

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: May 20, 2015

TO: Local EMS Agency Administrators

FROM: Howard Backer, MD, MPH, FACEP
Director

SUBJECT: Hospital Emergency Department Downgrade or Closure Impact Evaluation
Policy Guidelines

Health and Safety Code Section 1300 requires each county or its designated local EMS agency to develop a policy that will specify the criteria the agency will consider in evaluating the impact of a downgrade or closure of any emergency services in the hospitals in their area. If your EMS agency has been designated to develop this policy for your county(ies), please use the criteria in the enclosed draft guidelines to assist you. *Note: This is a revised version of the May 17, 1999 guidance on the same subject.*

The guidelines were developed by the EMS Authority (EMSA), representatives of EMSAAC, and the California Hospital Association (CHA) to assist local EMS agencies (LEMSAs) in meeting the requirements of Section 1300 of the Health and Safety Code. These guidelines were reviewed and approved by the Commission on EMS at their June 23, 1999 meeting. These guidelines remain in effect today for use to prepare local EMS agency policies, in order to meet the June 30, 1999 deadline (see below).

The statute requires that these policies be completed by June 30, 1999, and that a copy be forwarded both to the EMS Authority and to the California Department of Public Health (CDPH) within three days after the policy's completion. If you send EMSA both copies, we will ensure that one goes immediately to the appropriate personnel at CDPH. Or, alternately, you may send a copy to them at this address:

California Department of Public Health
Licensing & Certification Program
Field Operations Branch Managers
P. O. Box 997377, MS 0500
Sacramento, CA 95899-7377

We will be happy to work with LEMSAs to complete the impact evaluation policies. Please contact Tom McGinnis at (916) 322-4336, tom.mcginis@emsa.ca.gov, if you have questions regarding these guidelines. Policies may also be emailed to this address.

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**IMPACT EVALUATION POLICY GUIDELINES
FOR COUNTIES OR LOCAL EMS AGENCIES (LEMSAs)
REGARDING HOSPITAL EMERGENCY SERVICES
DOWNGRADE OR CLOSURE**

PURPOSE:

These guidelines are to assist counties or their designated emergency medical services (EMS) agencies to meet the statutory requirements of evaluating and reporting on the potential impact on the community, community access to emergency care, and how the downgrade or closure will affect emergency services provided by other entities as well as on their systems as a result of the downgrading or closure of emergency services in their receiving hospitals.

AUTHORITY:

Pursuant to Section 1300 (c) of the Health and Safety Code, the State EMS Authority shall develop guidelines for development of impact evaluation policies. On or before June 30, 1999, each county or its designated local EMS agency shall develop a policy specifying the criteria it will consider in conducting an impact evaluation. Each county or its designated local EMS agency shall submit its impact evaluation policy to the California Department of Public Health (CDPH) and the EMS Authority (EMSA) within three days of completion of the policy. The EMS Authority shall provide technical assistance upon request to a county or its designated local EMS agency.

Section 1300 requires hospitals that plan to reduce or eliminate emergency services to provide notice to certain entities (including the local governing health agency and specified service providers contracting with the hospital) 90 days prior to the change. Hospitals are not subject to the 90-day notice provision if CDPH determines that the use of resources to keep the emergency center open substantially threatens the stability of the hospital as a whole, or cites the emergency center for unsafe staffing practices. The law also requires health care service plans that contract with a hospital planning a reduction in emergency services to notify enrollees 30 days in advance of the change.

CDPH must receive an impact evaluation report from the county where the hospital planning to reduce or eliminate services is located. The impact evaluation and a public hearing, to be conducted by the county or its designated local EMS agency, must take place within 60 days of the hospital announcing its intention. The county or the local EMS agency shall ensure that all hospital and prehospital health care providers in the geographic area impacted by the service closure or change are consulted with, and planning or zoning authorities are notified, prior to completing an impact evaluation.

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EVALUATION CRITERIA:

Local EMS agencies should, at a minimum, use the following criteria when developing impact evaluation polices:

- **Geography:**
Relative to facility isolation and type of services available; service area population density, travel time and distance to next nearest facility, number and type of other available emergency services, and availability of prehospital resources;
- **Base hospital designation:**
Number of calls; impact on patients, prehospital personnel, and other hospitals;
- **Trauma care:**
Number of trauma patients; impact on other hospitals, trauma centers, and trauma patients;
- **Specialty services provided:**
Neurosurgery, obstetrics, burn center, pediatric critical care, etc., and their next nearest availability;
- **Patient volume:**
Number of patients annually, both 9-1-1 transports and walk-ins;
- **Notification of the public:**
Process to be used; public hearing, advertising, etc.; ensure that all appropriate health care providers are consulted with;
- **Process to be used to develop impact evaluation:**
LEMSAs should coordinate with their local hospital council and EMS providers to develop a system to be used for determining impact;
- **Recommendation for action:**
Every impact evaluation to include a determination of whether the request for downgrade or closure should be approved or denied, based upon the results of the criteria.