



**CENTRAL OHIO TRAUMA SYSTEM
REGIONAL GUIDELINES
REGARDING
PATIENT CALLS TO EMS FOR TRANSPORT FROM ONE HOSPITAL TO ANOTHER**

PURPOSE STATEMENT

This document is intended to provide guidance and promote consistency among hospitals and emergency medical service (EMS) agencies in Central Ohio in situations when EMS is called to respond to a hospital.

SCOPE

These guidelines are intended for use by and among Central Ohio hospitals and EMS agencies as they see fit. Signatures of endorsement of known participating institutions start on page 4.

OVERVIEW

These guidelines are the result of calls made by individuals who are in one hospital and want to be transferred by EMS to another hospital for care. The patient may be waiting in an emergency department (ED) or non-ED lobby; he/she may be in an ED bed, or he/she may be admitted. In some cases, the caller may be a family member or friend acting on the wishes of the patient.

EMS transport of a patient from one hospital to another at the wishes of the patient without the knowledge and participation of hospital medical staff creates lapses in the continuity of care for the patient. Such transfers may also expose the hospital and/or EMS agency to potential liability.

In some cases, it is necessary and appropriate for EMS to come to a hospital to assist in the transfer of a patient to another hospital. However these transfers are always initiated by the hospital staff, and the call made to the EMS agency is from hospital personnel on behalf of the patient.

ASSUMPTIONS

The following assumptions contributed to these regional guidelines:

- Hospitals and EMS want what is best for patients.
- Hospitals and EMS want to work together to optimize health care resources in the region.
- Patient care in an emergency situation is paramount.
- EMS has a duty to respond to patients when called.
- Patients should receive care at the closest, most appropriate hospital. Critical or unstable patients should always be taken to the closest, most appropriate hospital for care.
- Hospitals have moral and legal responsibilities to care for patients who are on their hospital campuses.
- Routine use of EMS for inter-hospital transfers by patients with non-emergent conditions is a misuse of valuable EMS resources. Communities need local, public EMS readily available for true emergencies.

- The inter-hospital transfer of a patient by EMS could precipitate delays in the delivery of care by the hospital if the patient experiences an acute emergency (e.g. cardiac arrest) en route.
- The Joint Commission, which accredits hospitals, has established a national patient safety goal (NPSG.16.01.01) that hospitals address through the establishment of rapid, emergency response teams. These teams assist patients and staff experiencing and/or suspecting patient emergencies.
- **EMS does not transport hospital patients who are under the active care of a physician, unless the transport is ordered by the physician.**

ACTIONS OF EMS PRIOR TO ARRIVAL AT HOSPITAL

The following steps shall occur when EMS agencies are called by a patient or a patient's family member/ friend acting on the wishes of the patient from within a hospital.

- (1) The EMS call-taker (Dispatch) shall ask the caller about the following:
 - A) The nature of the problem
 - B) The patient's location in the hospital
 - C) The patient's name
- (2) The EMS call-taker (Dispatch) shall follow their standard dispatch protocols and dispatch EMS to the hospital.
- (3) To alert the hospital of the potential situation developing,
 - A) The EMS call-taker (Dispatch) should contact the hospital ED to let them know about the run, and
 - B) The medic crew en route should also encode the ED to share any information gained in the call.
- (3) Ems shall anticipate that hospital personnel will talk with the patient prior to EMS arrival.
- (4) The EMS call-taker should document the call that was received with the date, time, and information gained from the patient in steps 1 and 2 above. Ems should likewise document the date and time that the ED was contacted.

ACTIONS OF THE HOSPITAL PRIOR TO EMS ARRIVAL

- (1) Emergency department personnel receiving the EMS encode or call should forward the information immediately per hospital protocol to the person or team responsible for the unit where the patient is located.
- (2) In the event that the requestor is in a non-ED lobby and is not currently an ED or hospital patient, a team should be sent to assist the patient to the ED or other appropriate site. The patient should be triaged and/or reassessed according to the ED's policies and standard operating procedures.
- (3) For currently registered or admitted patients, the hospital shall respond per unit policy depending on where the patient is located.
- (4) The ED charge nurse, nursing supervisor and/or responsible hospital representative shall attempt to converse with the patient to ascertain the nature of the patient's request. In the event that the patient elects to remain at the current hospital, the patient and/or responsible hospital representative can call EMS and cancel the EMS unit en route to the hospital.

ACTIONS OF HOSPITAL AND EMS AFTER EMS ARRIVAL TO THE HOSPITAL

- (1) Upon arrival to the hospital, the EMS unit should utilize the EMS emergency department entrance and present to the charge nurse to discuss the situation.
- (2) In the event that the charge nurse/nursing supervisor is not able to converse with the patient prior to EMS' arrival, the conversation shall occur after EMS arrives.
- (3) For EMS patients not currently registered or admitted to the hospital, EMS should follow standard operating procedures and policies.
- (4) For patients currently registered in the ED, EMS should conference with the charge nurse, and/or attending physician and patient to determine the best course of action.
- (5) EMS should always follow their respective protocol when evaluating and determining appropriate treatment and transportation of patients.

SIGNATURES OF ENDORSEMENT

Central Ohio Trauma System
Columbus, Ohio

_____ / Date _____
Clifford L. Mason, Fire Chief, EMTP, OFE
President

Doctors Hospital
Columbus, Ohio

_____ / Date _____
Michael Reichfield
President

Dublin Methodist Hospital
Dublin, Ohio

_____ / Date _____
Cheryl Herbert
President

Fire Chiefs Association of Central Ohio
Columbus, Ohio

_____ / Date _____
Al Woo, Fire Chief, EMTP
President

Franklin County Fire Chiefs Association
Columbus, Ohio

_____ / Date _____
Chief Stephen M. Feustel, EMTP
President

Grady Memorial Hospital
Delaware, Ohio

_____ / Date _____
Steve Garlock
President

Grant Medical Center
Columbus, Ohio

_____/ Date _____
Karen H. Connors
President

Mount Carmel East
Columbus, Ohio

_____/ Date _____
Paula Autry
President and Chief Operating Officer

Mount Carmel St. Ann's
Westerville, Ohio

_____/ Date _____
Janet Meeks
Chief Operating Officer

Mount Carmel West
Columbus, Ohio

_____/ Date _____
Alan Papa
Chief Operating Officer

Nationwide Children's Hospital
Columbus, Ohio

_____/ Date _____
Rick Miller
President

The Ohio State University Hospital East
Columbus, Ohio

_____/ Date _____
Elizabeth Seely
Chief Executive Officer

The Ohio State University Medical Center
Columbus, Ohio

_____/ Date _____
Larry Anstine
Chief Executive Officer

Riverside Methodist Hospital
Columbus, Ohio

_____/ Date _____
Bruce Hagen
President