




## MEMORANDUM

**DATE:** February 14, 2017  
**TO:** Contra Costa County Pre-hospital First Responders and EMS Providers  
**FROM:** Pat Frost, EMS Director  
Dr. David Goldstein, EMS Medical Director   
**SUBJECT:** Policy 4002 – Patient Destination Determination Change (17-OPS-001)

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Due to recent confusion regarding patient destination decisions, Kaiser Hospital Richmond's "Directed Destination" process has been amended and no longer includes "Black". What this means is that KHR can accept emergency "code 3" traffic at any time.

Contra Costa EMS Policy #4002 has been updated and is attached for your review. Please note changes to sections: II; III; IV; VI; XI; XII; Red/Yellow Scripts for crews attached to policy.

Thank you for attention to this and for disseminating to all personnel, this policy is effective immediately.



# Patient Destination Determination

## I. PURPOSE

This policy identifies the procedure for determining the appropriate receiving facility for patients transported by ground ambulance.

## II. POLICY

- A. A patient shall be taken to the most appropriate acute care hospital staffed and equipped to provide care appropriate to the needs of the patient. Please refer to Policy 4003 – Approved Receiving Hospitals.
- B. Geographical boundaries are not a consideration in determining the appropriate receiving facility.
- C. Field transport personnel are responsible for making transport priority decisions.

## III. PROCEDURE

- A. Field personnel shall assess a patient to determine if the patient is unstable or stable. Patient stability must be considered along with a number of additional factors in making destination and transport mode decisions. Additional factors to be considered should include:
  - 1. Patient or family's choice of receiving hospital and ETA to that facility.
  - 2. Recommendations from a physician familiar with the patient's current condition.
  - 3. Patient's regular source of hospitalization or health care.
  - 4. Ability of field personnel to provide field stabilization or emergency intervention.
  - 5. ETA to the closest basic emergency department (ED).
  - 6. Traffic conditions.
  - 7. Hospitals with special resources.
  - 8. Hospital status.

## IV. UNSTABLE PATIENTS

- A. An unstable patient should generally be transported to the closest and most appropriate ED.
- B. Patients meeting trauma, STEMI and stroke criteria, or when there is a high index of suspicion that the patients meets such criteria, should be transported in accordance with the appropriate Contra Costa County EMS Agency (LEMSA) treatment guidelines.
- C. Field crews should contact the Base Hospital for guidance in situations in which the appropriate choice of receiving facility is unclear to transport personnel.

## V. STABLE PATIENTS

- A. Stable patients should be transported to an acute care hospital based on patient/family preference.
- B. If a patient does not express a preference, the hospital where the patient normally receives care should be considered, followed by the closest ED.



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## VI. PATIENTS ON 5150 HOLDS

- A. A patient placed on a legal detention (e.g., a hold pursuant to Welfare and Institutions Code § 5150) in the field by a legally authorized person shall be assessed for the presence of a medical emergency. Based upon the history and physical examination of the patient, field personnel shall determine whether the patient is stable or unstable.
- B. Medically stable patients shall be transported to emergency psychiatric services at Contra Costa Regional Medical Center.
- C. Medically unstable patients shall be transported to the closest acute care hospital.
  - 1. A patient with a current history of overdose of medications is considered unstable.
  - 2. A patient with history of ingestion of alcohol or illicit street drugs is considered unstable if there is any of the following:
    - a. Altered mental status (e.g., decreased level of consciousness or extreme agitation).
    - b. Significantly abnormal vital signs.
    - c. Any other history or physical findings that suggest instability (e.g., chest pain, shortness of breath, hypotension, diaphoresis).

## VII. OBSTETRICAL PATIENTS

- A. A patient is considered “obstetric” if pregnancy is estimated to be twenty (20) weeks or more.
- B. Obstetric patients should be transported to a hospital with in-patient obstetrical services in the following circumstances:
  - 1. Patients in labor.
  - 2. Patients whose chief complaint appears to be related to the pregnancy, or who potentially have complications related to the pregnancy.
  - 3. Injured patients who do not meet trauma criteria or guidelines.
  - 4. Obstetric patients meeting trauma triage criteria are to be transported to adult trauma centers.
  - 5. Obstetric patients with impending delivery or unstable conditions where imminent treatment appears necessary to preserve the mother’s life should be transported to the closest ED.
  - 6. Stable obstetric patients should be transported to the ED of choice if their complaints are clearly unrelated to pregnancy.

## VIII. PATIENTS WITH BURNS

- A. Hospital Selection:
  - 1. Burn patients with unmanageable airways should be transported to the closest facility.
  - 2. Patients with burns to < 20% total body surface area (TBSA) can be cared for at any hospital.



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3. Adult and pediatric patients with burns and significant trauma should be transported to the closest appropriate trauma center.
  4. Patients with major burns should be transported directly to a designated Burn Center, including:
    - a.  $\geq$  20% TBSA partial or full thickness burns
    - b. Burns with suspected inhalation injury
    - c. High voltage electrical burns
  5. Consider transporting to a Burn Center for patients with burns to the face, hands, perineum or feet when determining a destination.
- B. Procedure for Burn Center destination
1. Contact the Base Hospital prior to transport to confirm bed availability.
  2. Consult the Base Hospital for any questions regarding destination decision.

## IX. CARDIAC ARREST WITH RETURN OF SPONTANEOUS CIRCULATION (ROSC)

Cardiac arrest patients with ROSC shall be transported to the closest STEMI Receiving Center.

## X. STEMI/ACUTE STROKE

- A. Suspected STEMI/acute stroke patients shall be transported to the appropriate specialty center (STEMI Receiving Center/Primary Stroke Center) within the following parameters:
1. Patients shall be transported to the closest designated specialty center unless they request another facility.
  2. A specialty center that is not the closest facility is acceptable but only if the estimated additional transport time does not exceed fifteen (15) minutes.
  3. If the closest specialty center is on CT or STEMI diversion, then the patient shall be taken to the next closest specialty center.
  4. Patients may request an out-of-county receiving center if all above conditions are met and EMS personnel have verified the out-of-county receiving center is not on diversion for CT or STEMI.

## XI. OUT OF COUNTY EMERGENCY DEPARTMENT DIVERSION OR "BYPASS"

- A. Out of County ED "Diversion" or "By-Pass" is not recognized by Contra Costa County EMS and should be ignored by dispatch and field personnel.

## XII. DIRECTED DESTINATION FOR WEST CONTRA COSTA COUNTY PATIENTS

- A. Kaiser Richmond is the only ambulance receiving facility in the western part of Contra Costa County. To lessen the impact to the West County community, patients requiring transport will be informed of Kaiser Richmond's ED status as part of the destination decision.
- B. ReddiNet is the only method to determine Kaiser Hospital Richmond Emergency Department status. Field crews shall not make transport destination decisions based on information received from other sources (e.g., supervisors or hospital staff.)



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1. In the event of a Reddinet failure: Only the Contra Costa EMS Agency may override Reddinet status.
- C. The following ED status designations will be used by Kaiser Richmond and communicated via ReddiNet Service Level Status updates:

<b>Green Status</b>	Operating normally and available for all patient transports appropriate to that facility.
<b>Yellow Status</b>	Stable patients will be informed that Kaiser Richmond is significantly impacted by patient volume. Stable patients choosing Kaiser Richmond should be advised of significant delays and will be asked to choose another facility. The patient may still choose Kaiser Richmond. Unstable patients (lights and sirens transports) will continue to be transported to the closest facility, which includes Kaiser Richmond.
<b>Red Status</b>	Stable patients will be informed that Kaiser Richmond is severely impacted and will be requested to choose another facility. Stable patients may not be transported to Kaiser Richmond. Unstable patients (lights and sirens transports) will continue to be transported to the closest facility, including Kaiser Richmond.

- D. Ambulance personnel should utilize scripts that address Yellow and Red Status procedures to assist in choice of hospital destination:



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## Directed Destination Scripts for Stable Patients

### **Yellow Status - If a patient or family requests transport to Kaiser Richmond, please explain:**

*"Kaiser Richmond is currently experiencing very long wait times for care. There is a high likelihood that your care could be delayed by more than two hours."*

*"Would you still like to be transported to Kaiser Richmond?"*

If the answer is yes, proceed to Kaiser Richmond and notify the hospital accordingly.

If the answer is no, ask, *"Which hospital would you like to be transported to?"*

Other nearby hospitals:

- \*Contra Costa Regional Medical Center – Martinez
- \*John Muir Medical Centers – Concord and Walnut Creek
- Kaiser Permanente – Walnut Creek

- Highland Hospital – Oakland
- \*Alta Bates Medical Center – Berkeley
- Kaiser Permanente – Oakland
- \*Summit Medical Center – Oakland
- Kaiser Permanente – Vallejo
- Sutter Solano – Vallejo
- Kaiser Permanente – San Rafael
- Marin General – Greenbrae

\*Contra Costa Health Plan and MediCal hospital

### **Red Status - If a patient or family requests transport to Kaiser Richmond, please explain:**

*"Kaiser Richmond is currently unavailable due to patient overload. We can transport you to another facility of your choice."*

*"Which of these hospitals would you like to be transported to?"*

Other nearby hospitals:

- \*Contra Costa Regional Medical Center – Martinez
- \*John Muir Medical Centers – Concord and Walnut Creek
- Kaiser Permanente – Walnut Creek

- Highland Hospital – Oakland
- \*Alta Bates Medical Center – Berkeley
- Kaiser Permanente – Oakland
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