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March 7, 2011

CHIEF'S MEMORANDUM

NO. 2011-017

TO : ALL PERSONNEL

FROM : BC LANCE UCHIDA, EMS BUREAU

SUBJECT : CRITICAL ACCESS HOSPITAL (CAH) FACILITY TRANSPORTS

Recent incidents regarding patient transport to our islands Critical Access Hospital (CAH) facilities have brought a need to revisit the Emergency Medical Service Injury Prevention (EMSIP) branch patient transport policy. In those particular cases, patients were transported to the CAH facilities without prior Base Station Physician (BSP) approval or knowledge.

For clarification, the three CAH facilities on Hawaii Island are Kohala Hospital, Hamakua Health Center, and Ka'u Hospital. The acute care facilities are North Hawai'i Community Hospital, Kona Community Hospital, and Hilo Medical Center which are also considered EMS Base Stations within our system.

The policy of the EMSIP branch requires that all EMS patients be transported to the nearest appropriate *acute care facility*. Any deviation from this policy requires approval from the appropriate Base Station Physician (BSP) within the designated catchment area prior to initiating transport. It is imperative that this policy be adhered to at all times.

Attached is a memo from MD Terrance Jones, EMS Medical Control Officer, Hawaii District, detailing this issue. Any further questions, please feel free to contact the EMS Office.

Approved:

LANCE UCHIDA
Battalion Chief, EMS Bureau

DARRYL OLIVEIRA
Fire Chief

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Chief Uchida,

Past is prologue, as it is said, and old subjects occasionally require revisitation. Please reference my letter of 6 June 2008 for background.

It becomes necessary to clarify the role of the Critical Access Hospital (CAH) facilities within the medical system as it applies to Emergency Medical Services (EMS). The three CAH facilities on Hawai'i are Kohala Hospital, Hamakua Health Center, and Ka'u Hospital in distinction from the acute care hospitals. North Hawai'i Community Hospital, Kona Hospital, and Hilo Hospital are the three acute care facilities which are also EMS Base Stations within our system, privileged to provide on-line medical direction via medicom and to make dispositional determinations whereas the CAH facilities are not. These facilities are also actively developing level III trauma center capabilities as part of our development of a statewide trauma system.

It is the policy of the EMSIP branch of the state department of health that all EMS patients be transported to the nearest appropriate acute care facility unless a deviation from that policy is approved by the Base Station Physician (BSP). The acute care facilities are those best equipped to handle incoming EMS patients due to staffing levels, immediate Emergency Physician and diagnostic equipment availability as well as prompt consultative and admission capability. The BSP is your EMS resource, with knowledge of facility and personnel capabilities that should help to direct the patient appropriately. This policy of BSP contact prior to disposition to a CAH facility is a state-wide phenomenon and not limited to the big island. It is we that have been in variance to that policy and we that must correct that.

Due to geography and demographics we have a large service area to cover and patients located quite remotely from the three acute care centers. There have been and will be times that is appropriate for EMS to transport a patient to Kohala or Ka'u hospital at the paramedics discretion, and this contingency is allowed for by contacting the appropriate Base Station Physician for approval. Due to the proximity of Hamakua Hospital to North Hawai'i Community Hospital transport of EMS patients to Hamakua has not previously been felt justifiable, nor is there any plan to change that policy. This should help insure that the right patient is directed to the right facility the first time, minimizing delays in appropriate care and secondary transfers.

Keep in mind that patients will still present to the CAH facilities and likely require secondary transfer to an acute care facility. Such transfers also require BSP approval, and should involve a direct discussion between the transferring CAH physician and the accepting BSP. Such transfers may be anything but routine however, and more resemble a scene response as the CAH may need you to rescue the sickest patient in your district from their facility and actively participate in resuscitation efforts.

Patient safety is our paramount concern and our mandated responsibility. Checks and balances exist within our EMS system to promote this goal, but can only do so if they are appropriately initiated. If you have any questions please do not hesitate to contact me.

Mahalo,

Terrence Jones MD, FACEP
EMS Medical Control Officer, Hawai'i District
Department of Health, EMSIP Branch

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