COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	DATA COLLECTION	S-610
	~~TRANSFER OF CARE GUIDELINES~~AMBULANCE PATIENT OFFLOAD TIME STANDARD	
	Date: ~~1/1/2017~~7/1/2024	Page 1 of 7

I. PURPOSE

A. To ensure appropriate, timely, and patient-centered care transition from EMS personnel to receiving facility medical personnel.

B. To establish ~~standards for the transfer of patient care from 9-1-1 ambulances~~ to Emergency ~~emergency~~ Department ~~department~~ (ED) providers in San Diego County. These standard ambulance patient offload time standards, as these ares ~~are~~ essential to public safety.

~~A.~~**C.** To declare that timely ambulance patient offloads are in the best interests of the patient, the EMS delivery system, and the public's health and safety.

D. To ~~align~~support the ~~with a~~ statewide standard methodology for calculating, verifying, and reporting ambulance patient offload time as defined in Health and Safety Code 1797.120.5 and developed by the California EMS Authority.

~~B.~~

~~C. To establish standards for ambulance patient offload time data collection, reporting, and quality assurance follow-up.~~

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.120, 1797.120.5, 1797.120.6, 1797.120.7, and 1797.123.

III. DEFINITION(S)

~~**Ambulance Arrival at the Emergency Department (ED):** The time ambulance stops at the location outside the hospital ED where the patient will be unloaded from the ambulance.~~

Ambulance Patient Offload Delay (APOD): The occurrence of a patient remaining on the ambulance gurney and/or the ~~emergency department~~receiving facility staff has not assumed

patient care ~~responsibility for patient care~~ beyond the Local EMS Agency-approved APOT standard of 30 minutes. ~~(synonymous with *non-standard patient offload time*).~~

Ambulance Patient Offload Time (APOT): The time interval between the arrival of an ambulance patient at an ~~ED~~receiving facility and the time the patient is transferred to the ~~ED~~receiving facility gurney, bed, chair or other acceptable location and the receiving facility ~~emergency department~~ staff assumes ~~the responsibility for~~ patient care~~of the patient~~.

~~**Ambulance Patient Offload Time (APOT) Standard:** The time interval standard established by the LEMSA within which an ambulance patient that has arrived in an ED should be transferred to an ED gurney, bed, chair or other acceptable location and the ED assumes the responsibility for care of the patient.~~**~~Ambulance Transport:~~** ~~The transport of a patient from the prehospital EMS system by ambulance to an ED or authorized alternate destination. This includes inter-facility transports, 7-digit responses, and other patient transports to the ED.~~

~~**APOT 1:** An ambulance patient offload time interval measure. This metric is a continuous variable measured in minutes and seconds then aggregated and reported at the 90th percentile.~~

~~**APOT 2:** An ambulance patient offload time interval process measure. This metric demonstrates the incidence of ambulance patient offload times expressed as a percentage of total EMS patient transports within a twenty (20) minute target and exceeding that time in reference to 60-, 120- and 180-minute time intervals.~~

~~**Clock Start:** The timestamp that captures when APOT begins. This is captured in the current NEMSIS data set as the time the patient/ambulance arrives at destination/receiving hospital at the location outside the hospital ED where the patient will be unloaded from the ambulance.[1]~~

~~**Clock Stop:** The timestamp that captures when APOT ends. This is captured in the current NEMSIS data set as destination patient transfer of care date/time.[2]~~

~~**Emergency Department Medical Personnel:** An ED physician, mid-level practitioner (e.g., Physician Assistant, Nurse Practitioner) or Registered Nurse (RN).~~

~~**EMS Personnel:** EMTs, AEMTs, EMT-II and/or paramedics responsible for out of hospital patient care and transport consistent with the scope of practice as authorized by their level of credentialing.~~

~~**Non-Standard Patient Offload Time:** The ambulance patient offload time for a patient exceeds the standard period of time designated by the LEMSA.~~

~~[1] NEMSIS data element "Patient Arrived at Destination Date/Time" (eTimes.11). Transport units shall enter their status at the receiving facility upon arrival to the Emergency Department (ED) via MDT or radio if the MDT is out of service or unavailable.~~
~~[2] NEMSIS data element "Destination Patient Transfer of Care Date/Time" (eTimes.12)~~

Transfer of Care: The transition of patient care responsibility from EMS personnel to receiving hospital ED medical personnel.

Offload Delay: The interval of wall time greater than 30 minutes until EMS personnel and ED personnel transfer the patient to the ED gurney, bed, chair, or other acceptable location and the ED Nurse or Physician assumes responsibility for care of the patient.

Verbal Patient Report: The face-to-face verbal exchange of key patient information between EMS personnel and ED medical personnel provided that is presumed to indicate transfer of patient care.

Written EMS Report: The written report supplied to ED medical personnel that details patient assessment and care that was provided by EMS personnel.

Ambulance Stacking: Three or more ambulances with wall times greater than 30 minutes at a single facility.

County of San Diego, Emergency Medical Services (CoSD EMS) Duty Officer: Paramedic or Registered Nurse (RN) employed with CoSD EMS who provides 24/7 point of contact and support for prehospital, hospital, and disaster related activities. CoSD EMS Duty Officers respond to events and situations having potential or actual impact on the ability to provide medical response in the County of San Diego.

ED Bypass: Diversion of non-emergency ambulance transports to the next closest facility with the exception of medical home transports.

Extended Offload Delay: One or more ambulance(s) with wall times greater than 60 minutes at a single facility.

Medical Home Transport: Base Hospital Mobile Intensive Care Nurse (MICN) and CoSD EMS prehospital personnel ensure that the ambulance patient will be transported to their requested facility and/or to the hospital where the patient normally receives medical care.

Optimal Transfer of Care: TOC between 9-1-1 ambulance providers and ED personnel in 30 minutes or less.

Wall Time: The time interval between ambulance arrival on hospital grounds and TOC. It is also known as Offload Time.

IV. POLICY

A. All ambulance patient care transfers to receiving facility staff shall maintain a patient-centered focus.

B. EMS personnel are required to complete formal transfer of care.

C. Receiving facility personnel are required to document via the ePCR receiving facility signature when transfer of care is executed.

D. EMS personnel and ~~ED~~receiving facility medical personnel shall ensure there is no interruption or delay in patient care while waiting for a formal transfer of care. All patient care by EMS personnel shall be documented according to CoSD EMS policies.

~~**A. APOT Standard**~~

~~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. This standard will be measured and reported at the 90th percentile (see APOT Calculations and Reporting).~~

~~Acute care hospital EDs receiving 9-1-1 transported patients shall be prepared to receive patients from ambulance providers and accept care of patients up arrival.~~

~~*The patient transfer of care performance expectation for CoSD EMS is 30 minutes or less.*~~

~~**A.** EMS personnel and ED medical personnel shall ensure there is no interruption or delay in patient care while waiting for a formal transfer of care. All patient care by EMS personnel shall be documented according to CoSD EMS policies.~~

~~**B. Transfer of Care**~~

~~TOC~~ EMS personnel are required to complete a formal transfer of care. Receiving hospital ED medical personnel should make every attempt to accept a verbal patient report and offload the patient at the earliest possible time, not to exceed the APOT standard. Transfer of care will be noted when~~is completed once~~:

1. ~~The patient is removed from the ambulance gurney and~~ transferred to an emergency department gurney, bed, chair, or other acceptable location.~~transferred to the ED gurney, bed, chair, or other acceptable location.~~
2. ~~EMS personnel provide a face-to-face verbal~~ patient report[3] ~~(refer to CoSD EMS Policy S-601 "Documentation Standards and Transferral of Prehospital Care Record (PCR) Information") to the accepting ED Nurse or Physician~~ED medical personnel.~~~

[3] Refer to CoSD EMS Policy S-601 "Documentation Standards and Transferral of Prehospital Care Record (PCR) Information"

~~Accepting ED Nurse or Physician~~ED medical personnel ~~signs the electronic PCR.~~
~~The signature shall be collected when physical transfer of the patient occurs and the verbal patient report is given.~~
~~. The signature timestamp shall indicate Clock Stop.~~

~~4. Accepting ED Nurse or Physician pushes the TOC button within the FirstWatch® TOC application which resides on the Advanced Life Support (ALS) Transporting Unit's mobile device (refer to CoSD EMS Policy S-610A "Transfer of Care Procedure").~~

~~*TOC is not considered complete until all four steps are completed.*~~

~~This period includes EMS personnel patient care face-to-face verbal report to the accepting ED Nurse or Physician but does not include PCR completion or ambulance turnaround time by EMS personnel.~~

~~**APOT Data Collection**~~
~~EMS personnel shall accurately record clock stop on the ambulance service provider's electronic PCR.~~

E. APOT Calculations and Reporting

1. Transfer of care standard is within 30 minutes of arrival at the receiving facility.
2. This standard will be measured and reported at the 90th percentile.
3. The California EMS Authority will calculate, validate, and report APOT data using information provided by the LEMSA to CEMSIS.

~~The California EMS Authority, using an audit tool(s) to improve the data accuracy of transfer of care, will calculate APOT with validation from hospitals and CoSD EMS.~~
~~The California EMS Authority shall monitor monthly APOT data for each hospital required to report under Health and Safety Code Section 1797.120.5.~~
~~The California EMS Authority will report APOT time exceedance to CoSD EMS.~~
~~CoSD EMS may measure additional time intervals. These metrics will be publicly available through an online dashboard on the CoSD EMS webpage.~~

~~**Criteria for Quality Assurance Follow-up**~~
~~APOD concerns will be evaluated by the existing EMS quality assurance/quality improvement process. Triggers for specific quality assurance or quality improvement actions include, but are not limited to:~~
~~Occurrence of extended APOD, for example, more than one hour (APOT 2)~~
~~Occurrence of APOD with the patient decompensating or worsening in condition~~
~~Occurrence of APOD with an associated patient complaint~~
~~Facility or system performance below established fractile for compliance with the APOT standard~~

~~V. PROCEDURES~~

~~EMS Provider Personnel Responsibilities~~

~~EMS provider will notify the MICN of their estimated time of arrival once patient destination has been established via radio.~~

~~EMS personnel shall provide continuity of treatments upon arrival at the ED which typically may involve oxygen, intravenous fluids, cardiac monitoring, and nebulizer treatments which have been started prior to the patient arrival in the ED.~~

~~If a change in patient condition or other situation arises in which EMS personnel believes additional care is required, EMS personnel shall immediately notify appropriate ED medical personnel.~~

~~EMS personnel will make face-to-face contact with the ED supervisory staff regarding ED bed availability timing and to inquire for potential offload delayAPOD reason to input into FirstWatch® when wall times reach 20 minutes.~~.

~~EMS personnel will notify their EMS supervisor when wall offload times exceed the APOT standard are greater than 30 minutes and they have not received satisfactory resolution from ED supervisory staff.~~

~~EMS supervisor, once notified by EMS personnel, will make contact withcontact the ED supervisory staff to communicate urgent need to release ambulance resources.~~

~~The CoSD EMS Duty Officer will be notified for an APOD exceeding 120 minutes that cannot be resolved at the EMS/ED medical personnel supervisory level. The CoSD EMS Duty Officer will intervene where possible. Additional issues related to transfer of care can be reported through an online form on the CoSD EMS webpage. CoSD EMS will review all reports and follow-up accordinglywill be notified if offload delays cannot be resolved at the EMS personnel and ED supervisory level and will intervene if and where possible.~~

~~Receiving ED Hospital Responsibilities~~

~~The hospital's responsibility for the care of the patient begins when the ambulance arrives on the hospital grounds and requires an initial assessment of the patient without delayReceiving hospitals should implement processes for ED medical personnel to promptly triage and provide the appropriate emergency medical care for patients upon arrival to the ED by ambulance.~~

~~ED personnel shall provide ongoing care beyond oxygen and intravenous fluids once the patient has arrived in the ED.~~

~~ED supervisory staff will ensure Hospitalhospital/ED administration is notified of periods of high ED demand associated with offload delayAPOD situations.~~

~~ED medical personnel will work with EMS personnel and/or EMS supervisor to assure optimal TOCtransfer of care and, resolve instances of offload delays and/or extended offload delays and assist with providing offload delay reason for input into FirstWatch®APOD.~~

~~During periods of high ED demand associated with offload delay APOD situations, the hospital shall activate internal protocols and procedures for ED and hospital capacity.~~

~~Internal hospital communication with situational awareness must include the on-call hospital Administrator~~administrator~~.~~

~~**CoSD EMS Responsibilities**~~

~~CoSD EMS Duty Officer will receive automatic alerts via FirstWatch® when offload delay triggers are met and will respond per offload delay algorithm direction.~~

~~Provide hospital administration, prehospital agencies, and ED leadership with TOC reports.~~

~~Monitor offload delay occurrences and percentages to collaboratively assist hospitals in improving EMS TOC delays and issues.~~

~~Provide hospital TOC reports to EMS Authority for required EMS data performance measures.~~

~~**ATTACHMENTS**~~