

**COUNTY OF SACRAMENTO  
EMERGENCY MEDICAL SERVICES AGENCY**



Program Document: **Hospital Emergency Service Downgrade or Closure Impact Evaluation Report**

Policy Number: 2520.14

Initial Date: 06/07/99

Effective Date: 05/01/26

Last Approved Date: 09/11/25

Next Review Date: 09/01/27

\_\_\_\_\_  
Signature on File  
EMS Medical Director

\_\_\_\_\_  
Signature on File  
EMS Administrator

**Purpose:**

- A. To establish the process and criteria to be used by the Sacramento County Emergency Medical Services Agency (SCEMSA) to evaluate and report to the State of California on a proposed downgrade or closure of local acute care hospital emergency service.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Policy:**

- A. Following receipt of written notification from a Sacramento County licensed acute care hospital stating it intends to downgrade or close its emergency service, SCEMSA will:
  - 1. Complete an evaluation (including one public hearing) and report on the proposed downgrade or closure to the State within sixty (60) days;
  - 2. Ensure that all hospital and out-of-hospital health care providers in the geographic area impacted by the service closure or change are consulted with, and local emergency service agencies and planning or zoning authorities are notified prior to completing the impact evaluation; and
  - 3. Notify the appropriate State agencies of the results of the impact evaluation within three (3) days of the completion of that evaluation.
- B. SCEMSA will use the following criteria to evaluate a proposed downgrade or closure of a local acute care hospital emergency service:

1. Geography (relative to facility isolation: service area population density, travel time and distance to next nearest facility, number and type of other available emergency services, and availability of out-of-hospital resources)
2. Base Hospital Designation (number of calls: impact on patients, out-of-hospital personnel, and other base hospitals)
3. Trauma Care (number of trauma patients: impact on other hospitals, trauma centers, and trauma patients)
4. Specialty Services Provided (neurosurgery, obstetrics, burn center, pediatric critical care, etc., and their next nearest availability)
5. Patient Volume (number of patients annually, both 9-1-1 transports and walk-ins);
6. Notification of the Public (public hearing, advertising, etc.).