

Chapter: COUNTY Of SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: Downgrade or Closure of Emergency Services in a Hospital Designated as a Basic Emergency Receiving Facility

POLICY NO: S-017
PAGE: 1 of 2
DATE: July 1, 2007

AUTHORITY: Health and Safety Code, Division 2, Section 1300.

I. PURPOSE

To identify the procedures instituted prior to downgrade or closure of emergency services provided by a licensed acute care hospital with a permit to provide basic or comprehensive emergency services.

II. POLICY

A. Hospitals planning to downgrade or close their capacity to provide emergency services shall notify the County of San Diego, Emergency Medical Services (CoSD EMS) of their intent at least 90 days prior to the scheduled change, in accordance with applicable regulations. This notification shall provide the CoSD EMS with the following information:

1. Rationale for downgrade or closure
2. Proposed timeline for downgrade or closure
3. Annual patient volume seen in the emergency department
4. Any other services provided by the hospital that may additionally be impacted by the emergency department downgrade/closure
5. Plans for community notification, including the scheduling of mandated public hearings

B. Upon notification that a hospital intends to downgrade or close the level of emergency services offered pursuant to its permit to operate a basic or comprehensive emergency facility, the CoSD EMS shall conduct an evaluation of the potential impact to prehospital emergency care providers and upon the remaining emergency care facilities in the geographic area. The impact evaluation and a public hearing shall occur within 60 days of receiving notification of the intent of closure. This impact evaluation shall include the following:

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1. Geographical Data regarding facility isolation, service area population density, travel time, and distance to next closest facility, number and type of other available emergency services, and availability of prehospital resources
2. Base Hospital Designation information to include the number of calls received, number of patients received, and impact on patients, prehospital personnel, and other Base Hospitals
3. Trauma Care impact based on the number of patients received, and impact on remaining hospitals, trauma centers, and trauma patients
4. Specialty Services provided that is not readily available at other community facilities and the next nearest availability of those services such as burn center, neurosurgery, pediatric, critical care, etc.
5. Patient Volume on an annual basis, including 9-1-1 transports, transfers, and walk-in patients
6. Public Notification of the intended downgrade or closure has occurred with a minimum of one public hearing in addition to advertisement to the community via publications, education sessions, or media forums

C. In addition to performing the impact evaluation, the CoSD EMS shall:

1. Notify and consult with all prehospital health care providers and hospitals in the geographical area regarding the potential closure or change.
2. Notify all planning or zoning authorities prior to completing an impact evaluation.
3. Provide, in writing, a copy of the CoSD EMS's impact evaluation to the California EMS Authority and the California State Department of Health Services within three days of the completion of the impact evaluation.