## Facilities

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</table>
I. PURPOSE
This policy defines the criteria, which shall be met by acute care hospitals in Contra Costa County for Base Hospital designation.

II. FUNCTION
The Base Hospital functions within the local EMS system to provide destination and prehospital on-line decision making support without interruption, twenty-four (24) hours per day, seven (7) days a week. The Base Hospital works in partnership with local EMS stakeholders in accordance with the California Emergency Medical Services Authority (EMSA) and LEMSA requirements.

III. DESIGNATION PROCESS
A. The LEMSA designates Base Hospitals.
B. Application and agreement process is defined by the LEMSA in compliance with EMSA requirements.
C. The designation period will coincide with the period covered in a written agreement between the Base Hospital and the LEMSA.

IV. DESIGNATION CRITERIA
A. Current California Licensure as an acute care facility providing Basic EMS and Joint Commission Accreditation.
B. Ability to enter into a written agreement as Base Hospital with the LEMSA.
C. Continuous availability of Base Hospital service without interruption twenty-four (24) hours per day, seven (7) days a week.
D. Ability to provide immediate response to each and every request by prehospital personnel for medical consultation or trauma destination.
E. Commitment to collaborate with the LEMSA to provide and maintain function of communication equipment for the purposes of communicating with prehospital personnel without interruption.
F. Ability to promptly notify receiving hospital of every patient for whom there is Base Hospital direction.
G. Ability to provide audio and written documentation of radio and telephone consultations with prehospital personnel including trauma destination determinations.
H. Commitment to assist the county in implementing new policies and procedures issued by the county.
I. Designate appropriate personnel to support and oversee Base Hospital functions including:
   1. **Base Hospital Liaison Physician**: responsible for providing oversight and leadership to the Base Hospital EMS QI program. This key position must have the following qualifications:
      a. Licensed physician on the hospital staff experienced in emergency medicine and regularly assigned to the ED.
b. Experienced in Base Hospital radio operations and LEMSA policies and procedures.

c. Maintains Base Hospital physician requirements.

d. Participates on Medical Advisory Committee (MAC), Pre-Trauma Audit Committee (Pre-TAC) and other appropriate prehospital committees or advisory groups.

2. **Base Hospital Nurse Coordinator**: responsible for providing overall support for base station operations and assists the Base Hospital Liaison Physician in the medical supervision of prehospital and hospital personnel within the Base Hospital’s area of responsibility.

   a. MICN authorized California licensed Registered Nurse (RN) experienced in emergency nursing.

   b. Experienced in Base Hospital radio operations and LEMSA policies and procedures.

   c. Participates on MAC and other appropriate prehospital committees or advisory groups.

   d. Acts as liaison between receiving facilities and LEMSA supporting identification and resolution of Base Hospital issues.

   e. Coordinates the Base Hospital data collection and QI program.

3. Base Hospital physicians must be knowledgeable and capable of issuing advice and instructions to MICNs and prehospital personnel consistent with the standards established by EMSA and the LEMSA.

   a. Maintain current certification in Advanced Cardiac Life Support (ACLS). This requirement may be waived if the physician is Board certified in Emergency Medicine.

   b. Board certified or eligible in Emergency Medicine.

   c. Completes radio communications preparation and Base Hospital orientation to the local EMS system prior to acting as EMS Base Hospital physician including:

      i. State legislation and regulations governing EMS and prehospital providers.

      ii. Base Hospital physician role and responsibilities.

      iii. County field treatment guidelines and Electronic Health Record (EHR).

      iv. Policies and procedures pertinent to Base Hospital function and medical control, (e.g., interfacility transfers, disrupted communications).

   d. Acts as a resource in QI activities to Base Hospital Nurse Coordinator and Base Hospital Liaison Physician.

4. MICNs knowledgeable and capable of issuing advice and instructions in consultation with the Base Hospital physician to prehospital personnel consistent with the standards established by the State of California and the LEMSA.

   a. Maintain current certification in ACLS.

   b. Maintain MICN authorization in compliance with LEMSA policies and procedures.
c. Completes radio communications preparation and Base Hospital orientation to EMS prior to acting as a MICN including:
   i. State legislation and regulations governing EMS and prehospital providers.
   ii. MICN role and responsibilities.
   iii. County field treatment guidelines and EHR forms.
   iv. Policies and procedures pertinent to Base Hospital function and medical control, (e.g., interfacility transfers, disrupted communications).

d. Acts as a resource in QI activities to Base Hospital Nurse Coordinator and Base Hospital Liaison Physician.

V. PERFORMANCE IMPROVEMENT
   A. Base Hospital staff maintains a written Base Hospital QI policy or plan.
   B. Assures EMS quality improvement plan (EQIP) shall interface with the LEMSA EQIP.
   C. Participates in LEMSA QI process.
   D. Participates in the LEMSA EMS event reporting process.
   E. Provides in a timely manner data and statistical reports as may reasonably be required by the LEMSA and as allowed under HIPPAA.
   F. Maintains and oversees Base Hospital physician and MICN authorization and continuing education tracking system.

VI. BASIS FOR LOSS OF DESIGNATION
   Base Hospital designation may be denied, suspended or revoked by the LEMSA Medical Director for failure to comply with state and LEMSA policies, procedures or regulations.
I. PURPOSE
This policy outlines the processes required to ensure prompt notification of diversion status throughout the EMS system so that emergency patients are transported to the closest most appropriate medical facility that is staffed, equipped, and prepared to administer emergency or specialty care appropriate to the needs of the patient.

II. TYPES OF DIVERSION
A. CT Divert – Inoperable CT scanner
B. STEMI Divert – Inoperative Cardiac Catheterization (Cath) Lab
C. INT Divert – Internal Disaster

III. REDDINET NOTIFICATION OF DIVERSION STATUS
ReddiNet is the only accepted notification method for reporting CT, STEMI and INT diversion. Once the appropriate ReddiNet status field has been changed, the diversion status will be automatically relayed to ambulances. Emergency Department (ED) personnel should note that using the ReddiNet “message” feature alone will not result in ambulance diversion. Messaging about diversion status should only to be used to provide additional information after the appropriate change has been made in the ReddiNet status field.

IV. HOSPITAL ELIGIBILITY FOR DIVERSION
A. CT Divert – CT scanner inoperative: If a hospital’s CT scanner is inoperative, diversion of specific ambulance patients as specified in the LEMSA Administrative Policy 4002 (Patient Destination Determination) shall be considered. These patients may include those with:
   1. Suspected stroke – duration of signs and symptoms four (4) hours or less.
   2. New onset of altered level of consciousness for traumatic or medical reasons.
B. STEMI Divert – Cardiac Cath Lab Inoperative: If a STEMI Receiving Center’s (SRCs) cardiac cath lab becomes inoperative due to maintenance or equipment failure, diversion of STEMI alert patients shall be considered.
C. INT Divert – Internal Disaster: A hospital shall be eligible for internal disaster diversion whenever a “physical plant” internal disaster has occurred that has rendered ED services unavailable to the public (e.g., bomb threat, fire, power outage, explosion or internal systems failures that compromise the ability of the facility to provide safe patient care).

V. PROCEDURE FOR IMPLEMENTING AND CANCELLING CT and/or STEMI DIVERT STATUS
A. Obtain authorization from hospital administration according to hospital’s internal procedures.
B. Update appropriate diversion status in the ReddiNet Hospital Status section. If ReddiNet is unavailable, contact Sheriff’s dispatch at (925) 646-2441, and request that they notify all ambulance providers and the EMS Duty Officer of the change in diversion status.
C. If diversion is anticipated to be prolonged, notify the EMS Duty officer at (925) 570-9708.
D. To re-establish normal ambulance traffic, update the appropriate diversion status field on ReddiNet. If ReddiNet is unavailable, contact Sheriff’s dispatch at (925) 646-2441, and request that they notify all ambulance providers and the EMS Duty Officer of the change in diversion status.

VI. PROCEDURE FOR REQUESTING, IMPLEMENTING AND CANCELLING INTERNAL DISASTER DIVERT STATUS

A. Obtain authorization from hospital administration according to hospital’s internal procedures.

B. Place facility on applicable specialty care diversion via ReddiNet, if not already done.

C. Hospital administrator on-call or designee shall contact the EMS Duty Officer at (925) 570-9708 to evaluate current status and determine need for total diversion of 9-1-1 system ambulances.

D. If determined appropriate after consultation with the EMS Duty Officer, place facility on internal disaster diversion via ReddiNet.

E. Maintain contact with the EMS Duty Officer as agreed in initial contact.

F. Re-establish ambulance traffic as soon as possible by updating internal disaster status via ReddiNet. If ReddiNet is unavailable, contact Sheriff’s dispatch at (925) 646-2441 and request that they notify all ambulance providers.

G. Notify the EMS Duty Officer that the facility is no longer on internal disaster diversion.

H. In a countywide catastrophic event, emergency ambulance traffic may continue to facilities requesting internal disaster diversion, depending on the nature of the issue causing diversion.
I. PURPOSE
This policy defines the requirements for designation as a Contra Costa County STEMI Receiving Center (SRC) for patients transported via the 9-1-1- system with ST-elevation myocardial infarction (STEMI) who may benefit by rapid assessment and percutaneous coronary intervention (PCI).

II. APPLICATION PROCESS
To apply for designation as an EMS SRC for Contra Costa County patients, an interested hospital shall:
A. Submit a Contra Costa EMS designation application to the Contra Costa EMS Agency (LEMSA).
B. Pay applicable initial application fee and annual designation fee to cover initial and ongoing County costs to support the STEMI program.

III. DESIGNATION CRITERIA
A. Current California licensure as an acute care facility providing basic emergency medical services.
B. Ability to enter into a written agreement with Contra Costa County identifying SRC and County roles and responsibilities.
C. Meets SRC designation criteria as defined in the STEMI designation application. The criteria include:
   1. Hospital Services
      a. Special permit for cardiac catheterization (cath) laboratory.
      b. Intra-aortic balloon pump capability.
      c. Special permit for cardiovascular surgery service.
         i. The LEMSA Medical Director may waive this requirement for patient or system needs.
         ii. Conformance with the American College of Cardiology/American Heart Association/Society for Cardiovascular Angiography and Intervention (ACC/AHA/SCAI) guidelines for centers without backup cardiovascular surgery will be evaluated in consideration of the waiver.
      d. Continuous availability of PCI resources twenty-four (24) hours / seven (7) days a week.
   2. Hospital-Personnel
      a. SRC Medical Director
      b. SRC Program Manager
      c. Cardiac Cath Lab Manager/Coordinator
      d. Intra-aortic balloon pump technician(s)
      e. Appropriate cardiac cath nursing and support personnel
f. Physician Consultants
   i. Cardiology Interventionalist
   ii. CV Surgeon

3. Clinical Capabilities
   a. ACC/AHA/SCAI guidelines for activity levels of facilities and practitioners for both primary PCI and total PCI events are optimal benchmarks.
   b. Performance (timeliness) and outcome measures will be assessed initially in the survey process, and will be monitored closely on an ongoing basis.

D. Appropriate internal (hospital) policies including:
   1. Cardiac Interventionalist activation
   2. Cardiac cath lab team activation
   3. STEMI contingency plans for personnel and equipment
   4. Coronary angiography
   5. PCI and use of fibrinolytic
   6. Interfacility transfer STEMI policies/protocols

E. Performance Improvement Program
   1. Participation in EMS system SRC QI Committee
      a. LEMSA Medical Director
      b. LEMSA Quality Improvement (QI) Coordinator
      c. Designated cardiologist from each SRC
      d. Designated QI representative from each SRC
   2. Meetings to be held at the discretion of the LEMSA and at the request of the SRCs.
   3. Written internal quality QI/program description for STEMI patients shall include appropriate evidence of an internal review process. The plan/program description is made available to the LEMSA as requested.
   4. Participation in prehospital STEMI-related educational activities.

F. Data Collection, Submission and Analysis
   1. Participation in National Cardiac Data Registry (NCDR)
   2. Participation in EMS system data collection.

IV. DESIGNATION
   A. SRC designation will be awarded to a hospital following satisfactory review of written documentation and an initial site survey by LEMSA staff.
   B. SRC designation period will coincide with the period covered in the written agreement between the SRC and the County.
V. BASIS FOR LOSS OF DESIGNATION
   A. Inability to meet and maintain SRC designation criteria
   B. Failure to provide required data
   C. Failure to participate in STEMI system QI activities
   D. Other criteria as defined and reviewed by the SRC QI Committee

VI. LIST OF STEMI CENTERS

<table>
<thead>
<tr>
<th>IN-COUNTY STEMI CENTERS</th>
<th>OUT-OF-COUNTY STEMI CENTERS</th>
</tr>
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<tbody>
<tr>
<td>John Muir Medical Center – Concord Campus</td>
<td>ValleyCare - Pleasanton</td>
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<tr>
<td>John Muir Medical Center – Walnut Creek Campus</td>
<td>Summit Medical Center - Oakland</td>
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<tr>
<td>Kaiser Permanente Medical Center– Walnut Creek</td>
<td>Marin General</td>
</tr>
<tr>
<td>San Ramon Regional Medical Center – San Ramon</td>
<td>Kaiser San Rafael</td>
</tr>
<tr>
<td>Sutter Delta Medical Center - Antioch</td>
<td>Kaiser Vallejo</td>
</tr>
</tbody>
</table>
I. PURPOSE
This policy defines the designation process and criteria for Primary Stroke Center (PSC) in Contra Costa County. PSCs are facilities that have been designated by the Contra Costa County EMS Agency (LEMSA) as appropriate care centers for patients with suspected stroke. The PSCs work collaboratively with emergency medical services (EMS) system partners to establish and support an optimal system of stroke care in the community.

II. APPLICATION PROCESS
To apply for designation as an EMS PSC in Contra Costa County, the hospital shall:
A. Submit a designation application to the LEMSA.
B. Submit applicable designation fees to support stroke system of care activities.
C. Meet PSC designation criteria and contractual requirements.

III. WRITTEN AGREEMENT
All PSCs must enter into a written agreement with the LEMSA prior to designation. The written agreement details the specific obligations of all parties responsible for the management of stroke patient care within the LEMSA.

IV. PSC DESIGNATION CRITERIA
Designation criteria for an EMS PSC in Contra Costa County shall require documentation of the following:
A. The facility is a 9-1-1 receiving hospital, licensed in the State of California.
B. Certified as a Joint Commission or equivalent National Primary Stroke Center as approved by the LEMSA.
C. Designation of the PSC Medical Director and PSC Nurse Program Manager.
D. Hospitals may qualify for PSC designation as a Telestroke Center using telemedicine.
E. A written commitment to fully participate in the Contra Costa County EMS Quality Improvement (QI) and data collection program.
F. Participation in California Stroke Registry (CSR).
G. Internal policies and procedures to assure reliable use of ReddiNet to communicate CT diversion in compliance with EMS Policy 5002 (Hospital CT / STEMI - Cardiac Cath Lab And Internal Disaster Diversion).
H. A Community Stroke Reduction Plan including participation in outreach programs to reduce cardiovascular disease and stroke.

V. DESIGNATION PROCESS AND TERM
A. Initial PSC designation will be awarded to a hospital following satisfactory review of all evidence to show compliance with this policy and upon completion of an informational site survey conducted by the Contra Costa EMS PSC designation review team.
B. The PSC designation term shall be not more than three (3) years, as specified in the written agreement between the PSC and the County.

VI. RENEWAL PROCESS AND TERM
   A. PSCs who maintain compliance with PSC designation criteria will be eligible for automatic renewal of designation.
   B. Renewal requires maintaining a written agreement and submission of annual designation fees.

VII. OUT-OF-COUNTY DESIGNATION
   A. PSCs that are located out-of-the county qualify for recognition as designated PSCs within Contra Costa County under the following conditions:
      1. Certified by the Joint Commission as a PSC or equivalent accrediting organization as approved by the LEMSA.
      2. Designated by their county’s LEMSA as a PSC.
      3. If the Hospital is located in a county that does not have a stroke system, the hospital must enter into a written agreement to be qualified for PSC designation in the Contra Costa Stroke System.

VIII. LOSS OF DESIGNATION
   The inability to meet and maintain PSC designation as defined in this policy and the written agreement is criteria for loss of designation.

IX. LIST OF DESIGNATED PRIMARY STROKE CENTERS

<table>
<thead>
<tr>
<th>IN-COUNTY STROKE CENTERS</th>
<th>OUT-OF-COUNTY STROKE CENTERS</th>
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</thead>
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<tr>
<td>John Muir Medical Center – Concord Campus</td>
<td>Summit Medical Center – Oakland</td>
</tr>
<tr>
<td>John Muir Medical Center – Walnut Creek Campus</td>
<td>Kaiser Oakland</td>
</tr>
<tr>
<td>Kaiser Permanente Medical Center – Antioch</td>
<td>Kaiser Vallejo</td>
</tr>
<tr>
<td>Kaiser Permanente Medical Center – Richmond</td>
<td>Sutter Solano</td>
</tr>
<tr>
<td>Kaiser Permanente Medical Center – Walnut Creek</td>
<td>Marin General</td>
</tr>
<tr>
<td>San Ramon Regional Medical Center</td>
<td>Kaiser San Rafael</td>
</tr>
</tbody>
</table>
I. PURPOSE
A. To outline the criteria and process for re-triage of patients needing trauma care from non-trauma facilities to appropriate trauma centers.
B. Patients meeting the criteria for Emergency “Rapid” Trauma Re-Triage shall be transferred using 9-1-1 Paramedic IFT emergency transport guidelines. Refer to EMS Administrative Policy 5006 (Hospital Guidelines for Acute Care IFT).

II. EMERGENCY TRAUMA RE-TRIAGE CRITERIA
A. Adult patients (≥ fifteen [15] years of age) appropriate for Emergency Trauma Re-Triage to a trauma center include:
   1. Patients with abnormal blood pressure/perfusion as evidenced by:
      a. Systolic blood pressure under (<) 90 mmHg;
      b. Need for high-volume fluid resuscitation (> 2 L NS) or immediate blood replacement.
   2. Patients with significant neurological findings or injuries, including:
      a. GCS < 9 or deteriorating by two (2) or more during observation;
      b. Blown pupil;
      c. Obvious open skull fracture.
   3. Patients meeting anatomic criteria:
      a. Penetrating injury to head, neck, chest, or abdomen;
      b. Extremity injury with evident ischemia or loss of pulses.
   4. Patients, who in the judgment of the evaluating emergency physician, are anticipated to have a high likelihood for emergent life or limb-saving surgery or other intervention within two (2) hours.
B. Pediatric Patients (< fifteen [15] years of age) appropriate for Emergency Trauma Re-Triage to a Pediatric Trauma Center (UCSF Benioff Children’s Hospital Oakland (CHO)) include:
   1. Hemodynamic criteria:
      a. Patients with abnormal blood pressure or poor perfusion. Pediatric clinical signs of poor perfusion include: cool, mottled, pale or cyanotic skin or prolonged capillary refill, low urine output, or lethargy;
      b. Requirement of more than two (2) crystalloid boluses (20 mL/kg each) or requirement of blood transfusion (10 mL/kg).
   2. Neurologic criteria:
      a. GCS < 12 (pediatric scale – or deteriorating by two (2) or more during observation;
      b. Blown pupil;
      c. Obvious open skull fracture;
      d. Cervical spine injury with neurologic deficit.
   3. Respiratory criteria:
      a. Respiratory failure resultant from injury;
      b. Intubation required resultant from injury.
4. Anatomic criteria:
   a. Penetrating wound to the head, neck, chest, or abdomen.

5. Patients, who in the judgment of the evaluating emergency physician, are anticipated to have a high likelihood for emergent life or limb saving surgery or other intervention within two (2) hours.

6. Exceptions
   a. Pregnant pediatric patients may be transferred to an adult trauma center;
   b. Pediatric patients with significant / major burns without traumatic injuries should be transferred to a burn center instead of a trauma center;
   c. Contact the trauma center to discuss patients with suspected vascular injuries.

III. RE-TRIAGE PROCEDURE
A. Once the patient has been identified as qualifying for Emergency Trauma Re-triage, the trauma center should be contacted (see contact list and phone numbers below) as soon as possible and the patient should be specifically identified as an “Emergency Trauma Re-Triage.” Based on that notification (and if the specialty center is not on trauma bypass), the patient will be accepted for transfer.

B. Have records (and staff and equipment, if necessary) prepared for transport. The ambulance will generally arrive within ten (10) minutes of request and patient should be ready for transport. If delays occur, the 9-1-1 ambulance may be reassigned for other emergency needs. Availability of records should never delay transport.

IV. TRANSFER PROCEDURE (if not Emergency Trauma Re-Triage)
A. Contact the trauma center to discuss patient status and request transfer. See list of hospitals and phone numbers below.

B. If transfer is accepted, arrange for transport, appropriate to patient condition or potential need.

C. Patient records and diagnostic imaging disks (if available) should be readied for transport ambulance. Records that are not ready at time of transport departure can be faxed. Availability of records should never delay transport.

V. TRAUMA CENTERS
A. John Muir Health Medical Center (JMMC) – Walnut Creek is the designated trauma center for adults (≥ fifteen [15] years of age) in Contra Costa County.

B. CHO is the closest designated trauma center for pediatric patients (< fifteen [15] years of age).

C. When JMMC is on trauma bypass status, it is unable to accept patients with emergent need for transfer or field triages because critical hospital resources (e.g. surgeons and operating rooms) are not available. Location and helipad availability are items to consider in choice of other trauma center destinations.

D. When not on trauma bypass status, trauma centers may also be impacted by bed availability issues and may not be able to accept non-emergent transfers.
E. Alternate pediatric trauma centers include UC Davis Medical Center in Sacramento and Santa Clara Valley Medical Center in San Jose. Emergency Re-Triage Criteria as addressed in this policy are not utilized at these two (2) facilities.

Other local adult trauma centers include:

**LOCAL TRAUMA CENTER CONTACT PERSONS / PHONE NUMBERS**

<table>
<thead>
<tr>
<th>Adult Trauma Centers</th>
<th>Contact Person</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alameda County Medical Center – Oakland</strong> (Highland)</td>
<td>Re-Triage Only: ED Physician</td>
<td>(510)535-6000</td>
</tr>
<tr>
<td></td>
<td>Other Transfers: On-Call Trauma Surgeon</td>
<td>(510)437-4800 ext. 0</td>
</tr>
<tr>
<td><strong>San Francisco General Hospital</strong></td>
<td>Attending Physician</td>
<td>(415)206-8111</td>
</tr>
<tr>
<td>John Muir Medical Center – Walnut Creek</td>
<td>Transfer Center</td>
<td>(925)947-4488</td>
</tr>
<tr>
<td>Santa Clara Valley Medical Center – San Jose</td>
<td>ED Physician</td>
<td>(408)885-3228</td>
</tr>
<tr>
<td>Sutter Eden Medical Center – Castro Valley</td>
<td>On-Call Trauma Surgeon</td>
<td>(510)898-6805</td>
</tr>
<tr>
<td>UC Davis Medical Center – Sacramento</td>
<td>ED Physician</td>
<td>(916)734-5669</td>
</tr>
<tr>
<td>Kaiser Vacaville – Vacaville</td>
<td>ED Physician</td>
<td>(707)624-1161</td>
</tr>
<tr>
<td>Stanford University – Palo Alto</td>
<td>ED Physician</td>
<td>(650)723-7337</td>
</tr>
</tbody>
</table>

**Pediatric Trauma Centers**

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Hospital Oakland (CHO) – Oakland</td>
<td>(877)246-5437 CHO-KIDS</td>
</tr>
<tr>
<td>UC Davis Medical Center – Sacramento</td>
<td>(916) 734-5669</td>
</tr>
<tr>
<td>Santa Clara Valley Medical Center – San Jose</td>
<td>(408) 885-3228</td>
</tr>
<tr>
<td>Stanford University – Palo Alto</td>
<td>(650) 723-7337</td>
</tr>
</tbody>
</table>

** Indicates no helipad on site
I. PURPOSE
This policy describes options for interfacility transfer (IFT) between acute care hospitals and the procedures required to arrange transport. Transport options vary in terms of accompanying personnel, scope of practice provided and timeliness of availability.

II. TRANSPORT OPTIONS FOR ACUTE CARE IFT
It is the responsibility of the transferring hospital/facility to select the transport option appropriate for the patient’s condition.

Guideline Table:

<table>
<thead>
<tr>
<th>Type of Transport</th>
<th>Patient Needs</th>
<th>Scope of Practice</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-1-1 Paramedic IFT</td>
<td>Require critical care intervention or evaluation at another hospital not available at the sending hospital, e.g. Trauma, STEMI, Obstetric care-active labor, birth not imminent. May include neuro and vascular patients.</td>
<td>Advanced airway-ET/King Administer and adjust IV Fluids, glucose and isotonic solutions and those containing potassium ECG monitor, defibrillation, synchronized cardioversion Chest tube monitoring. Administration of ACLS medications</td>
<td>9-1-1</td>
</tr>
<tr>
<td>Emergency Transport</td>
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<tr>
<td>Response: As determined through the EMD process</td>
<td></td>
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</tr>
<tr>
<td>Critical Care Transport with RN</td>
<td>Advanced care for patients with complex medical care needs as determined by the transferring physician and the ambulance agency. May include pediatric and obstetric patients.</td>
<td>Critical Care RN</td>
<td>Contact ambulance service directly</td>
</tr>
<tr>
<td>Arrival based on availability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May include pediatric and obstetric</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Air Ambulance</td>
<td>RN / Paramedic level of care for patients with complex medical needs, when receiving hospital is distant and time is a critical factor.</td>
<td>Critical Care RN / Paramedic</td>
<td>Contact air ambulance service directly</td>
</tr>
<tr>
<td>Arrival based on availability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May include pediatric and obstetric</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Non-Emergency Basic Life Support (BLS)</td>
<td>Minimal care needs. Stable. No cardiac monitoring. Need transport for minor procedures or to residence.</td>
<td>EMT BLS</td>
<td>Contact ambulance service directly</td>
</tr>
<tr>
<td>Arrival based on availability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May transport pediatric and obstetric patients.</td>
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</tbody>
</table>
III. PROCEDURES TO ARRANGE 9-1-1 PARAMEDIC IFT EMERGENCY TRANSPORT

A. For a patient who requires emergency transfer (needing immediate care or intervention at the receiving facility – e.g. critical trauma or STEMI).
   1. Assure appropriate indication for use. Emergency ambulance transport utilizes 9-1-1 resources and is reserved for truly emergent cases.
   2. Activate 9-1-1 to request Interfacility Emergency Response. Exception: For San Ramon Medical Center, contact San Ramon Valley Fire Protection District Communication Center.
   3. Arrange for transfer with receiving facility personnel.
   4. Assess patient needs in transport to determine if patient needs exceed paramedic scope of care. If beyond paramedic scope hospital will need to provide personnel and equipment to accompany patient (e.g. if IV pump needed, blood transfusion in progress, management of paralytic agents for intubated patient).
   5. Have records (and staff and equipment, if necessary) prepared for transport. The ambulance will generally arrive within ten (10) minutes of request and patient should be ready for transport. If delays occur, the 9-1-1 ambulance may be reassigned for other emergency needs. If additional records are not available, they can be faxed or transported separately.