

EMERGENCY DEPARTMENT DOWNGRADE OR CLOSURE IMPACT EVALUATION

Authority: Health and Safety Code, Division 2.5, Section 1255.1 – 1255.3 and Division 2, Section 1300(b), 1300(c) and 1364.1. This law requires a hospital downgrading or closing an emergency department to notify the local EMS Agency **90 days** before the closure.

A. Upon notification of a proposed downgrade/closure, the EMS Agency will:

1. Determine the affected service area - depending on the location of the hospital downgrading the emergency department (ED), the affected service area may be countywide or a sub region of the county.
2. Complete a local impact evaluation of the proposed emergency department downgrade/closure, to include:
 - Net change in the number of emergency department beds in the defined service area.
 - Net change in number of ambulance arrivals at emergency departments in the defined service area.
 - Net change in ambulance and fire response unit time on task in the defined service area.
 - If applicable, net change in ambulance deployment in the defined service area.
 - Estimated projected incremental increase in diversion at other hospitals in the defined service area.
 - Information obtained from the requesting hospital and hospitals in the local impact area (see B. and C. below)
3. Request input from other appropriate agencies and hospitals, not just the hospital making the change, on the impact of the proposed downgrade/closure.
4. Hold at least one public hearing and present a preliminary report.
5. Prepare a final report and make recommendations to the Alameda County Board of Supervisors, State Department of Health Services and the State EMS Authority within 60 days of receiving notification.

B. The hospital requesting a downgrade/closure of an emergency department must provide notification **90 days prior to the proposed downgrade/closure**, and provide the following to the Alameda County EMS Agency:

1. A description of the changes and the reasons for the changes.
2. Proximity of the ED to other emergency departments in the defined service area, including a map with area hospitals and public transit routes noted.

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3. Description of the population served by the hospital downgrading or closing the emergency department; steps to address special population needs are included in Number 11 below.
 4. Current ED wait-times, by acuity.
 5. Total number of Emergency Department visits.
 6. Total number of Emergency Department treatment spaces
 7. Communication plans:
 - Hospital to health plans
 - Health plans to members
 - Hospital to community
 8. Procedures for handling patients who self-direct to downgraded emergency departments and who need emergency department services.
 9. Steps hospital and community providers have undertaken to accommodate the emergency department downgrade/closure.
 10. Financial implications if closure is approved.
 11. Financial implications if closure is denied.
- C. Other hospitals in the affected service area may be requested to provide any and/or all of the following to the EMS Agency:
1. Total number of Emergency Department visits.
 2. Total number of Emergency Department treatment spaces
 3. Estimated impact on ED wait-times
 4. Steps undertaken to accommodate the proposed downgrade/closure, including a description of changes in ED services.
- D. Exceptions to this policy may be made by the State Department of Health under the Health and Safety Code, Division 2.5, Section 1255.1(c) if it determines that maintaining the Emergency Department threatens the stability of the hospital as a whole or the emergency center is cited for unsafe staffing.