



POLICY NO:	OPS 7
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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. AUTHORITY

California Code of Regulations, Title 22, Division 9, §100128 and §100170

III. POLICY

- A. Patients transported as part of an EMS response should be taken to the closest Emergency Department staffed and equipped to provide care appropriate to the needs of the patient.
- B. Patients may be transported to any receiving hospital as outlined in Facilities 1 – Receiving Hospitals.
- C. Out-of-County ED “diversion” or “bypass” is not recognized by the San Mateo County EMS system.
- 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, contact an EMS Field Supervisor for guidance.

IV. PROCEDURE FOR DETERMINING DESTINATION

- A. Hospital destination decisions for EMS patients shall be prioritized based on the following:
 - 1. Patient medical need:
 - a. A patient with an unstable airway shall be transported to the closest ED;

- b. Patients meeting trauma, STEMI or stroke criteria, or when there is a high index of suspicion that a patient meets such criteria, shall be transported to the most appropriate ED with trauma, STEMI or stroke specialty services;
 - c. Unstable/unmanageable, non-specialty care patients shall be transported to the closest ED; or
 - d. Field crews should contact the Base Hospital for guidance in situations where the appropriate choice of receiving facility is unclear to transport personnel.
- 2. Patient preference;
 - 3. Family or private physician preference (if patient unable to provide information); and
 - 4. Patients without a preference who require no specialty care shall be transported to the closest open general medical designated hospital.
- B. Standby Emergency Departments**
- 1. Patients with life threatening conditions that require emergent stabilization when a basic emergency department is not within a reasonable distance may be transported to a standby emergency department;
 - 2. Patients with any condition(s) that the paramedic reasonably believes will result in discharge from the ED and not require hospital admission may also be transported to a standby emergency department;
 - 3. Pediatric patients with the following complaints shall not be transported to a standby emergency department:
 - a. Seizures without evidence of fever or lasting longer than 10 minutes;
 - b. Symptomatic dehydration;
 - c. Requiring ventilator support;
 - d. Exacerbation of serious conditions or clinical deterioration;
 - e. Long bone fractures or fractures involving joints; or
 - f. BRUE (Brief Resolved Unexplained Event); and
 - 4. All other patients, including specialty care patients shall not be transported to a standby emergency department.

V. PATIENTS ON PSYCHIATRIC DETAINMENT

- A. Patients placed on a legal detainment (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 San Mateo Medical Center or Mills-Peninsula 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; or
 - 3. Any other history or physical findings that suggest instability (e.g., chest pain, shortness of breath, hypotension, diaphoresis).

VI. 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. Obstetric patients meeting physiologic, anatomic, or mechanism trauma triage criteria shall be transported to a trauma center;
 - 4. All other injured obstetrics patients need a destination consult with the trauma center.
- C. 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; and
- D. Stable obstetric patients should be transported to an ED of choice identified in Facilities 1 – Receiving Hospitals if their complaints are unrelated to the pregnancy.

VII. PATIENTS WITH BURNS

- A. Hospital Selection:
 - 1. Burn patients with unmanageable airways or severe inhalation injuries shall be transported to the closest receiving facility;
 - 2. Adult and pediatric patients with burns and significant trauma shall be transported to the closest appropriate trauma center;
 - 3. Burn injuries that should be transported to a burn center include:
 - a. Partial thickness burns greater than 10% total body surface area (TBSA);
 - b. Burns that involve the face, hands, feet, genitalia, perineum, or major joints;

- c. Third degree burns in any age group;
- d. Electrical burns, including lightning injury;
- e. Chemical burns;
- f. Inhalation injury (mild, moderate)
- g. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality;

VIII. CARDIAC ARREST WITH RETURN OF SPONTANEOUS CIRCULATION

Patients who meet ROSC criteria should be transported to a STEMI Receiving Center.

IX. INCARCERATED PATIENTS

- A. Any incarcerated patient who is determined to be unstable or meet specialty center criteria shall be transported to the closest appropriate facility.
- B. Routine transport of incarcerated patients should occur as follows:
 - 1. San Mateo County jail inmates should be transported to San Mateo Medical Center;
 - 2. San Bruno jail inmates should be transported to Zuckerberg San Francisco General Hospital; and
 - 3. Incarcerated patients from all other jail facilities should be transported to San Mateo Medical Center.
- C. Stable patients under arrest, but not incarcerated, shall go to the appropriate closest ED.
- D. Law enforcement may not dictate transport decisions.

X. SEXUAL ASSAULT PATIENTS

- A. Any sexual assault patient who is determined to be unstable or meet specialty center criteria shall be transported to the closest appropriate facility.
- B. Patients who are suspected victims of sexual assault shall be transported to San Mateo Medical Center.

XI. OTHER TRANSPORT CONSIDERATIONS

- A. Refer to Facilities 1 – Receiving Hospitals for non-routine out-of-county transports. Contact an EMS Field Supervisor for guidance.
- B. Routine specialty care patients may be transported to out-of-county hospitals without the need to contact an EMS Field Supervisor.
- C. Patients with other specialty care needs (e.g., patients with LVADs, disease/illness specific treatments) should be coordinated through the patient's home facility and the Base Hospital. Specialty care patients meeting the definition of unstable shall be transported to the closest ED.