

Policy Title: PATIENT TRANSPORT/SELECTION OF RECEIVING HOSPITAL

No. T - 2

Board approval: 3/95

Effective: 7/1/10

Supersedes: 9/1/01

Page: 1 of 2

## I. POLICY

State law requires that all patients be transported to the **nearest hospital** unless specific criteria have been met. The NWC EMS System believes that most patients should be transported to the closest appropriate hospital while allowing for a competent patient's right of self-determination. The **nearest hospital** is defined as the hospital which is closest to the scene of the emergency 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.

A patient judged **legally incompetent or non-decisional** to express or withhold consent must be transported to the nearest hospital. Their request for transport to a more distant hospital cannot be honored. Document the patient's actions, behavior, statements and/or physical findings supporting the conclusion that they are non-decisional. See policy R-6 Refusal of Service for tests to determine decisional capacity.

The purpose of this policy is to specify the actions to take when a patient requests, or their condition requires, transport to other than the nearest hospital.

## II. PROCEDURE

All ambulance providers (municipal and private) will transport all patients (ALS and BLS) to the nearest hospital as defined in the EMS Act, unless one of the following situations exists:

### A. A patient with decisional capacity refuses transport to the nearest hospital and requests transport to a more distant facility

1. Contact the nearest System Resource or Associate hospital over the appropriate radio or phone. Communicate the patient's request to go to a more distant hospital.
2. A physician must do a risk/benefit certification that based on the information available at the time that the medical benefits reasonably expected from the provision of appropriate medical treatment at a more distant hospital outweigh the increased risks to the patient from a longer transport time.
3. The physician may confirm or refuse to certify the patient's request to go to the more distant hospital.
4. If the certification is made, the determination shall be recorded and signed by the emergency physician on the System Communications Log at the hospital providing OLMC. If the physician who made the determination is not physically present at the base station console, the ECRN present shall note the physician's name on the Communications log and the physician who made the determination shall co-sign the record as soon thereafter as possible.
5. If the certification is denied, the patient may be transported **AGAINST MEDICAL ADVICE** to the hospital of their choice after the patient has been fully advised of the risks of refusing transport to the nearest hospital.
6. A refusal of service must be executed and documented per the System Refusal Policy irrespective if the physician approved or denied the certification. The EMT/PHRN shall document the risk/benefit certification as approved or denied from the E.D. in the comments section of the electronic patient care report (ePCR).
7. The more distant hospital must be contacted in advance by the OLMC ECRN to assure that they have space and qualified personnel available for treatment of the patient. The ECRN will document this availability on the Communications Log.

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		Page: 2 of 2

8. If a municipal department is unable to transport to the more distant hospital, transport can be completed by a private ambulance service. The originating ambulance must initiate appropriate ALS or BLS care and stay with the patient until the second ambulance arrives and assumes care for the patient. Refer to System Policy A-1, Abandonment vs. Prudent Use of EMS Personnel.
- B. Patient requires **specialized services** not available at the nearest hospital, i.e., **burn, hyperbaric oxygenation, replantation**:
1. Contact the nearest System Resource or Associate hospital over the appropriate radio or phone. Communicate the patient's need for specialized services.
  2. A physician 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. The physician may refuse to certify the request to go to the more distant hospital. In that case the patient should be transported to the nearest hospital.
  4. If the certification is made, the determination shall be recorded and signed by the ED physician on the System Communications Log at the hospital providing OLMC. If the physician who made the determination is not physically present at the base station console, the ECRN shall note the physician's name on the Communications log and the physician who made the determination shall co-sign the record as soon thereafter as possible.
  5. The more distant hospital must be contacted in advance by the ECRN to assure that they have available space and qualified personnel for the treatment of the patient. The ECRN will document the availability on the Communications Log.
  6. If a municipal department is unable to transport to the more distant hospital, transport can be completed by a private ambulance service if time and situation permits. The originating ambulance must initiate appropriate ALS or BLS care and stay with the patient until the second ambulance arrives and assumes care for the patient. Refer to System Policy A-1, Abandonment vs. Prudent Use of EMS Personnel.
  7. Private providers are asked to give highest priority to requests for mutual aid.
- C. **Preexisting transport patterns have been established**
1. **Trauma:** Selection of hospital is determined by Trauma Triage Criteria in the SOPs. If the patient meets the criteria for transport to a System Level I trauma Center, call LGH directly. If transporting to a non-System trauma center, call the nearest System Resource or Associate hospital for OLMC. The System hospital shall call report to the receiving hospital.
  2. **Stroke Centers, STEMI or others as approved:** Follow system policy or SOP.
- D. **Mass casualty Incidents:** Patients will be taken to hospitals as their resources allow in accordance with the System's disaster plan. The Hospital Command Center (usually NCH) will provide hospital availability to the transportation officer at the scene who shall determine patient destinations.
- E. **Hospitals experiencing resource limitations or on Bypass:** Refer to System Policy B-1