

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 5000
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DESTINATION POLICY

I. PURPOSE

- A. To identify the approved ambulance-transport destinations for the San Francisco EMS System.
- B. To delineate clinical criteria for when patients should be transported to general or specialty care hospitals or other alternate destinations.

II. POLICY

- A. The Emergency Medical Services (EMS) Agency designates hospitals approved to receive ambulances according to EMS Agency Policy # 5010 *Receiving Hospital Standards*. The EMS Agency Medical Director may approve Specialty Care Facilities or alternate destinations that support the mission of the EMS System to receive ambulance patients as either temporary or permanent additions to the EMS System.
- B. Ambulances may only transport patients to approved Receiving Hospitals, Specialty Care Facilities, or pre-approved alternate destinations. Prearranged inter-facility transports, as defined in *Policy # 5030 Interfacility Transfers* are exempted from this policy.
- C. When a patient is in need of specialty treatment (e.g. OB/GYN, STEMI, etc), the ambulance crew may bring the patient directly to that hospital's specialty care department if directed to do so by hospital staff.

III. DESTINATION DECISION

- A. Hospital destination decisions for EMS patients shall be prioritized based on the following:
 - 1. Patient medical need;
 - 2. Patient preference;
 - 3. Family or private physician preference (if patient unable to provide information);
 - 4. Patients without a preference who require no specialty care shall be transported to the closest open general medical designated hospital.
- B. Patients with medical needs meeting any of the Clinical Field Triage Criteria listed in Section IV below will be transported to the most appropriate specialty care facility. All approved Receiving Hospitals and their specialty care capabilities are listed in 5001.1 Destination Chart attached to this policy.

- C. Destinations other than those listed in this policy require approval from the Base Hospital Physician prior to transport.
- D. In the event of a Multi-Casualty Incident (MCI), destinations will be determined in accordance with EMS Agency Policy # 8000 Multi-Casualty Incident.

IV. CLINICAL FIELD TRIAGE CRITERIA

- A. **General Medical Adult:** Patients who do not meet any of the following emergent medical or specialty criteria may be transported to any Receiving Hospital or Standby Receiving Hospital noted as medical adult.
- B. **Emergent Medical Adult:** Patients with one (1) or more of the following conditions should be transported to the closest Receiving Hospital:
 - 1. Airway obstruction or respiratory insufficiency with inadequate ventilation;
 - 2. Hypotension with shock;
 - 3. Status epilepticus;
 - 4. Acute deteriorating level of consciousness without trauma.
- C. **Medical Pediatric:** Patients under age 14 years not meeting the criteria for Emergent Medical Pediatric may be transported to any Receiving Hospital noted as “pediatric medical.”
- D. **Emergent Medical Pediatric:**
 - 1. Patients under age 14 with 1 or more of the following conditions should be transported to the closest Pediatric Critical Care Center:
 - a) Cardiopulmonary arrest or post-arrest;
 - b) Hypotension with shock;
 - c) Status epilepticus;
 - d) Acute deteriorating level of consciousness without trauma
 - 2. Patients under age 14 years with airway obstruction or respiratory insufficiency with inadequate ventilation should be transported to the closest Receiving Hospital. Transport to a Pediatric Critical Care Center is preferred if ETA is equal or less than that of the closest non-PCCC Receiving Hospital.
- E. **Stroke:** Patients who are age 14 or over and are experiencing the symptoms of acute stroke (onset 4.5 hours or less prior to 911 call) and exhibiting an “abnormal” result on the Cincinnati Prehospital Stroke Scale (see *EMS Agency Protocol 2.14 Stroke*) shall be transported to a designated Stroke Center according to the following hierarchy:
 - 1. Patients who are unstable and would experience a significant delay in their care by transport to a preferred Stroke Center shall be transported to the closest designated Stroke Center;

2. Patient preference for transport to a specific Receiving Hospital that is designated as a Stroke Center;
 3. Family or private physician preference (if patient unable to provide information) for transport to a specific Receiving Hospital that is designated as a Stroke Center;
 4. Patients without a preference shall be transported to the closest Receiving Hospital that is designated as a Stroke Center.
- F. **ST Elevation Myocardial Infarction / Post Arrest with ROSC (STAR):** Patients are considered to be STEMI patient if they meet the STEMI criteria as defined in *EMS Agency Protocol 2.06 Chest Pain / Acute Coronary Syndrome*. Patients experiencing a STEMI (as defined above) shall be transported to a designated **ST Elevation Myocardial Infarction / Post Arrest with ROSC (STAR)** Center according to the following hierarchy:
1. Cardiopulmonary arrest - Patients who are age 14 or over and are in cardiac arrest or those who are post-arrest with return of spontaneous circulation in the field;
 2. Patients who are unstable and would experience a significant delay in their care by transport to a preferred STAR Center shall be transported to the closest, designated STAR Center;
 3. Patient preference for transport to a specific Receiving Hospital that is designated as a STAR Center;
 4. Family or private physician preference (if patient unable to provide information) for transport to a specific Receiving Hospital that is designated as a STAR Center;
 5. Patients without a preference shall be transported to the closest Receiving Hospital that is designated as a STAR Center.
- G. **Amputations and Devascularization Injuries:** If the patient has any of the following, they may be taken to the Microsurgical Specialty Care Facility of their choice or to the closest microsurgical center if the patient has no preference:
1. Isolated amputation or partial amputation distal to the ankle or wrist;
 2. Extensive facial, lip, or ear avulsion;
 3. Penile amputation;
 4. If the patient meets trauma triage criteria, transport to a Trauma Center;
 5. Simple avulsion lacerations of the distal phalanx will be transported to any open Receiving Hospital or the closest open Receiving Hospital if the patient has no preference.
- H. **Burns:** Patients with the following criteria shall be transported to the closest Burn Specialty Care Facility:
1. Partial thickness burns \geq 10% of the total body surface area (TBSA);
 2. Burns involving the face, eyes, ears, hands, feet, perineum or major joints;
 3. Full thickness or 3rd degree burns in any age group;
 4. Serious electrical burns;

5. Serious chemical burns;
 6. Inhalation injuries (including burns sustained in a closed space for purposes of facial burns);
 7. If the patient meets trauma triage criteria, transport to a Trauma Center;
 8. Pediatric burn patients who do not meet trauma triage criteria shall be transported to St. Francis Memorial Hospital.
- I. **Obstetrics:** Pregnant patients with the following conditions should be transported to the closest Obstetrics Specialty Care facility:
1. Breech presentation partially delivered;
 2. Limb presentation;
 3. Vaginal hemorrhage with shock;
 4. Cord prolapse or nuchal cord;
 5. Actively seizing or status post seizure;
 6. No prenatal care during pregnancy;
 7. All other pregnant patients with a pregnancy related medical problem should be transported to the Obstetrics Specialty Care Facility of their choice or the closest open Obstetrics Specialty Care Facility if the patient has no preference.
- J. **Psychiatric:** Psychiatric patients with coexisting medical complaints, alterations in mental status, abnormal vital signs, or history of overdose of medication shall be transported to the appropriate Receiving Hospital or Specialty Care facility based on their clinical needs:
1. Psychiatric patients without co-existing medical complaints may be transported for evaluation (medical clearance) to the open Receiving Hospital of their choice or the closest open Receiving Hospital;
 2. All patients who have been placed on a 5150 hold require an evaluation (medical clearance), which may be performed at any Receiving Hospital. These patients should be transported to the hospital identified by the custodian placing the hold, provided that the hospital is open and receiving patients or arrangements have been made for direct admissions;
 3. All full Receiving Hospitals in San Francisco are appropriate destinations for medical clearance of involuntary patients. Psychiatric patients in police or sheriff custody (those patients who are incarcerated or under arrest) must be taken to San Francisco General Hospital for evaluation.
- K. **Trauma:** Patient meeting the criteria described in *Policy # 5001, Trauma Destination*, will be transported to a Trauma Center.
- L. **Sobering Services:** Intoxicated patients with no acute medical condition(s) or co-existing medical complaints may be transported to the San Francisco Sobering Center, if the patient meets the following criteria:
1. Be at least 18 years or older;
 2. Found on street / in a shelter or in Police Department custody;

3. Voluntarily consent or have presumed consent (when not oriented enough to give verbal consent) to go to the Sobering Center;
4. Not be on the San Francisco Sobering Center "Exclusion List."
5. Be medically appropriate by meeting **ALL of the following criteria:**
 - a) Indication of alcohol intoxication (odor of alcoholic beverages on breath, bottle found on person);
 - b) Glasgow Coma Score of 13 or greater;
 - c) Pulse rate greater than 60 and less than 120;
 - d) Systolic blood pressure greater than 90;
 - e) Diastolic blood pressure less than 110;
 - f) Respiratory rate greater than 12 and less than 24;
 - g) Oxygen saturation greater than 89%;
 - h) Blood glucose level greater than 60 and less than 250;
 - i) No active bleeding;
 - j) No bruising or hematoma above clavicles ;
 - k) No active seizure; and
 - l) No laceration that has not been treated.

V. AUTHORITY

California Health and Safety Code, Division 2.5, Sections 1798 and 1798.163