** Transport destination policy**

**inclusions and guidelines**

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1. **All Units**
   1. All patients who are medically unstable, such as with compromised or uncontrolled airways, unstable arrhythmias, imminent delivery of complicated newborns, uncontrolled bleeding, uncontrolled hypotension or dangerous patients, should be taken to the closest receiving facility (generally BGH).
   2. Code “Yellow” and “Green” patients will be transported to a facility in the following order of preference:
      1. Patient’s physician preference (verify with physician’s office)
      2. Patient preference
      3. Caregiver with medical power of attorney request for incompetent patients
      4. Closest Facility
   3. For any patient transported to any out-of-county facility, contact the on-duty EMS Operations Supervisor in order to obtain permission to transport to an out-of-system and or an in-system out-of county hospital (i.e KH). The transport decision will be based upon proximity to an in-system hospital (such as KH) and the availability of other BCEMS units to provide coverage in the event permission for out-of-county transport is granted. When it is determined that such requests for transports outside of Bonner County would unreasonably remove the ambulance unit from the primary service area, the patient may be transferred to the closest hospital (such as BGH) capable of treating that patient.
   4. In determining the closest appropriate facility, transport personnel should take into consideration traffic obstruction, weather conditions or other factors which might affect transport time.
   5. Where question exists concerning the appropriate patient destination, On-Line Medical Control shall be contacted.
2. **ALS Field Units**
   1. Code “Red” or unresuscitated code “Blue” patients should generally go to the closest facility (generally BGH).
   2. Code “Red” Trauma, CVA/stroke, therapeutically cooled post arrest and STEMI patients who are not medically unstable (section A.1.) should be transported and managed according to specific BCEMS System Patient Care Treatment Guidelines for such patients. If prolonged field time is anticipated, discuss with Medical Control and consider Air Medical Transport from the BGH helipad, with BGH ED evaluation while awaiting transport, vs. a “hotload” when deemed more appropriate by Medical Control.

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1. **BLS and ILS Units**
   1. Code “Red” or “Blue” patients should be transported to the closest accredited emergency facility (generally BGH), with ALS intercept/assist when possible as long as field time is not significantly extended.
   2. Code “Red” patients will not be transported to out-of-county facilities unless joined (when possible) by a BCEMS Paramedic, Emergency credentialed physician, or CCT trained RN.
   3. All code “Red” patients will be discussed with Medical Control.
   4. Prearranged non emergent transports (NETS) may be taken out of the county, but must be cleared with the on-duty EMS Operations Supervisor in order to obtain permission to transport to out-of-system and out-of county facilities
2. **Exclusions**
   1. Patients not to be transported by ground ambulance include:
      1. Refusal of Care (see guideline 1050 )
      2. Death in the Field/ Cessation of CPR, DOA (1054, 1055).
      3. Patient more appropriately transported by Air Medical Transport (see guideline 1017).
3. **Miscellaneous System Issues**
   1. Hospitals with ER, ICU/CCU, or catheterization lab diversions for whatever reason will occasionally require alterations in transport destination. Contact Medical Control in these situations to arrange the next best destination for the patient.
   2. Emergency ambulance transport shall only be provided to acute care

facilities accredited by the Joint Commission on Accreditation of Hospitals. In rare instances, transport of a stable, competent patient may be provided to a private physician’s office or clinic at the request of a private physician. Contact the on-duty EMS Operations Supervisor *and* on-line medical control in order to obtain permission. (This does not include prearranged non-emergency transports (NETS) at the order of a physician).

* 1. If no patient or physician preference is expressed, and the medical problem is not specifically otherwise covered in these policies, patients shall always be transported to the closest appropriate facility. The Medical Control Physician (MCP) may direct that the patient be transported to a more distant hospital, which in the judgment of the MCP is more appropriate to the medical needs of the patient.
  2. Kootenai Health and Newport Community Hospital will be the only in-system and out-of county hospitals authorized for direct patient pre-hospital EMS ground transport, excluding NETS and instances of Notice of Hospital Diversion.
  3. Bonner General Hospital Emergency Physicians are contracted to provide on-line Medical Control for BCEMS System and BGH is the only in-system and in-county hospital accredited for acute care.
  4. Any Hospital unable to accept patients due to an internal disaster shall be considered “Not prepared to receive emergency cases".
  5. In the case of trauma, if transporting via ground ambulance is necessary, the receiving hospital shall be notified as soon as possible in these situations to ensure rapid notification of appropriate resources. Kootenai Health is the designated in-system regional Trauma Facility. Sacred Heart Medical Center via air Medical Transport is the next closest regional Trauma Facility and is the preferred destination for pediatric patients that meet trauma criteria.
  6. ST Elevation MI (STEMI): Patients with acute chest discomfort, and a field 12-Lead EKG with at least 2 mm ST elevation in 2 contiguous leads, should be transported and managed according to the BCEMS System STEMI Alert Plan (1018), and STEMI Guidelines (5010), following contact with Medical Control.Kootenai Health is the closest regional hospital with interventional catheterization lab capabilities for acute percutaneous intervention (PCI). Early notification of the receiving hospital (STEMI Alert) is critical to ensure rapid notification of appropriate resources (Interventional Cardiologist and catheterization lab activation).
  7. Suspected Cardiac Chest Pain: A patient with chest discomfort relieved by NTG, without other symptoms, and without EKG changes shall follow the standard transport destination protocol.
  8. Acute Stroke: Patients with suspected Acute Stroke symptoms (Prehospital Stroke Scale), without hypoglycemia and have a confirmed time of onset of symptoms of 0-3 hours should be transported according to the Bonner County EMS System Suspected Stroke Guidelines (7010) and contact Medical Control. Early notification of the receiving hospital (Code Stroke Alert) is critical to ensure rapid notification of appropriate resources.
  9. Inter-facility Transports: Physician ordered inter-facility transport shall be to the hospital directed by the transferring physician. In all cases, to comply with EMTALA/COBRA regulations, the physician or designee must write the order, and the receiving physician must be specifically documented. If during transport the patient deteriorates beyond the provider’s ability to effectively manage, the provider may divert to the closest appropriate hospital.
  10. Pregnant Patients: A pregnant woman who has received pre-natal care and has an established physician may be transported to the in-system hospital of choice. Bonner County EMS personnel have the option to transport patients with imminent deliveries to the closest appropriate facility.
  11. MCI: In the event of a Mass Casualty Incident (MCI), the medical authority/chain of command, Incident Commander, or his designee shall dictate patient hospital destination.If the patient, or attending

physician requests transport to a facility not consistent with the above guidelines, the request will be honored only after informing the patient, responsible person or physician of the unavailability of certain services at that facility, and Medical Control will be notified of this decision. If the patient demonstrates impairment of judgment related to injury, shock, drug effects, or emotional instability, the Paramedic will act in the patient’s best interest and transport to the most appropriate facility.

**QA Parameters:**

1. BCEMS will review the outcome and care of all patients that met field criteria for Trauma, STEMI, or Acute Stroke that were treated and transported.