

County of Santa Clara
Emergency Medical Services Agency



24-5381

DATE: April 16, 2024 (Item No. {{item.number}})

TO: Board of Supervisors

FROM: John P. Mills, Deputy County Executive
Jackie Lowther, EMS Director

SUBJECT: Regional Medical Center Specialty Care Services Reduction Impact Assessment

RECOMMENDED ACTION

Receive report from the Emergency Medical Services Agency relating to the reduction of trauma and specialty care services at Regional Medical Center of San Jose and provide input and direction relating to the Draft Impact Assessment.

FISCAL IMPLICATIONS

There is no impact to the General Fund as a result of the recommended action. However, the outcome of the significant reduction in services at Regional Medical Center is likely to impose very substantial one-time and ongoing costs on the General Fund by way of significant increases in facility and operational investments in Santa Clara Valley Healthcare in order to accommodate the diversion of patients into the County's health system.

REASONS FOR RECOMMENDATION AND BACKGROUND

On February 13, 2024, Regional Medical Center of San Jose (RMC) notified the Emergency Medical Services (EMS) Agency that it would terminate its Hospital Designation Agreements for Trauma, ST-elevation Myocardial Infarction (STEMI), and downgrade its Stroke Center designation from Comprehensive to Primary, effective August 12, 2024. RMC is owned and operated by Hospital Corporation of America, the largest for-profit public hospital corporation in the United States, and one of the largest corporations by revenue in the nation. RMC's recent notification follows the closure of maternity services at RMC in 2020, and the recent closure of inpatient psychiatric care at its sister hospital, Good Samaritan.

Upon receiving notification from RMC, several actions occurred pursuant to California Health & Safety Code and EMS Policy, including notification of all primary stakeholders as well as the California Emergency Medical Services Authority. Weekly meetings were scheduled with RMC to track transition progress and to stay informed of issues that may arise between now and the planned reduction of services. EMS System stakeholder meetings were

scheduled to collaborate on mitigation strategies and to solicit input for any policy or system changes that may need to occur in response to the planned reduction of services.

The EMS Agency conducted a Public Hearing on March 27, 2024, in the Board of Supervisors Chambers in accordance with EMS Policy #400 - *Hospital Emergency Services Reduction Impact Assessment*. Input from the Public Hearing will be incorporated into the Impact Assessment report. The final Impact Assessment report will be submitted to the California Department of Healthcare Services and all EMS System stakeholders following incorporation of input from the public and the Board at the April 16th Board of Supervisors meeting.

Regional Medical Center of San Jose is licensed as a general acute care hospital with 258 licensed beds, 34 designated as Intensive Care Unit (ICU) beds and 42 designated as Emergency Department (ED) beds. In 2022, there were a total of 70,455 visits to RMC's ED. Among these visits, 14,416 patients were transported by EMS ambulance, while the remaining cases involved self-transport. RMC's ED accounted for 14.5% of all EMS transports to hospitals in Santa Clara County, making it the second busiest ED in the county for receiving EMS patients. The Draft Impact Assessment Report is attached to this Legislative file; however, several of the affected program areas are highlighted below.

RMC, as the only Comprehensive Stroke Center (CSC) on the northeast, east, and southeast side of the county, receives the highest concentration of stroke patients among all hospitals, with 20% of all stroke cases presenting there. RMC is the primary destination for one in four stroke patients transported by ambulance, and it serves a considerable portion (65%) of stroke patients in the county with no insurance.

As one of three Adult Trauma Centers in the county, RMC assumes a substantial role in trauma patient care, seeing an average of 2,450 trauma patients annually, accounting for a quarter of all reported trauma cases for the trauma system. If the trauma system and EMS policy were unchanged, except to remove RMC and continue with transporting to the closest trauma center, the estimated volume impact to the remaining trauma centers would be 48 additional patients per week, with seven of those being Major Trauma. The Trauma Centers currently can anticipate 26 admissions per week, on average, and of those, seven initially needing ICU beds. The walk-in volume may remain at RMC, necessitating inter-facility transfer (IFT) to the remaining trauma centers. The higher volumes expected at Santa Clara Valley Medical Center (SCVMC) and the longer transport time to Stanford Hospital (SHC) could delay care and worsen outcomes for major trauma patients. IFTs and transports received from out of county will have to be absorbed at the remaining trauma centers.

The impacts of closing a STEMI program, or more specifically cardiac catheterization lab services, are difficult to assess. ST-Elevation Myocardial Infarctions, although the most severe and highest risk heart attacks for complications and death, are not the only type of heart attacks requiring a heart catheterization and admission to the hospital for treatment. The reported number of cardiac catheterization lab visits for RMC in 2022 was 621, with 251 for percutaneous coronary intervention (PCI), and 61 of those for a

STEMI, which would indicate that 24% of their catheterization lab PCI volume is related to a different diagnosis, potentially NSTEMI or unstable angina.

Almost all patients diagnosed with a STEMI or an NSTEMI are admitted to the hospital, approximately 600 patients annually, and of those diagnosed with unstable angina, there are potentially an additional 2,000 patients annually. Without cardiac services at RMC, there would be a significant patient volume for the remaining hospitals to absorb. The next closest STEMI Centers, Kaiser San Jose, O'Connor Hospital, and Santa Clara Valley Medical Center, could anticipate seven patients a day needing to be evaluated for chest pain, ruling out STEMI, with approximately four patients each day needing a cardiac catheterization procedure.

Three central themes emerged at the Public Hearing:

- 1) *Patient safety and outcomes*: delayed access to essential services could lead to longer transport times, delayed care, and potentially increased morbidity and mortality rates.
- 2) *Cascading effect on the healthcare system*, including increased demand for transfers, ambulance services, and specialty care, raising concerns about the system's capacity to absorb additional patients and maintain quality of care. The strain on emergency departments was highlighted by concerns about overburdening resources and compromising patient care.
- 3) *Disproportionate effect on vulnerable communities*: potential exacerbation of existing healthcare disparities, and disproportionate impact on communities of color and lower-income communities in East San José, increasing the barriers to equitable access to essential medical services for all members of the community.

The closure of specialized hospital units not only affects acute care but also disrupts follow-up care for patients with chronic conditions or those requiring ongoing medical management. Patients who previously accessed regular follow-up appointments at the hospital now face longer travel distances to reach their healthcare providers, posing logistical challenges and barriers to continuity of care.

In addition, RMC conducts community education campaigns that include comprehensive injury prevention programs, cardiovascular health, and other events focused on stroke prevention. The loss of such community health education and injury prevention programs would significantly impact the community, potentially leading to increased incidents of preventable injuries and diminished awareness of safety measures, ultimately jeopardizing public health outcomes.

The EMS Agency will continue to meet with all impacted stakeholders to establish monitoring and evaluation criteria to assess impacts leading up to and after the reduction of services at RMC. EMS policies that need to be revised have been identified and will be updated in anticipation of the reduction of services at RMC. Before the reduction of services takes effect, an education plan for providers must be developed and discussions with impacted stakeholders held.

In the meantime, input from the Board of Supervisors and the public will be incorporated into the final Impact Assessment report, which will then be submitted to the California

Department of Healthcare Services. The State shall review the Impact Assessment report to consider the impacts of the downgrade/closure of emergency services on the community, including community access to emergency care, and the impact to emergency services provided by other entities, before approving the downgrade/closure of emergency services.

CHILD IMPACT

The recommended action will have no/neutral impact on children and youth.

SENIOR IMPACT

The recommended action will have no/neutral impact on seniors.

SUSTAINABILITY IMPLICATIONS

The recommended action will have no/neutral sustainability implications.

CONSEQUENCES OF NEGATIVE ACTION

The report from the Emergency Medical Services Agency relating to the reduction of trauma and specialty services at Regional Medical Center would not be received, and input and direction relating to the Draft Impact Assessment would not be provided.

STEPS FOLLOWING APPROVAL

The Clerk of the Board of Supervisors is requested to notify Jackie Lowther at Jackie.Lowther@ems.sccgov.org.

ATTACHMENTS:

- RMC Specialty Care Services Reduction Impact Assessment Report
- RMC Service Reduction Impact Assessment Presentation