

SECTION: G-03

TITLE: Hospital Destination Protocol

REVISED: August 14, 2023

Patient destination shall be based on the following:

- **Acute Care Facilities:** Generally, emergency ambulance transport shall only be provided to acute care facilities (i.e., Emergency Departments) accredited by the Joint Commission (formerly JCAHO).
 - In rare instances (such as crisis standards of care), transport may be to an approved alternate medical facility either by pre-established protocol or **WITH THE PERMISSION OF THE ON-DUTY SUPERVISOR, AND THE ON-LINE MEDICAL CONTROL PHYSICIAN.** Providers must confirm acceptance of the patient with the receiving facility prior to initiating transport.
 - This does not include **prearranged non-emergency** transports at the order of a physician.
- **Alternative Destination Exceptions**
 - Community Paramedics have specific guidelines, criteria, and resources not covered in these guidelines (ex. PET Program), and therefore may select an alternative destination based on those situations in programs/protocols approved by their medical director.
 - Intimate Partner Violence, Sexual Assault and Strangulation:
 - Patients meeting specific criteria described in protocol T-06 (*Intimate Partner and Sexual Violence*) may be transported to the FACES of HOPE Victim Center *after appropriate screening and assessment.*
 - *Mass gathering, Pandemic, disaster, and other public health circumstances.*
 - *Alternative destinations/treat and release as approved by medical directors or other designated authority after appropriate screening and assessment.*
- **Informed Patient Preference:** shall take precedence over all other sections of the destination protocol. If the attending EMS provider contacts 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, or the medical problem is not emergent and not specifically otherwise covered in these protocols; patients should be transported to the closest appropriate facility.

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- **Facilities Outside Ada County:** St. Luke's-Nampa, St. Alphonsus - Garrity, Saint Alphonsus Medical Center - Nampa / 12th Avenue Hospital, and West Valley Medical Center will be the only out-of-county hospitals authorized for patient transport.
- **Trauma Patients:** ACCESS personnel shall utilize the trauma triage and priority guidelines in *Appendix 16 Trauma Priority Patients* to determine the most appropriate facility for trauma patients.

PRIORITY 1:

- **ADULT (15 years of age and older)** Priority 1 trauma patients shall be transported to Saint Alphonsus Regional Medical Center.
- **PEDIATRIC (14 years of age and younger)** Priority 1 trauma patients shall be transported to Saint Luke's Regional Medical Center (Saint Luke's Boise)

PRIORITY 2:

- **ADULT (15 years of age and older)** Priority 2 trauma patients shall be transported to Saint Alphonsus Regional Medical or Saint Alphonsus Garrity Medical Center.
- **PEDIATRIC (14 years of age and younger)** Priority 2 trauma patients shall be transported to Saint Luke's Regional Medical Center (Saint Luke's Boise)

Minor Trauma/Non-Priority Patients

- Adult and pediatric patients who suffer minor injuries or who do not fall under the trauma priority guidelines do not mandate transfer to a trauma center; however, the clinical judgment of the paramedic is essential to ensure proper triage of patients to an appropriate receiving center.

The receiving hospital shall be notified as soon as possible in these situations to ensure rapid notification of appropriate resources. The hospital destination may be modified as needed by medical control.

- **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 a receiving facility with ICU and 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
- **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 Medical Center - Nampa / 12th Avenue Hospital.
 - Saint Alphonsus – Eagle Health Plaza
- **Pediatric Patients:** Pediatric patients (**14 years of age and younger**) who meet certain criteria should preferentially be taken to Saint Luke’s Regional Medical Center (Saint Luke’s Boise). These conditions include
 - **Any suspected Time Sensitive Emergency (TSE) as defined Appendix 16: TSE and Code Critical Criteria (STEMI, STROKE, or Code Critical)**
 - **Pediatric trauma patients shall be transported as described previously in these guidelines.**
 - **Pediatric Drowning/Submersion:** Pediatric drowning/submersion is defined as any submersion or immersion incident with evidence of respiratory impairment (aspiration). Any submersion or immersion incident without evidence of respiratory impairment (aspiration) should be considered a water rescue and not drowning.
- **Carbon Monoxide Toxicity:** Carbon Monoxide exposures that involve trauma (i.e., Burns) should be transported in accordance trauma destination guidelines. Carbon Monoxide toxicity without trauma should be to the closest appropriate facility.

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- **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 prenatal 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 to 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 facilities, or birthing centers 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 the patient hospital destination.
- **Patients on hospital grounds:** Occasionally patients may be found either on or immediately adjacent to hospital premises, particularly patients who have recently left the Emergency Department either AMA or prior to physician screening. Unless the patient meets certain criteria outlined previously (i.e., TSE or pediatric criteria), the patient should be returned to the emergency department of the facility they just departed.

This protocol shall not relieve Ada County City Emergency Services System (ACCESS) personnel of the responsibility to determine the patient's destination preference.

- 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.

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- 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.
- Where a question exists concerning the appropriate patient destination, Medical Control should be consulted.

ACCESS personnel have the option to transport patients with immediately life-threatening conditions to the closest appropriate facility based on clinical judgement.

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