Ambulance Patient Offload Time Mitigation Protocol

I. SETTING

UC Davis Medical Center: Main hospital and Emergency Department

II. PURPOSE

The purpose of this protocol is to meet Ambulance Patient Offload Time (APOT) standards outlined in Assembly Bill 40 (AB40) and California Health and Safety Code Section 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.

This protocol will be reviewed on an annual basis. It will reference UCDMC policy 1191, which is a critical component to the UC Davis Health Hospital and ED Capacity Plan.

III. SCOPE

This protocol applies to UC Davis hospital administrators, emergency department (ED) staff, physicians, nurses, ancillary services, and EMS personnel delivering patients to UC Davis Health.

IV. DEFINITIONS

a. Ambulance Arrival Time: The time an ambulance's wheels stop in the EMS bay outside the ED where the patient will be unloaded from the ambulance.

b. 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.

c. Ambulance Patient Offload Time (APOT): The interval between the Ambulance Arrival Time and the Ambulance End Time.

V. PROTOCOL

1. Activation of appropriate Hospital Capacity Plans and/or ED Capacity Plans, including Hospital Capacity Plan Policy 1191, to support timely ED Decompression to mitigate APOT offload delays.

    a. Policy 1191 requires actions to address patient flow constraints from the following services/departments: Transfer Center, Environmental Services, Inpatient Units, Pharmacy, Radiology, Consult Services, Case Management, Transition of Care Services, Bed Planning, Nursing Supervisor, AOD, and MOD.

    b. ED and Hospital Capacity will be assessed multiple times per day, and capacity plans will be triggered based on defined thresholds.

    c. Increased patient flow and timely decision-making with support services will occur through inter-departmental coordination with the ED

    d. An APOT escalation process will be triggered when APOT is initiated or exceeds established standard times (see attachments to this protocol).

2. ED Staff and Hospital Administration will receive education and/or training on APOT mitigation strategies and AB 40 compliance.

3. APOT Monitoring and Reporting

    a. APOT metrics will be monitored and reported to identify trends

and areas for improvement with hospital administrators and ED nursing, medical, and ancillary staff when APOT exceeds the standard 90% of the time for one month.

b. A dedicated team will analyze APOT data and implement quality improvement initiatives as needed.

4. Collaboration with County

Regular meetings with county, area hospitals, and EMS providers will be held to review APOT performance and discuss mutual challenges and solutions.

5. Review and Revision

This protocol will be reviewed annually and revised as needed to ensure ongoing compliance with AB 40 and the continuous improvement of APOT protocols.

6. Emergency Department APOT Mitigation Workflows

i. EMS Expedited EMS Waiting Room Arrival Process

ii. EMS APOT Room Staging

iii. APOT Decision Tree

iv. APOT Escalation Process

v. Capacity Management Plan

VI. KEYWORDS/ALIASES

Wall time, APOT, AB 40

VII. REFERENCES

Hospital and Emergency Department Capacity Plan

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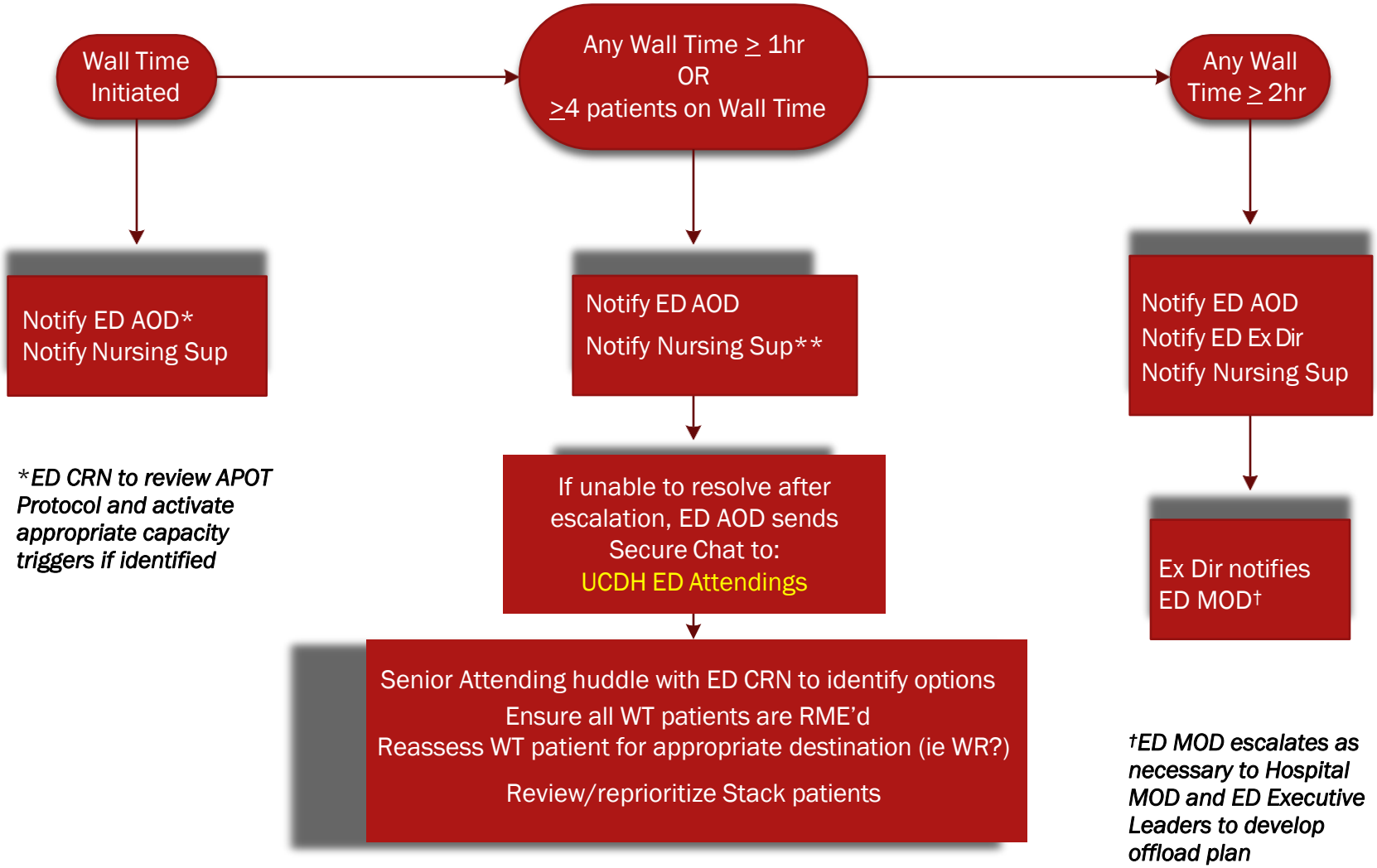
AB40 APOT Escalation Process



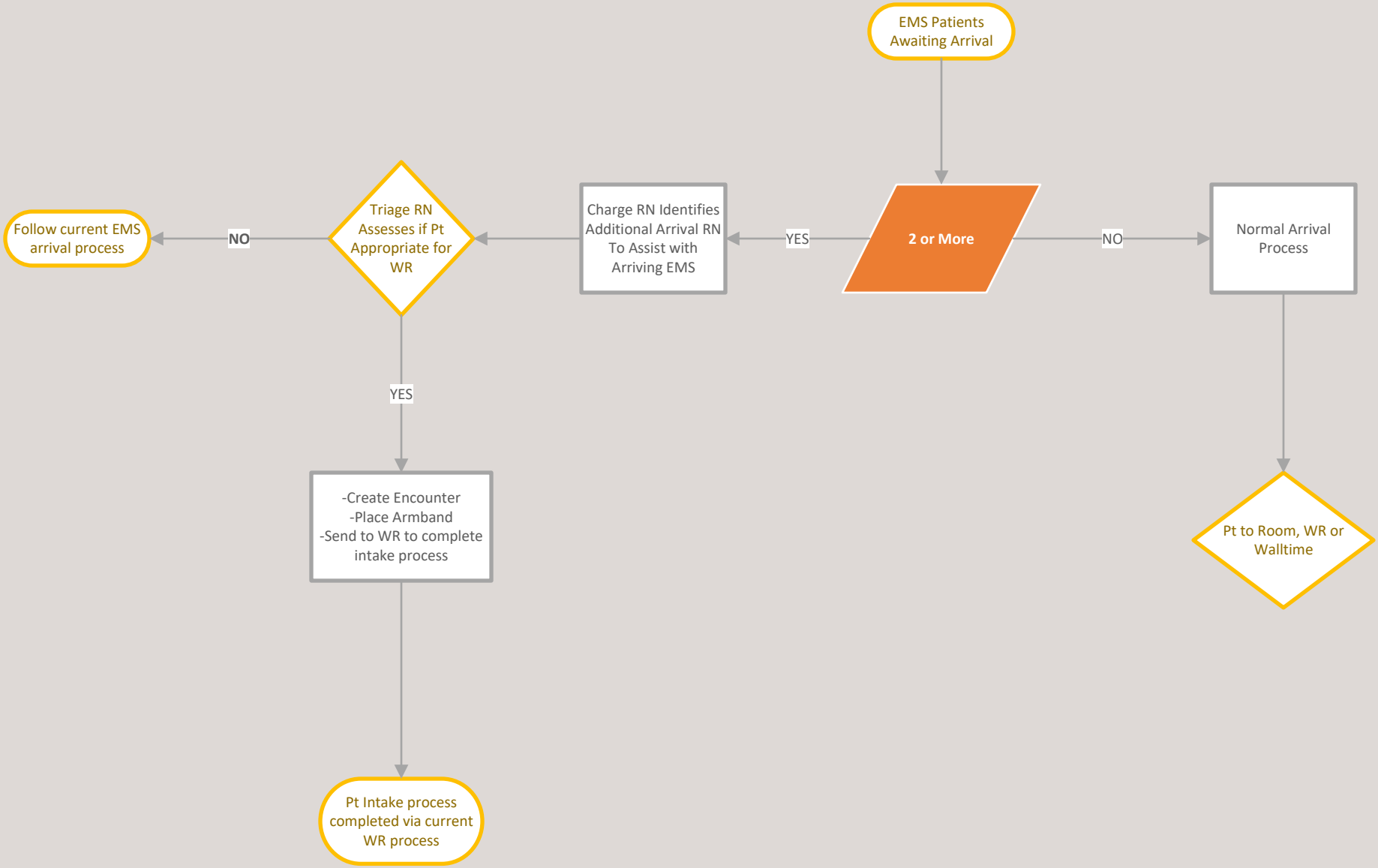
**ED CRN to review APOT Protocol and activate appropriate capacity triggers if identified*

***1. Nursing Sup escalates per Hospital Capacity Plan*
2. ED CRN/Nursing Sup huddle to develop shared plan to off load. If unable to develop plan escalate to ED AOD/MOD

†ED MOD escalates as necessary to Hospital MOD and ED Executive Leaders to develop offload plan

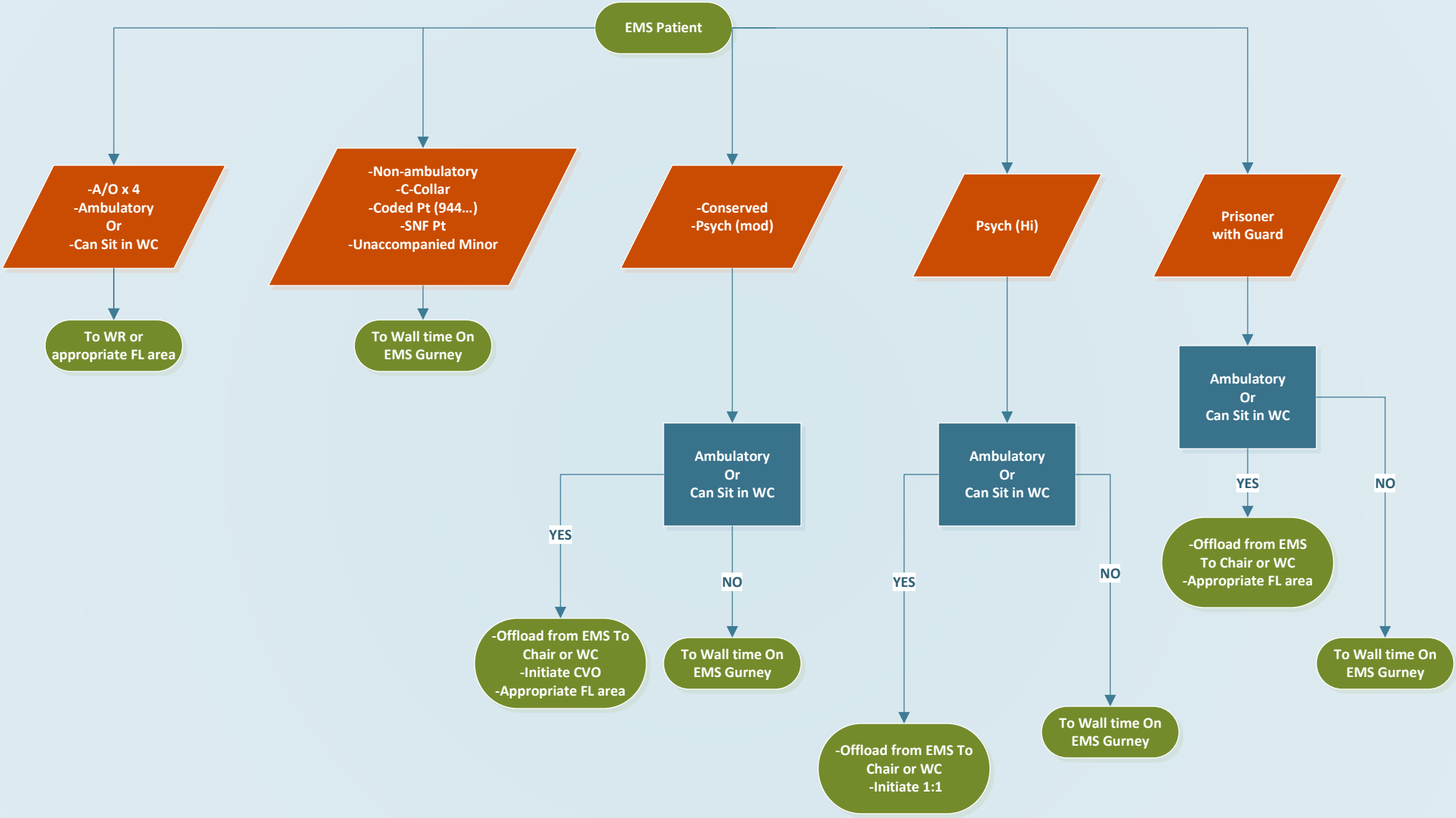
EFFECTIVE September 1, 2024

AB40 APOT-Expedited EMS Waiting Room Arrival Process



EFFECTIVE September 1, 2024

AB40 APOT-WALLTIME/WAITING ROOM DECISION TREE



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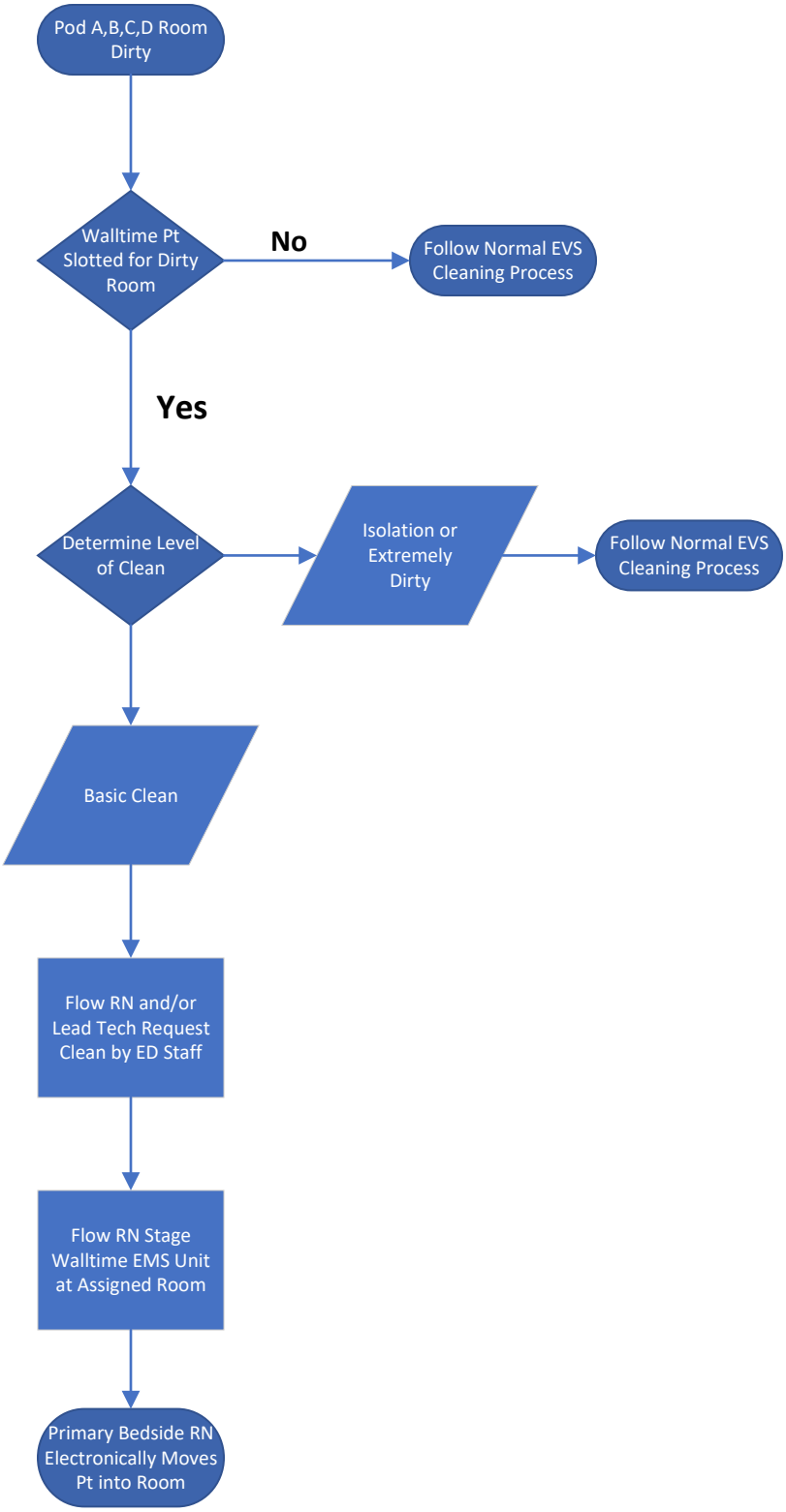
AB40 APOT-EMS Walltime Room Staging



EFFECTIVE September 1, 2024

Capacity Management Plan

I. SETTING

Hospital

II. PURPOSE

This policy identifies the UC Davis Health (UCDH) capacity management plan and actions taken by administrative, nursing, operations, and medical staff to safely manage the care of patients during times of census/capacity demands. This policy outlines the levels of capacity management, communication, operational level capacity management response, and daily capacity management oversight responsibility of the UCDH Capacity Management Plan.

III. POLICY

Each operational department has established standard work to support the hospital's capacity which is the baseline of the department to support workflow efficiency and hospital resource utilization. The capacity within the hospital is impacted by the demand for beds coming from several admitting sources as well as the changes in the clinical condition of patients currently in beds. The demands are inclusive of both the Children and Adult hospital. The transparency of these demands is depicted on the EPIC CCC Capacity Management dashboard. The establishment of all operational department's standard work and reprioritization of their standard work to support capacity management will be outlined below and more detailed in the attachments.

IV. PROCEDURE/RESPONSIBILITY

The Capacity Management plan was developed by administrative, nursing, operations, and medical staff leaders. The triggers were identified through historical data analysis and validated by administrative, nursing, operations, and medical leadership. The triggers are automated in EPIC to display for organizational transparency and activation of the department capacity management plan. The department operational plans are attached as related documents. The responsibility of the development, activation, and ongoing update of the department plans is the responsibility of the department leadership.

A. The four levels of hospital capacity management are:

Green – Capacity below normal census

No Color – Census at normal operations with standard work

Yellow – Capacity above normal census with reprioritization of work

Red – Capacity critical above normal census with additional reprioritization of work

B. Communication

1. Nursing Supervisor responsible for Patient Flow Dashboard email: 6am and 6pm to HS-Patient Flow Readers.

2. The Daily Huddle Capacity Management dashboard is utilized as a standard framework for organizational report out at the 9am Huddle. Nursing Supervisor is responsible for verbal communication of daily capacity level at 9am huddle.

3. EPIC broadcast message displays hospital capacity level for the day in a Radar dashboard on all Hospital dashboards. This message display changes and reflects daily at 6am. The message can be minimized after reading with only the banner display message. The red banner indicates it is a high priority message but does not reflect the capacity level.

4. Nursing Supervisor sends 555 page on days when hospital capacity triggers red at 7am with standard message for operational leaders to review policy Capacity Management 1191 and engage their department's capacity level response for red.

C. Escalations Outside of the Capacity Management plan

1. Daily Capacity Management is by the MOD, PACH, and Nursing Supervisor assigned.

2. Capacity Management oversight is by the ACMO & AOD.

3. Departments should engage their chain of command for escalations.

V. RELATED DOCUMENTS

1191(1) Capacity Level Response Table for Green

1191(2) Capacity Level Response Table for Standard Work

1191(3) Capacity Level Response Table for Yellow

1191(4) Capacity Level Response Table for Red

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