	Region IX EMS Plan **Inter-system/Inter-region Transports Bypass/Diversion**			
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I. PURPOSE

EMS Region IX participants acknowledge the transport of patients by EMS System providers within the geographic boundaries of the individual EMS systems, as well as the EMS region. We also acknowledge the transport of patients to receiving facilities located within other EMS regions.

II. PROTOCOL

Inter-system/Inter-region Transports:

A. **Communications**

Communications with an EMS system hospital will be initiated by EMS providers at the point of patient contact. If the receiving facility is different from the hospital initially contacted, the hospital receiving the initial report will contact the receiving facility to relay the patient assessment findings.

B. **Patient Care Practice**

Prehospital patient care will be provided to all adult and pediatric patients in accordance with the governing EMS System's protocols specific to the provider's level of licensure and appropriate for the patient, as determined through patient assessment findings. EMS patients may only be transported to an emergency department classified as comprehensive under the Illinois Hospital Licensing Act.

C. **Transport of Patients with Special Needs/Requests**

1. Patient care circumstances may indicate the need to bypass the nearest hospital in order to best manage the needs of the patient based on the presenting assessment. Situations involving special needs may include, but are not limited to:

    a. Level I or Level II trauma care (refer to SOPs)
    b. Specialized pediatric or neonatal services (refer to SOPs, EDAP)
    c. The potential for specialized diagnostics (i.e., MRI, CT, etc.)
    d. The potential for specialized services (i.e., CABG, angioplasty, hypothermia, etc.)
    e. Suspected stroke (refer to SOPs)
    f. Suspected STEMI (based on system policy)
    g. Patient request for transport to a specific healthcare facility

2. There are many factors which must be considered in making a decision to transport to a specialty (tertiary) facility. Risk versus benefit must be determined by a physician based on the following:

    a. Severity of patient condition
    b. Time and distance factors which may affect patient outcome
    c. Regional trauma guidelines
    d. Local ordinances concerning transport boundaries for municipal ambulances

3. The decision to approve or deny a transport of this nature rests with the EMS Medical Director or his/her designee responsible for the on-line medical direction of the EMS run.

Bypass/Diversion

A. System Bypass/Diversion

The Region recognizes that each EMS system has a mechanism in place to effectively manage bypass/diversion situations related to capacity census. Transfer patterns are considered in the notification of EMS agencies when a bypass/diversion situation exists. Neighboring hospitals which may be impacted by the situation will also be notified. There are specific instances where bypass/diversion may not be possible:

1. The patient is critical and unable to tolerate transport to a more distant comprehensive medical facility
2. The patient refuses transport to another medical facility
3. The patient assessment does not indicate the need for patient admission to the hospital for inpatient stay
4. OB emergencies

B. Selective Bypass Guidelines

Each EMS System may create a policy for selective bypass. The EMS system policy may address internal hospital disaster, stroke patients, STEMI patients, OB patients, Trauma patients, pediatric patients, MPI and behavioral health. System Policy should be designed with consideration of the following:

1. Lack of an essential resource for a given type or class of patient (i.e. Stroke, STEMI, etc.). _ PEAK CENSUS plan has been implemented.

a) No available monitored beds within traditional patient care and surge patient care areas with appropriate monitoring for patient needs; see below

b) Unavailability of credentialed/trained staff appropriate for patient needs per hospital policy ; ***and/or***

c) Unavailability of essential diagnostic and/or interventional equipment or facilities essential for patient needs.

2. All reasonable efforts to resolve the essential resource limitation(s) have been exhausted. (*Actual and exhaustive attempts must have been made to resolve the limitation(s) in #1 above, including:)*

a) Considering 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. Constant monitoring to determine when the bypass condition can be lifted*. Such monitoring and decision making should include clinical and administrative personnel with adequate hospital authority. Efforts to resolve issues in #1 above, using all available resources under #2, to come off Bypass as soon as such patients can be safely accommodated should be the goal.*

C. Communication

Stricken hospital implements their internal bypass/diversion response plan and updates the IDPH reporting requirement to reflect bypass. EMS Agencies and other area hospitals are notified of the bypass.

III. Quality Assurance/Continuous Quality Improvement

Patient care issues related to inter-system/inter-region transports will be directed to the EMS provider's EMS System for follow-up. Unresolved issues will be managed in accordance with System and regional conflict resolution policies