

ALTERNATIVE DESTINATION TRANSPORT



For Tri-State Ambulance only.

The most important factor in determination for appropriateness of transport to an alternate destination is the providers' clinical impression. Use telemedicine if unsure.

Patients that are expected to utilize a high number of resources that are typically unavailable in a clinic setting should be transported to the emergency room. Examples include, but are not limited to, social services, psychiatric, and detoxification. Use telemedicine if unsure.

If telemedicine is unavailable for consultation, contact Medical Control by phone.

Vital Signs

Patients with vital signs outside these parameters should be transported to the emergency room.

- Normal level of consciousness (per baseline)

Adult Vital Signs Limits		
Vital Sign	Lower Limit	Upper Limit
Heart Rate	60	110
Systolic BP	90	210
Respiratory Rate	10	24
SPO ₂	92%	-
Temperature	96.8°	100.3°

ALTERNATIVE DESTINATION TRANSPORT (CONTINUED)



Consider alternate destination transport for the following patient categories and criteria.

Endocrine

- Hypoglycemic incident with return to normal LOC after treatment
 - Use telemedicine consult to determine need for transport and destination

Lacerations

- Simple isolated lacerations with controlled bleeding
- No evidence of self-harm

Nausea/Vomiting/Diarrhea

- Under 50
- Not pregnant
- No blood in stool or vomit
- Blood glucose between 60 and 200

Medication Issues (Telemedicine Recommended)

- Out of medication
- “Reaction” to medication
 - No signs of allergic reaction/anaphylaxis
- Took wrong medication/dose

ALTERNATIVE DESTINATION TRANSPORT (CONTINUED)



Pain

- **Abdominal Pain**
 - Under 50 years old
 - Not pregnant
 - No recent trauma (72 hours)
 - **Afebrile**
- **Back Pain**
 - Under 50 years old
 - Not pregnant
 - Atraumatic
 - No new neuro deficits
- **Chest Pain**
 - Under 35 years old
 - Normal ECG
 - Not pregnant
 - Atraumatic
 - Normal lung sounds
- **Dental Pain - afebrile**
 - No swelling of floor of mouth or difficulty swallowing
- **Extremity Pain – excludes any potential femur/hip/pelvis injuries**
 - **Traumatic Injury**
 - Minor trauma with single extremity injury
 - CMS intact in injured extremity
 - No angulated deformity or sign of open fracture
 - **No traumatic injury**
 - History of same pain
 - No history of clotting disorder
 - CMS intact in same extremity

Syncope

- Under 35 years old
- Normal ECG
- Not pregnant
- Blood glucose level between 60 and 200

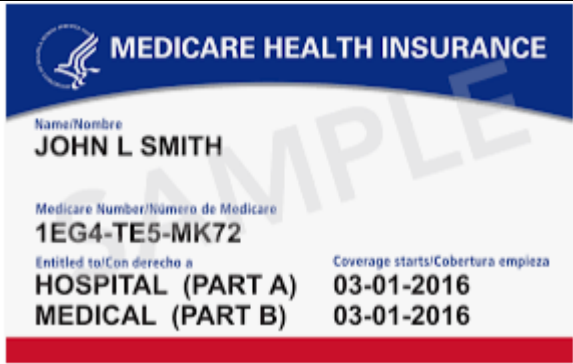

TSA ET3 REMINDERS

Clinical Criteria

- Refer to TSA Medical Guidelines pages 136-138 (Alternative Destination Transport) and 154-155 (Telemedicine Evaluation)
- Adhere to the strict inclusion criteria and use clinical judgment only to *exclude* a patient from participation

Payer Criteria

- Only patients with “fee-for-service” Medicare are eligible for participation in ET3
 - Typically, only patients over 65, or those with disabilities or end stage renal disease
 - Patients with a Medicare Advantage plan are ineligible
 - Patients with VA or private insurance are currently ineligible
- If patient is unsure and over 65, attempt to identify insurer through additional questioning or viewing insurance card

ELIGIBLE	INELIGIBLE
Note card has Part B	Note card has Blue Cross Blue Shield
 <p>MEDICARE HEALTH INSURANCE Name/Nombre JOHN L SMITH Medicare Number/Numero de Medicare 1EG4-TE5-MK72 Entitled to/Con derecho a HOSPITAL (PART A) 03-01-2016 MEDICAL (PART B) 03-01-2016</p>	 <p>Blue Cross Blue Shield of Michigan Medicare PLUS Blue PPO™ Enrollee Name <VALUED CUSTOMER> Plan <H9572.001> Enrollee ID <XYL888888888> RxBIN 610014 Issuer (9040) 9101003777 RxPCN MEDDPRIIME Group Number 50802 RxGrp BCBSMAN Issued: <06/2011> MA PPO MedicareRx Medicare Advantage Prescription Drug Coverage</p>

911 Only Criteria

- Only requests that came through a 911 PSAP are eligible for ET3 inclusion
- After determining the patient meets both the clinical and payer criteria, determine if the call is from 911
 - If first responders are present and you didn't request them, assume 911
 - If unsure, contact MedComm

TSA ET3 REMINDERS

Alternative Destination

Transporting to Alternative Destination

- **Gundersen La Crosse Urgent Care (0700 – 2300)** – call report via radio and include that “patient is eligible for alternative destination”
 - Registration info can be provided in report if by phone or to registration staff in bay
- **Gundersen Onalaska Urgent Care (0700 – 2200)** – call 775-5285 for acceptance & to provide registration info
 - Use rear entrance & take elevator to first floor, follow corridor CON1099S to triage rooms 1 & 2 (typically 2)
 - Clean linen and cleaning supplies at ambulance entrance
 - FACE sheet can be obtained in triage room
- **Mayo La Crosse Same-Day Clinic (TBD)**
- **Mayo Onalaska Same-Day Clinic (Mon-Fri: 0700 – 2000 / Sat-Sun: 0900 – 1700)** – call 392-5920 for acceptance & to provide registration info. You’ll receive a room assignment.
 - If before 1600, use rear entrance & take elevator to first floor
 - Patient should be transitioned to a wheelchair in the garage
 - If after 1600, use front door
 - Patient should be moved to the room via the stretcher or transitioned to wheelchair
 - Clean linen and cleaning supplies may be at ambulance entrance
 - FACE sheet can be obtained from registration at front desk

Documenting transports to an alternative destination

- The PCR should be documented like any other encounter with the following changes (or reminders)
 - Under Outcome->Outcome->Outcome, select Treated, Transported by EMS
 - Under Outcome->Outcome->(ET3) Alternative Disposition, select Alternative Disposition Offered, Accepted by Patient
 - Under Outcome->Outcome->Facility Name, select Gundersen – La Crosse Urgent Care or Gundersen – Onalaska Clinic or Mayo Clinic Health Sys – Onalaska Clinic
 - Under Outcome->Outcome->Destination Facility Type, select Same Day Clinic (If Mayo – Onalaska) or Urgent Care (if either GHS location)

TSA ET3 REMINDERS

GHS Urgent Care – Onalaska
HOURS: 0700 – 2200

