



## Downgrade or Closure of 9-1-1 Receiving Hospital

**Effective:** 10/1/2024

**Review:** 10/1/2027

**Approved:** [Link to Record of Revisions and Approvals](#)

### I. Purpose

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

Authority: California Code of Regulations 70105(a), 70351(a), 70351(b)(1), 70351(b)(5), 70367(a)

Health and Safety Code, Sections 1255.1, 1255.2, 1255.25, 1300

### II. Principles

- a. 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.
- b. 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.
- c. Before any changes are finalized, the EMS Agency should have sufficient time and opportunity to develop an EMS Impact Evaluation Report (IER) that examines the closure's effect on the community.
- d. 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 effect of the closure on emergency services provided by other entities.

### III. Procedure

#### Responsibilities of the Health Facility Proposing the Downgrade or Closure

- a. As soon as possible but not later than 180 days prior to a planned reduction of EMS services or closing of a health facility, the facility shall provide a written notice

of the proposed downgrade or elimination of emergency services to the following entities:

- i. The EMS Agency;



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- ii. The local government entity in charge of the provision of health services and the Board of Supervisors;
  - iii. The City Council of the city in which the health facility is located;
  - iv. The California State Department of Public Health, Licensing and Certification Division;
  - v. All health care service plans; and
  - vi. Other entities under contract with the hospital that provide services to enrollees.
- b. Not less than 180 days prior to closing a health facility or reducing EMS services, the facility shall provide public notice, including a notice posted at the entrance to all affected facilities. The required notice shall:
- i. Include a description of the proposed reduction or elimination.
  - ii. 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.
  - iii. Include 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 also serve these patients.
  - iv. Include a telephone number and address for each of the following where interested parties may offer comments:
    - 1. The health facility
    - 2. The parent entity, if any, or the contracted company, if any, that acts as the corporate administrator of the health facility
    - 3. The Chief Executive Officer
  - v. Be provided in a manner that is likely to reach a significant number of community residents serviced by the facility in terms easily understood by a layperson, to include, but not limited to:
    - 1. A continuous notice posted in a conspicuous location on the home page of the health facility's internet website.



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2. A notice published in a conspicuous location within a newspaper of general circulation as well as on their website serving the geographical area in which the facility is located. The notice shall continue for a minimum of 15 publication dates.
  3. A notice posted at the entrance of every community clinic within the County that grants voluntary permission for posting.
  4. Extensive social media coverage
  5. Soliciting media coverage regarding the change
- vi. This does not apply to county facilities subject to Health & Safety Code Section 1442.5.
- c. Notify planning or zoning authorities of the proposed downgrade or closure so that street signage can be removed.
- d. A hospital is not subject to the above if the California Department of Public Health
- i. Determines that the use of resources to keep the emergency department (ED) open substantially threatens the stability of the hospital as a whole.
  - ii. Cites the ED for unsafe staffing practices.

### **Responsibilities of the Local EMS Agency**

- a. Develop an IER in consultation with impacted hospitals and 9-1-1 providers. Included, at a minimum, the following evaluation criteria:
- i. The hospital's geographic proximity to other facilities within a five- and ten-mile radius;
  - ii. The annual number of 9-1-1 basic life support (BLS) and advanced life support (ALS) transports;
  - iii. The number of ED treatment stations and total emergency department volume;
  - iv. The number of paramedic contacts per month if the hospital is a paramedic base hospital;
  - v. The number of trauma patients received per month if the hospital is a designated trauma center;
  - vi. The number of ST-Elevation Myocardial Infarction (STEMI) patients received per month if the hospital is a designated STEMI receiving center;
  - vii. The number of stroke patients received per month if the hospital is a designated stroke center; and



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- viii. A list of the serviced provided by the hospital and the surrounding facilities (Emergency Department Approved for Pediatrics, STEMI Receiving Center, Stroke Receiving Center, Sexual Assault Response Team Center, burn care, perinatal care, etc.).
- 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 (Commission).
  - i. The Commission 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.
  - ii. The hearing shall be held within 30 days following notification of the intent to downgrade or close services.
- c. Reconfigure the EMS system as needed. If the EMS Agency determines that the downgrade or closure of a hospital ED will significantly impact the EMS system, the Agency shall:
  - i. Determine the reason(s) a hospital has applied to do so; and
  - ii. Determine whether any system changes may be implemented to maintain the hospital services within the system; or
  - iii. Develop strategies to accommodate the loss of the ED or other identified specialized service to the system.
- d. Forward IER to the Board of Supervisors for adoption.
- e. Forward the IER to the California Department of Public Health within three days of its adoption by the Board of Supervisors and within 60 calendar days after the initial notification from hospital of the prosed downgrade or closure.

**Responsibilities of the California Department of Public Health**

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