

Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: Transfer of Care Guidelines

POLICY NO: S-610

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DATE: January 1, 2017

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.120, 1797.220, 1797.225, and 1797.252.

I. PURPOSE

To establish standards for the transfer of patient care from 9-1-1 ambulance to Emergency Department (ED) providers in San Diego County. These standards are essential to public safety.

II. BACKGROUND

A. Definitions

Ambulance Stacking:

Three or more ambulances with wait 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.

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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.

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.

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.

III. POLICY

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

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

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B. TOC will be noted when:

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

IV. PROCEDURES

A. EMS Provider Responsibilities

1. EMS provider will notify the MICN of their estimated time of arrival once patient destination has been established via radio.
2. 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.
3. 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 personnel.

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4. EMS personnel will make face-to-face contact with the ED supervisory staff regarding ED bed availability timing and to inquire for potential offload delay reason to input into FirstWatch® when wall times reach 20 minutes.
5. EMS personnel will notify their EMS supervisor when wall times are greater than 30 minutes and they have not received satisfactory resolution from ED supervisory staff.
6. EMS supervisor, once notified by EMS personnel, will make contact with the ED supervisory staff to communicate urgent need to release ambulance resources.
7. The CoSD EMS Duty Officer will be notified if offload delays cannot be resolved at the EMS personnel and ED supervisory level and will intervene if and where possible.

B. Receiving ED Responsibilities

1. 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 delay.
2. ED personnel shall provide ongoing care beyond oxygen and intravenous fluids once the patient has arrived in the ED.
3. ED supervisory staff will ensure Hospital/ED administration is notified of periods of high ED demand associated with offload delay situations.
4. ED personnel will work with EMS personnel and/or EMS supervisor to assure optimal TOC, resolve instances of offload delays and/or extended offload delays and assist with providing offload delay reason for input into FirstWatch®.
5. During periods of high ED demand associated with offload delay situations, the hospital shall activate internal protocols and procedures for ED and hospital capacity.
6. Internal hospital communication with situational awareness must include the on-call hospital Administrator.

C. CoSD EMS Responsibilities

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

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2. Provide hospital administration, prehospital agencies, and ED leadership with TOC reports.
3. Monitor offload delay occurrences and percentages to collaboratively assist hospitals in improving EMS TOC delays and issues.
4. Provide hospital TOC reports to EMS Authority for required EMS data performance measures.

V. ATTACHMENTS

A. S-610A (Addendum to S-610): Transfer of Care Procedure