Santa Clara County Emergency Medical Services Regional Medical Center Specialty Care Services Reduction Impact Assessment

April 2024

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EXECUTIVE SUMMARY

On February 13, 2023, The Hospital Corporation of America (HCA) provided Santa Clara County Emergency Medical Services (SCCEMSA) notification that Regional Medical Center of San Jose (RMC) will be reducing emergency medical services provided at their facility. The notification indicates the hospital is electing to eliminate its Trauma Program and Cardiac Program, while also downgrading its Stroke Center designation from Comprehensive Stroke Care to Primary Stroke Care. These service changes will be effective August 12, 2024.

In accordance with California Health and Safety Code an impact assessment and public hearing must be conducted by SCCEMSA within 60 days of notification, then submitted to the California Department of Public Health.

SCCEMSA took the following actions upon receiving the reduction notice from RMC:

- Notified state, county, and health system stakeholders.
- Established a Health Impact Assessment planning team.
- Held a Public Hearing on March 27, 2024.
- Presented findings at the April 16, 2024, meeting of the Santa Clara County Board of Supervisors

Current System

SCCEMSA provides regulatory oversight and operational coordination to ensure quality patient care. It involves a network of public and private agencies, including Public Safety Answering Points (PSAPs), fire service agencies, medical transport services, and acute care hospitals. Key components include PSAPs handling emergency calls, fire agencies providing initial medical care, and ambulance services categorized into Basic Life Support (BLS), Advanced Life Support (ALS), Critical Care Transport (CCT), and Air Ambulance. American Medical Response (AMR) is contracted to provide countywide 911 ambulance transportation, and hospitals provide services including specialty care through designated Trauma, STEMI, and Stroke Centers. These hospitals play a pivotal role in the EMS system, serving as essential hubs where patients receive critical medical care and interventions. Specialty programs within the system require close collaboration and coordination with local hospitals to ensure seamless patient care. Any disruption in this interconnected system affects its entire functionality—making it essential to address potential disruptions for effective evaluation, mitigation, and improvement.

History of Service Reductions by HCA in Santa Clara County

HCA's announcement of the downgrade in services at RMC is the latest in a long history of service reductions at HCA-owned facilities in Santa Clara County, particularly at those facilities that primarily serve lower income and Medi-Cal populations. In 1999, just three years after its purchase, HCA sold South Valley Hospital to Catholic Healthcare West. In 2002, HCA announced the closure of San Jose Medical Center (SJMC), a designated Trauma Center, citing the need for major upgrades to meet California seismic safety standards as well as not having enough land for expansion. More recently, beginning in 2020, HCA has been reducing services at RMC. In 2020, RMC closed its obstetrics and newborn care units, and in 2022 RMC began to limit the availability of nephrology and gastroenterology services. Meanwhile, HCA has continued to invest in expanding services at Good Samaritan Hospital, which primarily serves a higher-income- population based on its location in the western region of the County.

The Service Area

Santa Clara County, known for its diversity and economic prosperity, faces challenges related to healthcare access and disparities despite favorable health indicators. The county's population is projected to grow significantly in the

coming years, with shifts in demographic composition, emphasizing the need for equitable healthcare services. RMC's service area encompasses a significant portion of the county's population, with a higher concentration of Hispanic residents and lower median household income compared to areas outside the service zone. Additionally, RMC serves a diverse patient population with a significant proportion covered by Medi-Cal and a notable uninsured population.

Specialty Care Summary

Trauma

RMC plays a vital role in trauma patient care, seeing approximately 2,450 trauma patients annually, representing a quarter of all reported trauma cases in the county. Despite RMC's claim of a reduction in trauma volume, SCCEMSA data shows no significant decrease in trending volumes since 2019. RMC primarily attends to adult trauma patients, with a negligible volume of pediatric cases. The majority of trauma injuries treated at RMC occur within five county zip codes. Evaluation of the Injury Severity Score (ISS) distribution among RMC trauma patients indicates a majority exhibit minor scores, with notable variations in lengths of stay based on severity. Changes in trauma services at RMC will significantly impact Santa Clara Valley Medical Center (SCVMC), the next closest trauma center and increased transport times of at least 15 minutes are expected for trauma patients.

Stroke

As the only Comprehensive Stroke Center (CSC) in in the eastern region of the county, RMC receives a substantial portion of stroke patients, providing specialized interventions not offered by Primary Stroke Centers. The transition from a CSC to a Primary Stroke Center (PSC) at RMC will concentrate comprehensive stroke care in the western region of the county—impacting patient access and outcomes, particularly for those outside the benchmark window for timely treatment. The closure of RMC's stroke services will necessitate the redistribution of patients to other stroke centers, potentially leading to delays in care and poorer outcomes for stroke patients. The need for Interfacility transfers (IFTs) are expected to increase and the availability of ICU beds for neuro-critical care will decrease, straining the system at key times.

STEMI

RMC serves a significant volume of patients requiring cardiac catheterization lab services, including ST-Elevation Myocardial Infarctions (STEMI). Closure of RMC's STEMI program will impact patient access to timely care, potentially leading to delays in treatment and worse outcomes. The redistribution of STEMI patients to other hospitals may strain resources, particularly in areas with disproportionate availability of cardiac catheterization lab beds. Increased transport times for patients residing in certain areas will further exacerbate delays in care.

RMC's reduction in specialty services will have significant ramifications for continuity of patient care, especially within the prehospital setting. The closure of these services will necessitate adjustments in patient transport protocols and may lead to longer transport times, increase use of hospital bypass, and availability of inpatient specialty beds.

EMS System Impacts

The changes at RMC are also expected to affect various aspects of EMS operations, including 911 transport times and utilization, interfacility ambulance services, ambulance patient offload times (APOT), and disaster response.

- 911 Transport Times and Utilization: It is anticipated that 911 patient transport times to other specialty care centers will increase, particularly for incidents located north or east of RMC. Longer transport times may result in ambulances being less available for response due to increased travel time, leading to the loss of several hours of availability.

- Impact on Interfacility Ambulance Services: The number of transfers to other acute care hospitals or specialty care centers are expected to increase, and specialty care patients may require higher levels of care

during transport, potentially leading to longer response times for IFT units.

- Ambulance Patient Offload Times (APOT): Increased volume at the remaining specialty centers in the county will likely lead to delays in offloading patients from ambulances to emergency departments, which can cause resource allocation issues, ED overcrowding, longer wait times, and decreased patient satisfaction.
- Impacts on Healthcare Providers: Additional strains will be placed on hospitals and healthcare providers, including emergency medical personnel, physicians, and nurses. Disrupted care pathways will force patients to seek care at alternative facilities, increasing demand on neighboring hospitals and exacerbating staffing shortages, burnout rates, and compromised patient care.

- Disaster Response: The discontinuation of specialty services at RMC may impact disaster response capabilities, particularly for incidents affecting both Santa Clara and Alameda counties. Larger-scale incidents, such as earthquakes or mass casualty events, may further strain the EMS system and require alternative means of medical care.

Overall, the changes at RMC are expected to have significant implications for EMS operations, patient care, hospital services, and disaster response capabilities in the region. Strategies for managing increased transport times, addressing offload delays, and ensuring effective disaster response will be crucial for maintaining the quality and efficiency of the EMS system.

Community Impacts

RMC's reduction of STEMI, Trauma, and Stroke units is expected to have profound effects on health outcomes, access to care, and community well-being. The following key themes emerged from a literature review, highlighting several anticipated impacts on the community:

- Exacerbation of Healthcare Disparities: Hospital reductions and closures have been shown to worsen healthcare disparities, particularly affecting seniors and low-income patients who rely on nearby hospitals for care. Increased distance to the closest hospital could lead to higher mortality rates from heart attacks and unintentional injuries, placing an additional burden on already vulnerable populations.

- Impact on Follow-Up Care: The closure of specialized hospital units not only disrupts acute care but also hampers follow-up care for patients with chronic conditions. Longer travel distances to healthcare providers may result in missed appointments, medication non-adherence, and delayed interventions, ultimately contributing to worsened health outcomes and increased healthcare costs.

- Community Education and Outreach: Closure of hospital specialties diminishes community education and injury prevention programs, jeopardizing public health outcomes. These programs, mandated for trauma center accreditation, aim to reduce injury rates, and promote safety awareness through tailored initiatives and partnerships with local organizations and stakeholders.

Mitigation & Conclusion

To mitigate the impact of these changes, several strategies have been proposed, including maintaining communication with RMC leadership, enhancing public messaging regarding service changes, revising EMS policies and procedures, and reviewing recommendations from the American College of Surgeons to strengthen the trauma system. Furthermore, reassessing funding opportunities for hospitals in low-income areas and implementing policy and regulatory reforms are deemed essential to ensure equitable access to vital healthcare services for all community members.

Ultimately, the closure of specialty services at RMC not only challenges the immediate functionality of the EMS

system but also raises concerns about the long-term mortality and morbidity impacts on vulnerable populations. Addressing these challenges necessitates collaborative efforts among stakeholders to strengthen healthcare infrastructure, expand access to specialized services, and promote health equity within the community.

PURPOSE & SCOPE

On February 13, 2023, The Hospital Corporation of America (HCA) provided Santa Clara County Emergency Medical Services (SCCEMSA) the legally required 180-day notification that Regional Medical Center of San Jose (RMC) will be reducing emergency medical services provided at their facility. The notification stated the hospital is electing to eliminate their Trauma Program, Cardiac Program, and downgrading their Stroke Center designation from Comprehensive Stroke Care to Primary Stroke Care. These service changes will be effective August 12, 2024 (Appendix A).

Pursuant to California Health and Safety Code. Division 2.5, Section 1300(b) (Appendix B) (1), the County or the local Emergency Medical Services Agency (LEMSA) is responsible for performing an impact evaluation and conducting at least one public hearing within 60 days of the hospital announcing its intention In accordance with the statute, SCCEMSA has an established policy (Appendix C) detailing the criteria for performing an impact evaluation of a hospital's planned reduction or elimination of emergency medical services detailing the criteria for performing an impact evaluation of a hospital's planned reduction or elimination of emergency medical services (2).

SCCEMSA is responsible for the oversight of the provision of emergency medical services in Santa Clara County, which includes the administration of Trauma, Stroke, and STEMI (ST-elevation Myocardial Infarction) critical care systems. These systems play a critical role in the provision of immediate, life-saving care. The SCCEMSA coordinates with local hospitals to ensure adherence to regulations, policies, and standards pertaining to these systems of care, also referred to as specialty programs. As such, SCCEMSA is best positioned to conduct a rapid health impact assessment, provide mitigation recommendations, and develop monitoring criteria to evaluate the ongoing impact this change will cause.

This assessment will be shared with the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA), the Board of Supervisors, all city councils, fire departments, ambulance services, hospitals, and other impacted stakeholders in mid- to late April 2024. The purpose of this report is to detail the effects the reduction of specialty programs will have on emergency medical services and the Emergency Care System, neighboring hospitals, and the community within the service area. Policy actions or EMS System changes implemented as a result of the reduction in services will occur after meeting with system stakeholders and will be detailed in a final report. The final report will be released 90 days after the reduction of services has occurred.

PROCESS

In accordance with California Health and Safety Code Division 2.5, Section 1300(b), SCCEMSA Policy 400 outlines the minimum criteria to include in the impact assessment (2). The World Health Organization (2000) defines, "A health impact assessment (HIA) is a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population and the distribution of those effects within the population" (3). The HIA process has been integrated into this rapid assessment to ensure stakeholders are better equipped to make informed decisions amidst the changes to emergency healthcare delivery in Santa Clara County. In reviewing data, every attempt was made to use the most current full year (2023); however, some data sets are not available until later in the year. In those instances, the most current year available was used and cited, but it is not anticipated to significantly impact this assessment. All mapping for drive times and distances was completed using Google Maps, reviewing different times of day to determine traffic impacts. Service area maps were created using census data and ArcGIS Pro.

Upon receiving notification from Regional Medical Center of San Jose, the following actions were taken:

- The Santa Clara County Board of Supervisors, Santa Clara County Public Health Department, Santa Clara County Counsel, EMS system providers, local hospitals, and other system stakeholders were notified of the planned reduction.

- Notification was provided to the California Emergency Medical Services Authority.
- Coordination began with the Office of the County Executive and the Board of Supervisors to schedule a public hearing within the defined timeline.
- A planning team was formed to conduct the HIA.
- A public hearing was scheduled for March 27, 2024, and public and system stakeholders were encouraged to attend. Public messaging through news, social media, and email notification was utilized to encourage attendance.
- The impact assessment was added to the meeting agenda for the April 16, 2024, Board of Supervisors meeting. A summarized report of this assessment was presented, and additional public comment was received.
- Routine meetings were scheduled with RMC to track transition progress and stay informed of issues that may arise prior to the reduction of services.
- EMS System stakeholder meetings were scheduled to collaborate on mitigation strategies and solicit input for any policy or system changes that may occur. These will occur between April 1, 2024, and June 1, 2024.

CURRENT SYSTEM

The primary function of the SCCEMSA is to provide regulatory oversight and operational coordination of resources to ensure the provision of quality patient care. The Santa Clara County EMS System is comprised of both public and private agencies, each performing an essential role to ensure efficiency of the system.

- Public Safety Answering Points (PSAPs) are responsible for answering 911 and other emergency and non-emergency calls, providing information, dispatching resources (including law enforcement, fire, ambulance services, etc.), and referring or transferring callers to the appropriate agency.
- Fire service agencies, or First Responders, not only provide fire and rescue services but also deliver medical care at both Basic and Advanced Life Support levels (BLS or ALS). These agencies usually arrive first to an emergency scene, providing an initial assessment and treatment to patients. Most fire agencies do not transport patients to emergency departments but may provide additional personnel to ride along, assisting with critically ill or injured patients. There are 13 fire service agencies within Santa Clara County, five of which have the ability to transport patients.
- Medical transport (ambulance) services are categorized into four main groups:
    - Basic Life Support (BLS): BLS ambulances are staffed with two Emergency Medical Technicians (EMTs) and primarily handle non-urgent patient transfers between hospitals, medical facilities, and homes. However, they may also be called into service for 911 calls to support the system, often during high call volume periods.
    - Advanced Life Support (ALS): ALS ambulances are staffed with a paramedic and either an additional paramedic or an EMT. These ambulances mainly serve the 911 system but may also conduct non-life-threatening patient transfers similar to BLS ambulances.
    - Critical Care Transport (CCT): CCT ambulances specialize in transfers between acute care hospitals. A CCT ambulance crew consists of at least one Registered Nurse (RN) and one EMT. On a case-by-case basis, additional paramedics, doctors, and respiratory therapists may aid in transport, depending on the needs of the patient.
    - Air (helicopter and/or fixed-wing aircraft): Air ambulances, particularly helicopters, respond to 911 calls when ground transport to a hospital is not feasible. They also handle specialized transfers similar to CCT ambulances and are staffed with specialized flight nurses and/or additional flight nurses or paramedics. In poor weather, the crew from the air ambulances may transport patients via ground utilizing a BLS or ALS ambulance from the system.
- American Medical Response (AMR) is the contracted ambulance provider, responsible for countywide transportation of 911 patients with the exception of the City of Palo Alto, which manages ambulance transportation services within its jurisdiction. There are seven private ambulance provider companies and two air ambulance companies that provide the services listed above, augmenting the system (2).
- Acute care hospitals deliver medical services to patients requiring emergency, intensive, or in-patient medical care. Currently, Santa Clara County has 11 hospitals equipped to receive patients from the 911-ambulance system (2).
    - Specialty care services are provided at acute care hospitals that offer unique medical and surgical patient care services, such as Trauma Centers, STEMI, Stroke, and Burn Centers. SCCEMSA is responsible for ensuring that hospitals meet the standards for each of these

specialty programs, as defined in EMS Policy, and issues the EMS designation status that permits ambulances to transport patients meeting specific criteria to these facilities.

Hospitals play a pivotal role in an EMS system, serving as essential hubs where patients receive critical medical care and interventions. As the ultimate destination for EMS transports, hospitals provide a spectrum of services ranging from emergency care to specialized treatments, ensuring the continuity of patient care. Additionally, hospitals serve as crucial partners in the coordination and collaboration with EMS agencies, contributing to the seamless delivery of emergency medical services within communities. Their expertise, resources, and commitment to patient well-being make hospitals indispensable components of the EMS system, ultimately saving lives and improving outcomes for those in need of urgent medical attention.

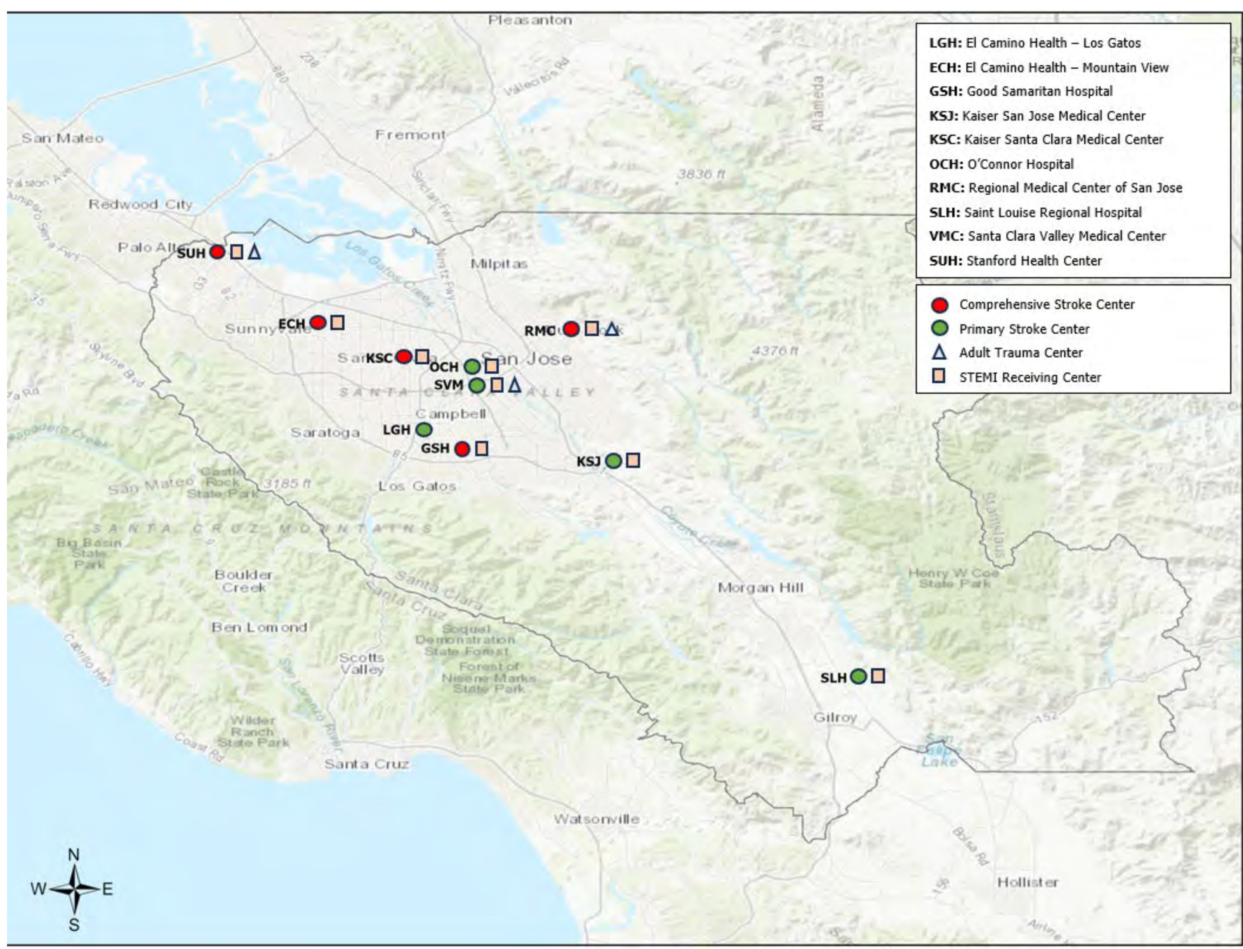

Figure 1: Specialty Hospitals in Santa Clara County

With Santa Clara County being the sixth most populous county in California (4), EMS volume often surpasses 250 transports per day, and over the past four years, the number of transports has consistently increased by 5% - 7% each year (5). In 2023, there were 139,726 EMS responses, with 94,207 resulting in transport to one of the 11 hospitals in the county (5). Based on field triage and EMS destination policies, a patient will be transported to the closest facility most equipped to provide the care needed (2). Under the California EMS Authority, SCCEMSA is charged with implementation of specialty care plans and oversight of the programs. Hospitals with specialty care services will receive patients specific to the level of designation granted by the SCCEMSA (2). There are four types of specialty designations within the EMS System: Trauma Centers, Stroke Receiving Centers, STEMI

Receiving Centers, and Pediatric Receiving Centers. For the purposes of this report, the Pediatric Receiving Center designation will not be detailed, as Regional Medical Center will not be changing the status for this program. Please refer to Figure 1 for a map detailing the location of specialty services within Santa Clara County.

TRAUMA CENTERS

Santa Clara County operates an exclusive trauma system, in which the care of acutely injured patients is focused on delivering major trauma victims, defined by specific criteria, to one of three designated Trauma Centers within the county (2). Each of these trauma centers provides appropriate geographic coverage relative to the population, and the county has defined catchment zones intended to evenly distribute trauma patients to the appropriate facility while also ensuring short EMS transport times (2). The Regional Medical Center catchment zone covers the eastern and most of the southern portion of the county, Santa Clara Valley Medical Center's catchment zone covers mostly the central portion of the county and areas to the southwest, while the Stanford Health catchment zone covers the north and northwest portion of the county. Pediatric patients (under 15 years old) meeting trauma criteria are to be transported to Stanford Health or Santa Clara Valley Medical Center, which are the only designated pediatric trauma centers. Patients suffering from major burn injuries are transported to Santa Clara Valley Medical Center, one of only three burn centers in the region. All three trauma centers receive trauma patient transfers from non-designated acute care facilities within the county and from adjacent counties, such as Alameda County, San Mateo County, San Benito County, Santa Cruz County, and Monterey County. The three trauma centers in Santa Clara County collectively treat around 25 patients each day, amounting to approximately 9,000 trauma patients annually (6).

STEMI CENTERS

STEMI Receiving Centers are equipped to provide timely and advanced care to patients experiencing a heart attack caused by a complete blockage of blood flow to the heart muscle. These centers have a cardiologist available 24 hours a day, seven days a week, to rapidly diagnose and treat STEMI cases, typically through procedures such as percutaneous coronary intervention (PCI) or thrombolytic therapy. PCIs are minimally invasive procedures performed in a cardiac catheterization lab. The target benchmark is for this procedure to be performed within 90 minutes of arrival to the emergency department (referred to as door to balloon time or DTB). The EMS destination policy directs patients meeting STEMI criteria to the closest STEMI Receiving Center based on total transport time. All but two hospitals, Saint Louise Regional Hospital and El Camino Health - Los Gatos Hospital, are designated as STEMI Receiving Centers (2).There are a total of 29 cardiac catheterizations labs between all STEMI Receiving Centers (7). Patients residing in Gilroy and further south will experience transport times of 25 minutes, with ideal traffic conditions, to reach the closest STEMI Receiving Center. Patients residing in Los Gatos would bypass the El Camino Health - Los Gatos to the next closest facility, approximately 7 minutes further away (8). The Department of Veterans Affairs Hospital-Palo Alto also has cardiac catheterization lab capabilities, but as a federal facility, it does not fall under the authority of SCCEMSA or EMSA. While the EMS System focuses on triaging STEMI patients to receive priority care, cardiac catheterization labs provide a variety of additional procedures, often on an outpatient basis. There are more than 13,000 cardiac catheterization lab visits annually, including over 400 PCIs for STEMI care. STEMI Receiving Centers receive 57% of patients via 911 ambulance, while 39% arrive by private vehicle or walk-ins, and 4% are received as transfers (5).

STROKE CENTERS

Stroke Receiving Centers are equipped to provide timely and comprehensive care to patients experiencing a stroke, which occurs when blood flow to the brain is disrupted, leading to brain cell damage. These centers are designated to rapidly diagnose and treat stroke cases, often utilizing advanced imaging techniques and specialized treatments. Stroke Receiving Centers adhere to established protocols and guidelines aimed at

minimizing treatment delays and optimizing patient outcomes. There are four different levels of stroke designation based on the facilities' diagnostic and treatment capabilities (2). All ten[1] hospitals in Santa Clara County meet the standards for Primary Stroke Center (PSC), which includes medical staff trained and available to rapidly assess, diagnose, and provide thrombolytic therapy when warranted (2). Kaiser Permanente - Santa Clara and El Camino Health- Mountain View meet the standards for a Thrombectomy-Capable Stroke Center (TSC), that has the resources to perform an additional treatment using endovascular intervention. Good Samaritan Hospital, Stanford Health, and Regional Medical Center are designated as Comprehensive Stroke Centers (CSC), which provide advanced treatment for all types of strokes, as well as surgical interventions and rehabilitative services. EMS Policy directs patients meeting Comprehensive Stroke Receiving Center Criteria to the closest CSC if transport time is less than 30 minutes, thus bypassing a PSC (2). If the closest CSC is greater than a 30-minute transport time, then EMS shall transport to the closest PSC. For clarity, the field stroke screening tool utilized in the EMS System is intended to identify a large vessel occlusion (LVO), a type of stroke best treated by endovascular therapy. Therefore, both TSCs and CSC are considered a Comprehensive Receiving Center per EMS policy. In 2023, there were nearly 4,100 stroke patients, 43% arriving via 911 ambulance (9). The five Comprehensive Stroke Centers receive 70% of all stroke patient volume and a larger proportion of EMS volume, 70% vs 30% (9). Ischemic strokes account for 67% of patients, followed by intracerebral hemorrhage (15%), transient ischemic attacks (14%), and subarachnoid hemorrhage (4.5%) (9)[2].

The Specialty Programs are a vital component of the EMS System. Each portion of the EMS System plays a vital role in the ability to provide effective, efficient quality care that extends through the patient care continuum. The specialty programs require collaboration and coordination with local hospitals to ensure the immediate needs of the patient are met, and the EMS care provided transitions adequately to the standards- of care set forth in these programs. This system is an interdependent structure and any disruption to any part of it affects the entire system. It is this potential disruption that serves as the focal point of this evaluation.

[1] The Department of Veterans Affairs Hospital Palo Alto is a federal facility under the authority of the Division of Veterans Health Administration and is exempt from local emergency medical services authority in regard to administration of specialty programs and therefore does not receive 911 ambulance transports for stroke or STEMI care. Patients may elect to be transported to the VA per policy or facilities may initiate IFT transfers for health plan repatriation.

[2] An ischemic stroke occurs when a blood clot, known as a thrombus, blocks or plugs an artery leading to the brain, it is the most common cause of strokes. Intracerebral hemorrhage (ICH), a subtype of stroke, in which instead of a clot, a ruptured blood vessel causes bleeding inside the brain. A subarachnoid hemorrhage (SAH) is when the bleeding occurs in the space between the brain and the tissue covering the brain, often referred to as an aneurysm. Transient Ischemic Attacks (TIA), is a brief blockage of blood flow in the brain, often causing stroke-like symptoms to appear but resolve.

BACKGROUND

History of Hospital Corporation of America (HCA) In Santa Clara County

HCA Healthcare acquired ownership of Good Samaritan Hospital, San Jose Medical Center (SJMC), and South Valley

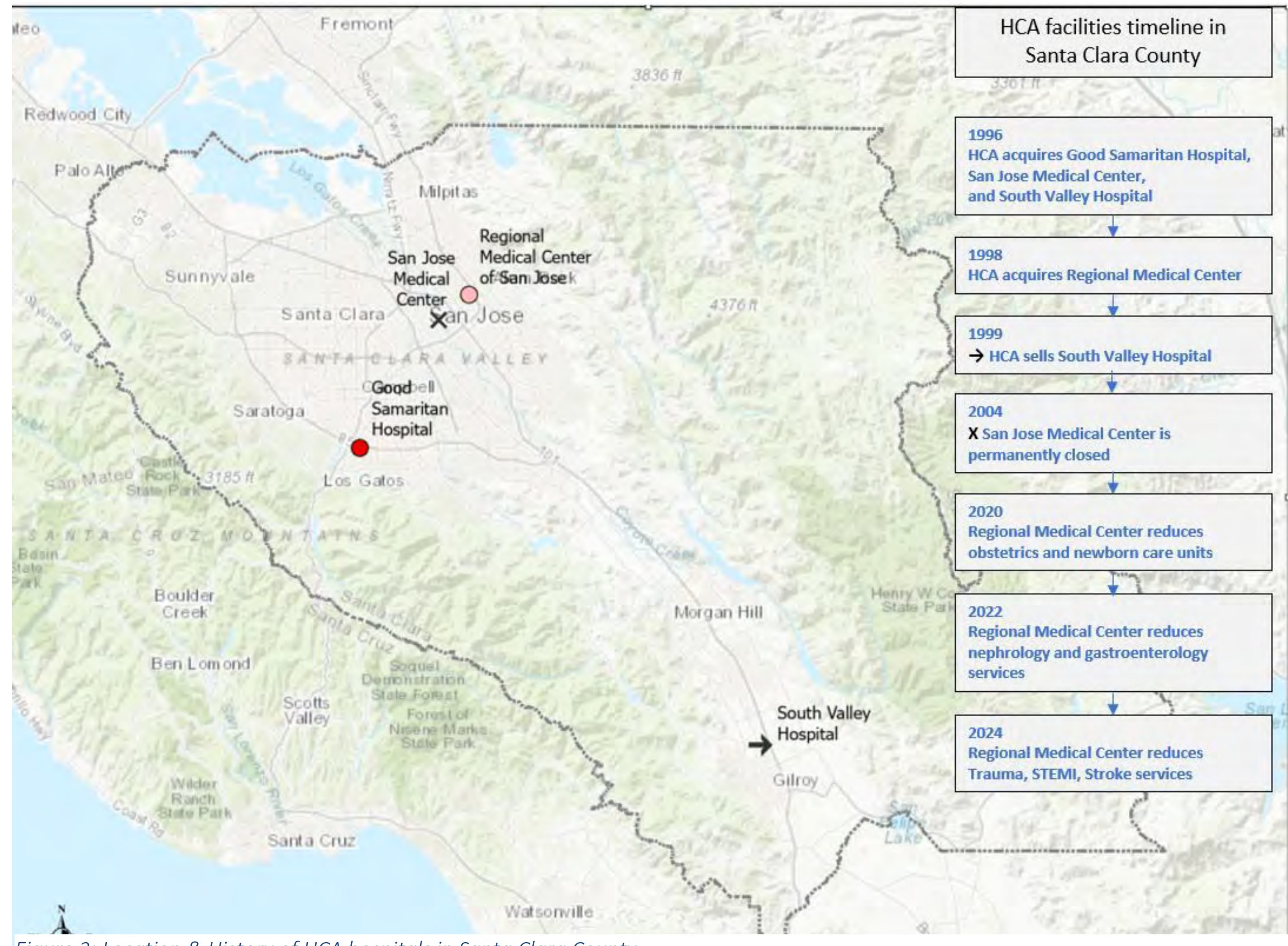

Figure 2: Location & History of HCA hospitals in Santa Clara County

Hospital from the Good Samaritan Health System in 1996. In 1998, Alexian Brothers Hospital San Jose was purchased by HCA and renamed Regional Medical Center of San Jose. In 1999, South Valley Hospital was sold to Catholic Healthcare West. In 2002, HCA announced the intended closure of SJMC, citing the need for major upgrades to meet California seismic safety standards as well as not having enough land for expansion. HCA shifted its focus to expanding services at Regional Medical Center San Jose. As part of this expansion plan, HCA estimated SJMC would remain operational through 2007 when the construction at Regional Medical Center would be complete. However, the closure of SJMC occurred three years short of this goal, on December 9, 2004. At the time SJMC was the only hospital located in downtown San Jose and was designated as a Trauma Center. Since 2020, HCA has been reducing services at RMC. In 2020, RMC closed its obstetrics and newborn care units, and since 2022, they have had limited nephrology and gastroenterology services. As part of this reduction plan, HCA has stated they will continue to expand the RMC emergency department and increase STEMI and stroke services at Good Samaritan Hospital.

CHARACTERISTICS OF SERVICE AREA

COUNTY DEMOGRAPHICS

Santa Clara County, nestled in the southern portion of the San Francisco Bay Area in Northern California, boasts a population of approximately 1.9 million residents, making it one of the most densely populated counties in the state and the nation (2). Cities such as San Jose, Mountain View, Milpitas, and Gilroy make up much of the population. The county shares its borders with San Mateo County to the northwest, Alameda County to the north, Stanislaus County to the east, Santa Cruz County to the south, and San Benito County to the southeast.

San Jose, with approximately 1,000,000 residents is the 10th most populous city in the United States.

Demographically, Santa Clara County epitomizes diversity, with various ethnic groups contributing to its rich cultural fabric. The Asian American community, including individuals of Chinese (accounting for 25% of the population), Indian (20%), Vietnamese (10%), and Filipino (5%) descent, constitutes a significant portion of the population. Hispanics/Latinos represent approximately 30% of the population, while Whites make up about 35%, and African Americans account for around 3% (4).

In terms of age breakdown, Santa Clara County has a diverse population distribution. Approximately 15% of the population is under the age of 18, while the working-age population (18-64) comprises the majority, constituting around 65% of the total. The elderly population (65 and older) makes up the remaining 20% (4).

Economically, Santa Clara County thrives as a global technology hub, boasting a robust job market and a historically low unemployment rate. The region's economy is driven by the presence of technology companies, such as Apple, Google, and Facebook, among others.

Health outcomes in Santa Clara County rank favorably compared to statewide metrics (10), owing in part to comprehensive public health initiatives and access to high-quality medical care. Notably, the county is home to world-class medical institutions, including Stanford Healthcare and the Santa Clara Valley Healthcare, which provide cutting-edge healthcare services to residents.

Despite its economic prosperity and favorable health indicators, Santa Clara County faces challenges related to equitable access to healthcare services and addressing health disparities among underserved populations. Efforts to bridge these gaps are ongoing, with initiatives aimed at increasing healthcare access for low income and vulnerable residents and promoting safety and wellness for all county residents and visitors.

The geographical distribution of healthcare institutions in Santa Clara County heavily favors the western regions, leaving communities on the eastern side, which includes San Jose, underserved. This situation is highlighted by the fact that Regional Medical Center is the only hospital serving the eastern part of the county, making it a crucial resource for healthcare in that area.

The county population is expected to increase by 3.7% in ten years (2034) and an additional 4.5% in 20 years (2044), with the percentage of Asian/Pacific Islander and Hispanic residents also increasing by 3.9% and 4.8%, respectively. There will be a 60% increase in the population age 65 years or older by 2044 and 80% by 2060 (11).

REGIONAL MEDICAL CENTER OF SAN JOSE SERVICE AREA

METHODOLOGY

To establish a service area for RMC, Santa Clara County was partitioned into 109 smaller areas or neighborhoods based on their geographic locations. A neighborhood is recognized as being within the service area if a patient from that locality was transported to RMC for any specialty services during calendar year 2023.

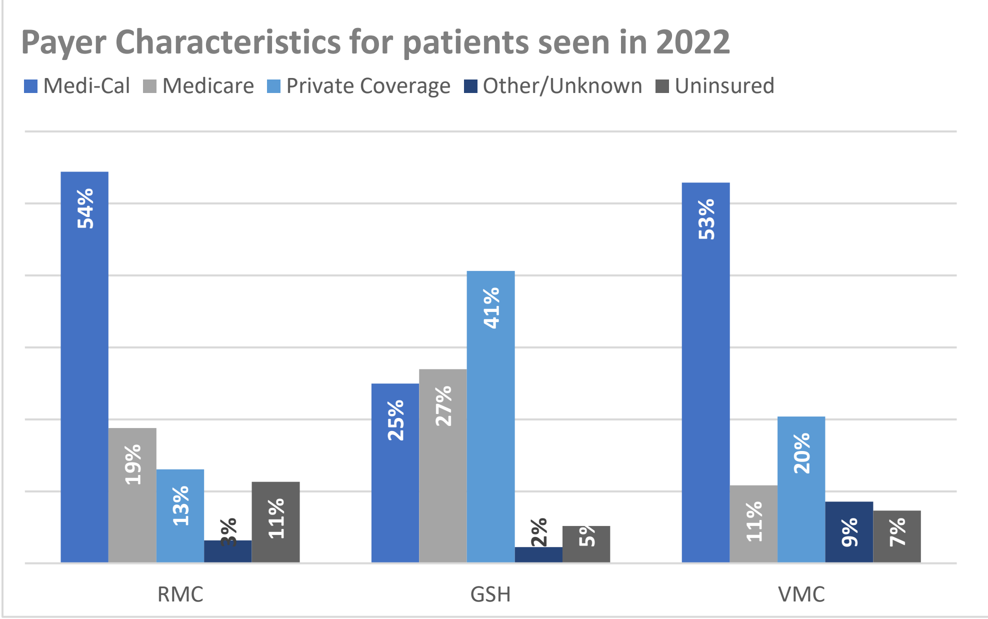

Figure 3: Payer Characteristics for patients seen at RMC, GSH, and VMC in 2022

SERVICE AREA CHARACTERISTICS

RMC's service area encompasses 46 out of the 109 small areas/neighborhoods identified in the county, with 47% of the total population residing there. The subsequent maps, as illustrated in Figures 5-7, offer detailed insight into these neighborhoods. Darker shaded regions signify a higher concentration of patients treated at RMC compared to the lighter shaded areas, which indicate fewer patients originating from those locales.

Demographic characteristics reveal much of the Hispanic population (63%) of Santa Clara County resides within RMC's service area, along with nearly half of the Asian and African American populations (4). In contrast, only 30% of the county's White population resides in this area (4). The age demographics were similar in the RMC service area when compared to the county population as a whole.

Socioeconomic characteristics indicate that the median household income for the service area is $124,940, which is lower than the median income of $158,419 for the population residing outside the service area (4). Additionally, 22% of the neighborhoods within the service area have at least a quarter of families living below the 200% poverty line (4).

In 2022, Medi-Cal accounted for 54% of RMC's payor mix, followed by Medicare (18%), Private coverage (13%), and Uninsured (11%) (12). In comparing payor mix to Santa Clara Valley Medical Center, the county's public healthcare safety net, and Good Samaritan Hospital (an HCA operated facility), Valley Medical Center reports Medi-Cal (52%), Private coverage (20%), Medicare (11%), and Uninsured (7%), while Good Samaritan reports Medi-Cal (25%), Private coverage (40%), Medicare (27%), and Uninsured (5%) (12). RMC serves more uninsured and Medi-Cal patients, while Good Samaritan sees more Medicare patients.

HOSPITAL SERVICES

RMC Patient Volume, 2022							
		Number of Patients		Percent of Volume		Percent of all County	
Total ED Visits		70,455		83%		39%	
EMS	Walk-in	14,416	56,039	20%	80%	14.5%	
Total Admitted to hospital from ED		10,941		13%		11.9%	
Inpatient Only		624		1%		0.7%	
Ambulatory Services		2,785		3%		2%	

Figure 4: Regional Medical Center 2022 Patient Volume (13).

Regional Medical Center of San Jose is licensed as a general acute care hospital with 258 licensed beds, 34 of which are designated as Intensive Care Unit (ICU) beds and 42 as ED beds. RMC has seven operating rooms, and four rooms capable of performing cardiac catheterizations. Below is a table detailing RMC patient volume for 2022 (13). In 2022, there were a total of 70,455 visits to RMC's Emergency Department (ED). Among these visits, 14,416 patients were transported by EMS, while the remaining cases involved self-transport. Of the ED visitors, 13% were admitted to an inpatient unit (13). A minority of patients, constituting 1%, were directly admitted to the hospital, while 3% received care in ambulatory service departments, such as outpatient surgery or same-day procedures. RMC's ED accounted for 14.5% of all EMS transports to hospitals in Santa Clara County, positioning it as the second busiest ED in the county for receiving EMS patients.

RMC is designated by SCCEMSA as an Adult Trauma Center, STEMI Receiving Center, Comprehensive Stroke Receiving Center, and General Pediatric Receiving Center. RMC is verified by the American College of Surgeons as a Level II Adult Trauma Center; the last verification visit was December 2022, in which SCCEMSA staff participated. RMC has Joint Commission certification as a Comprehensive Stroke Center; the last certification visit with renewal occurred July 2023. The last site verification visit by SCCEMSA for stroke designation was December 5, 2022, in which no deficiencies were identified. The last site visit by SCCEMSA for STEMI verification was February 22, 2023. During this visit, several deficiencies were identified, which included lack of cardiology coverage for the catheterization lab, resulting in frequent requests for STEMI bypass. It was determined that RMC would be provided a provisional re-designation, with a request to submit a written corrective action plan followed by 90 days of program monitoring. RMC was able to address the concerns identified and was cooperative in the monitoring process; full designation was granted on August 30, 2023.

With RMC eliminating its Trauma and STEMI specialty programs and downgrading its stroke center designation to Primary Stroke Center, it was determined that the service area and impacts for each program should be analyzed separately. It is expected that the total ED volume received at RMC may decrease; however, with the planned expansion of RMC’s ED and the year-over-year increases in ED utilization, it is unlikely that this impact will be noticeable. RMC will likely experience an approximately 13% decrease in 911 ambulance transports and a 2% decrease in Interfacility Transport (IFT) arrivals, with an increase in the need for IFT transports from the facility. As with ED utilization, EMS volume has been steadily increasing in the last four years; therefore, the impact will initially be noticeable but will be less discernable over time (5). There will be shifts in the volume of patients admitted from the ED, as 95% of patients treated for stroke, STEMI, and major traumatic injuries tend to be admitted for ongoing care and often are initially admitted to ICU. As a result, the hospitals now tasked with absorbing these specialty patients will experience increased admissions and utilization of ICU beds. RMC plans to maintain the licensed number ICU beds converting them to medical-surgical ICU beds. ICU bed

availability will continue to be an issue affecting hospitals, especially for specialty care and seasonal variations. While it is predicted that EMS patients will mostly be absorbed by the next closest specialty center, patient transfers for ICU care may necessitate transport to facilities located at greater distances, potentially out of the county.

BYPASS IMPACTS

EMS Policy 603 defines hospital bypass as "the diversion of 911 EMS patients from the affected emergency department and all associated EMS Agency designated specialty receiving centers at that hospital other than major trauma patients transported to designated, ACS-verified trauma centers" (2). The intended use is for hospitals to gain better patient volume management, as they have deemed it unsafe to continue to receive patients. The bypass status applies to ambulance traffic, as the hospital would remain open to walk-in patients. The policy also details criteria for specialty bypass that can be requested separately from ED bypass. This is often used when diagnostic equipment or specialized staff are unavailable to offer that service. For example, CT imaging equipment may not be operating, requiring the request for Stroke bypass. Specialty bypass is monitored routinely to ensure hospitals are offering specialty services, and frequent use of specialty bypass could indicate that the hospitals are not meeting established SCCEMSA standards. A hospital shall not remain on ED bypass for more than 60 minutes and must remain open for 60 minutes before requesting bypass again. Trauma bypass has more specific criteria since there are only three trauma centers in the county. If a hospital requests bypass for more than 60 minutes, they will also then be required to go on bypass for their specialty services (2). SCCEMSA established bypass zones to ensure adequate ED services are available; only one hospital may be on bypass at a time in each zone. The established zones are detailed in the adjacent table. This structure is based on geographic location, trauma catchment zones, and advanced stroke care. The changes at RMC will impact bypass distribution based on the current zones. The South Zone will no longer have a Trauma Center or a Comprehensive Stroke Center, and only one STEMI Center. The North Zone has an unequal concentration of Comprehensive Stroke Centers. If Good Samaritan Hospital were to request Stroke bypass, then there would be no Comprehensive Stroke Center for the South or Central Zone. Trauma Bypass allows only one center to be on bypass at a time. If this requirement were to remain unchanged, only one Trauma Center would be available for the entire county. In considering allowable bypass hours, it is difficult to predict the possible number of bypass hours for hospitals impacted by the increased volume of patients and determine an acceptable amount. One study examining ED ambulance diversion after hospital closures in Los Angeles County found the monthly diversion hours increased over time, with an average of 56 hours for four months at the nearest ED and hospital with trauma centers utilized diversion more (14).

North Bypass Zone
Stanford University Hospital
El Camino Hospital of Mountain View
Kaiser Santa Clara

Central Bypass Zone
Santa Clara Valley Medical Center
O'Connor Hospital
Good Samaritan Medical Center

South Bypass Zone
Kaiser San Jose Medical Center
Regional Medical Center of San Jose
St. Louise Regional Hospital

Other (no zone)
El Camino Hospital of Los Gatos
Palo Alto Veterans Administration Hospital

Figure 5: Santa Clara Couty EMS Hospital Diversion Zones (EMS Policy 603)

SPECIALTY SERVICES

TRAUMA

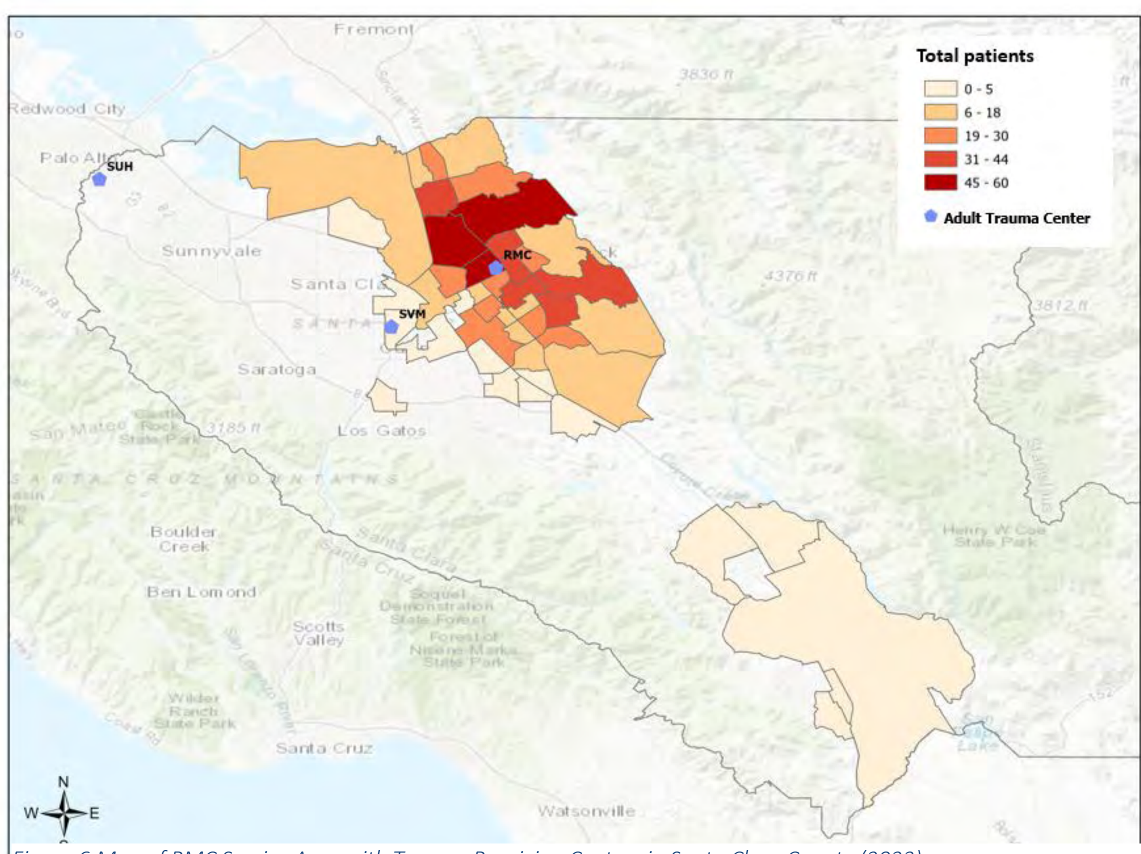

Figure 6:Map of RMC Service Area with Trauma Receiving Centers in Santa Clara County (2023)

All the three Adult Trauma Centers in the county are required to submit patient data to a Regional Trauma Registry that is managed by SCCEMSA (2). Unless otherwise cited, all data presented in this section is derived from that registry (6). As one of three Adult Trauma Centers in the county, RMC assumes a substantial role in trauma patient care, seeing on average 2,450 trauma patients annually, accounting for a quarter of all reported trauma cases for the trauma system. While the reduction notification letter referenced a reduction of trauma volume at the facility, there was no significant reduction seen when trending volumes since 2019 (6). RMC is not designated as a Pediatric Trauma Center, yet it receives a negligible volume of walk-in pediatric trauma patients. Conversely, the hospital attends to approximately 30% of adult trauma patients. The location of RMC is significant, given that half of the county's population aged 15 years and older resides within RMC's service area (4). Of the trauma cases seen at RMC in 2023, 12% were walk-ins and 15.5% were received from neighboring counties or as an out of county IFT. The zip code in which the injury occurred is reported, showing that 30% of trauma injuries treated at RMC occurred in the zip codes of 95122, 95116, 95112, and 95127. In reviewing trauma patients in the RMC catchment area relative to transport times, less than 5% originated in the city of Milpitas (furthest north), less than 4% originated in Gilroy (furthest South), and 5% originated in the Alum Rock area (Eastern foothills).

The Injury Severity Score (ISS) is a calculation tool used to assess the severity of a trauma injury, predict morbidity and mortality, and is widely used to define a major trauma (15). The scoring is divided into four categories: Minor, Moderate, Severe, and Profound. Traumas categorized as Severe or Profound (major traumas) have the highest probability of death and morbidity. The EMS field triage system is designed to

identify the major trauma patients requiring rapid transport to the highest-level trauma center available, with scene plus transport time being less than 30 minutes. Whereas patient cases in the Mild and Moderate category could benefit from being seen at a trauma center, if available, patients meeting the Mild criteria should be reviewed as potentially over-triaged, either from field triage categories or ED activation policies. Examining the ISS distribution among RMC trauma patients reveals that the majority (61%) exhibit Minor scores, 20% scored in the Moderate category, 6% were classified as Severe, and 5% were seen as Profound. Notably, patients classified as Severe and Profound have significantly longer average lengths of stay at 10.2 days and 13.3 days, respectively, compared to 3.32 days for Minor scores and 5.2 days for Moderate scores. In reviewing the Minor and Moderate categories further, 56% were discharged from the ED after receiving care. The average amount of time a Trauma patient spends in the ED, either before discharging home or transferring to inpatient, is 5 hours, 35 minutes. Patients with a profound score tend to spend the least amount of time, averaging 3 hours and 50 minutes (this time is similar to other Trauma Centers.

On January 1, 2024, SCCEMSA implemented new field trauma triage criteria based on the 2021 National Guidelines for the Field Triage of Injured Patients (2). The changes to the field criteria may have impacts on trauma volume; however, at this time, there is not data to compare the impacts of these changes.

The impact of RMC eliminating its trauma services will be most significant to Santa Clara Valley Medical Center (SCVMC), the next closest trauma center, located 7.5 miles west of RMC. The next closest trauma center is Stanford Health (SHC), 21 miles northwest of RMC. There are limited options for regional trauma centers when factoring in distance and drive time. Highland Hospital, in Alameda County is 45 miles north of RMC, in peak commute traffic drive times are greater than 1.5 hours. Natividad Medical Center, located in Monterey County, is 28 miles south of Gilroy, CA, which would be a near equal drive time to VMC. In peak commute traffic, Natividad Hospital may offer a shorter drive time for patients south of Gilroy. All data points in this section on distance and duration were derived from Google Maps (8). 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 would be 48 additional patients a week, with seven of those being a Major Trauma. The Trauma Centers currently can anticipate 26 admissions per week, on average, and of those, seven initially needing ICU beds. It is possible that the walk-in volume will remain at RMC, necessitating IFT to the other trauma centers. The higher volumes expected at SCVMC and the longer transport time to SHC could delay care and worsen outcomes for major trauma patients. Research indicates a rise in 30-day mortality rates at a nearby hospital subsequent to its closure. Although it isn't a full-scale shutdown, the cessation of specialty services could yield comparable effects, given that these services attend to time-sensitive and life-threatening emergencies (16).The IFTs and transports received from out of county will have to be absorbed at other trauma centers. Hopefully efforts can be made to direct these patients to other trauma centers not in Santa Clara County, thereby preserving trauma beds in Santa Clara County.

STROKE

Comprehensive Stroke Centers (CSC) and Primary Stroke Centers (PSC) follow evidenced based standard and are focused on providing quality patient care; however, a CSC has additional equipment and trained staff to diagnose and treat stroke patients who require a high intensity of medical and surgical care, specialized tests, or interventional therapies (18). All data presented in this section was derived from the Get with the Guidelines Registry maintained by American Heart Association.

RMC, as the only 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. Currently as a CSC, RMC receives the second highest volume of transfers, approximately 100-150 patient annually, providing post-management of IV thrombolytics, evaluation for Endovascular Thrombectomy (EVT), surgical intervention, and rehabilitative services. 61% of patients transferred to RMC were from healthcare facilities located outside the county of Santa Clara. When RMC reduces its services to PSC, all the comprehensive stroke care will be concentrated in the western side of the county. Good Samaritan Hospital that is the next closest CSC, is 14 miles away, and Kaiser Santa Clara, being a TCSC is 11 miles away; both have nearly equal drive times (8). In a Stroke System of Care consensus statement, for communities with more than one destination option, patients with a suspected LVO should be transported directly to a CSC, bypassing a TSC or PSC if the additional transport of 30 minutes is not exceeded, however if total travel time is greater than 45 minutes patients then EMS should transport to the closest PSC (19). Approximately 15% of patients being triaged by EMS meet the criteria to be transported directly to a TSC or CSC, prioritizing the availability of time sensitive resources to provide first line treatment, such as a mechanical thrombectomy for LVO ischemic strokes. For most of RMC's service area, patients experiencing

RMC is the primary destination for 1 in 4 stroke patients.

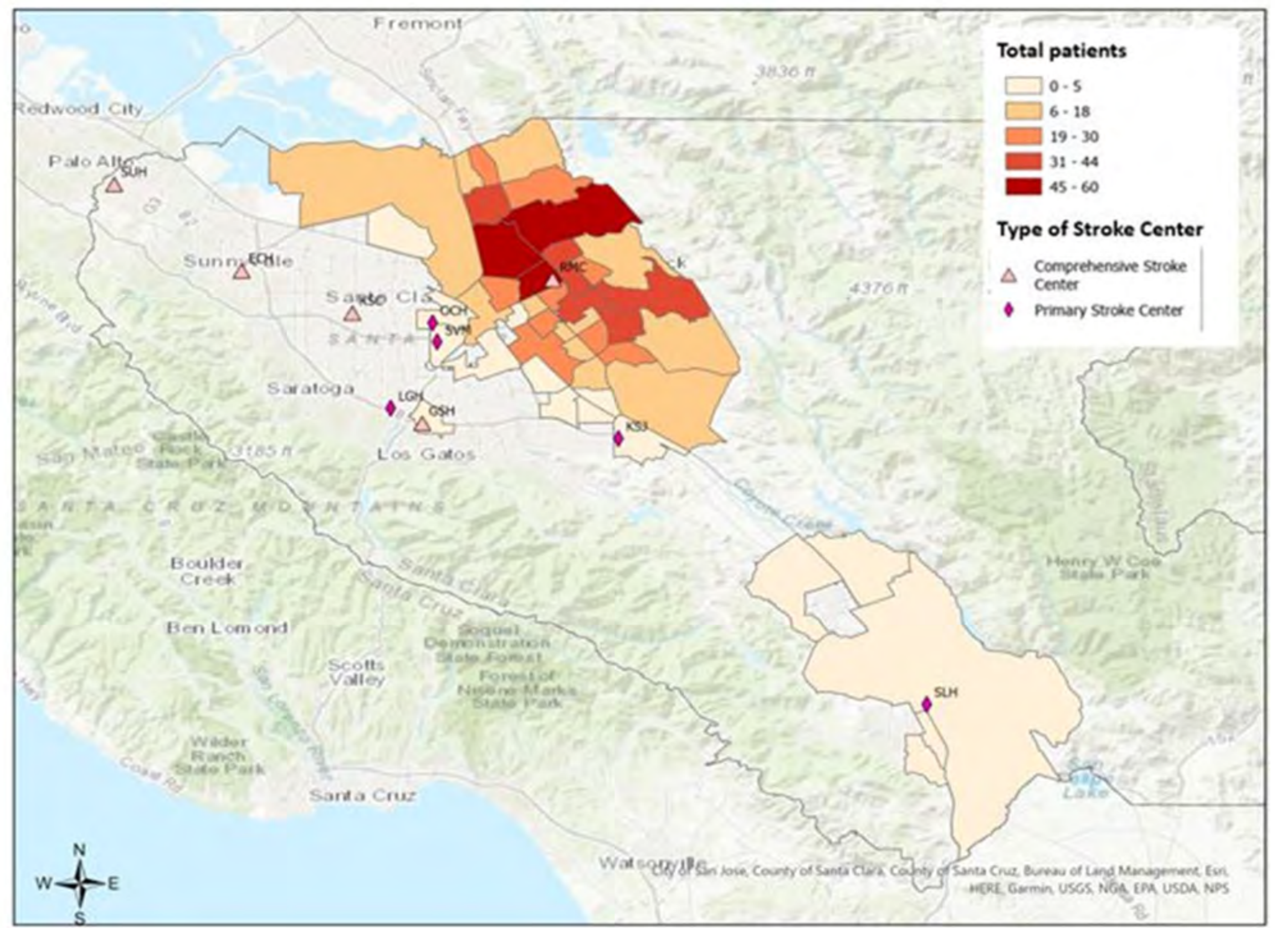

Figure 7:Map of RMC Service Area with Stroke Receiving Centers in Santa Clara County (2023)

strokes can still access a CSC following the reduction in services within the benchmark window of 30 minutes; however, patients originating from the city of Gilroy and further south will be outside of that window, even in the most ideal traffic conditions. For patients originating in the northern or far eastern portions of RMC's service area, in Milpitas or the Alum Rock area, traffic conditions during peak commute hours will likely impact the ability of EMS to transport directly to a CSC. For patients experiencing a stroke, faster treatment times are associated with improved outcomes. Several studies have indicated transport delays, to include transfers from a PSC are more likely to have worse outcomes and higher 90-day and one year mortality rates (20; 21; 22). In a 2019, comparative analysis of PSCs and CSC in the United States, researchers found transferred patients had higher mortality rates and lower discharge home rates that ED admissions for both CSCs and PSC, additionally, the time from symptom onset to arrival was almost three hours longer for transferred patients compared to those admitted directly to the ED. For patients who may be EVT candidates, this delay could disqualify them from receiving the therapy (20; 21; 22). Receiving prompt treatment significantly diminishes the severity of stroke, minimizing its impact. For certain patients, undergoing thrombolytic and/or EVT procedures within the treatment window enables them to return home with minimal to no functional impairments. Prompt access to advanced treatment is crucial in reducing morbidity among patients.

It is anticipated that approximately 3.75% of patients in the RMC catchment will be transported to GSH or KSC from the EMS triage practice to identify LVO strokes has indicated that it has established arrangements with GSH to automatically accept stroke patients, which will help absorb the proportion of RMC's walk-in volume and in-patient strokes that would require CSC care. However, this arrangement could have impacts on GSH's ability to accept transfers from the other PSC hospitals. A conservative estimate on volume impacts would indicate 42 patients per quarter will need to be absorbed by the other CSCs, 16 of which will be through 911 EMS transports.

In evaluating stroke patient admissions and Length of Stay (LOS), 94.7% of patients evaluated in the ED at RMC were transferred to in-patient care. In general, patients requiring CSC capabilities are more acute and can have much longer lengths of stay. They require admission to Neuro-ICU or ICU units until their conditions improve. The average length of stay at RMC for severe stroke patients (as measured by NIHSS[3]) is 8.78 days. In comparison, the average LOS at RMC is equally comparable to other CSC across the nation but is 2-3 days longer than three of the four CSCs in Santa Clara County. LOS is important to consider when determining impacts on ICU bed utilization, general hospital census, and patients' and families' social needs.

STEMI

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 for complications and death, are not the only type of heart attack requiring a heart catheterization and admission to the hospital for treatment. The EMS system focuses on the triage and prioritization of STEMI positive patients, as the gold standard for treatment is to evaluate the patient, activate the cardiac catheterization lab, and perform a Percutaneous Coronary Intervention (PCI) within 90 minutes of first medical contact (by EMS or ED staff, whichever occurs first) and 120 minutes for patients initially transported to a non-STEMI Center (23) ST elevations are difficult to diagnose from EMS ECGs, and the algorithms for cardiac monitors are not always accurate. A patient's symptoms and medical history may still warrant the need for a cardiac catheterization, even if a STEMI is not present, which creates the potential for both under and over triage of patients to STEMI Receiving Centers.

[3]National Institute of Health Stroke Scale (NHISS) is a tool used by healthcare providers to objectively assess stroke symptoms and impairment. It was developed by Dr. P. Lyden and colleagues for acute stroke trials in 2001. It has become the gold standard for research trials and has been proliferated by the NIH as the performed tool for measuring outcomes. The scale has 11 items that are scored. 0=no stroke symptoms, 1-4=minor stroke, 5-15=moderate stroke, 16-20=moderate to severe stroke, 21-42=sever stroke (34).

The 2023 STEMI registry data indicate RMC received 12% (82) of all reported cases. Among these cases, 78% underwent percutaneous coronary intervention (PCI) at RMC. Notably, most STEMI cases arrived at

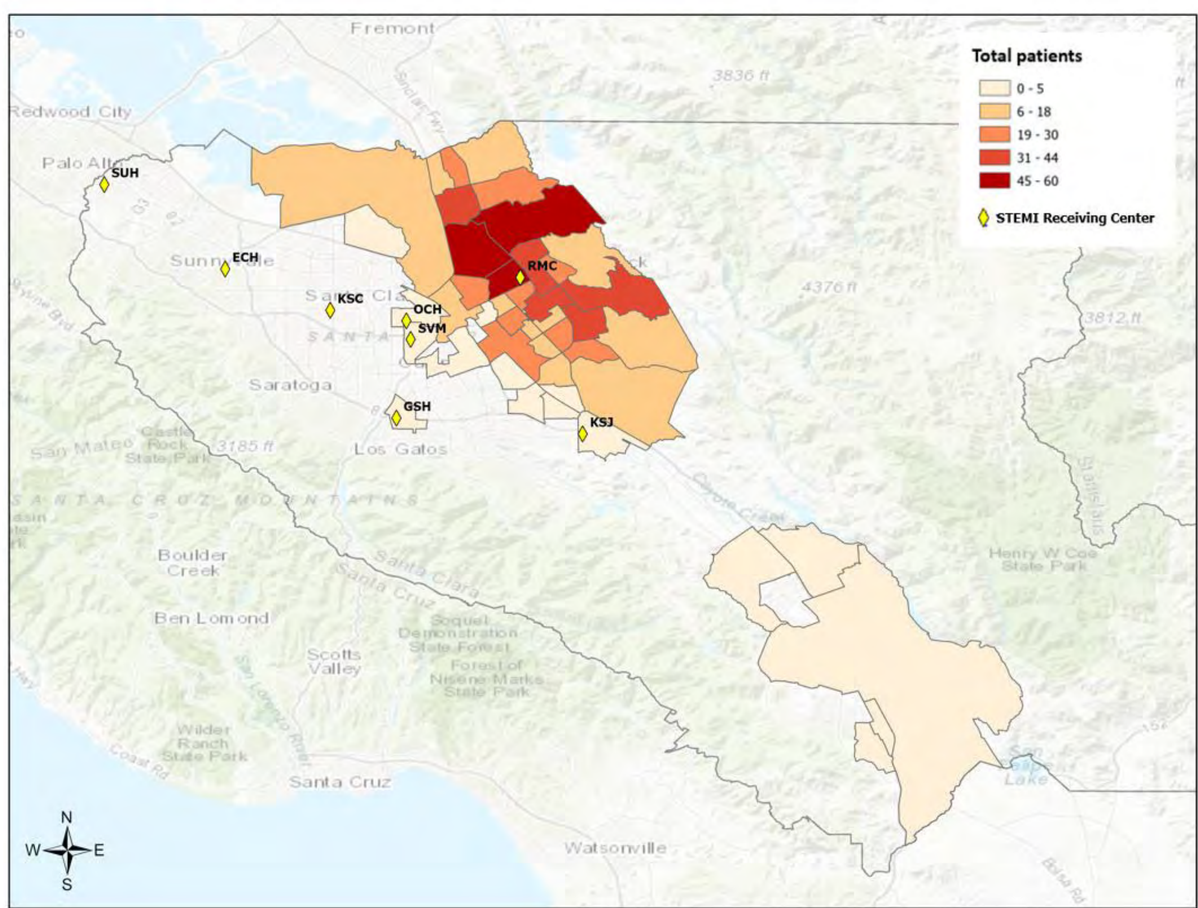

Figure 8:Map of RMC Service Area with STEMI Receiving Centers in Santa Clara County (2023)

the hospital via ambulance (61%), while the remaining cases (39%) presented as walk-ins. Furthermore, the average length of stay for STEMI patients at RMC was observed to be 4.05 days for cases treated with PCI. Interestingly, the average length of stay remained consistent irrespective of the mode of arrival, with 4.05 days for EMS arrivals and 4.16 days for walk-ins (9).

Since the STEMI registry data is exclusively comprised of confirmed STEMI cases, 2019-2021 data from the California Department of Health Care Access and Information (HCAI) was examined for ED ICD-10 diagnosis codes pertaining to unstable angina, Non-STEMI, and STEMI patients treated at RMC to gain a deeper understanding of the volume and demographics of patients requiring ED evaluation for chest pain, with the objective of confirming or ruling out a myocardial infarction and assessing the potential necessity for a catheterization lab intervention. RMC averaged 2,969 visits for unstable angina annually, approximately 69.4% of which were transfers from the ED to the inpatient setting (9). Asian/Pacific Islander (56%) and Latino (49%) were the most predominant race of patients, and 60.5% were males. Non-STEMI patients accounted for a smaller volume, with roughly 500 ED visits annually; however, 97.6% were transferred to the inpatient setting for further care. As with unstable angina, the demographic breakdown was similar: Asian/Pacific Islander (44%), Latino (31.9%), and 61.5% male. The STEMI data was comparable to that of the registry for volume; 93.5% were transferred to inpatient care. Asian/Pacific Islanders accounted for 45.7%, while Latinos made up 29.6% and Whites were 28.7%; however, the number of males treated was slightly higher at 76.5%. The percentage of these patients that were walk-in versus EMS was unable to be verified. The reported number of cardiac catheterization lab visits for RMC in 2022 was 621, with 251 being for PCI intervention, and 61 of those being for a STEMI. That would indicate 24% of RMC's catheterization lab PCI volume is related to a different diagnosis, potentially

NSTEMI or unstable angina.

Again, conservatively estimating the volume impacts, 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 is potentially an additional 2,000 patients annually. Without any cardiac services remaining at RMC, this would be a significant volume for the other 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 evaluation for chest pain, with approximately four patients each day needing a cardiac catheterization procedure. The volume of confirmed STEMI patients arriving by EMS would be one patient every three days, but over-triage numbers support one patient per day. In breaking down the volume this way, it seems manageable, however, the western region of the county exhibits a disproportionate availability of cardiac catheterization lab beds relative to the geographical service areas. Presently, the eastern and southern sectors of the county possess 9 cardiac catheterization lab beds per 1,000 individuals, whereas the northern and western sectors boast 20 beds per 1,000 individuals. With the reduction of RMC's STEMI services, the number of beds per 1,000 individuals in this service area will decrease to 5.

With the reduction of RMC's STEMI services, the number of beds per 1,000 individuals in this service area will decrease to 5.

For STEMI patients, the adage "time equals muscle" is often used to emphasize the importance of time when initiating care for a person experiencing chest pain who might be experiencing a heart attack. This is because the more time a patient goes without proper treatment and blood flow restored in the heart, more muscle will die, potentially being life-threatening. Interhospital transfers delays are associated with delays in reperfusion and worse patient outcomes. Wang et al, found with a 5.5% in-hospital mortality rate, mortality increased among patients with a DIDO time greater than 30 minutes (5.9%) compared with patients who had a DIDO time of 30 minutes or less (2.7%; $P < .001$) and difference in associated mortality was greater with incremental increases in DIDO time (24)[4].

The drive time to the next closest STEMI Center from RMC ranges from 13 to 18 minutes under ideal traffic conditions (8). While drive times will remain unchanged for patients originating from west of RMC or the southern portion of the county, they will increase for those residing in the northern or eastern areas, such as Milpitas and Alum Rock, who will now need to bypass RMC. Upon reviewing the catchment map, it becomes evident that the majority of patients accessing RMC for chest pain are situated directly north of the facility. Therefore, they should anticipate at least a 5 to 15-minute increase in transport times (8).

[4] DIDO or Door-in to door-out, is defined as the duration of time from arrival to discharge at the first hospital.

EMS SYSTEM IMPACTS

911 TRANSPORT TIMES AND UTILIZATION

Table 2. Distance between RMC and other specialty hospitals in Santa Clara		
Hospitals	Miles from RMC	Travel Time
O'Connor Hospital	8	13
Valley Medical Center	8	15
Kaiser-San Jose	11	17
Kaiser-Santa Clara	12	18
El Camino-Los Gatos	13	18
Good Samaritan	14	18
El Camino-Mountain View	15	22
Stanford Medical Center	27	33
Veterans Affairs Palo Alto	25	28
Saint Louise	30	32

**Shortest Route Rounded Up to Whole Mile*

***Under Ideal Traffic Situations*[5]

Figure 9: Table of travel distance and time from RMC to other SCC hospitals. (Google Maps 2023)

With the elimination and downgrading of specialty services at RMC, it should be expected that 911 patient transport times to other specialty care centers will increase. It is expected that approximately nine patients a day who normally would have utilized RMC's specialty care services (Trauma, STEMI, and Comprehensive stroke) through the 911 system will now be transported to other specialty care centers. Dependent on the location of the initial incident, incidents located north or east of RMC will having longer transport times. With ideal traffic conditions, the closest trauma center by travel time is approximately 15 minutes from the RMC service area. Travel time from areas north or east of RMC will likely encounter transport times up to 20 to 25 minutes to the closest trauma center. With ideal traffic conditions, the closest STEMI center by travel time is approximately 13 minutes from RMC. Travel time from areas north or east of RMC will likely encounter transport times up to 20 to 25 minutes to the closest STEMI center. With ideal traffic conditions, the closest comprehensive stroke center by travel time is approximately 18 minutes from RMC. Travel time from areas north or east of RMC will likely encounter transport times up to 30 minutes to the closest Comprehensive Stroke Center. These longer transport times essentially make ambulances less available for response due to the added travel time. It is anticipated that several hours of availability will be lost due to the increased travel time. This includes the redeployment of ambulance coverage lost to ambulances traveling outside of their area of operations. (All transport times were calculated from Google Maps)

IMPACT ON INTERFACILITY AMBULANCE SERVICES

Regional Medical Center currently contracts with Royal Ambulance to provide interfacility ambulance services. Royal Ambulance is currently permitted to provide three levels of ambulance services (BLS, ALS, or CCT). BLS level transport accounts for 87% of requests, while CCT accounts for 9.7%, and ALS accounts for 3.3% of requests (25). Of these transfers, 46% are related to patients being transported back to skilled nursing facilities (SNFs), assisted living facilities, or rehabilitation services, while 34% are patients being transferred to another acute care hospital (25). It's estimated that 6% of the patients being transferred are health plan repatriation[6] (25). An estimated 28% are being transferred directly from the RMC ED to another acute care hospital, likely for

[5] *Ideal Traffic Conditions:* The ability of an emergency ambulance to travel posted speed limits during daylight hours, utilizing the shortest travel routes, unimpeded by traffic congestion, road construction, and/or inclement weather.

[6] Health plans such as Kaiser Permanente or Veterans Affairs may request a patient to be transferred to their facility for continued care when stable.

services not offered at RMC (25).

As identified in previous sections, some patients meeting STEMI, stroke, or trauma criteria self-transport to RMC. While a small portion of these patients can be cared for at RMC, those needing higher care will need to be transferred to other specialty centers. Ideally, these patients will be transported by IFT ambulances staffed with ALS or CCT level of care, thus increasing the number of these transports. Often, specialty care patients have specialized medical equipment or continuous IV infusions that are not within a paramedic's scope of practice, requiring a clinical staff member from the hospital to accompany the patient for transport. A Registered Nurse, Respiratory Therapist or Physician can join the EMS crew of a CCT, ALS transport unit, or air ambulance to complete the transfer. Based on availability of the appropriate resource, an IFT transport unit can take greater than thirty (30) minutes to respond to RMC to pick up the patient. In the event a patient's condition warrants needing immediate transfer, a hospital may request the use of a 911 ALS unit (2). We anticipate an increase in requests for the use of 911 resources to assist with these transfers, thus increasing the total estimated volume impact on EMS.

AMBULANCE PATIENT OFFLOAD TIMES (APOT)

Ambulances Patient Offload Times refers to the duration it takes for EMS crews to transfer a patient's care from the ambulance to the hospital's emergency department (ED) staff. Adequate times are essential for maintaining the effectiveness, efficiency, and overall performance of EMS systems, ultimately ensuring timely access to life-saving medical care for all patients. SCCEMSA has established the benchmark of a 20-minute APOT for 90% of the patients arriving by 911 ambulance (2). Ambulance Patient Offload Delays (APOD) will impact resource allocation by reducing the ability of the EMS crew to respond to other calls in the system, resulting in longer scene wait times for both fire first responders and the patient, ultimately creating a backlog for 911 dispatch. They also contribute to ED overcrowding, creating longer wait times not just for patients arriving by ambulance but also for those arriving by self-transport. This can disrupt the flow throughout the healthcare system, increasing the risk for adverse events. Overcrowding in Emergency Departments is linked to various clinical outcomes, including mortality, and also impacts crucial aspects of patient care, such as the time taken to provide treatment for individuals with time-sensitive conditions (26). Lastly, patient continuity and satisfaction are decreased with prolonged APOD. It's imperative that patients receive prompt and continuous medical care as they transition from pre-hospital to ED care, especially for time-sensitive conditions such as stroke and STEMI.

SCCEMSA conducts continuous quality improvement monitoring for APOT. Reports are shared with hospital administrators for continuous monitoring. If any APODs are identified for specialty services, they are addressed with the appropriate program managers. Current aggregate 90th percentile APOT for all hospitals is 18:15, while the three specialty programs are 12:24 for Trauma patients, 25:30 for STEMI patients, and 15:33 for Stroke patients (5). Some hospitals face challenges in maintaining APOT below the benchmark, especially during the winter months. These APODs may force an ED to request bypass or specialty bypass, thus perpetuating delays in the system.

Ambulances provide a ringdown notification to the hospital expected to receive the patient meeting STEMI, Stroke, or Trauma criteria. With adherence to the ED policies and procedures to rapidly offload these patients, it is not anticipated that the APOT for the specialty services will increase drastically. However, the hospitals anticipated to receive the highest volume of patients from these service changes will likely experience overall APOD due to the increase in volume. These delays have the potential of creating a serial impact on the system. Ambulances waiting to offload patients with lower acuity and patients triaged in the ED waiting room may experience longer wait times. Limited hospital bed availability or delays in the admission process can lead to ED overcrowding, prolonged wait times, and ED boarding, which is when a patient remains in the ED after the decision has been made to admit them to the hospital. These conditions perpetuate APOD by reducing

throughput and impacting the quality of care and have the potential for adverse outcomes. The average length of stay (LOS) outlined in preceding sections for each specialty indicates that the decrease in specialty beds within the county will pose challenges to ED throughput, particularly during the winter months.

IMPACTS ON HEALTHCARE PROVIDERS

Finally, it's essential to take into account the ripple effects of hospital closures on neighboring areas. When a local hospital shuts down and patients seek care elsewhere, the remaining hospitals may experience shifts in demand, patient demographics, and payment sources, which can impact their care delivery methods (27). Recent research indicates that this phenomenon extends to hospitals when a nearby hospital or Emergency Department closes. In response to heightened demand stemming from such closures, the remaining hospitals in the market often exhibit a behavior known as "speed-up": they increase the pace of their services and allocate less time per patient, rather than reducing the time their beds remain idle to accommodate the increased demand (16). While this speed-up approach may enhance overall system efficiency, it can come at the expense of care quality. Omitting steps in the care process can also compromise patient safety.

The closure of hospital specialties places additional strain on healthcare providers, including emergency medical personnel, physicians, and nurses. These specialized units are often regional hubs for emergency care, receiving patients from surrounding areas in need of specialized treatment. The closure disrupts established emergency care pathways, forcing patients to seek care at alternative facilities, often farther away. This not only prolongs the time to receive critical care but also strains the resources of neighboring hospitals ill-equipped to handle the sudden influx of patients with complex medical needs. As a result, the entire emergency care system experiences cascading effects, leading to delays, overcrowding, and compromised patient outcomes.

Preliminary analyses indicate that the closures at RMC will also result in increased volumes and costs borne substantially by the County's public health system, Santa Clara Valley Healthcare (SCVH). In order to handle the volume increase, although some of the most immediate impacts will be seen at VMC as the Level I Trauma Center, SCVH will need to increase its capacity systemwide through augmentation of physician specialists, nursing, and support staff at all three County hospitals. Furthermore, resources will need to be shifted to support increased inpatient care, causing delays and decreased availability in ambulatory and outpatient services. SCVH has projected a potential financial impact of $9-$17 million annually.

The loss of specialized units exacerbates the burden on already overworked healthcare professionals, leading to increased burnout rates, decreased job satisfaction, and diminished quality of care. The departure of experienced healthcare professionals further exacerbates staffing shortages and undermines the overall capacity of the healthcare system to respond to emergencies effectively. Healthcare providers, including emergency medical personnel, physicians, and nurses, bear the brunt of hospital specialty closures.

DISASTER RESPONSE

The occurrence of any incident that becomes a significant patient generator and/or medical surge event can strain the Santa Clara County Emergency Medical Services System and will be affected by the reduction of specialty services at RMC. Assessing the impact of this reduction is challenging, as incident impacts on the EMS system depend on factors such as size, nature, transport time, and total patient transportation volume.

Due to the geographic location of this facility, the discontinuation of specialty services will not only affect the Santa Clara County EMS system but also that of Alameda County, which utilizes the facility routinely.

This discontinuation of specialty services may also cause larger adverse impacts on the Regional Disaster Medical-Health System and State Disaster Medical-Health System, should a significant incident tax other operational areas throughout the Region and State.

When incidents are smaller in scale, such as multi-casualty incidents, they can be handled through existing patient distribution plans (Multiple Casualty Incident Plan) that focus on the equitable and timely distribution of patients to hospitals throughout the county. These destination decisions consider all services provided by each facility based on the patient's acuity. These types of incidents currently cause an increase in hospital bypass and frequently increase ambulance turn-around times.

> If Regional Medical Center of San Jose were to reduce its current services and disaster struck our operational area this would drastically affect the ability of the County's Medical-Health System to provide an invaluable service to the ill and/or injured.

Larger scale incidents, such as a significant earthquake, a vehicle accident involving public transportation, or active shooter incidents, historically result in a large number of "walking-wounded" rather than critically injured persons. In these cases, alternate means of medical care would be required even if RMC were to continue all levels of service. However, if RMC were to reduce its current services and disaster struck the operational area, the ability of the county's Medical-Health System to provide an invaluable service to the ill and/or injured would be drastically affected.

During a significant disaster, many roadways may be affected, which can lead to extended ambulance transports and transports conducted by private vehicles.
It is important to note that during a significant incident, disaster medical care (austere care) will be the priority. In these incidents, medical care will be provided first to those who are most treatable, the walking-wounded will not be a priority for care, nor will the most critically injured. In extreme circumstances, the differentiation of a trauma center from an emergency department may not be relevant. However, those facilities or persons able to provide the most basic medical care (basic bleeding control, splinting, etc.) will be the most beneficial.

COMMUNITY IMPACT

The closure of essential hospital specialties like STEMI, Trauma, and Stroke units has far-reaching effects on individuals, families, and the healthcare system, significantly impacting health outcomes, access to care, and community well-being. In conducting a literature review, several recurring themes surfaced that can be anticipated for the San Jose community.

Exacerbation of Healthcare Disparities:

Hospital closures might affect distance to care, which can lead to negative patient outcomes, especially for time-sensitive conditions. Increased distance to closest hospital increases deaths from heart attacks and unintentional injury. This effect is expected to be greatest on seniors, who tend to travel shorter distances to the hospital, and low-income patients, who are both less likely to travel far and more likely to use the hospital as their "regular" source of care (28).

More than half of the RMC service area has more 15% of the families living below the poverty line. Low-income communities already contend with significant healthcare disparities, including limited access to quality care, higher rates of chronic illnesses, and socioeconomic barriers to healthcare utilization (29). The closure of essential hospital specialties exacerbates these disparities, as residents are forced to travel longer distances or seek care in overcrowded emergency rooms, further straining an already overburdened healthcare system.

Transportation costs, including public transit fares or gas expenses, can quickly accumulate, placing an additional burden on already stretched household budgets. Low-income families are less likely to have reliable transportation (30). This leads to a lower likelihood of maintaining regular checkups with a primary care provider and regular refills of prescribed medication, leading to untreated illnesses and exacerbated health conditions. Four in ten low-income Californians say someone in their household skipped dental care or checkups, 28 percent say they or a household member put off or postponed getting health care, and about a quarter say someone in their household skipped a recommended test or treatment (24 percent) or did not fill a prescription (24 percent) because of cost (31).

Impact on Follow-Up Care:

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. The increased burden of travel may lead to missed appointments, medication non-adherence, and delayed interventions, resulting in worsened health outcomes and increased healthcare costs in the long run.

Missed follow-up appointments due to the closure of hospital specialties have profound consequences on patient health and well-being. Patients with chronic conditions such as diabetes, hypertension, or heart disease rely on regular monitoring and interventions to manage their conditions effectively and prevent complications. However, the inability to access timely follow-up care increases the risk of disease progression, uncontrolled symptoms, and avoidable hospitalizations. For some patients, new health morbidities exacerbate financial hardships due to miss work or loss of employment, potentially leading to further socioeconomic challenges. Missed appointments represent a significant risk for all-cause mortality (32), disrupts the patient-provider relationship, impeding communication and shared decision-making, which are vital components of quality healthcare delivery.

A qualitative review after the closure of a Bay Area hospital with similar population demographics found that residents and patients experienced increased fear and stress in not knowing where or how they would access care. Patients without access to private transportation rely on friends, family, and public transportation to obtain care. The closure meant residents would need to spend more than an hour commuting to the next closest facility. Some also felt unsure of where they should go knowing insurance and ability to pay are barriers to accessing private clinics for follow-up appointment when referred. Lastly the community felt left out, forgotten, and perceived as a burden to the rest of the county and health system. The care shifted from neighborhoods with higher proportions of violence, poverty, and chronic diseases to well-resourced communities with higher income. This left community members feeling, health care providers would no longer be present to promote health and well-being in the community thus worsening their health status (33).

Community Education and Outreach:

The American College of Surgeons (ACS) has established specific requirements for trauma center accreditation, which include comprehensive injury prevention programs. These requirements aim to bolster community outreach and educational endeavors, ultimately reducing injury rates and fostering safety awareness. Each trauma center is mandated to conduct a thorough community needs assessment, identifying the top three causes of injury within its locality. They are expected to develop tailored programs and partners with schools, local organizations, and community stakeholders to disseminate educational materials and presentations promoting injury prevention initiatives. For instance, Regional Medical Center (RMC) offers a range of educational programs targeting various areas such as fall prevention, safe teen driving, intentional violence, and pedestrian safety. These initiatives are bolstered by collaborative efforts with numerous community organizations and local governments, leveraging collective expertise and resources.

Furthermore, RMC conducts community education campaigns focused on cardiovascular health to

mitigate the risk of strokes and heart attacks. These efforts include organizing health fairs featuring blood pressure and glucose screenings, as well as organizing events like 5K walks during February Heart Month and Stroke Awareness Month. The loss of such community health education and injury prevention programs would significantly impact the community, potentially leading to increased incidence of preventable injuries and diminished awareness of safety measures, ultimately jeopardizing public health outcomes.

PUBLIC HEARING SYNOPSIS

A public hearing was held by SCCEMSA on March 27, 2024, regarding the proposed reduction of trauma, STEMI, and stroke services at the Regional Medical Center of San Jose (RMC). On April 16, 2024, SCCEMSA presented a draft of this assessment at the public meeting of the Santa Clara County Board of Supervisors for further feedback from the Board and the public.

PUBLIC HEARING (MARCH 27, 2024)

At the March 27 public hearing, a representative for RMC, expressed the hospital's commitment to understanding the community's perspective on potential service changes. She outlined RMC's plan to continue evaluating, treating, and stabilizing stroke and serious heart attack patients. Moreover, she addressed the rationale behind downsizing the trauma designation and emphasized the hospital's dedication to maintaining patient care standards by investing $10 million to expand the emergency department.

Following RMC's presentation, the Santa Clara Valley Healthcare (SCVH) physician leader panel underscored the substantial repercussions of the proposed closures on patient care, hospital operations, and public safety. Public comments echoed these concerns, with community members and healthcare professionals sharing personal anecdotes and emphasizing the importance of equitable access to healthcare resources.

The comments from various stakeholders during the public hearing highlighted several overarching themes concerning the proposed closure of RMC's Trauma, STEMI, and Comprehensive Stroke Services:

- Patient Safety and Outcomes: Many speakers expressed concerns about the direct and indirect effects of closure on patient safety and outcomes within the community. They emphasized that delayed access to essential services could lead to longer transport times, delayed care, and potentially increased morbidity and mortality rates. Closure was seen as posing a significant risk to public safety, particularly for vulnerable populations who rely on timely medical interventions during emergencies.

- Cascade Effect on Healthcare System: There was consensus among speakers that closure would have a profound impact on the broader healthcare system. The anticipated cascade effect on other hospitals, including increased demand for transfers, ambulance services, and specialty care, raised concerns about the system's capacity to absorb additional patients and maintain quality of care. The strain on emergency departments, in particular, was highlighted with concerns about overburdening resources and compromising patient care.

- Disproportionate Effect on Vulnerable Communities: Several speakers emphasized the disproportionate impact of closure on vulnerable communities, particularly during the critical "golden hour" following traumatic events. They highlighted the potential exacerbation of existing healthcare disparities and stressed the importance of ensuring equitable access to essential medical services for all members of the community.

- Sustainability of Expanded Emergency Services: Concerns were raised about the feasibility and sustainability of expanding emergency department (ED) services without concurrent investments in other critical areas of healthcare. Speakers highlighted the need for comprehensive follow-up care and specialty services to ensure continuity of care for patients, particularly those with complex medical needs.

- Community Awareness and Engagement: Many speakers expressed concerns about the lack of awareness within the community regarding the proposed closure and its potential implications. They emphasized the importance of community engagement in healthcare planning and decision-making processes, highlighting the need for transparent communication and collaboration between healthcare providers, policymakers, and community stakeholders.

- Need for Sustainable Solutions: Across the comments, there was a recurring call for innovative and sustainable solutions to address the underlying challenges facing healthcare delivery. Speakers stressed the importance of investing in resources, infrastructure, and staffing to meet the evolving needs of the community while advocating for the preservation of essential services to ensure equitable access to quality healthcare for all residents.

Additionally, there were mentions of accessibility and transportation concerns, personal and professional experiences related to RMC, and worries about the potential loss of critical services and the strain it would place on healthcare providers and facilities.

BOARD OF SUPERVISORS MEETING (APRIL 16, 2024)

Health system administration and physician leadership from SCVH reiterated their vehement opposition to the proposed RMC closures and the significant negative impact the reduction in services will have on the health system, patients, and residents. The County's Public Health Officer also expressed significant concerns about the effects RMC's service reduction will have on the health of individual patients and the community at-large.

The Board of Supervisors also heard from representatives of the public, local community benefit organizations, and local elected officials, all of whom spoke out passionately, calling on the County and the State to do everything in their power to stop RMC from moving forward with its service reductions. In addition to the public comments made at the meeting, the Board of Supervisors received an outpouring of written comments from residents opposing the closures, which are attached to this assessment under Appendix H. SCCEMSA and the County Executive made it clear at the meeting that the County does not have the regulatory authority to directly stop the closures, after which the County Supervisors called for the State to step in and deny approval of the service reductions. County Supervisors also called on RMC to make concerted efforts to perform outreach to disabled residents and those within five miles of RMC who are likely to be the most affected by the services reductions.

Overall, the comments reflected a shared commitment to preserving access to essential medical services and ensuring patient safety and well-being within the community. The commenters' impassioned pleas underscored the urgency of finding comprehensive solutions that address the diverse needs of the community while ensuring the preservation of essential medical services. They underscored the complexity of the issues surrounding the proposed closure and the importance of collaborative efforts to address the challenges facing the healthcare system effectively.

MITIGATION

Current mitigation strategies taken by SCCEMSA include:

- Continue a meeting cadence with RMC leadership to stay informed of the current reduction process and to develop contingencies if needed should hospital staffing destabilize and the need to reduce services occurs prior to August 12, 2024.
- Ensure RMC reduction plan includes community education and outreach regarding service changes and enhance public messaging to reassure the community their health needs will still be met.
- Develop a contingency plan within the EMS Agency and with stakeholders should reduction of services need to occur prior to August 12, 2024.
- At least eight SCCEMSA Policies and Procedures have been identified as needing review and revision.
- Establish meetings with stakeholders impacted by these changes to receive input on EMS Policies and Procedures changes.
- Develop an education plan for EMS Providers, ensuring they are aware of the service reduction timeline and policy changes.
- Establish monitoring and evaluation criteria to assess impacts leading up to and after the reduction of services has occurred.
- In 2016, the American College of Surgeons (ACS) evaluated the Santa Clara Trauma System, making a series of recommendations to improve and strengthen the system. Now, is the opportune time to review those recommendations and establish a pathway for implementing any of those recommendations that were not implemented and still remain relevant. Trauma stakeholder collaboration and buy-in will be necessary to accomplish this.
- Consider evaluating the viability of out-of-county trauma resources for both daily system management and to expand capacity during surge events, such as MCIs.
- Evaluate the capabilities of other hospitals near east San Jose to increase stroke services to either a Thrombectomy Capable Stroke Center or Comprehensive Stroke Center.
- Conduct a review of cardiac catheterization lab capabilities for east county to identify any potential gaps that may further reduce availability while also considering ability to increase capacity.
- Review PSC transfer agreements and develop mitigation strategies to ensure the increase of IFTs to the remaining CSCs does not impact capacity and perpetuate APOD and bypass.

CONCLUSION

It is clear from the details of this HIA that the reduction of specialty services at RMC will have a significant impact on the ability of the EMS System to function in an efficient and effective manner that provides high quality care to the community. The changes at RMC ultimately place the burden on hospitals that lie on the borders of the community that RMC serves, which forces patients to leave their medical home and travel greater distances to receive specialty care as it relates to STEMI, Stroke, and Trauma services. While this assessment is heavily focused on the immediate impacts to the health system and the community, it is the long-term impacts that will be reflected in the mortality and morbidity of key health demographics in the community. This disparity in access to emergency care disproportionately impacts vulnerable populations, including older adults and persons of color, who may face greater challenges in navigating transportation and mobility issues.

The reduction of Stroke, STEMI, and Trauma Services at RMC also raises concerns about the overall adequacy and sustainability of healthcare infrastructure in the community, particularly considering projected population growth and demographic shifts towards an aging population. As the population

ages and healthcare needs evolve, it becomes increasingly important to invest in healthcare systems that are equipped to meet the diverse and complex needs of residents across the lifespan. This may involve strategic planning, resource allocation, and collaboration among stakeholders to strengthen healthcare delivery networks, expand access to specialized services, and improve health outcomes for all members of the community.

It's important to note that while there are no state or local mandates requiring acute care hospitals to provide specialty services or maintain such programs once established, recommendations to the state remain critical. This marks the third impact assessment submitted by Santa Clara County, the second related to an HCA hospital, reflecting a recurring call for the state to conduct thorough reviews of hospital downgrades and closures in underserved communities, and to extend notification periods to the community and LEMSA. The state must exercise its authority to intervene in cases of voluntary suspension of specialty and emergency medical services, particularly when community health is jeopardized for the sake of health system profits. Aligning with the state's commitment to health equity and inclusion, as outlined in the 2023 California EMS System Strategic Plan, necessitates that policies and actions reflect these principles. Santa Clara County's extension of the notification timeline to 180 days through its Hospital Designation Agreement serves as a model, suggesting that the state should consider a similar mandate.

Moreover, urgent attention must be directed towards reassessing funding opportunities, especially as the state pursues a vision of universal healthcare. While trauma care has been recognized as an essential service with the establishment of the state Trauma Care Fund, it is concerning that these funds have not been available for over 15 years, despite the increasing need as it relates to the maintenance of trauma programs or the establishment of new trauma programs in communities without one. Similarly, the establishment of state funding mechanisms for stroke and STEMI programs is warranted, given the continued prevalence of cardiovascular disease as a leading cause of death and disability, particularly affecting low-income communities and minorities.

In conclusion, the current statutes do not afford local governments the ability to intervene in closures and service reductions while the state has demonstrated an unwillingness to exercise its authority in these matters. State policy and regulatory reforms are indispensable in addressing the shifting healthcare landscape, safeguarding community hospitals, and ensuring equitable access to essential healthcare services for all community members.

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APPENDICES

Appendix A – Closure Notice

Appendix B – California Health & Safety Code

Appendix C – EMS Policy 400

Appendix D –Response to Closure Notice

Appendix E – Public Hearing Notice

Appendix F –Public Hearing Agenda

Appendix G – Letters submitted by Stakeholders and Community Members

Appendix H – Public Hearing Presentations

Appendix I-Santa Clara County Board of Supervisors transcript

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Appendix A – Closure Notice

February 13, 2024

VIA HAND DELIVERY

Kenneth Miller, MD, PhD, Medical Director
Jackie Lowther, RN, MSN, MBA, EMS Director
Emergency Medical Services Agency Director
County of Santa Clara
700 Empey Way
San Jose, CA 95128

Re: **Termination of Hospital Designation Agreement By and Between The County of Santa Clara and Regional Medical Center of San Jose**

Dear Ms. Lowther:

Regional Medical Center of San Jose ("Regional" or the "Hospital") hereby provides 180 days prior written notice of the termination of the Hospital Designation Agreement for Trauma, STEMI, and Stroke ("Designation Agreement") by and between The County of Santa Clara (the "County") and Regional Medical Center entered in to and effective January 1, 2020. This termination will go in to effect on August 12, 2024.

Unfortunately, the Hospital is unable to sustain its Trauma Center, STEMI and Stroke designations and to maintain this current arrangement with the County. Over the last several years, we have witnessed a decline in the utilization of our Level II Trauma Center, with annual utilization showing a consistent decrease. With the planned opening of an additional trauma center in the area, we anticipate further declines in our volumes in trauma, cardiovascular surgery, neurosurgery and other subspecialty service lines. Furthermore, adhering to the rigorous standards set by Santa Clara County and the American College of Surgeons for specialty services has proven to be increasingly challenging. The recruitment and retention of qualified personnel in the market is becoming more and more difficult, making it unsustainable for us to continue providing these services.

The Hospital recognizes the impact that closing these service lines will have on Santa Clara County and its residents. We are working closely with other healthcare providers, first-responders and our regulatory and oversite agencies in an effort to minimize the impact on the closure of these service lines.

225 N Jackson Avenue, San Jose, CA 95116 408-259-5000

Even as Regional adopts and responds to changing conditions and headwinds, we remain dedicated to providing outstanding care to our patients. I want to assure you personally of Regional's continued dedication to serving the healthcare needs of the Santa Clara County community as a designated 911 receiving center. We appreciate the opportunity to partner with you over the next 180 days to effectuate the orderly wind-down of these services.

Please feel free to contact me if you have any questions or would like to discuss this further. I can be reached at 408-347-4042 or by email at Cris.Rivera@hcahealthcare.com.

Sincerely,

Cristina Rivera, CEO
Regional Medical Center of San Jose

cc: Manling Louie, RN, BSN, PHN
California Department of Public Health
(via email)

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Appendix B – California Health & Safety Code

APPENDIX A – CALIFORNIA 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.

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.

Appendix C – EMS Policy 400

County of Santa Clara
Emergency Medical Services System

POLICY # 400

HOSPITAL EMERGENCY SERVICES REDUCTION IMPACT ASSESSMENT

Effective: March 13, 2018
Replaces: September 12, 2014
Review: March 13, 2021

I. Purpose

The purpose of this policy is to establish the criteria for performing an impact evaluation of a hospital's planned reduction or elimination of emergency medical services.

Hospitals with a basic or comprehensive emergency department certificate provide a unique service and an important link to the community in which they are located and the reduction or elimination of those services may have a profound impact on the emergency medical services available in their area and to the community at large.

II. Evaluation Process

A. Upon receiving notification of a planned reduction or elimination of emergency medical services by a hospital or the California Department of Health Services, the Agency will notify the Board of Supervisors, Santa Clara County Public Health Department, all local hospitals, fire departments, ambulance providers, and all local planning and/or zoning authorities.

B. Within thirty (30) days of reduction/elimination notification, the Agency, in consultation with emergency service providers and planning/zoning authorities, will complete and distribute a draft EMS Impact Evaluation utilizing the Impact Evaluation Instrument.

C. Within forty-five (45) days of reduction/elimination notification, the Agency will conduct at least one (1) public hearing, and incorporate the results of the hearing(s) in the final Impact Evaluation. The public hearing(s) may be incorporated with other public meetings held by the Health and Hospital Joint Conference Committee, the Board of Supervisors, and/or other government agencies, commissions, or committees.

D. Within sixty (60) days of receiving reduction/elimination notice, and not more than three (3) days after completing the Impact Evaluation, the Agency will prepare the final Impact Evaluation and submit those findings to the California Department of Health Services, the Board of Supervisors, all city councils, fire departments, ambulance services, hospitals, planning/zoning authorities, affected committees and commissions, and other interested parties.

III. Evaluation Content

A. At a minimum, the Impact Evaluation shall contain the following:

1. Assessments of community access to emergency medical care, including proximity of other facilities

2. The effect on emergency services provided by other entities, including any changes in the number of licensed and staffed beds, and/or additional resource requirements

3. The impact on the local EMS system, including patient transport time, resource utilization, operational procedures, and patient care practices

4. Strategies taken or planned by the emergency services community for accommodating the reduction or loss of emergency services

5. Public and emergency service provider comments

6. Potential options to reduce the anticipated impact, if known

Appendix D –Response to Closure Notice

County of Santa Clara
Emergency Medical Services System

Emergency Medical Services Agency

March 5, 2024

Cristina Rivera, CEO
Regional Medical Center of San Jose
225 N. Jackson Avenue
San Jose, CA 95116

Via U.S. Mail and E-Mail

Re: Request for meeting and information on reduction of services

Dear Ms. Rivera:

On February 14, 2024, you provided the Emergency Medical Services (EMS) Agency with written notification that Regional Medical Center of San Jose would be terminating its Hospital Designation Agreements for Trauma and STEMI and downgrading its Stroke Designation from Comprehensive to Primary, effective August 12, 2024.

I informed you on February 20, 2024, that, pursuant to the California Health and Safety Code, the EMS Agency will complete an assessment of the impact of this reduction in services on the emergency medical services system, including holding a public hearing.

The assessment will evaluate the impact of this reduction in services on community access to emergency medical services, including proximity of other facilities, and will incorporate strategies to mitigate the reduction in services with input from our county emergency medical services partners.

The EMS Agency is requesting to meet with Regional Medical Center next week and is asking that the following information be available for discussion:

1. Timeline for reduction of services for each specialty.
2. Mitigation plan in the event there is a decrease in required staff prior to August 12, 2024.
3. Communication plan and timeline for community and partner engagement.
4. Clarification regarding what cardiac services will remain in place (e.g., cardiologist on call in the Emergency Department, follow-up appointments with Good Samaritan Hospital lab/neurology, etc.).
5. Clarification regarding the number of ICU beds that will be retained as general ICU beds or transitioned to general.
6. The last day that Regional Medical Center will receive transfers of Comprehensive stroke patients.

7. Information regarding the status of the Primary stroke center, The Joint Commission survey, and transfer agreements.
8. Clarification regarding the submission of all final data for all programs areas, including Trauma and STEMI, and the continuation of Stroke data submission.

The EMS Agency will require frequent meetings and ongoing communication until the transition to the reduced level of service and will discuss metrics that will be required from Regional Medical Center following the reduction in service.

The public hearing will be noticed as soon as relevant details are available. The impact assessment report will be shared with all stakeholders in mid-April. Please don't hesitate to contact me at 408-794-0610 if you have any questions or concerns.

Sincerely,

Jackie Lowther, RN, MSN, MBA
Director, Emergency Medical Services

County of Santa Clara
Emergency Medical Services System

Emergency Medical Services Agency
700 Empey Way
San Jose, CA 95128
408.794.0600 voice | emsagency.sccgov.org
www.facebook.com/SantaClaraCountyEMS

March 14, 2024

Cristina Rivera, CEO
Regional Medical Center of San Jose
225 N. Jackson Avenue
San Jose, CA 95116

Via U.S. Mail and E-Mail

Re: Request for written plan and response relating to reduction in services

Dear Ms. Rivera:

On February 14, 2024, you provided the Emergency Medical Services (EMS) Agency with written notification that Regional Medical Center of San Jose would be terminating its Hospital Designation Agreements for Trauma and STEMI and downgrading its Stroke Designation from Comprehensive to Primary, effective August 12, 2024.

I informed you on February 20, 2024, that, pursuant to the California Health and Safety Code, the EMS Agency will complete an assessment of the impact of this reduction in services on the emergency medical services system, including conducting a public hearing, which will be held on March 27, 2024, 3:00 p.m.-5:00 p.m. in the Board of Supervisors Chambers, 70 West Hedding Street, San Jose, CA 95110.

The assessment will evaluate the impact of this reduction in services on community access to emergency medical services, including proximity of other facilities, and will incorporate strategies to mitigate the reduction in services with input from our county emergency medical services partners.

The EMS Agency had a virtual meeting with you on March 11, 2024, and asked that the following information be available for discussion:

1. Timeline for reduction of services for each specialty.
2. Mitigation plan in the event there is a decrease in required staff prior to August 12, 2024.
3. Communication plan and timeline for community and partner engagement.
4. Clarification regarding what cardiac services will remain in place (e.g., cardiologist on call in the Emergency Department, follow-up appointments with Good Samaritan Hospital lab/neurology, etc.).
5. Clarification regarding the number of ICU beds that will be retained as general ICU beds or transitioned to general.

Board of Supervisors: Sylvia Arenas, Cindy Chavez, Otto Lee, Susan Ellenberg, S. Joseph Simitian
County Executive: James R. Williams

6. The last day that Regional Medical Center will receive transfers of Comprehensive stroke patients.
7. Information regarding the status of the Primary stroke center, The Joint Commission survey, and transfer agreements.
8. Clarification regarding the submission of all final data for all program areas, including Trauma and STEMI, and the continuation of Stroke data submission.

That meeting yielded little clarity regarding Regional Medical Center's planned mitigation strategies to accomplish a successful reduction in services.

We have a follow-up meeting scheduled for Monday, March 18, 2024, at 1:00 p.m. and request that your full team attend to speak to each aspect of the transition plan. In addition, for the purposes of the State-mandated impact assessment, we require a response to the above information requests in writing by March 20, 2024.

Frequent meetings and ongoing communication between the EMS Agency and Regional Medical Center will be necessary until the effective date of the transition to the reduced level of service and beyond. Furthermore, we will need to discuss the metrics for ongoing data submission that will be required from Regional Medical Center following the reduction in service.

The impact assessment report will be shared with all stakeholders in mid-April. Please don't hesitate to contact me at 408-794-0610 if you have any questions or concerns.

Sincerely,

Jackie Lowther, RN, MSN, MBA
Director, Emergency Medical Services

cc: Jackie Van Blaricum, President
Far West Division

Appendix E – Public Hearing Notice

County of Santa Clara
Emergency Medical Services Agency
700 Empey Way
San Jose, CA 95128
408.794.0600 voice | emsagency.sccgov.org
www.facebook.com/SantaClaraCountyEMS

NOTICE OF PUBLIC HEARING FOR THE SANTA CLARA COUNTY EMERGENCY MEDICAL SERVICES AGENCY FOR THE REDUCTION OF TRAUMA, STEMI, AND STROKE SERVICES AT REGIONAL MEDICAL CENTER OF SAN JOSE

NOTICE IS HEREBY GIVEN that the Santa Clara County Emergency Medical Services Agency intends to conduct a public hearing related to the reduction of trauma, STEMI, and stroke services at Regional Medical Center of San Jose.

On February 13, 2024, Regional Medical Center of San Jose informed the County of their intent to terminate their Hospital Designation Agreement for Trauma, STEMI, and Stroke services, effective August 12, 2024. Consistent with the California Health and Safety Code, a hearing shall be held, so that the public may have the opportunity to provide comment on the intended action.

Members of the public are invited to provide comment at the hearing, which will be conducted by the Santa Clara County Emergency Medical Services Agency as follows:

Date: March 27, 2024

Time: 3:00 p.m. – 5:00 p.m.

Location: Board of Supervisors Chambers, 70 West Hedding Street, San Jose, CA 95110

Members of the public may also participate in the hearing remotely via video conference or telephone.

Video conference: https://sccgov-org.zoom.us/j/95059868490
Telephone: +1 669 219 2599, Webinar ID: 950 5986 8490

Telephone callers press *9 to request to speak, and *6 to unmute when prompted. In the event that there are technical problems or disruptions that prevent remote public participation, the hearing may continue without remote public participation options.

Public comment shall be limited to three (3) minutes per speaker and shall conclude at 5:00 p.m. Those unable to provide comment at the public hearing may do so in writing so long as such communication is received by the Santa Clara County Emergency Medical Services Agency on or before March 27, 2024 at 5:00 p.m. Written communication is to be addressed as follows:

Hearing Officer – Hospital Reduction in Services
Santa Clara County EMS Agency
700 Empey Way
San Jose, CA 95128
Email: emsagency@ems.sccgov.org

Board of Supervisors: Sylvia Arenas, Cindy Chavez, Otto Lee, Susan Ellenberg, S. Joseph Simitian
County Executive: James R. Williams

Appendix F –Public Hearing Agenda

Santa Clara County Emergency Medical Services
Public Hearing
for the Reduction of Trauma, STEMI, and Stroke Services
at Regional Medical Center of San Jose

March 27, 2024
3:00 p.m.-5:00 p.m.
Board of Supervisors Chambers
70 West Hedding Street, San Jose, CA 95110

Agenda

1. Opening Remarks
2. Emergency Medical Services Presentation
3. Regional Medical Center Presentation
4. System Stakeholders Comments
5. Public Comments
6. Closing Remarks

Appendix G – Letters Submitted by Stakeholders and Community Members

March 12th, 2024

Susan Ellenberg
Board President
Board of Supervisors
County of Santa Clara
supervisor.ellenberg@bos.sccgov.org

cc: Sara Cody, MD
Health Officer
and Public Health
Director
Santa Clara
County
sara.cody@phd.sccgov.org

cc: The Honorable
Matt Mahan
Mayor of the City
of San Jose
200 E. Santa Clara
St.
San José, CA
95113
Mayor@sanjoseca.gov

cc: Ash Kalra
California State
Assemblymember
District 25
111 W. St. John
Street, Suite 1150
San José, CA
95113
408-286-2535

cc: Dave Cortese
California State
Senator, District
15
2150 S. Bascom
Ave, Suite 154
Campbell, CA
95008
408-558-129

cc: Cris Rivera
Interim CEO
Regional Medical
Center of San
Jose
225 N Jackson
Ave,
San José, CA
95116

Cc: Dr. Gloria Wu
President SCCMA
700 Empey Way
San Jose, CA
95128

Dear Supervisor Ellenberg,

We, the Super Majority of the Medical Executive Committee (MEC) of Regional Medical Center of San Jose (RMC-SJ), are writing to express our deep concern regarding the recent announcement to discontinue this hospital's status as a Level 2 Trauma Center, Comprehensive Stroke Center, and ST-elevation Myocardial Infarction (STEMI) Receiving Center. We strongly believe that maintaining RMC-SJ's high acuity trauma, STEMI, and Stroke designations are crucial for our community's health, safety, and access to equitable care. We urge you to consider the implications of the decision to discontinue these vital services to our community. Our hospital serves the community as a crucial economic and healthcare partner in access to emergency care, public health and safety, health equity, continuity of care, and community trust and engagement. The significance of these services to our community's health and welfare cannot be overstated—they are essential and should be preserved and expanded. This expansion may necessitate broader access to resources and possibly a reconfiguration of the hospital's catchment area. Maintaining these crucial lifesaving programs aligns with the best interests of the health, safety, and well-being of the East San Jose community. The removal of these key services could detrimentally impact the remaining service offerings at the hospital and compromise both the safety and quality of healthcare provided.

The Medical Executive Committee of the Regional Medical Center of San Jose is dedicated to engaging in collaborative efforts with your office, the county health department, the hospital's administrative leadership, and other relevant parties to devise sustainable strategies that will ensure the continued availability of these vital health services. We appreciate your consideration of this pressing matter and eagerly anticipate your support in maintaining access to these indispensable care services for our community.

Below, we outline why RMC-SJ should continue to serve our community as a vital trauma, stroke, and cardiac care provider with continued and additional support from the City of San Jose, the County of Santa Clara, and the State of California:

Importance of RMC-SJ Stroke, Trauma, and STEMI Services to the Local Community:

- Vital access to emergency care for severe and life-threatening injuries
- Crucial role in public health and safety, especially during mass casualty incidents
- Support for health equity in a diverse and underserved community
- Ensuring continuity of care from emergency treatment through rehabilitation
- Economic impact on the community through job creation and professional training

Community Impact If/When Trauma, Stroke, and STEMI Services Close:

- Potential increase in mortality rates due to longer travel times to alternative centers
- Loss of immediate, specialized care for trauma and stroke victims
- Negative impact on underserved populations, exacerbating health inequities
- Fragmentation of the healthcare system and undermining quality of care
- Economic and academic opportunities lost with the closure of specialized services
- Loss of community trust and engagement
- Loss of RMC-SJ's fostering a culture of health and wellness
- Potential endangerment of community health and safety with the service discontinuation

Detailed Explanation:
Vital Access to Emergency Care: High-acuity specialized medical centers provide time-sensitive expert care for severe and life-threatening injuries. In cases of severe trauma, every second counts, and longer travel times can significantly impact patient outcomes. A local trauma center ensures rapid access to critical care. Studies have shown that the closure of a trauma center increases the mortality of critical patients by 29% in the first two years after closure. Moreover, an increased distance to a trauma center increases mortality rates for severely injured patients.

RMC-SJ's trauma services are a critical component of the emergency medical services system, providing immediate, life-saving care to more than 2,400 patients per year with severe injuries in Santa Clara County, East San Jose and from 84 referral hospitals. The hospital is surrounded by busy roads and highways that experience higher vehicular accident rates than in rural areas. Given its location, RMC-SJ provides emergency trauma care to critically injured patients in East San Jose and beyond. The hospital's trauma service is in the top 10% of all trauma hospitals nationwide. Without this access to RMCs critical care, residents may have to travel significant distances to reach the nearest trauma centers at Santa Clara Valley or Stanford Medical Centers to receive treatment for potentially life and limb-threatening injuries. This delay increases the chances that they will have preventable adverse outcomes. The residents in East San Jose already face limited access to care, and the loss of RMC-SJ's trauma services further endangers their critical access to emergency medical services.

Like trauma, when a patient has a stroke, every second counts. RMC-SJ is among the top 5 % of hospitals in the USA with a Comprehensive Stroke Center. It has the largest volume of stroke patients in the Bay Area. The majority of stroke and STEMI patients come to our emergency room through the front doors without ambulance use. These critically ill patients will have to be transferred to another facility, losing precious treatment time that can increase unfavorable outcomes. Studies have shown that an untreated patient can lose 1.9 million neurons every minute during a stroke.

Public Health and Safety: Not only do trauma centers play a vital role in individuals' injury care, but they also belong to a greater network of trauma hospitals available to treat victims of mass casualty incidents and natural disasters. Their presence ensures that the community has immediate access to highly specialized trauma and disaster care during large-scale injury events. These services are also critical in underserved areas lacking the resources to handle such events effectively. RMC-SJ is a Level 2 Trauma Center equipped to handle such events and provide rapid, multispecialty, acute specialized treatment for those in the South Bay and East San Jose. Without the RMC-SJ trauma center, the community will be at greater health risk.

Health Equity: RMC-SJ Level 2 Trauma Center, Comprehensive Stroke Center, and STEMI Receiving Center are crucial for addressing health disparities by providing high-quality, specialized care to all segments of

the local population, including underserved communities. East San Jose is characterized by its dense and culturally diverse population, with many immigrant and low-income families. This diversity necessitates healthcare services that are culturally sensitive and accessible to people from various backgrounds, including those who might face barriers to accessing care. Eliminating the RMC-SJ's trauma, stroke, and STEMI services would disproportionately affect those with already limited access to healthcare, further exacerbating health inequities in our community.

Continuity of Care: RMC-SJ's Level 2 Trauma Center, Comprehensive Stroke Center, and STEMI Receiving Center are integral to a comprehensive healthcare system, ensuring continuity of care from emergency treatment through rehabilitation. Closing these services would fragment this system, undermining patient outcomes and the overall quality of care. These services are particularly important in underserved communities, where patients may face challenges navigating the healthcare system or accessing follow-up care.

Economic Impact: RMC-SJs Level 2 Trauma Center, Comprehensive Stroke Center, and ST-elevation Myocardial Infarction (STEMI) Receiving Center benefit an underserved community economically. The hospital creates jobs, attracts healthcare professionals, and can stimulate improvements in local infrastructure. Further, by providing immediate and specialized care, RMC-SJ can help reduce long-term healthcare costs associated with delayed treatment or the need to seek care outside the community. Closing these pivotal programs at RMC-SJ will significantly negatively impact the already economically challenged community. Additionally, these services bring some of the country's best medical professionals into the community. The multiple medical services supporting trauma care contribute to training medical professionals like medical students, physician assistants, nurses, and fellows. Many of these trained professionals remain in the community and improve the local quality of care. Trauma and stroke care physicians have performed medical research published in highly regarded peer-reviewed journals such as the New England Journal of Medicine. Such opportunities can be particularly beneficial in East San Jose by promoting local talent and enabling career healthcare opportunities in healthcare. Suppose the RMC-SJ Level 2 Trauma Center, Comprehensive Stroke Center, and STEMI Receiving Center are closed. In that case, all the economic, educational, and academic opportunities that come with that function will be lost to the community.

Community Trust and Engagement: Level 2 Trauma Center, Comprehensive Stroke Center, and STEMI Receiving Center have enhanced community trust in the local healthcare system. These programs have promoted injury prevention, stroke awareness, disaster preparedness, and health education initiatives, which have fostered a culture of health and wellness in East San Jose. Both physicians and their patients continually rely on the hospitals' ability to handle complex injuries and medical issues, with no other entity in the area that can treat these conditions.

In sum, RMC-SJ is vital for providing essential trauma, stroke, and cardiac care to an underserved community, acting as a lifeline for East San Jose's health, safety, and economic stability. The loss of these services not only endangers those injured in the East San Jose area but also mass casualty events in the greater South Bay region. Further, the closure of the trauma center disproportionately places those who live in the East San Jose area, with its already underserved populations, at significantly greater risk following traumatic injury.

Considering the above points, we respectfully request the reconsideration of the plan to discontinue RMC-SJ's Level 2 Trauma Center, Comprehensive Stroke Center, and ST-elevation Myocardial Infarction (STEMI) Receiving Center. These services are critical to the well-being of our community and need to be

maintained and then grown, requiring increased access to resources, which may include restructuring the hospital's catchment area. Preserving the hospital's critical life-saving programs is in the best interest of the East San Jose community's health, safety, and well-being. Selectively eliminating these vital services will negatively affect all remaining service lines in the hospital and the safety and quality of medical care.

The Medical Executive Committee of Regional Medical Center of San Jose is committed to working collaboratively with you and your office, the county's health department, the administrative leadership of the hospital, and other stakeholders to find sustainable solutions that will support the ongoing operation of these essential medical services. Thank you for your attention to this urgent issue, and we look forward to your support in ensuring that our community continues to have access to these critical care services.

Sincerely,

Amir Matityahu, MD
The President of the Medical Staff
Representing the Majority of the
Medical Executive Committee
Regional Medical Center of San Jose

March 22nd, 2024

Hearing officer

Hospital Reduction in Services

Santa Clara County EMS Agency

700 Empey Way

San Jose CA 95128

Subject: Opposition to proposed cancellation of Regional Medical Center of San Jose (RMC-SJ) status as a Level 2 Trauma Center, Comprehensive Stroke Center, and ST- elevation Myocardial Infarction (STEMI) Receiving Center

Dear Hearing Officer,

I want to express my strong opposition to the HCA decision to close Regional Medical Center of San Jose (RMC-SJ) status as a Level 2 Trauma Center, Comprehensive Stroke Center, and ST- elevation Myocardial Infarction (STEMI) Receiving Center. The importance of these services cannot be overstated, and I wish to underscore several critical points:

1. **Essential Trauma Services**: RMC-SJ's role in our emergency medical services system is indispensable, offering immediate, life-saving interventions. The proximity of trauma care significantly influences patient survival rates; studies indicate a 29% increase in mortality for critically injured patients following the closure of nearby trauma centers. Our data reveals a notable volume of trauma cases, with a concerning drop in 2023 linked to reduced service offerings and leadership changes, exacerbating the risk to our community.

2. **Stroke and Cardiac Care Excellence:** Our Comprehensive Stroke Center has demonstrated remarkable growth, with patient volumes increased by 22% in 2023. This growth highlights our critical role in the region's healthcare landscape, particularly in administering advanced treatments for stroke and cardiac emergencies.

3. **Impact on Underserved Populations:** Termination of these programs at RMC would severely impact the underserved community of East San Jose. Imagine transporting critically sick patients to sister facility Good Samaritan Hospital which is 14.7 miles away with unpredictable traffic conditions would be a decision between life and death. In the pandemic times, when this community had highest number of Covid 19 patients in the county, Good Samaritan Hospital didn't accept patients despite several efforts. It took 37 years for trauma program, and 20 years for stroke and cardiology to reach this level. It would be a huge loss to the local community. Adjoining hospitals will be put under tremendous pressure to meet the demand. Lots of experienced physicians would be forced to leave the local area.

4. **Historical Precedents and Health Equity**: In the past about 10 years ago, RMC closed down pediatrics. About 4 years ago, RMC terminated Ob/Gyn, Labor/Delivery and Neonatal Units causing

tremendous hardship to local population. If we let them to close down these programs also, health equity and diversity would be impacted severely. Health entity should not selectively choose which essential services they should provide and which one they shouldn't. There was a reason and need for these programs to be built in the first place, and there is no change in ground realities.

5. **Lack of Inclusive Decision-Making**: Medical Executive Committee and Board of Trustee of Regional Medical Center are not part of this decision. In fact, they were kept in the dark. There was a retreat done on 11/07/23 where ideas were asked to improve the services at RMC in the presence of corporate leaders, including President Far West Division Jacki VanBlaricume . All the discussions and ideas were duly noted but not acted on. Neither MEC nor BOT get monthly feedback about financial health of the hospital and any efforts to improve it. BOT at RMC is entrusted only with credentialing and quality maintenance. Real Board with functions of major decisions for the hospital including termination of services is done at corporate level to which we have no local representation. All vital decisions regarding RMC-SJ are being taken without any local representation.

I strongly believe that county shouldn't let HCA close these vital services compromising health and wellbeing of a vulnerable population. This is against the principles of Health Equity and Diversity. We should encourage HCA to work with MEC and BOT at RMC-SJ to improve the financial health of the hospital. There is no short cut to success and if you don't learn from history, history repeats. Tomorrow HCA may come back after a few years to ask for more cuts/reductions to a community hospital which has already been made dysmorphic with no pediatric/ob/Gynae /GI/Nephrology services. There is no more room to disfigure it further.

Sincerely,

Raj Gupta

Raj Gupta MD

Ex President Medical staff RMC

Director Stroke and Neurosciences RMC

Appendix H – Public Hearing Presentations

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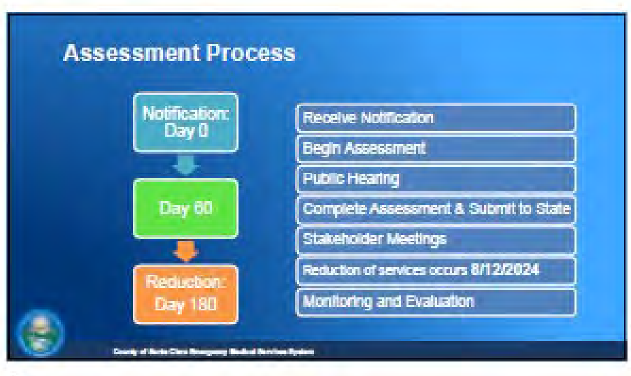

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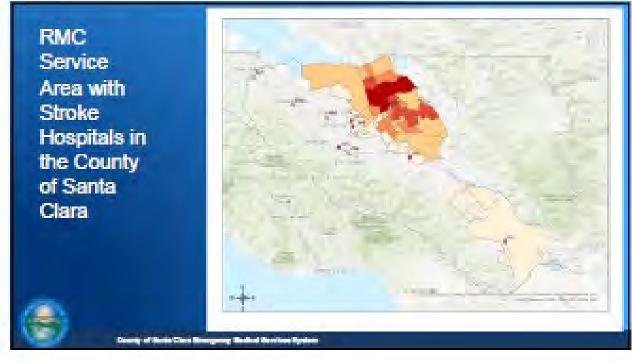

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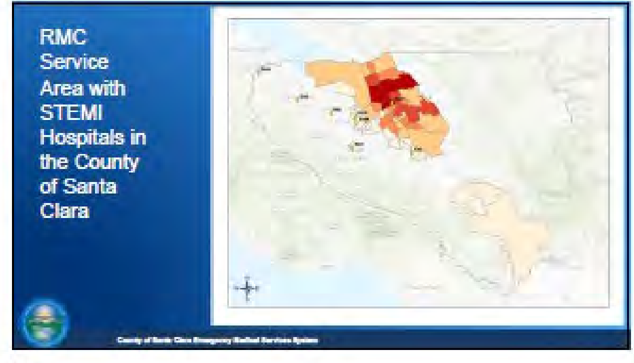

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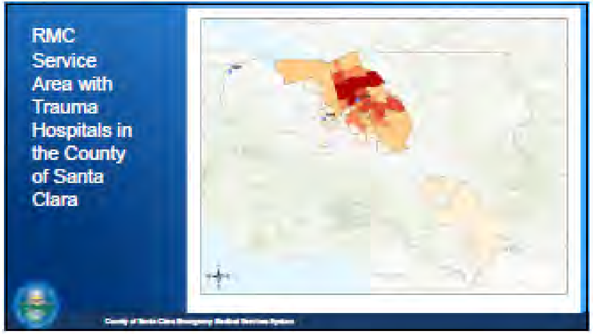

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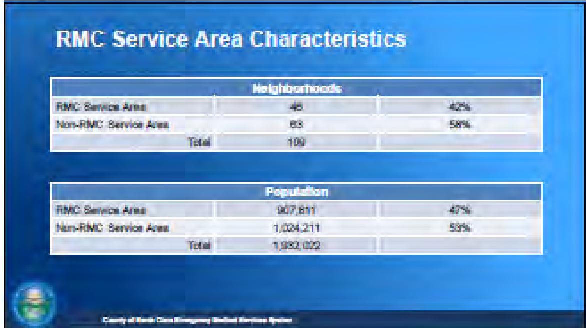

Neighborhoods		
RMC Service Area	46	42%
Non-RMC Service Area	63	58%
Total	109	

Population		
RMC Service Area	907,811	47%
Non-RMC Service Area	1,024,211	53%
Total	1,932,022	

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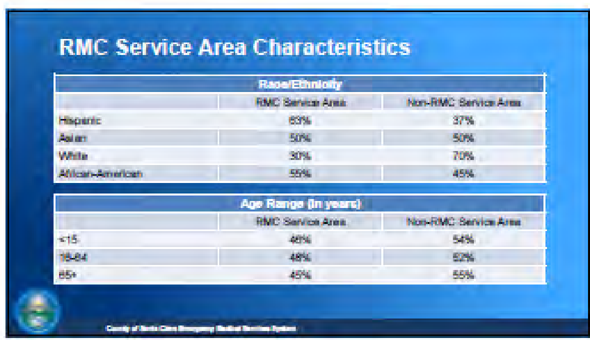

Race/Ethnicity		
	RMC Service Area	Non-RMC Service Area
Hispanic	63%	37%
Asian	50%	50%
White	30%	70%
African-American	55%	45%

Age Range (in years)		
	RMC Service Area	Non-RMC Service Area
<15	46%	54%
18-64	48%	52%
65+	45%	55%

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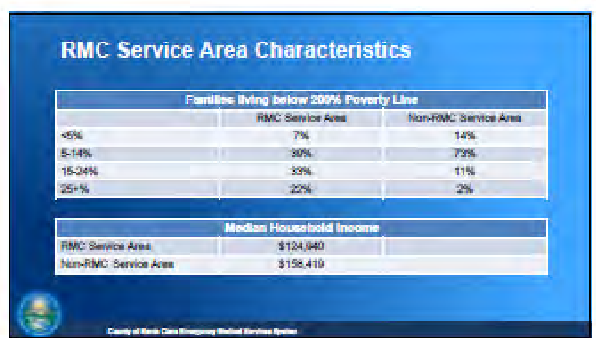

Families living below 200% Poverty Line		
	RMC Service Area	Non-RMC Service Area
<5%	7%	14%
5-14%	30%	73%
15-24%	33%	11%
25+%	22%	2%

Median Household Income		
RMC Service Area	$124,040	
Non-RMC Service Area	$159,419	

10

Hospitals	Miles from Regional (Shortest Route Rounded Up to Whole Mile)	Travel Time (Under Ideal Traffic Situations)
O'Connor	9	14
Valley Medical Center	10	16
Kaiser-Santa Clara	13	18
Kaiser-San Jose	14	18
El Camino-Los Gatos	14	19
Good Samaritan	15	18
El Camino-Mountain View	15	24
Stanford Medical Center	21	33
Palo Alto Veterans	25	28
Saint Louise	31	32

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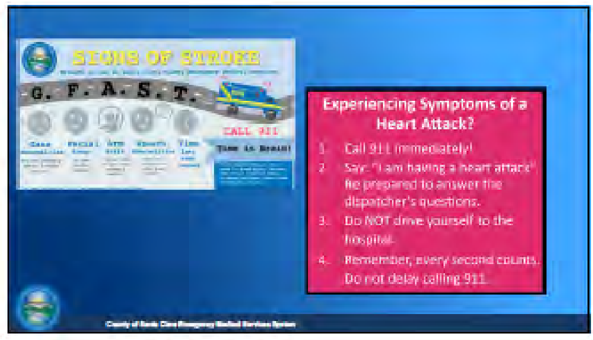

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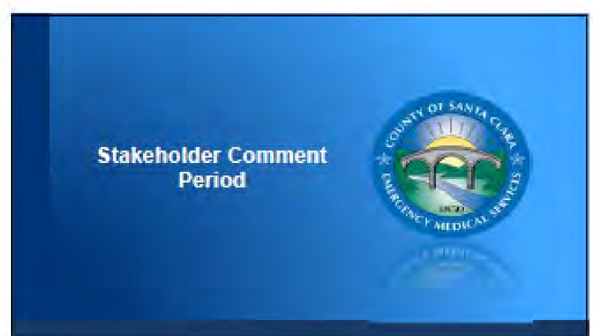

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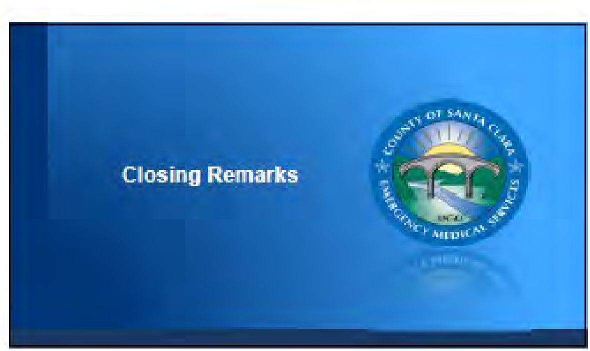

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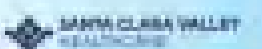
Key points

- RMC's Trauma, STEMI and Comprehensive Stroke Services are critical to the community and closure will directly and indirectly affect patient safety and outcomes
- Delayed access to trauma services will affect care for those patients, with longer transport times, delay in definitive care and potential increased morbidity and mortality
- Closure of services will cause an immediate cascade of negative effects to other hospitals in the area, with predicted increased demand for transfers out of RMC – resulting in increased need for ambulances, longer ED wait times related to congestion and prolonged waits for more limited specialty care
- Our shared community and its most vulnerable members will be disproportionately affected by these closures

SCVH Physician Leader Panel

- Brian McBeth, MD – Chief Quality Officer, SCVH
- Dan Nelson, MD – Chair of Department of Emergency Medicine, SCVMC
- Praveen Anchala, MD – Medical Director of Radiology, SCVH; Chair of Radiology, SCVMC
- Adella Garland, MD – Trauma Medical Director, SCVMC
- Tiffany Castillo, MD – Chair of Orthopedic Surgery, SCVMC
- Patricia Salmon, MD – President Elect, Medical Leadership Council, SCVMC; Chief of Adult Endocrinology, SCVMC



Brian McBeth, MD – Chief Quality Officer, SCVH

RMC vs. SCVH Patient Mix

- RMC Trauma Closure Will Directly Impact SCVH

Compromise of Trauma Care

- "Golden hour" of trauma represents an opportunity for early intervention, hemorrhage control and definitive care
- Delays and longer transport times have been associated with increased mortality, especially with hemorrhagic shock

Hsia RY, Srebotnjak T, Maselli J, Crandall M, McCulloch C, Kellermann AL. The association of trauma center closures with increased inpatient mortality for injured patients. J Trauma Acute Care Surg. 2014 Apr;76(4):1048-54.

Okada K, Matsumoto H, Saito N, Yagi T, Lee M. Revision of 'golden hour' for hemodynamically unstable trauma patients: an analysis of nationwide hospital-based registry in Japan. Trauma Surg Acute Care Open. 2020 Mar 10;5(1):e000405.

Table 1

Stey AM, Byskosh A, Etkin C, Mackersie R, Stein DM, Bilimoria KY, Crandall ML. Describing the density of high-level trauma centers in the 15 largest US cities. Trauma Surg Acute Care Open. 2020 Oct 9;5(1):e000562.

	Population	Size (km²)	Population density (persons/km²)	High-level trauma centers	[illegible]	[illegible]
New York	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Los Angeles	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Chicago	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Houston	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Phoenix	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Philadelphia	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
San Antonio	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
San Diego	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Dallas	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
San Jose	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Austin	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Jacksonville	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
San Francisco	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Columbus	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Indianapolis	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Possible Trauma Volume Impact

- Possible increases in trauma volume based on three hypothetical EMS diversion scenarios:
  - Minimum: 40% of RMC cases to SCVH (30% increase in SCVH volume)
  - Mid: 75% of RMC cases to SCVH (50% increase in SCVH volume)
  - Max: 100% of RMC cases to SCVH (70% increase in SCVH volume)
- Estimated impact for direct trauma cases only and does not include subsequent, downstream care and/or volume

EST. TRAUMA IMPACT TO SCVH	Min (30% inc.)	Mid (50% inc.)	Max (70% inc.)
Trauma Cases	1,280	1,900	2,600
Cases/Day	3.5	5.2	7.1
Patient Days (ICU)*	2,544	4,000	5,779
Patient Days (Med/Surg)	580	1,001	1,576
ADC	8.6	13.7	20.1
OR Cases	205	314	473
OR Cases/Day	0.6	0.9	1.3

*ICU includes all intensive care units (e.g. TICU, BICU, etc.)

Need for specialty care and follow up

- Lack of access to specialties will reduce RMC's ability to care for patients in their ED, increasing need for acute transfers
- RMC's proposed plan to increase their ED facility space to churn through ED patients is flawed and creates significant patient safety concerns:
  - Total admissions to RMC will increase as ED volume increases
  - In the setting of reduced specialty services at RMC, transfers to other facilities for higher level of care will increase
  - Patients will quickly fill RMC ED and inpatient beds, waiting for care and transfers
- For RMC discharged patients, follow up with specialists will also be reduced, leading to longer wait times for clinic appointments and potentially compromising care.
- This impact will be disproportionately felt by the most vulnerable communities while SCVH works to increase access to care for these patients.

Direct EMS effects

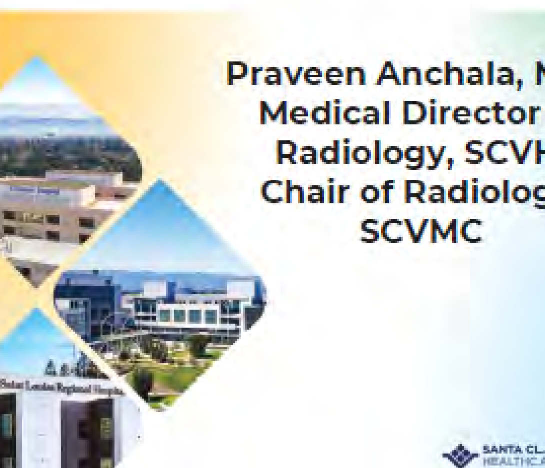
- Significant increase in EMS transfer requests out of RMC ED should be anticipated due to lack of specialists' availability
- Demand on the EMS system will directly increase, with anticipated prolonged waits for ambulance availability and significant increase in Ambulance Patient Offload Times (APOT)
- Anticipate a cascade effect that could affect community access to EMS response times across Santa Clara County

SCVH will continue to serve the entire community

- We are the safety net, public hospital system
- As such, we are committed to providing safe, quality care to any and all patients
- The abrupt closure of RMC's critical services poses an unacceptable risk to public safety, and disproportionately to the most vulnerable members of our communities
- This timeline does not allow adequate time for SCVH to expand our capacity to accommodate this significantly increased demand
- SCVH will need to secure additional resources to invest in facilities, staff and infrastructure

Dan Nelson, MD – Chair of Department of Emergency Medicine, SCVMC

SANTA CLARA VALLEY HEALTHCARE



Tiffany Castillo, MD – Chair of Orthopedic Surgery, SCVMC

Specialty Impact

- RMC already has limited specialty care coverage in multiple medical specialties. Closure of the STEMI, comprehensive stroke, and trauma programs will further exacerbate this problem.
- The loss of specialty services at RMC has already had an impact on SCVH, particularly in Gastroenterology and Nephrology.
- In 2023, coinciding with RMC's loss of GI coverage, VMC experienced:
  - 40% increase in the number of inpatient GI consults
  - 40% increase in the number of GI procedures requiring assistance of anesthesiologists

Specialty Impact

- The increased demand for inpatient services requires SCVH to shift resources from the outpatient to the inpatient setting. Until increased capacity can be built, outpatient access will be reduced across multiple specialties.
  - Currently, 1/3rd of VMC specialty clinics have limited access for new patients and are redirecting care outside of SCVH to ensure timely access to care.
- Immediate impact will be seen in Cardiology, Neurology, and surgical specialties, resulting in reduced outpatient services.
  - Patients seen for hospital care will likely require outpatient follow-up, for which access may be limited.
  - Anticipate increased volume in other medical specialties to address comorbidities associated with cardiovascular disease and trauma-related injuries.
- To minimize delays in patient care, VMC will likely need to redirect more patients outside of the system for outpatient specialty services, which will increase outside medical costs and further fragment care.

Lack of access to timely cardiac care

- Cardiovascular disease is the leading cause of death for adults in the US
- Closure of RMC's STEMI receiving capability will directly affect cardiac care for the surrounding community
  - Many STEMI patients self present to emergency rooms
- Early revascularization saves lives! Time is critical for intervention in STEMIs, with national benchmarks (ACC/AHA) of 90 minutes or less for door-to-balloon time for revascularization
- With added transport times and reduced access, we can expect increased morbidity and mortality
- Non-STEMI care also will be affected by limited RMC cardiac catheterization lab availability, which will reduce RMC's ability to admit and treat cardiac patients, leading to increasing transfer burden

Shen YC, Hsia RY. Association Between Emergency Department Closure and Treatment, Access, and Health Outcomes Among Patients With Acute Myocardial Infarction. Circulation. 2016 Nov 15;134(20):1595-1597

Closure of Comprehensive Stroke Center

- Closure of RMC's Comprehensive Stroke Center will limit access for complex stroke patients across Santa Clara County – including those with an urgent need for endovascular thrombectomy, neurocritical care services and neurosurgical treatment of intracranial aneurysms
- Time-sensitive therapies such as endovascular intervention are expected to see longer wait times that can lead to increased morbidity
- Burden of these complex stroke patients will be born by remaining Comprehensive Stroke Centers at Stanford and Good Samaritan Hospital

April 12, 2024

Santa Clara County Board of Supervisors
County of Santa Clara
70 W. Hedding Street – 10th Floor, East Wing
San José, California 95110
Sent via electronic mail

Re: Reduction of trauma services at Regional Medical Center

Dear President Ellenberg, Vice President Lee, and Members of the Board of Supervisors:

I write to you on behalf of the Silicon Valley Council of Nonprofits (SVCN), an alliance of community-based organizations working to advance the role, voice, and capacity of the nonprofit community in Santa Clara County so it can be a force for positive social change and support the creation of equitable, vibrant, and thriving communities.

As a nonprofit that serves hundreds of community-based organizations that in turn serve thousands of community members who would be impacted by the proposed reduction of trauma and specialty care services at Regional Medical Center of San José, we are extremely concerned.

In addition to the likely individual, community, and system impacts that such a reduction would have—as thoroughly documented in the Impact Assessment—we are especially concerned about the disparate impact it would have on communities that have been historically disenfranchised and continue to suffer health outcome disparities, largely working-class communities of color in East San José.

We call on the Board of Supervisors to do everything within its power to engage with HCA and applicable regulators to prevent this closure and, that failing, work with the community and partners to alleviate the likely harms.

We also publicly call on HCA to put patients over profits and to act in the best interests of the community by keeping the trauma and specialized services intact

at Regional Medical Center. Closing these critical services essentially redlines healthcare in our county.

Lastly, it is important for the community most affected by a potential service reductions to be provided with full information about the reductions and their effects, in a context that is accessible for hard-working community members and their families. The County should host a public meeting near the hospital site where this information can be provided and the community can be heard, at a time when and location where it's more likely that community members could attend.

Thank you for your attention to our feedback.

In community,

Kyra Kazantzis, CEO

About SVCN

Silicon Valley Council of Nonprofits (SVCN) advances the role, voice, and capacity of the nonprofit community in Santa Clara County so it can be a force for positive social change and support the creation of equitable, vibrant, and thriving communities. SVCN has committed to be a change-agent and a model of possibility by centering racial justice, equity, diversity, and inclusion principles in everything SVCN does internally and externally. One of our strategic commitments is to support the nonprofit ecosystem by being a trusted source and hub of information, resources, and connection for nonprofits across Silicon Valley, that facilitates nonprofit collaboration and collective impact. We also leverage our power, positionality, and access, in order to partner with, amplify, and support community to influence decision-makers to change systems in ways that address the biggest challenges facing nonprofits and the communities they serve. SVCN's nonprofit membership is 170+ strong; we also offer Ally Membership to individuals, businesses, and foundations. To learn more about SVCN please visit www.svcn.org.

17575 Peak Avenue
Morgan Hill, CA 95037-4128
TEL: (408) 779-7271
FAX: (408) 779-3117
www.morganhill.ca.gov

April 12, 2024

County Board of Supervisors
70 West Hedding
San Jose, CA 95110
BoardOperations@cob.sccgov.org

RE: April 16, 2024 Board of Supervisors Meeting
Item #9 – Regional Medical Center Specialty Care Services Reduction Impact Assessment

Dear Board of Supervisors,

The City of Morgan Hill would like to formally oppose the reduction of services at Regional Medical Center (RMC). The announcement of RMC reducing trauma and specialty care services poses significant risks to South County residents whose closest emergency rooms are situated 9 or 13 miles from Morgan Hill and the nearest trauma center is already 25 miles away. This situation is exacerbated by the delayed EMS response times our community is experiencing.

As indicated in the County's Impact Assessment, the City of Morgan Hill is deeply troubled by the potential ramifications of these reductions. The key issues that come to the forefront are:

- Exacerbation of Healthcare Disparities: Hospital reductions and closures have been shown to worsen healthcare disparities, particularly affecting seniors and low-income patients who rely on nearby hospitals for care. Increased distance to the closest hospital could lead to higher mortality rates from heart attacks and unintentional injuries, placing an additional burden on already vulnerable populations.

- Impact on Follow-Up Care: The closure of specialized hospital units not only disrupts acute care but also hampers follow-up care for patients with chronic conditions. Longer travel distances to healthcare providers may result in missed appointments, medication non-adherence, and delayed interventions, ultimately contributing to worsened health outcomes and increased healthcare costs.

Ultimately, the closure of specialty services at RMC not only challenges the immediate functionality of the EMS system but will also influence the long-term mortality and morbidity impacts on vulnerable populations. We are grateful to the County for the recent investment in Valley Health Center Morgan Hill and for the County's continued effort to strengthen healthcare infrastructure, expand access, and promote health equity within the community. The City of Morgan Hill stands ready to work with the County and other relevant parties to find sustainable solutions that prioritize the needs of our community.

Respectfully submitted,

Christina Turner
City Manager

From:	K'Ailsa Rowan
To:	BoardOperations
Cc:	Chavez, Cindy
Subject:	[EXTERNAL] San Jose Regional
Date:	Friday, April 12, 2024 5:05:27 PM

Dear County Supervisors,
I am writing to ask the board of supervisors to recommend *against* closing the trauma center at San Jose Regional Medical Center. Closing this trauma center would have a disproportionate effect on access to healthcare in the eastern side of San Jose, including a negative impact on many lower income people. It would cause a significant increase in patient transfers and delays in treatment as people try to access other trauma centers that are already overburdened.

The population of San Jose would not be well served by closing this trauma center.

Warmly,
Kaye-Ailsa Rowan
San Jose, CA
District 2, 95112
—
(K'Ailsa) Kaye-Ailsa Rowan | she/her/hers

From:	Steve Eckert
To:	BoardOperations
Cc:	District1
Subject:	[EXTERNAL] Item 9 - Public Comment Regarding Regional Medical Center Closure of Specialty Services
Date:	Saturday, April 13, 2024 8:41:45 PM
Attachments:	image001.png

Dear Santa Clara County Board of Supervisors,

On behalf of Alum Rock Counseling Center, and the clients we serve, we urge you to find a way to avoid closure of the Regional Center Specialty Services.

- **Removal of critical services will negatively impact East San Jose and South County.** Regional Medical Center has been a critical lifeline for our East San Jose and South County residents – this closure and delayed access to receiving critical lifesaving care *will* lead to increased travel time and transportation barriers for patients and EMS, resulting in *delayed care* which will inevitably increase the likelihood of complications or death to trauma patients, including our most vulnerable youth, and critically ill community members.

- **Increase in health disparities to communities that are already disproportionately impacted by adverse health outcomes.** The systematic closure of health services at Regional Medical Center has already closed include pediatric and labor and delivery services, and now the future closure of life-saving trauma, stoke, and heart attack services will have devastating and disproportionate impacts on our must vulnerable communities that will further exacerbate existing healthcare services.

Thank you for your care and attention to this issue,

Steve Eckert, MSW
Chief Executive Officer
Alum Rock Counseling Center
1245 E. Santa Clara St.
San Jose, CA 95116
(he, him, his)

www.alumrockcc.org

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From:	jorge mendoza
To:	BoardOperations
Cc:	District1
Subject:	[EXTERNAL] Item 9 – Regional Medical Center Specialty Care Services Reduction Impact Assessment
Date:	Sunday, April 14, 2024 6:49:10 PM

Good afternoon,

my name is Jorge Mendoza and I am a resident of Gilroy Ca. A family member of mine was attended at this hospital and so have a few of my friends for the easy access we have to this hospital. Removal of critical services will negatively impact East San Jose and South County. Regional Medical Center has been a critical lifeline for our East San Jose and South County residents – this closure and delayed access to receiving critical lifesaving care *will* lead to increased travel time and transportation barriers for patients and EMS, resulting in *delayed care* which will inevitably increase the likelihood of complications or death to trauma patients, including our most vulnerable youth, and critically ill community members.

Enviado desde Yahoo Mail para iPhone

From:	Dolores A
To:	BoardOperations
Cc:	District1; Chavez, Cindy; Lee, Otto; Ellenberg, Susan; Supervisor Simitian
Subject:	[EXTERNAL] Item 9, Board of Supervisors Meeting April 16,2024
Date:	Monday, April 15, 2024 7:54:02 AM

Dear Supervisor Ellenberg (D4), President, Santa Clara County's Board of Supervisors,
Supervisor Arenas (D1). Supervisor Chavez (D2),
Supervisor Lee (D4), and Supervisor Simitian (D5) :

My name is Dolores Alvarado and I am writing to you on behalf of the association of community health centers, Community Health Partnership. Our membership includes 10 primary care centers with 39 sites throughout Santa Clara and San Mateo counties. I am also writing to you as a resident of District One. (Morgan Hill).

We are concerned about RMCs decision to remove services from their trauma center. The removal of critical services will negatively impact East San Jose and South County and will **incr**ease health disparities to communities that are already disproportionately impacted.

Regional Medical Center has been a critical lifeline for our East San Jose and South County residents. This closure and delayed access to receiving critical lifesaving care *will* lead to increased travel time and transportation barriers for patients and EMS, resulting in *delayed care* which will inevitably increase the likelihood of complications or death to trauma patients.

In 2017, my husband shattered his arm as a result of falling off a ladder. Fortunately, he was transported to Regional Medical Center where he had surgery, treatment, and follow-up. Upon arrival at the hospital, our family was treated with kindness, professionalism, and given relevant information. The surgeon spent time with us explaining the recommended course of the treatment and options to consider. Most importantly, my husband's arm was treated on a timely basis, avoided infection, salvaged, and is now stronger and healthier than ever.

In conclusion:
RMCs closure poses a serious threat to our healthcare system. No doubt, the closure will seriously impact Valley Medical Center's system and their patients, our community health centers' patients, and exacerbate already existing health disparities throughout the county. We have a strong relationship with Valley Medical Center and are here to support the BOS in keeping trauma services in East SJ.

Please feel free to include us in future community meetings. CHP and Community Health Centers have a strong presence in ESJ and have often worked with community groups to keep and enhance health care access.

Thank you.

Dolores Alvarado | Chief Executive Officer
408 N. Capitol Ave. San Jose, Ca 95133
Main Line: 408.556.6605| 408.579.6000
"Stay informed; sign up for our **Newsletter** today!"

Moorpark Office
Gordon N. Chan Community Services Center
2400 Moorpark Ave. Suite #300
San José, CA 95128

April 15, 2024

The Honorable Susan Ellenberg, President
and Members of the Board of Supervisors
County of Santa Clara
70 West Hedding Street
East Wing, 10th Floor
San José, CA 95110

Subject: BOS Agenda Item 9 – Regional Medical Center Specialty Care Services Reduction

Dear President Ellenberg and Members of the Board of Supervisors,

On behalf of Asian Americans for Community Involvement (AACI), I am writing to voice our deep concern over the planned reduction of specialty care services at Regional Medical Center of San Jose (RMC). The implications of this action could have a significant negative impact on both the availability and accessibility of critical emergency services for heart attacks and strokes in the county's east side, exacerbating already significant health disparities and barriers to healthcare access in those communities. AACI is also concerned about the ripple effect this service reduction would have across the healthcare delivery system in the region, diverting patients who would have otherwise been seen at RMC to other trauma centers already struggling to keep up with the community's growing needs. As you review the draft impact assessment on today's agenda, we urge the Board of Supervisors and the County to do all it can, in partnership with community, to maintain critical emergency services.

In 2018, Sutter Health proposed closing its Alta Bates Campus in Berkeley, California by 2030. Among the many services it provided, the Alta Bates Campus has an emergency department that serviced high-need communities along the I-80 corridors in West Alameda and West Contra Costa Counties. As a then graduate student at the UC Berkeley School of Public Health, I was a contributor to the Health Impact Assessment that determined the impact the closure would have on the community. Our research yielded alarming findings, many of which share similarities to the findings of the County impact assessment for RMC's service reduction. Both predict a significant reduction of access to urgent and emergency care for vulnerable populations including people with disabilities, the uninsured, people of color, pregnant women, and the unhoused. A regional reduction in emergency department capacity would also mean increased wait times, longer travel times to the next-closest trauma center, and overall reduced regional preparedness for future surge events such as pandemics and natural disasters.

As one of only three adult trauma centers in Santa Clara County, RMC is a key component to the region's emergency response infrastructure. And although RMC's emergency department will remain open, the elimination of its comprehensive stroke center would mean stroke patients presenting at RMC would need to be transported to other trauma centers, significantly increasing the time it would take to receive lifesaving medical interventions. We at AACI cannot stress enough the potential harm this could have on vulnerable and already underserved communities in East San Jose.

We thank the Board for its attention to this critical issue and urge you to leverage all of the County's resources and influence to maintain these lifesaving services.

Sincerely,

Vaughn Villaverde, MPH
Director of Advocacy

(408) 975-2730 www.aaci.org

From:	Ranjani Chandramouli
To:	BoardOperations
Cc:	District1; dolores@chpscc.org
Subject:	[EXTERNAL] Item 9 – Public Comment Regarding Regional Medical Center Closure of Specialty Services
Date:	Monday, April 15, 2024 1:36:17 PM
Attachments:	image001.png image002.png image003.png image004.png image005.png image006.png image007.png image008.png image009.png

Dear Board of Supervisors,

We, at Gardner Health Services Executive Leadership Team, believe Regional Medical Center has been a critical lifeline for our East San Jose and South County residents – this closure and delayed access to receiving critical lifesaving care will lead to increased travel time and transportation barriers for patients and Emergency Medical Services (EMS), resulting in *delayed care* which will inevitably increase the likelihood of complications or death to trauma patients, including our most vulnerable youth.

Regional Medical Center has already closed certain essential services. This closure will have an extremely devastating impact on our vulnerable population and create a huge health disparity in the service rendered to this population.

We are here as medical providers to enable our patients to seek critical services without which their lives can be seriously compromised and this can bear a very negative financial impact that will affect many organizations.

We, as medical professionals are here to save the lives and NOT jeopardize their outcomes in a negative manner.

Closing the Trauma Center would be the ultimate failure of our responsibility to protect the vulnerable people of our county.

Best Regards,

Gardner Health Services Executive Leadership Team:

Rafael Vaquerano, CEO

Dr. Ranjani Chandramouli, CMO

Efrain Coria, COO

Guillermo Viveros, CFO

Dr. Ranjani Chandramouli
Chief Medical Officer

Gardner Health Services | Corporate Office
160 E. Virginia St., Ste. 100
San Jose, CA 95112
Office: 408.272.6326
Email: rchandramouli@gfhn.org
https://gardnerhealthservices.org

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From: Forrest Nixon
To: BoardOperations
Subject: [EXTERNAL] Item 9: Receive report on reduction of services at Regional Medical Center
Date: Monday, April 15, 2024 3:38:58 PM

RE: Item 9: Receive report on reduction of services at Regional Medical Center

Dear Members of the Board of Supervisors:

We live in difficult times. It is gut-wrenching when people make decisions which will make things even worse.

That is what HCA is doing with their decison to close the trauma center at Regional Medical Center. I became acquainted with HCA last summer when they closed Mission Oaks Psychiatric Hospital. When I googled HAC there were basically two types of articles: glowing articles about their stock performance and depressing articles about medical failings at the HCA hospitals nationwide. I would strongly urge everyone to google HCA and see what you find.

I concluded HCA was using our community's medical and psychological needs to generate their profits and didn't give a damn about our well-being.

I see HCA's decision to close the trauma center at Regional Medical Center as a confirmation of that pattern. People will die as they are transported to other hospitals. How clear can it get that HCA doesn't give a damn for us!

Please do everything you can to stop HCA from closing the trauma center! Also, we would be wise to do all we can to get HCA to leave our county.

Sincerely,

Forrest Nixon

County of Santa Clara

Office of the Sheriff

55 West Younger Avenue
San Jose, California 95110-1721
(408) 808-4900

MEMORANDUM

Robert Jonsen
Sheriff

TO:	Board of Supervisors, County of Santa Clara James Williams, County Executive Curtis Boone, Acting Clerk of the Board
FROM:	Sheriff Robert Jonsen
SUBJECT:	Item #9- Closure of San Jose Regional Medical Center
DATE:	April 16, 2024

I write this memo to express my concern regarding the announced closure of the trauma unit at San Jose Regional Medical Center (RMC) and the potential impacts to public safety. San Jose's RMC is one of only three trauma centers in the county that provides emergency trauma care for individuals suffering gunshot wounds, stab wounds, and other acute life threatening injuries. San Jose RMC serves an average of 2,450 individuals in medical crisis each year, and it is particularly critical for those residing along the eastern portions of Santa Clara County due to its proximity.

Traumas in general are classified as Blunt or Penetrating. According to data provided by Santa Clara County EMS, in 2023, Regional Medical Center saw 2,285 Blunt injuries and 179 Penetrating injuries. For the Penetrating injuries, 52 were gunshot wounds, 87 were stab wounds, 34 were other types of penetrating injuries, and 2 were impalements. RMC trauma center doctors are experienced, seasoned trauma surgeons that give victims and patients an optimal chance to survive.

Response time for treating potentially mortal injuries is absolutely critical. Among other apprehensions, I am concerned that if these patients require additional travel time to one of the other two trauma centers within this large county, that there could be an adverse effect on the survivability rate for victims of violent crime and the general public involved in accidents.

San Jose Police Chief Paul Joseph and I share the concern of County Administration regarding the closure of the San Jose Regional Medical Center trauma unit and its potential impacts to public safety. We will wholeheartedly support any effort that can be made to help retain RMC as a vital, critical component of health care services within Santa Clara County.

Domingo Candelas

Councilmember, District 8

April 15, 2024

RE: Regional Medical Center Specialty Care Services Reduction Impact Assessment

Dear Honorable Board of Supervisors,

I am writing to express my deepest concerns regarding the closure of Trauma center, ST-elevation Myocardial Infarction (STEMI) program, and its Stroke Center at San José's Regional Medical Center (RMC) effective August 12, 2024.

As the Councilmember that represents East San José and Evergreen, I strongly oppose this decision due to the significant negative impact it will have, particularly on seniors, low-income residents, and historically marginalized communities. The closure of these vital healthcare services will undoubtedly result in longer transport times for patients in need of urgent care. This delay could potentially worsen outcomes for individuals suffering from major trauma or stroke, where timely intervention is crucial for survival and recovery.

Furthermore, it is well-documented that historically marginalized communities already face significant barriers in accessing quality healthcare. The closures of the Trauma Center, STEMI program, and Stroke Center will only exacerbate these disparities, disproportionately affecting our Latinx and Asian communities.

It is imperative that we prioritize equitable access to healthcare services for all members of our community. Instead of closing these facilities, I urge you to explore alternative solutions to address any financial or operational challenges the hospital may be facing. I strongly urge you to advocate on behalf of our community and do everything in your power to continue these services.

Thank you for considering my concerns.

Sincerely,

Domingo Candelas
Councilmember, District 8 - City of San José

April 16, 2024

Santa Clara County Board of Supervisors
San Jose, California

Reference: **Item 9: Emergency Medical Services Agency relating to the reduction of trauma and specialty care services at Regional Medical Center of San Jose**

President Ellenberg and Honorable Supervisors,

I am writing to urge the Board of Supervisors to do everything possible to keep the trauma and specialty care services at Regional Medical Center of San Jose.

This hospital is the closest one to my home and the one an ambulance would drive to in an emergency situation. As elderly residents under doctors' care, it is very feasible I or my husband could have an emergency situation that would necessitate these emergency services. The less miles an ambulance would need to drive, the more likely we could survive.

The late Eastside activist and advocate Sofia Mendoza decades ago led our community to fight for equitable healthcare in our community. Back then our community members did not have healthcare in the area. One of the options offered was to be bussed to Valley Medical Center for healthcare. The community rejected that idea. I see the proposal to eliminate some critical emergency services at Regional Medical Center of San Jose as a step back to those times where we did not have equitable healthcare.

Please do everything possible to keep equitable healthcare for our community in our community.

Thank you,

Elma Arredondo
Resident of Eastside in District 2

Santa Clara County Board of Supervisors
County of Santa Clara
70 W. Hedding Street – 10th Floor, East Wing San José, California 95110
Sent via electronic mail

Dear Board President Ellenberg and the Santa Clara County Board of Supervisors,

Re: Item 9, Reduction of trauma services at Regional Medical Center

On behalf of Latinos United for a New America (LUNA), we write this letter to support efforts to keep the Regional Medical Center's trauma and cardiac services open and available to residents. Eastside San José residents face inequities around housing, air quality, and now healthcare. The Santa Clara County Supervisors have to take the opportunity to ensure that we are not taking away crucial services from communities who need it the most.

Our organization works with 6 different neighborhoods in eastside San Jose. Three of these chapters are involved in our Air Quality campaign and are currently involved in our goal of installing a Tree Barrier at the Intersection of Highway 101 and Highway 2800. Many of the members involved are involved because they have seen how these environmental factors have impacted their health, the health of their families, and of their neighbors. They are seeing a rise in heart disease and strokes. Closing the RMC's trauma and cardiac services on top of already having felt the impact of cutting specific services such as labor and delivery, would leave many in dire situations .

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. These patients could die or have worse outcomes if they had to get to a hospital further away. This closure would have a disproportionate effect on vulnerable communities and potentially exacerbate existing healthcare disparities by impacting low-income communities of color in East San José. Cutting these essential services could result in delayed access to essential services and could lead to longer transport times, delayed care, and potentially increased morbidity and mortality rates.

We urge you to do everything within your power to engage with HCA and applicable regulators to prevent this closure. Please consider the growing families and communities that are here in Eastside San Jose.

Thank you,
Team at *Latinos United for a New America*

From:	Amy Nguyen
To:	BoardOperations
Subject:	[EXTERNAL] Public Comment for 4/16/2024 Meeting
Date:	Tuesday, April 16, 2024 12:40:02 AM

Hello,

This email contains my public comment for the Board of Supervisors meeting at 9:30 AM on April 16th, 2024, regarding agenda item number 9.

First off, I'd like clarification on the wording of the agenda. Quoted directly from the Agenda Packet, it says the Board will hear from Emergency Medical Services Agency on "the reduction of trauma and specialty care services at Regional Medical Center of San Jose," but according to a news statement from Regional (https://regionalmedicalsanjose.com/about/newsroom/trauma-and-stemi-programs-closing-effective-august-12-2024), there is *no reduction* but rather, two whole programs will *close entirely*.

Secondly (and this relates to my first point above), I'd like to know if/when the Draft Impact Assessment will be made available to the public. I could not find this document as a supported material on the website.

I find it unlikely that there is apparently such decline in utilization of trauma and STEMI services that Regional opted to shutter them completely, but to go with their conclusion, I would like to hear how the Board (alongside Emergency Medical Services, doctors at Regional, etc.) plans to move forward.

Lastly, I offer my apologies that I cannot attend in-person nor via Zoom.

Thank you.

Amy N.

From:	Lorena Chavez
To:	BoardOperations
Cc:	District1
Subject:	[EXTERNAL] Item 9 – Public Comment Regarding Regional Medical Center Closure of Specialty Services
Date:	Tuesday, April 16, 2024 6:44:57 AM

To whom it may concern,
Currently, Regional Medical Center is the ONLY hospital located in East San Jose. I ask that you prioritize the health of our residents in East San Jose and ensure some of our most vulnerable community members have the support they need.

The removal of critical services will negatively impact East San Jose and South County. Regional Medical Center has been a critical lifeline for our East San Jose and South County residents – this closure and delayed access to receiving critical lifesaving care *will* lead to increased travel time and transportation barriers for patients and EMS, resulting in *delayed care* which will inevitably increase the likelihood of complications or death to trauma patients, including our most vulnerable youth, and critically ill community members.

The systematic closure of health services at Regional Medical Center has already closed include pediatric and labor and delivery services, and now the future closure of life-saving trauma, stroke, and heart attack services will have devastating and disproportionate impacts on our most vulnerable communities that will further exacerbate existing healthcare services. **Please do what is right for all of our communities.**

Thank you for your time and consideration,

--
Lorena Chavez
Board Member, East Side Union High School District
Twitter | Website | Facebook | Instagram

From: Kristina Pistone
To: BoardOperations
Subject: [EXTERNAL] Re: Comment on 4/16/2024, Items #9-10, 24-5381 and 24-5018
Date: Tuesday, April 16, 2024 10:27:36 AM

Dear Santa Clara County Board of Supervisors,

Meant to send this follow-up from when I was perusing the agenda for item 11! I just also wanted to voice that 1) I am greatly concerned about the possibility of reduction in emergency services, because in many cases, minutes and seconds in response time can change the outcome, although I am acutely aware of the different ways that our healthcare system; and 2) my support to continued efforts to transition Reid-Hillview Airport to other uses, and especially for the county's efforts to work against leaded gasoline on a federal level. It's astounding that it's still something that's legal, considering everything we know, and have known for decades, about the horrible and lasting health effects of lead. I'm glad the county is finally working towards mitigating those effects both in our community and nationally.

Thank you,
Kristina Pistone

From: Minh Pham
To: Chavez, Cindy
Cc: BoardOperations
Subject: [EXTERNAL] Re: Item 9-Receive Emergency Medical Services Agency Report on the Reduction of Services at Regional Medical Center
Date: Tuesday, April 16, 2024 11:21:54 AM

Dear Supervisor Chavez,

I hope this letter finds you well.

As a resident of East San José and a Trustee of the Alum Rock Union Elementary School District, I am writing to express my deep concern and opposition to the potential closure of the Trauma Unit at Regional Medical Center. At this time, I ask for you to support the acceptance of the report of the Emergency Medical Services Agency (EMSA) as a first step in the process of maintaining adequate emergency services in the East Side of San Jose.

East Side residents rely on the essential services provided by Regional Medical Center, especially the Trauma Unit, which plays a crucial role in ensuring the timely and effective response to life-threatening emergencies. The potential closure of this unit both jeopardizes the health and well-being of our constituents but also raises serious questions about the accessibility and availability of critical medical care in our community.

Furthermore, in my capacity as a Trustee of the TK-8 public school district that is most impacted by the closure of the trauma unit, the decision by Regional Medical Center to reduce their services potentially puts the staff and students of Alum Rock Schools in danger should the need for trauma services arise. In those situations, every minute counts in an emergency. A delay in getting appropriate treatment caused by having to send emergency patients to Valley Medical can mean the difference between life and seath.

I appreciate your opposition to the closure of the Trauma Unit and your support for the exploration of alternative solutions that would allow Regional Medical Center to maintain its commitment to serving the community. The acceptance of the report by the EMSA is an important start in that direction.

The wellbeing of our community is of utmost importance, and I believe that by working together, we can find a solution that ensures the continued operation of the Trauma Unit at Regional Medical Center.

Thank you for your attention to this matter.

Sincerely,

--
Minh Pham
Member, Board of Trustees
Alum Rock Union Elementary School District

From:	Danny Garza
To:	BoardOperations
Cc:	Angel Madero
Subject:	[EXTERNAL] Fw: Opposition to all Medical Reductions at Regional Medical Center
Date:	Tuesday, April 16, 2024 11:54:20 AM

Honorable Board

Thank You for you considerations.

In Community Spirit,
Danny Garza

President
Plata Arroyo Neighborhood Association and Gateway East N.A.C.

Yahoo Mail: Search, Organize, Conquer

----- Forwarded Message -----
From: "Danny Garza"
To: "Peter Ortiz"
Cc: "Angel Madero"
Sent: Tue, Apr 16, 2024 at 11:35 AM
Subject: Opposition to all Medical Reductions at Regional Medical Center
Honorable Peter Ortiz,

Please represent this Email when ever you see fit.

Peter,

The issues at Regional Medical Centercare really a set of Historical Complaints that the Community indicated years ago, as the ultimate goal of HCA.

That goal was to remove from their services, the Hospital Departments that are most draining to the BOTTOM LINE.

We knew this was going to happen.

We predicted this outcome.

HCA is a great asset that we feel is ' downsizing' around the Poor Displaced Community, while actually waiting for the New Gentrification Population to move into the area.

Greater incomes would mean the HCA Group could bring back these erased Departments at a higher rate, raising profits while lowering the amount of area poor seeking Medical Attention.

This is the position of the Board at the Plata Arroyo Neighborhood Association.

If there is a need for clarification, I am avaliable at -
Ironworkrdanny@yahoo.com

Thank you for your support to our Underserved Community.

In Community Spirit,
Danny Garza

President
Plata Arroyo Neighborhood Association and Gateway East N.A.C.

Yahoo Mail: Search, Organize, Conquer

From: Chavez, Cindy
To: BoardOperations
Subject: FW: 4/16/24 BOS Agenda Items #9 Impact to Ambulance Response Times and #19 Regional Medical Ctr services reduction
Date: Tuesday, April 16, 2024 1:38:14 PM

From: Yvonne Martinez Beltran >
Sent: Tuesday, April 16, 2024 1:24 PM
To: Arenas, Sylvia <sylvia.arenas@BOS.SCCGOV.ORG>
Cc: Ellenberg, Susan <susan.ellenberg@BOS.SCCGOV.ORG>; Chavez, Cindy <Cindy.Chavez@bos.sccgov.org>; Supervisor.Lee <Supervisor.Lee@BOS.SCCGOV.ORG>; Supervisor Simitian <Supervisor.Simitian@bos.sccgov.org>
Subject: [EXTERNAL] 4/16/24 BOS Agenda Items #9 Impact to Ambulance Response Times and #19 Regional Medical Ctr services reduction

Dear Supervisor Arenas, President Ellenberg and Board Supervisors Chavez, Lee and Simitian,

I am writing to provide input on agenda item #9 (ID# 24-5381), the EMS Agency report relating to the reduction of trauma and specialty care services at Regional Medical Center and Agenda item #19 (ID# 24-5550) to approve the ninth amendment to extend the agreement for an 18-month period through 12/31/25, with three one-year extension options with Rural/Metro relating to providing 911 emergency paramedic and ambulance services on your 4/16/24 agenda.

Agenda Item 9 (#24-5381)
In regards to Item #9, as you are aware, there will be strong impacts on South County by losing access to critical services such as Stroke, Trauma and STEMI services. I ask for your continued partnership to help us find ways to provide these services to our community. If not already being considered as you deliberate the challenge, I would urge consideration of incorporating some of these services such as a STEMI or Stroke center at De Paul Valley Health Center, which once served as a hospital. It would be most ideal geographically for South San Jose and South County access. As well, I imagine bringing services to St Louise Regional Hospital or buying Regional Hospital and turning it around until we can provide these services in South County is being weighed.

Clearly, the cost to fill these critical hospital services would be significant for the County. I'm confident you will thoroughly explore all options to address our medical infrastructure now and plan for the future. Thank you for your work on this important issue and I look forward to your input to the state.

Agenda Item 19 (ID# 24-5550)
I'd like to share my great concern about the critical impact to our ambulance response times in Morgan Hill. Please approve the 18-month period and with three one-year extension options to allow adequate time for the County, AMR, and other stakeholders time to develop and implement solutions to the issues with the current contract, to cover short term and long term impacts, most importantly the slow response times, especially in South County, so they are not further exacerbated.

I am aware response times are a concern in the community and as we strive to address housing goals, and continue to grow it continues to require increased coverage. Slower response times could be detrimental to our public safety and increase risk to the community. This would allow time to address concerns.

Thank you for your consideration. We in South County are grateful for your support and continued

advocacy.

In Community,

Yvonne Martínez Beltrán (pronouns: she/her/hers)
Councilwoman

morganhill.ca.gov | facebook | twitter

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From: rachel grocha welch
To: BoardOperations
Subject: [EXTERNAL] Item 9
Date: Tuesday, April 16, 2024 3:18:55 PM

It is imperative that the Regional services not be closed. The already undeserved east side community will only be greatly harmed. Patients will endure longer travel time, longer wait time and other hardships. We need the current Regional Center to continue to provide direct comprehensive services to the community.
Raquel Welch
Home owner in D2

Sent from my Galaxy

From: Fernando Rivera Villagomez
To: Christopher Viri; BoardOperations
Subject: [EXTERNAL] Regional Trauma Center
Date: Tuesday, April 16, 2024 3:28:37 PM

As students of Luis Valdez Leadership Academy I demand you keep the Regional Trauma Center open for those people who are in need.

This is the only Trauma center near me and it's the only one me and and my families go to because it's close to our house and it's reachable whenever we are in need.

From: Aylin Avendano Cruz
To: Christopher Viri; BoardOperations
Subject: [EXTERNAL] Trauma Center at Regional Medical Center in East San Jose.
Date: Tuesday, April 16, 2024 3:31:03 PM

Dear Board of Supervisors,

As a student at Luis Valdez Leadership Academy, I demand that the State of California keep the trauma unit open at Regional Medical Center in East San Jose.
Personally, I have recently a family friend that was impacted by a crash car accident that caused her to be in a trauma center for attention, which help her to recover quickly. For this incident I demand that the State of California keep the trauma unit open at Regional Medical Center in East San Jose for possible medical treatment in crucial moments.

Sincerely,
Aylin Avendaño

From:	Aylin Avendano Cruz
To:	Christopher Viri; BoardOperations
Subject:	[EXTERNAL] Trauma Center at Regional Medical Center in East San Jose.
Date:	Tuesday, April 16, 2024 3:31:03 PM

Dear Board of Supervisors,

As a student at Luis Valdez Leadership Academy, I demand that the State of California keep the trauma unit open at Regional Medical Center in East San Jose.
Personally, I have recently a family friend that was impacted by a crash car accident that caused her to be in a trauma center for attention, which help her to recover quickly. For this incident I demand that the State of California keep the trauma unit open at Regional Medical Center in East San Jose for possible medical treatment in crucial moments.

Sincerely,
Aylin Avendaño

From:	Christopher Viri
To:	BoardOperations
Subject:	[EXTERNAL] Closing of the Trauma unit
Date:	Tuesday, April 16, 2024 3:31:43 PM

Dear Board of Supervisors,

As a student at Luis Valdez Leadership Academy, I demand that the State of California keep the trauma unit open at the Regional Medical Center in East Jose

This is a center that is crucial to the East Side Community to receive the trauma support needed without putting undue burden on families to travel long distances to get the care they need.

Chris Viri
Social Science Teacher
Luis Valdez Leadership Academy

From:	Lilyvette Gomez Romero
To:	BoardOperations; Christopher Viri
Subject:	[EXTERNAL] Closing of Trauma Center
Date:	Tuesday, April 16, 2024 3:35:25 PM

Dear Board of supervisors,
As students of Luis Valdez Leadership Academy, I demand that the state of California keep the trauma unit open at Regional Medical Center in East San Jose.

This trauma center is the only one me and my family go to because it's the only one closest to me. Without this trauma center my family will NOT be able to get the help they need.

Thank you for your time,
Lilyvette Gomez

From:	Giselle Villa Aguilar
To:	BoardOperations
Subject:	[EXTERNAL] Urgent
Date:	Tuesday, April 16, 2024 3:36:08 PM

Dear Board of Supervisors,

As a student at Luis Valdez Leadership Academy , I demand that the State of California keep the trauma unit open at Regional Medical Center in East San Jose.

A few months ago one of my cousins got a heart attack playing volleyball , it took a hospital helicopter 10 minutes to get to were my cousin was , he suffered a lot from it while they were waiting on the helicopter to get there, once they got to a hospital they quickly tried AED's on him , nothing was happening so they put him into heart surgery . They unalived him and he was feeling better after his surgery .

Thank You!

From:	Graciela Lopez Ramirez
To:	BoardOperations
Cc:	Christopher Viri
Subject:	[EXTERNAL] Closing Trauma Center
Date:	Tuesday, April 16, 2024 3:36:23 PM

Dear Board of Supervisors,

As a student at Luis Valdez Leadership Academy, I demand that the state of California keep the trauma unit open at Regional Medical Center in East San Jose.

This trauma center is the closest trauma center for most of us on the Eastside. All of my family rely on this Trauma Center to get the resources and help that they need. My family and I have relied on this trauma center for any health concerns and problems we may have. It's very important for this trauma center to be kept open, it's the one trauma center we know and trust.

Thank you for your time!

From:	Sergio Lopez Jr
To:	BoardOperations
Cc:	Christopher Viri
Subject:	[EXTERNAL] Closing Trauma Center
Date:	Tuesday, April 16, 2024 3:37:24 PM

As a student at Luis Valdez Leadership Academy, I demand that the State of California keep the trauma unit open at Regional Medical Center in East San Jose.

As a local resident of the Regional Hospital I have personally been there and used the facility there. I had to get a surgery there around 4 years ago and that surgery has helped me in various aspects of my personal life and academic life. Without the availability of this trauma center I wouldn't have been able to get the help I needed, and in the future I and many other people may need this trauma center to get the help they need which can be urgent. So I beg that you reconsider to keep the trauma center at Regional Hospital open. Thank you for your valuable time.

-Sincerely, Sergio Lopez Jr

From:	Giselle Villa Aguilar
To:	BoardOperations; Christopher Viri
Subject:	[EXTERNAL] Urgent
Date:	Tuesday, April 16, 2024 3:37:35 PM

Dear Board of Supervisors,

As a student at Luis Valdez Leadership Academy , I demand that the State of California keep the trauma unit open at Regional Medical Center in East San Jose.

A few months ago one of my cousins got a heart attack playing volleyball , it took a hospital helicopter 10 minutes to get to were my cousin was , he suffered a lot from it while they were waiting on the helicopter to get there, once they got to a hospital they quickly tried AED's on him , nothing was happening so they put him into heart surgery . They unalived him and he was feeling better after his surgery .

Thank You!

From:	Giselle Villa Aguilar
To:	BoardOperations; Christopher Viri
Subject:	[EXTERNAL] Urgent
Date:	Tuesday, April 16, 2024 3:37:35 PM

Dear Board of Supervisors,

As a student at Luis Valdez Leadership Academy , I demand that the State of California keep the trauma unit open at Regional Medical Center in East San Jose.

A few months ago one of my cousins got a heart attack playing volleyball , it took a hospital helicopter 10 minutes to get to were my cousin was , he suffered a lot from it while they were waiting on the helicopter to get there, once they got to a hospital they quickly tried AED's on him , nothing was happening so they put him into heart surgery . They unalived him and he was feeling better after his surgery .

Thank You!

From:	sour dough bread
To:	BoardOperations
Subject:	[EXTERNAL] Regional Trauma Unit
Date:	Tuesday, April 16, 2024 3:38:20 PM

Dear Board of Supervisors,

As a student at Luis Valdez Leadership Academy, I demand that the State of California keep the trauma unit open at Regional Medical Center in East San Jose. Back in 2021 when the COVID outbreak spiked, my dad got extremely sick and had to quarantine for over a week leaving us with many bills that to this day we have to pay since he wasn't able to support us at the time. I distinctly remember the day he got extremely sick, I was in the kitchen carving pumpkins with my siblings since it was around October and we wanted to feel a bit better with everything going on. My mom calls me upstairs panicked, she tells me to call 911 and as a 14 year old this was my first time ever even dialing that number. I call and tell the dispatcher that my dad's sick and can't breathe at all, they send an ambulance not even a minute later and I watch my dad get taken away. If it weren't for the Regional medical centers trauma unit, we wouldn't have been able to help my dad as quickly as we did and I don't know what would've happened after that. This isn't meant to be a pitty story or an argument, I just want you to please take into great consideration something that you would be practically ripping away from our community, families and friends.

Thank you for all you do,
Sincerely Jossmely Torres.

Sent from my iPhone

From:	Suggestions or Comments on our sccgov.org website
To:	BoardOperations
Subject:	[EXTERNAL] Webform submission from: Suggestions or comments about our santaclaracounty.gov website > Components
Date:	Tuesday, April 16, 2024 3:38:34 PM

Submitted on Tue, 04/16/2024 - 15:38

Submitted by: Anonymous

Submitted values are:

Select an Agency/Department:
Board of Supervisors

Your comments
Dear Santa Clara County Supervisors -
I just learned that you are having a meeting now and will discuss the Regional (formerly Alexian) Hospital's move to close its trauma center and child birth facilities and send residents on that side of town to Valley Medical instead. Valley Medical is on the west side of town and already overwhelmed. Do not allow Regional Hospital to close down its trauma center and child birth center. The residents of Eastside San Jose NEED these facilities. DO not leave them unprotected!!!

Would you like us to respond to your comments? If "Yes," please enter your name and e-mail address.
Yes

Your name
Susan L Price

E-mail address:

From:	Luciano Yanez Almazan
To:	BoardOperations
Cc:	Christopher Viri
Subject:	[EXTERNAL] Regional Trauma Center/Unit
Date:	Tuesday, April 16, 2024 3:38:40 PM

Dear Board of Supervisors,
As a proud student of the Luis Valdez Leadership Academy, I demand that the State of California take immediate action to maintain the operation of the Trauma Unit at the Regional Medical Center in East San Jose. It is crucial for the safety and well-being of our community that this life-saving facility remains open and accessible to those in need.
I survived a car accident in East San Jose that left me with life-threatening injuries. The Paramedics arrived just in time and took me to the Trauma Unit, where the medical team worked tirelessly to save my life. After numerous the surgery, I emerged victorious. The memory of the Trauma Unit's lifesaving intervention of the power of resilience and the dedication of those who save lives.

From:	Dianne Gonzalez Garibay
To:	BoardOperations
Subject:	[EXTERNAL] Keep Regional Trauma Center OPEN!
Date:	Tuesday, April 16, 2024 3:38:47 PM

Dear Board of Directors,
I hope this email finds you well. As a student at Luis Valdez Leadership Academy, I demand that the State of California keep the trauma unit at Regional Medical Center in East San Jose.

I am a resident of east San Jose and I was unfortunately unaware of the closure of the trauma unit. This is devastating news for our city. My mother faces many health issues and if there were ever an emergency in regards to her health the Regional Medical Center would be the closest. The trauma center is vital as normal hospitals aren't prepared to attend the emergency as fast as it is needed. In many cases, minutes can change a person's life. I ask you to please reconsider shutting down the trauma center at Regional Medical Center for the sake of our community.

From:	Erendida Vazquez Sanchez
To:	BoardOperations
Cc:	Christopher Viri
Subject:	[EXTERNAL] Regional medical center
Date:	Tuesday, April 16, 2024 3:39:02 PM

Dear Board of Supervisors,

As a student at Luis Valdez Leadership Academy, I demand that the State of California keep the trauma unit open at Regional Medical Center in East San Jose.

From:	Andrea Mata Alejo
To:	BoardOperations
Cc:	Christopher Viri
Subject:	[EXTERNAL] Regional Trauma Center
Date:	Tuesday, April 16, 2024 3:38:59 PM

Dear Board of Operations,

As a student at Luis Valdez Leadership Academy, I encourage that the State of California keep the trauma center open at the Regional Medical Center located in East San Jose.

The trauma center has provided great support to many families. I have personally lost a father figure in my life at Regional Hospital. Closing the trauma center is also preventing many others from getting the help and assist that is needed.

I drive by the hospital I lost my father figure at every day on my way to school. With the correct funding and correct support others can have the experience of going back home to their families. An experience I wasn't able to have with my father figure.

Why are you all considering to risk more lives and risk death rates to save money? I understand that the department is expensive but it's a department that has provided great help. Many care about this topic but many aren't open to sharing. I am someone who values and respects what many doctors do. The trauma center is what can help others. Please rethink this decision on behalf of myself, those that I have lost, and many others relying on the support from trauma centers.

Best regards,
Andrea Mata Alejo

From:	Aylin Avendaño
To:	BoardOperations
Subject:	[EXTERNAL] Trauma Center at Regional Medical Center in East San Jose.
Date:	Tuesday, April 16, 2024 3:42:54 PM

Dear Board of Supervisors,

As a student at Luis Valdez Leadership Academy, I demand that the State of California keep the trauma unit open at Regional Medical Center in East San Jose.
Personally, I have recently a family friend that was impacted by a crash car accident that caused her to be in a trauma center for attention, which help her to recover quickly. For this incident I demand that the State of California keep the trauma unit open at Regional Medical Center in East San Jose for possible medical treatment in crucial moments.

Sincerely,
Aylin Avendaño

From: Adrian Angeles Angeles
To: Christopher Viri; BoardOperations
Subject: [EXTERNAL] Closure of Regional Medical Center In East San Jose
Date: Tuesday, April 16, 2024 4:00:42 PM

Board of Supervisors,

As a student at Luis Valdez Academy, I demand that the State of California keep the trauma unit open at Regional Medical Center in East San Jose.

Being born in San Jose the trauma unit at Regional Medical Center in East San Jose has shown me the many lives it has saved from life threatening injuries. Thankfully none of my family has gotten badly injured before and I hope it stays that way. Even though the trauma unit at Regional Medical Center deeply affects me I would like to keep the trauma unit open because knowing if we were to get injured and not having a close Medical Center could jeopardize a relative's life or even mine.

Thank you
Adrian.Angeles

Appendix I – Board of Supervisors Transcript

1
2
3 COUNTY OF SANTA CLARA
4 BOARD OF SUPERVISORS MEETING
5 STAKEHOLDER PRESENTATIONS AND PUBLIC COMMENTS
6 APRIL 16, 2024
7
8 **CERTIFIED**
9 **TRANSCRIPT**
10
11
12 TRANSCRIPTION OF PROCEEDINGS
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17
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19 TRANSCRIBED BY: FREDDIE REPPOND
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25

1 CHAIR ELLENBERG: Our first -- we're going to
2 our time-certain item no earlier than 2:00 o'clock. It
3 is now 2:47.
4 Item 9 is the Regional Medical Center Trauma
5 and Specialty Care Reduction Report.
6 James.
7 MR. WILLIAMS: Before I turn it over to the
8 EMS agency and County staff, as well from our health
9 system and public health, I wanted to just share a
10 couple initial comments on this item, which is a very
11 significant issue facing our community.
12 And let me be blunt. What we have going on
13 here is the nation's largest for-profit hospital
14 corporation is systematically shutting down critical
15 lines of service at Regional Medical Center,
16 notwithstanding the fact that collectively the hospitals
17 that it owns in Santa Clara County -- Regional and
18 Good Samaritan -- are profitable when viewed
19 collectively; and that these critical service lines, as
20 you will hear and as included in the materials before
21 this Board represent vital, life-saving essential care
22 for our community and specifically for some of the most
23 disadvantaged parts of Santa Clara County.
24 The foremost issue is absolutely the harm that
25 this will cause to our community. And before the Board

1 is testimony and material not only from healthcare
2 professionals but from others as well, such as the
3 sheriff, talking about the public safety and health
4 impacts.
5 And, second, before the Board is material that
6 outlines the significant harm to the County and its own
7 health system as a result of having to then carry the
8 burden that HCA is shifting to the County's own
9 operations, particularly Valley Medical Center, which
10 would be the remaining relevant trauma center. That
11 burden would be accompanied by very significant fiscal
12 costs that would be placed on the County's own health
13 system.
14 So part of this item today is to send this
15 impact report and analysis on up to the State and we
16 absolutely call upon the State to exercise its
17 authority -- we don't have authority at the local level
18 to block it -- but for the State to exercise its
19 authority to step in and take action to keep these
20 services open; but we also recognize that the State
21 doesn't have a practice of doing so.
22 And so we will need to take steps to mitigate
23 and address the significant community harms and harms to
24 our County health system. And that is going to require
25 the County at a time of significant fiscal challenge to

1 make significant investments and take steps necessary
2 for our health system to respond to these absolutely
3 essential community needs.
4 So you're going to hear from some of the key
5 system stakeholders, the EMS agency, and public health
6 and our health system and our ambulance system about
7 some of those impacts and, obviously, from the broader
8 community as well.
9 But we are extremely concerned. We're
10 concerned because we recognize that the County's own
11 operation will bear the brunt of what HCA, this
12 for-profit Tennessee-based corporation, is imposing on
13 our community; and we recognize that, because that is
14 what the County does, because we are the safety net,
15 because this is the core of the County's mission, that
16 we have a moral obligation to respond by taking whatever
17 actions we can to mitigate these community harms.
18 So I wanted to preface the conversation with
19 those remarks and I'll now turn it over to Deputy County
20 Executive John Mills.
21 MR. MILLS: Thank you, Mr. Williams.
22 John Mills, Deputy County Executive on behalf
23 of the County Executive's office and the emergency
24 medical services agency.
25 And with me to day, to my right, is Jackie

1 Lowther, who's the director of emergency medical
2 services, and Lisa Vajgrt Smith, who's the specialty
3 programs nurse coordinator for the EMS agency.
4 As the Board is aware, the emergency medical
5 services agency received notification on February 13th
6 of this year from Regional Medical Center of San Jose of
7 its intention to terminate its Level 2 trauma
8 designation and reduce specialty services for stroke and
9 STEMI, effective August 2024.
10 Pursuant to requirements under California
11 Health and Safety Code and EMS policy, the EMS agency
12 has undertaken a process to assess the impacts of these
13 service reductions, which included a public hearing held
14 on March 27th and which will culminate in an
15 impact-assessment report that will be transmitted to the
16 State.
17 The EMS agency is here before the Board today
18 to receive additional input from the public as well as
19 from the Board on the local impact of the service
20 reductions which will be included in the final impact
21 assessment report.
22 And now I will turn it over to Lisa to provide
23 an overview of the impact assessment to date.
24 MS. SMITH: Good afternoon, Honorable Board of
25 Supervisors. My name is Lisa Vajgrt Smith. I'm the

1 specialty nurse programs coordinator with the EMS
2 agency.
3 I'm going to provide a brief presentation of
4 an overview of the impact assessment process. The
5 entire draft of the report has been included in the
6 agenda. And, as stated, after this meeting and final
7 conclusion of comments, that will be submitted to the
8 State within the end of the week.
9 One second. My slides won't change. Let's
10 try and get the regular. There we go. There we go.
11 There we go. Sorry.
12 Okay. Here is the timeline. I'm going to
13 detail the processes we've already taken to kind of
14 bring us up to this point.
15 So, as detailed by John Mills, under
16 California Health and Safety Code, the local emergency
17 medical services agency must conduct an impact
18 assessment and hold at least one public hearing within
19 60 days of receiving notification from a hospital
20 electing to reduce services. This assessment must
21 evaluate how the changes in service will affect
22 emergency service providers, hospitals, and the
23 community while also presenting strategies to ease the
24 impact. The assessment must include the public hearing
25 comments and provide any recommendations to the State.

1 Shortly after the report is submitted to the
2 State, it will be made available to system stakeholders
3 as a final. The emergency -- the emergency medical
4 services agency will meet with those system stakeholders
5 that are most impacted by these changes to discuss
6 mitigation strategies prior to the reduction of services
7 occurring.
8 As of now, August 12th, 2024, is when service
9 level changes at Regional Medical Center will occur.
10 After this time the EMS agency along with system
11 stakeholders will continue to monitor the system while
12 also developing evaluation metrics within each of the
13 specialty programs to assess the impacts of the health
14 system and the community.
15 I will provide a brief overview of the
16 specialty programs and how the changes will shift
17 patient volume in the county.
18 Regional Medical Center is the most eastern
19 hospital in the county, offering services to a
20 population of just under one million people. They are
21 one of ten hospitals which participates in the specialty
22 programs administered by the Santa Clara County EMS
23 agency. These services include trauma, stroke, and
24 ST-elevation infarctions, also known as a more serious
25 type of heart attack.

1 The goal of these programs are to coordinate
2 and improve the care of patients when they experience
3 illness or injury at home and transition to their
4 emergency department in a hospital. Currently, the EMS
5 system has designated Regional Medical Center as an
6 adult trauma center, a STEMI receiving center, and a
7 comprehensive stroke center.
8 On August 12th, these services will transition
9 to no longer receiving ambulances that have triage
10 patients for trauma or STEMI and will only take certain
11 types of stroke patients for evaluation. Patients that
12 self-present to their emergency department will require
13 care for these services and they'll be stabilized and
14 transferred to a hospital that provides those services.
15 To define the service area, we mapped census
16 data into smaller geographical neighborhoods and the
17 neighborhood was included if a patient was transported
18 to Regional for one of the specialty care services.
19 This map depicts their entire service area in
20 relation to all county hospitals. Additional maps will
21 be shown detailing the geographical areas for each
22 specialty. You will see darker-shaded areas indicating
23 neighborhoods with the largest representation and the
24 lighter shading will indicate areas with the smallest
25 representation. Keep in mind that 80 percent of

1 patients reside within a four-mile radius of
2 Regional Medical Center.
3 A primary stroke center typically focuses on
4 initial stabilization and treatment of stroke patients
5 before transferring them, if necessary, to a higher
6 level of care for more specialized interventions. They
7 offer timely diagnosis treatment by administration of a
8 clot-busting medication known as a thrombolytic and the
9 management of stroke cases with specialized, trained
10 staff.
11 All ten hospitals in Santa Clara County meet
12 the requirements to provide basic yet essential stroke
13 care services. A comprehensive stroke center offers a
14 more extensive range of services, including advanced
15 intervention, such as endovascular procedures, known as
16 a thrombectomy, and neurosurgical interventions. They
17 are equipped with specialized resources, including
18 advanced imaging technology. Dedicated stroke teams are
19 capable of providing 24/7 comprehensive stroke care and
20 a wider range of services to include specialized
21 rehabilitation programs and long-term care for stroke
22 survivors. Typically, they serve as a regional referral
23 center accepting complex stroke cases from primary
24 stroke centers and other healthcare facilities.
25 In Santa Clara County there are three

1 comprehensive stroke centers, including Regional Medical
2 Center. The other two are Stanford Health and
3 Good Samaritan Hospital. In addition, El Camino Health
4 of Mountain View and Kaiser Santa Clara can manage
5 endovascular thrombectomy cases. The reduction of RMC
6 stroke status will shift all advanced stroke care west
7 to these four facilities.
8 RMC is the primary destination for one in four
9 stroke patients and they receive the second-highest
10 proportion of transfers. Of note, 65 percent of stroke
11 patients treated at Regional Medical Center are
12 uninsured.
13 A STEMI, or segment elevation myocardial
14 infarction, receiving center is equipped to rapidly
15 diagnose and treat patients experiencing a specific type
16 of heart attack called a STEMI. These centers are
17 designated to rapidly identify STEMI patients and have
18 protocols in place to provide prompt and/or emergent
19 percutaneous coronary intervention, or PCI, which is
20 known as an angioplasty, with stenting to restore the
21 blood flow to block coronary artery. The -- this is the
22 preferred treatment for this type of heart attack.
23 They also have highly trained healthcare
24 professionals, including cardiologists and nurses who
25 are proficient in the management of other types of heart

1 attacks and cardiovascular disorders.
2 The primary goal of a STEMI receiving center
3 is to coordinate with emergency medical services to
4 expedite, transport, and the transition of care for
5 immediate intervention upon arrival, thereby reducing
6 the risk of complication and improving patient outcomes.
7 The Regional Medical Center cardiac cath lab
8 receives the highest volume of STEMI patients and chest
9 pain patients for the eastern side of the county. After
10 August 12th, there will -- seven STEMI receiving centers
11 will remain to treat patients within the county, the
12 next closest being O'Connor Hospital.
13 A trauma center serves as a critical hub
14 within a healthcare system specializing in the immediate
15 and comprehensive care of individuals who have sustained
16 severe injuries or trauma. These centers are equipped
17 with personnel, resources, and infrastructure to provide
18 rapid assessment, stabilization, and treatment across a
19 wide range of traumatic injuries, including those from
20 accidents, violence, or medical emergencies.
21 The primary goal of the trauma center is to
22 deliver timely multidisciplinary care to improve patient
23 outcomes and minimize long-term impacts of traumatic
24 injuries. Santa Clara County has established a robust
25 trauma system involving Stanford, Santa Clara Valley

1 Medical Center, and Regional Medical Center. They are
2 geographically positioned to serve the population,
3 reduce transport times, and improve outcomes.
4 RMC receives 30 percent of the county's trauma
5 volume. Eliminating Regional Medical Center will shift
6 the trauma volume mostly to Santa Clara Valley Medical
7 Center.
8 I have two slides that somehow didn't get
9 included, but I just wanted to highlight a little more
10 detail on the characteristics of the service area. I
11 believe they're in the slide deck, so in the agenda.
12 The service and care -- service area that was
13 identified in the maps for Regional include a
14 substantially higher percentage of Hispanic population,
15 in contrast with the white population, as well as a
16 higher percentage of the African American population
17 within this county. The ages of the patients seen
18 within the service area, though, are comparable to the
19 rest of the county, with just slightly less of the
20 population being over the age of 65.
21 And the other important note of the service
22 area is the socio-economic characteristics, in which the
23 median household income is below -- or is lower than
24 those living outside of the area. For the RMC service
25 area, the median household income is $124,940 versus the

1 $158,000 per household. More than 22 percent of those
2 neighborhoods identified live within the 200-percent
3 poverty level.
4 So then the last thing I want to highlight
5 is -- obviously, being focused on the shifting of
6 services -- is the transport time. The primary impact
7 from the reduction of the STEMI trauma and stroke
8 services will move patients from the geographical
9 service area of RMC to other hospitals in the county
10 offering these services. All comprehensive care will be
11 located on the west side of the county, leaving minimal
12 resources in the eastern and southern portion.
13 Ambulances transporting patients will
14 experience greater drive times. And in ideal traffic
15 conditions, meaning no traffic, the increase will be an
16 average of 20 to 25 minutes. Family members will need
17 to navigate away from their homes to these more distant
18 locations to visit loved ones or manage follow-up care.
19 There will be increased patient volume at the other
20 hospitals and most impactful to those near RMC.
21 So, in conclusion, the closure of these
22 specialty services will have effects across the EMS
23 system of care. Efficiency will be lost to longer
24 transport times and distances, leaving less availability
25 of resources for a response. The next closest hospitals

1 will receive higher volumes of patients, straining
2 resources, thus impacting quality of care and patient
3 safety.
4 There will be a significant burden placed
5 directly on the patient. Less access to -- less access,
6 increased transportation costs, disrupted and fragmented
7 follow-up care will all increase the existing health
8 disparities of this community and will in turn
9 perpetuate morbidity and mortality for these different
10 services.
11 Thank you.
12 MR. MILLS: So that concludes the overview
13 from the emergency medical services agency. I'll turn
14 it back to you, President Ellenberg.
15 CHAIR ELLENBERG: Thank you very much.
16 I'm going to look to the County Executive.
17 MR. WILLIAMS: We do -- we do have brief
18 comments from our health system and the public health
19 department.
20 CHAIR ELLENBERG: Thank you very much.
21 MR. LORENZ: Thank you, President Ellenberg.
22 Paul Lorenz, chief executive officer for Santa Clara
23 Valley Healthcare.
24 I just want to first of all start up by
25 acknowledging the comments made by our County Executive

1 about the impact on your healthcare system both
2 operationally, clinically, and financially.
3 I have with me a number of health leader
4 colleagues within the healthcare system. I think it's
5 really important that you hear directly from these
6 leaders as well as other physicians that are directly
7 responsible for the care of the services that we are
8 speaking about today.
9 I also want to acknowledge the physicians that
10 took the time out of their busy schedule. A couple
11 weeks ago, during the EMS public hearing, those
12 physicians in their comment are very salient in terms of
13 the points that they've made relative to the critical
14 care that -- that our system provides to the public and,
15 obviously, the consequences of the changes that are put
16 forward by the Regional Medical Center and HCA.
17 We are all deeply troubled by the actions that
18 are being taken by Regional. We know firsthand what the
19 impact will be on the patients and on the community.
20 Santa Clara Valley Healthcare is the largest public
21 hospital system in Northern California, the second
22 largest in the state of California. We operate two of
23 the three busiest emergency rooms here in Santa Clara
24 County. The County health system collectively, along
25 with St. Louise Regional Medical Center -- Regional

1 Hospital -- project close to 205,000 emergency
2 department visits for 2024 -- for 2024. 205,000.
3 We completely understand the implications of
4 what we're talking about here and I think hearing
5 firsthand from our physicians will give you a much
6 better perspective of what we're talking about.
7 We know, obviously, from the report from EMS
8 that Valley Medical Center, a Level 1 trauma center,
9 along with O'Connor Hospital, are the closest hospitals
10 to Regional. Our hospitals are already over-burdened.
11 The reality is this: Regional has effectively
12 chosen to have limited or no specialists who would be
13 willing to take call, consult, or provide follow-up care
14 for all patients presenting to their hospital for
15 emergency care, trauma, and inpatient care. This is one
16 of if not the most significant problem with the way in
17 which they operate and provide care, especially for
18 those patients with certain types of health coverage,
19 such as Medi-Cal.
20 For HCA to not only close services that will
21 limit access to essential services within the community
22 they serve, but to think that increasing their ED
23 capacity and volume will serve the interests of the
24 public, is absurd. Increasing the volume of ED patients
25 with a gutted specialty call panel and expecting

1 anything other than a quagmire of sick and complicated
2 patients stuck there who can't get timely care, get
3 admitted, or get transferred out by an EMS agency in a
4 system which is already stretched beyond its capacity is
5 simply not responsible.
6 Make no mistake about it. This is about
7 margins and profits and not about responsible
8 healthcare. As one of the largest and most financially
9 profitable healthcare systems in the U.S., they have the
10 ability to prioritize and fund essential services needed
11 to care for our community and to save lives.
12 The County and Santa Clara Valley Healthcare,
13 as noted by Mr. James Williams, will have to make
14 significant investments in adjustments in staffing as
15 well as our facilities to ensure timely access to
16 critical and essential services. We will have to find
17 creative ways to increase our ED bed capacity; OR room
18 availability; hospital bed capacity, such as ICU and
19 medical-surgical beds; as well as outpatient
20 specialties, among other critically needed services.
21 This will come at a significant cost to the County and
22 it will take time.
23 Santa Clara Valley Healthcare is fully
24 committed to supporting the healthcare needs of the
25 community and hope that we will have the opportunity to

1 work through our concerns in a timely and responsible
2 manner.
3 At this time, I will now turn to
4 Dr. Brian McBeth, our chief quality officer.
5 DR. McBETH: Thank you, Paul.
6 My name is Brian McBeth. I am an active
7 emergency physician practicing in Santa Clara County. I
8 have worked at a number of the EDs here in the county as
9 well as Alameda County/San Francisco County trauma
10 centers and emergency departments. And, as noted, I'm
11 the chief quality officer currently for Santa Clara
12 Valley Healthcare.
13 I as well am deeply concerned about the
14 negative -- immediate negative impact that we're going
15 to see from the closure of these critical services at
16 Regional Medical Center in trauma, stroke, and cardiac
17 service.
18 In emergency medicine we don't take time for
19 granted. We talk about the "golden hour" of trauma,
20 this window of opportunity to achieve hemorrhage
21 control, to stabilize patients, to make early diagnoses,
22 and to get them definitive surgical care. And this
23 saves lives.
24 We talk about "time is muscle" when it comes
25 to cardiac care for acute STEMIs, as we've been talking

1 about, but other cardiac care, to open up those blocked
2 arteries and restore blood flow. And for stroke, the
3 same goes true. These comprehensive centers that can do
4 interventions for large-vessel blockages and restore
5 blood flow -- all of these services will be gone from
6 Regional Medical Center after August 12th.
7 And what will replace them? It will be longer
8 transport times. It'll be delays for definitive care
9 and poor outcomes with increased morbidity and
10 mortality. I think we can say that, based on the data
11 that we presented at the last meeting and is in the EMS
12 report.
13 Closure of these services will cause an
14 immediate cascade of negative effects, not only for the
15 communities around Regional, which will be most
16 impacted, but for the whole county. Increased demand
17 for transfers out of their emergency department, more
18 need for ambulances, longer wait times, congestion over
19 there, as Paul was saying.
20 And our shared community and its most
21 vulnerable members will be disproportionately affected
22 -- our communities of color and those with less
23 socio-economic means. They will feel the impact
24 immediately.
25 And let me just say explicitly. RMC's plan to

1 expand its ED capacity, its bed capacity, while slashing
2 specialty care, is at best extremely short-sighted and
3 frankly, more likely, disingenuous. There's -- you're
4 likely to increase ED visits by making more space, but
5 you're also going to increase the need for specialty
6 consultations, specialty services, admission, and RMC is
7 not going to be able to provide this. So it's going to
8 increase significantly numbers of transfers and, as we
9 said, the waits -- EMS utilization.
10 San Jose will have few trauma centers than any
11 other comparable urban center in this country by
12 population density and geographic area -- and that data
13 is in the prior report -- and our residents deserve
14 better.
15 Be assured that, as a health system, Santa
16 Clara Valley Healthcare is there and we embrace our role
17 as a safety net for this public need and for all
18 patients who come to our care; and we are dedicated to
19 providing that same quality care, but it will take time,
20 it will take resources to invest in the facilities, the
21 staff, and the infrastructure to meet this demand.
22 I'd like to ask Dr. Dan Nelson, our chair and
23 medical director for Valley Medical Center, to step
24 forward and say a few words as well.
25 CHAIR ELLENBERG: You don't need that

1 microphone. There's a microphone built into the podium.
2 DR. NELSON: So thank you very much for the
3 opportunity to address you today. As Brian mentioned,
4 my name is Daniel Nelson and I'm the chair of emergency
5 medicine at Santa Clara Valley Medical Center. I also
6 coordinate all the departments at Santa Clara Valley
7 Healthcare, so including St. Louise and O'Connor
8 Hospital.
9 So in preparing my statement for the EMS
10 agency's impact report just a few weeks ago, I hoped to
11 underscore two critical issues from an ED perspective.
12 First, the loss of a major full-service acute
13 care hospital and trauma center represents a significant
14 threat to the health of our community.
15 Second, we urgently require time to develop
16 the necessary infrastructure to handle the increasing
17 patient volumes we are already experiencing.
18 At Santa Clara Valley Medical Center, we've
19 observed a nine-percent increase in the average daily
20 number of patients seeking our care over the past eight
21 months. Furthermore, since the beginning of 2023,
22 St. Louise Regional Hospital and O'Connor Hospital have
23 seen the average daily patient volume increase by
24 18 percent. Additionally, this year alone our trauma
25 volume has risen by 20 percent. Our inpatient dialysis

1 unit has repeatedly reached capacity and has had to
2 close multiple times this month, resulting in patients
3 being transferred out of Santa Clara Valley Medical
4 Center for definitive care.
5 I must reemphasize today that the loss of a
6 major full-service acute care hospital and trauma center
7 in our community is a pressing and widespread concern.
8 The figures I've mentioned are not mere statistics.
9 They represent real and immediate risks to the health
10 and well-being of our community.
11 When Santa Clara Valley Healthcare facilities
12 are over capacity, which they already are, the impact
13 can be felt by anyone, potentially affecting you, your
14 family members, or your neighbors. The need for trauma
15 care or emergency dialysis, for example, do not
16 discriminate based on age, background, or insurance
17 status. They're problems for all of us. It is
18 imperative that we urgently address this impending
19 critical gap in our community's healthcare system to
20 ensure that every member has access to the essential
21 care they deserve.
22 Thank you.
23 MR. LORENZ: And I think on Zoom we have
24 Dr. Laura Jakubowsky, our BMC co-medical director of our
25 stroke program, if she's able to say a few words as

1 well.

2 DR. JAKUBOWSKI: Yes. Thank you for the

3 invite. I'm Dr. Laura Jakubowski. I'm the stroke

4 neurologist in our group here at VMC and the co-medical

5 director of the stroke program here.

6 I just wanted to speak more about the

7 difference between a comprehensive stroke center and a

8 primary stroke center. Comprehensive stroke center, you

9 know, treats the most severe strokes. You know, that's

10 -- that's mainly, you know, the resources that they

11 have. These are also the strokes that have some of the

12 most effective treatments available in medicine.

13 However, time is really important. There's

14 evidence that for every 15-minute delay in definitive

15 care, there is a measurably worse functional outcome.

16 And with the increased transfer times that will result

17 from Regional, you know, not offering this anymore, I'm

18 really concerned that, you know, this is the difference

19 between our patients being functionally independent,

20 living independently, and not.

21 This is, you know, concerning obviously, for,

22 you know, over time increased morbidity, increased

23 neurological disability in an already disadvantaged

24 community. And then beyond that, with the scaling back

25 of neurological and other specialists, there's going to

1 be an increased volume at all of our hospitals. We're
2 already stretched thin, I think, as everyone has said;
3 and, you know, this is going to have significant
4 implications for follow-up care, continuity of care, and
5 access, you know. And this is, again,
6 disproportionately affecting our community that is
7 already at the highest risk of poor health outcomes and
8 challenging access.
9 And I think that's all I have to say. With
10 that, I'll hand it back to the rest of the panel and I
11 think Dr. Kurani will speak next.
12 DR. KURANI: (UNINTELLIGIBLE) Supervisors, my
13 name is Dr. Sanjay Kurani. I am the hospital medical
14 director at Santa Clara Valley Medical Center and help
15 oversee our transfer center for Santa Clara Valley
16 Health System.
17 The transfer center acts in many ways like a
18 mission control, directing patient traffic and flow from
19 within the hospital and emergency department as well as
20 transfers from outside of the system, meeting our
21 critical hospital services.
22 The transfer center accepts over a thousand
23 higher-level-of-care transfers per year directly to our
24 system for life-saving care from all hospitals in the
25 county, including those on the northside, the westside,

1 eastside, and south. These are hospital that may not
2 have certain critical hospital services available and
3 refer their patients to us for a higher level of care,
4 including but not limited to trauma, STEMI, stroke, and
5 burn. The transfers are time-sensitive and any delay in
6 time in transfer can result in dire consequences.
7 Santa Clara Valley Medical Center is daily
8 operating in a state that is near capacity, given the
9 demand on our services. We have specialized -- we have
10 a specialized team that focuses on patient flow to
11 optimize capacity. However, despite these efforts we
12 have already seen certain inpatient services at VMC
13 reach capacity, including hemodialysis, like Dr. Nelson
14 mentioned; and our operating room capacity, which limits
15 our ability to accept outside transfers. This is a
16 direct result of reductions in service that are already
17 occurring at Regional Medical Center, which will further
18 be exacerbated once RMC reduces services even further.
19 As you have heard, the closure of trauma,
20 STEMI, and stroke services at Regional Medical Center
21 will have a direct impact on our system's ED capacity
22 and inpatient bed capacity. The ripple effect that I
23 want to stress is that it will also affect our ability
24 to take higher-level-of-care transfers from other
25 hospitals in the county to provide time-sensitive,

1 life-saving care.
2 This will impact all the residents of the
3 county, regardless of where they live, and all of the
4 hospitals in the county regardless of their location.
5 This is a patient-safety concern. This is a public
6 health concern for all of the residents of the county.
7 Thank you.
8 MR. LORENZ: Thank you, Dr. Kurani.
9 If I could ask Dr. Ahmad Kamal to speak. He's
10 our medical director of specialty services.
11 DR. KAMAL: Hello. Hi. Thank you for this
12 opportunity to address the Board today in a different
13 capacity than I did previously.
14 In terms of specialty access, we have already
15 seen what happens when services are reduced at Regional
16 Medical Center. When gastroenterology and nephrology
17 services were curtailed at Regional, we immediately saw
18 an increase in demand at Valley Medical Center. And
19 this increase in demand diverted resources away from
20 other less emergent but still critical services we
21 provide, including colon cancer screening, including
22 outpatient care, and including outpatient surgery. We
23 can anticipate similar impacts occurring on cardiology
24 and surgery and orthopedics.
25 Even though RMC is not proposing to eliminate

1 these services, we know that the increased numbers of
2 STEMI and trauma patients we get and the prolonged
3 hospitalizations they require, along with multiple
4 months or years of outpatient care, will divert
5 specialists away from some of the other critical work
6 that they must do, particularly in the outpatient arena.
7 We also should note that since 2019 the number
8 of Medi-Cal patients in Santa Clara County has increased
9 by 25 percent and at the same time fewer and fewer
10 specialists in the community are accepting Medi-Cal
11 patients in their practices. This has actually led to
12 Santa Clara Valley Healthcare becoming the de facto sole
13 specialty provider for many of the most vulnerable and
14 disadvantaged members of our community. It is these
15 people and these communities that are going to bear the
16 brunt of the decision being made by HCA to curtail
17 specialty services.
18 While I have no doubt that the County health
19 system is going to step up as the safety net, as it has
20 always done, to provide timely care to all our patients,
21 this will require time. It will require resources, not
22 just in physician staffing, but in support staff, in
23 ancillary services, and in infrastructure. And until
24 that time the County system will be stretched further
25 than it has. But as we have seen in the pandemic, it'll

1 never be broken.
2 Thank you. And after, Dr. Nguyen.
3 DR. NGUYEN: Good afternoon, members of the
4 Board. My name is Phuong Nguyen. I'm the chief medical
5 officer for Santa Clara Valley Healthcare. Thank you
6 for this opportunity to be here with you today.
7 As my colleagues have shared, I hope you see
8 the gravity and the concern from us as caregiver for our
9 community. I would simply add to what has already been
10 articulated that the decision made by ACA, a corporation
11 with a net income exceeding $5 billion in 2022, is not
12 about caring for our community, especially for our
13 eastside community. It is a stark contrast to their
14 mission -- the statement of their mission of value,
15 which I will quote, Above all else we are committed to
16 the care and improvement of human life.
17 Unfortunately, this decision seemed to solely
18 be driven by financial motive. Regional Medical Center
19 service area is significantly less affluent by their
20 sister hospital Good Sam. 65 percent of Regional
21 Medical Center patients are on Medi-Cal or uninsured.
22 Patients at Good Sam Hospital has less than half of
23 those patients being on Medi-Cal and uninsured.
24 Regional Medical Center cite challenges with
25 recruitment and retention of qualified personnel in this

1 marketplace, making it unsustainable for ACA. However,
2 it appears that ACA can continue to recruit and retain
3 healthcare professionals to provide care at Good Sam
4 Hospital uninterrupted.
5 Our health system, with the support of you,
6 the Board, our County Executive, and under our CEO
7 guidance, we will find creative solutions to support our
8 communities. However, as many of my colleagues have
9 already shared -- and our County Executive and our CEO,
10 this will require time and additional resources. Our
11 eastside community residents deserve local access to
12 lifesaving care. We should afford that for our
13 residents.
14 Thank you again.
15 MR. LORENZ: Thank you, President. We'll turn
16 it back over to you.
17 MR. WILLIAMS: We have a brief comment from
18 public health department and from AMR ambulance
19 transport provider and that will conclude our panel.
20 CHAIR ELLENBERG: Thank you.
21 And let me just note, before the final two
22 folks present, that we'll then go directly to public
23 comment. So if you're intending to speak on this item,
24 you should have filled out a yellow card already and it
25 should be with the clerk. If you have not yet done so,

1 the yellow cards are available in the back of the room.
2 And for speakers -- for potential speakers on
3 Zoom, if you are desiring to speak on this item, now is
4 the time to raise your virtual hand. We will keep the
5 queues open until the first in-person speaker begins
6 speaking. And at that time both the queue in chambers
7 and the queue on Zoom will close.
8 So lots of notice to please get your cards in
9 and hands up.
10 And, Dr. Rudman, thank you.
11 DR. RUDMAN: Thank you. Thank you,
12 Madam President and Board of Supervisors. Sarah Rudman
13 for the public health department.
14 And I think there's little to add beyond the
15 deep and thoughtful analysis by our EMS agency and my
16 physician colleagues. But I want to put a firm point on
17 three things.
18 First, I have no doubt that, if this change
19 goes forward, there will be lives lost. There will be
20 deaths that could have been prevented that will go
21 forward. And those deaths, while they could -- exactly
22 as Dr. Kurani described -- filter out into areas beyond
23 the eastside of San Jose and the eastern corridor of our
24 county, that is where the greatest pain will be felt,
25 because, as we know and as public health supported this

1 analysis with baseline data, that is where some of our
2 most vulnerable residents live, based on their income,
3 based on their disease status, based on the amount of
4 trauma, the amount of gun violence in that area, the
5 fact that three out of four of the ZIP Codes with the
6 highest level of nonfatal gun violence incidents happen
7 in the catchment area for Regional Medical Center.
8 In addition, I want to be clear. Not only
9 will there be harm to those folks who lose their lives,
10 but to their families; that not only does that ripple
11 effect Dr. Kurani described filter out into other
12 communities and other parts of our medical care, but it
13 filters down through families through generations,
14 because even those folks who survive, the difference
15 between surviving 15 minutes later with a heart attack
16 intervention, with a trauma intervention, with a stroke
17 intervention, can be the difference between eating, but
18 not talking; or talking, but not being able to walk
19 again; or being able to survive and make it home, but
20 never be an income-earner for your family again. And
21 that not only impacts the health of that family
22 immediately but ongoing.
23 And then, finally, I want to be clear that
24 everything I have heard from this county, from our
25 leadership, from our Board of Supervisors, from our

1 medical leadership is that we are devoted to equity,
2 that our ultimate goal is to make sure we work the
3 hardest, care the most for the people in the county who
4 have the least and need the most support. And those
5 folks very often live in exactly the area currently
6 served by Regional Medical Center.
7 So, ultimately, I feel strong it's imperative
8 we look for any solutions available to us that ensure
9 ongoing access to high-quality trauma, STEMI, and
10 full-sweep, comprehensive stroke care in the area
11 currently served by Regional Medical Center.
12 Thank you.
13 MR. WILLIAMS: And then, finally, I'd ask AMR,
14 which is our contracted provider of ambulance transport,
15 to speak to the system impacts.
16 CHAIR ELLENBERG: Can you stand right at the
17 podium, please? Thank you.
18 MR. McCLANAHAN: Good afternoon. My name's
19 Darryl McClanahan and I'm the regional director for
20 American Medical Response, which is the County's
21 ambulance provider.
22 So year --
23 CHAIR ELLENBERG: So sorry. I'm just going to
24 ask if we can get your volume up. Sorry for
25 interrupting. Go ahead, please.

1 MR. McCLANAHAN: All right.
2 So -- do you need me to repeat that or you
3 good?
4 CHAIR ELLENBERG: Go ahead and repeat it.
5 Thank you.
6 MR. McCLANAHAN: My name's Darryl McClanahan
7 and I'm the regional director for American Medical
8 Response, which is the County's ambulance provider.
9 So year over year we've seen a notable
10 increase in patients accessing healthcare through the
11 911 system. A lot of our patients are transported to
12 Regional Medical Center. Even small changes like
13 call-volume growth or anything have a notable impact
14 within the system. And what we're talking about here is
15 a significant change to the system.
16 And although we commended and actually agree
17 with some of the highlights that the EMS agency noted in
18 their report on the impacts to us, our concern is the
19 unintended consequences and the unknown impacts. As
20 thoroughly as anybody can be in these assessments, you
21 know, prehospital medicine and care is a really dynamic
22 environment and we are cautiously optimistic that, you
23 know, we've covered all these bases.
24 And so one thing I want to note is that, in
25 conjunction with the EMS agency, our role is -- and goal

1 -- is to keep some stability in remnants of what we're
2 seeing today, although we don't think that will be the
3 case. We do think that there will need to be a
4 significant shift, given the numbers and things
5 identified in their report.
6 So thank you very much.
7 CHAIR ELLENBERG: Thank you very much.
8 Jess -- do we have -- I'm guessing -- how many
9 speakers do we have in chambers and on Zoom?
10 CLERK: I currently have 23 cards in chambers
11 and 16 hands in Zoom. There's been some recent movement
12 on Zoom.
13 CHAIR ELLENBERG: All right. I'm going to
14 just offer one last invitation. If you're interested in
15 speaking, right now is the time to turn in a yellow card
16 and right now is the time to raise your virtual hand.
17 I see nobody going back to get another card.
18 Is the Zoom number holding steady?
19 CLERK: Holding at 16 -- 17.
20 CHAIR ELLENBERG: That's not holding. Let's
21 give it another second to see if it stays at 17.
22 CLERK: Final call for Zoom speaker. Hands up
23 on Item No. 9. Holding at 17.
24 CHAIR ELLENBERG: All right. We're going to
25 close the queue with 23 speakers in person and 17

1 virtually. And we're able to offer each speaker a
2 minute.
3 COMMISSIONER CHAVEZ: And pardon me for just a
4 point of order. I know we were having some problem with
5 translation services. Has that gotten worked out?
6 CLERK: We have a consecutive interpreter on
7 the webinar, so we'll be able to have interpretation for
8 comments made in Spanish. A simultaneous translator was
9 not ordered for this meeting. We're making some
10 attempts in the background to get that going. Currently
11 not available.
12 COMMISSIONER CHAVEZ: Do we have somebody --
13 so simultaneous. Do we have somebody who can translate
14 for the Board if somebody is speaking in Spanish?
15 CLERK: Yes, yes.
16 COMMISSIONER CHAVEZ: Thank you.
17 CLERK: Okay. And --
18 CHAIR ELLENBERG: I want to just offer an
19 apology for that. I know that there are multiple
20 monolingual Spanish speakers here and we dropped the
21 ball. There should have been simultaneous translation
22 available and I will see to it that this doesn't happen
23 again. And, again, my apologies that this is where we
24 are today.
25 CLERK: And, Rosario, I'll ask you to make a

1 brief announcement in Spanish that we'll be calling
2 names for speakers in chambers and ask that, when you
3 hear your name, to please form a line in the center of
4 the room behind the podium.
5 SPANISH INTERPRETER: [SPEAKING IN SPANISH]
6 CLERK: Thank you. Again, if you hear your
7 name, please form a line.
8 We'll start with Sharon Martinez,
9 Richard Santos, Richard Konda, Tony Romero, and
10 Jonathan. If you could please start a queue.
11 Sharon Martinez, are you in the room?
12 SHARON MARTINEZ: Yeah.
13 CLERK: Perfect.
14 If you could please make space in the center
15 for Sharon.
16 MS. MARTINEZ: Hello. My name is Sharon
17 Martinez. And I live in -- on the eastside of Milpitas.
18 And on Valentine's Day of 2019 I had a stroke and I told
19 my husband to call 911 and he did.
20 And they -- the caregivers came quickly, which
21 was great; and they rushed me to the available trauma
22 center on the eastside. And they quickly -- they had me
23 seen by the neurological surgeon there. And I had not
24 only a stroke, I had a bleeding kind of hemorrhagic --
25 hemorrhagic --

1 CHAIR ELLENBERG: That's all right. Please.
2 Please finish your --
3 MS. MARTINEZ: I'm sorry?
4 CHAIR ELLENBERG: Do you want to finish your
5 sentence, please?
6 MS. MARTINEZ: I can't hear you.
7 CHAIR ELLENBERG: I'm inviting you to finish
8 your sentence.
9 MS; MARTINEZ: Oh, okay.
10 CHAIR ELLENBERG: I don't want to cut you off.
11 MS. MARTINEZ: Yes. I had blood going into my
12 brain from this amyloid squeezing another vein in the --
13 in the brain. And I wouldn't have had time to get to
14 any of the places you're talking about. I was there in
15 five minutes and that was just what I needed.
16 CHAIR ELLENBERG: Thank you.
17 MS. MARTINEZ: The doctor -- Dr. --
18 CHAIR ELLENBERG: I'm so sorry. I wanted to
19 give you a few extra seconds, because --
20 MS. MARTINEZ: Thank you.
21 CHAIR ELLENBERG: -- I heard that you were
22 having a little bit of trouble, but I need to keep
23 everybody to the -- to the same time. Thank you so much
24 for coming out to speak.
25 MS. MARTINEZ: The doctor --

1 CHAIR ELLENBERG: I have to move to the next
2 speaker, ma'am.
3 MS. MARTINEZ: Oh. Well, please --
4 CHAIR ELLENBERG: Thank --
5 MS. MARTINEZ: -- try the government. That's
6 the only thing that sounded like it was going to work
7 for people like me.
8 CHAIR ELLENBERG: You got it. Thank you very
9 much.
10 Next speaker, please.
11 RICHARD SANTOS: Madam President and Honorable
12 Board Members, I'm Richard Santos. As elected
13 vice-chair of the Santa Clara Valley Water District, I'm
14 responsible for delivering drinking water for more than
15 two million residents in Santa Clara County, as
16 essential for life.
17 As a retired fire captain of 33 years in the
18 San Jose Fire Department, I worked at the various
19 stations of 26, Station 3, Station 8, Station 16 -- very
20 diverse communities. And they all had over 300 calls a
21 months. 80 percent was medical. Many of those calls
22 were trauma related. In addition, we have trauma calls
23 for own firefighters and San Jose police officers and,
24 yes, our public.
25 As emergency personnel we can't afford to

1 increase the response times to places like Alviso and
2 the eastside by reducing trauma services that would
3 affect our estimated time of arrival.
4 As elected officials, you have many challenges
5 on your plate. Your priority is safety. And life
6 safety is a priority. Please do not reduce trauma
7 specialty care services --
8 CHAIR ELLENBERG: Thank you very much, sir.
9 MR. SANTOS: Thank you.
10 CHAIR ELLENBERG: You're welcome.
11 RICHARD KONDA: Good afternoon,
12 President Ellenberg, Members of the Board. I'm
13 Richard Konda, executive director of the Asian Law
14 Alliance.
15 Please do everything within your power to
16 engage with ACA and applicable regulators to prevent
17 elimination of trauma services at Regional Medical
18 Center.
19 Looking at the HCA website, it states that
20 their values are that we treat all we serve with
21 compassion and kindness. We act with absolute honesty,
22 integrity, and fairness in the way we conduct our
23 business and the way we live our lives.
24 If this is indeed true, then HCA should not
25 and cannot eliminate trauma services at Regional Medical

1 Center, unless, of course, HCA values profits over human
2 life.
3 Thank you very much.
4 TONY ROMERO: Good afternoon. My name is Tony
5 Romero. I am with Latinos United for a New America.
6 Eastside San Jose residents face inequities
7 around housing, air quality, and now healthcare. The
8 Santa Clara County supervisors have to take the
9 opportunity to ensure that we are not taking away
10 crucial services from communities who need it the most.
11 As residents, we have felt the impact of
12 cutting specific services such as labor and delivery.
13 Upcoming decisions need to consider the growing families
14 and communities that are here in eastside San Jose.
15 This closure will have a disproportionate
16 effect on vulnerable communities and potentially
17 exacerbates distinct healthcare disparities by impacting
18 low-income communities of color in East San Jose.
19 Don't let a for-profit company dictate the
20 quality of care our residents receive. We urge you to
21 do everything within your power to engage with HCA and
22 applicable regulators to prevent this closure.
23 Thank you for your time.
24 CLERK: Thank you.
25 After Jonathan, we'll hear from

1 Gabriel Manrique, Darcie Green, Gabriel Hernandez, and
2 Angel Madero. Again, please join the line in the
3 center.
4 Go ahead, Jonathan.
5 JONATHAN PEREZ: Thank you. Good afternoon,
6 Honorable Board of Supervisors. My name is Jonathan
7 Perez, policy advisor to San Jose Councilmember Domingo
8 Candelas, who has the honor of representing District 8
9 on the San Jose City Council.
10 He wants to express his deepest concerns
11 regarding the trauma, STEMI, and stroke center closures
12 at Regional Medical Center. We have heard from many
13 East San Jose and Evergreen residents on the significant
14 negative impacts these closures will bring, especially
15 on our most vulnerable residents, including older adults
16 and low-income families.
17 The closure of these vital services will limit
18 access to urgent healthcare and likely result in
19 worsening outcomes for patients in need of timely
20 intervention. We strongly urge you to do everything in
21 your power to continue these services, work toward
22 equity, and prevent the negative impacts the closures
23 will bring.
24 Thank you for your time and commitment to our
25 community.

1 GABRIEL MANRIQUE: Good afternoon, Board of
2 Supervisors. My name is Gabriel Manrique, community
3 organizer with LUNA. I'm here to express my deep
4 concern in opposition to the potential closure of the
5 trauma unit at Regional Medical Center.
6 In the last several decades the community of
7 eastside San Jose has endlessly advocated for better
8 housing, air quality, public transportation, and now
9 healthcare. The Board of Supervisors have to take that
10 chance to make sure that we are not depleting essential
11 services from communities that historically have been
12 underserved.
13 This closure will have a disproportionate
14 effect on vulnerable communities and potentially
15 aggravate existing healthcare inequalities by impacting
16 low-income communities of color in East San Jose. Don't
17 let a for-profit company dictate the quality of care our
18 residents deserve. The well-being of our community is
19 of extreme importance and I believe that by working
20 together we can find a solution that ensures the
21 continued operation of the trauma unit at Regional
22 Medical Center.
23 Thank you.
24 DARCIE GREEN: Hello, Honorable Board Members.
25 My name is Darcie Green, executive director, Latinas

1 Contra Cancer and member of the R.E.A.L. Coalition.
2 LCC serves and leads with clients and
3 patient-leaders who will be impacted by this closure and
4 who continue to be impacted by the ongoing gaps in our
5 healthcare delivery system. Removal and reduction of
6 these critical services at Regional Medical Center will
7 negatively impact East San Jose and the county as a
8 whole. The impact will be felt across the system. This
9 closure is an unacceptable revenue-driven injustice
10 being inflicted on patient populations in our county
11 that are already navigating deeply unfair and
12 preventable obstacles to care.
13 We urge you, our Board of Supervisors, to
14 please take the necessary steps to protect our
15 communities from the harm and adverse health outcomes to
16 come from this closure and do all that is needed to
17 mitigate harm to our community. We stand ready to
18 support your efforts to engage community in this
19 process.
20 Thank you. People over process.
21 ANGEL MADERO: Good afternoon, Honorable Board
22 of Supervisors. My name is Angel Madero and I am chief
23 of staff for Councilmember Pete Ortiz, District 5
24 representative, where Regional Medical is located.
25 As one of three adult trauma centers in the

1 county, Regional Medical plays a major role in trauma
2 patient care, including for the councilmember's own
3 mother, who this past year was saved by highly trained
4 experts at Regional as she suffered a heart attack.
5 Without access to Regional Medical Center, people like
6 his mother would have never had a second chance at life.
7 Many of our residents have chronic health
8 conditions like diabetes, high blood pressure, which
9 puts them at increased risk to heart attack and strokes.
10 It's clear to the councilmember that higher volumes at
11 neighboring hospitals, coupled with longer travel times,
12 will certainly worsen outcomes for major trauma
13 patients, especially those of East San Jose.
14 On behalf of the residents of East San Jose,
15 we urge you to reject Regional Medical's request and
16 respectfully ask you call for State intervention on this
17 matter. Thank you.
18 CLERK: After Gabriel Hernandez, we'll hear
19 from Esmeralda Rodriguez, Rachel Ruiz, Alan Giberson,
20 and Rubi Gutierrez.
21 Again, please form a line in the center.
22 Gabriel, please go ahead.
23 GABRIEL HERNANDEZ: Thank you. Gabriel
24 Hernandez, director of the Si Se Puede Collective and
25 part of the R.E.A.L. Coalition.

1 This one's kind of tough, because this
2 hospital saved my brother's life. He had a motorcycle
3 accident. He was in a coma for almost a couple months
4 and they were able to save his life.
5 But when you look at the times of the
6 transport -- and this was back in the day when there
7 weren't cars, so can you imagine the traffic now and
8 what we're talking about?
9 Our communities are used to fitting the
10 description -- we talk about racial/social equity and
11 access. And here we are. We're used to being put on
12 reservations. We're used to being red-lined. And now
13 you're telling me the hospital is going to flat-line us.
14 How do I go back to our community and tell them that
15 this is acceptable?
16 Do what you've got to do to protect us, huh?
17 ESMERALDA BARRERAS RODRIGUEZ: Good afternoon,
18 Honorable Board of Supervisors. My name is Esmeralda
19 and I'm speaking on behalf of my boss, Councilmember
20 Omar Torres, who wishes he could be here to share his
21 support to Supervisor Chavez in preserving the trauma
22 center and the Regional Medical Center.
23 The closure of East San Jose's only trauma
24 center is not just a matter of inconvenience or
25 financial strain. Rather, it's a matter of life and

1 death. The closure of Regional Medical Center's
2 essential services will leave a void in our emergency
3 care infrastructure. We are talking about the
4 difference between life and death for those suffering
5 from heart attacks, strokes, or traumatic injuries.
6 East San Jose residents deserve to have access to
7 healthcare services, just like any other resident in our
8 county.
9 Councilmember Torres urges the County to
10 reject Regional Medical Center proposal to close the
11 trauma center and respectfully requests for you all to
12 call for State intervention in this matter.
13 Thank you for your time.
14 DR. RACHEL RUIZ: Hi. Good afternoon. My
15 name is Dr. Rachel Ruiz and thank you for allowing me to
16 speak today.
17 I am a pediatric gastroenterologist as well as
18 the chair of the Valley Physicians Group, which
19 represents over 400 physicians here in Santa Clara
20 County. We are dedicated to serving our community, many
21 of us with personal ties to the area. And we are here
22 today to express that we are deeply concerned about the
23 closure of the trauma, STEMI, and stroke services at
24 Regional Medical Center.
25 It has been made abundantly clear that the

1 solution is not simple, but I want to be clear in that
2 staffing up is not going to be the solution. It can't
3 be assumed that we will simply absorb the urgent and
4 emergent needs of our East San Jose residents. The
5 ripple effects will be felt at all levels of our already
6 overburdened healthcare system. And what keeps us up at
7 night is knowing that the overall quality of care of the
8 services we provide will be negatively affected and we
9 will see not only an increase in preventable death but
10 also adverse --
11 CHAIR ELLENBERG: Thank you.
12 DR. RUIZ: [UNINTELLIGIBLE] for East San Jose
13 residents.
14 ALAN GIBERSON: Good afternoon.
15 Alan Giberson, retired nephrologist. Looking around the
16 room, I'm the oldest HCA survivor here.
17 You've seen this movie before. HCA, which
18 made $55 billion in gross profits, bought Good Sam. Two
19 years later they bought Alexian Brothers, which is now
20 Regional Medical. They -- 20 years ago they closed
21 San Jose Hospital with, like, 30 days' notice. They put
22 profit above everything and this is the bottom line that
23 they do.
24 And I urge you to aggressively pursue
25 whatever. And I think maybe what you should do is buy

1 Regional. That's probably what you would need to do.
2 We need a hospital in that location. San Jose Medical
3 Center downtown was never rebuilt, as you well know.
4 And this is HCA Columbia you're dealing with and I think
5 you need to pursue everything aggressively.
6 Thank you.
7 CHAIR ELLENBERG: Thank you. Next set of
8 speakers?
9 CLERK: After Rubi, we'll hear from Flore
10 Martinez, Gabby Chavez-Lopez, Aurora Ramos, Susana
11 Burgos, and Karla Coyoc.
12 Rubi, please go ahead.
13 RUBI GUTIERREZ: Good afternoon, everyone. My
14 name is Rubi Gutierrez.
15 I am the community health education
16 coordinator at Latinos Contra Cancer. As an advocate, I
17 take time to educate my community about their health
18 rights and everything that there is to know about cancer
19 prevention. And as a community member, I also had my
20 father stay at the Regional Medical Center after he had
21 his heart attack.
22 I am here to add to what my supervisor, Darcie
23 Green, said a second ago. Removal of critical services
24 will negatively impact East San Jose and south county.
25 Regional Medical Center has been a critical lifeline of

1 our East San Jose and south county residents. This
2 closure and delayed access to receiving critical
3 lifesaving care will lead to increased travel time and
4 [UNINTELLIGIBLE] educational barriers to patients and
5 EMS. Resulting in delayed care will inevitably increase
6 the likelihood of complications or death to trauma
7 patients, including our most vulnerable patients, our
8 youth, and critically ill community members.
9 CHAIR ELLENBERG: Thank you. Next speaker.
10 FLOR MARTINEZ ZARAGOZA: Hi. My name is Flor
11 Martinez Zaragoza. I'm a community advocate and founder
12 of Celebration Nation, a community organization.
13 CHAIR ELLENBERG: Sorry. Just for one --
14 we'll stop the clock.
15 Could you turn her volume up, please?
16 MS. ZARAGOZA: Check, check. Check, check.
17 Yeah. Maybe I should --
18 CHAIR ELLENBERG: Go ahead, please.
19 MS. ZARAGOZA: -- talk louder, yeah.
20 Yeah. So my name's Flor Martinez Zaragoza.
21 I'm a community advocate and founder of Celebration
22 Nation, a community organization.
23 I think we all agree that it's -- you know,
24 closing this trauma center will negatively impact the
25 eastside of San Jose, but I truly believe that it also

1 will impact all of San Jose and the Bay Area and
2 California.
3 So I strongly urge you guys to, yes, you know,
4 demand this assistance from the State, because it could
5 be any of us, right? Driving through the eastside, 680,
6 101, you know, anything could happen. And so, really,
7 it's not just about eastside San Jose. It's about
8 San Jose and as California.
9 So I really encourage you guys to put that
10 pressure on, because this is what we got and this is
11 what we need, and to really be the voice for our people
12 on the eastside, for all of San Jose. And especially
13 with a lot of unexpected climate changes going on, you
14 never know, with these floodings, with these fires,
15 what's going to happen next. So it's just not the time
16 to think about closing the trauma center.
17 Thank you very much.
18 CHAIR ELLENBERG: Thank you.
19 Next speaker, please.
20 GABBY CHAVEZ-LOPEZ: Hello. Good afternoon,
21 President Ellenberg and Honorable Members of the Santa
22 Clara County Board of Supervisors and fellow concerned
23 residents. My name is Gabby Chavez-Lopez and I'm the
24 executive director of Latina Coalition of Silicon Valley
25 and also I'm an active member in the R.E.A.L. Coalition.

1 I come today before you to advocate for the
2 preservation of the trauma, stroke, and cardiac services
3 at Regional Medical Center. It's a vital resource, as
4 mentioned, in our community. And as we are also
5 discussing the closure of Reid-Hillview Airport, it's
6 imperative that we also consider the broader impact on
7 our community's health and well-being. The closure of
8 trauma, stroke, and cardiac services at RMC will
9 disproportionately affect our lower-income residents and
10 seniors who rely heavily on these critical emergency
11 services.
12 As we're advocating and talking about these
13 two inextricably linked issues, we must also ensure that
14 essential medical services are preserved and accessible
15 to all members of our community, especially those that
16 are most vulnerable. So I urge you to consider the
17 interconnectedness of these issues and take bold action
18 to preserve the trauma, stroke, and cardiac services at
19 Regional Medical Center.
20 Thank you.
21 CHAIR ELLENBERG: Thank you.
22 KARLA COYOC: Hi. My name is Karla. [SPEAKING
23 IN SPANISH]. Okay.
24 [THROUGH TRANSLATION APP] Approximately 2,600
25 patients a year seen for a variety of cardiac services.

1 Without these crucial services at RMC, there would be a
2 significant volume of patients that the remaining
3 hospitals would have to absorb. The following closest
4 STEMI centers -- Kaiser San Jose, O'Connor Hospital, and
5 Santa Clara Valley Medical Center. They might
6 anticipate that seven patients per day will need to be
7 evaluated for chest pain.]
8 Thank you.
9 CHAIR ELLENBERG: Thank you. I love that you
10 did that with your own translator, but I do want to
11 share that --
12 MS. COYOC: [SPEAKING IN SPANISH].
13 CHAIR ELLENBERG: -- that we do manage to have
14 today someone on Zoom who can do consecutive
15 translations. So for any monolingual Spanish speakers,
16 we will offer a translation. So please use your full
17 minute.
18 And if that could be translated to Spanish
19 right now, I would appreciate it.
20 CLERK: Rosario, can you let folks know that
21 they are free to give one minute of comment in Spanish
22 and then it will be subsequently translated by you?
23 THE INTERPRETER: [SPEAKING IN SPANISH].
24 AURORA RAMOS: [THROUGH INTERPRETER] Good
25 afternoon. My name is Aurora Ramos and I would like to

1 talk about the importance of the medical center.
2 This is the only hospital center in the
3 northeast, in the south, and in the east that is
4 covering all the stroke accidents that we have. They
5 address many patients' having stroke and mostly
6 [UNINTELLIGIBLE] 20 percent of the accidents that we
7 have in total.
8 This is the main destination of one out of
9 four patients that are having ambulance -- that are
10 using ambulances or that are having accidents and is
11 covering 65 percent of patients that are having strokes,
12 with no insurance. That's why it's important and I'm
13 here to say that it's important to keep a hospital and a
14 center open for the eastside.
15 Thank you.
16 CHAIR ELLENBERG: Thank you. Next speaker,
17 please.
18 SUSANA BURGOS: [THROUGH INTERPRETER] Good
19 afternoon. My name is Susana Burgos and I'm here
20 representing my group of patients with Latinas Contra
21 Cancer and also representing my own communities and
22 different patients.
23 I'm here because I believe -- or we believe --
24 that in East San Jose we think that the regional
25 hospital is the most important and the closest hospital

1 that is immediately closer and it's critical for all
2 residents. Personally, years ago my son had an accident
3 and he was brought to the hospital in just five minutes.
4 If not, he would have been paralyzed for the rest of his
5 life.
6 I'm just here to tell you that we don't need
7 this hospital closed. We just need it open.
8 Thank you.
9 CHAIR ELLENBERG: Gracias.
10 CLERK: We'll hear next from Teresa Garcia,
11 followed by Sylvia Alvarez, followed by Jeremy Barousse,
12 Darryl McClanahan, and Jesse Castenada.
13 TERESA GARCIA: [THROUGH INTERPRETER] Good
14 afternoon. My name is Teresa Garcia and I'm here with
15 -- as a member of Latinas Contra Cancer.
16 Personally, I think -- and I'm sure that these
17 hospitals should remain open one-hundred percent. This
18 is the only trauma hospital.
19 And I personally am a survivor, because
20 several years ago I suffered from two strokes. This is
21 a closer hospital that -- and I'm here. That's why I'm
22 here, standing before you and talking to you, because
23 this hospital saved my life.
24 We don't need this hospital closed. There are
25 many vulnerable Hispanic population and I'm talking on

1 behalf of me and my family. Also, there is a high
2 school very close and this is the -- the closest
3 hospital and they are able to help a lot.
4 So, please -- also, I'm talking on behalf of
5 doctors and nurses for not to let them lose their jobs.
6 Thank you.
7 CHAIR ELLENBERG: Muchas gracias.
8 JESSE CASTENADA: Honorary President and
9 Members of the Board, my name is Jesse Castenada and I
10 recently retired from the County of Santa Clara after 26
11 years, my last seven years at the emergency room.
12 And I want to say, when I heard about this, I
13 said, Oh, my god. This is a tsunami coming.
14 Valley Medical Center's emergency room is very
15 small. We see about 45 ambulances, at least, a day. We
16 have 30 rooms for patients. We have one trauma bay,
17 which, if we have two patients come in at the same time,
18 we divide up. If we have a pediatric trauma, which
19 we're a Level 2 pediatric trauma, we have at least 40
20 individuals in that room with the patient.
21 So I'm just letting you know, if we have
22 another mass casualty event, like we had the Gilroy
23 Garlic shooting, the VTA, Covid, we're going to be very
24 stressed. We got the World Cup coming up. We got the
25 -- the -- the Super Bowl coming up also and stuff and we

1 need to be ready for our community.
2 Thank you.
3 SYLVIA ALVAREZ: Good afternoon. I'm Sylvia
4 Alvarez. I'm here representing California
5 [UNINTELLIGIBLE], District 14, but I'm also representing
6 the fact that I served as a school board member for
7 16 years and worked very closely with the families that
8 lived in that area, which are Mexican American families.
9 There is a real concern -- and my husband and
10 I fought very hard for the healthcare act to pass,
11 because we believe that all people deserve to have
12 medical access. And I know that we also fought to keep
13 the integrity of both the O'Connor Hospital to serve the
14 indigenous, our families that are not able to receive
15 care because they didn't have healthcare before.
16 Now we do have Medicaid, but it still is very
17 unfair that a hospital can actually turn its doors
18 because they're not -- they're not -- they don't have
19 medical insurance. And for this is actually
20 discrimination against our families.
21 And I know that you will do everything in your
22 power to try to find a way to -- to bring them to the
23 table.
24 CHAIR ELLENBERG: Thank you so much.
25 JEREMY BAROUSSE: Good afternoon, President

1 Ellenberg, Members of the Board of Supervisors. Jeremy
2 Barousse, director of policy and organizing with Amigos
3 de Guadalupe Center for Justice Empowerment and we are
4 part of the Si Se Puede Collective.
5 I'm here to urge the Board of Supervisors to
6 prevent the closure of the trauma unit and to explore
7 alternative solutions that will allow Regional Medical
8 Center to maintain its commitment to serving the
9 community. If closed, hospitals closest to Regional's
10 trauma service will experience the most significant
11 impacts, increasing concerns relating to quality and
12 safety of patient care and resulting in vulnerable
13 communities paying the price. Lives will be lost.
14 The health and well-being of our community is
15 paramount and I hope you can find the solution that
16 ensures that the continued operation of the trauma unit
17 at Regional Medical Center remains to serve our
18 community.
19 Thank you.
20 CLERK: Do we have Darryl McClanahan in
21 chambers? Oh, apologies. Thank you.
22 We'll move to Zoom speakers.
23 Our first speaker is Christine Tomcala.
24 Please accept the unmute. You'll have one minute to
25 speak and the timer will start when you begin speaking.

1 CHRISTINE TOMCALA: Good afternoon. This is
2 Christine Tomcala, CEO of Santa Clara Family Health
3 Plan, which provides coverage for about 80 percent of
4 the county's Medi-Cal members.
5 We're concerned about proposed reductions in
6 access to trauma and other emergency care services in
7 East San Jose. Of our 314 members who required trauma
8 services last year, 58 percent received them at Regional
9 Medical Center. Those in East San Jose facing certain
10 life-threatening heart attacks, strokes, or traumatic
11 injuries will face longer ambulance travel times and
12 possibly longer wait times, both of which are
13 detrimental to outcome.
14 We applaud the EMS agency for conducting the
15 impact assessment and working to mitigate the harmful
16 impacts. Thank you.
17 CLERK: Our next speaker is Robert Brownstein.
18 Please go ahead. Robert, you'll have to click -- there
19 you go.
20 ROBERT BROWNSTEIN: Bob Brownstein, strategic
21 adviser at Working Partnerships USA and a board member
22 of the R.E.A.L. Coalition.
23 I urge the Board to strongly oppose these
24 proposed reductions at Regional. We know that the
25 geographic area in which Regional's located is one in

1 which social determinants of health lead to increased
2 vulnerability to illness and injury and to an increased
3 need for adequate health services. And we know that the
4 demographic changes in Santa Clara County are producing
5 an elderly population with increased vulnerability to
6 chronic disease; and we know that climate change is
7 increasing the risk of environmental disaster, thereby
8 increasing the need for the strongest possible
9 disaster-response capacity at our health facilities.
10 Knowing all these facts, one can only describe
11 these proposals as irresponsible and lacking in
12 compassion for our community. Be as aggressive as you
13 can in your opposition.
14 Thank you.
15 CLERK: Our next speaker is Shari C. Please
16 accept the unmute and go ahead.
17 SHARI C.: Hi. My name is Shari. I live in
18 northeast San Jose.
19 Last year, my mother was hit by a car while
20 walking in a crosswalk on a signalized intersection. So
21 she -- she basically had, like, critical injuries as
22 well as brain injury. So she was -- she was brought at
23 RMC. And, because it's critical, she was treated there
24 and even now she's still recovering, but she did
25 survive.

1 My father, a few years ago, also had a
2 critical heart attack; and because we were closer to
3 RMC, my father now is alive, you know, having, like, an
4 emergency triple-bypass.
5 So these are very critical services that have
6 saved my family, if not for RMC being there and being
7 closer, within ten minutes. If that would be more,
8 like, five or ten minutes' travel time, I would not have
9 my parents today.
10 And what is the purpose of a hospital? Isn't
11 it to save lives? These are the most critical services
12 that the people in this community need, especially for
13 trauma, stroke, and heart attack. So please make sure
14 you do your job.
15 CLERK: Our next speaker is Beverly Wong.
16 Please go ahead.
17 BEVERLY WONG: Hi. My name is Beverly Wong
18 and I'm speaking on behalf of Parents Helping Parents in
19 San Jose. We serve 6,000 families of children with
20 disabilities each year.
21 And I'm here just to ask the Board to make any
22 effort possible to preserve the trauma, stroke, and
23 cardiac services provided by Regional Medical Center.
24 As we've heard today, RMC provides crucial
25 emergency services to our community and helps sustain

1 the County's emergency medical system. It acts as a
2 lifeline to the residents of East San Jose in
3 particular. Taking away these services will have
4 devastating effects on this community as well as the
5 entire county.
6 And we're particularly concerned that
7 lower-income residents and seniors will be especially
8 impacted by a lack of access to life-saving medical
9 care; and this will only exacerbate the health
10 disparities that already exist in our community.
11 So I strongly urge the Board to work toward
12 preserving these services.
13 Thank you.
14 CLERK: Our next speaker is Tammy Dhanota.
15 Please go ahead.
16 TAMMY DHANOTA: Good afternoon. My name is
17 Tammy Dhanota. I am a lifelong resident of Evergreen.
18 I was born and raised in Evergreen. I bought my house
19 in Evergreen. My parents live in Alum Rock, very close
20 -- like, six minutes -- from Regional. I want to call
21 it Alexian Brothers. I was actually born at that
22 hospital.
23 And I'm very concerned that we are closing
24 this hospital rather than preserve it for all of the
25 community. My relative -- my parents have 9 and 13

1 siblings respectively. And I have -- I don't know --
2 60-something cousins and they have kids and grandkids
3 all living in this general area. You will affect all of
4 us immediately by not having this hospital. So I urge
5 you to do whatever possible to preserve the hospital or
6 take over the hospital, if that's what's necessary, and
7 obtain funding some other way.
8 Many of my relatives are at work right now.
9 They have one and two jobs and cannot afford to come to
10 a public meeting like this to tell you how dire the
11 circumstances would be if we didn't have this hospital.
12 I appreciate your time and I cannot express
13 enough how this would affect my family immediately, my
14 parents especially.
15 Thank you.
16 CLERK: Our next speaker is Mike Gonzalez.
17 Please go ahead.
18 MIKE GONZALEZ: Good afternoon, Board of
19 Supervisors. My name is Mike Gonzalez, executive of
20 family and health strategies at First 5 Santa Clara
21 County, an organization that strives to promote the
22 health, safety, and well-being of children and their
23 families.
24 We are concerned about the reduced access to
25 quality trauma care and healthcare services for families

1 in East San Jose and east county due to the changes at
2 Regional Medical Center.
3 Heart disease and stroke is one of the leading
4 causes of death in our county and hypertension is a
5 significant contributor to these conditions. In our
6 community 26 percent of adults are diagnosed with
7 hypertension and Medi-Cal beneficiaries report
8 consistently higher rates of hypertension. In East San
9 Jose over 100,000 people are on Medi-Cal; and removing
10 vital life services for our community will only increase
11 health disparities in areas already disproportionately
12 impacted by adverse health conditions.
13 We urge the Board to consider this when making
14 decisions that impact the health and well-being of our
15 community. Thank you.
16 CLERK: Our next speaker is Mary Valderrama.
17 Please go ahead.
18 MARY VALDERRAMA: Hello. My name is
19 Mary Valderrama and I am the chair of Alum Rock Village
20 Action Committee, which is one of the neighborhood
21 associations close to RMC.
22 Eastside residents rely on the essential
23 services provided by RMC, especially the trauma unit,
24 which plays a crucial rule in ensuring the timely and
25 effective responses to life-threatening emergencies.

1 The potential closure of this unit both jeopardizes the
2 health and well-being of the folks on the eastside.
3 This raises serious concern about the accessibility and
4 availability of critical medical care in our community.
5 I urge you to reconsider any plans to close
6 the trauma unit and explore alternative solutions that
7 would allow RMC to retain its commitment to serving the
8 community. Thank you.
9 CLERK: Our next speaker is Jaria -- apologies
10 for pronunciation. Please go ahead.
11 JARIA JAUG: Hello, Board President Ellenberg
12 and Honorable County Supervisors. My name is Jaria Jaug
13 and I'm the associate director of care policy at Working
14 Partnerships USA.
15 I'm speaking to urge this body and the State
16 to ensure that RMC keeps its trauma, STEMI, and stroke
17 center doors open. RMC, as the only comprehensive
18 stroke center on the northeast, east, and southeast side
19 of Santa Clara County, receives the highest
20 concentration of stroke patients among all hospitals.
21 As a resident of District 3 and Berryessa, we
22 had to take my aunt to the center when she had a stroke.
23 We rushed her to RMC; and if we had to go anywhere else,
24 she probably would not have made it. This story is so
25 true to so many other families living on the east side

1 of the county.
2 This closure would have disproportionate
3 effects on vulnerable [UNINTELLIGIBLE] communities,
4 exacerbate existing health disparities, and have a
5 disproportionate impact on communities of color and
6 low-income communities. This closure would have
7 devastating and detrimental effects on the families on
8 the eastside. Please advocate to keep its services
9 going.
10 Thank you so much.
11 CLERK: Our next speaker is Yesenia Lopez.
12 Please go ahead.
13 Just one moment while we open your microphone.
14 We're going to come back. I'm not seeing --
15 All right. Our next speaker -- there --
16 YESENIA LOPEZ: I'm sorry. Can you hear me?
17 CLERK: Yes. We got you.
18 MS. LOPEZ: Thank you. Fine. My name is
19 Yesenia Lopez and I'm an education community organizer
20 with Rocketship Public Schools, which are
21 [UNINTELLIGIBLE] schools located on Jeffrey Avenue, and
22 a member of the Hispanic [UNINTELLIGIBLE] Latino
23 Coalition of Silicon Valley.
24 Closing the trauma center at Regional Medical
25 would be another resource that the [UNINTELLIGIBLE]

1 community will no longer have access to and would be
2 detrimental.
3 Accidents happen in all regions of San Jose
4 and it is essential that all communities have access to
5 equal healthcare availability. Should an accident
6 happen at the corner of Jackson and Alum Rock, the
7 average emergency response is about seven minutes.
8 Assuming the patient is still breathing, it would take
9 12 minutes to drive to Santa Clara Valley Med without
10 traffic. Say the patient stops breathing two minutes
11 into the drive, it takes four minutes for lack of oxygen
12 to cause permanent brain damage, four to six for death.
13 According to a Chronicle article, last year
14 there were 49 traffic-related deaths, with 27 being for
15 pedestrian. In 2024, there have already been 12, three
16 of them related to the eastside community.
17 Please cease the diversion of medical access
18 to the eastside community. Thank you.
19 CLERK: Our next speaker is Elma Arredondo.
20 Please go ahead.
21 ELMA ARREDONDO: Good afternoon, Honorable
22 Supervisors. My name is Elma Arredondo and I live very
23 -- about a major street away from the hospital.
24 Both my husband and I are elderly. My husband
25 is a cardiologist -- a cardiology patient. And I could

1 very -- it would be very feasible that we would need
2 these emergency services. Even this close and having
3 health insurance, if this service was closed, I could
4 see that we would not survive if we had to go further.
5 The late eastside activist and advocate
6 Sophia Mendoza decades ago led our community to fight
7 for equitable healthcare in our community. Back then
8 our community members did not have healthcare in the
9 area and they were offered to be bussed to Valley
10 Medical Center. The community rejected that idea.
11 I see the proposal to eliminate critical
12 emergency services at Regional Medical Center --
13 CLERK: Our next speaker is Angel Aliano.
14 Please go ahead.
15 ANGEL ALIANO: Hi. My name is Angel Aliano
16 with Silicon Valley Council of Nonprofits.
17 As an alliance that supports hundreds of
18 community-based organizations that in turn serve
19 thousands of community members in East San Jose, we're
20 deeply concerned about the proposed reduction of trauma
21 and specialty care services at the Regional Medical
22 Center. There will be an overwhelming impact on
23 historically disenfranchised communities, specifically
24 working-class folks, seniors, and communities of color,
25 and will continue to suffer health outcome disparities

1 with the loss of both the adult and trauma -- sorry --
2 adult trauma and cardiac centers, along with reduction
3 of the comprehensive stroke center.
4 We specifically urge the Board to engage with
5 HCA to prevent the closure and we also call on HCA
6 itself to prioritize patients over profits by keeping
7 its critical services intact.
8 We're also asking the County to host an
9 accessible public meeting near the hospital site to
10 inform community members most impacted by these
11 reductions and their effects.
12 Thanks for your time and consideration.
13 CLERK: Our next speaker is Vaughn Villaverde.
14 Please go ahead.
15 VAUGHN VILLAVERDE: Good afternoon, President
16 Ellenberg and Members of the Board. My name is Vaughn
17 Villaverde. I'm the director of advocacy at AACI and
18 member of the R.E.A.L. Coalition.
19 As a federally qualified health center that's
20 part of the County's healthcare safety net serving
21 marginalized communities, low-income communities,
22 communities of color, and immigrant and refugee
23 communities, I'm here to voice our frustration at the
24 proposed reduction of specialty services at RMC.
25 Should this move forward, it would have a

1 significant negative impact on access to timely care and
2 at a time when minutes could mean the difference between
3 life and death. It will increase wait times and travel
4 times to the next closest trauma center and will most
5 impact communities that have historically experienced
6 the greatest barriers of care -- barriers to care.
7 We urge the Board to leverage all of the
8 County's resources and influence to ensure these
9 services stay available for all Santa Clara County
10 residents. Thank you.
11 CLERK: Our next speaker is Sandra Asher.
12 SANDRA ASHER: Good afternoon. My name is
13 Sandra Asher. I'm a member of the R.E.A.L. Coalition ad
14 the Safety for All Disability Justice Coalition.
15 It's unconscionable that HCA plans to close
16 the RMC trauma and cardiac services center and reduce
17 the capacity to its stroke center. In these
18 circumstances, minutes matter and lives hang in the
19 balance. It's not lost on anyone that this will impact
20 some of our most marginalized and vulnerable members of
21 our county, while also overburdening our entire County
22 health system. I urge the County to do whatever it
23 takes to prevent this from happening. Thank you.
24 CLERK: Our next speaker is Cesar Navarro.
25 Please go ahead.

1 CESAR NAVARRO: Hello. My name is Cesar
2 Navarro. I'm a community organizer for Latinos United
3 for a New America.
4 I urge the Board to do everything in their
5 power to keep these services on the eastside of San
6 Jose. My colleagues have already spoken to the impacts
7 this will have on our community, so, instead, I will
8 share a personal story.
9 My friend was hit by a car three years ago and
10 was transported to RMC, suffering from a traumatic brain
11 injury. He received care at their trauma center for a
12 few weeks while in a coma before being stabilized. He's
13 luckily living and had a long road to recovery, but --
14 and he is only left with scars and an impact to his
15 short-term memory because of the promptness of medical
16 care he received.
17 I'm left to wonder if an extra 14 minutes in
18 transport would have meant that I would never be able to
19 hold a conversation with him again, if he would never be
20 able to work again, and the burden it would have left
21 his single mother, who became unemployed during his
22 recovery.
23 Like I said, I urge the Board to do everything
24 in their power to keep these services in eastside
25 San Jose. And thank you.

1 CLERK: Our next speaker is Trudy. Please go
2 ahead.
3 TRUDY ELLERBACH: Thank you. My name is Trudy
4 Ellerbach and I live in East San Jose and I wish to
5 express my deep concern and opposition to the potential
6 closure of this trauma unit at RMC.
7 The closure of this unit jeopardizes the
8 health and well-being of not just me but of many of my
9 neighbors. And I urge you to utilize any and all
10 resources to ensure that this facility remains open.
11 Thank you.
12 CLERK: Our final speaker is Corina
13 Herrera-Luero. Please go ahead.
14 CORINA HERRERA-LUERO: Hello. My name is
15 Corina Herrera-Luero, serving as board president for the
16 Alum Rock Union School District, located in the eastside
17 of San Jose.
18 As you all heard form the nurses earlier
19 today, they are already highly impacted across our
20 healthcare system. If the reduction in these services
21 at Regional Medical Center occur, this will only get
22 worse. The number of patients, along with longer travel
23 times, will worsen outcomes for major trauma patients in
24 my community and will inevitably increase the likelihood
25 of complications or death.

1 We are counting on you all to urge the
2 California Department of Healthcare Services to step in
3 and prevent the closure of RMC's life-saving trauma
4 center serving stroke and heart attack patients.
5 Thank you for your leadership and ensuring
6 that the voice of our most vulnerable in our community
7 is uplifted through your actions today.
8 CLERK: That concludes public comment.
9 (End of public comment on the item)
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1 CERTIFICATE OF TRANSCRIBER

2 I hereby certify that the recording(s) in the
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