

SAN JOAQUIN COUNTY
EMERGENCY MEDICAL SERVICES AGENCY



**TITLE: TRANSFER OF PATIENT CARE
IN THE EMERGENCY DEPARTMENT**

EMS Policy No. 4985

PURPOSE:

The purpose of this policy is to establish a process for the transfer of patient care in the emergency department that provides for patient safety while reducing ambulance patient offload delays and the occurrence of ambulance clusters.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.52, 1797.120, 1797.220, 1797.225, 1798, 1798.170.

BACKGROUND:

Receiving hospitals are obligated pursuant to the federal Emergency Medical Treatment and Active Labor Act (EMTALA) to promptly provide each patient arriving at the receiving hospital with an appropriate medical screening examination and necessary stabilizing treatment for emergency medical conditions and labor within the hospital's capability and capacity.

DEFINITIONS:

A. See SJCEMSA Policy Definitions.

POLICY:

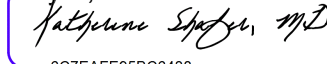
It is the policy of SJCEMSA to require hospitals and prehospital personnel to transfer patient care promptly and effectively from prehospital personnel gurney to appropriate hospital personnel.


PROCEDURE:

- I. Receiving hospitals shall develop and implement policies and processes that facilitate the prompt and appropriate transfer of patient care from EMS personnel to ED medical personnel within the emergency department to minimize the occurrence of an APOD and ambulance clusters.
- II. Receiving hospitals shall at a minimum require ED medical personnel to:
 - A. Provide EMS personnel a safe area within the emergency department in

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Approved: 
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Medical Director

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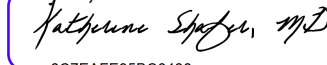
- direct sight of ED medical personnel where the EMS personnel may temporarily wait to transfer patient care.
 - B. Promptly acknowledge the arrival of each patient arriving by ambulance.
 - C. If transfer of care is not immediate, provide attending EMS personnel with an estimated time transfer of care will occur.
 - D. Promptly but not later than 25 minutes of arrival accept the transfer of patient care from EMS personnel including the movement of the patient from the ambulance gurney to an emergency department bed, Emergency Department (ED) chair, or ED waiting room.
 - E. Promptly accept a verbal patient report from attending EMS personnel.
 - F. Not delay the transfer of care and the movement of patients off of ambulance gurneys.

- III. Receiving hospital shall during any occurrence of APOD:
 - A. Provide attending EMS personnel with an estimated time ED medical personnel will accept the transfer of patient care.
 - B. Inform EMS personnel, including supervisors, of the actions the receiving hospital is taking to resolve APOD.
 - C. Actively engage in APOD mitigation.
 - D. Activate the receiving hospital's surge plan anytime an ambulance cluster occurs. The surge plan shall remain activated until all APODs are resolved.

- IV. EMS personnel responsibilities for transfer of patient care:
 - A. Work cooperatively with the ED medical personnel to promptly transfer patient care.
 - B. When appropriate for the patient's condition, walk-in ambulatory patients or use an emergency department wheelchair rather than the ambulance gurney. If ED medical personnel are not immediately available to accept the transfer of patient care of an ambulatory or wheelchair patient, then EMS personnel provide a verbal patient report to the ED triage nurse and place the patient in the ED waiting area.
 - C. Provide a verbal patient report to ED medical personnel at time of transfer of care.
 - D. EMS personnel may be directed from the ED, prior to movement of the patient from the EMS gurney to a trauma operating suite, cardiac catheterization lab, and or a computed tomography (CT) scan for

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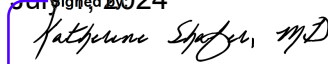
purposes of expediting care of Trauma, STEMI, and Stroke patients.

- V. If APOD occurs EMS personnel may move their patient from the ambulance gurney to any available ED bed, ED hallway chair, or ED waiting area as appropriate for the patient's condition and current medical needs without waiting to obtain ED medical personnel direction.
- VI. Responsibility for Patient Care:
 - A. Prior to the transfer of patient care EMS personnel have a duty to continue monitoring the patient and to provide medical treatment including advanced life support until responsibility is assumed by ED medical personnel or other medical staff of the receiving hospital.
 - B. While waiting to transfer patient care EMS personnel shall continue to actively assess the patient and document vital signs and treatment in the electronic patient care record.
 - C. Patient treatment on EMS gurney by ED medical personnel staff is prohibited with the exception of life saving procedures and or a FAST Exam for Trauma patients at a Trauma Center or Electrocardiogram for STEMI patients at a STEMI Receiving Center.

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