



PATIENT DESTINATION PROTOCOL – GROUND AMBULANCE TRANSPORT

Purpose:

This protocol is for ground ambulance transports in the prehospital setting to assist in transporting the patient to the most appropriate receiving facility, while considering the patient's preference.

Criteria:

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

Exclusion Criteria:

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

Procedure:

Patients transported from prehospital setting

Transport to closest hospital - Unless specifically permitted by this protocol, patients transported by ambulance shall be transported to the closest receiving facility.

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, medical service availability (e.g. a dialysis service, urologic service) or follow up care. 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") expresses a preference for transport to a different facility. This is subject to the following:

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. Ie. Transport outside of Jackson and Josephine counties.

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 should communicate with area receiving facilities to determine the capacity for patients at each center and should distribute patients as appropriate.

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 facility. In this case, agencies may choose to restrict transportation to the closest receiving facility that can be reached safely.

Time Critical Diagnosis (Stroke, STEMI, Trauma) exception.



Ambulances shall transport patients in these circumstances to the appropriate destination per existing protocols. Prompt treatment for serious injuries reduces disability and improves outcomes. The goal of EMS providers is to get the right patient to the right facility.

If expected specialty care is not available at closest facility and patient is stable. Consider transfer to alternate facility for patients with high probability of hip fracture based on mechanism and exam or significant orthopedic trauma (ex. open fracture) expected to need surgical services.

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 AMR dispatch.

Closest receiving facility does not have services expected.

Contact shift supervisor regarding services available or on call services. Consider transfer to alternative facility if anticipated specialty care is not available. An example would be an individual with hip pain after a fall with obvious deformity or shortening and rotation of the lower leg. If orthopedic services are not available at the closest facility, delay in surgical intervention should be avoided. Additionally, known dialysis patients who report chest pain, meet Sepsis criteria or demonstrate evidence of fluid overload and require oxygen would benefit from a facility with access to dialysis.

Medical Control exception.

Transport by ambulance to a facility other than the closest facility if directed by a medical control physician due to circumstances that lead the medical control physician to reasonably perceive that transport to an alternate facility is in the patient’s best interest. This may occur in the following situations:

- a. The medical control physician determines that anticipated specialty care is not available at the closest receiving facility (e.g. dialysis, urologic care, neurosurgical care, hyperbaric oxygen, specialty pediatric care, or lack of on call services, etc.) and the patient is stable for transfer to an alternate facility. The goal is to avoid a delay in anticipated care that could lead to adverse outcomes for the patient.
- b. 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 may contact medical control for assistance.

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.