

**Trauma Center Practice Management Policy**  
*Iowa Methodist Medical Center and Blank Children's Hospital*  
*Des Moines, Iowa*

<b>TRAUMA BYPASS</b>	
<b>Policy #9</b>	
<b>ADULT AND PEDIATRIC Practice Management Policy</b>	<b>Effective: 11/20/1998</b>
<b>Contact: Trauma Center Medical Director/ Trauma Center Program Manager</b>	<b>Last Reviewed: 01/29/2017</b>

- I. PURPOSE:** To ensure the ability to provide prompt medical care to all patients when they arrive at the hospital. If the resources to care for patients are not available at any of UPHDM hospitals, the individual hospital will institute bypass measures. This process of bypass of patients does not include patient transfers from an outside hospital that have already been accepted by a physician.
- II. DEFINITIONS:**
- A.** Trauma Bypass – includes patients that meet the Iowa Trauma System definition of trauma, excluding patients who have been previously accepted by the hospital and physician.
  - B.** Adult Emergency Department Bypass – includes adult patients inbound by ambulance, excluding patients who have been previously accepted by the hospital and physician. Adult Emergency Department bypass indicates the hospital is or has exceeded its capacity to care for adult patients.
  - C.** Pediatric Emergency Department Bypass – includes pediatric patients (18 years or under) inbound by ambulance, excluding patients who have been previously accepted by the hospital and physician. Pediatric Emergency Department Bypass indicates the hospital is at or has exceeded its capacity to care for pediatric patients.
  - D.** Adult and Pediatric Emergency Department Bypass – includes both adult and pediatric patients inbound by ambulance, excluding patients who have been previously accepted by the hospital and physician. Adult and pediatric Emergency Department Bypass indicates the hospital is at or has exceeded its capacity to care for adult and pediatric patients.

**III. STATEMENT:** Iowa Methodist Medical Center will go on trauma bypass whenever its resources are being utilized to the extent that the Trauma Center is not able to meet American College of Surgeons or Iowa Department of Public Health guidelines of trauma care.

It is the responsibility of the Trauma Center to provide care for trauma patients transported to the hospital. There may be times when the resources of the Trauma Center are exceeded by the demands of the trauma patients. When this occurs, trauma bypass will be initiated.

Trauma bypass may be initiated for a major physical plant failure such as an in-operable CT scanner or other major equipment required for the treatment of trauma patients.

Operating Room Saturation: When there is an abundance of operations in process and all surgical teams are in use; the OR may call the PCC and request to go on trauma bypass.

The on-call trauma surgeon in collaboration with the Emergency Department Charge Nurse, Emergency Department Physician and PCC will have the responsibility to authorize bypass and cancellation of bypass in accordance with hospital policy.

Institution of trauma bypass shall not affect patients physically presenting to the Emergency Department and for whom emergency treatment is requested. Such patients shall be provided a medical screening examination and treatment consistent with Emergency Department policies.

Trauma bypass excludes patients who have previously been accepted by the physician and hospital.

- IV. PROCEDURE:**
- A.** The Emergency Department Charge Nurse and Emergency Department Physician **in collaboration with the Trauma Surgeon** will determine that trauma bypass may be necessary and contact the PCC.
  - B.** The resource and regional trauma centers must communicate with each other to coordinate bypass prior to going on bypass. Only one resource or regional trauma facility can go on trauma bypass at one time.
  - C.** The PCC will contact Mercy Medical Center PCC to discuss the situation and determine if bypass is permitted and the length of time.
  - D.** The PCC will call the Emergency Department Charge Nurse and notify of the agreed upon time frame.
  - E.** The Emergency Department Charge Nurse will notify the Emergency Department Physician and Trauma Surgeon.
  - F.** The Emergency Department Charge Nurse will use the EMResource (a web based emergency department status product of EMSystems)

to place the emergency department on bypass. The EMResource notifies Metro Emergency Departments and EMS that the hospital is on bypass.

- G.** If bypass is due to OR saturation, the PCC must stay in contact with the OR and notify the Emergency Department Charge Nurse, Emergency Department Physician and the Trauma Surgeon when to put the hospital on bypass and when to take of bypass.
- H.** When agreed upon timeframe expires, the Emergency Department Charge Nurse will take the hospital off bypass via the EMResource or call the Mercy PCC to agree upon a new timeframe.
- I.** The Emergency Department Charge Nurse will notify the Emergency Department Physician AND Trauma Surgeon as to when the hospital goes off bypass.

**Post Diversion Evaluation:**

1. All trauma bypass events will be reviewed by the Trauma Program Manager.
2. Monthly trauma bypass reports will be reported at PIPS.

**REVIEWED DATE: 11/20/98**

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**Revised and approved by Trauma Committee, October 26, 2007**

**Revised and approved by Trauma Committee, July 30, 2010**

**Revised and approved by Trauma Committee, April 2014**

**Revised and approved by Trauma Committee, October 28, 2016**

**Revised and approved by Trauma Committee, January 29, 2017**