

I. AUTHORITY

Division 2.5 and CCR Title 22, Chapter 4, Section 100145 of the California Health and Safety Code section 1797.220 and 1797.252.

Centers for Medicare and Medicaid Opinion by the Centers for Medicaid and State Operations/Survey and Certification Group on EMTALA; Ref S&C-0621 dated July 13, 2006.

II. PURPOSE

The purpose of this policy is to establish standards for transfer of patient care for 9-1-1 ambulance to emergency department providers in Alameda County. These standards are essential to public safety.

III. POLICY

Hospitals designated as an EMS receiving facility in Alameda County shall be prepared to receive patients transported by 9-1-1 ambulance providers and accept these patients upon arrival. The patient transfer of care performance expectation for the EMS System is 30 minutes or less

The EMS Agency shall routinely report Patient Transfer of Care times by hospital posted for public review at www.acphd.org/ems

IV. DEFINITIONS

Patient Care Transfer or Turnover Time: Turnover time will be noted when the RN or MD signs the EPCR and the patient is removed from the ambulance gurney and transferred into the care of emergency department personnel. This transfer of care may be placing the patient into a hospital bed or to a chair in the Waiting Room, depending on how the hospital has triaged the patient. This period includes EMS patient care verbal report to the receiving facility staff but does not include PCR completion for EMS provider.

Optimal Patient Care Transfer: Patient care transfer between 9-1-1 ambulance providers and emergency department in thirty (30) minutes or less.

Unusual Level of Demand: Periods of unanticipated high levels of Emergency Department demand that are unable to be addressed by internal protocols for emergency department saturation (e.g. Multi-casualty Incidents or Hospital Internal Disaster). Unusual level of demand **does not** include predictable high utilization periods associated with normal EMS System operations (e.g. seasonal flu, time of day or day of week).

Ambulance Parking: The practice of having patients arriving by 9-1-1 ambulances wait on the gurneys for more than 30 minutes after arrival on hospital grounds.

Ambulance Stacking: Two (2) or more ambulances waiting for more than 30 minutes at a single facility emergency department. (Also see "Extended Wait Times/Bypass" policy)

REPORTING of EXTENDED DELAYS: Monthly reports regarding patient transfer of care delays of sixty (60) minutes or more (e.g. patient is still on EMS gurney) shall be reported to Hospital Administration and relevant EMS providers.

ED BYPASS: In the event a hospital is “Ambulance stacking”, incoming ambulances may be directed, according to Alameda County’s “AMBULANCE REROUTING” policy and “Extended Wait Times/Bypass” guidelines, to alternate hospitals for all non-critical patients until ED resolves transfer of care issues with ambulance service provider(s).

V. EMS AMBULANCE PROVIDER RESPONSIBILITIES

- A. EMS ambulance provider will notify emergency department staff of their estimated time of arrival as soon as possible, once patient destination has been established via radio.
- B. Paramedics shall provide continuity in their treatments upon arrival at the hospital, which typically may involve oxygen, intravenous fluids, and nebulizer treatments, which have been started prior to patient arrival in the emergency department.
- C. If a change in patient condition or other situation arises in which a paramedic believes additional care is required, the paramedic shall immediately notify the emergency department charge nurse or physician of the need for care.
- D. During periods of unusual level of demand, paramedics may provide the stable patient with information on hospital delays to assist the patient in their choice of destination.
- E. EMS provider supervisor will promptly notify emergency department supervisory personnel of ambulance parking, stacking conditions and unusual occurrences when they occur. (see Alameda County Extended Wait Times/Bypass guidelines)
- F. EMS provider supervisor may assist with resolution of parking/stacking issues and follow-up with the EMS Agency and hospital.
- G. Notification of the need to release ambulance resources shall be communicated by the EMS provider supervisor to the Emergency Department charge nurse and/or physician in charge
- H. The EMS Duty Officer and Hospital Administrator on-call may be notified if delays in transfer of care cannot be resolved at the patient care or supervisory level.
- I. EMS provider supervisor will complete an EMS Unusual Occurrence form for unresolved events within 24 hours and submit it to both the EMS Agency and hospital compliance officer for review.

VI. RECEIVING HOSPITAL RESPONSIBILITIES

- A. The hospital’s responsibility for the care of a patient begins when the patient or ambulance arrives on hospital grounds and requires an initial assessment and triage of the patient without delay.¹
- B. Hospital staff shall provide ongoing care beyond oxygen and intravenous fluids once the patient has arrived in the emergency department.
- C. Emergency department staff will work with ambulance provider and/or EMS provider supervisor to assure optimal patient care turnover time and resolve any instances of delayed and/or extended wait times.
- D. During periods of unusual level of demand, hospitals shall activate internal protocols for emergency department saturation using the hospital incident command system. (Predictable seasonal high utilization periods are considered normal EMS System operations that should be included in hospital planning and are **NOT** considered unusual level of demand episodes).

- E. Hospital staff will work with EMS transport provider supervisor and/or Battalion Chief under the authority of the EMS Agency to assure internal policies and procedures are in place to prioritize patients arriving by EMS ambulances and effectively manage ambulance parking and stacking issues.

- I. Hospital ED Manager
- II. Hospital Administrator on Call
- III. EMS Agency Duty Officer

VII. EMS AGENCY RESPONSIBILITIES

- A. Provide hospitals and emergency department leadership with reliable patient handoff performance reports.
- B. Provide EMS-hospital offload reports to Hospital Administration, ED leadership and relative EMS providers quarterly.
- C. Unusual Occurrences regarding extended wait times will be referred to the hospital patient safety manager and will be subject to appropriate action upon review.
- D. Provide monthly reports regarding patient transfer of care delays of sixty (60) minutes or more (e.g. patient is still on EMS gurney) to Hospital Administration and relevant EMS providers.