



REGION 11 CHICAGO EMS SYSTEM POLICY	Title: Notification and Monitoring of Hospital Resource Limitation(s) / Ambulance Bypass
	Section: Transportation
	Approved: EMS Medical Directors Consortium
	Effective: March 1, 2016

NOTIFICATION AND MONITORING OF HOSPITAL RESOURCE LIMITATION(S)/AMBULANCE BYPASS

- I. **Participating hospitals in the Region 11 EMS System have agreed to provide care to all patients presenting to their emergency departments. However, resource limitations may affect the ability of a participating hospital to provide optimal patient care.**
- II. Each participating hospital shall have an internal policy addressing peak census and on declaring a resource limitation which establishes guidelines for the appropriate usage and staffing of critical monitored beds in the hospital and delineates procedures for the hospital to follow when faced with a potential or declared resource limitation.
- III. **In making the decision to request bypass status, the participating hospital should consider its resource limitations in light of:**
 - A. **The number of monitored beds available in the hospital;**
 - B. **Whether an internal disaster has occurred; and**
 - C. **The number of staff available after following its internal policies on calling in additional staff.**

IV. RESOURCE LIMITATIONS/BYPASS REQUEST CRITERION

A. Participating Hospitals:

1. **ALS Bypass:** No monitored beds in the hospital, based on the hospital's internal plan regarding staffing requirements, despite attempts to remedy the situation (i.e., implemented internal peak census policy).
2. **Hospital Internal Disaster Bypass:** Hospital requires ALS & BLS bypass because despite attempts to remedy the situation hospital's resources are insufficient for even the routine evaluation and care of BLS patients. Examples include, fire, flood, power failure, other physical incapacitation of a hospital.

B. Trauma Centers:

Trauma Centers can request bypass for any of the reason listed below:

1. Lack of staffed operating room availability.
2. Lack of CAT Scan availability.



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3. Criteria of Section A above.

A comprehensive emergency department designated as a Level I trauma center may request emergency department bypass status yet remain open to Level I trauma patients.

C. Primary Stroke Centers (PSC’s) and STEMI Centers:

PSC's and STEMI centers can request bypass as per the criteria in Section A above.

There is no provision in the IDPH EMS Act for PSC’s or STEMI centers to request bypass based on resource limitations (lack of CT scan availability, cath lab resource limitation) not specified in Section A above. However, if a PSC or STEMI center is experiencing a resource limitation they should follow the notification sequence as outlined in Section V.A (below) informing the specified parties of the resource limitation, its projected duration, and when the limitation is corrected. As per Section V.C (below), the respective Resource Hospital(s) will be responsible for notifying its Associate Hospitals of this resource limitation and when it is corrected.

In the event of lack of availability of a specialty care unit (trauma center, PSC, STEMI center), the emergency department of that participating hospital shall be regarded as a functioning comprehensive emergency department without specialty care unit capabilities.

V. PROCEDURE FOR NOTIFICATION OF RESOURCE LIMITATION

A. Whenever a participating hospital or specialty center experiences a limitation in resource availability, the senior hospital administrator or designee will update EMResource (<https://emresource.emsystem.com>) with the specified resource limitation at the time on initiation and at the time of its termination. The status change will simultaneously notify the Illinois Department of Public Health (IDPH), all Region 11 and surrounding region hospitals, the Chicago Office of Emergency Communications/911 Center, and private ambulance providers.

B. In the event a hospital is unable to access the EMResource system, the hospital shall document this inability by immediately contacting the State of Illinois Customer Service Center at 800-366-8768.

1. If a hospital is unable to update the EMResource System due to internet outage, the hospital MUST notify IDPH via fax to the Division’s Central Office at 217-557-3481.

2. The hospital MUST notify by phone the following entities of the bypass/resource limitation:

a. The respective Resource Hospital (for Participating and Associate hospitals)



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- b. Surrounding Resource Hospitals outside of Region 11 (for Resource Hospitals)
 - c. Chicago Office of Emergency Communications/911Center
 - d. Private Ambulance services that normally serve that facility
- C. According to the State of Illinois EMS Act, “The IDPH shall investigate the circumstances that caused a hospital 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 resource limitations in the system.
- E. Hospitals shall update their bypass status/resource limitation every 4 hours in the EMResource System and make every effort to manage resources efficiently.

VI. BYPASS AND BYPASS OVERRIDE PROCEDURES

A. **ALS Bypass:**

- 1. When one or more participating hospitals is experiencing resource limitations and has requested ALS bypass status, the closest comprehensive hospital will be considered the closest comprehensive hospital without a declared resource limitation.
- 2. BLS transports are not to be diverted for ALS bypass.
- 3. **ALS Ambulance Exception:** In a situation, where the diverting of an ALS patient adds 5 or more minutes to the transport time to the closest hospital on bypass, that patient will be transported to the closest hospital on bypass, barring extenuating circumstances.

EXAMPLE: Hospitals A and B are on bypass. Hospital C is on normal status. The ETA to the closest hospital (A) is 3 minutes. The transport time to the closest hospital not on bypass(C) is 9 minutes. After discussion with the Resource/Associate Hospital, the ambulance will be ordered to transport the patient to hospital A.

- a. An ambulance must contact the Resource/Associate Hospital to discuss the override for ALS patients.
 - b. The receiving hospital must be notified by the Resource/Associate Hospital to expect the patient in an override situation.
4. The ALS ambulance exception does not apply to Level 1 trauma patients or to private ambulances.



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B. Internal Disaster Bypass:

1. When one or more participating hospitals are experiencing resource limitations and have requested internal disaster status, the closest comprehensive hospital will be considered the closest comprehensive hospital without a declared resource limitation.
2. ALS and BLS transports are both to be diverted.
3. This procedure may apply to Level 1 trauma patients.

C. Trauma Bypass: When one or more trauma centers is experiencing resource limitations and has requested trauma bypass status, the closest trauma center will be considered the closest trauma center without a declared resource limitation.

D. Bypass Override:

1. Under unusual circumstances and at the discretion of the Resource/Associate Hospital and/or the EMS personnel, participating hospitals may still receive patients or be removed from bypass status with or without warning. 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 be transported to the closest hospital because the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at more distant facility DO NOT outweigh the increased risks to the patient from the transport to a more distant facility.
 - b. Multiple ambulance response or EMS Plan I - III
2. Likewise, similar discretion may result in the determination not to override a bypass request based on the exceptions noted above. 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.
3. Admission or transfer of the patient once stabilized is the responsibility of the receiving hospital regardless of its current bypass status.

NOTE: Hospitals who have declared bypass due to an INTERNAL DISASTER will NOT be over-ridden to accept any patient.



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A. Attachment 1

SECTION 515.315 BYPASS STATUS REVIEW

- I. The Department 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. (Section 3.20(c) of the Act).
- II. The hospital shall notify the Illinois Department of Public Health, Division of Emergency Medical Services, of any bypass or resource limitation decision, at both the time of its initiation and at the time of its termination, through status change updates entered into the Illinois Hospital Bypass/State Disaster Reporting System online at www.idphnet.illinois.gov. The hospital shall document any inability to access the System by immediately contacting the State of Illinois Customer Service Center. If a hospital is unable to update the Hospital Bypass System due to internet outage, the hospital shall notify the Department via fax to the Division's Central Office at (217)557-3481.
- III. In determining whether a hospital's decision to go on bypass status was reasonable, the Department shall consider the following:
 - A. The number of critical or monitored beds available in the hospital at the time that the decision to go on bypass status was made;
 - B. Whether an internal disaster, including but not limited to a power failure, had occurred in the hospital at the time that the decision to go on bypass status was made;
 - C. The number of staff after attempts have been made to call in additional staff, in accordance with facility policy; and
 - D. The approved Regional Protocols for bypass at the time that the decision to go on bypass status was made, provided that the Protocols include subsections (c)(1), (2) and (3) above.
- IV. For Trauma Centers only, the following situations constitute a reasonable decision to go on bypass status:
 - A. All staffed operating suites are in use or fully implemented with on-call teams, and at least one or more of the procedures is an operative trauma case;
 - B. The CAT scan is not working; or
 - C. The general bypass criteria in subsection (c) of this Section.
- V. The Department may impose sanctions, as set forth in Section 3.140 of the Act, upon a Department determination that the hospital unreasonably went on bypass status in violation of the Act. (Section 3.20(c) of the Act).



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VI. Each EMS System shall develop a policy addressing response to a system-wide crisis.

(Source: Amended at 37 Ill. Reg. 7128, effective May 13, 2013)