

PATIENT DESTINATION DETERMINATION

I. PURPOSE

To determine the appropriate receiving facility for patients transported by ground ambulance.

II. POLICY

- A. A patient, transported as part of an EMS response, shall be taken to the most appropriate acute care hospital staffed and equipped to provide care appropriate to the needs of the patient.
- B. County boundaries are not a consideration in determining the appropriate receiving hospital.
- C. Field transport personnel are responsible for making transport code decisions.

III. PROCEDURE

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 code decisions. Additional factors to be considered include:

- Patient or family's choice of receiving hospital and ETA to that facility.
- Recommendations from a physician familiar with the patient's current condition.
- Patient's regular source of hospitalization or health care.
- Ability of field personnel to provide field stabilization or emergency intervention.
- ETA to the closest basic emergency department.
- Traffic conditions.
- Hospitals with special resources.
- Hospital diversion status.

A. Unstable Patients

1. An unstable patient is usually transported to the closest appropriate acute care hospital emergency department.
2. If the patient or family requests, or if other factors exist which indicate that another facility be considered, field personnel are to contact the base hospital and present their findings, including ETAs to both facilities. Base personnel will weight the benefits of each destination and may direct field personnel to a facility other than the closest.
3. Trauma and STEMI patients should be transported in accordance with the appropriate County trauma or STEMI protocols.
4. Unstable patients are usually transported Code 3 unless contraindicated for medical reasons.

B. Stable Patients

1. Stable patients are transported to appropriate acute care hospitals within reasonable transport times based on patient's/family preference.
2. If a patient does not express a preference, the hospital where the patient normally receives health care or the closest ED is to be considered.

C. Patients on 5150 Holds

1. Police or other designated individuals may place a person who, as a result of a mental disorder is a danger to self, to others, or is gravely disabled on a “5150” involuntary hold. This involuntary hold is an application for detention for up to 72 hours for the purpose of psychiatric evaluation and treatment.
2. A patient placed on a 5150 hold in the field 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.
3. **Medically stable** patients on 5150 holds shall be transported to Contra Costa Regional Medical Center.
4. **Medically unstable** patients on 5150 holds shall be transported to the closest acute care hospital.
 - a. A patient with a current history of overdose of medications is to be considered unstable.
 - b. A patient with history of ingestion of alcohol or illicit street drugs is considered unstable if there is any of the following:
 - 1) Significant alteration in mental status (e.g., decreased level of consciousness or extremely agitated).
 - 2) Significantly abnormal vital signs.
 - 3) Any other history or physical findings that suggest instability (e.g. chest pain, shortness of breath, hypotension, diaphoresis).

D. Obstetrical Patients

1. A patient is considered “Obstetric” if pregnancy is estimated to be of 20 weeks duration or more.
2. Obstetric patients should be transported to acute care hospitals with in-patient obstetrical services in the following circumstances:
 - a. Patients in labor.
 - b. Patients whose chief complaint appears to be related to the pregnancy, or who potentially have complications related to the pregnancy.
 - c. Injured patients who do not meet trauma criteria or guidelines.
3. In-patient obstetrical services are provided by all acute care hospitals in Contra Costa County with the exception of Doctor’s Medical Center in San Pablo, Kaiser Medical Center in Richmond and John Muir Health – Concord Campus.

Other nearby Approved Ambulance Receiving Facilities in western Contra Costa include: Alta Bates in Berkeley, Kaiser Medical Center in Oakland, Sutter Solano Medical Center in Vallejo and Kaiser Medical Center in Vallejo.
4. Obstetric patients meeting trauma 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 nearest basic emergency department.
6. Stable obstetric patients should be transported to the emergency department of choice if their complaints are clearly unrelated to pregnancy.
7. The base hospital is available to provide guidance in situations in which the appropriate choice of receiving facility is unclear to transport personnel.

E. Patients With Burns

1. Hospital Selection
 - a. Burned patients with unmanageable airways should be transported to the closest basic ED.
 - b. Patients with minor burns and moderate burns can be cared for at any acute care hospital.
 - c. Adult and pediatric patients with burns **and** significant trauma should be transported to the closest appropriate trauma centers.
 - d. Patients with more extensive or complex burns may be appropriate for transport directly to a Burn Center including:
 - 1) Partial thickness (2nd degree)>20% TBSA
 - 2) Full thickness (3rd degree)> 10%
 - 3) Significant burns to the face, hands, feet, genitalia, perineum, or circumferential burns of the torso or extremities
 - 4) Chemical or high voltage electrical burns
 - 5) Smoke inhalation **with** external burns
2. Procedure for Burn Center destination
 - a. Contact Burn Center prior to transport to confirm bed availability.
 - b. Consult base hospital for any questions regarding destination decision.
 - c. If air transport to UC David Medical Center or Santa Clara Valley Medical Center is not available, base contact is advised.
 - d. The closest available Burn Centers are:

Hospital	Services	Phone
Santa Clara Valley Medical Center 751 S. Bascom Avenue San Jose, California	Adult and Pediatric	408-885-6666
UC Davis Medical Center – Regional Burn Center 2315 Stockton Blvd. Sacramento, California	Adult and Pediatric	916-734-3636
St. Francis Burn Center 900 Hyde Street San Francisco, California	Adult and Pediatric	415-353-6255

F. Hospital Diversion

1. CT Diversion
 - a. A hospital goes on CT Diversion when it does not have an operational CT scanner. The following patients should not be transported to a facility on “CT Diversion,” but should be transported to the next closest appropriate ED with a functioning CT scanner.
 - 1) Suspected stroke – duration of signs and symptoms two hours or less. Symptoms might include sudden onset of weakness, paralysis, confusion, speech disturbances, visual field deficit and may be associated with a headache.



- 2) New onset of altered level of consciousness for traumatic or medical reasons.
 - b. Most patients meeting the above criteria should be transported to the next closest appropriate ED with a functioning CT scanner.
 - c. CT Diversion Exceptions
 - 1) Patients with unstable airways, uncontrolled bleeding, or in cardiac arrest should be transported to the nearest ED regardless of CT diversion status.
 - 2) Patients requesting transport to a hospital on CT diversion have the right to be transported to that hospital. These patients should be told:
 - a) That the hospital of choice has an inoperative CT scanner and has requested that patients that may need this service be transported to another facility to assure availability of the necessary level of care.
 - b) That transport to a hospital with an inoperative CT scanner might result in a delay of care and/or a transfer to another facility.
2. Physical Plan Casualty (PPC) Diversion

If notified that a hospital is on PPC diversion, transport units should determine the appropriate destination for the patient as identified in this policy while eliminating the hospital on diversion from consideration.