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S.O.P. #: 600-08

SUBJECT: HOSPITAL BYPASS POLICY

DIVISION: EMERGENCY MEDICAL SERVICES

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Objective: To define the hospital bypass policies and to outline the procedures for transportation of the patient to the appropriate facility.

NOTE: Patients destined for specialty referral centers should be transported as outlined in the Maryland Medical Protocols. EMS providers should perform a consult with the receiving facility prior to transporting to a referral center.

Section 1: RED ALERT

Definition: The hospital has no ECG monitored beds available and requests that patients, who are likely to require this type of care, not be transported to their facility. "ECG monitored bed" is defined as any adult in-patient critical care bed. The hospital requests that all priority II and III DCG monitored patients be transported to the next closest appropriate hospital. (Note this section is taken directly from Region III Alert Status policy)

A. OVERRIDE:

A RED ALERT will be automatically disregarded if any of the following conditions occur.

1. A BLUE ALERT is declared by the respective jurisdiction. Crews should be cognizant of the stresses placed on a facility while on Red Alert and should make every effort to bypass this facility even though a Blue Alert is in effect unless this would be detrimental to the patient or ambulance availability. (Note this section is taken directly from Region III Alert Status policy)
2. A priority I ECG monitored patient from the hospital's normal catchment area requires transport. The hospital will receive these priority I patients for initial stabilization then be transferred to another facility for admission as necessary. If a hospital is on Red Alert and a hospital that is clear is 2-3 minutes further, it may be advisable to transport to the further facility. (Note this section is taken directly from Region III Alert Status policy)
3. The diversion of an ECG monitored Priority II or III patient would add an additional 15 minutes to the transport time. (Note this section is taken directly from Region III Alert Status policy)

B. RED ALERT AT ADJACENT FACILITY:

If the two closest hospitals are on Red Alert, the prehospital provider shall transport the patient to the first and/or closest hospital. (Note this section is taken directly from Region III Alert Status policy)

1. Prehospital providers shall make every effort to avoid those facilities that have declared a Red Alert. For example, if there is a third facility that is not on Red Alert and is within reasonable proximity, (3-6 minutes) the prehospital provider should consider transporting to that third facility. (Note this section is taken directly from Region III Alert Status policy)

Section 2: YELLOW ALERT

Definition: The Emergency Department temporarily requests that it receive absolutely no Priority II or Priority III patients be transported to their facility. Yellow alert is initiated because the Emergency Department is experiencing a temporary overwhelming overload such that priority II or III patients may not be managed safely. This alert should be utilized for unplanned or unexpected incidents and may not exceed 8 hours for each event to a total of 8 hours for any 24-hour period beginning at 12 Midnight. (Note this section is taken directly from Region III Alert Status policy)

A. OVERRIDE

A Yellow ALERT will be automatically disregarded if any of the following conditions occur.

1. A Blue Alert is declared in a respective jurisdiction.
2. A priority I patient from the hospital's normal catchment area requires transport. The hospital will receive these priority I patients for initial stabilization then be transferred to another facility for admission as necessary. If a hospital is on Yellow Alert and a hospital that is clear is 2-3 minutes further, it may be advisable to transport to the further facility. (Note this section is taken directly from Region III Alert Status Policy)
3. The diversion of a Priority II or III patient would add an additional 15 minutes to the transport time. (Note this section is taken directly from Region III Alert Status policy)
4. A particular facility is closer to an on-the scene ambulance when an adjacent facility is also on Red Alert. (Note this section is taken directly from Region III Alert Status policy)

B. YELLOW ALERT AT ADJACENT FACILITY

If the two closest hospitals are on Yellow Alert, the prehospital provider shall transport the patient to the first and/or closest hospital. (Note this section is taken directly from Region III Alert Status policy)

1. Prehospital provider shall make every effort to avoid those facilities that have declared a Yellow Alert. For example, if there is a third facility that is not on Yellow Alert and is within reasonable proximity, (15 minutes) the prehospital provider should consider transporting to that third facility. (Note this section is taken directly from Region III Alert Status policy)

NOTE: Prehospital providers shall use "reasonable judgment" and may elect to transport stable priority III patients to more distant hospitals even when the time may exceed 15 minutes.

Section 3: BLUE ALERT

Definition: When the Baltimore County Fire Department's Emergency Medical Services system is temporarily taxed to its limit in providing prehospital care and transportation due to extraordinary situations such as heavy snow, icing conditions, flooding, severe storms, hospital overcrowding and other significant circumstances that contribute to a notably high demand for emergency medical services. A Declaration of Blue Alert will allow for the temporary suspension of the Red and Yellow alert status by jurisdictional EMS system.

A. Declaration of the BLUE ALERT

1. The following may declare and/or terminate BLUE ALERT
  - a. Assistant Chief

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- b. Division Chief
- c. Battalion Chief
- d. Fire Director
- e. EMS Shift Commander (in consultation with the Battalion Chief or Fire Director of EMS Operations)
- f. EOC Fire Department's Commanding Staff

The Communications Center will notify EMRC of the request to go on and off of BLUE ALERT.

2. The Emergency Medical Services must explain, in writing, to the Region III EMS Advisory Council, the need for the declaration of BLUE ALERT.
3. All patients will be transported to the closest appropriate hospital, regardless of the patient's priority status or hospital status with the exception of those hospitals that have declared a MINI-DISASTER ALERT.

Section 4: MINI-DISASTER ALERT

Definition: A MINI-DISASTER ALERT will be called when a hospital's emergency services experiences an unexpected, in-house plant problems. Examples such as water main problems, electrical power problems, bomb scares, fire or other situations that contribute to the emergency room services being placed in jeopardy are cause for the initiation of the MINI-DISASTER ALERT. Critical Care overloads are not considered justification for MINI-DISASTER ALERT. (Note this section is taken directly from Region III Alert Status policy)

A. Transportation

1. While a hospital is on MINI-DISASTER ALERT, the prehospital care provider will not transport any patient to that facility regardless of the patient priority status. (This includes the period time the County is on BLUE ALERT status)

Section 5: PRIORITY OF PATIENTS

Definition: The prehospital care provider will assign each patient, after assessment, a treatment priority.

Priority I – Critically ill or injured person requiring immediate attention; unstable patients with potentially life-threatening injuries or illness.

Priority II – Less serious condition, requiring emergency medical attention but not immediately endangering the patient's life.

Priority III – Non-emergent condition, requiring medical attention but not on an emergency basis.

Priority IV – Does not require medical attention.

Note the Priority listing is from the Maryland Medical Protocol.

Section 6: RE-ROUTE POLICY

Definition: Region III EMS Advisory Council to MIEMSS has developed a Hospital "Re-route" policy to aid the jurisdictions with overcrowding of local Emergency Departments. Overcrowding of the Emergency Departments is a global issue, not isolated to the Baltimore-Washington area.

This policy does not replace Yellow Alert, nor does it cancel or override it. If a hospital is on Yellow Alert prior to a hospital "re-route" being declared, it will remain on Yellow Alert after the cancellation of the "Re-route".

The MIEMSS Region III Re-route policy:

1. Delayed Medic Unit Responsibilities:  
If the patient has not been placed in a wheelchair or on a hospital gurney within the twenty (20) minute time frame, and it does not appear that such placement will happen within the next ten (10) minutes, EMS Personnel shall:
  - a. Contact the Emergency Department's Charge Nurse and discuss if the patient will be able to be off loaded within 10 minutes. If this is not be possible, EMS personnel will contact the EMS District Officer in whose district that hospital is located, or, in the case of a hospital in another jurisdiction, the Officer closest to the facility.
  - b. Have the District Officer respond to the hospital to discuss placing the ED on re-route.
  - c. Remain with your patient at all times and continue patient care as necessary until the patient has been transferred to a hospital wheelchair, chair or gurney.
  
2. District Lieutenant and Shift Commanders Responsibility:
  - a. The District Officer shall report to the hospital and meet with the ED Charge Nurse to discuss the situation and look for ways to alleviate the congestion.
  - b. If the hospital is a candidate for re-route, the District Officer shall notify the Shift Commander for authorization.
  - c. The Shift Commander shall take into consideration the current call volume, time of day, and regional hospital status (CHATS).
  - d. A re-route form has been developed for use in tracking re-routes. This form is to be completed and forwarded to the EMS shift commander. A copy of the form is provided as an attachment to this SOP. The District Officer will acquire and record the following information on the form provided: name/number of the hospital, name of charge nurse, date and time of the meeting, number of units waiting and their patient priority, specific units waiting, including out of county and reason for hospital needing to be placed on re-route or reason why hospital was not placed on re-route. The EMS shift commander shall maintain a monthly log of Re-route information, and will forward a copy to the EMS Office.
  - e. If the hospital is a candidate for re-route advise Dispatch/ADO to place the hospital "Re-route".
  - f. Dispatch will notify the Emergency Medical Resource Center (EMRC) of the hospital's "Re-route" status changes.
  - g. Re-route status will automatically be removed by dispatch (through EMRC) after one hour unless the DO and SC specifically approve extension of re-route beyond one hour. Re-route should rarely exceed one hour.
  - h. The EMS District Officer, with the authorization of the Shift Commander, may cancel the "Re-route" for any cause regardless if units are still delayed
  - i. When an ED remains on re-route for more than 2 hours, EMS23 and car 601 must be notified by phone or text page.
  
3. Responsibilities of Units Potentially Destined for a Hospital on "Re-route"
  - a. Re-route all Priority 2 and 3 patients to the next closest hospital.
  - b. Take Priority 1 patients to the closest appropriate hospital unless otherwise directed by a consulting physician.
    1. Advise the consulting physician of the closest hospital's re-route status.
    2. Follow the consulting physician's direction, and transport accordingly.

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- c. Consultation, per protocol should be done for any patients requiring transportation to a specialty referral center located at a hospital on Re-route. The pre-hospital provider shall take direction from the consulting physician.
- d. Consult per protocol through EMRC. The patient will be transported to the facility as directed by the consulting physician.
- e. Advise the patient of the reason for their re-route only if they ask, or specifically request transport to the hospital in question.
  - 1. If the patient refuses transport to the next closest hospital, contact the hospital in question via EMRC. Inquire as to length of the wait before a bed or wheelchair will be available, and advise the patient.

4. "Re-Route" Adjacent Facilities

It is our intention to not have two adjacent hospitals on Re-Route at the same time. The Shift Commander will monitor this situation and make recommendations as needed.

5. The Last Delayed Unit to Clear a Hospital On Re-Route

- a. Advise Dispatch they are clearing the hospital and no other units are still delayed and
- b. Request the hospital's "Re-route" status be removed

Note: The Shift Commander, in consultation with the EMS District Officer may elect to continue a Re-Route for an additional hour, after the last medic unit leaves. This is volume dependent and will only be honored based on the recommendation of the District Officer and consulting ED Administration.

6. ADO/Dispatch Responsibility

- a. Will be notified by the District Officer.
- b. Change the hospital's "Re-route" status as directed.
- c. In the same manner as any other hospital status change (Yellow or Red alerts), Dispatch will advise other medic units in the area of the re-route.
- d. Notify the Emergency Medical Resources Center (EMRC) of the hospital's "Re-route" status changes.

7. EMRC Responsibilities

When notified of hospital "Re-route" status changes, EMRC will:

- a. Notify all appropriate Local Dispatch Centers that a hospital's "Re-route" status change was requested by the posting jurisdiction.
- b. If time allows, confirm that the hospital is aware of their "Re-route" status Change.