

MERCED

COUNTY

DEPARTMENT OF PUBLIC HEALTH

POLICY NO. 521.00

EFFECTIVE DATE: 7/1/99

REVISION DATE: 8/6/99

REVIEW DATE: 12/2003

EMERGENCY MEDICAL SERVICES AGENCY

This policy supercedes any other Existing policy on this subject

Subject: HOSPITAL IMPACT EVALUATION POLICY

Authority: California Health and Safety Code, Section 1797.220, California Health and Safety Code, Section 1300 (c).

Purpose: To provide a mechanism for the Merced County EMS Agency to evaluate and report on the potential impact on the EMS system as a result of the reduction or closure of emergency services (ES) in hospitals.

Policy: It is the policy of the Merced County EMS Agency to ensure, to the degree possible, that EMS system operations are planned in a prospective fashion to allow for the most effective and efficient use of resources. Hospitals that reduce or close emergency services negatively impact system operations. To mitigate the impact upon the EMS system, any hospital intending to reduce or close emergency services shall comply with the provisions herein.

Definitions: Agency - Shall mean the Merced County EMS Agency, a program area within the Department of Public Health Administration, duly appointed by the Board of Supervisors.

Emergency services - means medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, other appropriate personnel under the supervision of a physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the capability of the facility. The provision of hospital emergency services requires licensure through the State Department of Health Services.

- 1. Acute care hospitals intending to implement either a reduction or closure of emergency services shall advise the Agency as soon as possible, but not less than 90 days prior to the proposed change. The proposal must include:
A. Reason for the proposed change(s).
B. Itemization of the services currently provided and the exact nature of the proposed change(s).

APPROVED:

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Michael Ford, MPH
Director of Public Health

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James Andrews, MD
EMS Medical Director

- C. Description of the local geography, surrounding services, and, for Base Hospitals, the average volume of calls.
  - D. 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.
  - E. Description of potential impact on the public regarding accessibility of comparable alternative facilities or services. Include a pre/post comparison.
2. Within 45 days of notification from the hospital of their intent to alter the emergency services provided, the Agency 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:
    - A. 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 and alternate hospital resources).
    - B. Base hospital designation (number of calls, impact on patients, prehospital personnel and other base hospitals).
    - C. Specialty services provided.
    - D. Patient volume.
    - E. Feedback received from a public hearing on the issue (see Section 4 below).
  3. The Agency will facilitate a process for prehospital and hospital input into the impact evaluation report. This process shall include:
    - A. Review by the Emergency Medical Care Committee (EMCC), time permitting.
    - B. Release of the draft impact evaluation report to prehospital and hospital emergency services personnel, with a 10 day comment period.
  4. Within 45 days of hospital notification to the Agency of the intent to change emergency services provided by the hospital, the Agency will conduct a public hearing on the matter in conjunction with the Public Health Director, Agency Medical Director, a Board of Supervisors representative and a city counsel representative from the impacted city, if applicable.
  5. The hospital will serve notice of the public hearing to the community through standard and reasonable efforts (i.e. local newspapers, television and notices at hospitals) within the effected area.
  6. At the completion of the public hearing and comment period on the impact evaluation report (no later than 60 days from the time of notification to reduce or close hospital emergency services), the needs assessment, impact report and a recommendation regarding the reduction in services or closure of the ED will be submitted by the Agency to the State Department of Health Services, the State EMS Authority, the Emergency Medical Care Committee, all area hospitals and interested others.

7. The State Department of Health Services will make the final determination as to the nature of emergency services to be provided, if any, by the hospital seeking reduction or closure.
8. The hospital proposing a reduction or closure of service(s) will be charged a \$1500.00 fee by the Agency for the impact evaluation.