



PATIENT DESTINATION/POINT OF ENTRY

POLICY NO: **8005**

EFFECTIVE DATE: 04-02-18

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EMS Administrator

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AUTHORITY: California Health and Safety Code, Division 2.5 EMS

PURPOSE

- a. Patients shall be transported to the nearest California licensed emergency receiving facility which is equipped, staffed, and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patient as set forth herein. (Note: this does not preclude the transport of a patient to other facilities during the course of non-emergency inter-facility transfers or scheduled non-emergency transports at the request or direction of the patient's private physician.)

DESTINATION DETERMINATION – GENERAL CONSIDERATIONS

- a. The criteria listed below are the primary factors for determining the appropriate destination for patients. When the patient's condition is unstable or life threatening, the patient should be transported to the closest appropriate hospital.
- b. The following factors may also be considered in determining patient destination:
 1. Patient request
 2. Family request
 3. Patient's physician request or preference

DEFINITION OF AN EMS RECEIVING HOSPITAL

- a. A Receiving Hospital is a hospital designated by the EMS Agency and must be licensed by the State Department of Health Services as a general acute care hospital and have a special permit for Standby/Basic or Comprehensive Emergency Medical Services. A Receiving Hospital must have a physician on duty, be equipped at all times to provide prompt care for any patient presenting with urgent medical problems.

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b. **Approved Base and Receiving Facilities:**

<u>Facility Name</u>	<u>Status</u>	<u>Location</u>
Sonoma County		
Healdsburg District Hospital	Standby	Healdsburg
Kaiser Permanente Santa Rosa Medical Center	Basic	Santa Rosa
Sonoma West Medical Center	Standby	Sebastopol
Petaluma Valley Hospital	Basic	Petaluma
Santa Rosa Memorial Hospital	Basic (Base)	Santa Rosa
Sonoma Valley Hospital	Basic	Sonoma
Sutter Santa Rosa Regional Hospital	Basic	Santa Rosa
Mendocino County		
Adventist Health Howard Memorial	Standby (Base)	Willits
Mendocino Coast District Hospital	Basic (Base)	Ft. Bragg
Adventist Health Ukiah Valley	Basic (Base)	Ukiah
Redwood Coast Medical Services	Clinic (Alt Receiving Facility)	Gualala

DESTINATION FOR MAJOR TRAUMA PATIENTS

- a. Major trauma patients (i.e. those patients meeting trauma triage criteria) shall be transported as follows:
1. Within 60 minutes air transport time from a trauma center – patient shall be transported to the closest **APPROPRIATE** trauma center.
 2. Greater than 60 minutes air transport time from a trauma center – contact base hospital for destination
- b. Notwithstanding the above, patients with the following conditions shall be transported to the closest emergency department (including a standby ED):
1. Pulseless, apneic following trauma
 2. Unstable or unmanageable airway
 3. Rapidly deteriorating vital signs
 4. Base station physician order
- c. **Approved Trauma Centers:**
- Santa Rosa Memorial Hospital (Level II Trauma Center)
 - Queen of the Valley Medical Center (Level III Trauma Center)
 - Adventist Health Ukiah Valley (Level IV Trauma Center)
 - Adventist Health Howard Memorial (Level IV Trauma Center)
 - Marin General Hospital (Level III Trauma Center)

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DESTINATION FOR PEDIATRIC TRAUMA PATIENTS

- a. Pediatric patients (less than 15 years of age) with major trauma may be transported by EMS helicopter to an approved pediatric trauma center with the following exceptions:
 1. Greater than 60 minutes transport time unless otherwise authorized by base hospital
 2. Pediatric patients meeting trauma triage criteria and originating from within the core area of Santa Rosa will be transported by ground ambulance to the closest appropriate Trauma Center.
- b. Notwithstanding the above, patients with the following conditions shall be transported to the closest emergency department (including a standby ED):
 1. Pulseless, apneic following trauma
 2. Unstable or unmanageable airway
 3. Rapidly deteriorating vital signs
 4. Base station physician order
- c. **Approved Pediatric Trauma Centers:**
 - UCSF Benioff Children's Hospital Oakland (Level I Pediatric Trauma Center)
 - UC Davis Medical Center (Level I Pediatric Trauma Center)

DESTINATION FOR ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION PATIENTS (STEMI)

- a. Critical cardiac patients (i.e. those with ST segment elevation myocardial infarction on Prehospital 12 Lead ECG) shall be transported as follows:
 1. Within 30 minutes transport time from a STEMI Receiving Center – patients shall be transported to the closest appropriate STEMI Receiving Center
 2. Greater than 30 minutes transport time from a STEMI Receiving Center – patients shall be transported to the closest hospital with an emergency department
- b. **Approved STEMI Receiving Centers:**
 - Santa Rosa Memorial Hospital
 - Sutter Santa Rosa Regional Hospital
 - Adventist Health St. Helena
 - Queen of the Valley Medical Center
 - Kaiser Permanente San Rafael Medical Center

DESTINATION FOR BURN PATIENTS VIA EMS AIRCRAFT

- a. Patients with significant burns may be transported directly by EMS aircraft from the field to a regional burn center (with approved helipad) within the guidelines of #4007 *EMS Aircraft Policy*.
- b. Patients with the following anatomical criteria are candidates for transport directly by air to the closest regional burn center:

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1. Full thickness burns greater than 5% burn surface area (BSA)
 2. Partial thickness burns greater than 10% BSA if under age 10 or over 50
 3. Partial thickness over 20% - any age
 4. Partial or full thickness burns to the face, eyes, ears, hands, feet, perineum, genitalia, or major joints
 5. Significant electrical and caustic chemical agent burns
 6. Circumferential burns to an extremity or trunk
 7. Inhalation injury with evidence of significant burns
 8. Burns in high risk patients, including those with significant underlying medical conditions
- c. Base contact should be made in cases where the burns are of uncertain depth or severity or in any other case where the Prehospital personnel require assistance deciding which the most appropriate receiving facility is.
- d. EMS Air crews will be responsible for notifying the regional burn center with their ETA and field assessment.
- e. Exceptions:
1. Burn patients meeting trauma triage criteria will be transported to the nearest trauma receiving facility. Patients with any of the following will be transported to the nearest receiving facility:
 - a) Unmanageable airway
 - b) Deteriorating vital signs
 - c) Pulseless and apneic
- f. **Approved Regional Burn Center (adult & pediatric):**
UC Davis Medical Center

DESTINATION FOR PATIENTS WITH SUSPECTED ACUTE CEREBROVASCULAR ACCIDENT (CVA)

- a. Rapidly transport to the patient's preferred hospital as long as the estimated transport time does not increase travel time by more than ten (10) minutes compared to the closest receiving hospital. If the closest receiving hospital does not have a functioning CT scanner and the patient has an abnormal BEFAST and the onset of symptoms to arrival at receiving hospital is expected to be 18 hours or less the patient may be transported to the next closest receiving hospital with an operational CT scanner.
- b. Patients with unstable airways, uncontrolled bleeding, or in cardiac arrest should be transported to the nearest Emergency Department regardless of CT status.