

County of Santa Clara
Public Health Department



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August 5, 2011

To: Santa Clara County Emergency Department Managers
Santa Clara County Acute Care Hospital Staff

From: Kevin O'Loughlin Sr. 
EMS Specialist

Subject: Emergency Transfers from Acute Care Hospital Emergency Departments

The incidents of acute care hospitals accessing 911 ambulances for emergency transfers have increased significantly over the past few weeks. The intent of this memorandum is to provide clarification as to how an acute care hospital should facilitate an emergency interfacility transfer.

Santa Clara County 911 Ambulances may only be used as a last resort. Each hospital is obligated to facilitate the transfer of emergency and non-emergency patients from their facility to those offering higher, specialized, or more appropriate care and services when necessary. These requirements can be found in various regulations and standards (ie: EMTALA, Joint Commission, etc.).

Should the need for an emergency interfacility transfer occur, the facility must contact their contracted ambulance service provider and request the appropriate level of service required (basic life support, advanced life support, or nurse staffed). It is the hospitals responsibility to procure an ambulance service provider and have back-up services to meet the needs of the facility.

Within Santa Clara County, only two circumstances exist for that would indicate the use of a Santa Clara County 911 Ambulance:

1. A hospital has exhausted their ambulance service providers, **AND**
2. The patient meets the "red box" criteria established for **TRAUMA** and **STROKE System** patients (see attachment).

If a patient does not meet these criteria, the use of a Santa Clara County 911 Ambulance is NOT appropriate.

*Board of Supervisors: Mike Wasserman, George Shirakawa, Dave Cortese, Ken Yeager, Liz Kniss
County Executive: Jeffrey V. Smith*

When a Santa Clara County 911 Ambulance is used consistent with items 1 and 2 above; the patient must be ready for immediately transfer upon the arrival of the ambulance. This means that prior to calling for Santa Clara County 911 Ambulances transport; the sending facility must have made arrangements with the receiving facility. The response time of the Santa Clara County 911 Ambulances will not likely exceed 8 minutes. Santa Clara County 911 Ambulances will expect to immediately load and transport the patient at the basic paramedic level. If any other interventions are required, the sending facility must either discontinue interventions that are not within the paramedic scope of practice prior to transport or send a physician to maintain care. It is the sending facilities responsibility to return any staff that accompanied the patient.

The Santa Clara County 911 Ambulance contracted provider (Rural/Metro) will bill the patient for the transfer. However, any unpaid costs are the responsibility of the sending facility. Wait time will begin to accumulate after the Santa Clara County 911 Ambulance has been on-scene for greater than 15 minutes – these costs are not likely to be paid by the patient.

In summation, the use of Santa Clara County 911 Ambulances is only to be used in extremely rare occasions when a TRAUMA or STROKE patient (meeting the requirements described) is in need of emergency transport AND the acute care hospital has failed to receive services from their contracted interfacility ambulance providers after these services have been contacted and are unable to provide service.

In addition, the EMS Agency is in the process developing a formal Santa Clara County Prehospital Care Policy and associated EMS Reference to further define the criteria and process associated with an acute care hospitals appropriate use of a Santa Clara County 911 Ambulance.

If you have any questions, please feel free to contact me by phone at 408.792.1347 or by e-mail at Kevin.O'Loughlin@phd.sccgov.org

Attachments:

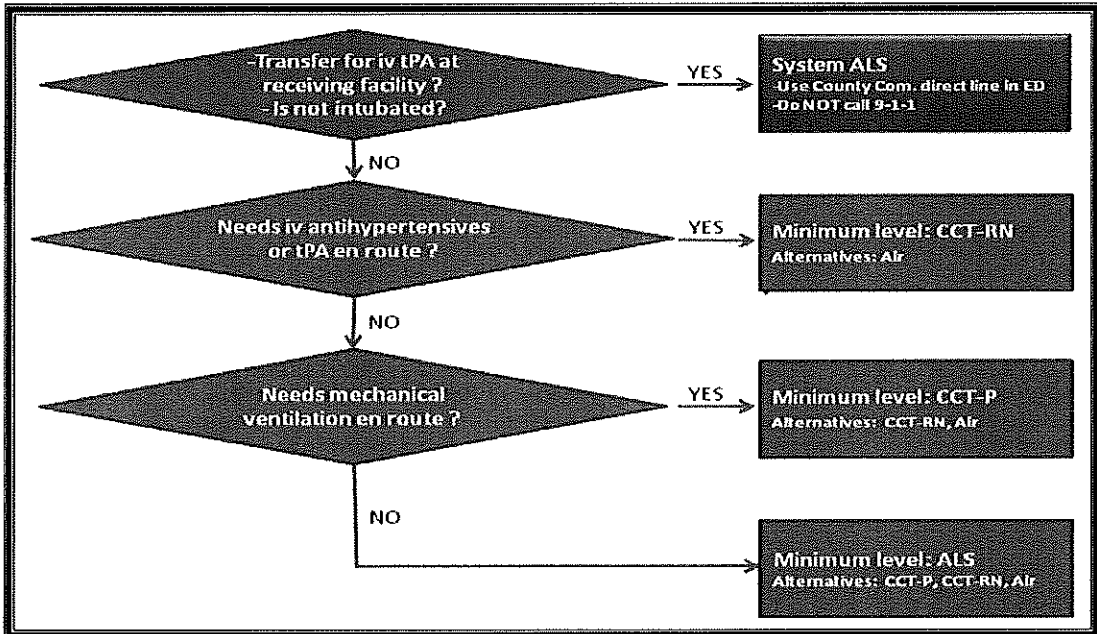
Trauma Transfer Procedure and Criteria
Stroke Transfer Procedure

SANTA CLARA COUNTY STROKE SYSTEM TRANSFER PROCEDURE AND CRITERIA

STROKE TRANSFER PROCEDURE

<i>Do not delay. Initiate the process immediately when you anticipate a transfer. Transfer can always be cancelled.</i>	
STEP 1	Contact receiving Stroke Center and confirm acceptance of the patient by the receiving physician
STEP 2	Determine appropriate level of transport using flowchart below
STEP 3	Initiate transport immediately by requesting "Code 3 Stroke Transfer" from ambulance provider <ul style="list-style-type: none"> • If patient qualifies for a System ALS ambulance use ED to County Communications Agency Direct line, • For all other patients call your ambulance provider and speak with the dispatcher.
STEP 4	Prepare patient and paperwork for immediate transport before ambulance arrives

STROKE TRANSPORTATION SELECTION CRITERIA



STROKE LEVELS OF TRANSPORTATION

Type		Description	Capabilities	Typical ETA	Provider Agencies
System ALS	Advanced Life Support using 911 resources	Standard Paramedic Scope of practice	Consider only for cases meeting Emergency criteria above	8-10 minutes	AMR
ALS	Advanced Life Support	Standard Paramedic Scope of practice	Standard ACLS capabilities and medications. No blood products within 30 min.	30 minutes	AMR, Westmed, Silicon Valley
CCT-P	Critical Care Transport: Paramedic	Enhanced Paramedic care	Mechanical ventilation, selected drips and blood products	30-45 Minutes	AMR
CCT-RN	Critical Care Transport Ground: 1 Registered Nurse	Critical Care RN Transport	Mechanical ventilation and most medications.	30-45 Minutes	AMR, Westmed, Bayshore
Air Ambulance	Critical Care Transport Air - 2 RN's CALSTAR and Life Flight, REACH, 1RN 1 EMT-P	Critical Care RN	RN with expanded scope of practice.	ETA can be extended. Weather dependant	CALSTAR, Life Flight, REACH

SANTA CLARA COUNTY STROKE CENTERS

Stroke Center	Phone	Stroke Center	Phone
Good Samaritan Hospital	(408) 559-2190	O'Connor Hospital	(408) 947-3999
El Camino Hospital	(650) 940-7055	Regional Medical Center	(408) 729-2841
Kaiser Santa Clara	(408) 851-5312	Stanford Hospital	(800) 800-1551
Kaiser San Jose	(408)447-3777 (Kaiser patients) (408)972-6140 (Non Kaiser pts)	Valley Medical Center	(888) 880-2VMC (2862)

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SANTA CLARA COUNTY TRAUMA SYSTEM

TRAUMA TRANSFER PROCEDURE AND CRITERIA

TRAUMA TRANSFER PROCEDURE

<i>Do not delay. Initiate the process immediately when you anticipate a transfer. Transfer can always be cancelled.</i>	
STEP 1	Contact receiving Trauma Center and confirm acceptance of the patient by the receiving physician
STEP 2	Determine appropriate level of transport using chart below
STEP 3	Initiate transport immediately by requesting "Code 3 Trauma Transfer" from ambulance provider. <ul style="list-style-type: none"> • For EMERGENCY TRANSFER PATIENTS Use ED to County Communications Direct line, • For URGENT TRANSFER PATIENTS call your ambulance provider and speak with the dispatcher.
STEP 4	Prepare patient and paperwork for immediate transport before ambulance arrives

TRAUMA TRANSPORTATION SELECTION CRITERIA

EMERGENCY TRANSFER PATIENTS: Call Trauma Center Emergency Department Physician prior to transfer
 Regional Medical Center: 408-729-2841 Santa Clara Valley Medical Center: 408-885-6912 Stanford: 650-723-7337

Blood Pressure:
 BP of <90
 Decrease in BP by 30 mmHg following 2 liters of crystalloid
 Head Injury with blown pupil
 Penetrating thoracic or abdominal trauma
 Patient requiring immediate evaluation/resuscitation per transferring physician.

URGENT TRANSFER PATIENTS: Call trauma center to arrange for transfer.
 Regional Medical Center: 408-729-2841 Santa Clara Valley Medical Center: (888) 880-2VMC (2862) Stanford: 800-800-1551

Anatomic area	Related Injuries
Central Nervous System	<ul style="list-style-type: none"> • Penetrating Injury or open fracture • GCS <14 with abnormal CT Scan • Spinal Cord or major vertebral injury
Chest	<ul style="list-style-type: none"> • Major chest wall injury with >3 rib fractures and/or pulmonary contusion • Wide mediastinum or other signs suggesting great vessel injury- Transfer to Stanford • Cardiac Injury • Penetrating chest injury
Pelvis/Abdomen	<ul style="list-style-type: none"> • Pelvic ring disruption • Solid organ injury confirmed by CT Scan or ultrasound demonstrating abdominal fluid
Major extremity injuries	<ul style="list-style-type: none"> • Fracture/dislocation with loss of distal pulses and/or ischemia • Open long bone fractures • Two or more long bone fractures • Amputations that require reimplantation- <ul style="list-style-type: none"> > Transfer to Stanford or Regional if patient is ≥ 15 years > If patient is < 15 years transfer to Stanford
Co-morbid factors	<ul style="list-style-type: none"> • Adults > 65 y/o • Children < 6 y/o – <ul style="list-style-type: none"> > Transfer Pediatric patients <15 y/o to Stanford or Santa Clara Valley Medical Center. • Pregnancy - >22 weeks gestation <ul style="list-style-type: none"> > Transfer to Stanford or Santa Clara Valley Medical Center. • Insulin dependant diabetes • Morbid obesity • Cardiac or Respiratory disease • Immunosuppression
Multiple-System Injury	<ul style="list-style-type: none"> • Burns with associated injuries – Transfer to Santa Clara Valley Medical Center • Major injury to more than two body regions • Signs of Hypo-perfusion – Lactate >4 or Base Deficit >4

TRAUMA LEVELS OF TRANSPORTATION

Type	Description	Capabilities	Typical ETA	Providers
System ALS	Advanced Life Support using 911 resources	Standard Paramedic Scope of practice	8-10 minutes	AMR
ALS	Advanced Life Support	Standard Paramedic Scope of practice	30 minutes	AMR, Westmed, Silicon Valley
CCT-P	Critical Care Transport: Paramedic	Enhanced Paramedic care	30-45 Minutes	AMR
BLS	Basic Life Support	Standard EMT skills of practice	30-45 Minutes	AMR, Westmed, Silicon Valley, Bayshore, Golden State
CCT-RN	Critical Care Transport Ground: 1 Registered Nurse	Critical Care RN Transport	30-45 Minutes	AMR, Westmed, Bayshore
Air Ambulance	Critical Care Transport Air - 2 RN's CALSTAR and Life Flight, REACH, 1RN 1 EMT-P	Critical Care RN	ETA can be extended. Weather dependant	CALSTAR, Life Flight, REACH

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