

	<b>A07 - VECTRS</b>	
	POLICY & PROCEDURE	
Version date: 2024-10-28	Effective Date: 2024-11-05 (07:00)	

**(204) 949-4000****<- - - VECTRS - - ->****1 (833) 937-9494**

1. Paramedics will contact the Virtual Emergency Care & Transport Resource Service (VECTRS) for all of the following:
  - Clinical support
    - On-line medical support (OLMS)
    - On-line trauma support (OLTS)
  - Destination and redirection (diversion) decision support
  - Trauma destination decision support and authorization for trauma bypass
  - Trauma team activation at the Health Sciences Center (HSC) and trauma prealert at alternate facilities
  - Stroke team activation at HSC and prealert at Provincial telestroke sites
  - Access to the Code-STEMI physician and authorization to transport to the Provincial “cath lab”
  - Access to the VAD coordinator or cardiologist
2. A paramedic may call for clinical or destination support at any time. You must call VECTRS for the following situations:
  - You have transported a patient with a critical condition to a hospital that has no physician available and you require clinical support (B01)
  - A care map or medication standing order does not adequately address your patient’s situation
  - You are required to consult OLMS (C01, C02) or OLTS (F02.1, F02.2) before discontinuing a resuscitation
  - A minor is refusing treatment and/or transport without an adult custodian present or available (A05)
  - Prior to the interfacility transport (IFT) of any patient in labor (D01.2)
  - You are otherwise directed to in a specific care map.
3. The call will initially be answered by the VECTRS interfacility transport coordinator (IFTC) who will require demographics (name, birthdate, personal health insurance number) to register the patient at VECTRS. Calls will be recorded and documented.
4. You will be assisted by the VECTRS clinicians, including the advanced care paramedic (ACP) and / or emergency physician (EP).
 

If required, a delegation can be provided and can be accepted from either the ACP or EP. Medication orders must be authorized by the EP, but may be conveyed by and accepted from the ACP.
5. During peak periods the VECTRS advanced practice respiratory therapist (APRT) may be assisting with EMS calls, but a paramedic cannot accept a delegation or an order from them.
6. You should provide an organized and focused request including full vital signs, your current location, estimated time to the designated facility for this condition or the closest open emergency department (ED), and prehospital CTAS scores.

The SBAR (situation / background / assessment / request) is a universally recognized structured framework

for patient care communications, and is the preferred format for ERS.

7. The VECTRS clinician may conference in the Provincial transport physician (TP) and air medical crew (AMC) for consideration of air intercept and / or subsequent TFT.
8. You will continue to provide notification (including an estimated time of arrival) to receiving emergency department (ED) facility staff at an appropriate interval before arrival.

### AIR PREALERT & AUTOLAUNCH

For certain Medical Priority Dispatch System (MPDS) determinants, the Medical Transportation Coordination Center (MTCC) will prealert or autolaunch the Shock Trauma Air Rescue Society (STARS) or prealert Lifeflight.

Most of these are addressed in specific care maps (B04.1, B04.2, B04.3; C01, C02, C08; E03, E04, E15; F02.1, F02.2). However, some are covered by MPDS dispatch cards that do not have an applicable ERS care map or destination protocol (e.g. back pain with a known abdominal aortic aneurysm).

If a prealert or autolaunch has occurred, MTCC will request an initial report from paramedics by radio as early as possible. The transport physician (TP) will decide to launch or stand down based on this report.

If STARS or Lifeflight respond to the call, the TP will be the most responsible physician (MRP) and paramedics will transport as directed by the TP. However, paramedics must also notify VECTRS as soon as possible to enable VECTRS to perform the following functions:

- Trauma team activation or trauma prealert
- Stroke team activation or telestroke prealert
- Consultation with the Code-STEMI physician
- Consultation with the VAD coordinator or cardiologist

If STARS or Lifeflight is not involved or is stood down, VECTRS will assume responsibility and the VECTRS EP will assume the MRP role. Paramedics will contact VECTRS and transport as directed by the VECTRS EP or ACP.

The TP and VECTRS clinicians will collaborate in the best interests of the patient. However, the MRP will have decision-making authority.

### DESTINATION & REDIRECTION

- Paramedics are reminded to follow the destination protocol (B01).
  - Patients or their proxies cannot request a specific destination based on preference or convenience.
  - Paramedics cannot request an alternate destination based on preference or convenience, or to preempt a secondary interfacility transport (IFT). All IFTs will be triaged and appropriately prioritized by VECTRS, and dispatched by the Medical Transportation Coordination center (MTCC).
- In the event of a hospital redirection, if there is a destination challenge, paramedics should consult the clinical service lead (CSL). They will involve VECTRS if the challenge needs to be escalated.

### TRAUMA BYPASS

- Call VECTRS and indicate that you have a *major trauma patient who meets bypass criteria*, regardless of where you are in the Province (tables A or B in B04.1, B04.2, or B04.3). Indicate your current location and estimated transport time to your destination.
  - For a patient with any anatomical or physiological indicator (table A), VECTRS will authorize you to bypass closer facilities and transport directly to the trauma center or specific regional health centers, such as Brandon or Dauphin. In certain circumstances, VECTRS may direct you to an alternate location for air intercept.
  - For a patient with mechanism of injury (MOI) or special consideration (table B) VECTRS may direct you to a local ED for the initial evaluation.
  - If your patient does not meet table A or B criteria, but you still have concerns, consult VECTRS. The VECTRS clinician can review the patient with you and provide destination advice.
- VECTRS will provide trauma team activation at HSC, or provide trauma pre-alert to other facilities.

### ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION (STEMI)

- Call VECTRS and indicate that you have a STEMI patient, regardless of where you are in the Province (E04). VECTRS will conference in the STEMI physician.
- Indicate your current location and estimated transport time to at St. Boniface Hospital (SBH).
- If you are within 100 minutes of SBH, the STEMI physician will authorize direct transport to SBH and pre-alert “cath lab” staff.
- If your patient is more than 100 minutes from SBH, the STEMI physician may direct you to an alternate location for initial thrombolysis, followed by urgent secondary transport to SBH.
- If transporting directly to SBH, VECTRS may direct you to a specific location for air intercept.

### LEFT VENTRICULAR ASSIST DEVICE (LVAD)

- Call VECTRS and indicate that you have a patient with an LVAD, regardless of where you are in the Province.
- VECTRS will conference in the on-call VAD coordinator from SBH, and direct you to an appropriate ED depending upon the patient complaint.

### ACUTE STROKE

- Call VECTRS and indicate that you have an acute stroke patient, regardless of where you are in the Province (E15).
- Indicate your location, the closest stroke site and estimated transport time to the closest stroke center or regional telestroke site.
- VECTRS will direct you to transport to either the Provincial stroke center at HSC, or a regional telestroke site.
- At HSC, VECTRS will preregister the patient at HSC, arrange for immediate CT imaging upon arrival, and provide stroke team activation to the stroke team.
- If advised to transport to a telestroke site, VECTRS will pre-alert the telestroke neurologist and appropriate staff at the receiving emergency department.

### LINKS / REFERENCES

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| <ul style="list-style-type: none"> <li>• A05 Refusal</li> <li>• B01 Standard Destination &amp; Redirection</li> <li>• B04.1 Trauma Destination (IERHA &amp; SHSS)</li> <li>• B04.2 Trauma Destination (PMH)</li> <li>• B04.3 Trauma Destination (NRHA)</li> <li>• C01 Basic Cardiac Arrest for EMR</li> <li>• C02 Advanced Cardiac Arrest</li> </ul> | <ul style="list-style-type: none"> <li>• C08 LVAD</li> <li>• E04 ACS / STEMI</li> <li>• E15 Stroke</li> <li>• F02.1 Basic Trauma Arrest for EMR</li> <li>• F02.2 Advanced Trauma Arrest</li> <li>• D01.2 Labor IFT</li> </ul> |
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### APPROVED BY



EMS Medical Director



EMS Associate Medical Director

### VERSION CHANGES (refer to X01 for change tracking)

- Retitled (from WHO TO CALL)
- Paramedics will contact VECTERS for clinical and destination decision support
- Paramedics will radio MTCC if air asset has been prealerted or autolaunched