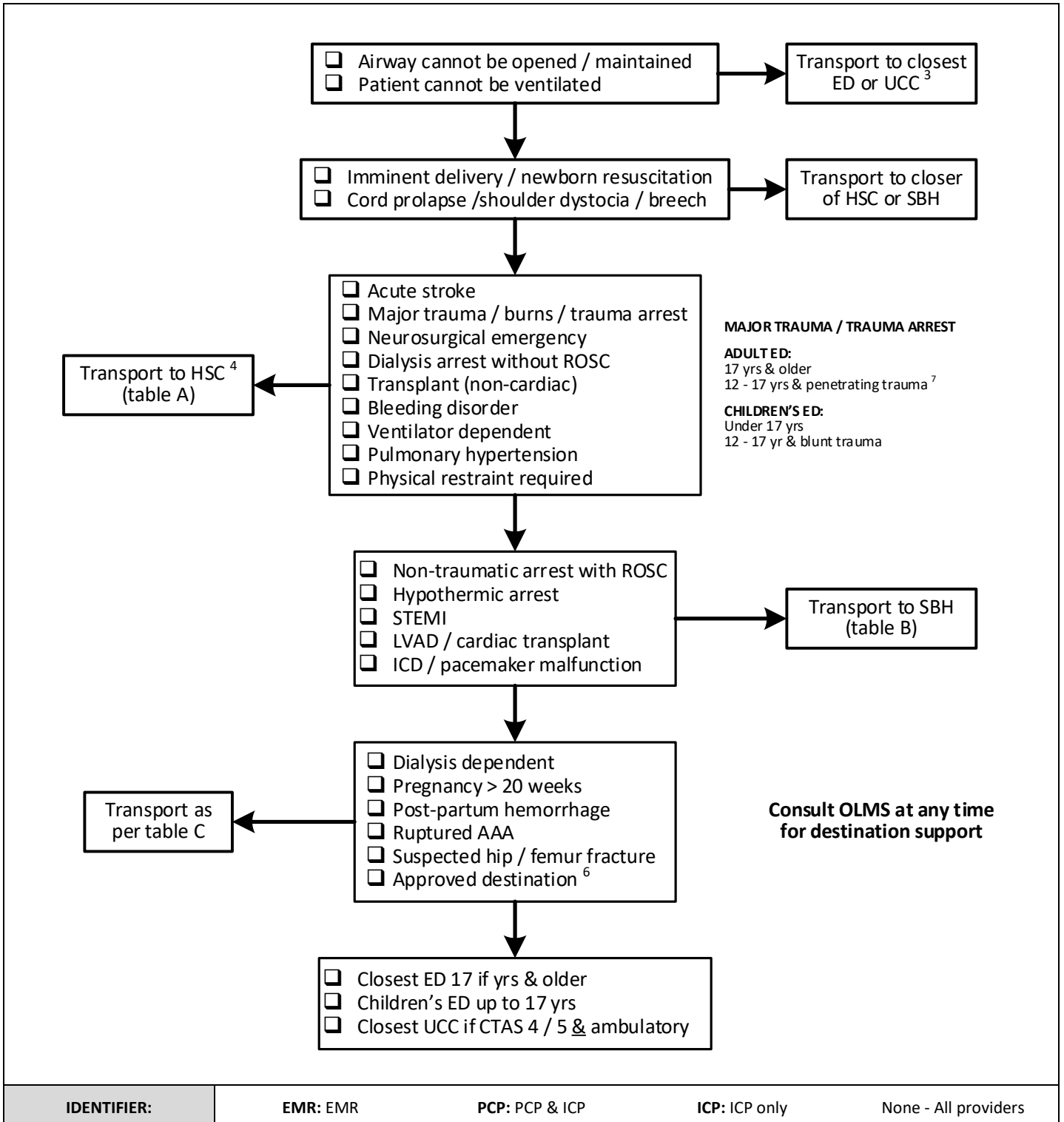
 Shared health Soins communs Manitoba	B03 - DESTINATION WHEN THE CLOSEST ED IS IN WINNIPEG	
	All ages	DESTINATION
Version date: 2023-12-07	Effective Date: 2024-02-13 (0700)	



INDICATIONS

- All patients whose point of origin is closer to the Perimeter Highway than any other regional health care facility ¹

CONTRAINDICATIONS

- Not applicable

NOTES

1. An emergency department (ED) is considered closest if it has the shortest estimated transport *time* from the patient's current location. When two facilities have similar transport times, closest is that which has the shortest estimated transport *distance* from the patient's current location.
2. 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).
EXAMPLE: Middlechurch Personal Care Home is closer to the Perimeter Highway than it is to any other ED, is part of the WRHA, and within the WRHA catchment area.
3. Winnipeg urgent care centres (UCC) at Seven Oaks Hospital (SOH), Concordia Hospital (CH) and Victoria Hospital (VH) have appropriate personnel, equipment and expertise for the initial stabilization of patients with critical issues related to airway and ventilatory management.
4. In exceptional circumstances, such as a mass casualty incident (MCI), certain patients may be redirected to preserve trauma capacity.
5. Patients or their proxies cannot request transport to a particular destination out of convenience or preference.
6. Some conditions that 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 approved destination. In the absence of such documentation paramedics will should consult on-line medical support (OLMS) or transport to the closest ED.
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. Paramedics will ensure appropriate pre-arrival notification of receiving facility staff and update as necessary. OLMS may facilitate communications with receiving facility staff.

TABLE A - HEALTH SCIENCES CENTRE (HSC)**ADULT ED:**

- 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 16 years & 364 days



TABLE B - ST. BONIFACE HOSPITAL (SBH)

- 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 C - 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 hemorrhage 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)
Known or suspected hip / femur fracture (excluding major trauma)	Monday / Wednesday / Friday	Concordia Hospital
	Sunday / Tuesday / Thursday	Grace Hospital
	Saturday	Closest of Grace or Concordia Hospitals
Specialized medical condition destination directive approved in advance by ERS ⁵		As approved

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"> • Obstetrical & neonatal emergencies will be transported to the closest of HSC or SBH • Known or suspected hip / femur fractures will be transported to GH or CH depending on day of the week • Selected patients (CTAS 4 / 5 <u>and</u> ambulatory) may be transported to urgent care • Minor reorganization of flow chart & tables