

	EMERGENCY MEDICAL SERVICES AGENCY	POLICY #	402
	A Division of the Merced County Department of Public Health		
SUBJECT:	PATIENT DESTINATION	Effective Date:	04/2023
References:		Initial Date:	07/1993
Title 13, Section 1106 of the California Code of Regulations Title 22, Division 9, Chapter 7 of the California Code of Regulations		Review Date:	04/2025
California Health and Safety Code, Division 2.5, Sections 1797.220 and 1798.101		PAGE	1 of 6

I. POLICY

Patients of the Prehospital EMS System shall be transported to an appropriately staffed and equipped hospital.

II. MEDICAL PATIENT DESTINATION

- A. Medical Patients shall be transported to the appropriate destination in accordance with the following chart:

Merced County	
Medical – Adult	
Non-emergent	Patient's Choice
Life-threatening	Closest Appropriate
Acute current of injury (acute MI)	Closest STEMI Center
Medical – Pediatric (14 years or younger)	
Stable	Patient/Family Choice
Unstable	Closest Appropriate
Mental Health (5150) Hold	
Adult/Pediatric	Closest Appropriate within Merced County

B. Medical Patient Destination - Considerations

- In a non-emergent situation (as determined by the EMT or Paramedic at the scene and/or the Base Hospital Physician/MICN giving medical direction), the patient will be taken to the receiving hospital of his/her choice within Merced, Stanislaus, or Madera Counties. If the patient is unable to determine this, the hospital designated by the private physician and/or patient's family member will be utilized. Paramedics and EMTs should determine where the patient normally receives their medical care and encourage the patient to return to that

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hospital for medical care as long as the patient's medical condition allows for such transport.

2. The Paramedic/EMT/MICN/BHP should only provide the patient with alternatives for destination of patient choice. It is inappropriate for the Paramedic/EMT/MICN/BHP to endorse specific facilities or provide personal opinion on the quality of local facilities.
3. Health Plans - If the patient is a member of a health plan with a preferred hospital, an attempt should be made to transport the patient to a participating facility.
4. Closest Appropriate Hospital
 - a. The closest appropriate hospital is defined as the closest emergency department "equipped, staffed, and prepared to administer care appropriate to the needs of the patient" (California Code of Regulations, Title 13, Section 1106 (b) 2).
 - b. Closest is defined as the shortest travel time not necessarily the closest by distance.
 - c. The Base Hospital Physician will have the ultimate authority for patient destination.
 - d. The closest appropriate hospital does not mean that critically ill patients always go to the closest "receiving" hospital. They go to the closest "appropriate" hospital. The following guidelines will help to define "appropriate":
 - 1) Due to short transport times, the appropriate receiving facility for a life-threatening medical situation would be a hospital with a basic emergency service (holds a special service permit from the California State Department of Health Services). Hospitals with basic emergency services are:
 - a) Mercy Medical Center Merced (MMCM)
 - b) Memorial Hospital Los Banos (MHLB)
 - c) Doctor's Medical Center (DMC)
 - d) Memorial Medical Center (MMC)
 - e) Emanuel Medical Center (EMC)
 - f) Kaiser Permanente Hospital (KPH)
 - g) Valley Children's Hospital (VCH)
5. Acute Cardiac Emergency

In the event of an acute current of injury, transport should be to a designated cardiac center, which has 24/7 interventional heart catheterization capabilities. The following is a list of readings from various cardiac monitors that would require transport to a designated cardiac center:

- ***ACUTE MI*** (Zoll Monitor E Series)
- ***STEMI*** (Zoll Monitor X Series)
- ***ACUTE MI SUSPECTED*** (Physio-Control Monitor LifePak 12)
- ***MEETS ST ELEVATION MI CRITERIA*** (Physio-Control Monitor LifePak 15)

The designated cardiac center for Merced County EMS Providers is:

- Emanuel Medical Center (Stanislaus County)

Transport shall be to the cardiac center that has the quickest transport time if transport time is less than 60 minutes. If transport time is greater than 60 minutes, then transport to the closest appropriate facility or consider helicopter rendezvous. Destination is determined by:

- a. Interpretation of 12-lead ECG; or
 - b. Base Hospital consultation if required.
6. Patients who go directly to the closest appropriate receiving hospital:
 - a. Any unstable or unmanageable airway. This is defined as unable to maintain a BLS airway.
 - b. Any patient with CPR in progress.
 - c. Any critically ill or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).
 7. Patients who go to a non-receiving hospital:

Patients may be transported to a non-receiving hospital only when the Base Hospital has contacted the receiving doctor and received assurance of immediate acceptance of the patient. Such assurance should then be documented on the Base Hospital run form.

8. Patients who go to a receiving hospital, which is not closest:

Unstable patients who request a receiving hospital which is not the closest and, in the opinion of the Base Hospital Physician, the extra travel time is not dangerous to the patient.

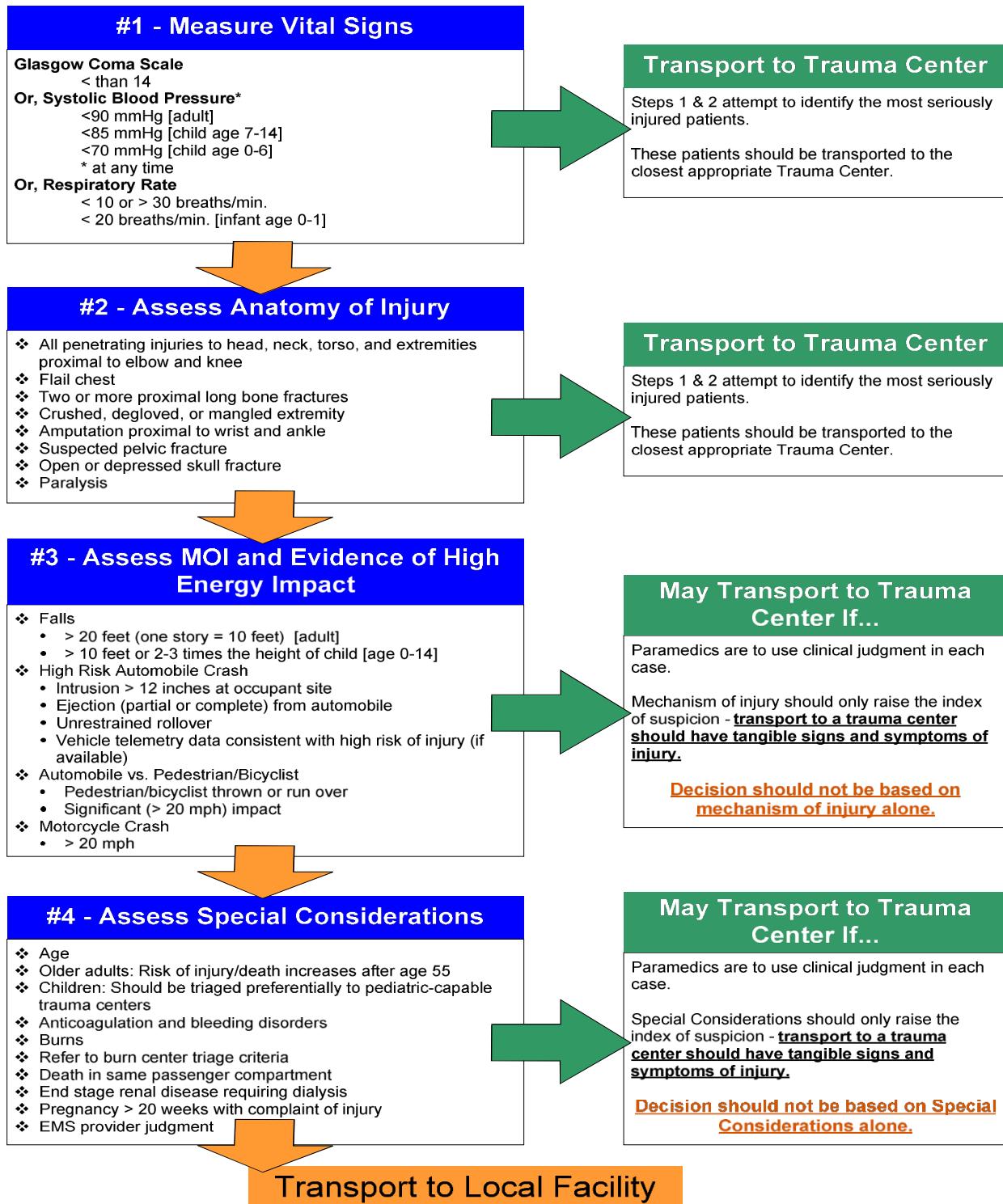
C. Merced County Mental Health (5150) Holds – Considerations

1. Patients placed on a mental health (5150) hold are to be transported to facilities within the county where the hold was initiated.
2. The destination policy does not apply to psychiatric patients who are voluntarily requesting evaluation not on a mental health (5150) hold. If the patient is not on a mental health (5150) hold, then transport will be to a receiving facility of their choice.

III. TRAUMA PATIENT DESTINATION

- A. Trauma patients shall be transported to the appropriate closest facility in accordance with the following chart:

TRAUMA TRIAGE DESTINATION CHART - ADULT



B. Triage Criteria

Triage criteria will determine if the patient will be transported to a trauma center or closest receiving hospital.

C. Trauma Patient Destination – Considerations

1. Trauma patients, meeting trauma center criteria, who have a transport time greater than sixty (60) minutes to the trauma center, will require base hospital contact for destination decision.
2. The following types of incidents should be consideration for transport to the designated Trauma Center, based upon paramedic judgment:
 - a. Motorcycle Crash - Non-ambulatory with potential of significant injuries
 - b. Vehicle versus Pedestrian/Bicycle - Non-ambulatory with potential of significant injuries

NOTE: *Paramedic judgment is based upon the paramedic's own knowledge and experience to determine if the patient's condition would require transport to a designated Trauma Center due the mechanism of injury and potential underlying injuries. The Paramedic may contact a Base Hospital for advice on destination.*

3. Transport of Trauma Patients by Helicopter

A trauma patient **should not** be transported by helicopter unless they meet trauma triage criteria to be transported to a trauma center or the patient is inaccessible by ambulance (i.e., wilderness transports).

EXCEPTION: When the paramedic feels helicopter transport of the patient would be beneficial to the outcome of the patient.

4. The following patients should be transported directly to the Regional Burn Center (Community Regional Medical Center) bypassing other hospitals if ETA to Community Regional Medical Center is within two (2) hours.
 - a. Patients with 2^o (partial thickness) or 3^o (full thickness) burns that are more than 10% total body surface area
 - b. Patients with 2^o (partial thickness) or 3^o (full thickness) circumferential burns of any body part
 - c. Patients with 2^o (partial thickness) or 3^o (full thickness) burns to face, hands, feet, major joints, perineum, or genitals
 - d. Electrical burns with voltage greater than 120 volts
 - e. Patients with chemical burns greater than 10% total body surface area.

5. Carbon Monoxide Poisoning - Early call-ins should be made for patients that appear to have significant exposure to carbon monoxide poisoning (altered mental status, vomiting, and headaches).
6. Trauma patients who go directly to the closest appropriate receiving hospital:
 - a. Any unstable or unmanageable airway. This is defined as unable to maintain a BLS airway.
 - b. Any patient with CPR in progress.
 - c. Any critically injured or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

IV. PATIENTS WHO REFUSE TRANSPORT TO THE APPROPRIATE HOSPITAL

Base Hospital shall be contacted for the purpose of physician consultation on patients who meet one or more of the triage criteria and refuse transport to the appropriate hospital. This will usually not be a problem with the acutely ill patient. However, some patients with normal mental status may wish to be transported to a different hospital than the one selected via the triage criteria. These situations should be treated as "Refusal of Medical Care and/or Transportation" situation, refer to **EMS Policy #542 – Patient Refusal of Emergency Medical Service, Refusal Against Medical Advice (AMA) and Qualify for Release at Scene (RAS)**. The Base Hospital Physician, after radio contact, may allow the patient to go to the destination of their choice, have a "Refusal of Medical Care and/or Transportation" signed or insist on transport to the designated hospital.

V. SPECIAL CONSIDERATION FOR NORTH COUNTY TRANSPORTS

- A. Many patients residing in the north part of Merced County utilizes physicians and hospitals within Stanislaus County. To facilitate their transport to Stanislaus County hospitals, the following procedures shall be followed:
 1. As indicated in this policy, unless the patient's condition dictates otherwise, the patient's preferred hospital should be the destination. Crews should contact the Base Hospital to ascertain whether the patient's preferred hospital is open to receive ambulance patients (e.g., on Stanislaus County rotation). If an alternate Stanislaus County hospital is available, this should be offered to the patient.
 - a. The only reasons to restrict transports directly to Modesto are:
 - 1) The patient is in extremis (e.g., unstable chest pain), wherein the patient should be transported to the closest appropriate facility.
 - b. To facilitate an appropriate destination decision, prehospital personnel shall contact the Base Hospital as soon as possible, in accordance with **EMS Policy #300 – Criteria for Receiving and Base Hospital Contact**.