

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **DOWNGRADE OR CLOSURE OF 9-1-1 RECEIVING
HOSPITAL, PERINATAL, INPATIENT PSYCHIATRIC OR EMERGENCY
MEDICAL SERVICES** REFERENCE NO. 222

PURPOSE: To establish a procedure to be followed if a general acute care facility plans to downgrade or eliminate emergency medical services; eliminate perinatal or inpatient psychiatric 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

PRINCIPLES:

1. 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.
2. 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.
3. 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.
4. Before approving a downgrade or closure of emergency medical, perinatal or inpatient psychiatric services, the California State Department of Public Health (CDPH) 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.


PROCEDURE:

- I. 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, or 120 days prior to eliminating perinatal or inpatient psychiatric services, the facility shall provide a written notice of the proposed downgrade or elimination of said services to the following entities:
 1. The EMS Agency.

EFFECTIVE: 06-30-99
REVISED: 04-01-25
SUPERSEDES: 04-01-24

PAGE 1 OF 6

APPROVED: 
Director, EMS Agency


Medical Director, EMS Agency

2. The local government entity in charge of the provision of health services and the Board of Supervisors of the county in which the health facility is located.
 3. The city council of the city in which the health facility is located.
 4. The CDPH, Licensing and Certification Division.
 5. All health care service plans.
 6. 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, or 120 days prior to eliminating perinatal or inpatient psychiatric services, the facility shall provide public notice, including a notice posted at the entrance to all affected facilities:

The required notice shall include:

1. A description of the proposed reduction or elimination.
2. The description shall 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.
3. 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 serve these patients.
4. A telephone number and address for each of the following where interested parties may offer comments:
 - a. The health facility.
 - b. The parent entity, if any, or contracted company, if any, that acts as the corporate administrator of the health facility.
 - c. The chief executive officer.
5. The notice shall be provided in a manner that is likely to reach a significant number of community residents serviced by the facility to include:
 - a. A continuous notice posted in a conspicuous location on the home page of the health facility's internet website.
 - b. A notice published in a conspicuous location within a newspaper of general circulation serving the geographical area in which the facility

- is located. The notice shall continue for a minimum of 15 publications dates.
- c. A continuous notice posted in a conspicuous location within the internet website of a newspaper of general circulation serving the local geographical area in which the facility is located.
 - d. A notice posted at the entrance of every community clinic within Los Angeles County that grants voluntary permission for posting.
6. The facility should make reasonable efforts at public notice including, but not limited to:
- a. Advertising the change in terms easily understood by a layperson.
 - b. Soliciting media coverage regarding the change.
 - c. Informing patients of the facility of the impending change.
 - d. Notifying contracting health care service plans.
7. For elimination of perinatal and inpatient psychiatric services ONLY, the public notice shall also include:
- a. Statistically, deidentified and aggregated data about the health facility's patients who received either inpatient psychiatric services or perinatal services as applicable, within the past five (5) years, including, but not limited to all of the following:
 - i. The conditions treated.
 - ii. The ethnicities of patient served if patient voluntarily shared their ethnicity with the health facility. Data on ethnicities shall only be shared on the public notice to the extent to which is does not disclose any personal information in a manner that would link the information disclosed to the individual to whom it pertains.
 - iii. The ages of patients served.
 - iv. Whether the patients served had private insurance, Medi-Cal, Medicare, or no insurance.
 - v. A justification for the health facilities to eliminate services.
8. 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 of 9-1-1 receiving hospital or emergency medical services so that street signage can be removed.
- D. A hospital is not subject to the above if CDPH:
 - 1. Determines that the use of resources to keep the emergency department (ED) open substantially threatens the stability of the hospital as a whole.
 - 2. Cites the ED for unsafe staffing practices.

II. Responsibilities of the Local EMS Agency

- A. Develop an IER in consultation with impacted hospitals and 9-1-1 providers. Include, at minimum, the following evaluation criteria if downgrading or closing 9-1-1 receiving hospital or emergency medical services:
 - 1. The hospital's geographic proximity to other facilities within a five and ten mile radius.
 - 2. The annual number of 9-1-1 basic life support (BLS) and advanced life support (ALS) transports.
 - 3. The number of ED treatment stations and total emergency department volume.
 - 4. The number of paramedic contacts per month if the hospital is a paramedic base hospital.
 - 5. The number of trauma patients received per month if the hospital is a designated trauma center.
 - 6. The number of ST-Elevation Myocardial Infarction (STEMI) patients received per month if the hospital is a designated STEMI receiving center.
 - 7. The number of stroke patients received per month if the hospital is a designated stroke center.
 - 8. The number of perinatal patients received per month if hospital is closing perinatal services.
 - 9. The number of psychiatric patients received per month if hospital is closing inpatient psychiatric unit.
 - 10. A list of the services provided by the hospital and the surrounding facilities (Emergency Department Approved for Pediatrics (EDAP), STEMI Receiving Center, Pediatric Medical Center (PMC), Disaster Resource Center (DRC), Approved Stroke Center, Sexual Assault Response Team (SART) Center, burn, perinatal, inpatient psychiatric, Trauma Center).
 - 11. The average emergency department diversion of surrounding facilities.

- B. If the facility is closing only perinatal and/or inpatient psychiatric unit, develop an IER in consultation with impacted hospitals and 9-1-1 providers. Include, at minimum, the following evaluation criteria:
 - 1. The hospital's geographic proximity to other facilities within a five and ten mile radius.
 - 2. The number of perinatal patients received per month if hospital is closing perinatal services.
 - 3. The number of psychiatric patients received per month if hospital is closing inpatient psychiatric unit.
 - 4. A list of the services provided by the hospital and the surrounding facilities (Emergency Department Approved for Pediatrics (EDAP), perinatal, inpatient psychiatric, as applicable.
 - C. Conduct at least one public hearing if the service being downgraded or closed is the facility's perinatal, inpatient psychiatric unit(s) or emergency department. The public hearing shall be conducted by the Emergency Medical Services Commission (EMSC).
 - 1. The EMSC 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.
 - 2. The hearing shall be held within 30 days following notification of the intent to downgrade or close emergency medical services or 60 days following notification of intent to close perinatal or inpatient psychiatric services.
 - D. Reconfigure the EMS system as needed. If the EMS Agency determines that the downgrade or closure of a hospital ED, perinatal service or psychiatric inpatient unit will significantly impact the EMS system, the Agency shall:
 - 1. Determine the reason(s) a hospital has applied to do so; and
 - 2. Determine whether any system changes may be implemented to maintain the hospital services within the system; or
 - 3. Develop strategies to accommodate the loss of the ED or other identified specialized service to the system.
 - E. Forward the IER to the Board of Supervisors for adoption.
 - F. Forward the IER to CDPH within three days of its adoption by the Board of Supervisors and within 60 calendar days after the initial notification from hospital of the proposed downgrade or closure.
- III. Following receipt of the IER, CDPH shall notify the hospital, in writing, of its decision regarding the application to downgrade or close emergency services or the facility.

SUBJECT: **DOWNGRADE OR CLOSURE OF 9-1-1 RECEIVING
HOSPITAL, PERINATAL, INPATIENT PSYCHIATRIC OR EMERGENCY
MEDICAL SERVICES** REFERENCE NO. 222

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 206, **Emergency Medical Services Commission Ordinance No. 12332 - Chapter
3.20 of the Los Angeles County Code**