

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME L. FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES AND INJURY PREVENTION SYSTEM
LEAHI HOSPITAL, TROTTER BASEMENT
3875 KILAUEA AVENUE
HONOLULU, HAWAII 96816
PHONE: (808) 733-9210
FAX (ADMINISTRATION): (808) 733-9218
FAX (FISCAL/BILLING): (808) 733-8332

In reply, please refer to:
File:

EMS 10-122o

May 28, 2010

Ms. Patty Dukes
Chief
EMS Division, City and County of Honolulu
3375 Koapaka Street, Suite H450
Honolulu, Hawaii 96819

'10 JUN -4 AIO :39

RECEIVED
C&C HONOLULU
EMS

Dear Chief Dukes:

I am writing as Oahu Emergency Medical Services Medical Director for the Hawaii State Department of Health, Emergency Medical Services and Injury Prevention System Branch, to alert you to updates to important policies and procedures for the transport of patients on Oahu.

Attached to this letter please find new versions of the following pre-hospital transportation guidelines:

1. Oahu Transportation Guidelines
2. Oahu Field Triage of Injured Patients Guidelines

These updated guidelines will go into effect as of June 8, 2010.

The Oahu Transportation Guidelines provide general transportation guidelines and direction for specific circumstances such as transportation of obstetric patients. It also addresses situations when transportation decisions must be made when facilities are on re-route. It includes a hospital resource guide that should be verified by the receiving hospitals and updated periodically as their capabilities change.

The Oahu Field Triage of Injured Patients Guidelines represents a specific sub-set of transportation guidelines. Past trauma triage guidelines have been modified to be consistent with the most recent triage recommendations by the American College of Surgeons and the Centers for Disease Control.

The guideline updates are the result of much hard work on the part of a number of individuals over the last two years. They have been reviewed by the Oahu Pre-Hospital Morbidity and Mortality Committee and the Emergency Managers Committee of the Healthcare Association of Hawaii. I am reluctant to try to list everyone who contributed because I may inadvertently leave someone out. You who have contributed know who you are, and will recognize your contributions. Please accept thanks from all of us who work throughout the EMS system on this island.

Thanks for your attention to this,

Sincerely,

A handwritten signature in black ink, appearing to read "Bob".

Robert J. Brumblay, M.D.
EMS Medical Director

Attachments: Oahu Transportation Guidelines
Oahu Field Triage of Injured Patients Guidelines

| | |
|--------------------|--|
| Title: | OAHU TRANSPORTATION GUIDELINES |
| Purpose: | To provide guidelines for the emergency medical service transportation of patients on the island of Oahu |
| References: | Oahu Transportation Guidelines, 1997 |

Purpose: These guidelines seek to balance patient needs and preferences with the maintenance of available ambulance units in each area of Oahu.

I. General Guidelines:

EMS Personnel should transport patients to the nearest emergency facility with the resources likely to meet the patient's needs.

- A. Patients may be transported to the facility of their choice, as long as any additional transport time is not more than 20 minutes longer than the total transport time from the scene to the nearest emergency facility and back to the unit's designated area or unit, and the choice is consistent with the Condition Specific Guidelines in II (see Appendix A).
- B. Metropolitan area units may consider the metro receiving facilities (see Appendix B) to be similar in distance and the patient may have their choice of these facilities.
- C. Patients who require immediate interventions for stabilization of conditions such as cardiac arrest and compromised airway will be transported to the nearest emergency facility.

II. Condition Specific Guidelines:

A. Obstetric (OB) Guidelines

- 1. First Trimester OB Patients: Transport according to General Guidelines.
- 2. Second or Third Trimester OB Patients with vaginal bleeding, abdominal pain, or signs and symptoms of labor: Transport to emergency facility with OB capabilities (see Appendix B).
- 3. Imminent Delivery: In patients whose labor is advanced and delivery may be imminent:
 - a. From Metropolitan and East Oahu areas, the MICT should communicate and transport to the closest facility with obstetric capabilities.
 - b. From West Oahu, the MICT should communicate with the closest Base Station.
- 4. Pregnant trauma patients should be triaged and transported according to the Oahu Field Triage of Injured Patients Guidelines.

B. Psychiatric/Behavioral Health Guidelines

1. Behavioral Health patients should be transported according to the General Guidelines with the following exceptions:
 - a. MH-1 patients must be transported to a licensed psychiatric facility that also has emergency services. MH-1 patients must be accompanied by a police officer at all times either by riding with the patient in the ambulance or by following the ambulance to the receiving facility.
 - b. *Oral Exparte* Patients (MH-2), if transported by EMS, are under judicial order for transportation to a specific hospital and may not be re-routed regardless of hospital status.
 - c. Psychiatric Emergency Transfers (MH-4)
 - i. An MH-4 form must be completed by the sending facility and accompany the patient.
 - ii. A transfer form must be completed by the sending facility with an accepting physician identified.
 - iii. MH-4 patients cannot refuse ambulance transport since they have been deemed to lack decisional capacity.
2. EMS may ask police to assist in the transport/transfer of **violent patients**.
 - a. If the police transport, EMS must follow the police vehicle.
 - b. If the ambulance transports, a police officer shall ride in the rear compartment of the ambulance with the patient.

C. Prisoner/Law Enforcement Custody

1. Patients should be transported according to the General Guidelines appropriate to their chief complaint and condition.
2. Patients may refuse transport providing they meet all of the refusal guidelines. Law Enforcement officers may not refuse transport on behalf of a patient.
3. If the patient agrees to be transported one of the following should occur:
 - a. Law Enforcement transports, EMS must follow the vehicle.
 - b. A Law Enforcement officer shall ride in the rear compartment of the ambulance with the patient.
 - c. The Law Enforcement vehicle follows the transporting ambulance.

D. Decompression Illness – Diving Injury

1. Patients suspected of decompression illness, air embolism or other injury requiring recompression treatment should be transported directly to a facility with the potential for hyperbaric treatment (see Appendix B).
2. For 911 transfers of patients for hyperbaric treatment, communicate with the base station at the receiving facility and transfer to the emergency department. Patients may not be transported directly to the decompression chamber.

3. Patients with suspected decompression sickness who are in cardiopulmonary arrest should be transported to the nearest emergency facility.

E. Trauma – See OAHU FIELD TRIAGE OF INJURED PATIENTS GUIDELINES

III. Transportation of Multiple Patients From the Same Scene:

- A. More than one patient may be transferred from the same scene in a single ambulance if EMS providers believe they can adequately manage the medical and safety needs of each patient. If not, call for back up and initiate multiple casualty procedures as appropriate.
- B. Multiple patients in one ambulance should be delivered to the most appropriate emergency facility for the most ill or injured patient.

IV. Emergent Inter-Facility Transfers:

- A. A request for a 911 ambulance to provide an emergency transfer from one facility to another may be made when a transfer ambulance is not available, and awaiting its availability would compromise the patient.
- B. Only an on-duty emergency physician may make the request, whether or not they are the transferring physician.
- C. The destination facility will be designated by the requesting physician with an accepting physician identified prior to transfer.
 1. Exceptions to the requirement for an accepting physician may be made when the transfer is from a non-hospital facility such as WCCHC.
- D. Patients shall be picked up in the sending emergency department and delivered to the receiving emergency department.
 1. Exceptions to this policy should only be made where time is a critical element and hospital staff accompanies EMS outside of the emergency department.
- E. Patient care provided by EMS personnel during transfer will be within their scope of practice. The sending facility must provide additional staff to assist in patient care that is beyond the EMS personnel scope of practice.
- F. Standing Orders should be used when indicated and communication with the receiving hospital shall be in accordance with Communication Guidelines.

V. Transport to Non-Base Station Facilities:

- A. **Walanae Coast Comprehensive Health Center (WCCHC)**
 1. A Federally Qualified Health Center (FQHC) with a 24/7 freestanding emergency department.
 - a. No inpatient beds.
 - b. No CT scanner.
 2. Patients whose condition at the scene is minor may be transported to WCCHC.

3. Communicate with HMC-West Base Station Physician with WCCHC monitoring for other patients that may be appropriate for transport to WCCHC.
- B. Kahuku Medical Center**
1. A Critical Access hospital with 24/7 emergency services.
 - a. Limited inpatient beds.
 - b. No CT scanner
 2. Patients whose condition at the scene is minor may be transported to Kahuku.
 3. Communicate with Wahiawa or Castle Base Station Physician with Kahuku monitoring for other patients that may be appropriate for transport to Kahuku.
- C. Kaiser Honolulu Clinic**
1. Urgent Care Services from 8am to 6 pm (closed Sundays and holidays).
 2. May accept non-emergent patients if within Metropolitan area.
 - a. Contact Dispatch for recorded phone patch to Kaiser Honolulu Clinic ER physician for approval to take a patient to the Honolulu Clinic.

VI. Re-route Guidelines:

- A. When a facility determines that it has insufficient beds and/or staff in the emergency department to appropriately provide care, they may declare themselves on re-route for emergency ambulance arrivals.
- B. Facilities on re-route may still be brought patients with minor illness or injury that are deemed suitable to sit in the waiting room.
- C. Facilities on re-route may still be brought patients who require immediate attention for cardiac arrest or compromised airway.
- D. When all metro receiving facilities (see Appendix B) are on re-route, they will all be considered open for patient transports.
- E. When all West Oahu area facilities (see Appendix B) are on re-route, they will all be considered open for patient transports.
- F. When multiple facilities are on re-route, dispatch and ambulance crews will work together to attempt to distribute cases among the hospitals to reduce the impact to any one facility.

Appendix A

Transportation Time Formula

- A. Calculate transport time to the nearest facility.
 1. Time calculation is from scene to receiving facility and back to station.
 2. For the five Honolulu units (Baker-1, Charlie-1, Makiki, Metro-1, and Pawa) 'station' means the boundaries of the designated service area.
 3. The western boundary for the Honolulu service area is Elliott Street.
 4. For the non-Honolulu units, 'station' means the home location of the ambulance unit.
- B. Calculate the transport time to the patient's preferred destination using the above formula.
- C. Additional transport time to accommodate the patient's destination preference should be limited to 20 minutes.
- D. The primary intent of this formula is to allow for patients to be transported to their preferred facilities under most traffic conditions, without jeopardizing community access to readily available EMS services.

Appendix B

Facility Resource Capabilities

- I. Receiving Facilities
 - A. Honolulu Metropolitan Facilities
 1. Hawaii Medical Center East
 2. Kuakini Medical Center
 3. The Queen's Medical Center (Level II Trauma Center)
 4. Straub Clinic and Hospital (Burn Center)
 5. Kapiolani Medical Center for Women and Children
 6. Kaiser Honolulu Clinic
 - B. West Oahu Facilities
 1. Kapiolani Medical Center at Pali Momi
 2. Wahiawa General Hospital
 3. Hawaii Medical Center West
 4. Waianae Coast Comprehensive Health Center
 - C. Windward Facilities
 1. Castle Medical Center
 2. Kahuku Medical Center
 - D. Metro-West Border Facilities
 1. Kaiser Moanalua Medical Center
 2. Tripler Army Medical Center
- II. Facilities with Obstetric Capabilities
 - A. Kapiolani Medical Center for Women and Children
 - B. The Queen's Medical Center
 - C. Tripler Army Medical Center
 - D. Kaiser Moanalua Medical Center
 - E. Castle Medical Center
- III. Facilities with Pediatric Intensive Care/In House Pediatrician 24/7
 - A. Kapiolani Medical Center for Women and Children
 - B. Kaiser Moanalua Medical Center
 - C. Tripler Army Medical Center
- IV. Licensed Psychiatric Facilities with Emergency Departments
 - A. The Queen's Medical Center
 - B. Tripler Army Medical Center
 - C. Castle Medical Center
- V. Facilities associated with Hyperbaric Capabilities
 - A. Kuakini Medical Center
 - B. Tripler Army Medical Center
- VI. Facilities that can receive EMS transmitted Electrocardiograms
 - A. The Queen's Medical Center
 - B. Tripler Army Medical Center
 - C. Kaiser Moanalua Medical Center
 - D. Castle Medical Center
- VII. The following DO NOT have CT scanning capabilities
 - A. Kaiser Honolulu Clinic
 - B. Kahuku Medical Center
 - C. Waianae Coast Comprehensive Medical Center