



County of San Diego

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October 19, 2022

TREATMENT ON THE EMS GURNEY COMMUNITY CONSENSUS GUIDANCE

The San Diego County EMS Office has received guidance from the Treatment on the EMS Gurney Workgroup (“Workgroup”). This group, comprised of BSPC members, was tasked with developing consensus, communitywide standards for treatment of patients arriving to the ED via the 9-1-1 system prior to [formal transfer of care \(TOC\)](#).¹

County EMS formed this Workgroup after quality improvement processes detected a concerning trend highlighting inconsistencies between hospital staff and transporting prehospital professionals regarding appropriate treatments after arrival to the hospital while the patient remained on the EMS gurney. Patient safety and patient-centered care were the foundational principles for this Workgroup.

The Workgroup was charged to develop focused, patient-centered guidance as the basis for a community expectation for hospital treatments that may be performed prior to patient TOC. This guidance is intended bring clarity to interventions that are reasonable to perform during this time interval in order to facilitate a smoother patient handover process.

Specific areas reviewed by the Workgroup included:

- Striking a balance in meeting patient care needs between time-sensitive treatments vs. convenience
- Accommodating requests from hospital staff to deliver time-sensitive, patient-centered care for life/limb threatening conditions, e.g., “pit stop” models
- Appropriateness of collection of laboratory specimens, administration of medications, and radiology studies
- Use of EMS professionals as ED staff extenders in the emergency department, e.g., requests for EMS personnel to transport patients to radiology for non-emergent radiographs

Emergency healthcare providers share the common goal of providing high quality and timely patient care, both in the field and within the hospital ED. The broader EMS/ED communities were given the opportunity to provide input to Workgroup members as

¹ Transfer of Care time standard for County of San Diego is 30 minutes or less.

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recommendations were formulated. This feedback was provided during regular BSPC meetings and through solicited comments from their Workgroup representatives.

While the patient care capacity of our emergency healthcare system continues to be stressed, solving this larger challenge is beyond the scope of the Workgroup. Furthermore, addressing any legal or regulatory responsibilities of the hospital upon patient arrival exceeded the purview of the Workgroup.

The final Workgroup recommendations are adopted and attached to this memo. The San Diego EMS Office will monitor the effectiveness of implementation of these guidelines with the goal to ensure timely, appropriate patient care. We appreciate all community members for their participation in the development of this product.

Thank you for your assistance in continuing to provide outstanding care to our patients.

Sincerely,

A handwritten signature in blue ink that reads "Kristi Koenig".

Kristi L. Koenig, MD, FACEP, FIFEM, FAEMS, Medical Director
San Diego County Emergency Medical Services Office
San Diego County Fire

cc: Andrew Parr, EMS Administrator

Attachment:

Treatment on the EMS Gurney Community Consensus Guidance, October 19, 2022



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TREATMENT ON THE EMS GURNEY IN THE HOSPITAL EMERGENCY DEPARTMENT COMMUNITY CONSENSUS GUIDANCE

- Patients on the EMS gurney may be directed to a “pit stop” and then be moved by EMS to a specific location (e.g., immediate lab draw for a stroke code and then directed to an open CT table)
 - Patients on the EMS gurney may be directed to areas located outside of the traditional ED for performance of time-sensitive diagnostic studies (examples include CT suites or other imaging locations for emergent trauma, stroke codes, or acute traumatic bleeds)
 - Once the patient is off the EMS gurney for diagnostic studies, transfer of care to hospital personnel is complete
- Critical patient assessments may be performed on the EMS gurney to ensure patients are routed to the appropriate specialty care destination, e.g., 12-lead EKGs to determine need to immediately direct the patient to a cardiac cath lab
- Time-critical labs may be drawn from a patient on an EMS gurney, e.g., labs for stroke code, STEMI
 - Intake labs ordered solely to speed throughput may not be performed while the patient is on the EMS gurney
- EMS personnel should not be used to transport patients to radiology for non-emergent imaging, nor should portable imaging be performed on the ambulance gurney
- EMS personnel may continue Standing Order treatments for up to 30 minutes after ED arrival while awaiting transfer of care.¹ The goal is to maintain EMS/Hospital continuity of care with a patient-centered focus.
 - EMS personnel shall not be asked to monitor patients receiving treatments outside of their respective scopes of practice, e.g., antibiotics and other medications or other procedures not authorized by [the State of California](#) or [the County of San Diego](#)
 - If more than 30 minutes have elapsed after ED arrival, transfer of care should be completed prior to hospital personnel-initiated treatments, even if these interventions are within the applicable EMS scopes of practice

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