Date: December 15, 2016

To: EMS System Stakeholders

From: David Sullivan  
Program Manager

Subject: Prehospital Care Policy Revision and Open Comment Period

Consistent with Santa Clara County Emergency Medical Services Prehospital Care Policy 109 - Policy Development and Implementation, the EMS Agency announces prehospital care policy changes.

Summary of Changes (with public comment period)

<table>
<thead>
<tr>
<th>Policy Name/Effective Date</th>
<th>Direct Cost</th>
<th>2017 EMS Update</th>
<th>Description of Change</th>
</tr>
</thead>
</table>
| 602: 911 EMS Patient Destination  
Effective: April 27, 2017  
Public Comment Ends: January 4, 2017 | No | Yes | Routine: A list of proposed changes can be found on the attached coversheet. |

Stakeholder comments must be submitted electronically by email to David.Sullivan@ems.sccgov.org, on or before January 4, 2017.

If you should have any questions or concerns regarding this memorandum, please contact David Sullivan at 408.794.0623 or by email at David.Sullivan@ems.sccgov.org.
EMS SYSTEM POLICY CHANGE COVERSHEET

<table>
<thead>
<tr>
<th>Policy # and Title:</th>
<th>602: 911 EMS Patient Destination</th>
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<tbody>
<tr>
<td>Date:</td>
<td>12/15/2016</td>
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<tr>
<td>Staff Contact:</td>
<td>Chris Duncan – 408.794.0626 – <a href="mailto:christopher.duncan@ems.sccgov.org">christopher.duncan@ems.sccgov.org</a></td>
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**Background:**
This destination policy was revised and has been in effect for a just over one year. The EMS Agency has worked through a number of concerns brought forth regarding the applicability of this policy. Specifically, how this policy works into the decision making process of the prehospital providers on scene to honor patient’s choice of hospital destination, while mitigating the patient’s need of specialty services available throughout the County.

**Policy Summary and Objectives:**
- The intent of changes in this draft is to add clarity in selecting a hospital destination if there is not a patient preference of hospital in routine patients.
- It remains paramount that the prehospital provider properly inform their patient of the decision or selection of hospital destination for routine or specialty patients. The patient has the right to be well informed and actively participate in their own care.
- In conjunction with the upcoming adult cardiac arrest protocol revisions and consistent with the annual cardiac indicators, the need to modify the STEMI and ROSC section was identified.
- If an adult patient has return of spontaneous circulation, the provider will obtain a 12 Lead ECG and transport to the nearest STEMI facility. These patients may benefit the most from cardiac catheterization procedure, thereby improving their overall mortality.
- The EMS Agency has embarked in a thorough assessment of the current Stroke System. In preparation of possible future changes to the treatment protocol 700-A13 Stroke/TIA, this destination policy has been amended to allow for patients that meet the stringent guidelines for Comprehensive Stroke, to be transported to a designated Comprehensive Stroke Center.
- Those patients that do not meet the treatment protocol guidelines of Comprehensive Stroke and still meet the guidelines for Primary Stroke, will continue to be transported to the currently established Primary Stroke Centers.
- In order to ensure compliance with Health and Safety Code Regulations §100243, EPS (Emergency Psychiatric Services) has been removed as an approved receiving facility for patients within the 911 EMS System. As noted in the changes to “Table B: Approved Facilities”.
- A patient of the 911 EMS System placed on a 5150 Hold may be transported to an emergency department that is accepting ambulance patients.
- All “example” text boxes were removed to prevent confusion.
### Proposed Changes:

- Section III, Routine Patient Destination, Letter C, simple language was added to further define the decision process in the absence of patient choice.
- Section IV – reformat, renumber, and removed example boxes
- Section V – reformat, renumber, and removed example boxes
- Section V, new letter C, number 3, Policy 603 reference language added
- Section V, Specialty Care Destination, Letter E; ROSC was removed and added as new letter F
- Section V, new letter D – psychiatric patients may be transported to an emergency department that is accepting ambulances.
- Section V, new letter F – Comprehensive Stroke
- Table A: Approved Santa Clara County Facilities, was updated with the correct city name for O’Connor Hospital.
- Table C was relabeled as Table B: All references in the policy were updated.
- New Table B – column EPS removed, row Psychiatric Facility removed, row Comprehensive Stroke Center added.
- New Table B – Helipads were added to the table for supplemental information use only. It is important to note that the EMS Agency does not designate or regulate helipads.

### Outstanding Issues:

This Policy will be reviewed during the EMS Annual Training at the beginning of 2017.

### Cost:

None
911 EMS PATIENT DESTINATION

Effective: February 12, 2015
Replaces: January 7, 2013
Replaces: February 12, 2015
Review: November, 2017

Resources: None

I. Purpose

The purpose of this policy is to ensure that all patients who require emergency ambulance service are transported to the approved facility most appropriate for their emergency medical condition.

II. Patient’s Choice

A. Patients shall be transported to their facility of choice as long as the requested facility meets the requirements of this policy and regardless of their ability to pay.

B. During times of EMS System surge, patients may be assigned to hospital destinations and may not be able to select a specific destination. Examples of EMS System surge include, but are not limited to, multiple patient events, activation of standard dispatch orders, states of local emergency, etc.

III. Routine Patient Destination

A. The routine patient destination is a basic or comprehensive emergency department in an acute care hospital or the emergency department of a federally owned and operated hospital as identified in Table 6B: Approved In-County Services.

B. Patients are to be transported to a routine patient destination unless the patient meets the “In-Extremis”, “Specialty Care”, or “Special Circumstances” patient destination criteria identified in this policy.

C. If no patient preference, Routine patients shall be transported to:

1. The closest hospital to the incident location as determined by the total emergency ambulance transport time; and,

2. That is accepting emergency ambulance patients as is identified in Table 6C: Approved In-County Services.
IV. **In-Extremis Patient Destination**

**A.** A patient that is determined to be “In-Extremis” presents with a condition that benefits most from immediate emergency ambulance transportation to the closest hospital.

**A, B.** An In-Extremis patient is defined as a patient that presents with one or more of the following:

1. A breech presentation or protruding limb during a delivery.
2. A visible external bleed that cannot be controlled by EMS personnel where significant blood loss continues to occur despite the use of direct pressure and/or application of a CAT tourniquet.
3. The inability to be ventilated adequately following the use of appropriate basic and advanced airway adjuncts and procedures.

**B, C.** In-Extremis patients shall be transported to the hospital that is:

1. The closest to the incident location as determined by total emergency ambulance transport time; and,
2. That is not on internal disaster.

**Example:** A patient presents to paramedics following a vehicle accident in which a portion of the arm was amputated during the impact. Despite the application of direct pressure and the inability to place a CAT tourniquet, a large amount of arterial blood continues to be lost as it flows through the dressings at a rapid pace.

**Example 1:** A patient has submitted trauma to the neck and despite intubation attempts and placement of a King Tube, the patient is not able to be ventilated. This is an example of In-Extremis.

**Example 2:** A paramedic is treating a patient in cardiac arrest. Although the patient is considered very critical and is likely intubated they are not considered to be “In-Extremis” unless the patient cannot be ventilated.

V. **Specialty Care Destination**

**A.** In some circumstances, the most appropriate facility is one that offers specialized services based on the EMS provider’s primary impression of the patient’s condition and based on the criteria of this policy.

**A, B.** The “most appropriate hospital” for specialty care patients is the hospital that is:
1. The closest to the incident location as determined by total emergency ambulance transport time; and,

2. Is designated to provide the specialty service desired; and,

3. Is accepting emergency ambulance patients.

**B. Trauma Patients**

1. A patient that is categorized as a “Major Trauma Victim” (MTV) according to *Santa Clara County Prehospital Care Policy 605: Prehospital Trauma Triage*.

2.1. Trauma patients that do not meet Major Trauma Victim (MTV) criteria shall be transported to a destination prescribed by Section III: Routine Patient Destination.

3.2. MTVs shall be transported to a Trauma Center identified in *Table BC: Approved Services* and shall adhere to the catchment areas that have been established in *Santa Clara County Prehospital Care Policy #403: Trauma Center Service Areas*.

4.3. In addition to the provisions of *Santa Clara County Prehospital Care Policy #603: Emergency Department Diversion and Trauma Center Bypass*, if all Trauma Centers are not accepting emergency ambulance patients, the patient shall be transported to the:

   a. Closest emergency department to the incident location as determined by total emergency ambulance transport time; and,

   b. That is accepting emergency ambulance patients.

5.4. A pediatric patient (under age 15 years old and less) who meets Major Trauma Victim (MTV) criteria as described in *Santa Clara County Prehospital Care Policy #605: Prehospital Trauma Triage*, shall be transported to:

   a. The closest Pediatric Trauma Center, as identified in *Table BC: Approved In-County Services*, to the incident location as determined by total emergency ambulance transport time; and,

   b. That is accepting emergency ambulance patients.

**C. Psychiatric Patients**

*On A 5150 Hold* —

*Note: Patients that meet Major Trauma Victim (MTV) criteria may not be transported to hospitals outside of Santa Clara County, except during a “MPMP Level 2 or greater activation”.*
1-D. Psychiatric patients, on a 5150 hold, shall be transported to an emergency department that is accepting emergency ambulance patients, facility equipped to provide appropriate care. Psychiatric patients in need of medical evaluation shall be transported to the facilities identified in Table C: Approved Services.

2.1. Patients who require psychiatric care shall be transported to an appropriate facility in accordance with their medical needs as a priority. The receiving hospital facility may transfer the patient to a psychiatric facility after stabilization.

3. Patients with no medical complaint may be transported to the destination established by the law enforcement agency responsible for executing the 5150 hold, including direct admit to Emergency Psychiatric Services (EPS).

D. Burn Patients

1.E. Patients meeting major burn criteria as per Santa Clara County Prehospital Care Policy #605: Prehospital Trauma Triage shall be transported to the burn center at Santa Clara Valley Medical Center (VMC) via the Trauma Center.

2.1. If Santa Clara Valley Medical Center (VMC) Trauma Center is not accepting emergency ambulance patients, the patient meeting major burn criteria shall be transported to:

a. The closest trauma center identified in Table BC: Approved In-County Services to the incident location by the total emergency ambulance transport time; and,

b. That is accepting emergency ambulance patients.

3.2. Patients meeting major burn criteria and having additional concurrent trauma, and if the traumatic injuries poses the greater risk of morbidity or mortality, shall be transported to:

a. The closest trauma center identified in Table BC: Approved In-County Services to the incident location by the total emergency ambulance transport time; and,

b. That is accepting emergency ambulance patients.

Note: Patients that meet major burn criteria may not be transported to hospitals outside of Santa Clara County, except during a “MPMP Level 2 or greater activation”.

F. Stroke Alert Patients

1. Patients that are identified as meeting Comprehensive Stroke Alert Criteria according to Santa Clara County Prehospital Care Policy 700-A13: Suspected Stroke/TIA shall be transported to:
a. The closest Comprehensive Stroke Center identified in Table B: Approved In-County Services to the incident location as determined by total emergency ambulance transport time; and,

b. That is accepting emergency ambulance patients that meet stroke alert criteria.

E.2. Patients that are identified as meeting Primary Stroke Alert Criteria according to Santa Clara County Prehospital Care Policy 700-A13: Suspected Stroke/TIA shall be transported to:

1.a. The closest Primary Stroke Center identified in Table BC: Approved In-County Services to the incident location as determined by total emergency ambulance transport time; and,

2.b. That is accepting emergency ambulance patients that meet stroke alert criteria.

Note: Patients that meet Stroke Alert Criteria may not be transported to hospitals outside of Santa Clara County, except during a “MPMP Level 2 or greater activation”.

F.G. STEMI Alert & ROSC Patients – Patients that are identified as meeting STEMI Alert Criteria and those that have Return of Spontaneous Circulation (ROSC) according to Santa Clara County Prehospital Care Policy #700-A07: Cardiac Arrest, and/or Policy #700-A08: Suspected Cardiac Ischemia shall be transported to:

1. The closest STEMI Receiving Center identified in Table BC: Approved In-County Services to the incident location as determined by total emergency ambulance transport time; and,

2. That is accepting emergency ambulance patients that meet STEMI Alert or ROSC criteria.

Note: Patients that meet STEMI Alert or ROSC Criteria may not be transported to hospitals outside of Santa Clara County, except during a “MPMP Level 2 or greater activation”.

H. ROSC (Return Of Spontaneous Circulation) – Adult Patients achieving ROSC of cardiac etiology according to Santa Clara County Prehospital Care Policy #700-A07: Cardiac Arrest shall be transported to:

3.1. The closest STEMI Receiving Center identified in Table B: Approved In-County Services to the incident location as determined by total emergency ambulance transport time; and,

2. That is accepting emergency ambulance patients that meet ROSC criteria.
VI. Special Circumstances

A. Some situations special circumstances may have a direct relation to the selection of the most appropriate transport destination. Within this section, “County” shall mean the EMS Duty Chief, EMS Agency, County Medical–Health Branch or any other position or function designated by the EMS Agency.

A.B. EMS System Surge / Multiple Patients Events

1. When Central Patient Routing is in effect, all patient destination assignments will be directed by the County through County Communications as identified in the Critical Actions Guides.

2. Patients may be transported to acute care hospitals out of the county only when directed by the County.

3. If out of county mutual aid ambulance are being used in the Santa Clara County Operational Area, unless directed by the County, all transports will occur in accordance with the destinations prescribed in this policy.

4. When authorized and as directed by the County, patients may be transported to Alternate Care Sites (ACS), Field Treatment Sites (FTS), or Mobile Field Hospitals (MFH) as directed.

B. Base Hospital Directed Destination

C. Patients may be transported to any in-county destination authorized within this policy when directed by the Base Hospital.

C. EMS Air Resource Destination

D. Patient destination shall be determined by the ground crew and provided to the air crew.

1. If the pilot believes that flight to the selected destination is unsafe, the flight crew will advise the ground crew and a destination will be determined collaboratively and according to the direction provided in this policy.

2. When a ground crew is not present or if the ground crew is not designated EMS providers, the flight crew shall determine destination based on this policy.
D-E. Transport to out of county Hospitals from Santa Clara County

1. Patients may be transported to out of county hospitals only when permitted by this policy.

2. Santa Clara County prehospital care personnel shall determine and honor out of county 911 ambulance diversion statuses prior to beginning transport.

3. Santa Clara County prehospital care personnel shall notify the out of county hospital of their pending arrival.

E-F. Destination Changes While Transporting

1. A patient may change their requested destination at any time as long as the ambulance has not arrived on hospital property and the requested destination meets the requirements of this policy.

2. If the ambulance has arrived on the property of an acute care hospital, patient care shall be transferred to the staff of such hospital.

3. If enroute to a hospital, the patient wishes to leave the ambulance, EMS personnel shall:

   a. Attempt to convince the patient to continue to the selected destination or to the closest emergency department able to receive emergency ambulance patients.

   b. If the patient continues to wish to leave the ambulance, stop the ambulance as soon as it is safe to do so and permit the patient to leave once in a safe location and then immediately notify their communications center.

   c. EMS providers will make efforts to keep patient safe and out of harm’s way, consistent with Santa Clara County Prehospital Care Policy #618: EMS Life Safety Procedures.

   d. Make no attempt to restrain or chase any patient. If it is safe to do so, a crew member may follow a patient at a distance if the patient is not deemed “competent” in accordance with Santa Clara County Prehospital Care Policy and/or until law enforcement arrives and makes contact with the patient.

   e. Notify law enforcement when a patient has departed the ambulance who is not deemed “competent” in accordance with Santa Clara County Prehospital Care Policy and/or who has threatened the safety of the ambulance personnel.
f. Complete and submit a *Santa Clara County Prehospital Care Policy #903: System Performance Variance Report* when a patient has left an ambulance while enroute to a hospital.

g. If the patient has been placed on a psychiatric hold and/or is in the custody of law enforcement, prehospital personnel shall continue to the destination and defer the patient’s request to law enforcement.

h. Discontinue the transport if a life safety situation presents and follow the directives provided in *Santa Clara County Prehospital Care Policy #618: EMS Life Safety Procedures*.

**E.G. Custodial Patients from the County Jails**

1. The preferred destination for patients that are in custody and are from incidents occurring in the County Jail (San Jose), Elmwood (Milpitas), and Juvenile Hall (San Jose), is Santa Clara Valley Medical Center, as long as the transport is consistent with the directives contained in this policy. The destination is determined by jail staff, not the patient.

2. From time to time the EMS Agency will issue specific transport policies related to ambulance transport of high risk/high profile inmates. These policies will augment the direction provided within this policy.

**G. Incidents Occurring at Acute Care Hospitals**

**H.** In the event that an acute care hospital is the incident location, patients shall be transported to the emergency department of the incident location hospital, except:

1. When the acute care hospital is not accepting emergency ambulance patients.

2. When multiple patients require transport and must be distributed to multiple acute care hospitals.

3. When the acute care hospital requests a 911 emergency ambulance response to transport patient in accordance with *Santa Clara County Prehospital Care Policy 401: Interfacility Transfer-Ground Ambulance*.

**I.** Patients that are veterans may be transported to the Palo Alto Veterans Administration Hospital (PAV) if:
1. Requested by the patient; \textit{and},

2. If transport is consistent with the directives contained within this policy.
### Table A: Approved Santa Clara County Facilities

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### Table BC: Approved In-County Services

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*Note: Santa Clara County EMS Agency does not designate or regulate helipads, this is intended for supplemental information use only.*

### Table CB: Approved Out Of County Emergency Departments Facilities

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<th>City</th>
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<td>Sequoia Hospital</td>
<td>Redwood City</td>
<td>SEQ</td>
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<tr>
<td>Washington Township Hospital</td>
<td>Fremont</td>
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</table>
911 EMS PATIENT DESTINATION

Effective: April 27, 2017
Replaces: February 12, 2015
Review: November 2019

I. Purpose

The purpose of this policy is to ensure that all patients who require emergency ambulance service are transported to the approved facility most appropriate for their emergency medical condition.

II. Patient's Choice

A. Patients shall be transported to their facility of choice as long as the requested facility meets the requirements of this policy and regardless of their ability to pay.

B. During times of EMS System surge, patients may be assigned to hospital destinations and may not be able to select a specific destination. Examples of EMS System surge include, but are not limited to, multiple patient events, activation of standard dispatch orders, states of local emergency, etc.

III. Routine Patient Destination

A. The routine patient destination is a basic or comprehensive emergency department in an acute care hospital or the emergency department of a federally owned and operated hospital as identified in Table B: Approved In-County Services.

B. Patients are to be transported to a routine patient destination unless the patient meets the “In-Extremis”, “Specialty Care”, or “Special Circumstances” patient destination criteria identified in this policy.

C. If no patient preference, Routine patients shall be transported to:

1. The closest hospital to the incident location as determined by the total emergency ambulance transport time; and,

2. That is accepting emergency ambulance patients as is identified in Table B: Approved In-County Services.
IV. **In-Extremis Patient Destination**

A. A patient that is determined to be “In-Extremis” presents with a condition that benefits most from immediate emergency ambulance transportation to the closest hospital.

B. An In-Extremis patient is defined as a patient that presents with one or more of the following:

1. A breech presentation or protruding limb during a delivery.
2. A visible external bleed that cannot be controlled by EMS personnel where significant blood loss continues to occur despite the use of direct pressure and/or application of a tourniquet.
3. The inability to be ventilated adequately following the use of appropriate basic and advanced airway adjuncts and procedures.

C. In-Extremis patients shall be transported to the hospital that is:

1. The closest to the incident location as determined by total emergency ambulance transport time; and,
2. That is not on internal disaster.

V. **Specialty Care Destination**

A. In some circumstances, the most appropriate facility is one that offers specialized services based on the EMS providers primary impression of the patient’s condition and based on the criteria of this policy.

B. The “most appropriate hospital” for specialty care patients is the hospital that is:

1. The closest to the incident location as determined by total emergency ambulance transport time; and,
2. Is designated to provide the specialty service desired; and,
3. Is accepting emergency ambulance patients.

C. **Trauma Patients** – A patient that is categorized as a “Major Trauma Victim” (MTV) according to Santa Clara County Prehospital Care Policy 605: Prehospital Trauma Triage.

1. Trauma patients that do not meet Major Trauma Victim (MTV) criteria shall be transported to a destination prescribed by Section III: Routine Patient Destination.
2. MTVs shall be transported to a Trauma Center identified in Table B: Approved Services and shall adhere to the catchment areas.
that have been established in *Santa Clara County Prehospital Care Policy #403: Trauma Center Service Areas*.

3. In addition to the provisions of *Santa Clara County Prehospital Care Policy #603: Emergency Department Diversion and Trauma Center Bypass*, if all Trauma Centers are not accepting emergency ambulance patients, the patient shall be transported to the:

   a. Closest emergency department to the incident location as determined by total emergency ambulance transport time; *and*,

   b. That is accepting emergency ambulance patients.

4. A pediatric patient (under 15 years old) who meets Major Trauma Victim (MTV) criteria as described in *Santa Clara County Prehospital Care Policy #605: Prehospital Trauma Triage*, shall be transported to:

   a. The closest Pediatric Trauma Center, as identified in *Table B: Approved In-County Services*, to the incident location as determined by total emergency ambulance transport time; *and*,

   b. That is accepting emergency ambulance patients.

D. **Psychiatric Patients On A 5150 Hold** – Psychiatric patients, on a 5150 hold, shall be transported to an emergency department that is accepting emergency ambulance patients.

   1. The receiving hospital may transfer the patient to a psychiatric facility after stabilization.

E. **Burn Patients** – Patients meeting major burn criteria as per *Santa Clara County Prehospital Care Policy #605: Prehospital Trauma Triage* shall be transported to the burn center at Santa Clara Valley Medical Center (VMC) via the Trauma Center.

   1. If Santa Clara Valley Medical Center (VMC) Trauma Center is not accepting emergency ambulance patients, the patient meeting major burn criteria shall be transported to:

      a. The closest trauma center identified in *Table B: Approved In-County Services* to the incident location by the total emergency ambulance transport time; *and*,

      b. That is accepting emergency ambulance patients.

   2. Patients meeting major burn criteria and having additional concurrent trauma, and if the traumatic injuries poses the greater risk of morbidity or mortality, shall be transported to:
a. The closest trauma center identified in Table B: Approved In-County Services to the incident location by the total emergency ambulance transport time; and,

b. That is accepting emergency ambulance patients.

F. Stroke Alert Patients

1. Patients that are identified as meeting Comprehensive Stroke Alert Criteria according to Santa Clara County Prehospital Care Policy 700-A13: Suspected Stroke/TIA shall be transported to:

a. The closest Comprehensive Stroke Center identified in Table B: Approved In-County Services to the incident location as determined by total emergency ambulance transport time; and,

b. That is accepting emergency ambulance patients that meet stroke alert criteria.

2. Patients that are identified as meeting Primary Stroke Alert Criteria according to Santa Clara County Prehospital Care Policy 700-A13: Suspected Stroke/TIA shall be transported to:

a. The closest Primary Stroke Center identified in Table B: Approved In-County Services to the incident location as determined by total emergency ambulance transport time; and,

b. That is accepting emergency ambulance patients that meet stroke alert criteria.

G. STEMI Alert Patients – Patients that are identified as meeting STEMI Alert Criteria according to Santa Clara County Prehospital Care Policy #700-A08: Suspected Cardiac Ischemia shall be transported to:

1. The closest STEMI Receiving Center identified in Table B: Approved In-County Services to the incident location as determined by total emergency ambulance transport time; and,

2. That is accepting emergency ambulance patients that meet STEMI Alert.

H. ROSC (Return Of Spontaneous Circulation) – Adult Patients achieving ROSC of cardiac etiology according to Santa Clara County Prehospital Care Policy #700-A07: Cardiac Arrest shall be transported to:

1. The closest STEMI Receiving Center identified in Table B: Approved In-County Services to the incident location as determined by total emergency ambulance transport time; and,
2. That is accepting emergency ambulance patients that meet ROSC criteria.

VI. Special Circumstances

A. Some situations special circumstances may have a direct relation to the selection of the most appropriate transport destination. Within this section, “County” shall mean the EMS Duty Chief, EMS Agency, County Medical-Health Branch or any other position or function designated by the EMS Agency.

B. EMS System Surge / Multiple Patients Events

1. When Central Patient Routing is in effect, all patient destination assignments will be directed by the County through County Communications.

2. Patients may be transported to acute care hospitals out of the county only when directed by the County.

3. If out of county mutual aid ambulance are being used in the Santa Clara County Operational Area, unless directed by the County, all transports will occur in accordance with the destinations prescribed in this policy.

4. When authorized and as directed by the County, patients may be transported to Alternate Care Sites (ACS), Field Treatment Sites (FTS), or Mobile Field Hospitals (MFH).

C. Base Hospital Directed Destination – Patients may be transported to any in-county destination authorized within this policy when directed by the Base Hospital.

D. EMS Air Resource Destination – Patient destination shall be determined by the ground crew and provided to the air crew.

1. If the pilot believes that flight to the selected destination is unsafe, the flight crew will advise the ground crew and a destination will be determined collaboratively and according to the direction provided in this policy.

2. When a ground crew is not present or if the ground crew is not designated EMS providers, the flight crew shall determine destination based on this policy.
E. **Transport to out of county Hospitals from Santa Clara County**

1. Patients may be transported to out of county hospitals only when permitted by this policy.

2. Santa Clara County prehospital care personnel shall determine and honor out of county 911 ambulance diversion statuses prior to beginning transport.

3. Santa Clara County prehospital care personnel shall notify the out of county hospital of their pending arrival.

F. **Destination Changes While Transporting**

1. A patient may change their requested destination at any time as long as the ambulance has not arrived on hospital property and the requested destination meets the requirements of this policy.

2. If the ambulance has arrived on the property of an acute care hospital, patient care shall be transferred to the staff of such hospital.

3. If enroute to a hospital, the patient wishes to leave the ambulance, EMS personnel shall:
   
   a. Attempt to convince the patient to continue to the selected destination or to the closest emergency department able to receive emergency ambulance patients.
   
   b. If the patient continues to wish to leave the ambulance, stop the ambulance as soon as it is safe to do so and permit the patient to leave once in a safe location and then immediately notify their communications center.
   
   c. EMS providers will make efforts to keep patient safe and out of harm’s way, consistent with *Santa Clara County Prehospital Care Policy #618: EMS Life Safety Procedures*.

G. **Custodial Patients from the County Jails**

1. The preferred destination for patients that are in custody and are from incidents occurring in the County Jail (San Jose), Elmwood (Milpitas), and Juvenile Hall (San Jose), is Santa Clara Valley Medical Center, as long as the transport is consistent with the directives contained in this policy. The destination is determined by jail staff, not the patient.

2. From time to time the EMS Agency will issue specific transport policies related to ambulance transport of high risk/high profile
inmates. These policies will augment the direction provided within this policy.

H. Incidents Occurring at Acute Care Hospitals – In the event that an acute care hospital is the incident location, patients shall be transported to the emergency department of the incident location hospital, except:

1. When the acute care hospital is not accepting emergency ambulance patients.

2. When multiple patients require transport and must be distributed to multiple acute care hospitals.

3. When the acute care hospital requests a 911 emergency ambulance response to transport patient in accordance with Santa Clara County Prehospital Care Policy 401: Interfacility Transfer-Ground Ambulance.

I. Veterans – Patients that are veterans may be transported to the Palo Alto Veterans Administration Hospital (PAV) if:

1. Requested by the patient; and,

2. If transport is consistent with the directives contained within this policy.
## Table A: Approved Santa Clara County Facilities

<table>
<thead>
<tr>
<th>Facility</th>
<th>City</th>
<th>ID</th>
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</thead>
<tbody>
<tr>
<td>El Camino Hospital of Los Gatos</td>
<td>Los Gatos</td>
<td>LGH</td>
</tr>
<tr>
<td>El Camino Hospital of Mountain View</td>
<td>Mountain View</td>
<td>ECH</td>
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<tr>
<td>Good Samaritan Hospital</td>
<td>San Jose</td>
<td>GSH</td>
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<tr>
<td>Kaiser Foundation San Jose</td>
<td>San Jose</td>
<td>STH</td>
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<tr>
<td>Kaiser Foundation Santa Clara</td>
<td>Santa Clara</td>
<td>KSC</td>
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<td>O’Connor Hospital</td>
<td>San Jose</td>
<td>OCH</td>
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<tr>
<td>Palo Alto Veterans Administration Hospital</td>
<td>Palo Alto</td>
<td>PAV</td>
</tr>
<tr>
<td>Regional Medical Center of San Jose</td>
<td>San Jose</td>
<td>RSJ</td>
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<td>Saint Louise Regional Medical Center</td>
<td>Gilroy</td>
<td>SLH</td>
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<tr>
<td>Santa Clara Valley Medical Center</td>
<td>San Jose</td>
<td>VMC</td>
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<tr>
<td>Stanford University Medical Center</td>
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## Table B: Approved In-County Services

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<th>Approved In-County Services</th>
<th>ECH</th>
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<th>LGH</th>
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<td>*Helipads</td>
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*Note: Santa Clara County EMS Agency does not designate or regulate helipads, this is intended for supplemental information use only.

## Table C: Approved Out Of County Emergency Departments

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<thead>
<tr>
<th>Facility</th>
<th>City</th>
<th>ID</th>
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<tr>
<td>Hazel Hawkins Hospital</td>
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<td>Kaiser Foundation Fremont</td>
<td>Fremont</td>
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<td>Kaiser Foundation Redwood City</td>
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<td>KRC</td>
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<td>Sequoia Hospital</td>
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<td>SEQ</td>
</tr>
<tr>
<td>Washington Township Hospital</td>
<td>Fremont</td>
<td>WTH</td>
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