

Subject: Destination Determination Policy

Associated Policies

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**Destination Determination Policy**

<b>I. Purpose</b>
To establish guidelines for the transportation of patients by ambulance from the scene of a medical emergency to the most appropriate facility.
<b>II. Definitions</b>
<p>A. <b>Most Accessible Receiving Facility (MAR):</b> A facility capable of providing definitive care and/or resuscitative care for the patient’s condition. The MAR may not be the closest facility geographically. Transport personnel shall take into consideration traffic, weather conditions, or other factors that may influence transport time to the most accessible facility.</p> <p>B. <b>Patient Preference:</b> Transport to a particular hospital, other than the MAR, at the request of the patient or patient representative.</p> <p>C. <b>Speciality Care Facility:</b> A facility that provides specialized care (i.e., STEMI, Trauma Centers).</p> <p>D. <b>Destination Restriction:</b> A facility that has a temporary or limited service disruption that may delay patient assessment and care. (i.e., CT failure or an internal facility disaster that does not affect the entire facility).</p> <p>E. <b>Facility Diversion:</b> The closure of a facility to receiving ambulance patients. Complete facility diversion is ONLY allowed due to a catastrophic facility internal disaster that prevents the facility from providing adequate patient care.</p> <p>F. <b>Patient Preference Advisory</b> – A notification to transporting providers placed by a facility when that facility is impacted to such an extent that patients may face excessive wait times prior to receiving care in an effort to discourage Patient Preference.</p>
<b>III. Policy</b>
<p>A. A medically unstable patient will go to the closest facility regardless of their bypass status when the patient has an immediately life-threatening condition. This would include conditions such as obstructed airway, uncontrollable hemorrhage, cardiopulmonary arrest, etc., which cannot be relieved or stabilized in the field.</p> <p>B. Trauma patients are transported per Policy #7000.</p> <p>C. STEMI patients are transported per Policy #6549.</p> <p>D. In the event of Multi-Casualty Patient (MCI), exceptions to the above criteria will be made per the MCI policy # 6020. to distribute patients across the system.</p>
<b>IV. Procedure – Prehospital Personnel</b>
<p>A. Prehospital personnel shall assess a patient to determine whether the patient is stable or unstable.</p> <p>B. Patients meeting trauma criteria should be treated and transported according to Policy # 7000.</p> <p>C. Patients meeting STEMI criteria should be treated and transported according to Policy # 6549.</p> <p>D. Obstetric patients greater than 20 weeks should be transport to a hospital with in-patient obstetrical services when it appears patient is in labor or whose chief complaint appears to be pregnancy related. (i.e., abdominal pain in pregnancy, vaginal bleeding, preeclampsia symptoms, etc.). If precipitous delivery is imminent patient should be transported to the closest facility.</p>

- E. Obstetric patients meeting trauma triage criteria will be transported to a trauma center per Policy # 7000.
- F. The prehospital provider with the patient will make the final decision as to speed of transport and destination. The base hospital can make recommendations but cannot bypass an ambulance unless the paramedic in attendance agrees to the bypass.
- G. Should a patient request transport to a facility other than the MAR and that facility is on Destination Restriction, the paramedic will notify the patient that the facility either does not have the services they may require or that there is a high likelihood that their care could be delayed. A destination restriction does not mean the hospital ED is closed to ambulances.
- H. Should a patient request transport to a facility other than the MAR who is on Patient Preference Advisory, the paramedic will notify the patient that the facility they are requesting is severely impacted and there is a high likelihood that their care could be delayed. A Patient Preference Advisory does not mean the hospital ED is closed to ambulances.
- I. If the patient's condition is unstable and the hospital requesting diversion is the closest appropriate hospital, ambulance service personnel should notify the hospital of the patient's condition and to expect the patient's arrival.
- J. This procedure should also be followed when a patient demands transport to a facility on destination restriction.
- K. A hospital declaring a destination restriction status for EMS patients is simply a request for EMS to consider an alternate hospital destination. The hospital may not refuse care for a patient presented to their facility and is subject to EMTALA rules and regulations.
- L. A patient's transport destination decision should be honored regardless of the hospital status unless the hospital is on complete diversion due to an internal disaster however, no patient transport destination request should unduly remove the transport agency out of their response area for an extended period of time.

#### **V. Procedure – Facility**

Hospital destination decisions for EMS patients shall be prioritized based on the following:

- A. Patient medical need:
  1. A patient who is unstable/unmanageable in the field will be transported to the closest MAR.
  2. Patients meeting trauma or STEMI criteria, or when there is a high index of suspicion that a patient meets such criteria, shall be transported to the most appropriate Specialty Care facility with trauma or STEMI services.
  3. Patient preference. Patient's requesting transport to a hospital on Destination Restriction or Patient Preference Advisory cannot be refused transport to their hospital of request (see IV, H, I, and J above)
  4. Patients without a preference who require no specialty care shall be transported to the MAR.
- B. Hospitals who have requested a temporary Patient Preference Advisory for preference patients are required to have a mechanism in place to notify surrounding hospitals of their request and ambulance providers of their request. The request will also include a time for resolution not to exceed 6 hours, which can be renewed as necessary.
- C. Hospitals bypassing patients that may need resources not available at the MAR (i.e., orthopedic that requires surgical repair [open fractures, hip fractures] or neurosurgical services) should only bypass those patients who require immediate need of those services. It is the responsibility of the bypassing hospital to ensure that those services are available at the receiving hospital prior to the bypass.

#### **VI. Documentation**

- A. Any patient requesting transport to a facility other than that recommended by the paramedic, should be asked to sign an Against Medical Advice (AMA).

- B. Efforts to persuade the patient to follow the paramedic recommendation should be documented in the ePCR narrative by the transporting prehospital personnel.
- C. Patients transported to a Speciality Care facility will be documented in the ePCR under Destination determination. (i.e., STEMI Center, Trauma Center)

**VII. Associated Policies**

Policy # 7000  
 Policy # 6569  
 Policy # 6020

Approved By EMS Director	<b>Larry Karsteadt</b> (Signature on File at EMS Agency)	Revision
EMS Medical Director	<b>Matthew Karp, MD</b> (Signature on File at EMS Agency)	<b>11/09/2022</b>