

## **Mitigation plan for Off-Loading patients from Ambulance (AB40 California law APOT)**

### **Introduction**

Ca AB40 law addresses ambulance patient offload time( APOT), aiming to reduce the time ambulances spend waiting to transfer patients to hospital emergency departments. The following mitigation plan outlines Mercy San Juan Medical Center's strategies to comply with AB40 and ensure efficient and safe patient transfer.

### **Objectives**

- Ensure compliance with AB40 requirements
- Minimize ambulance wait times at hospital
- Improve patient care and outcomes
- Optimize resources utilization

### **Key Stakeholders**

- Mercy San Juan Medical Emergency Department
- EMS Agencies
- Sacramento Emergency Medical Service Agency (SCEMSA)
- Emergency Medical Service Authority (EMSA)
- Providers
- Patients

### **Strategies**

- 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.**
  - a. Report APOT greater than 30 minutes to the manager, director, and executive leadership meeting.
- 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.**
  - a. Follow Emergency Management Plan
  - b. 24 hour review of APOT reported out at daily Bed meeting

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

- Daily Multidisciplinary Round Meeting attendance
- Escalation Pathways for services
- Urgent Bed Multidisciplinary Meetings

**Enhance Communication and Coordination**

- Establish a communication channel to utilize real time data sharing on ambulance field needs, capacity, ED capacity
- Share Communication between ED and inpatient units regarding patient flow management , barriers , best practices
- Improve coordination between departments with rapid patient transfer and discharge
- Implement strategies for early discharge orders
- improve the utilization of the discharge lounge
- Develop standardized protocol between ED and inpatient units to ensure timely and accurate information transfer

**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.**

The Emergency Department created an APOT Task force. This collective consisted of Emergency Department Nurses, Emergency Department Technicians, and Emergency Department Leadership. The interventions below were created and will be implemented by the Task Force.

**Optimize patient flow: Interventions created by Task Force**

- Establish off load Tech and RN team : Model the RN role based on Lobby nurse
- Implement APOT RN 10-10: offload EMS- no ratio noted.
- Establish an offload destination that will include 8 beds in the ambulance hallway for EMS to directly offload.
- Clearly define MICN role, APOT RN role, and APOT Tech role
- Decrease Process Inefficiencies:
  - Create defined lobby criteria
  - EMS to give 1 report to the nursing staff
    - Nursing to give MD report
  - Hospital staff to move patient from offload gurney to rooms

**Optimize patient flow: Interventions created by ED Leadership**

- Establish standard order to floor with in 60 minutes

- Bed Management: assign beds on brown (discharge dirty). Patient is transferred to the floor on yellow (while the bed is being cleaned)
- For ICU admission: establish a process that will get patient to the floor within 2 hours of arrival to ED.

### **Staff training and Development**

- Cross -train ed and inpatient unit staff to understand each other workflow and improve collaboration
- Simulation drill to practice rapid patient transfer and coordination between all departments

### **Monitoring and Evaluation**

- Key Performance Indicators (KPIs) monitor patient flow, APOT, ed wait times, time to admission and LOS in ED
- Regular Audits : conduct regular audits of patient flow processes to identify bottlenecks and areas for improvement
- Implement feedback mechanisms for staff and patients, and Executive Leadership to report issues and suggest improvements

### **Full implementation (3 months )**

- Roll out successful strategies across all departments
- Provide comprehensive training for all staff
- Establish ongoing monitoring and evaluation processes

### **Continuous Improvement ( Ongoing )**

Regularly review patient flow, data and processes

Implement continuous improvement initiative based on feedback and performance metrics

### **Conclusion**

Improving patient flow from the emergency department to inpatient units requires a comprehensive approach involving enhanced communication, optimized processes , increased capacity, technology solutions, staff training and continuous monitoring. By implementing this plan hospitals can reduce ED overcrowding ,improve patient outcomes, and enhance overall operational efficiency.