

Section: Patient Transport  
Subject: HOSPITAL DESTINATION  
Section #: 301.01  
Issue Date: March 21, 2011  
Revision Date: December 1, 2017  
Approved By:

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1. IN-COUNTY TRANSPORT DESTINATIONS

- a. Within Hillsborough County, patients shall be transported to the hospital of their choice unless otherwise directed by the Medic-1 Physician, Hillsborough County Uniform Trauma Transport Protocol, or HCFR disease-specific transport policy.
  - i. For the purposes of this policy, Lakeland Regional Medical Center, Manatee Memorial Hospital, Florida Hospital Wesley Chapel, Florida Hospital Zephyrhills, Trinity Medical Center and Mease Countryside Hospital may be treated as in-county hospitals.
- b. The closest appropriate receiving facility shall be used for patients who do not or cannot indicate a choice.

2. OUT-OF-COUNTY TRANSPORT DESTINATIONS

- a. Out-of-County/Nearest Facility
  - i. If the patient requests an out-of-county hospital, AND it is the *nearest appropriate* receiving facility, paramedics may transport to that facility without further authorization.
- b. Out-of-County
  - i. If the patient requests an out-of-county hospital, AND that facility is in a county that is contiguous with Hillsborough County, paramedics may transport to that facility but shall notify the appropriate Battalion Chief prior to leaving Hillsborough County.
  - ii. If the patient request transport to a facility beyond a contiguous county, the lead paramedic shall contact the on-duty Shift Commander for approval.
  - iii. When transporting a patient to a county other than Hillsborough, Pasco, Pinellas, Polk, or Manatee, mileage shall be recorded for the distance to the receiving facility plus the distance back to the Hillsborough County line.

3. TRANSPORT TO A HOSPITAL ON BYPASS

- a. Patient or legally authorized representative (LAR) is able to provide informed consent:
  - i. If an alert and fully oriented patient or their LAR requests transport to a hospital that has notified HCFR that they are on a "bypass status", inform the patient that they may experience a delay in their care and recommend the next closest appropriate facility.
  - ii. Should the patient insist on transport to the facility that is on bypass honor the patient's wishes, and have the patient, or LAR, read and sign an HCFR "Requested Hospital on Bypass" form.
  - iii. Upon arrival at the hospital on bypass, notify the staff that the patient had requested their facility and had signed an informed consent.
  - iv. An HCFR crew will not supersede the wishes of a patient who is competent to make such a decision, or their LAR except in a life threatening situation or on the express order of the Medic-1 Physician.
- b. Neither patient nor LAR is able to provide informed consent:
  - i. The lead paramedic shall take the patient to the closest appropriate facility.

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- c. Unstable patient:
- If the closest appropriate hospital is on bypass for the type of condition the patient is suspected of experiencing, the lead paramedic shall make the decision as to whether the patient will tolerate transport to the next closest appropriate facility.
  - If it is determined that it is not in the patient's best interest to drive past a facility which is on bypass, the patient shall be transported to the closer facility to allow the medical staff to stabilize the patient.
  - The lead paramedic's decision making shall be clearly documented in the patient record and communicated to the staff at the facility on bypass status.

**4. TRANSPORT TO A FREE STANDING EMERGENCY DEPARTMENT (FSED)**

- Patients who are experiencing a minor injury or illness may be transported to a FSED if they request to go there.
  - These types of patients are normally not admitted to the hospital following an ER evaluation. Examples include but are not limited to:
    - Minor Medical: uncomplicated medical symptoms such as flu-like symptoms, sore throat, respiratory infection, rashes, fever, urinary symptoms, and uncomplicated nosebleeds.
    - Minor Trauma: uncomplicated musculoskeletal injuries, including bruises, lacerations, sprains, back pain and non-displaced, closed suspected fractures or dislocations.
    - Behavioral health or emotional complaint patients who do not meet Baker Act criteria: anxiety, panic attack, depression.
    - Spinal motion restricted patients who are stable and lack significant mechanism of injury
- Patients who are experiencing signs and symptoms which historically ended up in an operating room or admission to a hospital are NOT candidates for transport to a FSED under normal circumstances.
  - The following types of patients are NOT candidates for transport to a FSED under normal circumstances:
    - Critical patients with unstable vital signs, altered levels of consciousness, or other potentially life threatening conditions
    - Cardiac Arrest patients
    - Patients meeting Trauma Alert or Elder Gray criteria
    - STEMI Alert or any patients with chest pain of suspected cardiac origin
    - Patients with difficulty in breathing who do not respond to treatment or who are receiving CPAP therapy
    - Stroke Alert patients
    - Patients who may require neuro-surgical services
    - Pregnant patients at greater than 20 week's gestation with a pregnancy related complaint.
    - Patients with angulated and/or open fractures – they will need an operating room.
    - Patients requiring soft restraints or chemical sedation.
    - Patients with abdominal pain age 65 and over

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- c. Notwithstanding the statements above, if the patient's airway is not maintainable with EMS advanced or basic airway management techniques and the FSED is the closest ED facility, it shall be appropriate in that circumstance to transport a patient meeting the exception criteria above to an FSED
- d. As with any patient, if there is uncertainty on the treatment plan or appropriate receiving facility, please contact the Medic 1 physician for guidance.
- e. The transport destination shall ultimately remain the patient's choice in non-trauma alert type situations. Consider communication with the patient as noted in the QA Points of this protocol when the patient requests transport to a FSED for a condition listed as an exception.

**5. TRAUMA ALERT TRANSPORT**

- a. Nothing in this policy should be construed to supersede the statutory requirement of transporting persons meeting Trauma Alert criteria to the appropriate Trauma Center.

**6. OTHER CONSIDERATIONS**

- a. Patients placed under a Baker or Marchman Act shall be taken to the appropriate receiving facility without regard to their wishes.
- b. Patients who are to remain in the custody of HCSO after transport (i.e. patients who are under arrest, etc.) shall go to a healthcare facility contracted by HCSO to receive these patients, unless a specific condition warrants a specialty resource center.
- c. Un-emancipated patients less than 18 years of age shall have their parents or legal guardians indicated a preference of destination facility. However, such an indication of preference shall not supersede the other parts of this policy.

**7. QA POINTS**

- a. The Medic-1 Physician is always available for consultation.
- b. The transport destination is ultimately the patient's choice in non-trauma situations.
- c. Studies have shown that stroke patients do better at approved stroke centers even when they are not candidates for t-PA.
- d. There is a preponderance of evidence in the medical literature that patients experiencing STEMI will do better when treated at a facility that can consistently perform primary coronary intervention within the time frames as promulgated by the American College of Cardiology.
- e. Example of how to suggest another facility to the alert and oriented patient or their LAR: *"I understand that you are requesting transport to hospital X. However, from what we are able to determine, you may be experiencing a problem which could require services not available at that hospital. My recommendation is that you consider being transported to hospital Y which has those services."*
- f. Derogatory or inflammatory statements to the patient or their family about any receiving facility are NEVER appropriate.
- g. Always completely document any unusual occurrence or decision that causes you to deviate from this policy.