

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 the likelihood of 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. The Centers for Medicare and Medicaid (CMMS) issued S&C-06-21 stating that refusing EMS requests to transfer patient care may result in a violation of EMTALA and raises serious concerns for patient care and the provision of emergency services in a community.

DEFINITIONS:

- A. "Ambulance Arrival at the Emergency Department" means the time the ambulance stops at the location outside the hospital emergency department where the patient will be unloaded from the ambulance.
- B. "Ambulance Cluster" means five (5) or more ambulances simultaneously experiencing APOD at the same receiving hospital.
- C. "Ambulance Patient Offload Time (APOT)" means the time interval between the arrival of an ambulance patient at an emergency department and the time the patient is transferred to an emergency department gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient.
- D. "Ambulance Patient Offload Time (APOT) Standard" means a twenty (20) minute time interval by which APOT shall be completed.
- E. "Ambulance Transport" means the transport of a patient from the prehospital EMS system by emergency ambulance to a receiving hospital.
- F. "Ambulance Patient Offload Delay (APOD)" or "Non-Standard Patient Offload Time" means the occurrence of an APOT that exceeds the APOT Standard of twenty (20) minutes.

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- G. "Clock Start" means the timestamp that captures when APOT begins.
- H. "Clock Stop" means the timestamp that captures when APOT ends.
- I. "Emergency Department Medical Personnel" or "ED Medical Personnel" means a physician, mid-level practitioner, or registered nurse.
- J. "EMS Personnel" means the paramedic, emergency medical technician-I, emergency medical technician-II, authorized registered nurse, or physician responsible for a patient's out of hospital patient care and ambulance transport.
- K. "Receiving Hospital" means a licensed acute care hospital with a comprehensive or basic emergency permit that is approved by the San Joaquin County EMS Agency (SJCEMSA) to participate in the EMS system.
- L. "Transfer of Patient Care" means the transition of patient care responsibility from EMS personnel to receiving hospital ED Medical Personnel.
- M. "Verbal Patient Report" means a direct in person verbal exchange of pertinent patient information between EMS Personnel and ED Medical Personnel.

POLICY:

- 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 to minimize the occurrence of an APOD and ambulance clusters.
- II. Receiving hospitals shall at a minimum require ED medical personnel to:
 - A. Promptly acknowledge the arrival of each patient arriving by ambulance.
 - B. If transfer of care is not immediate, provide attending EMS personnel with an estimated time transfer of care will occur.
 - C. Promptly but not later than 20 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, ED chair, or ED waiting room.
 - D. Promptly accept a verbal patient report from attending EMS personnel.
 - E. Not delay the transfer of care and the movement of patients off of ambulance gurneys due to emergency department staffing shortages or nurse staffing ratios.
- III. Receiving hospital shall during any occurrence of APOD:
 - A. Provide EMS personnel a safe area within the emergency department in direct sight of ED medical personnel where the EMS personnel may temporarily wait to transfer patient care.
 - B. Provide attending EMS personnel with an estimated time ED medical personnel will accept the transfer of patient care.

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- C. Inform EMS personnel, including supervisors, of the actions the receiving hospital is taking to resolve APOD.
 - D. Actively engage in APOD mitigation.
 - E. 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 shall work cooperatively with ED medical personnel to ensure the timely and appropriate transfer of patient care and take actions that minimize APOD and ambulance clusters. In order to prevent the likelihood of an APOD EMS personnel shall:
- A. Provide the receiving hospital with early notification by med-net radio during transport.
 - B. Work cooperatively with the ED medical personnel to promptly transfer patient care.
 - C. 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.
- V. When transferring patient care EMS personnel shall:
- A. Provide a verbal patient report to ED medical personnel at time of transfer of care.
 - B. Accurately record clock stop in the ambulance service provider's electronic patient care record.
 - C. While waiting to transfer patient care begin writing the electronic patient care record and prepare the ambulance to return to service.
 - D. Promptly return to service without delay.
 - E. Exceptions:
 - 1. If ED medical personnel are unavailable to receive or refuse to accept the verbal patient report then submit a copy of the electronic patient care record, or submit a written interim patient care report to the ED unit clerk, and return to service.
 - 2. Record clock stop as the time the ambulance is returned to service.
- VI. 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.

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VII. 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. If ED medical personnel or other medical staff examine the patient or initiate medical treatment while the patient remains on the ambulance gurney then the receiving hospital has assumed responsibility for all further patient care whether or not the patient is moved to an emergency department bed, ED chair, or ED waiting room. After such an occurrence the duty for EMS personnel to care for the patient ends and EMS personnel no longer have an obligation to continue monitoring or providing medical treatment to the patient on behalf of the receiving hospital. Such occurrences shall be documented by EMS personnel in the electronic patient care record.

VIII. Emergency ambulance service providers may develop processes to expedite the return to service of ambulances that are experiencing APOD. These processes may include an employee of the emergency ambulance service provider assuming responsibility for patient care from EMS personnel experiencing APOD as follows:

- A. The ratio of care shall not exceed:
 - 1. One paramedic to monitor and provide patient care to a maximum of five patients requiring advanced or basic life support.
 - 2. One emergency medical technician (EMT) to monitor and provide patient care to a maximum of five patients requiring basic life support.
- B. The transporting EMS personnel shall document the assumption of patient care by the hallway paramedic or EMT in the electronic patient care record.
- C. The hallway paramedic or EMT shall while waiting to transfer patient care continue to actively assess the patients under their care and document vital signs and treatment in the electronic patient care record.

IX. This policy supersedes previously issued memorandums and direction regarding the transfer of patient in the emergency department.

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