



Medical Directive

Directive Number	<u>11-05</u>
Publish Date	<u>22 July 2011</u>
Effective Date	<u>01 August 2011</u>
Subject	<u>Bee Cave Free-standing Emergency Department</u>
Update to Clinical Operating Guidelines v 01.06.11	

Credentialed System Responder	Information
Credentialed EMT	Information
Credentialed EMT-Intermediate	Information
Credentialed EMT-Paramedic	Action
Credentialed EMD	Action

St David’s Healthcare will be opening a free-standing Emergency Department in Bee Cave near 620 and 71. The opening is currently scheduled for opening and utilization by ATCEMS on August 1st. This type of Emergency Department is equipped and staffed like any other Emergency Department including ED Physicians, Nurses and ED techs as well as being able to perform comprehensive laboratory analysis, CAT scan, X-ray, and ultrasound. As the name suggests a free-standing ED is not attached to a hospital and therefore cannot admit patients to the facility. Patients who require admission, surgery or other in-patient services must be transferred to a traditional hospital for admission.

The inability to admit patients requires that we modify our transport process to minimize the number of patients taken to the facility who will subsequently need admission and additional transport. As a result the free-standing ED will be eligible to receive alpha, bravo, charlie category patients only with the following additional restrictions:

- No OB patients
- No open fractures
- No psychiatric patients

If a patient does not meet the above criteria and requests the Bee Cave facility; they should be advised that their condition is likely to require testing or intervention not available at the facility and recommend that they be transported to another, more appropriate facility. If a patient insists on transport to the free-standing ED despite an explanation of the risks of transport to the Bee Cave ED and the benefits of transport to another ED they should be transported to the facility of their choosing.

The free standing ED, like other ED's, cannot control their walk-in traffic. As a result they may call on EMS in the event they have a walk-in patient that requires our assistance in the care and transport of a critical patient. If you are dispatched to the free standing ED for one of these critical patients please assist the ED staff in managing and transporting the patient. In such cases the ED physician should be considered an intervener physician whose instructions may be followed as long as they are within the scope of practice of the provider. If any questions should arise do not hesitate to contact a Commander or the On-Call System Medical Director.

The attached COG Documents are impacted by this System change:

- Memorandum of Transfer (MOT), Clinical Standard CS – 19
- Hospital Transport Grid, Clinical Reference CR – 13
- Hospital Transport Guidelines, Appendix A – 2

If there are questions relating to the opening of this facility please contact the OMD.

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Memorandum of Transfer (MOT)

Standard:

To establish the expectations that ATCEMS transporting crews will review Memorandum of Transfers (MOT) in order to transfer the patient to the appropriate receiving facility as ordered in the MOT.

Purpose:

A Memorandum of Transfer (MOT) is a medical order written for the transfer of care of a patient between one hospital/facility to another hospital. The transport providers will honor the MOT unless there is a change in patient condition that necessitates transport to a closer facility for the purpose of stabilization.

Application:

1. Ensure that there is an MOT for every patient that is being transferred from one hospital to another that it includes the signature of the sending physician, the name of a receiving physician and a destination that is an approved transport destination as outlined in the COG's. If the transport providers perceive a conflict with the existing ATCEMS destination policy and the indicated destination this must be clarified with the sending physician or his designee before transport is initiated.
2. Review the MOT to ensure the intended destination is listed on the MOT. If it is not indicated or there is a change in destination this must be modified by the sending facility prior to transport. The transport providers shall not modify or document on the MOT.
3. The patient is to be transported to the intended destination unless there is a change in the patient status that can not be managed through existing ATCEMS treatment protocols or through contact with the sending/receiving physician. In such cases the provider may divert to a closer appropriate facility for immediate stabilization. The reasons for diversion should be thoroughly documented in the PCR.
4. Treat the patient in accordance with the COG's or medical orders provided by the transferring physician. Providers must ensure that the orders from the transferring physician are within their defined scope of practice according to the COG's, and/or meets the requirements of Appendix "Interfacility Medication Staff Requirements".
5. A patient with present mental capacity who has not had this capacity removed by physician or court order and who is not in custody retains the rights of consent and refusal outlined in the Refusal of Treatment/Transport Standard. If the patient wishes to refuse care or alter the prescribed destination this should be discussed with the sending physician.
6. A copy of the MOT should be made and placed in envelope to be turned into EMS HQ for inclusion with the patient's medical record.

Exception (s) to MOT Requirement FSED:

- Transfers from St David's Bee Cave to St David's South Austin Medical Center

	University Medical Center at Brackenridge	Dell Children's Medical Center	Seton Medical Center Austin	St. David's Medical Center	North Austin Medical Center	Heart Hospital of Austin	South Austin Medical Center	Westlake Medical Center	Seton Northwest Medical Center	Seton Southwest Medical Center	Austin Women's Hospital	Round Rock Medical Center	University Medical Center	Seton Medical Center (Scott & White)	Cedar Park Regional Medical Center	St. David's Bee Cave FSED
Trauma Alert/Transport <15 y/o & not pregnant		✓														
Trauma Alert/Transport ≥15 y/o or pregnant at any age	✓										✓		✓			
Stroke Alert <18 y/o & not pregnant		✓														
Stroke Alert ≥18y/o or pregnant at any age	✓		✓	✓												
STEMI Alert <18 y/o & not pregnant		✓														
STEMI Alert ≥18 y/o & not pregnant	✓		✓	✓	✓	✓	✓	✓			✓		✓		✓	
STEMI Alert ≥18 y/o & pregnant at any age	✓		✓	✓	✓	✓	✓	✓			✓		✓		✓	
RESUSCITATION Alert > 18y/o	✓		✓	✓	✓	✓	✓				✓		✓			
RESUSCITATION Alert < 18 y/o		✓														
OB Echo	✓															
OB Delta	✓		✓	✓	✓		✓		✓		✓		✓		✓	
OB Pre-Registered and/or OB Alpha/Bravo/Charlie	✓		✓	✓	✓		✓		✓		✓		✓		✓	
Sexual Assault Female <18 y/o, not pregnant, and no menses		✓														
Sexual Assault Female ≥18 y/o or pregnant, or menses has begun				✓												
Sexual Assault Male <12		✓														
Sexual Assault Male ≥12				✓												
CO Exposure/Diving Barotraumas (HBO) all ages				✓												
< 18 y/o Delta/Echo medical patients not pregnant		✓														
≥ 18 y/o Delta/Echo medical patients not pregnant	✓		✓	✓	✓	✓	✓	✓			✓		✓		✓	
< 18 y/o Alpha/Bravo/Charlie not pregnant	✓		✓	✓	✓	✓	✓	✓	✓		✓		✓		✓	
≥ 18 y/o Alpha/Bravo/Charlie not pregnant	✓		✓	✓	✓	✓	✓	✓	✓		✓		✓		✓	
Dell can not take any pregnant patient																
Geographic Specific																
FSED Cannot take OPEN Fractures or Psychiatric patients regardless of classification																

Decisions regarding patient destination should be made in the following order, AGE appropriate and: Trauma ACTIVATION, ***if not then*** Condition listed below (closest designated facility) ***if not then*** Patient and/or family preference ***if not then*** Closest facility listed.

Comprehensive List of Approved Transport Facilities

University Medical Center at Brackenridge	Dell Children's Medical Center	Heart Hospital of Austin	North Austin Medical Center
Round Rock Hospital	Seton Medical Center Austin	Seton Northwest Medical Center	Seton Southwest Medical Center
South Austin Hospital	St. David's Medical Center	Westlake Medical Center	Austin Women's Hospital
University Medical Campus. Round Rock, S & W	Seton Medical Center Williamson	Cedar Park Regional Medical Center	Seton Medical Center Hays
St. David's Bee Cave (FSED)			

SINGLE TRAUMA PATIENT IN THE UNIT

Trauma ACTIVATION >15 yrs OR <15 yrs (With OB or Cardiac Arrest) closest Adult Level 1 or 2 Trauma Center: UMC Brackenridge, Round Rock Hospital or Seton Medical Center Williamson.

Trauma ACTIVATION <15 yrs Dell Children's Medical Center (EXCEPT – OB) unless a prolonged transport would potentially compromise the patient, then closest Adult Level 1 or 2 Trauma Center for immediate stabilization, **then on to Dell Children's Medical Center.**

MULTIPLE TRAUMA PATIENTS IN THE SAME UNIT

Guiding principle of trauma transportation destination decision with multiple patients in the unit: The most severely injured patient determines the destination unless a prolonged transport would potentially compromise either patient, then closest Level 1 or 2 Trauma Center.

- **STEMI ALERT with 12 Lead Transmission (when available) > 18 yrs** All Hospitals **EXCEPT:** Seton Northwest Medical Center, Seton Southwest Medical Center, Dell Children's Medical Center, University Medical Campus RR, Cedar Park Regional Medical Center, Austin Women's Hospital and St. David's Bee Cave (FSED).
- **STEMI ALERT with 12 Lead Transmission (when available) < 18 yrs** Dell Children's Medical Center **(EXCEPT – OB)**
- **Stroke ALERT Level 1 >18 yrs** UMC Brackenridge Hospital, Seton Medical Center Austin, and St. David's Medical Center
- **Stroke ALERT Level 2 >18 yrs** North Austin Medical Center, Seton Medical Center Williamson
- **Stroke ALERT < 18 yrs** Dell Children's Medical Center **(EXCEPT – OB)**
- **Resuscitation ALERT > 18 yrs** UMC Brackenridge Hospital, Round Rock Hospital, South Austin Hospital, Seton Medical Center Austin, St. David's Medical Center, Seton Medical Center Williamson, Heart Hospital of Austin, North Austin Medical Center
- **Resuscitation ALERT < 18 yrs** Dell Children's Medical Center **(EXCEPT - OB)**
- **Basic Receiving Facility > 18 yrs (Alpha, Bravo, Charlie–non OB)** All Hospitals **EXCEPT:** Dell Children's Medical Center and Austin Women's Hospital
- **Basic Receiving Facility < 18 yrs (Alpha, Bravo, Charlie–non OB)** All Hospitals **EXCEPT:** Austin Women's Center

- **Comprehensive / Critical Care Facility >18 yrs (Delta & Echo – non trauma/non OB)**
All Hospitals **EXCEPT:** Seton Southwest Medical Center, Westlake Medical Center, University Medical Campus RR, Dell Children’s Medical Center, Cedar Park Regional Medical Center, Austin Women’s Hospital and St. David’s Bee Cave (FSED).
- **Comprehensive / Critical Care Facility <18 yrs (Delta & Echo – non trauma/non OB)**
Dell Children’s Medical Center
- **OB ECHO Patients** All Ages, UMC Brackenridge
- **OB Delta Patients** All Ages, All Hospitals **EXCEPT:** Dell Children’s Medical Center, Heart Hospital of Austin, Westlake Medical Center, Seton Southwest Medical Center, University Medical Campus RR, Cedar Park Regional Medical Center and St. David’s Bee Cave (FSED).
- **OB Pre-Registered and/or OB Alpha, Bravo, Charlie, Patients** All Ages, All Hospitals **EXCEPT:** Dell Children’s Medical Center, Heart Hospital of Austin, Westlake Medical Center and St. David’s Bee Cave (FSED).
- **Diving Barotraumas (HBO)** All Ages, St. David’s Medical Center
- **Sexual Assault >18 yrs** St. David’s Medical Center and St. David’s Round Medical Center
- **Sexual Assault <18 yrs** Dell Children’s Medical Center (**EXCEPT – OB or Menses has begun or Male > 12 yrs old – these go to St. David’s Medical Center or St. David’s Round Rock Medical Center**)
- **FSED Additional conditions: NO Open Fractures and NO Psychiatric patients regardless of classification (Alpha, Bravo, Charlie).**

The “ALERT” status declaration is made to Communications and is for their assistance (as needed) in determining the most appropriate transport destination (based on time, distance and facility level/type). Communications will provide an “ALERT” notification to the selected Hospital. Then, communications will advise and facilitate the most expeditious mode of Transport (Ground or Air).