



Ambulance Patient Offload Policy (Version 2.0 – effective March 1, 2022)

Purpose

The purpose of this Policy is to facilitate the safe transfer of patients from the transporting EMS team to the receiving acute care facility in a timely manner.

Background

The Emergency Medical Treatment and Labor Act (EMTALA) makes it clear that the receiving emergency department, and not EMS staff, is statutorily obligated to provide care to patients arriving at the emergency department via 911 ambulance transport. EMTALA is a federal statute that applies to all US acute care facilities. Under EMTALA, receiving acute care facilities have a duty of care to any individual who presents on hospital property with a possible emergency medical condition [42 U.S.C. § 1395dd et seq]. EMTALA defines “hospital property” broadly to include the hospital’s main buildings, adjacent areas, and areas within 250 yards of the main buildings [42 C.F.R. § 413.65]. EMTALA requires that the receiving facility’s duty of care to the patient begins when the patient arrives on the facility’s property, whether the facility formally “accepts” the patient or not. Additionally, the responsibility of the patient is not dependent on whether the patient is on an EMS stretcher or not—EMTALA is clear that once on hospital property the hospital (and not the EMS provider) has the duty of care.

The Centers for Medicare and Medicaid Services (“CMS”) has developed a clear policy relating to hospital attempts to delay their responsibility under EMTALA by refusing to “accept” patients that arrive via emergency ambulance:

Hospitals that deliberately delay moving an individual from an EMS stretcher to an emergency department bed do not thereby delay the point in time at which their EMTALA obligation begins. Furthermore, such a practice of “parking” patients arriving via EMS, refusing to release EMS equipment or personnel, jeopardizes patient health and adversely impacts the ability of the EMS personnel to provide emergency response services to the rest of the community. Hospitals that “park” patients [with EMS] may also find themselves in violation of 42 CFR 482.55, the Hospital Condition of Participation for Emergency Services.

CMS State Operations Manual, Appendix V, §489.24(a)(1)(i).

Additionally, CMS S&C -07-20 states that in situations when a hospital does not have the capacity or ability to provide an immediate medical screening, the responsible acute care facility may “ask the EMS provider to stay with the individual...” but cannot require that the EMS provider stay. Therefore, if the EMS provider refuses the request from the receiving facility, the responsibility of the patient transfers to the receiving facility.

Moreover, the Alameda County Emergency Medical Services Agency (ALCO EMS) has also promulgated EMS regulations which make clear that “the hospital’s 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.”¹

¹ See ALCO EMS Transfer of Care Guidelines, Section VI(A), issued on May 5, 2015 (available at <http://ems.acgov.org/ems-assets/docs/Documents-Forms/Transfer%20of%20Care%20guidelines%20final%202015.pdf>)

The intent of this Policy is to allow EMS personnel and ambulances to return to the EMS system as quickly as possible where they can respond to calls and save lives.

Scope

This policy only applies to the following Alameda County facilities:

- Alta Bates, Berkeley CA
- Alta Bates Summit Campus, Oakland CA
- Alameda Hospital, Alameda CA
- Children’s Hospital, Oakland CA
- Eden Hospital, Castro Valley CA
- Highland Hospital, Oakland CA
- John George Psychiatric Pavilion, San Leandro CA
- Kaiser Hospital, Fremont CA
- Kaiser Hospital, Oakland CA
- Kaiser Hospital, San Leandro CA
- San Leandro Hospital, San Leandro CA
- St. Rose Hospital, Hayward CA
- Stanford Valley Care, Pleasanton CA
- Washington Hospital
- Willow Rock, San Leandro CA

Policy

Time standards have been developed to ensure the 911 Emergency Medical Response system maintains a level of readiness and efficiency that meets the needs and expectations of our patients, facility staff, and agency customers. The goal of this Policy is to transfer patients to the receiving hospital and off Falck’s gurney as soon as possible, with actions taken at 30 minutes and transfer of care to not exceed 60 minutes.

- Time will be measured from when the ambulance converts into “transport arrive” status at the hospital.
 - “Transport arrive” means the ambulance is on hospital property (as defined by EMTALA) and the vehicle has stopped.

Procedure

Step 1: Offload to an ED bed or Triage/Waiting room (5-10 minutes)

- The normal and primary patient transfer occurs within 10 minutes of ambulance arrival.
- In the event the receiving facility does not have a space for the patient within the allotted 10 minutes, or it is anticipated that one will not become available within such time, move to Step 2.

Step 2: Falck Administrative and Hospital Administrative Contact - and triage of stable patients (30 minutes)

- In the event the receiving hospital does not have a place for the patient (regardless of whether triage criteria for the patient is met or not) within the 10 minutes allotted in Step 1, or it is anticipated that one will not become available within such time, the EMS crew will notify the captain with updated status:

- EMS 20: Oakland
 - 510-504-0987

28333 Industrial Blvd. Hayward, 94545

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- EMS 30: Hayward, San Leandro, San Lorenzo, Castro Valley
 - 510-504-2674
 - EMS 40: Fremont, Union City, Newark
 - 510-504-8610
 - EMS 50: Dublin, Pleasanton, Livermore
 - 510-504-8964
- Utilizing the criteria found in the attached Alameda County Health Services memo from Dr. Karl Sporer, EMS Medical Director (the “Triage Clinical Criteria”), patients who meet all the clinical criteria listed shall be immediately offloaded to the Emergency Department Triage/Waiting Room.
 - Consistent with this memo, a verbal report will be provided by the EMS crew to the triage nurse, charge nurse or other hospital staff before leaving the patient at the hospital. All such actions shall be documented in the PCR by the EMS crew.
 - If the receiving facility lobby is full, the EMS crew may place the patient in an available chair or bed inside the Emergency Department.
 - In the event the receiving hospital does not have a location for a patient who does not meet Triage Clinical Criteria:
 - Captain will contact the receiving facility’s charge RN or designee to facilitate patient transfer
 - Captain will record the details of such contact and transfer in ESO Forms; and
 - Crew will provide a copy of the patient care report to hospital designee and complete the ePCR.

Step 3: Violation Recorded (60 minutes)

- At the 60-minute mark, if the patient is not off the gurney, the Captain and the receiving facility’s charge nurse or designees will coordinate a plan to immediately transfer care of the patient to hospital staff and move the patient from the EMS gurney to any available bed, chair, or cot.
- The details of such an event will be sent to Falck leadership to file an Unusual Occurrence (UO) with Alameda County EMSA and/or a formal EMTALA violation.

Falck is committed to working with the county facilities to discuss solutions for improvement, and we welcome additional discussions and ideas for improvement. Falck reserves the right to amend or suspend any part of this Policy at any time upon written notice to the facilities listed above.