Ambulance Patient Offload Time (APOT) Reduction Protocol

This protocol meets the requirements stated below:

SEC. 2. Section 1797.120.6 is added to the Health and Safety Code, to read:

1797.120.6. (a) A licensed general acute care hospital with an emergency department shall, by September 1, 2024, develop, in consultation with its emergency department staff, and its exclusive employee representatives, if any, an ambulance patient offload time reduction protocol that addresses all the following factors:

(1) Notification of hospital administrators, nursing staff, medical staff, and ancillary services that the local EMS agency standard for ambulance patient offload time has been exceeded for one month.

(2) Mechanisms to improve hospital operations to reduce ambulance patient offload time, which may include, but are not limited to, activating the hospital's surge plan, transferring patients to other hospitals, suspending elective admissions, discharging patients, using alternative care sites, increasing supplies, improving triage and transfer systems, and adding additional staffing.

(3) Systems to improve general hospital coordination with the emergency department, including consults for emergency department patients.

(4) Direct operational changes designed to facilitate a rapid reduction in ambulance patient offload time to meet the local EMS agency standard adopted pursuant to subdivision (b) of Section 1797.120.5.

DEFINITIONS:

A. APOT Standard: AB 40 Statute 1797.120.5 requires an APOT standard of less than 30 minutes, 90% of the time for general, acute care hospitals with EDs
B. Ambulance Arrival Time: The time an ambulance wheels stop in the EMS bay outside the ED where the patient will be unloaded from the ambulance
C. Ambulance End Time: The time a patient is transferred to an ED gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for care of the patient as signified by an electronic signature on EMS Patient Care Report (ePCR).
D. Ambulance Patient offload time (APOT): The interval between the arrival of an ambulance patient at an ED and the time the patient is transferred to an ED gurney, bed, chair, or other acceptable location and the ED assumes responsibility for care of the patient
E. Ambulance Patient Offload Delay (APOD): The occurrence of a patient remaining on an ambulance gurney and/or the receiving facility staff has not assumed patient care beyond the EMS agency-approved APOT standard of 30 minutes
F. Emergency Department "Boarder" Patients: Defined as any patient with an active inpatient order that has exceeded a one-hour duration waiting period pending inpatient licensed care bed assignment.

PURPOSE:

To create a protocol that can be used by Medical Centers to respond to exceedance of the APOT Standard, maintain APOT within the state standard, respond proactively to daily fluctuations in ED capacity and throughput, and maintain the highest quality care for our patients and communities. Hospital leaders, ED physicians and managers, and applicable represented staff worked together to implement the Ambulance

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Patient Offload Time (APOT) Reduction Protocol described below.

Names of Team Members Completing Form: *Kevin Smith (Chief Operating Officer), Kim Adams (ED Service Director), Chris Britton (Asst Nurse Manager)*

Medical Center: *Roseville*

Date*: 8/21/2024*

Step 1: Define Local APOT Threshold to trigger escalation protocol

☒ ≥ 10 Hospital Based Services Physician (HBS) Consults, ≥ 10 Hospital Admission Boarders, ≥ 2 Intensive Care Unit (ICU) Boarders, ≥10 patients in Waiting Room needing placement into treatment space, Emergency Department census ≥ 125, ≥ 2 patients on Ambulance Offload Nurse Assignment ≥ 1 hour.

Each metric = 1 point.

A score of 5 or greater will trigger escalation to facility leaders.

Step 2: Select who will initiate APOT escalation

☒ Emergency Department (ED) Assistant Nurse Manager (ANM)

Step 2A: Turn on Operations Watch List (OWL) Notification System (OWL application build in progress)

☒ Facility may utilize OWL notifications once build is complete; or

☒ Monitor Emergency Department census (volume) via the Kaiser Permanente Health Connect (KPHC) medical record.

Step 3: Persons who are recipients of the escalation

☒ ED Nurse Manager

☒ ED Director

☒ ED Chief

☒ Associate Chief Administrative Officer

☒ Assistant Physician In Chief of Hospital Operations

☒ Care Without Delay Director

☒ Chief Operating Officer

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☒ Hospital Administrator on Call (AOC), Service Director On-Call (SDOC), House Supervisor

☒ Kaiser Permanente Northern California (NCAL) Regional Medical Director for Emergency Medical Services (EMS) and Ambulance services

Step 3A: Mode of communication that will be used.

☒ Teams and/or text

Step 3B: Additional components and metrics to communicate for escalation notice

☒ Number of HBS consults, number of hospital admission boarders, number of ICU Boarders, number of patients in waiting room needing placement into treatment space, census (patient volume in ED), number of patients assigned to Ambulance Offload Nurse Assignment ≥ 1 hour.

☒ Refer to standard house supervisor reports for additional metrics and throughput considerations.

Step 4: Levers to Mitigate APOT

INFLOW

☒ Ambulance Offload Nurse Assignment.

☒ Consider ambulance consolidation. EMS approval required.

☒ Reduce direct admissions from other acute care centers.

CREATE ED CAPACITY

☒ Open additional staffed inpatient beds.

☒ Utilize Post Anesthesia Care Unit (PACU) and Interventional Radiology (IR) for in-patient overflow availability.

☒ Convert single occupancy rooms to double occupancy rooms.

AUGMENT ED STAFFING ED Staffing

☒ Call in additional staff to support operational needs.

☒ Utilize in-patient transport support.

FACILITATE THROUGHPUT

☒ Increase frequency of telemetry monitoring utilization evaluations.

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☒ Assess the potential need to activate the rapid discharge plan as outlined in the Emergency Operating Plan.

☒ Increase frequency of HBS Physician rounding for admitted patients still in the ED.

☒ Request expedited completion of consultations for patients in the ED.

☒ Explore transferring patients who are waiting for admission to other Kaiser Foundation Hospitals.

☒ Request re-evaluation of boarding patients for alternative disposition options and continue to communicate needs to hospital and continuum leadership.

☒ Increase frequency of collaboration between House Supervisor and ED leadership about boarded patients to support prioritization of moving complex needs patients to inpatient beds.

☒ Strengthen oversight of discharge processes with an increased focus on optimizing patient flow and bed availability timeliness.

☒ Consider opening a discharge lounge.

☒ Consider cancelling elective admissions.

☒ Mitigate any procedural delays by escalating issues more expeditiously in a manner consistent with established local guidelines.

Step 5: Coordinate APOT reduction protocol activation and monitor decompression

☒ The ED APOT Task Force reports to Hospital Utilization Management (UM) Committee (reporting up to MEC) to ensure sustainability and compliance with AB40. Hospital Administrators, nursing staff and ancillary services will be notified during the monthly UM committee meeting if the local EMS agency standard for APOT has been exceeded for one month as well as month to month performance outcomes.

☒ Plan discussed at ED and Hospital Operation Huddles until APOT exceedance is resolved.

☒ Consider activating Hospital Surge Plan.

☒ If escalation protocol is triggered externally (i.e. by county within service area), attend report-outs with county to communicate execution of de-escalation protocol.