DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **DOWNGRADE OR CLOSURE OF 9-1-1 RECEIVING HOSPITALS OR EMERGENCY MEDICAL SERVICES** REFERENCE NO. 222

PURPOSE: To establish a procedure to be followed if a general acute care or psychiatric facility plans to downgrade or eliminate emergency medical services or close the hospital completely.

AUTHORITY: California Code of Regulations 70105(a), 70107(a), 70107(a)(12), 70351(a), 70351(b)(1), 70351(b)(5)
Health and Safety Code, Sections 1255.1, 1255.2, 1255.25, 1300

PRINCIPLES:

1. Hospitals with a basic or comprehensive emergency department permit provide a unique service and an important link to the community in which they are located. In certain instances, the reduction or withdrawal of these services may have a profound impact on the emergency medical services (EMS) available in their area and to the community at large.

2. Every effort should be made to ensure that essential emergency medical services are continued until emergency care can be provided by other facilities or until EMS providers can adjust resources to accommodate anticipated needs.

3. Before any changes are finalized, the Emergency Medical Services Agency should have sufficient time and opportunity to develop an EMS Impact Evaluation Report (IER) that examines the closure's affect on the community.

4. Before approving a downgrade or closure of emergency services, the California State Department of Public Health (Department) shall receive a copy of the IER to determine the expected impact of the changes, including access to emergency care and the affect of the closure on emergency services provided by other entities.

PROCEDURE:

I. Responsibilities of the Health Facility Proposing the Downgrade or Closure

A. Not less than 30 days prior to closing a health facility, the facility shall provide public notice of the proposed downgrade or elimination of emergency services. Public notice shall include:

1. A notice posted at the entrance to all affected facilities.

2. A notice to the local government entity in charge of the provision of health services and the Board of Supervisors of the county in which the health facility is located.

APPROVED: Director, EMS Agency — Medical Director, EMS Agency

3. The California State Department of Public Health, Licensing and Certification Division.

4. All health care service plans.

5. Other entities under contract with the hospital that provide services to enrollees.

B. The required notice shall include:

1. A description of the proposed downgrade or elimination.

2. The description shall be limited to publicly available data, including the number of beds eliminated, if any, the probable decrease in the number of personnel, and a summary of any service that is being eliminated, if applicable.

3. A description of the three nearest available comparable services in the community. If the health facility closing these services serves Medi-Cal or Medicare patients, the health facility shall specify if the providers of the nearest available comparable services serve these patients.

4. A telephone number and address for each of the following where interested parties may offer comments:

   a. The health facility.
   b. The parent entity, if any, or contracted company, if any, that acts as the corporate administrator of the health facility.
   c. The chief executive officer.

5. The notice shall be provided in a manner that is likely to reach a significant number of community residents serviced by the facility.

6. It shall be provided within the 30-day time frame specified in Section I.

7. The facility should make reasonable efforts at public notice including, but not limited to:

   a. Advertising the change in terms easily understood by a layperson.
   b. Soliciting media coverage regarding the change.
   c. Informing patients of the facility of the impending change.
   d. Notifying contracting health care service plans.

8. This does not apply to county facilities subject to Health & Safety Code Section 1442.5.

C. A hospital is not subject to the above if the Department:

1. Determines that the use of resources to keep the emergency department (ED) open substantially threatens the stability of the hospital as a whole.

2. Cites the ED for unsafe staffing practices.

II. Responsibilities of the Local EMS Agency

A. Develop an IER in consultation with impacted hospitals and 9-1-1 providers.

1. Include, at minimum, the following evaluation criteria:

a. The hospital's geographic proximity to other facilities within a five- and ten-mile radius.
b. The annual number of 9-1-1 basic life support (BLS) and advanced life support (ALS) transports.
c. The number of ED treatment stations and total emergency department volume.
d. The number of paramedic contacts per month if the hospital is a paramedic base.
e. The number of trauma patients received per month if the hospital is a trauma center.
f. A list of the services provided by the hospital and the surrounding facilities (Emergency Department Approved for Pediatrics, burn, perinatal, STEMI Receiving Center, PMC/PTC, Disaster Resource Center, Approved Stroke Center).
g. The average emergency department diversion of surrounding facilities.

B. Conduct at least one public hearing if the service being downgraded or closed is the facility's emergency department. The public hearing shall be conducted by the Emergency Medical Services Commission (EMSC).

1. The EMSC may hold the public hearing at their normally scheduled meeting or convene a special meeting at the request of the Director of the EMS Agency.

2. The hearing shall be held within 30 days following notification of the intent to downgrade or close services.

C. Notify planning or zoning authorities of the proposed downgrade or closure so that street signage can be removed.

D. Reconfigure the EMS system as needed.

1. If the EMS Agency determines that the downgrade or closure of a hospital ED will significantly impact the EMS system, the Agency shall:

a. Determine the reason(s) a hospital has applied to do so, and

b. Determine whether any system changes may be implemented to maintain the hospital service within the system, or

c. Develop strategies to accommodate the loss of the ED or other identified specialized service to the system.

E. Forward the IER to the Board of Supervisors for adoption.

F. Forward the IER to the Department within three days of its adoption by the Board of Supervisors and within 60 calendar days after the initial notification from hospital of the proposed downgrade or closure.

III. Following receipt of the IER, Department shall notify the hospital, in writing, of its decision regarding the application to downgrade or close emergency services or the facility.

CROSS REFERENCES:

Prehospital Care Manual:
Reference No. 206, **Emergency Medical Services Commission Ordinance No. 12332-Chapter 3.20 of the Los Angeles County Code**