



HOSPITAL EMERGENCY SERVICES REDUCTION IMPACT ASSESSMENT REPORT

PALM DRIVE HOSPITAL



COUNTY OF
SONOMA

June 30th, 2014

COASTAL VALLEYS EMS AGENCY

625 FIFTH STREET
SANTA ROSA, CA 95404

PH: 707.565.6501 FX: 707.565.6510

WWW.CVEMSA.ORG

BRYAN CLEAVER
REGIONAL EMS ADMINISTRATOR

MARK LUOTO MD
REGIONAL MEDICAL DIRECTOR

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 permanent closure of all services provided by Palm Drive Hospital (PDH) 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 closure.

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 PDH 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 EMS system resources to mitigate risks to the public when possible.

Notification of Emergency Department Closure:

PDH provided a complete written notice of the closure of the ED to the Coastal Valleys EMS Agency (CVEMSA) on Friday April 18th, 2014. Based upon the April 18th, 2014 notice, the PDH ED will be closed on April 28th, 2014 not in accordance with statutory time limits.

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 PDH written notice in accordance with each of the requirements:

- a. The name of the hospital;
Palm Drive Hospital
 - b. The effective date and time of the pre-planned reduction or elimination of emergency services;
 1. Palm Drive Hospital will close the Emergency Department down at 11:59pm on April 28th, 2014.
 2. The entire hospital will be closed April 28th, 2014, with a wind-down of services as noted below.
 3. Outpatient Laboratory Services will close end of business day Thursday, April 10th, 2014.
 4. There will be a surgical team on call through April 28th, 2014. However, no elective inpatient surgeries will be scheduled after April 21st, 2014. Emergent surgeries may be performed with the approval of the Chief Nursing Officer.
 5. All acute care inpatient services will close April 28th. However, effective Monday April 21st, 2014 all inpatient admissions require approval by the Chief Nursing Officer.
 6. As of April 21st, 2014 the ICU will be closed. However, ICU nurses will remain on staff through the 28th to help with critical patients who arrive at
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PDH and to staff inpatient units. Should any ED patient or inpatients require critical care, they will be stabilized in the ED and transferred to a higher level of care.

7. All patient services will close April 28th, 2014, including outpatient rehabilitation services, Wound Care, radiology, respiratory therapy and outpatient surgery.
 8. The ED will remain open through the April 28th, 2014. Patients will be referred elsewhere beginning at midnight and patients in the department will be discharged or stabilized and transferred by 7:00 am on April 29th, 2014. Area ED's and EMS systems are being notified in advance.
- 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 PDH 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;

PDH administration has listed several factors which have led to the financial crisis at PDH. The first is low and declining volumes and market share shrinkage. Since 2013 PDH has seen a 30% decline in patient admissions. In the current fiscal year, they have had nine straight months with an average daily census of only 9 patients in the hospital per day. 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 large financial losses. Two-thirds of the patients seeking treatment at PDH are Medicare or Medi-Cal

recipients, or have no insurance at all. Medicare has historically paid only about 90% of a hospital's cost of providing care and is planning to reduced payments in the future. Medi-Cal pays even less, on average 60% of the costs. Patients who have no insurance pay little or nothing for the care they received.

g. 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 emergency services and other services as described above for the surrounding rural community. The average of 20 to 22 patients over a 24 hour period will be traveling to Santa Rosa or Petaluma for their care. This will impact patients that need daily wound clinic as well as daily infusions. Once the hospital closes on the 28th of April, emergency services agencies will have to travel further to reach other hospitals for patient services. The community members that are at risk are, sudden cardiac events, potential drowning or injury out on the coast and traumas that occur within the area.

h. Reporting party name, mailing address and telephone number.

Conni Whitemore
Manager of Intensive Care Unit & Emergency Services | Nursing Administration
Palm Drive Hospital
501 Petaluma Avenue
Sebastopol, CA 95472
phone: (707) 829-4244
fax: (707) 829-4332

Description of the Proposed Change:

PDH plans to discontinue Stand-By Emergency Services provided to the public on April 28th, 2014. Currently, PDH provides the capacity of 6 ED 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, PDH is authorized to receive patients in the ED by private vehicle, walk-in, ambulance, physician referral, and by interfacility transfer.

Additionally, as a General Acute Care Hospital with a special permit for Stand-By Emergency Services, PDH is obligated to provide a medical screening examination and emergency care to all patients received by the ED, irrespective of any patient ability to pay for such services.

Upon discontinuance of Stand-By Emergency Services, PDH would not be licensed to provide emergency services for the public. The community will incur ED bed capacity loss of 6 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. Furthermore, the entire hospital as an acute care facility will be closed in addition to the ED as described in the notice.

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 PDH, 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 prehospital resources):

PDH is a rural nonprofit facility operated by the Palm Drive Health Care District providing stand-by emergency services. The planned permanent closure of the stand-by ED means that patients in the area requiring hospital emergency services will have to be transported to one of the ED in Santa Rosa, CA.

Santa Rosa Memorial Hospital -1165 Montgomery Drive- 8.3 miles away (12 mins)

Sutter Medical Center (current location) - 3325 Chanate Road - 13.2 miles (20 mins)

Sutter Medical Center (Fall 2014 location) - 30 Mark West Springs Road - 12.5 miles (20 mins)

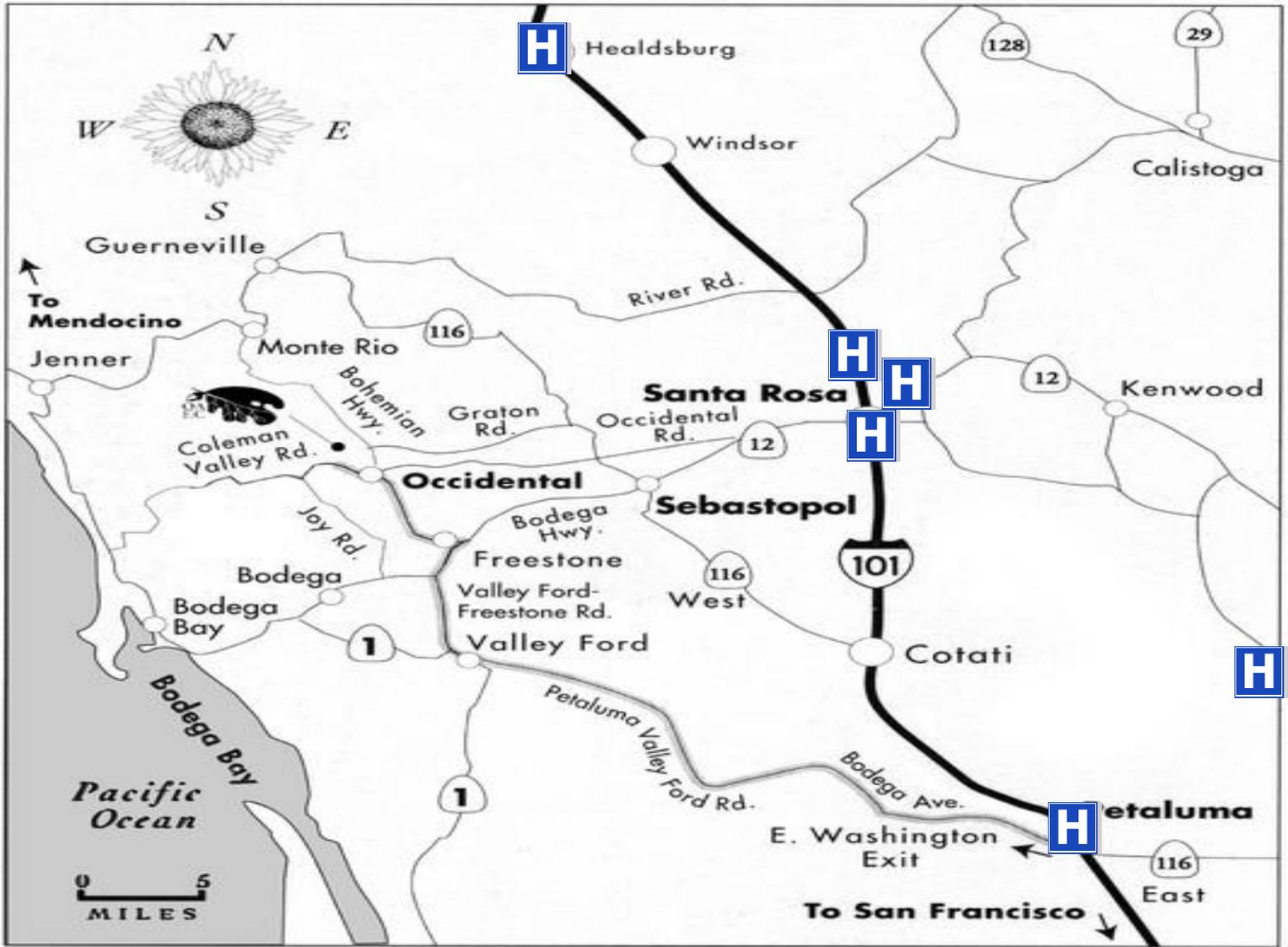
Kaiser Permanente Santa Rosa - 401 Bicentennial Way - 10.8 miles (16 min)

PDH 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, Guernville, Occidental, Freestone, Rio Nido, Monte Rio, Guerneville Park, Summerhome and Mirabel Park.

PDH 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 Hospitals 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.

Map Illustrating Sebastopol & Palm Drive Hospital to Sonoma County General Acute Care Hospitals with Basic Emergency Services:



It is expected that the emergency patient population previously serviced by the PDH ED will predominately be shifted to Santa Rosa Memorial Hospital, Sutter Medical Center of Santa Rosa and Kaiser Permanente of Santa Rosa, all without significant difference in travel time and distance.

Prehospital 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 will need to be increased in the area. There should not be any significant increase in use of air ambulance resources.

It should be mentioned that historically, higher acuity patients received by PDH are transferred to a Greater Santa Rosa Hospital for higher level of care or services not current offered at PDH. PDH's outgoing interfacility transfer volume is approximately 187 patients per year. 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 PDH is as follows:

Ambulance Transport Data to Palm Drive Hospital Year 2013²:

Bodega Bay Fire Department	86
Bells Ambulance	4
Coast Life Support District	2
Petaluma Fire Department	4
Russian River Fire Department	400
AMR	628
Verihealth	119
Total	1261

Interfacility Transfers from Palm Drive Hospital for 2013: 187

Ambulance Transport Data to Palm Drive Hospital Year 2014² (Jan - April):

Bodega Bay Fire Department	24
Bells Ambulance	3
Russian River Fire Department	107
AMR	218
Verihealth	24
Total	376

Interfacility Transfers from Palm Drive Hospital for 2014: not available

Hospital Data:

Patients Received by Walk-In or Private Vehicle (annual average ³): 5688

Based upon available data, 1261 patients requiring ambulance transport would be subjected to prolonged transport times to access an ED. From hospital data on patients received by walk-in or private vehicle, the annual average of 5,688 patients seen by the ED is a significant concern. It is presumed that a significant number of these patients would seek medical care from clinic and physician office resources in the area. 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.

² Source: REDCOM

³ Source: OSHPD data

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

PDH 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 PDH ED closure.

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

PDH 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 direct to Santa Rosa Memorial Hospital, the closest Level II Trauma Center. Trauma registry data for 2013 indicates that a total of 25 trauma patients were transferred from PDH 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):

PDH does not provide any of the specialty services as described in this required impact report topic. However, PDH currently provides the only ED 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:

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

1. The additional transport time of 15-30 minutes or more 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 emergency services.
3. Possible delays in obtaining prehospital emergency medical services as a result of longer out-of-service times for prehospital 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 PDH after closure of emergency services. This may occur due to a patient’s/family’s failure to know that emergency services have been discontinued.
7. Potential direct and indirect economic impact to the communities including loss economic base and loss of an important amenity attracting residential and business development.
8. Loss of community resource for disaster response.
9. The closure of emergency services could result in a shift in costs to the public as a result of additional costs incurred by the current ambulance service provider in order to maintain services at the existing levels.

10. Based on the annual ambulance volume of approximately 1300 patients currently transported to PDH annually, impact to other General Acute Care Hospital EDs in Santa Rosa is expected to be approximately 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:

The limited options for impact mitigation are:

1. Extensive public and medical provider education campaign related to the changes planned by PDH;
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.

It should be noted that unless a cooperative agreement is reached to retain the Stand-by ED at PDH, the negative impact to the public cannot be realistically mitigated or lessened.

CVEMSA Action Plan:

The action plan is limited due to minimal statutory authority over this subject. Furthermore, CVEMSA is not in the position to deny permanent closure of the PDH ED. CVEMSA has request that prehospital 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.
2. Complete the impact report, distribute and post on CVEMSA's web site.
3. Issue a request to prehospital EMS providers to mobilize resources necessary to minimize negative impact on prehospital resource availability for the public.
4. Monitor and evaluate actual impact after ED closure and respond appropriately.
5. Participate in Palm Drive Healthcare District Board's ongoing efforts to understand the community needs including EMS services.

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. PDH has indicated that once the ED is closed, the General Acute Care Hospital will also be closed.

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.

CVEMSA is supportive of efforts being made by the Palm Drive Health Care District, to re-establish a licensed ED and hospital services.

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 in increased demand on ambulance services without an acute ED and the time ambulances will be 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

Palm Drive Healthcare District Board of Directors Meetings
Public Comments
April 1st, 7th, 23rd, 2014

Jeff Weaver: public safety connections. Law enforcement currently uses PDH for blood draws. If no PDH pts will need to be transported via ambulance to another hospital for the same service. Suspects with minor injuries go to PDH and officers are able to stay at facility in the area. Auto collisions or criminal assaults, better than leaving area. In jurisdiction with volunteer fire dept, PD involved, we have to have ambulance transported to Santa Rosa, turnaround time not as fast, double impact.

Sara Bates: retired Occupational Therapist . One conversation about money and the other about life or death and quality. True if PDH ceases to provide ER care, some will die. In my field of work, I have worked with many rehabilitated people who have injuries to brains. Matter of seconds without oxygen to brain results are significant. If hospital closes, much larger numbers of patients will be permanently disabled.

Dennis Colthurst: public safety, PDH can't close. Within 8 mins, code 3 from most areas to PDH - 15 mins minimum to other facility. Ambulance in front of hospital won't work. Contacted AMR who are concerned about past owed monies. Foundation proposal viable. Anticipated shortcomings, holes plugged. Plan can work. Will save lives by triaging. Treat untreatable wounds, homeless, stroke.

Bill Braga: fire chief Sebastopol - responsible for public safety. Concerned about what would happen with hospital. We respond average 3 - 911 calls each day, 2 or 3 medical related. Transport to PDH, what would be critical and hurtful is if FF assisting paramedic if they have to be transported outside of Sebastopol, lose 1-2 FF each time. On behalf of public safety urge BOD to accept proposal from foundation. Right for our community, for economy, thousands of visitors.

Jim Glum - wife had a massive heart attack if not for Dr Betts and the ER she would of died. Thanks ER staff. If we had to drive to Santa Rosa would not be here today.

John Brook retired minister: PDH community with compassion. Dedicated to community and quality of service. People love their community, believe must do everything possible

to keep hospital open. West county has no other ER. Will be a matter of life and death. 1-3 people would have died if not received care. Wife had medical emergency, to hospital, ER, ICU, quality care. Still here, ER and ICU not as comfortable as Sutter. Don't give a damn about comfort. Hope there will be time for proposals to be reviewed.

May Bryan; Support insurance issue. Ambulance asked where we should be taken. Default was not PDH. I insisted. Excellent service. Consider proposal from foundation. Question: If you are asked what ER to take pt? Why ambulances assume taken elsewhere.

Martin: keep PDH open during next emergency. Keep hospital open. Read financial statements. Want you to somehow make money at end of year.

Moise: uses PDH, want to have ER here. #1 opinion, foundation offered credible proposal. Every day ER open people you represent, one more person alive. Today we don't know who might be next. Offer for your consideration:

1. Accept proposal submitted by foundation and commence
2. Authorize BOD president to enter into interim agreement when he determines it is consistent with authority, allow ER services to be available

**Sonoma County Emergency Medical Care Council Meeting
April 28th, 2014**

There were no public comments.