

## Department of Public Health Emergency Medical Services Agency

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Policy #: 402.00
Effective Date: 07/1993
Revision Date: 03/2009
Review Date: 03/2011

This policy supersedes any other existing policy on this subject.

Subject: PATIENT DESTINATION

Authority: California Health and Safety Code, Division 2.5, Sections 1797.220 and 1798.101.

Purpose: To provide guidance in the hospital destination decisions for patients in the prehospital

setting.

Policy: The responsibility in hospital destination decisions for patients in the prehospital setting, in

the absence of Agency policy to the contrary, rests with the Base Hospital. The following shall be taken into consideration by Base Hospital MICN's and physicians when making

these decisions:

Patient Preference

The patient's preference of hospital shall be honored unless this conflicts with one of the following:

- A. The patient's condition (e.g. extremis) dictates that the destination shall be a trauma center, burn center, children's center, etc.
- B. Current hospital diversion or round-robin status dictates otherwise.
- C. The patient's preferred hospital has not been designated by the EMS Agency as an ambulance receiving facility.
- D. Disaster Control Facility directed destinations per Multi-Casualty Incident Protocols.

## 2. Cardiac Patients

A. For those patients preliminarily assessed with a possible acute myocardial infarction (AMI), as determined by the prehospital 12 lead EKG Printout, refer to EMS Policy No. 550.00, STEMI.

APPROVED:	ON-FILE	
	John Volanti, MPH Director of Public Health	James Andrews, MD EMS Medical Director

3. Transfers from Physician Office or Clinic Setting

As a matter of policy, transfers out of county from a physician's office or clinic should be pre-arranged with the transport provider to ensure adequate 911 units in the system and to arrange for the Critical Care Transport Ambulance (CCTA), as needed. When prior arrangement cannot be accomplished, the following shall be confirmed prior to the transport:

- A. The Medical Dispatch Center shall be contacted to confirm release of the unit for transfer.
- B. A physician-to-physician arrangement for such a transfer shall be completed and the name of the accepting physician noted by the sending physician.
- C. The Base Hospital Physician (BHP) shall be contacted for concurrence with the direct transport out of County. The sending physician should speak directly with the BHP if issues or concerns are raised regarding such a transport.

## 4. North County Transports

Many patients residing in the north part of Merced County utilize physicians and hospitals within Stanislaus County. To facilitate their transport to Stanislaus County hospitals, the following procedures shall be followed:

- A. 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.
- B. 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.
  - 2) The Merced County System Status is very low, (e.g. Status 1 on the East Side of the County). In this case, patients must be advised that they cannot be transported to Modesto due to low 911 system resources, and should be offered Emanuel Hospital, if available.
- 5. To facilitate an appropriate destination decision, prehospital personnel shall contact the Base Hospital as soon as practical, in accordance with Policy No. 301.00, Base Hospital Contact.