

Tuolumne County Emergency Medical Services Agency
EMS System Policies and Procedures

**Policy: Evaluation of Proposed Hospital Closure or
Downgrade of Emergency Service**

#511.00

Medical Director:



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EMS Coordinator:

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I. AUTHORITY

California Health and Safety Code, Section 1300. Tuolumne County Board of Supervisor Resolution September 28, 1999.

II. PURPOSE

The purpose of this policy is to define the criteria to be considered and the process to be used for evaluating and reporting on the potential impact of a proposed downgrade or closure of emergency services provided by a licensed general acute care hospital in Tuolumne County.

III. POLICY

- A. Upon written notification from a licensed acute care hospital located in Tuolumne County that said hospital intends to downgrade or close its emergency service, the Tuolumne County EMS Agency shall:
1. Complete an evaluation, including at least one public hearing, and report to the State of California EMS Authority and Department of Health Services on the impact of the proposed downgrade or closure of services: on the community; the community's access to emergency care; its effect on emergency services provided by other entities; and its effect on the Tuolumne County EMS system.
 2. Ensure that all hospital and pre-hospital providers, local emergency service agencies and local planning or zoning agencies, in the geographic area impacted by the closure or downgrade, are notified of the possible change prior to completion of the impact evaluation.
 3. Submit a report to the Department of Health Services and the EMS Authority, which includes a determination of whether the request for

downgrade or closure should be approved or denied, within three (3) days of completion of the impact evaluation.

B. The Tuolumne County EMS Agency shall use the following criteria when conducting an impact evaluation on a hospital's proposed downgrade or closure of emergency service:

1. Geography (relative to facility isolation) - service area population density, travel time and distance to other facilities, number and type of other available emergency services and availability of pre-hospital resources.
2. Base Hospital and Disaster Control Facility Designation - number of calls, impact on patients, pre-hospital providers and other base hospitals.
3. Trauma Care - number of trauma patients, impact on other hospitals, trauma centers and trauma patients.
4. Specialty Service Provided - neurosurgery, obstetrics, burn care, pediatric services, etc., and the nearest available alternative.
5. Patient Volume - number of patients seen annually.
6. Notification of the Public - process to be used, public hearings, advertising etc.