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Methodist Hospital of Sacramento is submitting the following protocol to comply with Assembly Bill 40 (AB40) mitigation plan for Ambulance Patient Offload Time (APOT).

This protocol meets the requirement 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.

Methodist Hospital of Sacramento

AB40 - Ambulance Patient Offload Time Reduction Protocol

PURPOSE: Ambulance Patient Offload Time (APOT) reduction protocol is a requirement in California pursuant to California Assembly Bill 40 (AB 40). California AB 40 requires that the transfer of care between Emergency Medical Service (EMS) providers and hospital Emergency Department (ED) staff occur in less than 30 minutes, 90% of the time. This protocol is to outline the process of facilitating effective patient flow and providing multidisciplinary support for the provision of patient care when resources are limited in response to increased patient care demands within the Emergency and Inpatient departments. This protocol has been designed to ensure efficient and expedient transfer of patient care that is facilitated by continuous, systematic and objective data analysis and multidisciplinary peer review to identify opportunities for improvement.

SCOPE: This protocol applies to all Methodist Hospital personnel, including hospital administrators, emergency department staff, physicians, nurses, ancillary services, and EMS personnel delivering patients to Methodist Hospital of Sacramento.

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 (GACH) with Emergency Departments.

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 staff assumes responsibility for the 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 that the care of the patient is transferred to ED staff.

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.

PROTOCOL:

1. The assigned Mobile Intensive Care Nurse (MICN) or Emergency Department Charge Nurse (EDCN) will electronically sign (ambulance end time), receiving patients from EMS providers as soon as possible upon arrival, while assuring safe patient care following the Standard MICN Workflow.
2. In the event that ambulance patient offload delay (APOD) is anticipated, immediate escalation to ED Leadership (Nurse Shift Manager (NSM), ED Manager/Director) by either the EDCN, MICN, or designee, shall occur.
3. Implementation of Emergency Department Capacity Plan, maximizing available resources (e.g., reassigning break relief RNs for patient care, transferring of patients prior to admission due to hospital capacity etc.)
 - a. The Emergency Department Capacity Plan includes Emergency Department Charge Nurse, Nurse Shift Manager, Emergency Department Attending Physician and/or Medical Director, Administrative Nursing Supervisor, and Emergency Department Manager and/or Director.
4. When the Emergency Department Capacity Plan is unsuccessful in decompressing the ED, the Hospital Capacity and Surge Plan shall be activated to further support the timely decompression of the ED to mitigate EMS offload delays.
 - a. ED and Hospital Capacity plans include the following departments: Environmental Services (EVS), Acute Care Units (Inpatient), Pharmacy, Radiology, Laboratory, Case Management (CM), Administrative Nursing Supervisor (ANS), Senior Leadership Team (SLT), and the Administrator on Call (AOC).

As required by Section 1797.120.6 added to the California Health and Safety Code, as of September 1, 2024 Methodist Hospital of Sacramento has initiated the following process improvements:

1. Direct operational changes designed to facilitate a rapid reduction in APOT to meet the EMSA standard adopted pursuant to subdivision (b) of Section 1797.120.6:
 - a. MICN / EMS Offload assignment from 1100 hrs to 2300 hrs, seven (7) days a week
 - b. Additional FTEs have been assigned to support the newly implemented nursing assignment
 - c. ED/EMS workflow changes includes the creation of designated EMS off-load beds in the department

2. Mechanisms to improve hospital operations to reduce APOT include the following
 - a. Updated Hospital Capacity and Surge Plan which includes the legislature requirement language.
 - b. APOT data is reviewed during ED Operations and Throughput Committee meetings on a monthly basis, along with associated action plans that are amended/revised as needed.
 - c. EDCN, MICN, and Emergency Department staff voluntary monthly meetings to discuss challenges and opportunities to improve APOT as of December 4, 2024.

If, on or after December 31, 2024, Methodist Hospital of Sacramento has an ambulance patient offload time that exceeds the local EMS agency standard adopted pursuant to subdivision (b) of Section 1797.120.5 for the preceding month, compliance with the following shall occur:

1. Notification to SCEMSA, hospital administrators, nursing staff, and medical staff that the local EMS agency standard for ambulance patient offload time has been exceeded for the previous month.
2. Direct the local EMS agency to alert all EMS providers in the jurisdiction.

3. Bi-weekly calls with hospital administrators, including emergency department leadership, EMS providers, local EMS agency, and hospital employees to update and discuss implementation of the protocol and the outcomes.
4. Weekly review of APOT providing feedback to emergency department staff, physicians, and leadership highlighting areas for improvement.

Training and Education

1. The Emergency Department and Hospital Staff shall receive training and education on the updated Hospital Capacity and Surge Plan, Emergency Department Capacity Workflow, and AB 40 regulations and compliance.
 - a. This education is provided upon hire, with implementation, and as needed for all changes necessary for process improvement.

Collaboration:

1. This protocol has been written in collaboration with the represented emergency department staff, leadership, ED physician group and reviewed by the hospital president (CEO).
2. Meetings with Sacramento County Emergency Services Agency (SCEMSA), county area hospitals, and EMS providers shall be held on a regular basis (as specified by the County) to review APOT performance and improvement opportunities.
3. Emergency Department meetings will occur on a monthly basis, including staff, physicians, and leadership to review retrospective data and concurrent process improvement opportunities.

APOT Monitoring and Reporting:

1. APOT monthly data will be presented, reviewed, and discussed during monthly ED Operations and Hospital Throughput Committee meetings to identify trends and opportunity for performance improvement with hospital leadership, nursing, medical and ancillary staff.
2. When APOT exceeds 30 mins 90% of the time for one month, reporting will occur on a daily basis during the morning hospital safety huddle.

Review:

1. This protocol shall be reviewed annually and revised as necessary to ensure ongoing compliance with AB40 and continuous improvement of APOT and ED workflows.