

Subject: Administration – Patient Care
Reduction or Closure of Hospitals

Associated Policies:

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. North Coast EMS Policies and Procedures
- II. Purpose

To provide a mechanism for North Coast EMS to evaluate and report on the potential impact on the EMS system as a result of the reduction or closure of emergency services in hospitals.
- III. Policy
 - A. Acute care hospitals intending to implement either a reduction or closure of emergency services must advise North Coast EMS as soon as possible, but at least ninety (90) days prior to the proposed change. The proposal must include:
 - 1. Reason for the proposed change(s).
 - 2. Itemization of the services currently provided and the exact nature of the proposed change(s).
 - 3. Description of the local geography, surrounding services, and for base hospitals, the average volume of calls.
 - 4. Description of potential impact on the EMS community regarding patient volume and type of prehospital and emergency department services available. Include a pre/post comparison.
 - 5. Description of potential impact on the public regarding accessibility of comparable alternative facilities or services. Include a pre/post comparison.
 - B. Within forty-five (45) days of notification from the hospital of their intent to change the emergency services provided, North Coast EMS will produce a draft needs assessment, including an impact evaluation report, regarding the proposed changes. The criteria which will be addressed in the impact evaluation report include:
 - 1. Geography (service population density and relative isolation, travel time and distance to 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. Specialty services provided.
 - 4. Patient volume.
 - 5. Feedback received from a public hearing on the issue (see D.).

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- C. North Coast EMS will facilitate a process for prehospital and hospital input into the impact evaluation report. This process shall include:
 - 1. Review by the Emergency Medical Care Committee (EMCC) of the county potentially affected by reduction or closure of emergency services, if possible.
 - 2. Release of the draft impact evaluation report to prehospital and hospital emergency services personnel, with a ten (10) day comment period.
- D. Within forty-five (45) days of hospital notification to North Coast EMS of the intent to change emergency services provided by the hospital, North Coast EMS will conduct a public hearing on the matter in conjunction with the County Health Officer, North Coast EMS Medical Director and a Joint Powers Governing Board representative from the county of the proposed change.
- E. The hospital will serve notice of the public hearing to the community through standard and reasonable efforts (i.e. local newspapers and notices at hospitals) within the effected county.
- F. At the completion of the public hearing and comment period on the impact evaluation report (no later than sixty (60) days from the time of notification to reduce or close hospital emergency services), the needs assessment and impact report will be submitted by North Coast EMS to the Department of Health Services, the State EMS Authority, the Emergency Medical Care Committee and interested others.
- G. Based on the impact evaluation, needs assessment and public hearing, North Coast EMS will make a recommendation to the Department of Health Services as to needs for emergency medical services from the hospital under evaluation.
- H. The Department of Health Services will make the final determination as to the nature of emergency services to be provided by the hospital seeking reduction or closure.
- I. The hospital proposing a reduction or closure of service(s) will be charged a \$2000 fee by North Coast Emergency Medical Services for the impact evaluation. The fee is set by the JPA Governing Board pursuant to Policy # 4002.

Approved: 

Approved as to Form: 