

POLICY:	200.14 TRANSPORT TO OTHER THAN THE CLOSEST, MOST APPROPRIATE HOSPITAL		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
EFFECTIVE DATE: 2/15/2024			ORIGINAL EFFECTIVE DATE: 08/16
DEPARTMENT SPECIFIC		EMERGENCY MEDICAL SERVICES	

I. Purpose:

To comply with the Rules of the Department requiring System protocol for the transport of persons to a hospital other than the closest, most appropriate hospital.

II. Policy:

All persons should be transported to the closest, most appropriate hospital unless the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant facility, or the transport is in accordance with the System's protocols for patient choice or refusal.

A. In the following time-sensitive emergency situations, the patient should be transported to the closet most appropriate hospital capable of providing the most appropriate care:

1. Adult/Pediatric-Burns
2. Adult/Pediatric-Trauma
3. Cancer
4. Children with Special Healthcare Needs
5. Neurosurgical Intervention
6. STEMI
7. Stroke
8. Transplant
9. VAD/LVAD
10. Vascular Intervention
11. Psychiatric Emergencies

III. Procedure:

A. The pre-hospital provider will establish contact with Morris Hospital Emergency Medical Services (EMS) System Medical Control and identify the closest, most appropriate hospital and estimated time of arrival (ETA) and the patient's requested/desired hospital and ETA.

B. Based on the information available at the time, the approved base station emergency department physician or licensed Emergency Communications Register Nurse (ECRN) will approve or disapprove the transport to the more distant facility.

C. If the requested, more distant facility is not approved by the approved base station emergency department physician or licensed ECRN and the patient is competent, a refusal must be signed and then transport to the more distant hospital can take place. The pre-hospital provider must document the refusal.

- D. If an EMS provider is asked by an ECRN if they are comfortable with a bypass, this is an opportunity for the provider to say “no”. In instances where either the provider is not comfortable with the longer transport, or the hospital will not grant the bypass, the patient can still go to the hospital of their choice by signing a refusal against medical advice.

Approval:

James Kirchner **Date**
Vice President of Professional Services

Kathleen Geiger MSN, RN **Date**
Manager of EMS & Emergency Management