



AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE

STATEMENT

Document No:	S47
Approved:	Nov-08
Last Revised:	Nov-18
Version No:	03

STATEMENT ON HOSPITAL BYPASS

1. PURPOSE

This document is a statement of the Australasian College for Emergency Medicine (ACEM). The statement sets out ACEM's opposition to hospital bypass as a solution for managing emergency department (ED) and hospital demand pressures.

Most Australian jurisdictions formally discontinued hospital bypass arrangements in 2013, with Victoria officially ceasing the practice in October 2015. (1) Governments stopped bypass arrangements to reduce ambulance delays and improve patient care. (2)

Although these formal steps were taken, hospital bypass continues to occur under different names, e.g. ambulance diversion or load levelling. (3)(4) These practices occur in response to systemic pressures within hospitals and across the broader health care system.

2. SCOPE

This statement is applicable to all EDs in Australian and New Zealand hospitals. Also in scope are jurisdictional health system managers, and hospital executives and administrators.

3. POSITION

ACEM does not support the use of hospital bypass as a measure to manage access block and ED overcrowding.

ACEM considers that hospital bypass to manage overcrowding is a symptom of mismatching hospital inpatient service capacity with increasing patient demand. Hospital bypass can limit a patient's ability to access their preferred local hospital and health service, and increases their risk of adverse outcomes if their emergency care is unnecessarily delayed by longer transportation and waiting times.

The use of hospital bypass is one of many indicators of systemic pressure on EDs and across the acute health system. ACEM acknowledges that a number of jurisdictions have officially banned the practice of hospital bypass, as it places further burden on ambulance services that are already at capacity. ACEM supports these measures.

However, the unresolved issues of access block and ED overcrowding continue to be the most frequent and significant contributors to ambulance diversion or load levelling practices. Other factors that precipitate bypass are grouped by their internal hospital or health system nature (e.g. a shortage of health specialists or hospital-based resources) and unplanned external events (e.g. environmental or community disasters).

ACEM believes that governments are primarily responsible for reducing the likelihood and severity of hospital bypass incidents. Governments must address hospital and health care system dysfunction that impacts on the incidence, likelihood, and severity of access block, ED overcrowding and ambulance ramping. (5-7) This can be achieved by ensuring all hospitals are appropriately resourced (e.g. the number of inpatient beds, hospital staffing capacity) and health policy is responsive to increasing health system demand.

When services do not keep pace with demand, the practice of hospital bypass will continue.

4. RELATED DOCUMENTS

- S347 - Statement on ambulance ramping
- S57 – Statement on emergency department overcrowding
- S127 – Statement on access block

5. REFERENCES

1. Victorian Government, 2015. Media Release: Hospital bypass system to end next month in Victoria [Internet]. Minister for Health, Victoria: Australia. As viewed on 27 October 2017 at <https://www.premier.vic.gov.au/hospital-bypass-system-to-end-next-month-in-victoria/>
2. Butt, C 2015. *Victorian hospital bypass to be abolished from next month*. The Age, published 17 September 2015. Melbourne: Australia
3. Department of Health and Aging, 2014. *Metropolitan Flow Coordination through Load Levelling*. [Internet] Government of South Australia. As viewed on 02 July 2018 at http://www.sahealth.sa.gov.au/wps/wcm/connect/500d7c8042e942daacc7bc9d0fd82883/Directive_Metropolitan+Flow+Coordination_Policy_May2014.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-500d7c8042e942daacc7bc9d0fd82883-IQPWK.a
4. Department of Health, 2018. *Ambulance Diversion (daily)*. [Internet] Government of Western Australia. As viewed on 02 July 2018 at <http://ww2.health.wa.gov.au/Our-performance/WA-Public-Hospital-Activity/ED-daily-activity/Ambulance-diversion-daily>
5. Australasian College for Emergency Medicine. Background Paper – Statement on Ambulance Ramping (S347). Melbourne: ACEM 2018
6. Australasian College for Emergency Medicine. Background Paper – Statement on Access Block (S127). Melbourne: ACEM 2018
7. Australasian College for Emergency Medicine. Background Paper – Statement on Emergency Department Overcrowding (S57). Melbourne: ACEM 2018

6. DOCUMENT REVIEW

Timeframe for review: Every two (2) years, or earlier if required.

6.1 Responsibilities

Authoring Group: Hospital Overcrowding Subcommittee
 Document authorisation: Council for Advocacy, Practice and Partnership
 Document implementation: Hospital Overcrowding Subcommittee
 Document maintenance: Department of Policy, Research and Advocacy

6.2 Revision History

Version	Date of Version	Pages Revised / Brief Explanation of Revision
01	Nov 2008	First approved and published
02	Nov 2013	Whole of document revision
03	Nov 2018	Whole of document revision

© Copyright – Australasian College for Emergency Medicine. All rights reserved.