Date: January 24, 2017

To: Santa Clara County EMS System Stakeholders

From: David Sullivan
Policy Development & Management

Subject: Prehospital Care Policy Revisions: Public Comment Disposition

Consistent with Santa Clara County Emergency Medical Services Prehospital Care Policy #109: Policy Development and Implementation, the EMS Agency held a public comment period (December 15, 2016 to January 4, 2017) for Santa Clara County Prehospital Care Policy #602: 911 EMS Patient Destination.

<table>
<thead>
<tr>
<th>Policy Title</th>
<th>Public Comments Received</th>
<th>Author</th>
<th>EMS Agency Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Clara County Prehospital Care Policy #602: 911 EMS Patient Destination</td>
<td>Regarding 602, section G “Custodial patients from County Jails”...there is no mention as in the other sections about whether or not the hospital is accepting ambulances or not. VMC is the preferred hospital for these patients, but we need to be open and not on divert status for them to transport to us.</td>
<td>Andrea Brollini, Santa Clara Valley Medical Center</td>
<td>Section VI. G has been updated with language that clarifies this point.</td>
</tr>
<tr>
<td>Santa Clara County Prehospital Care Policy #602: 911 EMS Patient Destination</td>
<td>If policy 602 changes won’t there need to be a change to policy 700-A20?</td>
<td>Mary Gutierrez, Gilroy Fire</td>
<td>Effective April 27, 2017 Policy 700-A20 will become a new excited delirium policy.</td>
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<tr>
<td>Santa Clara County Prehospital Care Policy #602: 911 EMS Patient Destination</td>
<td>Is there a possibility you can add the addresses and lat/long to the hospital demographics? Another nice added bonus is what type (size) of helicopters can land at the hospital helipads.</td>
<td>Jesse Winnen, CAL Fire</td>
<td>Hospital addresses and lat/longitudes can be found on the Santa Clara County page of the EMResource website. Additional information on helipads will not be listed since the EMS Agency does not designate or regulate helipads.</td>
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<td>Policy Title</td>
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<tr>
<td>Santa Clara County Prehospital Care Policy #602: 911 EMS Patient Destination</td>
<td>How can we make it possible for Dominican hospital in Santa Cruz to be added as an out of County patient destination hospital? This hospital destination is frequently requested in County Fire's jurisdiction.</td>
<td>Suwanna Kerdkaew, Santa Clara County Fire</td>
<td>Dominican Hospital will not be added at this time. However, conversations will occur and the possibility remains that it could happen at a later date.</td>
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<tr>
<td>Santa Clara County Prehospital Care Policy #602: 911 EMS Patient Destination</td>
<td>Although OBGYN emergencies aren't a specialty, is it worth adding a notation that St Louise cannot accommodate any OBGYN emergencies (is this still the case?).</td>
<td>Suwanna Kerdkaew, Santa Clara County Fire</td>
<td>All approved in-county emergency departments can receive OBGYN emergencies, such as breech presentation or protruding limbs.</td>
</tr>
<tr>
<td>Santa Clara County Prehospital Care Policy #602: 911 EMS Patient Destination</td>
<td>There are occasions that travel times are a ball park estimate at best based on predicted and unpredictable traffic patterns...in the event that a patient's choice hospital destination for specialty care is potentially subjectively farther by a small fraction than another hospital that has that specialty care, is there any punitive action against a medic advocating to go to the patient's choice based on best guess of travel times being comparable?</td>
<td>Suwanna Kerdkaew, Santa Clara County Fire</td>
<td>QI follow up may occur. QI follow up should not be viewed as punitive action, especially when the paramedic is advocating for the patient’s best interest.</td>
</tr>
</tbody>
</table>

This policy will be effective April 27, 2017 and can be found on the EMS Agency website.

If you should have any questions or concerns, please feel free to contact me at david.sullivan@ems.sccgov.org
911 EMS PATIENT DESTINATION

Effective: April 27, 2017
Replaces: February 12, 2015
Review: April 27, 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 provider’s 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. For example, the hospital must be accepting emergency ambulance patients. 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>
</tr>
</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>
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<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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<tr>
<td>O’Connor Hospital</td>
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<td>OCH</td>
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<td>Palo Alto Veterans Administration Hospital</td>
<td>Palo Alto</td>
<td>PAV</td>
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<tr>
<td>Regional Medical Center of San Jose</td>
<td>San Jose</td>
<td>RSJ</td>
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<tr>
<td>Saint Louise Regional Medical Center</td>
<td>Gilroy</td>
<td>SLH</td>
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<td>Santa Clara Valley Medical Center</td>
<td>San Jose</td>
<td>VMC</td>
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<td>Stanford University Medical Center</td>
<td>Palo Alto</td>
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Table B: Approved In-County Services

<table>
<thead>
<tr>
<th>Approved In-County Services</th>
<th>ECH</th>
<th>GSH</th>
<th>KSC</th>
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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

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