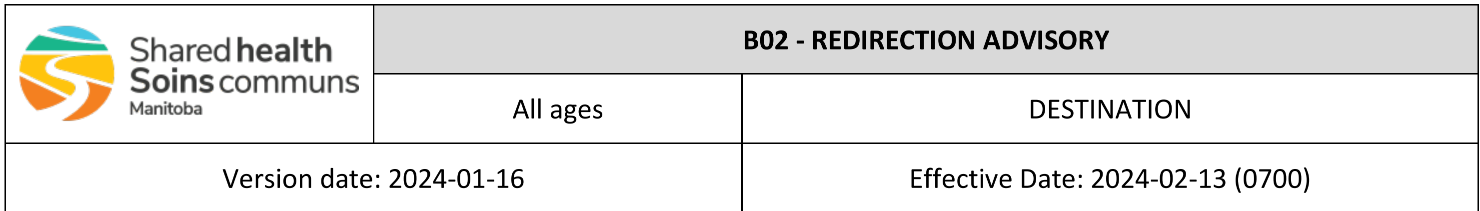

Shared health Soins communs Manitoba	B02 - REDIRECTION ADVISORY	
	All ages	DESTINATION
Version date: 2024-01-16		Effective Date: 2024-02-13 (0700)

- ❑ Airway cannot be opened or maintained
- ❑ Patient cannot be ventilated or oxygenated
- ❑ Uncontrollable exsanguinating hemorrhage
- ❑ Imminent delivery
- ❑ Newborn requiring resuscitation
- ❑ Prolapsed umbilical cord, shoulder dystocia, breech presentation

Yes →
- ❑ Transport to closest open ED regardless of MD availability [4]
- ❑ Call OLMS if no local MD available

No ↓

- ❑ Designated hospital for this condition [5]
- ❑ Pre-approved destination for this patient [6]

Yes → Transport to that destination

No ↓

- ❑ Transporting CTAS = 1 / 2
- ❑ NEWS = 5 or greater (or any single 3-point parameter)

Yes → Transport to closest open ED with physician available [5]

No ↓

Other considerations

Yes →
- ❑ Call OLMS for clinical factors [8]
- ❑ Call OCS for operational issues [9]

No ↓

Transport to next closest open hospital [10]

IDENTIFIER:	**EMR:** EMR only	**PCP:** PCP & ICP	**ICP:** ICP only	None - all providers

INDICATIONS
• The closest emergency department (ED) has requested a redirection advisory

CONTRAINDICATIONS
• Not applicable

NOTES

1. An emergency department (ED) will be considered "open" to patients arriving by EMS if it is accepting patients who walk-in or self-present without EMS.
2. An ED will be considered "closest" if it has the shortest estimated transport *time* from the patient's current location. Transport time must be based on safe vehicular speed. Non-clinical issues affecting patient, provider, and public safety such as road and weather conditions will be at the discretion of the vehicle operator.

   When two facilities have similar transport times, the closest will be that which has the shortest estimated transport *distance* from the patient's current location.

   When two destinations have similar transport times and distances, paramedics should consider transport *in the direction of the most likely referral centre*, in the event that an interfacility transfer (IFT) may subsequently be required.

   Medical Transportation Coordination Centre (MTCC) personnel can advise regarding the location and status of the closest destination.
3. Staff at a hospital outside of Winnipeg will notify MTCC when there is reduction in emergency services at their ED. In response, ERS will issue a *redirection advisory* for that facility. MTCC will inform transporting paramedics. Paramedics cannot accept destination direction from facility staff.
4. For these critical conditions, transport to a higher level of care or better resourced environment (more "hands", stable platform, reliable communications) may be the best course of action, even in the absence of a physician.
5. A facility may be the *designated hospital* for the management of a specific condition (table A, B01- DESTINATION). With the exception of Health Sciences Center (HSC) which may redirect certain non-trauma patients to maintain its trauma capacity, a hospital cannot redirect patients with the condition for which it is designated.
6. As some medical conditions require special equipment or expertise, a patient's physician may request transport to a specific destination. This must be done in advance and requires approval by ERS, who will provide paramedics with notification or documentation for transport to that pre-approved destination. In the absence of such documentation paramedics should consult on-line medical support (OLMS) or transport to the closest ED.
7. Patients with a transporting Canadian Triage Acuity Scale (CTAS) level of 1 or 2 (appendix A), or a cumulative National Early Warning Score (NEWS-2) of 5 or greater, or a score of 3 for any single NEWS-2 parameter (appendix B) will be taken to the closest open ED where a physician is most promptly available for urgent / emergent medical assessment.

   If the reason for the ED service reduction is the *temporar*y absence of the physician (such as due to an IFT) and they will become available in less time that it will take to transport to an alternate site, paramedics will transport to the closer ED and remain with the patient until the physician returns.

8. These may include patient age or mobility, the nature and severity of symptom(s), the ability to return home after discharge, and the impact of a longer transport duration of patient safety or well-being. On-line medical support (OLMS) may involve the on-call supervisor (OCS) as necessary.
9. These may include transport conditions (road / weather), excessive transport times, multiple adjacent redirections, EMS call volume & capacity, staffing and paramedic fatigue.
10. A patient or their proxy must be informed if being redirected and must provide consent.
11. Paramedics will ensure the appropriate pre-arrival notification of staff at the receiving hospital and provide updates as necessary.

LINKS
B01 - STANDARD DESTINATION B03 - DESTINATION WHEN THE CLOSEST ED IS IN WINNIPEG

APPROVED BY	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X02 for change tracking)
• Revised flow chart & notes ○ Destination based on CTAS level & NEWS-2 for standardization ○ Definition of "open" ED added • Tension pneumothorax removed from first box (covered by second box as need to go to site with MD) • Instruction to call OCS for operational issues • Identifier legend at bottom of flow chart replaces work scope statement in header

APPENDIX A: CANADIAN TRIAGE & ACUITY SCALE (CTAS)		
Prehospital CTAS Level	**Max Time to MD Assessment**	**Population Target (%)**
1	Immediate	98
2	15 minutes	95
3	30 minutes	90
4	1 hour	85
5	2 hours	80

APPENDIX B: NATIONAL EARLY WARNING SCORE (NEWS-2)

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO_2 Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO_2 Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

SpO_2 SCALE 2: For patients with hypercapnic respiratory failure, most commonly due to COPD) scale represents the ideal SpO_2 of 88 to 92% for patients receiving supplemental oxygen. Paramedics should use sclae 2 for all patients on home oxygen therapy.

CVPU: New onset of confusion, responsiveness to voice or pain, or unresponsiveness.