Policy Memorandum No. 2015-01

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TO: Ambulance Providers
    Emergency Department Managers and Liaisons
    Prehospital Personnel
    Receiving Hospital Administrators

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SUBJ.: Transfer of Prehospital Patient Care to Receiving Hospital Emergency Departments

The purpose of this policy memorandum is to provide direction to receiving hospitals and ambulance providers on the transfer of patient care between prehospital personnel and emergency department staff. Ambulance Patient Offload Delays (APOD) at receiving hospitals have caused extensive wait times for arriving ambulance patients, while also negatively impacting the availability of ambulances for emergency responses occurring throughout San Joaquin County. It is incumbent on receiving hospitals and ambulance providers to minimize the time required to transfer patient care and return ambulances to service.

Receiving hospitals have a responsibility to provide emergency departments with the staff and resources necessary to meet the demand for service and to have in place processes that enable the rapid and appropriate transfer of patient care. It is expected that emergency department personnel will:

1. Acknowledge the arrival of each prehospital patient.
2. Promptly accept and within 15 minutes of arrival move the patient to an emergency department bed or have the patient seated in a hallway chair or waiting room.
3. Promptly take a patient report from the attending paramedic.
4. If an offload delay occurs promptly provide the attending paramedic with an estimated time the hospital will accept the patient and inform the attending paramedic or ambulance supervisor of the actions the receiving hospital is taking to resolve the offload delay.
5. Not delay the offload of ambulance patients due to emergency department staffing shortages.

Prehospital personnel should work cooperatively with receiving hospital staff to ensure the timely and appropriate transfer of patient care and act to minimize offload delays.
In order to prevent APOD prehospital personnel are directed to:

1. Provide the receiving hospital with early notification during transport in accordance with EMS Policy No. 3410 and EMS Policy No. 3411.

2. Work cooperatively with the receiving hospital staff to transfer patient care.

3. Walk-in ambulatory patients or use a hospital wheelchair rather than an ambulance gurney if appropriate for the patient’s condition.

4. Move the patient from the ambulance gurney to an available ED bed or have the patient seated in a hallway chair or waiting room based on the patient’s condition and immediate medical needs if emergency department personnel do not promptly accept the patient or articulate a reasonable timetable for accepting the patient.

5. Provide a verbal patient report to the physician, assigned nurse, or triage nurse.

6. If the physician or nurse is not immediately available to receive the verbal report submit the patient care record (PCR) or interim PCR to the unit clerk and return to service.

According to the Toolkit to Reduce Ambulance Patient Offload Delays in the Emergency Department developed by the California Hospital Association (CHA), the California Emergency Medical Services Authority (EMSA), and the Emergency Medical Administrators Association of California (EMSAAC):

When pre-hospital providers must wait to transfer care to the ED staff, it creates issues of patient safety. The paramedics or emergency medical technicians (EMTs) must continue to care for the patient they brought to the ED, rather than transferring the patient to the higher level of care within a hospital ED. Delay in ED patient transfer has not been well studied in relation to patient care outcomes, but the associated factors of diversion status and ED boarding both have been linked to increases in patient morbidity and mortality. The Government Accounting Office (GAO) report on ED crowding used ambulance diversion and patients leaving the ED without being seen as proxy measures for treatment delays. Waiting for an open ED bed also leads to delays in medication administration and failure to meet standard of care for treatments such as antibiotics for sepsis, as the clock starts when the patient enters the ED. Delays in patient throughput in the ED decreases hospital cost efficacy and increases subsequent hospital stays; both of which are of concern to hospital and have negative financial impact.

When an offload delay occurs prehospital personnel have a responsibility to continue to provide patient care including advanced life support (ALS) “until responsibility is assumed by emergency or other medical staff of [the] hospital.” If emergency department personnel examine the patient or initiate care while the patient remains on the ambulance gurney then the receiving hospital has assumed responsibility for the patient and ambulance personnel have no obligation to continue monitoring the patient on behalf of the receiving hospital.

EMS Policy Memorandum 2012-02 is rescinded.

1 Health and Safety Code, Division 2.5, Section 1797.52