


Name of Policy: <u>Ambulance/Ambulette Services</u> Policy Number: 3364-100-50-10 Department: Hospital Administration Approving Officer: Chief Executive Officer Responsible Agent: Chief Nursing Officer Scope: The University of Toledo Medical Center	 Effective Date: 05/01/2021 Initial Effective Date: 1/31/2000
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

Ambulance and ambulette services for The University of Toledo Medical Center (UTMC) patients will be coordinated and managed in a consistent manner with all external transportation companies.

(B) Purpose of Policy

To ensure a consistent, equitable process with external transportation companies and to provide a cost effective, efficient transportation process for UTMC patients. Additionally, to ensure compliance with all state and federal regulations related to certification and to ensure equal opportunity for all external transportation companies.

(C) Procedure

When a UTMC patient needs ambulance/ambulette transportation, the following policy shall be followed:

1. Before UTMC staff initiate scheduled or unscheduled non-emergency ambulance transport, a certification statement needs to be completed and signed by either a physician, physician assistant, nurse practitioner, clinical nurse specialist, registered nurse, or social worker (where all applicable state licensure or certification requirements are met). The licensed person signing the certification statement needs to provide all required information on the certification form and also provide the name of the attending practitioner who is ordering the transportation. The physician's certification must be dated not more than 60 days prior to the date that the service is provided. In cases where a beneficiary requires a non-emergency, unscheduled transport, the physician's certification can be obtained 49 hours after the ambulance transportation has been provided.
2. The certification may be by a physician or other authorized health care professional from the institution that referred the patient or from a physician or authorized health care professional at UTMC.
3. Upon proper certification, if an ambulance or ambulette is required, patients shall be asked if they have a preference for a particular ambulance/ambulette company (provider). If a preference is indicated, UTMC staff shall check to ensure the proposed provider is acceptable to the patient's insurer, and if so, UTMC staff shall honor the patient's request. If the provider selected by the patient is not available in a timely manner (1 hour), the patient will be asked for a second choice.
4. If the patient indicates no provider preference, then UTMC staff shall make arrangements to transport the patient with the UTMC contracted provider. If the provider cannot transport the patient in a timely manner (1 hour), then the UTMC staff shall call another provider.

Approved by: /s/ _____ Richard Swaine Chief Executive Officer <i>Review/Revision Completed By:</i> HAS Outcome Management	Review/Revision Date: 6/9/00 10/8/03 2/28/07 9/29/2010 10/1/2013 3/1/2017 4/1/2020 Next Review Date: 5/1/2024
Policies Superseded by This Policy: 7-50-10 - Ambulance/Ambulette Services	