

MOUNTAIN-VALLEY EMS AGENCY
POLICIES AND PROCEDURES

POLICY: 518.00
TITLE: **IMPACT EVALUATION OF
REDUCTION OR CLOSURE OF
HOSPITAL EMERGENCY
SERVICES**

APPROVED: SIGNATURE ON FILE IN EMS OFFICE
Executive Director

SIGNATURE ON FILE IN EMS OFFICE
Medical Director

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**IMPACT EVALUATION OF REDUCTION OR CLOSURE OF
HOSPITAL EMERGENCY SERVICES**

I. **AUTHORITY**

California Health and Safety Code, Division 2.5, Sections 1255.1 and 1300

II. **POLICY**

The policy is established to provide an evaluation mechanism on the potential impact of the Emergency Medical Services system due to the downgrade or closure of emergency medical services in hospitals.

III. **PROCEDURE**

A. Any hospital proposing a reduction or elimination of emergency medical services in their facility shall notify the Mountain-Valley EMS Agency no later than 90 days prior to any such change. The proposal must include:

1. Itemization of the services currently provided and the exact nature of the proposed change(s).
2. Reason for the proposed change(s)
3. Description of the local geography, surrounding services, and average number of emergency department patient visits...
4. Description of potential impact on the EMS community regarding patient volume and type of prehospital and emergency department services available, including a pre/post comparison.
5. Description of potential impact on the public regarding accessibility of comparable alternative facilities or services, including a pre/post comparison.

B. Within thirty (30) days of notification, the EMS Agency, will complete and distribute a draft EMS Impact Evaluation of the proposed changes to Health Departments, Board of Supervisors, Hospitals, Ambulance Providers and Planning and Zoning Departments in the geographic area impacted by the hospital service reduction or closure. The criteria which will be addressed in the impact evaluation report will include:

1. **Geography:** Service area population density, travel time and distance to the next nearest facility, number and type of other available emergency services, and availability of prehospital resources.
 2. **Level of Care:** Assessment of level of emergency services provided, i.e., basic, standby, and next nearest facility.
 3. **Specialty Services:** Neurosurgery, obstetrics, burn center, pediatric critical care, trauma etc. and the next nearest facility.
 4. **Patient Volume:** Number of emergency department patients annually, both 9-1-1 transports and walk-ins.
 5. **Availability of Pre-hospital Care:** Impact on availability of ALS level prehospital care and air ambulance resources.
 6. **Public and Emergency Provider Comments:** Obtained through local EMS committees and public hearing
 7. **Preliminary Recommendations:** Shall include a determination of whether the request for reduction or elimination of emergency services should be approved or denied.
- C. Within seven (7) days of completing the preliminary Impact Evaluation, the EMS Agency, in cooperation with the affected county's health department, will conduct at least one (1) public hearing, and incorporate the results of those hearings in the final Impact Evaluation. These public hearing(s) may be incorporated with other public meetings held by the EMS Agency, the Board of Supervisors of the affected county, and/or other government agencies, commissions, or committees.
- D. Within sixty (60) days of receiving notice, the EMS Agency will prepare the final Impact Evaluation and final EMS Agency recommendations, including a summary of comments received during the public hearing, and submit those findings to the California Department of Health Services, the EMS Agency Board of Directors, the Board of Supervisors of the affected county, and other interested parties, within three (3) days of completing the Impact Evaluation.