

SECTION: G-03

TITLE: Hospital Destination Protocol

REVISED: November 1, 2018

Patient destination shall be based on the following:

- **Acute Care Facilities.** Generally, emergency ambulance transport shall only be provided to acute care facilities accredited by the Joint Commission (formerly JCAHO). In rare instances, transport may be provided to a private physician's office or clinic at the request of a private physician **WITH THE PERMISSION OF THE ON-DUTY SUPERVISOR, AND THE ON-LINE MEDICAL CONTROL PHYSICIAN.**
 - This does not include **prearranged non-emergency** transports at the order of a physician
- **Informed Patient Preference** shall take precedence over all other sections of the destination protocol. If the attending EMS provider makes contact with the patient's private physician, an expressed hospital preference should be honored in absence of a specific patient request.
- **Closest Appropriate Facility.** If no patient or physician preference is expressed, the medical problem is not emergent and not specifically otherwise covered in these protocols, and patients should be transported to the closest appropriate facility.
- **Facilities Outside Ada County.** Request for transportation to a facility outside of Ada County must be approved by the on-duty supervisor. St. Lukes-Nampa, St. Alphonsus ER-Garrity, St. Alphonsus Nampa, and West Valley Medical Center will be the only out-of-county hospitals authorized for patient transport.
- **Trauma Patients.** Priority 1 and 2 trauma patients shall be transported to Saint Alphonsus Regional Medical Center unless instructed otherwise by the on-line Medical Control.

The receiving hospital shall be notified as soon as possible in these situations to ensure rapid notification of appropriate resources.

Priority 3 trauma patients do not mandate transfer to the trauma center; however, the clinical judgment of the medic is essential to ensure proper triage of patients to an appropriate receiving center.

See Appendix 16 for Trauma Priority Criteria for Field Providers

- **Pediatric Drowning/Submersion.** Patients 12 and under who would otherwise meet Priority 1 or 2 trauma criteria because of the drowning/submersion, yet **DO NOT** have evidence or concerning history for trauma shall preferentially be taken to St. Luke's Regional Medical Center - Boise. This would include post-arrest, intubated, unresponsive, hypotensive

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for age ($<70 + 2 \times \text{age}$), or GCS <13 WITHOUT evidence or history concerning for trauma.

- **Suspected Acute Coronary Syndrome/STEMI** (cardiac chest pain, etc):

A patient with chest discomfort relieved by NTG, without other symptoms, and without EKG changes shall follow the standard destination protocol. Patients with ACS/STEMI should be transported to receiving facility with 24-hour cardiac cath lab capabilities. These currently include:

- St. Luke's Regional Medical Center-Boise
- St. Luke's Meridian Medical Center
- Saint Alphonsus Regional Medical Center-Boise
- Saint Alphonsus Nampa-Garrity

- **Suspected Stroke/Brain Attack:**

- Undifferentiated strokes with an onset of **less than 4 hours** from "last seen normal" should be transported to the *closest* receiving facility **except:**

- VAMC

- Undifferentiated strokes with an onset of **between 4 and 24 hours** from "last seen normal" should be transported to the *closest* receiving facility **except.**

- VAMC

- Saint Alphonsus Neighborhood Hospital (formerly known as Mercy Hospital).

- **Inter-facility Transport:** 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.

- **Pregnant Patients:**

- A pregnant woman who **has received pre-natal care** and has an established physician may be transported to the hospital of choice
- A pregnant woman who has a history of **high-risk pregnancies** **should be transported facilities with NICU capability.**

- The current NICU facilities in the ACCESS response area are: SARMC, SLRMC, SLMMC, SLNMC (Nampa), and Saint Alphonsus - Garrity.
- Complicated or imminent deliveries from home, medical facility or birthing center will be transported to the closest *appropriate* facility
- **Mass Casualty Incident:** In the event of a Mass Casualty Incident (MCI), the 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. 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.

This protocol shall not relieve Ada County City Emergency Services System (*ACCESS*) personnel of the responsibility to determine the patient's destination preference. Where question exists concerning the appropriate patient destination, Medical Control shall be consulted. **ACCESS personnel have the option to transport patients with immediate life-threatening conditions to the closest appropriate facility.**

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