



ALTERNATE AMBULANCE TRANSPORTATION AND DESTINATION

To cite this article: (2001) ALTERNATE AMBULANCE TRANSPORTATION AND DESTINATION, Prehospital Emergency Care, 5:3, 289-289, DOI: [10.1080/10903120190939823](https://doi.org/10.1080/10903120190939823)

To link to this article: <https://doi.org/10.1080/10903120190939823>



Published online: 02 Jul 2009.



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POSITION PAPER

NATIONAL ASSOCIATION OF EMS PHYSICIANS

ALTERNATE AMBULANCE TRANSPORTATION AND DESTINATION

National Association of EMS Physicians/American
College of Emergency Physicians Joint Position Paper

The American College of Emergency Physicians (ACEP) and the National Association of EMS Physicians (NAEMSP) believe that patient care and safety are the priorities for all emergency medical services (EMS) systems. All calls requesting EMS response should be managed according to these priorities. Emergency medical services systems may encounter patients who do not need advanced life support (ALS) level care or evaluation at an emergency department. In these circumstances, transportation by alternate means or to an alternate destination may be appropriate. Emergency medical services systems that choose to implement such options, either in

the dispatch phase or following on-scene evaluation by field personnel, should develop a formal program to address these alternatives. Alternate transportation and destination decisions may affect the EMS system's liability.

Key elements of such alternate transportation and destination programs should include:

- EMS physician medical director oversight for all components of the EMS system from dispatch centers and first responders to basic life support and ALS services.
- EMS physician medical director-led development, implementation, continuous quality improvement of policies and procedures, and research designed to ensure patient safety and appropriateness of any alternate transportation or destination decisions.
- Educational programs for EMS personnel, physicians, and the community.
- Compliance with established emergency medical dispatch criteria.
- Opposition to patient incentive programs that circumvent the established 911 (or equivalent) public safety answering point as the initial call for a perceived medical emergency.
- Assurance that alternate transportation and destination decisions are consistent with medical necessity and with consideration for patient preference when the patient's condition allows.
- Support of appropriate compensation for EMS systems based on patient evaluation and treatment as well as on transport.

Approved by the NAEMSP Board of Directors January 21, 2001. Received January 28, 2001; accepted for publication January 28, 2001.