



Pictured from left are Ross Riddle, a boardmember for Community Medical Center Long Beach and the Community Hospital Long Beach Foundation; Matthew Faulkner, the foundation's executive director; and Mike Brascia, owner of Brascia Builders. They are the leaders of a task force advocating for continued service at Community Medical Center Long Beach. (Photograph by the Business Journal's Anne Artley)

Councilmember Daryl] Supernaw to have a community task force to provide input and guidance to the process," Community Hospital Long Beach Foundation Executive Director Matthew Faulkner said. "The foundation offered to facilitate that, which means we would staff it, put an agenda together and host public meetings open to participation by any member of the community."

This year, the task force has held five meetings, with an average attendance of 75 to 80. According to Faulkner, the organization has the support of the California Nurses Association as well as the Long Beach Firefighters Association. The task force has encouraged attendees to contact elected representatives, purchase a lawn sign to promote awareness and share experiences on [www.savetheer.com](http://www.savetheer.com). "We're telling the people who come to the meetings that if they care enough to come, then they're a part of the task force," Ross Riddle, a task force leader and boardmember for the hospital and foundation, commented.

The task force leaders agreed that the hospital's location makes it an indispensable resource, as it provides a necessary service for the east side of town. "[The paramedics] at other hospitals are displaced because they may get calls further out and, in an emergency, all those seconds and minutes matter," Faulkner explained. "A man at one of our meetings said his daughter had an allergic reaction to peanuts. He brought her [to Community Hospital] and said she would not have made it if he had taken her to [another hospital]."

According to Supernaw, the city council is expected to meet in closed session on June 19 to select one of two operators to take over the lease to the hospital [Note: One bidder dropped out leaving only the group led by the Molina brothers]. In order for the hospital to continue emergency care services, it must comply with state seismic requirements by the end of 2019, as mandated by the Office of Statewide Health Planning and Development. In February, Assemblymember Patrick O'Donnell introduced a bill that would extend this deadline by five years.

In April, the assembly health committee chairman elected to withhold a vote on the bill until the city produces a plan detailing how and when the hospital could meet the seismic standards. Long Beach Economic Development Director John Keisler expressed confidence that the new operator would receive an extension.

"The health committee did us a favor," Keisler said. "The committee chair has stated to the City of Long Beach that they'll consider our extension bill as soon as we have a lease agreement for a future operator and a plan for construction for retrofitting.

Other hospitals have received [extensions] after these two things are in place." Keisler said he currently does not have an estimate on the cost of the retrofit, which would depend on the operator's construction plans.

To maintain a publicly accessible emergency department, the new operator is required under state law to provide eight basic services: medical, nursing, surgery, anesthesia, laboratory, radiology, pharmacy and dietary. "Because of the state's seismic requirements, [the new operator] will not be able to provide the exact same services on the campus," Keisler explained. "Some of the facilities have been deemed seismically unsafe. [The contenders] will be presenting a plan to consolidate the emergency department and the eight basic services on a seismically safe portion of the property, and then they'll present a plan to reuse and retrofit other facilities that may no longer be acceptable for what is called general acute care. . . . It'll be a new use of some of the facilities." Acute conditions are defined as severe and sudden in onset, such as a broken bone or a heart attack.

Faulkner envisions Community Hospital transitioning into more of a "boutique" hospital which focuses on the eight basic services. "The consensus of opinion of where we're going here is to a 50-bed acute care facility that's [used for] emergency, surgery and an intensive care unit. The other services like post-operative would be in a sub-acute setting. . . . For us, that's absolutely perfect."

According to Keisler, the city's choice in operator depends upon which institution is able to negotiate a transition agreement with MemorialCare. This also would determine whether the hospital will close after July 3.

Despite the time constraint to retrofit the site, Keisler has discovered a "tremendous amount of interest" from contenders. "Operating a hospital on the east side of Long Beach is an attractive proposition for many health care providers," he commented. "The challenge is, how do they meet the seismic requirements given the short timeframe? There will be some construction that's needed to retrofit even the seismically safe portion of the facility. . . . It will take more than 18 months. We still have to have the state approve an extension so we can remain operational while we're doing construction. That's a sequence of events that's a very complex timeline because of how short of a notice we received from MemorialCare. . . . but it's all feasible and possible."

The CHLB Foundation funded a survey of residents of the east side of Long Beach and Signal Hill to determine consumer demand for critical care services, emergency care, an intensive care unit and a cardiac care unit. In conjunction with two Califor-

nia State University, Long Beach professors and an independent marketing research firm, the foundation interviewed 400 randomly selected households on the city's east side and in Signal Hill. The results, which were released in early April, show high demand for the hospital, Faulkner said.

"The staff here is very supportive of the hospital, and not just because they work

here," Brascia added. "You could truly feel these doctors can work just about anywhere. They have other opportunities, but they want to see this continue and survive. When I've sat in meetings for the advisory board, task force, or even when I'm just out and about in the community, I can see that these doctors and nurses are very passionate that it needs to stay." ■

## Read The Non-Binding Letter Of Interest To Operate Community Medical Center Long Beach

A group interested in operating Community Medical Center Long Beach submitted the following letter, dated May 7, 2018, to John Keisler, director of the Long Beach Economic Development Department.

"We represent a consortium of health care organizations that have come together in the interest of operating Community Medical Center Long Beach ("Community"). This consortium is made up of:

- John & Mario Molina: the Molina brothers have over 30 years' experience in working in the Long Beach health care community as leaders of Molina Healthcare and Golden Shore Medical Group.

- AMHC: AMHC has over 30 years' experience in hospital management. AMHC owns and operates seven community hospitals in Southern California.

- Network Medical Management: NMM has nearly 25 years' experience in managing physicians and working with managed care organizations to improve patient care. NMM serves thousands of physicians in Long Beach and contracts with Golden Shore Medical Group, as well as Accountable IPA (a large Long Beach-based physician network).

We are pleased to include CSULB's School of Gerontology and School of Nursing as adjunct members of the consortium.

Our proposal would be to establish an entity that would lease the Community campus from the City and take over the current hospital license. We strongly believe Community provides vital critical acute care and emergency healthcare services and should continue its operations for the safety, health and welfare of its community. We also recognize that Community, in its current construct, cannot continue operations due to seismic requirements; however, we are willing to work with the City to reconfigure those portions of Community which meet seismic standards in order to maintain an acute care hospital and Emergency Department. We propose to continue operating all hospital services necessary in maintaining Emergency Room services, including capability to receive Advanced Life Support (ALS) paramedic ambulances. We also propose to substantially hire Community employees to provide these services.

We believe that the original hospital building meets current seismic standards and can be operated as an acute care hospital that includes an Emergency Department and 30-40 inpatient beds. In order to operate as such, several departments will need to be relocated and other parts of the facility may need upgrading. Furthermore, we intend to work with the City to develop a long-term seismic compliance plan that would allow for the continued use of the remaining parts of the hospital pending seismic retrofit.

In addition, one or more of the following complementary components would be added to transform the facility into a "health care community":

- Independent and assisted living services
- Inpatient and outpatient behavioral health services
- Program for All-Inclusive Care for the Elderly (PACE)
- Medical Education (in conjunction with CSULB)
- Outpatient medical and surgical services
- Additional nonmedical residential (as might be integrated)

It would be our intent that the organization created by the consortium would contract with the City of Long Beach to lease the property and in turn would subcontract out for services as follows:

- AMHC would be contracted to operate the hospital
- NMM would be contracted to bring managed care contracts to the hospital, help physicians manage those contracts and provide other "back office" support to insure long-term financial viability of the hospital

In order to implement this ambitious program, we would request the following from the City:

- 40-year lease for all Community property, facilities, equipment and licenses
- Lease rate of \$1 per year
- Consultation/facilitation regarding financing for structural changes required to move certain departments into the original hospital building and upgrading/renovating other parts of the facilities
- Consultation/facilitation of the building process so as to expedite through the planning and building process

We look forward to the next steps in this process. If you have any questions, please feel free to contact us.

Sincerely"

(The letter was signed by John Molina, Dr. Sim and Dr. Wu.)