

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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**EMERGENCY DEPARTMENT DOWNGRADE OR CLOSURE
IMPACT EVALUATION POLICY**

I. PURPOSE

- A. To establish EMS Agency policy and procedures for evaluating the community impact of an Emergency Department downgrade or closure.
- B. To establish Receiving Hospital procedures for the communication to the EMS Agency and the local community regarding a planned reduction or elimination in the level of emergency department services.

II. AUTHORITY

- A. Health & Safety Code, Division 2.5, Section 1255.1 – 1255.3, 1300 (b), 1300 (c) and 1364.1.
- B. The City & County of San Francisco Charter Appendix Q, Section II.

III. POLICY

- A. Hospitals shall provide public notice at least 90 days prior to closing, eliminating or reducing the level of services provided by their Emergency Department. This public notice shall include one public hearing with the San Francisco Health Commission in compliance with all the requirements of San Francisco Charter Appendix Q Section II. The hospital is required to notify the Secretary of the Health Commission at least 90 days prior to the downgrade or closure of the Emergency Department. The public hearing shall be held within 60 days of notice receiving notification from the hospital.
- B. Hospitals shall also notify in writing the EMS Agency of the Department of Public Health at least 90 days before the intended date of the closing, eliminating or reducing the level of services provided by their Emergency Department.
- C. Upon receiving written notice of a proposed Emergency Department closure or reduction in level of service, the EMS Agency shall complete an Impact Evaluation of the downgrade or closure upon the community within 60 days. The EMS Agency Community Impact Evaluation shall be completed in consultation with San Francisco hospitals and prehospital emergency care providers and shall meet the requirement as outline in Section IV. B. of this policy.

- D. The hospital proposing the closure or reduction in services, and other hospitals in the defined service area, shall provide information for the Community Impact Evaluation when requested by the EMS Agency. The requested information shall meet the requirements as outlined in outlined in Section IV.B. of this policy.
- E. Upon completion of the EMS Agency Community Impact Evaluation, the EMS Agency shall submit to the state Department of Health Services and the State EMS Authority, the results of that evaluation within three days of its completion.
- F. The EMS Agency shall make the Community Impact Evaluation available for public review.

IV. PROCEDURE

- A. The Community Impact Evaluation shall include descriptions of current community access to prehospital and hospital emergency care in San Francisco County; and how the Emergency Department downgrade or closure will affect prehospital and hospital emergency services provided by other entities. These descriptions shall include:
 - 1. Defined service area population density.
 - 2. Location of facility proposing the Emergency Department service change.
 - 3. Proximity to other Emergency Departments in the defined service area, including travel time, distance and a map with area hospitals and public transit routes noted.
 - 4. Number of annual Emergency Department patient visits (both 911 transports and walk-ins).
 - 5. Description of the general population and any special need population served by the hospital.
 - 6. Number of Emergency Department treatment spaces (beds) in the defined service area.
 - 7. Net change in the number of Emergency Department beds in the defined service area as a result of the Emergency Department closure or downgrade.
 - 8. Type of specialty services provided and next nearest available alternative providers.

9. Number of patients transported by ambulance to Emergency Departments in the defined service area.
10. Net change in the number of patients transported by ambulance to area Emergency Departments as a result of the Emergency Department closure or downgrade.
11. Current and estimated net change on ambulance and fire response unit time on task in the defined service area.
12. Steps hospitals and community providers have undertaken to accommodate the Emergency Department downgrade/closure.
13. If the Hospital intending to close or downgrade its Emergency Department is a designated Base Hospital, then the impact shall also include:
 - a. Annual number of calls.
 - b. Impact on patients and field personnel.
 - c. Other base hospitals.
14. If the Hospital intending to close or downgrade its Emergency Department is a designated Trauma Center, then the impact shall also include:
 - a. Number of trauma patients
 - b. Impact on other hospitals' trauma centers and trauma patients
15. The Hospital proposing to close or downgrade its Emergency Department shall provide a description of procedures for handling patients whom self-direct to the downgraded Emergency Department that require emergency medical cares.
16. The Hospital proposing to close or downgrade its Emergency Department shall provide a description of its communication plans to the community at large and to applicable health plans, and health plan members.