



**REGULATORY/ MEDICAL HEALTH SERVICES**  
**EMERGENCY MEDICAL SERVICES**

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May 2, 2016

Jacqueline A. Lincer, District Manager  
California Department of Public Health  
Orange County District Office  
681 South Parker Street, Suite 200  
Orange, CA 92868

**SUBJECT: Impact Evaluation Report: Closure of Emergency Services at Saddleback Memorial Medical Center-San Clemente**

Dear Ms. Lincer:

Orange County Emergency Medical Services has completed an impact analysis on the closure of emergency services at Saddleback Memorial Medical Center – San Clemente (SMMC-SC). Enclosed you will find the final report.

The conclusion and recommendations stated in the report result from a comprehensive analysis of the emergency medical services system. In short, our office has concluded that the although alternative hospitals are in relatively close physical proximity, any decrease in service to the affected population has undeterminable impacts to individuals and presumed impacts of increased emergency department wait times and ambulance diversion at alternative hospitals. We recommend that factors such as increased traffic, emergency department wait times and population growth be considered in the decision to approve or disapprove the closure of the emergency services at the SMMC-SC campus.

Please do not hesitate to contact me directly for any questions or concerns.

Sincerely,

Tammi McConnell MSN, RN  
EMS Administrator

cc: Howard Backer, MD, Director, Emergency Medical Services Authority  
Mark Refowitz, Director, Health Care Agency  
Orange County Emergency Medical Care Committee

Enclosure

TM:tcm#2644



**IMPACT EVALUATION REPORT**  
**Closure of Emergency Services**  
**Saddleback Memorial Medical Center – San Clemente**  
**May 2, 2016**

**PURPOSE**

The purpose of this Impact Evaluation Report (IER) is to provide an assessment of potential emergency health impacts on the community, availability of emergency care at surrounding hospitals, and effects on emergency medical services (EMS) providers following the closure of Saddleback Memorial Medical Center – San Clemente (SMMC-SC) on May 31, 2016.

The report contains statutory authorities related to hospital closures, immediate historical background, city demographics; SMMC-SC and surrounding hospital capabilities including Emergency Department (ED) volumes; 9-1-1 paramedic services; ambulance transports; public comments and incorporates impact analysis statements within appropriate sections.

**AUTHORITY/ED CLOSURE REQUIREMENTS**

California state law outlines requirements on general acute care hospitals and the local emergency services agency related to service downgrades and closures of emergency departments. Hospitals must notify the California Department of Public Health (CDPH), the local government in charge of health care services, health plans under contract with the hospital and the public. The notification must be made as soon as possible but not later than 90 days prior to the proposed reduction or elimination of emergency services (Attachment 1).

Pursuant to the Health and Safety Code, Division 2, Chapter 2, Articles 1 and 5, §1255.1, §1300 (<http://law.onecle.com/california/health/1255.1.html> & <http://law.onecle.com/california/health/1300.html>), correlating Orange County Emergency Medical Services (OCEMS) policy #615.00 and general public policy, an impact evaluation is conducted by the local governmental body and forwarded to the California Department of Public Health (CDPH) within 60 days of a notice of hospital service downgrade and/or closure of an emergency department. CDPH considers the report findings and makes a final hospital licensure determination.

**BACKGROUND**

In Fall 2014, Memorial Care announced plans for a feasibility study to explore changes to the San Clemente Campus, to include ED closure and creation of an outpatient center and high-level urgent care, to be open 24 hours per day. Multiple local forums and workshops were held in the San Clemente area and residents attended City Council meetings to provide input and concerns regarding potential hospital closure. Local legislators were involved and two bills were introduced into the State legislature to allow Memorial Care to operate a free-standing ED on the campus. Neither bill was approved by the state legislature.

In December 2015, a Healthcare Workshop, open to the public, was held with presentations on a variety of options for emergency and urgent care.

In November 2015, the San Clemente City Council proposed re-zoning the property to be hospital-only. On January 19, 2016 a public hearing was held at the San Clemente City Council Meeting with regard to the re-zoning resolution. San Clemente Resolution 16-03 was adopted by the City Council to amend the General Plan to create a regional medical facilities land use designation for the current hospital property. Ordinance 1616 was introduced. Second reading of the ordinance was on February 2, 2016.





## **IMPACT EVALUATION REPORT**

### **Closure of Emergency Services**

### **Saddleback Memorial Medical Center – San Clemente**

### **May 2, 2016**

On March 2, 2016, Saddleback Memorial Medical Center – San Clemente (SMMC-SC) reported to Orange County Emergency Medical Services (OCEMS) that they had notified the California Department of Public Health (CDPH) of SMMC-SC's intent to voluntarily suspend their Acute Care Hospital license and close the facility.

On March 4, 2016, OCEMS letter #2615 was sent to all Orange County hospitals, prehospital providers and zoning authorities. On April 4 & 15, 2016, public notices of the public hearing were published in the OC Reporter (Attachments 2, 3).

On April 29, 2016 a public hearing opportunity was held at the regularly scheduled Emergency Medical Care Committee (EMCC) in the Commission Hearing Room at 333 West Santa Ana Boulevard, Santa Ana, CA 92705.

### **SUMMARY OF FINDINGS**

#### **City of San Clemente – Saddleback Memorial Medical Center, San Clemente**

SMMC-SC is owned and operated by Memorial Care Health System and is located in the southwest portion of the County in the City of San Clemente. Bordering cities include Capistrano Beach, Dana Point and San Juan Capistrano. The facility also serves as the nearest civilian hospital for the Marine Corps Base Housing in northern San Diego County. The city of San Clemente is 18.71 square miles and has a 2015 estimated population of 65,326. In 2015, 13.2% of its residents were at or over the age of 65.

Population for San Clemente and the contiguous cities of Dana Point and San Juan Capistrano is approximately 135,724 persons. This population may be higher in summer and vacation seasons due to influx to beach communities ([www.census.gov/quickfacts/table/PST045215/0665084.00](http://www.census.gov/quickfacts/table/PST045215/0665084.00)).





**IMPACT EVALUATION REPORT**  
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SMMC-SC is a community hospital and is not designated as a specialty receiving center for Cardiac, Stroke or Trauma nor does the facility provide obstetric services. The hospital is currently licensed for 66 acute care medical-surgical beds and 7 intensive care beds. It has 10 Emergency Department (ED) treatment beds. Admission rate from the ED was 9.5% in 2015. County-wide admission rate is approximately 15%. (OSHPD, 2015)

In 2013, an OCEMS designation survey was conducted. SMMC-SC administration reported that between 2010 and 2012, ED visits totaled 44,890 for the three year survey period (39,470 adult and 5,420 pediatric). Subsequent years show no significant change in annual census.

<b>Mode of Arrival - Adult</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Walk in	9145	9185	9381
Paramedic	1326	1373	1363
BLS Ambulance	1286	1207	1180
Wheelchair	793	858	1180
Law Enforcement	93	94	73
Carried	11	9	12
Unknown	8	4	1
Paramedic release	1	1	1
Helicopter	0	1	0
<b>Mode of Arrival – Pediatric</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Walk in	1529	1452	1491
Carried	347	415	379
Paramedic	62	74	54
Wheelchair	31	42	40
BLS Ambulance	42	49	32
Law Enforcement	5	3	0
Unknown	1	0	0

(Source: SMMC reported data)

In 2014, 35 patients and in 2015, 38 patients were transferred out of SMMC-SC for higher level of care via 9-1-1 paramedic transport. Patient destinations were primarily Mission Hospital - Mission Viejo for trauma. Other transfers out for higher level of care were made using private ambulance critical care provider transporting agencies. These numbers are not captured by the Orange County Medical Emergency Data System (OC-MEDS).

The 9-1-1 emergency medical service response in the SMMC-SC area is provided by the Orange County Fire Authority. Occasionally, the facility receives patients from Laguna Beach Fire Department and Camp Pendleton Fire Department. Based on transport volume of 9-1-1 patients of about 8-10 per day and the distance of alternative facilities (Mission Hospital – Mission Viejo 9 miles and Mission Hospital – Laguna Beach 7 miles), the displacement due to hospital closure will impact EMS transported patients previously serviced by SMMC-SC.

Patients presenting to other EDs, whether via the 9-1-1 system or by private vehicle, may experience longer may wait times due to increased census. Mission Hospital – Mission Viejo was on ambulance diversion for 4.3% of the time in 2013, nearly 9% of the time in 2014 and 7.8% of the time in 2015. First quarter 2016 diversion time for Mission Hospital – Mission Viejo is also high for an Orange County acute care hospital, running 6.74% in January, 20.44% in February and 5.28% in March.



**IMPACT EVALUATION REPORT**  
**Closure of Emergency Services**  
**Saddleback Memorial Medical Center – San Clemente**  
**May 2, 2016**

**Orange County Emergency Medical Services System**

The Orange County EMS system is comprised of 25 acute care hospitals that are all designated as OCEMS Emergency Receiving Centers (ERC). Of those, one is designated as a comprehensive children's receiving center and the others have varying levels of specialty designations such as Trauma, Cardiovascular and Stroke Neurology (Attachment 4).

Data obtained from the Orange County Medical Emergency Data System (OC-MEDS), most recent utilization reports from the Office of Statewide Health Planning and Development (OSHDP), 9-1-1 paramedic service providers and 9-1-1 transport agencies for 2015 denote the following approximate numbers:

- OC Emergency ED visits: 912,516
    - SMMC-SC: 14,215 (1.6% of total County ED volume)
  - OC Emergency 9-1-1 Incidents: 185,500 (includes AMA; non-transports)
    - SMMC-SC: 2513 (1.7% of total County 9-1-1 volume)
- (Source: OSHDP Utilization Reports, OCMEDS)*

Overall, SMMC-SC treats less than 2 percent of the total number of patients seen in OC EDs. There are two ERCs within a ten-mile radius of SMMC-SC. Mission Hospital – Mission Viejo, located approximately 9 miles away, has 33 treatment stations. Mission Hospital – Laguna Beach is approximately 7 miles away and has 12 treatment stations.

There are other hospitals between 10 and 15 miles from SMMC-SC (Saddleback Memorial Laguna Hills, Hoag Irvine, and Kaiser Irvine) with a combined number of treatment stations of 81. Mission Hospital administration has been in discussions with the Orange County EMS Agency and is planning for increased patient volumes beginning the weekend before the proposed closure of SMMC-SC.

In a report to the San Clemente City Council by OCFA in February, 2015, average transport times to Mission – Mission Viejo, Mission – Laguna Beach and Saddleback Laguna Hills had an average range of 15.8 – 22.9 minutes. All combined, the ERCs within these ranges have the capabilities to provide for basic emergency and specialty care and are generally within the standard Orange County maximal 9-1-1 case transport time of 20 minutes.

A compilation of the nearest Emergency Receiving Centers' (ERC) proximal to SMMC-SC, nearest hospital capabilities, OCEMS designation status and 2015 ED visits are illustrated within Attachment 5. Nearest EDs are all to the north. The nearest public emergency department to the south is in San Diego County. Tri-City Medical Center is over 35 miles away and may not necessarily be a viable option for emergency care. East of the area is a minimally populated region of Riverside County with no nearby acute care hospital with emergency services. The Pacific Ocean is to the West of the Region served by SMMC-SC.





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**Closure of Emergency Services**  
**Saddleback Memorial Medical Center – San Clemente**  
**May 2, 2016**

**Saddleback Memorial Medical Center – San Clemente**

SMMC-SC is a community-based acute care hospital with an emergency department licensed as a basic emergency department. The following emergency system points are to be considered:

- SMMC-SC is not designated as a Base Hospital. There will be no impact on patients needing Base Hospital medical direction.
- SMMC-SC is not a designated trauma center. There will be no impact on 9-1-1 patients that meet trauma center criteria or guidelines.
- SMMC-SC is not a designated stroke-neurology center. There will be no impact on 9-1-1 patients that meet criteria for specialty stroke service.
- SMMC-SC is not a designated cardiovascular receiving center. There will be no impact on 9-1-1 patients that meet criteria for acute heart attack specialty cardiac services.
- SMMC-SC is not licensed for inpatient psychiatric services. There will be no direct impact on 9-1-1 patients waiting for admission to a psychiatric bed other than potential crowding at neighboring hospitals.
- SMMC-SC does not offer obstetrical services. There will be no direct impact on 9-1-1 patients requiring emergency obstetrical care.

Memorial Care administrative staff reported to Orange County EMS that the following groups and organizations have been engaged in planning for hospital closure and potential increased patient volumes:

- Mission Hospital Mission Viejo and Laguna Beach campuses
- Orange County Fire Authority
- Camp Pendleton Marine Base and Oceanside Naval Hospital
- South County Urgent Care
- San Clemente Medi-Center
- Camino Health Center, San Juan Capistrano and San Clemente
- Illumination Foundation
- Family Assistance Ministries



**IMPACT EVALUATION REPORT**  
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**Saddleback Memorial Medical Center – San Clemente**  
**May 2, 2016**

**PUBLIC COMMENTS**

OCEMS received numerous written comments and 90 residents from the cities of San Clemente, Capistrano Beach, Dana Point, Laguna Niguel and Mission Viejo signed in as attendees to the Emergency Medical Care Committee and Public Hearing on April 29, 2016 (Attachment 6).

Among the forty (40) public speakers were representatives from the San Clemente City Council, area residents, clinicians, Service Employees International Union (SEIU) and Save Saddleback San Clemente Hospital Foundation. An audio file of that hearing is available at <http://healthdisasteroc.org/ems/groups/emcc>. General premises from the public hearing comments included:

- Need for a fully-functioning emergency department within the South County community. Many speakers stated they do not call 9-1-1 as they live close enough to be comfortable with driving quickly to the hospital.
- Concern about freeway traffic and the inability to get to the next closest emergency department in a safe and timely manner. Traffic patterns and freeway routes to the North of the SMMC-SC hospital area are limited to Interstate 5 and few frontage roads with the routes highly congested during peak traffic hours. In addition freeway construction is in process until mid to late 2018.
- Concern about rates of ambulance diversion at Mission Hospital, Mission Viejo resulting in the need to transport emergency patients from the SMMC-SC region further north with longer transport times.
- Concern about ambulances being out of the area for extended periods of time due to the distance to the next closest emergency department, potentially leaving the city of San Clemente uncovered.
- Concern about the additional 14,000 homes being built in the South County area having an impact not only on freeway traffic, but also on emergency department crowding at Mission Hospital, Mission Viejo.
- The risk of decreased access to emergency care for San Clemente area residents who are members of vulnerable population groups, such as the elderly, children, chronically ill, homeless, and those without transportation.
- The loss of a community health resource and the impact on community cohesion and health improvement initiatives.
- The increased demands for emergency health services during tourist seasons resulting in lack of emergency medical access for both visitors and residents on a seasonable basis.



**IMPACT EVALUATION REPORT**  
**Closure of Emergency Services**  
**Saddleback Memorial Medical Center – San Clemente**  
**May 2, 2016**

**CONCLUSION AND RECOMMENDATIONS**

The downgrade or closure of any emergency service has an impact. Of most concern is the communities' loss of an acute care hospital within a short distance of beach cities in south Orange County; and the isolation of this area due to freeway congestion, limited surface road access and restrictive topography. Although alternative hospitals are in relatively close physical proximity, any decrease in service to this population has undeterminable impacts to individuals and presumed impacts of increased emergency department wait times and ambulance diversion at alternative hospitals. Factors such as increased traffic, emergency department wait times and population growth must be considered in understanding future impacts to access to emergency care for the SMMC-SC area community.

While the quantitative impact on 9-1-1 volume distributed among the nearest ERCs may not seem significant, Orange County EMS recommends that CDPH consider the following factors in the decision to approve or disapprove the closure of emergency services at the SMMC-SC campus:

- Traffic flow from the San Clemente area is of great concern to residents, especially with regard to current freeway construction and lane closures. This construction is not scheduled to be completed until 2018. Public comments indicate that the drive time from San Clemente to Mission Hospital, Mission Viejo, can often exceed 30 minutes. Emergency vehicles with lights and sirens may not necessarily be able to make their way around traffic congestion, as often the shoulder of the road is closed. Patients going by private vehicle, whose only option is to use the freeway, have few other options for travel, especially when faced with a potentially serious illness or injury.
- According to OSHPD Utilization Data, many of the patients seeking care at SMMC-SC are of minor and low/moderate acuity, which might be able to receive care at local urgent care settings. However, other patients who perceive that they have more urgent medical conditions (prudent lay-person definition of emergency), who choose not to use the 9-1-1 system and instead drive themselves for emergency care, will be impacted by crowded emergency departments with increased wait times. As previously stated, many speakers at the public hearing said they do not use the 9-1-1 system, but rather expedite private vehicle transport to SMMC SC, saving minutes, rather than wait for paramedics to arrive.
- Population estimates in this report are from 2014, the most current available. Construction of over 14,000 new residences in the South County area is in progress. This has the potential for approximately 28,000 more vehicles and a greater population of persons requiring healthcare and emergency services. This increased population will also result in more traffic gridlock on the main freeway access between SMMC SC and Mission Hospital to the north.
- Seasonal increases in population related to a beach community, resulting in both increased emergency department utilization and traffic gridlock may further limit access to emergency medical care.
- Having EMS crews and vehicles with long transport times out of their service area may result in longer response times for emergencies. Additionally, the increase in population is anticipated to result in increased utilization of the 9-1-1 system. Because EMS crews and vehicles will be traveling further from the impacted community, there will likely be the need to add more EMS resources at a considerable cost to the community residents.





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**Closure of Emergency Services**  
**Saddleback Memorial Medical Center – San Clemente**  
**May 2, 2016**

Health & Safety Code Division 2, Chapter 2, Article 5, §1255.1; 1300

*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.*



Attachment 2  
**COUNTY OF ORANGE  
HEALTH CARE AGENCY**

**HEALTH DISASTER MANAGEMENT  
EMERGENCY MEDICAL SERVICES**

**MARK REFLOWITZ**  
DIRECTOR

**RICHARD SANCHEZ**  
Assistant Director

**STEVEN THRONSON**  
DEPUTY AGENCY DIRECTOR  
REGULATORY/MEDICAL SERVICES

**DENISE FENNESSY**  
INTERIM CHIEF OF OPERATIONS  
REGULATORY/MEDICAL SERVICES

**TAMMI McCONNELL MSN, RN**  
EMS ADMINISTRATOR

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SANTA ANA, CALIFORNIA 92701  
TELEPHONE: 714- 834-3500  
FAX: 714- 834-3125

March 4, 2016

**TO:** Orange County Fire Chiefs  
Orange County Ambulance Provider CEOs  
Emergency Receiving Center CEOs  
Howard Backer, MD, EMS Authority Director  
California Department of Public Health

**SUBJECT: Closure of Saddleback Memorial Medical Center – San Clemente**

Saddleback Memorial Medical Center – San Clemente (SMMC-SC) notified Orange County Emergency Medical Services (OCEMS) of its intent to close the Emergency Department effective May 31, 2016. We understand that the acute care hospital will also close.

SMMC-SC is one of twenty-five designated Emergency Receiving Centers in the county and has no OCEMS-designated specialty services (i.e. cardiac, stroke, trauma). According to the most recent Office of Statewide Health Planning & Development (OSHPD) data from 2014, SMMC-SC's ten Emergency Department (ED) beds treated 14,428 patients, or 1.9% of the county total of 771,714 ED visits. OCEMS data indicates that the hospital provides care to an even smaller proportion of paramedic-escorted patients (3,518 patients, for 1.7% of the total county 9-1-1 volume). Initial system assessment indicates that the emergency and specialty capabilities within surrounding hospitals will be able to absorb and meet the demands of the displaced patients and ambulance transport times will not significantly increase.

As directed under California Health and Safety Code Section 1300, our office will conduct a complete impact analysis and report the findings to the California Department of Public Health (CDPH). As part of our impact analysis, there will be a public hearing at 9:00 am on Friday, April 29, 2016 at the next Emergency Medical Care Committee meeting. Any comments that you have on the impact of closing this service are welcomed and encouraged. We will accept written comments in lieu of oral comments at this meeting. Written comments should be addressed to my attention at the OCEMS office before Monday, April 25, 2016. The notice of public hearing will be published. Please contact me at (714) 834-2791 with any questions or concerns.

Sincerely,

Tammi McConnell MSN, RN  
EMS Administrator

TM:ee#2615:SMMC-SC Notice of Closure

cc: Orange County Fire EMS Coordinators  
Base Hospital Physicians  
Base Hospital Coordinators  
Hospital Association of Southern California

**NOTICE OF PUBLIC HEARING  
IMPACT EVALUATION REGARDING  
SADDLEBACK MEMORIAL MEDICAL CENTER – SAN CLEMENTE  
CLOSURE OF EMERGENCY SERVICES**

NOTICE IS HEREBY GIVEN that the Orange County Emergency Medical Services (OCEMS) / Emergency Medical Care Committee (EMCC) will hold a public hearing regarding the proposed closure of the Emergency Department at Saddleback Memorial Medical Center – San Clemente. The hearing will ensure that community members and health care providers have the opportunity to advise OCEMS prior to the completion of an impact evaluation.

DATE OF HEARING: April 29, 2016

TIME OF HEARING: 9:00 A.M. or as soon thereafter as possible.

LOCATION OF HEARING: Board Hearing Room, County of Orange Hall of Administration, 333 West Santa Ana Blvd., Santa Ana, California, 92701.

**PROPOSAL:**

To hear input from the community, hospitals, fire departments, and ambulance providers impacted by the closure of emergency services at Saddleback Memorial Medical Center – San Clemente. Public comments will be utilized to assess the impact on community access to emergency medical care. Findings from the hearing will be included in the OCEMS Impact Evaluation Report to be submitted to the California Department of Public Health.

**INVITATION TO BE HEARD:**

All persons are invited to present their views before the EMCC.

Any written material to be submitted to the EMCC must be submitted to OCEMS at least 24 hours prior to the hearing.

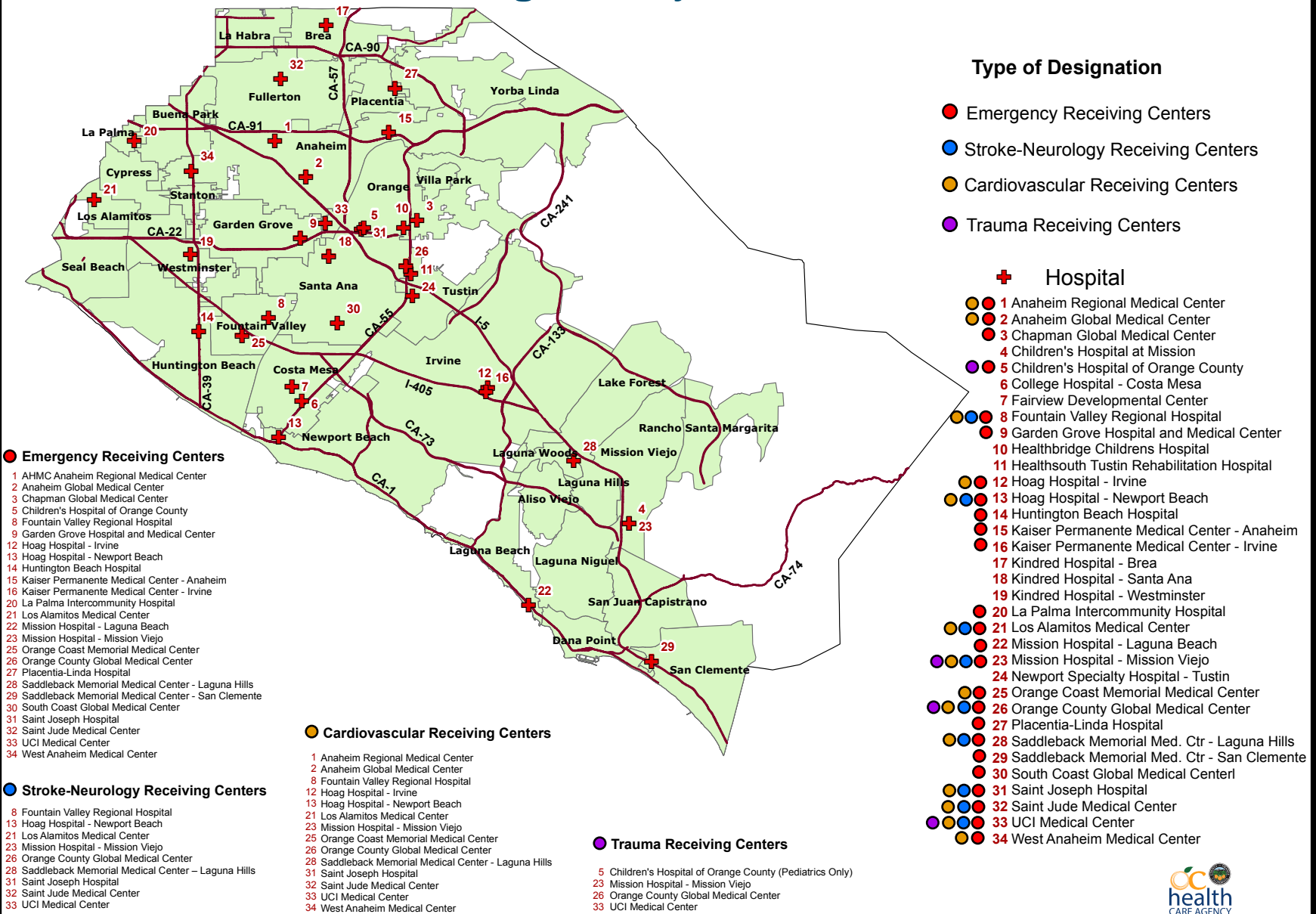
For further information, please contact Tammi McConnell, MSN, RN, EMS Administrator of the Orange County Health Care Agency Emergency Medical Services program at (714) 834-3500.

**TO VIEW ONLINE:**

If you are unable to attend the hearing, you may view it online at <http://ochealthinfo.com/about/medical>.



# Acute Care Hospitals by Type of Designation Orange County, California





**IMPACT EVALUATION REPORT**  
**Closure of Emergency Services**  
**Saddleback Memorial Medical Center – San Clemente**  
**May 2, 2016**



**Mission Hospital - Laguna Beach**

- Approximately 7 miles from SMMC-SC
- **12 ED beds**; Licensed for 142 acute care hospital beds
- OCEMS designated receiving center: Emergency
- **2015 ED visits: 14,296**



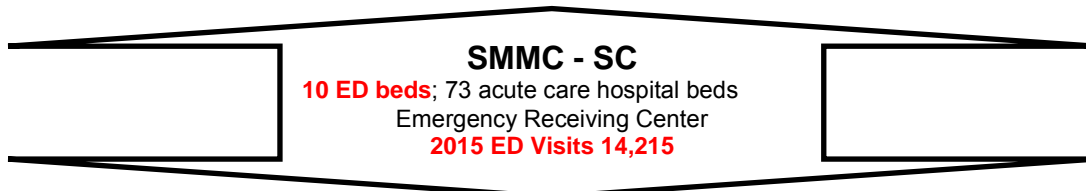
**Mission Hospital - Mission Viejo**

- Approximately 9 miles from SMMC-SC
- **33 ED beds**; Licensed for 345 acute care hospital beds
- OCEMS designated receiving center: Emergency, Trauma, Cardiovascular and Stroke Neurology
- **2015 ED visits: 42,174**



**Saddleback Memorial Medical Center - Laguna Hills**

- Approximately 11 miles from SMMC SC
- **31 ED beds**; Licensed for 252 acute care hospital beds
- OCEMS designated receiving centers: Emergency, Cardiovascular & Stroke Neurology
- **2015 ED visits: 37,254**



**Hoag Hospital - Irvine**

- Approximately 19 miles from SMMC-SC
- **14 ED beds**; Licensed for xxx acute care hospital beds
- OCEMS designated receiving centers: Emergency, Cardiovascular
- **2015 ED visits: 33,516**



**Kaiser Permanente Medical Center - Irvine**

- Approximately 19 miles from SMMC-SC
- **36 ED beds**; Licensed for xxx acute care hospital beds
- OCEMS designated receiving center: Emergency
- **2015 ED visits: 43,918**



Attachment 6

**IMPACT EVALUATION REPORT**  
**Closure of Emergency Services**  
**Saddleback Memorial Medical Center – San Clemente**  
**May 2, 2016**

<b>Date Received by OCEMS</b>	<b>Author</b>	<b>Affiliation</b>
3/29/2016	Ackerman, Sandra	Resident, San Clemente
3/31/2016	Colombatto, Mr. & Mrs. J.	Resident, San Clemente
3/31/2016	Marier, Thomas S.	Resident, San Clemente
3/31/2016	Patterson, Terry & Wayne	Resident, San Clemente
4/4/2016	Pargee, Robert	Resident, San Clemente
4/4/2016	Brazeau, Aileen & Paul	Owners of San Clemente Villas by the Sea
4/4/2016	Whitney, Jacqueline	Resident & Business Owner, San Clemente
4/7/2016	Buster, Marilyn	Resident, Capistrano Beach
4/11/2016	Bacon, David & Colleen	Resident, San Clemente
4/11/2016	Saltzman, Ronald	Medical Doctor
4/13/2016	Buster, Bob	Resident, Capistrano Beach
4/15/2016	Neely, Wade & Peggy	Resident, San Clemente
4/18/16	Mulligan, Jr., Bill	Resident, San Clemente
4/18/2016	Wilson, Carol	Resident, Capistrano Beach
4/21/2016	Howell, Beamon	Resident, San Clemente
4/22/2016	Baker, Bob	San Clemente City Mayor
4/25/2016	A Concerned Citizen	A Concerned Citizen
4/25/2016	Mulligan Jr., Bill	Resident, San Clemente
4/25/2016	Lawyer, Mary	Resident, San Juan Capistrano
4/25/2016	Goodhue, Victoria	Resident, San Clemente
4/27/2016	Flynn, Jean	Resident, San Clemente
4/27/2016	Medley, Jerry	Resident, San Clemente
4/27/2016	Tucker, Marilyn	Resident, San Clemente
4/28/2016	Peters, Richard	Resident, San Clemente
4/28/2016	Mills, Danyce	Registered Nurse
4/28/2016	Exworthy, Jeanne M.	Resident, San Juan Capistrano
4/28/2016	Capote, Luciano & Elizabeth	Resident, San Clemente
4/28/2016	Dimitruk, Erik	SEIU.UHW
4/29/2016	Cullen, Steven	Save Saddleback San Clemente Hospital Foundation
4/29/16	Health Affairs Article	Public Hearing Speaker Notes
4/29/16	Donchak, Lori	Public Hearing Speaker Notes: San Clemente City Council
4/29/16	Ward, Kathy	Public Hearing Speaker Notes: San Clemente City Council
4/29/16	Moran, Alice P.	Public Hearing Speaker Notes: Letter
4/29/16	Scheinman, Barbara	Public Hearing Speaker Notes: Social Worker
4/29/16	Gialamas, Lyle	Public Hearing Speaker Notes: Registered Nurse
4/29/16	Brown, Tim	Public Hearing Speaker Notes: San Clemente Resident
4/29/16	Dana Point Times, Feb, 2009	Public Hearing Speaker Notes
5/2/16	Jolicoeur, Roger & Christine	Resident, San Clemente
5/2/16	Dains, G.J.	Resident, Capistrano Beach



**From:** Sandra Ackerman [REDACTED]  
**Sent:** Tuesday, March 29, 2016 2:29 PM  
**To:** Rodriguez, Adrian  
**Subject:** Saving San Clemente Hospital.

Attn: Tammi Mc Connell.

In 2010, while working in my kitchen, I accidentally stuck a utility knife in my hand. Not knowing how bad it was, I quickly wrapped a kitchen towel tightly around my hand and drove myself to the San Clemente Hospital which is less than a mile from my house. It took me less than 5 minutes. By the time I got there, the towel was dripping with blood and I was close to passing out. Had I had to drive any further, I wouldn't be here typing this email.

The hospital is surrounded by 2 nursing homes, that were built because of the proximity of the hospital. The closure of this hospital will be devastating to this community and will cost many, many lives unnecessarily.

Thank you.

Sandra Ackerman

RECEIVED

MAR 31 2016

3-29-2016

Dear Tammi McConnell:

We are writing to express our concern regarding the closure of the San Clemente Hospital.

I am 85 years old + my wife is 80. We have depended on the hospital for many years- especially the emergency services.

My wife recently experienced a severe colon blockage- she was treated at the hospital + underwent 3 days at the hospital. She recently had a heart attack + then a stroke. She was sent to the Mission Hospital and at UCI for the stroke.

The closure of this hospital is devastating to us - losing the services + emergency treatment.

Please do all you can to keep our hospital open and available to us.

Sincerely,  
Mr + Mrs J. Colombatto



## THOMAS S. MARIER

---

March 28, 2016

Orange County Emergency Medical Services  
Attn: Tammi McConnell  
405 W. 5th Street, Suite 301A  
Santa Ana, CA 92701

Dear Tammi:

I am writing to you today about the announced and pending closure of the hospital in San Clemente. I am urging you to become actively involved to stop a PREVENTABLE series of unnecessary disasters, some with fatal human consequences.

As you know, the City of San Clemente is home to more than 70,000 full time residents and in the summer, tourists and visitors swell that number easily past 100,000 people. In addition, 14,000 new homes are in the final approval process on the San Clemente border at Rancho Mission Viejo which will add approximately 40,000 more residents to the area. These numbers do NOT include the residents of Dana Point or San Juan Capistrano which border San Clemente and which add another 70,000 residents.

If the San Clemente hospital is allowed to close, the closest emergency room for nearly 200,000 residents will be Mission Hospital in Mission Viejo, which was on "diversion" for at least 23 days in 2015 - which meant, that all ambulance patients had to be diverted to Laguna Hills, Newport Beach or Irvine. For anyone suffering a heart attack, stroke or some other life-threatening emergency, an extra 8-10 minute ride on traffic-clogged I-5 to Mission Viejo may be the difference between life and death. But if Mission is on diversion, an ADDITIONAL 15-20 ride to Laguna Hills, Newport Beach or Irvine is probably a death sentence. Truly, there is only so much that a paramedic can do in the back of an ambulance.

As a high school sports official, I can personally tell you how important it is to have a hospital and emergency room close by when an athlete is injured during a sporting event. There are times when paramedics are called to a game to transport an athlete to the closest hospital for injuries that occur during a game. All of us involved would like to believe that PROMPT medical care is going to be available from a hospital that is near by.

Saddleback Memorial Medical Center, owner of the hospital, has over the past few years, out-sourced key services, such as the MRI unit, in an effort to justify their claims that there is a declining need for the services offered at the San Clemente hospital. After depleting the services offered and refusing to invest any new money in the facility itself, Saddleback has finally obtained "their self-full-filling prophecy", that the current facility in San Clemente should be closed in favor of some type of urgent care clinic. This is NOT what the community wants and this is NOT what the community needs. As a 501 c 3 corporation, Saddleback Memorial has an obligation to serve the community and if they are allowed to



Orange County Emergency Medical Services  
Attn: Tammi McConnell  
405 W. 5th Street, Suite 301A  
Santa Ana, CA 92701

Ms. McConnell...

Please be advised, that south county San Clemente and surrounding areas are in desperate need of a full service Emergency Facility and attached hospital.

We are essentially cut off from further assistance with base being on one side, and the ocean on the other...the route to a hospital is commonly blocked with dead locked traffic!

Please see that the citizens of this area are protected!

Thank you!

  
Terry & Wayne Patterson



3/28/16

RECEIVED

MAR 31 2016

March 31, 2016

Letter to: Orange County Emergency Medical Services

Attn: Tammi McConnell

I wish to add my objections to the closing of San Clemente's hospital and Emergency Room.

Memorial Care originally promised to strengthen the hospital and now they wish to remove it. Memorial Care management has been unresponsive to the wishes of the people of San Clemente.

I have lived in San Clemente for 53 years. The local hospital has provided medical care for my wife and I following a number of surgical operations in the last 40 years. Other members of our family have received emergency care there.

Most recently the Emergency Room helped my wife on several occasions when she was suffering from lymphoma and the effects of chemotherapy. She received excellent care from the Emergency Room doctors and staff and was admitted to the hospital for several days of necessary care and treatment.

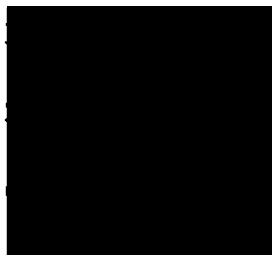
We had to drive to Mission Hospital a few times for PET scans. It is far less convenient being many times further away via freeway traffic. The drive takes additional time when time is critical in an emergency.

San Clemente needs a local hospital and emergency room! Please act to support the many people in San Clemente who want to keep our hospital.

Sincerely,



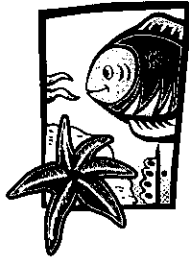
Robert Pargue



RECEIVED

APR 04 2016





*San Clemente Villas*  
BY THE SEA

March 30, 2016

Orange County Emergency Medical Services  
Attn: Tammi McConnell  
405 W 5<sup>th</sup> Street, Suite 301A  
Santa Ana, CA 92701

To Whom It May Concern:

I am writing in response to the closure of the Saddleback Memorial Hospital – San Clemente Hospital.

My husband, Paul and I own and operate an Assisted Living Community next door. The Hospital Emergency Room was so handy and helpful to our residents when they went out 9-1-1 or needed Emergency Care.

It is with great sadness that Saddleback Memorial Hospital –San Clemente Campus has decided to close their doors May 31<sup>st</sup>. Our elderly residents really appreciated it being next door to us. For example, March 21, 2016, Monday morning, our resident went there for an Emergency. She had a serious condition that needed Medical Attention. The excellent staff saw her right away, the Emergency Room staff was able to see her right away and stabilize her. The resident was Thankful that the hospital Emergency Room was so close.

Our residents and I are distressed that the hospital next door is closing. This will impact the lives of our residents in our Assisted Living Community next door that need immediate care. The daughter of the resident said that having the hospital next door literally saved her Mother's life.

Sincerely,

*Aileen and Paul Brazeau*

Aileen and Paul Brazeau  
Owners  
San Clemente Villas by the Sea  
Retirement Living

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APR 04 2016

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660 Camino de los Mares • San Clemente, CA 92673 • (949) 489-3400 • Fax (949) 234-0081

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RCFE Lic. #306001485

March 30, 2016

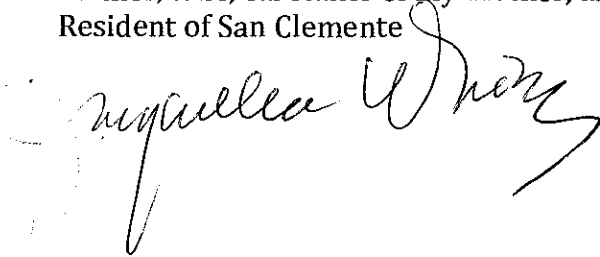
To: Orange County Emergency Medical Service  
Attn: Tammi McConnell  
405 W. 5<sup>th</sup> Street suite 301A  
Santa Ana, CA 92701

Dear Tammi

I am writing you in concern of the closer of the San Clemente Hospital. I am a resident of San Clemente for over 13 years. I am in support of keeping a Hospital here in San Clemente. We need a hospital! San Clemente has grown and is still growing with hundreds of new residents being built each year. Where is everyone going to go? The nearest hospital is Mission Hospital that is too far. I don't know if you are aware but Mission Hospital does get over crowded and they have to turn people away. We are going to lose lives. We can't plan when we are going to have an emergency like we would plan on going to work etc. to allow enough time for our orange county traffic.

What about our Emergency medical service people? This is going to put additional stress on them, they maybe stuck in traffic trying to save someone's life and lose another because we do not have a hospital. It is actually really hard to get your head around this one, I never thought this would be an issue, It is a huge mistake to close our hospital, we need to grow our facilities not take them away.

Thank you,  
Jacqueline Whitney  
Mother, wife, caretaker of my mother, and business owner  
Resident of San Clemente



RECEIVED  
APR 04 2016

April 3, 2016

Members of the Orange County Health  
Care Agency, and Tammi,

Without your help a hospital in  
San Clemente will be lost.

San Clemente population has  
increased from 17,063 in 1971 when  
the hospital was built, to 64,000  
today & still growing.

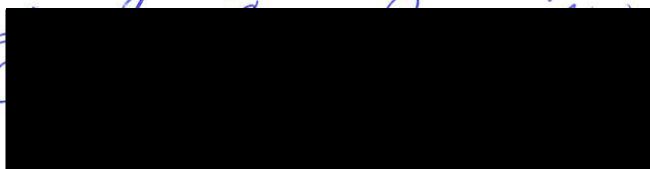
It is not only San Clemente  
that needs a hospital & ER but  
the surrounding cities of Dana Point,  
Capistrano Beach and San Juan  
Capistrano that have no ER or  
hospital with a total population  
of 150,000 people, (including San Clemente).

Our cities need a hospital,  
PLEASE be aware of this dire  
need.

Thank you,  
Marilyn Buxton

RECEIVED

APR 01 2016



I am asking you to consider the very serious consequences of loosing our emergency room and hospital in San Clemente. There will be a forty mile gap in service for a very large and active community. When there is bad traffic it can take half an hour to maybe even 2-3 hours for us in south San Clement to reach Mission Hospital. And that hospital is already overwhelmed with very long wait times. Please ask Memorial to sell San Clemente Hospital to someone who will keep it open as a hospital for the community. When they bought that hospital, they got a good price, because they promised to keep it functioning and to support it. They have a tax exempt status which comes with certain moral obligations to the community. It is clear they are most interested in profit. Thank you for your time, Colleen Bacon

RECEIVED

APR 11 2016

SANTA ANA CA 926

07 APR 2016 PM 10 L



Orange County Emergency Medical Services  
Attn: Tammi McConnell  
405 W. 5th St. Suite 301 A  
Santa Ana, Ca.  
92701

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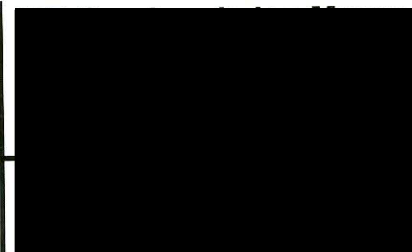




**RONALD S. SALTZMAN, M.D.**

**Diplomate**

**American Board of Internal Medicine**



Orange County Emergency Medical Services  
Attention: Tammy McConnell  
405 W. 5th St., Suite 301 a  
Santa Ana, CA 92701

5/20/16

Re: Saddleback Memorial Medical Center in San Clemente closure

Dear Ms. McConnell:

I write today to share with you my concerns with the anticipated closure of the hospitals and its emergency room in San Clemente. I have served this facility over the last 30 years as a member of the medical staff when the hospital was independent as well as since its acquisition by Memorial. Over the years I have multiple times chaired the department of medicine, served in various medical staff offices, including Chief of Staff, and as the 1st Vice Chief of Staff for San Clemente under Saddleback Memorial after their acquisition.

With the above in mind, I would share with you what I would anticipate with closure of the hospital and the emergency room in this community. Although the hospital's performance in recent months has been quite poor, much of that can be attributed to the lack of leadership and management decisions by Memorial itself, closing down facilities, removing equipment, directing patients away from the facility. However, with all of that, emergency traffic has remained steady or increased. I'm also very active at Mission Regional Medical Center, the regional trauma center. I can state unequivocally that the migration of patients away from San Clemente has already had impact on the two campuses of Mission Hospital, increasing patient volume through those campuses. With an additional anticipated increase of 10 to 15%, the impact will only be more magnified. Solutions to increase ER throughput in those facilities will not solve the bottleneck problems in imaging, laboratory services, or bed availability that will occur. Additionally, patients that drive themselves to the emergency room in San Clemente now, will oftentimes call paramedics, knowing that the distance to care will be greater, and with concern for existing traffic congestion. Increasing volume in the emergency rooms combined with increasing paramedic traffic will further delay a throughput through those facilities, and will further increase paramedic response times. Although Memorial would anticipate that patients would bypass Mission Hospital and its campuses, the reality is that more likely than not those patients will only end up in Saddleback if directed by their physician, or if nearby facilities in Mission Viejo and Laguna Beach are saturated. Given the above, one would expect that the reported increase in morbidity and mortality noted in the medical literature resulting from critical hospital closures would be mirrored in our own communities. This impact, could be anticipated not only in San Clemente, Dana Point, San Juan Capistrano, but also would extend into the communities of Laguna Beach, Laguna Hills, Mission Viejo, Ladera Ranch, and in the case of trauma patients, potentially into central Orange County as well.

Finally, as the number of 911 calls increase, and paramedic units are impacted at receiving facilities, and diverted because of delays at those facilities pre-existing their arrival, the number of paramedic units required to service the community's needs could be expected to grow exponentially throughout the South County area. That growth in emergency services will generate costs that will in turn be passed back to the communities and the residents of those communities.

It is for these reasons that we ask you in your evaluation, to consider those steps that may permit the emergency room in San Clemente to remain open, and functional, either until an alternative service provider enters the scene, or some other alternative arises.

Thank you in advance for your consideration,

  
Ronald S. Saltzman, MD

**RECEIVED**  
APR 11 2016





April 6, 2016

Just A Note...

Dear Tammi McConnell,  
Please help ALL  
the citizens of San Clemente,  
Capistrano Beach, San Juan  
Capistrano and Dana Point  
with a hospital and ER.  
It is unbelievable that  
there is no ER close by.  
There are thousands  
of people who are in  
need of this.

Thank you,

B. Bustee

APR 13 2016



SANTA ANA CA 926

11 APR 2016 PM 2 L



Tammi McConnell  
OC Emergency Medical Services  
405 W. 5th St.  
Santa Ana, CA

92701

Suite 301A

WADE A. & PEGGY A.  
NEELY

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April 11, 2016

ATTN: Tammi McConnell  
Orange County Emergency Medical Services  
405 W. 5<sup>th</sup> Street, Suite 301A  
Santa Ana, CA 92701

RE: The Closure of Saddleback Memorial Hospital  
San Clemente Campus

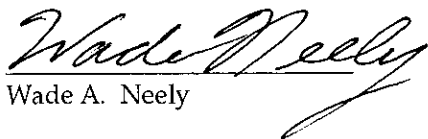
Dear Tammi,

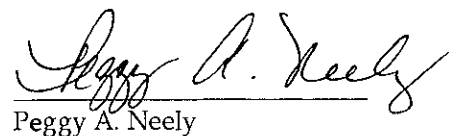
We, being residents of San Clemente, Orange County, CA have a very serious concern with the closure of the above hospital. This will create a 40+/- mile stretch between available hospitals and two counties. Maybe you haven't driven the freeways in the South County lately, but it has become a rarity to not have traffic backed up in both directions in San Clemente and other local communities, including southbound into San Diego County. With all the freeway construction, the freeways are down to 1 lane many, many nights & occasionally closed to all traffic. This construction is from Avenida Palizada in San Clemente north bound through much of San Juan Capistrano. Not only will this create a possible life or death situation for an individual who needs an emergency room facility where minutes count, it also takes away from emergency personnel who may need to respond to others in distress in our city. The available emergency rooms will become even more crowded, increasing wait time for the patients in need. In other words, with the closure of this hospital & emergency room, **NOBODY WINS!**

We ask you to please see how this closure will impact our the thousands of residents in our city, Dana Point, San Juan Capistrano along with Mission Hospital in Mission Viejo and prevent Saddleback Memorial Hospital from closing.

Thank you.

Sincerely,

  
Wade A. Neely

  
Peggy A. Neely

RECEIVED  
APR 15 2016

TO THE RESIDENTS OF THE SAN CLEMENTE VILLAS, SAN CLEMENTE H.S. AND CITY OF SAN CLEMENTE,

BY BILL A. MULLIGAN a rough draft

RE: OUR SAN CLEMENTE HOSPITAL

I'm an adult male with a major disability from a birth accident. I reside in the community of Talega since 2003. I feel the closing of the San Clemente Hospital part of the Saddleback Memorial Care network will hurt a lot of people. Also, it goes against the American Disability Act. When our local hospital closes on May 31 2016 it will put many people at risk. The next hospital is 30 minutes away on Crown Valley in Mission Viejo.

In my family situation, the San Clemente Hospital has been a life saver since 1975. In my case, I went to their Emergency Room a number of times for late night care. In March of 2014, their fine ER doctors discovered that I had a brain bleed or a mini stroke. People, who are having a heart attack, stroke or other major injuries needs quick care instead of waiting in traffic on the 5 freeway for the closest hospital starting this summer.

Our late parents lived at the San Clemente Villas, a fine assisted living place next to the hospital. Our Dad received great in patient treatment for heart and lung issues. Now the residents of SC Villas can go to the hospital for fast treatments with their caregivers or a family member. Our San Clemente High School has nearly 3000 students on Pico. Soon, the school would facing life without a nearby ER too. After school sports especially football would be face the same challenges of basic medical care without our San Clemente Hospital.

It sounds like a lawsuit under the ADA guideline. Our community must rally this issue before this coming May. Another important fact, many disabled people or seniors don't drive or an ambulance is too costly. Another issue around 200 would be layoff due to Saddleback Memorial care. We need a fourth quarter medical miracle to halt this bad dream to our San Clemente by saving lives in our community. Another option, Saddleback would allow the 43 year old hospital to be sold to another hospital chain, who really cares about people peace of mind in a medical emergency. I really feel this big issue goes against the ADA for basic local medical care.

Thanks, Bill JR.

RECEIVED

APR 18 2016



April 14, 2016

Orange County Health Care Agency Emergency Medical Services  
Attn: Tamara McConnell MSN, RN, EMS Administrator  
405 West 5<sup>th</sup> Street Suite 301A  
Santa Ana, CA 92701

Ref: Hearing April 29 regarding closure of Saddleback Memorial Hospital,  
San Clemente Campus

To Whom It May Concern:

I live in Dana Point, this hospital is 5 minutes from my house. I have Myasthenia Gravis, which can cause me to stop breathing. This hospital has saved my life on two occasions, and I stayed in ICU in this hospital until I was breathing on my own. This is not an oxygen issue but a muscle issue, so if I stop breathing by the time I get to Mission Hospital, Laguna or Mission Viejo which both take 20 minutes plus in addition to the time it takes EMS to arrive at my house and to actually get into an available ER bed I would not survive. The closure of this hospital and ER is a vital part of this community's public safety.

It is common knowledge that ER availability is shrinking drastically while the population in the south most part of OC is growing rapidly. Our area has been designated in Memorial's own public benefit report as underserved, high poverty, high risk elder population and the closure of this ER will cause more deaths and deny our citizens access to timely ER services.

Memorial Care has been 100% uncooperative with the City of San Clemente, the citizens of San Clemente and Dana Point, and San Juan Capistrano to find any solution to this life threatening situation. They have refused several offers to buy the hospital, they have refused to let the community or city step up and contribute money to keep the hospital in the black, they refused an offer to a new parcel of land they could have for \$1 per year to build their latest for profit venture. They have lied in front of the SC City Council on many occasions and this is recorded, their lies were later refuted by OCFA reports showing the number of ER visits the paramedics made. They denied the request of the city to show financial statements showing the losses of the San Clemente location saying they couldn't separate the figures, then the Administrator of the hospital was quoted in the local paper saying it was losing \$1 million per year. Now instead of selling the hospital and taking a



profit they are suing the City of San Clemente for \$45 million and telling the prospective buyers that the hospital is not for sale. This is a public benefit corporation paying no taxes, bailing out of an area they have designated as needing these services and giving the community no options. This is a disgrace and example of greed of a non-profit company really operating as a for profit company.

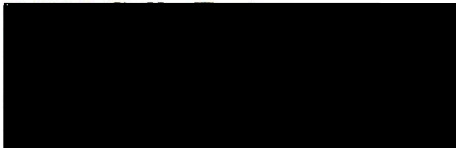
I do not know if you have any authority to keep this ER open until another resolution can be made, but Memorial seems to operate above the law. The loss of life means nothing to them, their mantra is "our way or the highway" and they continue to demonstrate that with this closure.

Your constituents will most gratefully receive any assistance that can be given on a County level.

Sincerely,



Carol Wilson



RECEIVED

APR 18 2016

April 19, 2016

Tamara McConnell MSN, RN, EMS Administrator  
Orange County Health Care Agency Emergency Medical Services  
405 West 5<sup>th</sup> Street Suite 301A  
Santa Ana CA. 92701

RE: Closure of Memorial Care San Clemente Campus

As you are aware of the pending closure of our local Emergency Room and Hospital by Memorial Care CEO Steve Geidt.

For a non profit organization to pursue such an action of closing a local Hospital for the reason of not making a profit as the Memorial Care organization claims is not a reality.

The campus has been slowly stripped of the services provided to show that the Group cannot make money in San Clemente but the real reason is that Memorial Care is acting like a spoiled child on the playground.

Memorial Care as you are aware wanted to go against State of California guidelines and re-vamp operations to a Urgent Care acting as an Emergency Room, when this action was denied by State and Local Government then Memorial Care CEO made the decision to just close the Hospital as a child mentioned above. If you do not play by my rules then I am taking my football and going home so no one can play.

This action is more than an EGO problem but an action that will cost lives, we all are aware of the freeway conditions on Interstate 5, trying to make a code 3 run to Mission or Memorial Care Laguna Hills or even worse going to San Diego County will cost lives that can be saved by Emergency Services staying in San Clemente. Not being able to get a stroke patient to Emergency to receive as it is called the Juice to dissolve the blood clot will cause an individual to become a prisoner in his or her own body because of an EGO issue by a CEO who should know better.

Since the claim of not making a profit by a non profit then as a suggestion at the hearing scheduled for April 29, 2016 compel Memorial Care to disclose any and all offers that have been made to purchase the San Clemente Campus by other Groups.

Please do not let this action take place because of a CEO with a huge EGO that cannot get his way.

*Beaman Howell*

Beaman Howell



RECEIVED

APR 21 2016



**Office of Mayor and  
City Councilmembers**

Phone: (949) 361-8322 Fax: (949) 361-8283

E-mail: [CityCouncil@san-clemente.org](mailto:CityCouncil@san-clemente.org)

Robert "Bob" Baker, *Mayor*  
Kathy Ward, *Mayor Pro Tem*  
Tim Brown, *Councilmember*  
Lori Donchak, *Councilmember*  
Chris Hamm, *Councilmember*

James Makshanoff, *City Manager*

April 19, 2016

Tammi McConnell  
Orange County Emergency Medical Services  
405 W. Fifth Street  
Suite 301A  
Santa Ana, CA 92701

**RE: Postponement of Hospital Closure**

Dear Ms. Tammi McConnell:

With the recent filing by MemorialCare to close the Saddleback Memorial San Clemente Campus on May 31, 2016, we urge you to slow this process down until an alternative healthcare provider can be found. The City has received inquiries from a number of interested parties.

It is evident that MemorialCare's actions do not reflect the true spirit of a nonprofit public benefit corporation, but rather that of a for-profit company. MemorialCare's expeditious desire to close this hospital, reflects Memorial Care's disregard for the public's well-being. If this hospital is to close, it will negatively affect the residents of San Clemente and South Orange County. Not only will medical transport times increase significantly with the closure, the City will incur at least \$1.2 million in additional public safety costs, and mortality rates will increase between 5% and 15% in the entire South Orange County region.

In conclusion, the City of San Clemente respectfully requests that you postpone the proposed May 31, 2016 Saddleback Memorial San Clemente Campus closure until an alternative healthcare provider is found.

Thank you for your consideration.

Sincerely,

Bob Baker  
Mayor

cc: Senator Pat Bates, 36<sup>th</sup> Senate District  
Assemblyman Bill Brough, 73<sup>rd</sup> District  
Congressman Darrell Issa, 49<sup>th</sup> Congressional District  
Lisa Bartlett, Supervisor 5th District  
Dana Point City Council  
San Juan Capistrano City Council

City of San Clemente

Page 2

Orange County Fire Authority

Orange County Sheriff's Department

Association of California Cities – Orange County

San Clemente City Council



April 16, 2016

Orange County Health Care Agency  
405 W. Fifth Street  
Santa Ana, CA 92701

To Whom It May Concern:

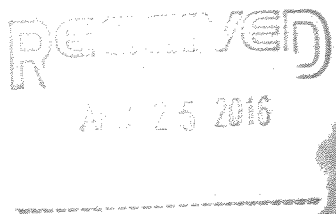
This letter is regarding the closure of San Clemente Hospital and the horrific consequences it will have on this community. It is obvious that Memorial Care is only is concerned about providing care at a for profit facility. How can a company obtain non for profit benefits and claim it is a privately held company?

That point aside, the real crisis is where are the patients that barely make it to the hospital going to go? I have seen myself several times that a patient being brought it that are minutes from not making it, they will never make it to the closest hospital. Who will accept the responsibility when a person dies because of the decision that Memorial Care has made? How much money is more important that the life of a person? And then for the hospital to make the decision not to sell and instead pursue a ridiculous lawsuit against the City of San Clemente is beyond comprehension.

Please do whatever you can to keep the hospital open, lives depend on it.

Regards,

A Concerned Citizen of San Clemente



TO THE RESIDENTS OF THE SAN CLEMENTE VILLAS, SAN CLEMENTE H.S. AND CITY OF SAN CLEMENTE,  
BY BILL A. MULLIGAN a rough draft  
RE; OUR SAN CLEMENTE HOSPITAL

I'm an adult male with a major disability from a birth accident. I reside in the community of Talega since 2003. I feel the closing of the San Clemente Hospital part of the Saddleback Memorial Care network will hurt a lot of people. Also, it goes against the American Disability Act. When our local hospital closes on May 31 2016 it will put many people at risk. The next hospital is 30 minutes away on Crown Valley in Mission Viejo.

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Thanks, Bill JR.

RECEIVED

APR 25 2016

4-20-16

Jammi Mc Connell

Please do not let them  
close our hospital we need  
it here in So County. I have  
use it several times & to  
go any further is bad, the  
closest one is 10 miles away.  
They give us very good care.  
Thank you

Mary Lawry

April 2, 2016

Orange County Emergency Medical Services  
To whom it may concern:

I have lived in San Clemente for 38 years and my family has used the ER a total of **ten** times during this period. I stayed at the hospital twice in the maternity ward and another time following an emergency visit. My sons, first husband, and current husband have been helped in the ER the other visits. More time arriving there would have changed the outcomes more than once.

We are all in good health, but do deal with various conditions. I am extremely concerned about the possibility of a heart attack or stroke. We have needed the ER as much as older adults as we did with young children. But it's not only the retirees who are worried! Young families and many seasonal visitors deserve to be treated within a reasonable distance, not to mention the challenge of time on a crowded freeway! ( Mission Hospital is also very overcrowded and unable to accommodate patients at times. I personally know people who have been redirected and encountered further problems.)

Choosing a home in a city that had a hospital was definitely a consideration many years ago. I have truly loved living here and will face the loss of "peace of mind" from June on if we don't have a hospital. We all counted on it! It could change the future for many of us. I shudder at the possibilities!

Sincerely,  
Victoria Goodhue

RECEIVED  
APR 25 2016



RECEIVED

APR 27 2016

Orange County Emergency Medical Services  
405 W. 5th Street  
Suite 301A  
Santa Ana, Ca 92701

Attn: Tammi McConnell

Re: Save San Clemente Hospital

April 23, 2016

Dear Ms. McConnell

I'd first like to thank you and the Committee for giving me this opportunity to express my concerns regarding this pertinent issue. I strongly believe that the closure of San Clemente Hospital would have devastating negative impacts not just on San Clemente, but the entire Southern Orange County Region.

With the tremendous growth in population in this region (an estimated 27.34% since 2000) due to the increase in both residential and commercial property, it is more impotent than ever to have a critical use facility in the heart of this region. If San Clemente Hospital closes, there will be a 40 mile gap in-between the critical use facilities between Mission Hospital in Mission Viejo and Oceanside. Mission Hospital, the closest to San Clemente, is over 12 miles away. That's an estimated 15 minute drive on I-5 without traffic. In traffic times that could be as long as 40 minutes. In an emergency situation, every second is crucial as immediate medical attention is a matter of life or death. Also, an increasing population creates a bigger demand for these services. Normally during population growth cycles more public and private facilities are built... not torn down.

In addition to the huge increase in travel time is the inevitable issue of overcrowding in emergency rooms. Even if a patient were to make it to Mission Hospital there is alarm that there would not be ample space or medical personnel to attend to them during those critical seconds. Many medical professionals estimate these compounded issues of increased travel time and overcrowding could raise the unnecessary death rate from 5% to an overwhelming 15%.

Another concern is the many elder residents in neighboring The Villas. The owners of the Villas have stated they purposely purchased that land from the hospital so their elderly residents could receive immediate medical attention. This causes a huge concern for these elderly residents and their families who undoubtedly chose The Villas, not only for their excellent reputation but the piece of mind knowing emergency medical assistance is just seconds away. This is devastating to the residents & families as the fate of the hospital property is still undetermined.

In 2005 Memorial Care purchased the hospital property as an interim care facility until another replacement health care provider could take over. The hospital property is currently zoned for community use critical care. Memorial Care, which is a non-profit organization clearly had no intention of selling to another health care organization. They haven't even considered the many offers from health care providers and are currently trying to get the property re-zoned for commercial use. Those are not the actions of a non-profit organization focused on community welfare, but the actions of a greedy capitalist organization looking to make a profit.

The fiscal impact doesn't end there. If San Clemente Hospital closes, 194 people will lose their jobs. In addition to an increase in unemployment will be the major increase in taxpayer revenue to accommodate the subsequent need for additional ambulance coverage. Emergency Medical Services estimates it will cost taxpayers roughly \$1.2 million dollars to pay for additional ambulances & medical personnel if patients have to be redirected to Mission Viejo or Oceanside. If these additions are not made, there will be a tremendous shortage of emergency response teams to accommodate the alarming increase in patients & the logistics of the few remaining medical facilities left in Southern Orange County.

I have faith in the Committee and the community to find a resolution to this issue. It is evident that the closure of San Clemente Hospital would be devastating on many levels. Memorial Care as a non-profit should not be allowed to have the property re-zoned under the guise that the hospital isn't necessary because it isn't making money. As a necessary evil, the hospital will profit as populations increase and a demand for medical assistance does as well.

Thank you for your time and consideration to this matter.

Regards,

Jean D. Flynn

Orange County Health Care Agency  
Emergency Medical Care Committee  
405 West 5<sup>th</sup> Street  
Santa Ana, Ca 92701

April 25, 2016

I am writing this letter to protest the recent decision by Memorial Care to close their San Clemente Campus Hospital and Emergency Room.

This hospital, although small, provides focused care for our elderly, and often, our most frail residents. The excellent care that Memorial Care provides for our frail and elderly residents should be valued, celebrated and protected – not threatened by closure by this nonprofit organization attempting to maximize its profit.

I truly think this is a bad idea for several reasons.

1. The impact of taking emergency services out of the area places our general population at risk and increases transport times by citizens by a great deal.
2. During times when Mission Hospital ER is closed it causes even further delays and deprives San Clemente and our neighboring cities further loss of emergency services.
3. Our freeway system is often gridlocked and there is not a viable alternate route out of San Clemente using surface streets.

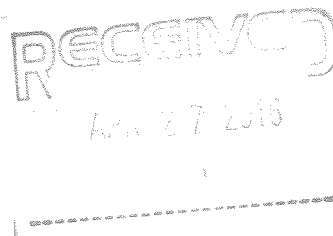
If Memorial Care feels they cannot make this Hospital work for them, they should at least keep it open until they can transfer ownership to another entity. I believe they have an obligation to continue the operation open in the name of public interest.

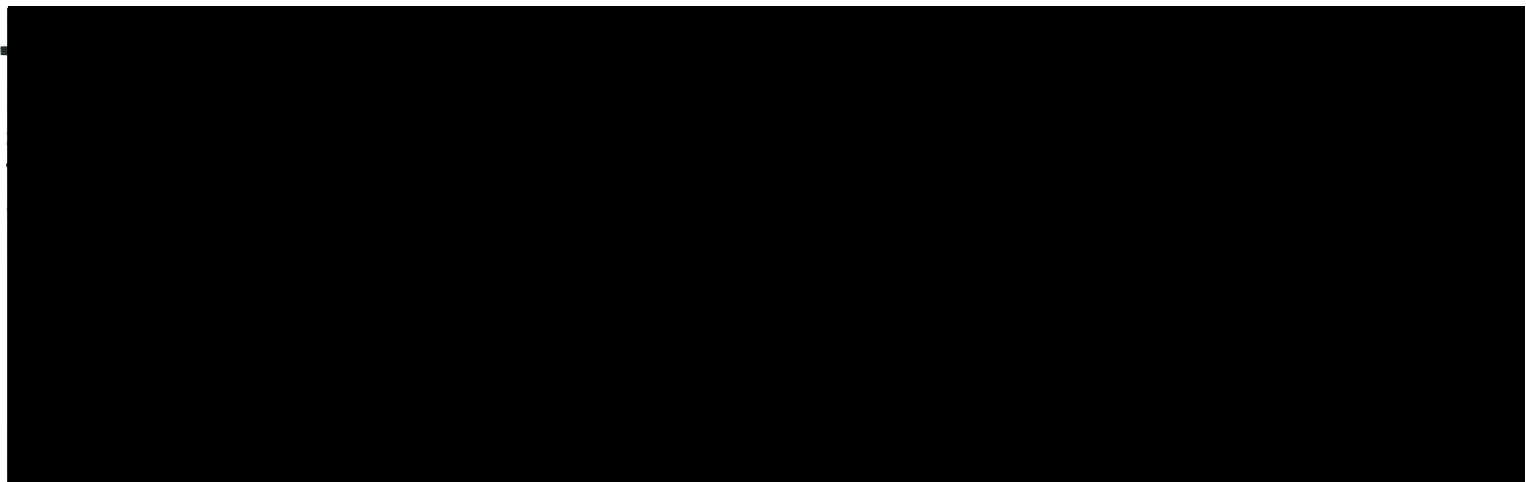
Please reconsider your decision and the effects it will have on the local population.

Sincerely,

  
Jerry Medley

Concerned Citizen





**Sent:** Tuesday, April 26, 2016 4:37 PM

**Subject:** Objection To Closure of Saddleback Memorial San Clemente Emergency Services

April 25, 2016

To the OCEMS/EMCC, and Tamara McConnell MSN, RN, EMS Administrator


Response to Impact Evaluation regarding Saddleback Memorial Medical Center-San Clemente Closure of Emergency Services

I am asking you to keep the Memorial Care San Clemente Hospital and Emergency room open. We desperately need it open to serve our community in south Orange and the surrounding areas between Oceanside and San Clemente. The rate of death and morbidity will increase if the hospital is closed. The traffic is very congested on the I-5 freeway between San Clemente and Mission Viejo (the location of Mission Hospital), which will cause loss of life due to a delay in emergency treatment. There are currently 14,000 homes planned for and under construction in Rancho Mission Viejo and San Clemente, Therefore we need more hospital and emergency services, not less. The wait times at the closest emergency room of Mission Hospital are extremely long and will increase if and when the Emergency room at San Clemente Hospital is closed. It is unconscionable of the administration of Memorial Care Hospital to close this hospital. They are a non-profit organization are required to provide beneficial services to community members in order to have a favored tax status. They are not following the taxation rules in closing this hospital in San Clemente. Ironically, they are in the business of providing health care and yet are closing the doors on potentially life saving treatment.

Please keep San Clemente Hospital and the emergency room open. Our lives, yours, travelers and vacationer's lives in the area depend on it.

Thank you.

Sincerely,  
Maryann Tucker





Orange County Emergency Medical Services

Attn: Tammi McConnell

405 W. 5<sup>th</sup> Street, Suite 301A

Santa Ana, CA 92701

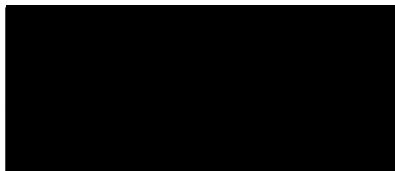
Dear Ms. McConnell,

I am writing this letter in the sincere hope that the Orange County Emergency Medical Services will find it necessary to keep emergency service availability in San Clemente.

I have acute arrhythmia and have been to the San Clemente Saddleback Hospital emergency room in critical life threatening situations four times. If I had to go to next nearest emergency room, I would not have survived. In my present condition I am in danger of needing emergency medical care. Seconds could mean the difference between life and death.

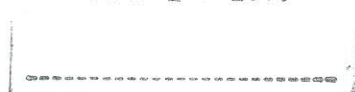
Thank you.

Richard Peters



RECEIVED

APR 28 2016



Danyce Mills



April 26, 2016

Dear Orange County Emergency Medical Services,

I have worked in the ICU at San Clemente Hospital for 4.5 years. The week I started working, we had a full census of seven ICU patients. Over the past few years, I've felt alarmed while watching Memorial Care discontinue services that support quality patient care and foster growth. Memorial Care claims that the low census is due to changes in health care, however those of us on the front line know that they have masterfully kept their timeline in sight, all the while diminishing and deleting support systems. Memorial Care has set their sights on their own long term goals, while taking down the hospital pillars, one at a time. These changes have compromised patient care.

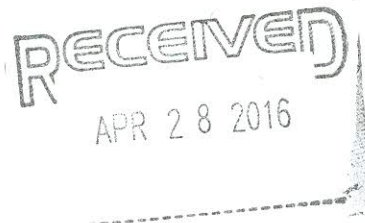
I have witnessed many patients who presented with time sensitive emergencies--these patients will lose their lives as a result of closing the hospital. This is the most upsetting fact of all. Yes, all the employees are losing their jobs--but will find other jobs and move on. It is the people in San Clemente who will be compromised because they will not get the emergent care necessary to sustain life.

Physicians have complained about the traffic and the increased driving time involved in coming to San Clemente. One day a cardiologist walked into the ICU and said, "It took me 45 minutes to drive from Mission Hospital because of the traffic. It's crazy out there, especially on the weekends."

The absence of an ER in San Clemente will cost lives--many of them will be our young people. Thank you for your consideration.

Yours Truly,

  
Danyce Mills



[REDACTED]  
April 26, 2016

Orange County Emergency Medical Services  
Attn: Tammi McConnell  
405 W. 5<sup>th</sup> Street, Suite 301A  
Santa Ana, CA 92701



Dear Ms. McConnell:

Re: Save San Clemente Hospital

Please reconsider the closure of San Clemente Hospital and the Emergency Facilities.

I have lived in San Clemente/San Juan Capistrano since 1964 and watched San Clemente Hospital being built. It has served our family as well as thousands of others through the years.

If you need to close the beds out; I will consider that. However to shut down emergency care? No. That is not acceptable! San Clemente has grown to large for an Emergency Center to be 17 more minutes/9.7 miles from San Clemente Hospital to Mission Hospital (according to MapQuest). That's, again, on a good day with little traffic. So, you're going have a patient suffering for almost 20 more minutes just because your Company is not making a profit on San Clemente Hospital????

Transfer the patient by helicopter? Where on a crowded field of players at Steed Park or Vista Hermosa Sports Park are you going to land one?

My main thought is: Consider Steed Park located near the San Diego county line and Camp Pendleton. Lots of sports played there; I've been there watching grandchildren. Sports and injuries seem to go together.

Close out the beds; but for the sake of our huge town and the many visitors we'll be getting at the Outlet Stores in San Clemente and surrounding area, Keep An Emergency Room, PLEASE.

By the by, my immediate family has used San Clemente many times not only for birthing but for accidents.

I give you permission to use my name as against the Closure of San Clemente Hospital.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeanne M. Exworthy". The signature is fluid and cursive, with a large loop at the end.

Jeanne M. Exworthy - [REDACTED]  
cc. Save San Clemente Hospital



To whom it may concern,

My name is Luciano Capote and I am 90 years old. My wife and I have lived in San Clemente for the past 32 years.

This hospital has been a godsend to us. I would have been dead a long time ago if it wasn't for it.

I had a bad case of diverticulitis about 10 years ago. It erupted and if it hadn't been for this hospital I would not have made it. I had poison throughout my body and I was there for almost a month. I went home with a colostomy bag, which was removed about a month later. Their care and help in recuperating was exceptional.

I have also had about 4 small strokes (TIA), the latest a week ago, on April 29. If I had to be driven to Mission or even Saddleback, in El Toro, I think that I would have suffered some lasting effects. But, in these cases, because of the vicinity of the hospital, in 5 minutes I was already being treated.

My wife, also, had an episode of not being able to eat or even drink water. In an emergency, she was taken to the hospital and had a gastric bypass reversal. She is healthy now, thanks to San Clemente hospital.

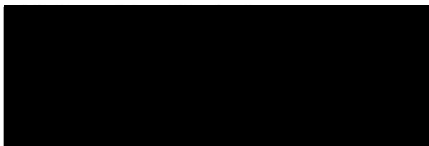
Please, we beg you, don't take it away from us. It is too important and crucial to all of our citizens. More and more homes are being built, more people coming to our town. We NEED it!!!!

Thank you for your time and concern. We believe this is a matter of life or death!!!

Sincerely,

Luciano and Elizabeth Capote

*Luciano & Elizabeth Capote*





4/28/16

TO: Tammi McConnel - OCEMS

From: Erik Dimitruk - SEIU-UHW

RE: Written Public Comment

5 Pages Including cover

April 28, 2016



UNITED HEALTHCARE  
WORKERS WEST  
SERVICE EMPLOYEES  
INTERNATIONAL  
UNION, CLC

Via E-Mail

Tammi McConnel  
Orange County Emergency Medical Services  
405 W. Fifth Street  
Suite 301A  
Santa Ana, CA 92701

**RE: Impact of Closure of Emergency Services at Saddleback Memorial Medical Center – San Clemente**

Dear Ms. Tammi McConnel,

We are writing to you out of an abundance of concern for the public health and well-being of the people of San Clemente and its surrounding communities, regarding Memorial Health Services (MHS) planned closure of Saddleback Memorial Medical Center – San Clemente (SMSC). SEIU-UHW represents more than 80,000 healthcare workers throughout the state of California including thousands who live and work here in Orange County. The 2014 OCEMS System Plan states that its mission is "to plan, coordinate, and oversee the highest quality prehospital and emergency medical care in response to individual needs and community crisis."<sup>1</sup> We believe that the facts surrounding this case lend strong support to continue the operation of SMSC's Emergency Department (ED) and warrant your recommendation that CDPH not approve the closure of SMSC's ED.

In requesting that you recommend CDPH not approve the closure of SMSC's ED we call your attention to the following points as more fully discussed in this letter: (1) Utilization data for SMSC indicates a high demand for emergency medical services at SMSC; (2) High diversion rates at nearby hospitals will have an adverse impact to the access and delivery of emergency medical services in San Clemente and its surrounding communities, including the Medically Underserved Population in Dana Point; (3) The closure of SMSC's ED will increase mortality rates in Orange County's South region; (4) SMSC is not operating under a state of financial duress and its closure is not being driven by deteriorating financials; (5) Postponing the ED closure will allow possible buyers to submit competitive offers to purchase SMSC and protect community access to emergency services in San Clemente.

**Regulatory Authority**

*California Health & Safety Code Section 1300* requires hospitals that plan to reduce or eliminate emergency services to provide notice certain entities (including the local governing health agency and specified service providers contracted with the hospital) 90 days prior to the change. Hospitals are not subject to notification requirements if CDPH determines that the use of resources to keep the emergency center open substantially threatens the stability of the hospital as a whole. Within 60 days the County or its designated local EMS agency must conduct and submit an impact evaluation to CDPH, which should include a "Recommendation for Action" stating whether a request for downgrade or closure should be approved or denied.

Dave Regan - President  
Stan Lyles - Vice President

560 Thomas L. Berkley Way  
Oakland, CA 94612  
510-251-1250  
FAX 510-763-2680

5480 Ferguson Drive  
Los Angeles, CA 90022  
323-734-8399  
FAX 323-721-3538

***Increased Utilization, Diversion, and Effects of Hospital Closure on Local Communities***

Utilization Data, obtained from California Office of Statewide Health Planning and Development (OSHPD), demonstrates a high demand for emergency medical services at SMSC. For example, in 2015, Total EMS Visits Resulting in Admission were 33% higher than in 2014. Similarly, in 2015, Total Severe Visits Resulting in Admission were 34% higher than in 2014. Lastly, Total EMS Visits have fluctuated slightly year over year from 2009 to 2015. In 2015, there were 14,215 Total EMS Visits at SMSC. For the period 2009 to 2015, this figure is 1.6% higher than the lowest Total EMS Visits (2009) and 1.7% lower than the highest Total EMS Visits (2010).

High diversion rates at nearby hospitals will have an adverse impact on the access and delivery of emergency medical services in San Clemente and its surrounding communities, including the Medically Underserved Population in Dana Point. According to the OCEMS Diversion Report for 2015, 2 out of the 3 closest hospitals to SMSC, Mission Hospital and Saddleback Memorial Medical Center – Laguna Hills, recorded the highest number of diversion hours in Orange County's South Area. SMSC had the second lowest number of diversion hours in the South Area.<sup>vi</sup> In addition, 2014 data on EMS Transports from the OCFA, shows that the average transport time for patients from the scene location to the next closest hospital would increase from 8.5 minutes to a range of 16 to 23 minutes, depending on the destination hospital.<sup>vii</sup> The prospect that transport time for EMS patients with severe condition would increase by double and that the two closest Hospitals are also the two most likely to be on diversion in the South Area, is of great concern to the health and welfare of those in SMSC's service area.

The closure of SMSC will increase mortality rates in Orange County's South Area. Recent research has shown that that ED crowding and increased transport distance to the nearest ED, both of which are directly applicable to the closure of SMSC, lead to worse patient outcomes.<sup>viii</sup> Furthermore, a widely cited recent 2014 study of ED closures in California by Liu, Srebotnjak, and Hsla, finds that mortality rates in surrounding communities increase between 5% and 15% when an ED closes.<sup>v</sup>

***Favorable Financial State and Community Interest***

According to financial data from OSHPD it appears that SMMC is operating in a favorable financial state and not in a state of financial duress. Saddleback Memorial Medical Center reported a Net Income of \$31.2 million and \$43.1 million, in FY2014 and FY2015 respectively.<sup>vi</sup>

Just as CDPH can waive notification requirements for closing hospitals if it determines the use of resources to keep the emergency center open substantially threatens the stability of the hospital as a whole; we assert that when a hospital operator seeks to expeditiously close a hospital for non-financial reasons and when there are other interested buyers, it is in the community's best interest to consider all available options to continue providing those services. Furthermore, we assert that those exercising regulatory authority do so with the local interests of the patients and community in mind.

Postponing the closure of SMSC's ED is a responsible and warranted course of action and allows possible buyers to submit competitive offers to purchase SMSC and continue to provide critical emergency medical services to the local community, including the Medically Underserved Population in Dana Point. The media has represented that "MemorialCare officials said following the announcement of the hospital's impending closure they have been speaking with potential buyers of the facility."<sup>vii</sup>

Given the substantial adverse impact to the access and delivery of emergency medical services in San Clemente and its surrounding communities, we strongly urge your office to recommend that the CDPH deny the request of MemorialCare to close SMSC's ED. Should you have any further questions please contact Erik Dimitruk at the information provided below.

Thank you for your time and consideration in this matter.

Sincerely,

Erik Dimitruk  
Research Analyst  
SEIU-UHW  
5480 Ferguson Drive  
Los Angeles, CA 90022  
(323) 365-4829



## Endnotes

<sup>i</sup> <https://cms.ocgov.com/civicax/filebank/blobdload.aspx?BlobID=39063>

<sup>ii</sup> <http://healthdisasteroc.org/civicax/filebank/blobdload.aspx?BlobID=50562>

<sup>iii</sup> <http://savesanclementehospital.org/wp-content/uploads/2015/02/2015-02-17-San-Clemente-CC-Presentation1.pdf>

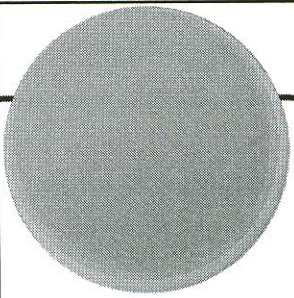
<sup>iv</sup> Charles Liu, Tanja Srebotnjak, and Renee Y. Hsia. California Emergency Department Closures Are Associated With Increased Inpatient Mortality At Nearby Hospitals. *Health Affairs*, 33, no.8 (2014): 1323-1329

<sup>v</sup> *Ibid*

<sup>vi</sup> <http://www.oshpd.ca.gov/HID/Hospital-Financial.asp>

<sup>vii</sup> <http://www.sanclementetimes.com/hospital3/>

*Rand*  
4/29/16



## Our Community Faces a Crisis

Save Saddleback San Clemente Hospital Foundation

## SMMC, San Clemente

- Has served the residents of San Clemente, Dana Point and San Juan Capistrano for 40 years
- Operated by Memorial Care 501 c3
- Currently licensed for 73 beds
- Our ER sees 15,000 patients annually
- Our Hospital admits 4,000 patients annually

Save Saddleback San Clemente Hospital

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4/29/16

## Saddleback San Clemente ER

- Cardiac Receiving-Heart Failure, Afib/RVR, SVT, Heart block, Syncope, Pacemaker Placement
- Neurology Receiving-Seizures, Encephalopathy, TIA's, Multiple Sclerosis, Parkinson's Exacerbations
- Psychiatry-frequent overdose admits

Save Saddleback San Clemente Hospital

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## Population Served by SMMC-SC

- San Clemente, Dana Point, San Juan Capistrano
- 134,000 lives
- Summertime population much higher
- 8 trains daily from Inland Empire brings summertime population to 100K
- New Outlet Mall
- 14,000 new homes in Rancho Mission Viejo

Save Saddleback San Clemente Hospital

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4/29/16

## Population Served by SMMC-SC

- 134,000
  - 19% Hispanic
  - 15% over 65, Elderly Population expected to increase 18 % from 2010 to 2015
  - 21% home language other than English
  - 15.5% Foreign born
  - 10% live below the poverty level
  - 9,000 Veterans
- (US Census)

Save Saddleback San Clemente Hospital

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4/29/16

## Population Served by SMMC-SC Children:

- Capistrano Unified School District-greater than 3000 homeless children registered (2009-10, 3533; 2010-11, 3566)
- 10% non-English speaking (CUSD)
- CUSD 22% on free or reduced price meal plans (CUSD)

Save Saddleback San Clemente Hospital

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4/29/16

## Emergency Room Facts

- From 1995-2010 ER visits increased by 34% (ACEP, 2014)
- From 1990-2009 ER's dropped by 27% (JAMA, May 2011)
- Since 2009 at least 6% of the remaining ER's have closed (Dr. Renee Hsia, UCSF, 2014)
- California Ranks 42<sup>nd</sup> with respect to access to Emergency Care (ACEP, 2014)

Save Saddleback San Clemente Hospital

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4/29/16

## Emergency Room Facts

- ACEP Physician Poll 2014
- ER volume has gone up: slightly (24%), significantly (7%)
- Over next 3 years will it continue to rise: yes, slightly (45%), yes significantly (41%)
- Will you be ready: Yes (10%), Unsure (14%), No we will not be ready (76%) (ACEP 2014)

Save Saddleback San Clemente Hospital

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4/29/16

## Current Access to Emergency Care in San Clemente

Unit	SMMC SC	Mission	Mission Lag	SMMC LH
ET 50	9.5	15.8	20	23
ET 60	7.5	16.5	20.2	22.8
Average	8.5	16.15	20.1	20.9

These times reflect transport before construction on I-5 was undertaken

OCFA 2013, 2014

Save Saddleback San Clemente Hospital

9

4/29/16

## Current Access to Emergency Care in San Clemente

- Mission Hospital is our next closest
- Today's Impact Report states that Mission was on Diversion 4.3% ('13), 9% ('14) & 7.8% ('15)
- However on OC EMS website they report at Mission was on Diversion 20% of the time in February, 2016
- Same report states in Feb, 2016, 11 of 25 hospitals were on Diversion > 6 %
- For this entire year, either Mission Hospital, or Saddleback Laguna (our 2 closest relief valves) led all 25 OC Hospitals in Diversion Time

Save Saddleback San Clemente Hospital

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4/29/16

## Losing ER Access In General

- Dr. Renee Hsia, UCSF-10 year study on the effects of closing ER's, Mortality increases by 5-15% (2014)
- The majority had another hospital 1-4 miles away
- Another UCSF Study (Hsia, 3/2016) studied Diversion- "Patients who's ED experienced significant diversion rates had a 4.6% lower incidence of revascularization and a 9.8% increase in 1 year mortality"
- ER Diversion >12 hours had higher cardiac mortality at 30, 60, 90 dys, 9 mos, 1 year (JAMA 2011)

Save Saddleback San Clemente Hospital

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4/29/16

## Losing Access to Emergency Care –San Clemente

- SONGS
- 3.6 million pounds of nuclear waste
- SONGS sits right in the middle of the 41 mile stretch between Oceanside and Mission Hospital
- Dismantling will take 20 years
- 500-600 regular employees
- 500-1000 contracted employees

Save Saddleback San Clemente Hospital

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4/29/16

## Losing Access to Emergency Care- San Clemente

- Only 1 road out, I-5
- I-5 project will last 3 years
- On/off ramps intermittently closed
- Whole sections of I-5 now have no shoulder for emergency vehicles
- Travel Times to Mission Hospital can Exceed 30 minutes

Save Saddleback San Clemente Hospital

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4/29/16

## Losing Access to Emergency Care- San Clemente

- San Clemente will need another ambulance along with accompanying personnel which is estimated to cost the city \$1.2 million annually
- Residents will also need to wait for Paramedics to arrive
- There will be a 41 mile stretch without an Emergency Room
- 80 ER beds will serve 415,000

Save Saddleback San Clemente Hospital

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4/29/16

## ER to ER transfers

- 2014 35 pts, 2015 38 pts transferred "911" usually to Mission
- All transfers from Saddleback SC to Saddleback Laguna, including Heart Cath's and Intubated patients are done by private ambulance so those numbers are a gross underestimate

Save Saddleback San Clemente Hospital

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4/29/16

## Saddleback ER, 4/26/16

- Elderly woman with COPD Exacerbation
- Marine with Status Epilepticus requiring intubation
- Elderly man comatose, secondary to VP shunt failure
- Elderly woman with Sepsis from Pyelonephritis

Save Saddleback San Clemente Hospital

16

4/29/16

## Impact Report Considerations

- 134,000 doesn't include Outlet Mall, Beach Trains or Rancho Mission Viejo
- Transport times to Mission doubled SC averages BEFORE I-5 construction began
- Diversion rates are rising for most OC hospitals but dramatically so at Mission Hospital
- Times for Medics just to arrive could be 30 minutes

Save Saddleback San Clemente Hospital

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4/29/16

## Impact Report Considerations

- City of San Clemente will spend 1.2 Million annually
- Most critical patients taken to San Clemente can stay
- The loss of private transport of critical patients to Saddleback LH will manifest as an increase in 911 traffic.
- Many seniors who feel comfortable driving themselves or loved one to San Clemente will not attempt the freeway and will also increase 911 traffic.

Save Saddleback San Clemente Hospital

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4/29/16



FOR HCA APRIL 29, 2016

The closure of San Clemente Hospital and ER will result in the immediate loss of access to emergency care in San Clemente and neighboring cities. Historically, the loss of emergency care access results in an increase in mortality rate of 5 to 15%, which is attributed to ER overcrowding and prolonged wait times.

In signing this petition you are encouraging Saddleback MemorialCare to bring other solutions to the table that will keep our hospital open. You are also inviting the San Clemente City Council and Congressman Issa to engage in this issue.

San Clemente Hospital has been the cornerstone of healthcare access for it's families and residents for over 40 years. It is the sole emergency care facility for the city and will leave a 40 mile void in emergency care access between Oceanside and Mission Viejo if it closes.

The hospital currently treats 15,000 emergency room patients per year and admits over 4,000 patients per year. It also provides over 200 jobs for the growing community. San Clemente has 65,000 residents and swells to over 100,000 on the weekends. Rancho Mission Viejo is just east of San Clemente and is planning for 14,000 new homes. The loss of this hospital will impact not only the residents of San Clemente, but also the new families that are moving into this area.

Saddleback Memorial plans to convert the hospital into a medical office building, outpatient surgery, and urgent care centers. Paramedics cannot bring sick patients to urgent care centers by California law and urgent care centers will not be bounded by regulations to treat all residents regardless of their ability to pay. Residents have access to multiple urgent care centers within several miles of this location and the city.

At a recent San Clemente City Council meeting, Orange County sherriffs, paramedics, EMS, fire, and all emergency care responders submittted that there will be negative effect on the city's ability to provide current services and stressed concern for emergency care for residents. As citizens we are concerned about this hospital closing and the ongoing trend of the loss of emergency services.

#### Send a message 1:

Saddleback San Clemente Hospital is a critical asset to our community. We have relied on it for 40 years and we don't want to see it go. Our kids have been born there, their bones mended there. Our parents have been treated there, many have had their lives saved. We can't afford to be stuck on the freeway trying to get to another hospital. It puts our community at risk to close the hospital. Please keep it open!

#### Send a message 2:

MemorialCare has said they will close the hospital, abandoning our community and are not willing to provide emergency services vital to this community. There are several other hospital chains that are interested in doing so. MemorialCare said they would entertain offers. With a closure due on May 31st, time is running out.

We believe that your office can be of tremendous impartial facilitator of bringing these parties together. The past year has been a battle between the community and city with MemorialCare to preserve our emergency services and we need extra help from a key stakeholder like you.

Petition Summary: Urge the San Clemente City Council & Congressman Darrell Issa to stop the closure of Saddleback San Clemente Hospital & the loss of local emergency medical care. Action Petitioned for: We, the undersigned are concerned citizens who urge our leaders to act now to STOP THE CLOSURE OF SADDLEBACK SAN CLEMENTE HOSPITAL. (Over 1,456 Signatures on Petition, 4/29/16)

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# California Emergency Department Closures Are Associated With Increased Inpatient Mortality At Nearby Hospitals

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**ABSTRACT** Between 1996 and 2009 the annual number of emergency department (ED) visits in the United States increased by 51 percent while the number of EDs nationwide decreased by 6 percent, which placed unprecedented strain on the nation's EDs. To investigate the effects of an ED's closing on surrounding communities, we identified all ED closures in California during the period 1999–2010 and examined their association with inpatient mortality rates at nearby hospitals. We found that one-quarter of hospital admissions in this period occurred near an ED closure and that these admissions had 5 percent higher odds of inpatient mortality than admissions not occurring near a closure. This association persisted whether we considered ED closures as affecting all future nearby admissions or only those occurring in the subsequent two years. These results suggest that ED closures have ripple effects on patient outcomes that should be considered when health systems and policy makers decide how to regulate ED closures.

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**B**etween 1996 and 2009 the annual number of visits to emergency departments (EDs) in the United States increased by 51 percent, from 90.3 million<sup>1</sup> to 136.1 million.<sup>2</sup> During the same period the number of EDs nationwide decreased by 6 percent, from 4,884 to 4,594.<sup>3</sup> These trends have contributed to increased ED crowding and wait times,<sup>4,5</sup> overextension of ED staff,<sup>6</sup> and the diversion of ambulance traffic from busy EDs.<sup>7,8</sup> All of this prompted the Institute of Medicine to conclude, in a 2007 report, that EDs in the United States are “at the breaking point.”<sup>9</sup>

ED closures pose a particular threat to the care of vulnerable populations. Because they are required by law to care for all comers, EDs often play the role of the “safety net of the safety net” for patients without access to regular medical care.<sup>10</sup> Yet communities with higher proportions of residents who are enrolled in Medicaid, have low incomes, and belong to racial or ethnic mi-

nority groups are at heightened risk of having their local ED close.<sup>11,12</sup>

Furthermore, EDs and trauma centers—which often experience greater financial pressures than their parent hospitals overall<sup>13</sup>—are more likely to close at hospitals with negative profit margins and less likely to close at hospitals that receive more generous Medicare reimbursements compared to their peer institutions.<sup>14</sup> Therefore, ED closures may widen disparities by further reducing access to care in communities that are already characterized by having vulnerable patients and underpaid hospitals.

Recent studies have shown that ED crowding<sup>7,15</sup> and increased distance to the nearest ED<sup>16</sup> are associated with worse patient outcomes. However, we know of no analysis that has investigated the ripple effects of ED closures on surrounding communities. Most previous studies have also limited their analyses to patients with acute myocardial infarction (AMI) and other time-sensitive conditions.<sup>7,16,17</sup>



We examined the association between ED closures and inpatient mortality for all patients receiving care in hospitals located near EDs that closed. We hypothesized that ED closures would be associated with a heightened risk of inpatient mortality for patients who were hospitalized nearby.

## Study Data And Methods

**DATA SOURCES** We used the California Office of Statewide Health Planning and Development's Hospital Annual Utilization Data files for the period 1999–2010 to identify hospital characteristics and the incidence and timing of ED closures. We excluded all hospitals whose license category was not general acute care. We defined an *ED closure* as the closure of a hospital with a basic or comprehensive ED license or such a hospital's conversion of its ED license to a stand-by or no ED license.

We verified closure dates through phone calls to hospital administrators and public health authorities. We also searched newspaper and local government archives, a process that identified three additional closures. In eight cases, an ED closure was timed to coincide with the simultaneous opening of a new ED serving the same community; we did not count these events as ED closures.

We obtained data on patient characteristics and inpatient mortality from the nonpublic files on patient discharge data from the California Office of Statewide Health Planning and Development for the period 1999–2010. The patient admission was our unit of analysis.

We excluded admissions not made via the ED (for example, elective surgeries and transfers from other hospitals), because nearby ED closures likely affect these admissions differently than admissions made via the ED. For example, if a nearby ED closure affected admitted patients' outcomes by increasing resource constraints and crowding at a hospital's ED, elective admissions to that hospital would not be affected because they bypass the ED.

We also excluded admitted patients younger than age eighteen, because their outcomes may be influenced by additional factors and should be studied separately. As was done in previous studies,<sup>7,16,17</sup> we excluded admitted patients whose residential ZIP codes were not in California, since they were likely not residents of the area in which they were hospitalized. Our study was approved by the Committee on Human Research at the University of California, San Francisco.

### GEOGRAPHICAL DEFINITION OF AREAS AFFECTED BY CLOSURES

We defined the *geographic area*

affected by an ED closure as the hospital service area (HSA) in which the ED was located. HSAs are groups of ZIP codes organized by the Dartmouth Atlas Project to reflect hospitalization patterns of Medicare beneficiaries.<sup>18</sup>

We assigned each hospital to an HSA using hospital ZIP codes and the 1999–2010 ZIP code–HSA crosswalk files from the Dartmouth Atlas Project. This allowed us to determine which HSAs experienced closures in each month of our twelve-year study period.

**COVARIATES** To adjust for factors that could confound the relationship between ED closures and inpatient mortality, we included in our multivariate regression model multiple patient- and hospital-level covariates that have been used in previous analyses of the effects of ED closures and crowding.<sup>15,17</sup> These include demographic characteristics such as the patient's age, race or ethnicity, and insurance coverage and the median income of the patient's ZIP code of residence.

To adjust for the severity of the patient's illness, we also included Elixhauser comorbidities for each patient<sup>19</sup> based on his or her *International Classification of Diseases*, Ninth Revision, Clinical Modification (ICD-9-CM), diagnosis codes. This allowed us to control for the possibility that apparent increases in mortality at hospitals near an ED closure were simply the result of the redistribution of sicker patients to these hospitals.

In addition, we included hospital characteristics such as case-mix index (a measure of overall patient severity), hospital ownership, and urban or rural location. Finally, we clustered patients within hospitals, since patients admitted to the same hospital will have correlated outcomes as a result of similar hospital and physician practice styles, and we included a fixed-effects variable for calendar year to control for secular trends in inpatient mortality.

**STATISTICAL METHODS** Having created both a file containing admissions assigned to HSAs and a file of ED closure events by HSA and month, we coded all admissions as “affected” (if there was a previous ED closure in the admitting hospital's HSA) or “unaffected” (if there was no previous ED closure in the HSA). We then carried out multivariate logistic regression analysis using the statistical software SAS, version 9.2.

Our dependent variable was mortality during the inpatient hospital stay, and the primary predictor of interest was whether the admitting hospital was affected by a previous ED closure in its HSA. The model also included all of the covariates described above.

**SENSITIVITY ANALYSES** We prespecified three sensitivity analyses to verify the robustness of our approach and to examine the potentially



# These findings suggest the need to study and consider interventions that minimize ED closures in vulnerable neighborhoods.

differential effect of ED closure on specific inpatients. For the sake of efficiency, we conducted these analyses on a simple random sample of 2,039,084 admissions taken from the full data set.

Since our primary analysis defined an HSA as *affected* indefinitely after an ED closure in that HSA, our first sensitivity analysis was to repeat our analysis defining an HSA as *affected* for only the two-year period immediately following an ED closure. This choice of a two-year period follows previous literature, which has shown a stronger association between ED closures and outcomes in the first two years.<sup>16</sup>

We also conducted subgroup analyses on two age-stratified groups of adult patients (non-elderly adults, those ages 18–64; and elderly adults, those ages 65 and older), and on patients with four specific time-sensitive conditions defined in the previous literature (AMI, stroke, asthma or chronic obstructive pulmonary disease, and sepsis) to determine if ED closures had differential effects on these patients.<sup>17,20</sup>

**LIMITATIONS** Our study had several limitations.

►**DATA FROM ONLY ONE STATE:** First, our analysis was limited to ED closures in California. Although California contains 12 percent of the US population, it differs demographically from the United States as a whole. For example, the proportion of black residents is much lower in California and the proportion of other nonwhite minorities much higher, compared to the whole country. Therefore, our findings might not be generalizable to other parts of the United States, especially states whose demographics differ substantially from those of California.

►**RETROSPECTIVE ANALYSIS:** Second, ours was a retrospective analysis that used administrative data. Thus, the increase in mortality that we observed in patients visiting hospitals affect-

ed by a nearby ED closure could have been a result of confounding factors not included in our model. For example, increased socioeconomic strife in a neighborhood along dimensions not captured by our covariates might drive both ED closure and increased inpatient mortality in that area.

We attempted to minimize this potential confounding through numerous mechanisms. One mechanism was including clustering by hospital and year fixed effects to analyze changes in mortality, within the same hospital before and after it was affected by a closure, that were above and beyond changes caused by general secular trends. Furthermore, we included Elixhauser comorbidities in an effort to standardize the effects for patients with a similar severity of illness. We also included demographic characteristics such as race, median income in patients' ZIP codes, and insurance coverage to attempt to standardize patient-level socioeconomic influences on mortality.

However, our ability to control for confounding factors was limited by the categories of administrative data available. This means that the possibility of some degree of residual confounding will always exist.

Additionally, we realize that there is a potential alternative causal pathway through which increased mortality near ED closures could be observed: Otherwise sicker patients—that is, those who are sicker in ways not captured by the Elixhauser comorbidities—could be redirected to nearby institutions from the EDs that closed. To specifically investigate this potential alternative mechanism, we compared mortality rates during the year before a closure at hospitals with EDs that would close in the following year with rates at hospitals whose EDs stayed open. We found no significant difference in mortality rates between these two groups (for a detailed plot illustrating this comparison, see online Appendix Exhibit A1).<sup>21</sup> This indicates that sicker patients were not redistributed to nearby hospitals and that our effect was likely the result of system stresses following an ED closure.

►**SOME PATIENT DEATHS NOT CAPTURED:** Third, our data did not capture patients who died before they could generate a hospital admission. For example, a severely ill patient who is likely to die shortly after admission and who lives in the vicinity of an ED closure might delay seeking care because of the closure and thus be more likely to die at home. Alternatively, such a patient might seek care but experience a longer ED travel or wait time, and thus be more likely to die en route or in the ED. In either scenario, this patient's outcome would be counted as one inpatient death if the person were unaffected by an

# 25%

## Had an ED closure

During the study period, 24.9 percent of admissions had an ED closure in their hospital service area.



ED closure but as no death if he or she were affected by a closure.

This limitation tends to reduce the observed mortality rate in the affected admission group. As a result, our estimate of the increased odds of inpatient mortality associated with ED closure should be considered conservative.

► **IMPERFECT SURROGATES FOR LOCALITIES:** Fourth, HSAs reflect geographic patterns of hospitalization, but they are not perfect surrogates for the area around an ED that is affected by its closure. In urban areas with high hospital density, affected HSAs likely included some hospitals

that did not receive any redirected patients from the closed ED. Conversely, in rural areas with low hospital density, patients redirected from a closed ED probably often presented to hospitals outside the affected HSA and were thus not captured in our analysis. The fact that our affected group may have included some unaffected admissions and excluded some affected admissions again means that our estimate of the increased odds of inpatient mortality associated with ED closure is likely to be conservative.

## Study Results

The final data set consisted of 16,246,892 admissions to California hospitals via the ED during the period 1999–2010. In this period there were forty-eight ED closures in California—twenty-six in which the parent hospital also closed and twenty-two in which it remained open while the ED closed.

Based on an unadjusted comparison of these two groups, we found that affected admissions were more likely than unaffected admissions to be of non-Hispanic black patients, Hispanic patients, women, and nonelderly adults (Exhibit 1). They were also more likely to be paid for by Medicaid or to be uninsured or self-pay admissions. In addition, median household income was lower in the ZIP codes of patients with affected versus unaffected admissions. Patients with affected admissions were sicker, with higher rates of twenty-four out of the twenty-nine Elixhauser comorbidities.<sup>19</sup> Finally, affected admissions were more likely than unaffected admissions to be admitted to government-owned (for example, county) hospitals.

After we adjusted for patient and hospital characteristics, we found that admissions affected by ED closure experienced higher odds of inpatient mortality than unaffected admissions (odds ratio: 1.05; 95% confidence interval: 1.02, 1.07; see Exhibit 2). In our sensitivity analysis that classified admissions as affected only when they occurred within two years of an ED closure in their HSA, we also found increased mortality for patients affected by ED closure (OR: 1.04; 95% CI: 1.02, 1.07; see Appendix Exhibit A2).<sup>21</sup>

When we stratified our analysis by age, non-elderly patients (those ages 18–64) whose admissions were affected by ED closure had an even greater increase in the odds of inpatient mortality than patients in the main model (OR: 1.10; 95% CI: 1.03, 1.16). Elderly patients (those ages sixty-five and older) affected by ED closure also had increased odds of inpatient mortality (OR: 1.05; 95% CI: 1.00, 1.10). However, this association fell just short of statistical significance (see Appendix Exhibit A3).<sup>21</sup>

### EXHIBIT 1

**Admissions That Were Unaffected Or Affected By An Emergency Department (ED) Closure Within Their Hospital Service Area (HSA) In California, 1999–2010**

Characteristic	Unaffected		Affected	
	Number	Percent	Number	Percent
<b>PATIENT LEVEL</b>				
Sex				
Male	6,595,105	54.1	2,118,718	52.3
Female	5,603,017	45.9	1,929,614	47.7
Unknown or invalid	337	0.0	101	0.0
Age (years)				
18–44	2,436,014	20.0	916,444	22.6
45–64	3,459,249	28.4	1,270,487	31.4
65–74	2,035,226	16.7	627,427	15.5
75–84	2,594,770	21.3	743,516	18.4
85 or more	1,673,200	13.7	490,559	12.1
Race or ethnicity				
White, non-Hispanic	7,239,001	59.3	2,032,642	50.2
Black, non-Hispanic	1,118,087	9.2	526,176	13.0
Hispanic	2,573,041	21.1	1,013,581	25.0
Other <sup>a</sup>	1,076,435	8.8	423,564	10.5
Unknown, invalid, or missing	191,895	1.6	52,470	1.3
Insurance status				
Private	2,892,342	23.7	902,144	22.3
Medicare	6,257,169	51.3	1,903,066	47.0
Medi-Cal (Medicaid)	1,842,222	15.1	742,343	18.3
Uninsured or self-pay	961,207	7.9	411,079	10.2
Other	242,096	2.0	89,049	2.2
Missing	3,423	0.0	752	0.0
Elixhauser comorbidities <sup>b</sup>				
Hypertension	5,805,979	47.6	2,039,414	50.4
Fluid and electrolyte disorders	2,882,018	23.6	992,032	24.5
Deficiency anemias	2,243,995	18.4	815,763	20.2
Median household income (\$)	53,766	— <sup>c</sup>	50,258	— <sup>c</sup>
<b>HOSPITAL LEVEL</b>				
Hospital ownership				
Not for profit	9,217,000	75.6	2,893,407	71.5
For profit	2,105,339	17.3	676,344	16.7
Government	876,120	7.2	478,682	11.8

**SOURCE** Authors' analysis of data from the California Office of Statewide Health Planning and Development. **NOTES** Of the admissions, 12,198,459 (75.1 percent) were unaffected—that is, there was no ED closure in the HSA—and 4,048,433 (24.9 percent) were affected. All differences between affected and unaffected admissions were significant ( $p < 0.001$ ). <sup>a</sup>Asian, Pacific Islander, and Native American. <sup>b</sup>Only the three most common Elixhauser comorbidities are listed. Appendix Exhibit A5 (see Note 21 in text) lists all twenty-nine Elixhauser comorbidities. <sup>c</sup>Not applicable.



In our final sensitivity analysis we found that patients admitted with AMI, stroke, or sepsis experienced a greater increase in odds of inpatient mortality when affected by ED closure, compared to the general patient population (OR: 1.15; 95% CI: 1.05, 1.27 for AMI; OR: 1.10; 95% CI: 1.03, 1.17 for stroke; and OR: 1.08; 95% CI: 1.03, 1.13 for sepsis; see Appendix Exhibit A4).<sup>21</sup> Patients admitted because of asthma or chronic obstructive pulmonary disease did not experience higher odds of inpatient death when affected by ED closure (OR: 0.97; 95% CI: 0.84, 1.13).

## Discussion

We found that patients admitted to hospitals in the vicinity of an ED closure (affected hospitals) experienced 5 percent greater odds of inpatient mortality than patients admitted to unaffected hospitals. This adverse association persisted even when we carried out a sensitivity analysis that limited our definition of affected admissions to those occurring at affected hospitals within two years of the ED closure.

In contrast to many past studies, we used ED closures themselves as our independent variable, instead of measures of ED crowding or change in travel time to the nearest ED. This allowed us to investigate the possibility that closures influenced outcomes in ways not captured by changes in these surrogate variables.

We also used the hospital service area as a novel approach to defining the area around an ED closure in which ripple effects might feasibly occur. In this way, we focused our analysis on detecting such effects in a geographic area that was determined by documented patterns of inpatient care use.

As our dependent variable, we examined inpatient mortality of all patients instead of mortality of only patients with time-sensitive conditions. We did this because we recognized the possibility that the redistribution of patients after an ED closure would also affect patients at those hospitals with nonurgent conditions via more generalized crowding effects. Furthermore, by examining statewide hospital discharge data instead of Medicare claims data, we were able to study the outcomes of all patients, not just elderly ones.

**EFFECTS OF CLOSURES** An ED closure could affect patient care in various ways. For example, closures could increase travel times, wait times, or crowding at EDs in the surrounding area. Closures could also lead some affected patients to delay seeking care, at which point their condition might be less responsive to life-saving interventions.<sup>22</sup> Our study examined the overall

## EXHIBIT 2

### Adjusted Association Between Emergency Department (ED) Closure And Inpatient Mortality In California, 1999–2010

	Number	Percent	Adjusted OR	95% CI
<b>ED CLOSURE IN HOSPITAL SERVICE AREA</b>				
No	12,198,459	75.1	Ref	Ref
Yes	4,048,433	24.9	1.05	1.02, 1.07
<b>PATIENT-LEVEL COVARIATES<sup>a</sup></b>				
Race or ethnicity				
White, non-Hispanic	9,271,643	57.1	Ref	Ref
Black, non-Hispanic	1,644,263	10.1	0.90	0.90, 0.91
Hispanic	3,586,622	22.1	0.94	0.93, 0.95
Other <sup>b</sup>	1,499,999	9.2	1.02	1.01, 1.03
Unknown, invalid, or missing	244,365	1.5	1.14	1.11, 1.18
Insurance status				
Private	3,794,486	23.4	Ref	Ref
Medicare	8,160,235	50.2	1.00	1.00, 1.01
Medi-Cal (Medicaid)	2,584,565	15.9	1.07	1.05, 1.08
Uninsured or self-pay	1,372,286	8.4	0.95	0.92, 0.98
Other	331,145	2.0	0.96	0.94, 0.98
Missing	4,175	0.0	1.07	1.00, 1.15
Elixhauser comorbidities <sup>c</sup>				
Hypertension	7,845,393	48.3	0.83	0.82, 0.83
Fluid and electrolyte disorders	3,874,050	23.8	1.68	1.65, 1.71
Deficiency anemias	3,059,758	18.8	0.91	0.91, 0.92
<b>HOSPITAL-LEVEL COVARIATES</b>				
Hospital ownership				
Not for profit	12,110,407	74.5	Ref	Ref
For profit	2,781,683	17.1	0.99	0.92, 1.07
Government	1,354,802	8.3	1.34	1.20, 1.49

**SOURCE** Authors' analysis of data from the California Office of Statewide Health Planning and Development. **NOTES** Adjusted for patient and hospital characteristics, as well as clustering by hospital and year fixed effects. OR is odds ratio. CI is confidence interval. <sup>a</sup>Only selected patient-level covariates are listed. Appendix Exhibit A6 (see Note 21 in text) lists additional patient-level covariates that were included in the regression analysis. <sup>b</sup>Asian, Pacific Islander, and Native American. <sup>c</sup>Only the three most common Elixhauser comorbidities are listed. The odds ratio was calculated for each comorbidity in reference to admissions without that comorbidity. Appendix Exhibit A6 lists all twenty-nine Elixhauser comorbidities.

impact of ED closures on patient outcomes. However, we could not disentangle the specific mechanisms by which closures might contribute to increased inpatient mortality.

We found that the increase in odds of inpatient mortality associated with ED closure was greater among nonelderly adults (10 percent) and patients with AMI (15 percent), stroke (10 percent), and sepsis (8 percent), compared to the general patient population (5 percent). The results for patients with AMI, stroke, and sepsis corroborate the findings of past studies of ED crowding and increased drive time to the nearest ED.<sup>7,16,17</sup> This may reflect these patients' susceptibility to experiencing worse outcomes if it takes them longer to receive medical attention. Nonelderly adults, in contrast, may be more likely than elderly patients to delay seeking care after an ED closure or may be disproportionately affected by



closures through some other mechanism.

ED closures affect a large proportion of communities, as evidenced by the fact that 24.9 percent of admissions in the study period had an ED closure in their HSA, and the distribution of closures is not uniform. Past studies have shown that hospitals serving higher proportions of black patients, Medicaid beneficiaries, and patients living in poverty are at higher risk of closing their EDs<sup>11,23</sup> and that communities with higher proportions of Hispanic and low-income patients are more likely to experience deterioration in ED access.<sup>12</sup>

**POLICY IMPLICATIONS** Combined with the results of these past studies, our findings indicate that disproportionate numbers of ED closures may be driving up inpatient mortality in communities and hospitals with more minority, Medicaid, and low-income patients and contributing to existing disparities in health outcomes.<sup>24</sup> These findings suggest the need to study and consider interventions that minimize ED closures in vulnerable neighborhoods. Potential solutions include improving reimbursement to EDs for the care of indigent patients and preventing ED closures that are likely to increase patient mortality significantly.

Whether or not to limit ED closures or regulate which EDs are permitted to close is a complex, multifactorial decision that must be weighed by communities and policy makers. However, our findings regarding the ripple effect of closures on surrounding communities suggest that it may be time to reassess the extent to which market forces are allowed to dictate ED closures and access.

Proposals to regulate the closure of EDs are not new: Patient advocates called for such regulation as long as three decades ago.<sup>25</sup> Current policy on this matter differs by state. For example, Illinois requires hospitals to operate an ED as a requirement for licensure, but Arizona has no such regulation.<sup>26</sup> In 1998 the California legislature amended the state's Health and Safety

## It may be time to reassess the extent to which market forces are allowed to dictate ED closures and access.

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Code to require that a hospital conduct an impact evaluation and hold a public hearing before closing or downgrading its ED.<sup>27</sup> However, a proposal to strengthen this law by prohibiting ED closures that would "not be in the best interest of the general public" failed to pass in the following legislative session.<sup>28</sup>

Regulatory interventions can be difficult to enact and implement. Nonetheless, our findings indicate that policies such as requiring a hospital to show that surrounding communities would retain adequate access to emergency care before allowing it to close an ED could save lives and reduce disparities.

### Conclusion

We found that ED closures were associated with a 5 percent increase in the odds of inpatient mortality at the remaining hospitals in the closure's hospital service area. The associated increase in odds of mortality was even greater for nonelderly patients and patients with time-sensitive conditions such as AMI, stroke, and sepsis. Further research is necessary to elucidate the mechanisms underlying this association and the appropriateness of interventions to regulate ED closures. ■

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page 0  
4/29/16

Lori Donchak 4/29/2016 (speaking 4<sup>th</sup>)

My name is Lori Donchak and I am Chairman of the Orange County Transportation Authority. I also live in San Clemente and one of the OCTA district representatives for the 10 cities in south Orange county.

Mobility and safety are of paramount concern when looking at potential impacts of this hospital closure.

While Mission Hospital is within 15 miles of San Clemente, getting there can be both difficult and time consuming, as anyone who travels the 5 Freeway in south county knows. Freeway conditions can be unpredictable and slow. When you factor in emergency transport of patients from San Clemente or neighboring cities, into this congested corridor my concerns grow.

Because south OC has a unique road system, freeway conditions need to be considered carefully when completing the Impact Evaluation Report. Consider the fact that ambulance transport time from San Clemente to Mission Hospital can exceed 30 minutes and that does not include the response time to get to the patient, nor extenuating circumstances such as seasonal summer traffic or construction.

30 minutes is a lifetime for someone is in need of emergency care.

Current I-5 freeway construction affects travelers along approximately a 10 mile stretch of the freeway from the El Camino Real exit in San Clemente north to the Ortega exit in San Juan Capistrano and including a merge with the Pacific Coast Highway from Dana Point. This important lane-widening project will not be complete for two years. December 2018. Projects like this can require overnight lane closures and occasional full closures for traffic lane shifts. Even in the best conditions, traffic flow is not predictable.

For transportation reasons alone, postponing the closure of the hospital and emergency room until construction is complete and freeway access is optimized is an appropriate option. Thank you.



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4/24/16

**Kathleen Ward**

On behalf of the residents of the City of San Clemente, I ask that you delay the closure of the hospital and that you compel Memorial Care to negotiate in good faith with the many potential purchases of the hospital site.

1. This hospital and ER location is geographically isolated by a large military base (Camp Pendleton) to the South, the Pacific Ocean to the West and mountains to the East. There is only one route north on Interstate 5 to another hospital that is over 15 miles and more than 40 minutes away. This same route is under construction for the next 3 years with significant road siding that is blocked for emergency use.
2. The Orange County Fire Authority, the EMS provider for our area, has estimated the closure of this emergency room will double transport times to the next closest ER and cost the City of San Clemente \$1.2 million per year.
3. Increased time to care and overcrowding causes increased mortality in the surrounding hospital ER's. For example; the nearest ER is also the only level one trauma center in the region and frequently on diversion due to overcrowding.
4. Closure will impact over 200,000 elderly and uninsured, the same people identified as the key recipients in MemorialCare's most recent public benefit statement.
5. This ER sees over 15,000 patients and the hospital admits 1,700 patients annually. It is the second busiest hospital in the region, behind the next closest ER hospital.
6. The other neighboring cities serviced by Saddleback San Clemente hospital have voted to oppose closure (Dana Point, Mission Viejo and San Juan Capistrano).
7. Over 11,000 local people have signed petitions against closing this hospital.
8. MemorialCare is a 501 (c) 3 non-profit corporation that reportedly makes over \$300 million annually and their net assets exceed \$3 billion.

Having put forth all these facts, we ask is that you delay the closure and that you compel Memorial Care to negotiate in good faith with the many potential purchases of the hospital site.

# Alice P. Moran, DMD

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I am a local periodontist who has been in private practice in San Clemente for the past 14 years following 20+ years in the US Navy.

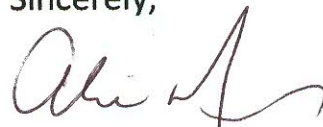
San Clemente is a rapidly growing city and it is a travesty to close down the existing hospital and particularly the Emergency Room.

Many of my patients, as well as family members, have utilized the Emergency Room and hospital over the years.

At the very least, we absolutely need the Emergency Room to remain open.

I completely support 100% all efforts to save the Emergency Room and hospital.

Sincerely,



Alice Moran, DMD

Phone: 949-361-4867 (GUMS)

Fax: 949-361-4868

1001 Avenida Pico, Suite K

The Courtyards at Talega

San Clemente, CA 92673

[www.moranperio.com](http://www.moranperio.com)



My name is Barbara Scheinman and I have been a Social Worker for 42 years. 21 years ago I came to the hospital in San Clemente and I have been there ever since. The impact of not having a hospital in San Clemente is that in my 21 years at San Clemente, there hasn't been a day that has gone by when there hasn't been at least one person seen in our Emergency Department who would **NOT** have survived a trip to a more distant hospital. I am here to talk about just some of many populations that will be impacted by not having a hospital in San Clemente.

One population I see a lot of in San Clemente is teens and 20-somethings who have overdosed on drugs. As many as 6 in one week. There is a ~~very~~ bad drug problem, especially heroin, among residents of San Clemente and the cities nearby. But these young people are not usually brought to us by paramedics. More often they are just dropped off at our Emergency Entrance by a panicked friend who then quickly drives away. These young patients are often close to death when we receive them, and every second counts. Panicked youths are not going to drive their dying young friends all the way to hospitals in Mission Viejo, or Laguna Beach. And the dying youth would not survive the drive even if they did. If you are a parent, if the drug epidemic isn't impacting you right now, it impacts someone you know or your children know. We ALL need to be caring that these young people will die without a hospital in San Clemente.

Because San Clemente and the surrounding cities have so many homeless people, a significant percentage of my hospital patients have been homeless people. As a matter of fact, because I've had so many homeless patients from the area, I was asked to be on the Board of Directors of TWO Orange County homeless organizations. I am talking to you now about the *medical care* of these citizens of San Clemente and south county cities, *those people who are most in need*. Our **MOST VULNERABLE**. A great number of my homeless patients are **VETERANS**. People who served this country, served you and me, and are now on the streets due to mental health issues resulting from that service. They need medical care, too. There is no VA Hospital in Orange County; the closest VA Hospitals are in Los Angeles County and San Diego County. Many homeless Veterans in Orange County are coming for medical care to the hospital in San Clemente.

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4/21/16

as a ~~subur~~ <sup>subur</sup>  
The most heart breaking patient I ever cared for in ~~42 years~~ was a 70 year old Veteran who had been homeless for 10 years. He was in our hospital many times for very real medical reasons, and was usually also treated psychiatrically afterwards because he was so depressed. Whenever he was admitted to our hospital, he always told me that he was so grateful for our hospital, because when he became very sick he always knew he had a place where people would care for him and care about him. He always wore our hospital name band because it reminded him that there was a place to go to if he needed help. One day the OC Sheriffs came to our hospital to notify us that this gentleman, a United States Veteran, had intentionally stepped in front of a train in San Clemente and killed himself. They identified him from our hospital's ID bracelet that he wore every day to remind him of us, to give him comfort despite his suffering. It was as if WE were his next of kin. It broke my heart then. But it breaks my heart now to think that other homeless Veterans in San Clemente won't have a place that they can get themselves to when they need hospitalization, where – as this gentleman said - people will care for them and care about them.

Also, San Clemente houses many Camp Pendleton Marines & their families. Our active Marines & families deserve this hospital.

Without a hospital they can get to, our homeless, our Veterans, our drug addicted youth, our most vulnerable are going to die on our streets. The past 21 years I have seen so many people whose lives have depended on this hospital being in San Clemente. But we are even more concerned about the years to come, and the people to come, and the lives to come. Aren't you?

Thank You,

Barbara Scheinman, MSW, LCSW





**FROM: LYLE GIALAMAS RN.FNP.**  
**APRIL 29-2016**

Response to the EMCC Impact Report on the closure of SMMC-SC

The report states the admission rate from the ED of SMMC-SC was 9.5%, or 1141 patients, but what is important to understand is, these are patients who are not level 1 trauma, high risk cardiovascular or stroke patients, so they did not require transfer to specialty receiving facilities. In 2014 and 2015 35 and 38 patients respectively were first resuscitated by emergency department personnel prior to transport by critical care ambulance to Mission Hospital, mostly for trauma services. How would these patients have fared if they had been in the traffic for the average transport time of 16 to 23 minutes before being stabilized in the emergency department first?

REV'D  
4/29/16

Mission Hospital is already on diversion 9% of the time, however, this impact report is a static document completed in 2015. As the homes of Rancho Mission Viejo are completed they will add 2.5 people on average per household with 2 cars per home for an increase in population density of 35,000 in South Orange County and an addition of



28,000 more cars on our roads. Once the 70 shops and restaurants of the outlets open and 309 single family homes of Sea Summit with their 772 population increase and 618 cars, plus the 380 condos with their 950 residents and 760 cars hit our freeways and emergency departments it becomes evident time to care and diversion rates will both increase.

Additionally, during the summer, out of state visitors arrive to enjoy our climate and beaches. VRBO and Airbnb make staying in our communities easy and inviting. Unfortunately, their children have not had the same opportunities as ours to be trained in ocean safety, putting them at risk for drowning. Time to care will be of the utmost importance for our pediatric population as our roads and facilities become more crowded.

Perhaps of greatest concern is the OCFA 2014 report concerning the ability of hospitals and health care to surge their capacity for disasters.

The need exists to be able to provide care for mass casualty victims of fires, quakes, tsunamis, train derailments, and a SONGS emergency. The southerly location of SMMC-SC with its communities surrounded by ocean, national forest and the marine base make a hospital/ED a necessity for such disaster preparedness. Our location is isolated with one crowded road in and out.

Saddleback Memorial Medical Center in its 2013 Community Health Needs Assessment states the challenges to obtaining health care include insufficient services for a large number of lower income and un/under insured. They acknowledge transportation is a barrier to traveling distances to obtain services and that Medi-Cal MDs cannot afford to see patients due to insufficient reimbursement. (For this reason ACEP says the ACA has influenced the increase in the number of ED patients newly insured with Covered California. These patients have not previously had access to care so are frequently quite ill as a



result). As a 501c3 public benefit provider, SMMC-SC receives our tax dollars and states their mission is to provide care for the elderly and medically underserved in our communities. Both populations are dependent on the proximity and services of the emergency department for their healthcare needs.

Ware Malcomb, an architectural firm, donated their services with a design for a smaller emergency department and hospital that provided the surgery center, ambulatory services and medical office spaces Memorialcare desires in that facility, all while staying open for ED and hospital service. Memorialcare declined the offer.

We would hope SMMC would provide the care their not for profit targets and maintain services in our south county communities. If unwilling to do so, we would hope they would be willing to allow another organization to partner with us and accept the offers that have been made. We look

forward to a future with an healthcare provider  
as excited about our future growth as we are

**Tim Brown**

review  
4/29/16

Memorial Care which chose to close Saddleback Memorial Care Hospital, which to date has rejected the request of the City of San Clemente to extend its closure date and refused to even consider numerous offers to purchase the hospital; has chosen instead to sue of the City of San Clemente because the City wanted to ensure that the current hospital property is zoned only for the essential hospital purpose. Memorial Care as a not for profit entity is required by law to provide a public benefit. Instead they chose to file a frivolous lawsuit which seeks to prohibit a resolution of the communities healthcare needs.

While the City devoted staff and financial resources and an on-going presence to the support of legislation through Assembly Bill 911 (Brough) and Senate Bill 787 (Bates), it proved futile and the legislation did not pass. In its commitment to protecting the citizens, the City also prepared a rezone and a General Plan amendment to ensure that the current hospital property is zoned only for the essential hospital purpose it was designated for when purchased by Saddleback Memorial Care in 2007. Additionally, city staff have been directed to seek and entertain potential hospital suitors that may be interested in coming to San Clemente to provide hospital and emergency department services. To date, the City has received a number of interested parties, only to learn Memorial Care is non-responsive to their interest.

The City will continue to be vigilant in protecting the citizens and surrounding communities, ensuring they receive the critical medical care they deserve and expect.

Memorial Care is a nonprofit healthcare provider, unfortunately in their lawsuit they are acting like a for-profit entity; and seeking \$42.5 million dollars in damages. Memorial Care continues to show their selfish intent and disregard for the well-being of the public.

We respectfully request that the closure of the hospital be delayed and that Memorial Care be compelled to engage in good faith negotiations with potential purchasers of Saddleback Memorial Medical Center in San Clemente. Thank you for your consideration of this important issue.



## Saddleback San Clemente Hospital Celebrates Anniversary

- by [DP Times](#)
- on February 13, 2009
- in [Uncategorized](#)
- [Leave a comment](#)

RWD  
4/29/16

Vol. 2, Issue 7, February 13-19, 2009

By Allie B. Kagamaster, *Dana Point Times*

### **Saddleback Memorial's San Clemente campus, Dana Point's nearest hospital, celebrates its fourth anniversary**

It's a quiet Saturday in the emergency room at Saddleback Memorial Medical Center in San Clemente: A couple of walking wounded come in—one a bad case of the flu, the other a sprained arm—and the only bed-bound patient on oxygen awaits tests.

The calm is unusual in the hospital located a stone's throw from Capistrano Beach on Camino de los Mares, which was taken over by Saddleback Memorial four years ago this month. Outpatient visits to the emergency room there have climbed the past three years, and in fiscal year 2008 hit an average of 41 people a day.

Just like the patients who rush to the ER for treatment, the hospital needed some serious help when Saddleback Memorial Medical Center took over in February 2004. The prescription for improving the then-ailing hospital:

- Saddleback has invested \$1.5 million to upgrade computers and equipment;
- Spent \$4 million expanding its Imaging Services, adding a new nuclear medicine camera, 64-slice CT scanner—which produces precise diagnostic pictures in five to 10 seconds, enabling one to “freeze” motion and better define certain disease processes— and Picture Archiving System;
- Opened new services in the San Clemente facility, such as a cardiac rehab and outpatient lab draw stations, as well as a MemorialCare Breast Center with digital mammography in Talega;
- Refurbished 16 medical/surgical patient rooms, along with painting, landscaping, air conditioning and parking lot resurfacing throughout the hospital.



Saddleback has also increased the staffing at the hospital since 2005, from 276 employees to 331. At the same time, management has been cut, from 7.6 percent to 4.5 percent.

“We’re very aware that the facility did not have the best reputation. We’ve worked hard to fix that, and I feel we’ve made great strides to do just that,” says Liz Bear, the hospital administrator at Saddleback Memorial Medical Center’s San Clemente campus. “We’ve raised the clinical bar with the nursing staff. We’ve also raised the bar of expectations [of our employees]. And that’s what the community will see when they come in here.”

This is good news to Dana Point residents who use the nearby hospital, especially those living just minutes away in Capistrano Beach.

Greg Boswell, the program manager at HCA Medical Emergency Services, said that patients requiring emergency aid in Dana Point—especially Capistrano Beach—most likely will be taken to Saddleback Memorial’s San Clemente campus.

“The patients in that area, barring the need for a spec center, would go to Saddleback Memorial in San Clemente,” he said. “Heart attack victims and burn victims would need to go to Mission Hospital.”

He also said that ambulance companies are also trained to take patients to their home hospital when possible, so many Dana Point residents might ask to be taken to Mission Hospital, or South Coast Medical Center, or Kaiser.

So how does the hospital service Dana Point residents? For many, it starts at the emergency room.

At first glance, the Saddleback Memorial-San Clemente ER waiting room feels more like an urgent care center. But, a security station off to the side adds a sense of fortification. There are important things going on in this facility. Behind the electronically controlled doors at check-in, health care assistants file away medical records and man the phones. To the right of check-in a curtain separates the room.

On a recent Saturday, registered nurse Fabriana Blow is working triage. She says ER shifts last 12 hours for continuity but there’s a lot of flexibility because they usually work three to four days in a row and then they’re off. Any nurse working triage at Saddleback-San Clemente’s ER can peer through a narrow window into the waiting room where patients check in. In this way they can visualize the well being of patients while they wait.

Dr. Larry B. Burbridge, D.O., vice chief-of-staff of ER medical services, is on duty in the



physician room, sitting under a roster of on-call specialists from every discipline. He's going over paperwork with Dr. Ronald Saltzman, a specialist who was on duty. Doctors rotate between the San Clemente campus and Laguna Hills facility.

Though it's quiet in ER on Saturday, central nurses and technicians are busily preparing lab trays and smoothing sheets on beds for the anticipated rush of patient activity that's sure to burst through the door at any moment. A couple of student volunteers are on board. A sophomore from San Clemente High is restocking medical trays. No matter what shift she pulls, she shares as her hands stay busy, the nurses she works with have ways of calming patients down, whatever the problem or the patient. She wants to be a doctor.

Behind her, there's a room geared for children with a beach mural on one wall and a Hobie surfboard on another wall facing a plasma TV. Tiny hospital gowns with colorful animals and fresh bed linens are neatly folded in an attractive cabinet giving the exam room a certain built-in calm. The hospital also built a serenity garden in its main lobby and has music and pet therapy available to patients.

Since there are no children in the ER at the moment, and patients that are filing in seem to be placed in every other exam room, the "children's" room is soon filled with a patient who's administered oxygen, his vitals on display in the central monitor at the nurse's station. He's there for a while, at least long enough for somebody to join him in the exam room. While waiting on various tests, including an X-ray, the patient props up in bed and despite the oxygen nose tubes he appears to be texting someone.

Another patient appears to have hurt their arm, and they leave wearing a sling, avoiding a visit to the orthopedic room stocked with equipment for casting broken bones and crutches in every size. This is where Dr. William Van der Reis, the orthopedic surgeon on the call roster this past weekend, would've administered with a cast had there been a fracture.

A male nurse strolls the ER in blue scrubs, his many pockets filled with medical supplies. He calls himself a walking nurses' station as he follows a patient into one of the exam rooms. Later, it's revealed that the patient must have had the flu that's going around this time of year, which would explain the vomiting.

Fourteen years ago the ER room went from four choppy rooms on the other side of the hospital to a whole new wing, making emergency services the newest addition to the medical facility that started out as a community hospital during the Nixon administration.

While most ER wings are recognizable by a sea of drawn curtains, San Clemente's panorama of eight rooms with sliding glass doors and interior curtains for privacy has the



look and feel of NASA's command center or Star Trek's bridge. A semi-circular nurses station faces the row of patient rooms for ease of scanning each patient.

"I'm respiratory," says Janeen Pasco, respiratory therapist, emerging from one of the exam rooms. She explains that it's her job to administer breathing treatments with ventilators to try to keep people alive when she has to respond to codes, hospital buzz for serious trouble. To lighten things up she adds, "I play with snot all day."

The charge nurse on duty takes time to talk about one of the goriest emergencies she encountered at the facility. It was in the early 90s when a young man died from a paint roller impaled through his skull. The incident that occurred at the beach was all over the papers, the nurse recalls.

Kristin Yarbrough, another RN, is labeling blood samples to send to the lab; she stops to weigh in, relaying a story about how Nixon's Secret Service once scoped out the ER.

Then, the conversation shifts to that list of specialists on call. "The hardest to get hold of is hands," says Yarbrough, on finding a hand specialist.

Dr. Marc Taub, medical director of emergency services, says the community should feel confident in their ability to provide the same state-of-the-art care as Saddleback Memorial in Laguna Hills. "Think of us as part of Saddleback ... we share the same ER doctors."

The idea is reaching South County residents: Emergency visits and inpatient operations are up each of the past three years at the 73-bed hospital, reflecting a surging confidence. But Saddleback's not satisfied yet. A laparoscopic banding program is planned, along with an expansion of the cardiology department, renovations to the surgical and nursing units and addition of new family practice and internal medicine programs.

As Taub prepares for his evening shift, he knows the true reward of reviving San Clemente's hospital from near-death. "Every single day," he says, "There's someone who would die if we weren't here."

ON THE WEB: [http://www.memorialcare.org/san\\_clemente/about\\_sc.cfm](http://www.memorialcare.org/san_clemente/about_sc.cfm)

RECEIVED

MAY 02 2016

April 2016



Orange County Emergency Medical Services  
405 W. 5<sup>th</sup> Street, Suite 301A  
Santa Ana, California 92701  
Attn.: Tammi McConnell

To Whom It May Concern:

I am deeply concerned about the closing of San Clemente Hospital. My past family background has benefited from having a hospital in the area. This community has only grown in the last forty (40) years and the services are diminishing as I write this letter. Let me qualify my background and experiences at S. C. Hospital.

In 1976 I delivered my first child in SC Hospital, 1977 my second child, and in 1979 my third child. I was treated with respect and excellence in Labor and Delivery. My postpartum care was again excellent. My daughter had to deliver her children at one of the other hospitals and was put in the hallway until a room was available during her postpartum. This section of the hospital has now disappeared even with the growing population as the need rises.

My youngest son has had two surfing accidents. He had immediate attention in the ER. He had a bamboo shoot lodged between his toes in the first situation. His feet were so numb from the cold water he was walking in the sand and when he realized could not move his foot. His care was excellent and the shoot was removed cleanly and clearly without infection or revisits for splinters. He did not lose a toe or the use of his toes. His second accident his board came down on him and he had a mouth full of fiberglass. The DDS/MD removed every fiberglass splinter in his mouth and lips. His teeth are strong and they are healthy. He does not have one scar and because of the excellent care. He now is a practicing dentist paying it forward because of the excellent care in the ER of SC Hospital.

My grandmother, aunt and uncles lived in the area in their elderly years and were taken care for dehydration, heart issues, and cancer. Recently, my mother-in-law is residing in the adult community, Aegis, because there is a hospital and doctors in the vicinity when needed. She had one episode where she was rushed to the ER and the doctor immediately saw her in ER and put her in ICU where she spent a week and then in the regular recovery area until she was strong enough to return to Aegis. We were told she made it just in time considering her vitals she had less the hour. She would probably no made it in the lengthy ER waits in the other hospitals.

Last, but not least, my ER experience was excellent. I have several stairs (65) in our home where I missed and/or twisted my ankle on the last step in the garage. Needless to say the cement did not give and I torn my ligaments and broken my ankle and split by tibia and fibula as I came down on them. I was taken to the ER and seen immediately. My surgery was amazing and I do not have limp or any pain in my left leg. The Titanium plate and 12 screws are there without any concern or hesitation in my activities. I was extremely please with the speed and efficiency at SC Hospital.

My colleagues' experiences at the other two hospitals out the area have had long ER waits and the traffic to get to these hospitals is horrendous. You may get on the freeway any weekend and know the impact. When the Del Mar Races, Del Mar Fair and the IE residents are trying to get relief from the heat six or more months out of the year the freeway again is a parking lot. This is no secret ask any San Diego County resident trying to get through Pendleton north or south let alone OC residents or trucker.

I know that Memorial Care supports the **Hippocratic Oath** and wants the BEST care for its South Orange County communities, not just the Orange County residents. If they are incapable of handling the financial situation of SC Hospital then put it up for sale. Do not make a medical mistake by denying the South Orange County residents the BEST Emergency medical care possible.

I know this letter is late, but it has made me physically ill to think of the impact of the community and my family without SC Hospital. I am finally able to finish this communication. I want you to know what this decision is making on the individuals and families of our community let alone the tourists that travel here especially for our environmental opportunities of the beaches and marine life.

Make a good decision and the right decision for our community and leave SC Hospital to continue doing the great medical care it has been know to do for us.

G. J. Dains

A handwritten signature in dark ink, appearing to read "G. J. Dains", written in a cursive style.



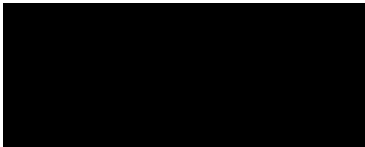
April 24, 2016

We are unable to attend the hearing on April 29th regarding the closing of the San Clemente Hospital. It is difficult to understand why the hospital can not survive and prosper in South Orange County. It defies logic. South Orange County is thriving and future projections continue to be for a healthy, growing area. So why can't the hospital make it and what are the effects on the local population?

Talega Gallery in San Clemente is an age restricted development of 283 homes. The development is about 15 years old and many residents moved to San Clemente knowing that there was a nearby hospital. We certainly did not ever consider that the hospital would close and we would have to be transported an additional 10 miles or so on Interstate 5 which is always clogged. Personal experience, from several recent ER visits to Mission Hospital, is Mission usually is on diversion status meaning they cannot accept patients. What will that do to the survivor rate for the elderly forced to have service even farther away?

South Orange County is adding residents every year and is a large geographic area. It makes no sense to reduce the number of hospitals while the population increases. If MemorialCare no longer wants to provide essential Hospital and Emergency Room services, then have them sell it to a group that has the vision for our area and wants to operate a Hospital in San Clemente.

  
Roger and Christine Jolicoeur



RECEIVED  
MAY 02 2016

# EMCC Speaker Card

April 29, 2016

# 2

BOB BAKER

Name

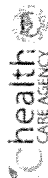
MAYOR OF SAN CLEMENTE

Affiliation

I wish to speak on:

☒ Agenda Item: #8

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 4

JIM SKEIT

Name

SAFE SAN CLEMENTE HOSPITAL

Affiliation

I wish to speak on:

☐ Agenda Item:

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 1

LORI DONETTA

Name

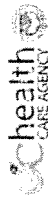
SAN CLEMENTE CITY COUNCIL MEMBER

Affiliation

I wish to speak on:

☒ Agenda Item: #8

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 3

KATHY WARD

Name

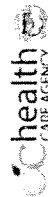
MAYOR PRO TEM SAN

Affiliation

I wish to speak on:

☐ Agenda Item:

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 5

RICHARD METCALP

Name

SAN CLEMENTE HOSPITAL

Affiliation

I wish to speak on:

☐ Agenda Item:

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 8

Amber Nielsen

Name

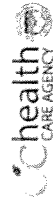
San Clemente Hosp

Affiliation

I wish to speak on:

☐ Agenda Item:

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 56

Tim Brown

Name

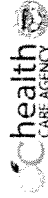
Cowen Member San Clemente

Affiliation

I wish to speak on:

☐ Agenda Item:

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 6

Heidi Acquay-Asenc

Name

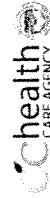
Smnc RN

Affiliation

I wish to speak on:

☒ Agenda Item:

☐ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente





# EMCC Speaker Card

April 29, 2016

# 9

Name Debby Boka

Affiliation Resident of Dana Point

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_
- ☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 10

Name Kathy Boka

Affiliation Resident Caps Beach

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_
- ☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

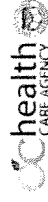
# 7

Name Dr. Steven Cullen

Affiliation Save Saddleback San Clemente Hospital

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_
- ☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

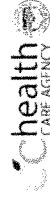
# 11

Name Carol Keene

Affiliation San Clemente Hospital

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_
- ☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



SPANISH TRANSLATION VIA SETU REF.

# EMCC Speaker Card

April 29, 2016

Robert  
R Anderson  
Name # 12

San Clemente Hospital  
Affiliation

I wish to speak on:  
☐ Agenda Item:  
☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente  
cchealth CARE AGENCY

# EMCC Speaker Card

April 29, 2016

Lourdes Garcia  
Name # 13

Smuc  
Affiliation

I wish to speak on:  
☐ Agenda Item:  
☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente  
cchealth CARE AGENCY

# EMCC Speaker Card

April 29, 2016

Dolores Padgett  
Name # 17

San Clemente SOS  
Affiliation

I wish to speak on:  
☒ Agenda Item: Save the Most  
☐ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente  
cchealth CARE AGENCY

# EMCC Speaker Card

April 29, 2016

Warren Vidrine  
Name # 16

San Clemente citizen  
Affiliation

I wish to speak on:  
☐ Agenda Item:  
☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente  
cchealth CARE AGENCY

# EMCC Speaker Card

April 29, 2016

# 18

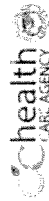
CYVE GRACIAS  
Name

RN  
Affiliation

I wish to speak on:

☐ Agenda Item:

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 20

LEROY COX  
Name

SAN JUAN HOSPITAL  
Affiliation

I wish to speak on:

☐ Agenda Item:

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 14

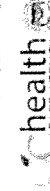
Renee Taylor  
Name

N/A  
Affiliation

I wish to speak on:

☐ Agenda Item:

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 15

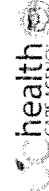
JOSE PUGRE  
Name

SMHC  
Affiliation

I wish to speak on:

☐ Agenda Item:

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



SPANISH TRANSLATION PROVIDED BY SEM REP.



# EMCC Speaker Card

April 29, 2016

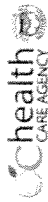
# 22

Name Michael Clark

Affiliation San Clemente Resident

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_
- ☒ Public Hearing: Closure of Saddleback Memorial Medical Center – San Clemente



# EMCC Speaker Card

April 29, 2016

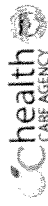
# 24

Name Jim Datt

Affiliation San Clemente Resident

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_
- ☒ Public Hearing: Closure of Saddleback Memorial Medical Center – San Clemente



# EMCC Speaker Card

April 29, 2016

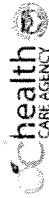
# 21

Name Clarence West

Affiliation Save the Hospital

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_
- ☒ Public Hearing: Closure of Saddleback Memorial Medical Center – San Clemente



# EMCC Speaker Card

April 29, 2016

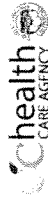
# 23

Name Arian Roy

Affiliation CONCERNED PATIENT/RESIDENT

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_
- ☒ Public Hearing: Closure of Saddleback Memorial Medical Center – San Clemente



# EMCC Speaker Card

April 29, 2016

# 26

Louise Hoxby  
Name

CITIZEN SAN CLEMENTE  
Affiliation

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_
- ☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

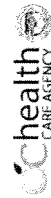
# 25

Pete Curran  
Name

San Clemente Resident  
Affiliation

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_
- ☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

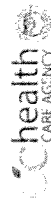
# 28

Dr. Gus Gilman  
Name

San Clemente Physician  
Affiliation

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_
- ☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

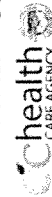
# 27

Dan Hansen  
Name

Affiliation

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_
- ☐ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

Name Andrew Logemann # 30

Affiliation SEIU-UHW

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_  
☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



Spanish Translated via SEIU Rep.

# EMCC Speaker Card

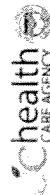
April 29, 2016

Name Adriana Lopez # 32

Affiliation San Clemente Hosp

I wish to speak on:

- ☐ Agenda Item: San Clemente Hosp  
☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

Name Byron Rex # 29

Affiliation SC. Citizen

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_  
☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

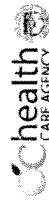
April 29, 2016

Name Erik Dimitruk # 31

Affiliation SEIU-UHW

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_  
☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente





# EMCC Speaker Card

April 29, 2016

# 34

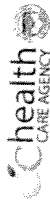
**Name** Denise Weisler

**Affiliation** San Clemente Hospital

I wish to speak on:

☐ Agenda Item:

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 37

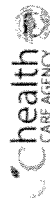
**Name** Jesus Acosta

**Affiliation** employee smmc

I wish to speak on:

☐ Agenda Item:

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 33

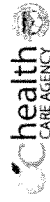
**Name** Donna Vidrine

**Affiliation** San Clemente Citizen & R.N.

I wish to speak on:

☐ Agenda Item:

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 35

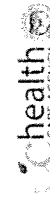
**Name** Susan Ritschel

**Affiliation** SC resident + RN

I wish to speak on:

☐ Agenda Item:

☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

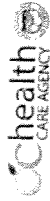
# 38

Name Barbara Scheinman

Affiliation Social Worker

I wish to speak on:

- ☐ Agenda Item: Hospital Closure
- ☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 36

Name Terri Plunkett

Affiliation Radiology Services

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_
- ☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente



# EMCC Speaker Card

April 29, 2016

# 39

Name Marleni Mastrangelo

Affiliation San Clemente Hospital

I wish to speak on:

- ☐ Agenda Item: \_\_\_\_\_
- ☒ Public Hearing: Closure of Saddleback Memorial Medical Center - San Clemente

