

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5050.16
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 EMS Medical Director

 EMS Administrator

Purpose:

- A. To guide prehospital care personnel in arriving at a destination decision.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Definitions:

- A. Most Accessible Facility: The nearest receiving hospital, taking into consideration traffic and weather conditions, or other factors, which clearly affect transport time.
- B. Most Appropriate Facility: The nearest receiving facility having specialized services likely to be required by a patient.
- C. Receiving Hospital: An acute care hospital licensed under Division 2, **Chapter 2, Article 1** (commencing with § 1250) **of the CA Health and Safety Code**, with a permit for basic emergency service, as determined by the Local EMS Agency (LEMSA) which is utilizing the hospital in the emergency medical services system¹.

Policy:

Transport destination decision shall be based on the following priority rank order:

- A. **Critical Care Triage Criteria** - Patients meeting special triage criteria for **Critical Trauma, Burn, STEMI, or Stroke** shall be transported to the most appropriate facility designated by the **Sacramento County EMS Agency (SCEMSA)**.
- B. Patients likely to require specialized services as identified in treatment protocol will be transported to the most appropriate receiving facility (**i.e. Labor & Delivery, Ventricular Assist Devices, Cardiopulmonary Arrest with Return of Spontaneous Circulation**).
- C. If there exists no medical condition that the prehospital personnel believes is unstable and no Special Triage Criteria applies, then the patient shall be taken to the facility chosen based on the following (in rank order) decisive factors:
 1. Patient's/Guardian's request, including consideration for the patient's existing in-plan hospital system affiliation².
 2. Prepaid Health Plans³
 3. Family/Guardian's request
 4. Private Physician's request
 5. Law Enforcement Request
 6. EMS System Resource availability as determined by SCEMSA in coordination with the EMS **provider management**.

Considerations for Destination Selection

- A. The Sacramento Veterans Administration Medical Center shall receive only the following patients².
 - 1. Veteran patients requesting to be transported to the VA Medical Center under Policy C.1 above.
 - 2. Patients under Cardio-Pulmonary Resuscitation (CPR) when the VA is the time closest facility
 - 3. Patients with unstable airways when the VA is the time closest facility.
- B. Law enforcement agencies retain primary responsibility for the safe transport of patients under arrest.
 - 1. Patients under arrest or on psychiatric detention shall be searched thoroughly by law enforcement for weapons and contraband prior to placement in the ambulance.
 - 2. Patients under arrest, if handcuffed must always be accompanied in the ambulance by law enforcement personnel.
 - 3. Prehospital personnel and law enforcement officers should mutually agree on the need for law enforcement assistance during the transport of patients on psychiatric detention.
- C. Direct medical oversight shall be utilized to aid in arriving at a destination decision in the following situations:
 - 1. Patient's condition is **determined** to be unstable by the prehospital personnel's assessment and the destination is not the most accessible facility.
 - 2. Special Triage Criteria dictates a different destination from the destination based on patients, family/guardian, private physician's, or law enforcement's request.
 - 3. Control facility makes all destination decisions for a Mass Casualty Incident (MCI) or during a countywide level II, III or IV expanded emergency.
 - 4. Direct medical oversight, when utilized, shall be the overriding decisive factor in determining the destination. ~~or contact base hospital for direction.~~
- D. Non-trauma patients under Cardiopulmonary Resuscitation (CPR) shall be taken to the most accessible receiving hospital.
 - 1. Any patient with an initial shockable rhythm (Ventricular Tachycardia or Ventricular Fibrillation or shocked by an AED) who has a Return of Spontaneous Circulation (ROSC) during any part of the resuscitation, and who is transported, shall be transported to a STEMI **Percutaneous Coronary Intervention** (PCI) center.
- E. Trauma patients with unstable or obstructed airways or tension pneumothorax(s), that cannot be stabilized, cleared, or relieved in the field, shall be taken to the most accessible receiving hospital.
- F. Any ambulance presenting at an emergency department carrying more than one patient will off-load all patients at that emergency department, except as directed by the control facility during a declared MCI or area-wide emergency.

Transport of ALS and BLS Patients to the Emergency Department Waiting Room:

- A. Transport to Emergency Department (ED) triage for stable low-acuity patients: when a delay in patient offload is anticipated. EMS providers will offload their patients to the waiting room with notification of the triage nurse for patients meeting all the following criteria:
 - 1. The patient, parent, or guardian must meet **ALL** of the following criteria:
 - a. Oriented to person, place, and time, and must exhibit decision-making capacity
 - b. Exhibits **NO** evidence of Altered Level of Consciousness or influence of drugs, alcohol, or other substances

2. The patient must meet **ALL** of the following:
 - a. No focal weakness, dizziness/vertigo, seizure activity
 - b. GCS =15
 - c. Systolic Blood Pressure: SBP \geq 100 mmHg or $<$ 200 mmHg, or age-appropriate
 - d. Diastolic Blood Pressure: DBP $<$ 120 mmHg, or age-appropriate
 - e. Heart Rate: HR $>$ 50 or $<$ 110, or age-appropriate
 - f. Respiratory Rate: RR $>$ 10 or $<$ 20, or age-appropriate
 - g. O2 Saturation \geq 94% on room air
 - h. Does **NOT** have IV access started by EMS, or was not medicated by EMS
 - i. Is **NOT** on a cardiac monitor
 - j. Does **NOT** meet Trauma Triage Criteria
 - k. Does **NOT** have an indication for Spinal Motion Restriction (SMR)
 - l. Did **NOT** have syncope, or Brief Resolved Unexplained Event (Pediatric)
 - m. Does **NOT** have active chest pain, or meet STEMI criteria
 - n. Does **NOT** have a positive Stroke Scale
 - o. Is **NOT** combative
 - p. Is **NOT** suicidal, or have an intentional ingestion
 - q. Is **NOT** on a psychiatric hold (5150), or in custody
 - r. Did **NOT** require airway support (BVM, NIV)
 - s. Naloxone was **NOT** given any time prior to, or after, EMS care
 - t. Is not bed-ridden.
3. Any patients not meeting A. 1. (a-b), or 2. (a-t) shall remain in EMS care until transferred to a bed-patient treatment area and report given to the nurse.
4. EMS personnel must give either an in-person or radio report to a hospital employee authorized to triage, or take possession of the patient, and make effort to obtain a signature for transfer of patient care. If a detailed report is declined, this shall be documented. The nurses' signature should be obtained, when possible, but is not required for patient offload if all criteria are met to offload patient to the ED triage area.
5. Documentation (ePCR): For any patients transported to the emergency department waiting room, paramedics shall document the following:
 - a. That PD# 5050 criterion was met to offload the patient to the ED triage area
 - b. The ambulance patient offload time
 - c. Obtain the name of the person to whom the notification was provided
 - d. Under Procedures document:
 - Hospital Waiting Room
6. It is the responsibility of the provider to run the data on ALL calls where it is determined patient is stable for ER triage or waiting room and report back to SCEMSA monthly.

¹Modified from HSC §1797.88

²If it is determined, by hospital identification armband or from patient verbalization, they were transported, treated, released, refused care, or departed against medical advice from the identified Hospital within the past twelve (12) hours, and there exists no medical condition that the prehospital personnel believe is unstable and no Special Triage Policy applies, the patient will be transported back to the identified hospital.

²The Sacramento VA Medical Center is authorized to provide care to individuals responding to, involved in, or otherwise affected by a disaster or emergency, as described in 38 U.S.C. 1785 and 38 CFR 17.86, the NRF, and other guidance. VA has additional authority to furnish hospital care and medical services as a humanitarian service in emergency cases but is required to charge for such care (see 38 U.S.C. 1784 and 38 CFR 17.102).

³HSC § 1797.106(b)

For the purposes of determining destination, Kaiser Hospital South Sacramento and Methodist Hospital shall be considered equidistant.

Cross Reference: PD# 2060 – Hospital Services
PD# 2200 – Medical Oversight
PD# 5052 – Trauma Destination
PD# 5053 – Trauma Triage Criteria
PD# 8031 – Cardiac Arrest
PD# 8042 – Childbirth
PD# 8833 – Ventricular Assist Device (VAD)
PD# 7501 – Multi-Casualty Critique
PD# 9016 – Pediatric Parameters
PD# 9019 – Brief Resolved Unexplained Event (BRUE)