



AMBULANCE PATIENT OFFLOAD

Effective: July 9, 2021
Replaces: October 1, 2018
Review: July 1, 2024

I. Purpose

The purpose of this policy is to establish direction for the safe and rapid transfer of patient care responsibilities between Emergency Medical Services (EMS) personnel and Emergency Department (ED) medical personnel in accordance with 1797.125 of Health and Safety Code, and the process to address offload delays.

II. Considerations

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. Delays in the transfer of patient care and offloading of patients delivered to designated receiving hospitals by EMS ambulances adversely affects patient care, safety and the availability of ambulances for emergency responses throughout Santa Clara County.

III. Definitions

Ambulance arrival at the Emergency Department (ED) - the time the ambulance arrives at the location outside the hospital ED where the patient will be unloaded from the ambulance.

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

Ambulance Patient Offload Delay (APOD) – the ambulance patient offload time for a patient exceeds a period of time designated by the LEMSA. For purposes of this policy and for Santa Clara County EMS system oversight review, all transfer of care timestamps over 20 minutes and up to 60 minutes will be considered an offload delay.

Ambulance Patient Offload Delay Sentinel Event – the occurrence of a patient remaining on the ambulance gurney and/or the emergency department has not assumed responsibility for patient care beyond the LEMSA maximum delay time-over 60 minutes.

Emergency Department Medical Personnel – ED physician, Physician Assistant, Nurse Practitioner or Registered Nurse (RN).

EMS Personnel – Public Safety-First Responders, EMTs, 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.



IV. EMS Personnel Responsibility

- A. EMS personnel shall continue to provide 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 Santa Clara County 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 Santa Clara County EMS treatment protocols and policies.
- B. 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 and the patient is offloaded. If the transfer of care exceeds the 20-minute standard, it will be documented and tracked as an Ambulance Patient Offload Delay.
- C. After transfer of patient care to ED medical personnel has occurred, the transporting EMS personnel are not responsible to continue monitoring the patient or provide care within the hospital setting.
- D. 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.

V. Hospital Responsibility

The hospital 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. 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 20 minutes. The ED staff will work with ambulance personnel to ensure optimal patient transfer of care and resolve any instances of delay past the time standard. During periods of unusual level of demand, hospitals shall activate internal protocols for ED saturation. Predictable daily and seasonal high utilization periods should be included in hospital planning and are not considered unusual level of demand episodes. Hospital staff will work with the Santa Clara County EMS Agency to ensure internal policies and procedures are in place to prioritize patients arriving by 911 transport providers.

VI. Santa Clara County EMS Agency Responsibilities

The EMS Agency will provide hospitals and ED leadership with reliable patient transfer of care performance reports, and publicly post EMS to ED patient transfer of care reports on the Santa Clara County EMS Agency website.



VII. APOD Mitigation Procedures

- A. 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 20 minutes of arrival at the ED.
 1. ED medical personnel should consider the following to prevent APOD:
 - a. Immediately acknowledge the arrival of each patient transported by EMS
 - b. Receive a verbal patient report from EMS personnel
 - c. Receive and offload patients transported by ambulance within 20 minutes of arrival in the ED
 - d. Transfer patient to the hospital gurney, bed, chair, wheelchair or waiting room as appropriate for patient condition within 20 minutes of arrival at the hospital ED.
 2. If APOD does occur, the hospital should make every attempt to:
 - a. Provide a safe area in the ED within direct sight of ED medical personnel where the ambulance crew and patient can temporarily wait.
 - b. Inform the attending paramedic or EMT of the anticipated time for the offload of the patient.
 - c. Provide information to the supervisor of the EMS personnel regarding the steps that are being taken by the hospital to resolve APOD.
 - d. Consider activation of ED surge policy.
 3. If APOD does occur, the EMS personnel shall:
 - a. promptly notify ED supervisory staff (ED charge nurse and/or physician in charge) of ambulance patient offload issues past the 20-minute standard.
 - b. promptly notify their EMS Field Supervisor, who shall:
 - i. assist with the resolution of the availability issues and follow up with the hospital.
 - ii. notify the EMS Duty Chief of all patients held longer than 45 minutes and document the details in a Command Event Record
 1. EMS Duty Chief will advise the EMS Director to contact the hospital's Administrator on Call.



- B. Hospitals will provide written details to the Santa Clara County EMS Agency and EMS providers of policies and procedures that have been implemented to mitigate APOD and assure effective communication with the affected partners:
1. 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:
 - a. ED/Attending Physician
 - b. ED Nurse Manager/Director or Designee (i.e. charge nurse)
 - c. House supervisor
 - d. Administrator on call
 2. Processes to alert the following affected partners via EMResource when a condition exists that affects the timely offload of ambulance patients:
 - a. Local receiving hospitals/base hospitals
 - b. Ambulance dispatch centers
 3. 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.
- C. EMS personnel are directed to do the following to prevent APOD:
1. Provide the receiving hospital ED with the earliest possible notification that a patient is being transported to their facility.
 2. 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.
 3. Provide a verbal patient report to the ED medical personnel within 20 minutes of arrival to the ED.
 4. Contact the EMS supervisor for direction if the ED medical personnel do not offload the patient within the 20-minute local ambulance patient offload time standard.
 5. Complete the Santa Clara County EMS required patient care documentation.
 6. Work cooperatively with the receiving hospital staff to transition patient care within the timeframes established in this policy.



D. Upon request, hospitals will provide written details and a mitigation plan to the Santa Clara County EMS Agency related to excessive Ambulance Patient Offload Delay Sentinel Events (transfer of care timestamps over 60 minutes).

1. Responses shall be submitted to the EMS Agency within 15 days of being notified.

VIII. EMS Agency Mitigation Actions for Unsafe APOD Incidents

At the determination of the EMS Agency, a hospital that encounters unsafe ambulance patient offload delays (APOD) that the facility is unable to mitigate in an immediate manner, may be placed and remain on the emergency department bypass, stroke center bypass, and STEMI center bypass until the EMS Agency determines that APOD is no longer a threat to patient safety.