# Western Regional Emergency Medical Advisory Committee

| Title: | Destination Determination | Policy # 2018-2 |
|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Effective Date: | 01/17/2018 | | | | | | | | |
| Reviewed: | 11/17/2021 | | | | | | | | |
| Updated: | 11/17/2021 | | | | | | | | |

| | |
|---|---|
| Policy | This policy replaces WREMAC policies 1998-9, 1999-7, 2000-2, and 2015-1.<br><br>Transporting a patient to the most appropriate facility is a critical function of an EMS system. This decision requires careful consideration of multiple factors, such as patient request, EMS protocols, regional policies, hospital capabilities, and transport distance. This guidance does not preclude agencies/regional medical directors in an organized system from delineating further transport guidance which accounts for the local factors listed above in the interest of providing timely quality medical care, including load balancing during high volume periods. This policy is intended to provide guidance to prehospital personnel in their selection of patient destinations within the Western Region. Providers are encouraged to contact online medical direction whenever there is uncertainty regarding an appropriate transport destination. |
| Procedure | **Unless an agency has received a waiver from the WREMAC, emergency patients are to be transported to an Article 28 Emergency Department ONLY.**<br><br>**General Guidelines/Patient Request**<br>Stable patients that do not meet STEMI (ST-elevation Myocardial Infarction), major trauma, psychiatric, or stroke criteria should be taken to an appropriate facility of their choice. Providers should not take a patient to a particular hospital against his/her request except when ordered by online medical direction. If a patient who meets STEMI, major trauma, severe burn, psychiatric or stroke criteria, as outlined below, requests to go to a different hospital, the provider should contact online medical direction before initiating transport.[1,2]<br><br>Air medical services should be considered (according to WREMAC Helicopter Utilization Policy) for unstable, STEMI, major trauma criteria, severe burn patients or stroke patients if use of the helicopter would expedite arrival at a hospital capable of providing definitive care.[3]<br><br>The WREMAC recognizes that the closest appropriate specialty center may be outside the Western Region or even outside New York State (NYS). If the closest appropriate hospital or specialty center (PCI-capable, trauma, or stroke) is outside NYS, and the hospital has received the appropriate designation by another state/accrediting body, the patient may be transported to that facility in the best interest of the patient receiving timely care.<br><br>**Critical/Unstable Patients**<br>Unstable patients, particularly those in cardiac arrest or with an uncontrolled airway, require urgent intervention and stabilization. These most time-sensitive patients should be taken to |

the closest appropriate hospital emergency department regardless of 9.41/9.45/9.57 status.

**Percutaneous Coronary Intervention (PCI) capable facilities for STEMI**

Patients with a STEMI on a prehospital 12 lead EKG should be taken to a PCI-capable center, provided the transport time is less than 60 minutes. If within 60 minutes of a PCI-capable center, transmit the 12-lead EKG and notify the PCI-capable center immediately upon STEMI identification. If transport time >60 minutes from a PCI-capable center, transmit the 12-lead EKG and discuss with online medical direction to determine the appropriate destination. Patients with EKGs not suspicious for STEMI may be taken to any appropriate Article 28 Emergency Department. Patients that achieve return of spontaneous circulation (ROSC) after cardiac arrest may benefit from transport to a PCI-capable center, even if STEMI is not present on EKG. Consultation with online medical direction should be considered in these cases, as well.

**Trauma Patients**

Patients who meet the CDC Guidelines for Field Triage of Injured Patients criteria should be taken directly to an age-appropriate trauma center, provided the total time from injury to arrival at the trauma center is <60 minutes. If the time from injury to arrival at the trauma center is likely to be >60 minutes, contact medical direction to determine the appropriate destination.

**Stroke Centers**

Patients with suspected stroke (Cincinnati Stroke score ≥1) should be transported the closest NYS designated stroke center if the total prehospital time (time from last seen normal to when the patient is expected to arrive at the hospital) is less than 2 hours. NYS does not distinguish between designated stroke centers. However, if the expected arrival at a stroke center is more than 2 hours from the time last seen normal, contact medical direction to determine the appropriate destination, as the patent may qualify for advanced interventions beyond the traditional "window" period.

**Multiple Hospitals Nearby**

With the exception of unstable patients, such as those in cardiac arrest or with an unstable airway, two hospitals may both be considered equally near ("closest") if the difference in transport duration is less than 10 minutes.

**Intoxicated Patients (22.09 status)**

Law enforcement may compel the transport of an intoxicated patient by EMS. There are no designated 22.09 hospitals. All Article 28 Emergency Departments in the Western Region must accept these patients. Police **do not** select the receiving hospital.

**Psychiatric Patients**

Patients ordered to be taken to a hospital under the following statutes: 9.41 (peace/police officer), 9.43 (court order), 9.37/9.45 (Director of Community Services or designee), 9.55 (psychiatrist), 9.57 (CPEP or emergency physician) or similar status as defined in the NYS

| | |
|---|---|
| | Mental Hygiene Law, or other applicable state or local law, should be taken to a hospital that meets the NYS's 9.39 or 9.40 (CPEP) standard. It is the responsibility of the officer who orders the evaluation to ensure the patient is transported in a manner that is safe for both the patient and providers. This may include an officer riding in the ambulance. A patient may require evaluation at a non-CPEP facility if there is a need for immediate medical evaluation/stabilization. **Contact medical direction if any concern exists regarding the safety of the method of transport or destination requested by law enforcement**.<br><br>**Patients in Custody**<br>If EMS is called to evaluate a patient in custody, that patient must be offered transport to the hospital. Medical direction should be contacted immediately if there is a conflict between the patient's and the law enforcement officer's request<br><br>**Hospital Volume**<br>It is improper for providers to direct or persuade a patient away from a particular hospital due to perceived volume or waiting times at that hospital without first consulting online medical direction. |
| **Reference:** | [1] As per NYS DOH Policy 06 – 01 "A patient's choice of hospital or other facility should be complied with unless contraindicated by state, regional or system/service protocol or the assessment by a certified EMS provider shows that complying with the patient's request would be injurious or cause further harm to the patient."<br>[2] As per NYS statute (Article 29 – CC section 2994d) The Family Health Care Decisions Act, all patient care decisions including destination selection shall be made by the following individuals in order of priority:<br>a. Patient<br>b. Guardian authorized to decide about health care (e.g., health care proxy)<br>c. Spouse or domestic partner, if not legally separated<br>d. Son or daughter eighteen years of age or older<br>e. Parent<br>f. Brother or sister eighteen years of age or older<br>g. Close friend<br>[3] NYS Bureau of EMS Policy Statement 05-05. |