

Hennepin County EMS System
Hospital Closure and Ambulance Diversion Policy
Approved by the Hennepin County EMS Council, April 8, 2021
Effective June 1, 2021

I. Purpose

To provide guidelines to medical control hospitals and ambulance services in the Hennepin County EMS system to effectively handle necessary adjustments in patient disposition. Ambulances may be required to divert patients from their original hospital or stand-alone Emergency Department (ED) of choice when there is a temporary decrease in patient receiving capability at any system medical control hospital(s), or when unusual conditions dictate transport to the closest hospital or stand-alone ED. This policy is meant to limit the diversion of ambulances from the requested or intended hospital or stand-alone ED destinations, which may result in:

- Prolonged out-of-hospital care when definitive hospital-based resources are needed, especially for unstable or critical patients;
- Inappropriate attempts by field personnel to predict the specific diagnostic and therapeutic resources needed by individual patients;
- Unacceptably prolonged transport times; and/or
- Delays in, or lack of, ambulance availability to the community because of diversion of units to distant hospitals.

II. Definitions

Diversion: The re-direction of an ambulance from the intended receiving facility to an alternate receiving facility due to the critical condition of the patient, extreme environmental conditions, disaster, or due to a temporary lack of critical resources at the facility.

Medical Control Hospital: All hospitals or stand-alone ED's that give medical control to ambulances operating within the Hennepin County EMS system and for purposes of this policy include:

- Abbott Northwestern
- Abbott Northwestern WestHealth (stand-alone ED)
- Children's Hospital - Minneapolis
- MHealth Fairview Southdale Hospital
- MHealth Fairview University of Minnesota Medical Center
 - Masonic Children's Hospital
 - East Bank (University campus)
 - West Bank (Riverside campus)
- HCMC (Hennepin County Medical Center)

- Maple Grove Hospital
- Mercy Hospital
- Methodist Hospital
- North Memorial Health Hospital
- Ridgeview Medical Center
- St. Francis Medical Center
- Two Twelve Medical Center (stand-alone ED)
- Unity Hospital

Major Trauma: Patients who meet the major trauma criteria as defined in the Hennepin County EMS system ALS Medical Protocols Patient Disposition – Major Trauma guideline.

Open Status: “Open” refers to hospitals or stand-alone ED’s that are able to accept all categories and types of patients brought by ambulance to their emergency department.

Closed Status: “Closed” refers to hospitals or stand-alone ED’s that are unable to accept ambulance patients because patient care demands in the emergency department or in-house exceed available resources. In the case of trauma-receiving hospitals, closed status may also apply to the lack of available surgical resources for major trauma.

III. Hospital Resource Tracking System (MNTrac)

The internet-based hospital tracking system used in the metropolitan region for entering and monitoring hospital open, divert, and closed status and for reporting Mass Casualty Incidents (MCI) and National Disaster Medical System (NDMS) bed availability. All Hennepin County EMS system hospitals are required to utilize MNTrac to request a closed status.

IV. Unusual Conditions

Heavy snow, ice storms, tornadoes, civil unrest, or other unusual conditions may prevent ambulance crews from transporting patients to their hospital of choice. The ambulance service supervisor will initially authorize ambulance crews to transport patients to the closest appropriate hospital or stand-alone ED.

- A. The West MRCC dispatcher will alert an on-call system medical director and consult as needed. The West MRCC dispatcher will notify ambulance providers and hospitals via MNTrac (or by phone if there is MNTrac failure).
- B. The West MRCC dispatcher will alert an on-call system medical director who will consult on the need to continue the diversion status, force open hospitals, or discuss the need for diversion with other EMS providers. The West MRCC

dispatcher will notify ambulance providers and hospitals via MNTrac (or by phone if there is MNTrac failure).

- C. The West MRCC dispatcher will notify hospitals and ambulance providers when the event is concluded via MNTrac (or by phone if there is MNTrac failure).

V. Hospital Closed Status

Hospitals or stand-alone ED's may request one of the combinations of closed status listed below (other MNTrac options are available only to non-West Metro hospitals).

- Closed to ED - Open to Trauma
- Closed to ED & Trauma
- Closed to Trauma - Open to ED
- Full Closed – Closed to all ambulance transports and transfers

Closures to ED and/or Trauma are limited to 120 minutes (2 hours). Regardless of how long the hospital or stand-alone ED is closed, they must then remain open a minimum of 240 minutes (4 hours) before re-closing. No hospital or stand-alone ED will be allowed to stay closed beyond 2 hours, or to re-close in less than 4 hours, except in the event of physical plant or critical equipment failure.

Hospitals or stand-alone ED's experiencing a physical plant or critical equipment failure may request Full Closed status. Hospitals or stand-alone EDs that are in Full Closed status will remain closed to all ambulance transports and transfers for a minimum of 480 minutes (8 hours) but may remain closed longer if needed.

Upon conclusion of a Full Closed incident, the closed hospital or stand-alone ED shall contact the West MRCC to request their Full Closed status to be changed to Open.

VI. Hospital Alert - ED and Trauma Divert Red/Critical Patients - Equipment Failure

When an equipment failure at a hospital or stand-alone ED occurs, the facility may request an alert in MNTrac to divert Red/Critical patients. An ED and Trauma Divert for Red/Critical patients must be in place for a minimum of 4 hours. After 4 hours, the alert may be renewed or may be concluded by contacting West MRCC to request a status change.

The alert in MNTrac will use the following language:

- ED and Trauma Divert for Red/Critical Patients due to Equipment Failure
- ED and Trauma Open to Red/Critical Patients – Equipment Failure Concluded

Examples of equipment failures that may be noted in the MNTrac Description Section:

- CT scanner is down
- MRI machine is down
- Interventional Radiology is down
- Catheter Lab is unavailable

VII. Procedure

When it becomes necessary for a Hennepin County EMS system medical control hospital or stand-alone ED to close or divert patients according to a reason listed above, the following procedure will be used:

A. Hospital Responsibility

1. A hospital or stand-alone ED administrator (vice-president level or above, or the designee of such person) will approve the hospital or stand-alone ED divert or closing.
2. Closed to ED and/or Trauma
 - i. The hospital or stand-alone ED authorized designee will enter the closed status into MNTrac. In the event of MNTrac failure, the hospital or stand-alone ED designee shall call the West MRCC dispatcher at (612) 347-2123 and request the West MRCC dispatcher assign the closed status.
 - ii. The authorized designee will change to open status in MNTrac when the hospital or stand-alone ED is again open and normal transportation to that facility may resume, or in the event of MNTrac failure, they shall call the West MRCC to request the change be made.
 - iii. The closed to ED and/or Trauma status does not prevent paramedics from taking a patient to the closed hospital or stand-alone ED for immediate interventions if the patient's condition is felt to be life threatening.
 - iv. Any ambulance transporting a patient, regardless of acuity, at the time a Closed to ED and/or Trauma Status is declared may continue transport to the closed hospital or stand-alone ED.
 - v. A hospital or stand-alone ED closed to ED and/or Trauma agrees to care for any patient when the ambulance provider determines that it is the most appropriate transport destination.
3. Full Closed
 - i. The hospital or stand-alone ED authorized designee shall call the West MRCC dispatcher at (612) 347-2123 to request Full Closed status.
 - ii. Any ambulance transporting a patient, regardless of acuity or need for immediate interventions if the patient's condition is felt to be life threatening, shall divert from a Full Close hospital or stand-alone ED to the nearest appropriate hospital.
4. Alert - ED and Trauma Divert Red/Critical Patients - due to Equipment Failure

- i. The hospital or stand-alone ED authorized designee will call the West MRCC dispatcher at (612) 347-2123 to request the alert to Divert Red/Critical patients from the ED and Trauma due to Equipment Failure to be entered in MNTrac. The specific equipment that is out of service may be identified so it can be noted in the description of the alert.
- ii. A hospital or stand-alone ED that is diverting ED and Trauma Critical/Red patients agrees to care for any patient when an ambulance provider determines that the facility is the most appropriate transport destination.
- iii. A hospital or stand-alone ED will call the West MRCC after a minimum of 4 hours when the equipment is back in service to request the ED and Trauma Divert of Critical/Red Patients is entered as concluded in MNTrac. Status should be changed to ED and Trauma Open to Red/Critical Patients – Equipment Failure Concluded.

B. West MRCC Responsibility

When notified of an ED and/or Trauma Closed Status by a Hennepin County EMS system medical control hospital or stand-alone ED, alerted by MNTrac of a status change, or contacted for Full Closed Status or a request to Divert Red/Critical Patients, the West MRCC dispatcher will:

1. For Closed to ED and/or Trauma Status:
 - i. Confirm status change information entered into MNTrac by the hospital or stand-alone ED or enter information relating to the current closed status in MNTrac, if requested.
 - ii. If there is MNTrac failure, notify ambulance dispatch centers of diversion status changes.
 - iii. Use MNTrac to alert hospitals, stand-alone ED's, and ambulance providers when unusual conditions require patients to be transported to the closest hospital or stand-alone ED; include the nature and scope of the event.
 - iv. When alerted by MNTrac, or the hospital or stand-alone ED designee, that a hospital or stand-alone ED is again open, or after two hours, the West MRCC dispatcher will confirm the hospital or stand-alone ED status change in MNTrac.
2. For Full Closed Status:
 - Change the requesting hospital or stand-alone ED's MNTrac status to Full Closed
 - If there is a MNTrac failure, notify ambulance dispatch centers of Full Closed status

- ii. After a minimum of 8 hours the MRCC dispatcher will change the hospital or stand-alone ED's status change in MNTrac to Full Open when the hospital or stand-alone ED requests the conclusion of Full Closed status.
3. For ED and Trauma Divert Red/Critical Patients – due to Equipment Failure alerts:
 - i. Enter an Alert in MNTrac for the requesting facility status change to:
 - ED and Trauma Divert for Red/Critical Patients due to Equipment Failure
 - ii. After 4 hours, West MRCC dispatcher will await notification from the requesting hospital or stand-alone ED to change the status to:
 - ED and Trauma Open to Red/Critical Patients – Equipment Failure Concluded
 - iii. West MRCC dispatchers will assure that Hennepin County EMS system hospitals and stand-alone EDs use status designations in MNTrac that are consistent with system policy and will override any status changes that are not allowed.

C. Ambulance Service Responsibility

1. The ambulance service dispatcher will notify all in-service ambulances of any closed hospital(s) or stand-alone ED(s) or when a hospital or stand-alone ED re-opens. Any ambulance transporting a patient at the time a Closed to ED and/or Trauma Status is declared will be advised to continue transport to the closed hospital or stand-alone ED. Any ambulance transporting a patient at the time a Full Closed Status is declared will divert to an appropriate alternative hospital or stand-alone ED. Ambulance services will also monitor MNTrac to facilitate notification.
2. Ambulance crews should make every attempt to promptly contact the receiving facility as soon as possible if they must transport a patient to a hospital or stand-alone ED that is closed to ED and/or Trauma. If a hospital or stand-alone ED representative does not want to accept the patient when the ambulance arrives, ambulance service personnel are to request the patient to be evaluated prior to transfer, to prevent an EMTALA violation.
3. The ambulance service supervisor will notify West MRCC to request a consult with an on-call system medical director any time an unusual condition requires ambulance crews to transport patients to the closest hospital or stand-alone ED.

D. System Medical Director Responsibility

1. A System Medical Director will be available to consult with the West MRCC dispatcher, hospital personnel, ambulance providers, or public safety,

whenever there is a question regarding a hospital or stand-alone ED closing, or unusual condition affecting patient disposition.

2. When notified that an ambulance service is diverting patients to the closest hospital or stand-alone ED due to unusual conditions, a System Medical Director will determine the need for consulting with other ambulance services, opening closed hospitals or stand-alone ED's, or concluding the event.

VIII. Multiple Medical Control Hospital Closings

When it becomes necessary for more than two medical control hospitals or stand-alone ED's within the Hennepin County EMS system to initiate a Closed to ED and/or Trauma status:

- A. The third Hennepin County EMS system hospital or stand-alone ED to declare Closed to ED and/or Trauma Status will enter the closing into MNTrac, or contact the West MRCC dispatcher in the event of a MNTrac failure.
- B. The West MRCC dispatcher will contact the two closed to ED and/or Trauma hospitals or stand-alone ED's to confirm that the closed status is still required. If so, all three hospitals or stand-alone ED's will be removed from Closed to ED and/or Trauma Status and placed on "Forced Open" status by the West MRCC; patients will then be directed to hospitals per normal routine.
- C. If there is MNTrac failure, the West MRCC will contact ambulance dispatch centers with diversion status changes.
- D. Under these circumstances, hospitals or stand-alone ED's may not Close to ED and/or Trauma again for a minimum of 4 hours, at which time, hospitals and stand-alone EDs are eligible to declare Closed to ED and/or Trauma status, as long as no more than two hospitals or stand-alone ED's are Closed to ED and/or Trauma.
- E. The West MRCC dispatcher will assure all information is accurate in MNTrac and will override any attempts by hospitals or stand-alone ED's to close during the four-hour period.

NOTE: Any West MRCC concern regarding closed medical control hospitals or stand-alone ED's throughout the metro area, any combination of closings felt to be detrimental to the system, or any change to normal transport conditions, should be discussed with a System Medical Director to determine the appropriate system response. A System Medical Director can be reached by calling the West MRCC at (612) 347-2123.