PATIENT TRANSPORT AND DESTINATION

1. Appropriate Receiving Hospital
   1.1 Appropriate Receiving Hospital means that the hospital has no restrictions to receiving this particular type of patient (see Receiving Hospital Policy).

2. Transport Priority
   Selection of a transport priority should take into account patient condition, rescuer safety, safety of other motorists and/or pedestrians, as well as other weather and traffic considerations which could affect the safety of transport. These guidelines are meant to supplement, not replace provider discretion. Patients with the following conditions will usually be transported code 3 (lights and sirens), however other patients may be transported by code 3 based upon the paramedic's best judgment.
   2.1 Obstetrical
      2.1.1 Abnormal fetal presentation (leg, arm, buttocks)
      2.1.2 Third trimester vaginal hemorrhage
      2.1.3 Prolapsed umbilical cord
      2.1.4 Severely distressed neonate (e.g. heart rate <120, APGAR <7)
   2.2 Major trauma (meeting San Mateo County major trauma patient criteria)
   2.3 Major burn patients (meeting American Burn Association criteria)
   2.4 Acute ST Segment Elevation MI (STEMI) Patients
   2.5 Acute Stroke Patients less than 8 hours duration
   2.6 Other emergent patients
      2.6.1 Inadequate ventilation and/or severe respiratory distress
      2.6.2 Cardiac arrest-except when associated with STEMI
      2.6.3 Profound shock with systolic blood pressure <90
      2.6.4 Uncontrolled external hemorrhage
      2.6.5 Severe allergic reaction (with respiratory distress or cardiovascular compromise)
      2.6.6 Status epilepticus

3. Destination
   3.1 Socioeconomic Considerations
   The selection of a receiving hospital will not, in any way, be based upon
the patient's perceived inability to pay, socioeconomic factors, race, color, age, gender, religion, sexual orientation ethnicity, or medical conditions except as specified in this policy. If the closest hospital needs to be chosen due to medical conditions, insurance will not play a factor in the determination of the receiving hospital.

3.2 The following patients will be transported to the closest appropriate receiving hospital:

3.2.1 Code 3 patients
3.2.2 Major trauma patients and major trauma patients with associated burns will be taken to the closest trauma center
3.2.3 Major burn patients with no associated major trauma will be taken to the closest major burn receiving hospital (St Francis Hospital (Bothin Burn Center) or Santa Clara Valley Medical Center.
3.2.4 Burn victims with symptoms of respiratory burns (sore throat, wheezing, stridor, cough, or hoarse voice) will be taken to the closest basic emergency department.
3.2.5 Pediatric patients who meet major burn criteria will be transported to Santa Clara Valley Medical Center or St. Francis Hospital (Bothin Burn Center) for pediatric burn care.
3.2.5 5150 holds (Welfare and Institutions Code)
3.2.4 Dual diagnosis patients (5150s with concurrent medical complaints) will be transported to the closest facility able to deal with the most acute problem appropriately.
3.2.5 Patients identified as having the onset of stroke symptoms within the previous 8 hours will be taken to a primary stroke center.
3.2.5.1 Patients with the onset of symptoms less than 3.5 hours will be taken to the closest primary stroke center.
   3.2.5.1.1 Seton Medical Center
   3.2.5.1.2 Kaiser South San Francisco
   3.2.5.1.3 Peninsula Medical Center
   3.2.5.1.4 Sequoia Hospital
   3.2.5.1.5 Kaiser Redwood City
   3.2.5.1.6 Stanford Hospital
3.2.5.2 Stroke patients with an onset of symptoms from 3.5 – 8 hours prior to paramedic arrival will be taken to a primary stroke center with interventional capability
   3.2.5.2.1 Kaiser Redwood City
   3.2.5.2.2 Stanford Hospital
3.2.5.3 If a patient chooses to bypass the closest primary stroke center (based on time of transport rather than distance), the patient will be advised of the risks associated with their decision.
3.2.6 Patients identified with a ST segment elevation myocardial infarction (STEMI), including those with known or suspected STEMI prior to cardiac arrest, will be taken to the closest STEMI Center

3.2.6.1 Seton Medical Center
3.2.6.2 Peninsula Medical Center
3.2.6.3 Sequoia Hospital
3.2.6.4 Kaiser Redwood City
3.2.6.5 Stanford Hospital

3.2.7 If a patient chooses to bypass the closest STEMI center (based on time for transport rather than distance), the patient will be advised of the risks associated with their decision.

3.2.7.1 If the patient is close to equidistant to two STEMI centers the paramedic may use his or her judgment and the patient’s request in the destination decision

3.3 Jail Inmates

3.3.1 Jail inmates meeting the criteria listed in 2 or being transported Code 3 shall be taken to the closest appropriate facility

3.3.2 Jail inmates being transported Code 2:

3.3.2.1 San Mateo County inmates will be transported to San Mateo Medical Center
3.3.2.2 San Bruno Jail inmates will be transported to San Francisco General Hospital

3.4 Transportation to The Facility Of The Patient's Preference

3.4.1 Patient's facility of preference is defined as the hospital requested by a patient, his/her family, the patients designated medical decision maker or the patient's private physician.

3.4.2 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,

3.4.3 In addition to the usual San Mateo County Receiving Hospitals paramedics will routinely transport patients to the facilities noted in 3.4.4, 3.4.5, and 3.4.6 below if they are capable of receiving the patients and the transport is approved by the ALS supervisor

3.4.3.1 The hospital must be contacted prior to transport to ensure they can receive the patient:

3.4.4 For destination requests for emergency departments that are not identified as a San Mateo County Receiving Hospital the following process will be used:

3.4.5 In general if the request is due to a clinical need or for continued care it will be granted. The on-duty AMR supervisor will be contacted for authorization. At the request of the transporting crew
or other on scene personnel, Public Safety Communication will page to the AMR on-duty supervisor the unit designation, destination request and system levels.

3.4.5.1 The AMR supervisor may approve or deny the request based upon the number of available in-County ambulances (as an example level 2 or below) or the number of active calls,

3.4.5.2 If the patient/provider request is denied an incident report will be sent to the appropriate JPA EMS Supervisor or the AMR EMS Operations Manager. The JPA EMS Supervisor or Operations Manager will review the incident report and forward it to the EMS Agency Clinical Services Manager.

3.4.6 Santa Clara County Hospitals:
3.4.6.1 El Camino Hospital-Mountain View

3.4.7 San Francisco County Hospitals
3.4.7.1 San Francisco County Hospitals:
3.4.7.2 University of California San Francisco Medical Center
3.4.7.3 California Pacific Medical Center
   3.4.7.3.1 Pacific Campus of CPMC
   3.4.7.3.2 St. Luke’s Campus of CPMC
   3.4.7.3.3 Davies Campus of CPMC
3.4.7.4 San Francisco General Hospital for medical complaints
3.4.7.5 Kaiser San Francisco

3.4.8 The hospitals named in 3.4.6 and 3.4.7 are not to be contacted as a base hospital for physician consultation other than San Francisco General Hospital for trauma.

3.4.9 These hospitals must be contacted prior to transport to ensure that they can receive the patient unless the transport is for trauma or burns.

3.4.10 A patient who does not specify a facility of preference will be transported to the closest appropriate San Mateo County receiving hospital.

3.5. Multiple Patients in One Ambulance
If more than one patient is being transported in an ambulance, all patients will be transported to the same receiving hospital.