



## DETERMINATION OF 911 DISPATCHED PATIENT TRANSPORT TO AN APPROPRIATE FACILITY

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### I. AUTHORITY:

California Health and Safety Code, Division 2.5, 1797.220; 1798 (a), (b)

### II. APPLICATION:

This policy describes considerations that include requests by patients, parents of minors, and caretakers for determination of an appropriate receiving facility for 911 dispatch patients transported by an Orange County EMS (OCEMS) basic life support (BLS) or advanced life support (ALS) unit. Included in this policy are 911 dispatch patient transport determinations for the special circumstances of a 5150 Hold and 911/IFT-ALS dispatch transport determinations for hospice care patients.

### III. DEFINITIONS:

**5150 Hold** means a patient is legally detained as authorized by the California Welfare and Institutions Code Section 5150.

**ERC** means an Emergency Receiving Center approved by OCEMS.

**Diversion** means formal notification of the EMS system through ReddiNet® by an ERC that it is not physically or medically safe for that facility to accept further patients.

**Hospice care patient** means a patient who is terminally ill without possibility of cure who is enrolled in a certified hospice-palliative care program.

**Specialty Center** means a facility that provides a specialized medical service as defined in OCEMS Policy # 240.30.

**Transported patient** means a patient transported by BLS or ALS ambulance.

**ALS Escorted** patient means a patient transported and accompanied by a paramedic.

### IV. CRITERIA:

- A. A BLS or ALS transported patient not expressing a facility preference shall be transported from the scene of the incident to the closest (within the shortest transport time) appropriate hospital showing open on ReddiNet®
- B. ALS or BLS crews will provide the receiving hospital staff with a verbal report and completed prehospital care report per OCEMS policy 300.10. The PCR shall be completed and posted electronically or provided in paper form prior to leaving the ERC or specialty center.
- C. A physician at the scene may assume full responsibility and must accompany the patient to the receiving hospital per the "Physician at Scene" policy (reference OCEMS P/P 310.15).

### V. PATIENT, PARENT OF MINOR, OR CAREGIVER REQUESTS:

ERC destination preference expressed by a patient or a patient's legal guardian or other persons lawfully authorized to make health care decisions for the patient shall be honored **unless**:



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- A. *Such request is not medically in the best interest of the patient as determined by OCEMS Standing Order or the Base Hospital; or*
- B. *The preferred facility is beyond a reasonable transport time (estimated 20 minutes) from the incident scene; or*
- C. *The preferred facility has declared it is on Emergency Department diversion status (by ReddiNet®). This exception to preferred transport destination does not apply when a patient is scheduled to bypass the Emergency Department for direct admission to an available in-patient bed or diagnostic site (e.g. CT Scan, MRI, GI laboratory).*

Specialty hospital destination for a trauma, cardiovascular center, stroke-neurology receiving center, burn, and replant center is determined by an OCEMS Base Hospital.

### VI. SPECIAL CIRCUMSTANCE SITUATIONS:

#### **A. LAW ENFORCEMENT OR MENTAL HEALTH PROVIDER 5150 HOLD:**

A patient being detained under a 5150 hold shall be transported to the nearest ERC **unless:**

- 1. Such transport is not medically in the best interest of the patient as determined by OCEMS Standing Order or the Base Hospital; or
- 2. The preferred facility has declared it is on Emergency Department Saturation diversion status (by ReddiNet®). This exception to preferred transport destination does not apply when a patient is scheduled to bypass the Emergency Department for direct admission to an available in-patient bed or diagnostic site (e.g. CT Scan, MRI, GI laboratory).

Specialty center transport destination to a trauma, cardiovascular center, stroke-neurology receiving center, burn, and replant center is determined by an OCEMS Base Hospital.

#### **B. HOSPICE CARE PATIENT:**

This section applies when an Orange County 911 or IFT-ALS Provider is dispatched to a patient who is enrolled in a certified hospice/palliative care program.

A hospice care patient can be treated to improve comfort on scene (example: placed on oxygen for shortness of breath, treated for hypoglycemia, or provided pain relief) and referred to the patient hospice program nurse for further care and evaluation without ambulance transport from the scene.

- 1. Upon arrival, review the patient's hospice/palliative care documentation with caregiver/patient to confirm enrollment in the program. Obtain contact information for the hospice care provider (usually a nurse).
- 2. Upon confirmation that a patient is in hospice care, EMS personnel should request the patient's POLST form or other advanced directive (refer to OCEMS Policy # 330.51) and honor any patient requests provided on the form.
- 3. If the patient has administered an aid-in-dying drug as defined in the CALIFORNIA END OF LIFE ACT OPTION, confirm the final attestation and refer to OCEMS Policy #330.51.



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4. EMS personnel (BLS or ALS) should contact by telephone or in-person the patient hospice nurse and provide a report of the patient's condition and any treatment provided. Unless otherwise requested by the patient or caregiver, the patient may be evaluated and treated on scene with care transferred to the hospice provider upon their arrival. If the patient is stabilized, care may be transferred to the hospice provider by telephone and the scene cleared.
5. If the hospice nurse is present on-scene, EMS personnel can still provide treatment of the patient, but must remain within the appropriate Orange County Scope of Practice.
6. If transport from the scene is requested by the patient or caretaker, the patient should immediately be transported to an appropriate ERC. The request should be documented as was stated by the patient or caregiver on the PCR.
7. If transport from the scene is not requested by the patient or caretaker, the patient may be left on scene without signing an AMA. The refusal of transport should be documented as stated by the patient or caregiver on the PCR.
8. If possible, include the hospice provider's information and recommendations in the PCR narrative section, and also include a copy (photograph) of the POLST, other advanced directive, or final attestation.

**Approved:**

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