



Policy 607: Patient Destination

Revision 5/22/18
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I. Non-Immediate Medical Emergencies:

- A. If a patient's nature of illness does not place him in any immediate life threat, as judged by a paramedic, Base Station Physician, or Mobile Intensive Care Nurse (MICN), the patient or person legally responsible for the patient or a contacted family physician, may designate the destination hospital. The request shall be honored unless the requested destination hospital cannot accept and diverts the patient to another hospital. If the patient does not wish to designate a hospital, the patient is to be advised by the paramedic of the hospital to which he/she is to be taken. Any diversion of an ambulance to a Hospital other than one in Santa Cruz County will be at the discretion of the paramedic supervisor. In the case of an MCI event the designated transportation officer, in conjunction with medical control, shall determine the most appropriate facility and transport method.

II. Alternate Destination:

- A. Those patients who are eligible to be considered for an Alternate Destination will be identified upon their request for Emergency Medical Services. Those paramedics and EMTs that have been pre-designated by county EMS will be responsible for the appropriate triage of these patients. Should the patient meet the pre-determined criteria for the alternate destination program, the paramedic will be responsible for facilitating the transportation of the patient to the appropriate destination as designated by the county.
- B. If at any time during transport the patient presentation changes or the paramedic feels it necessary to transport the patient to the ED, the paramedic may do so and must contact the ED as soon as possible via radio or cell phone. In cases where the patient asks to go to the ED after the paramedic has identified the patient as appropriate for the clinic, the paramedic should consider discussing the criteria by which the transport decision was made. If an agreement cannot be reached, the paramedic will transport the patient to the ED.

III. Immediate Life-Threatening Medical Emergencies:

- A. A patient who is considered by the paramedic, Base Station Physician, or MICN, to be in an immediate life-threatening condition, and where immediate attendance by a physician is urgent to the survival of the patient, shall be transported to the "most accessible emergency medical facility, staffed and prepared to administer care appropriate to the needs of the patient". (Ref. Section 1105(c), Title 13, California Administrative Code, i.e., Ambulance Regulations.)
- B. It is recognized that in many cases the closest hospital, as measured by geographic distance, is not necessarily the hospital that can be accessed in the shortest time. It is essential that paramedics and EMTs take the following transportation factors into consideration when determining hospital destination.



1. Time of day and day of week
 2. Current traffic patterns which may cause delay of transport
- C. If a patient meets specialty center destination criteria for direct transport from the field, the receiving hospital will function as a Base Hospital should consultation be necessary for that patient.
- D. Paramedics and EMTs are to advise the paramedic Base Hospital of the intended destination hospital. It is the responsibility of the Base Hospital Physician/MICN to approve, confirm, or redirect the ultimate destination hospital for patients who are in extremis. It will be the MICN's responsibility to notify the receiving hospital by phone of patients being transferred to their facility.

IV. Pediatric:

A. Critically Ill or Injured Child

1. Paramedics and EMTs will transport critically ill or injured children to the most accessible and appropriate EDAP. Transport from the scene directly to a PICU/Trauma Center/Burn Center will be limited to those cases when distance or delay are critical factors to a patient's outcome. EMS personnel will follow Policy #606 Policy *for Air Ambulance* when requesting a medical helicopter response.
2. Requests by a parent or person legally responsible for the child requesting transport of a critical child to a more distant EDAP or non-EDAP hospital should be advised verbally of the potential medical consequence.
3. Consider contacting a Base Hospital for advice and direction as the situation warrants. If the parent or legal guardian continues to insist on by-passing the most accessible and appropriate EDAP/hospital, paramedics and EMTs will request that an Against Medical Advice (AMA) form be signed.

B. Non-Critical Child

1. All children entering the EMS system who require ambulance transport, but are not critically ill or injured, will be transported to the most accessible and appropriate EDAP. Requests by family, or person legally responsible for the child, for transport of a non-critical child to a more distant EDAP or a non-EDAP hospital will be honored.

V. Dispute Resolution:

- A. In any dispute, the Base Hospital Physician, in direct voice contact with the paramedic, will make the final decision as to whether the patient is in immediate life threat, and whether the patient is to be transported to the closest accessible acute care hospital emergency department or to the hospital which the patient or family or primary care physician wishes. The paramedics and EMTs may not override the decision of the Base Hospital Physician once made.