Program Document No: 6120.06	Document Title: Trip Destination	Type: Policy
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Signature of Program Director:	Signature of Program Document Coordinator:	

1.0 Purpose

1.1 To minimize the interval to definitive care by transporting the patient to the most appropriate Emergency Health Care Facility (EHCF).

2.0 Guiding Philosophy

2.1 To ensure optimal patient care and outcomes.

3.0 Definitions

3.1 Emergency Health Care Facility (EHCF): A health care facility with an Emergency Department.

4.0 Policy

4.1 Patients are transported to the nearest EHCF according to the provisions outlined in Appendix B.

4.2 Requests from the patient, family, or physician to not be transported to the nearest hospital will be accommodated, provided neither the patient's outcome nor Systems Status Plan will be adversely affected by doing so.

4.3 Trip destination decisions will integrate all provincial programs involved in patient care.

4.4 Special Patients will be transported according to the patient's protocol card.

4.5 Concerns about trip destination decisions are to be brought to the attention, in writing, of the Provincial Medical Director (PMD).

5.0 Appendices

5.1 Appendix A: Trip Destination for Trauma Patients

5.2 Appendix B: Trip Destination

6.0 Reports

6.1 Trauma Registry Report on Injury in Nova Scotia

7.0 References

7.1 Emergency Health Services Nova Scotia Trauma Program

7.2 Policy 6115: Special Patients

7.3 Policy 6119: Divert

8.0 Outcome Measurement

8.1 Trauma Registry Report on Injury in Nova Scotia

8.2 Annual sum total of airway/breathing emergencies requiring transfer to nearest EHCF.

8.3 Annual sum total of:

8.3.1 Undertriaged to nearest EHCF.
8.3.2 Overtriageed to nearest EHCF.

8.4 Annual sum total and type of special patient transports.

8.5 Annual sum total and type of family requests for transfer beyond nearest EHCF.

8.6 Annual sum total and type of service inquiries regarding trip destination decisions.

9.0 Revisions

9.1 Revision Number 5
Policy Overhaul

Appendix: A	PDN: 6120.05	Last Updated: June 5, 2009	Subject: Trip Destination for Trauma Patients	Page 1 of 1

Step I – Physiologic: • Systolic BP<90 with evidence of hypoperfusion • RR<10 or >29 • GCS≤12 • Pediatric Trauma Score≤8	YES ☐	If you <u>are within 30 minutes</u> (including estimated extrication time) of a District (DTC) or Tertiary Trauma Centre (TTC): • Take patient to highest level Trauma Centre • Contact the AMT On Line Medical Oversight Physician (OLMOP) • The AMT OLMOP will contact the ED Physician re: launch of AMT
NO ↓		
Step 2 – Anatomic: • Amputation proximal to elbows or knees • Two or more suspected long bone fractures • Suspected spinal cord injury with neurological deficit • Severe facial injuries with possible airway compromise • Penetrating injuries (gunshot or stab) to head, neck, torso or proximal to elbows or knees.		
NO ↓		
Step 3 – Mechanism: • Ejection from vehicle • Pedestrian thrown or run over • Fall from a height greater than 6 metres (20 feet)	YES ☐	B. If you are <u>not within 30 minutes</u> (including extrication time) of a DTC or TTC: • Contact AMT MOP • Destination and launch decision will be made on a case by case basis by paramedics, AMT MOP and AMT dispatcher based on: a. patient condition b. response time of AMY c. transport time by ground ambulance to nearest ED vs nearest TC d. Nearest ED capability e. Level of care available by paramedics (present and from possible intercepting crew). • If patient is VSA: do not call for AMT or AMT MOP
NO ↓		
Step 4 – Other: • Burns – A/W involvement • >15% BSA (2° or 3°) • Paramedic feels patient requires DTC or TTC • Local resources are overwhelmed with patients.		
NO ↓		
Transport to nearest appropriate * Emergency Health Care Facility *appropriate means that the patient's condition does not exceed the EHCF's capabilities.		

If paramedics are unable to establish an airway or maintain breathing, begin transport to nearest Emergency Health Care Facility (EHCF) with physician on site and/or request ALS support.

NOVA SCOTIA
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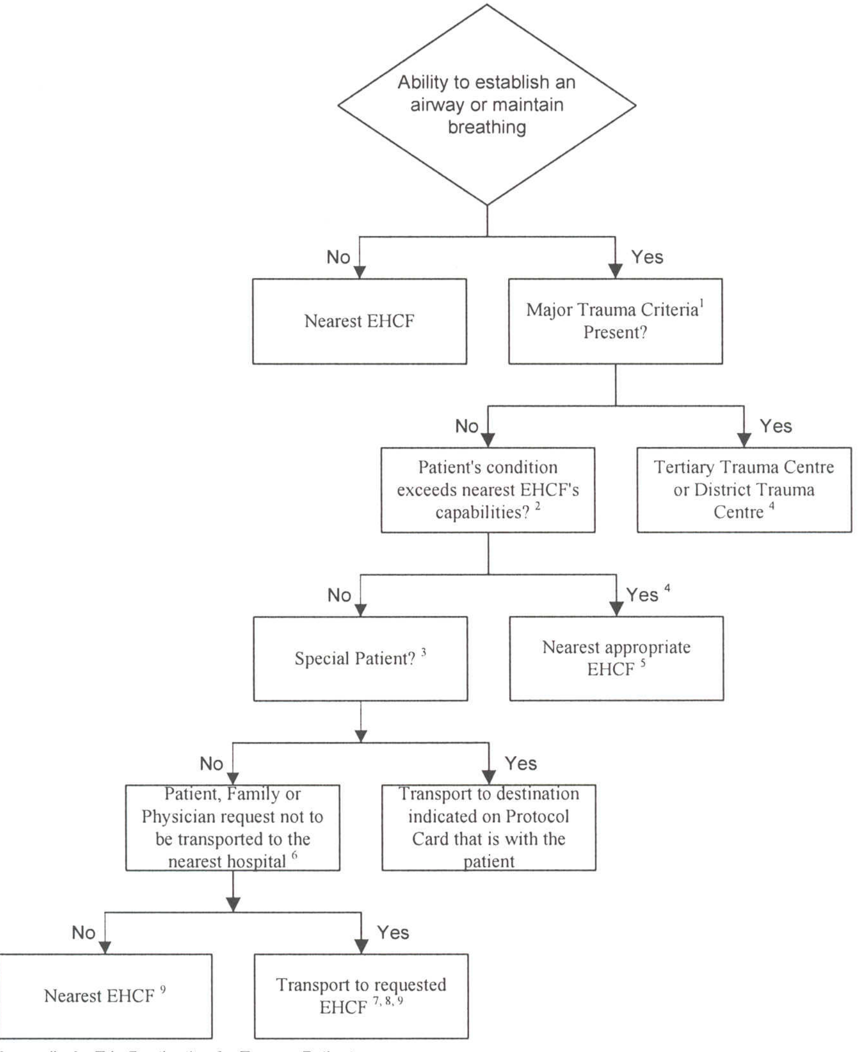

1. See Appendix A: Trip Destination for Trauma Patients
2. This would include Hemophiliacs who are actively bleeding - provided their condition is stable (no evidence of airway or breathing compromise, no sign of circulatory collapse). These patients should be taken to EHCF with Factor VIII immediately available. These HCFs include all Regional Hospitals, Soldiers' Memorial, Annapolis CHC, the IWK and the QEII.
   This also includes patients in labor where the closest EHCF may not have obstetrical services. If delivery is imminent then transport to nearest EHCF is recommended.
3. See Policy 6155: Special Patients.
4. Call for Intercept and/or OLMOP advice.
5. See Sections 4.2 and 4.3
6. Transports to a further EHCF must make medical sense, for example: patient's admissions, records and family doctor or specialists are at this further hospital - not because patient does not like closer hospital.
7. Patient's condition nor SSP will not be adversely affected by the extra transport time.
8. Regional Hospitals are not to be bypassed without on line medical oversight consultation.
9. See Policy 6119: Divert

In DHA 9 and 10:

- Patients meeting the criteria listed for transport to a Tertiary Trauma Centre (TTC) or District Trauma Centre (DTC) in the Trip Destination for Trauma Patients Algorithm should be taken directly to the Queen Elizabeth II Health Sciences Centre (QEII) Emergency Department (ED) or the IWK-Grace Health Centre (IWK) ED if less than sixteen (16) years old, unless immediate intervention for an airway or breathing problem is indicated and cannot be accomplished in the field.
- Patients are not to be taken to the Cobequid Emergency Centre (CEC) before 0700 hours or after 2100 hours. If the patient meets the criteria listed in Policy 6119: Divert, then they can still be transported to the CEC until 2200 hours.
- Pregnant patients in DHA 9 or 10 with minor trauma and a gestation period greater than 20 weeks are to go directly to Early Labour and Assessment.

In DHA 8:

- The following trauma patients are to be transported to the Cape Breton Regional Hospital:
    - Glasgow Coma Scale (GCS) less than or equal to fourteen (14).
    - Any suspected long bone fracture including hips.
    - Amputations proximal to fingers and toes.

- Any patient that identifies themselves as having a low white blood cell count and having a fever or chills (febrile neutropenia).