Sierra – Sacramento Valley EMS Agency Program Policy			
Emergency Department Downgrade and/or Cessation			
	Effective: 06/01/2016	Next Review: 04/2019	**510**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
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PURPOSE:

To establish procedures for evaluation of the potential EMS system impact due to the downgrade or closure of emergency medical services in hospitals.

AUTHORITY:

California Health and Safety Code, Division 2, Chapter 2, § 1255 and 1300.

POLICY:

A. 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, S-SV EMS, and all health service plans under contract with the hospital, no later than 90 days prior to any such change.

B. The hospital implementing a change shall provide for public notification of the proposed changes no less than 90 days prior to 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.

C. Upon notification, S-SV EMS shall proceed with an impact evaluation in collaboration with the California Healthcare Association and the local Public Health Department. The report shall include, but is not limited to, the following:

1. Geography: Service area population density, travel time and distance to the next nearest facility, number and type of other available emergency services, availability of prehospital resources.

2. Base hospital designation: Number of calls; impact on patients, prehospital personnel, and other base hospitals.

3. Level of care: Assessment of level of emergency services provided, i.e., basic, standby, and next nearest availability.

4. Trauma care: Number of trauma patients; impact on other hospitals, trauma centers, and trauma patients.

5. Specialty services provided: Neurosurgery, obstetrics, burn center, pediatric critical care, stroke, STEMI, etc., and the next nearest availability.

6. Patient volume: Number of emergency department patients annually, both 911 transports and walk-ins.

7. Notification of the public: Process to be used: public hearing, advertising, etc.; ensure that all appropriate health care providers are consulted with.

8. Availability of prehospital care: Availability and level of prehospital care and EMS aircraft resources.

9. Public and emergency provider comments: Obtained through local EMS committees and public hearing.

10. Recommendations: Shall include a determination of whether the request for reduction or elimination of emergency services should be approved or denied.

D. Within 45 days of notification, S-SV EMS shall:

1. Ensure planning or zoning authorities have been notified.

2. Conduct, in conjunction with the local Department of Public Health, at least one public hearing on the proposed changes.

3. Distribute a draft of the impact evaluation report to the local county Department of Public Health, the S-SV EMS Regional Medical Control Advisory Committee, the affected county's Emergency Medical Control Committee (or similar county EMS committee), the S-SV EMS JPA Governing Board, and any other emergency care providers affected by the changes.

E. No more than 60 days after notification, S-SV 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 S-SV Regional Medical Control Advisory Committee, the affected county's Emergency Medical Care Committee (or similar county EMS committee), and the S-SV EMS JPA Governing Board.