Hawthorne Campus</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med/Surg</td>
<td>301</td>
<td>109,865</td>
<td>60,642</td>
<td>13,399</td>
<td>4.5</td>
<td>55.2%</td>
</tr>
<tr>
<td>ICU</td>
<td>36</td>
<td>13,140</td>
<td>10,386</td>
<td>330</td>
<td>31.5</td>
<td>79.0%</td>
</tr>
<tr>
<td><strong>Children's Hospital and Research Center at Oakland</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med/Surg (Pediatric)</td>
<td>111</td>
<td>40,515</td>
<td>37,164</td>
<td>9,355</td>
<td>4.0</td>
<td>91.7%</td>
</tr>
<tr>
<td>ICU</td>
<td>23</td>
<td>8,395</td>
<td>6,755</td>
<td>689</td>
<td>9.8</td>
<td>80.5%</td>
</tr>
<tr>
<td><strong>Sutter Solano Medical Center</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med/Surg</td>
<td>60</td>
<td>21,900</td>
<td>13,601</td>
<td>3,535</td>
<td>3.8</td>
<td>62.1%</td>
</tr>
<tr>
<td>ICU</td>
<td>12</td>
<td>4,380</td>
<td>3,439</td>
<td>283</td>
<td>12.2</td>
<td>78.5%</td>
</tr>
<tr>
<td><strong>Kaiser Foundation Hospital - Rehabilitation Center Vallejo</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med/Surg</td>
<td>160</td>
<td>58,400</td>
<td>44,459</td>
<td>10,148</td>
<td>4.4</td>
<td>76.1%</td>
</tr>
<tr>
<td>ICU</td>
<td>19</td>
<td>6,935</td>
<td>5,612</td>
<td>290</td>
<td>19.4</td>
<td>80.9%</td>
</tr>
<tr>
<td><strong>Total Hospital Beds including Doctors San Pablo</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med/Surg</td>
<td>974</td>
<td>355,510</td>
<td>228,844</td>
<td>53,618</td>
<td>4.3</td>
<td>64.4%</td>
</tr>
<tr>
<td>ICU</td>
<td>163</td>
<td>59,495</td>
<td>39,553</td>
<td>2,439</td>
<td>16.2</td>
<td>66.5%</td>
</tr>
<tr>
<td><strong>Total Hospital Beds without Doctors San Pablo</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med/Surg</td>
<td>820</td>
<td>299,300</td>
<td>228,844</td>
<td>53,618</td>
<td>4.3</td>
<td>76.5%</td>
</tr>
<tr>
<td>ICU</td>
<td>128</td>
<td>46,720</td>
<td>39,553</td>
<td>2,439</td>
<td>16.2</td>
<td>84.7%</td>
</tr>
</tbody>
</table>

Note: ICU includes Coronary Care Units where applicable (Alta Bates Summit Medical Center - Alta Bates Campus and Kaiser Foundation Hospital - Rehabilitation Center Vallejo)

Source: OSHPD, Annual Utilization Reports, 2009
EMS System/Major Emergencies

As indicated previously, the negative impact on the ambulance delivery system would likely be substantial if the ED were to close altogether.

AMR provided 59,847 ambulance transports countywide during 2010. The West County contributed to 16,127 of these transports, or 27 percent. The number transported to DSP in 2010 was 7,316 (or 12.2 percent of total county transports).

AMR will experience longer transport times to farther EDs and additional time returning to their service area. AMR’s contract calls for a performance standard of an 11:45 response with 90 percent compliance (10:00 for Richmond due to no ALS first response). For AMR to maintain that performance standard they will be required to add ambulances to compensate for the longer transport times.

During the 2004 report, the number of West County unit hours (number of ambulances on duty per hour) was 852 per week. To continue to meet the county contract performance standard, AMR calculated that it would take more than 300 unit hours per week for a total number of 1,189 unit hours per week for the West County. This would most likely exceed $2 million annually. Any new cost would only be offset by a small amount of new revenue by charging for each mile. There would likely be a shortfall in revenue to offset these costs. Increasing rates would most likely offer only a marginal return and more creative approaches to cost control and the EMS system may be required. Examples may include allowing ambulances to transport low acuity patients to clinics instead of EDs (which would require a change in state law) and a more sophisticated 9-1-1 call screening and triage protocol (e.g., nurse triage) to reduce the total number of ambulance requests.

There are additional concerns. First, higher ED volume at Kaiser Richmond or other facilities could lead to extended off-load times for EMS, resulting in additional costs. Second, a current industry challenge is paramedic recruitment with the EMS industry experiencing a significant shortage similar to the nursing crisis. Third, the current fire and ambulance delivery plan for Contra Costa County assumes some cost savings countywide and the reduction of AMR resources helps fund the fire advanced life support (ALS) first response program. While no cost savings were projected from the West County to support this plan, adding new resources was also not anticipated and this may have an unexpected consequence on the overall countywide plan.

Another possible consequence is first responder impact. On occasion, a fire first responder will assist the ambulance by riding to the hospital to support the care of a more complicated patient. One fire department told The Abaris Group during the 2004 report that they use a 20-minute total call for a unit to return to service. The impact today of this present resource use is minimal but this could change if ambulances are transporting to more distant EDs and the fire first responders are out of service for a longer period of time than 20 minutes. There would be an unspecified potential impact on the air medical providers in the region that may be requested to transport a higher number of patients.
In addition, a reduction of resources at DSP would have a significant impact on the availability of health care in the event of a major emergency for the West County. Such major emergencies are not unheard of. The oil refineries have had two such events in the past 15 years, one of which led to 3,000 patients being treated at local EDs in a single day. The area is also prone to earthquakes, flooding, and major vehicle crashes; because of the boundaries (e.g., water, Berkeley Hills) that frame the region, there is likely to be limited access to other regional emergency providers during a major emergency.
Doctor’s San Pablo

MHOAC Briefing and Hospital Closure Contingency Update

Pat Frost, EMS Director
Contra Costa County Health Services

Doctor’s San Pablo
Utilization Snapshot 2013

- Active Beds
  - 171 Total
  - 83 (M/S) + 64 (Tele) Beds
  - 24 ICU beds
  - 25 ED Stations

- ED volume
  - 41,903 ED visits
  - 29% or an average of 33 patients per day are CPT Severe or Critical

- Treat and Release and ED Admit Rate
  - T&R: Walk-in 92%
  - T&R: Ambulance 69%
  - DSP ED Admit rate 10.5%
  - Kaiser-R ED admit rate 4.69%
2011 Impacts of Closure (Abaris)

- **>105% ED Surge to Kaiser Richmond**
  - 12-13 additional EMS transports per day
    - Kaiser Richmond: 15 ED stations
  - Increased acuity of patients
    - Kaiser Richmond: 8 Critical Care Beds
    - Increased intra-facility transfer to higher level of care
      - DSP: 1046 patients in 2012
      - Kaiser Richmond: 555 in 2012
  - Increased Patient Safety Risk

- **12 other EDs disproportionately impacted**
  - Particularly Kaiser, CCRMC, Children's and Alta Bates

- **Out of county transport will become common**
  - Closest ED may be out of county e.g. Alameda, Solano, Marin
  - Trauma/STEMI/Stroke Intervention

- **Regional emergency and inpatient services will be affected**
Overview: EMS/Med/Health Analysis

**Health System Situational Awareness**
- Local and Regional Redistribution of > 44,000 patients/year
- Increase in CCEMS ambulance resources required (up to 30%)
- Public Health Emergency Incident Level 2 coordination required

**Estimated redistribution of approximately 12,000 EMS transports/year**
- 22 transport per day (DSP portion)
- Situational redistribution of Kaiser portion of EMS transports (14/day)

**Regional ICU and Med/Surg Bed Capacity increased since 2011**
- Added 38 ICU beds since 2009
- Added 297 beds Contra Costa & 324 beds in Alameda

**Likely Scenario: ED/EMS System Surges**
- 120 additional patients per day (includes EMS)
- Extended ED walk in and EMS wait times
- Increased destination time for cross county and out-of-county destinations
- Field on-scene ambulance delays up to 15-20 minutes during peak periods
- Increased needs for Rapid Intra-facility Transfer

**Reduced capability to respond to expanded events without rapid mutual aide**

---

EMS/ Ambulance Utilization

**STEMI & Stroke System**

**Plan: Redistribute to Next Closest**

**8053 EMS Transports**
- 61% of West County EMS traffic
- 68% EMS Transports involve Richmond and San Pablo Residents

**Intra-facility Non-EMS Transport**
- Transports from ED: 952
- Critical Care Transport: 136

**Closest Stroke Centers**
- Alta Bates, Summit, KP-Oakland, KP-Vallejo, Marin General
- JMMC-Concord, KP-Walnut Creek

**Closest STEMI Centers**
- JMMC-Concord
- Marin General, Alta Bates Summit, Highland, K-Vallejo

**DSP-EMS STEMI Receiving Center Transports**
- Next closest 15-27 minutes away
- STEMI
  - 100% of West County
  - EMS: 70-78 per year
  - Elective + Walk-in (2012)

**EMS-DSP Stroke: Serves 50% of West County Stroke (2013)**
- 127 Neuro/CVA Suspect
- 87 EMS Stroke Criteria Met
### WEST CONTRA COSTA COUNTY

**CARDIAC ARRESTS – TRANSPORTED VIA EMS**

High Performance CPR Protocol and if ROSC
Redistribute to STEMI (aka Cardiac Arrest) Centers

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOCTOR'S MEDICAL</strong></td>
<td>72</td>
<td>93</td>
<td>78</td>
</tr>
<tr>
<td><strong>PATIENTS DISCHARGED</strong></td>
<td>8</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td><strong>KAISER RICHMOND</strong></td>
<td>33</td>
<td>34</td>
<td>24</td>
</tr>
<tr>
<td><strong>PATIENTS DISCHARGED</strong></td>
<td>7</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Data Source: Cardiac Arrest Registry to Enhance Survival (CARES 2011-2013)

### Trauma Center Activations

**EMS & Patient Impact**

*Trauma Plan Supports Current Destinations*

<table>
<thead>
<tr>
<th>City</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>EL CERRITO</td>
<td>14</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td>EL SOBRANTE</td>
<td>13</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>HERCULES</td>
<td>9</td>
<td>26</td>
<td>14</td>
</tr>
<tr>
<td>KENSINGTON</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NORTH RICHMOND</td>
<td>45</td>
<td>57</td>
<td>45</td>
</tr>
<tr>
<td>PINOLE</td>
<td>29</td>
<td>21</td>
<td>23</td>
</tr>
<tr>
<td>RICHMOND</td>
<td>97</td>
<td>102</td>
<td>128</td>
</tr>
<tr>
<td>RODEO</td>
<td>11</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>SAN PABLO</td>
<td>61</td>
<td>52</td>
<td>49</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>279</td>
<td>314</td>
<td>308</td>
</tr>
</tbody>
</table>

Total number of Trauma Activations by city for the years 2011-2013. This information is from the Trauma Registry.
Trauma Center Transfers

*Impact: Increased Kaiser-R Volume*

*Need: Staged Increased IFT resources*

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.C.C.M.C.</td>
<td>7</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>DOCTORS</td>
<td>22</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>KAISER RICHMOND</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

Total number of Transfers to the Trauma Center from Referral Facilities for 2011-2013

---

Air Medical Transportation

*Elimination of Helicopter Landing Zone for IFT*

- **CalStar**
  - Volume 2013 = 16

- **REACH**
  - Volume 2013 = 8

- Increased utilization manageable
Dialysis: ED Utilization Unchanged

Patient Impact: Markedly longer ED destination time

### 911 Calls

<table>
<thead>
<tr>
<th>Location</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergnt</td>
<td>Non Emergnt</td>
</tr>
<tr>
<td>San Pablo Dialysis</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>14020 SAN PABLO AVE-SFAB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Old Emmit Dialysis</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>15990 SAN PABLO AVE-ELOR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 911 Transports

<table>
<thead>
<tr>
<th>Location</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergnt</td>
<td>Non Emergnt</td>
</tr>
<tr>
<td>San Pablo Dialysis</td>
<td>28</td>
<td>4</td>
</tr>
<tr>
<td>14020 SAN PABLO AVE-SFAB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Old Emmit Dialysis</td>
<td>25</td>
<td>4</td>
</tr>
<tr>
<td>15990 SAN PABLO AVE-ELOR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Emergent** = Lights and Siren Response

**Non-Emergent** = No Lights or Siren Response

Skilled Nursing Facilities

EMS and Patient Impact

Markedly longer destination times for medically fragile patients

Strategy: Outreach & Redistribute

- 11.8 % of DSP ED admissions from SNF’s or residential care facilities (OSHPD 2010)
- Greenridge Senior Care
- Creekside Healthcare Center
- Vale Health Care Center
- Vintage Estates of Richmond
- Shields/Richmond Nursing Center
- Shields Nursing Center
- San Pablo Healthcare and Wellness Center
Current EMS Demographics
West County

Location of Call for 9-1-1 Transported Patients (City)
West Contra Costa County Pick-Ups
January 1, 2013 to December 31, 2013
*Based on 20,141 Transports
Confidential and proprietary data prepared by North on 6/10/2013

Current Transport Destinations

Receiving Facilities of 9-1-1 Transports
West Contra Costa County Pick-Ups
January 1, 2013 to December 31, 2013
*Based on 20,141 Transports
Confidential and proprietary data prepared by North on 6/10/2013
Transport by Day of the Week

Day of Week Patients Called 9-1-1
West Contra Costa County Pick-Ups
January 1, 2013 to December 31, 2013
*Recorded 58,133 Transports
Confidentiality Independent Data prepared by VRC on 7/9/2014

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Transports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday</td>
<td>2,511</td>
</tr>
<tr>
<td>Sunday</td>
<td>2,756</td>
</tr>
<tr>
<td>Monday</td>
<td>3,605</td>
</tr>
<tr>
<td>Tuesday</td>
<td>6,096</td>
</tr>
<tr>
<td>Wednesday</td>
<td>6,497</td>
</tr>
<tr>
<td>Thursday</td>
<td>5,445</td>
</tr>
<tr>
<td>Friday</td>
<td>3,521</td>
</tr>
<tr>
<td>Saturday</td>
<td>2,511</td>
</tr>
</tbody>
</table>

Transports by Hour of Day

Hour of Day 9-1-1 Patients Arrived at Hospitals
West Contra Costa County Pick-Ups
January 1, 2013 to December 31, 2013
*Recorded 58,133 Transports
Confidentiality Independent Data prepared by VRC on 7/9/2014

<table>
<thead>
<tr>
<th>Hour of Day</th>
<th>Transports</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 AM</td>
<td>577</td>
</tr>
<tr>
<td>1 AM</td>
<td>443</td>
</tr>
<tr>
<td>2 AM</td>
<td>440</td>
</tr>
<tr>
<td>3 AM</td>
<td>371</td>
</tr>
<tr>
<td>4 AM</td>
<td>371</td>
</tr>
<tr>
<td>5 AM</td>
<td>376</td>
</tr>
<tr>
<td>6 AM</td>
<td>476</td>
</tr>
<tr>
<td>7 AM</td>
<td>620</td>
</tr>
<tr>
<td>8 AM</td>
<td>870</td>
</tr>
<tr>
<td>9 AM</td>
<td>1,018</td>
</tr>
<tr>
<td>10 AM</td>
<td>1,099</td>
</tr>
<tr>
<td>11 AM</td>
<td>1,160</td>
</tr>
<tr>
<td>12 PM</td>
<td>932</td>
</tr>
<tr>
<td>1 PM</td>
<td>934</td>
</tr>
<tr>
<td>2 PM</td>
<td>912</td>
</tr>
<tr>
<td>3 PM</td>
<td>847</td>
</tr>
<tr>
<td>4 PM</td>
<td>954</td>
</tr>
<tr>
<td>5 PM</td>
<td>904</td>
</tr>
<tr>
<td>6 PM</td>
<td>827</td>
</tr>
<tr>
<td>7 PM</td>
<td>641</td>
</tr>
<tr>
<td>8 PM</td>
<td>641</td>
</tr>
<tr>
<td>9 PM</td>
<td>641</td>
</tr>
<tr>
<td>10 PM</td>
<td>641</td>
</tr>
<tr>
<td>11 PM</td>
<td>641</td>
</tr>
</tbody>
</table>
Primary Impression

Age Demographics Transported
### Gender Distribution

**Gender of 9-1-1 Transported Patients**

- **West Contra Costa County Pick-Ups**
  - January 1, 2013 to December 31, 2013
  - RPTW 12,141 transports

#### Gender Distribution

- **Female**: 9,611 (52.97%)
- **Male**: 8,534 (47.03%)

### EMS-ED Patient Transfer Times (Normal Conditions)

**Average 15-20 minutes**

<table>
<thead>
<tr>
<th>Hospital 2013</th>
<th>Average (minutes)</th>
<th>90% (in minutes)</th>
<th>Handoff exceeds this time in 10% of patients</th>
<th>Annual EMS Volume</th>
<th>Daily EMS volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors San Pablo</td>
<td>9-13</td>
<td>21</td>
<td>7,994</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Kaiser Richmond</td>
<td>7-8</td>
<td>13.3</td>
<td>5,147</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>John Muir Concord</td>
<td>7-8</td>
<td>10.8</td>
<td>8,041</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>CCRMC</td>
<td>10-12</td>
<td>23.2</td>
<td>10,565</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Sutter Delta Antioch</td>
<td>11-15</td>
<td>29</td>
<td>8,100</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>John Muir Walnut Creek</td>
<td>7-8</td>
<td>11.9</td>
<td>7,708</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Kaiser Walnut Creek</td>
<td>7-8</td>
<td>12</td>
<td>5,836</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Kaiser Antioch</td>
<td>8-9</td>
<td>14</td>
<td>4,886</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>All Hospitals (includes San Ramon Regional not listed)</td>
<td>9-10</td>
<td>n/a</td>
<td>60,363</td>
<td>165</td>
<td></td>
</tr>
</tbody>
</table>

**EMS wait times at out-of-county facilities will delay return to service**
2013 Doctor’s Medical Center
Arrival Mode and Patient Disposition

<table>
<thead>
<tr>
<th>Mode</th>
<th>Count</th>
<th>Admitted</th>
<th>Observation</th>
<th>LWBS</th>
<th>Admit Rate</th>
<th>Treat and Release Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>7409</td>
<td>2333</td>
<td>213</td>
<td>82</td>
<td>31.49%</td>
<td>68.50%</td>
</tr>
<tr>
<td>Walk In</td>
<td>33738</td>
<td>2651</td>
<td>212</td>
<td>705</td>
<td>7.86%</td>
<td>92.14%</td>
</tr>
<tr>
<td>Helicopter</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>28.57%</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>41154</td>
<td>4986</td>
<td>425</td>
<td>787</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2013 Emergency Ambulance volume per County EMS data showed 7994 emergency ambulance transports

LBWS= Left without being seen

Other Facilities: ED Impacts

- **ED/Hospital Surge Conditions**
  - Intermittent and Sustained
  - Minor, Moderate, Severe
- **Long transports**
  - 15-27 minutes longer
  - Cross county and Multi-county
- **2-3 fold increase in intra-facility transfers**
  - Secondary to Walk-in Acuity
- **Higher Acuity**
  - Potential increase in mortality and morbidity
- **Patient Safety Risks**
  - EMS/ED staffing and fatigue
  - Mismatches in definitive care
- **Patients Affected**
  - Prolonged walk in ED wait times 10-12 hours
  - Patient-EMS offload times 5-9 fold increase
  - Separated from family and support networks
  - Undefined Ambulatory & Urgent Care Access
### Regional Bed Capacity: Up since 2011 Study

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2012</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acute Care Beds</td>
<td>ICU Beds includes CCU</td>
<td>ED Stations</td>
<td>Acute Care Beds</td>
<td>ICU Beds includes CCU</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>1,597</td>
<td>179</td>
<td>227</td>
<td>1,894</td>
<td>203</td>
</tr>
<tr>
<td>Alameda</td>
<td>3,122</td>
<td>303</td>
<td>314</td>
<td>3,446</td>
<td>327</td>
</tr>
<tr>
<td>Marin</td>
<td>445</td>
<td>30</td>
<td>42</td>
<td>441</td>
<td>30</td>
</tr>
<tr>
<td>Solano</td>
<td>633</td>
<td>69</td>
<td>107</td>
<td>594</td>
<td>74</td>
</tr>
<tr>
<td>Total</td>
<td>5,797</td>
<td>581</td>
<td>690</td>
<td>6,375</td>
<td>634</td>
</tr>
</tbody>
</table>

### Impact of Closure

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
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### ED System Impacts with Closure

Where they will go...

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**Outside Contra Costa County - New Volume Only**

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Source: Kaiser Foundation.
Travel Times to Nearby Hospitals

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<th>Hospital</th>
<th>City</th>
<th>Distance</th>
<th>Approx. Travel Time from Doctors SP (minutes)</th>
<th>Assumed Average MPH</th>
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<td>Alta Bates Summit Medical Center - Summit Campus</td>
<td>Oakland</td>
<td>11.8</td>
<td>15</td>
<td>47</td>
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<td>Berkeley</td>
<td>10.3</td>
<td>16</td>
<td>41</td>
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<td>Kaiser Foundation Hospital, Oakland</td>
<td>Oakland</td>
<td>12.2</td>
<td>16</td>
<td>46</td>
</tr>
<tr>
<td>Children’s Hospital and Research Center at Oakland</td>
<td>Oakland</td>
<td>12.4</td>
<td>16</td>
<td>47</td>
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<tr>
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<td>19</td>
<td>43</td>
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<td>Marin General Hospital</td>
<td>Greenbrae</td>
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<td>49</td>
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<td>67</td>
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<td>Sutter Delta Medical Center</td>
<td>Antioch</td>
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<td>39</td>
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Low Acuity Walk-In Access Alternatives
West County Health Care Centers

- **Low Acuity ED Volume:**
  - 15,000 to 20,000
  - 41-55 patients per day

- **Clinics**
  - North Richmond for Health
  - Planned Parenthood (3)
  - Brookside Community Health
  - West County Health Center
  - Kaiser Pinole Medical Offices
  - RotaCare Richmond Free Clinic
  - Brookside Community Health

- **Opportunity:** Redistribute to ambulatory care settings

- **Barriers**
  - Afterhours availability
  - Community Utilization Practices
Incident Action Plan Recommendation

EMS Plan in Place but Plan for Walk-In’s Required

- Activate Command Centers
  - Pre-closure & Acute Phase
  - Ambulatory/Urgent Care Planning
- Coordinated Regional Approach
  - EMS
  - Hospitals
  - RDMHS
- Coordinated Communications
  - Regional JIC
  - All PIOs
- Daily Operations
  - Conference Calls
  - Situational Management

Summary: Losing Critical Infrastructure

- Public Health Emergency
- Profound Regional EMS/Hospital Impacts
- Increased EMS system utilization
- Richmond and San Pablo Patients most affected
- Increase Walk-ins: Alameda, Kaiser-R, Ambulatory planning needed
- Community Impacts Undefined
  - Walk-in ED flow unknown
  - Dialysis, SNFs, Homeless Centers
  - Outreach and Joint Communication
<table>
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<td>4</td>
<td>3.5</td>
<td>36.18%</td>
<td>44367</td>
<td>109</td>
<td>1775</td>
<td>4658</td>
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<td>8</td>
<td>10</td>
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<td>3.3</td>
<td>2.9</td>
<td>66.73%</td>
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<td>3214</td>
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<td>20</td>
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<td>4.9</td>
<td>3.4</td>
<td>73.84%</td>
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<td>3640</td>
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<td>572</td>
<td>47</td>
<td>44</td>
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<td>3.3</td>
<td>43.31%</td>
<td>44466</td>
<td>122</td>
<td>1013</td>
<td>8345</td>
<td>18.72%</td>
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<td>32</td>
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<td>4.1</td>
<td>2.7</td>
<td>46.99%</td>
<td>48308</td>
<td>132</td>
<td>1507</td>
<td>6206</td>
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<td>24</td>
<td>53</td>
<td>74.57%</td>
<td>3.9</td>
<td>3.3</td>
<td>77.00%</td>
<td>53874</td>
<td>148</td>
<td>1036</td>
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<td>90.21%</td>
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<td>55.90%</td>
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<td>Countywide</td>
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<td>267</td>
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<td>2.9</td>
<td>49.41%</td>
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<td>396</td>
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<td>Without DSP</td>
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<td>1748</td>
<td>162</td>
<td>242</td>
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### Out of County Hospitals Most Likely to Be Affected

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<td>Alameda Highland</td>
<td>Level II Trauma</td>
<td>318</td>
<td>20</td>
<td>51</td>
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<td>4.6</td>
<td>82.42%</td>
<td>83119</td>
<td>228</td>
<td>1598</td>
<td>8208</td>
<td>9.87%</td>
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<td>Alta Bates (Berkeley)</td>
<td>Stroke</td>
<td>347</td>
<td>16</td>
<td>22</td>
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<td>4.3</td>
<td>3.6</td>
<td>74.35%</td>
<td>40160</td>
<td>111</td>
<td>1866</td>
<td>5695</td>
<td>13.67%</td>
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<td>Alta Bates Summit</td>
<td>STEMII/Stroke</td>
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<td>24</td>
<td>31</td>
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<td>4.3</td>
<td>3.4</td>
<td>84.61%</td>
<td>40073</td>
<td>110</td>
<td>1293</td>
<td>7542</td>
<td>18.82%</td>
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<td>Children's Oakland</td>
<td>Level I Pedic Trauma</td>
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<td>72.70%</td>
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<td>3.2</td>
<td>69.36%</td>
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<td>6922</td>
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<td>Stroke Center</td>
<td>341</td>
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<td>4.1</td>
<td>3</td>
<td>50.77%</td>
<td>52845</td>
<td>145</td>
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<td>6408</td>
<td>12.13%</td>
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<td>Kaiser Vallejo</td>
<td>STEMII/Primary Stroke Center</td>
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<td>2.4</td>
<td>73.30%</td>
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<td>4650</td>
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<td>Level III Trauma/STEMII/Primary Stroke Center</td>
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<td>10</td>
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<td>47.74%</td>
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<td>2.9</td>
<td>84.40%</td>
<td>34479</td>
<td>96</td>
<td>1580</td>
<td>6568</td>
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<tr>
<td>Sutter Solano Basic ED</td>
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<td>302</td>
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<td>62.98%</td>
<td>3.4</td>
<td>2.8</td>
<td>49.22%</td>
<td>3767</td>
<td>104</td>
<td>2911</td>
<td>9449</td>
<td>9.12%</td>
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<td>Total</td>
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<td>2116</td>
<td>149</td>
<td>248</td>
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<td>49442</td>
<td>126</td>
<td>2217</td>
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Source: OSHPD and Contra Costa EMS Data

**Licensed beds are not the same as staffed beds**

**DSP available inpatient beds reduced to 171 active beds in 2011**

Since 2009 Admission rates from the ED have dropped 1.64% (47 less patients per 1000 population)

2010 Census Population for Contra Costa 1,043,501

2012 Chevron incident added 15,000 additional low acuity patients. DSP saw a medical surge of 6112 patients and Kaiser saw 9002 patients

Solaris and Marin do not have a Stroke System fully implemented although has hospitals with primary stroke designation

CCRM data includes patients seen in Psych Emergency

**Recommendation**
## Multi County Comparison ED Data 2009 & 2012

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<tr>
<th>County</th>
<th>2009</th>
<th>All Hospital Acute Care Beds</th>
<th>ICU Beds includes CCU</th>
<th>ED Visits</th>
<th>ED Station/Bed</th>
<th>ED admit Rate</th>
<th>ED visit per 1000 population per year</th>
<th>ED visits per station</th>
<th>2009 ED Admissions</th>
<th>2009 Average ED Admission per day (Med/Surg, Psych, ICU)</th>
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<td>1,597</td>
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<td>371,492</td>
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<td>1637</td>
<td>50053</td>
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<td>Alameda</td>
<td>1,503,827</td>
<td>3,122</td>
<td>303</td>
<td>536,613</td>
<td>314</td>
<td>13.60%</td>
<td>357</td>
<td>1709</td>
<td>7302</td>
<td>200</td>
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<tr>
<td>Marin</td>
<td>251,230</td>
<td>445</td>
<td>30</td>
<td>76,041</td>
<td>42</td>
<td>14.48%</td>
<td>303</td>
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<th>2012</th>
<th>All Hospital Acute Care Beds</th>
<th>ICU Beds includes CCU</th>
<th>ED Visits</th>
<th>ED Station/Bed</th>
<th>ED admit Rate</th>
<th>ED visit per 1000 population per year</th>
<th>ED visits per station</th>
<th>2012 ED Admissions</th>
<th>2012 Average ED Admission per day (Med/Surg, Psych, ICU)</th>
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<td>75258</td>
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<td>Solano</td>
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<td>74</td>
<td>177047</td>
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<td>10.04%</td>
<td>422</td>
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### 2013 Without Doctors

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<tr>
<th>County</th>
<th>2013 US Census projections</th>
<th>All Hospital Acute Care Beds without DSP</th>
<th>ICU Beds includes CCU without DSP</th>
<th>ED Stations without DSP</th>
<th>Assumed 2012 ED volume + 1% based on population projections</th>
<th>Assuming ED admit rate remains the same (under ACA may decrease)</th>
<th>Projected ED visit per 1000 population per year</th>
<th>Projected ED visits per station</th>
<th>Projected ED Annual Admissions</th>
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<td>421</td>
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### Notes:
- Solano and Marin 2013 population estimates not available so 2012 estimate was used.

Based on the above projections the following assumptions are likely:

1. The community and region should be able to handle any surge associated with closure of DSP but will continue to struggle with medical surge issues during high volume periods.
2. Both ICU bed capacity and ED station capacity has significantly increased since 2009.
3. ICU bed capacity for Contra Costa will return to 2009 levels.
4. ICU capacity in region has increased by 38 beds (Solano, Contra Costa and Alameda) which may buffer the loss of DSP 24 ICU beds. ICU occupancy rates vary between 57-73% for the county and region. ICU occupancy rate for DSP has been 36% in 2012 and Richmond ICU occupancy rate has been 68%.
5. General Acute Care Bed capacity has increased in the region by 297 beds (Contra Costa) and 324 (Alameda)
6. Even with elimination of DSP bed Contra Costa will have an more hospital bed capacity for Med Surg and ED with the exception of ICU capacity will return to 2009 levels. However LOS for ICU since 2009 has dropped in all hospitals and in 2012 LOS at DOS was only 2.5 days which may reduce the anticipated ICU surge load associated with closure.
7. ED-Hospital admission rates are not likely to be significantly different than in the past. Communities utilization of these services has been very consistent since 2009 per OSHPD hospital and ED utilization data.
8. The community disproportionately uses specialty systems of care assets due the health disparities within West County. Accessing STEMI, Stroke services may affect patient outcome during periods when those resources are saturated. Outcomes for Critical Trauma are less likely to be affected as that workflow will continue unchanged.
9. Hospital Admission rates from the ED have dropped since 2009 and may decrease further under ACA as medical home implementation grows
10. The largest number of west county resident using DSP services are those who will have routine and chronic treatment and intervention that they receive in the ED or outpatient disrupted and significant efforts are recommended to support educating the public to alternative care whenever possible so emergency resources can be mobilized for the most critical. Such an approach would be ”protective” for the patient and preserve EMS, ED and ICU resources.
Appendix D

Public Hearing and Comment
Contra Costa Health Services
Emergency Medical Services Agency

PUBLIC HEARING
on the

IMPACT EVALUATION ON THE POTENTIAL
DOWNGRADE OR CLOSURE OF
EMERGENCY SERVICES FOR
DOCTORS MEDICAL CENTER SAN PABLO

Maple Hall Community Center
13831 San Pablo Ave
San Pablo, CA 94806

June 9, 2014
6:00 P.M.

Agenda

1. Introductions
   – Patricia Frost, Contra Costa EMS Director

2. Scope of Impact Evaluation and Public Hearing
   – Patricia Frost, Contra Costa EMS Director

3. Report on Plans related to the closure of Doctors Medical Center San Pablo
   – Dawn Gideon, Doctors Medical Center

4. Report from the Contra Costa Health Services Director
   – William B. Walker, MD

5. Comments from impacted agencies

6. Comments from the public (please limit comments to 2 minutes per speaker)

7. Closing comments by Contra Costa Emergency Medical Services Director
   – Patricia Frost, Contra Costa EMS Director

For more information visit cchealth.org/dmc
Summary of June 9, 2014 Public Hearing

On June 9th a public hearing on the potential downgrade or closure of Doctor’s Medical Center San Pablo Hospital Emergency Services was conducted by the Contra Costa Emergency Services Agency in compliance with the County Impact Policy and State Health and Safety Code 1300 requirements. Appropriate public and private stakeholder notices in compliance with the Health and Safety Code 1300 requirements and local and state better government practices were made along with media releases on June 5, 2014. In addition the written public comment was solicited and has been attached to this report.

The public hearing was held at from 6 to 8:30pm at Maple Hall Community Center, 13831 San Pablo Avenue, San Pablo, CA 94806. Over 175 public and private individuals in the community attended the meeting with public comment received from 46 individual speakers.

Julie Waters, Senior Field Representative from Assembly-member, 14th District, Nancy Skinner was also in attendance. The meeting was videotaped, scheduled for re-broadcast on the County CCTV station and will be archived for future viewing on the county website cchealth.org/dmc. That webpage is being dedicated to update the community on the efforts to save the hospital. A copy of the video transcript of the meeting has been prepared and will accompany this report to the State Department of Health and Human Services.

At the public hearing Doctors Medical Center CEO, Dawn Gideon notified the community that the hospital was withdrawing its notice of potential closure - in light of a newly formed regional Stakeholder Group that will explore options for a sustainable solution to preserving emergency medical services in West Contra Costa County. The Stakeholder Group includes representatives from Doctors Medical Center, the West Contra Costa Healthcare District, CCHS, Contra Costa County government, the Hospital Council of Northern California, and area hospitals.

County Supervisor John Gioia notified the community of a transfer of limited funds to be approved at the County Board of Supervisors Meeting on June 17, 2014 to provide sufficient funding to continue services at DMC until a sustainable model with a plan for funding could be identified by the Hospital Council Task Force. Dr. Walker read into the record a statement from the Hospital Council supporting those efforts.

As the local Emergency Services Authority for the county, Contra Costa EMS is required by state law to hold a public hearing on proposed downgrades or closures of a facility that provides emergency medical services and submit a written impact report of its findings. The impact report is still required because the potential for loss of hospital emergency services remains.

5 See Appendix on public notification
6 See Appendix on written public comment
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<tr>
<th>No.</th>
<th>Name</th>
<th>First Last</th>
<th>Organization</th>
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<th>Comments</th>
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<td>C. Booze</td>
<td>Richmond City Council</td>
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<td>3</td>
<td>Calloway, Council Member</td>
<td>G. Calloway</td>
<td>Council member</td>
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<td>Using term plans for building a new hospital that can be sustained with emergency room services</td>
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<td>D. Duce</td>
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<td>25</td>
<td>Nelsen</td>
<td>P. Nelsen</td>
<td>DMC</td>
<td>X</td>
<td>I am a DMC Ultrasound Tech. I Do so many emergency exams all during the day and night. Especially painful, bleeding, patients who need immediate help. Please help us stay open!! These people cannot be seen in a clinic.</td>
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<td>26</td>
<td>Norvell</td>
<td>B. Norvell</td>
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<td>X</td>
<td>My friends, neighbors, and myself on what Doctor’s does have to offer.</td>
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<td>S. Parker</td>
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<td>Update on impact on emergency services</td>
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<td>Community need for DMC emergency services</td>
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<td>D. Sideon</td>
<td>CEO Doctor's Medical Center</td>
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HOSPITAL COUNCIL STATEMENT
For the Public Hearing on the Impact Evaluation
of the Potential Downgrade or Closure of Emergency Services
at Doctors Medical Center San Pablo
June 9, 2014

The severe financial issues facing Doctors Medical Center San Pablo present both a challenge and an opportunity to find a creative solution to meeting the long-term health care needs of West Contra Costa County residents.

Government reimbursements for Medicare and Medi-Cal do not cover the cost of hospital services for 80% of the care provided by Doctors Medical Center. The further decline in reimbursement rates expected under the Affordable Care Act make it clear that the business model for Doctors Medical Center, as currently configured, is not sustainable.

Should Doctors Medical Center decide to eliminate emergency services, then local hospitals and health care systems will work with the County to ensure an orderly transition for patients. Nearby hospitals will continue to provide inpatient and emergency services to West County residents as they always have.

In addition, the Hospital Council and our member hospitals are prepared to work together with Doctors Medical Center, the County and other interested parties to forge a long-term solution that meets the health care needs of West Contra Costa County.

A stakeholder group composed of representatives from the County, hospitals, clinics and others has already been formed for this purpose. Led by the County, this group is a vital first step toward preserving essential emergency services and creating a re-designed health care delivery system for West Contra Costa that is sustainable in today’s complex health care environment.
I voted against Measure C because I felt that the West Contra Costa Healthcare District was trying to keep Doctors Medical Center open on the back of San Pablo residents. Now your only solution is a county sales tax or to stick our problem on Kaiser Richmond. They are not acceptable solutions either. You need to look at the problem from a different perspective.

According to the Abaris Group’s 2011, West County Emergency District Critical Care Access/Capacity Issues Study, some of the most severe problems that would occur due to closing Doctor’s Medical Center (DMC) would be lack of emergency room beds, increase in cost and time needed to transport patients via ambulances to other hospitals, the closest STEMI (ST-Elevated Myocardial Infarction) Center; is 15 minutes away, many of DMC’s displaced patients would be taken to hospitals where their specialty physician would not have hospital
privileges, and it is unlikely that walk-in patients would travel to considerably more distant EDs for their care, thus creating higher volumes at Kaiser- Richmond and long waits.

**Lack of emergency beds. According to Exhibit #3**

It appears that for years the WCC Healthcare District has been treating DMC as a county health facility without paying for it. They compared several hospitals but the ones I was interested in were CC Regional, Martinez (CC County Hospital), Highland (Alameda County Hospital), and DMC.

<table>
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<th>Hosp.</th>
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<th>IC beds</th>
<th>#EMS Trans.</th>
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<td>8</td>
<td>2139</td>
</tr>
<tr>
<td>Highland</td>
<td>316</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>DMC</td>
<td>189</td>
<td>35</td>
<td>7301</td>
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</table>

DMC has more beds, 4 times more IC beds, and over 3 times as many EMS transports than Martinez. The number of IC beds at DMC, at DMC, is more in line with Alameda’s County Hospital than WCC County’s hospital. Also due to the lack of IC beds, the EMS transports to DMC is over three time those to Martinez. The Healthcare District
must improve its strategy on health coverage. If they want to keep DMC open, they need to spend money on its upkeep. There appears to be a need for a second WCC County Hospital; perhaps they need more money from the state.

**Increase in cost and time needed to transport patients via ambulances to other hospitals and STEMI patients**

According to Exhibit #14, only 12.7% of the DMC ED patients are admitted – 87.1% are discharged.

Also, according to Exhibit #5, ED Acuity Mix. Only 5% of the patients that visit the ER are classified as “critical” and 23% “urgent” - 50% are “moderate” and 22% are “severe”. Why not downsize the hospital to just an emergency care facility and send the other patients to other hospitals or stabilize the patients at DMC and transport them to other hospitals. It would cost more for EMS but save on hospital stay costs. The same could be done for the STEMI patients.

Also according to Exhibit #9, Ambulance Volume in 2010, Richmond residents were responsible for 48.3% of the EMS transports, San Pablo for 24.8% and other 26.9%. Also according to exhibit #6, the average household
income in Richmond is $10,000 more than in San Pablo. Instead of Measure C just for San Pablo why not have Richmond pay proportionally more toward the costs.

Many of their displaced patients would be taken to hospitals without their specialty physician would not have hospital privileges

Arrange for the doctors to increase their hospital privileges at other hospitals in the county. With the internet and secure transmittal lines, DMC could transport patient records to other hospitals.

It is unlikely that walk-in patients would travel to considerably more distant EDs for their care, thus creating higher volumes at Kaiser- Richmond and long waits.

If they are walk-in patients, the majority of them are not in critical condition. Have a shuttle service to transport them to the county hospital. Another answer is make better use of the new medical center on San Pablo Avenue. Supposedly they only accept insured patients.
Work with social services and the center to let them get reimbursed by the state for un-insured patients.
To All,

I believe my subject line states exactly how I feel about his particular issue. I find difficult to fathom that you think just because I am a homeowner that I should continue to shoulder every single tax increase that comes along to support this hospital. Not only am I forced to pay more taxes, when I do need to use these services, my insurance company is charged an exorbitant amount of money which is then passed on to me (20%) since I am now burdened with a larger part of the costs. In case you don't get it, here it goes:

- It is not my fault or responsibility that this hospital does not make any money.
- It is not my fault or responsibility that with all your expertise, you cannot find a working model to put this hospital in the black (i.e., making money).
- It is ironic that this hospital continues to state they offer all sorts of wonderful services but, rest assured, they do not. Customer service is the worst I have ever seen when compared to other hospitals and to add fuel to the fire, when my father was released from this campus after knee surgery, the floor nurse forgot to give him a prescription for pain meds.
- The people (homeowners)) have spoken and said NO.
- Now, you want to sneak another county wide tax past us????
- I will spend every waking moment talking to every single homeowner I know to ensure this fails as well.
- I will keep track of every county supervisor who is pushing this tax and will work diligently to ensure their reign in their position as a county supervisor comes to an end. It is apparent they DO NOT REPRESENT THE HARDWORKING HOMEOWNERS IN THIS COUNTY.

Jesus Padilla, Jr.
Hercules, CA Resident
Ms. Frost,

We the people have spoken: **NO NEW TAXES!!!** This means no new taxes of any kind.

As you know, this is an economically depressed area. The people can not afford new taxes of any kind. That means no new property taxes, no new sales taxes, no new income taxes, no new taxes period! If you want to keep Doctors Medical Center open, operate within your budget. **We are being taxed to death!**

Clarence M. Jesfjeld
Ms. Frost et al.,

This is not representative government; have you sworn that off just now or again? Voters have indicated their wish on the Doctors Hospital issue by vote.

Why is this new effort beyond the original local vote being allowed, ignoring the election results and running up even more taxpayer money attempting an immediate work-around that is centered beyond the voters’ reach? This is obviously a pre-planned effort and will be trumpeted as typical local politics run amok.

This is unethical, unconstitutional and unpatriotic. This sort of self-serving activity needs to stop at all levels of government in this country; it starts with the local level. For those of you involved in this newest effort, you need to consider the long-term effects of all the effort you put forth in your public life and how it reflects back onto the whole society in which you live and in which your children and grandchildren will grow up – all these things that impress your fellows and rely on uneducated voters to allow themselves to be glad-handed will ultimately affect your private life and the quality of it. You are throwing away with both hands, by fiat, what your forefathers have purchased at a great price – whether in these United States or elsewhere.

Not to preach, but this activity is ultimately shameful, and that does apply to us as individuals in the short run and the long run.

SWilson
Antioch CA
As a resident of San Pablo & active member in the Community. I fine it quite appalling that in this being the last chance and only chance for public input from the community on closure of DMC San Pablo CA. To compile information for State Report which is required by State Law of any closure of emergency services. The fact that CC Health Service which you were delegated to compile the required report, as CCHS just announced on afternoon 6/5/14 that there would be a Public Hearing 6:00PM Maple Hall San Pablo Ca. Although you have stated to me on 6/6/14, that Media was informed of Hearing it was in fact NOT publish in any news paper in all the Bay Area. It makes me wonder way CCHS would not want the community and it's concerned citizens to be aware of this Public Hearing. Yes, CCHS did notify all the emergency service and Departments. The General Public was not informed. I do want to speak tonight I would hope there will be a signup at Public Hearing.

Thank You!

John A Gordon
johnlivingstines@sbcglobal.net
510/734-8121 (cell)
Dear Patricia Frost:

I'm concerned that many of the participants to this meeting are not fully aware of the facts and circumstances about DMC's demise. And without anyone knowing all the facts and circumstances, I'm concerned that the taskforce will not be able to derive an appropriate solution for the Community.

Healthcare District Board minutes appear sparse given they do not contain deliberation or discussion about significant events. The public appears to be
in the dark. For example, the district's independent auditors provided an opinion to the district in early 2013 that there was "substantial doubt about its ability to continue". Under accounting principles, this means the district would not be around within 12 months. Yet, the district did not address this significant event.

In addition, it appears that plans have been underway for some time to build a smaller facility in light of the seismic issues at DMC. Please see the link below from the City of San Pablo website. I have no idea how long this committee has existed, but the architectural drawings for the smaller hospital appear to be in place.

http://www.sanpabloca.gov/ArchiveCenter/ViewFile/Item/1439

Could your taskforce discuss the planned new hospital, planned delivery of services, and estimation on when this hospital could be built in ready to provide services. Could you also discuss how this facility would be financed.

Could you also explain why given that the district knew its cash burn rate for years and therefore had the ability to project how long it could keep its doors open...why the district waited until now to form a taskforce of experts. Where were the experts years ago? Did the district hire experts to conduct studies that show alternatives or contingency plans if the parcel taxes had not passed in 2004 or 2011? Where is the planning? If any of this information exists, it may be useful for your discussion and establishment of a strategy.

Sincerely,

Alicia Minyen
Concerned Citizen
Patricia Frost, RN, MS, PNP
Contra Costa Emergency Medical Services Director

Statement for Notice of Potential Downgrade of Doctors Medical Center San Pablo

1. Ambulance services should be directed to correct facilities, Medi-Cal patients should be rerouted to Contra Costa County Hospital. Kaiser patients should go directly to Richmond Kaiser.
2. Contra Costa County should discuss a better approach to giving urgent care to West County residents.
3. Dr. Walker should notify and include residents into the discussion of the Technical Medical Advisory group that was formed on June 6, 2014. At least two to three local public officials should be included as part of the committee.
4. Doctors Medical Center is in need of urgent Earthquake retrofitting. The hospital could collapse if a major earthquake hit in the region. The hospital is located less than a mile from an active fault line.

Dan Romero, Hercules City Councilman
335 Grissom St, Hercules, CA 94547
Re: Comment on Doctors Hospital Board Meeting

Patricia Frost  to: Margie Liberty 06/09/2014 08:15 AM
Cc: Patricia Frost

Thank you for your comments. They will be included in the final state report.

Pat Frost, RN, MS, PNP
Director Emergency Medical Services
Contra Costa Health Services
1340 Arnold Drive, Suite 126
Martinez CA 94553
Email: Patricia.Frost@hsd.cccounty.us
Phone: 925-313-9554
Personal Fax: 925-313-8389
MAIN: 925-646-4690
www.cccems.org

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the message and its attachments and notify me immediately.

Margie Liberty 06/07/2014 06:26:22 PM
Dear Mrs Frost, I am one of the people that work...

From: Margie Liberty <margieliberty@aol.com>
To: Patricia.Frost@hsd.cccounty.us,
Date: 06/07/2014 06:26 PM
Subject: Comment on Doctors Hospital Board Meeting

Dear Mrs Frost,

I am one of the people that worked hard to defeat Measure C, Doctors Hospital's attempt to get more money from property owners. I own property in Contra Costa County Health Care District. I am 83 years old and I worked hard to acquire that property and support it until I got the loans paid down. No one gave it to me, I didn't inherit it or get it in a divorce. Alone, until I was 73 years old, I worked. Now that property supports me. Every elected official and governmental agency has their eye on the income I get from it and every time another one of these little measures pass, they take more of it. I am Taxed Enough Already and I will resist any attempts to tax it further.

The other reason I will not support Doctors Hospital is the reputation it has and deserves. I was in the cardiac unit of that hospital in 2009 and was lucky to live through the experience. What should have drawn the attention of 'Contra Costa Health Services' a long time ago was the reason why they can't
make enough money to support the hospital. Believe me, most people who have a choice, do not go to Doctors and with good reason. You should have investigated that. Now I hope you will just allow the hospital to expire and not give another thought to forcing property owners to support a failing hospital that's going to need to be rebuilt in a very short time.

Margie Liberty
151 O'Neil Circle
Hercules, CA 94547
Thank you for your comments. They will be included in the final state report.

Pat Frost, RN, MS, PNP
Director Emergency Medical Services
Contra Costa Health Services
1340 Arnold Drive, Suite 126
Martinez CA 94553
Email: Patricia.Frost@hsd.cccounty.us
Phone: 925-313-9554
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My name is Eddy Guerra. I am long time resident and property owner in West Contra Costa County.

I am against the misappropriation and misuse of $45,000 of our tax dollars to explore a Measure that was legally defeated in a legal and uncontested voting process. Measure C was defeated by the will of the people in West Contra Costa County.

The tax payers have spoken and want the failing Medical Center closed. Abide by the outcome of the vote as we, the people, would have done if the vote had gone in favor of Measure C to keep the Doctors Medical Center open.

Eddy Guerra
El Sobrante
Retired
Dear Ms. Bernard,

Your public comment has been received.

Thank you

Pat Frost, RN, MS, PNP
Director Emergency Medical Services
Contra Costa Health Services
1340 Arnold Drive, Suite 126
Martinez CA 94553
Email: Patricia.Frost@hsd.cccounty.us
Phone: 925-313-9554
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the message and its attachments and notify me immediately.
Thank you for your comments. They will be included in the final state report.

Pat Frost, RN, MS, PNP  
Director Emergency Medical Services  
Contra Costa Health Services  
1340 Arnold Drive, Suite 126  
Martinez CA 94553  
Email: Patricia.Frost@hsd.cccounty.us  
Phone: 925-313-9554  
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Ms. Frost,  
It is unclear to me as to why more pu...  
06/07/2014 07:07:47 PM

Ms. Frost,  
It is unclear to me as to why more public comment is necessary, as we spoke with our vote!!  Two Thirds of the residents, in West County voted a resounding NO! on Measure C!!  
MAY I MAKE MYSELF PERFECTLY CLEAR???? CLOSE DMC! THIS IS THE THIRD TIME THAT I’VE VOTED NO TO SUPPORT THIS FISCAL DEBACLE AND I WANT TO BE HEARD!!!  
Denise Gianni  
Richmond, 94803
Re: Doctors' Medical Center, San Pablo

Patricia Frost  to: Carol Hehmeyer 06/09/2014 08:13 AM
Cc: Patricia Frost

Thank you for your comments. They will be included in the final state report.

Pat Frost, RN, MS, PNP
Director Emergency Medical Services
Contra Costa Health Services
1340 Arnold Drive, Suite 126
Martinez CA 94553
Email: Patricia.Frost@hsd.cccounty.us
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Carol Hehmeyer 06/07/2014 09:48:55 PM
From: Carol Hehmeyer <carolhehmeyer@gmail.com>
To: Patricia.Frost@hsd.cccounty.us,
Date: 06/07/2014 09:48 PM
Subject: Doctors' Medical Center, San Pablo

The emergency services at Doctor's Medical Center in San Pablo must not be
given more money through new taxes of any kind. The Center has been failing
for years and years. A prior sales tax increase failed. A 2007 bankruptcy failed to
save the Center, It continues to loose tens of millions of dollars, consistently.
It needs to close and something such as an outpatient urgent care center should
be tried -- or an outpatient trauma center. A nurses clinic might help. Try other
and cheaper, outpatient services.
Carol Hehmeyer

--
Carol M. Hehmeyer
1966 Tice Valley Blvd., #507
Walnut Creek, CA 94595-2203
(925) 705-7464 (home)
Dear Ms. Roland,

Your public comment has been received.

Thank you,

Pat Frost, RN, MS, PNP
Director Emergency Medical Services
Contra Costa Health Services
1340 Arnold Drive, Suite 126
Martinez CA 94553
Email: Patricia.Frost@hsd.cccounty.us
Phone: 925-313-9554
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Susan Roland

It will be a tragedy for the community if Doctors...

From: Susan Roland <susanr@collins-mgmt.com>
To: Patricia.Frost@hsd.cccounty.us,
Date: 06/09/2014 12:39 PM
Subject: Emergency services at Doctors Medical Center

It will be a tragedy for the community if Doctors Medical Center closes and/or if emergency services at this location are discontinued or curtailed.

My nephew had the unfortunate need to use emergency services last month. He had a serious solo bicycle accident at the Bay Trail in Richmond and was transported to DMC by ambulance. He was seen virtually immediately for evaluation (CAT scan) and treatment (cleaning of lacerations, stapling of scalp wound). He was lucky to not have had a brain injury. Had that not been the case, and had he had to wait for hours for a CAT scan, he might not be home and well today.

Susan Roland, CCAM
Re: Measure H - Countywide Issue Now?

Patricia Frost  to: Sheryl A. Wilson 06/09/2014 04:03 PM
Cc: Patricia Frost

Thank you for your public comment. It will be added to the state report.

Regards,

Pat Frost, RN, MS, PNP
Director Emergency Medical Services
Contra Costa Health Services
1340 Arnold Drive, Suite 126
Martinez CA 94553
Email: Patricia.Frost@hsd.cccounty.us
Phone: 925-313-9554
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"Sheryl A. Wilson" 06/09/2014 03:32:38 PM

From: "Sheryl A. Wilson" <sheryl@wilsonet.us>
To: "patricia.frost@hsd.cccounty.us" <patricia.frost@hsd.cccounty.us>,
Date: 06/09/2014 03:32 PM
Subject: Measure H - Countywide Issue Now?

Ms. Frost et al.,

This is not representative government; have you sworn that off just now or again? Voters have indicated their wish on the Doctors Hospital issue by vote.

Why is this new effort beyond the original local vote being allowed, ignoring the election results and running up even more taxpayer money attempting an immediate work-around that is centered beyond the voters’ reach? This is obviously a pre-planned effort and will be trumpeted as typical local politics run amok.

This is unethical, unconstitutional and unpatriotic. This sort of self-serving activity needs to stop at all levels of government in this country; it starts with the local level. For those of you involved in this newest effort, you need to consider the long-term effects of all the effort you put forth in your public life and how it reflects back onto the whole society in which you live and in which your children and
grandchildren will grow up – all these things that impress your fellows and rely on uneducated voters to allow themselves to be glad-handed will ultimately affect your private life and the quality of it. You are throwing away with both hands, by fiat, what your forefathers have purchased at a great price – whether in these United States or elsewhere.

Not to preach, but this activity is ultimately shameful, and that does apply to us as individuals in the short run and the long run.

SWilson
Antioch CA
Dear Ms. Jesfjeld,

Your public comment has been received and will be included in the impact report to the state.

Thank you,

Pat Frost, RN, MS, PNP
Director Emergency Medical Services
Contra Costa Health Services
1340 Arnold Drive, Suite 126
Martinez CA 94553
Email: Patricia.Frost@hsd.cccounty.us
Phone: 925-313-9554
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Ms. Frost,

On June 3rd the people spoke: NO NEW TAXES. West County still has a high percentage of homes that are underwater and many are facing possible foreclosure. West County residents are already taxed much higher proportionately than other cities. Many elderly people, such as my husband and I, are living on fixed incomes and struggle to make ends meet as prices keep going up. There’s no end to the plans for new taxes. Several cities such as Pinole plan to ask for increased sales taxes such as San Pablo just passed.
Doctors Medical Center has not been run efficiently for years, if ever. Are the top two floors actually closed and is it true that the San Quentin prisoners are being intermingled with the regular patients? We were assured that this would never happen. Can we ever trust the people in charge? I have had medical records and x-rays go missing. I have observed unclean conditions when there for tests and saw piles of boxes in the hallways with file folders. The thought occurred to me that my missing records or x-rays might be in those boxes. Several friends have had unpleasant experiences during hospital stays and even one acquaintance died as a result of contracting an infection in the hospital. When facing a very serious and complicated operation several years ago I decided to change my insurance so that I could go to John Muir Hospital where I had a very positive experience.

I think we need an emergency center in West County, but more taxes for this facility is like pouring money down a black hole. It's obvious that we need a smaller facility since we cannot fill this one. Since the Casino wants the property, perhaps they need to play a bigger role. Those of us who struggle to pay our bills cannot come up with extra money to pay for those who do not have insurance (which is an extremely high percentage), do not pay their bills, or go to the emergency room for a case of the sniffles.

We need to downsize to operate within our budget. We're TAXED ENOUGH ALREADY!

Carol A. Jesfjeld
Thank you for your public comment. It will be included in the report.

Pat Frost, RN, MS, PNP
Director Emergency Medical Services
Contra Costa Health Services
1340 Arnold Drive, Suite 126
Martinez CA 94553
Email: Patricia.Frost@hsd.cccounty.us
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To All,
I believe my subject line states exactly how I feel about his particular issue. I find difficult to fathom that you think just because I am a homeowner that I should continue to shoulder every single tax increase that comes along to support this hospital. Not only am I forced to pay more taxes, when I do need to use these services, my insurance company is charged an exorbitant amount of money which is then passed on to me (20%) since I am now burdened with a larger part of the costs. In case you don't get it, here it goes:

- It is not my fault or responsibility that this hospital does not make any money.
- It is not my fault or responsibility that with all your expertise, you cannot find a working model to put this hospital in the black (i.e., making money).
- It is ironic that this hospital continues to state they offer all sorts of wonderful services but, rest assured, they do not. Customer service is the worst I have ever seen when compared to other hospitals and to add fuel to the fire, when my father was released from this campus after knee surgery, the floor nurse forgot to give him a prescription for pain meds.
- The people (homeowners)) have spoken and said NO.
- Now, you want to sneak another county wide tax past us????
- I will spend every waking moment talking to every single homeowner I know to ensure this fails
as well.

- I will keep track of every county supervisor who is pushing this tax and will work diligently to ensure their reign in their position as a county supervisor comes to an end. It is apparent they DO NOT REPRESENT THE HARDWORKING HOMEOWNERS IN THIS COUNTY.

Jesus Padilla, Jr.
Hercules, CA Resident
Ms. Frost: As per your media release of June 5 regarding the meeting tonight in San Pablo being held by County EMS Department I would like to submit my comments:

I worked to defeat the Measure C parcel tax. I believe property owners are not being represented at the table in discussions as to the future of Doctors Medical Center. Hospital administration and West Contra Costa Healthcare District (District) directors seem to view us as merely the people who pay the bills. Taxpayers should be viewed as "stakeholders" in this process.

Additionally, it has become obvious to me that there are plans going on behind the scenes which are not discussed at District meetings.
and taxpayer money is being spent on these plans that should be publicly discussed. For instance, the planned new location of DMC at the Circle S project area site is not generally known.

I have submitted several requests for information to CEO Dawn Gideon and have received no reply or acknowledgement of these requests.

I attended both the Hercules and Pleasant Hill meetings held by the California Nurses' Association purportedly seeking public support to "save DMC." They support both a county wide parcel tax as evidenced by their public comments at the June 3rd County Board of Supervisors' meeting and are asking the County to take over DMC.

I support their position that the County take over DMC, but I don't support a county wide parcel tax for any reason whatsoever.

West County property owners are now on the hook for years' to come because Hospital administrators sold our $47/yr parcel tax debt to Wall St. investors. This move was never publicly discussed. It is impossible to shut down the District until the debt is paid off. The only way we can get out of the additional $52/yr parcel tax is to close the current hospital, at least for a period of time, until the new planned smaller hospital can be built.

West County property owners should not be on the hook to fund what, in reality, is the West County branch of the County hospital.

Sincerely,
Marilynne L. Mellander
7010 Monte Verde Rd.
El Sobrante
510-223-0443
Appendix

E

Media Advisory and Press Articles
MEDIA ADVISORY

Public hearing to be held on impacts of potential downgrade or closure of hospital emergency services at Doctors Medical Center in San Pablo

WHAT: Contra Costa Health Services' Emergency Medical Services (EMS) Division will hold a public hearing on the impacts of the potential downgrade or closure of hospital emergency services at Doctors Medical Center in San Pablo. The purpose of this hearing is not to determine whether or not the hospital will close. The hearing is part of the legally-mandated process whenever changes to hospital emergency services are proposed. Contra Costa EMS is required by state law to hold the hearing to collect public comment on the impacts and to submit the public comment in a report this month to the state Health and Human Services Agency.

WHEN: 6 p.m. to 8 p.m. Monday, June 9.

WHERE: Maple Hall, 13831 San Pablo Ave., San Pablo

WHY: As the local Emergency Services Authority for the county, Contra Costa EMS is required by state law to hold a public hearing on downgrades or closures of a facility that provides emergency medical services. Doctors Medical Center notified Contra Costa Health Services (CCHS) in April of its intention to close pending the outcome of a proposed tax measure on the ballot in May that would have provided funding for the hospital. The measure failed and CCHS has received notice that the hospital could close by the end of July.

WHO: The hearing will include information presented by CCHS, Doctors Medical Center and other impacted agencies. Presenters will include Contra Costa EMS Director Patricia Frost, CCHS Director and County Health Officer William Walker, M.D., and Doctors Medical Center CEO Dawn Gideon.

Members of the community are encouraged to attend and comment.

Written comments must be submitted no later than 5 p.m. June 9 in order to be included in the impact report. Written comments will be accepted via email to EMS Director Pat Frost at Patricia.Frost@hsd.cccounty.us, fax: 925 313-8389, or mail: Contra Costa EMS, 1340 Arnold Drive, Suite 126, Martinez, CA 94553.

For more information, visit cchealth.org/dmc
A public hearing scheduled for Monday night will discuss the impacts of the apparently imminent closure of Doctors Medical Center in San Pablo.

The Contra Costa Health Services’ (CCHS) Emergency Medical Services Division is legally required to hold a public hearing whenever a local facility providing emergency care announces it will downgrade or close.

After a parcel tax measure meant to raise $20 million annually to save the hospital failed last month (http://richmondstandard.com/2014/05/outlook-doctors-medical-center-grim-voters-reject-parcel-tax/), CCHS received notice that the hospital could close by the end of July.

“The purpose of [Monday’s public] hearing is not to determine whether or not the hospital will close,” the county said in a statement on its website (http://cchealth.org/dmc). “Contra Costa EMS is required by state law to hold
the hearing to collect public comment on the impacts and to submit the public comment in a report this month to the state Health and Human Services Agency. The report will be posted on this web page when it is available.”

The public hearing will be held from 6 p.m. to 8 p.m. at Maple Hall, 13831 San Pablo Ave. in San Pablo. Community members are encouraged to attend and comment. Locals can also submit comments in writing no later than 5 p.m. Monday that will be included in the impact report.

Written comments will be accepted via email to EMS Director Pat Frost at Patricia.Frost@hsd.cccounty.us, fax: 925 313-8389, or mail: Contra Costa EMS, 1340 Arnold Drive, Suite 126, Martinez, CA 94553.
Contra Costa County board of supervisors approves survey to gauge voter support for sales tax hike

By Tom Lochner Contra Costa Times San Jose Mercury News
Posted:Thu Jun 05 17:18:03 MDT 2014

MARTINEZ -- A divided Contra Costa County board of supervisors is commissioning a poll gauging voter support for a countywide sales tax hike to fund a growing menu of public safety and public health-related services in the wake of the announcement that Doctors Medical Center San Pablo will likely close.

The tax idea, for an extra quarter-cent or half-cent on the dollar, emerged after the May 6 defeat of Measure C, a parcel tax in the West Contra Costa Healthcare District designed to plug an $18 million-a-year operating deficit and avert the closure of the hospital and its emergency department.

A new quarter-cent sales tax hike could raise $38 million a year, and a half-cent hike could raise $76 million, according to county estimates.

Proponents of saving the hospital noted that Alameda County voters passed a half-cent, special health care tax in 2004. Voters Tuesday extended the tax until 2034.

The poll proposed by supervisors John Gioia and board Chairwoman Karen Mitchoff at Tuesday’s board meeting would gauge voter preference and support for a broader sales tax geared to “public safety, emergency response, health care services, and other critical needs in Contra Costa County.”

Gioia said Thursday the idea of such a tax has been kicked around for some time, but the threatened closure of the hospital, coupled with the Aug. 8 deadline to put a tax measure on the November ballot, contributed to the timing of the poll.

Gioia, Mitchoff and Federal Glover voted in favor of the poll, which would cost up to $45,000. Candace Andersen and Mary Piepho opposed it.

The broad range of funding applications aims to qualify the tax as a general tax requiring a simple majority vote, as opposed to a specified-use special tax requiring a two-thirds majority, such as Measure C. That measure collected only 52 percent yes-votes, far short of the required 66.7 percent.

On Tuesday, Gioia singled out the importance of the hospital’s emergency room among other reasons to support a tax. Mitchoff talked about hiring more sheriff’s deputies, opening fire houses, and even supporting library services, in addition to public health.

Glover said the scope of the proposed tax was "too broad," and suggested it be refined. He also said he does not want the proposed tax to be looked at as "a bailout" of Doctors hospital.

Andersen noted that the county already spends about $30 million a year from the general fund on the county hospital in Martinez, and said Doctors needs to come up with a new business model. She also questioned whether a tax would bring any benefit to her district.

Piepho, criticizing what she perceived as a rush to impose a county tax, suggested working on the federal level to increase Medi-Cal and Medicare payments.

“The taxpayers are fatigued,” Piepho said.

Advocates speaking at Tuesday’s meeting mostly cited public health, and in particular Doctors hospital, as the primary reason to support a tax. Several speakers warned that eliminating more than half of West County’s emergency beds would wreak havoc on the countywide emergency medical system and endanger lives.

Doctors hospital has 25 of the 40 emergency beds in West Contra Costa, out of a countywide total of 267.

Firefighters Local 1230 President Vince Wells spoke in favor of a poll to find out what services voters think are important.

Alex Aliferis, executive director of the Contra Costa Taxpayers Association, questioned whether tax proceeds would be used to pay down unfunded pension liabilities.

Contact Tom Lochner at 510-262-2760. Follow him at Twitter.com/tomlochner.
San Pablo: County health officials announce plan for downsized hospital
By Robert Rogers Contra Costa Times San Jose Mercury News
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SAN PABLO -- Hoping to open new possibilities for saving at least a portion of Doctors Medical Center San Pablo, health care board officials announced Monday they would rescind their notice of closure to county health officials and instead pursue a plan to at least sustain the hospital's 25-bed emergency department, the largest in West Contra Costa County.

"This buys us some time," said county Supervisor John Gioia. "We are pursuing multiple tracks to find the best solution."

The plan, revealed Monday at a town hall meeting attended by more than 100 people, includes asking the county Board of Supervisors on June 17 to approve a $6 million loan against future property tax revenues to the health care district, Gioia said. That funding would sustain the hospital for about four months while health care district officials continue to appeal to other hospitals and private foundations for funding for a "more sustainable model," Gioia said.

At the same time, the board has commissioned a poll gauging voter support for a countywide sales tax hike to fund public safety and public health-related services that could save the hospital, which runs an annual operating deficit of about $18 million due to a poor payer mix.

"DMC suffers as a direct result of the nature of the population it serves, the elderly and the indigent," said hospital CEO Dawn Gideon. Most of the 40,000 people who flock to DMC's emergency department each year are covered by MediCare and MediCal, which pay low reimbursement rates. Better paying commercially insured patients in the area go to Kaiser Richmond and other regional hospitals.

The Affordable Care Act, which includes deep cuts to MediCare reimbursement rates, has exacerbated the problem, Gideon said, costing the hospital another $2.8 million this year.

"Each year DMC falls further behind," Gideon said.

Hospital officials are hopeful that the new plan, which could include significant reductions in hospital capacity or maintaining only a free-standing emergency room, will bring new funding to the table, particularly from other area hospitals that would be inundated with thousands of low-paying patients if DMC closes.

"We have a high degree of confidence that we're going to have some success," with the new plan, said West County Healthcare Director Eric Zell.

But nurses and doctors at DMC, who have held their own town halls in recent weeks and suggested they will take pay cuts to help save the hospital, were quick to decry any plan that would include deep cuts in services offered by the hospital.

"It's unacceptable," said nurse Maria Sahagun. "Without the heart attack center and other services, people will still die."

While Gioia acknowledged that a smaller hospital or free-standing emergency room would include "significant cuts" in DMC's 900-person workforce, he said the possibility had to be explored.

"The most possible outcome is a scaled down version of the hospital," Gioia said.

Monday's meeting at San Pablo City Hall was held by the Contra Costa Health Services' Emergency Medical Services Division as part of the legally-mandated process initiated whenever changes to hospital emergency services are proposed. It follows the failure of Measure C last month, a parcel tax aimed at saving the hospital that failed to get the two-thirds majority of voters required by state law. Two smaller parcel taxes were approved by voters in recent years, but those only narrowed the yawning deficit.

Several residents and local political officials spoke out, urging the county to do more to sustain the hospital in its current form.

Many had their own stories of family and friends who suffered heart attacks and other life-threatening emergencies and were treated at DMC over the years. Another common refrain was that the hospital's struggles were typical of a county they said placed a low priority on the public health services to residents in West County, which is poorer and more ethnically diverse than other parts of the county.

The hospital is the lone provider of advanced cardiac care for heart attack victims in West County, and its closure would leave the area with only 15 of the county's 242 emergency room beds.

"I hate to say this, but I know that if this was going on in Orinda, this wouldn't be happening," said Richmond Vice Mayor Jovanka Beckles. "A solution would be found."