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EMS Medical Director

Chief, Emergency Medical Services

I. INTENT:

To guide prehospital emergency care personnel in arriving at a destination decision.

II. AUTHORITY:


- A. Health and Safety Code, Division 2.5, Ch. 4, Art. 1, §1797.220 & Ch. 5, §1798.
- B. California Code of Regulations, Title 22, Division 9, Ch. 4, Art. 2, §100147.

III. DEFINITIONS:

- A. Most Accessible Facility: means the nearest receiving hospital, taking into consideration traffic and weather conditions, or other factors, which clearly affect transport time.
- B. Most Appropriate Facility: means the nearest receiving facility having specialized services likely to be required by a patient.
- C. Receiving Hospital: means an acute care hospital licensed under Chapter 2 (commencing with § 1250) of Division 2, with a permit for basic emergency service, as determined by the Local EMS Agency (LEMSA) which is utilizing the hospital in the emergency medical services system¹.
- D. Special Care Facilities: means facilities that are not receiving hospitals but have been approved by the LEMSAs.
- E. Decisive factors to the contrary: means factors that influence the destination decision. These factors include, but are not limited to, the following:
 - 1. Prepaid Health Plans²

¹ Modified from HSC § 1797.88


² HSC § 1797.106(b)

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2. Patient's request
3. Family/Guardian's request
4. Private Physician's request
5. Law Enforcement's request
6. Special Triage Policies
 - a. Trauma
 - b. Pediatric
 - c. Burns
 - d. Obstetrics
 - e. Cardiac

IV. POLICY:

- A. If there exists no decisive factors to the contrary, the patient shall be transported to the most accessible facility, either receiving hospital or special care facility.
- B. For the purposes of determining destination, Kaiser Hospital South and Methodist Hospital shall be considered equidistant.
- C. The patient meeting Special Triage Policy criteria shall be transported to the designated Special Triage receiving facility approved by the LEMSA.
- D. Patients likely to require specialized services as identified in treatment protocols shall be transported to the most appropriate receiving facility.
- E. If there exists no medical condition that the prehospital personnel believes is unstable and no Special Triage Policy applies, then the patient shall be taken to the facility chosen based on the following (in rank order) decisive factors:

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1. Patient/Guardian's request (if patient is a minor)
 2. Family/Guardian's request
 3. Private Physician's request
 4. EMS System Resource availability
 5. Law Enforcement Request
- F. Law Enforcement shall be responsible for patient in custody.
- G. Direct medical oversight shall be utilized to aid in arriving at a destination decision in the following situations:
1. Patient's condition is believed to be unstable by the Prehospital personnel's assessment and the destination is not the most accessible facility.
 2. Special Triage Policy dictates a different destination from the destination based on patient's, family/guardian's, private physician's, or law enforcement's request.
 3. Control facility makes all destination decisions for a MCI, or during a countywide level II, III or IV expanded emergency.
- H. Direct medical oversight, when utilized, shall be the overriding decisive factor in determining destination.
- I. Non-trauma patients under CPR shall be taken to the most accessible receiving hospital.
- J. Trauma patients with unstable or obstructed airways or tension pneumothorax(es), that cannot be stabilized, cleared or relieved in the field, shall be taken to the most accessible receiving hospital.
- K. Any ambulance presenting at an emergency department carrying more than one patient will off-load all patients at that emergency department, except as directed by the control facility during a declared MCI or area wide emergency.