

Sierra – Sacramento Valley EMS Agency Program Policy

Patient Destination

	Effective: 06/01/2019	Next Review: 05/2021	505
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

- A. To provide guidelines for determining the appropriate destination of patients transported by ambulance in the S-SV EMS region.
- B. It is the intent of this policy to ensure that individual patients receive appropriate EMS care while protecting the interests of the community at large by making maximum use of available EMS resources.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.165 & 1798.170.
- B. California Code of Regulations, Title 13, § 1105(c).
- C. California Code of Regulations, Title 22, Division 9, Chapters 2, 3, 4, & 7.

POLICY:

- A. In the absence of decisive factors to the contrary, EMS personnel shall transport emergency patients to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patients. In determining the most accessible facility, EMS personnel shall take into consideration traffic obstructions, weather conditions, or similar factors which clearly affect transport time.
- B. Hospitals unable to accept patients due to incapacitating internal disaster shall be considered not prepared to receive emergency cases.
- C. All hospitals shall maintain the current status of their facility on EMResource, and must update their facility status no less than once every 24 hours.
- D. All hospitals must respond to EMResource hospital status polls initiated by the S-SV EMS Agency within 30 minutes of notification.

GUIDELINES:

- A. The most accessible medical facility shall ordinarily be the nearest licensed healthcare facility which maintains and operates a basic emergency department, except for the following circumstances:
1. The base/modified base hospital may direct that the patient be transported to a further acute care hospital equipped, staffed, and prepared to receive emergency cases, which in the judgment of the base/modified base hospital physician or MICN, is more appropriate to the medical needs of the patient. Such direction shall take into consideration the prehospital provider's time and/or travel limitations.
 2. S-SV EMS policies/protocols governing transport of special category patients to designated special care facilities shall be followed.
 3. The Control Facility (CF) is responsible for the dispersal of all patients during multiple casualty incidents (MCIs).
 4. In response to an unprecedented demand for medical/health services beyond the capacity of current system providers and resources available through local, regional, state, and/or federal mutual aid, Crisis Standard of Care Procedures may be implemented to include alternate patient transportation/destination orders.
- B. A member of a health care service plan should be transported to a hospital that contracts with the plan when prehospital personnel and/or the base/modified base hospital determines that the condition of the member permits such transport. However, when prehospital personnel determine that such transport would unreasonably remove the transport unit from the area, the member may be transported to the nearest hospital capable of providing appropriate treatment.
- C. When a patient or their legally authorized representative requests transportation to a hospital other than the most accessible, the request should be honored when prehospital personnel and/or the base/modified base hospital determines that the condition of the patient permits such transport; except when the prehospital personnel determine that such transport would unreasonably remove the transport unit from the area. In such cases:
1. Arrangements should be made for alternative transport if possible.
 2. If such transport cannot be obtained without unacceptable delay, the patient may be transported to the nearest hospital capable of providing appropriate treatment.

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- D. When a private physician requests emergency transportation to a hospital other than the most accessible, the request should be honored unless:
1. The base/modified base hospital determines that the condition of the patient does not permit such transport. In such cases, base/modified base hospital directions shall be followed. If communication with the requesting physician is feasible, the base/modified base hospital should contact the physician and explain the situation.
 2. Prehospital personnel determine that such transportation would unreasonably remove the unit from the area. In such cases:
 - Arrangements should be made for alternate transportation if possible.
 - If alternate transportation cannot be arranged without unacceptable delay, and the private physician is immediately accessible, the patient may be transported to a mutually agreed-upon alternate destination.
 - If alternate transportation cannot be arranged without unacceptable delay, and the private physician is not immediately accessible, the patient may be transported to the nearest hospital capable of providing appropriate treatment.

CROSS REFERENCES:

- A. Hospital Capabilities (505-A).
- B. Ambulance Patient Diversion (509).
- C. Base/Modified Base/Receiving Hospital Contact (812).
- D. Multiple Casualty Incidents (837).
- E. Crisis Standard of Care Procedures (838).
- F. Trauma Triage Criteria (860).
- G. Chest Pain/Discomfort of Suspected Cardiac Origin (C-6).
- H. Suspected Stroke (N-3).
- I. Burns (T-10).