

	B03 - DESTINATION WHEN THE CLOSEST ED IS IN WINNIPEG	
	All ages	DESTINATION
Version date: 2023-10-16	Effective Date: 2023-10-24 (0700 hrs)	

- TRANSPORT TO THE CLOSEST ED OR UCC ¹**

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

EMERGENCY:
 Grace Hospital (GH)
 Health Sciences Centre (HSC)
 St. Boniface Hospital (SBH)

URGENT CARE:
 Concordia Hospital (CH)
 Seven Oaks Hospital (SOH)
 Victoria Hospital (VH)

- TRANSPORT TO SBH (TABLE A): ⁶**

 - Non-traumatic arrest with ROSC
 - Hypothermic arrest
 - STEMI
 - LVAD / cardiac transplant
 - ICD / pacemaker malfunction

- TRANSPORT TO HSC (TABLE B): ⁶**

 - Acute stroke < 6 hours of onset
 - Traumatic arrest / major trauma (B04.1 / B04.2)
 - Dialysis arrest without ROSC
 - Major trauma or burns
 - Neurosurgical emergency
 - Transplant (non-cardiac)
 - Bleeding disorder
 - Ventilator dependent
 - Pulmonary hypertension
 - Physical restraint required

- MAJOR TRAUMA**
- TRAUMA ARREST** (*if transporting*):

ADULT ED:
 17 yr & older
 12 up to 17 yr & penetrating trauma ⁷

CHILDREN'S ED:
 Under 17 yr
 12 up to 17 yr & blunt trauma

- TRANSPORT AS PER TABLE C: ⁶**

 - Dialysis dependent
 - Pregnancy > 20 weeks
 - Post-partum hemorrhage
 - Ruptured AAA

If there is a **pre-approved destination** for this patient transport to that destination or contact OLMS ⁸

- Transport to closest ED in Winnipeg ⁹
 - Transport to Children's ED if patient is up to 17 years of age

IDENTIFIER:	EMR: EMR	PCP: PCP & ICP	ICP: ICP only	None - All providers
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INDICATIONS

- All patients whose point of origin is closer to the Perimeter Highway than any other regional health care facility¹⁰

CONTRAINDICATIONS

- Not applicable

NOTES

1. Winnipeg urgent care centres (UCC) have appropriate personnel and equipment for the initial stabilization of patients with these critical, time-sensitive conditions.
2. For the purposes of this protocol, an emergency department (ED) or UCC will be considered closest if it has the shortest estimated transport *time* from the patient's current location. When two destinations have similar transport times, paramedics will transport to that which has the shortest estimated transport *distance*.
3. Paramedics may consult on-line medical support (OLMS) at any time for destination decision and/or clinical support.
4. Medical Transportation Coordination Centre (MTCC) personnel can advise paramedics regarding the status of the closest hospital.
5. Paramedics will ensure appropriate pre-arrival notification of staff at the receiving hospital and provide updates as necessary.
6. A patient with a condition listed in tables A, B, or C cannot be redirected away from the hospital designated for that condition.
Local staff may redirect patients without a condition listed in tables A, B, or C to other sites to preserve their capacity to receive patients with the listed conditions (*eg. HSC may redirect certain non trauma patients to maintain its trauma capacity*).
7. Patients 12 up to 17 years of age with penetrating trauma can only be rerouted to Children's ED at the direction of trauma team leader, HSC emergency physician, or OLMS.
8. For some complicated conditions that may require specialized treatment, a patient's physician may request transport to a specific destination. Paramedics will only transport to that **pre-approved destination** if the patient provides appropriate documentation that has been approved by ERS. In the absence of such documentation paramedics will transport to the closest ED or should consult OLMS.
9. Provincial EMS/PT will not routinely transport primary response patients to an UCC but paramedics may be directed to transport stable patients there to manage patient volumes and off-load times at the emergency departments.
10. Provincial Trunk Highways #100 and #101 are collectively referred to as Winnipeg Perimeter Highway (Perimeter Hwy) and constitute the geographic boundary of the Winnipeg Regional Health Authority (WRHA).

TABLE A - ST. BONIFACE HOSPITAL

- EMS providers will transport to the SBH ED if any of the following conditions is known or suspected:
 - Non-traumatic cardiac arrest with the return of spontaneous circulation (ROSC) - 17 years and older
 - Hypothermic cardiac arrest regardless of ROSC status
 - Left ventricular assist device (LVAD) regardless of the complaint, excluding trauma
 - Cardiac transplant regardless of the complaint, excluding trauma
 - Malfunction of an implantable cardiac defibrillator (ICD) or pacemaker
 - ST-segment myocardial infarction (STEMI) without pre-arrival consultation to the Code STEMI physician (if directed, bypass the ED and transport directly to the cath lab)

TABLE B - HEALTH SCIENCES CENTRE**ADULT ED:**

- EMS providers will transport to the ADULT ED if any of the following conditions is known or suspected:
 - Traumatic cardiac arrest regardless of ROSC status
 - Cardiac arrest in a dialysis patient who does not achieve ROSC prior to hospital arrival
 - Major trauma or major burn(s) who meet the field triage criteria for bypass & direct transport
 - Acute neurosurgical condition
 - Non-cardiac transplant regardless of the complaint
 - Bleeding disorder (e.g., Hemophilia, von Willebrand's disease) regardless of the complaint
 - Long-term mechanical ventilation (ventilator dependent) regardless of the complaint
 - Pulmonary hypertension on Flolan or Remodulin by continuous infusion regardless of the complaint
 - Physical restraint necessary to protect the patient and providers

CHILDREN'S ED:

- All patients up to 17 years of age (including 16 years & 364 days), excluding penetrating trauma victims from 12 up to 17 years of age who will be transported to Adult Emergency

TABLE C - PRIMARY DESTINATIONS

CLINICAL CONDITION	PRIMARY DESTINATION
Known or suspected ruptured abdominal aortic aneurysm	Closest vascular surgery site (HSC or SBH)
Pregnancy with estimated gestational age > 20 wks	Scheduled delivery site (HSC or SBH)
Post-partum hemorrhages up to 6 weeks post delivery	Site where delivery occurred (HSC or SBH)
Hemodialysis or peritoneal dialysis (dialysis dependent)	Primary dialysis site (HSC, SBH or SOH)

LINKS	
B01 - STANDARD DESTINATION B02 - REDIRECTION ADVISORY	

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X02 for change tracking)
<ul style="list-style-type: none"> Children under 17 years of age who do not meet any other destination criteria will now be transported to Children's ED to align with WFPS protocol