

EMS – Emergency Department Transfer of Care Standards

I. PURPOSE

This policy establishes standards for transfer of patient care for 9-1-1 ambulance personnel to Emergency Department (ED) staff in Contra Costa County. These standards are essential to public safety.

II. POLICY

Hospitals designated as an EMS receiving hospital in Contra Costa County shall be prepared to receive patients transported by 9-1-1 ambulance providers and accept these patients upon arrival. The patient transfer process performance expectations for the EMS System is twenty (20) minutes or less 90% of the time.

III. EMS AMBULANCE PROVIDER RESPONSIBILITIES

- A. Prehospital personnel will notify ED staff of their estimated time of arrival as soon as practical, once patient destination has been established.
- B. Prehospital personnel shall provide continuity in their treatments upon arrival at the hospital, which typically may involve oxygen, IV fluids and nebulizer treatments, which have been started prior to patient arrival in the ED.
- C. During periods of unusual level of demand, prehospital personnel may provide the stable patient with information on hospital delays to assist the patient in their choice of destination.
- D. Prehospital personnel will promptly notify ED supervisory staff of ambulance parking, stacking conditions and “Patient Care Delays” when they occur. Ambulance supervisory personnel will assist with the resolution of parking and stacking issues and follow up with the Contra Costa County EMS Agency (LEMSA) and hospital.
- E. Notification of the need to release ambulance resources shall be communicated by the ambulance supervisor using the following chain of command:
 1. ED charge nurse and physician in charge
 2. Hospital House Nursing Supervisor

IV. RECEIVING HOSPITAL RESPONSIBILITIES

- A. The hospital responsibility for the care of a patient begins when the patient or ambulance arrives on hospital grounds and requires an initial assessment and triage of the patient without delay. *
- B. Hospital staff shall provide ongoing care beyond oxygen and IV fluids once the patient has arrived in the ED.
- C. ED staff will work with ambulance personnel to ensure optimal patient care handoff and resolve any instances or delayed patient care handoff.
- D. During periods of unusual level of demand, hospitals shall activate internal protocols for ED saturation using the hospital incident command system.
- E. Predictable seasonal high utilization periods are considered normal EMS System operations that should be included in hospital planning and are not considered unusual level of demand episodes.



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- F. Hospital staff will work with LEMSA staff to ensure internal policies and procedures are in place to prioritize patients arriving by EMS ambulance and effectively manage ambulance parking and stacking issues. Examples include:
1. Rapid response teams to support ED patient care flow.
 2. Communication protocols with appropriate personnel to support rapid patient transfer of care decisions (e.g., Hospital Nurse Supervisor, Hospital Administrator on call, the EMS Duty Officer, etc.)

V. EMS AGENCY RESPONSIBILITIES

- A. Provide hospitals and ED leadership with reliable patient handoff performance reports.
- B. Post countywide EMS-hospital offload reports on the LEMSA website at appropriate intervals.

*Emergency Medical Treatment and Labor Act (EMTALA)

