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 the Resource or Associate Hospital medical oversight personnel.
- B. Once patient contact is made, no patient requesting emergency care and/or transport should be left at the scene without prior approval from the Resource/Associate Hospital.
- C. 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 the Resource/Associate Hospital.

III.Refusal of Transport to the Closest Appropriate Hospital (see policy - Refusal of Service)
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. Competency 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 the Resource/Associate Hospital 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, the Resource/Associate Hospital may authorize transport to the patient's requested destination rather than further delay

care.

- 2. If a large difference in transport time exists, the approach will very depending upon patient's condition:
 - a. <u>Non-competent patients</u>: Patients who are not competent to refuse care may not refuse transportation to the closest appropriate hospital.
 - b. Competent patients:
 - i. The Resource/Associate Hospital medical oversight personnel shall attempt to arrange for transport via a private provider vehicle. Such request to a private provider shall be given priority when originating from the Resource/Associate Hospital.
 - ii. 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.
 - iii. 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 policy Refusal of Service).
 - iv. 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 be considered incompetent patients may NOT be transported to the facility of choice:
 - 1. Initiate appropriate care and stabilize patient.
 - 2. Re-contact the Resource/Associate Hospital and relate reassessment and interventions.
 - 3. Transport to the closest appropriate hospital 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 Copyright 2016 Chicago EMS Medical Directors Consortium

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Reviewed: 10/92; 11/95; 4/96; 10/98; 3/00; 2/01; 7/01; 2/02; 3/02; 12/06; 4/07; 5/11; 8/15 Revised: 10/92; 11/95; 4/96; 10/98; 3/00; 2/01; 8/01; 2/02; 3/02; 12/06; 4/07; 8/15 MDC Approval: 1988; 11/5/92; 11/2/95; 6/13/96; 10/98; 3/00; 2/01; 9/01; 3/02; 12/4/07

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HOSPITALS WITH COMPREHENSIVE EMERGENCY DEPARTMENTS

HOSPITAL NAME

Christ Medical Center (Advocate)

Community First Medical Center

Franciscan Health Hammond (Indiana)

Holy Cross Hospital

Illinois Masonic Medical Center (Advocate)

Jackson Park Hospital & Medical Center

Jesse Brown Veterans Administration Medical Center

La Grange Memorial Hospital (Adventist)

Little Company of Mary Hospital & Health Care Centers

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

Metro South Medical Center - Blue Island

Mount Sinai Hospital

Northwestern Memorial Hospital

Norwegian American Hospital

Resurrection Medical Center (Presence)

Roseland Community Hospital

Rush University Medical Center

Saint Anthony Hospital

Saint Bernard Hospital & Health Center

Saint Francis Hospital - Evanston (Presence)

Saint Joseph Hospital - Chicago (Presence)

Saints Mary & Elizabeth Medical Center - St. Mary Campus ONLY (Presence)

South Shore Hospital

John H. Stroger, Jr. Hospital of Cook County

Swedish Covenant Hospital

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 4/17