

	<p style="text-align: center;">SOUTHERN FOX VALLEY EMERGENCY MEDICAL SERVICES SYSTEM POLICY &amp; PROCEDURES</p>				
<p>TITLE:     TRANSPORTATION TO APPROPRIATE HOSPITAL</p>					
<p>SECTION: GENERAL POLICIES</p>			<p>POLICY NUMBER: D-10.0</p>		
<p>APPROVED BY: DR. ARTHUR PROUST EMS MEDICAL DIRECTOR</p>					
<p>EFFECTIVE DATE:   02/09/2018</p>				<p>PAGE NUMBER: 1 OF 2</p>	

**PURPOSE:**

To determine the appropriate destination a patient will be transported by a pre-hospital EMS unit (ambulance).

**POLICY:**

1. This applies to all EMS vehicles and personnel in the Southern Fox Valley Emergency Medical Services System.
2. The EMT in charge at the scene will determine patient transportation in compliance with Southern Fox Valley Emergency Medical Services System guidelines and local ordinances.
3. Patients with decisional capacity may be transported to the hospital of their choice.
  - a. The severity of the patient's condition warrants transport to the nearest facility or the decision to change destination en-route is ultimately the responsibility of the EMS Medical Director or qualified designee and is based on the patient's "Chief Complaint" and overall condition.
  - b. Time and distance factors which might affect the patient's outcome.
  - c. Local ordinances concerning municipal ambulance services.
4. All patients should be advised to be transported to the closest, appropriate facility (ie STEMI, Stroke, Trauma).
5. For patients who present with low acuity medical conditions, IDPH allows these patients to be transported to an alternate healthcare facility other than transport to an Emergency Department. These facilities may include licensed mental/behavioral health care facilities, licensed drug treatment center, or licensed urgent care center. Southern Fox Valley EMS System is currently exploring these destination options.

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6. If the requested hospital is not the closest, Medical Control must be contacted prior to leaving the scene.
  - a. The patient has the ability to refuse medical control decision if they are determined to have decisional capacity.
    - i. If the patient's condition changes or no longer meets decisional capacity then the provider should transport to closest facility.
  - b. The patient must sign the waiver of medical liability that is found on the Southern Fox Valley Emergency Medical Services System refusal form (or electronic form) and this must be documented in the Electronic Health Record (EHR).
7. Short ETA's may require abridgement of protocols. The controlling physician should be advised of this action as soon as possible.
8. Judgments made in the transportation of trauma victims will be in compliance with the SFVEMSS SOPs.
9. There may be circumstances when the benefits of appropriate medical treatment at a more distant hospital outweigh the increased risks to the patient from the extended transport. The more distant hospital may also have available space, diagnostic facilities, and qualified personnel for the treatment of the patient. In these cases, it may be appropriate for the EMS Medical Director or designee to divert a patient to the more distant hospital where such services are available.
10. Situations involving hospital overcrowding may dictate diversion of non-critical patients; however, at no time will a patient with a life-threatening emergency be diverted.
  - a. Diversion may not be honored if three or more hospitals are on bypass status and transport time to the nearest facility exceeds 15 minutes.
  - b. Also refer to the Region IX Inter-system/Inter-Region Transport bypass/diversion policy.

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