



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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DESTINATION

I. PURPOSE

To establish standards for the transportation of 9-1-1 patients to the most appropriate receiving facility that has the staff and resources to deliver definitive care to the patient. Destination may be determined by patient's need for specialty care services, example STEMI, Stroke and Trauma centers.

II. POLICY

If the patient's condition is stable, the most appropriate destination may be the facility associated with their healthcare plan and primary care physician.

If the EMS agency is an approved Triage to Alternate Destination (TAD) provider, a patient meeting criteria may be transported to an ICEMA approved TAD facility (behavioral health facility or sobering center)*.

If a patient requires specialty care services at an ICEMA designated STEMI, Stroke, or Trauma Receiving Center, the EMS provider may bypass closer facilities.

Destination decisions should be based on patient condition or patient, guardian, family or law enforcement request. Patients who are unable to request a destination or who do not have a preference shall be taken to the closest hospital unless their condition requires specialty services described below.

III. GENERAL CONSIDERATIONS

- Closest Hospital
 - All patients requiring immediate medical attention for difficult to manage airways or life threatening conditions.
 - Patients that do not have a destination preference.
- Patient Request
 - Honor patient requests if possible and when appropriate.
 - If patient is medically stable and the destination is not significantly beyond the primary response area of the EMS transportation provider.
 - EMS field personnel must obtain an AMA and notify the base hospital if a patient is in need of STEMI, stroke, or trauma services and refuses transport to a Specialty Care Center, or chooses to bypass the recommended Specialty Care Center .
- Higher Level of Care
 - Is dictated by patient condition.
 - ALS providers may bypass a closer facility and transport to a facility that has the capability to provide appropriate specialty care based on the patient's condition.

- Base Hospital
 - Paramedics are encouraged to contact base hospitals for consult on destination for patients with special considerations.

IV. PSYCHIATRIC HOLDS

- All patients with a medical complaint on a behavioral health hold (5150) require medical evaluation, treatment and shall be transported to the closest acute care hospital for medical clearance.
- Any acute care hospital is capable of medically clearing behavioral health patients.
- Patients on a 5150 hold with no medical complaints or conditions, may be released to law enforcement for transport directly to a behavioral health facility.

V. SPECIALTY CARE CENTERS

- STEMI Receiving Centers: (Refer to ICEMA Reference #14240 - Suspected Acute Myocardial Infraction (AMI).)
 - STEMI Receiving Centers are the appropriate destination for identified STEMI patients.
 - Once a patient with a STEMI has been identified, make early STEMI notification to the STEMI Receiving Center and prepare patient for expeditious transport.
 - ROSC patients of unknown or suspected cardiac etiology, regardless of 12-lead ECG reading, should be transported to the closest STEMI Receiving Center. If the closest STEMI Receiving Center is greater than 30 minutes, transportation to the closest receiving hospital may be appropriate.
 - STEMI patients with difficult to manage airways shall be transported to the closest receiving hospital.
- Stroke Receiving Centers: (Refer to ICEMA Reference #14080 - Stroke Treatment - Adult.)
 - Stroke Receiving Centers are the appropriate destination for suspected stroke patients identified by using the mLAPSS triage criteria and LAMS Score.
 - Prepare the patient for expeditious transport once a positive mLAPSS is identified and LAMS scale has been completed.
 - Notify the Stroke Receiving Center of the patient's pending arrival as soon as possible to allow timely notification of the stroke team.
 - Identified acute stroke patients with "last seen normal" time plus transport time less than 24 hours, or a "wake-up" stroke, transport to closest Stroke Receiving Center.
 - Transport to closest receiving hospital for patients with "last seen normal" time equaling greater than 24 hours. Base hospital may be contacted to assist with the destination decision.

- Patients with difficult to manage airways shall be transported to the closest receiving hospital.
- Trauma: (Refer to ICEMA Reference #9040 - Trauma Triage Criteria.)
 - Adult patients meeting trauma triage criteria shall be transported to the closest Trauma Center.
 - Pediatric patients meeting trauma triage criteria shall be transported to a pediatric Trauma Center when there is less than a 20 minute difference in transport time between the pediatric Trauma Center and the closest Trauma Center.
 - For patients who meet mechanism of injury criteria per ICEMA Reference #9040 - Trauma Triage Criteria, but have no associated physiologic or anatomic criteria, paramedics are encouraged to contact a trauma base hospital for consultation to determine patient destination. In some cases, trauma base hospital may direct patient to a non-trauma receiving hospital.
 - Make trauma base hospital contact to determine if a Trauma Center should be the destination for patients not meeting the trauma triage criteria but meeting age and/or co-morbid factors.
 - Patients with difficult to manage airways shall be transported to the closest receiving hospital.

Traumatic cardiac arrest patients that do not meet determination of death on scene criteria shall be transported to the closest trauma center when the distance **between** the closest hospital and the closest trauma center is less than 20 minutes.
- Burn: (Refer to ICEMA Reference #9040 - Trauma Triage Criteria.)
 - Transport any burn patients who meet trauma triage criteria to the closest Trauma Center.
 - Transport pediatric burn patients that meet trauma triage criteria to a pediatric Trauma Center if transport time is less than 20 minutes.
 - Transport minor and moderate burns to the closest receiving hospital.
 - Transport major burns to the closest burn center if transport time is less than 20 minutes.
 - Transport burn patients with respiratory compromise or at high risk for developing respiratory distress to the closest receiving hospital.

VI. INTERFACILITY TRANSFER (Refer to ICEMA Reference #8010 - Interfacility Transfer Guidelines.)

- Patients will be transported to the designated receiving facility. If the patient's condition deteriorates significantly while en route to the designated facility the patient may be diverted to the closest receiving hospital for stabilization.
- EMTs and EMT-Ps may initiate protocols prior to contacting the base hospital for change of destination.

VII. EMS AIRCRAFT ROTATION AND DESTINATION (San Bernardino County Only)

- All EMS Aircraft requests from the field in San Bernardino County will be dispatched by the ICEMA designated Aircraft Dispatch Center (ADC).
- The destination will be determined by the EMS providers based on patient requirements for specialty centers.

* To be an approved TAD provider or TAD facility, application and approval must be on file at ICEMA.

VIII. REFERENCES

<u>Number</u>	<u>Name</u>
8010	Interfacility Transfer Guidelines
9040	Trauma Triage Criteria
14080	Stroke Treatment - Adult
14240	Suspected Acute Myocardial Infraction (AMI)