



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

Reference No. 3010
Effective Date: 11/01/25
Supersedes: 07/01/25
Page 1 of 2

LICENSURE CHANGES - 9-1-1 RECEIVING HOSPITALS

I. PURPOSE

To establish a policy and procedure for 9-1-1 receiving hospitals to down-license or close emergency departments or identified specialized services and provide a mechanism for ICEMA to evaluate and report on the potential impact on the Emergency Medical Services (EMS) system within the ICEMA region.

II. POLICY

- 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 withdrawal or reduction of these services may have a profound impact on the emergency medical services available to the community at large and to the EMS system.
- Every effort should be made to ensure that emergency medical services considered essential be continued until emergency care can be provided by other facilities or until EMS providers can adjust deployment of resources to accommodate anticipated needs.
- ICEMA should have sufficient time and opportunity to examine the impact that down-licensing or closure of an emergency department will have on a community before any changes are finalized. Such an examination shall be referred to as an EMS Impact Evaluation.
- Hospitals can be prioritized utilizing objective criteria, referred to as the EMS Impact Evaluation Rating Instrument, to determine the relative level of essential value a hospital has within the system. This rating can be used to ascertain whether ICEMA will request the Licensing and Certification Division, operating as agents of the California Department of Public Health (CDPH), to delay approval of a request to down license or to close an emergency department or the specialized services outlined in Principle #3 above.

III. PROCEDURE

- Any hospital proposing to downgrade or eliminate emergency services in its facility shall provide a 90 day written notice to CDPH, ICEMA and all health service plans under contract with the hospital.
- The hospital shall provide public notice of the intended change in a manner that is likely to reach a significant number of residents of the community serviced by that facility.
- ICEMA, in consultation with appropriate healthcare providers, shall complete an EMS Impact Evaluation. The report shall include, but not be limited to, the following areas:
 - Geography: Service area population density, travel time and distance to the next nearest facility, number and type of other available emergency services, availability of EMS resources.
 - Base Hospital Designation: Number of calls; impact on patients, EMS personnel, and other base hospitals.

- Level of Care: Assessment of level of emergency services provided, (i.e., basic, standby) and next nearest availability.
- Trauma Care: Number of trauma patients; impact on other hospitals, trauma centers, and trauma patients.
- Specialty Services Provided: Neurosurgery, obstetrics, burn center, pediatric critical care, etc., and the next nearest availability.
- Patient Volume: Number of patients annually, both 9-1-1 transports and walk-ins.
- Notification of the Public: Process to be used: public hearing, advertising, etc.; ensure that all appropriate healthcare providers are consulted with.
- Availability of EMS Care: Availability of Advanced Life Support level EMS care and air ambulance resources.
- Public and Emergency Provider Comments: Obtained through local EMS committees and public hearing.
- Recommendations: Shall include a determination of whether the request for reduction or elimination of emergency services should be approved or denied.
- Within 60 days of notification, ICEMA shall:
 - Ensure planning or zoning authorities have been notified.
 - Conduct at least one (1) public hearing on the proposed changes.
 - Submit an impact evaluation report to the local Emergency Medical Care Committee and the ICEMA Board of Directors for approval.
- If ICEMA determines that additional time is needed to allow for EMS system reconfiguration or planning to occur in order to accommodate the license change requested by the hospital, a written request for up to an additional 60-calendar day delay in responding to the hospital's application may be requested by ICEMA and shall be considered by CDPH.
- If ICEMA determines that approval of the downgrade or closure of the facility would have either no impact or a negligible impact on the EMS system, a written statement to that effect shall be submitted.
- If ICEMA determines that the down-licensing or closure of a hospital emergency department or the closing of obstetrical, neurosurgical, burn services, or neonatal intensive care units will significantly impact the EMS system, ICEMA shall establish the reason or reasons a hospital has applied to do so and shall attempt to determine whether any system changes may be implemented to either maintain the hospital service within the system or develop strategies for accommodating the loss of the emergency department, or other identified specialized service to the system.