

STANDARD OPERATING GUIDELINE



[Transport Destinations]

Department: Operations

SOG #210

Applicable to: All Staff

Effective Date: 1 March 2020

2 Pages

Authority: Chief Of Operations

Applicable CAAS Standard:

Revised Effective Date:

Purpose:

The purpose of this Standard Operating Guideline (SOG) is to outline the position of Brighton Volunteer Ambulance (BVA) regarding allowed transport destinations which Agency personnel may transport to, and provide guidance on unacceptable destinations.

Scope:

The scope of this document applies to all road personnel. Monroe County currently has five (5) receiving Emergency Departments; Highland Hospital, Strong West, Unity Hospital, Rochester General, and Strong Hospital. Each of these facilities is designated by MLREMS as to their capabilities, trauma center levels, etc.

Guideline:

1. The Region publishes annually the Hospital Capability PDF, outlining what each facility can handle. Providers should make themselves familiar with this PDF, and refer to it in case a question arises.
2. Certain hospitals have specific restrictions/types of patients which should not be taken to them. While all facilities have surge plans and the ability to handle/stabilize acute patients until transfer, it is important to, when possible, deliver the patient to the most appropriate facility in the first transport. (The following is a recommendation, and if the MLREMS Capabilities Chart or Clinical judgment say otherwise, follow that.)
 - 2.1. 272 Highland Hospital - No severely intoxicated patients, trauma patients, psychiatric problems.
 - 2.2. 273 Strong West - This is a stand-alone emergency department (ED). No patient which the provider suspects will require any hospitalization beyond ED treatment. No Trauma patients or psychiatric problems.
 - 2.3. 275 Unity Hospital - No psychiatric facilities.
 - 2.4. 276 Rochester General Hospital - No restrictions/considerations.
 - 2.5. 278 Strong Hospital - No restrictions/considerations.
3. Out of Area Hospitals
 - 3.1. 341 Clifton Springs - Not receiving psychiatric patients. Greater than thirty-minute transport, avoid if possible.
 - 3.2. 342 FF Thompson - No known restrictions. Greater than thirty-minute transport, avoid if

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4. Providers should take care to stay aware of hospital conditions throughout their shift and be an advocate for their patient. Providers should also take care to be aware of hospital capabilities, beyond what is listed here, and at all times act in the best interest of the patient. Generally, The Agency will only transport to the receiving facilities listed above. Requests for any other destination require Shift Supervisor approval.
5. The Agency will not transport patients to funeral homes, urgent cares, doctors offices, or to their primary residence when requests for service originate through the 911 center.
6. Special Considerations:
 - a. Occasionally, The Agency may receive a request for a specialty transport, fitting into a variety of categories. These could include but are not limited to:
 - i. Hospital to Home,
 - ii. Home to Hospice,
 - iii. Arranged transport from Nursing Home to Hospital,
 - iv. Home to Nursing Home,
 - v. Home to the Doctor's office, etc.
 - b. Due to the complexities of billing matters and Department of Health regulations, any requests of the above nature will be approved/denied by the Chief of his/her designee.
 - c. See also, SOG 207 - Interfacility Transfers
7. Transporting units may receive requests or advice to divert to another receiving facility. Providers receiving this information must:
 - a. Confer with their patient, if possible, to determine a potential secondary receiving facility of their preference.
 - b. Determine the distance to a secondary receiving facility and consider potential negative impacts in delaying definitive care if the facility is a greater distance away.
 - c. Ensure that the secondary receiving facility is capable of providing the appropriate level of definitive care.

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