

Section 515.315 Bypass or Resource Limitation Status Review

Bypass or Resource Limitation is an extreme event in which a hospital is asking to limit its access by EMS. Bypass or Resource Limitation has no bearing on patients who arrive by private vehicle and does not release a hospital from its Emergency Treatment and Labor Act responsibilities.

Prior to any request being made to IDPH, the involved hospital should already be updating their status in EMResource to note to IDPH and other hospitals of increasing concerns. 515.315 of the Administrative Code outlines specific requirements that must be met.

When requesting Bypass, the following communication and information will be requested by IDPH

- 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

Hospital diversion must 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; 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 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.

The hospital must constantly monitor to determine when the bypass condition can be lifted.

If the hospital is a Trauma Center, the following are required for bypass of trauma patients

- 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 computed tomography (CT) scan is not working; or
- 3) The general bypass criteria listed above.

If 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 bypass request;
Each hospital within the Memorial EMS System must have their own criteria for when to note Peak Census with the EMResource Reporting System.
- 3) Hospital and staff surge plans must be implemented;
- 4) The following hospital information shall be provided when contacting IDPH for bypass approval:
 - 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.

The DPH 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 DPH 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 DPH 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.

Upon approval from IDPH, the requesting hospital shall notify all EMS who transport to that facility as a first destination, starting with the agencies closest to the destination. The requesting hospital will continue to serve as a Medical Control facility as possible based on communication to EMS.

Upon reversal of the bypass or resource limitation, all EMS agencies shall be updated about the hospital's status.