HOSPITAL EMERGENCY SERVICES REDUCTION IMPACT ASSESSMENT REPORT

SONOMA WEST MEDICAL CENTER

August 30, 2018
Overview:

The purpose of this report is to provide an assessment of impact to the public, community and local Emergency Medical Services (EMS) system related to the planned closure of all Acute Care Hospital services provided by Sonoma West Medical Center (SWMC) located at 501 Petaluma Avenue, Sebastopol, California. This report will focus on and assess the impact of the Emergency Department (ED) closure upon the community, including the impact on access to emergency care and the impact on emergency services provided by other entities such as ambulance, fire, police, and other area hospitals. This report is provided in accordance with Coastal Valleys EMS Agency Policy # 5005 entitled Hospital Emergency Services Downgrade or Closure Impact Evaluation, and Sections 1255.1 and 1300 of the California Health and Safety Code for General Acute Care Hospitals providing Stand-By, Basic or Comprehensive Emergency Services. The impact evaluation report has been submitted to State Department of Health Services in accordance with provisions of Health and Safety Code Section 1300. Authority to approve the suspension or cancellation of a special permit for emergency services rests with the State Department of Health Services.

Elimination of hospital emergency services may have a significant impact on the EMS system and may result in a threat to public health and safety. Thorough public education is indicated for a permanent ED closure to ensure that people requiring emergency services do not go to a hospital that is not qualified to provide emergency services. In fact, much of the process required by Sections 1255.1 and 1300 of the California Health and Safety Code is intended to provide a complete public disclosure of permanent ED closures.

A hospital does have the ability to voluntarily surrender its special permit for basic emergency services to the Licensing and Certification Division of the California Department of Health Services, which is the issuing agency. A General Acute Care Hospital is not required by the California State Department of Health Services to provide a basic, stand-by or comprehensive ED. Hospital notification must be made to the State Department of Health Services, to the local government agency in charge of health services, to health plans under contract with the hospital, and to the public. This notification must be made as soon as possible but not later than 90 days prior to the planned elimination or reduction of services. Public notice must be provided in a manner likely to reach a significant number of residents of the community served by the hospital whose emergency services are being closed or downgraded.

Development of the impact evaluation shall incorporate at least one public hearing. The County in which the proposed downgrade or closure will occur shall ensure the completion of the impact evaluation and shall notify the state department of results of an impact evaluation within three days of the completion of that evaluation. The impact evaluation and hearing shall be completed within 60 days of the county receiving notification of intent to downgrade or close emergency services.
This report is intended to provide an objective analysis of the planned permanent closure of the SWMC ED with available data and to provide public disclosure related to potential impact to the public. This report is also intended to provide appropriate notification to providers and the public and to allow time to adjust the EMS system resources to mitigate risks to the public when possible.

Notification of Emergency Department Closure:

SWMC provided a complete written notice of the closure of the ED to the Coastal Valleys EMS Agency (CVEMSA) on Monday August 20, 2018. Based upon the August 20, 2018 notice, the SWMC ED will be closed on September 16, 2018 not in accordance with statutory time limits. Notification from the Emergency Physician Group (VEP Healthcare) dated August 16, 2018 to terminate the services contact MOU, for cause, failure to pay required fees and arrears, necessitated the required notification variance.

In accordance with CVEMSA Policy #5005 entitled Hospital Emergency Services Downgrade or Closure Impact Evaluation the following information is required to be provided in the written notice. The following provides excerpts from the SWMC written notice in accordance with each of the requirements:

a. The name of the hospital;
   Sonoma West Medical Center

b. The effective date and time of the pre-planned reduction or elimination of emergency services;
   1. Sonoma West Medical Center will close the Emergency Department down at 11:59 pm on September 15, 2018.
   2. Name change will occur to Sonoma Specialty Hospital
   3. The balance of hospital services will be long-term acute care. This is for acute care patients that need an extended length of stay. Sonoma Specialty Hospital retains OR, ICU, Lab, Radiology licensure.

c. A specific, itemized description of services currently provided;
   1. The ED offers patient service twenty-four hours per day, with at least one physician experienced in Emergency Medicine on duty at all times. Scheduled ED back-up physicians shall be available within thirty (30) minutes by phone or in person. The ED is dedicated to the identification and rapid treatment of stroke patients. The Stroke Team in conjunction with Neurosurgery Services at California Pacific Medical Center provides
SWMC patients with state-of-the-art stroke care. If, after stabilization, the patient is determined by the ED physician to need a level of care not available at this facility, arrangements are made to find a receiving physician and facility qualified to meet the patient's needs.

2. Clinical Laboratory and Radiology services are provided 24 hours a day.

3. Operating room access is immediately available during normal department business hours. After hours, operating room staff is on an on-call basis and has a thirty-minute response time to the hospital.

4. Inpatient services including ICU.

d. The reason(s) for the elimination or reduction:

SWMC administration has listed several factors that have led to the financial crisis at SWMC. The first is low and declining volumes and market share shrinkage. Since 2015 SWMC has seen a decline in patient admissions. This is a common trend across the nation as more patients are cared for as outpatients rather than being admitted to the hospital. Low reimbursement is another significant factor associated with financial losses.

Notification from the Emergency Physician Group (VEP Healthcare) dated August 16, 2018 to terminate the services contact MOU.

e. Description of the potential impact to the public regarding accessibility of comparable alternative facilities or services, including a pre-implementation and post-implementation comparison:

The impact on the community will be a loss of readily available ED services and other in hospital services as described above for the surrounding rural community. The average of 15-20 (all sources) patients over a 24 hour period will be traveling to Santa Rosa or Petaluma for their ED care. This will impact patients that need daily wound clinic as well as daily infusions. Once the Acute Care Hospital ED closes, pre-hospital emergency services agencies will have to travel further to reach other hospitals for patient services. The community members that are most at risk are sudden cardiac events, potential drowning or injury out on the coast and traumas that occur within the area.
f. Reporting party name, mailing address and telephone number.

Alanna Brogan, MS, PHN, RN  
Executive Director, Palm Drive Health Care District  
612 Petaluma Avenue  
Sebastopol, CA. 95472  
Office: 707.823.3682  
Cell: 707.548.6675  
E-Mail: abrogan@pdhcd.com

Description of the Proposed Change:

SWMC plans to discontinue Stand-By Emergency Services (ED) and Acute Care Hospital services provided to the public on September 16, 2018. Currently, SWMC ED provides the capacity of 5 beds; physician and nursing staff and is an authorized Receiving Hospital for Sonoma County. As a General Acute Care Hospital with a special permit for Stand-By Emergency Services, SWMC is authorized to receive patients in the ED by private vehicle, walk-in, ambulance, physician referral, and by inter-facility transfer. Additionally, as a General Acute Care Hospital with a special permit for Stand-By Emergency Services, SWMC is obligated to provide a medical screening examination and emergency care to all patients received by the ED, irrespective of a patient’s ability to pay for such services.

Upon discontinuance of Stand-By Emergency Services, SWMC would not be licensed to provide emergency services for the public. Palm Drive Health Care District which owns the physical building has entered into an agreement with American Advanced Management Group. The new management group will change the focus and services of the hospital building to a long-term acute care hospital, which provides hospital-level care for patients with complex medical conditions who must remain in the hospital setting for 25 days or more, supplying 32 potential long-term acute care beds. The designation as a long-term acute care facility does not allow for the operation of an Emergency Department. Palm Drive Health Care District currently plans to open an Urgent Care facility to provide access for non-emergent medical conditions. The community will incur ED bed capacity loss of 5 beds, which is 100% of the total ED capacity in the Sebastopol area. The next closest ED is in Santa Rosa, roughly fifteen (15) minutes in travel time away from the Sebastopol area.

In summary, the proposed change is significant and may place a greater burden on the EMS system. Although most high acuity patients are transferred to Greater Santa Rosa from SWMC, loss of the Stand-By ED to provide initial patient stabilization prior to transfer may create a significant public health and safety risk.
Geographic and Demographic Considerations (relative to facility isolation and type of services available including service area population density, travel time and distance to the next nearest facility, number and type of other available emergency services, and availability of pre-hospital resources):

SWMC is a rural nonprofit Acute care Hospital operated by Sonoma West Medical Center Inc providing stand-by ED services. The facility is owned by the Palm Drive Health Care District. The planned permanent closure of the stand-by ED means that patients in the area requiring hospital and ED services will have to be transported or drive to one of the ED’s in Santa Rosa, CA.

Santa Rosa Memorial Hospital -1165 Montgomery Drive- 8.3 miles away (12 mins)  
Sutter Medical Center- 30 Mark West Springs Road - 12.5 miles (20 mins)  
Kaiser Permanente Santa Rosa - 401 Bicentennial Way - 10.8 miles (16 min)  
Petaluma Valley Hospital- 400 North McDowell Blvd. 16 miles (28 mins)

SWMC primarily services 60,000 people who live in western Sonoma County including the communities of Sebastopol, Graton, Forestville, Bodega Bay, Carmet, Salmon Creek, Jenner, Duncan’s Mills, Guerneville, Occidental, Freestone, Rio Nido, Monte Rio, Guernewood Park, Summerhome and Mirabel Park.

SWMC is located within the City of Sebastopol and is the only General Acute Care Hospital in western Sonoma County. Three (3) General Acute Care Hospitals licensed to provide Basic Emergency Services exist in Greater Santa Rosa including Santa Rosa Memorial Hospital, Sutter Medical Center of Santa Rosa and Kaiser Permanente of Santa Rosa. One (1) General Acute Care Hospital licensed for Basic Emergency Services, Petaluma Valley Hospital, is located in Petaluma. One (1) other General Acute Care Hospital licensed for Basic Emergency Services is located in Sonoma (Sonoma Valley Hospital) as well as a General Acute Care Hospital licensed for Stand-By Emergency Services in Healdsburg (Healdsburg District Hospital).

Sebastopol is currently covered with 1 (one) paramedic ambulance provided by American Medical Response on a 24-hour basis. The closest air ambulance is provided by REACH and is based at the Sonoma County Airport. REACH flight time to the area (after lift-off) is roughly 5 minutes. Twelve (12) fire departments provide EMT-1/First Responder services to the area. Two of the Fire Departments also provide paramedic ambulance services along with another private provider ambulance stationed in the rural area.
It is expected that the emergency patient population previously serviced by the SWMC ED will predominately be shifted to Santa Rosa Memorial Hospital, Sutter Regional Medical Center of Santa Rosa and Kaiser Permanente of Santa Rosa and Petaluma Valley Hospital, all without significant difference in travel time and distance.

Pre-hospital resource availability and possible delays in the western Sonoma County area will be affected by the emergency patient shift to hospitals in Greater Santa Rosa area based on the additional travel distance and prolonged time for return to the service area. It is expected that ground paramedic ambulance resources availability will need to
be adjusted in the area. There should not be any significant increase in use of air ambulance resources.

Historically, higher acuity patients received by SWMC are transferred to a Greater Santa Rosa Hospital for higher level of care or services not currently offered at SWMC. SWMC’s outgoing inter-facility transfer volume as shown below is 174 over the review period. Therefore, a shift in higher acuity patient volume to Greater Santa Rosa Hospitals is expected to be minimal. The shift in lower acuity patients to the Santa Rosa area hospitals will create an additional burden.

EMS related patient demand data for the areas primarily serviced by SWMC is as follows (most recent available):

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<th>Response Type Of Service Requested (dResponse.05)</th>
<th>Incident Year</th>
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**Hospital Data:**
Total ED Patients Received by Walk-In, Private Vehicle, Ambulance and all sources annually averaged 15 to 20 visits per day since reopening in 2015.

Based upon available data, patients requiring ambulance transport would be subjected to longer transport times to access an ED. From hospital data on patients received by all sources seen by the ED could be a significant concern. It is presumed that a significant number of these patients would seek medical care from the proposed Urgent Care facility operated at the current site and physician office resources in the area, potentially mitigating that concern. Of significant concern would be patients, especially those with underlying and unknown life-threatening emergency medical conditions, deciding to travel to Greater Santa Rosa for ED level care.

**Base Hospital Designation (number of calls, impact to patients, impact to prehospital personnel, impact on other hospitals):**

SWMC operates as an authorized EMS Receiving Hospital and is not an authorized paramedic base hospital. Therefore, paramedic base hospital designation has no bearing or impact related to SWMC ED closure.

**Trauma Care (number of trauma patients, impact to other hospitals, impact to trauma centers, impact to trauma patients):**

SWMC is not a designated trauma center, but is an important participant in the inclusive Coastal Valleys Trauma Care System. Most higher acuity trauma patients that meet Coastal Valleys EMS Field Trauma Triage Criteria are transported directly to Santa Rosa Memorial Hospital, the closest Level II Trauma Center. The latest Trauma Registry data indicates that a total of 25 trauma patients were transferred from SWMC to the trauma service at Santa Rosa Memorial Hospital.

The shift of trauma patients meeting Coastal Valleys EMS Field Trauma Triage Criteria to other hospitals will be insignificant. However, the shift of trauma patients that do not meet criteria to other hospitals could be considered significant. Certain types of critical trauma patients can benefit from immediate ED intervention and prompt transfer to a trauma center, but these cases occur relatively infrequently. In most cases, there is a greater benefit for a critical trauma patient to be transported directly to a trauma center.

**Specialty Services Provided (for example – neurosurgery, obstetrics, burn center, pediatric critical care; and the next closest availability of the specialty service):**

SWMC does not provide any of the specialty services as described in this required impact report. However, SWMC currently provides the only ED in the west county and is a certified primary stroke center. Patients with suspected strokes will need to travel to
one of the EDs in the Greater Santa Rosa area who all currently provide fast, effective, state-of-the-art stroke care.

**Summary of Negative Impact Evaluation Results:**

SWMC ED closure may result in a significant impact, especially for patients of western Sonoma County. The impacts will include:

1. The additional transport time of 15-30 minutes to the next closest Emergency Department in Greater Santa Rosa is a significant concern for higher acuity patients based on the location of the 911 call.

2. The lack of reasonably convenient public transportation access to an ED.

3. Possible delays in obtaining pre-hospital emergency medical services as a result of longer out-of-service times for pre-hospital EMS personnel engaged in patient transports to more distant hospitals.

4. Potential increased demands for emergency services resulting from migration of “private transports” to “911 transports” where patients are unfamiliar with routes to more distant hospitals or are uncomfortable with the longer transport times by private automobile.

5. Although not a frequent occurrence, there is a potential for increased overtime costs for fire personnel (or decreased fire protection) when fire personnel accompany critical patients transported by ambulance to more distant hospitals.

6. Risk of patients in need of emergency medical care being transported in error to SWMC after closure of the ED by private parties. This may occur due to a patient’s/family’s failure to know that emergency services have been discontinued. However, this will be mitigated by the Urgent Care facility option if realized.

7. Potential direct and indirect economic impact to the communities including loss of a robust employer and loss of an important amenity attracting residential and business development.

8. Loss of a community resource for disaster response.

9. The closure of the ED could result in a shift in costs to the public as they seek medical care further away. Additional costs could be incurred by the current ambulance service providers, in order to maintain services at existing levels.

10. Based on the annual ambulance volume of approximately 675 patients currently transported to SWMC annually, impact to other General Acute Care Hospital EDs in Santa Rosa and Petaluma is expected to be approximately 2-3 transports per day. Distribution of these transports is difficult to determine and ultimately will depend on the location of the 911 call and patient/family request.
**Impact Mitigation Options:**

Options for impact mitigation include:

1. Extensive public and medical provider education campaign related to the changes planned by SWMC;
2. Coordinate changes with prehospital EMS providers to include Fire Departments, ground ambulance services, and air ambulance services
3. Inform general acute care hospitals in Sonoma County.
4. Operation of an Urgent Care Facility onsite.

With the loss of the Stand-by ED at SWMC and the potential opening of an Urgent Care facility, the negative impact to the public cannot be realistically assessed until a usage pattern is formulated.

**CVEMSA Action Plan:**

The action plan is limited due to minimal statutory authority over this subject. CVEMSA is not in the position to approve or deny permanent closure of the SWMC ED. CVEMSA has requested that pre-hospital EMS providers examine the increased demand on prehospital EMS resources and take actions necessary to reduce impact to prehospital EMS resource availability.

The action plan is as follows:

1. Collect public hearing comments to include in the impact report. See Exhibit A and B.
2. *Due to the failure for timely notification* the topic has been agendized for the quarterly Emergency Medical Care Committee to be held October 22, 2018 to seek input and comment.
3. Complete the impact report, distribute and post on CVEMSA’s website.
4. Issue a request to prehospital EMS providers to mobilize resources necessary to minimize negative impact on prehospital resource availability for the public.
5. Monitor and evaluate actual impact after ED closure for adverse health and safety trends or incidents. CVEMSA will institute mitigation measures to alleviate health and safety issues under its authority.
6. Participate in Palm Drive Health Care District Board’s ongoing efforts to understand the community needs including EMS services and assist as capable.
Recommendations for Action (determination of whether the request for downgrade or closure should be approved or denied based on the results of the Impact Evaluation Report):

There is no State or local requirement for a General Acute Care Hospital to provide Comprehensive, Basic or Stand-By Emergency Services. A Long-term Acute Care Hospital cannot provide ED services under this designation. SWMC and Palm Drive Hospital District has indicated that once the ED is closed, the General Acute Care Hospital will also be closed and transitioning to a Long-term Care Hospital.

The California Department of Health Services has clarified that the special permit for Stand-By, Basic or Comprehensive Emergency Services issued to a General Acute Care Hospital is voluntary and may be surrendered by a hospital.

In the absence of an approved ED, CVEMSA recommends the District partner with the EMS providers within the district boundaries and support enhancement of ambulance services to ensure adequate and timely access in an emergency. There may be increased demand on ambulance services without an acute ED. Ambulances time committed to a transport will be significantly increased by longer transports to hospitals outside of the District. CVEMSA recommends the District support an increase in ambulance resources and a more coordinated dynamic ambulance coverage model. A partnership and coordinated effort on the part of the District, CVEMSA, Redwood Empire Dispatch and Communications Authority (REDCOM), and the EMS providers should be a priority in the absence of an acute care ED.
Exhibit A

Public Comment on the Proposed Changes

1. Palm Drive Health Care District Board meeting to approve the closure of the ED was 8/17/18
2. Public comment is taped and available on the District website.
3. The 08/17/18 Agenda focused on the new contracting with Advance American Management Group and closure of the ED
There were no public comments to date