

Sacramento 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 of 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

PURPOSE:

- A. 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 Patient Offload Time (APOT) Reduction Protocol described below.

Sacramento Ambulance Patient Offload Time (APOT) Reduction Protocol

Names of Team Members Completing Form: *Brandie Cherry (ED Service Director), Richard Meidinger (RN Manager, EMS Liaison), Linzy Davenport (Chief Operating Officer) Amit Shah, (Assistant Physician in Chief for Hospital Operations), Nolan Caldwell (Chief of Emergency Medicine) Timothy Hutchison (RN Operations Director)*

Medical Center: *Kaiser Foundation Hospitals – Sacramento*

Date: *8/22/2024*

Step 1: Define Local APOT Threshold to trigger escalation protocol (*check all that apply*)

- Last month's reported APOT1 (90th percentile offload time as reported to the state)
Threshold: 90th percentile APOT at or below 30 minutes
- No. of Ambulances waiting to offload (i.e. maximum # of ambulances on the wall before protocol is triggered)
Threshold: 4 ambulances on wall-time exceeding the Sac County Standard
- Longest APOT
Threshold: 1 ambulance > 1 hour without a destination

Step 2: Select who will initiate APOT escalation (*check all that apply*)

- ED Charge RN or ED ANM
- ED Nurse Manager
- ED Director

Step 3: Persons who are recipients of the escalation (*check all that apply*)

- ED Nurse Manager
- ED Director
- ED Chief or designee
- Associate Chief Administrative Officer
- APIC of Hospital Operations
- CWD Director
- COO

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- CNE
- Support Services Administrator
- Kaiser Permanente NCAL Regional Medical Director for EMS and Ambulance services
- Other: ED Physician EMS liaison or designee, Nursing Operations Director

Step 3A: Mode of communication that will be used to notify staff (check all that apply)

- Text

Step 3B: Additional components and metrics to communicate for escalation notice: additional text message to be sent to escalation recipients when an APOT alert is activated with following information:

- Number and type of patients in the ED pending admission to hospital
- Overcrowding scores (i.e. NEDOCs)
- Number of waiting room patients and or wait time
- Boarding patients that decrease ED capacity but are not pending admission to medical hospital
- Hospital Capacity and Inpatient Metrics

Step 4: Levers to Mitigate APOT (check all that apply)

INFLOW

- Ambulance Offload – Offload ambulances directly to waiting room as directed by Sac County EMS policy #5050
- Ambulance Offload – Utilize Ambulance Triage RN to assess patients using clinical criteria
- Open Ambulance arrival area see Sacramento Ambulance Surge Off Load Process
 1. Ambulance Surge Offload exists in SAC during times of Surge, and when space permits
 - a. Limited by use of existing treatment space. No existing net new space for alternative ambulance offloads
 2. Rapid offload to ED staff who can initiate triage and start orders prior to rooming in treatment space
 3. Assign Staff (RN, LVN, or ED Tech)
 - a. Sacramento uses 1 RN to take report, triage, and start orders on up to 4 ambulance arrivals
 4. Sacramento off loads to Rapid Care Area vs Emergency Department Lobby if patient assessment meets Sac Co Policy #5050, but deemed inappropriate for lobby by Emergency Department Ambulance Intake RN
- Consolidate ambulances on the wall – *With prior EMS approval, assign one ambulance crew / EMS supervisor to monitor 2-4 patients and release transport crews back to field*

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1. Sacramento ED is supportive of the practice in collaboration with and initiated by County EMS

- Activate Hospital High Census Capacity Management Policy
- Repatriations – Review capacity to accept Repatriations; follow escalation process if unable to accept repatriations

CREATE ED CAPACITY

Surge Space – consider options for managing ED Boarding patients that meet regulatory requirements. Work with the hospital AR&L Director to obtain any required approvals.

- PACU
- Other: *Normal operations include use of semi-private rooms with 2, 3, and 4 beds per room.*

Augment ED Staffing

- Call in additional staff to support operational needs
- Assess and request support of Travelers
- Assess and request RN extenders (LVNs and ED Techs)

FACILITATE THROUGHPUT

- Increase frequency of telemetry monitoring utilization evaluations
- Assess the potential need to activate the rapid discharge plan as outlined in the Emergency Operating Plan
- Increase frequency of HBS (Hospitalist) 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
- Consider activation of Demand Management resources to expedite discharge transportation for patients as applicable and available
- 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
- Other: *Open High Census Hub as appropriate*

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Step 5: Coordinate APOT reduction protocol activation and monitor decompression *(check all that apply)*

- Establish a local APOT work group / committee to ensure sustainability and compliance with AB40 requirements. This committee includes representation from ED nurses.
 - Reporting Structure: APOT Committee will provide an executive summary to the Resource and Utilization Management Committee (RUMC). RUMC is a bylaw committee that reports up through the hospitals Medical Executive Committee.
- Plan discussed at ED and Hospital Operation Huddles until APOT exceedance is resolved.
- Consider Opening Local Command Center (High Census Hub) to streamline communication and execute strategies for effective throughput in ED and inpatient space.
- 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