



AMBULANCE PATIENT OFFLOAD DELAY

I. PURPOSE

To establish policy for the safe and rapid transfer of patient care responsibilities between Emergency Medical Services (EMS) personnel and emergency department (ED) medical personnel.

II. CONSIDERATIONS

Delays in the transfer of patient care and offloading of patients delivered to designated receiving hospitals by EMS ambulance adversely affects patient care, safety and the availability of ambulances for emergency responses throughout Riverside and San Bernardino counties. It is incumbent upon receiving hospitals and ambulance providers to minimize the time required to transfer patient care and return ambulances to service to ensure optimal patient care, safety and EMS system integrity.

III. DEFINITIONS

Ambulance Arrival at ED - The time the ambulance stops (actual wheel stop) at the location outside the hospital ED where the patient is unloaded from the ambulance.

Ambulance Patient Offload Time - The interval between the arrival of an ambulance patient at an ED and the time that the patient is transferred to an ED gurney, bed, chair or other acceptable location and the ED assumes responsibility for care of the patient.

Ambulance Patient Offload Time Standard - Ambulance patient offload time standard of 25 minutes or less.

Ambulance Patient Offload Delay (APOD) - Any delay in ambulance patient offload time that exceeds the local ambulance patient offload time standard of 25 minutes. This shall also be synonymous with “non-standard patient offload time” as referenced in the Health and Safety Code.

Designated Receiving Hospital - A hospital that has been designated by the EMS Agency to receive EMS patients transported by ambulance.

Emergency Department (ED) Medical Personnel - An ED physician, mid-level practitioner (e.g., Physician Assistant, Nurse Practitioner) or Registered Nurse (RN).

EMS Field Personnel - EMTs, AEMTs and/or EMT-Ps responsible for out of hospital patient care and transport consistent with the scope of practice as authorized by their level of credentialing.

Medical Triage - Medical sorting and prioritization of a patient by ED medical personnel. Medical triage includes acceptance of a verbal patient report from EMS field personnel.

Transfer of Patient Care - The orderly transition of patient care duties from EMS field personnel to receiving hospital ED medical personnel.

Unusual Event - An incident that significantly impacts or threatens public health, environmental health or emergency medical services.

Verbal Patient Report - The face-to-face verbal exchange of key patient information between EMS field personnel and ED medical personnel.

Written EMS Report - The written report supplied to ED medical personnel (either through the electronic patient care record (ePCR), or actual written report if ePCR is not available) that details patient assessment and care that was provided by EMS field personnel.

IV. DIRECTION OF EMS FIELD PERSONNEL

EMS field personnel have a responsibility to continue to provide and document patient care prior to the transfer of patient care to the designated receiving hospital ED medical personnel. Medical control and management of the EMS system, including EMS field personnel, remain the responsibility of the EMS agency medical director and all care provided to the patient must be pursuant to the Inland Counties Emergency Medical Agency (ICEMA) treatment protocols and policies.

V. PATIENT CARE RESPONSIBILITY

The ultimate responsibility for patient care belongs to the designated receiving hospital once the patient arrives on hospital grounds. Designated receiving hospitals should implement processes for ED medical personnel to immediately triage and provide the appropriate emergency medical care for ill or injured patients upon arrival at the ED by ambulance.

VI. TRANSFER OF PATIENT CARE

Patients Under Care of EMS Field Personnel

Upon arrival of a patient at the hospital by ambulance the ED medical personnel should make every attempt to receive a verbal patient report and offload the patient to a hospital bed or other suitable sitting or reclining device at the earliest possible time not to exceed 25 minutes. During the transfer of care to ED medical personnel, EMS field personnel will provide a verbal patient report containing any pertinent information necessary for the ongoing care of the patient. Transfer of patient care is completed once the ED medical staff has received a verbal patient report. If the transfer of care and

patient offloading from the ambulance gurney exceeds the 25 minute standard, it will be documented and tracked as APOD.

The transporting EMS field personnel are not responsible to continue monitoring the patient or provide care within the hospital setting after transfer of patient care to ED medical personnel has occurred.

EMS field personnel are responsible for immediately returning to response ready status once patient care has been transferred to ED medical personnel and the patient has been offloaded from the ambulance gurney.

VII. APOD MITIGATION PROCEDURES

Designated receiving hospitals have a responsibility to ensure policies and processes are in place that facilitates the rapid and appropriate transfer of patient care from EMS field personnel to the ED medical personnel within 25 minutes of arrival at the ED.

ED medical personnel should consider the following to prevent APOD:

- Immediately acknowledge the arrival of each patient transported by EMS;
- Receive a verbal patient report from EMS field personnel; and
- Transfer patient to the hospital gurney, bed, chair, wheelchair or waiting room as appropriate for patient condition within 25 minutes of arrival at the hospital ED.

If APOD does occur, the hospital should make every attempt to:

- Provide a safe area in the ED within direct sight of ED medical personnel where the ambulance crew can temporarily wait while the hospital's patient remains on the ambulance gurney.
- Inform the attending paramedic or EMT of the anticipated time for the offload of the patient.
- Provide information to the supervisor of the EMS field personnel regarding the steps that are being taken by the hospital to resolve APOD.

Hospitals will provide written details to ICEMA and EMS providers of policies and procedures that have been implemented to mitigate APOD and assure effective communication with affected partners:

- Processes for the immediate notification of the following hospital staff through their internal escalation process of the occurrence of APOD, including but not limited to:

- ED/Attending Physician
 - ED Nurse Manager/Director or Designee (i.e., Charge Nurse)
 - House Supervisor
 - Administrator on call
- Processes to alert the following affected partners via ReddiNet when a condition exists that effects the timely offload of ambulance patients.
 - Local receiving hospitals/base hospitals
 - Fire department and ambulance dispatch centers
 - Processes for ED medical personnel to immediately respond to and provide care for the patient if the attending EMS field personnel alert the ED medical personnel of a decline in the condition of a patient being temporarily held on the ambulance gurney.

EMS field personnel are directed to do the following to prevent APOD:

- Provide the receiving hospital ED with the earliest possible notification via two-way radio that a patient is being transported to their facility.
- Utilizing the appropriate safety precautions, walk-in ambulatory patients or use a wheelchair rather than an ambulance gurney if appropriate for the patient's condition.
- Provide a verbal patient report to the ED medical personnel within 25 minutes of arrival to the ED.
- Contact the EMS supervisor for direction if the ED medical personnel do not offload the patient within the 25 minute ambulance patient offload time standard.
- Complete the ICEMA required authorized patient care documentation.
- Work cooperatively with the receiving hospital staff to transition patient care within the timeframes established in this policy.

VIII. CONTENT AND FORMATTING OF THE VERBAL PATIENT REPORT

The verbal patient report may be provided by face-to-face communication utilizing the SBAR format. The verbal patient report will include the following elements:

Situation

- Patient age, sex, weight

- Patient condition (mild, moderate or severe)
- Patient chief complaint

Background

- Mechanism of injury or history of present illness
- Assessment findings
 - Responsiveness/Glasgow Coma Scale (GCS)
 - Airway
 - Breathing
 - Circulation
 - Disability
- Vital Signs
- Past medical history, medications and allergies

Assessment

- Primary impression

Recommendations

- Treatment/interventions provided
- Patient response to treatment/interventions
- Request for orders (If it is a medical direction call)

IX. CLINICAL PRACTICES FOR EMS FIELD PERSONNEL TO REDUCE APOD

The EMS field personnel shall utilize sound clinical judgment and follow the appropriate ICEMA policies and treatment protocols including:

- Initiate care as clinically indicated with the appropriate basic life support (BLS) and advanced life support (ALS) interventions.
- Initiate vascular access only as clinically indicated. IV therapy should only be initiated pursuant to ICEMA treatment protocols for patients that require the following:
 - a. Administration of IV medication(s), or
 - b. Administration of IV fluid bolus or fluid resuscitation.
- In the judgement of the attending paramedic the patient's condition could worsen and either (a) or (b) noted above may become necessary prior to arrival at the receiving hospital ED.
- Discontinue ECG monitoring before removing the patient from the ambulance if there are no clinical indications for cardiac monitoring.

X. APOD UNUSUAL EVENTS

The proliferation of APOD that leads to the lack of sufficient ambulances to respond to emergencies are considered APOD Unusual Events. These events threaten public health and safety by preventing EMS response to emergency medical incidents. To mitigate the effects of these APOD Unusual Events the following are hereby established:

- Criteria for an APOD Unusual Event:
 - APOD exceeding 25 minutes is occurring, and;
 - The ambulance provider identifies and documents low EMS system ambulance availability due to APOD

APOD Unusual Event Procedures

- EMS field personnel are authorized to inform ED medical personnel that they are transitioning patient care and immediately offloading a patient on APOD to a hospital bed or other suitable hospital sitting or reclining device as appropriate for patient condition provided the patient meets the following criteria:
 - Stable vital signs
 - Alert and oriented
 - No ALS interventions in place
 - Is not on a Welfare and Institutions Code (WIC) 5150 hold
- EMS field personnel shall make every attempt to notify ED medical personnel that they must immediately return to service.
- EMS field personnel may use the written EMS report for transfer of care if ED medical personnel are unavailable to take a verbal report and then post ePCR to hospital dashboard.
- In the event of a major emergency that requires immediate availability of ambulances, the San Bernardino County Medical Health Operational Area Coordinator may give direction to EMS field personnel to immediately transfer patient care to ED medical personnel and return to service to support the EMS system resource needs.