I. **POLICY**

A. A PERSON SHALL NOT BE TRANSPORTED TO A FACILITY OTHER THAN THE NEAREST HOSPITAL, TRAUMA CENTER OR REGIONAL TRAUMA CENTER, Stroke Center or Emergent Ready Stroke Hospital UNLESS (i) THE MEDICAL BENEFITS TO THE PATIENT REASONABLY EXPECTED FROM THE PROVISION OF APPROPRIATE MEDICAL TREATMENT AT A MORE DISTANT FACILITY OUTWEIGH THE INCREASED RISKS TO THE PATIENT FROM TRANSPORT TO THE MORE DISTANT FACILITY; (ii) the TRANSPORT IS IN ACORDANCE WITH THE SYSTEM’S PROTOCOLS FOR PATIENT CHOICE OR REFUSAL (Section 3.20(c)(5) of the Act), or (iii) another healthcare facility can provide appropriate medical treatment for that person.

B. A System hospital, Trauma center, Stroke Center, and PCI/STEMI Receiving Center is presumed to have available resources and qualified personnel in accordance with the provisions of its System agreement, unless such facility has notified the EMS MD or his designee that it has a shortage or limitation of space, equipment, or qualified personnel.

C. All System hospitals support the concept of evaluating any patient they receive from EMS and providing emergency stabilization to the best of their ability at the time. The decision to admit or transfer the patient, once stabilized, is the responsibility of the emergency physician treating the patient. Any diversions of patients that occur when the facility is not on bypass status shall be reasonable, appropriate, and compliant with Federal, state, and local laws and protocols.

D. Each System hospital shall make every reasonable effort to prevent declaring bypass status. Bypass status should only be declared after the hospital has exhausted all internal mechanisms to relieve the shortage of resources or to mitigate internal service disruptions.

E. Each hospital shall use their internal quality management processes to develop strategies to minimize the need for declaring bypass status.

F. Each hospital shall have a policy addressing Peak Census/Surge procedures, such as the model policy developed by IDPH. 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 Emergency Department, and in other areas such as the Cardiac Catheterization Lab, Day Surgery, or at other hospitals.
   3. be appended to each hospital’s letter of System participation. The policy will be reviewed by the EMS MD or his designee.
   4. include a list of Providers who customarily transport to that hospital.

G. **IDPH-approved criteria for declaring bypass**
   1. There are no appropriately staffed critical or monitored beds in ED or the hospital based on the hospital's individual plan governing staffing requirements.
   2. The Hospital has experienced an internal disaster, including, but not limited to, a power failure, 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 each hospital’s policy, is insufficient to provide care for incoming patients.
H. For Trauma/Stroke Centers only, the following situations 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 are met as listed in subsection G above.

II. DEFINITIONS
A. "Nearest hospital" is the hospital which is closest to the scene of the emergency as determined by travel time, and which operates a full-time emergency department at the minimum level recognized by the System in its Department approved Program Plan.

B. "Nearest Trauma Center/Stroke Center" is either the Level I Trauma Center/Stroke Center serving the EMS/trauma region in which the EMS System is located, or the Level II Trauma Center which is closest to the scene of the emergency as determined by travel time.

NOTE: In the event of the lack of availability of a specialty care unit, the Emergency Department of that institution shall be regarded as a functioning comprehensive ED without any specialty care back-up capabilities (e.g., burn unit, spinal cord unit, hyperbaric chamber, Level I Trauma Center).

C. "Hospital resource limitation" or bypass:
1. Hospital resources vary over time dependent on patient care demands, equipment, staffing availability, and the status of a facility's physical plant. Requests for bypass must only be made after a decision has been reached by medical, nursing and administrative representatives with the authority to make such a request.
2. An appropriately declared and reported bypass status will usually result in a patient being taken to a hospital other than the hospital on bypass unless an exception applies; see Section VI.

III. PHASE I: PRIOR TO REQUESTING BYPASS - IDPH & Region IX recommended procedure
A. "Peak Census" occurs when a specific hospital is experiencing near capacity census with limited access to inpatient beds, critical care equipment, support resources and staffing which impact the management of patient care. The hospital surge capacity plan may have implemented patient admission to overflow space, which in turn provides a strain on available support resources and staffing (Region IX policy).

B. IDPH suggests that the following core group should be consulted when a hospital is nearing a peak census status:
1. CEO and/or administrator on call
2. Chief nurse executive or designee
3. Directors of housekeeping, admitting, laboratory and transportation services
4. Nurse and physician directors of inpatient units

C. When resource limitations meet a hospital's internal criteria, a stricken hospital shall implement their internal Peak Census response plan and update the IDPH HHAN to reflect Peak Census/Surge Status.

D. Before a decision is made to declare Bypass, the stricken hospital shall review the IDPH Bypass/State Disaster Reporting System and contact surrounding hospitals regarding the "Peak Census/Surge" status within the general geographic area. ED-to-ED communication shall evaluate concerns for pending "Bypass" situations.
E. EDs of stricken hospitals shall notify their EMS Coordinator of Internal Peak Census/Surge response plan activation. Associate Hospital EMS Coordinators shall notify the Resource Hospital EMS System Coordinator to implement the System Crisis Response plan if their ability to receive patients is compromised.

F. The EMS System will develop a distribution plan which addresses pre-established transport destinations for EMS agencies impacted by Peak Census/Surge response activations at System Hospitals.

G. NWC EMSS Peak Census Distribution Plan caveats:

1. Unstable patients must be accepted by the closest appropriate ED facility regardless of Peak Census, Surge, or Bypass status.

2. Pregnant patients who present in active labor or with OB complications will be transported to the closest facility with an OB unit regardless of Peak Census, Surge, or Bypass status.

3. Unstable pediatric patients will be transported to the nearest EDAP regardless of Peak Census, Surge, or Bypass status.

4. Patients with abnormal Cincinnati Stroke Scale (CSS) and/or other stroke signs or symptoms will be transported to the closest appropriate stroke center regardless of Peak Census, Surge or Bypass status unless CT scanning capability is unavailable.

5. Patients with an AMI (STEMI), identified on a 12-lead ECG will be transported to the closest appropriate PCI hospital/STEMI receiving center regardless of Peak Census/Surge or Bypass status unless there are no staffed, monitored beds.

6. If the System/Regional Peak Census/Surge Patient Redistribution Plan must be activated, EMS Agencies shall be notified by the EMS System Coordinator from the Resource Hospital or her designee.

7. All hospitals on Peak Census/Surge will continue to accept EMS patients who are assessed to have BLS managed assessment findings.

8. Requests for transport to a facility other than the predetermined destination outlined in the Patient Redistribution Plan require online medical control (OLMC) contact prior to leaving the scene.

9. Hospitals shall notify their EMS Coordinator when the Internal Peak Census/Surge plan is deactivated. Associate Hospital EMS Coordinators shall notify the Resource Hospital EMS System Coordinator to cancel the System Crisis Response activation that involved their facility. (Region IX Peak Census/Surge Ambulance Transport Policy)

H. System hospitals are directed to the IDPH model policy for options that may be used to avoid bypass, procedures for advance admission of a patient to an inpatient area where the bed is assigned and vacated, but not yet ready to be occupied, and the five-tier bed monitoring and utilization process.

IV. Phase II: DECLARING BYPASS STATUS

A. System hospitals must follow IDPH Rules and EMS System/Region rules with respect to declaring bypass status.
B. Notification procedure for declaring bypass:

1. The hospital shall notify the IDPH, Division of EMS of any bypass or resource limitation decision, at both the time of its initiation and 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](http://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.

2. The ED charge nurse/designee will inform the ED Coordinator at NCH. Notification must include the hospital's name, caller's name and title, nature of bypass declaration, call back number and estimated length of bypass status. The hospital must return to normal operations as quickly as possible.

3. The hospital declaring bypass shall notify all System and non-system ambulance agencies that normally serve that facility through their dispatch centers or numbers provided by the agencies. Hospitals shall immediately notify EMS personnel of any hospitals on bypass that would affect their transport patterns when they are contacted for OLMC.

4. Prehospital providers are responsible for keeping their personnel informed regarding Peak Census or Bypass Patient Redistribution plans within the System. Individual provider policies specifying their method of complying with this requirement shall be included in their internal policies.

5. The hospital declaring bypass shall contact the ED charge nurse(s) of hospitals in close proximity to their location that could be impacted by their bypass status. Upon notification of bypass at a neighboring hospital, the charge nurse should notify appropriate individuals based on internal hospital policy regarding the potential for ED volume increases.

6. The hospital on bypass should reevaluate their status at least every four hours or more frequently if the resource limitation necessitating bypass has been resolved. Notification of bypass cancellation shall be promptly provided to the IDPH online Bypass/State Disaster Reporting System, NCH and those put on alert. The hospital on bypass shall re-notify those System members who had been made aware of the Bypass status to declare their open status.

7. Status reports regarding the specific resource limitation shall be given by the hospital to the NCH ED Coordinator on the following basis:
   a. Limitations expected to last < 48 hrs shall be updated at least every 4 hrs.
   b. Limitations that are expected to last >48 hours but less than one week shall be updated every 24 hours.
   c. Limitations that are expected to last longer than one week shall be reported in writing to IDPH. Ex; internal disaster, inoperability of major diagnostic equipment, etc.

8. Notification of NWC EMSS: Fax or email (cmattera@nch.org) the form attached to this policy to the NWC EMSS office within 24 hours of bypass resolution.

V. On-line medical control (OLMC) for EMS personnel

EMS personnel shall call the nearest System hospital for OLMC unless a preexisting exception to this policy exists (Level I Trauma patient transports) even if the nearest hospital is on bypass status. In certain instances, the nearest hospital on bypass may accept the patient.
VI. **Situations which may result in a hospital receiving patients while on bypass**

Despite having declared bypass status, System hospitals may continue to receive patients under the following circumstances:

A. If the risks to a patient resulting from a longer transport time are judged to be greater than the reasonable benefits of transporting to a hospital on bypass.

**Critical patients with a life-threatening condition whose "LAST CLEAR CHANCE" of survival lies in an EXPEDITIOUS emergency evaluation or resuscitative intervention are NOT TO BE DIVERTED.**

If EMS personnel call a nearest hospital who is on bypass regarding an ALS patient, and the "last clear chance" contingency DOES NOT apply, they may be directed to call NCH (847) 259-9767 for a receiving hospital assignment.

B. **Two or more hospitals are on bypass simultaneously**

1. When two hospitals servicing the same EMS provider agencies have simultaneously declared bypass status and/or two or more hospitals simultaneously on bypass will cause other hospitals to reach Peak Census or declare Bypass status, the NCH ED shall call or page the EMS Administrative Director. If he or she fails to respond within 5 minutes, page the EMS MD (for numbers, see below). They shall determine if the situation necessitates activation of the System's Crisis Response policy.

   a. **Connie Mattera  708-999-0141 (pager)  
      b. Dr. John Ortinau  847-778-2391 (cell phone/pager)**

2. Hospitals on bypass may be required to accept BLS patients to avert a System Crisis situation.

3. The EMS MD or EMS Administrative Director will consult with the IDPH Regional EMS Coordinator if three or more hospitals are on bypass and/or hospitals on bypass will be required to accept ALS patients.

4. If three of more System hospitals in one geographic area are on bypass simultaneously, and transport time by ambulance to the nearest facility exceeds 15 minutes, they may be required to accept ALS patients. Northwest Community OLMC personnel will coordinate assignment of receiving hospitals for ALS patients in rotation. First ALS patient goes to the first hospital on bypass, etc. In some instances, the next nearest hospital may be a non-System hospital. If transport times are less than 15 minutes to a non-System hospital, EMS agencies may be directed to transport to that location in an effort to allow the stricken hospitals to recover. Notification will be sent from the Resource Hospital that all communication will first go through NCH.

5. Ambulance personnel shall contact the assigned System receiving hospital directly with an abbreviated report. If the receiving hospital is not a member of the NWC EMS, the Resource hospital shall provide OLMC and shall call report to the receiving hospital.

C. If the patient is a woman in active labor or a child, and the hospital has a Peds ED, EMS personnel should contact the nearest hospital, even if it is on bypass and may transport to that location based on hospital acceptance of the patient.
D. In a medium or large scale multiple patient incident/declared disaster, bypass status is vacated and all hospitals shall be expected to accept patients.

E. IDPH or the EMS MD of the Resource Hospital may override the request for bypass based on findings of a phone consultation with the hospital administrator on duty or a site visit to the stricken hospital Hospitals participating in more than one EMS region may have their bypass request overridden by IDPH only.

VII. Bypass status review

A. 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 (Section 3.20(c) of the Act).

B. In determining whether a hospital's decision to go on bypass was reasonable, IDPH shall consider the following:

1. The number of appropriately staffed critical or monitored beds available in the hospital and ED 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 were made to call in additional staff, in accordance with facility policy; and

4. The approved Regional Protocols for bypass and diversion at the time that the decision to go on bypass status was made, provided that the Protocols include subsection (c) (1), (2), and (3) of the Bypass Status Review rules.

C. IDPH MAY IMPOSE SANCTIONS, AS SET FORTH IN SECTION 3.140 OF THE EMS ACT, UPON AN IDPH DETERMINATION THAT THE HOSPITAL UNREASONABLY WENT ON BYPASS STATUS IN VIOLATION OF THE ACT (Section 3.20(c) of the Act).

D. The System hospital declaring Resource Limitation must maintain written documentation of the rationale for declaring bypass, the names and times area hospitals and provider agencies were notified, the times that bypass was declared and terminated, and shall produce it at the request of IDPH.

E. Repeated episodes of failure to comply with this policy may result in suspension of EMS Hospital status by IDPH until corrective action as specified by IDPH can be documented.

F. An Associate Hospital may contact IDPH for investigation and/or resolution of complaints or conflicts pertaining to the Resource hospital's actions relative to this policy if direct communications with the EMS MD reach an unsatisfactory conclusion.

Attachments: Notification forms; dispatcher phone numbers

John M. Ortinau, M.D., FACEP
EMS Medical Director

Connie J. Mattera, M.S., R.N., EMT-P
EMS Administrative Director
# Hospital/Provider Bypass Notice for the NWC EMSS

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>EMS Agencies</th>
<th>Hospitals to notify</th>
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<tbody>
<tr>
<td><strong>Alexian Brothers</strong></td>
<td>Northwest Central</td>
<td>St. Alexius</td>
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<tr>
<td>Elk Grove Village</td>
<td>DuCom: BLFD, IFD, WDFD</td>
<td>Northwest Community</td>
</tr>
<tr>
<td>847/ 981-3599</td>
<td>Des Plaines</td>
<td>Glen Oaks</td>
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<tr>
<td>Fax: 847/ 981-2002</td>
<td>NorCom: EGTFPD</td>
<td>Lutheran General</td>
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<tr>
<td>Glen Oaks Medical Center</td>
<td>DuCom: BLFD, IFD, WDFD</td>
<td>ABMC</td>
</tr>
<tr>
<td>Glendale Heights</td>
<td>Private</td>
<td>Northwestern Community</td>
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<tr>
<td>630/ 545-5758</td>
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<tr>
<td>Fax: 630/ 545-5722</td>
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<tr>
<td><strong>Good Shepherd</strong></td>
<td>CenCom: BFD, BCFPD</td>
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<td>Barrington</td>
<td>Northwest Central</td>
<td>St. Alexius</td>
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<tr>
<td>847/ 842-4444</td>
<td>Des Plaines</td>
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<tr>
<td>Fax: 847/ 842-4247</td>
<td>Lake Zurich</td>
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<td>Red Center: LGFD</td>
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<td><strong>Northwest Community</strong></td>
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<td>Arlington Heights</td>
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<tr>
<td>847/ 618-3920</td>
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<td>Fax: 847/ 618-3991</td>
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<td><strong>Resurrection Medical</strong></td>
<td>Des Plaines</td>
<td>Lutheran General</td>
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<td>Center</td>
<td>NorCom: Elk Grove Township</td>
<td>Northwestern Community</td>
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<tr>
<td>Chicago</td>
<td>Private</td>
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<tr>
<td>773/ 792-5255</td>
<td></td>
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<tr>
<td>Fax: 773/ 990-7632</td>
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<tr>
<td><strong>Saint Alexius Medical</strong></td>
<td>Northwest Central</td>
<td>ABMC</td>
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<tr>
<td>Center</td>
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<td>Northwestern Community</td>
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<td>Hoffman Estates</td>
<td>Des Plaines</td>
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<tr>
<td>847/ 490-6930</td>
<td>NorCom: Barrington/BCFPD</td>
<td>GSH</td>
</tr>
<tr>
<td>Fax: 847/ 755-7602</td>
<td>Private</td>
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## EMS Dispatch Centers

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<tr>
<th>AGENCY NAME</th>
<th>PHONE</th>
<th>FAX</th>
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</thead>
<tbody>
<tr>
<td><strong>Northwest Central Dispatch</strong> (Serving AH, BG, EGV, HEFD, MPFD, PFD, Pal Rural, RMFD, Schaumburg)</td>
<td>847/ 590-3300</td>
<td>847/398-2498</td>
</tr>
<tr>
<td>CEN-COM: Barrington; Barrington Countryside</td>
<td>847/ 270-9111</td>
<td>847/270-9115</td>
</tr>
<tr>
<td>DuCom: Bloomingdale, Itasca, Wood Dale</td>
<td>630/ 260-7512</td>
<td>630/ 665-4893</td>
</tr>
<tr>
<td>Des Plaines Fire Dept. (Soon to go to Red Center)</td>
<td>847/ 391-5672</td>
<td>847/297-5036</td>
</tr>
<tr>
<td>Lake Zurich Fire/Rescue</td>
<td>847/ 438-2349</td>
<td>847/726-1644</td>
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<tr>
<td>Metropolitan Ambulance Association (all private agencies)</td>
<td>708/ 532-1613</td>
<td></td>
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<tr>
<td>NorCom: EGT</td>
<td>847/ 451-8000</td>
<td>847/ 451-1713</td>
</tr>
<tr>
<td>Red Center: Lincolnshire/Riverwoods, Long Groove, Prospect Heights, (Wheeling)</td>
<td>847/ 724-5700</td>
<td>847/ 498-5968</td>
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<tr>
<td>Schiller Park EMS</td>
<td>847/ 678-2425</td>
<td>847/671-8541</td>
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