I. **Purpose:** The purpose of this policy is to provide direction for selecting the receiving destination and to specify the actions to take when a patient, agent, or authorized surrogate decision-maker requests, or a person's condition requires, transport to other than the nearest hospital.

II. **Definitions**

A. **Alternative Destination Transports:** Illinois EMS rules allow EMS personnel to conduct assessments of patients with low acuity medical conditions and provide alternative pathways of care other than transport to a hospital-based ED. This may include transport to a licensed healthcare facility such as a licensed mental/behavioral health care facility, licensed drug treatment center, or licensed emergency care center based on System policy. None of these options currently exist in the NWC EMSS, but are being explored.

B. **An authorized decision maker** may include a health care agent under the Powers of Attorney for Health Care Law or a Surrogate Decision Maker under the Illinois Health Care Surrogate Act (755 ILCS 40/). A " Surrogate decision maker" is an adult individual or individuals who (i) have decisional capacity, (ii) are available upon reasonable inquiry, (iii) are willing to make medical treatment decisions on behalf of a patient who lacks decisional capacity, and (iv) are identified by the attending physician in accordance with the provisions of this Act as the person or persons who are to make those decisions in accordance with the provisions of this Act. (Source: P.A. 102-140, eff. 1-1-22; 102-182, eff. 7-30-21; 102-744, eff. 5-6-22.) Surrogates are considered in the following order of priority:

1. the patient's guardian of the person;
2. the patient's spouse | any adult son or daughter of the patient;
3. either parent of the patient | any adult brother or sister of the patient;
4. any adult grandchild of the patient | a close friend of the patient
5. the patient's guardian of the estate; the patient's temporary custodian appointed under subsection (2) of Section 2-10 of the Juvenile Court Act of 1987 if the court has entered an order granting such authority pursuant to subsection (12) of Section 2-10 of the Juvenile Court Act of 1987.

Authorized decision-makers may also include persons with *In loco parentis* authority: They stand in the place or position of a parent with a parent's rights, duties and responsibilities, as determined by competent authority; for example, a relative, legal guardian or other person, with whom the child resides. In loco parentis also confers upon educators the quasi status of "parent or guardian" of their pupils for the purpose of ensuring student safety and supervision during school-related activities.

C. **Comprehensive Emergency Department:** A classification of a hospital emergency department where at least one licensed physician is available in the emergency department at all times; physician specialists shall be available in minutes; ancillary services, including laboratory and x-ray, are staffed at all times; and the pharmacy is staffed or "on-call" at all times in accordance with Section 250.710 of the Hospital Licensing Requirements.

D. **"Health care facility"** means a hospital, nursing home, physician's office or other fixed location at which medical and health care services are performed. It does not include "pre-hospital emergency care settings" which utilize EMS personnel to render pre-hospital emergency care prior to the arrival of a transport vehicle, as defined in this Act.

E. "**Hospital**" has the meaning ascribed to that term in the Hospital Licensing Act: "Hospital" means any institution, place, building, buildings on a campus, or agency, public or private, whether organized for profit or not, devoted primarily to the maintenance and operation of facilities for the diagnosis and treatment or care of 2 or more unrelated persons admitted for overnight stay or longer in order to obtain medical, including obstetric, psychiatric and nursing, care of illness, disease, injury, infirmity, or deformity.

F. **Nearest hospital:** The hospital which is closest to the point of patient contact as determined by travel time and which operates a comprehensive emergency department at the minimum level recognized by the System in its Department approved Program Plan.

III. **POLICY**

A. *A person shall not be transported to a facility other than the nearest hospital, regional trauma center or trauma center, Comprehensive Stroke Center, Primary Stroke Center, Acute Stroke-Ready Hospital or Emergent Stroke Ready Hospital unless the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant facility, or the transport is in accordance with the System's protocols for patient choice or refusal* (Section 3.20(c)(5) of the EMS Act).

B. The NWC EMS System supports transport to the nearest appropriate hospital's Comprehensive Emergency Department while respecting a patient's rights to self-determination (autonomy) if they have legal and decisional capacity to request a more distant hospital or an alternative destination facility based on the provisions of the EMS Act and Rules and System policy.

C. A patient judged to lack legal or decisional capacity must be transported to the nearest appropriate hospital's Comprehensive ED unless an authorized decision maker requests a more distant hospital or an alternative destination facility based on the provisions of the EMS Act and Rules and System policy.

D. All hospitals will fully comply with all provisions of the federal Emergency Medical Treatment and Labor Act (EMTALA). See B1 Bypass Policy appendix for an explanation of EMTALA requirements relative to EMS.

IV. **PROCEDURE**

A. Assess and document the patient's alertness, orientation X4, speech, affect, behavior, cognition, memory and insight supporting the conclusion that the patient has or lacks legal and decisional capacity. See the Behavioral Health Emergency SOP (p. 35) for assessments to determine decisional capacity.

B. **A patient with legal and decisional capacity is hemodynamically stable and poses no imminent risk to self or others, or lacks legal or decisional capacity and a lawful agent or surrogate decision maker requests transport to a more distant hospital or alternative destination facility:**

1. Contact the nearest System Resource or Associate hospital over the appropriate radio or phone. Communicate the patient's or decision maker's request to go to a more distant hospital or alternative destination facility.
2. EMS and OLMC personnel must do a risk/benefit analysis. OLMC may affirm or deny the patient's/decision maker's request. They must conclude that based on known foreseeable risks that the medical benefits reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from a longer transport time.
3. The OLMC ECRN must contact the more distant hospital/alternative destination facility in advance to assure that they have space and qualified personnel available to accept and care for the patient. The ECRN shall document this availability on the Communications Log.
4. If OLMC authorizes the request, the EMS agency shall determine if they will complete the transport based on their approved transport destinations and organizational operational needs and limitations. If a municipal agency declines to transport, a private EMS agency that is authorized to provide the level of care required by the patient may be contacted. The originating ambulance must initiate appropriate ALS or BLS care and stay with the patient until the private ambulance arrives and assumes care for the patient. See System Policy (A-1) Abandonment vs. Prudent Use of EMS Personnel.
5. If authorization is given, the OLMC ECRN shall document the determination and transport agency on the EMS Communications Log.

6. If authorization is denied by OLMC, and the patient has decisional capacity, is hemodynamically stable, and poses no imminent risk to self or others, the patient may be transported **AGAINST MEDICAL ADVICE** to the hospital/facility of their choice after they have been fully advised of the risks of refusing transport to the nearest hospital. In this case, a physician shall be present at OLMC and documentation shall fully note the circumstances of the transport decision.

C. Patient requires **specialized services** not available at the nearest hospital, i.e., **burn, hyperbaric oxygenation, replantation; obstetrics**:

1. Contact the nearest System Resource or Associate hospital for OLMC. Communicate the patient's need for specialized services.
2. OLMC must do a risk/benefit determination that based on the information available at the time that the medical benefits reasonably expected from the provision of medical treatment at a more distant hospital outweigh the increased risks to the patient from transport to the more distant hospital.
3. OLMC may refuse to authorize the request to go to the more distant hospital. In that case the patient should be transported to the nearest hospital.
4. OLMC personnel must contact the more distant hospital in advance to assure that they have available space and are willing to accept the patient The ECRN will document patient acceptance on the Communications Log.
5. If the municipal department where the patient is located is unable to transport to the more distant hospital, transport can be completed by another municipal (mutual aid) or private ambulance service. The first responding ambulance crew must initiate appropriate ALS or BLS care and stay with the patient until the transporting ambulance arrives and assumes care for the patient. Refer to System Policy A-1, Abandonment.
6. Private providers are asked to give highest priority to these requests for mutual aid.

D. **Preexisting transport patterns have been established**

1. **Trauma:** Trauma pts should be taken directly to the TC most appropriately equipped and staffed to handle their injuries, as defined by the Region's Trauma Triage Criteria (SOPs). EMS should bypass facilities not designated as appropriate destinations, even if those facilities are closest to the incident (ACS-COT, 2022). See SOP appendix for listing of all TCs in Regions 8, 9, & 10.

   If the pt meets criteria for transport to **ALGH** (Level I), **contact them directly**. If transporting to another Level I TC, call the nearest System Resource or Associate hospital for OLMC. The System hospital shall call report to the receiving hospital.
2. **Stroke Centers:** Follow SOP for transport to Comprehensive or Primary SC.
3. **STEMI centers:** Follow SOP for transport to STEMI centers.

E. **Multiple Patient Incidents:** Patients will be taken to hospitals as their resources allow in accordance with the System's MPI plan. The Hospital Command Center (usually NCH) will provide hospital availability to the transportation officer at the scene who shall determine patient destinations.

F. **Hospitals experiencing resource limitations or on Bypass:** Refer to System Policy B-1

Links:

EMS Administrative Code (Rules)
https://www.ilga.gov/commission/jcar/admincode/077/07700515sections.html
(755 ILCS 40/) Health Care Surrogate Act. https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2111&ChapterID=60
Consent by minors to medical treatment. https://www.team-iha.org/files/non-gated/legal/consent-by-minors.aspx?ext=.

Matthew T. Jordan, M.D., FACEP
EMS Medical Director

Connie J. Mattera, MS, RN, PM
EMS Administrative Director