

Hennepin County EMS System
Hospital Closure and Ambulance Diversion Policy
Approved by the Hennepin County EMS Council
Effective January 3, 2022

1. 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 critical equipment is temporarily unavailable 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:

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

2. Definitions

- 2.1. **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 unavailability of equipment at the facility.
- 2.2. **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
 - 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

2.3. **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.

2.4. **Closed Status:** "Closed" refers to hospitals or stand-alone ED's that are unable to accept ambulance patients due to physical plant, critical equipment failure, or a security lockdown.

3. 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.

4. Unusual Conditions – Closest Hospital Notification

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 provider's supervisor will initially authorize ambulance crews to transport patients to the closest appropriate hospital or stand-alone ED.

The West MRCC dispatcher will consult with an on-call system medical director, as needed, to initiate a closest hospital notification in MNTrac. The West MRCC dispatcher will notify ambulance providers and hospitals via MNTrac (or by phone if there is MNTrac failure).

The West MRCC dispatcher will consult with an on-call system medical director, as needed, to continue the closest hospital notification status, to 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) of status changes.

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

5. Hospital Closed/Divert Status

Hospitals or stand-alone ED's may request a closed or divert status listed below (Additional MNTrac options are available only to non-west metro hospitals.)

5.1 Divert Red/Critical Patients due to Equipment Failure -closed to all Red/Critical patients for 4 hours, then option to renew the closure, as needed until the situation is resolved

5.2 Full Closed – Closed to all ambulance transports and transfers (closed to all patients arriving by ambulance) until the situation is resolved

6. Timing and Requirements of Closed/Divert Status

6.1 Divert Red/Critical Patients due to Equipment Failure

Requires a minimum diversion of Red/Critical patients for 240 minutes (4 hours)
MNTrac will automatically re-open the hospital/stand-alone ED after 4 hours.

This diversion status may be renewed after 4 hours, as needed, by contacting West MRCC with the request.

Equipment failures should be noted in the MNTrac availability section in the Diversion Comments field.

Examples of equipment failure: • CT scanner is down • MRI machine is down • Interventional Radiology is down • Catheter Lab is unavailable

6.2 Full Closed

- Closed to ALL ambulance transports and transfers due to physical plant, critical equipment failure, security lockdown (including in triage area) for an extended period of time until the situation has been resolved.
- West MRCC will contact the hospital or stand-alone ED for a status update every four hours to determine if the full closure will be continued.
- This closure may be continued as needed, until the situation has been resolved.
- MNTrac will not automatically open a hospital that is Full Closed. Upon conclusion of a Full Closed incident, the hospital or stand-alone ED should contact the West MRCC to request their Full Closed status to be changed to Open.

7. Procedure

When it becomes necessary for a Hennepin County EMS west metro 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:

7.1 Hospital Responsibility

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 closed/divert status.

7.1.1 Divert Red/Critical Patients due to Equipment Failure

The authorized person at the hospital or stand-alone ED will enter the diversion 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 to ask the West MRCC dispatcher to enter the diversion status.

The specific equipment that is out of service should be identified by the hospital or stand-alone ED so it can be noted in the Diversion Comments field.

A hospital or stand-alone ED that is diverting Red/Critical patients due to an equipment failure agrees to care for any patient that arrives by ambulance when an ambulance provider determines that the facility is the most appropriate transport destination.

7.1.2 Full Closed

The authorized person from the hospital or stand-alone ED shall call the West MRCC dispatcher at (612) 347-2123 to request Full Closed status.

The hospital or stand-alone ED will contact West MRCC to conclude the Full Closed status when the situation at the facility has been resolved.

Any ambulance transporting a patient, regardless of acuity or need for immediate interventions even if the patient's condition is felt to be life threatening, shall divert from a Full Closed hospital or stand-alone ED to the nearest appropriate hospital.

7.2 West MRCC Responsibility

When notified via MNTrac or directly that a hospital or stand-alone ED has changed its status, the West MRCC dispatcher will ensure that Hennepin County EMS west metro system hospitals and stand-alone EDs use status designations in MNTrac that are consistent with this EMS Council policy and will override any status changes that are not allowed by this policy.

7.2.1 Unusual Conditions - Closest Hospital Notification

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.

7.2.2 Divert Red/Critical Patients due to Equipment Failure

Confirm status change information that was entered into MNTrac by the hospital or stand-alone ED or enter the status in MNTrac, if requested by the facility. This includes equipment that is out of service, so it can be noted in the comments field of the diversion status in MnTrac.

If there is a MNTrac failure, notify ambulance dispatch centers of diversion status changes.

After 4 hours, MNTrac will automatically end the Divert Red/Critical status. The diversion may be renewed if the requesting hospital or stand-alone ED contacts West MRCC for an extension.

7.2.3 Full Closed

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 the Full Closed status.

The MRCC dispatcher will change the hospital or stand-alone ED's status in MNTrac to Open when the hospital or stand-alone ED requests the conclusion of its Full Closed status or West MRCC identifies that the situation is resolved. If the hospital or stand-alone ED does not contact the hospital, West MRCC will check the full closed facility's status every four hours to verify that the Full Closed status should be extended.

7.3 Ambulance Provider Responsibility

The ambulance provider's dispatcher will notify all in-service ambulances of any closed hospital(s) or stand-alone ED(s) and when a hospital or stand-alone ED re-opens.

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 providers will monitor MNTrac to facilitate notifications of hospital status changes to their crews.

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 diverting Red/Critical patients.

If a hospital or stand-alone ED representative does not want to accept the patient when the ambulance arrives, ambulance service personnel can request the patient to be evaluated prior to

transfer to prevent an EMTALA violation.

7.4 System Medical Director Responsibility

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 closure or diversion, or an unusual condition affecting patient dispositions.

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 to consult with other ambulance providers, force closed or stand-alone ED's open, or conclude the event.

8. Multiple Medical Control Hospitals on Red/Critical Diversion or Full Closed

Multiple hospital or stand-alone ED's will be allowed to Divert Red/Critical Patients due to Equipment Failure until the equipment failures have been resolved. When needed, a System Medical Director will be consulted.

Multiple hospitals or stand-alone EDs will be allowed to be Full the situation has resolved. When needed, the System Medical Director will be consulted.

If there is a MNTrac failure, West MRCC will contact ambulance dispatch centers regarding diversion and closure status changes.

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.