



4103

Downgrade or Closure of Hospital Emergency Services

Nor-Cal EMS Policy & Procedure Manual	Hospitals
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Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Purpose

To establish a procedure to evaluate the potential impacts of facility closures or downgrades within the Nor-Cal EMS region.

Policy

Facility Responsibilities

1. Any hospital proposing a reduction or elimination of emergency medical services in their facility shall notify the State Department of Health Services, the County Department of Public Health, Nor-Cal EMS, and all health service plans under contract with the hospital, no later than 90 days before any such change.
2. The hospital implementing a change shall provide for public notification of the proposed changes no less than 90 days before implementing any changes. The notification shall be of such magnitude as to inform a significant number of residents within the hospital's service area and be in terms likely to be understood by a layperson.

Nor-Cal EMS Responsibilities

1. Within 45 days of notification, Nor-Cal EMS shall:
 - A. Ensure planning or zoning authorities have been notified.
 - B. Conduct, in conjunction with the local Department of Public Health, at least one public hearing on the proposed changes.
 - C. Distribute a draft of the impact evaluation report to the local County Department of Public Health, the Nor-Cal EMS Regional Medical Control Advisory Committee, the affected county's Emergency Medical Control Committee (or similar county EMS committee), the Nor-Cal EMS Governing Board, and any other emergency care provider affected by the changes.
2. A drafted Nor-Cal EMS impact evaluation shall be completed in collaboration with the California Healthcare Association and the local Public Health Department. The report shall include a pre- and post-comparison including, but not limited to, the following:
 - A. Geographical impact: Analysis of the service area and population density impacted, as well as the number, type, distance, and availability of other emergency services and prehospital resources.
 - B. Base hospital designation: Base hospital or alternative base hospital (See Nor-Cal Policy 10-0101) number of 911 ambulances received annually and the nearest facility able to accept similar patient loads.
 - C. Level of care impacted: An assessment of emergency and trauma services, and the next nearest facility able to provide equal or greater services. ED statistics will include the number of patients annually, both EMS delivered and walk-ins.
 - D. Specialty services provided: Neurosurgery, obstetrics, burn center, pediatric critical care, stroke, STEMI, etc. and the next nearest availability.
 - E. Public notification: A clear process must be outlined: Examples include public hearings, advertising, etc. All appropriate health care providers must be consulted regarding a plan of closure or downgrade of services. A complete record must be provided listing public and provider comments.
 - F. Availability of prehospital care: Availability and level of prehospital care and EMS aircraft resources.
 - G. Recommendations to address resource shortfalls: Shall include a determination of whether the request for reduction or elimination of emergency services should be approved or denied.
3. No more than 60 days after notification, Nor-Cal EMS shall submit the final impact evaluation report to the local County Department of Public Health, the State Department of Health Services, the State EMS Authority, the Nor-Cal Regional Medical Control Advisory Committee, the affected county's Emergency Medical Care Committee (or similar county EMS committee), and the Nor-Cal EMS Governing Board.