POLICY: 412.30
TITLE: Ambulance Patient Offload Time

EFFECTIVE: 12/12/18
REVIEW: 12/2023
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

Ambulance Patient Offload Time

I. AUTHORITY

Division 2.5 of the Health and Safety Code, Sections 1797.120 and 1797.225.

II. DEFINITIONS

A. Ambulance Arrival at ED – means the time the ambulance wheels stop rolling at the location outside the Base Hospital ED where the patient is unloaded from the ambulance.

B. Ambulance Patient Offload Time (APOT) – means the time interval between the arrival of an ambulance patient at an ED and the time the patient is transferred to an ED gurney, bed, chair, or other acceptable location and the ED medical personnel has received a verbal patient report and has assumed responsibility for care of the patient.

C. Ambulance Patient Offload Time Standard – means an ambulance patient offload time standard is 30 minutes or less following Ambulance Arrival at the ED.

D. Ambulance Patient Offload Delay (APOD) – means any delay in ambulance patient offload time that exceeds the ambulance patient offload time standard of 30 minutes or less. This shall also be synonymous with "non-standard patient offload time" as referenced in the Health and Safety Code.

E. APOD Unusual Event – means a proliferation of APOD that leads to the lack of sufficient ambulances to respond to emergencies.

F. Base Hospital – means a hospital that has been approved and designated by the EMS Agency to provide immediate medical direction and supervision of EMT, AEMT, and Paramedic personnel in accordance with policies and procedures established by the Agency.

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

H. EMS Personnel – means an EMD, EMT, AEMT, or Paramedic who are responsible for pre hospital communication, patient care, or transportation consistent with the scope of practice as authorized by their level of credentialing.

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

J. MVEMSA – means the Mountain Valley EMS Agency

K. Transfer of Patient Care – means the time the patient is transferred to an ED gurney, bed, chair, or other acceptable location and the ED medical personnel has received a verbal patient report and has assumed responsibility for care of the patient.

L. Verbal Patient Report – means a face-to-face verbal exchange of key patient information between EMS personnel and ED medical personnel.

M. Written EMS Report – means a written report supplied to ED medical personnel, either through an electronical patient care record (ePCR), or actual written report if ePCR is not available, that details patient assessment and care that was provided by EMS personnel.

III PURPOSE

This policy will establish a standard for the safe and rapid transfer of patient care responsibilities between EMS personnel and ED medical personnel.

IV. POLICY

A. EMS Personnel Responsibilities
1. EMD personnel shall:
    a. document in the EMD CAD, the time that an ambulance arrives at a Base Hospital ED.
    b. document in the EMD CAD the time that the ambulance has transferred patient care to the ED medical personnel.

2. EMT, AEMT, or Paramedic Personnel shall:
    a. notify their dispatch agency of the time the ambulance arrived at the Base Hospital ED
    b. continue to provide patient care prior to the transfer of patient care to the ED medical personnel.
        i. All patient care shall be documented according to MVEMSA policies. Medical Control and management of the EMS system, including EMS personnel, remain the responsibility of the MVEMSA Medical Director and all care provided to the patient must be pursuant to MVEMSA treatment guidelines and policies.
    c. Transfer patient care to ED medical personnel by giving a verbal patient report as soon as possible.
    d. Verbal Patient Report shall contain the following elements:
        i. Patient, age, sex, weight
        ii. Patient condition (critical, emergent, lower acuity)
        iii. Patient chief compliant
        iv. Mechanism of injury or history of present illness
        v. Assessment findings
            1. Responsiveness/Glasgow Coma Scale
            2. Airway
            3. Breathing
            4. Circulation
            5. Disability
        vi. Vital signs
        vii. Past medical history, medications and allergies
        viii. Primary impression
        ix. Treatment/interventions provided
        x. Patient response to treatment/interventions
        xi. Base Hospital ordered received, if it is a medical direction call

    e. Consider Transfer of Patient Care complete once the ED medical personnel have received a verbal patient report and the patient is offloaded from the ambulance gurney.
        i. If transfer of patient care exceeds 30 minutes, the incident will be documented

and tracked as APOD. EMT, AEMT, or Paramedic 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.

f. EMS 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.

B. Base Hospital ED Medical Personnel responsibilities:

1. ED Medical Personnel shall:
   i. make every attempt to medically triage the patient and offload the patient to a hospital bed or other suitable sitting or reclining device at the earliest possible time not to exceed 30 minutes after the ambulance arrival at the base hospital.
   ii. receive a verbal patient report from the EMT, AEMT, or Paramedic personnel who transported the patient.
      1. Transfer of patient care is complete once the ED medical personnel have received a verbal patient report and the patient was offloaded from the ambulance gurney.
         a. If transfer of patient care exceeds the 30 minute standard, the incident will tracked as an APOD.

C. APOD Mitigation Procedures

1. EMS Personnel Procedure:
   a. Provide the Base Hospital ED with the earliest possible notification that a patient is being transported to their facility.
   b. Utilizing the appropriate safety precautions, walk-in ambulatory patient's or use a wheelchair rather than an ambulance gurney if appropriate for the patient's condition.
   c. Provide a verbal patient report to the ED medical personnel within 30 minutes of arrival at the ED.
   d. Contact their EMS Supervisor for direction if the ED medical personnel do not offload the patient within the 30 minute ambulance patient offload time standard.
   e. Complete the MVEMSA required patient care documentation.
   f. Work cooperatively with ED medical personnel to transfer patient care within the timeframe established in this policy.
   g. Implement the following clinical practices by utilizing sound clinical judgement and following appropriate MVEMSA treatment guidelines to reduce APOD:
      i. Initiate care as clinically indicated with the appropriate basic life support (BLS) and advanced life support (ALS) interventions.
      ii. Initiate vascular access only as clinical indicated. IV therapy should only be initiated pursuant to MVEMSA treatment guidelines for patients that require the following:
         1. administration of IV medication(s), or
         2. administration of IV fluid bolus or fluid resuscitation
      iii. In the judgment of the attending paramedic the patient's condition could worsen and the administration of IV fluids and/or medicationsmay become necessary prior to the arrival at the Base Hospital ED.
      iv. Discontinue ECG monitoring before removing the patient from the ambulance if there are no clinical indications for cardiac monitoring.

2. Base Hospital ED Procedure:
   a. Ensure policies and processes are in place that facilitates the rapid and appropriate transfer of patient care from EMS personnel to the ED medical personnel within 30 minutes of arrival at the ED to include:
      i. Immediate acknowledgement of the arrival of each patient transported by EMS; and
      ii. Receive a verbal patient report from EMS personnel; and

iii. Receive patients transported by ambulance within 30 minutes of arrival in the ED; and
iv. Transfer patient to a hospital gurney, bed, chair, wheelchair, or waiting room as appropriate for patient condition within 30 minutes of arrival at the Base Hospital ED.
v. If APOD does occur, the Base Hospital ED should make every attempt to:
    1. Provide a safe area in the ED within direct sight of ED medical personnel where the ambulance crew(s) can temporarily wait while the hospital's patient remains on the ambulance gurney.
    2. Inform the attending paramedic or EMT of the anticipated time for the offload of the patient.
    3. Provide information to the supervisor of the EMS provider whose ambulances are being held regarding the steps that are being taken by the Base Hospital ED to resolve APOD.
vi. Provide written details to MVEMSA and the EMS providers of policies and procedures that have been implemented to mitigate APOD and assure effective communication with the affected partners to include:
    1. 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:
        a. ED/Attending Physician; and
        b. ED Nurse Manager/Director or Designee(i.e., charge nurse); and
        c. House Supervisor; and
        d. Administrator on call
    2. Processes to alert the following affected partners via EMResource when a condition exists that affects the timely offload of ambulance patients:
        a. Local base hospitals
        b. Fire department and ambulance dispatch centers
    3. Processes for ED medical personnel to immediately respond to and provide care for the patient if the attending EMS personnel alert the ED medical personnel of a decline in the condition of a patient being temporarily held on the ambulance gurney.

D. APOD Unusual Event
1. When a suspected APOD Unusual Event occurs, an ambulance provider supervisor shall make direct contact with the hospital(s) involved to verify the circumstances..
2. An ambulance provider supervisor shall contact and inform the MVEMSA Duty Officer of their findings.
3. The MVEMSA Duty Officer will review the findings and discuss the findings with the affected hospital(s)and make a determination if an APOD Unusual Event is occurring.
    a. If it is determined that an APOD Unusual Event is occurring, the following steps shall be taken to mitigate the Event:
        i. The MVEMSA Duty Officer will:
            1. Notify that applicable ambulance dispatch center(s) of the determination that an APOD Unusual Event has been declared.
                a. Instruct the applicable ambulance dispatch center(s) of the need to notify all on-duty EMS personnel of the need to implement the strategies identified in Section IV.D.3.a.ii of this policy.
            2. Update EMResource with determination that an APOD Unusual Event has been declared.

        ii. If an APOD Unusual Event is declared, EMS personnel:
            1. Are authorized to inform ED medical personnel at the affected hospital(s) that they are transitioning patient care and immediately offload patient(s) to a hospital bed or other suitable hospital sitting

or reclining device as appropriate for patient's condition provided that the patient meets the following criteria:

a. Stable Vital Signs; and
b. Alert and oriented; and
c. No ALS interventions in place; and
d. Is not on a Welfare and Institutions Code (WIC) 5150 hold; and
e. Age 18 years or older.

2. Shall make every attempt to notify ED medical personnel that they must immediately return to service.
3. May use the written EMS report for transfer of care if ED medical personnel are unavailable to take a verbal patient report.

iii. If a mass casualty incident occurs that requires immediate availability of ambulances, the Medical Health Operational Area Coordinator or his/her designee may give direction to EMS personnel to immediately transfer patient care to ED medical personnel and return to service to support the EMS system resource needs.