

Appendix H

AMBULANCE PATIENT DESTINATION POLICY

SCOPE: This policy pertains to licensed EMS agencies providing Basic and Advanced Life Support and specialized ambulance transportation. The policy does not apply to inter-hospital transportation.

PURPOSE: To provide for a defined, consistent policy for the destination of ambulance patients consistent with quality patient care and regional medical protocol.

POLICY ELEMENTS:

1. All ambulance patients (resulting from 911-initiated or other emergency requests for assistance which result in transport) will normally be transported to the closest appropriate hospital emergency department unless redirected by the Medical Control Physician as described in the Tidewater Regional Ambulance Diversion Policy. The "closest appropriate hospital" is defined as the hospital closest to the location of the patient that can provide the level of care needed by the patient. The "Medical Control Physician" is defined as the attending emergency department physician at the hospital closest to the location of the patient. **911 initiated requests for assistance which result in patient transports** by emergency medical services (EMS) personnel are to be transported to hospital-based emergency departments only or freestanding 24-hour emergency department that meet the requirements adopted by the Operational Medical Directors Committee defined by element 3.
2. Stable patients may be transported to the patient's hospital (in case of military agencies this may include branch clinics or equivalent as determined by the Medical Control Physician) of choice if allowed by local EMS agency policies and available resources, or as directed by Medical Control Physician.
3. Patients may be transported to a free standing ED, provided that the free standing facility meets the following criteria:
 - a. Provides 24 hour operations
 - b. Staffed with ABEM / AMBO Board Certified Emergency Medical Physicians
 - c. On site Pharmacy
 - d. On site advanced imaging capabilities
 - e. On site laboratory
 - f. Ability to provide up to 23 hour observation of patients
 - g. Identify what ambulance staffing and equipment requirements exist and may be required for interfacility transfer of critical care patients (specialty care transport) and that there should be written plans for patient transfer to another hospital.
4. Patients that meet certain criteria as severe trauma patients, as defined in the Tidewater Regional Trauma Triage Plan, will normally be transported directly to a Level 1 or Level II Trauma Center unless redirected by the Medical Control Physician as defined in the trauma triage plan.
5. All other critical patients will be transported to the closest appropriate hospital. Critical patients are defined in the Tidewater Regional Ambulance Diversion Policy.

6. Individual EMS agencies are responsible for determining operational policies related to the most effective ambulance deployment and utilization patterns. This may include policy allowing transport of stable patients to hospitals of the patient's choice.
7. In mass casualty incident (MCI) situations, the current Tidewater Management Plan for Mass Casualty Incidents will be employed regarding patient transports. During an MCI, routine ambulance-to-hospital communication procedures are suspended. The transportation unit leader or designee will communicate patient information to the designated Lead Hospital. The Lead Hospital will relay information to receiving hospitals as appropriate. Patient distribution will be a decision of the transportation unit leader in concert with available hospital and transportation resources.
8. Other policies and protocols related to patient transport and ambulance-to-hospital communications are defined in the Tidewater Regional Medical Protocols, current edition.

Approved by the Operational Medical Directors Committee, October 12, 1999, Revised January 11, 2006
Amended September 24, 2007

Appendix H (Addendum)

AMBULANCE PATIENT DESTINATION POLICY

Criteria for Maternal Transport

The Operational Medical Directors developed criteria to be used when transporting high-risk OB patients. Patients will by-pass Sentara Leigh and Sentara Bayside Hospitals. They will be transported to either Sentara Virginia Beach General or Sentara Norfolk General Hospital. The exception will be if the patient is directed by her individual obstetrician to go to a specific Sentara hospital. Patients will by-pass Sentara Leigh and Sentara Bayside for the following criteria:

☐ No prenatal care ☐ Pre-term Labor - Gestational age 20-34 weeks ☐ Premature rupture of membranes (with or without labor) - Gestational age 20-34 weeks ☐ Major medical conditions (pre-eclampsia, diabetes, etc.) with gestational age 20-34 weeks ☐ Mild/Moderate vaginal bleeding at gestational age 20-34 weeks

In cases of imminent delivery, the patient should be rapidly transported to the closest facility with obstetrical capabilities. Medical control continues to serve as a resource in cases of uncertainty.

Approved by the Operational Medical Directors Committee, June 21, 2000