



**REGION 11
CHICAGO EMS SYSTEM
POLICY**

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| Title: Patient Transport – Chicago Fire Department |
| Section: Transportation |
| Approved: EMS Medical Directors Consortium |
| Effective: January 1, 2010 |

PATIENT TRANSPORT – CHICAGO FIRE DEPARTMENT

I. **DISPATCH:** In response to a request for prehospital care,

- A. The level of response to be dispatched will be determined by the Office of Emergency Communications personnel in accordance with approved Chicago Fire Department dispatch protocols.
- B. When possible, the caller should be informed when vehicle responses will exceed 6 minutes.

II. **TRANSPORT:**

- A. The patient will be transported to the nearest appropriate emergency department, unless advised otherwise by OLMC.
- B. At no time will advanced life support (ALS) care that was initially established be relinquished to a basic life support (BLS) service unless prior contact is made to and approval given by OLMC.

III. **Refusal of Transport to the Closest Appropriate Hospital** (see Consent/Refusal of Service policy). When the patient desires to be transported to a facility that is not the closest appropriate hospital:

A. Determine:

- 1. Need for ALS care.
- 2. Need for immediate transport.
- 3. Decision-making capacity of patient or presence of an individual who has durable power of attorney.

B. Continue to stress need for transportation and risk of delay.

C. Estimate the difference in ETA between requested destination and closest appropriate hospital.

D. Contact OLMC and relate the closest appropriate and desired destinations and approximate transport times to each hospital.

- 1. If only a small difference in transport time exists between the closest appropriate hospital and the desired destination, OLMC may authorize transport to the patient's requested destination rather than further delay care.



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2. If a large difference in transport time exists, the approach will vary depending upon patient's condition:
 - a. Patients Without Decision-Making Capacity: Patients who are not competent to refuse care may not refuse transportation to the closest appropriate hospital.
 - b. Patient With Decision-Making Capacity: Patient or family can arrange for private ambulance transport.
 - i. EMS personnel shall have patient sign release for damages that may be incurred due to delay in instituting transportation. Document discussions with the patient in the comment section of patient care report. If patient refuses transport, have the event witnessed.
 - ii. If a private ambulance is unavailable in a reasonable period of time and/or the requested destination is considered unreasonably distant, the patient will be required to accept transport to the closest appropriate facility or sign for refusal of care (see Consent/Refusal of Service policy).
 - iii. The patient may be transported to the requested facility at the discretion of the base station as appropriate.

- E. If at any time the patient's condition deteriorates to where he/she may lose decision-making capacity:
 1. Initiate appropriate care and stabilize patient.
 2. Re-contact OLMC and relate reassessment and interventions.
 3. Transport to the closest appropriate facility without delay.

IV. Transferring care from CFD to Private provider:

- A. CFD personnel are to remain on scene and administer care as required until care can be transferred to private ambulance personnel of the same or higher level of care.

Attachment I: List of Hospitals with Comprehensive Emergency Departments



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Attachment I

HOSPITALS WITH COMPREHENSIVE EMERGENCY DEPARTMENTS

HOSPITAL NAME

Christ Medical Center (Advocate)
Community First Medical Center
Holy Cross Hospital
Illinois Masonic Medical Center (Advocate)
Jackson Park Hospital & Medical Center
Jesse Brown Veterans Administration Medical Center
La Grange Memorial Hospital (AMITA Health)
Little Company of Mary Hospital & Health Care Centers (OSF HealthCare)
Loretto Hospital
Loyola University Medical Center
Lurie Children's Hospital of Chicago (Ann & Robert H.) (Pediatrics Only)
Lutheran General Hospital (Advocate)
MacNeal Hospital
Mercy Hospital & Medical Center
Mount Sinai Hospital
Northwestern Memorial Hospital
Norwegian American Hospital
Resurrection Medical Center Chicago (AMITA Health)
Roseland Community Hospital
Rush University Medical Center
Saint Anthony Hospital
Saint Bernard Hospital & Health Center
Saint Francis Hospital - Evanston (AMITA Health)
Saint Joseph Hospital - Chicago (AMITA Health)
Saint Margaret (Franciscan) (Indiana)
Saints Mary & Elizabeth Medical Center - St. Mary Campus ONLY (AMITA Health)
South Shore Hospital
John H. Stroger, Jr. Hospital of Cook County
Swedish Hospital (part of NorthShore)
Thorek Memorial Hospital
Trinity Hospital (Advocate)
University of Chicago Medical Center
University of Illinois Hospital and Health Sciences System
Weiss Memorial Hospital
West Suburban Medical Center

NOTE: CFD does not transport to basic or standby emergency departments.

Updated 2/20