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 decisional 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. OLMC personnel must do a risk/benefit analysis 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. OLMC may confirm or refuse to authorize the patient's request to go to the more distant hospital.
4. If authorization is given, the determination shall be recorded on the System Communications Log at the hospital providing OLMC.
5. If the authorization 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. In this case, a physician shall be present at OLMC.
6. A refusal of service must be executed and documented per the System Refusal Policy EMS personnel shall document the risk/benefit analysis as approved or denied by OLMC in the comments section of the electronic PCR.
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.
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 hospital over the appropriate radio or phone. 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. If authorization is given, the determination shall be recorded on the System Communications Log at the hospital providing OLMC.
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.
7. Private providers are asked to give highest priority to these requests for mutual aid.

C. **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, 2014). See SOP appendix for listing of all TCs in Regions 8, 9, & 10.

   If local agency concerns oppose using these triage & transport criteria, EMS personnel should contact OLMC for orders.

   If patient meets Level I criteria & is >30 min from a Level I: may go to closest Level II for stabilization

   If meets Level I or II criteria & is >30 min from a TC: may go to closest non-TC for stabilization or assess need for helicopter.

   If the patient meets criteria for transport to a **LGH** (Level I), **contact them directly**. If transporting to any other Level I 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:** Follow SOP for transport decision tree to Comprehensive or Primary Stroke Center.

D. **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.

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