

**Hospital Stakeholder Meeting
Public Comments on New Programs/Fees
March 7, 2019**

Below is a summary of public comments and questions from the Hospital Stakeholder meeting including SCEMSA staff responses and relevant statutory requirements from the California Code of Regulations, Title 22, Division 9 and Health and Safety Code Division 2.5.

Comment	– EMS Response
<p><u>Dignity Health</u>: Dignity Health is being charged twice at Mercy San Juan (MSJ). The other Comprehensive Stroke Centers are not listed.</p>	<ul style="list-style-type: none"> – MSJ is a Comprehensive Stroke Center. The fee is \$29,000 based on time study. MSJ is the only hospital to officially notify SCEMSA of designation. – Health and Safety Code Division 2.5 Chapter 4, Sections 1797.204; 1797.212 and Chapter 6, Section 1798.150.
<p><u>Kaiser South</u>: STEMI program cost "per hospital" is \$14,000 and under the "Kaiser" column the proposed fees for the STEMI program are listed at "\$28,000".</p>	<ul style="list-style-type: none"> – Kaiser Roseville is designated as a Sacramento County STEMI Receiving Center per SCEMSA policy #2060- Hospital Services.
<p><u>Dignity Health</u>: How were fees determined and what services could Mercy San Juan expect to get for that \$29,000, because they are a Comprehensive Stroke Center as opposed to the receiving facilities?</p> <p><u>Dignity Health</u>: Data bases are shared.</p>	<ul style="list-style-type: none"> – Fees were determined by a time study, based on Sacramento County's methodology. – More EMS staff time is dedicated to Comprehensive Stroke Centers based on proposed requirements, California Code of Regulations (CCR), Title 22, Chapter 7.2-Stroke Critical Care System; estimated effective 7/1/19. – SCEMSA staff must implement a standardized data collection and reporting process and must collect both prehospital and hospital data and match the prehospital with the hospital data. The process can be extensive and time consuming. – CCR, Title 22, Chapter 7.2 Section 100270; estimated effective 7/1/19. – Health and Safety Code Division 2.5 Chapter 4, Sections 1797.204; 1797.212 and Chapter 6, Section 1798.150.
<p><u>Sutter Roseville/Kaiser Roseville</u>: There's differences in trauma designation fees based on volume. Stroke and STEMI centers are flat based fees. How did that decision come about?</p>	<ul style="list-style-type: none"> – Volume was not taken into account when developing the STEMI/Stroke fees. SCEMSA staff perform the same amount of work for each designation. Trauma fees were established in original board letters in 1990 and 2006. – Health and Safety Code Division 2.5 Chapter 6 Section 1798.164.

Emergency Medical Services Agency

Comment	– EMS Response
<p><u>Sutter Roseville/Kaiser Roseville</u>: Kaiser Roseville is on the list and hasn't been part of the conversation in previous meetings, this is a double burden for some of these hospitals that are in two different counties.</p>	<p>– Stakeholders from each hospital, including those in Roseville, were invited to attend the STEMI and Stroke Advisory Committee (SAC).</p>
<p><u>MSJ</u>: Will comprehensive stroke centers have access to other comprehensive stroke centers data in California that we can compare data to?</p>	<p>– The State Authority is working with California Department of Public Health (CDPH), establishing a statewide stroke registry, of which SCEMSA has been asked to be a pilot partner. The statewide registry would be an avenue we can eventually access. Currently, every LEMSA owns their own data.</p>
<p><u>MSJ</u>: Is every LEMSA going to use the same system?</p>	<p>– That is the direction that the State Authority is moving.</p>
<p><u>Dignity Health</u>: How were the fees calculated and what was the designation fee based on?</p> <p>Can a Comprehensive Stroke Center that is certified by The Joint Commission fill out the application for a Stroke Receiving Center?</p>	<p>– Question answered previously.</p> <p>– Designation fee is determined by the hospital's designation as listed in SCEMSA policy 2060- Hospital Services.</p> <p>– Designation is based on The Joint Commission level, as per request by The Stroke Advisory Committee.</p> <p>– As in the proposed Stroke Regulations: Title 22, CCR, Chapter 7.2 Section 100270.220 (g)(h)</p>
<p><u>Sutter Health Medical Center (SHMC)</u>: The data collection is a burden on the hospitals to provide outcome data when they aren't getting complete information about the patients.</p>	<p>– Thank you for your time. We will review it.</p> <p>– Health and Safety Code Division 2.5, Section 1797.227. SCEMSA cannot mandate that a provider use a specific electronic health record system to collect and share data with the Local EMS Agency (LEMSA).</p>
<p><u>Hospital Council</u>: A letter from all four hospitals systems, senior executives, that has some written feedback. Letter submitted to SCEMSA.</p>	<p>– Thank you for the feedback. Items considered in the revised document.</p>