

Region IX EMS Plan

Inter-system/Inter-region Transports

Bypass/Diversion

Approved
: 10/2/97

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12/12/17

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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 call.

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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.

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.