PURPOSE: To identify designated service area hospitals and define service area policies and boundaries.

AUTHORITY: California Administrative Code, Title 22, Chapter 7
Health and Safety Code, Division 2.5, Section 1797.220
California Code of Regulations, Title 13, Section 1105 (c)

DEFINITION:

Service Area: A defined geographic area assigned to a hospital from which 9-1-1 patients are transported.

Service Area Hospital: A hospital designated by the Emergency Medical Services (EMS) Agency to have a service area for 9-1-1 transports. This hospital has agreed to ensure that it will meet all requirements for Basic Emergency Department licensure to include Emergency Department Approved for Pediatrics (EDAP) designation unless sharing a service area with an EDAP approved hospital.

Shared Service Area: A defined geographic area with boundaries that are shared between two service area hospitals from which 9-1-1 patients are transported.

PRINCIPLES:

1. Patients shall be transported by EMS personnel to a service area hospital with a designated service area whenever the incident location is within the defined service area.

2. For a shared service area, patients shall be transported by EMS personnel to either service area hospital whenever the incident location is within the defined shared service area.

3. Service area hospitals have agreed not to request diversion for any categories other than internal disaster except for those with a shared service area (these hospitals may divert to each other).

4. Hospitals within a service area are bound by the same patient destination policies and boundaries of the hospital with the service area. Since these hospitals may not meet all of the service area requirements, these hospitals may divert 9-1-1 patients to the service area hospital only.

5. Only the EMS Agency may alter or lift service area boundaries.
6. Patients who meet criteria or guidelines for a specialty care center (e.g., Pediatric Medical Center, Pediatric Trauma Center, Perinatal, or Trauma Center not provided by the service area hospital will be transported to the appropriate specialty care center.

7. Extremis patients – Requires immediate transportation to the most accessible receiving facility:
   A. Patients with an obstructed airway.
   B. Other patients, as determined by the base hospital personnel, whose lives would be jeopardized by transportation to any but the most accessible receiving facility.

8. Patients from multiple casualty incidents may be transported across service area boundaries.

9. Patient request should be honored whenever possible.

POLICY:

I. Role of the Paramedic
   A. Maintain current knowledge of service area rules and boundaries within their assigned area.
   B. Advise the base hospital of the receiving service area hospital based on the incident location.

II. Role of the Base Hospital
   A. Provide online medical direction as needed.
   B. Assist as needed with patient destination.
   C. Notify receiving facilities of incoming patients.

III. Role of the Service Area Hospital
   A. Receive 9-1-1 transports from within their defined service area.
   B. Ensure that hospital meets all requirements for a basic Emergency Department licensure and EDAP designation.
   C. In unusual circumstances that overwhelm ED resources, service area hospitals may contact the Medical Alert Center (MAC) and request for their service area boundaries to be lifted temporarily.

1. If all hospitals surrounding the requesting facility are on diversion to ED saturation, the request will be denied. If at least one facility is open, the request will be granted on a case-by-case basis.
2. The service area will be lifted for a two hour period only, during which the ReddiNet will reflect that the hospital is on ED diversion.

3. If the unusual circumstances persist beyond two hours, the hospital may recontact the MAC and request to speak to the Administrator on Duty (AOD) regarding additional time on diversion.

4. During the two-hour period when the service area boundaries are lifted, the hospital shall continue to receive basic life support (BLS) transports from calls originating inside of their service area boundaries.

IV. Hospitals with Designated Service Areas in Los Angeles County

A. Shared: California Hospital Medical Center (CAL), Good Samaritan Hospital (GSH), and St. Vincent Medical Center (SVH)

B. White Memorial Medical Center (WMH)

C. Centinela Hospital Medical Center (CNT)

V. Hospitals Within a Service Area

A. East Los Angeles Doctors Hospital and Community Hospital of Huntington Park are located within White Memorial Medical Center’s Service Area.

VI. Transport of patients from outside of the service area boundaries: Patient requests for transport to a service area hospital when the incident location is outside the hospital’s defined service area or inside the service area of another hospital may be honored by:

A. BLS personnel: if it is a BLS patient, the receiving hospital is contacted (via the HEAR or dispatch center) and agrees to accept the patient, and the transporting unit is not unreasonably removed from its primary response area.

B. Advance Life Support (ALS) personnel: if the base hospital is contacted and concurs that the patient’s condition is sufficiently stable to permit the estimated transport time, the requested hospital agrees to accept the patient, and the transporting unit is not unreasonably removed from its primary transport response area. The receiving hospital may be contacted directly if the ALS unit is utilizing SFTPs or transporting a BLS patient.

CROSS REFERENCES:

Prehospital Care Manual:
Ref. No. 501, Hospital Directory
Ref. No. 502, Patient Destination
Ref. No. 503, Guidelines for Hospitals Requesting Diversion of ALS Patients
Ref. No. 506, Trauma Triage
Ref. No. 509.1, Service Area for Centinela Hospital Medical Center
Ref. No. 509.2, Shared Service Area for California Hospital Medical Center and Good Samaritan Hospital
Ref. No. 509.4,  Shared Service Area for White Memorial Medical Center, East Los Angeles Doctors Hospital, and Community Hospital of Huntington Park
Ref. No. 510,  Pediatric Patient Destination
Ref. No. 511,  Perinatal Patient Destination
Ref. No. 519,  Management of Multiple Casualty Incidents