



**TITLE: TRANSFER OF PATIENT CARE
IN THE EMERGENCY DEPARTMENT**

EMS Policy No. **4985**

PURPOSE:

The purpose of this policy is to establish a process for the transfer of patient care in the emergency department that provides for patient safety while reducing ambulance patient offload delays and the occurrence of ambulance clusters.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.52, 1797.120, 1797.220, 1797.225, 1798, 1798.170.

BACKGROUND:

Receiving hospitals are obligated pursuant to the federal Emergency Medical Treatment and Active Labor Act (EMTALA) to promptly provide each patient arriving at the receiving hospital with an appropriate medical screening examination and necessary stabilizing treatment for emergency medical conditions and labor within the hospital's capability and capacity. The Centers for Medicare and Medicaid (CMMS) issued S&C-06-21 stating that refusing EMS requests to transfer patient care may result in a violation of EMTALA and raises serious concerns for patient care and the provision of emergency services in a community.

DEFINITIONS:

- A. "Ambulance Cluster" means five (5) or more ambulances simultaneously experiencing APOD at the same receiving hospital.
- B. "Ambulance Patient Offload Time (APOT)" means the time interval between the arrival of an ambulance patient at an emergency department and the time the patient is transferred to an emergency department gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient.
- C. "Ambulance Patient Offload Time (APOT) Standard" means a twenty (20) minute time interval by which APOT shall be completed.
- D. "Ambulance Patient Offload Delay (APOD)" or "Non-Standard Patient Offload Time" means the occurrence of an APOT that exceeds the APOT Standard of twenty (20) minutes.
- E. "Emergency Department Medical Personnel" or "ED Medical Personnel" means a physician, mid-level practitioner, or registered nurse.
- F. "EMS Personnel" means the paramedic, emergency medical technician,,



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authorized registered nurse, or physician responsible for a patient's out of hospital patient care. .

- G. "Receiving Hospital" means a licensed acute care hospital with a comprehensive or basic emergency permit that is approved by the California Department of Public Health (CDPH) and authorized by the San Joaquin County EMS Agency (SJCEMSA) to participate in the EMS system.
- H. "Transfer of Patient Care" means the transition of patient care responsibility from EMS personnel to receiving hospital ED Medical Personnel and a verbal patient report if given.

POLICY:

It is the policy of SJCEMSA to require hospitals and prehospital personnel to transfer patient care promptly and effectively from prehospital personnel gurney to appropriate hospital personnel.

PROCEDURE:

- I. Receiving hospitals shall develop and implement policies and processes that facilitate the prompt and appropriate transfer of patient care from EMS personnel to ED medical personnel within the emergency department to minimize the occurrence of an APOD and ambulance clusters.
- II. Receiving hospitals shall at a minimum require ED medical personnel to:
 - A. Provide EMS personnel a safe area within the emergency department in direct sight of ED medical personnel where the EMS personnel may temporarily wait to transfer patient care.
 - B. Promptly acknowledge the arrival of each patient arriving by ambulance.
 - C. If transfer of care is not immediate, provide attending EMS personnel with an estimated time transfer of care will occur.
 - D. Promptly but not later than 20 minutes of arrival accept the transfer of patient care from EMS personnel including the movement of the patient from the ambulance gurney to an emergency department bed, Emergency Department (ED) chair, or ED waiting room.
 - E. Promptly accept a verbal patient report from attending EMS personnel.
 - F. Not delay the transfer of care and the movement of patients off of ambulance gurneys.



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- III. Receiving hospital shall during any occurrence of APOD:
- Provide attending EMS personnel with an estimated time ED medical personnel will accept the transfer of patient care.
 - Inform EMS personnel, including supervisors, of the actions the receiving hospital is taking to resolve APOD.
 - Actively engage in APOD mitigation.
 - Activate the receiving hospital's surge plan anytime an ambulance cluster occurs. The surge plan shall remain activated until all APODs are resolved.
- IV. EMS personnel responsibilities for transfer of patient care:
- Work cooperatively with the ED medical personnel to promptly transfer patient care.
 - When appropriate for the patient's condition, walk-in ambulatory patients or use an emergency department wheelchair rather than the ambulance gurney. If ED medical personnel are not immediately available to accept the transfer of patient care of an ambulatory or wheelchair patient, then EMS personnel provide a verbal patient report to the ED triage nurse and place the patient in the ED waiting area. If ED medical personnel are unavailable to receive or refuse to accept the verbal patient report, then submit a copy of the electronic patient care record or submit a written interim patient care report to the ED unit clerk and return to service.
 - Provide a verbal patient report to ED medical personnel at time of transfer of care.
 - MIVT (Mechanism, Injury, Vitals, and Treatment) report format shall be used for patients that meet SJCEMSA's Policy No. 5210 Major Trauma Triage Criteria.
 - Accurately record the transfer of patient care time in the ambulance service provider's electronic patient care record.
 - EMS personnel may be directed from the ED, prior to movement of the patient from the EMS gurney to a trauma operating suite, cardiac catheterization lab, and or a computed tomography (CT) scan for purposes of expediting care of Trauma, STEMI, and Stroke patients.
 - If receiving hospital personnel deny or unnecessarily delay and emergency patient's entry into the emergency department then EMS personnel are directed to:
 - Transport the patient to the next closest receiving hospital or



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- specialty care center (e.g. STEMI, stroke, trauma); and
2. Report the occurrence pursuant to SJCEMSA Policy No. 6101, Sentinel Event Reporting Requirements.
- V. If APOD occurs EMS personnel may move their patient from the ambulance gurney to any available ED bed, ED hallway chair, or ED waiting area as appropriate for the patient's condition and current medical needs without waiting to obtain ED medical personnel direction.
- VI. Responsibility for Patient Care:
- A. Prior to the transfer of patient care EMS personnel have a duty to continue monitoring the patient and to provide medical treatment including advanced life support until responsibility is assumed by ED medical personnel or other medical staff of the receiving hospital.
- B. While waiting to transfer patient care EMS personnel shall continue to actively assess the patient and document vital signs and treatment in the electronic patient care record.
Patient treatment on EMS gurney by ED medical personnel staff is prohibited with the exception of life saving procedures.
- VII. Emergency ambulance service providers may develop processes to expedite the return to service of ambulances that are experiencing APOD. These processes may include an employee of the emergency ambulance service provider assuming responsibility for patient care from EMS personnel experiencing APOD as follows:
- A. The ratio of care shall not exceed:
1. One paramedic to monitor and provide patient care to a maximum of five patients requiring advanced or basic life support.
2. One emergency medical technician (EMT) to monitor and provide patient care to a maximum of five patients requiring basic life support.
- B. The transporting EMS personnel shall document the assumption of patient care by the hallway paramedic or EMT in the electronic patient care record.
- C. The hallway paramedic or EMT shall while waiting to transfer patient care continue to actively assess the patients under their care and document vital signs and treatment in the electronic patient care record.