

17-0107 – Patient Destination Policy

PURPOSE:

To ensure that emergency (9-1-1) patients are transported to the most appropriate facility that is staffed, equipped, and prepared to administer emergency and/or definitive care appropriate to the needs of the patient.

AUTHORITY:

California Code of Regulations, Title 13 Section 1105 (c) and Health and Safety Code, Division 2.5, Sections 1317 and 1797.220.

INTENT:

It is the intent of this policy to ensure, to the extent possible, that individual patients receive appropriate medical care while protecting the interests of the community at large by making maximum use of available emergency medical care resources.

DEFINITIONS:

1. Most Accessible Facility: means the nearest Receiving Facility and takes into consideration total transport time.
2. Most Appropriate Facility: means the nearest Receiving Facility having specialized services likely to be required by a patient.
3. Decisive factors to the contrary: means factors that may influence the destination decision.
4. Critical Trauma Patient: In the Nor Cal EMS Region is defined as meeting either Physiologic Factors and/or Anatomic Factors, meeting Trauma Triage Criteria.
5. Trauma Diversion/Reduction in Trauma Services: Being located in a rural setting it is understood that on occasion a trauma center may have a reduction in the availability of resources for the trauma patient.
6. Total Transport Time: This includes ground transport time, ground transport time to landing zone if the helicopter is not on-scene, helicopter response and transport time, weather, traffic considerations, (closures/detours, trains), or other similar factors which may affect total transport time.

POLICY:

1. Receiving Facilities approved to accept 9-1-1 patients in the Nor-Cal EMS region:
 - a. Basic Emergency Departments
 - b. Stand-by Emergency Departments
 - c. Other medical facilities approved on an individual basis by Nor-Cal EMS: 9-1-1 patients may be transported to medical facilities other than hospitals (i.e., clinics) only if that clinic has a provider agreement with Nor-Cal EMS as an Alternate Receiving Facility.
 - d. An additional Trauma Center designation may be obtained through Nor-Cal EMS.
2. In the absence of decisive factors to the contrary, as defined in this policy, prehospital personnel shall transport emergency patients to the most accessible facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patient.
3. Receiving Facilities unable to accept patients due to internal disaster shall be considered not "prepared to receive emergency cases."
4. In determining the "most accessible" facility, transport personnel shall take into consideration total transport time, including traffic obstructions, weather conditions, or similar factors which clearly affect transport time.
5. All modes of patient transport and patient destination decisions shall be made by on-line medical control except when the time required for such contact would have a significant negative impact on patient care, or when radio/phone communication is not possible. In the event that on-line medical control is not utilized, a copy of the PCR shall be submitted to the Base Hospital Medical Director within 24 hours.

PROCEDURE:

1. BLS Transporting Agencies:
 - a. If the patient is being transported by a BLS crew and the patient requires ALS intervention, BLS personnel shall transport emergent patients to the closest, most accessible Receiving Facility.
 - b. In life-threatening situations (e.g., unmanageable airway or uncontrollable hemorrhage) in which the estimated time of arrival (ETA) of ALS is delayed, BLS personnel should exercise their clinical judgment as to whether it is in the patient's best interest to be transported prior to the arrival of ALS at scene. In all cases where there is a delay in ALS, an alternate rendezvous point in the direction of the destination facility shall be considered.
 - c. The destination will ordinarily be the nearest Nor-Cal EMS approved Receiving Facility, except on direction from the Base Hospital Physician. The Base Hospital Physician may direct the patient to be transported to a further acute care facility equipped, staffed, and prepared to receive emergency cases, which in the judgment of the Base Hospital Physician is more appropriate to the medical needs of the patient. Such direction shall take into consideration the transport provider agency's stated and reasonable time and/or travel limitations. The Base Hospital Physician order and the name of the physician providing this order shall be documented in the Patient Care Report.
2. Trauma Centers:
 - a. Trauma patients are defined as patients who meet the Nor-Cal EMS Trauma Triage Criteria. In order to bypass the most accessible RF and transport a patient to the closest, most appropriate designated trauma center, the patient must meet Nor-Cal EMS Trauma Triage Criteria. If the patient does NOT meet Trauma Triage Criteria, the patient shall be transported to the most accessible facility.
 - b. Trauma patients shall be directed to a trauma center as outlined in the BLS or ALS Trauma Triage Decision Scheme policies located in the BLS or ALS Protocol Modules.
 - c. Total transport time shall be considered when determining whether a patient is within any of the time zones listed below, the destination decision must be determined on a patient specific basis, which considers total transport time.
 - i. Within twenty (20) minutes of a Level I/II Trauma Center:
 - "Critical Trauma Patients" by definition, shall be taken directly to the Level I/II Trauma Center.
 - When a patient ONLY meets Mechanism of Injury and/or Age and/or Co-Morbid Factors, the Base Hospital shall be contacted with patient report given and a destination decision made at that time.
 - ii. Between twenty (20) – sixty (60) minutes from a Level I/Level II Trauma Center: When a patient meets ANY of the Trauma Triage Criteria, patient destination is a BH decision. Consideration shall be given to the extra transport time to the highest level (Level I/II) Trauma Center versus transport to a closer, lower level trauma center.
 - iii. Greater than sixty (60) minutes from a Level I/II Trauma Center: When a patient meets ANY of the Trauma Triage Criteria, the patient shall be transported to the nearest Level III or Level IV Trauma Center and may be transferred out per Criteria For Consideration of Transfer to a Trauma Center guidelines.
 - d. ALS providers transporting a trauma patient should by-pass facilities not identified by Nor-Cal EMS as an appropriate destination, even if the facility is the closest to the incident, unless trauma policy exceptions are identified. Trauma Patient Destination Decision EXCEPTIONS:
 - i. A trauma patient may, at the option of the Base Hospital physician, be brought to the closest accessible medical facility when the patient has a life threatening condition, which overrides the need for expedient surgery. This would include conditions such as an obstructed airway, tension pneumothorax, etc., which cannot be relieved or stabilized in the field.
 - ii. Diversion or Reduction in Trauma Services (all levels of trauma centers) - When a trauma center is on diversion or has a reduction in trauma resources and is not able to meet the needs of the trauma patient(s), the Base Hospital Physician may direct the patient to the next, closest most appropriate trauma center, until trauma center resources are restored. All diversion of patients shall be made according to the Hospital Diversion policy.
 - iii. Specialty Centers: Pediatric trauma patients or patients whose primary injuries are burns, may at the option of the Base Hospital Physician, be transported directly to a specialty or a burn center.

3. Decisive Factors to the contrary:
 - a. Prepaid Health Plans: A member of a group practice prepayment health care service plan should be transported to a hospital that contracts with the plan when the Base Hospital determines that the condition of the member permits such transport. However, when the paramedic provider agency determines that such transport would unreasonably remove the transport unit from the service area, the member may be transported to the nearest hospital capable of treating the member. (Health and Safety Code 2.5, Section 1797.106(b))
 - b. Family/Guardian's request: When a person or his legally authorized representative requests emergency transportation to a Receiving Facility other than the most accessible acute care hospital, the request should be honored when the Base Hospital determines that the condition of the patient permits such transport; except when the provider agency determines that such transport would unreasonably remove the transport unit from the area. In such cases:
 - i. Brief education to the patient, family, or guardian regarding the destination decision, e.g., trauma system and the importance of being triaged to the closest, most appropriate trauma center for early definitive care.
 - ii. If patient remains steadfast with request:
 - Arrangements shall be made for alternative transport appropriate to the medical needs of the patient.
 - If such transport cannot be obtained without delay, the patient may be transported according to the Base Hospital decision and then arrangements made for transfer out to the Receiving Facility of choice.
 - c. Private Physician's request: When a patient's private physician requests emergency transportation to a hospital other than the most accessible acute care hospital, the request should be honored unless:
 - i. The Base Hospital determines that the condition of the patient does not permit such transport; the Base Hospital directions shall be followed. If communication with the requesting physician is possible, the Base Hospital should contact the physician and explain the situation to him or her.
 - ii. The provider agency determines that such transportation would unreasonably remove the unit from the area. In such cases:
 - Arrangements should be made for alternate transportation appropriate to the medical needs of the patient.
 - If alternate transportation cannot be arranged without unacceptable delay, and the private physician is immediately accessible, that 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 should be transported to the nearest hospital capable of treating the patient.

AIR MEDICAL DESTINATION DECISIONS:

1. Air Ambulance or ALS Air Rescue: When rendezvous with ALS air transport is necessary and a patient destination decision has already been determined by the ALS ground unit's medical control, that patient destination decision shall be communicated to the ALS air transport and the patient transported per the Base Hospital Physician decision. If the ALS air transport crew finds changes in the patient condition based on their patient assessment, the Base Hospital Physician who made the initial destination decision shall be contacted and given a patient assessment update and the patient destination decision re-established.
2. Destination Disputes: The involved base hospital physicians(s) shall resolve any disagreement between providers at scene with medical control, treatment, or a patient destination decision. If no consensus can be reached, the Base Hospital for highest level of provider at scene with responsibility for patient management (see Responsibility for Patient Management Policy #201 Miscellaneous Policies Module) shall make the final decision with regard to patient destination or treatment.
3. The EMS Aircraft pilot in command may change patient destination based on weather and/or aircraft limitations.