



## RECEIVING HOSPITALS

APPROVED:

EMS Medical Director

Interim EMS Administrator

1. Purpose: To provide paramedics and EMT-1's with information and guidance about the capability of the receiving facilities in San Mateo County.
2. Definitions:
  - 2.1 Appropriate Receiving Hospital: The receiving hospital that has the capability of treating the anticipated needs of the patient and has no restriction to receiving the patient with the presenting symptoms or complaint.
  - 2.2 Requested hospital: The hospital that the patient, the patient's family or the designated decision maker for the patient requests.
  - 2.3 San Mateo County Receiving Hospital /SMC Receiving Hospitals: Receiving hospitals that participate in the San Mateo County Quality Improvement Program and function as Base Hospitals for physician consultation.
  - 2.4 Basic Emergency Department: An emergency department that is designated by the State Department of Health Services as providing "basic emergency medical service."
  - 2.5 Standby Emergency Department: An emergency department that is designated by the California Department of Public Health as providing "standby emergency medical service."
  - 2.6 Labor and Delivery Patient/Obstetrical patient: Any patient who is suspected of being in labor with a fetus of greater than 20 weeks gestation or who has a known or suspected complication of pregnancy such as placenta abruptio, placenta previa or toxemia of pregnancy.
  - 2.7 Acute Stroke Patient: A patient with the onset of symptoms of a stroke up to 8 hours prior to paramedic contact. Symptoms of a stroke include abrupt changes in mental status, altered speech, gait, behavior, sudden onset of confusion and focal neurological findings.
  - 2.8 Major Burn Patient: Any patient who meets the American Burn Association criteria for a major burn and does not meet the San Mateo County criteria for a major trauma victim.

Issue Date: September 1, 2008  
Effective Date: March 2014  
Review Date: March 2016

- 2.9 Major Trauma Patient: Any patient who meets the Trauma Triage Criteria of San Mateo County
  - 2.10 STEMI Patient: A patient with a documented ST Segment Myocardial Infarction noted on the 12-lead EKG.
3. SMC Receiving Hospitals: The following hospitals routinely receive patients from the SMC emergency medical services system.
    - 3.1 Kaiser Redwood City
    - 3.2 Kaiser South San Francisco
    - 3.3 Palo Alto Veterans Affairs Hospital
    - 3.4 Peninsula Medical Center
    - 3.5 San Francisco General Hospital for trauma
    - 3.6 San Mateo Medical Center
    - 3.7 Sequoia Hospital
    - 3.8 Seton Coastside
    - 3.9 Seton Medical Center
    - 3.10 Stanford Hospital
    - 3.11 Dominican Hospital of Santa Cruz may be utilized as a receiving facility from the southwest coastside of the County
      - 3.11.1 A San Mateo County Base Hospital should be contacted for physician consultation as needed for patients being transported to Dominican Hospital. Stanford Hospital is the usual base hospital for these situations
  4. Receiving Hospitals for labor and delivery or obstetrical patients as defined above:
    - 4.1 Kaiser Redwood City
    - 4.2 Peninsula Medical Center
    - 4.3 San Francisco General Hospital
    - 4.3 Sequoia Hospital
    - 4.4 Seton Medical Center
    - 4.5 Stanford Hospital
    - 4.6 Dominican Hospital Santa Cruz (contact a San Mateo County Base Hospital if physician consult is needed)
  5. For destination requests for emergency departments not listed in 3. or 4. above:
    - 5.1 The on-duty AMR supervisor should be contacted for authorization. At request of the transporting crew or other on scene personnel, Public Safety Communications will page the AMR on-duty supervisor the unit designation, destination request and system levels.
      - 5.1.1 In general, if the request is due to a clinical need or for continued care it will be granted.

- 5.1.2 The AMR supervisor may approve or deny the request based upon the number of available in-County ambulances (as an example: 2 or less available ambulances) or the number of active calls.
  - 5.1.3 If the hospital request is denied by the ALS supervisor an incident report will be generated by the ALS supervisor and sent to the AMR Operations Manager or SSFFD EMS Captain. The involved agency will forward the copy of the report to the San Mateo County EMS Clinical Services Manager.
  - 5.2 Patient's facility of preference is defined as the hospital requested by a patient, his/her family, his or her designated medical decision maker or the patient's private physician
  - 5.3 All patients, except those requiring transport to the closest appropriate receiving hospital, will be transported to the hospital of their preference; as long as it is a San Mateo County receiving hospital,
  - 5.4 In addition to the San Mateo County Receiving Hospitals paramedics will routinely transport patients to the following facilities if they are capable of receiving the patient.
  - 5.5 The hospital must be contacted prior to transport to ensure they can receive the patient:
    - 5.5.1 Santa Clara County Hospitals.
      - 5.5.1.1 El Camino Hospital-Mountain View
    - 5.5.2 San Francisco County Hospitals
      - 5.5.2.1 University of California San Francisco Medical Center
      - 5.5.2.2 California Pacific Medical Center
        - 5.5.2.2.1 Pacific Campus of CPMC
        - 5.5.2.2.2 Davies Campus of CPMC
        - 5.5.2.2.3 St. Luke's Campus of CPMC
      - 5.5.2.3 San Francisco General Medical Center for medical complaints
      - 5.5.2.4 Kaiser San Francisco
  - 5.6 The above facilities are not to be contacted as a base hospital for physician consultation
  - 5.7 A patient who does not specify a facility of preference will be transported to the closest appropriate San Mateo County receiving hospital.
  - 5.8 Within the jurisdiction of the South San Francisco Fire Department the paramedic will determine if the request can be granted
6. Sexual Assault.
- 6.1 San Mateo Medical Center is the designated hospital victims of sexual assault regardless of gender or age. San Mateo Medical Center will not divert suspected sexual assault victims.
  - 6.2 If the victim of sexual assault is a major trauma victim or other specialty hospital care transport will be to the appropriate specialty care center.

7. Major Trauma Receiving Hospitals (Refer to Operations 22)
  - 7.1 The following Hospitals are designated to receive major trauma patients:
    - 7.1.1 San Francisco General Hospital
    - 7.1.2 Stanford Hospital
  
- 8 Stroke Centers (Refer to Operation 29)
  - 8.1 Primary Stroke Centers
    - 8.1.2 Any hospital recognized by San Mateo County EMS that has been designated as an accredited Primary Stroke Center by the Joint Commission.
      - 8.1.2.1 Seton Medical Center (Daly City)
      - 8.1.2.2 Kaiser South San Francisco Hospital
      - 8.1.2.3 Mills-Peninsula Hospital (Peninsula Campus)
      - 8.1.2.4 Sequoia Hospital
      - 8.1.2.5 Kaiser Redwood City Hospital
      - 8.1.2.6 Stanford Hospital and Clinics
  - 8.2 Primary Stroke Centers with interventional stroke care capability
    - 8.2.2 Kaiser Redwood City Hospital
  - 8.3 Comprehensive Stroke Center
    - 8.3.2 A Comprehensive Stroke Center is a hospital that has successfully completed and maintains Joint Commission Accreditation as a Comprehensive Stroke Center and enters into an MOU with San Mateo County relative to being a stroke center
      - 8.3.2.1 Stanford Hospital and Clinics
  
- 9 Major Burn Receiving Hospitals
  - 9.1 St. Francis Hospital (The Bothin Burn Center) San Francisco (415-353-6300)
  - 9.2 Santa Clara Valley Medical Center, San Jose (408-885-3228)
  
- 10 STEMI Centers Designated by San Mateo County
  - 10.1 Seton Medical Center
  - 10.2 Peninsula Medical Center
  - 10.3 Sequoia Hospital
  - 10.4 Kaiser Redwood City
  - 10.5 Stanford Hospital
  
- 11 5150 Receiving Hospitals: Two hospitals are designated by the Health Services Agency to receive patients under Section 5150 of the Welfare and Institutions Code:
  - 11.1 Peninsula Medical Center: Emergency Department
  - 11.2 San Mateo Medical Center: Emergency Department or Psychiatric Emergency Services (PES)
  - 11.3 Patients on a 5150 hold who are determined to have a potentially life threatening emergency shall be transported to the closest hospital including

Issue Date: September 1, 2008  
Effective Date: March 2014  
Review Date: March 2016

those not designated as a 5150 receiving hospital. See Policy Facilities - 5 for definitions of potentially life threatening emergencies.

12. Standby Emergency department in San Mateo County are:
  - 12.2 Seton Coastside
  - 12.3 Patients whom the paramedic reasonably believes will be discharged from the emergency department may be transported to this facility.
  - 12.4 Patients that require emergent stabilization at an emergency department may be transported to a standby emergency department if a basic emergency facility is not within a reasonable distance. These would include patients:
    - 12.4.1 in cardiac arrest with no return of spontaneous circulation (ROSC) in the field
    - 12.4.2 with uncontrolled bleeding from an extremity
    - 12.4.3 with an uncontrolled airway
  
13. Patients who may require admission to an acute care hospital should not be transported to a standby emergency department. Examples of these patients would include, but are not limited to, patients with:
  - 13.1 Sustained abnormal vitals signs
  - 13.2 A history of head trauma with an abnormal level of consciousness.
  - 13.3 Recent onset (less than 12 hours) of neurological deficit due to suspected stroke.
  - 13.4 Adult patients with seizure of new onset, multiple seizures within a 24-hour period, or sustained alteration in level of consciousness.
  - 13.5 Chest pain or discomfort of known or suspected cardiac origin
  - 13.6 Sustained respiratory distress not responsive to field treatment (adult or pediatric patients)
  - 13.7 Suspected pulmonary edema who are not responsive to field interventions.
  - 13.8 Potentially significant cardiac arrhythmias
  - 13.9 New onset hypertension with diastolic blood pressure >120 Hbg or symptoms of headache, photophobia, or altered mental status.
  - 13.10 Post-Cardiac Arrest patients
  - 13.11 Orthopedic emergencies having deformity, open fractures, or alterations of distal neuro-vascular status.
  - 13.12 Suspected spinal cord injury of new onset.
  - 13.13 Toxic exposure or overdose. If there is a question as to the potential for hospital admission the poison control center or a base hospital physician should be contacted for consultation.
  - 13.14 Major burns as defined in the burn protocol
  - 13.15 Near drowning or suspected barotrauma with any history of loss of consciousness, unstable vital signs, or respiratory problems

Issue Date: September 1, 2008  
Effective Date: March 2014  
Review Date: March 2016

- 13.16 In addition to the preceding, pediatric patients who present with any of the following conditions or should be transported to a facility with a basic emergency department.
  - 13.16.1 Children with symptomatic dehydration
  - 13.16.2 Children requiring endotracheal intubation and/or ventilator support
  - 13.16.3 Children with a serious medical condition having exacerbation of the condition or clinical deterioration
  - 13.16.4 Children with long bone fractures or fractures involving the joints
  - 13.16.5 Pediatric seizure patients who do not present with fever or who continue to seize longer than 10 minutes.
  
- 14. South San Francisco Fire Department Hospital Destination
  - 14.1 South San Francisco Fire Department ambulances will transport patients from their City to the following receiving facilities only:
    - 14.1.1 Kaiser South San Francisco
    - 14.1.2 Peninsula Medical Center
    - 14.1.3 San Francisco General Hospital
    - 14.1.4 Seton Medical Center
    - 14.1.5 San Mateo Medical Center (5150, in-custody, sexual assault victims only)
    - 14.1.6 Kaiser Redwood City for patients with onset of stroke symptoms from 3.5-8 hours prior to paramedic arrival
    - 14.1.7 Stanford Hospital for patients with major trauma or onset of stroke symptoms from 2.5-8 hours prior to paramedic arrival
    - 14.1.8 St. Francis Hospital (Bothin Burn Center) for major burns
    - 14.1.9 STEMI Centers as identified in section 10 above.
  
- 15. Jail Inmates
  - 15.1 Jail inmates being transported code 3 shall be taken to the closest appropriate facility
  - 15.2 Jail inmates being transported code 2:
    - 15.2.1 San Mateo County inmates will be transported to San Mateo Medical Center
    - 15.2.2 San Bruno Jail inmates will be transported to San Francisco General Hospital (even if it is on ambulance diversion).
  
- 16. Cordilleras Center/Canyon Oaks/Hillcrest Juvenile Facility
  - 16.1 Patients at these facilities being transported code 3 shall be taken to the closest appropriate facility
  - 16.2 Patients at these facilities being transported Code 2 will be transported to San Mateo Medical Center

17. Burn Patients

- 17.1 Patients who meet the American Burn Association criteria for major burns shall be transported to the closest Burn Receiving Hospital
- 17.2 Patients who meet the criteria for a Major Trauma Victim shall be transported to the appropriate San Mateo County Trauma Center
- 17.2 Patients who present with signs of symptoms of acute respiratory distress from smoke inhalation (sore throat, wheezing, coughing, hoarse voice, or stridor) shall be transported to the closest receiving hospital. All other patients with suspected respiratory involvement shall be transported to the closest trauma center.
- 17.3 Air medical transportation may be considered for those patients with burn injuries who have field transport times exceeding 30 minutes from the burn or trauma center who have extensive body surface area burns, respiratory symptoms, or electrical injuries.