



MEMO

DATE: June 5, 2020

TO: Region 11 EMS Participating Hospitals

FROM: **REGION 11 CHICAGO EMS MEDICAL DIRECTORS CONSORTIUM**

SUBJECT: **REGION 11 CHICAGO EMS SYSTEM GUIDELINES FOR BYPASS REQUESTS DURING THE COVID-19 PANDEMIC – EFFECTIVE JUNE 5, 2020**

The Region 11 Chicago EMS Medical Directors Consortium is implementing a new process for hospital bypass during the COVID-19 pandemic. In collaboration with IDPH, we recognize that hospital geography, coupled with an asymmetric distribution of COVID-19 cases in Chicago, has resulted in some hospitals being overwhelmed by a disproportionate number of EMS transports. Further exacerbating this problem are staffing shortages due to quarantine or illness and a lack of hospital-based resources. Noting the efforts hospitals have taken to increase surge capacity and obtain additional resources, Region 11 and IDPH feel judicious use of bypass will provide overwhelmed hospitals an opportunity to improve their situation and patient care by not transporting patients to an emergency department beyond critical capacity.

Outlined below is the new process for requesting ALS bypass. For internal disaster, trauma, or other resource limitations go directly to Step 2. In addition to our current Region 11 policy for the [Notification and Monitoring of Hospital Resource Limitations/Ambulance Bypass](#), we will be calculating the [National Emergency Department Overcrowding Scale \(NEDOCS\)](#) score. NEDOCS is an objective, quantitative scoring tool used to measure ED overcrowding and evaluate the need for bypass.

1. Compile the following information for discussion of ALS bypass.
 - a. Number of hospital inpatient beds (total number of staffed inpatient beds in your hospital including all licensed, overflow, ICU, and surge or expansion beds used for inpatients)
 - b. Number of licensed ED beds
 - c. Total number of patients in the ED
 - d. Number of patients on ventilators in the ED
 - e. Number of admits in the ED
 - f. Waiting time of longest admitted patient (in hours) (excluding behavioral health patient boarders)
 - g. Waiting time of longest waiting room patient (in hours)
 - h. Action items and time for resolution, for example:
 - Decompression of other units to allow for patient movement from the ED and elsewhere;
 - Opening of additional surge or patient holding areas;
 - Consideration of barriers to patient transfers or placement on inpatient units;
 - Transfer of patients to other hospitals.
2. Contact the Region 11 Regional Hospital Coordinating Center (RHCC), Advocate Illinois Masonic Medical Center, using the contact information found in EMResource.

3. The RHCC will notify IDPH and together they will use the information provided to discuss and evaluate your request for bypass using the current regional policy and the NEDOCS score.
4. If your request for bypass is approved, update your bypass status in EMResource and notify the OEMC 911 Center at 312-746-9500 OR 312-746-9600.

Additional Considerations:

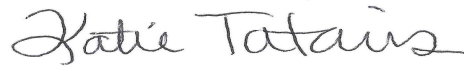
- Bypass will be allowed in increments of up to 4 hours. You will need to contact the RHCC directly to renew your bypass status.
- Regional bypass override procedures found in section VI of the current regional bypass policy are still applicable.
- Bypass for trauma, internal disaster and other resource limitations (i.e. STEMI and Stroke) will follow current regional policy, however notification to the RHCC is required.

This is a temporary amendment to the Region 11 bypass request process; there is currently no expiration date.

Please contact your Resource Hospital with questions.



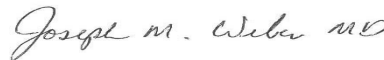
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