

VVEMS Medical Direction Policy on Transport Destination

When ambulances are requested for a transport to a healthcare facility from the community, a private residence, doctors' offices and/or nursing homes they are to be transported to the closest, most clinically-appropriate facility.

Specific examples would include: Acute cerebral vascular accident (CVA), psychiatric patients, cardiology patients, and multi-trauma patients have specific destinations that were named under the 2006 revision of the VVEMS transport guidelines. (Lang, 2006)

In cases when transport times are roughly equivalent, then considerations should be made on the destination facility based on the receiving facility's patient load or capacity, medical direction preference, and/or patient preference. Patient preference alone may not be sufficient reason to justify transport to a facility farther away than the closest most clinically-appropriate facility.

The goals of all EMS transports are to ensure the highest quality and safest patient care is being delivered while using public resources wisely, i.e. to minimize diversion of limited transport resources away from the community for extended periods of time. This philosophy will serve both patient and physicians' goals with an understanding that patient safety is the most important of these goals.

There may occur that reasonable circumstances in which a patient is best served by transport to a facility other than the closest. State EMS laws allow for these transports, but such transports shall occur subject to both online and administrative medical direction to govern these transport variances.

Under those limited circumstances in which patients may be transported to a facility other than the closest, the following criteria must be met:

1. Patient has been given informed consent to transfer and is aware that they are going to a facility farther away than the closest most appropriate facility.
2. The online medical direction physician (may be via nurse intermediary) has consented to the transport
3. If the transport is from a healthcare facility, both the sending and receiving physicians have consented to the transport and informed the patient of the risk/benefits of the transport to include most appropriate mode, i.e. ground vs. air transport.
4. The EMS crews on scene have determined the patient has been stabilized and is safe for transport to the more distant facility.
5. The EMS agency making the transport has sufficient personnel and resources to initiate the transport without delay or taking community transport resources without the ability to "backfill" the ambulance being sent on the transport.

If any of the above criteria is not met, then the patient should be taken to the closest appropriate facility.

References:

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William Anderson, Section Chief, Enforcement of Necessity, Bureau of Emergency
Medical Services and Trauma System, Arizona Department of Health Services

Bently Bobrow, MD, Medical Director, Bureau of Emergency Medical Services and
Trauma System, Arizona Department of Health Services

Lang, T.E. (2006) VVEMS Transport Guidelines [Policy]. Verde Valley Medical Center
Pre-hospital Care Guidelines. Appendices included: VVEMS Trauma Patient
Identification and Field Triage Decision Tree, EMS Field Treatment/Triage
Policy, Cardiac Transport Guidelines, Medical Transport Guidelines and Ground
VS. Air Transport Guidelines

