



NUMBER	EMS 105
TITLE	<b>Transport Destination Decision</b>
CATEGORY	OPERATIONS
APPROVED BY	Board of Supervisors
EFFECTIVE DATE	2026-03-17
ORIGINATION & REVISION DATES	2026-03-17

**PURPOSE**

To provide guidance on determining the most appropriate destination hospital for patients based on their clinical needs, available hospital capabilities, patient preference when appropriate, and applicable medical direction, while supporting efficient use of resources and continuity of patient care.

**GUIDELINE**

This guideline serves as the *Cedar County EMS System Transport Decision Policy*.

**TRAUMA EMERGENCY**

If the patient meets the criteria established in the **Trauma Triage & Transport Clinical Operating Guideline**, the patient should be transported to the appropriate facility as defined within the guideline.

If the patient does not meet the criteria, transport the patient to the nearest appropriate trauma care facility of the patient’s choice within the list of service area hospitals for Cedar County EMS.

**MEDICAL EMERGENCY**

If the patient presents with a STEMI, suspected OMI-NSTEMI, stroke, pregnancy/childbirth, or psychiatric problem, or other signs or symptoms indicating need for a specialty resource facility, transport the patient to the nearest appropriate specialty resource facility based on the applicable clinical operating guideline(s).

If the patient does not present with any of these conditions, transport the patient to the nearest appropriate facility of the patient’s choice within the list of service area hospitals for Cedar County EMS.

Regional hospitals in one metropolitan area should not be bypassed simply because the patient prefers a regional hospital in another metropolitan area.

**PEDIATRIC EMERGENCIES**

Serious pediatric trauma and medical emergencies should be transported to UIHC Stead Family Children’s Hospital in Iowa City. General pediatric emergencies may be transported to the nearest appropriate facility of the patient’s guardian’s choice within the list of service area hospitals for Cedar County EMS. However, if the patient is expected to need inpatient care, preference should be made to transport the patient to a facility that has inpatient pediatric beds.



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**HOSPITAL CAPABILITIES AND DISTANCES**

The chart below is to help clinicians determine the appropriateness of the destination facilities serving the Cedar County EMS service area.

Hospital	Trauma Level	PCI Capable	Stroke Center	Adult Psych	Pediatric Psych	L&D	NICU Level	Pediatric Inpatient
UIHC Main – Iowa City	I	Yes	Comprehensive	Yes	Yes	Yes	IV	Yes
UIHC Downtown – Iowa City	III	Call	Primary	No	No	Yes	No	No
UIHC – North Liberty	IV	No	No	No	No	No	No	No
St. Luke’s – Cedar Rapids	III	Yes	Primary	Yes	Yes	Yes	III	Yes
Mercy – Cedar Rapids	III	Yes	Primary	Yes	No	Yes	II	Yes
Genesis – Davenport	III	Yes	Primary	Yes	Yes	Yes	II	Yes
Trinity – Bettendorf	IV	Yes	Primary	No	No	Yes	II	Yes
Jones Regional – Anamosa	IV	No	No	No	No	No	No	No
Genesis – DeWitt	IV	No	No	No	No	No	No	No
Jackson County Regional – Maquoketa	IV	No	No	No	No	Yes	I	No
Trinity – Muscatine	IV	No	No	No	No	No	No	No
VA – Iowa City	Call Ahead				Not Available			

The chart below is for determining closest appropriate destination facilities. It should not be used for documenting mileages in the electronic health record (EHR) which should include actual mileage traveled.

TRANSPORT ORIGIN LOCATION	DESTINATION HOSPITAL LOCATIONS								
	Anamosa	Bettendorf	Cedar Rapids	Davenport	DeWitt	Iowa City	Maquoketa	Muscatine	North Liberty
Atalissa	50	42	53	41	54	32	71	16	32
Bennett	40	33	52	33	32	42	37	26	43
Cedar Bluff	27	55	39	54	47	25	52	38	27
Cedar Valley	30	46	41	46	45	24	50	29	26
Clarence	26	48	37	47	28	44	33	39	40
Downey	41	50	40	50	62	18	79	26	20
Durant	52	27	62	21	39	40	56	17	42
Lisbon	17	66	20	65	46	26	49	49	23
Lowden	33	41	45	40	21	52	25	37	47
Massillon	30	45	49	44	25	56	21	41	53
Mechanicsville	15	58	27	58	38	34	43	42	27
Moscow	44	39	54	39	52	32	65	13	34
New Liberty	45	27	57	27	27	46	36	28	50
Rochester	38	38	48	37	50	26	51	21	30
Springdale	34	42	43	42	55	21	71	26	24
Stanwood	21	53	33	53	33	39	38	38	33
Sunbury	47	27	61	27	40	39	56	23	42
Tipton	30	43	42	43	37	32	43	28	36
West Branch	37	47	37	47	59	15	76	31	19
West Liberty	40	48	49	48	60	19	77	18	30
Wilton	48	31	58	27	44	35	60	14	39



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## GENERAL GUIDANCE

### Closest Appropriate

Medicare and many insurance providers only cover medically necessary transport to the closest appropriate facility. Given there are no hospitals within Cedar County, the Medicare “locality” rule applies. This means that Medicare generally will cover transport for an emergency to a hospital from which residents of a particular area generally obtain care. For Cedar County, this would generally include the hospitals in the Iowa City/North Liberty, Cedar Rapids, and Davenport/Bettendorf metropolitan areas. If a patient requests transport to a different facility and that is not the closest, the mileage in excess of the true closest appropriate may not be covered.

### Patient Choice

A patient’s choice in the destination decision is limited to the scope of this guideline. Our EMS resources are limited, and patient choice shall not compel our EMS system to strain its resources and leave communities underserved just because the patient prefers a destination beyond the criteria outlined in this guideline.

If a patient is incapable of making a destination decision, or is a minor, then the decision would be delegated in the following order: 1) parent/guardian, 2) other family, 3) patient physician/APP, and 4) closest appropriate.

### Advanced Beneficiary Notices (ABN)

As noted, Medicare and many insurance providers only cover medically necessary transport to the closest appropriate facility.

Medical necessity means the patient’s condition is such that the use of any other method of transportation is contraindicated. This can include conditions that need clinical care or monitoring enroute or conditions where transport by a means other than ambulance could be detrimental to the patient. Medically necessary examples could include chest pain, uncontrolled hemorrhage, open fractures, and psychiatric emergencies. In contrast, a minor injury to an ankle or hand or feeling ill without compromised vitals which could be considered medically unnecessary as they could safely be transported by other means. Simply not having other means does not make the transport medically necessary.

For Medicare patients, if Medicare would usually cover a service, but there is reason to believe Medicare may not pay for a particular ambulance service because it isn’t medically reasonable and necessary, an Advanced Beneficiary Notice (ABN) is required prior to transport. This is not required for non-necessary transports that would normally not be covered, as this is already disclosed to Medicare beneficiaries, but it would apply to the mileage concerns listed here. This also would not apply to serious emergencies as this guideline already dictates closest appropriate destinations for those cases.

If an ABN is required, the patient or the patient’s financial representative must sign the ABN indicating their choice prior to the transport. If a patient or their financial representative is unable to sign an ABN, transport to the closest appropriate facility, not necessarily the patient’s choice facility.



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**Multi-Patient/Mass Casualty Incidents**

In a multi-patient or mass casualty incident, either the incident commander or the transportation officer will determine the most appropriate destinations for all patients.

**Adverse Weather**

This guideline shall not restrict the EMS crew from transporting to the closest appropriate facility to which the crew can safely travel during adverse weather and/or road conditions.

**Unstable Patients**

This guideline shall not restrict an EMS crew from transporting to the nearest facility when the clinical situation warrants additional immediate assistance (e.g., cardiac arrest, respiratory arrest, uncontrollable hemorrhage) that the crew cannot manage on its own.

**Mutual Aid Responses**

If a crew is responding to a mutual aid request outside of the regular Cedar County EMS area, the crew may transport to additional hospitals outside those listed for the Cedar County area. The crew should use its best judgment in determining the most appropriate hospital under these circumstances and may obtain assistance in making that decision from local personnel.