

		SOUTHERN FOX VALLEY EMERGENCY MEDICAL SERVICES SYSTEM POLICY & PROCEDURES			
TITLE: HOSPITAL RESOURCE LIMITATION/BYPASS					
SECTION: OPERATIONS			POLICY NUMBER: D-53.0		
APPROVED BY: DR. ARTHUR PROUST EMS MEDICAL DIRECTOR					
EFFECTIVE DATE: 09/01/2023			PAGE NUMBER: 1 OF 5		

PURPOSE:

The purpose of this policy is to provide background and practice guidelines for all Southern Fox Valley EMS System hospitals, EMS providers, and EMS personnel during crisis situations and/or when hospital resources are severely limited, and Bypass status has been approved and declared.

DEFINITIONS:

Diversion: The limitation of ambulances based on specific patient conditions and available resources. Ambulances may be diverted to other hospitals, while excluding certain criteria (may include Critical, STEMI, Stroke, Active Labor, or Patient's without an airway, Cardiac Arrest).

Full/Absolute Bypass: No ambulances will be received by the System hospital with declared bypass for any reason, regardless of patient condition or ambulance proximity.

POLICY:

- A. Each System hospital shall make every reasonable effort to prevent declaring bypass status.
- B. Bypass status should only be declared in compliance with the EMS Act and Rules and IDPH and Region IX recommendations after the hospital has exhausted all internal mechanisms to relieve the limitation of resources, mitigate internal service disruptions or resolve threats/hazards requiring them to go on lockdown status.
- C. Each hospital shall have a policy addressing Peak Census/Surge procedures. This policy shall:
 1. Delineate procedures for the hospital to follow when faced with a potential or declared resource limitation that would help them to avoid bypass status.
 2. Delineate procedures to monitor the status of inpatient bed occupancy as it relates to the appropriation of timely bed assignments to those patients waiting at home, in physicians' offices, in the ED, and in other areas such as the Cardiac Catheterization Lab, Day Surgery, or at other hospitals.
 3. Include a list of Providers and their current contact information who customarily transport to that hospital.

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D. Incidents which may result in a hospital receiving patients while on bypass:

1. The patient is unstable and unable to tolerate transport to a more distant comprehensive medical facility. Risks to a patient resulting from a longer transport time are judged to be greater than the benefits of transporting to a nearer hospital on bypass as long as that hospital still has a functioning Emergency Department.
2. Unstable patients with an immediately life-threatening condition whose "LAST CLEAR CHANCE" of survival lies in an EXPEDITIOUS emergency evaluation or resuscitative intervention are NOT TO BE DIVERTED and must be accepted by the closest appropriate ED regardless of Peak Census, Surge, or Bypass status unless an internal hospital disaster is occurring and/or the hospital is on lock-down.

UNSTABLE for the purposes of this policy is defined as: Symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health [or the health of an unborn child] in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs." (periarrest patients) This includes, but may not be limited to the following:

- a. Persistently compromised airway/ventilations despite EMS interventions (Lack of Airway); and/or
 - b. Severe vascular injury with uncontrolled hemorrhage; traumatic arrest
3. Acute Stroke: Transport to the closest appropriate Stroke Center regardless of peak census, surge or bypass status unless their CT scanner is unavailable, an internal hospital disaster is occurring, and/or they are on lock-down.
 4. Pregnant Patients in ACTIVE LABOR or with OB COMPLICATIONS: Transport to the closest hospital with an OB unit regardless of peak census, surge, or bypass status unless an internal hospital disaster is occurring and/or they are on lock-down.
 5. Unstable Pediatric Patients: Transport to the nearest EDAP regardless of peak census, surge, or bypass status unless an internal hospital disaster is occurring and/or the hospital is on lock-down.
 6. Mass Casualty Incident: Bypass status is vacated unless an internal disaster is occurring and/or the hospital is on lock-down.
- E. The Southern Fox Valley EMS System will provide oversight to hospitals to ensure IDPH rules and regulations have been followed to initiate the Bypass process.

IDPH Section 515.315 Bypass or Resource Limitation Status IDPH Review

- A. 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)

- B. 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.juware.com/login> . The hospital shall document any inability to access EMResource by contacting IDPH Division of EMS during normal business hours.
- C. In determining whether a hospital's decision to go on bypass/resource limitation status was reasonable, the Department shall consider the following:
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. 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;
 3. The number of staff after attempts have been made to call in additional staff, in accordance with facility policy; and
 4. The approved hospital protocols for peak census, surge, and bypass and diversion at the time that the decision to go on bypass status was made, provided that the Protocols include subsections (c)(1), (2) and (3).
 5. Bypass status may not be honored or deemed reasonable if three or more hospitals in a geographic area are on bypass status and/or transport time by an ambulance to the nearest facility is identified in the regional bypass plan to exceed 15 minutes.
- D. Hospital diversion should be based on a significant resource limitation and may be categorized as a System of Care (STEMI or Stroke), or other EMS transports. The decision to go on bypass (or resource limitation) status shall be based on meeting the following two criteria, and compliance with Subsection (c) (3).
1. Lack of an essential resource for a given type or class of patient (i.e. Stroke, STEMI, etc.) Examples include, but are not limited to:
 - a. No available or monitored beds within traditional patient care and surge patient care areas with appropriate monitoring for patient needs;
 - b. Unavailability of trained staff appropriate for patient needs; and/or
 - c. No available essential diagnostic and/or intervention equipment or facilities essential for patient needs.
 2. All reasonable efforts to resolve the essential resource limitations(s) 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.
3. The hospital will do constant monitoring to determine when the bypass condition can be lifted. Such monitoring and decision making shall include clinical and administrative personnel with adequate hospital authority. Efforts to resolve issues in 1. above using all available resource under 2. to come off bypass as soon as such patients can be safely accommodated.
- E. For Trauma Centers only, the following situations would constitute a reasonable decision to go on bypass status:
 1. 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;
 2. The CAT scan is not working; or
 3. The general bypass criteria in subsection (c).
- F. 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:
 1. EMresource must reflect current bed status;
 2. Peak census policy must have been implemented 3 hours prior to the request of bypass;
 3. Hospital and staff surge plans must be implemented;
 4. The following hospital information shall be provided to IDPH:
 - a. Number of hours for in-patient holds waiting for bed assignment;
 - b. Longest number of hours wait time in Emergency Department;
 - c. Number of patients in waiting area waiting to be seen;
 - d. In-house open beds that are not able to be staffed;
 - e. Percent of beds occupied by in-patient holds;
 - f. Number of potential in-patient discharges; and
 - g. Number of open ICU beds.
- G. 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 or 4 hours or to deny the bypass request. 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.
- H. 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)
- I. Each EMS System shall develop a policy addressing response to a system-wide crisis.

PROCEDURE:

- A. The EMS System Coordinator and/or EMS System Medical Director shall ensure that the above listed items have been reviewed. The System Hospital representative shall then contact the Region 9 Emergency Preparedness Coordinator (Sherman Hospital) via telephone (Gary Brown 815-222-6358 if unavailable Steve Baron 224-830-5676) then the Regional Illinois Department of Public Health EMS Coordinator, Danielle Albinger (630-862-0843).
- B. The Resource Hospital EMS System Coordinator/Medical Director shall consider the need to implement the System Crisis Response plan based on the nature and extent of System-wide resource limitations.
- C. If IDPH grants approval for bypass: Enter the change in hospital status in <https://emresource.juware.com/login>
- D. If experiencing an internet connectivity issue, first contact the hospital electronic bed tracking system administrator or others responsible for hospital reporting who may be able to change the hospital's status from a different location. **Option #2:** Contact the ED at Sherman Hospital (RHCC) to change hospital status. **Option #3:** If unsuccessful, contact Juvare Support at 877-7710911; or via fax to the Division's Central Office at 217-557-3481.
- E. The hospital declaring bypass shall notify all surrounding hospitals that could be impacted by a bypass declaration and EMS agencies that normally transport to that facility through their dispatch centers or numbers provided by the agencies. This may be accomplished by phone or through a mass notification system if the process has been proven to be a reliable means of communication. Notification must include the hospital's name, reason for bypass, and estimated duration. If on lockdown, be very clear that NO PATIENTS are to be transported to that hospital.
- F. EMS AGENCIES are responsible for keeping their personnel informed regarding Bypass Patient Redistribution plans. Provider agency policies shall specify their way of complying with this requirement.
- G. Hospitals on Bypass may be required to accept BLS patients to avert a System Crisis situation
- H. Ambulance Communications
 - 1. If transporting to a System Hospital contact the receiving ED directly.
 - 2. If transporting to a non-System ED contact the unaffected bypass System Hospital for relay.