



**REGION 11
CHICAGO EMS SYSTEM
POLICY**

Title: Hospital Diversion / Ambulance Bypass or Resource Limitation
Section: Transportation
Approved: EMS Medical Directors Consortium
Effective: December 17, 2025

HOSPITAL DIVERSION/ AMBULANCE BYPASS OR RESOURCE LIMITATION

I. BACKGROUND

- A. Hospital diversion of ambulances (bypass) must be based on a significant resource limitation, disaster event, or active threat.
- B. Each hospital should have a protocol that addresses peak census, surge, and hospital diversion/ambulance bypass and current status should be updated in EMResource.
- C. The decision to go on diversion/bypass or resource limitation should be based on meeting the following criteria per IDPH:
 - 1. Lack of an Essential Resource: All reasonable efforts to resolve the essential resource limitation have been exhausted including, but not limited to:
 - a. Consideration for using appropriately monitored beds in other areas of the hospital;
 - b. Limitation or cancellation of elective patient procedures and admissions to make available surge patient care space and redeploy clinical staff to surge patients;
 - c. Actual and substantial efforts to call in appropriately trained off-duty staff; AND
 - d. Urgent and priority efforts have been undertaken to restore existing diagnostic and/or interventional equipment or backup equipment and/or facilities to availability, including but not limited to seeking emergency repair from outside vendors if in house capability is not rapidly available.
- D. Bypass status may NOT be deemed reasonable if hospitals in a geographic area are on peak census or bypass status or transport time by an ambulance to the nearest facility is identified to exceed 15 minutes.
- E. When a hospital is on bypass, the next geographically closest hospital without a declared resource limitation/disaster will be considered the “closest” hospital for EMS transport destination.
- F. In a situation where diverting an ALS patient adds 5 or more additional minutes of transport time to the closest hospital not on bypass, that patient may be transported to the closest hospital on ALS bypass, barring extenuating circumstances.

II. MONITOR AND REVIEW

- A. The hospital must constantly monitor to determine when the hospital diversion/ambulance bypass or Resource Limitation condition can be lifted. Such monitoring and decision making



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shall include clinical and administrative personnel with adequate hospital authority. Efforts to address hospital issues using all available resources to resolve bypass as soon as such patients can be safely accommodated.

- B. The Illinois Department of Public Health (IDPH) can remove or override a hospital's bypass status at any time.
- C. IDPH shall investigate the circumstances that caused a hospital in an EMS System to go on bypass status to determine whether that hospital's decision to go on bypass status was reasonable.
- D. Ambulance service providers will be responsible for assuring their EMS personnel are kept informed of existing hospital diversion/ambulance bypass and resource limitations in the EMS system.
- E. Hospitals shall update their bypass status/resource limitation every 2 hours in the EMResource system and make every effort to manage resources efficiently. **If a hospital finds it necessary to stay on bypass for longer than 2 hours, the IDPH EMS Regional Coordinator must be contacted directly for review at 312-636-0241.**

III. REASON/ELIGIBILITY FOR RESOURCE LIMITATION OR DIVERSION/BYPASS STATUS

- A. **Resource Limitation:** Systems of care patients including Stroke and STEMI. This is not a bypass status, but a notification and request to the EMS System.
 - 1. No available or monitored beds within traditional patient care and surge patient care areas with appropriate monitoring for patient needs;
 - 2. Unavailability of trained staff appropriate for patient needs; or
 - 3. No available essential diagnostic and/or intervention equipment or facilities essential for patient needs.
- B. **ALS Bypass:** In determining whether a hospital's decision to go on bypass/resource limitation status is reasonable, the following should be considered:
 - 1. The number of critical or monitored beds available in the hospital at the time that the decision to go on bypass status was made;
 - 2. The number of staff after attempts have been made to call in additional staff, in accordance with facility policy; and
 - 3. The approved hospital protocols for peak census, surge, and bypass at the time that the decision to go on bypass status was made.



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4. Note that BLS transports are not diverted for ALS bypass

C. Trauma Bypass: For Level 1 Trauma Centers or Level 1 Pediatric Trauma Centers

1. No fully staffed operating rooms are available, and at least one or more of the current operative procedures is a trauma case;
2. The CT scan is not working; or
3. The general bypass criteria listed above.

D. Bypass Override: Can override the above for bypass

1. At the discretion of Online Medical Control, participating hospitals may still receive patients when on resource limitation or bypass. This may occur if it is determined that such a triage decision is in the best interest of a particular patient or the community at large. Situations that might (but do not automatically) warrant such a decision include:
 - a. Life threatening situations requiring the patient to be transported to the closest hospital because the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility DO NOT outweigh the increased risks to the patient from the transport to a more distant facility.
 - b. Incident requiring a multiple ambulance response (i.e., EMS Plans, Mass Casualty Events, etc.).

E. Internal Disaster

1. An internal disaster (including but not limited to fire, flood, power failure, active threat) has occurred in the hospital at the time that the decision to go on bypass status was made;
2. ALS and BLS transports are diverted.
3. Hospitals with a declared bypass status due to an internal disaster will not have their status over-ridden to accept any patient by EMS.

F. System-Wide Crisis

1. In the event of a system-wide crisis, refer to the Response to a System-Wide Crisis Policy and notify the Regional Hospital Coordinating Center (RHCC).



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G. Declared Local or State Disaster

1. During a declared local or State disaster, hospitals may only go on bypass status if they have received prior approval from IDPH. Hospitals must complete or submit the following prior to seeking approval from IDPH for bypass status:
 - a. EMResource must reflect current bed status;
 - b. Peak census policy must have been implemented 3 hours prior to the bypass request;
 - c. Hospital and staff surge plans must be implemented;
 - d. The following hospital information shall be provided to IDPH:
 - Number of hours for in-patient holds waiting for bed assignment;
 - Longest number of hours wait time in emergency department;
 - Number of patients in waiting area waiting to be seen;
 - In-house open beds that are not able to be staffed;
 - Percent of beds occupied by in-patient holds;
 - Number of potential in-patient discharges;
 - Number of open ICU beds; and
 - Additional steps taken to address the challenges.
 - e. The IDPH Regional EMS Coordinator will review the above information along with hospital status in the region and determine whether to approve bypass for 2 hours, 4 hours, or an appropriate length of time as determined by the IDPH Regional EMS Coordinator, or to deny the bypass request. A bypass request may be extended based on continued assessment of the situation, including status of surrounding hospitals, with the IDPH Regional EMS Coordinator and communication with the requesting hospital. A hospital may be denied bypass based on regional status or told to come off bypass if an additional hospital in the geographic area requests bypass.

IV. NOTIFICATION PROCESS

- A. Notification of Hospital Status Change: The hospital shall notify the Illinois Department of Public Health, Division of Emergency Medical Services, of any bypass/resource limitation decision, at both the time of its initiation and the time of its termination, through status change updates entered into the Illinois EMResource application, accessed at <https://emresource.juvare.com/login>.
 1. Submit status update through EMResource including initial, continuing or resolution of bypass/diversion status. This will alert IDPH and all Region 11 and surrounding region hospitals of the status change.
 - a. If unable to access EMResource, contact your hospital EMResource administrator to address the issue.



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2. Notify Chicago Office of Emergency Communications (OEMC)/911 Center.
 3. Notify respective Resource Hospital Base Station (for Participating and Associate hospitals; Resource Hospitals notify geographical next closest Resource Hospital).
 4. Alert private ambulance services that normally service the facility
 5. Ambulance service providers will be responsible for assuring their EMS personnel are kept informed of existing resource limitations in the system.
 6. If a hospital finds it necessary to stay on bypass for longer than 2 hours, the IDPH EMS Regional Coordinator must be contacted directly for review at 312-636-0241.
- B. The hospital shall document any inability to access EMResource by contacting their Resource Hospital EMS Coordinator, Chicago Department of Public Health, and IDPH Division of EMS during normal business hours.

V. IDPH SANCTIONS FOR HOSPITAL DIVERSION/AMBULANCE BYPASS

- A. IDPH may impose sanctions upon determination that the hospital unreasonably went on bypass status in violation of the EMS Act as set forth in Section 3.140 of the Act, upon IDPH determination that the hospital unreasonably went on bypass status in violation of the EMS Act.
- B. Reference: *IDPH EMS Administrative Code Section 515.315 Bypass or Resource Limitation Status Review*