



# Appendix H: Ambulance Patient Destination Policy

## Notes



## 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.

Transporting Adult and Pediatric Trauma Patients: SNGH and CHKD Trauma Directors have agreed to the following protocol for situations which involve both adult and pediatric patients who are related, most likely a child/parent relationship.

- a. Both adult and child are determined to be trauma patients and traveling in separate ambulances
  - Transport of adult to SNGH Trauma Center
  - Transport of child to CHKD Trauma Center



## Appendix H: Ambulance Patient Destination Policy

- b. Child is determined to be trauma patient but adult/parent does not meet criteria as a trauma patient, but may have some injuries and requests to remain with their child;
    - Transport child to CHKD Trauma Center
    - Transport adult, with the child, to CHKD for assessment as any adult who may present to the ED.
  - c. Adult/parent is determined to be trauma patient but child does not meet criteria as trauma patient;
    - Transport adult to SNGH Trauma Center
    - Transport child, with adult, to SNGH for assessment
2. All other critical patients will be transported to the closest appropriate hospital. Critical patients are defined in Appendix G Tidewater Regional Hospital Closure Policy.
  3. 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.
  4. 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.
  5. 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, Revised April 21, 2021

Approved by the Operational Medical Directors Committee, May 2021