

0035 PATIENT DESTINATION

EMR	EMT	EMT-IV	AEMT	INTERMEDIATE	PARAMEDIC
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Purpose:

- A. This protocol shall ensure that the ambulance service operating under Northern Colorado Prehospital Protocols transports patients to the most appropriate receiving facility, while considering the patient's preference.

Criteria:

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

Philosophy:

- A. Critical patients with a special medical need should be taken to the closest appropriate facility. (i.e., STEMI, Stroke, Trauma, Burn)
- B. Critical patients without a special medical need should be taken to the closest emergency department.
- C. All other patients should have their request accommodated, consistent with the ability of the system to meet that request.

Patients transported from prehospital scenes

- A. Transport to closest appropriate hospital
 - a. Unless specifically permitted by this protocol, patients transported by ambulance shall be transported to the closest appropriate facility.
- B. Patient choice exception
 - a. 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.
 - b. 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 expresses a preference for transport to a different facility.
 - i. The EMS provider may advise the patient or the patient's legal representative that he/she has a choice in destination.
 - ii. It is not appropriate for the EMS provider or the EMS agency to exert their preference into the patient destination decision.
 - c. Whenever the patient's condition will allow, honor the patient's request. If the patient requests transport outside of usual receiving facilities, contact the on-duty ambulance supervisor.

Multiple/mass casualty incidents (MCI)

- A. This policy does not imply that all patients in an MCI must be transported to the closest hospital.
- B. 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 patients as appropriate.

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Weather conditions exception

- A. 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.

Closest receiving facility on "divert"

- A. The only time an ambulance can be diverted from a hospital is when that hospital is posted on EMSsystem as being on official divert (RED) status.
- B. Overriding factors: the following are appropriate reasons for an EMS provider to override ED Divert and, therefore, deliver a patient to an emergency department that is on ED divert
 - a. Cardiopulmonary arrest
 - b. Imminent cardiopulmonary arrest
 - c. Unmanageable airway emergencies
 - d. Unstable trauma and burn patients transported to Level I and Level II Trauma Centers
 - e. Patients meeting "Cardiac Alert" criteria (participating hospitals)
 - f. Patients meeting "Stroke Alert" criteria (participating hospitals)
 - g. Imminent delivery
- C. Prehospital personnel should honor advisory categories, when possible, considering patient's condition, travel time, and weather. (i.e. ICU Advisory, Psych Advisory) Patients with specific problems that fall under an advisory category should be transported to a hospital not on that specific advisory when feasible.

Medical Control exception

- A. Patient destination can be altered by Medical Control.

Medical Control assistance

- A. If there is 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 BASE for assistance.

Inter-facility Transport:

- A. Patients who are being transported from one acute care facility to another should be transported to their arranged destination. If patient condition deteriorates during transport, CONTACT BASE.

Facility Capabilities:

- A. **Level I Trauma Center:** University of Colorado Hospital (Aurora), Denver Health Medical Center (Denver), St. Anthony's Central Medical Center (Lakewood), Swedish Medical Center (Denver), Children's Hospital of Colorado
- B. **Level II Trauma Centers:** Medical Center of the Rockies (Loveland), Boulder Foothills Hospital (Boulder), North Colorado Medical Center (Greeley), Good Samaritan (Lafayette), Medical Center of Aurora (Aurora), Cheyenne Regional Medical Center (Cheyenne, WY) , & Regional West (Cheyenne, WY)
- C. **Advanced Comprehensive Stroke Center:** University of Colorado Hospital (Aurora), St. Anthony's Central Medical Center (Lakewood), Swedish Medical Center (Denver)
- D. **High-Risk Obstetric Centers:** Poudre Valley Hospital (>28 weeks gestation, Level IIIA NICU), Medical Center of the Rockies (>32 weeks gestation, Level II NICU)