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## DESTINATION POLICY

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### I. PURPOSE

To ensure the transportation of 9-1-1 patients to the most appropriate receiving facility that has the staff and resources to deliver definitive care to the patient. Destination may be determined by patient's need for specialty care services, such as those provided by designated trauma, STEMI, stroke centers.

### II. DEFINITIONS

**Aircraft Dispatch Center (ADC):** An ICEMA designated dispatch center which dispatches and coordinates air ambulance and/or air rescue aircraft response to the scene of a medical emergency within the ICEMA region.

**Adult Patient:** A person who is or is appearing to be older than 15 years of age.

**Burn Patient:** Patients meeting ICEMA's burn classifications minor, moderate or major, per ICEMA Reference #11100 - Burn - Adult (15 years of age or older) and #14070 - Burn - Pediatrics.

**Critical Trauma Patient (CTP):** Patients meeting ICEMA's trauma triage criteria per ICEMA Reference #15030 - Trauma Triage Criteria.

**Neurovascular Stroke Receiving Center (NSRC):** A licensed acute care hospital designated by ICEMA's Governing Board as a receiving hospital for patients triaged as having a cerebral vascular event requiring hospitalization for treatment, evaluation and/or management of stroke.

**Neurovascular Stroke Base Hospital:** Facilities that have been designated by ICEMA's Governing Board as a Neurovascular Receiving Hospital that also function as a base hospital.

**Pediatric Patient:** A person who is or is appearing to be under 15 years of age.

**Pediatric Trauma Center:** A licensed acute care hospital which usually treats (but is not limited to) persons under 15 years of age, designated by ICEMA's Governing Board that meets all relevant criteria, and has been designated as a pediatric trauma hospital, according to California Code of Regulations, Title 22, Division 9, Chapter 7, Section 100261.

**ROSC:** Return of spontaneous circulation.

**Specialty Care Center:** ICEMA designated trauma, STEMI, or stroke receiving centers.

**ST Elevation Myocardial Infarction (STEMI):** A medical term for a type of myocardial infarction that results in an elevation of the ST Segment on a 12-lead electrocardiogram (ECG).

**STEMI Base Hospital:** Facilities that have emergency interventional cardiac catheterization capabilities that also function as a base hospital.

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

**STEMI Referring Hospital:** Facilities that do not have emergency interventional cardiac catheterization capabilities.

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

### III. POLICY

If the patient's condition is stable, the most appropriate destination may be the facility associated with their healthcare plan and primary care physician.

If a patient requires specialty care at an ICEMA designated STEMI, Stroke, Trauma or other approved specialty center, the EMS provider may bypass closer facilities for another facility having the specialty services needed by the patient. Destination for specialty patients requires contact with an appropriate specialty base hospital.

Destination decisions should be based on patient condition or patient, guardian, family or law enforcement request. Patients unable to, or without a preference should be taken to the closest hospital unless their condition requires specialty services as described below.

If directed by the base hospital physician, an EMS transport provider may bypass a closer facility.

### IV. GENERAL CONSIDERATIONS

- Closest Hospital
  - All patients requiring immediate medical attention for life threatening conditions.
  - Patients without destination preference.

- Patient Request
  - Patient requests should be honored if possible and appropriate.
  - Patient requests for specific destination may be accommodated if patient is medically stable and the destination is not significantly beyond the primary response area of the EMS transportation provider.
  - If a patient chooses to bypass the recommended SRC, EMS field personnel must obtain an AMA and notify the STEMI base hospital.
- Higher Level of Care
  - May be dictated by patient condition and base hospital direction.
  - Allows ALS providers to bypass a closer facility in favor of a facility that has the capability of a specialty response to the patient's condition.
- Base Hospital
  - Final authority for destination determination is the base hospital.
  - Base hospital physician may override prior destination decisions made by the paramedic (EMT-P) or protocol.

#### **IV. PSYCHIATRIC HOLDS**

- All patients with a medical complaint on a psychiatric hold (5150) require medical evaluation and treatment and shall be transported to the closest acute care hospital for medical clearance.
- Any acute care hospital is capable of medically clearing psychiatric patients.
- Patients on a psychiatric hold with no medical complaints or conditions may be released to law enforcement for transport directly to a psychiatric facility that has the capacity to accept the patient.

#### **V. DIVERSION (Refer to ICEMA Reference #8060 - Requests for Hospital Diversion Policy - San Bernardino County Only)**

- Diversion of ALS ambulances is limited by ICEMA, refer to ICEMA Reference #8060 - Requests for Hospital Diversion Policy (San Bernardino County Only).
- Ambulance diversion to another acute care hospital is not allowed in the ICEMA region based on hospital census or staffing.

- A patient may be directed to a hospital on diversion if it is in the best interest of the patient and the hospital has not declared an internal disaster.
- The base hospital determines final destination of Advanced Life Support (ALS) or Limited Advanced Life Support (LALS) patients.
- Basic Life Support (BLS) ambulances may not be diverted from their intended destination unless the hospital is on internal disaster.

## VI. SPECIALTY CARE CENTERS

Specialty Care Center base hospital contact is **mandatory** for patients going to trauma, STEMI or stroke centers; and are the only authority that may change destination to another receiving hospital, trauma, STEMI or stroke center.

- SRCs:

SRC is the preferred destination for STEMI identified patients based on machine interpretation of field 12-lead ECG, verified by EMT-Ps and approved by base hospital physician.

- Once a patient with a STEMI has been identified, contact STEMI base hospital for destination decision and prepare patient for expeditious transport. Total transport time to the SRC is thirty (30) minutes or less. Base hospital physician may override this requirement and authorize transport to SRC with transport time greater than thirty (30) minutes.
- In Inyo and Mono Counties, the assigned base hospital should be contacted for STEMI consultation.
- In addition, patients with the following factors should be transported to the closest SRC. STEMI base hospital contact and consultation is required:
  - Obvious contraindication to thrombolytic therapy.
  - Cardiopulmonary arrest with sustained ROSC. Refer to ICEMA Reference #11070 - Cardiac Arrest - Adult.
- STEMI Patients with the following factors should be transported to the closest paramedic receiving hospital. STEMI base hospital contact and consultation is required:
  - Unmanageable airway, unstable cardiopulmonary condition, or in cardiopulmonary arrest.
  - Malignant ventricular fibrillation, ventricular tachycardia, second degree type II heart block and third degree heart block.

- Hemodynamic instability as exhibited by systolic blood pressure less than 90 and/or signs of inadequate tissue perfusion.
- NSRCs: Refer to ICEMA Reference #11110 - Stroke Treatment - Adult (15 years of age and older).
  - Suspected stroke patients eligible for transport to NSRC will be identified using the mLAPSS triage criteria.
  - Once a patient with a stroke has been identified, contact a NSRC base hospital for destination decision and prepare the patient for expeditious transport. In Inyo and Mono Counties, the assigned base hospital should be contacted for stroke consultation.
  - If NSRC base hospital, is different from the NSRC, notify the NSRC of the patient's pending arrival as soon as possible to allow timely notification of the stroke team.
  - Identified acute stroke patients with "last seen normal" time plus transport time less than twelve (12) hours, or a "wake-up" stroke, transport to closest NSRC.
  - The following factor should be considered in determining choice of destination for acute stroke patients. NSRC base hospital contact and consultation is mandatory:
    - Patients with obvious contraindication to thrombolytic therapy should be strongly considered for transport to closest NSRC.
  - Identified acute stroke patients with "last seen normal" time equaling greater than twelve (12) hours or if "last seen normal time" is unknown, transport to closest paramedic receiving hospital.
  - Patients with the following factors should be transported to the closest receiving hospital. NSRC base hospital contact and consultation is required:
    - Unmanageable airway, unstable cardiopulmonary condition, or in cardiopulmonary arrest.
    - Hemodynamic instability and exhibiting signs of inadequate tissue perfusion.

- Trauma: (Refer to ICEMA Reference #15030 - Trauma Triage Criteria.)
  - Adult patients meeting trauma triage criteria shall be transported to the closest Trauma Center.
  - Transport pediatric patients meeting trauma triage criteria shall be transported to a pediatric Trauma Center when there is less than a twenty (20) minute difference in transport time between the pediatric Trauma Center and the closest Trauma Center.
  - Transport patients meeting the physiologic and/or anatomic criteria to the closest Trauma Center.
  - Patients meeting the mechanism of injury and either the physiologic or anatomic criteria will be transport to the closest Trauma Center.
  - If there are no associated physiologic or anatomic criteria and the potential trauma patient meets one or more of the mechanisms of injury contact a trauma base hospital to determine patient destination. Patient may be directed to a non-trauma receiving hospital.
  - Make trauma base hospital contact to determine if a Trauma Center should be the destination for patients not meeting the trauma triage criteria but meeting age and/or co-morbid factors.
  - Patients with unmanageable airway or traumatic cardiac arrest should be transported to the closest receiving hospital if indicated. Trauma base hospital contact shall be made.
- Burn: (Refer to ICEMA Reference #15030 - Trauma Triage Criteria.)
  - Burn patients meeting the physiologic or anatomic criteria for CTP shall be transported to the closest Trauma Center.
  - Burn patients meeting minor or moderate classifications shall be transported to the closest receiving hospital.
  - Burn patients meeting major burn classification may be transported to the closest burn center (in San Bernardino County contact Arrowhead Regional Medical Center).
  - Pediatric burn patients identified as a CTP should always be transported to the closest Trauma Center with or without burn capabilities. When there is less than twenty (20) minutes difference in transport time, a pediatric Trauma Center is the preferred destination.

- Burn patients with respiratory compromise, or potential for such, will be transported to the closest acute care receiving hospital for airway stabilization.

**VII. INTERFACILITY TRANSFER** (Refer to ICEMA Reference #8010 - Interfacility Transfer Guidelines)

- Patients will go to the designated destination facility regardless of patients’ prior condition. Patients may only be diverted if patients’ condition deteriorates significantly while in the care of EMS.
- Advanced EMTs and EMT-Ps may start prior-to- contact protocols before contacting the base hospital for change of destination if the patient’s condition deteriorates significantly.

**VIII. EMS AIRCRAFT ROTATION AND DESTINATION (San Bernardino County Only)**

- All EMS Aircraft requests from the field in San Bernardino County will be dispatched by the ICEMA designated Aircraft Dispatch Center (ADC).
- The destination may be changed by the EMS providers based on patient requirements for specialty centers.
- Refer to ICEMA Reference #8070 - Aircraft Rotation Policy (San Bernardino County Only).

**IX. REFERENCE**

<u>Number</u>	<u>Name</u>
5050	Medical Response to a Multi-Casualty Incident Policy
6070	Cardiovascular STEMI Receiving Centers.
8010	Interfacility Transfer Guidelines
8060	Requests for Hospital Diversion Policy (San Bernardino County Only).
8070	Aircraft Rotation Policy (San Bernardino County Only)
11070	Cardiac Arrest - Adult
11100	Burn - Adult (15 years of age or older)
11110	Stroke Treatment - Adult
14070	Burn - Pediatrics
15030	Trauma Triage Criteria