



CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM
POLICY & PROCEDURES

TITLE: HOSPITAL DIVERSION / BYPASS

SECTION: CRISIS

POLICY NUMBER: O-1

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EFFECTIVE DATE: 01 AUG 2018

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PURPOSE:

Define the process for Central DuPage Hospital Emergency Medical Services (CDHEMSS) staff during Central DuPage Hospital (CDH) bypass situations

DEFINITIONS:

Diversion (Resource Limitation):

The limitation of ambulances based on specific patient conditions and available recourses. Ambulances may be diverted to other hospitals, while excluding certain criteria (including Life threatening emergencies, STEMI, Stroke, Active Labor, or Patient's without an airway, Cardiac Arrest).

Bypass:

No ambulances will be received by CDH for any reason, regardless of patient condition or ambulance proximity.

Peak Census

When reporting "Peak Census" status, a transition to diversion is possible but not certain. The Emergency Department (ED) remains open to ambulance transports under peak census conditions.

POLICY:

When requesting Diversion and/or Bypass, the following shall be reviewed before a request is made to the Illinois Department of Public Health (IDPH) for consideration:

1. EM Resource has been updated to reflect current hospital volumes, and if applicable shows the hospital is on "Peak Census."
2. Two hospitals within a contiguous area are not on diversion or bypass. If two hospitals are, or transport time to a non -diversion / bypass hospital is > 15 minutes, the request shall not be made to IDPH.
3. For Diversion of specific patients or care, the request shall reflect the reason why
4. An internal disaster has occurred that cannot be immediately mitigated.

5. All reasonable effect to resolve the cause of requesting diversion / bypass have been made, including but not limited to:
 - a. Use of all available monitored beds
 - b. Limitation or cancellation of elective patient procedures and admissions
 - c. Actual and substantial efforts to call in appropriately trained staff
 - d. Use of alternate spaces for patient overflow
 - e. Implementation of the hospital's Medical Surge policy
6. The hospitals peak census policy shall be implemented in an attempt to reduce patient wait times and volumes.

Should the above items be reviewed, and **Diversion / Bypass** is believed to still be needed, the following communications shall occur:

1. Hospital Administration shall contact the Emergency Department (ED) Director, or their pre-assigned designee.
 - a. Should an internal disaster occur (flooding, fire, utility failure) / or active threat (active shooter / hostile event) be present, the EMS System Coordinator or ED Director may choose to immediately place the ED on Bypass, if not doing so could cause a life threat to patients, staff or EMS crews. If Bypass is initiated prior to IDPH contact, IDPH will be contact as soon as safe to do so.
2. The ED Director (or their pre-assigned designee) shall ensure that the above listed items have been reviewed and the need for Diversion still exists. The ED Director (or their pre-assigned designee) shall then contact the EMS System Coordinator, or their pre-assigned designee. Should the need for Diversion no longer exist, the ED Director will stop the request process.
3. The EMS System Coordinator (or their pre-assigned designee) shall ensure that the above listed items have been reviewed and the need for Diversion still exists. The EMS Coordinator shall then contact the Illinois Department of Public Health (IDPH) Region EMS Coordinator (REMSC) via telephone, and with a synopsis of the telephone conversation being sent to the REMC (or their pre-assigned designee) and ED Director (or their pre-assigned designee) via email. Should the need for Diversion no longer exist, the EMS Coordinator (or their pre-assigned designee) will stop the request process.
4. The REMSC (or their pre-assigned designee) shall follow IDPH processes for decision making regarding Diversion requests. The REMSC (or their pre-assigned designee) will communicate the decision of IDPH to the EMS System Coordinator (or their pre-assigned designee), who will then communicate with the ED Director (or their pre-assigned designee), who will then communicate with Hospital Administration.
 - a. Should IDPH deny Diversion the EMS System will stop the request process at that time.
 - b. Should IDPH approve Diversion, the REMSC will communicate the length of time, and any supporting documentation desired. If these approvals are made via telephone, the CDHEMS representative receiving the verbal authorization will place in writing, the verbal approval, authorizing party, for what duration and send to the REMSC for validation.

- i. The EMS System Coordinator (or their pre-assigned designee) and/or the ED director (or their pre-assigned designee) will notify the ECRN. The ECRN will begin the external notification process. Electronic (E-Bridge) and Telephone communications will be documented on the “Diversion / Bypass Notification Form” (see below.)
 - 1. Ambulance Communications
 - a. If transporting to a Region 8 ED, and no CDHEMS System Specific Procedures have been performed, contact the receiving ED directly.
 - b. If transporting to a non-Region 8 ED, or CDHEMS System specific procedures have been performed contact CDH for relay. If unable to contact CDH directly, then crew may contact receiving ED directly.
 - ii. Should IDPH approve continuation of diversion past 4 hours, a follow up notification will be sent to all parties in the original communications and logged on the “Diversion / Bypass Notification Form “
- c. Once Diversion is to be discontinued (either by pre assigned time limit from IDPH, or need has been resolved)
 - i. The EMS System Coordinator (or their pre-assigned designee) and/or the ED director (or their pre-assigned designee) will notify the ECRN. The ECRN will begin the external notification process. Electronic (E-Bridge) and Telephone communications will be documented on the “Diversion / Bypass Notification Form”

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