

**Destination Decision and Patient Distribution
Partnership Agreement
BETWEEN:**

Essex Windsor EMS
(EMS)

-and-

Windsor Regional Hospital
Metropolitan Campus
Ouellette Campus

&

Leamington District Memorial Hospital
(Emergency Departments)

In consultation with and distributed to:

Windsor Central Ambulance Communication Centre
(CACC)

-and-

South West Ontario Regional Base Hospital Group
(Base Hospital)

The following agreement defines the roles and responsibilities of each agency as it relates to Destination Protocols for Paramedics, Patient Distribution for non-Destination Protocol and Emergency Department (ED) Surge Protocol.

Consideration and consultation has been provided by Windsor CACC, Ministry of Health and Long Term Care, Windsor Regional Hospital Metropolitan Campus, Windsor Regional Hospital Ouellette Campus, Leamington District Memorial Hospital ED and the South West Ontario Regional Base Hospital Group.

It is understood that this agreement will be reviewed annually, or at the request of any of the parties for amendment, alteration or deletion of participation.

It is understood that this agreement is an undertaking by all parties to ensure that the patient receives the proper care, at the proper facility, in the proper amount of time, for the majority of the occurrences.




References: Ontario Ambulance Act
Ministry of Health and Long Term Care, Basic Life Support Patient Care Standards
Ontario Stroke Network

Pre Alert is defined as the attending crew relaying the patients current condition over the air, to CACC. This should be done ASAP, preferably while on scene. CACC will notify the receiving facility

Destination Decisions

Primary Problem	Definition	WRH Ouellette	WRH Metro	LDMH	Pre Alert	Notes and Considerations
Offload Diversion	Bypass to LDMH for CTAS 4&5 patients, during code yellow or red.					Refer to Off Load Diversion Protocol
CBRN Hazmat	Any provincially identified disease or HAZMAT/CBRN contaminated patient					Notify on Duty District Chief
CTAS 1 or 2	VSA, SCA, unprotected and unstable airway					Closest Facility
STEMI	<ul style="list-style-type: none"> ST elevation in two or more contiguous leads of a 12 Lead EKG- Symptoms consistent with ischemia 					Pre Alert- (height, weight, age) to Windsor Regional Ouellette Campus through CACC
Dialysis	Currently Receiving Active Dialysis Treatment					
Acute Stroke tPA Protocol	<p>New onset of 1:</p> <ul style="list-style-type: none"> - Unilateral arm/leg weakness or drift -Slurred speech or inappropriate words or mute -Unilateral facial droop <p>AND</p> <p>Can be transported to arrive at WRH Ouellette (WROC) within 4.5 hours of clearly determined time of symptom onset or the time the patient was last seen in a usual state of health</p>					<p>If patient meets acute stroke protocol, pre alert (height, weight, age) CACC and transport directly to Windsor Regional Ouellette Campus</p> <p>If stroke protocol is contraindicated, transport to closest most appropriate facility</p>
Pediatrics	Pediatric (Age of 15 or less) patient with a primary problem not listed in Destination protocols and hospital admission is possible					

Primary Problem	Definition	WRH Ouellette	WRH Metro	LDMH	Pre Alert	Notes and Considerations
Dermal Injuries	Includes burns (thermal or chemical), extensive hand and finger wounds, fractures involving bones, tendons or nerves, large skin avulsions, digit amputations or any other injury that may require plastic surgery					
Orthopedic	Any fracture of any bone that may require interventions, setting, re-alignment or surgery See ** Notes and Considerations					**Leamington will accept any fracture below the knee or elbow which is a simple, non compound fracture or dislocations. **
OB/GYN	Patient is >13 weeks gestation and in active labour, transport to the labour delivery area.					Closest facility in time is the deciding factor. ED patch, request to advise labour delivery of ETA. Pre Alert
Mental Health Adult	Adult = 16 years of age or greater Primary Problem is psychiatric in nature to be transported to HDGH.					
Mental Health Pediatric	Pediatric = 15 years of age or less Primary Problem is psychiatric or behavioural in nature to be transported to WRH.					
Sexual Assault/ Domestic Violence	Primary Problem is a result of sexual assault or domestic violence and does not have an injury or illness that is listed in the destination protocols					
Post Surgical	Discharged within 4 weeks of surgery AND transport is CTAS 3, 4, 5, AND Primary Problem is related to the surgery - transport to the facility in which surgery was completed.					Transport must be within the County of Essex
Recent Hospital Discharge	Where a patient has been discharged from a facility admission for care within 1 month , transport is CTAS 3, 4, 5. The primary problem must be relevant to the admission problem, return to the original admission facility.					Transport must be within the County of Essex

Primary Problem	Definition	WRH Ouellette	WRH Metro	LDMH	Notes and Considerations
<p style="text-align: center;">T R A U M A T R I A G E</p>	<p>Any of the following within Essex County or 45 minutes transport time to WROC :</p> <ul style="list-style-type: none"> • GCS <14 • Systolic BP < 90 • Respiratory Rate <10 (<20 in infant <1 year of age) • or ≥30 breaths per minute or need for ventilator support <p>OR</p> <ul style="list-style-type: none"> • All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee • Chest wall instability or deformity (e.g. flail chest) • two or more proximal long bone fractures • Crushed, de-gloved or mangled or pulseless extremity • Amputation proximal to wrist or ankle • Pelvic fractures • Open or depressed skull fracture • Paralysis (spinal injury) <p>OR</p> <p>Falls</p> <ol style="list-style-type: none"> a) Adults > 6 meters (one story is 3 meters) b) Children (age < 15) > 3 meters or two times the height of the child <p>High Risk Auto Crash</p> <ol style="list-style-type: none"> a) Intrusion > 0.3 m occupant site or >0.5 m any site including roof b) Ejection (partial or complete) c) Death in same passenger compartment 				<p>The patient will be transported to the closest facility if:</p> <ul style="list-style-type: none"> • cardiac arrest • airway obstruction unrelieved by any available method. <p>Pre alert needed</p> <p>Considerations</p> <ul style="list-style-type: none"> • ground level falls in elderly • Anticoagulation and bleeding disorders (head injuries risk rapid deterioration)

	<p>d) Vehicle telemetry data consistent with high risk injury</p> <ul style="list-style-type: none"> • Auto vs pedestrian/ bicyclist thrown, run over, or with significant (> 30 Km/h) impact • Motorcycle/ ATV crash >30k/h <p>Consider</p> <ul style="list-style-type: none"> • Age Older adults >55, risk of injury death increases • systolic BP< 110 maybe shock in age >65 				
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**** LDMH Orthopedic Consideration:**

- It is best for patient outcomes that long bone, hip or pelvic fractures continue to WRH Metropolitan or Ouellette Avenue Campus’.
- Fractures below the knee or elbow can be accepted but mechanism of injury must be considered. If mechanism meets the criteria of the trauma protocol, WRH Oullette Campus is the destination of choice.

Understandings

1. It is understood that where a destination protocol does not apply to a specific patient, that patient will be transported as per CTAS policy and procedures.
2. Despite any destination protocol which may apply to the patient, all patients will be transported to the closest facility if:
 - a. They are a cardiac arrest.
 - b. Airway obstruction unrelieved by any available method.
3. The decision of closest in time emergency department (E.D.) hospital will be determined by the onsite paramedic(s), with consultation from CACC if required.
4. MCI’s involving 3 patients or more, requiring transport, the attending Paramedic(s) or the Incident Commander will consult with the BHP to determine proper patient destination(s). Windsor CACC may direct patient distribution in circumstances of higher magnitude.
5. BHP consultation is at the discretion of the attending paramedic(s) for destination decisions.
6. Emergency Departments have the ability to contact other ED facilities directly and enquire if that facility can accept a patient. The accepting facility must contact CACC, advise of their acceptance and request the transporting ambulance be rerouted to the accepting facility.

7. Windsor CACC may be contacted for the availability of specialized equipment or resources at facilities (ie CT Scanner, Cath Lab) or hospital status.

Emergency Department (ED) Surge Protocol (EDSP)

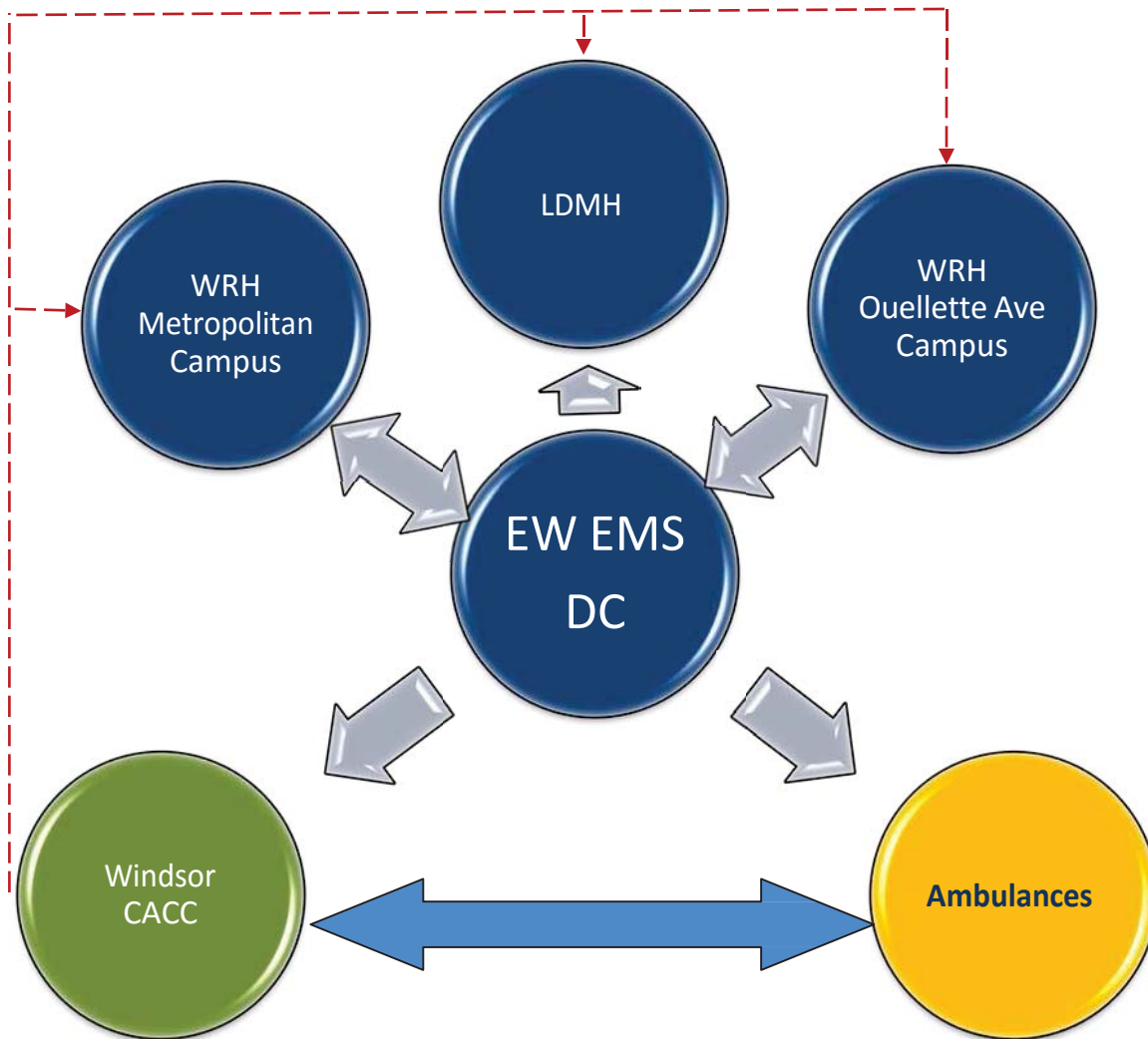
It is understood that the regional hospital Emergency Departments (EDs) experience patient surge loads that are either attributed to EMS patient delivery, by the public attendance, hospital capacity or a combination of all. It is further understood that with the limited number of EDs in the region and the unique geography of Essex Windsor, a communication process and procedure is required in reducing the impact to EMS, the ED's and the CACC. The process is to ensure that the patient receives the proper care, at the proper facility for the majority of the occurrences, while decreasing the impact on any one particular agency or facility.

The following procedures will be utilized when ED's are at a surge capacity and Equi-distribution of patient transport is required.

- 1) Despite any EDSP which may apply to the patient, all patients will be transported to the closest facility if:
 - a) They are a **cardiac arrest**.
 - b) **Airway obstruction unrelieved by any available method**.
- 2) BHP consultation is required for delegated medical act approval or consultation under the destination protocols only and at the discretion of the attending paramedic(s).
- 3) Upon determination of the ED charge nurse/designate that surge capacity is occurring or is imminent, the ED charge nurse/designate shall contact EWEMS On Duty District Chief (DC) or Windsor CACC as an alternate, and give a brief report of the ED condition.
- 4) Windsor CACC will implement Equi-Distribution.
- 5) The ED report shall consist of
 - a) number of patients in the department,
 - b) number of ambulances on off load delay
 - c) number of patients in the waiting room
 - d) estimated time to non surge capacity.
- 5) The DC will contact Windsor CACC (Supervisor/designate) or vice versa and advise of the ED Surge Report.
- 6) Windsor CACC will advise the DC of the;
 - a) The current calls in progress in the County of Essex.
 - b) The current number of Off load delays and recent activity at the other ED's
 - c) The anticipated destination of calls in progress, based on original call information.

- 7) If available, the DC will attend the reporting ED and will;
 - a) Assist with clearing any Off Load Delays
 - b) Contact CACC and confirm facility Surge.
 - c) Request Equi-Distribution of patient transports
 - d) Contact the partner DC (or over flow DC) for assistance
- 8) Windsor CACC will contact the other ED's and advise that Equi-Distribution is in place.
- 9) The ED's will follow facility or local Policy for Off load or surge protection (as per local Policy)
- 10) Once the Surge Capacity is resolved, the ED will report to the EMS DC, report the all clear.
- 11) The EMS DC will report the all clear to Windsor CACC.
- 12) Windsor CACC will report the All clear to the other facilities.

Communication schematic for Surge Report



Equi-Distribution

Equi-Distribution is defined as the distribution of patient transports in an equal and fair manner so as to not overwhelm or over-capacitate one particular facility. Equi-Distribution considerations must include the total amount of urgent and prompt responses currently being completed within the region as well as any future responses that may affect or reduce balanced emergency coverage (scheduled, urgent or prompt inter-institutional transfers).

It is understood that Windsor CACC has the overall vision of EMS responses within the County of Essex, City of Windsor and Pelee Island and therefore is able to determine the most appropriate destination decision when notified of a Surge Report.

It is understood that EMS responses do not normally occur in a single fashion but are multi- faceted or fluid and therefore complex. The perception can be taken that Equi-Distribution is not occurring while in fact it is. Concerns of Equi-Distribution must follow the proper chains of command or hierarchy for resolution or amendment between the agreement partners.

Equi-Distribution is the direction of Windsor CACC to assign a destination for a transported patient as long as the transported patient's condition or treatment does not warrant;

- a) the Destination Protocols
- b) a coroner
- c) a physician's order
- d) direction of a midwife

Patient Distribution for non-Destination Protocol or Surge Distribution Patients

It is understood that the MOH<C, Basic Life Support Patient Care Standards (BLSPCS) speak to the decision of the paramedic regarding receiving facility, as confirmed or directed by;

- a) an ambulance communication officer OR
- b) an attending physician, with CACC confirmation OR
- c) a coroner, with CACC confirmation OR
- d) a Base Hospital Physician OR
- e) midwife, with CACC confirmation OR
- f) approved transfer guidelines OR
- g) the patient, with CACC confirmation.

In the absence of direction, transport patients to the closest or most appropriate Hospital Emergency Department capable of providing the medical care apparently required by the patient.

Conclusion

It is understood that this agreement and its components;

- 1) Destination Protocols
- 2) Emergency Department (ED) Surge Patient Distribution (EDSPD)
- 3) Patient Distribution for non-Destination Protocol or Surge Distribution Patients

Meet or exceed the requirements of the Ambulance Act, its Regulations and Standards. The goal is to ensure that the patient receives the proper care, at the proper facility for the majority of the occurrences, in the proper amount of time and to ensure that the best care for the patient is achieved.

On this _____ day of _____ 2016, this agreement is approved and acknowledged by the following partners:

Bruce Krauter, Chief

Essex Windsor Emergency Medical Services

Terry Shields, CAO

Leamington District Memorial Hospital

David Musyj, CAO

Windsor Regional Hospital

This agreement has been received by:

South West Ontario Regional Base Hospital

Windsor Central Ambulance Communication Centre