



Policy 404: Hospital Emergency Department Downgrade or Closure Impact Evaluation Policy Guidelines

Revision 11/8/21
Effective 11/8/21

- I. Purpose
 - A. 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.
- II. Authority
 - A. Pursuant to Section 1300 (c) of the Health and Safety Code, the State EMS Authority shall develop guidelines for development of impact evaluation policies. Each county or its designated local EMS agency shall develop a policy specifying the criteria it will consider in conducting an impact evaluation.
 - B. 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.
 - C. 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.
 - D. 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 contact with a hospital planning a reduction in emergency services to notify enrollees 30 days in advance of the change.
 - E. 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.
 - F. 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.



III. Evaluation Criteria

- A. Local EMS agencies should, at a minimum, use the following criteria when developing impact evaluation policies:
1. **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;
 2. **Base hospital designation:** Number of calls; impact on patients, prehospital personnel, and other hospitals;
 3. **Trauma care:** Number of trauma patients; impact on other hospitals, trauma centers, and trauma patients;
 4. **Specialty services provided:** Neurosurgery, obstetrics, burn center, pediatric critical care, etc., and their next nearest availability;
 5. **Patient volume:** Number of patients annually, both 9-1-1 transports and walk- ins;
 6. **Notification of the public:** Process to be used; public hearing, advertising, etc.; ensure that all appropriate health care providers are consulted with;
 7. **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;
 8. **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.