Ambulance Destination Decision Policies and Procedures (4001.00)

I.   INTENT

A.   The intent of these policies and procedures is to provide appropriate emergency medical care for the public by ensuring ambulance personnel make appropriate destination decisions. Patients should be delivered to the most accessible emergency medical facility appropriately equipped, staffed, and prepared to administer care to the needs of the patient.

II.   GENERAL PROVISIONS

A.   This policy shall be used by and is applicable to ambulance services and hospital emergency departments for determining prehospital ambulance destinations within the County.

B.   E.D. Closure Status shall only be applicable to: 1) areas served by two or more hospital emergency departments, and 2) where reasonable and timely alternatives exist for patient care, as authorized by the EMS Department. Centralized Ambulance Routing Status or Hospital Disaster Closure Status may be implemented for any area of the County as determined by EMS Department.

C.   This policy shall not be applicable to transfers to a general acute care hospital under the provisions of Sections 1317, et al. of the California Health and Safety Code unless Hospital Disaster Closure Status is placed into effect.

D.   The Division shall be responsible for maintaining policy compliance within the EMS system. The Division may at any time inspect availability of emergency medical services within the system. In conjunction with ambulance providers and hospital emergency departments, the Division may revise or modify this policy when necessary to protect public health and safety. Hospital E.D. Status categories shall not apply to mass casualty incidents or multi-casualty incidents when the Kern County Med-Alert system is activated.

E.   Only the EMS Department may authorize E.D. Closure Status, authorize or cancel E.D. Rotation Status, authorize or cancel Centralized E.D. Routing Status, or authorize or cancel Hospital Disaster Closure Status within the EMS system.

F.   An emergency department shall not order or direct ambulances to another emergency department or facility. Ambulance destinations shall be

determined under the full authority of the ambulance attendant or as specified by Division staff.

G.   At the time of ambulance communications with a hospital emergency department, the hospital may advise the incoming ambulance of unavailable services normally provided.

H.   The emergency department shall be the responsible contact source for Division staff when determining emergency department status.   The Division may contact the hospital or conduct an on-site inspection at any time to validate, clarify or update emergency department status.

I.   Rotor-Wing Air Ambulance destination decisions shall be in accordance with these policies for hospital emergency departments that have a State approved helipad. Hospitals without a State approved helipad shall not be an air ambulance destination.

J.   Specific patient problems (Case Specific Hospitals) described in Section IV.D.1. (Orthopedic, Cardiac, Neonatal, Obstetrical, Sexual Assault, Trauma, Psychiatric, Prisoner, Stroke, STEMI, and Pediatric) shall be transported to one of the designated hospital emergency departments, on E.D. Open Status. Absolute patient refusals shall be left at the discretion of the attending ambulance personnel. Division on-call staff may be contacted for directions in these cases.

III.   HOSPITAL EMERGENCY DEPARTMENT STATUS CATEGORIES

A.   The status of each hospital shall be categorized as listed below. These status categories are explained further in Sections V, VI, VII, and VIII.

1.   E.D. Open Status: the hospital emergency department is open and able to provide care for ambulance patients.

2.   E.D. Rotation Status: ambulance patients are delivered to hospitals on a rotational basis. This condition will not be instituted except for declared disasters.

3.   Centralized E.D. Routing Status: Division makes ambulance destination decisions; this is reserved for Med-Alert operations.

4.   Hospital Disaster Closure Status: a hospital is closed to ambulance traffic due to an internal or external facility hazard. Internal and External disasters are defined as:

a.   Any occurrence such as epidemic outbreak, poisoning, fire, major accident, disaster, other catastrophe or unusual

occurrence which threatens the welfare, safety or health of patients, personnel or visitors being reported to the local health officer and to the California Department of Public Health, in accordance with California Code of Regulations, Title 22, Division 5, Chapter 1, Article 7, Section 70737. In other words, the event must be significant enough to warrant report to CDPH Licensing and Certification and the local Health Officer.

B. Hospitals have the ability to issue Temporary Hospital Service Advisories to ambulance providers regarding a hospital's capability for serving patients, (example – E.D. C-T Scanner down), through the Hospital E.D. Status Web Site. Temporary hospital service advisories are provided as information only. Advisories should not directly influence destination decisions, but the advisories should be considered in the decision process. Emergency departments shall update the Hospital E.D. Status Web Site when the advisory is no longer needed.

IV. *AMBULANCE DESTINATION DECISION PROCEDURES*

A. Entire Kern County Area:

1. Ambulance companies providing service within metropolitan Bakersfield shall continually monitor current hospital status information and shall be responsible to provide that status to ambulance personnel staffing basic life support (BLS) ambulances and advanced life support (ALS) ambulances.

2. Ambulance companies providing service outside of the metropolitan Bakersfield that are transporting patients into metropolitan Bakersfield shall determine the status of hospital emergency departments prior to transport or as soon as possible thereafter. Contact ECC or check the Kern County Hospital E.D. Status Web Site to determine hospital status.

3. BLS and ALS ambulance personnel shall initiate hospital emergency department communications as soon as possible.

B. Decision Process - Transport to a Metropolitan Bakersfield Hospital Emergency Department:

1. The ambulance attendant is authorized to make the final decision regarding the destination in accordance with these policies. The destination decision shall be based upon a) current Hospital Emergency Department Status, b) any Case Specific Hospital category applicable to the patient problem, c) patient or patient

physician choice, and d) the current Hospital Emergency Department Overload Score as follows:

a. Current Hospital Emergency Department Status: if an emergency department is on E.D. Disaster Closure Status, the patient shall not be transported to that destination.

b. Case Specific Hospital: patient shall be transported to a Case Specific Hospital if the ambulance attendant determines the patient will be best served by capabilities of that facility, as specified in Section IV.D.

c. Patient or Patient's Physician Preference: patient choice shall be factored into the destination decision. But, patient choice shall not prevail over E.D. Disaster Closure Status or Case Specific Hospital criteria.

d. E.D. Overload Score: the E.D. Overload Score shall be used in making destination decisions as follows:

   i. An E.D. Overload Score of 10 indicates that the hospital emergency department is operating at its optimum maximum capacity (factoring in licensed beds, staffing levels, and patient acuity). Scores above 10 indicate overload; scores significantly above 10 indicate varying levels of extreme overload.

   ii. A significant difference in an E.D. Overload Score is five points or more. If transport is requested to an open E.D. that has a higher score by five points or more compared to another open E.D. (appropriate for the patient problem), the patient or physician shall be advised. If the requesting party continues to request the E.D. after being informed, the patient shall be transported to the requested E.D.

   iii. If no particular request is applicable, the patient should be transported to the hospital appropriate for the patient problem that has the lowest E.D. Overload Score.

2. The paramedic attendant on a Paramedic Ambulance shall have the final decision over destination in accordance with these policies and procedures, except when directed otherwise by Division staff.

3. ALS Ambulance patients that meet ALS extremis criteria shall be transported to the most appropriate hospital emergency department based on the patient problem, which is not on E.D. Disaster Closure Status.

4. ALS Extremis Criteria shall include any one of the following:

   a. Unmanageable airway or respiratory arrest;
   b. Uncontrolled hemorrhage with signs of hypovolemic shock; or
   c. Cardiopulmonary arrest.

5. BLS Ambulance patients that meet BLS extremis criteria shall be transported to the most appropriate hospital emergency department based on the patient problem, within Bakersfield, that is not on E.D. Disaster Closure Status.

6. BLS Extremis Criteria shall include any one of the following:

   a. Unconscious, unresponsive;
   b. Respiratory arrest;
   c. Unmanageable airway;
   d. Uncontrolled hemorrhage; or
   e. Cardiopulmonary arrest.

7. Obstetrical Cases - ALS transports that meet ALS Extremis Criteria; or BLS transports that meet BLS Extremis Criteria or have 2nd or 3rd trimester altered mental status, trauma with abdominal pain, respiratory distress, vaginal hemorrhage, history of pregnancy problems, or no pre-natal care shall be transported to Kern Medical, CHW-Bakersfield Memorial Hospital, CHW-Mercy Southwest Hospital, or San Joaquin Community Hospital.

8. ALS transports that meet ALS Extremis Criteria, and BLS transports that meet BLS Extremis Criteria, that meet Case Specific Hospital criteria for Orthopedic, Cardiac, Neonatal, Sexual Assault, Trauma, Psychiatric, Prisoners, or Stroke shall be transported to a Case Specific Hospital as listed in Section IV. D. 1.

9. ALS and BLS pediatric extremis cases shall be transported to the closest Hospital Emergency Department not on E.D. Disaster Closure Status.

10. For BLS Ambulance transports into the Bakersfield area, the EMT-1 attendant may decide to bypass any hospital emergency department within the Bakersfield area to transport to a Bakersfield hospital that can provide more appropriate patient care based on the patient

problem, in accordance with destination criteria specified in Section IV.D., if applicable.

11. All patients meeting Kern County Trauma Care System Adult Trauma Triage Criteria (ATTC) or Pediatric Trauma Triage Criteria (PTTC) for Trauma Care System activation shall be transported in accordance with Kern County Prehospital Trauma Care System Policies and Procedures. If the designated Trauma Center emergency department is on E.D. Disaster Closure Status, trauma patients shall be transported to the most appropriate emergency department based on factors of travel time and capability of a hospital to meet patient needs.

12. All patients meeting Kern County Stroke Center Policies Activation Protocol criteria shall be transported in accordance with Stroke Center Policies. If designated Stroke Center emergency departments are on E.D. Disaster Closure Status, stroke patients shall be transported to the most appropriate emergency department based on the factors of travel time and capability of a hospital to meet patient needs.

C. Decision Process - Transports Outside the Metropolitan Bakersfield Area:

1. An ALS ambulance outside the Bakersfield area, transporting a patient meeting ALS Extremis Criteria shall be transported to the closest hospital emergency department in travel time from the incident location.

2. Outside of the Bakersfield area, a BLS Ambulance is required to provide transport to the closest hospital emergency department in travel time from the incident location.

D. Prehospital Transport to the Bakersfield area – Case Specific Hospitals:

1. One of the destination decision factors listed in Section IV.B.1. is Case Specific Hospital. Some hospitals are staffed and equipped to address specific ailments more comprehensively than others. It is advantageous to match a patient's problem with a hospital's specialty capabilities, when possible.

   a. Orthopedic: Patients with orthopedic injuries or problems shall be transported to one of the following hospital emergency departments:

      i. Mercy Hospital,
      ii. Kern Medical,

        iii.   Bakersfield Memorial Hospital,

        iv.   San Joaquin Community Hospital, or

        v.   Mercy Southwest Hospital.

b.   Cardiac: Patients presenting with symptoms of unstable angina pectoris or acute myocardial infarction shall be transported to one of the following hospital emergency departments:

        i.   Bakersfield Memorial Hospital,

        ii.   San Joaquin Community Hospital, or

        iii.   Bakersfield Heart Hospital.

c.   Neonatal: Neonatal patients (less than 1 month of age or under 5 kilograms body weight) shall be transported to one of the following hospital emergency departments:

        i.   Bakersfield Memorial Hospital,

        ii.   Kern Medical,

        iii.   Mercy Southwest Hospital, or

        iv.   San Joaquin Community Hospital.

d.   Obstetrical: Obstetrical patients shall be transported to one of the following hospital emergency departments:

        i.   Kern Medical,

        ii.   Bakersfield Memorial Hospital,

        iii.   Mercy Southwest Hospital, or

        iv.   San Joaquin Community Hospital.

e.   Sexual Assault: Sexual assault patients shall be transported to the following hospital emergency department:

        i.   San Joaquin Community Hospital

f.   Psychiatric Hold: Patients that have a psychiatric hold placed into effect by law enforcement that do not have an apparent emergency medical condition shall be transported to the following emergency department:

        i.   Kern Medical

g.   Trauma: Patients that meet Kern County EMS Division Adult Trauma Triage Criteria or Pediatric Trauma Triage Criteria for Trauma Care System activation shall be transported in

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accordance with Kern County EMS Division – Prehospital Trauma Care System Policies and Procedures.

h. Local, State or federal prisoners: patients that are local, State or federal prisoners shall be transported to the contracted hospital emergency department.

i. Stroke: Patients that meet Kern County Stroke Center Policies Activation Protocol criteria shall be transported to one of the following hospital emergency departments, further defined in Stroke Center Policies:

    i. San Joaquin Community Hospital,
    ii. Bakersfield Memorial Hospital,
    iii. Mercy Hospital,
    iv. Mercy Southwest Hospital, or
    v. Kern Medical.

j. STEMI: Patients that meet STEMI Alert criteria, as specified in the *Kern County STEMI System of Care Policy* shall be transported to one of the following hospital emergency departments:

    i. San Joaquin Community Hospital,
    ii. Bakersfield Memorial Hospital, or
    iii. Bakersfield Heart Hospital.

It may be appropriate to transport a STEMI patient into one of the designated STEMI centers from outlying areas and bypass the closest hospital if the patient meets the STEMI Referral Center Bypass criteria, as specified in the *Kern County STEMI System of Care Policy*.

k. Pediatric: Patients that are fourteen (14) years and younger with an emergent medical complaint shall be transported to a Level I or Level II Pediatric Receiving Center (Ped RC) if ground transport time is thirty (30) minutes or less. Ground transport times that are greater than thirty (30) minutes may be transported to the closest, most appropriate receiving hospital. The use of air ambulance transport shall be in accordance with *EMS Aircraft-Dispatch-Response-Utilization Policies*. Emergent medical complaints are defined as:

- Cardiac dysrhythmia
- Evidence of poor perfusion
- Severe respiratory distress

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- Cyanosis
- Persistent altered mental status
- Status Epilepticus
- Any apparent life threatening event in less than one (1) year of age

Appropriate transport destinations for pediatric patients suffering emergent conditions are:

i.   Bakersfield Memorial Hospital, (Level II), or
ii.   Kern Medical (Level II).

Non-emergent Medical Pediatric Criteria: Patients that are fourteen (14) years and younger with a medical complaint who do not meet trauma, medical extremis or emergent medical criteria shall have the option of transport to the above listed hospitals as well as:

i.   San Joaquin Community Hospital, (Level III)

2.   If the specified hospital emergency department is on Hospital Disaster Closure Status, the ambulance shall provide transport to another appropriate emergency department based on the process specified in Section IV. B.

3.   In a prehospital setting, in the Greater Bakersfield area, where a physician requests ambulance transport of an emergency patient to a specialty care center or tertiary care facility outside Kern County (e.g. amputation reimplantation), the patient should be transported to the nearest appropriate hospital emergency department in accordance with this policy. An exception may be granted to allow direct out-of-county prehospital transports to a specialty care center or tertiary care facility, in consultation with on-call EMS staff, on a case-by-case basis. Factors that will be considered in this decision are: the physician's arrangements for patient receipt at the destination facility, patient condition as assessed by the attending physician, and patient safety during travel as assessed by the attending Paramedic or EMT-1.

4.   Upon activation of Centralized E.D. Routing Status, EMS Division will specify ambulance destinations, in accordance with Section VII.

V.   *E.D. OPEN STATUS*

A.   <u>E.D. Open Status</u>: the hospital emergency department is open and able to provide care for ambulance patients. Hospital emergency department staff or EMS Department staff activates E.D. Open Status. Open status is denoted on the Kern County Hospital E.D. Status Web Site. Open status becomes effective when shown on the web site. If the web site is not functioning or temporarily inaccessible, the status change is effective when ambulance providers receive notification from the EMS Division.

B.   Ambulance services shall provide current hospital emergency department status updates to ambulance personnel upon confirmation that patient transport is to be provided.

VI.   *E.D. ROTATION STATUS*

A.   E.D. Rotation Status will only be implemented secondary to a declared disaster when medical resources are limited. The Division may activate E.D. Rotation Status for defined times and may deactivate when appropriate. Provisions for extremis patients and Case Specific Hospitals will be applied during E.D. Rotation Status.

B.   The following standard E.D. Rotation Status sequence will be used:

1.   San Joaquin Community Hospital
2.   Mercy Hospital
3.   Bakersfield Memorial Hospital
4.   Kern Medical
5.   Bakersfield Heart Hospital
6.   Mercy Southwest Hospital

C.   Division staff may deactivate E.D. Rotation Status when no longer indicated.

VII.   *MULTI-CASUALTY AND MED-ALERT STATUS OPERATIONS*

A.   The proper management of a large number of medical casualties following a natural or human induced event is imperative if morbidity and mortality are to be minimized. The recognition of the type and number of injured, and a rapid dissemination of known information are necessary elements to begin an effective response to a medical disaster.

B.   Responsibility lies with responders to accurately report incident information and casualty data. Coordinators of EMS resources must have reliable situation awareness data. It is important for decision-makers to know the EMS system's capabilities at any given time during a medical incident response and recovery phase. Together, incident information and resource

knowledge can be combined to implement an appropriate medical response. ReddiNet, an Internet-based software application, shall be used to communicate casualty information for multi-casualty and Med-Alert incidents.

C.   The number of patients and type of incident will govern the EMS system's medical response.

    1.   A MED-ALERT is an event with any of the following circumstances:

        a.   An incident with 5 or more patients/victims; or

        b.   Any incident involving exposure to hazardous materials, regardless of the number of victims; or

        c.   A serious and unusual overload of the EMS system, as determined by the Division, which is not necessarily related to a specific incident, and the use of centralized routing to manage ambulance destinations is necessary.

D.   The procedure and sequence of events for using ReddiNet to communicate information about a MED-ALERT shall be as follows:

    1.   The first arriving unit, whether it be fire or ambulance shall declare a MED-ALERT upon determining that the criteria established in Section C, 1.a. or 1.b. above, have been met and notify their respective dispatch centers.

    2.   Once an ambulance dispatch center has been notified that a MED-ALERT has been declared, the dispatch center will initiate an MCI event in ReddiNet. Using the MCI tab in ReddiNet, ambulance dispatch center will:

        a.   Send general notification to all hospitals in the area,

        b.   Conduct a hospital poll to determine bed availability in the EMS system, and

        c.   Provide hospitals with any other pertinent information regarding the event.

    3.   Upon notification from an ambulance dispatch center that a MED-ALERT has been initiated, hospital staff will accomplish the following:

        a.   Begin to prepare for possible incoming patients.

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b. Hospitals will receive a polling inquiry from the ambulance company through ReddiNet.

c. Hospitals must respond immediately to the poll inquiry, and provide the number of patients that can be reasonably accepted, by acuity level. This information assists the ambulance crews in making destination decisions.

4. Please note that hospitals may receive fewer or more patients than those listed in the response to the poll. Actual transport numbers to any hospital will be dependent upon the size of the incident and other factors. A hospital emergency department shall not refuse to accept an ambulance patient routed through the MED-ALERT process. During a Med-Alert, E.D. Closure Status shall not be applicable.

5. Ambulance dispatch center will forward bed availability information received from each hospital to the on-scene paramedic supervisor or lead paramedic, (or transportation coordinator if one has been assigned).

6. On-scene paramedic supervisor or lead paramedic, (or transportation coordinator if one has been assigned) will receive hospital availability information from their dispatch center. The on-scene paramedic supervisor or lead paramedic, (or transportation coordinator if one has been assigned) shall make the destination decision for each ambulance.

a. Destination decisions shall be made in accordance with Section IV of this policy.

b. It may be necessary to distribute traumatic injuries to a hospital other than the trauma center because the incident exceeds the trauma center capacity.

c. Effort needs to be made to evenly disperse patients among closest appropriate hospitals as to avoid overloading one particular facility.

d. To the extent possible, avoid transporting minor children to a hospital separate from the destination of both parents; parental consent may be needed by the hospital for care of the minor children later.

e. The incident commander (IC) shall be informed of destinations decisions and ambulance assignments.

7. Ambulances shall transport patients in accordance with their destination instructions/assignment.

8. Each ambulance crew will notify their dispatch center when they begin transport and leave the scene. Notification will include:

   a. Unit identification;

   b. Number of patients, by acuity level; and

   c. Hospital destination/assignment.

9. Dispatch center will, upon receiving patient and hospital destination information from each ambulance crew, enter the information into ReddiNet. Dispatch will enter the "Send Patients" link and complete the "Destination", "Ambulance" and "Patients in this rig" sections.

10. As ambulances arrive at the assigned destination, hospital staff will update ReddiNet and reflect that the specific ambulance unit has arrived using the "Arrived" column within the "Ambulances" tab.

11. Once patients are registered in the emergency department, hospital staff will enter patient information into the "Patients" tab section of ReddiNet. Hospitals must enter the patient information as soon as possible into the ReddiNet system. In no case should this step be delayed greater than two hours from receiving the patient.

12. On-scene paramedic supervisor or lead paramedic, (or transportation coordinator if one has been assigned) will notify the ambulance dispatch center when all patients have been transported from the scene. He/she shall declare the on-scene phase of the MED-ALERT "Ended".

13. Upon notification from the on-scene paramedic supervisor or lead paramedic that all patients have been transported from the scene, the dispatch center will "END" the MED-ALERT in ReddiNet. Please note that "END" is different than "CLOSE". An incident should not be closed in ReddiNet until 2 to 3 days later.

14. After 48 to 72 hours following the MCI the initiating ambulance company dispatch center will "CLOSE" the MED-ALERT in ReddiNet.

E. All hospital emergency departments and ambulance dispatch centers will be continually logged into the ReddiNet system, and the computer shall be

configured to alert staff of incoming messages or activation of a MED-ALERT.

F.   In the case of centralized routing by the EMS Division, all ambulance services shall comply with EMS Division destination orders.

1.   When Centralized E.D. Routing Status is activated, each ambulance shall contact EMS Division when prepared for patient transport and provide the following:

a.   Unit identification and location;

b.   Patient age, sex, and paramedic impression;

c.   Any patient request for a specific hospital, and if applicable the paramedic's recommendation.

2.   EMS Division will route the ambulance to a specific emergency department based on the information provided and current system status. The process will be maintained until deactivated by EMS Division. The destination decision process used by EMS Division will follow the parameters of Section IV of this policy.

VIII.   *HOSPITAL DISASTER CLOSURE STATUS*

A.   Hospital Disaster Closure Status may be authorized for a facility hazard constituting and internal or external disaster that threatens the health or safety of patients. Internal and external disasters are defined as:

1.   Any occurrence such as epidemic outbreak, poisoning, fire, major accident, disaster, other catastrophe or unusual occurrence which threatens the welfare, safety or health of patients, personnel or visitors being reported to the local health officer and to the California Department of Public Health, in accordance with California Code of Regulations, Title 22, Division 5, Chapter 1, Article 7, Section 70737. In other words, the event must be significant enough to warrant report to CDPH Licensing and Certification and the local Health Officer.

B.   Hospital Disaster Closure Status applies to the entire hospital facility, and no ambulance patient transports are to be received to any area of the hospital. Hospital Disaster Closure Status must be authorized by EMS Division. E.D. Disaster Closure Status is only authorized and valid if approved by EMS Division. The Division may deactivate Hospital Disaster Closure Status when appropriate.

IX. *TRAINING AND MAINTENANCE*

A. All existing and new ambulance service EMT-1 personnel, paramedics, ambulance service dispatchers, and hospital emergency department nurses and physicians shall receive training consisting of policies review and practical exercises regarding ambulance destination decisions and hospital emergency department status.

B. The Division may specify on-going training requirements in hospital E.D. status for ambulance service or hospital emergency department personnel as needed.

X. *DOCUMENTATION, DATA & MEDICAL CONTROL*

A. The Division shall maintain records of hospital emergency department status.

B. Hospital shall maintain records of emergency department status and define conditions that cause any status change. Records shall be available for Division review, upon request.

C. A valid copy of internal emergency department status policies, procedures, and protocols shall be submitted to the Division by each participating hospital.

D. The Division should be immediately contacted regarding any incident or issue regarding ambulance patient transportation that indicates any threat or risk to public health and safety. A written complaint and related records must be submitted to the Division for investigation of any incident or issue related to this policy.

E. The Division may contact the California EMS Authority and/or California Department Health Services to provide information regarding Hospital Emergency Department status in Kern County as appropriate.

F. The Division is available on a continuous basis through the EMS On-call Duty Officer.

G. EMS On-Call Duty Officer should only be contacted through the use of the E.D. Status Web Site using the "Contact EMS On-Call Staff" button. ECC is only to be contacted when access to the E.D. Status Web Site has been interrupted or during an emergency. ECC is not the regular contact for day-to-day issues.

H. The EMS On-call Duty Officer should be contacted after regular business hours only when immediate action is necessary. Routine inquiries,

questions about policies, complaints, and other matters not requiring immediate action shall only be brought to our attention during the EMS Division's regular business hours.

I.   Hospital emergency departments shall enter E.D. status data timely and accurately into the Kern County Hospital E.D. Status Web Site.

G:_Active Policies\Pending-In Devleopment\Amb Hosp ED Policy 32 4-01-2013.doc

Revision Log:

07/01/1991 – Implemented
12/01/1994 – Revised
05/28/1999 – Revision Draft
06/25/1999 – Revision Draft #3 – Restructured
07/21/1999 – Revision Draft #4
08/05/1999 – Revision Draft #5
09/15/1999 – Final Revision #6 & Implemented
11/01/1999 – Revised (SJH Pediatric deleted & Neuro added – Case Specific Hospitals)
12/16/1999 – Revised (Orthopedic added as category for Case Specific Hospitals – BHH excluded)
07/20/2000 – Revised (Pediatric Extremis to Closest E.D., Spinal Cord Injury added under Case Specific
           for Neurosurgical, Previous E.D. Closure Addendum added, E.D. Rotation Revised)
11/01/2000 – Revised (SJH removed from Case Specific for Obstetrical until they have an NICU at
           request from SJH Administration)
04/25/2001 – Revised ED Saturation Criteria to ED Overload Scale & ED Web Site Functional Changes
05/04/2001 – Revised ED Saturation Criteria
08/31/2001 – Revised ED Closure & pre-arranged Transfers, revised Case Specific due to CHW-Mercy
           Changes

11/01/2002 – Eliminated ED Saturation post-trial study, eliminated Neurosurgical Case Specific, refined
           ED Overload Scale to be provided to the field, ED Rotation Refined.
01/20/2003 – BHH ED Reopened
01/25/2003 – Revised ED Closure, removing BHH wording, adding Cardiac Only Status
10/11/2004 – Clarified procedure for prehospital out-of-county transport
01/19/2005 – Mercy SW ED Opening/clarify policy verbiage, and reformat
05/01/2005 – Removed pediatric case specific from policy due to no pediatric call coverage at BMH
02/13/2006 – Added SJH to Orthopedic Case Specific
04/17/2007 – Added Ambulance Patient Off-Load Protocol and Time Standard (Appendix 4)
07/26/2007 – Refined Red, Yellow and Green Categories to match ESI Triage Algorithm
11/01/2008 – Added "Stroke Case Specific" to policies and "Stroke Only" status consistent with Stroke
           Center Policies to be effective November 1, 2008
11/01/2008 – Added SJH to Stroke Case Specific in Policies after application approval on September 24,
           2008, effective 11/01/2008.
11/01/2008 – Added BMH to Stroke Case Specific in Policies after application approval on October 7,
           2008, effective 11/01/2008.
03/01/2010 – Added SJH to OB Case Specific and Neonatal Case Specific based upon NICU and SJH
           request.
04/01/2010 – Added MSW to Orthopedic Case Specific based upon request from MSW.
08/15/2011 – Added Mercy and MSW to Stroke Case Specific based upon request from Mercy Hospitals.
12/12/2011 – Added Decision Summary protocol as Appendix 5 (as of 3/6/12 it is appendix 6)
03/01/2012 – Added MCI/MED-ALERT procedures into section VII and changed centralized routing
           procedures; to become effective this date.
03/06/2012 –Appendix 4 revised to change time limit from 20 to 15 minutes; Appendix 5 added to
           establish criteria for offloading patients to the ED waiting room
02/08/2013 – Draft changes: Changed definition of ED Closure Status to only apply to internal or
           external disasters reportable to CDPH L&C; changed "EMS Department" to "Division"
02/14/2013 – EMCAB approved proposed changes; endorsed elimination of Closure Status

03/05/2013 – BOS approved proposed changes; approved elimination of Closure Status
04/01/2013 – Effective date of BOS-approved changes
06/03/2013 – Added Bakersfield Heart Hospital to Stroke Case Specific based upon request from BHH

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06/18/2013 – Addition of STEMI designation as case-specific condition, and added Bakersfield Heart, San Joaquin Community and Bakersfield Memorial hospitals as STEMI Receiving Centers, per BOS approval of contracts

05/14/2014- Added San Joaquin Community Hospital as sexual assault destination. Removed Memorial Hospital and Kern Medical Center as sexual assault destinations.

04/26/2016- Added Kern Medical as Primary Stroke Center. Revised Kern Medical Center to Kern Medical. Added specialty designation of Pediatric Receiving Centers to be consistent with Paramedic Protocols and Pediatric Receiving Center Designation Policies and Procedures. Add Kern Medical, San Joaquin Community, and Bakersfield Memorial hospitals as Pediatric Receiving Centers, per BOS approval of contracts.

10/6/2016- Removed Bakersfield Heart Hospital as a Stroke Case Specific hospital due to lapse in certification as a Primary Stroke Center.

Kern County EMS Division

Ambulance Destination Decision Process

Implementation Tool for Ambulance Destination Decision Policies & Procedures Policy # 4200.6500 - .6599

Amb Hosp ED Model 31 01-30-20

Flowchart elements:

- Is the Patient ALS or BLS Extremis?
- Is the Patient ALS Extremis AND OB?
- Are KMC, BMH, Mercy SW, and SJH all on E.D. Open Status?
- Is One E.D. on Open Status and the Others on E.D. Disaster Closure Status?
- Transport to the Most Appropriate I.D. on Open Status. Transport to a Case Specific Hospital if applicable. Transport Pediatric Extremis Cases to the Closest I.D. not on I.D. Closure.
- Transport to KMC, BMH, Mercy SW, or SJH – Whichever is Most Appropriate.
- Transport to KMC, BMH, Mercy SW, or SJH – Whichever is Open.
- Does the Patient have One of the Problems/Conditions Listed Below? "Case Specific Hospitals"
  - Orthopedic = (Mercy, KMC, BMH, SJH or Mercy SW)
  - Cardiac (Acute MI or Angina)? = (BMH, SJH or BHH)
  - Obstetrical? = (BMH, KMC, Mercy SW, or SJH)
  - Neonatal? = (BMH, KMC, Mercy SW, or SJH)
  - Psychiatric Hold (w/o Medical Problem)? = (KMC)
  - Prisoner/Inmate? = (Contract Hospital)
  - Sexual Assault? = (BMH or KMC)
  - Trauma Criteria Met? = (Prehospital Trauma Policies)
  - Stroke Criteria Met? = (Stroke Center Policies)
  - STEMI? = (STEMI System of Care Policies)
- Transport to a Case Specific Hospital I.D. on I.D. Open Status – Consider Patient Request and Lowest I.D. Overload Score
- Transport to Any Open I.D. – Consider Patient Request and Lowest I.D. Overload Score in the decision process.

Notes:
- Obstetrical Cases may be transported direct to L&D of BMH, KMC, Mercy SW, or SJH.
- Cases that meet ALS or BLS Extremis Criteria that meet "Case Specific Hospital" indications should always be transported to a "Case Specific Hospital" I.D. - except Extremis Pediatric Cases. Transport Extremis Pediatric Cases to the Closest Hospital I.D.
- Hospital I.D.'s must not accept "special arrangements" for receipt of Ambulance Patients from specific resources that are not consistent with policy or I.D. Status.
- Trauma Cases meeting Triage Criteria are transported to the Trauma Center unless I.D. Disaster Closure is in effect.

Current Bed Capacity based on staffing: The number of beds (including chairs, cots, gurneys, hallway beds, etc.) the hospital can manage based on the number of licensed nurses available during the current shift. For example, based on a nurse to patient ratio of 1:4; if three nurses are available during the shift the current bed capacity is 12. Typically, the charge nurse and the triage nurse are not counted in calculating current bed capacity of the emergency department.

	Nurse Ratio	Percent Change	Relative Value (Multiplier)
Med-Surg Holds	0.33	24.2%	1.32
ICU/CCU holds (1:1)	1	75.0%	4
ICU/CCU holds (1:2)	0.5	50.0%	2
ESI Triage Level 1	2	87.5%	8
ESI Triage Level 2	1	75.0%	4
ESI Triage Level 3	0.25	0.0%	1
ESI Triage Level 4	0.25	0.0%	1
ESI Triage Level 5	0.25	0.0%	1

Equalization Scale - Overload Score based on Patient Volume and Staffed Bed Capacity

Bed Capacity, based on staffing

Patient Volume	1 Multiplier 10	2 Multiplier 5	3 Multiplier 3.2	4 Multiplier 2.5	5 Multiplier 2	6 Multiplier 1.7	7 Multiplier 1.4	8 Multiplier 1.2	9 Multiplier 1.1	10 Multiplier 1	11 Multiplier 0.9	12 Multiplier 0.8
0	0	0	0	0	0	0	0	0	0	0	0	0
1	10	5	3	3	2	2	1	1	1	1	1	1
2	20	10	6	5	4	3	3	2	2	2	2	2
3	30	15	10	8	6	5	4	4	3	3	3	2
4	40	20	13	10	8	7	6	5	4	4	4	3
5	50	25	16	13	10	9	7	6	6	5	5	4
6	60	30	19	15	12	10	8	7	7	6	5	5
7	70	35	22	18	14	12	10	8	8	7	6	6
8	80	40	26	20	16	14	11	10	9	8	7	6
9	90	45	29	23	18	15	13	11	10	9	8	7
10	100	50	32	25	20	17	14	12	11	10	9	8
11	110	55	35	28	22	19	15	13	12	11	10	9
12	120	60	38	30	24	20	17	14	13	12	11	10
13	130	65	42	33	26	22	18	16	14	13	12	10
14	140	70	45	35	28	24	20	17	15	14	13	11
15	150	75	48	38	30	26	21	18	17	15	14	12
16	160	80	51	40	32	27	22	19	18	16	14	13
17	170	85	54	43	34	29	24	20	19	17	15	14
18	180	90	58	45	36	31	25	22	20	18	16	14
19	190	95	61	48	38	32	27	23	21	19	17	15
20	200	100	64	50	40	34	28	24	22	20	18	16
21	210	105	67	53	42	36	29	25	23	21	19	17
22	220	110	70	55	44	37	31	26	24	22	20	18
23	230	115	74	58	46	39	32	28	25	23	21	18
24	240	120	77	60	48	41	34	29	26	24	22	19
25	250	125	80	63	50	43	35	30	28	25	23	20

Appendix 3- E.D. Website Procedures

I.   Overview

    A.   The objective of the Kern County Hospital E.D. Status Web Site is to provide for more efficient Hospital E.D. Status related communications, improve reaction time in management of E.D. Closure requests, and to provide users with a systemic E.D. Overload status view.

    B.   The Division may change, modify, revise or delete these procedures at any time.

    C.   The Division may change, modify, revise or remove the Kern County Hospital E.D. Status Web Site at any time.

II.   Primary Use

    A.   The Kern County Hospital E.D. Status Web Site will be used as the primary means of Hospital E.D. Status communications for each Hospital E.D. Status change (Open, E.D. Closure, or E.D. Advisory) made on the Kern County Hospital E.D. Status Web Site.

    B.   Requests for E.D. Closure, Med-Alert or other issues requiring contact of On-Call EMS will be conducted through the E.D. Status Web Site. <u>ECC will only be contacted if there is a disruption of service in the site or in response to an internal or external disaster.</u> ECC can be reached at (661) 868-4055.

III.   Kern County Hospital E.D. Status Web Site Functional Procedures

    A.   Each Hospital Emergency Department must have staff positions continuously assigned to enter changes and regular updates on the Kern County Hospital E.D. Status Web Site. Only Emergency Department staff should be allowed to enter E.D. Status changes or updates.

    B.   Passwords for Web Site access are permission controlled. A Hospital Emergency Department is only permitted to see and make changes to their Emergency Department's status information including: Hospital E.D. Status changes (Open, E.D. Advisories), detailed E.D. Overload scale data, evaluate change history or generate reports.

    C.   E.D. Staff shall enter regular updates based on the time intervals or an "Emergency Update Alert" issued by On-Call EMS Staff. E.D. Staff are held responsible for accuracy of the data and timeliness of the information. On-Call EMS Staff may conduct on-site verification of the data at any time.

    D.   E.D. Status Update Requests are timed for update entry. During normal periods, the update time will be set for 120 minutes. On-Call EMS Staff

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may adjust update timing to shorter time frames during peak overload periods. On-Call EMS Staff may issue an Emergency Update Alert. An Emergency Update Alert is a prompt for rapid entry of update data to manage an E.D. Closure request or to manage a large scale Med-Alert incident. It is critical that Emergency Update Alerts are answered quickly. Update requests include entry of the following information:

1.   Current Bed Capacity based on staffing: The number of beds (including chairs, cots, gurneys, hallway beds, etc.) the hospital can manage based on the number of licensed nurses available during the current shift. For example, based on a nurse to patient ratio of 1:4; if three nurses are available during the shift the current bed capacity is 12. Typically, the charge nurse and the triage nurse are not counted in calculating current bed capacity of the emergency department.

2.   Med-Surg, Peds Tele Admit Holds:: Enter the total number of Medical/Surgical, Telemetry or Pediatric cases with admission orders, awaiting in-hospital admission within the Emergency Department. Do not include cases in this category that do not have specific admission orders by the E.D. or are potential admissions. Do not include cases within the E.D. Waiting Room that have private physician admission orders;

3.   ICU/CCU/DOU Holds (1:1 ratio): Enter the total number of ICU, CCU or DOU cases with admission orders in which patient acuity is serious enough to warrant a nurse-to-patient ratio of 1:1 and is awaiting in-hospital admission within the Emergency Department. Do not include cases in this category that do not have specific admission orders by the E.D. or are potential admissions. Do not include cases within the E.D. Waiting Room that have private physician admission orders;

4.   ICU/CCU/DOU Holds (1:2 ratio): Enter the total number of ICU, CCU, or DOU cases with admission orders in which patient acuity is serious enough to warrant a nurse-to-patient ratio of 1:2 and is awaiting in-hospital admission within the Emergency Department. Do not include cases in this category that do not have specific admission orders by the E.D. or are potential admissions. Do not include cases within the E.D. Waiting Room that have private physician admission orders;

5.   Volume of Triaged Patients Pending Orders: Enter the total number of ESI Triage Level 1, 2, 3, 4, and 5 patients that have been triaged, but have not had orders issued. Do not include patients that have had orders issued by the E.D.

E.   It is highly important that this data is accurate based on the time entered. Once the data is entered, input username and password, update the data and return to the main summary page.

F.   Each change in E.D. status or E.D. overload score will result in an automated pager notification from the E.D. Status Web Site to field personnel to use in the transport destination decision process. Accuracy and timeliness of data updates by emergency department personnel are highly important.

G.   E.D. Disaster Closure Requests: Requests for E.D. Disaster Closure will be conducted through the E.D. Status Web Site. <u>ECC will only be contacted if there is a disruption of service in the site or in response to an internal or external disaster.</u> ECC can be reached at (661) 868-4055. On-Call EMS Staff will verify that CDPH L&C has been notified. Upon verification, On-Call EMS Staff will grant E.D. Disaster Closure. E.D. Disaster Closure becomes effective when entered by EMS Staff and is shown on the E.D. Status Web Site.

H.   Med-Alert Activation: EMS On-Call Staff may be contacted through ECC or through website notification.

IV.   Troubleshooting

A.   E.D. Status paging from ECC to EMS On-Call Staff will be maintained in place as a back-up to the Kern County Hospital E.D. Status Web Site for E.D. Open, E.D. Closure, or advisories if needed. If a Hospital E.D. loses access to the Web Site and cannot access after repeated attempts, contact ECC immediately for contact of On-Call EMS Staff. On-Call EMS Staff will go through a series of questions to validate the level of the problem.

B.   If an E.D. cannot access the site and the problem cannot be corrected immediately, EMS Staff may direct the E.D. to call basic E.D. status changes (Open Status, E.D. Advisories) through ECC until the problem is corrected. On-Call EMS Staff will call regularly to update E.D. Status data. On-Call EMS Staff will make Kern County Hospital E.D. Status Web Site entries of the changes if accessible.

C.   If a Hospital E.D. staff username or password is lost or forgotten, contact the EMS Division during normal business hours.

V.   Data

A.   Data and information on individual Hospital E.D. staffing, admission holds, ambulance volume received and total registered patients contained in the Kern County Hospital E.D. Status Web Site shall be maintained strictly confidential by the Division and all users of the Kern County Hospital E.D. Status Web Site.

B.   Data and information on individual Hospital E.D. staffing, admission holds, ambulance volume received and total registered patients shall be considered the individual Hospital E.D.'s data and shall not be released to any person, organization or entity without the express written permission of the Division and the specific Hospital E.D.

C.   The Department may change or modify permissions of any authorized user or delete access authorization of any user at any time.

D.   Other data, information or reports contained, entered, or extracted from the Kern County Hospital E.D. Status Web Site that have been previously used by the Division as public information, records or reports shall be considered public information, records or reports by the Department.

Non-Disclosure Policies

Kern County Hospital Emergency Department Status Web Site

User Name:	Provider Name:
User ID:	
Password:	

The Kern County Emergency Medical Services Division ("Division") has developed an Internet based Hospital Emergency Department Status Web Site ("System") to which the User, as a staff person at the above named Hospital or Ambulance Company ("Provider"), is being given password secured access. The information maintained in the System is of a highly confidential nature, and therefore preserving the confidentiality of a User password is of the utmost importance in maintaining the confidentiality of the System. The following policies are applicable to User access, use and continued permission to use the System:

1. These policies are effective upon issuance and will continue at the discretion of the Division. These policies may be modified, revised or amended by the Division at any time. The Division shall control all username and password access to the System. The Division may, at any time, delete or block a username or password for access to the System.

2. The User password is a highly confidential piece of information and is paramount to maintaining the confidentiality of the System. User shall not give, transfer, distribute, relinquish or in any other way knowingly furnish their User password to another person and shall make every effort to preclude their User password from becoming known to another person.

3. Username and password shall be kept facility specific and the User agrees not to attempt to use the username and password at or for a Provider other than the one identified above.

4. User(s) shall only use a username and password when on duty for the Provider identified above.

5. User, if applicable, shall only enter accurate and current information into the System. The Division may validate such data or conduct an on-site check at any time to ensure accuracy.

6. Some of the information put into or contained within the System is of a confidential nature. User shall only disclose information put into or contained within the System to those Provider staff with a need-to-know and will not disclose any such information to a third party and shall protect the confidentiality of the System to the same extent as other confidential information maintained by Provider.

7. System hospital data, including staffing, admission holds, and potential admissions shall be maintained as confidential information by the Division. The Division will not publicly release such information unless approved by the specific provider. Hospital data and the accuracy of hospital data shall be the responsibility of the particular hospital.

8. Any suspected or actual violation in confidentiality, misuse of the System, misuse of System data or noncompliance with these policies will be grounds for deletion of username and password for access to the System. The Division may continue such action in accordance with provisions contained in California Health and Safety Code

Ambulance off-load delays at hospital emergency departments continues to be a critical and recurring problem. When a patient remains on the ambulance gurney within the emergency department, the ambulance is not available for additional responses, including emergency responses. This situation could negatively impact patient care, and it impacts response time performance, and the EMS system overall. The purpose of this protocol is to define the ambulance off-load process at hospital emergency departments and define maximum time limits pursuant to Health and Safety Code §1797.120 and 1797.225.

Definitions:

Ambulance arrival at the ED: the time the ambulance stops at the location outside the hospital ED where the patient is 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 ED assumes responsibility for the care of the patient. This is defined by the following actions that must occur simultaneously:
1. The patient is removed from the ambulance gurney
2. Verbal report is given to appropriate ED Medical Personnel
3. The ED Medical Personnel sign the patient care report
4. Ambulance personnel time stamp the field "destination patient transfer of care"

Ambulance Patient Offload Time (APOT) Standard – the time interval standard established by the Division within which an ambulance patient that has arrived in an ED should be transferred to an emergency department gurney, bed, chair, or other acceptable location and the ED assumes the responsibility for the care of the patient. The Division has adopted the State recommended 20 minutes as the time standard.

Non-Standard Patient Offload Time- the APOT for a patient exceeds a period of twenty (20) minutes. This definition is synonymous with the definition of APOD.

APOT 1- an ambulance patient offload time process measure. This metric is a State defined continuous variable measured in minutes and seconds, aggregated and reported at the 90th percentile that will be displayed against the benchmark twenty (20) minutes or less. Aggregated values may be reported by County and facility. This metric may be reported by the Division publicly and to the State, as required.

APOT 2- an ambulance patient offload time process measure. This metric is a State defined metric that demonstrates the incidence of ambulance patient offload times that exceed the twenty (20) minute reporting benchmark reported in reference to sixty (60), one-hundred-twenty (120), and one-hundred-eighty (180) minute time intervals, expressed as a percentage of total emergency patient transports. Aggregated values may be reported by County and facility. This metric may be reported by the Division publicly and to the State, as required. There are four measurements for APOT 2:

1. Percentage of ED patient transfer occurring between twenty (20) and sixty (60) minutes
2. Percentage of ED patient transfer occurring between sixty-one (61) and one-hundred-twenty (120) minutes.
3. Percentage of ED patient transfer occurring between one-hundred-twenty-one (121) and one-hundred-eighty (180) minutes.
4. Percentage of ED patient transfer occurring over one-hundred-eighty-one (181) minutes.

Ambulance Patient Offload Delay (APOD)- The occurrence of a patient remaining on the ambulance gurney and/or the ED has not assumed responsibility for patient care beyond the twenty (20) minute standard.

Clock Start- The timestamp that captures when APOT begins. This is captured as the time the ambulance arrives at the destination/receiving hospital (NEMSIS 3.4 (eTimes.11)).

Clock Stop- The timestamp that captures when APOT ends. This is captured as the time of destination patient transfer of care (NEMSUS 3.4 (eTimes.12)).

Emergency Department (ED) Medical Personnel- An ED physician, mid-level practitioner, or Registered Nurse (RN).

Transfer of Patient Care- the transition of patient care responsibility from EMS personnel to the receiving hospital ED medical personnel.

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 Patient Report- The written electronic patient care report (ePCR) that is completed by EMS personnel. Requirements for ePCR are located in *Patient Care Report Policy*. Data for collection of APOT will be generated from ePCR data.

Time Standard:

A patient arriving by ambulance to a hospital emergency department shall be offloaded from the ambulance gurney and hospital staff shall assume patient care responsibility immediately upon entry into the ED. In no case shall this process exceed fifteen twenty (20) minutes from ED entry. Initial triage of patient by hospital personnel shall occur within one (1) to five (5) minutes from entry into ED. In such cases where 15 twenty (20) minutes has elapsed from ED entry and ambulance crew has not been released, ambulance supervisor should make contact, at their discretion, with the designated hospital manager to advise of the delay and request immediate action to release the crew.

Protocol:

1.	Emergency Department Entry: Immediately upon ambulance crew entry to the emergency department, ~~ED staff will receive a verbal report from ambulance staff on the patient problem.~~ ambulance crew shall notify ED medical personnel of their arrival.

2.	Initial Triage Determination: ED ~~staff~~ medical personnel shall immediately (one to five minutes) determine if the patient can safely be referred to the ED waiting room. If not, ED staff will immediately determine if an open ED gurney is available and direct ambulance staff to the open gurney. ~~Ambulance staff shall provide hospital with written patient care record upon transfer of care~~ The responsibility for patient care shall be transferred from EMS personnel to ED medical personnel as defined by the APOT process above.

3.	Internal Actions to Accommodate Patient: 1) Triage of other ED patients to determine if space can be cleared for the ambulance patient; 2) Mobilize additional ED gurneys from other areas of the hospital; 3) Mobilize Temps Beds into the ED to off-load the ambulance patient; and 4) any other actions consistent with hospital's internal procedures to accommodate patient placement.

4.	Administrative Contact: If the ambulance crew has not been released from the emergency department within ~~15~~ twenty (20) minutes of entry, the ambulance supervisor should contact the designated hospital manager and advise of the problem. Contact should be made initially with the manager of the emergency department, if during regular working hours. If after hours, contact should be made with the House Supervisor and/or the on-call hospital administrator.

Quality Assurance:

The Division will convene quality assurance committees on a quarterly basis for follow-up on non-standard patient offload times. The Division may further define quality assurance review in the *EMS Quality Improvement Program*. The Division may address sentinel events, which may include, but not limited to:
1.	Occurrence of "never event": transfer of care greater than four (4) hours
2.	Occurrence of individual APOD associated with APOT 2 metrics
3.	Occurrence of APOD with the patient decompensating or worsening in condition
4.	Occurrence of APOD associated with patient complaints
5.	Occurrence of APOD associated with delayed ambulance response(s)
6.	Facility or system performance below the established standard of twenty (20) minutes or less at the 90th percentile.

When a patient is transported to a hospital by ambulance, the ambulance crew is responsible for that patient until arriving onto the hospital grounds, in accordance with 42. CFR 482.55, the Conditions of Participation for Hospitals for Emergency Services and the Emergency Medical Treatment and Labor Act (EMTALA). However, it is recognized that in practice it may take some time to physically transfer a patient from an ambulance to the care of hospital personnel. This policy establishes a target/goal that such delay in transfer of care shall not exceed ~~15~~ twenty (20) minutes. In situations where transfer of care exceeds ~~15~~ twenty (20) minutes, the following guidance for offloading a patient to the hospital emergency department waiting room is provided.

A. Ambulance personnel shall use the emergency department ambulance entrance for prehospital patients.

B. Ambulance personnel shall maintain care and treatment of the patient for a period of ~~15~~ twenty (20) minutes upon arriving to the emergency department ambulance entrance, unless earlier relieved by ~~hospital staff~~ ED medical personnel. Once ~~15~~ twenty (20) minutes has elapsed and no bed assignment or other placement directives have been given, the patient who meets the following criteria can be taken directly to the emergency department waiting room, after consulting with the ~~hospital personnel~~ED medical personnel responsible for triaging:

   1. At least 18 years old or minors accompanied by a responsible adult;

   2. Normal, age-appropriate blood pressure (± 10 points of mm/hg);

   3. Alert and oriented to person, place, time, and event;

   4. A Glasgow Coma Scale score of 15;

   5. Skin that is pink, warm, and dry;

   6. Can sit unassisted and has reasonable mobility (example: patient is not in spinal precautions);

   7. Does not require continuous monitoring (example: cardiac monitoring or breathing treatment);

   8. Is not on a psychiatric hold or in custody; and

   9. Patient does not have IV access started by EMS personnel.

C. Ambulance personnel must give a verbal report to the authorized ~~hospital personnel~~ED medical personnel, and ~~hospital personnel~~ ED medical personnel must ~~take possession~~ take over responsibility for the care of the patient. ~~The ambulance personnel must obtain a signature for transfer of patient care.~~ The transfer of responsibility for the care of the patient is defined in ambulance patient offload time

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in Appendix 4 of this policy. If there is a difference of opinion as to the appropriate waiting area, or location of the patient, the emergency department manager or designee (charge nurse) will make the final decision.

D. At no time, will a critical patient- Severity Red and complex severity Yellow (such as chest pain or shortness of breath requiring frequent reevaluation and ongoing therapy), be left without paramedic or ~~hospital nurse~~ED medical personnel supervision.