## EMS Proposed Hospital New Critical Care Programs

Program	Description of Mandated Programs				
Stroke Receiving Center	Improve care of stroke patients by providing standardized statewide				
	requirements to develop and implement a Stroke Receiving Center as part				
	of a Critical Care System.				
Stroke Comprehensive	Improve care of stroke patients by providing standardized statewide				
Center	requirements to develop and implement a Stroke Comprehensive Center				
	as part of a Critical Care System.				
STEMI Center	Improve care of cardiac patients by providing standardized statewide				
	requirements to develop and implement a STEMI Receiving Center as part				
	of a Critical Care System.				
Description of a Permissive Program					
EMS for Children	A national initiative that creates guidelines for the hospital and prehospital				
	communities to effectively care of children during emergencies.				

Proposed Fees for Hospital Systems Program Costs Per Hospital System (as currently designated)							
Program	Dignity Health	Sutter	Sutter Kaiser				
Stroke Receiving Center (Per Hospital \$14,000)	\$42,000	\$28,000	\$42,000	\$14,000			
Stroke Comprehensive Center (Per Hospital \$29,000)	\$29,000	-	-	-			
STEMI (Per Hospital \$14,000)	\$28,000	\$28,000	\$28,000	\$14,000			
EMS for Children (Per Hospital \$6,000)	-	-	-	\$6,000			
Total	\$99,000	\$56,000	\$70,000	\$34,000			

Proposed Fee Change: Trauma Center Designation Fees Established per Board Resolutions					
University of California Davis Medical Center (Reso. 90-1482)					
Mercy San Juan Medical Center (Reso. 90-1482)	Proposed change in increase from				
Kaiser Foundation Hospitals (Reso. 2007-1494)	CPI West B/C to 5% annually.				
Sutter Roseville Medical Center (Reso. 90-1482)					

Fees Established in 2013 (Board Resolution 2013-0478)					
Mobile Intensive Care Nurse Training Programs	Proposed change in increase from CPI West B/C to 5% annually.				

## SCEMSA Funding Sources

Agency	Maddy	Richie	Personnel Fees Exclusive Op. Area or Federal Funding	General Fund	Bonds or Measures	Total
Comparable Counties*	6.9%	3.8%	66.0%	13.0%	10.3%	100%
Sacramento	38.6%	38.6%	18.3%	4.6%	0.0%	100%

\*\*Alameda, Central Valley (Fresno), Contra Costa, El Dorado, Inland Counties, Riverside, San Joaquin, Santa Clara, Sierra-Sacramento Valley, Solano, and Ventura

## **Proposed Staffing Change:**

- Increase 0.4 Medical Director to 0.5 FTE
- Add 1.0 FTE EMS Coordinator
- Operational budget increase (\$18,000)

## Current Staffing Comparison to Other Counties\*\*

County	Alameda	Contra Costa	Riverside	San Joaquin***	Sacramento
Medical Director	1	1	1	0.3	0.4
EMS Director/Administrator	1	1	2	-	1
Coordinator	5	8	-	3	1
Specialist	10	-	8	2	3
Nurse Manager	-	-	1	-	-
Analyst	-	-	-	3	-
Administrative Support	7	5	6	2	2
Total	24	15	18	10.3	7.4

\*\*Counties chosen based on their similar demographics, population, geographic size and composition (urban, rural, and suburban).

\*\*\*San Joaquin chosen for its proximity to Sacramento County and population size.