



**North Country  
Regional Emergency Medical Advisory  
Committee**

**Policy Statement**

*Serving: St. Lawrence, Jefferson, and Lewis Counties*

No. 17-13

Date: 4/3/17

Re: Hospital Destination

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Supersedes:

**Purpose:**

To provide guidance for providers on hospital destinations to ensure patients are transported to the most appropriate facility.

**Background:**

New York State Department of Health Bureau of Emergency Medical Services and Trauma policy statement 06-01 states the following:

The triage and transport of out of hospital patients must be based upon established principles of emergency medical practice, including pre-established state and regional medical protocols and guidelines. For any given patient, the appropriateness of the receiving facility to provide emergency care is a medical decision. Therefore, the direction or redirection of a transporting vehicle cannot be made without medical approval based upon established Regional Emergency Medical Services System protocols

Based on the mechanism of injury, assessment findings, treatment, state and local protocol, a patient, in need of emergency medical care must be taken to the nearest appropriate health care facility capable of treating the illness, disability or injury of the patient.

Trauma- If the patient meets any one of the criteria delineated in the protocols, they must be transported to a regional trauma center

Stroke- Transport the patient to the closest New York State Department of Health designated Stroke Center if the total prehospital time is less than two hours.<sup>i</sup>

**Policy:**

1. NCEMS REMAC and Program Agency will work with regional article 28 facilities to maintain a list of current capabilities.
  - a. Regional EMS Services will be notified of changes when possible.
  - b. Any service not offered “24/7” should be verified prior to departure from scene.
2. All level of providers should evaluate the capabilities of the receiving facility(s) based off the patients’ condition, and consider transport to a facility capable of definitive treatment.
  - a. Patients meeting trauma criteria MUST be transport to a NYS designated Trauma Center.<sup>ii</sup>
  - b. Suspected Stoke patient refer to NCEMS Policy Statement 17-07
  - c. Patients with significant bleeding, traumatic or non-traumatic should be transported to facilities capable of “massive transfusion” AND have 24/7 surgical availability.

- d. Patients with End Stage Renal Disease who receive dialysis whose complaint is respiratory in nature should be transported to facilities capable of dialysis.
  - e. Patients with psychiatric complaints who pose no immediate or presumed threat to airway breathing or circulation should be transported to facilities with inpatient mental health capabilities.
  - f. Patients with orthopedic injuries should be transported to facilities with orthopedic surgeons available.
  - g. Patients who present in active labor should be taken to facilities who have OB/GYN services available.
3. Patients demanding to be transported to a specific facility must be advised of the risks if that facility is not appropriate. If they continue to demand a specific inappropriate facility that request must be accommodated.
  4. Decisions to bypass a closer facility must be documented as to the services available or not available.
  5. If unsure of facility capability it is advisable to contact that facility.
  6. Utilization of medical control should be considered as needed.

#### References:

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1. "Department of Health." *Emergency Patient Destinations and Hospital Diversion*. N.p., 11 Jan. 2006. Web. 28 Mar. 2017.
  2. New York State Department Of Health. Bureau Of Emergency Medical Services. "NYS Basic Life Support Protocols." *New York State Department of Health Bureau of Emergency Medical Services Statewide Pre-Hospital Treatment Protocols Version 16.01* (n.d.): n. pag. *New York State Dept. Of Health*. 22 Dec. 2016. Web. 28 Mar. 2017.