MedPro Group
a Berkshire Hathaway company

Checklist

Closure of Healthcare Facilities/Lines of Service

Many healthcare facilities and lines of service have ceased operations. From 2010 through 2023, more healthcare facilities shut down services than those newly established.[1] Rural areas saw more closures than urban areas, mainly because of losses on patient services and low financial reserves.[2]

When these facilities close or stop lines of service, it presents consequences for patients. They may face longer travel times to seek medical help; less access to maternal, surgical, mental health, and chronic care services; more expensive care at other healthcare facilities; providers under more pressure; and more.[3]

Healthcare facility leaders should proactively plan for closure (at least a year in advance if possible) and establish a timeline; devise a closure plan; and provide appropriate and timely notifications to patients, government authorities, accrediting agencies, and the community. Although not all-inclusive, this checklist includes high-level considerations for the emergency department (ED) and labor & delivery (L&D). Healthcare facility transition leaders should always ensure they are aware of state notification requirements.

	Yes	No
EMTALA and Emergency Obstetric Care		
Does your healthcare facility ensure compliance with EMTALA obligations for pregnant patients in active labor?	☐	☐
• Does your facility ensure that ED and triage staff are prepared to screen and stabilize any person who presents in active labor or with an emergency medical condition and — as necessary — arrange an appropriate transfer?	☐	☐
• Are ED and triage staff informed they must deliver if the birth is imminent?	☐	☐
• Are protocols, guidelines, and on-call expectations reviewed and updated?	☐	☐

	Yes	No
EMTALA and Emergency Obstetric Care (continued)		
• Has your facility educated its staff in the ED, registration department, security, and emergency medical services (EMS) about EMTALA requirements regarding pregnant patients in active labor?	☐	☐
Has your healthcare facility confirmed transfer/transport mechanisms with receiving healthcare facilities, including formalized agreements?	☐	☐
• Has your facility identified receiving hospitals/healthcare facilities that are adequately equipped to handle patients' medical complexity?	☐	☐
• Has your facility executed agreements with receiving hospitals/healthcare facilities (written transfer agreements, including neonatal transport/neonatal intensive care unit [NICU] capacity)?	☐	☐
• Has your facility confirmed test logistics (EMS coordination, mode of transport and level, ground/air), point people, phone trees, and estimated transfer times?	☐	☐
• Does your facility have a transfer checklist for emergency obstetric/neonatal transfers?	☐	☐
• Does your facility ensure appropriate documentation and certification for transfer, including patient stabilization, risks/benefits of transfer, acceptance by receiving facility, and mode of transport and level of care?	☐	☐
Does your healthcare facility conduct mock drills for "unexpected labor in the ED" (patient presenting after closure of an L&D department), including postpartum hemorrhage, shoulder dystocia, and neonatal resuscitation?	☐	☐
• Has your facility verified the competency of appropriate obstetrics staff?	☐	☐
• Is emergency delivery equipment available, including neonatal emergent care equipment (e.g., for intubation)?	☐	☐
• Have staff members been trained on neonatal resuscitation?	☐	☐
Operational and Clinical Transition		
Has your healthcare facility informed patients that its L&D services will no longer be available and provided information on how/where to access care in the future?	☐	☐

	Yes	No
Operational and Clinical Transition (continued)		
• Has your healthcare facility established a formal communication plan, and have messages been sent to EMS, obstetric practices, community healthcare providers, scheduling staff, EDs at receiving healthcare facilities, as well as the staff, patients, and community about the closure?	☐	☐
• Have standard patient letters/communications been created that contain frequently asked questions that explain the closure, where to give birth going forward, transfer plans, and the handling of postpartum care?	☐	☐
• Has your healthcare facility proactively provided outreach to prenatal patients and patients with scheduled deliveries and high-risk pregnancies?	☐	☐
• Has your healthcare facility assigned a case manager to reroute these patients to appropriate receiving healthcare facilities?	☐	☐
• Have staff members been educated on the closure, specifically important talking points and documenting counseling for prenatal patients?	☐	☐
• Has your facility's website, patient portal, and scheduling system been updated with clear and consistent messaging about the closure?	☐	☐
• Does your healthcare facility ensure continuity of both prenatal and postpartum care?	☐	☐
• Does your healthcare facility coordinate with outpatient obstetric clinics; midwives; community health professionals; Women, Infants, and Children (WIC) representatives; and public health professionals to ensure prenatal visits, high-risk monitoring, and postpartum follow-up (including lactation) are taking place?	☐	☐
• Has your facility determined its staffing needs for retaining obstetric nurses during the transition, and have ED nurses been cross-trained?	☐	☐
• Does your healthcare facility ensure neonatal resuscitation and stabilization training and kits are available for the transitional period?	☐	☐
• Are equipment and trained staff available to handle immediate newborn resuscitation?	☐	☐
• Does your healthcare facility ensure that newborn transport takes place and NICU capacity is sufficient?	☐	☐
• Does your healthcare facility confirm the receiving healthcare facility's NICU levels and surge capacity and document the acceptance criteria?	☐	☐

	Yes	No
Operational and Clinical Transition (continued)		
• Does your healthcare facility have emergency response plans for obstetric hemorrhage, eclampsia, and shoulder dystocia?	☐	☐
• Does your healthcare facility conduct drills for these emergency response plans, including transfer steps?	☐	☐
• Does your healthcare facility maintain policies for handling fetal death, stillbirth documentation, and grief/bereavement resources?	☐	☐
• Does your healthcare facility ensure timely reporting to the vital records and county coroner (if required)?	☐	☐
• Does your healthcare facility ensure appropriate relocation/disposal/ transfer of obstetric medications and vaccines (e.g., oxytocin, magnesium), controlled substances, and neonatal supplies per regulations and chain of custody?	☐	☐
Legal and Regulatory/Accreditation		
Has your healthcare facility notified state and federal regulators about the closure?	☐	☐
• Does your facility know the specific approval/notification requirements and deadlines?	☐	☐
• Has your facility notified the state department of health and Centers for Medicare & Medicaid Services about planned service line closure(s)?	☐	☐
Has your healthcare facility notified its accrediting agency?	☐	☐
Have all public representations of service been updated accordingly?	☐	☐
Documentation		
Does your healthcare facility maintain documentation of all notifications and approvals?	☐	☐
Does your healthcare facility document all communications, service discontinuations, staffing changes, and patient safety planning?	☐	☐
Does your healthcare facility retain all records to demonstrate good-faith transition planning?	☐	☐

	Yes	No
Documentation (continued)		
Has your healthcare facility maintained a documentation and audit trail showing a running log of dates, individuals/agencies notified, copies of notices, acceptance letters from receiving hospitals, EMS agreements, staff notices, and regular correspondence?	☐	☐
Is every maternal/neonatal transfer documented with time stamps, the name of the receiving facility, the transport method, and clinical status?	☐	☐
Medical Staff Bylaws/Credentialing & Privileging		
Has your healthcare facility aligned and updated its medical staff bylaws, protocols and procedures, and credentialing/privileging mechanisms as needed?	☐	☐
Health Records Custody/Retention/Access After Service Closure		
Has your healthcare facility reviewed the health record custody, retention schedule, and release procedures for mothers and infants?	☐	☐
Does your healthcare facility ensure health records remain accessible (both paper and electronic), including records related to the mother, newborn, anesthesia, and fetal monitoring?	☐	☐
Have staff members educated patients on how to request health records and provided them with a point of contact?	☐	☐
Insurance		
Has your healthcare facility notified its insurance agent or broker to inform its insurance carrier about service line closures, staffing changes, and risk exposures?	☐	☐

Endnotes

[1] Levinson, Z., Hulver, S., Godwin, J., & Neuman, T. (2025, February 19). *Key facts about hospitals.* KFF. Retrieved from www.kff.org/health-costs/key-facts-about-hospitals/?entry=overview-introduction

[2] Saving Rural Hospitals. (n.d.). *How to prevent rural hospital closures.* Retrieved from https://ruralhospitals.chqpr.org/Solutions.html

[3] Bellard, A., Otti, A., Carbajal, E., Moore, J., & Lieneck, C. (2026, April 22). Recent rural hospital closures and service disruptions in the United States: A rapid systematic review. *Hospitals, 3*(2), 11. doi: https://doi.org/10.3390/hospitals3020011