



June 30, 2008

**To:** Santa Clara County EMS System Stakeholders  
**From:** Josh Davies *J. Davies*  
Prehospital Programs Section Manager  
**Subject:** STEMI Receiving Center Implementation –  
Santa Clara County Prehospital Care Policy 602 and 603

The implementation date for the Santa Clara County STEMI Care System is scheduled to begin on Monday, August 4, 2008. In preparation, Santa Clara County Prehospital Care Policy 602 and 603 have been revised and will become effective on August 4, 2008.

<b>Policy 602 Changes</b>	<b>Policy 603 Changes</b>
<b>Section II- B</b> Modified to include reference to Policy 607.	<b>Section IV-B</b> Added STEMI to Service Advisory
<b>Section III-F</b> Added STEMI as a Service Advisory	Added transport considerations to match same criteria in Section VI-B
<b>Schedule A</b> Added STEMI Receiving Center listing.	

While we do anticipate that all STEMI Receiving Center applicants will be successful in attaining designation, it may be necessary to make a modification to Policy 602 and 603 should an applicant not be designated.

Thank you for your consideration and continued support of our Emergency Medical Services System. If you should have any questions or concerns, please contact Anne Marcotte at the number provided or via email at [anne.marcotte@hhs.sccgov.org](mailto:anne.marcotte@hhs.sccgov.org)

Attachment

- Santa Clara County Prehospital Care Policy 602
- Santa Clara County Prehospital Care Policy 603



# Emergency Medical Services Agency Prehospital Care Manual **Policy 602**

## **PREHOSPITAL PATIENT DESTINATION**

**Effective Date** August 4, 2008  
**Replaces** March 13, 2007

**Resources**  
None

### **I. Purpose**

To assure that all patients who require emergency ambulance service are transported, consistent with the patient's health care rights, to the approved facility most appropriate for their needs and regardless of their ability to pay.

### **II. In-Extremis Patient Destination**

- A. In-extremis patients shall be transported to the Most Appropriate/Accessible Receiving (MAR) facility.
- B. Basic Life Support Ambulances shall always transport in-extremis and emergency patients to the closest facility if unaccompanied by paramedics (in accordance with Policy 607 – BLS Ambulance Utilization).

### **III. Specialty Care Destination**

- A. Major Trauma Victim (MTV)
  - 1. Patients identified as a Major Trauma Victim, in accordance with the Prehospital Trauma Triage Policy.
  - 2. Catchment areas are established to assist in the appropriate routing of trauma patients to assist in ensuring that 911 patients do not unnecessarily overwhelm any one Trauma Center (Refer to Policy 403).

B. Psychiatric Hold

1. Psychiatric patients shall be transported to a facility equipped to provide appropriate care. Psychiatric patients in need of medical evaluation shall be transported to the facilities identified on the attached table.
2. Patients who require psychiatric services shall be transported to an appropriate facility in accordance with their medical needs as a priority. The receiving facility may transfer the patient to a psychiatric facility after stabilization.
3. Patients with no medical complaint may be transported to the destination established by the law enforcement agency responsible for executing the 5150 hold including direct admit to Emergency Psychiatric Services (EPS).

C. Burn

1. Patients identified for triage to the Burn Center in accordance with the burn treatment protocol are to be transported to a recognized burn center.

D. Suspected Sexual Assault

1. Adult and pediatric patients identified as victims of a suspected recent sexual assault (<72 hours) should be transported to a designated Sexual Assault Response Team (SART) facility.
2. If transport to a SART facility would adversely affect the patient's medical condition, the prehospital care provider may select a closer facility.

E. Stroke

Patients meeting Stroke Alert Criteria, in accordance with the stroke treatment protocol, are to be transported to the closest approved Primary Stroke Center in accordance with Policy 603 – Emergency Department Diversion & Trauma Center Bypass.

F. STEMI

Patients meeting STEMI Alert Criteria, in accordance with the Cardiac Ischemia (A08) protocol, are to be transported to the closest approved STEMI Receiving Center in accordance with Policy 603 – Emergency Department Diversion & Trauma Center Bypass.

- G. Pregnant patient's greater than twenty-four (24) weeks gestation shall be transported to a facility providing obstetrical services.

**IV. Special Circumstances**

- A. Under certain circumstances, destination determination may be altered including:

1. Multi-Casualty Incidents
2. Direction provided by the Base Hospital or Agency
3. Hospital Diversion

**V. Patients Rights**

- A. Patients shall be transported to the patient's facility of choice if travel time and services are equivalent to those of the MAR facility, regardless of their ability to pay.
- B. Patients who are alert and oriented shall be advised of all of the available means of transportation to the hospital, based on the chief complaint and condition. This may include private vehicle, taxi, family, etc. The patient shall be provided adequate information to make an informed health care destination decision.

## Policy 602 – Schedule A Approved Facilities

(Bold indicates facilities located in Santa Clara County)

<b>Facility</b>	<b>ID</b>	<b>Facility</b>	<b>ID</b>
Dominican Sisters Hospital	DOM	<b>O'Connor Hospital</b>	<b>OCH</b>
<b>El Camino Hospital</b>	<b>ECH</b>	<b>Palo Alto Veterans Hospital</b>	<b>PAV</b>
<b>Emergency Psychiatric Services</b>	<b>EPS</b>	<b>Regional Medical Center of San Jose</b>	<b>RSJ</b>
<b>Good Samaritan Hospital</b>	<b>GSH</b>	<b>Saint Louise Hospital</b>	<b>SLH</b>
Hazel Hawkins Hospital	HHH	<b>Kaiser Permanente San Jose Medical Center</b>	<b>STH</b>
Kaiser - Fremont	KFF	Sequoia Hospital	SEQ
<b>Kaiser - Santa Clara</b>	<b>KSC</b>	<b>Stanford University Hospital</b>	<b>SUH</b>
Kaiser - Redwood City	KRC	<b>Valley Medical Center</b>	<b>VMC</b>
<b>Los Gatos Hospital</b>	<b>LGH</b>	Washington Township Hospital	WTH

### Approved Services

<b>Service</b>	<b>Facility</b>
Basic Emergency Facility (*Comprehensive)	<b>DOM, ECH, GSH, HHH, KSC, KFF, KRC, LGH, OCH, PAV, RSJ, SEQ, SLH, STH, SUH, VMC*, WTH</b>
Burn Center	<b>VMC</b>
Psychiatric Receiving Facility	<b>ECH, EPS, PAV, SUH, VMC</b>
Obstetrics	<b>DOM, ECH, GSH, HHH, KSC, KRC, LGH, OCH, RSJ, SEQ, SLH, STH, SUH, VMC, WTH</b>
Primary Stroke Center	<b>ECH, GSH, KSC, OCH, RSJ, STH, SUH, VMC</b>
Sexual Assault Response Team	<b>DOM, VMC, WTH (Adult Only)</b>
STEMI Receiving Center	<b>ECH, GSH, KSC, OCH, RSJ, STH, SUH, VMC</b>
Trauma Center	<b>SUH, VMC, RSJ</b>



# Emergency Medical Services Agency Prehospital Care Manual **Policy 603**

## **EMERGENCY DEPARTMENT DIVERSION & TRAUMA CENTER BYPASS**

**Effective Date** August 4, 2008  
**Replaces** October 15, 2007

**Resources**  
None

### **I. Purpose**

Facility diversion is a management tool that may be used temporarily by local hospitals when the patient load exceeds emergency department or specialty center resources.

Facility diversion is a last resort when emergency department/specialty center resources continue to be overwhelmed after internal procedures to manage the situation have been implemented.

Facility diversion does not replace the need for effective patient volume management procedures or plans to address seasonal patient volume increases.

### **II. ED Diversion/Trauma Bypass Requirements**

- A. Emergency Departments and Trauma Centers may request 9-1-1 System ambulance diversion/bypass in accordance with the following:
  - 1. The facility shall have an Agency approved patient volume management plan that utilizes the guidelines established by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a minimum. This plan shall be revised and submitted annually for review and approval by the Agency.

2. The facility has determined, based on the approved patient volume management plan that it can no longer care for additional patients in the emergency department or specialty care areas. Lack of in-patient or ICU beds is not sufficient cause to implement ambulance diversion.
  3. All Santa Clara County Emergency Departments and Trauma Centers must use EMSsystem for maintaining availability status. As such, the following must occur:
    - a. EMSsystem must be monitored at all times in each facility. This includes ensuring audible and visual alerting tools are activated and functioning at all times.
    - b. Facility personnel must be aware of the content of this Policy including the criteria for implementing ED Diversion and Trauma Center Bypass.
- B. A hospital may close to all patients (both walk-in and ambulance) if the facility or a portion of the facility is in a state of Internal Disaster as defined by the California Department of Health Services. In such cases, the facility shall attempt to change to Black (Internal Disaster) status via EMSsystem. If it is not possible to change the status via this method, contact County Communications immediately. The facility shall report this status to the Department of Health Services in accordance with applicable requirements.

### **III. ED 911 System Ambulance Diversion Process**

- A. In order to fully realize the benefits of an ambulance diversion program, all hospitals in the County must be included in the program.
- The Palo Alto Veterans Administration (PAV) Hospital is federally exempt from this requirement but would continue to receive 9-1-1 System patients who request transport to PAV. The facility will assist in the case of multi-casualty incidents/disaster situations.
- B. All hospitals in the County are able to divert 9-1-1 System ambulance traffic (not including those in-extremis).

- C. One (1) facility may be on ambulance diversion (red) at any one time in a Diversion Zone. If an additional hospital within the same Diversion Zone wants requests 9-1-1 System ambulance diversion status at the same time, they must wait until the red hospital opens and then make the change through EMSsystem.

<p style="text-align: center;"><b><u>Northern Diversion Zone</u></b> Stanford University Hospital El Camino Hospital Kaiser Santa Clara</p> <p style="text-align: center;"><b><u>Downtown Diversion Zone</u></b> Regional Medical Center of San Jose Santa Clara Valley Medical Center O'Connor Hospital</p> <p style="text-align: center;"><b><u>Western Diversion Zone</u></b> Los Gatos Community Hospital Good Samaritan Medical Center Kaiser Santa Teresa Hospital</p> <p style="text-align: center;"><b><u>Southern Diversion Zone</u></b> Saint Louise Hospital</p>
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- D. Facilities may remain on ambulance diversion status for no more than 90 minutes per occurrence. A hospital that has closed to ambulance diversion must remain open for at least 90 minutes before being able to divert again.
- E. When the EMS System is being negatively affected by ambulance diversion, the EMS Agency may require a Zone or all hospitals to open as necessary.
- F. Saint Louise Regional Hospital may not divert when Kaiser Santa Teresa is on “Diverting 9-1-1 System Ambulances” or “Internal Disaster” status and must return to “Open” status if Kaiser Santa Teresa enters “Diverting 9-1-1 System Ambulances” or “Internal Disaster” status.
- G. When the facility is directed by the Agency and/or County Communications to open/remain open, they shall do so immediately. If facility staff considers the direction inappropriate, they may discuss the situation with the Agency during regular business hours; however, additional diversion time shall not be granted.

- H. Each facility shall request no more than thirty-six (36) hours of 9-1-1 System ambulance diversion within a calendar month.
- I. The facility shall immediately notify County Communications of any/all changes in facility status via EMSSystem. County Communications will not make any status changes by phone or radio unless EMSSystem has failed.
- J. Agency staff may perform unannounced site visits to hospitals to ensure compliance with these requirements.
- K. Failure to fulfill these requirements may result in the facility losing its diversion privilege.

#### **IV. Emergency Department Receiving Status**

The following status conditions apply to Emergency Departments that request the diversion of 9-1-1 System ambulances.

A. Open (Green)

Accepting all 9-1-1 System ambulance patients.

B. Service Limitation Advisory - CT Scanner Not Available (Orange)

Identifies that the CT scanner is not available, allowing prehospital personnel to make a destination determination for patients having a need for immediate CT scans. Stroke Alert patients shall not be transported to facilities without CT scanner services.

Service Limitation Advisory - STEMI (Orange)

Identifies that the hospital staff believes that they would not be able to achieve a “door to balloon” time of 90 minutes or less. STEMI patients shall not be transported to facilities without STEMI services.

Advanced Life Support personnel (flight crews and paramedics) shall consider the specific type of service limitation and may either (1) continue transport to the destination or (2) bypass the facility and go to the next closest and most appropriate STEMI or Stroke Center. Paramedics shall evaluate the need for helicopter or ambulance transportation with red lights and siren, if appropriate, to honor service advisories in the most expedient fashion possible.

C. Diverting 9-1-1 System Ambulances (Red)

Diverting all 9-1-1 System ambulance patients, except those in extremis. The receiving facility's Emergency Department is no longer able to accept additional patients due to the number and/or acuity of patients currently being treated. Patients who are in extremis shall be accepted by the facility regardless of the facility's status.

- D. A facility's status at the time the ambulance begins transport (not when the prehospital provider contacts the hospital with a "ring-down") will apply to that transport regardless of any subsequent status changes.

Facilities may not direct ambulances to other facilities or refuse to accept the patient for any reason other than those in Section 2-B.

- E. If a facility is diverting 9-1-1 System ambulance traffic, no EMS team will communicate with the facility to determine their ability to accept a patient or to request exceptions except the EMS Duty Chief/Agency.

Exception: An ambulance transporting an in-extremis patient to a "red" facility will notify that hospital of their pending arrival.

- F. No 9-1-1 System, ambulance will transport a patient, other than interfacility transfers and those who are in-extremis, to a facility that is on 9-1-1 System ambulance diversion.

**V. Trauma Center Bypass Process**

- A. One facility may be on Trauma Bypass status (red) or the same Service Limitation status (orange) at the same time.
- B. In the event that a second Trauma Center requests Bypass status, the Trauma Center Medical Directors and the EMS Agency must agree to an interim patient management solution prior to the second Trauma Center executing Bypass status. This option shall be reserved for extreme circumstances only as the countywide impacts may be significant.

The requesting facility shall notify the EMS Agency Duty Chief of the intention to use "Bypass". The EMS Duty Chief will discuss the rationale for the request including verification that the status cannot be addressed through an Advisory Status (Orange) or Internal Disaster (Black). If not, then the EMS Duty Chief will then contact the Trauma Center currently on Bypass and determine if they are able to open earlier.

If not, the EMS Duty Chief may authorize a second Trauma Center to be on Bypass at one time.

The EMS Agency will then consult with the Trauma Center Medical Directors and take any appropriate actions to ensure the safety and welfare of the public.

- C. A Trauma Center may not remain on “Bypass” for more than (60) sixty minutes. A Trauma Center must remain open for at least (60) sixty minutes before they may execute Bypass status subsequent times.

## **VI. Trauma Center Receiving Status**

The following statuses apply to Trauma Center availability:

### A. Open (Green)

Accepting all 9-1-1 System ambulances as directed by clinical protocols and Trauma Center Catchments Areas.

### B. Service Limitation Advisory (Orange)

The Trauma Center must identify which of the following limitations are in effect.

1. No available operating rooms, **or**:
2. No Neurosurgery

Advanced Life Support personnel (flight crews and paramedics) shall consider the specific type of service limitation and may either (1) continue transport to the destination or (2) bypass the facility and go to the next closest and most appropriate Trauma Center. Paramedics shall evaluate the need for helicopter or ambulance transportation with red lights and siren, if appropriate, to honor service advisories.

### C. Bypass (Red)

Diverting all 9-1-1 Ambulance Traffic (except those in extremis).

- D. A Trauma Center’s status at the time the ambulance begins patient transport (not when the prehospital provider contacts the hospital with a “ring-down”) will apply to that transport regardless of any subsequent status changes.

Facilities may *not* direct ambulances to other facilities or refuse to accept the patient for any reason.

- E. If a facility is diverting 9-1-1 System ambulance traffic, no EMS team will communicate with the facility to determine their ability to accept a patient or to request exceptions except the EMS Duty Chief/Agency.

Exception: An ambulance transporting an in-extremis patient to a “red” facility will notify that hospital of their pending arrival.