

Point of Entry Plan; Closest Appropriate Hospital

Supersedes: 08-07-08

Effective: 03-24-16

Boston EMS and other providers operating within the service zone pursuant to a provider contract or agreement to provide back up services shall transport patients to an appropriate health care facility in accordance with 105 CMR 170.000: Emergency Medical Services System regulations and an OEMS approved point of entry plan.

1. All patients should be transported to the closest appropriate hospital. Sometimes, a patient's medical condition makes it more appropriate to take the patient to a hospital that is not the closest geographically. When determining which hospital is the closest appropriate facility, consideration should be given to condition-specific point of entry plans such as those for trauma or stroke, and special project waivers.
2. Unstable patient should be transported to the closest emergency department, or as required under a condition specific point of entry plan. For the purposes of this policy, OEMS defines an unstable patient as "one whose vital signs have significantly changed (either upwards or downwards) from normal ranges, in the absence of interventions. If there is any question about the stability of the patient, transport to the closest hospital.
3. Stable Patients: Considerations: Based on an appropriate assessment of the patient, including obtaining the patient's medical history, EMTs may consider transporting a patient to a hospital other than the closest, if the more distant hospital is more appropriate to the patient's specific medical condition and needs, based on the following factors:
 - 3.1. The more distant hospital better meets the medical needs of the patient because:
 - a. The patient's current physician and medical records are there; the patient has recently been discharged from that hospital; the patient has had previous hospitalizations there; the patient's complex medical history is followed at that hospital; or
 - b. The patient's specific medical condition needs one of the following specialty services for which the hospital is licensed: Burn Unit, Obstetrics, STEMI (percutaneous coronary intervention capability), or pediatrics; or
 - c. The patient's specific medical condition would be most appropriately addressed at a hospital designated by the Department of Public Health as a Massachusetts Sexual Assault Nurse Examiner (SANE) site.

- 3.2. The additional time required to transport the patient to the more distant hospital does not exceed 20 minutes. Multiple hospitals for which estimated transport time from the patient is less than 10 minutes are considered to be of equal transport distance.
- 3.3. The care capabilities of the EMTs are appropriate to the patient's needs during transport.
- 3.4. The available EMS resources in the system at the time of the call would be capable of handling the additional transport time for this unit
4. Medical Control Input:
 - 4.1. If there is any question about whether, based on the above considerations, the patient should be transported to the more distant hospital, contact medical control.
 - 4.2. If the additional transport time to the more distant hospital, compared to the closest hospital, is less than 20 minutes, EMTs may transport the patient to the more distant hospital under this point of entry plan.
 - 4.3. If the additional transport time to the more distant hospital may be more than 20 minutes, contact medical control.
5. Documentation and Quality Assurance
 - 5.1. When transporting to a hospital more than 10 minutes further than the closest hospital, EMTs must document on their trip record the clinically based reason for deviating from transport to the closest hospital emergency department. EMTs must also document on the trip record the name of the authorizing physician if medical control was contacted.
 - 5.2. The Department will maintain a system for reviewing instances in which patients are transported to a hospital more distant than the closest hospital emergency department.
6. Boston EMS units may transport a patient to one of the following hospitals located outside of City limits if the transport time is not significantly longer than it would be to an appropriate medical facility within the City.

Milton Hospital; Mt. Auburn Hospital; Whidden Memorial Hospital
7. The Shift Commander shall be notified for all other "out of City" transport requests. If the Shift Commander is not immediately available, the Dispatch Operations Center Supervisor may authorize the request. The decision should be based on a variety of factors including the stability of the patient, ETA to the out of City hospital, system call volume, and the availability and ETA of a private ambulance to perform the transport.