



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator

Reza Vaezazizi, MD, Medical Director

DATE: January 7, 2016

TO: EMS Providers - ALS, BLS, EMS Aircraft
Hospital CEOs, ED Directors, Nurse Managers and PLNs
EMS Training Institutions and Continuing Education Providers
EMS Dispatch Centers

FROM: Tom Lynch
EMS Administrator

 Reza Vaezazizi, MD
Medical Director



SUBJECT: CONTINUATION OF CARE POLICY EDUCATION

Effective February 1, 2016, ICEMA will implement the revised Continuation of Care policy utilizing the 9-1-1 system to expedite the transfer of re-triaged trauma, stroke or STEMI patients from non-trauma hospitals to ICEMA designated trauma, stroke or STEMI centers.

The module is available on the ICEMA website at ICEMA.net. Under "Continuing Education & Training", select "Continuing Education" then click on the green bar labeled "ICEMA Training Modules".

Non-trauma hospitals will be using the following scripted language when calling the 9-1-1 system via the primary Public Safety Answering Point (PSAP):

"This is a Continuation of Care run from ___ hospital to ___ Trauma, STEMI or Stroke Center"

The PSAPs will be listening for this specific language which will determine the type of apparatus being dispatched. If requesting critical care or air transports, requests must be made directly to the transport provider.

If you have any questions, please contact Chris Yoshida-McMath, RN, Specialty Care Coordinator, at (909) 388-5803 or via e-mail at chris.yoshida-mcmath@cao.sbcounty.gov.

TL/RV/jlm

Enclosures

c: File Copy



CONTINUATION OF CARE (San Bernardino County Only)

I. PURPOSE

To develop a system that ensures the rapid transport of patients at the time of symptom onset or injury, to receiving the most appropriate definitive care. This system of care consists of public safety answering point (PSAP) providers, EMS providers, referral hospitals (RH), Specialty Care Centers (Trauma, Cardiovascular ST Elevation Myocardial Infarction (STEMI) or Stroke), ICEMA and EMS leaders combining their efforts to achieve this goal.

This policy shall only be used for:

- Rapid transport of trauma, STEMI and stroke patients from RH to Specialty Care Center.
- Specialty Care Center to Specialty Care Center when higher level of care is required.
- EMS providers transporting unstable patients requiring transport to a Specialty Care Center to stop at any closest receiving hospital for airway stabilization, and continue on to a Specialty Care Center.

It is not to be used for any other form of interfacility transfer of patients.

II. DEFINITIONS

Neurovascular Stroke Receiving Centers (NSRC): A licensed general acute care hospital designated by ICEMA's Governing Board as a NSRC.

Referral Hospital (RH): Any licensed general acute care hospital that is not an ICEMA designated TC, SRC or NSRC.

Specialty Care Center: An ICEMA designated Trauma, STEMI or Stroke Center.

STEMI Receiving Centers (SRC): A licensed general acute care hospital designated by ICEMA's Governing Board as STEMI Receiving Center with emergency interventional cardiac catheterization capabilities.

Trauma Center (TC): A licensed general acute care hospital designated by ICEMA's Governing Board as a trauma hospital in accordance with State laws, regulations and ICEMA policies.

III. INCLUSION CRITERIA

- Any patient meeting ICEMA Trauma Triage Criteria, (refer to ICEMA Reference #15030 - Trauma Triage Criteria and Destination Policy) arriving at a non-trauma hospital by EMS or non-EMS transport.
- Any patient with a positive STEMI requiring EMS transport to a SRC (refer to ICEMA Reference #6070 - Cardiovascular ST Elevation Myocardial Infarction Receiving Centers Criteria and Destination Policy).
- Any patient with a positive mLAPSS or stroke scale requiring EMS transport to a NSRC (refer to ICEMA Reference #6100 - Neurovascular Stroke Receiving Centers Criteria and Destination Policy).

IV. INITIAL TREATMENT GOALS AT RH

- Initiate resuscitative measures within the capabilities of the facility.
- Ensure patient stabilization is adequate for subsequent transport.
- Do not delay transport by initiating any diagnostic procedures that do not have direct impact on immediate resuscitative measures.

➤ GUIDELINES

- < 30 minutes at RH (door-in/door-out).
- < 30 minutes to complete ALS continuation of care transport.
- < 30 minutes door-to-intervention at Specialty Care Center.
- RH shall contact the appropriate Specialty Care Center ED physician directly without calling for an inpatient bed assignment. Refer to Section IV - SRH-SRC Buddy System Table.
- EMS providers shall make Specialty Care Center base hospital contact.
- The Specialty Care Centers shall accept all referred trauma, stroke and STEMI patients unless they are on Internal Disaster as defined in ICEMA Reference #8060 - Requests for Hospital Diversion Policy (San Bernardino County Only).
- The Specialty Care Center ED physician is the accepting physician at the Specialty Care Center and will activate the internal Trauma, STEMI, or Stroke Team according to internal TC, SRC or NSRC policies or protocols.

- RH ED physician will determine the appropriate mode of transportation for the patient.
- Simultaneously call 9-1-1 and utilize the following script to dispatch:

“This is a Continuation of Care run from ____ hospital to ____ Trauma, STEMI or Stroke Center”

Dispatchers will only dispatch transporting paramedic units without any fire apparatus.
- RH ED physician will provide a verbal report to the ED physician at the Specialty Care Center.
- RH must send all medical records, test results, radiologic evaluations to the Specialty Care Center. **DO NOT DELAY TRANSPORT** - these documents may be FAXED to the Specialty Care Center.

V. SPECIAL CONSIDERATIONS

- If the patient has arrived at the RH via EMS field personnel, the RH ED physician may request that the transporting team remain and immediately transport the patient once minimal stabilization is done at the RH.
- If a suspected stroke patient is outside of the tPA administration window (greater than 4.5 hours from “last seen normal”), contact nearest stroke center to determine the best destination. Then follow the 9-1-1 script.
- EMT-Ps may only transport patients on Dopamine, Lidocaine and Procainamide drips. Heparin and Integrillin drips are not within the EMT-P scope of practice and require a “critical care transport” nurse to be in attendance. Unless medically necessary, avoid using medication drips that are outside of the EMT-P scope of practice to avoid any delays in transferring of patients.
- The RH may consider sending one of its nurses or physician with the transporting ALS unit if deemed necessary due to the patient’s condition or scope of practice.
- Requests for Critical Care Transport (CCT) (ground or air ambulance) must be made directly with the EMS provider’s dispatch center. The request for CCT should be made as early as possible or simultaneously upon patient’s arrival so availability of resource can be determined.

- Specialty Care Center diversion is not permitted except for Internal Disaster. However, Specialty Care Center base hospitals are allowed to facilitate redirecting of EMS patients to nearby SRCs, NSRCs or TCs when the closest Specialty Care Center is over capacity to avoid prolonged door-to-intervention times. Specialty Care Center base hospitals shall ensure physician to physician contact when redirecting patients.

VI. SPECIALTY CARE CENTER - REFERRAL HOSPITAL BUDDY SYSTEM TABLE

NEUROVASCULAR STROKE RECEIVING CENTERS (NSRC)	NEUROVASCULAR STROKE REFERRAL HOSPITALS (NSRH)
Arrowhead Regional Medical Center	<ul style="list-style-type: none"> Barstow Community Hospital Colorado River Medical Center Community Hospital of San Bernardino Hi Desert Medical Center St. Bernardine Medical Center St. Mary Medical Center
Desert Regional Medical Center	<ul style="list-style-type: none"> Colorado River Medical Center Hi-Desert Medical Center
Kaiser Hospital Foundation - Fontana	<ul style="list-style-type: none"> Barstow Community Hospital Victor Valley Global Medical Center Desert Valley Hospital
Kaiser Hospital Foundation - Ontario	<ul style="list-style-type: none"> Chino Valley Medical Center Montclair Community Hospital
Loma Linda University Medical Center	<ul style="list-style-type: none"> Bear Valley Community Hospital Community Hospital of San Bernardino J.L. Pettis VA Hospital (Loma Linda VA) Mountains Community Hospital St. Bernardine Medical Center Weed Army Community Hospital at Fort Irwin
Pomona Valley Hospital Medical Center	<ul style="list-style-type: none"> Chino Valley Medical Center Montclair Hospital Medical Center
Redlands Community Hospital	<ul style="list-style-type: none"> Bear Valley Community Hospital J. L. Pettis VA Hospital (Loma Linda VA) Mountains Community Hospital
San Antonio Regional Hospital	<ul style="list-style-type: none"> Chino Valley Medical Center Desert Valley Hospital Montclair Hospital Medical Center St. Mary Medical Center Victor Valley Global Medical Center

STEMI RECEIVING CENTER (SRC)	STEMI REFERRAL HOSPITAL (SRH)
Desert Valley Hospital	<ul style="list-style-type: none"> • Barstow Community Hospital • Victor Valley Global Medical Center • Weed Army Community Hospital at Fort Irwin
Loma Linda University Medical Center	<ul style="list-style-type: none"> • Arrowhead Regional Medical Center • Bear Valley Community Hospital • J. L. Pettis VA Hospital (Loma Linda VA) • Redlands Community Hospital
Pomona Valley Hospital Medical Center	<ul style="list-style-type: none"> • Chino Valley Medical Center • Montclair Hospital Medical Center
San Antonio Regional Hospital	<ul style="list-style-type: none"> • Chino Valley Medical Center • Kaiser Ontario Medical Center • Montclair Hospital Medical Center
St. Bernardine Medical Center	<ul style="list-style-type: none"> • Colorado River Medical Center • Community Hospital of San Bernardino • Kaiser Fontana Medical Center • Mountains Community Hospital
St. Mary Medical Center	<ul style="list-style-type: none"> • Barstow Community Hospital • Bear Valley Community Hospital • Hi-Desert Medical Center • Robert E. Bush Naval Hospital-29 Palms • Victor Valley Global Medical Center

TRAUMA CENTER (TC)	REFERRAL HOSPITAL (SRH)
Arrowhead Regional Medical Center	<ul style="list-style-type: none"> • Barstow Community Hospital • Chino Valley Medical Center • Desert Valley Medical Center • Kaiser Fontana • Kaiser Ontario • Mammoth Hospital • Montclair Hospital Medical Center • Northern Inyo Hospital • San Antonio Regional Hospital • Southern Inyo Hospital • St. Bernardine Medical Center
Loma Linda University Medical Center	<ul style="list-style-type: none"> • Bear Valley Community Hospital • Colorado River Medical Center • Hi Desert Medical Center • Mountains Community Hospital • Redlands Community Hospital • J. L. Pettis VA Hospital (Loma Linda VA) • Robert E. Bush Naval Hospital-29 Palms • St. Mary Medical Center • Victor Valley Global Medical Center • Weed Army Hospital
Loma Linda University Children's Hospital	<ul style="list-style-type: none"> • Regional Pediatric Trauma Center

VII. REFERENCES

<u>Number</u>	<u>Name</u>
6070	Cardiovascular ST Elevation Myocardial Infarction Receiving Centers Destination Policy
6100	Neurovascular Stroke Receiving Centers Destination Policy (San Bernardino County Only)
8060	Requests for Hospital Diversion Policy (San Bernardino County Only)
15030	Trauma Triage Criteria

CONTINUATION OF CARE EDUCATION

JANUARY 2016



WHAT IS CONTINUATION OF CARE (COC)?

POLICY DISCUSSION

PURPOSE

- To develop a system that ensures the rapid transport of patients at the time of symptom onset or injury, to receiving the most appropriate definitive care.

PURPOSE

To facilitate the rapid transfer of a patient **using the 9-1-1 system** that has:

- “Pit stopped” **to secure an airway** on their way to a specialty care center (trauma, stroke or STEMI)
- Been “**re-triaged**” to need care at a specialty care center.

RE-TRIAGE?

Using prehospital triage criteria:

- **Trauma:** Trauma Triage Criteria
ICEMA Reference #15030
- **Stroke:** mLAPSS (If in hospital setting-FAST, CPSS)
ICEMA Reference #11100, 6100
- **STEMI:** ST-elevation in two contiguous leads or STEMI ECG
ICEMA Reference #11060, 6070

PURPOSE

To facilitate the rapid transfer of a patient from a:

- Specialty Care Center to Specialty Care Center for higher level of care

(e.g., Trauma patient needing emergent cardiothoracic surgery)

WHAT COC SHOULD NOT BE USED FOR:

Higher Level of Care Transfers

There is no such thing as Continuation of:

- “Pediatrics”
- “Sepsis”
- “Orthopedics”

PROCEDURE FOR REFERRAL HOSPITAL (RH)

Once the patient has been identified needing COC:

- Dial **9-1-1** and use the following script:
“This is a Continuation of Care run from [RH hospital]
to [Trauma, Stroke or STEMI Center]”
- Simultaneously, call the ED. Give report to the ED physician at the Specialty Care Center.
- Send patient with appropriate transfer information. Do not delay transfer waiting for the paperwork. FAX it to the Specialty Care Center.

A NOTE ON DISPATCH:

- Dispatchers are waiting and trained to hear the scripted prompt:

“This is a Continuation of Care run from [RH hospital] to [Trauma, Stroke or STEMI Center]”

- This prompt facilitates the dispatch of a **9-1-1 ambulance** (not one used for an IFT).

Dispatchers:

If unsure if this is a request for a Continuation of Care transfer or IFT:

- Check to see if the call came using the 9-1-1 system.
- Ask if this is a Continuation of Care transfer.

DO NOT DELAY!

Perform only life-saving measures and absolutely necessary diagnostics.

- Stabilize airway
- Stop severe bleeding

Do not perform any other diagnostics unless you are able to provide definitive care.

RH Door-In to Door-Out Goal: <30 mins!

POTENTIAL CAUSES FOR DELAYS AND HOW TO AVOID THEM

ISSUES

- Intubated patients.
- Patients on Amiodarone, Heparin, Integrellin, tPA, etc.
- Long distances.
- Super-critical patient, intubated with multiple drips-time **critical**.

SOLUTIONS

- Call early for CCT transport.
- Call early for CCT transport. Consider discontinuing use or wait for medication to infuse.
- Order airship OR CCT **early**.
- Have RH ED nurse travel with the unit transporting patient.

Must call for CCT/air transport providers directly. Do not use 9-1-1 for these types of patients.

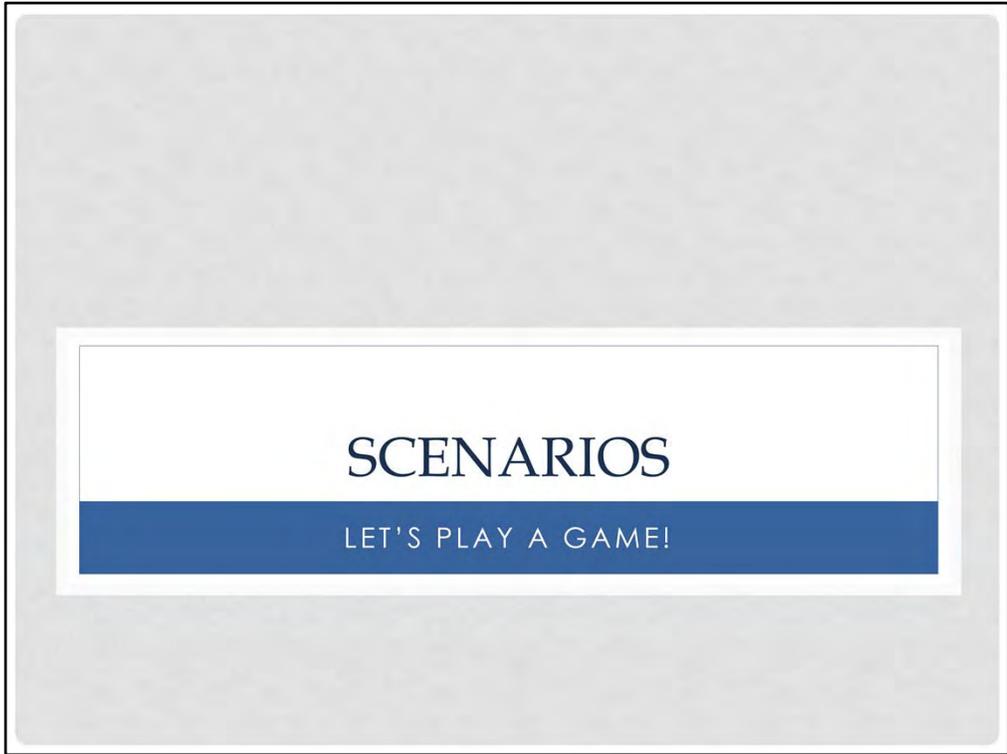
YOUR BUDDY'S

Your big buddies are there:

- So RHs do not have to “shop around” for an accepting ED. *Remember this is for COC patients ONLY.*
- To help provide guidance (maybe you are not sure if this patient is a COC - *call CoC phone # and consult before transferring*).
- To provide education (a resource for education - subject matter experts or SME).

YOUR BUDDY'S ARE NOT...

- ...mandatory transfer assignments! (It's okay to maintain current hospital to hospital relationships and rapid transfer agreements.)
- ...hospitals for patients that are waiting for a higher level of care transfer for any reason. (Patients must meet **trauma**, **STEMI** or **Stroke triage criteria**.)



SCENARIO 1

- 12 month old female, ingested a dishwashing power pod. 
- Patient is lethargic and respirations are slow and labored.
- Paramedics attempt intubation but the child begins to vomit so they suction as best as they can and arrive at your hospital doors.

Can you COC this patient?



- Currently, there is **no** COC for pediatrics.
- Stabilize the airway.
- Call your regional pediatric medical center (LLUCH) to arrange a higher level of care transfer.

SCENARIO 2

- A 2 year old arrives by private vehicle, the patient was involved in a TC on the fwy. a few hours ago and is complaining of abdominal pain and vomiting.
- Upon your assessment the abdomen is rigid, and there is a positive lap belt mark.

Can you COC this patient?



- This patient meets trauma triage criteria.
- Do not delay transport by obtaining CT's, X-rays, etc.
- Follow COC procedure and transport immediately.

SCENARIO 3

- 50 year old male snowboarding. He is wearing a helmet and falls down landing on his left wrist.
- The wrist is deformed and he has a large laceration from a snowboarder behind him that plowed over the same wrist.

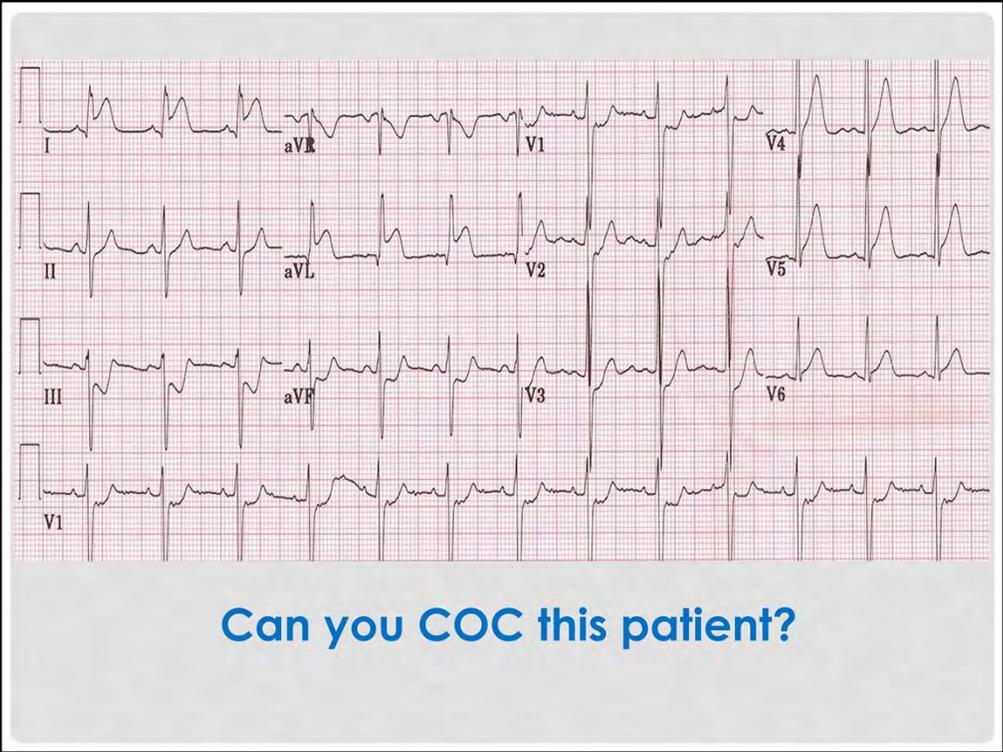
Can you COC this patient?



- Yes, this patient experienced a traumatic injury.
- BUT, does not meet trauma triage criteria.
- If needed, transfer as a higher level of care.

SCENARIO 4

- 42 year old female comes in to the ED with nausea/vomiting and back pain.
- Patients medical history: Type II diabetes, high blood pressure and high cholesterol, ex-smoker.
- The triage nurse does an ECG.

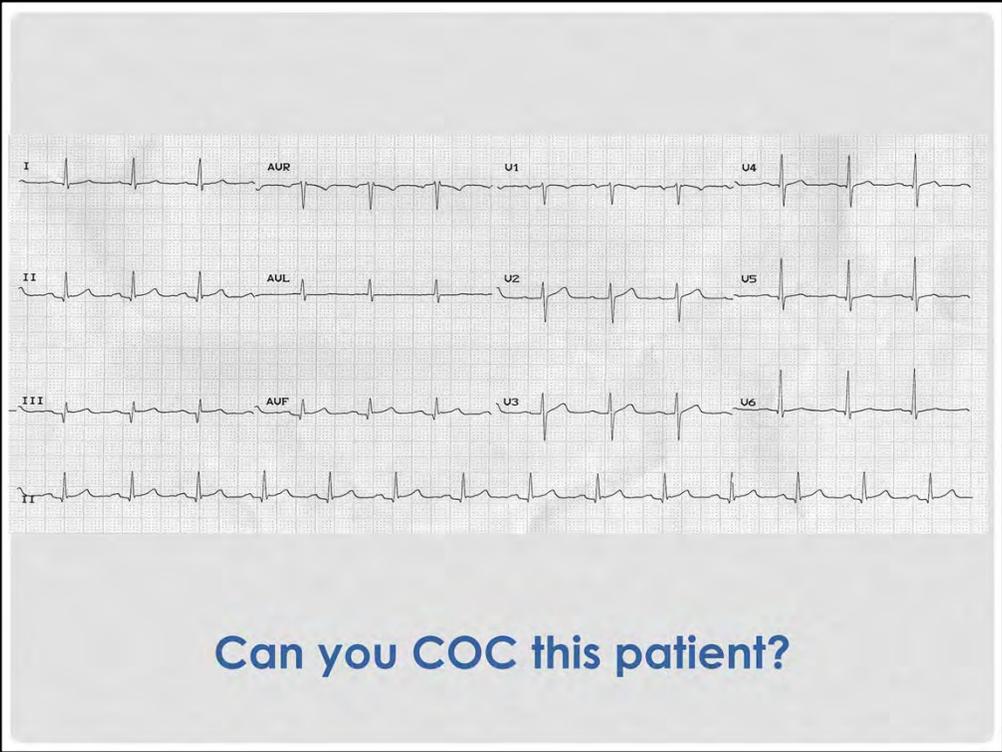




- This patient meets STEMI criteria.
- Do not delay transport by obtaining CTs, X-rays, etc.
- Follow COC procedure and transport immediately.

SCENARIO 5

- A 70 year old male comes in with 7/10 chest pain, lasting over an hour. He is diaphoretic and states that he took some nitro and is not helping.
- The nurse gets an ECG.





- This patient does not have a STEMI.
- As a “buddy“ call the STEMI Center and consult with the doctor.
- If needed, transfer as a higher level of care.

SCENARIO 6

- At 1300, a 70 year old female is rushed to your ED by family members with a left sided droop, left arm grip weakness, positive left arm drift and is aphasic.
- The “ last seen normal” time was 1200.
- The closest stroke center is 55 minutes by ground ambulance.

Can you COC this patient?



- This patient meets Stroke triage criteria.
- Do not delay transport by obtaining CT's, X-rays, etc.
- Follow COC procedure and transport immediately.
- Consider air ship usage.
- Call Stroke Center to discuss.

SCENARIO 7

- A 50 year old male, arrives at in your ED via EMS with generalized weakness and ALOC. During the assessment you notice that the patient is becoming more alert and is saying incomprehensible words. And has a right-sided facial droop.
- The rest of his assessment reveals poor bilateral grips, bilateral arm drop.
- He was “last seen normal” before bedtime around 10 pm.
- History of psych, high blood pressure.

Can you COC this patient?

ICEMA recognizes that there are more complexities with stroke transfers than trauma and STEMI which have more straight forward triage and stringent time tables. The Stroke CQI is currently working on revising the CoC policy.



- This patient does not clearly meet stroke triage criteria.
- As a “buddy“ call the Stroke Center and consult with the doctor.
- If needed, transfer as a higher level of care.

EMS EPCR DOCUMENTATION

Continuation of Care patient/incident must be documented under:

- DESTINATION DECISION
- Select – “Continuation of Care”

DOCUMENTATION: DESTINATION DECISION

The screenshot displays a medical software interface for documenting a destination decision. The main window is titled 'New Incident' and shows a 'Patient:' field with the template 'ICEMA ePCR CARES_copy'. The interface includes a navigation bar with tabs for 'INCIDENT', 'PATIENT/TX', 'Call Conditions', 'ASSESS/TX', 'TRANS', 'BILL', 'SIGN', 'REPORTS', and 'CARES'. The 'ASSESS/TX' tab is active, and the 'Destination Information' section is expanded. This section contains various fields for recording patient information and transport details. A dropdown menu for 'Destination Decision' is open, showing several options. The option 'Continuation of Care/In-Triage' is highlighted in blue and circled in red. Another red circle highlights the 'Destination Decision' label next to the dropdown. The system clock in the top right corner shows 09:33:54 on 12/22/2015.

Field	Value
Base Contacted	
Base Hospital Contact Date	MM/DD/YYYY
Agency Transferred To	
Agency Received From	
Transporting Agency	
Transport Mode From Scene	
Transport Delay	None
Destination Type	Destination Decision
Destination Name	
Facility Diverted/Redirected From	
Time Patient Care Transferred	MM/DD/YYYY
Medical Record Number	
Patient Moved	

Destination Decision (circled in red)

- Family Choice
- Insurance Status
- Law Enforcement Choice
- On-line Medical Direction
- Other
- Patient Choice
- Patient's Physician's Choice
- Specialty Resource Center
- Stroke Center
- STEMI/Cardiac Center
- APOD Redirection
- Continuation of Care/In-Triage** (circled in red)
- Trauma Center
- Not Applicable

REFERRAL HOSPITAL RESOURCE

SPECIALTY CARE CENTER CONTACT NUMBERS FOR COC,
IFT AND FAX

REFERRAL HOSPITAL RESOURCE



INLAND COUNTIES EMERGENCY MEDICAL AGENCY Specialty Care Centers Contact list

Specialty Care Center	Continuation of Care Phone	IFT Phone	Fax Number	STEMI	Stroke	Trauma	Peds Trauma
Arrowhead Regional Medical Center (BH)	(909) 580-6182	(909) 580-6182	(909) 580-1475		X	X	
Desert Valley Hospital	(760) 843-5073	(760) 843-5073	(760) 243-1461	X			
Desert Regional Medical Center* (BH)	(855) 997-7717	(855) 997-7717	(760) 323-6791		X		
Kaiser Hospital - Fontana	(909) 302-7018	(909) 302-7018	(909) 902-9100		X		
Kaiser Hospital - Ontario	(909) 724-5860	(909) 724-5860	(909) 724-5811		X		
Loma Linda University Medical Center/ Children's Hospital (BH)	(909) 558-4444 <i>select "0"</i>	1(800) 865-5862 or 1(800)TeLLUMC	(909) 558-4054	X	X <small>Use 800-865-5862 CoC & IFT</small>	X	X
Pomona Valley Medical Center** (BH)	(909) 865-9611	(909) 865-9574	(909) 630-7858	X	X		
Redlands Community Hospital (BH)	(909) 793-0132	(909) 793-0132	(909) 335-6488		X		
San Antonio Regional Hospital (BH)	(909) 920-4777	(909) 920-4798 or (909) 920-4777	(909) 920-4731	X	X		
St. Bernardine Medical Center	(909) 881-7140	(909) 881-4338 or (909) 685-5922	(909) 881-4500	X			
St. Mary Medical Center	(760) 242-2336	(760) 242-2311 ext. 6500	(760) 946-8867	X			

*Riverside County **LA County (BH) = Base Hospital

Revised 01/07/16 cym

QUESTIONS?

- Contact Chris Yoshida-McMath, RN, Specialty Care Coordinator (Trauma, Stroke, STEMI, EMSC) at chris.yoshida-mcmath@cao.sbcounty.gov.