

Hennepin County EMS System
Hospital Closure and Ambulance Diversion Policy
Approved by the Hennepin County EMS Council, April 14, 2016
Effective June 1, 2016

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 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 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
- Fairview Southdale Hospital
- Fairview University Minnesota Medical Center
 - Masonic Children's Hospital
 - University campus(east bank)
 - Riverside campus(west bank)
- Hennepin County Medical Center

- Maple Grove Hospital
- Mercy Hospital
- Methodist Hospital
- North Memorial Medical Center
- 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 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 EDs 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 closed status and for reporting MCI and 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 EDs may request one of the combinations of closed status listed below (other *MNTrac* options are only for 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 re-close in less than 4 hours, except in the event of physical plant or critical equipment failure.

Hospitals or stand-alone EDs 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 and approved by a System Medical Director.

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

VI. Procedure

When it becomes necessary for a Hennepin County EMS system medical control hospital or stand-alone ED to close 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 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 will 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 and request Full Closed status and ask to consult with an SMD.
 - 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.

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, 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 EDs, and ambulance providers when unusual conditions require patients to be transported to the closest hospital or stand-alone ED, including 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:

- i. Contact the SMD and request a consult between the SMD and requesting hospital or stand-alone ED
 - ii. If Full Closed Status is approved by the SMD:
 - Changed 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
 - iii. After 8 hours the MRCC dispatcher will change the hospital or stand-alone ED's status change in *MNTrac* to Full Open.
3. 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 override any status changes 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 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 be evaluated, prior to transfer, to prevent an EMTALA violation.
3. The ambulance service supervisor will notify West MRCC, and request to 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 EDs, or concluding the event.

3. SMD approval is required for all Full Closed requests.

VII. Multiple Medical Control Hospital Closings

When it becomes necessary for more than two medical control hospitals or stand-alone EDs within the Hennepin County EMS system (see definition) 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 re-contact the other two closed to ED and/or Trauma hospitals or stand-alone EDs to confirm that the closed status is still required. If so, all three hospitals or stand-alone EDs 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 changes.
- D. Under these circumstances, hospitals or stand-alone EDs may not close to ED and/or Trauma again for a minimum of four hours. After two hours the West MRCC will change the hospital or stand-alone ED's status to Open, hospitals or stand-alone EDs are then again eligible to declare closed to ED and/or Trauma status, as long as no more than two hospitals or stand-alone EDs close to ED and/or Trauma.
- E. The West MRCC dispatcher will assure all information is accurate on *MNTrac* and override any attempts to close during the four hour period.

NOTE: Any West MRCC concern regarding closed medical control hospitals or stand-alone EDs 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.