

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)

	North Base	West Base	South Base	East Base	Hermann TMC
KingWood Med. Ctr.	33	43	41	35	36
West Houston Med. Ctr.	31	27	32	33	26
SCENE 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