

SOUTHWEST REGIONAL EMS COMMITTEE - PATIENT DESTINATION PROTOCOL – GROUND/AIR AMBULANCE TRANSPORT

Purpose:

A. This protocol shall ensure that when a ground or air ambulance (ambulance) service operating in the Southwest EMS region transports a patient in the prehospital setting the patient is transported to the most appropriate receiving facility, while considering the patient's preference.

Criteria:

A. All patients, in the prehospital setting, who require ambulance transport to a receiving facility.

Exclusion Criteria:

A. Inter-facility transport – Patients who are being transported from one acute care hospital to another.

Procedure:

A. Patients transported from prehospital scenes

1. **Transport to closest hospital** - Unless specifically permitted by this protocol, patients transported by ambulance shall be transported to the closest receiving facility. For the purpose of this protocol, a reference to "closest receiving facility" shall be construed to mean the licensed acute care hospital that is closest to the scene in terms of estimated drive or flight time.

2. **Patient choice exception** - There may be many reasons why a patient may choose one facility over another, these may include but are not limited to, preexisting relationship with a physician, a receiving facility, a medical service (e.g. a dialysis service), or a health insurance plan. Transport by ambulance to a facility other than the closest receiving facility is permitted if the patient or other person with legal authority to act for the patient (hereafter "legal representative")⁴ expresses a preference for transport to a different facility. This is subject to the following:

a. The ground EMS provider may advise the patient or the patient's legal representative that he/she has a choice in destination, but the ground EMS provider may not suggest to a patient that a more distant facility would be better for the patient, except for the conditions covered by specific exceptions in this protocol. The exact level and capacity of any given licensed acute care facility may change due to circumstances unknown to the EMS provider therefore **it is not appropriate for the EMS provider or the EMS agency to exert their preference into the patient destination decision.**

b. The patient's choice must be reasonable. EMS agencies are not required to transport patients to more distant facilities to accommodate a patient's choice if the additional transport distance is not reasonable. EMS agencies should have a policy that defines which receiving facilities are within a reasonable transport distance from their usual 911 response area. Such a policy should balance the patient's right to choose a facility that is not the closest with excessive transport times that substantially decrease the ability of the EMS agency to provide 911 coverage for their usual response area.

3. **Multiple/mass casualty incidents (MCI)**. This does not imply that all patients in an MCI must be transported to the closest hospital. At a mass casualty incident, individuals within the incident command structure (e.g. transport officer) should communicate with receiving facilities to determine the capacity for patients at each center and should distribute seriously ill patients as appropriate.

4. **Weather conditions exception**. Severe weather conditions, as determined by the EMS vehicle operator and provider or by the EMS agency management, may make it hazardous to transport the

patient to some of the agency's usual receiving facilities. In this case, agencies may choose to restrict transportation to the closest receiving facility that can be reached safely.

5. Time Critical TCD (Stroke,STEMI,Trauma) exception. Ambulances shall transport patients in these circumstances to the appropriate destination per the established Missouri State TCD plan as adopted by the Southwest Region.

6. Pediatric exception. An ambulance may transport a pediatric patient (14 years of age or younger) to the closest receiving center with inpatient pediatric capabilities if the patient is believed to be stable for the anticipated transport time and if the difference in transport time is reasonable.

7. Closest receiving facility on "diversion" exception. An ambulance may transport a patient to the next closest receiving facility if the closest center is on "divert". The ambulance service may not consider a receiving facility to be on divert unless that facility has notified the ground ambulance service of the divert condition through the local EMS region.

8. Medical Control exception. Transport by ambulance to a facility other than the facility suggested by this protocol if directed by a medical control physician because the medical control physician is presented with medical circumstances that lead the medical command physician to reasonably perceive that a departure from the prior provisions in this protocol is in the patient's best interest. This may occur in the following situations:

- a. The medical control physician determines, in conjunction with the closest receiving facility, that anticipated specialty care is not available at the closest receiving facility (e.g. hyperbaric oxygen, critical care, post-cardiac arrest care, burn care, specialty pediatric care, etc...)
- b. The medical control physician determines that the patient has a condition that should be treated at the closest receiving facility.

9. Medical control assistance. If the provider of an ambulance has any question regarding the facility to which a patient is to be transported or whether the patient is stable enough for transportation to a further facility that has been requested by the patient or his/her legal representative, the provider shall contact medical control for assistance. Ideally, this medical control facility will be either the medical control at the closest receiving facility or at the closest facility with special capabilities for the patient or the EMS agency's usual centralized medical control.

10. Contact with receiving facility. Communicate with the receiving facility as soon as possible to provide patient information and an estimated time of arrival. Provide this information to the receiving facility as soon as possible, since the information may affect the mobilization of various resources within the facility in preparation for the arrival of the patient. The mobilization of these resources may vary among facilities.

NOTES:

1. "Receiving facility" refers to a hospital that is currently licensed in the State of Missouri and similarly recognized facilities in adjacent states.
2. These exceptions are not applicable if the patient does not have an adequate airway and cannot be adequately ventilated, has rapidly worsening vital signs, or has absence of vital signs. Under these circumstances, the patient shall be transported by the fastest possible means to the receiving facility.
3. The ambulance provider need only have a good faith belief that the person has legal authority to make the decision for the patient, provided the provider is without knowledge of facts negating that authority.