

# SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 505

## **SUBJECT: PATIENT DESTINATION**

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### **PURPOSE**

To provide guidelines for determining the appropriate destination of patients transported in the S-SV EMS Region.

It is the intent of this policy to ensure, to the extent possible, that individual patients receive appropriate medical care while protecting the interests of the community at large by making maximum use of available emergency medical care resources.

### **AUTHORITY**

California Health & Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88,  
Chapter 6 § 1798.165 & 1798.170

California Code of Regulations, Title 13, § 1105(c), Title 22, Division 9, Chapter 4, §  
100169, & Chapter 7, § 100243

### **POLICY**

Determination of patient destination shall be governed by California Code of Regulations, Title 13, Section 1105 (c):

"In the absence of decisive factors to the contrary, ambulance drivers shall transport emergency patients to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patients."

Hospitals unable to accept patients due to incapacitating internal disaster shall be considered not "prepared to receive emergency cases."

In determining the "most accessible" facility, transport personnel shall take into consideration traffic obstructions, weather conditions, or similar factors, which clearly affect transport time.

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**Effective Date: 06/01/2010**  
**Next Review Date: 01/2013**  
**Approved:**

**Date last Reviewed / Revised: 01/10**  
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**SIGNATURE ON FILE**  
**S-SV EMS Medical Director**

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**S-SV EMS Regional Executive Director**

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**GUIDELINES**

A. "Most Accessible Facility"

"The most accessible medical facility" shall ordinarily be the nearest licensed health facility that maintains and operates a basic Emergency Department, except for:

1. Base Hospital/Modified Base Hospital Direction

The base hospital/modified base hospital may direct that the patient be transported to a further acute care hospital equipped, staffed, and prepared to receive emergency cases, which in the judgment of the base hospital physician or MICN, is more appropriate to the medical needs of the patient. Such direction shall take into consideration the paramedic provider agency's stated and reasonable time and/or travel limitations.

2. Designated Special Care Facilities

Local EMS agency protocols governing transport of special category patients to designated special care facilities should be followed.

B. "Decisive Factors to the Contrary"

"Decisive factors to the contrary" include, but are not limited to, the following:

1. Prepaid Health Plans

A member of a group practice prepayment health care service plan should be transported to a hospital that contracts with the plan when the base hospital/modified base hospital determines that the condition of the member permits such transport. However, when the paramedic provider agency determines that such transport would unreasonably remove the transport unit from the area, the member may be transported to the nearest hospital capable of treating the member. (Health & Safety Code, Section 1797.106(b)).

2. Patient Requests

When a person or his legally authorized representative requests emergency transportation to a hospital other than the most accessible acute care hospital, the request should be honored when the base hospital/modified base hospital determines that the condition of the patient permits such transport; except when the paramedic provider agency determines that such transport would unreasonably remove the transport unit from the area. In such cases:

A. Arrangements shall be made for alternative transport appropriate to the medical needs of the patient.

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B. If such transport cannot be obtained without delay, the patient may be transported to the nearest hospital capable of treating him or her.

3. Private Physician's Request

When a private physician requests emergency transportation to a hospital other than the most accessible acute care hospital, the request should be honored unless:

A. The base hospital/modified base hospital determines that the condition of the patient does not permit such transport. In such cases, base hospital directions shall be followed. If communication with the requesting physician is feasible, the base hospital should contact the physician and explain the situation to him or her.

B. The paramedic provider agency determines that such transportation would unreasonably remove the unit from the area. In such cases:

- 1) Arrangements should be made for alternate transportation appropriate to the medical needs of the patient.
- 2) If alternate transportation cannot be arranged without unacceptable delay, and the private physician is immediately accessible, the patient may be transported to a mutually agreed-upon alternate destination.
- 3) If alternate transportation cannot be arranged without unacceptable delay, and the private physician is not immediately accessible, the patient should be transported to the nearest hospital capable of treating him or her.

**CROSS REFERENCES:**

Policy and Procedure Manual

Cardiovascular "STEMI" Receiving Centers, Reference No. 506

Stroke System Triage and Patient Destination, Reference No. 507

Base Hospital Contact, Reference No. 812

Trauma Triage Criteria, Reference No. 860

Chest Pain / Discomfort of Suspected Cardiac Origin, Reference No. C-8

Suspected CVA / Stroke, Reference No. N-3