

X02 - DESTINATION (SECTION B) CHANGE TRACKING

Version date: 2024-01-20 Publication Date: 2024-02-13

B01 - STANDARD DESTINATION

2024-01-16:

- Simplified flow chart & revised notes
- CTAS & NEWS-2 implemented
- Identifier legend at bottom of flow chart replaces work scope statement in header

2022-09-14:

- Direction to transport to destination within Manitoba for non-emergent circumstances
- Addition of direct palliative care admission to table A

2022-07-08:

- Compliance statement moved out of header to become policy & procedure A03
- Work scope statement added to header

2022-04-15:

- Renumbered from A04.1 and moved to section B
- Reformatted (replacement of colored boxes with scope of work statement & 3 letter indicators)
- Revised flow chart for ease of use & expanded notes for greater clarity
- Paramedics will contact OLMS (not OCS) for destination decision support (item #3)
- Clarification that patient / proxy cannot request specific destination (item #5)
- Clarification about which critical situations go to with or without a physician present (item #8)
- Clarification that a designated site may redirect patients who do not meet criteria for designated site (item #9)
- New table A for designated hospitals (reduced list of links)
- Reminder to transport to Wpg hospital when closest to Perimeter

2020-04-24:

- Inclusion of flow chart for quick reference
- Revised notes for clarification
- Alignment with protocols that have specific destinations
- Updated list of current destination protocols
- Inclusion of some content from the previous A04 (note #6)

2018-10-16:

Original version

B02 - REDIRECTION ADVISORY

2024-01-16:

- 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

2022-07-08:

- Compliance statement moved out of header to become policy & procedure A03
- Work scope statement added to header

2022-04-16:

- Renumbered from A04.2 and moved to section B
- Reformatted (replacement of colored boxes with scope of work statement & 3 letter indicators)
- Revised flow chart for ease of use & expanded notes for greater clarity
- Increased role of OLMS in managing redirections
- Patient must be informed of redirection but consent not required
- Clarification that redirection advisory might be over-ruled in some specific situations
- Removal of table C

2020-04-28:

- Simplified flow chart
- Revised notes for clarification
- Updated list of current destination protocols 2019-11-26:
- Original version

2019-11-26:

Original version

B03 - DESTINATION WHEN THE CLOSEST ED IS IN WINNIPEG

2023-12-07:

- 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 and ambulatory) may be transported to urgent care
- Identifier legend at bottom of flow chart replaces work scope statement in header

2023-10-16:

 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

2022-07-08:

- Compliance statement moved out of header to become policy & procedure A03
- Work scope statement added to header

2022-04-16:

- Renumbered from A08.1 & moved to section B
- Reformatted (replacement of colored boxes with scope of work statement & 3-letter indicator)
- Revised flow chart for ease of use & revised notes for greater clarity
- Removal of SBH as stroke center

2020-04-13:

- Clarification of destination for trauma victims by age
- Alignment with COVID 19 protocols 4 A08.1 DESTINATION ED-WINNIPEG
- Reformatting

2019-09-25:

Original version

B04.1 - TRAUMA DESTINATION FOR IERHA & SHSS GEOGRAPHIC AREAS

2023-11-14:

- Retitled from "TRAUMA TEAM ACTIVATION FOR IERHA & SHSS GEOGRAPHIC AREA"
- Paramedics will contact OLTS

2023-10-10:

- Retitled from "TRAUMA BYPASS FOR IERHA & SHSS GEOGRAPHIC AREA" to align with Provincial trauma strategy
- Request "trauma team activation" instead of trauma bypass
- Appendix A added
- Identifier legend at bottom of flow chart replaces work scope statement in header

2023-06-11:

New reference link (H12)

2023-05-06:

- Contact MTCC for all patients who meet criteria
- Paramedics will request "trauma bypass" to avoid confusion

2022-07-08:

- Compliance statement moved out of header to become policy & procedure A03
- Work scope statement added to header

2022-04-17:

- Corrections to links section
- Revised flow chart for ease of use
- Increased note details for clarification

2022-01-20:

- Reformatted, renumbered (B04.1.1 → B04.1) & retitled
- Statement regarding compliance with ERS policies / procedures / care maps added to header
- Work scope identifiers (ALL / PCP) replace colored boxes & standardized to 3-letter abbreviations
- Revised & simplified flow chart
- Work scope statement has been moved to the top of flow chart
- Revised notes
 - Immediate life-threatening conditions have been clarified for those relevant to trauma
 - All calls for trauma bypass to go through STARS TP
 - Paramedics will not call TP or bypass closest ED for patient who do not meet trauma bypass indicators

2021-09-28:

- Renumbered from F11 (section B will become repository for all destination policies) and reformatted
- Applies only to incidents within the boundaries of IERHA and SHSS (B04.1.1); PMH (B04.1.2); and NRHA (B04.1.3)
- Revised and simplified flow chart
- Clarification of calling STARS or OLMS physician for clinical support
- Revised table of field triage criteria includes HR > 120 (adults), focal neurological deficits, significant injury ion
 pregnant patient and extremity hemorrhage (to align with Provincial Trauma Program and WFPS Trauma Triage
 protocol)

2021-06-16:

New

B04.2 - TRAUMA DESTINATION FOR PMH GEOGRAPHIC AREA

2023-11-14:

- Retitled from "TRAUMA TEAM ACTIVATION FOR PMH GEOGRAPHIC AREA"
- Paramedics will contact OLTS

2023-10-19:

- Retitled from "TRAUMA BYPASS FOR PMH GEOGRAPHIC AREA" to align with Provincial trauma strategy
- Request "trauma team activation" instead of trauma bypass
- Appendix A
- Identifier legend at bottom of flow chart replaces work scope statement in header

2023-06-11:

New reference link (H12)

2023-05-06:

- Contact MTCC for all patients who meet criteria
- Paramedics will request "trauma bypass" to avoid confusion

2022-07-08:

- Compliance statement moved out of header to become policy & procedure A03
- Work scope statement added to header

2022-07-08:

Reversal of misplaced "yes" and "no" attached to second box

2022-04-17:

- Corrections to links section
- Revised flow chart for ease of use
- Increased note details for clarification

2022-01-20:

- Reformatted, renumbered (B04.1.2 → B04.2) & retitled
- Statement regarding compliance with ERS policies / procedures / care maps added to header
- Work scope identifiers (ALL / PCP) replace colored boxes & standardized to 3-letter abbreviations
- Revised & simplified flow chart
- Work scope statement has been moved to the top of flow chart
- Revised notes
 - o Immediate life-threatening conditions have been clarified for those relevant to trauma
 - All calls for trauma bypass to go through STARS TP
 - Paramedics will not call TP or bypass closest ED for patient who do not meet trauma bypass indicators

2021-09-28:

- Renumbered from F11 (section B will become repository for all destination policies) and reformatted
- Applies only to incidents within the boundaries of PMH
- Revised and simplified flow chart
- Clarification of calling STARS or OLMS physician for clinical support
- Definition of north-south and east-west divides
- Revised table of field triage criteria includes HR > 120 (adults), focal neurological deficits, significant injury ion
 pregnant patient and extremity hemorrhage (to align with Provincial Trauma Program and WFPS Trauma Triage
 protocol)

2021-06-16:

New

B04.3 - TRAUMA DESTINATION FOR NRHA GEOGRAPHIC AREA

2023-11-14:

- Retitled from "TRAUMA TEAM ACTIVATION FOR NRHA GEOGRAPHIC AREA"
- Paramedics will contact OLTS

2023-10-10:

- Retitled from "TRAUMA BYPASS FOR NRHA GEOGRAPHIC AREA" to align with Provincial trauma strategy
- Request "trauma team activation" instead of trauma bypass
- Appendix A added
- Identifier legend at bottom of flow chart replaces work scope statement in header

2023-06-11:

New reference link (H12)

2023-05-06:

- Contact MTCC for all patients who meet criteria
- Paramedics will request "trauma bypass" to avoid confusion

2022-07-08:

- Compliance statement moved out of header to become policy & procedure A03
- Work scope statement added to header

2022-04-17:

- Corrections to links section
- Revised flow chart for ease of use
- Increased note details for clarification

2022-01-20:

- Reformatted, renumbered (B04.1.3 → B04.3) & retitled
- Statement regarding compliance with ERS policies / procedures / care maps added to header
- Work scope identifiers (ALL / PCP) replace colored boxes & standardized to 3-letter abbreviations
- Revised & simplified flow chart
- Work scope statement has been moved to the top of flow chart
- Revised notes
 - o Immediate life-threatening conditions have been clarified for those relevant to trauma
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- Definition of north-south and east-west divides
- Revised table of field triage criteria includes HR > 120 (adults), focal neurological deficits, significant injury ion
 pregnant patient and extremity hemorrhage (to align with Provincial Trauma Program and WFPS Trauma Triage
 protocol)

2021-06-16:

New

B05 - DIRECT TRANSPORT TO PALLIATIVE CARE UNIT

2023-10-20:

- Retitled from "TRANSPORT FOR DIRECT ADMISSION TO PALLIATIVE CARE"
- OLMS physician changed to OLMS

2022-09-27:

New