TRAUMA SYSTEM AND PATIENT DESTINATION

APPROVED: _____ _____
EMS Medical Director EMS Administrator

AUTHORITY: Division 2.5 Health and Safety Code. Article 2.5 Regional Trauma Systems. 1798.163

1. Trauma Hospitals: The San Mateo County Trauma Plan Identifies two Level 1 Trauma Centers designated by adjoining Local EMS Agencies as Trauma Receiving Hospitals. These are:
   1.1. San Francisco General Hospital
   1.2. Stanford Hospital

2. Trauma Catchment Areas and Patient Destination By Location And Mode Of Transportation
   2.1. San Francisco General Hospital
      2.1.1. Patients injured in any area north of Devils Slide; on the north side or to the north of Trousdale Avenue, from Highway 280 to El Camino Real; on the north side or to the north of Millbrae Avenue, from El Camino Real to the San Francisco Bay, will be taken to San Francisco General Hospital
      2.1.2. Patients transported by air-medical are not routinely transported to San Francisco General because this facility does not have a helipad. Air-medical patients from this area are routinely transported to Stanford Hospital.
   2.2. Stanford Hospital
      2.2.1. Persons injured in any area south of and including Devils Slide; on the south side to the south of Trousdale Avenue, from Highway 280 to El Camino Real, on the south side or to the south of Millbrae Avenue, from El Camino Real to the San Francisco Bay, will be taken to Stanford University Medical Center.
      2.2.2. If Stanford Hospital is unavailable air medical patients may be transported to another hospital with a helipad
   2.3. Transportation of a trauma patient to a non-trauma hospital should only be done if the patient has an unmanageable airway

2.4. Patients who do not meet major trauma criteria may be transported to the closest available receiving hospital

3. Diversion By A Trauma Center
   - 3.1.1. Trauma centers will not close to major trauma cases except in a declared internal disaster such as a plant problem with no water or electricity, or an extreme overload of major trauma patients in the emergency department or operating room.
   - 3.1.2 If a trauma center must close to trauma, the charge nurse will call San Mateo County Public Safety Communications at 650-363-4981 and request that the EMS Administrator on-call, the field supervisor, and South San Francisco Fire Department's dispatch center be notified immediately
   - 3.1.3 If a trauma center must close due to an internal disaster the Trauma Center will enter the status into EMSystem
   - 3.1.4 If a trauma center is on divert and the patient meets trauma criteria by anatomic or physiological criteria (altered vital signs, neurological status or injury to critical areas) EMS provider may request air medical resources for transportation to the closest open trauma center with helicopter capability
   - 3.1.5 If the patient meets trauma criteria ONLY by mechanism or co-morbidity the patient should be transported by ground to an open San Mateo County Trauma center. Eden Hosptial should be considered for patients east bound on the San Mateo or Dumbarton Bridge
   - 3.1.6 If air medical resources are not available the paramedic will contact the ED physician at the impacted San Mateo County Trauma Hospital (if closest) for destination. The physician's name should be documented on the PCR
   - 3.1.7 If the impacted hospital accepts the patient, the patient will be transported to the impacted hospital by ground or air as appropriate.

6. Documentation
   - 6.1. A PCR will be left at the trauma center for all trauma patients at the time of the call
   - 6.2. The reason for destination reason should be noted as trauma

7. Notification
   - 7.1. The on-duty field supervisor shall be notified immediately after the call if any of the following occur:
     - 7.1.1. Any patient identified as a major trauma victim that is not transported to a trauma center.
     - 7.1.2. Any instance of diversion by a trauma hospital
   - 7.2. A non-trauma receiving hospital will notify the on duty supervisor of any patient transferred to a trauma center

8. Destination Considerations for Multiple Major Trauma Patients From A Single Event

8.1. Intent: The intent of this section is to provide guidance to field personnel in determining the best destination for trauma patients when there are multiple trauma patients from a single event. For specific procedures for multi-casualty incidents see MCI Policy.

8.2. Goals

8.2.1. To make the highest level trauma care available as soon as possible to the most seriously injured.

8.2.2. To ensure that all trauma patients from a single incident receive an appropriate level of care.

8.2.3. To complete transport of major trauma victims to a trauma center as quickly as feasible.

8.2.4. To guide emergency medical care personnel at the emergency scene in making the most appropriate and timely patient destination decisions.

8.2.5. To enhance communications between dispatch centers, field medical personnel, receiving hospitals/trauma centers, and aeromedical personnel.

8.2.6. To utilize available hospital resources most effectively to meet patient needs.

8.3. Guiding Principles

8.3.1. Patients meeting major trauma criteria should be transported to a trauma center as soon as feasible.

8.3.2. San Mateo County's designated trauma centers are Stanford and San Francisco General. These centers will be the receiving facility for all patients meeting major trauma criteria unless the number of patients exceeds the capacity of these two centers.

8.3.3. In the event that the number of major trauma patients exceeds the capacity of the two designated trauma centers, the EMS system will attempt to transport some patients to other area trauma centers (see 5. Resources).

8.3.4. If there are insufficient trauma center/transport resources, patients who do not meet anatomic or physiologic major trauma criteria may be transported to receiving hospitals that are not trauma centers.

8.3.5. Patients will be distributed to hospitals in a manner that most effectively use resources and provides the highest level of care to the most seriously injured victims.

8.3.6. Time to definitive trauma care is critical for major trauma patients. If possible, the patients with the most serious injuries should be directed to the closest trauma centers (closest by time/ground or air transport).

8.4. Communications

8.4.1. Initial Communication to local Trauma Centers

8.4.1.1. As soon as feasible, a paramedic at the emergency scene will contact the charge nurses at the two trauma centers and inform them of the type of incident, the estimated number of patients, and how many appear to be "immediate." This does not replace the "polling procedures," conducted by Public Safety Communications, that are used during a multi-casualty incident.

8.4.1.2. The Medical Group Supervisor (or designee) will notify the trauma center of the number of patients it will initially be receiving as soon as feasible.

8.4.1.3. The ambulance crew (air or ground) will communicate a summarized patient report, via cell phone, to the trauma center as soon as feasible prior to arrival. This report will include the:

8.4.1.3.1. Mechanism
8.4.1.3.2. Injury (ies)
8.4.1.3.3. Vital signs
8.4.1.3.4. Treatment provided

8.5. Distribution of Multiple Major Trauma Patients

8.5.1. In multi-victim incidents involving more than two major (intubated/unstable) patients it is best to distribute the patients to more than one facility as long as this will not jeopardize patient care (e.g. critical patient condition and transport time will be too prolonged). The most seriously injured patients should be taken to the closest trauma center (by time not distance).

8.5.2. Stanford/San Francisco Commitment to Automatically Accept Multiple Major Trauma patients in incidents exceeding the available resources of a single trauma center:

8.5.2.1. Stanford will automatically accept three (3) major trauma patients

8.5.2.2. San Francisco General Hospital will automatically accept four (4) major trauma patients

8.5.3. The Medical Group Supervisor (or designee) will recontact the local trauma centers if necessary to determine whether they can receive additional patients (beyond the “automatic” number).

8.5.4. In events resulting in multiple major trauma patients and with additional patients not meeting major trauma criteria, it is preferred that patients with minor injuries be taken to non-trauma receiving hospitals.

8.5.5. In instances resulting in larger numbers of major trauma patients than can be handled using the two local trauma centers, if possible aeromedical resources should be utilized and the patients distributed to trauma centers within the region (see #5).

8.5.6. In instances resulting in such large numbers of major trauma patients that there are insufficient trauma centers available within the region (considering these centers and ability to transport to them within a reasonable time period) actions should be taken:

8.5.6.1. To direct the most seriously injured patients (those meeting anatomic/physiologic criteria) to available trauma centers.

8.5.6.2. To direct major trauma patients meeting only mechanism criteria to non-trauma receiving hospitals.

8.6. Resources

9. Bay Area Trauma Centers

Hospital	Level	Location	Helipad	Special Services
Davis	1	Sacramento	Yes	Pediatric and adult trauma center
Eden	2	Castro Valley	Yes	
Highland	2	Oakland	No	
John Muir	2	Walnut Creek	Yes	
Marin General	2	Greenbrae	No, but can land in park across the street	
Oakland Children's	2	Oakland	Yes	Children's Hospital
Regional Medical Center	2	San Jose	Yes	
SFGH	1	SF	No, but rendezvous possible at Hunters Point or closer in a park	Burns, Re-implantation, Peds but no Pediatric Intensive Care Unit
Stanford	1	Palo Alto	Yes	Re-implantation Lucile Packard Children's Hospital receives patients at Stanford ED
Valley Med Center	1	San Jose	Yes	Burns/Spinal Injury/PICU

Aeromedical Resources

Agency	Staffing	Use
Stanford Lifeflight	2 R.N.s	Routine
CALSTAR	2 R.N.s	Routine
Reach	1 R.N. and 1 paramedic	Large-scale MCI
PHI	1 R.N. and 1 paramedic	Large-scale MCI
CHP	1 Paramedic	Disaster
East Bay Regional Parks	1 Paramedic	Disaster
Coastguard	Non-medical only – if utilized for patient transport a field medic needs to accompany	Disaster or based on need for rescue

9.1. In the event that a non-trauma hospital elects not to transfer a patient who meets anatomic and, or physiologic major trauma criteria, the non-trauma hospital will notify the EMS agency within five (5) working days of the event.