



FESIA A. DAVENPORT
Chief Executive Officer

County of Los Angeles Health and Mental Health Services

DATE: Wednesday, February 17, 2021
TIME: 10:00 a.m.

**DUE TO CLOSURE OF ALL COUNTY BUILDINGS,
MEETING WILL BE HELD BY PHONE.
TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:
DIAL-IN NUMBER: 1 (323) 776-6996
CONFERENCE ID: 479494149#**

**THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO
UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.**

AGENDA

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Three (3) minutes are allowed for each item.

- I. Call to order
- II. **Presentation Item(s):**
 - a. **DPW/DHS:** Construction-Related Contract – Award Consultant Services Agreements for Various Healthcare Projects
 - b. **DHS/EMS:** Request Approval of Adoption of Findings on the Closure of the Olympia Medical Center on March 31, 2021
- III. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
- IV. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda
- V. Public Comment
- VI. Adjournment

BOARD LETTER FACT SHEET

Agenda Review Date:

Board Meeting Date:

Sup. Dist. / SPA No.:

DEPARTMENT:

SUBJECT:

I. PUBLIC BENEFIT (precise description, mandated or non-mandated)

II. RECOMMENDED ACTIONS (summarized)

III. COST AND FUNDING SOURCES

Cost:

Funding:

IV. BACKGROUND (critical and/or insightful)

V. POTENTIAL ISSUE(S)

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS



COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

MARK PESTRELLA, Director

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ALHAMBRA, CALIFORNIA 91803-1331
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ADDRESS ALL CORRESPONDENCE TO:
P.O. BOX 1460
ALHAMBRA, CALIFORNIA 91802-1460

IN REPLY PLEASE

REFER TO FILE: **PJ-2**

March 9, 2021

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**CONSTRUCTION-RELATED CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
AWARD ON-CALL GEOTECHNICAL AND GEOHAZARD AND
ON-CALL SPECIAL INSPECTIONS AND MATERIALS TESTING
CONSULTANT SERVICES AGREEMENTS
VARIOUS COUNTY HEALTHCARE PROJECTS
(ALL SUPERVISORAL DISTRICTS)
(3 VOTES)**

SUBJECT

Public Works is seeking Board approval to award and authorize execution of three consultant service agreements to provide on-call geotechnical and geohazard services; and three consultant service agreements to provide on-call special inspections and materials testing services for various ongoing and upcoming County healthcare projects.

IT IS RECOMMENDED THAT THE BOARD:

1. Find that the recommended actions are not a project under the California Environmental Quality Act for the reasons stated in this letter and in the record of the proposed activities.
2. Award and authorize the Director of Public Works or his designee to execute three consultant services agreements for on-call geotechnical and geohazard services with one small-sized firm, GeoPentech, Inc.; one medium-sized firm, Koury Engineering and Testing, Inc.; and one large-sized firm, AECOM Technical Services, Inc.; and three consultant services agreements for on-call special inspection and materials testing services for various County healthcare

projects with three large-sized firms, Kleinfelder, Inc.; RMA Group; and United Testing LLC for a not-to-exceed amount of \$3,000,000 each, and a combined total amount of \$18,000,000. The initial term of each consultant services agreement is for three years, commencing upon the full execution of the contract, with two one-year extension options for each firm to be exercised at the discretion of the County. The expiration of the consultant services agreement is subject to the following condition: Where services for a given project have been authorized by the County, but are not completed by the consultant prior to the stated expiration date, the expiration date will be automatically extended solely to allow for the completion of such services

3. Delegate authority to the Director of Public Works or his designee to supplement the initial not-to-exceed amount of \$3,000,000 of any of the agreements by up to 25 percent.
4. Delegate authority to the Director of Public Works or his designee to exercise the two one-year extension options on the above agreements at the discretion of the Director of Public Works or his designee based upon the level of satisfaction with the services provided.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended actions will find that they are not a project under the California Environmental Quality Act (CEQA), allow Public Works execution of three consultant services agreements to provide on-call geotechnical and geohazard services; and three consultant services agreements to provide on-call special inspection and materials testing services to support various healthcare projects located throughout the County.

Public Works currently manages multiple healthcare construction projects at the various medical campuses and clinics including, but not limited to, Harbor-UCLA, Olive View-UCLA, LAC+USC, Martin Luther King, Jr. (MLK), and Rancho Los Amigos Rehabilitation Center that require compliance with code requirements by the Office of Statewide Planning and Development (OSHPD) and other jurisdictional agencies. In addition to the current projects, we anticipate additional projects in the future. Approval to utilize geotechnical and geohazard and special inspection and materials testing consultants will ensure that the construction material and processes used by the contractors comply with the OSHPD and other jurisdictional agencies code requirements and standards.

The scope of work for the geotechnical and geohazard consultant services consists of soils and geologic exploration, analysis, and recommendations, in conjunction with project design and all services that are customarily rendered for code and quality assurance/quality control inspections, including geotechnical monitoring and testing; investigations and analyses; and various materials sampling, testing, and inspection as required by jurisdictional agencies and directed by the County's project manager.

The scope of work for the special inspections and materials testing services consists of providing materials testing and special inspection services as required by OSHPD, and/or any other jurisdictional agencies, including testing of concrete, structural steel, welding, anchorage pull tests, fireproofing, medical gas certifications, and hazardous materials monitoring.

There are several current and upcoming healthcare projects that will require these services, either immediately or in the future. Projects that currently require these services include the MLK Behavioral Health Center Renovation, MLK Child and Family Wellbeing Center, and Harbor-UCLA Master Plan Implementation projects.

The execution of the consultant services agreements with the various on-call consultants will allow for the flexibility to assign the consultants to different healthcare projects on an as-needed basis. These agreements are an efficient means of providing on-call geotechnical and geohazard services and on-call special inspections and materials testing services for both large and small projects at the various clinics and medical centers. Each contract will be for a duration not-to-exceed three years, with the option to extend the contract for up to two additional one-year terms.

Implementation of Strategic Plan Goals

These recommendations support the County Strategic Plan: Strategy II.2 - Support Wellness of Our Communities; Strategy III.3 - Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability; and Objective III.3.2 - Manage and Maximize County Assets. The recommended actions support the Strategic Plan by supporting the wellness of our communities and enhancing the delivery of healthcare services that will in turn benefit the common good by driving the development of the workforce and the economic development of the County.

FISCAL IMPACT/FINANCING

The recommended six consultant services agreements are each for a \$3,000,000 not-to-exceed amount for a duration not to exceed three years each, with the option to

extend the contract for up to two additional one-year terms. Each consultant services agreement provides the County the right to supplement the initial not-to-exceed amount of \$3,000,000 of the contract by up to 25 percent.

Sufficient funds will be available in the Capital Projects Budget to fund the recommended agreements. Funding will be provided by the various upcoming projects. There is no net County cost impact associated with the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Standard consultant services agreements, in the form previously approved by County Counsel, will be used. The agreements contain terms and conditions in compliance with the Chief Executive Office and the Board's requirements. The agreements also contain terms and conditions in compliance with the Board's ordinances, policies, and programs. The agreements also include a provision requiring the consultant firms to track subcontractor's utilization of Local Small Business Enterprise, Disabled Veterans Business Enterprise, and Social Enterprise Businesses.

Enclosures reflect the consultants' minority participation (Enclosure A) and the Community Business Enterprises participation (Enclosure B) data.

ENVIRONMENTAL DOCUMENTATION

The recommended actions are not a project under the CEQA because it is excluded from the definition of a project by Public Resources Code Section 21065 and Section 15378(b) of the State CEQA Guidelines. The proposed activities involve an administrative activity of government that will not result in direct or indirect physical changes to the environment and are excluded from the definition of a project. Additionally, the proposed actions are a government funding mechanism that does not involve any commitment to a specific project, which may result in a potentially significant physical impact on the environment. Services under these agreements will only be utilized in connection with projects that have already been approved by the Board, and for which appropriate findings under CEQA have been made, as necessary.

Upon the Board's approval of the recommended actions, Public Works will file a Notice of Exemption with the Registrar-Recorder/County Clerk in accordance with Section 21152 of the Public Resources Code.

CONTRACTING PROCESS

On April 2, 2020, Public Works issued a Request for Proposal (RFP) for the on-call geotechnical and geohazard consultant services and for the on-call special inspections and materials testing consultant services for various County healthcare projects. The RFP was posted on the "Doing Business with the County" and the "Do Business with Public Works" websites.

The RFP allowed firms to compete as primes in one of three categories: small-, medium-, and large-sized firms. Each firm was requested to certify its own size based on number of personnel for competition with other firms in the same category. Each RFP stated that a total of three firms would be awarded contracts as follows: one small-sized firm (with 25 or fewer personnel); one medium-sized firm (with 26 to 75 personnel); and one large-sized firm (with over 75 personnel).

On April 30, 2020, a total of nine firms submitted proposals in response to the RFP for on-call geotechnical and geohazard consultant services: two small-sized firms, one medium-sized firm, and six large-sized firms; and a total of eight firms submitted proposals in response to the RFP for on-call special inspection and materials testing consultant services: one small-sized firm, one medium-sized firm, and six large-sized firms.

An evaluation committee, consisting of Public Works' staff, evaluated the proposals based on criteria described in the RFPs, including qualifications and experience, personnel qualifications, work plan, and understanding of work requirements. Based on the evaluation of proposals, the following firms were selected without regard to race, creed, color, or gender. For the on-call geotechnical and geohazard services the following were selected: small-sized firm, GeoPentech, Inc.; medium-sized firm, Koury Engineering and Testing, Inc.; and large-sized firm, AECOM Technical Services, Inc. For the on-call special inspections and materials testing services the following were selected: Three large-sized firms, Kleinfelder, Inc.; RMA Group; and United Testing LLC. The small-sized and medium-sized firms did not meet the pass/fail evaluation criteria threshold of 50 percent that applied to on-call special inspections and materials testing resulting in the selection of the three highest rank proposers. Public Works will immediately proceed with issuing a new solicitation for on-call special inspection and materials testing for small- and medium-sized firms and return to the Board for approval. The firms selected represent the best-qualified firms to provide the required services. Public Works has determined that the firms' proposed rates for performing services are reasonable. A three-year contracting history for the selected firms is on file with Public Works.

The Honorable Board of Supervisors
March 9, 2021
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Public Works has evaluated and determined that Los Angeles County Code Chapter 2.201 (Living Wage Program) does not apply to the recommended agreements. These consultant services agreements are exempt from the requirements of Proposition A because the services are required on a part-time and intermittent basis. Public Works notified the Union of these solicitations.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

There will be no negative impact on current County services or projects as a result of authorizing the award of the recommended on-call consultant services agreements. Authorizing the recommended agreements will allow Public Works to facilitate delivery of the construction of the various healthcare projects approved or to be approved in the future by the Board.

CONCLUSION

Please return one adopted copy of this Board letter to Public Works, Project Management Division I.

Respectfully submitted,

MARK PESTRELLA
Director of Public Works

MP:AM:jc

Enclosures

cc: Chief Executive Office (Capital Programs Division)
County Counsel
Executive Office
Department of Health Services (Capital Projects Division)

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS
CONSULTANTS' UTILIZATION PARTICIPATION FOR
ON-CALL GEOTECHNICAL AND GEOHAZARD SERVICES FOR VARIOUS COUNTY HEALTH CARE PROJECTS (BRC0000133)**

SELECTED FIRMS

Small

	Consultant Name	Local SBE	SBE	Minority	Women	Disadvantaged	DisabledVet
1	Geopentech, Inc.	X	X				
	AP Engineering & Testing, Inc.	X	X	X	X		
	ABC Liovin Dirling, Inc.	X	X				
	American Integrated Services, Inc.			X			
	BC2 Environmental, LLC		X				
	Gregg Drilling, LLC		X	X			
	Martini Drilling Corp.		X	X		X	
	Rubicon Engineering Corp.		X		X	X	
	Spectrum Environmental Services, Inc.		X				
	Environmental Treatment & Technology		X	X		X	

Medium

	Consultant Name	Local SBE	SBE	Minority	Women	Disadvantaged	DisabledVet
1	Koury Engineering & Testing, Inc.						
	Moore Twining						X
	Omega Environmental		X				

Large

	Consultant Name	Local SBE	SBE	Minority	Women	Disadvantaged	DisabledVet
1	AECOM Technical Services, Inc.						
	2R Drilling, Inc.		X				
	ABC Liovin Drilling, Inc.		X				
	AIM Consulting Services					X	
	American Environmental Testing Laboratory, LLC		X				
	AP Engineering & testing, Inc.			X		X	

	Consultant Name	Local SBE	SBE	Minority	Women	Disadvantaged	DisabledVet
	Belshire Environmental Services, Inc.		X		X		
	EGL Associates, Inc.		X				
	E-NOR Traffic Control		X			X	X
	Environmental Treatment & Technology	X				X	
	Gregg Drilling & Testing, Inc.			X			

	Non-Selected	LSBE	SBE	Minority	Women	Disadvantaged	Disabled Vet
1	Wood Environment & Infrastructure Solutions, Inc. (Large)						
2	Geocon West, Inc. (Large)						
3	Kleinfelder, Inc. (Large)						
4	RMA Group (Large)						
5	The Converse Professional Group (Large)			X			
6	TGR Geotechnical, Inc. (Small)			X		X	

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS
CONSULTANTS' UTILIZATION PARTICIPATION FOR

ON-CALL SPECIAL INSPECTION AND MATERIALS TESTING FOR VARIOUS MEDICAL CAMPUSES (BRC0000132)

SELECTED FIRMS

	Consultant Name	Local SBE	SBE	Minority	Women	Disadvantaged	DisabledVet
1	Kleinfelder, Inc.						
	AP Engineering & Testing, Inc.	X	X	X		X	
	ISI Inspection Services, Inc.		X	X	X		
	RF10 Inspection, Inc.	X	X			X	
2	RMA Group						
	Advanced Spcial Inspections		X				
	Earthspectives, Inc.	X					
	B2E				X	X	
3	United Testing, LLC						
	Anbessaw Consulting, Inc.		X			X	
	The Anaheim Group						

NON-SELECTED FIRMS

		LSBE	SBE	Minority	Women	Disadvantaged	Disabled Vet
1	The Converse Proffesional Group			X			
2	Smith-Emery Company						
3	MTGL, Inc.		X	X	X	X	

**PROPOSERS' UTILIZATION PARTICIPATION AND COMMUNITY BUSINESS ENTERPRISE PROGRAM INFORMATION FOR
ON-CALL GEOTECHNICAL AND GEOHAZARD SERVICES
FOR VARIOUS MEDICAL CAMPUSES**

FIRM INFORMATION*		Geopentech, Inc.	Koury Engineering & Testing, Inc.	AECOM Technical Services, Inc.	The Converse Professional Group	Kleinfelder, Inc.
BUSINESS STRUCTURE		Corporation	Corporation	Corporation	Corporation	Corporation
CULTURAL/ETHNIC COMPOSITION		NUMBER / % OF OWNERSHIP				
OWNERS/PARTNERS	Black/African American				5	
	Hispanic/Latino				24	
	Asian or Pacific Islander				23	
	American Indian					
	Filipino					
	White	4	3		63	
	<i>Female (included above)</i>		1		26	
		NUMBER				
MANAGER	Black/African American			102		2
	Hispanic/Latino		4	152	1	13
	Asian or Pacific Islander			226	4	15
	American Indian			5		
	Filipino					
	White	3	6	2777	4	167
	<i>Female (included above)</i>	2	5	795	1	37
STAFF	Black/African American		1	943	5	41
	Hispanic/Latino		22	1222	25	132
	Asian or Pacific Islander	1	4	1592	27	105
	American Indian			57		6
	Filipino		3			
	White	7	17	12133	69	1,101
	<i>Female (included above)</i>	1	18	5226	8	471
Total # of Employees		15	60	16,600	135	1,649
COUNTY CERTIFICATION						
CBE		N/A	N/A	N/A	N/A	N/A
LSBE		YES	N/A	N/A	N/A	N/A
OTHER CERTIFYING AGENCY		N/A	N/A	N/A	N/A	N/A

*Information provided by Proposers in response to the RFP. On final analysis and consideration of award, vendors were

**PROPOSERS' UTILIZATION PARTICIPATION AND COMMUNITY BUSINESS ENTERPRISE PROGRAM INFORMATION FOR
ON-CALL SPECIAL INSPECTION AND MATERIALS TESTING
FOR VARIOUS MEDICAL CAMPUSES**

FIRM INFORMATION*		Kleinfelder, Inc.	RMA Group	United Testing, LLC	The Converse Professional Group	Smith-Emery Company
BUSINESS STRUCTURE		Corporation	Corporation	Corporation	Corporation	Corporation
CULTURAL/ETHNIC COMPOSITION		NUMBER / % OF OWNERSHIP				
OWNERS/PARTNERS	Black/African American				5	
	Hispanic/Latino				24	
	Asian or Pacific Islander				23	
	American Indian					
	Filipino					
	White		4	1	63	1
	<i>Female (included above)</i>				26	
		NUMBER				
MANAGER	Black/African American	2				2
	Hispanic/Latino	13	5		1	5
	Asian or Pacific Islander	15			4	8
	American Indian					
	Filipino					
	White	167	8	4	4	9
	<i>Female (included above)</i>	37	4	1	1	5
STAFF	Black/African American	41	15	6	5	13
	Hispanic/Latino	132	75	11	25	110
	Asian or Pacific Islander	105	5	8	27	79
	American Indian	6	3			
	Filipino					
	White	1,101	155	48	69	111
	<i>Female (included above)</i>	471	37	16	8	30
Total # of Employees		1,649	271	80	135	325
COUNTY CERTIFICATION						
CBE		N/A	N/A	N/A	N/A	N/A
LSBE		N/A	N/A	N/A	N/A	N/A
OTHER CERTIFYING AGENCY		Minority	N/A	DVBE	N/A	N/A

*Information provided by Proposers in response to the RFP. On final analysis and consideration of award, vendors were selected without

BOARD LETTER FACT SHEET

Agenda Review Date:

Board Meeting Date:

Sup. Dist. / SPA No.:

DEPARTMENT:

SUBJECT:

I. PUBLIC BENEFIT (precise description, mandated or non-mandated)

II. RECOMMENDED ACTIONS (summarized)

III. COST AND FUNDING SOURCES

Cost:

Funding:

IV. BACKGROUND (critical and/or insightful)

V. POTENTIAL ISSUE(S)

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

February 23, 2021

DRAFT
DHS Letterhead

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**ADOPTION OF FINDINGS AND REPORT
OF PUBLIC HEARING REGARDING
CLOSURE OF OLYMPIA MEDICAL CENTER
(SUPERVISORIAL DISTRICT 2)
(3 VOTES)**

SUBJECT

Request adoption of the written findings and recommendations in the Emergency Medical Services Agency's Impact Evaluation Report on the Proposed Closure of Olympia Medical Center.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and adopt the Impact Evaluation Report (IER), which concludes that the closure of Olympia Medical Center (OMC) on or before March 31, 2021 will have a negative impact upon the community.
2. Instruct the Director of Health Services, or her designee, to forward the IER to the State of California Department of Public Health (CDPH) within three days of adoption by the Board of Supervisors (Board) as required by the California Health and Safety (H&S) Code Section 1300.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On December 30, 2020, the Los Angeles County Emergency Medical Services (EMS) Agency, was notified by Matt Williams, Chief Executive Officer of OMC, that OMC will be eliminating basic emergency medical services and intends to cease operation as a general acute care hospital at 5900 W. Olympic Boulevard, Los Angeles on March 31, 2021. Following the notification, the EMS Agency scheduled the required public hearing on January 27, 2021 as per California H&S Code Section 1300.

Approval of the recommendations will result in the adoption of the findings in the EMS Agency's IER (Attachment I), which (a) concludes that the immediate elimination of basic emergency medical services and the upcoming closure of OMC will have a negative effect upon the community; and (b) instructs the EMS Agency Director, or her designee, to forward

the IER to the CDPH within three days following the Board's adoption of such, as required by the H&S Code Section 1300.

Implementation of Strategic Plan Goals

The recommended actions support Strategy II.2, "Supporting the Wellness of Our Communities" and III.3, "Striving for Operational Effectiveness, Fiscal Responsibility, and Accountability" of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

There is no direct net County cost associated with the closure of OMC. However, other County hospitals could be directly impacted if patients previously seen at OMC, or future patients that would have otherwise been treated at OMC, seek medical care at those hospitals.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

California H&S Code Section 1255.1 requires hospitals to provide at least 90 days advance notice of any planned reduction or elimination of emergency medical services to the CDPH, the County, and healthcare service plans or other third party payers under contract with the hospital. Public notice also must be provided in a manner that is likely to reach a significant number of residents served by the hospital and it must be given at least 90 days in advance of the projected closure date.

In addition to providing public notice of the planned closure, California H&S Code Section 1300 requires at least one public hearing to provide timely notice to stakeholders and the public so that alternate arrangements for care can be made, and to incorporate information from the hearing into the IER. In Los Angeles County, the Board has appointed the Emergency Medical Services Commission (EMSC) to conduct the public hearing and the local EMS Agency to prepare the IER. The County is required to provide CDPH with the results of the IER within three days of its completion.

The required public hearing was conducted by the EMSC on January 27, 2021 from 10:30 a.m. to 12:51 p.m. via Zoom, to meet the County of Los Angeles Department of Public Health social distancing requirements due to the COVID-19 pandemic. Notification of the closure and an invitation to attend the public hearing was widely disseminated throughout the community. Individuals and organizations were invited to participate in the public hearing and/or submit written testimony relevant to the proposed closure of OMC. Over 180 people attended the public hearing. Oral testimony was accepted from 15 individuals. The IER concludes that OMC primarily serves the Mid-City West, Miracle Mile and Larchmont communities of the City of Los Angeles and the Cities of Beverly Hills, Culver City and West Hollywood. There is a total of 15 acute care facilities within ten miles of OMC. Of these 15 facilities, three are within five miles. As of this date, all of OMC's patients have been made aware of the facility's upcoming March 31, 2021 closure. Barring further developments, OMC will close on or before March 31, 2021.

CONTRACTING PROCESS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The closure of OMC will have a negative impact on the community and the Los Angeles County EMS system directly affecting the geographic availability of basic emergency department services for residents of Mid-City West, Miracle Mile and Larchmont communities of the City of Los Angeles and the Cities of Beverly Hills, Culver City and West Hollywood. Thus, these community residents will experience longer travel times to reach emergency services with possible delays in obtaining prehospital emergency services and longer out-of-service times for EMS personnel engaged in patient transports to more distant hospitals. Furthermore, there will be a loss of 12 critical care beds and increased requests from remaining hospitals to divert 9-1-1 ambulances due to an inability to move greater numbers of patients through their emergency departments.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:es

Enclosure

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Auditor-Controller
Emergency Medical Services Agency

Los Angeles County Department of Health Services

**Impact Evaluation Report
on the Proposed Closure of
Olympia Medical Center**



Prepared by

***the Los Angeles County Emergency Medical Services Commission
and the Los Angeles County EMS Agency***

February 1, 2021

IMPACT EVALUATION REPORT
on the Proposed Closure of
OLYMPIA MEDICAL CENTER

I. PURPOSE OF IMPACT EVALUATION

On December 30, 2020, the Los Angeles County Emergency Medical Services (EMS) Agency, the Board of Supervisors, Los Angeles Department of Health Services, and Department of Public Health Services – Health Facilities Inspection Division, were notified by Matt Williams, Chief Executive Officer Olympia Medical Center, that they will be eliminating basic emergency medical services and intend to cease operation as a general acute care hospital no later than March 31, 2021 at Olympia Medical Center (OMC) (Exhibit I).

The purpose of this report is to assess the impact of the proposed closure of OMC upon the community, including the impact on access to emergency care, the impact on services provided by surrounding hospitals, the impact on services provided by public and private EMS provider agencies, and the impact on local law enforcement agencies.

Following adoption by the Los Angeles County Board of Supervisors, the Impact Evaluation Report (IER) will be submitted to the State of California Department of Public Health (CDPH), in accordance with provisions of the Health and Safety Code (H&SC) Section 1300.

II. SCOPE OF IMPACT EVALUATION

The required scope of the IER is set forth in H&SC 1300. This IER will consider additional areas of concern that we recommend be addressed by OMC and others potentially impacted by the closure of OMC. The impact evaluation will consider:

1. Impact of the OMC ED closure on surrounding hospitals, including specialty and disaster services;
2. Impact of the OMC ED closure on prehospital EMS provider agencies, including public and private providers;
3. The impact of OMC's closure on the surrounding community;
4. Public Hearing Testimony, including received written correspondence

Compliance with public notification requirements as outlined in H&SC are monitored by the State Department of Health Services.

III. IMPACT EVALUATION PROCESS

California State Law (H&SC 1255 and 1300) places requirements upon general acute care hospitals related to downgrades and closures of emergency departments. Section 1255 outlines the hospital's obligations for proper notification, and section 1300 imposes the completion of the IER upon counties. Hospital notification must be made to the State Department of Health Services, to the local government agency in charge of health services, to health plans under contract with the hospital, and to the public. This notification must be made as soon as possible but **not later than 90 days prior to the proposed reduction or elimination of emergency services**. Public notice must be provided in a manner likely to reach a significant number of residents of the community served by the hospital whose services are being reduced or downgraded.

Section 1300 requires that the counties conduct an IER 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. The IER must include at least one public hearing and **must be completed within 60 days of notification** by the hospital. The IER must be submitted to the State Department of Health Services within three days of completion. In Los Angeles County, the Board of Supervisors has designated the Emergency Medical Services Commission as the body to conduct the required public hearing.

The IER closure of OMC was prepared by the Los Angeles County Emergency Medical Services (EMS) Agency. The required public hearing was conducted by the Emergency Medical Services Commission on January 27, 2021, from 10:30 am to 12:30 am via Zoom to meet the Los Angeles Department of Public Health and State restrictions on mass gatherings as well as social distancing requirements due to the SARS 2 COVID-19 pandemic. Notification of the pending closure and an invitation to attend the public hearing was widely disseminated throughout the community (Exhibit II). Individuals and organizations were invited to participate in the public hearing and/or submit written testimony relevant to the proposed closure of OMC. Over 180 people attended the public hearing including local television networks. Oral testimony was accepted from 14 individuals. The hearing was recorded via Zoom.

Data used in the IER were obtained from the Rapid Emergency Department Digital Information Network (ReddiNet®) system, the Los Angeles County Trauma and Emergency Medicine Information System (TEMIS), OMC, interviews with surrounding hospitals; health care organizations, affected EMS provider agencies, law enforcement and the Department of Public Health.

Preliminary statistical data were prepared by Los Angeles County EMS Agency for the EMS Commission to assist in its conduct of the public hearing. This final report, which includes the proceedings and findings of the public hearing, is submitted by the Department of Health Services to the Los Angeles County Board of Supervisors for adoption.

IV. SUMMARY OF FINDINGS

1. OMC is an Alecto Healthcare Hospital. Alecto Healthcare Services also owns a hospital in Texas.
2. OMC filed the required notifications to close OMC as an acute care facility on or before March 31, 2021.

3. OMC leases the property at 5900 W. Olympic Boulevard, Los Angeles, from UCLA Health through the Regents of the University of California, which is the address of OMC.
4. OMC primarily serves the Mid-City West, Miracle Mile and Larchmont communities of the City of Los Angeles and the Cities of Beverly Hills, Culver City and West Hollywood. There is a total of fifteen acute care facilities within ten miles of OMC. Of these fifteen facilities, three are within five miles (Exhibit III).
5. OMC ED treated 25,134 patients in 2019, or approximately 69 patients per day.
6. OMC ED received 4,294 patients transported by the LA County 9-1-1 system in 2019, or approximately 12 patients per day.
7. From an EMS perspective, the closure of OMC will impact the residents of the Mid-City West, Miracle Mile and Larchmont communities of the City of Los Angeles and the Cities of Beverly Hills, Culver City and West Hollywood. The EMS provider agency that will be most impacted by the closure of OMC is the Los Angeles Fire Department (LAFD) that transports most of the 9-1-1 transports to OMC. Other EMS provider agencies that will be impacted are Beverly Hills Fire Department, Culver City Fire Department, Los Angeles County Fire Department and McCormick Ambulance Service. All report longer transport times to alternate facilities and increased delay of prehospital personnel as they wait for transfer of patient care to hospital staff. These impacts will include:
 - a. Longer travel times to reach emergency services.
 - b. Possible delays in obtaining prehospital emergency services due to longer out-of-service times for EMS personnel engaged in patient transports to more distant hospitals.
 - c. Loss of geographic availability of basic emergency department services for residents of Mid-City West, Miracle Mile and Larchmont communities of the City of Los Angeles, and the Cities of Beverly Hills, Culver City and West Hollywood.
 - d. Loss of a community resource for disaster purposes.
 - e. Loss of 12 critical care beds.
 - f. Increased requests from remaining hospitals to divert 9-1-1 ambulances due to an inability to move greater numbers of patients through their emergency departments (Exhibit IV).
 - g. Possible increased utilization of 9-1-1 by citizens who currently walk or drive to OMC.
8. The combined total number of emergency treatment stations within 10 miles is 499 beds (does not include urgent care beds). The closure of OMC would reduce the number by 3% to 482 treatment stations.

9. Emergency department visits to the hospitals within 10 miles were 929,403 patients for calendar year 2019. This equals 1,863 patients per treatment station. The closure of OMC would result in a ratio of 1,928 patients per treatment station, assuming patients currently seen at OMC would seek emergency care at one of the hospitals within 10 miles (Exhibit V).
10. Patients with non-life-threatening illness or injury will most likely experience longer waiting times in the emergency departments of surrounding hospitals due to the closure of OMC.
11. OMC is not an Emergency Department Approved for Pediatrics (EDAP). There will be no impact to children age 14 or younger in terms of 9-1-1 transports. The only children evaluated and cared for in the OMC ED would have been walk-ins or those requiring sexual assault examination who were brought in by law enforcement.
12. OMC is not a designated trauma center. There will be no impact on patients that meet trauma center criteria or guidelines.
13. OMC is not a ST Elevation Myocardial Infarction (STEMI) Receiving Center. There will be no impact to 9-1-1 patients experiencing a STEMI.
14. OMC is not an Approved Stroke Center. There will be no impact to 9-1-1 patients experiencing an acute stroke.

V. RECOMMENDATIONS

It is recommended that your Board take the following actions:

1. Advise the California Department of Public Health that closure of OMC and the loss of its emergency department services will have a negative impact upon the community and the closure does not serve the best interest of the community.
2. Instruct the EMS Agency to continue monitoring Ambulance Patient Offload Times (APOT) and work with the impacted hospitals to ensure that ambulances are released in a timely manner.
3. Ensure that OMC provides a public information campaign and outreach program to direct the public on the appropriate use of Urgent Care Centers or Outpatient Clinics in the impacted area.

VI. ADDITIONAL RECOMMENDATION

The Los Angeles County EMS Commission made the following recommendation (Exhibit X):

“Given the we are in a historic public health emergency, the current owners are recommended to delay the ending of medical services for 6 months to September 30, 2021.”

VII. CONCLUSION

Based on the above findings, the Los Angeles County EMS Agency concludes that:

1. OMC met the regulatory requirements of notification.
2. Closure of the emergency department and acute care beds at OMC will have a negative impact on access to, and delivery of, emergency medical services in the Mid-City West, Miracle Mile and Larchmont communities of the City of Los Angeles.

EXHIBITS

Exhibit I	OMC Letter, Dated December 20, 2020 to Cathy Chidester, Director, Los Angeles County Emergency Medical Services Agency, Regarding Elimination of Basic Emergency Medical Services and Closure of General Acute Care Hospital
Exhibit II	Notice of Public Hearing by the Los Angeles County Department of Health Services
Exhibit III	5-10 Mile Radius Map of surrounding 9-1-1 Receiving Hospitals
Exhibit IV	Diversion Hours for Olympia Medical Center and Surrounding 9-1-1 Hospital with a 10 Mile Radius
Exhibit V	Hospital Services within 10 Miles of Olympia Medical Center
Exhibit VI	EMS Commission Public Hearing Agenda
Exhibit VII	Public Hearing Attendee Roster
Exhibit VIII	Public Hearing Testimonies
Exhibit IX	Public Comments via Zoom Chat
Exhibit X	EMS Commission's Recommendation
Exhibit XI	Letters: Mark Ridley, Thomas Los Angeles City Councilmember Paul Koretz, Los Angeles City Councilmember Meg McComb, Executive Director, Greater Miracle Mile Chamber of Commerce
Exhibit XII	California Health and Safety Code Section 1300
Exhibit XIII	Los Angeles County Prehospital Care Policy Ref. No. 222, Downgrade or Closure of 9-1-1 Receiving Hospitals or Emergency Medical Services

OLYMPIA[∞] MEDICAL CENTER

5900 W. Olympic Boulevard
Los Angeles, California 90036

FAX

Fax Transmittal Form

To**From**

Name: Cathy Chidester, RN, Director, LA County EMS Agency

Sender's Name: Matt Williams, CEO

Fax number: ~~(213) 633-5100~~

562-941-5835

Date Sent: December 30, 2020

of pages including cover page: 6

Urgent ☒ X

For Review ☐

Please Comment ☐

Please Reply ☐

Message:

See Attached

This transmission is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential or exempt from disclosure under applicable law. Unauthorized dissemination, distribution or copying of this communication is strictly prohibited.

If you have received this communication in error, please notify us immediately by telephone, and return the original transmission to us at the above address via us mail. Thank you for your cooperation.

OLYMPIA[∞] MEDICAL CENTER

5900 W. Olympic Boulevard
Los Angeles, California 90036

December 30, 2020

<u>Via Facsimile & Federal Express</u> Heidi Steinecker Deputy Director Center for Health Care Quality California Department of Public Health 1615 Capitol Avenue, Suite 741, MS 0512 Sacramento, CA 95814	<u>Via Facsimile & Federal Express</u> Nwamaka Oranusi Chief, Health Facilities Inspection Division Los Angeles District Office California Department of Public Health 12440 E. Imperial Highway, Suite 522 Norwalk, CA 90650
<u>Via Facsimile & Federal Express</u> Lena Resurrecion Program Manager, Licensing & Certification Acute & Ancillary Unit Los Angeles District Office California Department of Public Health 3400 Aerojet Avenue, #323 El Monte, CA 91731	<u>Via Facsimile & Federal Express</u> Christina R. Ghaly, M.D., Director County of Los Angeles Dept. of Health Services 313 N. Figueroa Street Los Angeles, CA 90012
<u>Via Facsimile & Federal Express</u> Los Angeles County Board of Supervisors c/o Celia Zavala, Executive Officer Los Angeles County Board of Supervisors 500 W. Temple Street, Room 383 Los Angeles, CA 90012	<u>Via Facsimile & Federal Express</u> Cathy Chidester, RN Director, Emergency Medical Services Los Angeles County EMS Agency 10100 Pioneer Boulevard, Suite 200 Santa Fe Springs, CA 90670

Re: Notice of Suspension of Services

Dear All:

To allow for substantial renovations which will allow the Olympia Medical Center facility to better serve the healthcare needs of the community, Olympia Medical Center ("Olympia") has elected to voluntarily suspend all patient care services, as follows:

(1) Emergency Medical Services under Health & Safety Code §1255 will be suspended as of 11:59 p.m. on March 31, 2021, a date which is more than ninety (90) days after this notice as provided for in Health & Safety Code § 1255.1.

(2) All supplemental services will be suspended no later than 11:59 p.m. on March 31, 2021 provided that certain supplemental services may be suspended after January 31, 2021, more than thirty (30) days after this notice as provided for in Health & Safety Code §1255.25 depending on patient volumes, patient safety, and staffing.

(3) All patient care services will be suspended no later than 11:59 p.m. on March 31, 2021.

Depending on patient volumes, staffing, and physician coverage, there may be times prior to the suspension of services that Olympia may need to go on diversion status as it relates to certain services so as to ensure the safe delivery of patient care.

Letter to CDPH, LA County Department of Health Services & EMS Agency, and LA County Board of Supervisors
Page 2 of 3

Pursuant to Health & Safety Code §§ 1255.1 and 1255.25, Olympia hereby provides notices that the services to be suspended will include, without limitation, all emergency medical services, all inpatient services, and all outpatient services provided at Olympia located at 5900 W. Olympic Boulevard, Los Angeles, California 90036, and any outpatient services provided by Olympia at 5901 W. Olympic Boulevard, Los Angeles, California 90036. This notice does not apply to and does not affect the practices of those independent providers and physicians who have offices at 5901 W. Olympic Boulevard, Los Angeles, California 90036.

The suspension of services will involve the following:

- (1) Suspension of Olympia's inpatient services including 6 licensed coronary care beds, 6 intensive care beds, and 192 unspecified general acute care beds.
- (2) Suspension of Olympia's inpatient and outpatient surgical services.
- (3) Suspension of Olympia's other approved services including basic emergency medical services, nuclear medicine, physical therapy, respiratory care services, and social services.
- (4) Suspension of Olympia's outpatient services including, without limitation, the following services: (a) Wound Care Clinic at 5900 W. Olympic Boulevard; (b) AIDS at Vascular Lab at 5900 W. Olympic Boulevard; (c) AIDS – PT, OT, Speech Therapy at 5901 W. Olympic Boulevard; (d) Behavioral Health at 5901 W. Olympic Boulevard; and (e) Digestive Diseases at 5901 W. Olympic Boulevard; and
- (5) The separation of employment for approximately 450 full-time and part-time employees.

The nearest acute care hospitals in the community include:

- (1) Southern California Hospital at Culver City
3828 Delmas Terrace, Culver City, California 90232
Serves Medicare and Medi-Cal Patients
- (2) Cedars-Sinai Medical Center
8700 Beverly Boulevard
Los Angeles, California 90048
Serves Medicare and Medi-Cal Patients
- (3) Ronald Reagan UCLA Medical Center
757 Westwood Plaza
Los Angeles, California 90085
Serves Medicare and Medi-Cal Patients

Letter to CDPH, LA County Department of Health Services & EMS Agency, and LA County Board of Supervisors
Page 3 of 3

Interested parties may offer comments with respect to the suspension of services as follows:

(1) Olympia Medical Center
5900 W. Olympic Boulevard
Los Angeles, California 90036
Attn: Administration
(323) 932-5200

(2) Matt Williams
Chief Executive Officer
Olympia Medical Center
5900 W. Olympic Boulevard
Los Angeles, CA 90036

(3) Alecto Healthcare Services
16310 Bake Parkway, # 200
Irvine, California 92618
Attn: Executive Vice-President
(949) 783-3983

Please note that Olympia has also posted a notice in the form of Exhibit A at the entrances to its facilities and on its website on December 31, 2020 so as to reach a significant number of residents in the community serviced by Olympia. Olympia has also provided notice to those health plans with which it contracts.

Please feel free to contact Michael Sarrao, Olympia's Executive Vice-President & General Counsel at (949) 783-3976 with any questions.

Sincerely,



Matt Williams
Chief Executive Officer

Exhibit A

OLYMPIA MEDICAL CENTER

5900 W. Olympic Boulevard
Los Angeles, California 90036

DECEMBER 31, 2020

TO ALLOW FOR SUBSTANTIAL RENOVATIONS WHICH WILL ALLOW THE OLYMPIA MEDICAL CENTER FACILITY TO BETTER SERVE THE HEALTHCARE NEEDS OF THE COMMUNITY, OLYMPIA MEDICAL CENTER ("OLYMPIA") HAS ELECTED TO VOLUNTARILY SUSPEND ALL PATIENT CARE SERVICES INCLUDING THE EMERGENCY DEPARTMENT AND ALL EMERGENCY MEDICAL SERVICES EFFECTIVE AS OF 11:59 P.M. ON MARCH 31, 2021. THE EMERGENCY DEPARTMENT WILL NOT PROVIDE SERVICES AFTER 11:59 PM ON MARCH 31, 2021. CERTAIN SUPPLEMENTAL SERVICES MAY BE SUSPENDED AFTER JANUARY 31, 2021.

THE SUSPENSION OF SERVICES WILL INVOLVE THE FOLLOWING: (1) SUSPENSION OF OLYMPIA'S INPATIENT SERVICES INCLUDING 6 LICENSED CORONARY CARE BEDS, 6 INTENSIVE CARE BEDS, AND 192 UNSPECIFIED GENERAL ACUTE CARE BEDS; (2) SUSPENSION OF OLYMPIA'S INPATIENT AND OUTPATIENT SURGICAL SERVICES; (3) SUSPENSION OF OLYMPIA'S OTHER APPROVED SERVICES INCLUDING BASIC EMERGENCY MEDICAL SERVICES, NUCLEAR MEDICINE, PHYSICAL THERAPY, RESPIRATORY CARE SERVICES, AND SOCIAL SERVICES; (4) SUSPENSION OF OLYMPIA'S OUTPATIENT SERVICES INCLUDING, WITHOUT LIMITATION, THE FOLLOWING SERVICES: (A) WOUND CARE CLINIC; (B) VASCULAR LAB; (C) PT, OT, SPEECH THERAPY; (D) BEHAVIORAL HEALTH; AND (E) DIGESTIVE DISEASES AND (5) THE SEPARATION OF EMPLOYMENT FOR APPROXIMATELY 450 FULL-TIME AND PART-TIME EMPLOYEES.

The nearest acute care hospitals in the community include:

Southern California Hospital at Culver City 3828 Delmas Terrace Culver City, California 90232 Serves Medicare and Medi-Cal Patients	Cedars-Sinai Medical Center 8700 Beverly Boulevard Los Angeles, California 90048 Serves Medicare and Medi-Cal Patients	Ronald Reagan UCLA Medical Center 757 Westwood Plaza Los Angeles, California 90085 Serves Medicare and Medi-Cal Patients
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Interested parties may offer comments with respect to the suspension of services as follows:

Olympia Medical Center 5900 W. Olympic Boulevard Los Angeles, California 90036 Attn: Administration (323) 932-5200	Matt Williams Chief Executive Officer Olympia Medical Center 5900 W. Olympic Boulevard Los Angeles, California 90036 (323) 932-5200	Alecto Healthcare Services 16310 Bake Parkway, #200 Irvine, California 92618 Attn: Executive Vice-President (949) 783-3983
--	--	--

NOTICE OF PUBLIC HEARING



The Los Angeles County Board of Supervisors has requested that the Emergency Medical Services Commission (EMS Commission) conduct a Public Hearing due to the suspension of all patient care services by Olympia Medical Center located at 5900 West Olympic Boulevard, Los Angeles, California 90036. This Public Hearing is being conducted virtually due to the Coronavirus (COVID-19) pandemic.

This Public Hearing is in response to the December 30, 2020, written notification from Olympia Medical Center, 5900 W. Olympic Boulevard, Los Angeles, California 90036, of their intent to suspend all patient care services effective at 11:59 p.m. on March 31, 2021, and with some supplemental services possibly being suspended after January 31, 2021, depending on patient volumes, patient safety, and staffing.

As requested by the Board of Supervisors, and in compliance with the Health and Safety Code Section 1300, the EMS Commission has scheduled a virtual public hearing as follows:

Date: Wednesday, January 27, 2021

Time: 10:30 a.m. – 12:30 p.m.

Location: Join by Zoom Meeting Link or Dial-in:

<https://zoom.us/j/97629206925?pwd=dWc0YllxcnUrdkNwc1hsNzBuZmdLQT09>

Dial-in: 1-669-900-9128 ~ Meeting ID: 976 2920 6925 ~ Passcode: 938574

Questions: Contact the EMS Agency at (562) 378-1500

**PUBLIC HEARING ON IMPACT OF THE CLOSURE OF
OLYMPIA MEDICAL CENTER'S EMERGENCY DEPARTMENT UPON
EMERGENCY MEDICAL SERVICES**

PUBLIC HEARING PROCEDURES

JANUARY 27, 2021

1. Follow the instructions on the next page regarding the access of Zoom Meeting.
2. Those group representatives/individual requesting to speak shall complete a "Request to Address the EMSC" form and turn it into an EMS Agency staff member. The forms are available in English and in Spanish.
3. With the exception of the three formal presentations, testimony shall be limited to a maximum of three minutes per person, not including questions from Commissioners. To allow you to conclude your remarks, you will be provided with a 30-second notice prior to the end of the three minutes.
4. Testimony will be accepted by categories of presenters as outlined on the agenda.

If you are planning to testify, please notify the EMS Commission Liaison prior to start of the meeting by contacting:

**Denise Watson, Commission Liaison
(562) 378-1606
DWatson@dhs.lacounty.gov**

5. When possible, verbal testimony should be accompanied by written testimony to assist in preparing the final report.
6. Although each individual requesting to speak will be permitted to do so, in the interest of time, individuals are encouraged to make their views known through their professional and/or trade organizations, unless those views differ from the associations.
7. Those presenting testimony are requested to state their name and, spell the last name, provide an address, and identify the organization they are representing, if appropriate. A Spanish interpreter will be available upon request.
8. All questions must be directed to the Chairman of the EMS Commission.

9. Attendees are requested to be respectful of all those testifying and to keep audience noise to a minimum. In the interest of time and courtesy, participants are discouraged from displaying any emotional response, such as applause or negative outbursts.
10. Presentations and testimony presented at this Hearing, including any actions by the Emergency Medical Services Commission, will become part of the Impact Evaluation Study completed by the Emergency Medical Services Agency and submitted to the Board of Supervisors for adoption.
11. Following adoption by the Board of Supervisors, and in accordance with the Health and Safety Code, the Impact Evaluation Study shall be forwarded to the California Department of Public Health.
12. Following adoption of the Impact Evaluation Study by the Board of Supervisors, a copy of the Study may be obtained by calling The Emergency Medical Services Agency, (562) 378-1500.

When available, the report may be accessed on the EMS Web Page:

<http://ems.dhs.lacounty.gov>

NOTE: THE MEETING WILL BE RECORDED VIA ZOOM OF THIS HEARING FOR PURPOSES OF INSURING AN ACCURATE RECORD.

Quick Steps to Join and Participate in EMS Agency Zoom Meetings



It is important to follow these steps so that you are correctly identified as a participant in the meeting and can fully participate in the viewing of shared documents and communications.

1. Download the Zoom app on your computer or mobile device in advance.
2. Sign in using your first and last name.
3. Always first join the meeting via the zoom link or by entering the meeting ID and password provided into your Zoom application.
4. Once you join via the link or Zoom application, there are several ways to connect to audio:
 - a. You can automatically join audio via the internet on your computer or mobile device if it has a microphone and is connected to the internet.
 - b. You can select 'dial-in' if joining via your mobile phone; Zoom will dial in for you, then you should return to the application to see the Zoom viewing window.
 - c. You can call from a separate phone/land line. In this case, you must enter your participant ID when prompted, which is displayed in the Zoom window. This will connect your phone to your account and correctly display your identity in the meeting participant list.
5. If your name is not correct once you join the meeting, please change your name by hovering over your name, clicking 'other' then 'rename' and then typing your name in the box that pops up so that it displays correctly.
6. You will be muted in Zoom on entry, to mute/unmute press *6 or click on the microphone icon. It is best to use the Zoom function to mute rather than your personal device.
7. If you join by computer to see the visuals and choose to call into the meeting with your phone. Please mute your computer audio to avoid feedback.
8. You may also use the chat box to communicate. Click on 'chat' at the bottom of the Zoom window to open the chat. You can a message to everyone (default) or send a private message by clicking on the name of the participant in the participant list, or by using the downward arrow in the chat box to view the list of participants and then select the participant whom you wish to message.

OLYMPIA MEDICAL CENTER and Surrounding 9-1-1 Hospitals within 5 and 10 Miles Radius

9-1-1 Receiving Hospitals near MID

Code	Hospital Name
BMC	Southern California Hospital at Culver City
CAL	DignityHealth-California Hospital Medical Center
CHH	Children's Hospital Los Angeles
CHP	Community Hospital of Huntington Park
CNT	Centinela Hospital Medical Center
CSM	Cedars Sinai Medical Center
DFM	Cedars-Sinai Marina Del Rey Hospital
GMH	DignityHealth-Glendale Memorial Hospital and Health Center
GSH	Good Samaritan Hospital
GWT	Adventist Health - Glendale
KFL	Kaiser Foundation Hospital - Sunset (Los Angeles)
KFW	Kaiser Foundation Hospital - West Los Angeles
MID	Olympia Medical Center
QOA	Hollywood Presbyterian Medical Center
SIH	Providence Saint John's Health Center
SJS	Providence Saint Joseph Medical Center
SMH	Santa Monica-UQA Medical Center
SOC	Sherman Oaks Hospital
UCL	Ronald Reagan UCLA Medical Center
USC	LAC+USC Medical Center
WMH	Adventist Health - White Memorial

 5 miles
 10 miles



Los Angeles County EMS Report

Diversion Hours for Olympia Medical Center and Surrounding 9-1-1 Hospital within 10 Mile Radius

EXHIBIT IV

HOSPITAL CODE	2016 total hrs in 2016 = 8784		2017 total hrs in 2017 = 8760			2018 total hrs in 2018 = 8760			2019 total hrs in 2019 = 8760			2020 total hrs in 2020 =8784		
	Hrs. diverted	% diverted	Hrs. diverted	% diverted	% change from previous year	Hrs. diverted	% diverted	% change from previous year	Hrs. diverted	% diverted	% change from previous year	Hrs. diverted	% diverted	% change from previous year
BMC	346	4%	334	4%	-3%	375	4%	11%	104	1%	-72%	495	6%	79%
CAL	3371	38%	890	10%	-74%	189	2%	-79%	320	4%	+69%	794	9%	+60%
CHH	112	1%	29	0.3%	-74%	124	1%	+328%	242	3%	+95%	162	2%	-49%
CNT	27	0.3%	32	0.4%	+19%	64	0.7%	+100%	208	2%	+225%	150	2%	-39%
CSM	1558	18%	2531	29%	+62%	1772	20%	-30%	646	7%	-64%	306	3%	-111%
DFM	438	5%	851	10%	+94%	637	7%	-25%	766	9%	+20%	504	6%	-52%
GMH	211	2%	246	3%	+17%	246	3%	+0%	70	0.8%	-72%	630	7%	+89%
GSH	3467	39%	1506	17%	-57%	1095	13%	-27%	901	10%	-18%	1292	15%	30%
KFL	3393	39%	2599	30%	-23%	1636	19%	-37%	2130	24%	+30%	1587	18%	-34%
KFW	1609	18%	717	8%	-55%	668	8%	-7%	378	4%	-43%	529	6%	+29%
MID	106	1%	152	2%	+43%	170	2%	+12%	48	0.5%	-72%	527	6%	+91%
QOA	141	2%	41	0.5%	-71%	30	0.3%	-27%	23	0.3%	-23%	305	3%	+92%
SJH	1536	17%	1230	14%	-20%	304	3%	-75%	281	3%	-8%	176	2%	-60%
SJS	383	4%	54	1%	-86%	138	2%	+156%	22	0.3%	-84%	284	3%	+92%
SMH	783	9%	789	9%	+1%	618	7%	-22%	646	7%	+5%	497	6%	-30%
UCL	4011	46%	2820	32%	-30%	4292	49%	+52%	3438	39%	-20%	3586	41%	4%
CODE			CODE			HOSPITAL NAME			CODE			HOSPITAL NAME		
BMC	Southern California Hospital at Culver City		GMH	Dignity Health-Glendale Memorial Hosp. and Health		MID	Olympia Medical Center							
CAL	Dignity Health- California Hospital Med. Ctr.		GSH	Good Samaritan Hospital		QOA	Hollywood Presbyterian Medical Center							
CHH	Children's Hospital Los Angeles		KFL	Kaiser Foundation Hospital - Los Angeles		SJH	Providence Saint John's Health Center							
CNT	Centinela Hospital Medical Center		KFW	Kaiser Foundation Hospital - West Los Angeles		SMH	Santa Monica UCLA Medical Center							
CSM	Cedars Sinai Medical Center		KFL	Kaiser Foundation Hospital - Los Angeles		UCL	Ronald Reagan UCLA Medical Center							
DFM	Cedars Sinai Marina Del Rey Hospital													

Data obtained from ReddiNet®

HOSPITAL SERVICES WITHIN 10 MILES OF OLYMPIA MEDICAL CENTER
EXHIBIT V

Licensed Beds	Emergency Dept.	General Acute	Critical Care	Other Specialty Services
OLYMPIA MEDICAL CENTER	17 (3%)	204 (4%)	12 (1%)	
Kaiser Hospital – West LA (2.0 miles)	53 (11%)	265 (5%)	31 (4%)	Primary Stroke Center (PCS)
Cedars Sinai Medical Center (2.1 miles)	51 (10%)	890 (16%)	126 (15%)	Trauma Center (TC), Pediatric Trauma Center (PTC), Pediatric Medical Center (PMC), ST-Elevation Myocardial Infarction Center (SRC), Comprehensive Stroke Center (CSC), Emergency Department Approved for Pediatrics (EDAP)
S. Cal. Hospital at Culver City (3.6 miles)	19 (4%)	311 (5%)	20 (2%)	
Good Samaritan Hospital (5.9 miles)	18 (4%)	380 (7%)	68 (8%)	ST-Elevation Myocardial Infarction Center (SRC), Comprehensive Stroke Center (CSC), Service Area Hospital
Ronald Reagan UCLA Medical Center (6.2 miles)	41 (8%)	445 (8%)	132 (16%)	Trauma Center (TC), Pediatric Trauma Center (PTC), Pediatric Medical Center (PMC), ST-Elevation Myocardial Infarction Center (SRC), Comprehensive Stroke Center (CSC), Emergency Department Approved for Pediatrics (EDAP)
Kaiser Hospital – Los Angeles (6.5 miles)	57 (11%)	460 (8%)	128 (15%)	Comprehensive Stroke Center (CSC)
Hollywood Presbyterian Medical Center (6.6 miles)	20 (4%)	345 (6%)	36 (4%)	ST-Elevation Myocardial Infarction Center (SRC), Primary Stroke Center (CSC)
Children’s Hospital of Los Angeles (6.8 miles)	38 (8%)	495 (9%)	73 (9%)	Pediatric Trauma Center (PTC), Pediatric Medical Center (PMC), Emergency Department Approved for Pediatrics (EDAP)
Dignity Health – California Hospital Medical Center (7.0 miles)	35 (7%)	287 (5%)	36 (4%)	Trauma Center (TC), Primary Stroke Center (PSC), Emergency Department Approved for Pediatrics (EDAP)
Centinela Hospital Medical Center (8.6 miles)	44 (9%)	362 (6%)	31 (4%)	Primary Stroke Center (PSC), Emergency Department Approved for Pediatrics (EDAP), Service Area Hospital
Providence Saint John’s Health Center (8.8 miles)	27 (5%)	266 (5%)	23 (3%)	ST-Elevation Myocardial Infarction Center (SRC), Comprehensive Stroke Center (CSC)
Providence St. Joseph Medical Center (8.9 miles)	25 (5%)	392 (7%)	54 (7%)	ST-Elevation Myocardial Infarction Center (SRC), Comprehensive Stroke Center (CSC), Emergency Department Approved for Pediatrics (EDAP)
Santa Monica-UCLA Medical Center (9.4 miles)	21 (4%)	281 (5%)	22 (3%)	ST-Elevation Myocardial Infarction Center (SRC), Primary Stroke Center (PSC), Emergency Department Approved for Pediatrics (EDAP), Sexual Assault Response Team (SART)
Cedars-Sinai Marina Del Rey Hospital (9.8 miles)	15 (3%)	103 (2%)	12 (1%)	
Dignity Health Glendale Memorial Medical Center (10 miles)	18 (4%)	255 (4%)	24 (3%)	ST-Elevation Myocardial Infarction Center (SRC), Primary Stroke Center (PSC), Emergency Department Approved for Pediatrics (EDAP)
TOTAL BEDS	499	5741	828	

Mileage determined by driving distance from Google maps



**COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION**

10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670

(562) 378-1604 FAX (562) 941-5835

<http://ems.dhs.lacounty.gov>

**LOS ANGELES COUNTY
BOARD OF SUPERVISORS**

Hilda L. Solis

First District

Holly J. Mitchell

Second District

Sheila Kuehl

Third District

Janice Hahn

Fourth District

Kathryn Barger

Fifth District

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Peace Officers Association of LA County

Diego Caivano, MD

LA County Medical Association

Erick H. Cheung, MD

Southern CA Psychiatric Society

Chief Eugene Harris

Los Angeles County Police Chiefs' Assn.

John Hisserich, Dr.PH., Chairman

Public Member (3rd District)

Lydia Lam, MD

American College of Surgeons

James Lott, PsyD, MBA

Public Member (2nd District)

Carol Meyer, RN

Public Member (4th District)

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League of Calif. Cities/LA County Division

Robert Ower, RN

LA County Ambulance Association

Margaret Peterson, PhD

Hospital Association of Southern CA

Chief Kenneth Powell

Los Angeles Area Fire Chiefs Association

Mr. Paul S. Rodriguez, Vice Chair

CA State Firefighters' Association

Mr. Jeffrey Rollman, MPH, NRP

Southern California Public Health Assn.

Mr. Joseph Salas

Public Member (1st District)

Nerses Sanossian, MD, FAHA

American Heart Association

Western States Affiliate

Carole A. Snyder, RN

Emergency Nurses Association

Atila Uner, MD, MPH

California Chapter-American College of

Emergency Physicians (CAL-ACEP)

Mr. Gary Washburn

Public Member (5th District)

EXECUTIVE DIRECTOR

Cathy Chidester

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COMMISSION LIAISON

Denise Watson

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**PUBLIC HEARING ON IMPACT OF THE CLOSURE OF
OLYMPIA MEDICAL CENTER'S
EMERGENCY DEPARTMENT UPON
EMERGENCY MEDICAL SERVICES**

JANUARY 27, 2021

10:30 AM – 12:30 PM

Join Zoom Meeting

<https://zoom.us/j/97629206925?pwd=dWc0YlIxcmUrdkNwc1hsNzBuZmdLQT09>

Meeting ID: 976 2920 6925

Passcode: 938574

One tap mobile

+16699009128,,97629206925# US (San Jose)

+13462487799,,97629206925# US (Houston)

Dial by your location

+1 669 900 9128 US (San Jose)

+1 346 248 7799 US (Houston)

+1 253 215 8782 US (Tacoma)

+1 301 715 8592 US (Washington D.C.)

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

Meeting ID: 976 2920 6925

Find your local number: <https://zoom.us/j/abZCXprC6c>

AGENDA

1. Call to Order and Introductory Remarks:

Mr. Paul Rodriguez, Chairman

Emergency Medical Services Commission

2. Presentation: Olympia Medical Center

3. Presentation: Emergency Medical Services Agency

4. Presentation: Local Fire Departments

5. Presentation: Ambulance Companies

6. Testimony: Elected Public Officials (or designee)

7. Testimony: Professional Healthcare Organizations/ Providers

8. Testimony: Public Members/Community Groups

9. EMSC Comments

Closing Remarks

183 participants Olympia medical center public hearing 1/27/2021, 10:30am to 12:30 pm

Participants (180)

Find a participant

DW Denise Watson (Me)

Richard Tadeo (Host)

MS Mike Sarrao - Olympia Medical Center

CC Cathy Chidester EMSAAC ALT (Co-host)

Dr. Marianne Gausche-Hill (Co-host)

GO Garry Olney

PR Paul Rodriguez

14243845050

ET Evan Thomas

Jim Lott

AK AJ Kirby

AC Alfred Caldon

A3 Alma 323 528 2400

Alvaro Alonso

AC Amanda's Chism

A Andrei

AI Angie ICU

A Arlene

Invite Unmute Me Merge to Meeting Window

Word

Tell me what you want to do

3bC AaBbCc AaB AaBb

ing 1 Heading 2 Title Subt

Styles

3 4

The screenshot displays a Zoom application window. The primary focus is the 'Participants (180)' sidebar on the left, which contains a search bar labeled 'Find a participant' and a scrollable list of attendees. Each attendee is represented by a colored circular icon with initials, their name, and status icons for audio and video. The list includes:

- Andrei
- Angie ICU
- Arlene
- Atilla Uner
- Aurelia Friedman
- Belma Hartono
- Bernadette Dutton
- Brad Kane
- Brian Chu
- Brittany
- Bruce Wright
- Cara Flores
- Cari
- Carol Meyer
- Carole Snyder
- Charles Griffis
- chris

At the bottom of the sidebar are three buttons: 'Invite', 'Unmute Me', and 'Merge to Meeting Window'. In the background, a Microsoft Word document is open, showing a ribbon with the 'Tell me what you want to do' search bar and various font and style options. Another window showing a video grid of participants is partially visible behind the Word document.

The screenshot displays a Microsoft Teams meeting window. The 'Participants (180)' pane is open on the left, showing a list of attendees. Each entry includes a profile picture or initials, the name, and icons for mute and video status. The participants listed are:

Initials	Name	Mute	Video
CG	Charles Griffis	On	Off
C	chris	On	Off
CA	christine Abad	On	Off
[Profile Pic]	Christine Clare	On	Off
CI	Chuck Idelson	On	Off
[Profile Pic]	Conrad Starr	On	Off
[Profile Pic]	Cristina Calaguas	On	Off
DA	Dani Ain	On	Off
DD	Daniel Dobbs	On	Off
DI	Danielle Ingraham	On	Off
DE	David Eisner, MD	On	Off
[Profile Pic]	David Parks	On	Off
DI	Denise's iPhone	On	Off
D	Dev	On	Off
D	Diana	On	Off
DC	Diego Caivano, MD	On	Off
DZ	Doug Zabalski	On	Off
D	DParks	On	Off

At the bottom of the participants list are buttons for 'Invite', 'Unmute Me', and 'Merge to Meeting Window'. In the background, a Microsoft Word document is open, showing the 'Tell me what you want to do' search bar and a 'Styles' section with 'Heading 1', 'Heading 2', and 'Title' options. A smaller window in the background shows a grid of video feeds from other meeting participants.

The screenshot displays a Microsoft Teams meeting window. On the left, a 'Participants (182)' sidebar is open, showing a list of attendees. Each entry includes a profile icon, a name, and status icons for audio and video. The participants listed are:

Initials	Name	Audio	Video
DE	David Eisner, MD	On	On
	David Parks	On	On
DI	Denise's iPhone	On	On
D	Dev	On	On
D	Diana	On	On
DC	Diego Caivano, MD	On	On
DZ	Doug Zabitski	On	On
D	DParks	On	On
E	ealvarado	On	On
EF	Ed Folven	On	On
E	Edgar	On	On
E	Edward	On	On
EL	Elmer Luna	On	On
EP	Emil Pama	On	On
EJ	Eun Joo Seo	On	On
ES	Evan Sands	On	On
F1	FOX 11 KTTV Los Angeles	On	On
F	Frank	On	On

At the bottom of the sidebar are buttons for 'Invite', 'Unmute Me', and 'Merge to Meeting Window'. The main area of the window shows a preview of the meeting content, which includes a Microsoft Word document titled 'Word' and a video feed of the meeting participants. The Word document is open to a 'Styles' section, showing various heading styles. The video feed shows a grid of participant thumbnails.

The screenshot displays the Microsoft Teams interface during a public hearing. On the left, the 'Participants (182)' pane is open, showing a list of attendees with their initials and names. Each participant has a red 'X' icon next to their name, indicating they are muted. The list includes:

- EJ Eun Joo Seo
- ES Evan Sands
- F1 FOX 11 KTTV Los Angeles
- F Frank
- G Gail
- Gary Washburn
- GH Gene Harris
- GO Gho Oh's iPhone
- GG Glenn Gigantone
- G guest
- HP Hampton, Phil
- HS Hayley Smith
- HN Helen Jeong
- Henry Morgen
- I iPad
- I iPhone
- I iPhone
- I iPhone

At the bottom of the participants list are buttons for 'Invite', 'Unmute Me', and 'Merge to Meeting Window'. On the right, a preview of the meeting content is visible, showing a document titled 'Word' with a search bar and a list of styles (Normal, Heading 1, Heading 2, Title, Subtitle). Below the document preview, a grid of video thumbnails shows various participants in the meeting.

The screenshot displays a Microsoft Teams meeting interface. On the left, a 'Participants (182)' sidebar is open, showing a list of attendees. Each entry includes a profile picture, a name, and status icons for mute and video. The participants listed are:

- Henry Morgen
- iPad
- iPhone
- iPhone
- iPhone
- iphone
- iPhone
- iPhone3108195526
- Isha Selga
- J
- J
- Jacob's iPhone
- Jazmin D
- Jeffrey Adams
- Jeffrey Tsai
- Jennifer Lemmon Southern CA Director CN...
- Jessica Hernandez
- Jim Lott

At the bottom of the sidebar are buttons for 'Invite', 'Unmute Me', and 'Merge to Meeting Window'. To the right, a preview of a presentation slide is visible, showing a grid of names and a search bar at the top. The slide content includes a search bar with the text 'Find a participant' and a list of names: Henry Morgen, iPad, iPhone, iPhone, iPhone, iphone, iPhone, iPhone3108195526, Isha Selga, J, J, Jacob's iPhone, Jazmin D, Jeffrey Adams, Jeffrey Tsai, Jennifer Lemmon Southern CA Director CN..., Jessica Hernandez, and Jim Lott. The slide also features a 'Styles' section with options like 'Heading 1', 'Heading 2', 'Title', and 'Subtitle'. The bottom of the screen shows the Windows taskbar with icons for Google Chrome, Microsoft Edge, and Microsoft Teams.

The screenshot displays a Zoom application window. On the left, the 'Participants (183)' sidebar is open, showing a list of attendees. Each entry includes a profile picture, a name, and status icons for mute and video. The participants listed are:

Name	Mute Status	Video Status
iPhone	Muted	Off
iPhone3108195526	Muted	Off
Isha Selga	Muted	Off
J	Muted	Off
J	Muted	Off
Jacob's iPhone	Muted	Off
Jazmin D	Muted	Off
Jeffrey Adams	Muted	Off
Jeffrey Tsai	Muted	Off
Jennifer Lemmon Southern CA Director CN...	Muted	Off
Jessica Hernandez	Muted	Off
Jim Lott	Muted	On
Joe Salas	Muted	Off
Joe Steins	Muted	On
John Hisserich	Muted	On
John Telmos	Muted	Off
Jorge	Muted	Off
KABC Seven	Muted	Off

At the bottom of the sidebar are buttons for 'Invite', 'Unmute Me', and 'Merge to Meeting Window'. The main window shows a preview of the meeting content, including a Microsoft Word document with text and a grid of smaller video feeds from other participants.

The screenshot displays the Microsoft Teams interface during a public hearing. On the left, a 'Participants (183)' sidebar lists attendees with their initials and names. Most participants have their video and audio muted, indicated by red icons. The list includes:

- JS Joe Steins
- JH John Hisserich
- JT John Telmos
- J Jorge
- KS KABC Seven
- Kai Bruce
- Kari Garcia
- Kay Fruhwirth
- KK KCBS KCAL - PC2
- KP Ken Powell
- K KNBC
- K KYUNG
- LP LaPaula Parker
- LI Laura's iPhone
- LA lay anne
- L Lenie Abad
- Lisa Kaye
- L Loree

At the bottom of the sidebar are buttons for 'Invite', 'Unmute Me', and 'Merge to Meeting Window'. The main window shows a preview of the meeting content, which includes a Word document with text and a grid of smaller video feeds showing other participants. The taskbar at the bottom shows icons for Google Chrome, Microsoft Office, and the Teams application.

The screenshot displays a Microsoft Teams meeting window. On the left, a 'Participants (182)' sidebar is open, showing a list of attendees. Each entry includes a profile picture, a name, and status icons for mute and video. The participants listed are:

- Lenie Abad
- Lisa Kaye
- Loree
- Lucy Reynell
- M.G
- Marcella K @bootcampla.com
- MARLENA RAIMEY
- Marvia
- MB
- Melissa
- Meseret Alemu
- Michelle
- Michelle
- Mike A
- MJ
- MYoun
- Najin Yu

At the bottom of the sidebar are buttons for 'Invite', 'Unmute Me', and 'Merge to Meeting Window'. The main area of the window shows a grid of video feeds from various participants. The top of the window features a search bar labeled 'Find a participant' and a toolbar with icons for chat, share, and other meeting functions. The bottom of the window shows the Windows taskbar with icons for Chrome, Outlook, and Teams.

The screenshot displays the Microsoft Teams interface during a public hearing. On the left, a 'Participants (183)' pane lists attendees with their names and initials. Each entry includes a red 'X' icon for muting and a camera icon for video. The participants listed are:

- M Youn
- NY Najin Yu
- NG Nancy's Galaxy S10+
- NS Nerses Sanossian
- N newsfcp
- N Newsroom
- NA Nichole Ataizi
- O OAmomi
- O Olga
- OG Olive Graham
- OM Olympia medical Center
- O OMCHIM
- O Oscar
- PP pantea pahlavani
- Patricia Lombard, Larchmont Buzz
- PR Paul Rodriguez
- PW Peter Wolfe
- PI Peter's iPhone

At the bottom of the participants list are buttons for 'Invite', 'Unmute Me', and 'Merge to Meeting Window'. On the right, a preview of a presentation slide is visible, showing a grid of participant video feeds. The slide also features a search bar at the top with the text 'Find a participant' and a 'Tell me what you want to do' prompt. The background of the slide is a dark blue gradient with white text.

The screenshot displays a Microsoft Teams meeting window. On the left, a 'Participants (183)' sidebar is open, showing a list of attendees. Each entry includes a profile picture or initials, a name, and icons for audio and video status. The participants listed are:

Name	Audio	Video
Patricia Lombard, Larchmont Buzz	On	Off
PR Paul Rodriguez	On	Off
PW Peter Wolfe	On	Off
PI Peter's iPhone	On	Off
P PSession	On	Off
R rachelberger	On	Off
RR Rick Rodriguez	On	Off
RO Robert Ower	On	Off
Roel Amara	On	Off
RA Roel, Adrienne E.	On	Off
R rogerbraum	On	Off
R RTW	On	Off
RT Ryan Tuchmayer	On	Off
S S	On	Off
Scott Reed	On	Off
S Sharon	On	Off
SA Shenita Anderson	On	Off
S skim2	On	Off

At the bottom of the sidebar are buttons for 'Invite', 'Unmute Me', and 'Merge to Meeting Window'. The main area of the window shows a preview of a Word document with the title 'Tell me what you want to do' and various text formatting options. Below the document preview, there are two thumbnails of the meeting grid, showing a 3x3 layout of participants' video feeds.

The screenshot displays a Microsoft Teams interface during a public hearing. On the left, a vertical list of participants is shown, each with a profile picture or initials, a name, and status icons for mute and video. The participants listed are: Scott Reed, Sharon, Shenita Anderson, skim2, SM, Stephanie Cohen, Stephanie Short CNA/NNU, Steven Rosenthal, Tali, Thu Bui, Timothy Rockey, Tricia's iPad, Valerie's iPad, Varun Pattisapu, Wendy Macedo, Yvonne Bonilla, 12135039062, and 13104097795. At the bottom of this list are buttons for 'Invite', 'Unmute Me', and 'Merge to Meeting Window'. On the right, the main meeting window is visible, showing a document editor at the top with text formatting options and a grid of video feeds for participants below. The Windows taskbar at the bottom shows icons for Chrome, Outlook, and Teams.

Participant	Mute	Video
Scott Reed	🔇	📹
Sharon	🔇	📹
Shenita Anderson	🔇	📹
skim2	🔇	📹
SM	🔇	📹
Stephanie Cohen	🔇	📹
Stephanie Short CNA/NNU	🔇	📹
Steven Rosenthal	🔇	📹
Tali	🔇	📹
Thu Bui	🔇	📹
Timothy Rockey	🔇	📹
Tricia's iPad	🔇	📹
Valerie's iPad	🔇	📹
Varun Pattisapu	🔇	📹
Wendy Macedo	🔇	📹
Yvonne Bonilla	🔇	📹
12135039062	🔇	📹
13104097795	🔇	📹

The screenshot displays a Microsoft Teams meeting window. On the left, a 'Participants (182)' sidebar is open, showing a list of attendees. Each entry includes a profile icon, a name, and status icons for audio and video. The participants listed are:

Name	Audio Icon	Video Icon
Tricia's iPad	🔇	📹
Valerie's iPad	🔇	📹
Varun Pattisapu	🔇	📹
Wendy Macedo	🔇	📹
Yvonne Bonilla	🔇	📹
12135039062	🔇	📹
13104097795	🔇	📹
13233040308	🔇	📹
13233092598	🔇	📹
13239383161	🔇	📹
13239383161	🔇	📹
13239383161	🔇	📹
13239383161	🔇	📹
13239383161	🔇	📹
13239383161	🔇	📹
13239383161	🔇	📹
15102644000	🔇	📹
15623296715	🔇	📹

At the bottom of the sidebar are buttons for 'Invite', 'Unmute Me', and 'Merge to Meeting Window'. The main area of the window shows a gallery view of the meeting content, including a Word document and a grid of participant video feeds. The Windows taskbar at the bottom shows icons for Google Chrome, Microsoft Outlook, and Microsoft Teams.

The screenshot displays a Zoom application window. On the left, the 'Participants (182)' sidebar is open, showing a list of attendees. Each entry includes a profile icon, a name, and a status icon (mute/unmute). The participants listed are:

Participant	Status
13239383161	Muted
13239383161	Muted
13239383161	Muted
15102644000	Muted
15623296715	Muted
16265926202	Muted
16266174010	Muted
17145016432	Muted
18183959106	Muted
18189148367	Muted
BL Brenda Ledesma	Muted
DH Donna Hansen	Muted
FJ frank johnson	Muted
J Jamie	Muted
J JYingling	Muted
LI Laura's iPhone	Muted
MF Monique Florez	Unmuted
OM Olympia Medical Center	Unmuted

At the bottom of the sidebar are buttons for 'Invite', 'Unmute Me', and 'Merge to Meeting Window'. On the right, a preview of a Microsoft Word document is visible, showing a title bar, a ribbon with the 'Tell me what you want to do' search bar, and a document body with text and a table. The table in the document has columns for 'Heading 1', 'Heading 2', 'Title', and 'Subtitle'. Below the table is a 'Styles' section. The document content includes a grid of images and text.

Speaker #	Name	Title	Organization
1	Michael Sarrao	Executive Vice President and General Counsel	Olympia Medical Center



LA COUNTY EMS COMMISSION PUBLIC HEARING

January 27, 2021

HISTORY OF OLYMPIA MEDICAL CENTER

- Tenet Healthcare sold facility then known as Midway Medical Center to Physician Investors in 2004.
- Physician Investors sold facility to current owners in 2013 after prolonged transaction with other buyers fell through.
- Olympia Medical Center has been operated by Olympia Health Care, LLC, a for-profit entity, since 2004 with a change in the members of Olympia Health Care, LLC having occurred at the end of 2013.

SERVICES NOT OFFERED AT OLYMPIA MEDICAL CENTER

- Olympia Medical Center is NOT:
 - An Emergency Department Approved for Pediatrics (EDAP)
 - A Designated Trauma Center
 - A STEMI Receiving Center (No Cardiac Cath Lab or Cardiac Surgery)
 - An Approved Stroke Center
 - An EMS Base Station
 - A Designated Sexual Assault Response Team (SART) Center
 - A provider of Labor & Delivery Services, Inpatient Behavioral Health Services, or Mammography Services

3

SERVICES OFFERED AT OLYMPIA MEDICAL CENTER

- Olympia Medical Center does provide:
 - Medical/Surgical Services.
 - Basic Emergency Services with 9 staffed ED treatment stations.
 - Basic outpatient services such as radiology and laboratory services that are readily available at outpatient centers and other hospitals.

4

AVERAGE DAILY CENSUS

	2017	2018	2019	2020
Average Daily Census	69	65	67	65

	10/2020	11/2020	12/2020
Average Daily Census	57	66	75*

* Longer Lengths of Stay has resulted in higher average daily census.

5

AVERAGE DAILY PARAMEDIC RUNS HAVE DECREASED EACH YEAR

	2017	2018	2019	2020
Average Paramedic Runs/Day	17.1	15.03	13.93	12.33

	10/2020	11/2020	12/2020
Average Paramedic Runs/Day	11.7	12.5	9.0

6

2	Richard Tadeo Assistant Director Los Angeles County Emergency Medical Services Agency Mr. Tadeo presented the information in Exhibits I, II, III, IV and V contained in this Impact Evaluation Report.
3	Roger Braum Battalion Chief Culver City Fire Department Chief Braum provided verbal testimony.

4	Douglas Zabilski Chief Zabilski provided verbal testimony	Assistant Chief	Los Angeles Fire Department
5	Jennifer Lemmon Ms. Lemmon's Testimony: Good Morning, My name is Jennifer Lemmon, I am the Southern California Director for the California Nurses Association and speaking here today on behalf of the largest fastest growing union of registered nurses in the country, representing 170,000 nurses across the country, including 200 who work at Olympia Medical Center. <i>Let me start by saying – we are absolutely incensed that Alecto Healthcare Services has proposed closing Olympia Medical Center in the middle of a pandemic that has left healthcare workers scrambling to address the unprecedented need for medical care.</i> <i>Olympia has a long history providing care to some of the most vulnerable in Los Angeles for the last 74 years.</i> <i>Our nurses and other healthcare workers were shocked to learn about Alecto's intention to close the hospital when they went to work on New Years' Eve and saw a public notice posted in the hospital about their intention to close the hospital at the end of March with no direct communication until days later.</i> Nurses later learned that the property had been purchased by UCLA. We understand there are options available to keep this hospital operating through this pandemic. Alecto has the option to lease the property back and UCLA has the option to continue necessary funding to maintain operation. You all have seen the reports of the dire need for beds in Southern California. <i>Right now there are simply NO ICU beds available.</i> Since July, Olympia Medical Center has treated more than 2,000 COVID patients, with about three dozen currently hospitalized. COVID infections disproportionately impact communities of color and the older population is at increased risk of serious illness and death from infection. 40% of admissions at Olympia Medical center are black, 63% are over the age of 60, 60% of admissions are patients covered by medicare and 30% covered by medi-cal. These statistics highlight the need to keep Olympia open during this pandemic. <i>It is appalling to note that Olympia Medical Center received 27.6 million dollars and UC Health System received 438.5 million in COVID stimulus and advance Medicare payments in 2020. Alecto and UCLA have a moral and ethical responsibility to use those funds to keep Olympia open and to serve our community. It is important to note, that in 2019, prior to the pandemic, 25,000 patients passed through Olympias emergency room. While we do not have numbers for 2020 yet- we know that number grew last year as Covid-19 spread through our county and city. This leaves us with a burning question.....where will these patients go if the hospital closes?</i> We call on Alecto and UCLA to come together and provide a solution for continued operation during this pandemic. Thank you	Director	California Nurses Association Southern California/Nevada

Data Sources:

All Hospital Utilization data we provided regarding ED was from OSHPD.
<https://oshpd.ca.gov/data-and-reports/healthcare-utilization/hospital-utilization/>
CARES Act funding can be found at the CDC Website within HHS called HHS
Provider Relief Fund
<https://data.cdc.gov/Administrative/HHS-Provider-Relief-Fund/kh8y-3es6>
COVID-19 Reported Patient Impact and Hospital Capacity by Facility
<https://healthdata.gov/dataset/covid-19-reported-patient-impact-and-hospital-capacity-facility>

6	Joyce Goertzen	Rebel Entertainment Partners, Inc.	Ms. Goertzen's Testimony was not able to attend but requested her testimony be presented to the EMS Commission. Ms. Goertzen's testimony was read by Mr. Richard Tadeo.
	<p>I have lived in the Mid Town area Los Angeles for many years. I remember when this hospital was called Midway. This medical facility has been a wonderful alternative to the city known as Cedars Sinai. I have taken loved ones with sprained ankles, broken bones, infected lacerations, serotonin syndrome and miscellaneous bumps and bruises to Olympia's ER. I've never had to wait more than 15 minutes for their ER to admit me or whomever I was bringing in for care. I've waited more than 6 hours in Cedars' ER. The doctors at Olympia have been wonderful and the nurses have been great, and so have all of the other technicians that work there. We've used their MRI services and have had surgeries there.</p> <p>Please do whatever you can to keep this facility open for as long as possible. It's vital to our neighborhood at this time of unknown outcomes because of COVID. We already lost St. Vincent's last year, UCLA is too far in an emergency, and while Cedars Sinai offers top-notch medical care, the wait in their ER is unacceptable in times of emergency. Please let us know how we can help you keep Olympia open. Thank you.</p>		
7	Shenita Anderson, RN	Member Employee	California Nurses Association Olympia Medical Center Ms. Anderson gave verbal testimony.
8	Belma Hartono, RN	Member Employee	California Nurses Association Olympia Medical Center Ms. Hartono gave verbal testimony.
9	Wendy Macedo, Nurse	Employee	Santa Monica UCLA Medical Center Ms. Macedo gave verbal testimony.
10	Charles Griffs		Community Resident Mr. Griffs gave verbal testimony.

11	Lisa Kaye Ms. Kaye gave verbal testimony	Chair	Pico Neighborhood Council, District 10, Land Use
12	Brad Kane Mr. Kane gave verbal testimony.	President	Pico Neighborhood Council
13	Conrad Starr Mr. Starr gave verbal testimony.		Community Resident
14	AH Dr. AH gave verbal testimony.	Physician	Olympia Medical Center
15	Tony Cowan Mr. Cowan gave verbal testimony.		Community Resident

00:20:50 Dr. Marianne Gausche-Hill: Thanks ...

00:35:11 Garry: My question is has the medical center submitted their plans for renovation to OSHPD and received approval to proceed. The OSHPD process is a lengthy one. Thank you Garry Olney

00:35:37 Conrad Starr: Conrad Starr, Greater Wilshire Neighborhood Council*, Sycamore Square Neighborhood Association*, conradstarr@outlook.com (*for identification purposes only)

00:40:35 Garry: Mike Sarrao- how many pts do you have that are under observation status that are not included in your average daily census.

00:45:01 Jim Lott: I have a question

00:47:42 Atilla Uner: I have a question

00:48:02 Rick Rodriguez: Looking into all the other hospitals that Alecto Healthcare has previously owned and subsequently closed sold - is this closure and all other closures just real estate deals vs healthcare?
<https://www.theintelligencer.net/news/top-headlines/2020/07/manchin-wvu-eyes-wheeling-hospital/>

00:48:18 Charles Griffis: Charles Griffis, resident of 1237 Carmona Ave, LA 90019, wishes to express his opposition to the closure of this medical facility. This facility has been used by me, family and friends, and plays an important role in providing local health care in this area. Especially now, in the midst of this pandemic, every healthcare facility is essential to the provision of care to the citizens of LA and CA. It seems very shortsighted to even temporarily close any healthcare facility at the present moment.

00:49:17 Garry Olney : What are the upgrades being proposed- are the upgraded all related to required Seismic upgrades.

00:49:58 Marcella K @bootcampla.com: Curious about UCLA's plans for it

00:53:25 Cathy Chidester EMSAAC ALT: will do

00:54:55 iPad: When are the supposed job fairs going to happen,

00:55:51 David Parks: I'm an eye surgeon who has been on staff since 1998. Over the years I've noticed a gradual deterioration of the physical plant and services. You are now closing down due to poor census. It is no surprise the census is down as the place has been poorly managed for years. No different than any poorly run business.

00:56:06 Jorge: ER isnt admitting because they are volunteering to close thus rerouting paramedics. Staffing issues

00:56:25 Lisa Kaye: What is the timing of UCLA taking over the facility?

00:56:59 Bernadette Dutton: ER nurse here. ER has been on diversion for most of January due to low staff after the closure was announced.

00:57:27 Jorge: Census is just a way to rationalize thier decision

00:58:01 iPad: When are the supposed jobs fairs going to happen? Employees are leaving because they were not informed of job fairs they are looking on their own and others are staying because they are not having luck in finding jobs.

00:58:03 Lisa Kaye: I would like to speak and make a public comment

01:00:39 iPad: Will there be incentives/severance packages for employees? Especially for those who have been employed with OMC for 10 years and more.

01:01:08 Evan Sands: ER doctor here. The ambulances know that Olympia is closing so they are choosing to not bring patients to us

01:01:25 Community Member: Mr. Sarrao, Mr. Reddy and Mr Williams had employee forums at Olympia Medical Center to officially announce the closure. Not once did they offer employees assistance regarding finding a new job, nor did they ever mention possible job fairs to be hosted. They did however made sure all employees knew that OMC was not making any promises regarding job placements and a severance package. in addition, they told employees not to overwhelm the HR department with employment related inquiries

02:01:34 Varun Pattisapu: What is the COVID-19 patient census and how has that changed over the past few months? In particular, what percentage of the ICU beds have been filled and remain filled on a daily basis? What percentage of those beds are COVID patients?

01:02:23 Michelle: basically the answer is a 'no'

01:02:31 Doug Zabilski: In 2020, LAFD transported to Olympia 4,412 times for a monthly average of 368 and a daily average of 12. We transported 4 patients there yesterday.

01:02:40 Jorge: 90% of icu patients are covid patients

01:03:27 Jorge: where?

01:04:36 John: Hi

01:04:57 Laura's iPhone: 1. This is the first time I hear of these supposed job fairs? Maybe that should have been mentioned since the beginning! 2. The ER has not been opened to ambulance most of the time, we are forced to close due to staffing issues, everyone left AFTER the close announcement!

01:05:58 Doug Zabilski: Overall transports in 2020 were down largely due to fears of catching COVID at a hospital. In 2019, the LAFD transported 5,067 patients to Olympia for a monthly average of 422 and a daily average of 13.8.

-
- 01:09:40 Marcella K @bootcamppla.com: I think if should be recognized that Olympia Medical received recognition on many fronts and has served this community well. Change is never easy and I feel if this does move forward a key is how we treat people meaning in this case the employees who will be in transition. Was that considered in the agreement with UCLA if not possibly that could be further addressed. We are humans just passing through here and we need to do the best we can by each other.
- 01:10:12 John: The meeting we attended in the PCR with the owner Lex Reddy stated there would be no job fair or a severance pay. Aleto has received 75million in government aid due to Covid 19 pandemic. This is not a issue of financial failure, Olympia Medical Center has been very lucrative In the past couple years.
- 01:10:41 Ryan Tuchmayer: With the ongoing pandemic, the closure of Olympia will force patients to go to other neighboring hospitals. If we experience another COVID surge, hospital beds will be in high demand. The loss of the emergency department and inpatient beds during a pandemic will negatively impact the community and put additional strain on the hospitals that have to care for the patients that would have gone to Olympia. Closing a hospital during a declared public health emergency should not be allowed.
- 01:11:50 Marcella K @bootcamppla.com: I am not an employee of the Hospital I just feel they need to be looked out for if this does move forward
- 01:14:09 Richard Tadeo: http://file.lacounty.gov/SDSInter/dhs/1101962_NOTICEOFPUBLICHEARING-OLYMPIAMC01.27.2021.pdf
- 01:15:03 Richard Tadeo: The above is the link to the public hearing documents
- 01:16:04 Rick Rodriguez: As a community member, the sale and subsequent closure of Olympia may be inevitable due to bad business practices by Aleto (they have done the same with other hospitals throughout the nation) - it is just a question of the timing especially when LA County keeps announcing that L.A. is the COVID hotspot of the nation. Any other time probably would not even be questioned.
- 01:18:08 Olive Graham: Most patients that come to Olympia are aware that Olympia is a basic ER. What the community loves is that Olympia offers those services in such short wait times that they would normally have to wait 3-4 hrs elsewhere.
- 01:19:45 Shenita Anderson: My experience is different as well.
- 01:22:38 rogerbraum: Providers do send patients BLS, not only privates
- 01:23:18 Olive Graham: I agree with previous comments...no job fairs have been provided nor were they talked about in the employee forums
-

01:28:58 MARLENA RAIMEY: Yes. Very informative and well said! Marlena Raimey

01:29:07 Arlene: Thank you. I am an RN and worked at Olympia when it was Midway. I feel it outrageous that the hospital would close duri

01:29:20 Alecko Vreezy: I agree with y'all

01:30:31 Jorge: agreed. but not only but alecko has made the decision not to pay its employees thier 401k matching which goes to show the practice they have.

01:32:06 Alfred Caldon: 27 million in covid relief funds but Alecko still won't pay if you get sick for covid now

01:32:23 Arlene: during the pandemic. As a patient as well at an ED at a neighborhood hospital wait times can exceed 5hours. Neighborhood residents walk in to the ED at Olympia. The neighborhood is brown, black and seniors. They need this hospital to remain open until the pandemic is over.

01:32:30 Daniel: where did that money go?

01:34:17 Bernadette Dutton: where is the money? no New resources for patients. no hazard pay for nurses except on overtime days. administration freezing our education hours. not matching our 401k for several years.

01:36:16 Daniel: Amazing Shenita

01:36:37 Lisa Kaye: Shenita Anderson you rock

01:36:52 Yvonne Bonilla: THANK YOU FOR YOUR WORDS AND YOUR PASSION SHENITA

01:36:53 Laura's iPhone: Wonderfully said Shenita! ♥

01:36:55 MARLENA RAIMEY: Thank you, Mrs. Anderson.!

01:37:10 Olive Graham: Shenita!

01:37:19 UCLA-lecto .: Shenita!

01:37:26 Jorge: thank you Shenita

01:37:28 Carina Rode: well said Shenita!!

01:37:30 Chuck Idelson: Great job Shenita Anderson

01:37:35 KYUNG: Well done, Jennifer and Shenita!

01:38:14 Stephanie Short CNA/NNU: Powerful words, Shenita. Thank you!

01:38:20 Brad Kane: Brad Kane President PICO Neighborhood Council would like to make public comment

01:38:42 Shenita Anderson: So very Welcome!

01:38:59 Jennifer Lemmon Southern CA Director CNA/NNU: So well said Shanita!

01:39:05 Bernadette Dutton: thank you Shenita!!

01:40:26 Sam Cook - CNA: So powerful Shenita!

01:42:22 Bernadette Dutton: thank you so much! we do care so much about our patients!!

01:42:25 Yvonne Bonilla: THANK YOU BELMA

01:42:33 Jennifer Lemmon Southern CA Director CNA/NNU: Thank you so much Belma!

01:42:33 Bernadette Dutton: thanks belma!

01:42:42 Carina Rode: yes Belma!

01:42:42 UCLA-lecto .: thanks belma

01:42:48 Jorge: thank you belma.

01:42:48 Jennifer Lemmon Southern CA Director CNA/NNU: References as requested: COVID-19 Reported Patient Impact and Hospital Capacity by Facility
<https://healthdata.gov/dataset/covid-19-reported-patient-impact-and-hospital-capacity-facility>

01:42:49 KYUNG: Thank you, Belma!

01:43:17 Shenita Anderson: I'm a CERT member too!

01:44:06 Kari Garcia: why is the closure of a Los Angeles hospital during a pandemic not of interest to our public officials? where is the public health department on this? where are the opinions and ACTION of LA County supervisors? Our mayor?

01:44:23 Shenita Anderson: They need to be informed!

01:44:45 Sam Cook - CNA: Great Point

01:47:23 Wendy Macedo: hi I have emailed to be a speaker and I have not been called on. I am a nurse at UCLA Santa Monica

01:48:30 Cristina Calaguas: Thank you, fellow front liners. I fervently believe with PROPER media attention, public health officials will see the impact.

01:48:31 Jennifer Lemmon Southern CA Director CNA/NNU: More references are requested: CARES Act funding can be found at the CDC Website within HHS called HHS Provider Relief Fund
<https://data.cdc.gov/Administrative/HHS-Provider-Relief-Fund/kh8y-3es6>

01:50:32 Sam Cook - CNA: Thank You!

01:51:09 Jennifer Lemmon Southern CA Director CNA/NNU: References as requested on ED usage come from OSHD found here: <https://oshpd.ca.gov/data-and-reports/healthcare-utilization/hospital-utilization/>

01:52:45 Carina Rode: thank you Wendy

01:53:07 Stephanie Short: Thank you Wendy! So important for UCLA nurses to speak up!

01:53:23 Sam Cook - CNA: Thank you Wendy

01:53:25 Kari Garcia: please clarify - didn't UCLA offer to keep the hospital operational but Alecto has NOT agreed/confirmed?

01:53:33 Shenita Anderson: Yes, I agree, Thank you Wendy Macedo

01:56:41 iPad: @Kari, UCLA offered to lease the facility to Alecto. Both Alecto and UCLA are bouncing back and forth who should be responsible to continue operations should they be required to do so. This facility now belongs to UCLA.

01:57:44 Rick Rodriguez: There are employees and physicians afraid of Olympia's lawyers

01:58:15 Chuck Idelson: Question to the EMS officials. Did you invite a representative from UCLA Health to speak?

01:59:34 Conrad Starr: Ralph M. Brown Act allows anonymous comments at public meetings.

02:00:26 Laura's iPhone: Yes. It's also not enough to keep Olympia open in it's current condition. We need staff, resources, equipment, all which Alecto or UCLA should be held responsible for.

02:00:44 Shenita Anderson: AGREEE!!!

02:01:47 Marcella K @bootcampla.com: Yes! Agreed

02:02:27 LaPaula Parker: Thank you Mr. Jim

02:02:54 Doug Zabalski: The announcement from Olympia states their plan will "allow the Olympia Medical Center to better serve the healthcare needs of the community." I have yet to hear how the community will be better served in any way.

02:03:08 Shenita Anderson: FACTS!!!

02:03:20 Wendy Macedo: absolutely

02:03:38 Varun Pattisapu: Well said

02:04:02 Jorge: thank you Jim well said.

02:04:32 Shenita Anderson: A RIPPLE....

02:04:34 Hello from Laura: "There's nothing we can do" is very depressing and surprising to hear. Certainly there is some kind of pressure that can be brought to bear on UCLA.

02:06:17 Kari Garcia: there are 176 people who just heard the brilliant statement of Mr. Lott. how can this message get out to the city who will be impacted by more immoral and ruthless 'business' decisions made by this or future companies? who attending this hearing will take this further?

02:09:23 Rick Rodriguez: Ralph M. Brown Act allows anonymous comments at public meetings.

02:15:55 rachelberger: It is shocking to see that Mr. Sarrao is not even paying attention

02:16:13 Shenita Anderson: I said that several times to myself!

02:16:13 Conrad Starr: How will we be able to access this recording? Thank you!

02:16:37 UCLA-lecto .: thanks doctor

02:17:05 Sam Cook - CNA: Thank you commissioner Lott and thank you to the physician who just spoke

02:21:28 Conrad Starr: Great testimony Mr. Cowan!

02:22:04 Jennifer Lemmon Southern CA Director CNA/NNU: Thank you for your comments Tony....you and others in the community are exactly why this hospital needs to remain open. Patients first in our communities!

02:23:51 Conrad Starr: ALS is Advanced Life Support. BLS is Basic...

02:24:16 Cathy Chidester EMSAAC ALT: Basic Life Support

02:24:20 Shenita Anderson: We appreciate you Mr. Cowan

02:25:14 Conrad Starr: how are we preparing for an earthquake during a pandemic?

02:26:30 Kari Garcia: so who does have authority over a hospital closure during a pandemic?

02:27:02 Hello from Laura: 6 months after March 31 would be Sept. 30, 2021

02:27:36 Atilla Uner: Thank you for correction, Sept 30, 2021

02:31:19 Andrew Berman: I think delaying the closure for 6 months would be beneficial for the community. I am Chair of the Board for Olympia Medical Center. It is a viable institution. The reason for the sale was secondary to outside of Olympia. Olympia is a viable Hospital.

02:34:26 Judy Reidel: thanks for having community participation so easy to access on zoom

02:35:11 Hello from Laura: UCLA has a large medical staff and the ability to fill positions temporarily

02:35:45 Bernadette Dutton: there has been a mass exodus of nurses is not safe for patients. I was the only nurse in ER the other day. I had 10 patients at one time. this is unsafe

02:35:59 Bernadette Dutton: and it is not safe*

02:36:34 Shenita Anderson: Lost the competent director. They need to outsource

02:36:59 Shenita Anderson: INCENTIVIZE IT!!!

02:36:59 Bernadette Dutton: I've worked for 3 years at OMC. I have seen a registry or travel nurse 3 times over those years

02:37:06 LaPaula Parker: They could do it but their money is more valuable to them than people's lives

02:37:09 Bernadette Dutton: only 3 times

02:37:17 Kari Garcia: it is not impossible if those who are in charge get it together and make this happen. Be transparent, be moral and pay your nurses and bonus them for your mistake. During a pandemic you need to MAKE it happen and partner with everyone in the city.

02:37:31 Shenita Anderson: what happened to the 27mill COVID Medicare pay?

02:37:34 Bernadette Dutton: i haven't seen one as of recently (when there is only one nurse in the ER)

02:38:01 Bernadette Dutton: so many nurses have quit. where did those salaries go?

02:39:31 Cristina Calaguas: In the case of extending closure, it's prevalent to hire registry and travel nurses / respiratory therapists - because RN ratios are already problematic. Out of ratio nursing is hazardous to patient care. We have med-surg nurses doing critical care. It's definitely not impossible.

02:40:27 Bernadette Dutton: if it's so easy to get travel and registry nurses? where have they been for the last few months?

02:41:12 Rick Rodriguez: Will there be a written motion for the public to refer to?

02:42:20 Cathy Chidester EMSAAC ALT: The report will be available on the ems agency web site when complete

02:42:36 Charles D'Atri: url?

02:43:15 Rick Rodriguez: Thank you. Please provide the public a URL when possible.

02:43:31 Bernadette Dutton: thank you everyone!!!!

02:43:54 Kari Garcia: Thank you EMS and all speakers. This was excellent.

02:43:58 Charles D'Atri: Thank you, appreciate your efforts

02:43:59 Shenita Anderson: ty EVERYONE
02:44:18 Carina Rode: thank you to all
02:44:40 Charles D'Atri: commission url?
02:45:08 Kay Fruhwirth: ems.dhs.lacounty.gov

MOTION from Commissioner Atilla Uner, MD

Given that we are in a historic public health emergency, the current owners are recommended to delay the ending of medical services for 6 months to September 30, 2021.

SECOND by Commissioner Carol Snyder, RN

MOTION CARRIED:

Commissioner Diego Caivano, MD	Aye
Commissioner Eugene Harris, Chief	Aye
Commissioner John Hisserich, PhD	Aye
Commissioner Lydia Lam, MD	Aye
Commissioner James Lott, PsyD	Aye
Commissioner Carol Meyer, RN	Aye
Commissioner Robert Ower, RN	Aye
Commissioner Garry Olney, DNP	Aye
Commissioner Kenneth Powell, Chief	Aye
Commissioner Paul Rodriguez, Chair	Aye
Commissioner Joseph Salas, Vice Chair	Aye
Commissioner Nerses Sanossian, MD	Aye
Commissioner Carl Snyder, RN	Aye
Commissioner Atilla Uner, MD	Aye
Commissioner Gary Washburn	Aye

No Nays

No Abstentions



MARK RIDLEY-THOMAS

LOS ANGELES CITY COUNCILMEMBER

— DISTRICT 10 —

January 27, 2021

Ms. Cathy Chidester
Director, Emergency Medical Services Agency
County of Los Angeles
Sent Via Email

RE: CLOSURE OF OLYMPIA MEDICAL CENTER

Dear Ms. Chidester:

As Councilmember for the 10th District of the City of Los Angeles, which includes communities served by the Olympia Medical Center (OMC), I write to express my serious concerns regarding the voluntary suspension of all patient services at OMC effective March 31, 2021, which would include the emergency department and all emergency services. It is my understanding that six coronary care beds, six intensive care beds and 192 general acute care beds are also proposed to be suspended.

As you know well, the COVID-19 pandemic has led to extensive wait times for ambulances to offload patients in local emergency departments, and the shortage of locations to place sick individuals has had devastating consequences. The voluntary closure of OMC in the midst of this crisis would further weaken the region's already fragile healthcare system.

I strongly support the Emergency Medical Services Agency's efforts to work with OMC to delay the suspension of services for a minimum of six months. It is my sincere hope that all parties can come to an amicable and timely resolution to facilitate the continuation of this critical healthcare service during the time when it is most needed.

If I can be of any assistance as it relates to this matter, please don't hesitate to contact my Chief of Staff, Karly Katona, at karly.katona@lacity.org.

With hope,

MARK RIDLEY-THOMAS

City of Los Angeles, Tenth District

Committees:

Chair

Personnel & Animal Welfare

Vice Chair

Energy, Climate Change &
Environmental Justice

Ad Hoc Committee on Police
Reform

Member

Budget and Finance
Transportation

Website: <http://cd5.lacity.org>

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January 27, 2021

Ms. Denise Watson, Commission Liaison
Los Angeles County Emergency
Medical Services Commission

via email: dwatson@dhs.lacounty.gov

Re: Olympia Medical Center

Dear Ms. Watson:

As the Los Angeles City Councilmember representing Council District 5, I am writing to you today regarding the potential impact of the closure of Olympia Medical Center, located at 5900 W. Olympic Blvd. in Los Angeles.

While Olympia Medical Center is not physically located in my district, it does serve thousands of my constituents, many of whom will be left with a severe reduction of the already limited health care options available during this precarious time. As you know, the Coronavirus pandemic has already adversely impacted health care providers working at every level to support the dramatically high numbers of those suffering from COVID-19, in addition to the intake of all other patients that require hospital services. In fact, all hospitals are a critical part of our health care infrastructure, providing not just emergency illness support, but support for the everyday health care needs of a huge urban area like Los Angeles.

Ms. Denise Watson

January 27, 2021

Page Two

I am extremely concerned that my constituents, and residents throughout Los Angeles, will suffer greatly from the suspension of patient services at Olympia Medical Center on March 31st of this year, let alone the potential for partial service suspension scheduled for as early as January 31st.

I am urging your Commission and those in a position of authority in this matter to work with Olympia Medical Center's operators to keep at least minimal service open and available to Angelenos until the takeover by UCLA at the end of this calendar year.

Thank you for your consideration in this matter of life and death.

Sincerely,

A handwritten signature in black ink that reads "Paul Koretz". The signature is written in a cursive, flowing style with a large initial "P" and a stylized "K".



January 27, 2021

To Ms Denise Watson, Commisson Liaison
County of Los Angeles, Emergency Medical Services Commission

RE: Public Hearing on Impact of the Closure of Olympia Medical
Center's Emergency Department upon Emergency Medical Services

Ms Watson;

In representing the business and residential community of the Miracle Mile, we are gravely concerned at the news of the impending closure of Olympia Medical Center. This very local hospital has served us well for decades. With the current COVID pandemic still profoundly affecting our city; it seems completely unreasonable and lacking in civic forethought to close this medical facility. Our community needs all the services and professional personnel this hospital can provide.

We are further profoundly disturbed at the complete lack of outreach and informative presentation to the Miracle Mile in advance of this decision. It appears to be a "done deal". Our businesses, their employees and residents should have had prior opportunities to voice their opinions.

Please present and include this letter as part of the Impact Evaluation Study by the EMS Agency as it reflects our official concerns on the matter.

Sincerely,

Meg McComb

Executive Director

Greater Miracle Mile Chamber of Commerce

CALIFORNIA HEALTH AND SAFETY CODE SECTION 1300

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 changes 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 division (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.

SUBJECT: **DOWNGRADE OR CLOSURE OF 9-1-1
RECEIVING HOSPITALS OR EMERGENCY
MEDICAL SERVICES**

REFERENCE NO. 222

PURPOSE: To establish a procedure to be followed if a general acute care or psychiatric facility plans to downgrade or eliminate emergency medical services or close the hospital completely.

AUTHORITY: California Code of Regulations 70105(a), 70107(a), 70107(a)(12), 70351(a), 70351(b)(1), 70351(b)(5), 70367(a)
Health and Safety Code, Sections 1255.1, 1255.2, 1255.25, 1300

PRINCIPLES:

1. Hospitals with a basic or comprehensive emergency department permit provide a unique service and an important link to the community in which they are located. In certain instances, the reduction or withdrawal of these services may have a profound impact on the emergency medical services (EMS) available in their area and to the community at large.
2. Every effort should be made to ensure that essential emergency medical services are continued until emergency care can be provided by other facilities or until EMS providers can adjust resources to accommodate anticipated needs.
3. Before any changes are finalized, the Emergency Medical Services Agency should have sufficient time and opportunity to develop an EMS Impact Evaluation Report (IER) that examines the closure's affect on the community.
4. Before approving a downgrade or closure of emergency services, the California State Department of Public Health (Department) shall receive a copy of the IER to determine the expected impact of the changes, including access to emergency care and the affect of the closure on emergency services provided by other entities.


PROCEDURE:

- I. Responsibilities of the Health Facility Proposing the Downgrade or Closure
 - A. Not less than 30 days prior to closing a health facility, the facility shall provide public notice of the proposed downgrade or elimination of emergency services. Public notice shall include:
 1. A notice posted at the entrance to all affected facilities.
 2. A notice to the local government entity in charge of the provision of health services and the Board of Supervisors of the county in which the health facility is located.

EFFECTIVE: 06-30-99
REVISED: 01-01-17
SUPERSEDES: 07-01-13

PAGE 1 OF 4

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

3. The California State Department of Public Health, Licensing and Certification Division.
 4. All health care service plans.
 5. Other entities under contract with the hospital that provide services to enrollees.
- B. The required notice shall include:
1. A description of the proposed downgrade or elimination.
 2. The description shall be limited to publicly available data, including the number of beds eliminated, if any, the probable decrease in the number of personnel, and a summary of any service that is being eliminated, if applicable.
 3. A description of the three nearest available comparable services in the community. If the health facility closing these services serves Medi-Cal or Medicare patients, the health facility shall specify if the providers of the nearest available comparable services serve these patients.
 4. A telephone number and address for each of the following where interested parties may offer comments:
 - a. The health facility.
 - b. The parent entity, if any, or contracted company, if any, that acts as the corporate administrator of the health facility.
 - c. The chief executive officer.
 5. The notice shall be provided in a manner that is likely to reach a significant number of community residents serviced by the facility.
 6. It shall be provided within the 30-day time frame specified in Section I.
 7. The facility should make reasonable efforts at public notice including, but not limited to:
 - a. Advertising the change in terms easily understood by a layperson.
 - b. Soliciting media coverage regarding the change.
 - c. Informing patients of the facility of the impending change.
 - d. Notifying contracting health care service plans.
 8. This does not apply to county facilities subject to Health & Safety Code Section 1442.5.

- C. A hospital is not subject to the above if the Department:
 - 1. Determines that the use of resources to keep the emergency department (ED) open substantially threatens the stability of the hospital as a whole.
 - 2. Cites the ED for unsafe staffing practices.
- II. Responsibilities of the Local EMS Agency
 - A. Develop an IER in consultation with impacted hospitals and 9-1-1 providers.
 - 1. Include, at minimum, the following evaluation criteria:
 - a. The hospital's geographic proximity to other facilities within a five- and ten-mile radius.
 - b. The annual number of 9-1-1 basic life support (BLS) and advanced life support (ALS) transports.
 - c. The number of ED treatment stations and total emergency department volume.
 - d. The number of paramedic contacts per month if the hospital is a paramedic base.
 - e. The number of trauma patients received per month if the hospital is a trauma center.
 - f. A list of the services provided by the hospital and the surrounding facilities (Emergency Department Approved for Pediatrics, burn, perinatal, STEMI Receiving Center, PMC/PTC, Disaster Resource Center, Approved Stroke Center).
 - g. The average emergency department diversion of surrounding facilities.
 - B. Conduct at least one public hearing if the service being downgraded or closed is the facility's emergency department. The public hearing shall be conducted by the Emergency Medical Services Commission (EMSC).
 - 1. The EMSC may hold the public hearing at their normally scheduled meeting or convene a special meeting at the request of the Director of the EMS Agency.
 - 2. The hearing shall be held within 30 days following notification of the intent to downgrade or close services.
 - C. Notify planning or zoning authorities of the proposed downgrade or closure so that street signage can be removed.
 - D. Reconfigure the EMS system as needed.
 - 1. If the EMS Agency determines that the downgrade or closure of a hospital ED will significantly impact the EMS system, the Agency shall:
 - a. Determine the reason(s) a hospital has applied to do so, and

- b. Determine whether any system changes may be implemented to maintain the hospital service within the system, or
 - c. Develop strategies to accommodate the loss of the ED or other identified specialized service to the system.
- E. Forward the IER to the Board of Supervisors for adoption.
- F. Forward the IER to the Department within three days of its adoption by the Board of Supervisors and within 60 calendar days after the initial notification from hospital of the proposed downgrade or closure.
- III. Following receipt of the IER, Department shall notify the hospital, in writing, of its decision regarding the application to downgrade or close emergency services or the facility.

CROSS REFERENCES:

Prehospital Care Manual:

Reference No. 206, **Emergency Medical Services Commission Ordinance No. 12332-
Chapter 3.20 of the Los Angeles County Code**