



April 26, 2018

Memorandum to all SIREMS Transport Service Personnel

EMS Transport Personnel:

There have been a number of questions coming into the EMS Office regarding transport destinations and bypass. I wanted to take this opportunity to clarify the policy and potentially eliminate some confusion surrounding the issue.

When a patient with decisional capacity requests transport to a facility other than the closest facility, the EMS crew will request a bypass from Medical Control. The physician will hear your report and rule on your request. If the physician approves the bypass, simply initiate transport to the patient's requested facility. If the physician denies the bypass request, you then, again, explain the risks of transporting to a more distant facility. If the patient continues to refuse transport to the closest facility, the patient must sign an "against medical advice" form prior to initiating transport.

The destination-bypass-diversion policy is attached. Please review and feel free to contact the EMS Office with any questions or concerns.

Thank you!

A handwritten signature in black ink, appearing to read 'J. Haake MD'.

Joseph R. Haake, MD, FACEP
EMS Medical Director
Southern Illinois Regional EMS System

Southern Illinois Regional EMS System

A-15 TRANSPORT DESTINATION / BYPASS DIVERSION

Transportation of Patient to the Nearest Hospital:

- A person will not be transported to a hospital other than the nearest hospital or trauma center **unless** the EMS Medical Director or qualified designee has determined that, based upon the reasonable risk and benefits to the patient, and based upon the information available at the time, the medical benefit reasonably expected from the provisions of appropriate medical treatment at a more distant hospital outweigh the increase risks to the patient from transport to the more distant hospital.
- Patients who have had a 12 lead electrocardiogram showing ST elevation in 2 or more anatomically contiguous leads shall be transported to the PCI hospital if ETA to PCI hospital is < 30 minutes.
 - If >30 minutes, the patient should be transported to the nearest facility.
- If stroke is suspected:
 - EMS should transport the patient to the nearest Acute Stroke Ready Hospital, unless there is a Primary Stroke Center or Comprehensive Stroke Center within 20 miles or 15-20 minute transport time.
- An Associate or Participating Hospital affiliated with a Region V EMS System may be presumed to have available space and qualified personnel **unless** such facility has notified the Resource Hospital that it has a shortage or limitations of space or personnel.
 - In the event of over-crowding, priority of care will be given to patients en-route or who present with immediate life-threatening emergencies as determined by the EMS Medical Director or qualified designee.

Patient Requests Transport to Hospital, other than the nearest hospital:

- Patient requests will be accommodated when medically appropriate.
- Notify Medical Control. The EMS Medical Director or designee will determine hospital designation based upon the patient's medical condition.
- Document on the run report that Medical Control was contacted and the name of the EMS Medical Director, designee, or ECRN giving the order.
- In the event of communication failure to medical control, transport the patient to the nearest hospital.

Refusal of Transport to the Nearest Hospital:

- If a competent patient or family member refuses transport to the nearest hospital:
 - Contact Medical Control.
- The consequences of this decision will be explained to the patient and/or family. An "Against Medical Advice" form approved by the EMS System must be signed by the patient, if competent or legal power of attorney for health care **before** transport initiated.
- A family member request for bypass cannot be honored unless that person had durable power of attorney for health care.
 - The request for bypass by a parent or guardian of a minor patient can be honored.

Transport of Patients Outside Provider Service Area – Tiered Level of Service Providers:

- If a patient requests to be transported to a hospital outside the provider service area, the request will be accommodated if Medical Control deems it medically appropriate
 - AND the provider agency's policy allows transport to the requested hospital.

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A-15 TRANSPORT DESTINATION / BYPASS DIVERSION (continued)

- All patients will be evaluated by:
 - Paramedic (ALS tiered).
 - Intermediate (ILS tiered).
 - Medical Control contacted for request outside the provider service area.
- The Paramedic (ALS) or Intermediate (ILS) may release the patient for transport by BLS providers **IF** the EMS Medical Director or designee at Medical Control determines that the patient requires only BLS support **AND** two licensed EMTs are available at the scene.
- If a Paramedic or Intermediate and Medical Control determine the patient requires ALS or ILS support, the patient will be transported by the higher level of service.
- A stable patient requiring ALS or ILS support will be transported to the hospital of choice as approved by the EMS Medical Director or qualified designee, as above stated.
- Transport should not be delayed by waiting for BLS personnel to arrive at the scene.
- If a BLS unit responds to a patient in a load-and-go situation*, the BLS unit should dispatch the highest level of service support immediately, notify Medical Control, and begin transport to the nearest hospital. The BLS unit shall transfer care of the patient to the higher level unit en-route, as soon as it is available.

Note:

- *Load-and-Go situations according to National Education Standards and International Trauma Life Support Guidelines.