	Administrative Policy	4204
	Effective **December 15, 2016**	Expires **March 31, 2019**
Policy: **Ambulance Patient Offload Delay**	Approval: Medical Director **Reza Vaezazizi, MD**	Signed
Applies To: **PSP, EMT, AEMT, PM, MICN, BHP, EMS System**	Approval: REMSA Director **Bruce Barton**	Signed

PURPOSE

To establish policy for the safe and rapid transfer of patient care responsibilities between Emergency Medical Services (EMS) personnel and emergency department (ED) medical personnel

CONSIDERATIONS

Delays in the transfer of patient care and offloading of patients delivered to designated receiving hospitals by EMS ambulance adversely affects patient care, safety and the availability of ambulances for emergency responses throughout Riverside County. It is incumbent upon receiving hospitals and ambulance providers to minimize the time required to transfer patient care and return ambulances to service to ensure optimal patient care, safety and EMS system integrity.

AUTHORITY

California Health and Safety Code - Division 2.5: Emergency Medical Services [1797. - 1799.207.]
California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services

Direction of EMS Personnel

EMS personnel shall continue to provider patient care prior to the transfer of patient care to the designated receiving hospital ED medical personnel. All patient care shall be documented according to REMSA policies. Medical Control and management of the EMS system, including EMS personnel, remain the responsibility of the Local EMS Agency Medical Director and all care provided to the patient must be pursuant to Riverside EMS Agency (REMSA) treatment protocols and policies.

Patient Care Responsibility

The ultimate responsibility for patient care belongs to the designated receiving hospital once the patient arrives on hospital grounds. Designated receiving hospitals should implement processes for ED medical personnel to immediately triage and provide the appropriate emergency medical care for ill or injured patients upon arrival at the ED by ambulance.

Transfer of Patient Care

Patients under care of EMS personnel

Upon arrival of a patient at the hospital by ambulance the ED medical personnel should 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. During triage by ED medical personnel, EMS personnel will provide a verbal patient report containing any pertinent information necessary for the ongoing care of the patient. Transfer of patient care is completed once the ED medical staff has received a verbal patient report. If the transfer of care and patient offloading from the ambulance gurney exceeds the 30 minute standard, it will be documented and tracked as APOD.

The transporting EMS 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.

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.

APOD Mitigation Procedures

Designated receiving hospitals have a responsibility to 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.

ED medical personnel should consider the following to prevent APOD:

- Immediately acknowledge the arrival of each patient transported by EMS; and
- Receive a verbal patient report from EMS personnel; and
- Receive patients transported by ambulance within 30 minutes of arrival in the ED; and
- Transfer patient to the hospital gurney, bed, chair, wheelchair or waiting room as appropriate for patient condition within 30 minutes of arrival at the hospital ED.

If APOD does occur, the hospital should make every attempt to:

- Provide a safe area in the ED within direct sight of ED medical personnel where the ambulance crew can temporarily wait while the hospital's patient remains on the ambulance gurney.
- Inform the attending paramedic or EMT of the anticipated time for the offload of the patient.
- Provide information to the supervisor of the EMS personnel regarding the steps that are being taken by the hospital to resolve APOD.

Hospitals will provide written details to REMSA, and EMS providers of policies and procedures that have been implemented to mitigate APOD and assure effective communication with the affected partners:

- 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:
    - ED/Attending Physician
    - ED Nurse Manager/Director or Designee (i.e. charge nurse);
    - House supervisor;
    - Administrator on call
- Processes to alert the following affected partners via ReddiNet when a condition exists that affects the timely offload of ambulance patients:
    - Local receiving hospitals/base hospitals
    - Fire Department and ambulance dispatch centers
- 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.

EMS personnel are directed to do the following to prevent APOD:

- Provide the receiving hospital ED with the earliest possible notification via two way radio that a patient is being transported to their facility.
- Utilizing the appropriate safety precautions, walk-in ambulatory patients or use a wheelchair rather than an ambulance gurney if appropriate for the patient's condition.
- Provide a verbal patient report to the ED medical personnel within 30 minutes of arrival to the ED.
- Contact the EMS supervisor for direction if the ED medical personnel do not offload the patient within the 30 minute local ambulance patient offload time standard.
- Complete the REMSA required authorized patient care documentation.
- Work cooperatively with the receiving hospital staff to transition patient care within the timeframes established in this policy.

Content and Formatting of the Verbal Report

The verbal patient report may be provided by face-to-face or two way radio communication utilizing the SBAR format.

The verbal patient report will include the following elements:

Situation

- Patient age, sex, weight
- Patient condition (Critical, Emergent, Lower Acuity)
- Patient chief complaint

Background

- Mechanism of injury or history of present illness
- Assessment findings
    - Responsiveness/Glasgow Coma Scale (GCS)
    - Airway
    - Breathing
    - Circulation
    - Disability
- Vital Signs
- Past medical history, medications and allergies

Assessment

- Primary impression

Recommendations

- Treatment/interventions provided
- Patient response to treatment/interventions
- Base Hospital orders received (If it is a medical direction call)

Clinical Practices for EMS Personnel to Reduce APOD

The EMS personnel shall utilize sound clinical judgment and follow the appropriate REMSA policies and treatment protocols including:

- Initiate care as clinically indicated with the appropriate basic life support (BLS) and advanced life support (ALS) interventions.
- Initiate vascular access only as clinically indicated. IV therapy should only be initiated pursuant to REMSA treatment protocols for patients that require the following:
    a. administration of IV medication(s), or
    b. administration of IV fluid bolus or fluid resuscitation.
- In the judgement of the attending paramedic the patient's condition could worsen and either (a) or (b) noted above may become necessary prior to arrival at the receiving hospital ED.
- Discontinue ECG monitoring before removing the patient from the ambulance if there are no clinical indications for cardiac monitoring.

APOD Unusual Events

The proliferation of APOD that leads to the lack of sufficient ambulances to respond to emergencies are considered APOD Unusual Events. These events threaten public health and safety by preventing EMS response to emergency medical incidents. To mitigate the effects of these APOD Unusual Events the following are hereby established:

- Criteria for an APOD Unusual Event:
    - APOD exceeding 30 minutes is occurring, and;
    - The ambulance provider identifies and documents low EMS system ambulance availability.

APOD Unusual Event Procedures

- EMS personnel are authorized to inform ED medical personnel that they are transitioning patient care and immediately offloading a patient on APOD to a hospital bed or other suitable hospital sitting or reclining device as appropriate for patient condition provided the patient meets the following criteria:
  - Stable Vital Signs
  - Alert and oriented
  - No ALS interventions in place
  - Is not on a Welfare and Institutions Code (WIC) 5150 hold

- EMS personnel shall make every attempt to notify ED medical personnel that they must immediately return to service

- EMS personnel may use the written EMS report for transfer of care if ED medical personnel are unavailable to take a verbal report (post ePCR to hospital dashboard)

- In the event of a major emergency that requires immediate availability of ambulances, the Riverside County Medical Health Operational Area Coordinator 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.

HOSPITAL BEST PRACTICES FOR AVOIDING APOD

Hospitals should consider implementing polices to reduce patient offload times. The following strategies have been shown to reduce APOD and should be considered: [1]

- ED Intake strategies
  - Bedside Registration
  - Orders from triage
  - Direct to bed policies
  - Mid-level provider or physician at triage
  - Greeter/patient liaison
- ED throughput strategies
  - Effective ordering of lab and imaging
  - Innovating staffing utilization
  - Code alert for ED overcrowding
- ED output strategies
  - Accelerated inpatient intake practices
  - Discharge accelerator
  - Use of Clinical Decision Unit (CDU)
  - Discharge instructions upon arrival
- Hospital Inpatient bed availability strategies
  - Standardized discharge process
  - Rapid Admission Unit (RAU)
  - Bed turnover process
  - Universal telemetry
  - Standardized ICU step down bed management

Other strategies to reduce APOD:

- Bedside registration or assigning a bed prior to arrival of patient
- Streamlining the triage process
- Bed assignment on patient arrival
- Zero allowance for APOD time by EMS agency and hospital

- Once a bed for an admitted patient is identified, floor/unit has thirty (30) minutes to retrieve patient, if not, department head is called
- Standardize discharge program including earlier patient rounds and discharge
- Consider holding areas for patients and those who are awaiting tests or delayed procedures
- Assign patient to specific hospital medical staff prior to placement in a bed may create patient ownership
- Redesign hospital documentation to improve ease of entry and flowFacilitate bedside lab tests (blood, urine