Patient Destination Determination

I. PURPOSE

This policy identifies the procedure for determining the appropriate receiving facility for patients transported by ground ambulance to the Emergency Department (ED) of an acute care hospital.

II. POLICY

A. Patients transported as part of an EMS response shall be taken to the closest ED staffed and equipped to provide care appropriate to the needs of the patient.

B. Contra Costa County EMS system recognizes hospital internal disaster or specialty service closure (e.g., CT, STEMI, trauma) and does NOT recognize “diversion” or “bypass” status for EDs located within or outside of Contra Costa County.

C. Patients transported by a non-emergency ambulance as part of a 911 system response and who meet the criteria set forth in Section IV of Policy 1002, shall be transported as directed in this policy.

D. Prehospital providers are responsible for the decision to transport with or without red lights and sirens (RLS). Consideration should be given to whether there are reasonable grounds to believe there is a life-threatening emergency and whether RLS is necessary or appropriate based on travel time, distance, patient, weather and road conditions. The decision to transport with RLS should not be based solely on the destination decision or whether the patient meets specialty care criteria (e.g., stroke, STEMI, trauma).

E. For destination requests not addressed in this policy, consider contacting an EMS Field Supervisor for guidance.

III. PROCEDURE FOR DETERMINING DESTINATION

A. Prehospital personnel shall assess a patient to determine whether the patient is stable or unstable.

B. Patient stability must be considered along with a number of additional factors in making destination and transport mode decisions. Additional factors to be considered 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 ED.
6. Traffic and weather conditions.
7. Hospitals with specialized resources.
8. Hospital status.

IV. UNSTABLE PATIEMTS

A. An unstable patient should be transported to the closest, appropriate ED.
B. Patients meeting trauma, STEMI or stroke criteria, or when there is a high index of suspicion that a patient meets such criteria, should be transported to the most appropriate ED with trauma, STEMI or stroke specialty services.
C. Field crews should contact the Base Hospital for guidance in situations where the appropriate choice of receiving facility is unclear to transport personnel.

V. STABLE PATIENTS

A. Stable patients are to 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.

VI. PATIENTS ON PSYCHIATRIC DETENTION

A. A patient placed on a legal detention (e.g., a hold pursuant to W&I Code § 5150) in the field by a legally authorized person shall be assessed for the presence of a medical emergency. Based on the history and physical examination of the patient, prehospital personnel shall determine whether the patient is stable or unstable.
B. Medically stable patients shall be transported to Contra Costa Regional Medical Center.
C. Medically unstable patients shall be transported to the closest ED.
D. A patient with a current history of overdose of medications shall be transported to the closest ED.
E. A patient with history of ingestion of alcohol or illicit street drugs shall be transported to the closest ED if there is any of the following:
    1. Altered mental status (e.g., decreased level of consciousness or extreme agitation).
    2. Significantly abnormal vital signs.
    3. 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 greater.
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 shall be transported to a trauma center.
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 ED.
6. Stable obstetric patients should be transported to the ED of choice if their complaints are unrelated to the 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.
   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. ≥ 20% TBSA partial or full thickness burns.
      b. Burns with suspected inhalation injury.
      c. High voltage electrical burns.
   5. Consider transporting patients with burns to the face, hands, perineum or feet to a burn center.

B. Procedure for Burn Center destination:
   1. Confirm Burn Center facility status and provide proper notification.

IX. CARDIAC ARREST WITH RETURN OF SPONTANEOUS CIRCULATION

A. Patients who have had ROSC at any time during their course of care or are in persistent V-Fib/pulseless V-Tach should be transported to a STEMI Receiving Center when transport is deemed appropriate.

X. STEMI/ACUTE STROKE

A. Suspected STEMI/acute stroke patients shall be transported to the closest specialty center (STEMI Receiving Center/Primary Stroke Center) unless another facility is requested.

B. 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.

C. If the closest specialty center is on CT or STEMI diversion the patient shall be taken to the next closest appropriate specialty center.

D. 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. OTHER TRANSPORT CONSIDERATIONS

A. Patients with other specialty care needs (e.g., patients with LVADs, disease/illness specific treatments) should be transported to their facility of choice. Specialty care patients meeting the definition of unstable shall be transported to the closest ED.

XII. OUT-OF-COUNTY REDDINET STATUS

A. Out-of-county "internal disaster," when captured in the ReddiNet "STATUS" screen, should be immediately disseminated to field providers via radio, pager, message, etc.