

Western Regional Emergency Medical Advisory Committee

Title: Patient Hospital Destination for EMS	Effective Date: March 18, 2015
Policy #2015-1	Revised: New Supersedes: New

Policy:	<p>In many cases, getting a patient to the “right” hospital with the required capabilities for his/her medical condition is as important as the treatment EMS provides. Determining the right hospital is a balancing act between many factors including, but not limited to patient request, state and regional protocols, hospital designations, affiliation of patients’ doctors, location of patient records, a specialty service’s distance from call location. This document is designed to provide guidance to providers in selecting appropriate patient designation within the WREMAC region. Liberal use of online medical control (MC) is recommended when any question arises regarding the appropriate transport destination.</p>
Procedure:	<p><u>General Guidelines/Patient Request</u></p> <p>Patients that do not meet critical, STEMI (ST segment Elevation Myocardial Infarction), major trauma, psychiatric, or stroke criteria should be taken to an appropriate hospital of their choice. Providers should not take a patient to a particular hospital against his/her request except when ordered by MC or law enforcement. If a patient who meets critical, STEMI, major trauma, psychiatric or stroke criteria, as outlined below, requests to go to a different hospital, the provider should attempt to contact MC before honoring that request.^{1,2}</p> <p>Air medical services should be utilized for critical, STEMI, major trauma, or stroke criteria patients if use of the helicopter would speed a patient's arrival to the hospital capable of providing definitive care for the benefit of the patient.³</p> <p>The WREMAC recognizes that the 8 counties of Western New York are a geographically diverse region, and, in many cases, the closest appropriate specialty center may be outside the WREMAC region, or even outside New York State (NYS). If the closest appropriate hospital or closest specialty designated center (STEMI, trauma, or stroke center) is outside NYS, and the hospital has received the appropriate certification by another state and/or applicable accrediting body, the patient should be transported to that facility in the best interest of the patient receiving timely care.</p> <p><u>Critical Patients</u></p> <p>Unstable patients, particularly those with an unstable airway and/or in cardiac arrest, require urgent intervention and stabilization. These most time-sensitive patients should be taken to the closest appropriate hospital emergency department. See the BLS protocols for further details.⁴</p> <p><u>Percutaneous Coronary Intervention (PCI) Centers for STEMI</u></p> <p>Patients with a confirmed STEMI on a prehospital 12 lead EKG should be taken to a PCI-capable center, provided the transport time is <60 minutes. If within 60 minutes of a PCI-capable center, transmit the 12 lead EKG and notify MC at the PCI-capable center immediately upon confirmation a STEMI. If transport time >60 minutes from a PCI-capable center, transmit the 12 lead EKG and notify MC immediately upon STEMI confirmation to determine the appropriate destination. Patients with EKGs not diagnostic for STEMI may be taken to any appropriate hospital ED, but ideally should be taken to the hospital where their records and/or cardiologists reside (if applicable), and has a reasonable transport time.</p> <p>POLICY CONTINUES ON NEXT PAGE</p>

Trauma Patients

Patients who meet the NYS major trauma or CDC Guidelines for Field Triage of Injured Patients criteria should be taken 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 a trauma center is <60 minutes, proceed directly to the trauma center and pre-notify the trauma center as soon as possible. If the time from injury to arrival at the trauma center is likely to be >60 minutes, contact MC to determine the appropriate destination.

Stroke Centers

Patients with suspected stroke (Cincinnati Stroke score ≥ 1) should be transported to the closest Stroke Center if the total prehospital time (time from last seen normal to when the patient is expected to arrive at the Stroke Center) is <2 hours. NYS does not distinguish between designated stroke centers. However, if the expected arrival at a stroke center is >2 hours from last seen normal, contact MC to determine the appropriate destination, as the patient may qualify for extended thrombolytic window times at a nearby Stroke Center, or may benefit from services at a more comprehensive stroke center with endovascular capabilities 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 <10 minutes AND transport times do not exceed those for specialty designated centers as outlined in this policy.

Intoxicated Patients (22.09)

Law enforcement may compel the transport of an intoxicated patient by EMS. There are no designated 22.09 hospitals. All hospitals in the region must accept these patients. It is the responsibility of the officer who orders the 22.09 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.

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. Contact MC if any concern exists regarding the safety of the method of transport requested by law enforcement.

Patients in Custody

If EMS is called to evaluate a patient in custody, that patient must be offered transport to the hospital. MC should be contacted immediately if there exists a conflict between the patient’s and the law enforcement officer’s requests.

Hospital Volume

It is inappropriate for providers to steer a patient away from a particular hospital due to perceived volume or waiting times at that hospital.

Footnotes:

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.”

² As per NYS statute Article 29 – CC section 2994 – d The Family Health Care Decisions Act, all patient care decisions including destination selection shall be made by the following individuals in order of priority:

- a. Patient
- b. Guardian authorized to decide about health care (e.g., health care proxy)
- c. Spouse or domestic partner, if not legally separated
- d. Son or daughter eighteen years of age or older
- e. Parent
- f. Brother or sister eighteen years of age or older
- g. Close friend

³ See NYS Bureau of EMS Policy Statement 05-05.

The helicopter is an air ambulance and an essential part of the EMS system. It may be considered in situations wherein:

- g. The use of the helicopter would speed a patient's arrival to the hospital capable of providing definitive care and this is felt to be significant to the patient's condition, or;
- h. If specialized services offered by the air medical service would benefit the patient prior to arrival at the hospital.

⁴ The nearest hospital includes NY State recognized hospital emergency departments with limited inpatient facilities.