Prolonged EMS Transfer

Product (EMS51) Purpose
This document (EMS51) is intended to provide guidance and best practices for EMS clinicians and hospital emergency room personnel to prevent prolonged ambulance offload times. Before March 2020, one MCI (mass casualty incident) could overwhelm a local emergency room and take EMS units out of service. As the nation's healthcare system deals with the effects of COVID-19, pre-hospital agencies and emergency rooms managing the equivalent of multiple MCIs daily. This has resulted in a significant increase in prolonged time durations in the transfer of patient care and caused a strain in the partnership between pre-hospital and definitive care. Hospitals and EMS must deploy strategies and best practices to ensure that patients are not suffering dire consequences due to a delay in receiving definitive care.

Developed By
The Federal Healthcare Resilience Working Group (HRWG) is leading the development of a comprehensive strategy for the U.S. healthcare system to facilitate resiliency and responsiveness to the threats posed by COVID-19. The Working Group's EMS/Pre-Hospital Team is comprised of EMS and 911 experts from a wide variety of agencies and focuses on responding to the needs of the pre-hospital community. This team is composed of subject matter experts from the National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services (OEMS), National 911 Program, Federal Emergency Management Agency (FEMA), U.S. Fire Administration (USFA), U.S. Army, U.S. Coast Guard (USCG) and National Institutes of Health (NIH). Through collaboration with experts in related fields, the team develops practical resources for field providers, supervisors, administrators, medical directors, and associations to better respond to the COVID-19 pandemic.

Intended Audience
State, Local, Tribal, and Territorial Governments (SLTTs), First Responders (Law Enforcement, Fire & Rescue, Emergency Medical Services (EMS), and 911 communication personnel). This is especially for small volunteer and rural EMS agencies but applies to others.

Primary Point of Contact
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This guidance applies to all EMS delivery models including but not limited to; free standing, municipal third-service; fire-based, hospital-based, private, independent, volunteer, and related emergency medical service providers.

Prolonged Emergency Medical Services (EMS) Transfer: Best Practices to Minimize Delays in Patient Transfer from EMS to Hospitals

What?

"Ultimately, there is a reasonable concern that ambulance offload delay will compromise patient safety." (*NAEMSP, Cooner, DR er al, 2011*)*

There are many factors that affect patient offload time from EMS to the receiving hospital. Before March 2020, one MCI (mass casualty incident) could overwhelm a local emergency department and take EMS units out of service. As the nation's healthcare systems deal with the effects of COVID-19, pre-hospital agencies and emergency departments are managing the equivalent of multiple MCIs daily. This strain has resulted in a significant increase in the time required for the transfer of patient care and caused a strain in the partnership between pre-hospital and definitive care. Hospitals and EMS must deploy strategies and best practices to ensure that patients are not suffering dire consequences due to a delay in receiving definitive care.

So What?

For Hospitals:

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 and 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 may also find themselves in violation of 42 CFR 482.55, the Hospital Condition of Participation for Emergency Services, which requires that hospitals meet the emergency needs of patients in accordance with acceptable standards of practice. (CMS)

Now What?

For Hospitals:

- Utilize "reverse triaging" to make beds available by assessing patient status for discharge or interfacility transfer.
- Staff EMS arrival team with lead RN or PA and additional lesser-qualified staff to facilitate offload and continue care until bed is available.
- Assigning a bed and appropriate personnel to patient prior to patient arrival
- Activate disaster management plans to receive EMS patients without prolonged delay.
- Utilize diversion status to reflect ability to manage additional patients.
- Transfer patients internally to maximize bed availability.
- Request activation of Medical Operations Coordination Cell from Emergency Managers
- Coordinate with other hospitals on diversion status and tactics

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So What?

For EMS:

- 911 calls awaiting available units and delayed response if the center has to wait for units to clear or dispatch more distant units. This adds to the 911 center burden and potentially delaying call answering
- Public safety fatigue and frustration
- Degradation of patient condition while awaiting transfer to hospital

Now What?

For EMS:

- Activate and utilize "treat-in-place" and "telehealth" protocols.
- Activate and utilize protocols allowing for appropriate transport to alternate care sites (ACS)
- Contact EMS supervisor when presented with unreasonable hospital offloading delays.
- Deploy multi-patient transport units with appropriate staffing to facilitate housing patients who need offloading from waiting units to allow those units to return to service.
- Ensure adequate notification to receiving hospital.
- Ensure transported patients have informed consent regarding their transport decisions.
- Implement effective, medically-directed dispatch triage.

References:

- Academic Paper on Solutions to ER Overcrowding*
- Emergency Medicine Practice's Committee's Recommendation on ER Overcrowding*
- EMTALA FAQs*
- ACEP EMTALA Fact Sheet*
- Offload Delay Tool;kit for ED*
- Considerations for Alternate Care Sites
- Medical Operation Coordination Cell Toolkit