

I. PLANS FOR COMPLIANCE

- a. The Emergency Department Staff have been working on an APOT plan since 6/2023. This plan was created with consultation and feedback from frontline staff including Registered Nurses, ER Technicians, Safety Attendants, and Emergency Room Providers. The Unit Practice Council meets monthly to discuss throughput challenges and operational efficiency. Additionally, once AB 40 was announced, Emergency Department leadership shared the requirements and plan with hospital leadership and administration for their feedback, support and input. APOT continues to be discussed monthly at the hospital throughput meeting and ED OPS meetings.
- b. An APOT workgroup has been created to notify hospital administration, nursing staff, medical staff and ancillary services when APOT has been exceeded for a given month. The data is pulled directly from the county and shared via e-mail and TigerConnect. An action plan will be developed when the average APOT time is greater than 30 minutes, 10% of the time.
- c. In response to staffing challenges, Emergency Department Charge Nurses have been given approval to call in staff when needed and flex down when appropriate. Staffing and census is shared at least daily to safely staff each department and offload Emergency Department patients.
- d. The systems put into place to improve general hospital coordination with the Emergency Department are detailed in Protocol IV. Consults are performed when appropriate by ER Physicians/Providers. For any cases where consultants are not available, the transfer center will be contacted. The direct operational changes designed to facilitate a rapid reduction in APOT to meet LEMSA's standard of 30 minutes are outlined in Protocol V.

MHF Ambulance Patient Offload Time Mitigation Protocol

II. SETTING

Mercy Hospital of Folsom: Main hospital and Emergency Department

III. PURPOSE

The purpose of this protocol is to meet Ambulance Patient Offload Time (APOT) standards outlined in Assembly Bill 40 (AB 40) and California Health and Safety Code Section 1797.120.6.

SCOPE

This protocol applies to all Mercy Hospital of Folsom personnel, including hospital administrators, emergency department (ED) staff, physicians, nurses, ancillary services, and EMS personnel delivering patients to Mercy Hospital of Folsom.

IV. DEFINITIONS

- a. APOT Standard: AB 40 Statute 1797.120.6 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.
- 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.

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V. PROTOCOL

1. Activate Appropriate Hospital Surge Plans and/or ED Surge Plans to support timely ED decompression to mitigate APOT offload delays.

Surge Plans include services/department/actions steps below but are not limited to:

- a. Bed meetings held twice a day (0845 and 2045) led by ANS and including Inpatient Leaders, ED Charge Nurse/Nurse Shift Manager and Ancillary Department Leaders to discuss ED census, Hospital census, discharge planning and any barriers to discharge. All ED Admissions are reviewed to facilitate movement.
- b. 0930 daily huddle via zoom that includes all hospital leadership. Staffing challenges, barriers to admission and discharge are discussed to prioritize needs.
- c. Multidisciplinary rounds in the Emergency Department daily at 0900 with Case Management, Social Services, Substance Use Navigation, Nursing and Providers. Behavioral Health and Case Management patients are reviewed by the team to develop and reassess discharge planning. Complex patients are escalated to Case Management Leadership.
- d. ED and Hospital Surge Management plans to include services/departments: Transfer Center, Environmental Services, Inpatient Units, Pharmacy, Radiology, Consult Services, Case Management, Transition of Care Services, Bed Planning, Nursing Supervisor and AOC to address patient flow constraints.
- e. TigerConnect escalation group utilized for high census and throughput issues to be resolved in real-time.
- f. Hospital services and intra/inter departmental coordination with ED to support patient flow and timely decision-making with support services.
- g. Monthly ED OPS meeting to discuss throughput, current data and monitor progress.
- h. Real time APOT escalation process when APOT Standards exceed 30 minutes. Charge Nurse → NSM → ANS/ED Manager → ED Director → Administrator AOC.

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- i. Any lobby-appropriate patient should be sent to the waiting room via EMS gurney. This also includes the Internal Waiting Room (IWR) if they need closer monitoring. Those patients appropriate for the IWR or lobby should not be held on the wall. Patients with IVs that are saline-locked may wait in the waiting room.
 - j. For excessive wall-times of >30 minutes, the Charge Nurse will develop a plan with the NSM/Manager to offload the patient. When physical space is not an issue, this may include pulling a Break Nurse, Resource Nurse or ED Tech to offload the Ambulance.
 - k. Any time there is a delay in triaging Ambulance Patients, the Charge Nurse should be notifying the NSM or designee to assist with triaging to expedite the offloading process.
2. ED & Hospital Staff receive education/training on APOT mitigation strategies and AB 40 compliance. ED Nurse Shift Managers and Charge Nurses will have more in depth training to ensure the above plan is followed.
3. APOT Monitoring and Reporting
 - a. APOT metrics will be monitored and reported monthly to ensure compliance. When APOT exceeds 30 minutes, 90% of the time, an action plan and gap analysis will be created.
 - b. The Quality Department will help analyze APOT data and implement quality improvement initiatives, as needed.
4. Collaboration with Sacramento County

A MHF representative will attend regular meetings with the county and all stakeholders to learn best practices, receive feedback and review APOT performance.
5. Review and Revision

This protocol will be reviewed annually and revised as needed to ensure ongoing compliance with AB 40 and the

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continuous improvement of APOT protocols.

VI. KEYWORDS/ALIASES

Wall time, APOT, AB 40

VII. REFERENCES

Hospital and Emergency Department Surge Plan

VIII. REVIEWED BY