



HOSPITAL BYPASS

Effective: August 12, 2024
Replaces: January 1, 2024

I. Purpose

The purpose of this policy is to define the circumstances in which hospitals can request EMS patients to bypass their facility. Facility bypass is a management tool that may be used temporarily by local hospitals and the EMS Agency when the patient load exceeds emergency department or specialty center resources and potentially compromises EMS patient safety upon delivery at a hospital emergency department.

II. Hospital Bypass Requirements

Hospital bypass means the diversion of 911 EMS patients from the affected emergency department and all associated EMS Agency designated specialty receiving centers at that hospital other than major trauma patients transported to designated, ACS-verified trauma centers.

- A. Hospitals may request 911 System bypass in accordance with the following:
1. The hospital shall have an EMS Agency-approved patient volume management plan that utilizes the guidelines established by an accrediting body as a minimum. The hospital shall revise and submit the plan annually for review and approval by the EMS Agency. Plans must be submitted by December 1st of each year.
 2. The hospital or the EMS Agency has determined, based on the approved patient volume management plan, that it can no longer safely care for any additional patients in the emergency department or specialty care areas. Lack of inpatient beds alone is not sufficient cause to implement hospital bypass.
 3. All Santa Clara County Hospitals must use EMResource for maintaining availability status. As such, the following must occur:
 - a. EMResource must be monitored at all times in each facility. This includes ensuring audible and visual alerting tools are activated and functioning at all times.
 - b. Hospital personnel must be aware of the content of this Policy including the criteria for hospital bypass.

- c. Hospital personnel must type the reason for going on bypass (including number of holds) and the name of authorizing authority, in the comment section of EMResource.
- B. A hospital may close to all patients (both walk-in and ambulance) if the facility or a portion of the facility is in a state of Internal Disaster as defined by the California Department of Health Care Services. In such cases, the facility shall attempt to change to **Internal Disaster** status via EMResource. If it is not possible to change the status via this method, the hospital must contact County Communications immediately. The facility shall report this status to the Department of Health Care Services in accordance with applicable requirements.

III. Emergency Department (ED) 911 System Hospital Bypass Process

- A. In order to address patient safety using a hospital bypass program, all designated hospitals, with an approved Emergency Department, in the County have been included in the program:
 - 1. The Palo Alto Veterans Administration (PAV) Hospital is federally exempt from this requirement and would continue to receive 911 System patients who request transport to PAV. The facility will assist in the case of multi-casualty incidents/disaster situations.
- B. All designated hospitals in the County's bypass program are able to divert 911 System ambulance traffic (not including those in-extremis).
- C. Only one (1) hospital ED may be on bypass at any one time in a Bypass Zone. If a second hospital within the same Bypass Zone wants to request 911 System bypass status while another hospital is diverting, they must wait until the diverting hospital opens and then make the change through EMResource.

<p><u>North Bypass Zone</u> Stanford University Hospital El Camino Hospital of Mountain View Kaiser Santa Clara</p> <p><u>Central Bypass Zone</u> Santa Clara Valley Medical Center O'Connor Hospital Good Samaritan Medical Center</p> <p><u>South Bypass Zone</u> Kaiser San Jose Medical Center Regional Medical Center of San Jose St. Louise Regional Hospital</p> <p><u>Other (no zone)</u> El Camino Hospital of Los Gatos Palo Alto Veterans Administration Hospital</p>

- D. Hospitals may remain on bypass status for no more than sixty (60) minutes per occurrence. A hospital that has diverted ambulances must remain open for at least sixty (60) minutes before being able to be on bypass again.
- E. When the EMS System is being negatively affected by hospital bypass, the EMS Agency may require a Zone or all hospitals to open as necessary.
- F. When the hospital is directed by the EMS Agency and/or County Communications to open/remain open, they shall do so immediately. If facility staff considers the direction inappropriate, they may discuss the situation with the EMS Duty Chief; however, additional bypass time might not be granted.
- G. Each hospital shall request no more than seventy-two (72) hours of 911 System bypass within a calendar month.
- H. The hospital shall immediately notify County Communications of any/all changes in facility status via EMResource. County Communications will not make any status changes by phone or radio unless EMResource has failed.
- I. EMS Agency staff may perform unannounced site visits to hospitals to ensure compliance with these requirements.
- J. Failure to fulfill these requirements may result in the hospital losing their bypass privilege and may result in specialty center designation(s) by the EMS Agency being suspended until patient safety and hospital throughput issues are addressed to the satisfaction of the EMS Agency.

IV. Emergency Department Receiving Status

The following status conditions apply to Emergency Departments that request the bypass of 911 System ambulances:

- A. **Open:** Accepting all 911 System ambulance patients.
- B. **Bypass:** Diverting all 911 System ambulance patients, except those in-extremis.
 - 1. Bypass of an ED will also constitute bypass of Stroke and/or STEMI specialty services if the request for ED Bypass is for longer than sixty (60) minutes or an ED has not been open for 60 minutes before going on bypass again.
- C. **Internal Disaster:** Diverting all patients (both walk-in and ambulance) if the facility or a portion of the facility is in a state of Internal Disaster.

- D. A hospital's status at the time the ambulance begins transport (***not*** when the prehospital provider contacts the hospital with a ring-down) will apply to that transport regardless of any subsequent status changes.
- E. Hospitals may ***not*** direct ambulances to other facilities or refuse to accept the patient for any reason other than those in Section II.
- F. If a facility is on hospital bypass, no EMS team will communicate with the facility to determine their ability to accept a patient or to request exceptions except the EMS Duty Chief/Agency.
- G. An ambulance transporting an in-extremis patient to a hospital on bypass will notify that hospital of their impending arrival.
- H. No ambulance will transport a patient, other than those who are in-extremis, to a hospital emergency department that is on 911 System hospital bypass (including ED-to-ED interfacility transfers).

V. Trauma Center Bypass Process

Trauma Center Bypass is fully independent from that facility's Stroke and STEMI Open or Bypass status.

- A. Only one Trauma Center may be on bypass status at a time.
- B. If a second Trauma Center requests bypass, the Trauma Center Medical Directors and the EMS Duty Chief/Agency must agree to an interim patient management solution prior to the second Trauma Center executing bypass status. This option shall be reserved for extreme circumstances only as the countywide impacts may be significant.
- C. The requesting Trauma Center shall notify the EMS Agency Duty Chief of the intention to use "Bypass". The EMS Duty Chief will discuss the rationale for the request, including verification that the status cannot be addressed through Internal Disaster. If not, then the EMS Duty Chief will then contact the Trauma Center currently on bypass and determine if they are able to open earlier. If not, the EMS Duty Chief may or may not authorize a second Trauma Center to be on Bypass.
- D. In the unlikely event that both pediatric trauma centers are on bypass at the same time, the paramedics will contact Base Hospital for advice as to which destination to choose. The Base Hospital will contact both trauma centers on bypass and request a destination for the pediatric patient.
- E. The EMS Agency will then consult with the Trauma Center Medical Directors and take any appropriate actions to ensure the safety and welfare of the public.
- F. A Trauma Center may not remain on bypass status for more than sixty (60) minutes.

- G. A Trauma Center must remain open for at least sixty (60) minutes before they may execute bypass status again.

VI. Trauma Center Receiving Status

The following statuses apply to Trauma Center availability:

- A. **Open:** Accepting all 911 Trauma System ambulances as directed by clinical protocols and Trauma Center Catchments Areas.
- B. **Bypass:** Diverting all 911 major trauma patients (except in-extremis patients).
- C. A Trauma Center's status at the time the ambulance begins patient transport (not when the prehospital provider contacts the hospital with a ring-down) will apply to that transport regardless of any subsequent status changes.
- D. Hospitals may **not** direct ambulances to other Trauma Centers or refuse to accept patients for any reason.
- E. If a Trauma Center is diverting 911 Trauma System ambulance traffic, no EMS team will communicate with the facility to determine their ability to accept a patient or to request exceptions except the EMS Duty Chief/Agency.
- F. An ambulance transporting an in-extremis patient to a hospital which is diverting will notify that hospital of their impending arrival.

VII. Stroke and/or STEMI Center Receiving Status

The status change of a Stroke and/or STEMI specialty system, does not constitute a change to the status of their ED.

- A. **Open:** Accepting all 911 ambulance stroke and/or STEMI patients.
- B. **Bypass:** Diverting all 911 ambulances (except in-extremis patients)
 - 1. Potential reasons for Stroke/STEMI bypass:
 - a. No specialty physician available
 - b. No CT scan available
 - c. No ED/ICU beds/staff available
 - d. No interventional suite/cath lab available
 - e. No laboratory services available

- D. If the Stroke and/or STEMI Center (Center) anticipates bypass for greater than 2 hours, the EMS Duty Chief shall be notified, and the facility must submit a System Variance Report in accordance with EMS Policy 108. The report should provide dates/times and reason for bypass.
- E. The Center should contact their contracted ambulance provider to request stand by resources in the event of needing to transfer patients away from the facility.
- D. A Center's status at the time the ambulance begins patient transport will apply to that transport (***not*** when the ambulance contacts the hospital with a "ring down") regardless of any subsequent changes.
- E. A Center may ***not*** direct ambulances to other Centers or refuse to accept the patient for any reason.
- F. If a Center is diverting 911 ambulance traffic, no EMS team will communicate with that Center to determine their ability to accept a patient or to request exceptions, excluding the EMS Duty Chief/Agency.
- G. An ambulance transporting an in-extremis patient to a Center that is diverting, will notify that hospital of their pending arrival.

VIII. EMS Agency Bypass Activation to Mitigate Unsafe Ambulance Patient Offload Delays

At the determination of the EMS Agency, a hospital that encounters unsafe ambulance patient offload delays (APOD) that the facility is unable to mitigate in an immediate manner, may be placed and remain on the emergency department bypass, stroke center bypass, and/or STEMI center bypass until the EMS Agency determines that APOD is no longer a threat to patient safety.