

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 5000  
Effective Date: March 3, 2019  
Supersedes: October 29, 2018

## DESTINATION POLICY

### I. PURPOSE

- A. To identify the approved ambulance-transport destinations for the San Francisco EMS System.
- B. To delineate clinical criteria when patients should be transported to a general or specialty care hospitals or other alternate destinations.

### II. DEFINITION

**Decision Maker:** Generic term used in this policy to refer to whoever is making the transport destination decision for the EMS patient. This may include the patient, family, or medical personnel managing the patient's care. For patients with psychiatric illness, this may also include the custodian placing the 5150 involuntary hold.

### III. POLICY

- A. The Emergency Medical Services (EMS) Agency designates hospitals approved to receive ambulances according to EMS Agency Policy # 5010 *Receiving Hospital Standards*. The EMS Agency Medical Director may approve Specialty Care Facilities or alternate destinations that support the mission of the EMS System to receive ambulance patients as either temporary or permanent additions to the EMS System.
- B. Ambulances may only transport patients to the approved destinations listed in this policy. Prearranged inter-facility transports, as defined in *Policy # 5030 Inter-facility Transfers* are exempt from this policy.
- C. When a patient is in need of specialty treatment (e.g. OB/GYN, STEMI, etc), the ambulance crew may bring the patient directly to that hospital's specialty care department if directed to do so by hospital staff.

### IV. DESTINATION DECISION

- A. Hospital destination decisions for EMS patients shall be prioritized based on the following:
  - 1. Patient medical need;
  - 2. Hospital diversion status;
  - 3. Patient preference;
  - 4. Family or private physician preference (if patient unable to provide information);

5. Patients without a preference who require no specialty care shall be transported to the closest open general medical designated hospital.
  
- B. All patients who are in law enforcement custody (defined as “under arrest,” “detained,” or “incarcerated”) must be taken to Zuckerberg San Francisco General Hospital for evaluation.
  
- C. Patients with medical needs meeting any of the Clinical Field Triage Criteria listed in Section IV below will be transported to the most appropriate specialty care facility. Specialty care designations includes:
  1. Pediatric Medical
  2. Pediatric Critical Medical
  3. STAR (STEMI and/or Post Arrest with ROSC)
  4. Reimplantation (Microvascular Surgery)
  5. Burns
  6. Obstetrics
  7. Stroke
  8. Trauma
  9. LVAD
  10. Post-Sexual Assault
  11. Sobering
  
- D. Destinations other than those listed in this policy require approval from the Base Hospital Physician prior to transport.
  
- E. In the event of a Multi-Casualty Incident (MCI), destinations will be determined in accordance with EMS Agency Policy # 8000 Multi-Casualty Incident.

## V. CLINICAL FIELD TRIAGE CRITERIA

- A. **Critical Airway:** Patients in whom EMS personnel cannot obtain adequate airway control should be transported to the closest Receiving Hospital regardless of diversion status. For patients under age 18, the preference is for a critical pediatric medical hospital (CPMC-Cal Campus or UCSF Mission Bay) if ETA is equal to or less than any other receiving facility.
  
- B. **Adult Critical Medical:** Patients with one (1) or more of the following conditions should be transported to the closest Receiving Hospital:
  1. Airway obstruction or respiratory insufficiency with inadequate ventilation;
  2. Hypotension with shock;
  3. Status epilepticus;
  4. Acute deteriorating level of consciousness without trauma.

- C. **Adult Medical:** Patients who do not meet any of the following: critical airway, critical medical adult or specialty criteria, may be transported to any Receiving Hospital or Standby Receiving Hospital.
- D. **Pediatric Critical Medical:**
1. Pediatric definition of <18 years old applies only to this policy for selection of a hospital destination. It does NOT apply to any patient treatment policies or protocols.
  2. Patients under age 18 with 1 or more of the following conditions should be transported to the closest Pediatric Critical Medical receiving hospital):
    - a) Cardiopulmonary arrest or post-arrest;
    - b) Hypotension with shock;
    - c) Status epilepticus;
    - d) Acute deteriorating level of consciousness without trauma
- E. **Pediatric Medical:** Pediatric definition of <18 years old applies only to this policy for selection of a hospital destination. It does NOT apply to any patient treatment policies or protocols. Patients under age 18 years not meeting the criteria for Critical Medical Pediatric may be transported to any Receiving Hospital listed as “pediatric medical.”
- F. **ST Elevation Myocardial Infarction / Post Arrest with ROSC (STAR):** Patients are considered to be STEMI patient if they meet the STEMI criteria as defined in *EMS Agency Protocol 2.06 Chest Pain / Acute Coronary Syndrome*. Patients experiencing a STEMI shall be transported to a designated **ST** Elevation Myocardial Infarction / Post **Arrest** with **ROSC (STAR)** Center according to the following hierarchy:
1. Cardiopulmonary arrest - Patients who are age 18 or over and are in cardiac arrest or those who are post-arrest with return of spontaneous circulation in the field;
  2. Patients who are unstable and would experience a significant delay in their care by transport to a preferred STAR Center shall be transported to the closest, designated STAR Center;
  3. Patient preference for transport to a specific Receiving Hospital that is designated as a STAR Center;
  4. Family or private physician preference (if patient unable to provide information) for transport to a specific Receiving Hospital that is designated as a STAR Center;
  5. Patients without a preference shall be transported to the closest Receiving Hospital that is designated as a STAR Center.
- G. **Stroke:** Patients who are age 18 or over and are experiencing the symptoms of acute stroke (last seen normal 24 hours or less prior to 911 call) and exhibiting an “abnormal” result on the Cincinnati Prehospital Stroke Scale (see *EMS Agency Protocol 2.14 Stroke*) shall be transported to a designated Stroke Center according to the following hierarchy:

1. Patients who are unstable and would experience a significant delay in their care by transport to a preferred Stroke Center shall be transported to the closest designated Stroke Center;
  2. Patient preference for transport to a specific Receiving Hospital that is designated as a Stroke Center;
  3. Family or private physician preference (if patient unable to provide information) for transport to a specific Receiving Hospital that is designated as a Stroke Center;
  4. Patients without a preference shall be transported to the closest Receiving Hospital that is designated as a Stroke Center.
- H. **Replantation:** If the patient has any of the following amputations or devascularization injuries, they may be taken to the Reimplantation (Microsurgical) Facility of their choice or to the closest Reimplantation Center if the patient has no preference:
1. Isolated amputation or partial amputation distal to the ankle or wrist;
  2. Extensive facial, lip, or ear avulsion;
  3. Penile amputation;
  4. If the patient meets trauma triage criteria, transport to a Trauma Center;
  5. Simple avulsion lacerations of the distal phalanx will be transported to any open Receiving Hospital or the closest open Receiving Hospital if the patient has no preference.
- I. **Burns:** Patients with the following criteria shall be transported to the St Francis Hospital Burn Center:
1. Partial thickness burns  $> 10\%$  of the total body surface area (TBSA);
  2. Burns involving the face, eyes, ears, hands, feet, perineum or major joints;
  3. Full thickness or 3<sup>rd</sup> degree burns in any age group;
  4. Serious electrical burns;
  5. Serious chemical burns;
  6. Inhalation injuries (including burns sustained in a closed space for purposes of facial burns);
  7. Pediatric burn patients who do not meet trauma triage criteria shall be transported to St. Francis Memorial Hospital;
    - Transport to Zuckerberg San Francisco General Hospital Trauma Center if the burned patient meets trauma triage criteria.
- J. **Obstetrics:** Pregnant patients who are over 20 weeks gestation (by patient history) with any condition that does not fall under other specialty center should be transported to the Obstetrics Specialty Care Facility of their choice or the closest open Obstetrics Specialty Care Facility if the patient has no preference.

K. **Psychiatric** (see 5000.2 Flowchart):

The psychiatric criteria listed below apply to patients with signs and symptoms of a psychiatric illness and / or who are on a 5150 involuntary hold:

1. All patients with signs and symptoms of a psychiatric illness who are under law enforcement custody (defined as “under arrest,” “detained,” or “incarcerated”) must go to Zuckerberg San Francisco General Hospital.
2. For (not incarcerated, detained or under arrest) patients with signs and symptoms of a psychiatric illness, the destination is based on the following:
  - a) Patient age;
  - b) Patient medical need;
  - c) Hospital diversion status;
  - d) For involuntary patients, the patient decision maker placing the hold will identify hospital destination.
  - e) Patient preference;
  - f) Family/guardian or private physician preference;
  - g) If no preference, hospital location (“geographically closest”).
3. Patients with signs and symptoms of a psychiatric illness less than 18 years old must go to medically appropriate pediatric designated Receiving Hospital.
4. Patients with signs and symptoms of a psychiatric illness AND WITH suspected or active medical complaints must go to medically appropriate Receiving Hospital. This includes:
  - a) Patients who are severely agitated or combative and whose combativeness prevents an assessment (vital signs or examination) and / or requires field sedation with midazolam.
  - b) Patients with any medication overdose or who show signs of potential toxicity from drugs or alcohol.
5. Patients with signs and symptoms of a psychiatric illness **may** go to directly Psychiatric Emergency Services (PES) at Zuckerberg San Francisco General (ZSFG) if it is open (not on divert) and are medically appropriate by meeting **ALL** of the following criteria:
  - a) Age 18 – 65 years.
  - b) Glasgow Coma Score of 13 or greater;
  - c) Pulse rate between 55 - 120;
  - d) Systolic blood pressure between 90 - 190;
  - e) Diastolic blood pressure between 60 - 110;
  - f) Respiratory rate between 12 - 24;
  - g) Temperature between 96.5 and 100.5°F (or 35 to 38°C);
  - h) Oxygen saturation greater than 94%;
  - i) Blood glucose level between 60 – 250;

- j) No active bleeding;
  - k) No bruising or hematoma above clavicles;
  - l) No active seizure; and
  - m) No lacerations that have not been treated.
- L. **Trauma:** Patient meeting the criteria described in *Policy # 5001, Trauma Destination*, will be transported to a Trauma Center.
- M. **LVAD:** Any patient with a left ventricular assist device (LVAD) should be transported to the LVAD Center that implanted the device (UCSF or CPMC-Pacific Campus). You are authorized to BYPASS the closest San Francisco LVAD Center to get the patient to the LVAD Center that implanted their device no matter the patient's condition. If the LVAD Center that implanted the device is not in San Francisco, take the patient to the closest San Francisco based LVAD Center.
- N. **Post-Sexual Assault:** Any patient who self-identifies as a victim of sexual assault or abuse within the 72 hours prior to their activation of 911 services AND does not have an overriding medical complaint or meet any special care criteria listed in this policy should go to Zuckerberg San Francisco General Hospital. This also applies to pediatric patients who are identified as being victims of sexual assault or abuse.
- O. **Sobering Services:** Intoxicated patients with no acute medical condition(s) or co-existing medical complaints may go to an approved sobering service, if the patient meets the following criteria:
- 1. Be at least 18 years or older;
  - 2. Voluntarily consents or has presumed consent (when not oriented enough to give verbal consent) to go to an approved sobering service;
  - 3. If going to the San Francisco Sobering Center, must not be on their "Exclusion List."
  - 4. Be medically appropriate by meeting **ALL of the following criteria:**
    - a) Indication of alcohol intoxication (odor of alcoholic beverages on breath, bottle found on person);
    - b) Glasgow Coma Score of 13 or greater;
    - c) Pulse rate between 55 - 120;
    - d) Systolic blood pressure between 90 - 190;
    - e) Diastolic blood pressure between 60 - 110;
    - f) Respiratory rate between 12 - 24;
    - g) Temperature between 96.5 and 100.5°F (35 and 38°C);
    - h) Oxygen saturation greater than 94%;
    - i) Blood glucose level between 60 – 250;
    - j) No active bleeding;
    - k) No bruising or hematoma above clavicles ;
    - l) No active seizure; and
    - m) No lacerations that have not been treated.

**VI. AUTHORITY**

California Health and Safety Code, Division 2.5, Sections 1798 and 1798.163