the method of transportation that offers the least delay in delivering the patient to a Level I/II Trauma Center.

*Not all patients meeting Level I/II Trauma Center criteria need helicopter transport.

*Not all patients in need of helicopter transport meet Level I/II Trauma Center criteria.

C. If:

1. The transport time for a HFD ambulance to a Level I/II Trauma Center is estimated to exceed the time for a helicopter to be requested, respond, land, load and return to Memorial Hermann Hospital and,
2. The patient's medical condition necessitates rapid transport;

Contact OEC and request LifeFlight and an ETA. Continue to care for the patient and manage the situation as if HFD will transport the patient until it is confirmed that LifeFlight is available, responding and has provided an ETA. Estimate times (intervals) from request until patient delivery at Memorial Hermann Hospital for several area locations are listed in ***Table 6-1***.

D. Consider prolonged extrication time, remote scene location and poor ground access, traffic or weather conditions that prohibit ground transport and multiple casualty situations when deciding the transportation method. Sometimes helicopter transport is not available due to call volume or weather conditions. Continue to care for the patient and manage the scene with the expectation that HFD will provide transportation until it is confirmed that LifeFlight is responding.

E. **Notify an EMS Supervisor whenever LifeFlight is requested.**

Table 6-1 : Estimated LifeFlight Time from Request to Arrival At Hermann Hospital

(Time in Minutes)

	SCENE	North Base	West Base	South Base	East Base	Hermann TMC
SCENE	KingWood Med. Ctr.	33	43	41	35	36
	West Houston Med. Ctr.	31	27	32	33	26
	Methodist Sugarland	38	30	37	43	36
	Clear Lake Reg. Med. Ctr.	44	40	27	32	34
	East Houston Reg. Med. Ctr.	41	43	35	33	34

Incorporated in the times listed is a maximum lift-off time of seven minutes and an average ground time of eight minutes.

6.12 Hospital Destination Decisions - Emergency Ambulance Routing

A. Background

1. The choice of a hospital destination depends upon an understanding of the patient's chief complaint, the urgency of care needed, the specific care needed, hospital diversion status, EMS Resource status, and the patient's routine hospital of choice.

B. Emergency Ambulance Routing - *Reference* ***Table 6-2***

1. Prior to the patient's transport, the EMT or Paramedic in-charge of patient care **shall** contact the Base Station to determine the most appropriate transport decision.
2. A preferred destination will be determined in consultation with Base Station personnel taking into account issues such as the patient's condition and acuity, exacerbation of a pre-existing condition, time to appropriate care and the hospital's recent patient load.
3. Emergency Ambulance Routing does not alter the current transport guidelines for trauma, cardiac arrest, stroke, acute MI or seriously ill pediatric patients. These patients will be transported to facilities that are capable of handling the specialty care issues involved.
4. Patients who have an exacerbation of an existing medical problem should be transported to the hospital that regularly treats them for their condition. This will facilitate the treatment of their

condition as their treating physician and medical records will be accessible to the ED staff.

5. Patients with clearly non-emergent medical problems will be preferentially routed to a nearby facility capable of handling the patient's condition and which has sufficient patient capacity.
6. If the patient refuses transportation to the preferred facility, an alternate facility should be identified and offered to the patient. If the patient continues to refuse, the EMT or paramedic in-charge, acting as the patient's advocate for appropriate care, will be responsible for determining the patient's final resolution. This resolution may be:
   a. transporting the patient to the hospital initially requested by the patient,
   b. contacting an EMS Supervisor or on-call Medical Director for assistance,
   c. or if no other solution is practical, accepting the patient's refusal of transport, providing complete documentation of the events leading to this refusal and that alternate hospital destinations were offered.
7. Once the destination hospital is confirmed, the EMS unit shall contact the Base Station so that a transport record can be created, hospital notification can occur and all required information can be documented by the Base Station.
8. The Base Station will issue a Telemetry Number which shall be included in your patient care record.

C. Non-Trauma Patients

Patients benefit from being transported to the medical facility which has previously evaluated the patient for their medical complaint. In cases of acute exacerbations of chronic illnesses, attempt to take the patient to their usual hospital (or hospital system) since their physician and patient records are maintained there. There are exceptions to this concept however:

1. Any transport with a transport time that will exceed twenty (20) minutes travel time from the incident location to the hospital **shall** be discussed with an EMS Supervisor to gain approval prior to transport during periods of EMS Resource Management. EMS Supervisors will consider the patient's chief complaint, current condition, and reason for requesting a specific hospital before authorizing the transport.
2. Transport emergent patients (life threatening condition) to the nearest medical facility capable of handling the patient's problem. Take patients with non-trauma related CPR in progress, an inability to obtain an advanced airway in patients who require one, or any life threatening condition to the nearest approved medical facility. Pediatric patients with moderate or serious illness (not meeting above criteria) should be transported to hospitals with Pediatric ICU facilities (*Ref. 9.05*).
3. When the hospital which routinely cares for a patient's chronic illness is on "drive-by," inform the patient of the hospital's status and confirm the destination decision with the patient. The patient may choose another hospital not on diversion or may choose to be transported to their regular hospital.
4. Try to avoid transporting emergent patients to hospitals on emergency department or ICU saturation. If another appropriate facility has a nearly equal estimated transport time, go to the second closest facility. Do not exceed 10 minutes longer transport time to the second facility if the patient is critically ill. Transport patients with CPR in progress, an uncontrollable airway, or any immediate life threatening condition, to the nearest appropriate medical facility (*Ref. 6.02 Ambulance Diversion*).
5. If a hospital is on drive-by due to "Internal Disaster," **do not transport any patient** to that facility (*Ref. 6.02 Ambulance Diversion*).

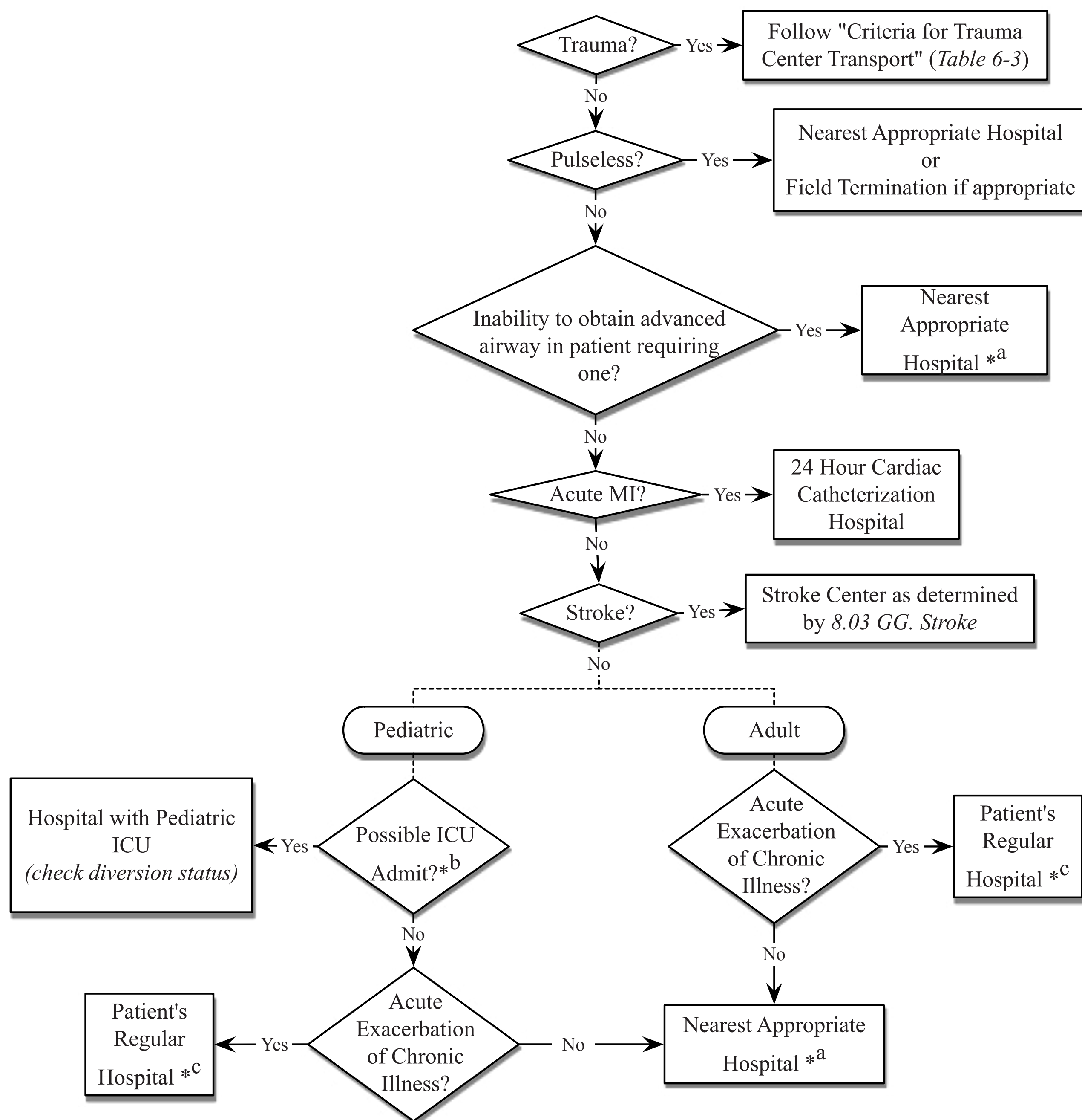
D. Trauma Patients: *Reference* ***Table 6-3***

1. Trauma Centers and the entire trauma care system are designed to provide the best possible care to victims of trauma. To facilitate attaining this goal, trauma center transport guidelines were established. Transport adult patients with any of the 'physiologic parameters and/or

unstable vital signs' or 'anatomical injuries' listed in ***Table 6-3*** to a Level I/II Trauma Center, provided that transport time is less than 45 minutes. Transport pediatric patients who meet the same criteria to a Pediatric Level I Trauma Center, if possible within 45 minutes.

2. Level III Trauma Centers are willing to accept trauma patients who meet 'mechanism of injury' criteria or 'high-risk' criteria. Trauma patients requiring Level I/II care by 'physiologic parameters' or 'anatomical injuries', but are greater than a 45 minute transport time from a Level I/II Trauma Center, may be taken to a Level III Trauma Center.
3. If unable to transport a pediatric patient who meets Pediatric Level I Trauma Center criteria to the Pediatric Level I trauma center, transport the pediatric patient to the closest trauma center (Level I/II Preferred)
4. Take patients with major burns (*Ref. 8.04 D. Burns*), particularly those with accompanying smoke inhalation (or even pure smoke inhalation) to a Burn Center (*Ref 9.05*). These hospitals have the capability of caring for severely burned patients and should be utilized in cases of severe burn patients.
5. In situations involving multiple critical patients or saturation of Trauma Centers with critical trauma patients, the on-line EMS Physician may direct EMS Supervisors to triage emergent trauma patients to the less crowded trauma centers as indicated. The Base Station will monitor critical patient volumes at all trauma center hospitals to guide supervisors in terms of balancing patient transports in periods of high volume/multiple casualty incidents.
6. Blunt trauma patients with CPR in progress or an unmanageable airway shall be taken to the nearest Trauma Center, Level I/II or Level III.
7. Penetrating trauma patients with CPR in progress shall be taken to an Adult Level I/II trauma center or a Pediatric Level I trauma center if transport time is 20 minutes or less. If transport time is greater than 20 minutes, transport all patients to the closest trauma center (for pediatric patients, an adult Level I/II is preferred).

Table 6-2 : Hospital Destination Decision



*[a] - *Nearest general care hospital not on diversion which is capable of taking care of the patient's problem. If transport time is greater than 20 minutes, contact Base Station for recommendation.*

-Patients who are INMATES in a Harris County Jail Facility are treated, by contract, at a Harris Health Facility (Ben Taub or LBJ). INMATE patients shall be transported to one of these facilities unless they need a specialized level of care which is not provided at one of these facilities. Confirm with personnel at the Jail as to which facility has already been contacted or is preferred.

-VA Benefit Recipients are most appropriately treated by the Veteran's Administration Hospital. These patients shall be transported to this facility unless they need a specialized level of care which is not provided there.

*[b] - *i.e. serious illness, pulses post-cardiac arrest, etc.*

*[c] - *A patient suffering from an acute exacerbation of a chronic illness may go to the hospital or hospital system which regularly evaluates and treats their illness despite that hospital being on diversion.*

Table 6-3 : Criteria for Trauma Center Transport