



Date: March 30, 2018

To: Patrick H. West, City Manager *T.H.W.*

For: Mayor and Members of the City Council

Subject: **Upcoming Los Angeles County Emergency Medical Services Agency
Public Hearing on Community Hospital**

Introduction

State law and Los Angeles County Emergency Medical Services Agency (LEMSA) policies and procedures require public noticing and at least one public hearing regarding any planned reduction or elimination of emergency medical services provided at hospitals.

Background

On March 5, 2018, MemorialCare provided the City of Long Beach (City) with 120-day lease termination notice at Community Hospital. The notice indicated MemorialCare will cease services by July 3, 2018.

Upcoming County Public Hearing

The LEMSA has scheduled a public hearing in the City to address “the planned closure of Community Medical Center Long Beach.” This hearing will be held on:

Wednesday, April 11, 2018
6:00 p.m. – 9:00 p.m.

The Grand (Catalina Room)
4101 E. Willow Street
Long Beach, CA 90815.

Per LEMSA policies and procedures, this hearing is being held within 30 days following MemorialCare’s notification of the intent to downgrade services. MemorialCare originally provided LEMSA with written intent to divert advanced life support (ALS) ambulances from Community Hospital on March 7, 2018.

The official LEMSA meeting notice is attached for your information. The document will likely be posted on MemorialCare’s website and the LEMSA website by April 2, 2018. It will be published in the Long Beach Press-Telegram on April 4 and 8, 2018.

State Action

The California Department of Public Health (CDPH) has confirmed MemorialCare is in violation of State law by diverting ALS ambulances from Community Hospital. According to CDPH, MemorialCare “failed to provide 90-day notice prior to a planned reduction or elimination of the

Upcoming LEMSA Public Hearing on Community Hospital
March 30, 2018
Page 2

level of emergency medical services, by not providing Advanced Cardiac Life Support (ACLS) or accepting patients requiring ACLS, and by engaging in diversion of patients that required ACLS.” CDPH issued a formal notice of violation on March 12, 2018; it is attached for your information. While MemorialCare indicates they have contracted with a private ambulance provider as of March 22, 2018 to provide inter-facility transports of walk-in patients requiring ALS care, this violation continues to persist.

For more information, please contact John Keisler, Director of Economic Development, at (562) 570-5282 or Diana Tang, Manager of Government Affairs, at (562) 570-6506.

PHW:DT
M:\IGR\STATE\STATE LEG COMM\MEMOS 2018\MCC_LEMSA_PUBLICHEARING_3-30-18.DOX

ATTACHMENTS

CC: CHARLES PARKIN, CITY ATTORNEY
LAURA L. DOUD, CITY AUDITOR
TOM MODICA, ASSISTANT CITY MANAGER
KEVIN JACKSON, DEPUTY CITY MANAGER
MICHAEL DUREE, FIRE CHIEF
JOHN KEISLER, DIRECTOR OF ECONOMIC DEVELOPMENT
KELLY COLOPY, DIRECTOR OF HEALTH AND HUMAN SERVICES
REBECCA GARNER, ASSISTANT TO THE CITY MANAGER
DIANA TANG, MANAGER OF GOVERNMENT AFFAIRS

NOTICE OF PUBLIC HEARING



The Los Angeles County Board of Supervisors has requested that the Emergency Medical Services Commission (EMSC) conduct a public hearing in the City of Long Beach to address the planned closure of Community Medical Center Long Beach. This hearing is in response to the March 7, 2018 written notification from Long Beach Medical Center, operator of Community Medical Center Long Beach, located at 1720 Termino Ave, of the intent to eliminate emergency medical services as part of its closure of the entire hospital due to its inability to meet seismic compliance.

As requested by the Board of Supervisors and in compliance with the Health and Safety Code Section 1300, the EMSC has scheduled a Public Hearing as follows:

- Date: Wednesday, April 11, 2018
- Time: 6:00 pm – 9:00 pm
- Location: The Grand (Catalina Room)
4101 E. Willow St.
Long Beach, CA 90815
- Parking: Free on-site parking
- Questions: Contact the EMS Agency at (562) 347-1500

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA930000082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/12/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL OF LONG BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 1720 TERMINO AVENUE LONG BEACH, CA 90804
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 000	<p>Initial Comments</p> <p>The following reflects the findings of the Department of Public Health during a Monitoring/Complaint Visit.</p> <p>Complaint Number: CA00577565 - Substantiated</p> <p>Representing the Department of Public Health: 19582</p> <p>The inspection was limited to the specific complaint investigated and does not represent the finding of a full inspection of the facility.</p> <p>One deficiency was written for complaint number CA00577565.</p>	A 000		
A 002	<p>HSC 1255.1(a) Health & Safety Code</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the facility failed to provide a 90 days notice prior to a planned reduction or elimination of the level of emergency medical services, by not providing Advanced Cardiac Life Support (ACLS) or accepting patients requiring ACLS, and by engaging in diversion of patients that required</p>	A 002		

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA930000082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/12/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL OF LONG BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 1720 TERMINO AVENUE LONG BEACH, CA 90804
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 002	<p>Continued From page 1</p> <p>ACLS.</p> <p>Findings:</p> <p>On March 8, 2018 at 4 p.m., a monitoring visit was conducted at the facility regarding closure of the hospital due to the Hospital's inability to meet the seismic standards.</p> <p>During an interview, the Administrator stated the patients requiring ACLS services will no longer be received or admitted to the hospital on or after 7 a.m., on 3/9/18..</p> <p>On March 10, 2018, at 10:45 a.m., an unannounced complaint visit was conducted at the hospital regarding ACLS diversion at the facility's emergency department (ED).</p> <p>During the course of the investigation, the surveyor apprised the Emergency Department charge nurse of the nature of the visit and he responded, that he would not be able to provide any responses to the surveyor's questions. The House Supervisor was requested and shortly thereafter arrived. The House Supervisor was also apprised of the nature of the visit and she responded that she would not be able to answer any questions from the Department as she was not at liberty to answer them. The House Supervisor further stated that the Facility Administrator will be in on Monday and it would be better for the surveyor to return at that time for further investigation.</p> <p>During the same time as the interview above, the surveyor observed an ambulance and a police officer outside of the emergency department. The surveyor was unable to verify if the hospital is providing ACLS or if the hospital is receiving</p>	A 002		

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA930000082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/12/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL OF LONG BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 1720 TERMINO AVENUE LONG BEACH, CA 90804
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 002	<p>Continued From page 2</p> <p>ACLS patients.</p> <p>At 2:55 p.m., on the same day, an attempt was made to contact the Administrator but her voice mail was full and unable to leave message. However, few seconds later a call was received from the Administrator. A three-way telephone interview call was held on 3/10/18 at 2:55 p.m.</p> <p>The Administrator stated the ED (Emergency Department) is opened and opened to walk-ins patients, and that the ED was only providing basic life support (BLS) services. When asked about the ACLS diversion, the Administrator stated that ACLS diversion was in place.</p>	A 002		