

Iowa County, Iowa
Policy Manual

Title: Patient Destination	Reference #: AMB 1009
Section: Departmental	Date Effective/Revised: 1/24/20
Department (s): Ambulance	Approved By: Board of Supervisors

Policy/Protocol

Iowa County Ambulance Service will only transport patients up to 60 miles unless a long distant transport is authorized by the EMS Director or next in charge.

The following criteria shall be used for determining destination of a patient(s).

Trauma

1. Follow State of Iowa OUT OF HOSPITAL TRAUMA TRIAGE DESTINATION DECISION PROTOCOL.
2. Patient choice if competent and not a minor
3. Parent/guardian choice if a minor
4. Family choice
5. Physician
6. Location – closest appropriate facility as determined by the EMS provider or medical control.

STEMI

1. Transport to a facility capable of Percutaneous Cardiac Intervention (PCI).
2. Patient/family may choose from St.Lukes, UIHC, Mercy-CR, or Mercy-IC.
3. If patient/family have no preference, EMS crew should transport to closest PCI capable facility.

CVA/Stroke

1. Transport to a Primary Stroke Center.
2. Patient/family may choose from St.Lukes, UIHC, Mercy-CR, or Mercy-IC.
3. If patient/family have no preference, EMS crew should transport to closest Primary Stroke Center.

Mental Health

1. Transport to a hospital with a mental health capabilities.
2. Patient/family may choose from St.Lukes, UIHC, Mercy-CR, or Mercy-IC.
3. If patient/family have no preference, EMS crew should transport to closest hospital with mental health capabilities.

Mass Causality Incident (MCI)

1. Follow MCI policy/protocols
2. EMS Incident Commander or designee (i.e. Transport Leader) will determine most appropriate facility(s) to transport patients to.

VA Patients

1. VA patients must be transported to the VA Hospital unless the VA authorizes or diverts transport to another facility.
 - a. The EMT/Paramedic should make an effort to obtain the name of the VA official authorizing transport to another facility.
2. If a VA patient refuses to go to the VA then they should be informed that they will be responsible for payment.

All Other Patients

1. Patient choice if competent and not a minor
2. Parent/guardian choice if a minor
3. Family choice
4. Physician
5. Location – closest appropriate facility as determined by the EMS provider or medical control

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Adverse Road Conditions

1. The EMS crew may divert to the closest or easiest to safely access hospital if adverse road conditions exist.
 - a. Examples
 - i. If near or south of I-80, it may be safest to go to Iowa City.
 - ii. If near Marengo or Ladora, it may be safest to go to MMH.
 - iii. If in Amana it may be safest to take Hwy 151 to Cedar Rapids.
2. In extremely hazardous road conditions, the EMS Director or next in charge may direct all transports to go to MMH until road conditions improve.

Unstable Critical Patient

1. Any circumstance where the EMT/Paramedic feels they need further medical assistance to stabilize a patient for transport then they may divert to the closest facility.
2. If the EMT/Paramedic feels they can stabilize the patient for transport on scene, then they should transport to most appropriate facility for the patient's condition or the appropriate facility outlined in this policy/protocol.

Non-Emergency Transfers (Non-Emergent means the patient is not in distress)

1. Requires PCS completed if under care of physician. May fax within 24 hours.
2. An ABN is recommended when: Patient has Medicare insurance and ambulance transport is not medically necessary or patient wishes to bypass closest appropriate hospital.
 - a. Not Medically Necessary
 - i. If a patient, not in distress, refuses to sign an ABN or an ABN is not present, ambulance service can be denied with approval from the Director or next in charge.
 - b. Bypassing Closest Appropriate Hospital
 - i. If a patient, not in distress, refuses to sign an ABN or an ABN is not present, ambulance transport will only be provided to the closest appropriate hospital.

Skilled Transfers

1. Patient is in a facility as a Skilled Patient and is being transferred for tests or procedures not available at the skilled facility, and the patient is being returned to the skilled facility the same day.
2. Skilled transfers are billed to the skilled facility and do not require any additional forms.
3. Normally these are scheduled transfers and we are notified of the skilled status before the transfer begins.