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 A banner image at the top of the slide, identical to the main image above, showing the aerial view of Riverside with the text "2022 CHA EMERGENCY SERVICES FORUM RIVERSIDE" and the California Hospital Association logo.


California Hospital Association
State of the State 2022/23
Emergency Services Forum

Sheree Lowe, Vice President, Policy, California Hospital Association
Pamela Allen, Director of Emergency Services, Observation/Tele/MS Unit, Stroke, EM, Redlands Community Hospital
Rose Colangelo, Director, Emergency Services, Sutter Roseville Medical Center

December 7, 2022
Riverside Convention Center




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Welcome

- Panel Introduction
- Thank You
- 2023/4 Emergency Services Event – Timing is Everything

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Video Welcome

- Assembly Member Freddie Rodriguez (D) District 52 – Los Angeles & San Bernardino
- Ontario-Pomona-Chino-Montclair- Fontana-Rancho Cucamonga
- Contact Assembly Member Freddie Rodriguez:
 - P.O. Box 942849, Sacramento, CA 94249-0052; (916) 319-2052
 - Chair [California State Assembly Committee on Emergency Management](#)
 - Committee on Emergency Management Hearing – January 19, 2022 – The Impact of Ambulance Patient Offload Delays on Emergency Response
 - CHA Representative – Dr. Lori Morgan, President and Chief Executive Officers, Huntington Memorial Hospital
- More on this later!



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2022 EMERGENCY SERVICES FORUM RIVERSIDE

California Political Environment Today

- November 8 – General Election
- County elections officials must complete final official results by December 8 and must report final official results to the Secretary of State by December 9, 2022
- 25 New Assembly Members
- 10 New Senate Members
- Sworn in on December 5, 2022
- [Score Card](#)
- [California Hospital Association 2022 Report on State Legislation](#)

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2022 EMERGENCY SERVICES FORUM RIVERSIDE


Score Card

CHA 2022 Legislative Highlights
Results on important bills for California hospitals

With the Legislature having adjourned its 2021-22 legislative session, below are the outcomes of the year's most significant legislation for hospitals. Throughout this year, CHA has tracked and engaged the Legislature on hundreds of bills, many of which will have an impact on how you deliver care to patients and communities.

WIN ↑ LOSE ↓ DRAW —

| OUTCOMES | |
|--|---|
| <p>Hospital Safety Standards — <i>Not Passed</i> Despite work throughout the year and late-session efforts on a joint proposal with SEDI, legislation that would have returned the 2009 seismic standard and put health care workers on a path to a \$25 minimum wage was not able to cross the finish line.</p> | ↓ |
| <p>Investments in the Health Care Workforce — <i>Secured</i> Allocated for funding to address the state's acute shortage of health care professionals, helping secure over \$1.4 billion in workforce development investments for behavioral health, public health, primary care, dental, and reproductive health. (Budget Proposal)</p> | ↑ |
| <p>Retention Payments for Hospital Workers — <i>Revised</i> Without funds with the administration and other stakeholders to resolve implementation issues with \$1 billion in funding for health care worker retention payments, so that hospitals can administer the funds and workers can receive the maximum they qualify for. (Budget Proposal)</p> | ↑ |
| <p>Historic Agreement on Medical Injury Law — <i>Passed</i> Capped, in part of a broad coalition, an historic agreement to modernize the Medical Injury Compensation Reform Act by extending trial protections for access to care while ensuring Californians are cared for in all ways. (Assembly Bill 35)</p> | ↑ |
| <p>Multi-Cal Health Equity Funding — <i>Revised</i> Fought for ongoing, additional Multi-Cal payments to providers — ultimately not passed in the state budget — that would have helped to reduce health disparities for Californians by fixing structural imbalances and accounting for patients' social and environmental challenges. (Budget Proposal)</p> | ↓ |
| <p>Limits on Health Care Integration — <i>Defeated</i> Defeated a bill that would have prohibited providers from entering into many forms of care arrangements and created a revenue cap on all activities for the attorney general to approve, deny or impose unlimited conditions on health care providers seeking to partner. (Assembly Bill 2080)</p> | ↑ |
| <p>Office of Health Care Affordability — <i>Improved</i> Secured much-needed changes to the authorizing legislation that established the Office of Health Care Affordability, which will oversee health care cost growth in California. This includes establishing an advisory group to ensure greater stakeholder input, making sure all providers are included in office oversight, requiring recognition of self-financing and other public financing mechanisms when tracking spending, and allowing other changes to address transparency and ambiguities. (Budget Proposal)</p> | — |
| <p>Workers' Compensation Presumptive Eligibility — <i>Defeated</i> Defeated a bill that would have created a standing presumption (valuable after the fact) in the worker's compensation system that an infectious disease, musculoskeletal injury, or respiratory disease arose out of work for any hospital worker involved in direct patient care. (Senate Bill 233)</p> | ↑ |
| <p>Medication and Patient Safety — <i>Not Passed</i> Secured a bill, not passed by the legislature, that would have protected patients by ensuring timely access to safe medications and preventing health plans from mandating the use of third-party vendors for specialty drugs. (Senate Bill 690)</p> | ↓ |
| <p>Jeopardizing Community Benefits Programs — <i>Defeated</i> Defeated a budget proposal to require not-for-profit hospitals to use a specific amount of their community benefits dollars on specific activities, allowing first flexibility to other their funding to identified community health care-related priorities. (Budget Proposal)</p> | ↑ |



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2022 EMERGENCY SERVICES FORUM RIVERSIDE

California Hospital Association 2022 Report on State Legislation



2022 REPORT ON STATE LEGISLATION






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2022 EMERGENCY SERVICES FORUM RIVERSIDE


2022 Key Achievements

- Medical Injury Compensation Reform Act (MICRA)
- AB 2080 Defeated – Limits on Health Care Integration
- SB 213 Defeated – Workers Compensation Presumptive Eligibility

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2022 EMERGENCY SERVICES FORUM RIVERSIDE

2022 Key Achievements – cont'd

- Helped secure over \$1.4 billion in workforce development investments
- \$1 billion in funding for health care worker retention payments
- Defeated a prescriptive Community Benefit spending proposal

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2022 EMERGENCY SERVICES FORUM RIVERSIDE

2022 New Legislation Impacting Emergency Departments

- AB 1394 (Irwin, D – Thousand Oaks) Suicide Prevention
- SB 864 (Melendez, R – Lake Elsinore) Fentanyl Screening
- AB 2242 (Santiago, D – Los Angeles) Involuntary Psychiatric Holds Care Coordination
- AB 2275 (Wood, D – Santa Rosa) Involuntary Detained LPS 5150 Patients Right to a Court Hearing

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2022 EMERGENCY SERVICES FORUM RIVERSIDE

Worth Paying Attention to in 2023

- Implementation of [988](#)
- Space and Staffing Waiver Expires February 28, 2023
- [Retention Pay Bonuses](#)
- [California Department of Health Care Access and Information \(HCAI\)](#)
- Office of Health Care Affordability (OCHA) – newly established – it is charged with advancing five goals
 1. Increasing transparency on cost and quality
 2. Developing cost growth targets
 3. Enforcing compliance through financial penalties
 4. Monitoring and reviewing market transactions
 5. Establishing new standards for quality, equity, workforce and more

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2022 EMERGENCY SERVICES FORUM RIVERSIDE

California Emergency Medical Services Authority (EMSA)

- New Leadership
- Approved Paramedicine/Triage to Alternate Destination Regulations (Effective, Nov. 1, 2022)
- California EMS System Core Quality Measures Instruction Manual Released November 2022
- EMSA Strategic Plan Under Development
- New EMSA Commissioners, including:
 - Masaru “Rusty” Oshita – Represents California Medical Association
 - Travis Kusman – Represents EMS Administrators’ Association of California
 - Lori Morgan, President & CEO Huntington Hospital also a trauma surgeon – Represents California Hospital Association (note – effective January 2023)

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2022 EMERGENCY SERVICES FORUM RIVERSIDE

California Emergency Medical Services Authority – cont’d

- Trauma Regulation Proposed Revision
- [Ambulance Patient Offload Delays Data](#)
- LEMSAs Now Reporting CEMSIS Data Directly to EMSA

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2022 EMERGENCY SERVICES FORUM RIVERSIDE

EMSA Commissioners/Meetings

- [EMSA Commission Meetings](#)
- [EMSA Commission Appointment and Terms](#)
- [EMSA Commission Members](#)
- [EMSA Commission By-Laws \(pdf\)](#)

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2022 EMERGENCY SERVICES FORUM RIVERSIDE

History – Ambulance Patient Offload Times (APOT)

- 2021/2022 Activity
 - September 2021 Previous Director – Dr. Duncan appoints new committee
 - December 1, 2021, first APOT Committee meeting
 - January 2022 the Assembly Emergency Management Committee oversight hearing on the Impact of Ambulance Patient Offload Delays. CHA was an active participant, testified at the hearing, and developed [Key Messages](#).
 - June 29, 2022, the APOT Committee voted and approved [19 recommendations](#); 4 of these recommendations that passed were not supported by hospital representatives

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2022 EMERGENCY SERVICES FORUM RIVERSIDE

History – Ambulance Patient Offload Times (APOT)- cont'd

- 2021/2022 Activity
 - July 2022 – CHA submitted a [letter](#) to EMSA Acting Director Elizabeth Basnett
 - August 2022 APOT Committee's recommendations submitted to the California Health and Human Services Agency; any further action requires legislation or regulatory changes.
 - August 2022 – Assembly Member Freddie Rodriguez, Chair of the Emergency Management Committee called for an oversight hearing.
 - August 2022 During the last two weeks of the legislative session, Chair Rodriguez indicated that he would be “gutting and amending” a bill to implement several of the APOT committee's recommendations, including:
 1. Development of an electronic signature to track when transfer of care from EMTs to hospitals take place
 2. Development of a joint LEMSA/hospitals surge plan
 3. Development of a public education campaign related to the use of 911 system
 4. Working group to update the CHA/EMSA developed [2014 Toolkit to Reduce APOT](#)
 5. Establishment of a statewide 20-minute APOT standard 90% of the time

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2022 EMERGENCY SERVICES FORUM RIVERSIDE

2022/2023 Ambulance Patient Offload Times (APOT) Advocacy

- EMSA Leadership Hospital ED Tours
- EMSA Commissioners hospital ED tours (will be ongoing)
- Legislative Staff hospital ED tours
- Legislators on Health and Emergency Management Committee hospital ED tours
- Hospital leadership meeting with Assembly Member Rodriguez
- Partner with Emergency Nurses Association – CalENA
- Engage with CalACEP

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2022 EMERGENCY SERVICES FORUM RIVERSIDE

2022/2023 Ambulance Patient Offload Times (APOT)

- Chair Rodriguez plans on introducing a bill to implement the above recommendations on December 5 when the legislature convenes for Organizational Session. We expect this [language](#) to be similar to the language we saw at the end of the 2022 legislative session. Emergency Management Committee consultant plans on convening a stakeholder meeting before the language is introduced. This meeting date has not been set.
- CHA is developing additional advocacy materials.

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2022 EMERGENCY SERVICES FORUM RIVERSIDE

WE NEED YOU - ENGAGEMENT

- City and County leadership to your hospital
- LEMSA staff too
- Ambulance Providers too
- Audit your APOT times – compared to LEMSA reporting times – challenge inaccuracies, track inaccuracies
- Attend LEMSA meetings
- Attend EMSA Commission meetings

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2022 EMERGENCY SERVICES FORUM RIVERSIDE

CHA's Emergency Medical Services/Trauma (EMST)

- [Committee Roster](#)
- [2023 Meeting Schedule](#)
- Committee Co-Chairs
- [CHA News](#)
- [CHPAC](#)

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Redlands Community Hospital Redlands, CA Located in San Bernardino County

Pam Allen MSN, RN, CEN
Director Emergency Services,
Observation/Tele/MS Unit, Stroke Program and EM
CHA: EMS/Trauma Committee Co-Chair




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RCH – About Us

- ❖ Nonprofit, independent, stand alone, Community Hospital
- ❖ TJC Thrombectomy Stroke Center
- ❖ Spine & Joint Institute
- ❖ Cancer Center
- ❖ Outpatient Behavioral Medicine Program
 - Partial Hospital Care Program
 - Intensive Outpatient Care Program
- ❖ Family Clinics
- ❖ Home Health and Hospice

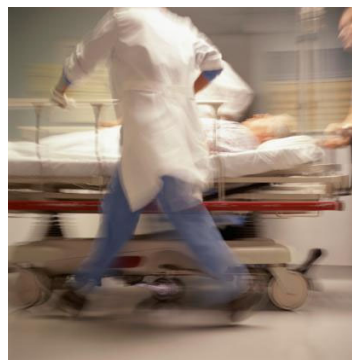


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RCH Licensed Beds

- ❖ 195 General Acute
- ❖ 24 Perinatal
- ❖ 17 NICU
- ❖ 12 ICU designated beds
- ❖ 59 Telemetry designated beds
- ❖ 16 Skilled Nursing
- ❖ 18 Acute Psychiatric
- ❖ 40 Emergency Department beds
- ❖ 18 Observation/Telemetry/MedSurg beds



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Emergency Services – About Us

- ❖ Remodel/Expansion from 8,000 sq. ft. to 26,000 sq. ft.
- ❖ Completed December 2021
- ❖ Split flow design
- ❖ 40 Treatment spaces
- ❖ 15 negative pressure rooms
- ❖ Quicklook Triage
- ❖ RME – 5 rooms with waiting room
- ❖ 8 Bed Fast Track with internal waiting room
- ❖ Internal waiting room – 7 recliners
- ❖ 3 designated psych rooms
- ❖ Base Station
- ❖ Volume: 2022 – 55,000



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Emergency Department Statistics

- ❖ Average Visits/Day: 152
- ❖ Average Admits/Day: 25
- ❖ Average Length of Stay
 - Patient Discharged: 197 minutes
 - Patient Admitted: 486 minutes
 - Behavioral Health patients discharged: 626 minutes
 - Behavioral Health patients admitted: 581 minutes
- ❖ Number of Behavioral Health patients
 - Adults/month: 80
 - Pediatrics/month: 20
- ❖ Average number of patient arriving by ambulance/day: 35
- ❖ Ambulance Bed Delay Hours/Monthly: 35% Benchmark – 20%

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Ambulance Patient Offload Time (APOT)



Situation

- ❖ System wide delays to ambulance patient offload delays identified
- ❖ Legislation: 90% of APOT within 20 minutes of arrival of ambulance
- ❖ Potential CA State fines for hospitals not meeting performance

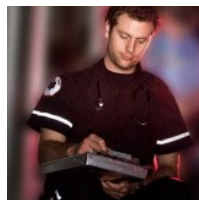
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Background: AB 1223 EMS, Ambulance Transport

- ❖ Approved September 30, 2015
- ❖ Authorizes local EMS agencies to adopt policies and procedures and reporting of ambulance patient offload times
- ❖ Establish criteria for reporting of and quality assurance follow-up of a nonstandard patient offload times
- ❖ Statewide standard of 20 minutes, 90% of the time was determined.



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Assessment of the Situation

- ❖ Validity of the chosen 20-minute time
- ❖ EMS and Hospitals need to use the same metric standards
 - When the clock starts and when does it stop?
- ❖ Validity of the data being reported by the LEMSA's to EMSA
- ❖ Hospital to staff EMS arrival team
- ❖ Develop joint LEMSA/hospital surge plan



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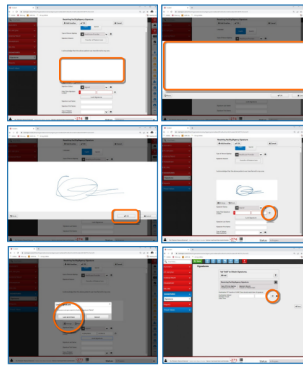


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Image Trend Elite- Sign, Clock and Lock

ICEMA uses the receiving facility signature locked time from Image Trend in the calculation of bed delay hours at hospitals in the ICEMA Region.

In an effort to record the most accurate data possible, AMR will be working with hospitals in the ICEMA region to ensure that PCRs are **Signed, Clocked & Locked** when transfer of care occurs. Please allow hospital staff to follow the **Sign, Clock & Lock** procedure outlined below when transfer of care occurs.



1. Sign. At the time of transfer of care, the Hospital Provider signs their name in the space provided, either in the standard or expanded view.

2. Clock. Tap the "OK" button if you are in the expanded view.

Tap the clock button below the signature to mark the time the document was signed.

3: Lock. Tap the "Lock Signature" button, then confirm by tapping the "Lock and Close" option. Locking the Signature field will not be an option until all required fields are filled out.

Immediately afterward, the AMR provider should then tap the clock icon to mark the transfer of care time.

Myth 1: The Signature locks automatically when I save it. The extra step of tapping the Lock button is needed to secure the information in the signature field.
Myth 2: If the nurse taps the Lock button it locks the whole document and I can't finish my documentation. The Lock Signature only locks the signature, not the rest of the PCR.

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San Bernardino County- First Watch



- ❖ Prior – Telephone call to Ambulance provider that handoff occurred
- ❖ Implemented March 1, 2016
- ❖ Allows visualization of ambulances enroute, present at site and length of stay
- ❖ Screens are posted at:
 - Charge Nurse computer
- ❖ Charge Nurse greets paramedics and completes TOC following handoff
- ❖ Ability to see data and pull reports

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County of Riverside Hospitals - TOC Dashboard
4/24/2012 7:27:34 AM

| Northwest Zone Hospitals | Enroute | Arrived | Elapsed - Avg | Elapsed - Max |
|------------------------------|---------|---------|---------------|---------------|
| RIVERSIDE COMMUNITY HOSPITAL | 1 | 0 | | |

RIVERSIDE COMMUNITY HOSPITAL - 4445 MAGNOLIA AVE, RIVERSIDE, CA

| Agency | Unit | Enroute | (Elapsed) Arrived | (Elapsed) | Problem/Itature |
|--------|------|---------|----------------------|-----------|----------------------|
| AMR_RC | 3316 | TOC | 4/24/2012 7:45:06 AM | 15:12 | BREATHING PROBLEMS_6 |

https://subscriber.firstwatch.net/?GUID=7459471ECA9E44048585714644...

Unit 3316 has completed Transfer of Care (TOC)
Closed By:

OK & Close Cancel & Undo

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APOT Committee recommendation: RCH Surge Plan

Redlands Community Hospital ED Surge Capacity Plan

| Color/Level | Description | ED Intervention | Hospital Intervention |
|-------------------|---|--|---|
| Level 1 Green | "APOD < 25 minutes MSE < 45 minutes" | 1. Standard operations in effect 2. Board Rounds: 0730,1930- ED Charge Nurse (ED CN) and MD 1030- ED CN, Case Manager, MD 1530- ED CN, House Supervisor and MD | Standard operations in effect Turn around time from admit order written to inpatient bed less than 2 hours. |
| Level 2 Yellow | 1. APOD > 25 minutes-90 minutes 2. MSE 45-90 minutes 3. Charge RN is taking overflow patients 4. All monitored beds are occupied 5. Holds: a. 4 Tele/OBS/MS &/or b. 1-2 ICU | 1. ED CN call Storm Watch Level 2 2. ED CN conducts board rounds to assess status of patients and to triage monitored patients. 3. ED CN determines cause for decreased throughput a. In-patient holds: ED CN talks to House Supervisor for bed assignments b. Holds transferred immediately and bedside report given (exception: no physical bed available) c. Assess psych patients for possible movement to the Obs Unit. 4. Radiology supervisor to call ED US to acknowledge 5. Lab supervisor to call ED US to acknowledge 6. Cardiopulmonary: Contact Cardiologist to complete stress tests and discharge patients. | 1. Bed meeting will be held within 45 minutes from activation to include House Supervisor, Charge Nurses, ED Case Manager, Staffing Coordinator. a. In-patient Charge Nurses will bring most current bed status, pending discharges with identified obstacles and/or discharge times. b. Staffing Coordinator and department assistants to call staff to work. 2. Hospitalist offices (BMG & TH) will be contacted to facilitate admission and discharge orders. In addition, to assist in triaging in patient telemetry status for downgrades. 3. STAT clean placed on all empty rooms |

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APOT Committee recommendation: RCH Surge Plan

| Color/Level | Description | ED Intervention | Hospital Intervention |
|-------------------|---|---|---|
| Level 3 Orange | 1. 3 ambulances with 2 waiting over 90 minutes 2. The ED is on Redirect 3. MSE > 90 minutes 4. ED CN has patients 5. Break nurse has assignment 6. All monitored beds occupied 7. Holds: a. 8 Tele/OBS /MS &/or b. 3 -4 ICU patients 8. Closing areas to maintain staffing | 1. ED CN call Storm Watch Level 3 2. ED CN, ED physician and HS to conduct hourly board rounds until condition resolved 3. ED Director and VP of Patient Care Services/ designee to be called after hours by House Supervisor 4. ED Director to notify ED Medical Director 5. ED Leadership and office staff will be available to assist in flow. | 1. Bed meeting will be held within 45 minutes from activation to include Staffing Coordinator, Nurse Managers, House Supervisor, Case Manager representative, EVS Director. Charge nurses to remain on unit and handoff to Nurse Managers who will bring most current bed status to meeting. 2. No outside transfers will be accepted as direct admits unless already accepted. 3. Department leadership will be available on units to assist with patient flow 4. Case management will assist units to expedite patient needs for discharge or transfer. 5. Hospitalist will review in house patients for possible discharge and expedite admission orders. 6. No flexing of staff until released by House Supervisor. 7. Consider ICU beds in PACU and/or use of PACU staff to assist with ICU patients 8. Nurse Educators will be utilized |
| Level 4 Red | 1. 3 ambulances with APOD of > than 120 minutes 2. MSE > 120 minutes 3. The ED is on Redirect 4. Unable to maintain staffing ratios 5. The ED is at maximum capacity 6. Holds: a. > 8 Tele/Obs /MS &/or b. > 4 ICU patients" | 1. ED CN call Storm Watch Level 4 2. ED CN, ED physician and HS maintain hourly board rounds until condition resolved. 3. ED Nursing Leadership at hospital. | 1. "Level 4/ Condition Red" Centralized Command Center is activated by House Supervisor to include VP of Patient Care Services or designee, Staffing Coordinator, Nurse Directors, Director of Case Management, House Supervisor, EVS Director, Hospitalist representative and ancillary department representatives. All should be prepared with current department status and number of staff on hand. 2. All Nursing Leadership at hospital. 3. All hospital meetings cancelled. 4. Consider cancelling elective surgeries 5. Administrative nurses will act as additional nursing resources as delegated by the House Supervisor. 6. Closed nursing units opened if staffing allows. 7. Emergency discharge lounge/area to be identified for discharge patients awaiting rides. 8. Primary Care Physicians and Surgeons to be contacted to assist Hospitalists with patient flow. |

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Questions?



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Sutter Roseville Medical Center

Sutter Roseville Medical Center Emergency Department


Presented to:

California Hospital Association EMS Forum: Ambulance Patient Offload Time (APOT)

December 7, 2022



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Rose Colangelo, MSN, RN, CEN, MICN
 Director Emergency Services
 California Hospital Association:
 EMS/Trauma Committee Co-Chair

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 **Sutter Health**
 Sutter Shared Services 37

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About Sutter Health

| | |
|---|--|
| <p><u>People</u></p> <ul style="list-style-type: none"> • Physicians: 12,000 • Advanced Practice Clinician: 2,000 • Nurses: 16,000+ • Employees: 53,000+ | <p><u>Locations</u></p> <ul style="list-style-type: none"> • Hospitals: 23 • ASCs: 33 • Cardiac Centers: 8 • Cancer Centers: 11 • Acute Rehabilitation Centers: 4 • Mental Health and Addiction Centers: 5 • Trauma Centers: 5 • Licensed General Acute Beds: 4,174 • Neonatal ICUs: 7 |
|---|--|

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 **Sutter Health**
 Sutter Shared Services 38

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Sutter Health by the Numbers

2021 Statistics

- Births: 26,503
- Discharges: 182,268
- Hospital ER Visits: 752,371
- Hospital OP Visits: 1,748,531
- Medical Foundation Visits: 10,172,562
- Patient Days: 921,115
- Home Health Visits: 719,218
- Hospice Visits: 243,035

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Sutter Roseville Medical Center



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Who are we?

- Largest Emergency Department (ED) in the Sutter System with a 98,000 square foot expansion of the Critical Care building that opened in 2020
- Refresh Project completed March 2022 in the (ED): 68 bed capacity with 4 bed Critical Care Bays
- 4 Triage Bays for rapid assessment of all patients arriving to the ED
- Level 2 Trauma Center
- Primary Stroke Center with Thrombectomy Capability
- STEMI Receiving
- Early Identification and Treatment of Sepsis Patients

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Staffing

- Over 230 staff members including:
 - 170 ED Registered Nurses
 - Emergency Department Technical Partners
 - Licensed Vocational Nurse (LVNs)
- Over 35 ED Providers
- Psychologist
- Psychiatric Response Team
- Security



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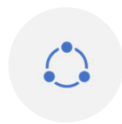
Department Statistics

- Average Visits/Day: 262
- Average Admits/Day: 55
- Average Length of Stay
 - Patients Discharged 218
 - Patients Admitted 453
- Average number of patients waiting for evaluation; discharge or placement in psychiatric beds/Day: 12
- Average number of patients arriving by ambulance/Day: 65
- 60 Pediatrics patient transfers per month requiring ICU or pediatric traumas; burn patients

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Systemwide APOT Committee



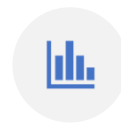
**GREAT
REPRESENTATION FROM
ACROSS THE SYSTEM!**



SURVEY COMPLETED



EPIC DATA COLLECTION



REPORTING



**STANDARDIZE DATA
COLLECTION**

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SBAR: Ambulance Patient Offload Time (APOT)

SBAR

- **Situation**
- **Background**
- **Assessment**
- **Recommendation**

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SBAR: Ambulance Patient Offload Time (APOT)

Situation

- Systemwide delays to ambulance patient offload times (APOT) identified
- Potential CA State fines for hospitals not meeting performance measures
 - **90% of APOT within 20minutes of arrival**

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SBAR: Ambulance Patient Offload Time (APOT)

Background

- Currently only EMS services report APOT times to the State of California
- Sutter Health has no internal process for APOT data review across the system of affiliates

Assessment

- There is variation across affiliates in both Epic ED Manager build structure as well as workflows For ambulance arrivals.
- There is currently no timestamp used in Epic that accurately represents ambulance offload time across all affiliates.

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SBAR: Ambulance Patient Offload Time (APOT)

Recommendation

- Adopt timestamp for "Transfer of Care" in Prehospital Treatment section of Triage navigator.
- Standardize EHR workflow across all affiliates to include this timestamp so reports can be produced Sutter Systemwide.
- "Transfer of Care Date and Time" updated once EMS transported patient is assigned a care space in the Emergency Department.

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EPIC

Summary Chart ... Notes Triage Narrator Flowsheets Ma... MAR Forms Dispo

PHASE 1 TRIAGE

Arrival Info

Chief Complaint

COVID-19 Scree...

COVID-19 Vaccine

Waiting Room

Vital Signs

Resp Peds

Pain Adult

Pain Peds

GCS Adult

GCS Peds

C-SSRS

Acuity

Allergies

OB/Gyn Status

Preg/Post?

Sepsis Screen

Sepsis Screen P...

ED Triage Note

Communicable D...

PHASE 2 TRIAGE

Prehosp Treatment

Med Document

Update PCP

Orders

Order Sets

MSE

Cincinnati Stroke...

Last Known Well?

SCREENING & HISTOR

Screenings

Problem List

Prehospital Treatment

Time taken: 11/1/2022 1143 + Add Group More Show Details Show All Choices

Ambulance, Transport and Transfer Info.

Ambulance Unit

A - N Ambulance O - Z Ambulance Air Transport

Ambulances A - N

| | | | | |
|------------------|-------------------|----------------|------------------|------------------|
| Alameda Fire | Albany Fire | Alpha One | American Am... | American Ca ... |
| American Leg ... | AMR | Bayshore | Bells | Berkeley Fire |
| Bicounty | Cal Fire | Cal-Ore | Central Lyon... | Ceres Fire |
| CHP Helicopter | Cloverdale Fire | Coast Fire | Coast Life Su... | Contra Costa... |
| Cosumnes Fire | Del Norte | Downville Fire | El Dorado Co... | Elk Grove Fire |
| Escalon | Fairfield Fire... | Falck | Falcon | First Responder |
| Folsom Fire | Forest Hill Fire | Georgetown | Hughson | Kelseyville Fire |
| King American | Lakeport Fire | Lake County... | Manteca | Marin County... |
| Marin Fire | Medic | Mercy | Modesto Fire | Moraga Fire |
| NorCal | Northshore Fire | Novato Fire | Novato PD | Other |

Ambulance Specifics

Unit #

Transport Type

ALS - BLS - CCT

Transfer of Care Date

Transfer of Care Time

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Frequently Asked Questions (FAQ)

EPIC: Ambulance Turnover of Care Time

- Q. When does the time start for "Turnover of Care"?
- A. When a patient arrives by ambulance, the first contact with a healthcare provider when a patient is arrived into EPIC known as the "Arrival Time" will be captured as the first-time stamp
- Q. When does the time end for "Turnover of Care"?
- A. Turnover of Care measures patient arrival time to actual hand off of care, i.e. turnover of care.

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Frequently Asked Questions (FAQ)

EPIC: Ambulance Turnover of Care Time

- Q. If the patient is sent to the lobby or to a triage room, who completes the "Turnover of Care" date and time?
- A. When a patient is sent to the lobby, the registered nurse (RN) who completes the triage report will complete the date and time in EPIC in Ambulance Transport and Transfer info Section
- Q. Who can arrive a patient arriving by ambulance?
- A. The arrival can be done by anyone, i.e. RN, ED Teck, unit secretary, etc. but the Transfer of Care has to be done by the actual RN. The arrival time starts when the patient is registered into EPIC by the hospital staff.

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Frequently Asked Questions (FAQ)

EPIC: Ambulance Turnover of Care Time

- Q. Who can complete the Turnover of Care?
- A. The Turnover of Care has to be completed by the actual RN receiving report and releasing the medic.

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Standard Work: Direct Bedding

| Standard Work | | | | | |
|-----------------|---|--------------|-----------|-----------|----------------|
| Process | Direct Bedding of Ambulance Patients | Last Updated | 1/24/2021 | Owner | Debbie Madding |
| Done of Process | Patients that arrive by ambulance placed in bed | Rev. Number | 1 | Takt Time | |
| Performed by | MICN/T2/SC | Revised by | | | |

| Major Steps | Details (if applicable) | Time | Diagram, Work Flow, Picture, Time Grid |
|-------------|--|----------|---|
| 1 | MICN receives Call from EMS | 2 min |  |
| 2 | MICN notifies appropriate staff based on level of acuity | 2-5 mins | <p>***First Watch to be loaded on MICN; T2; and SC computers for early notification of incoming medics</p> <p>https://subscriber.firstwatch.net/login</p> <p>User ID: SRMC Password: SRMC</p> |

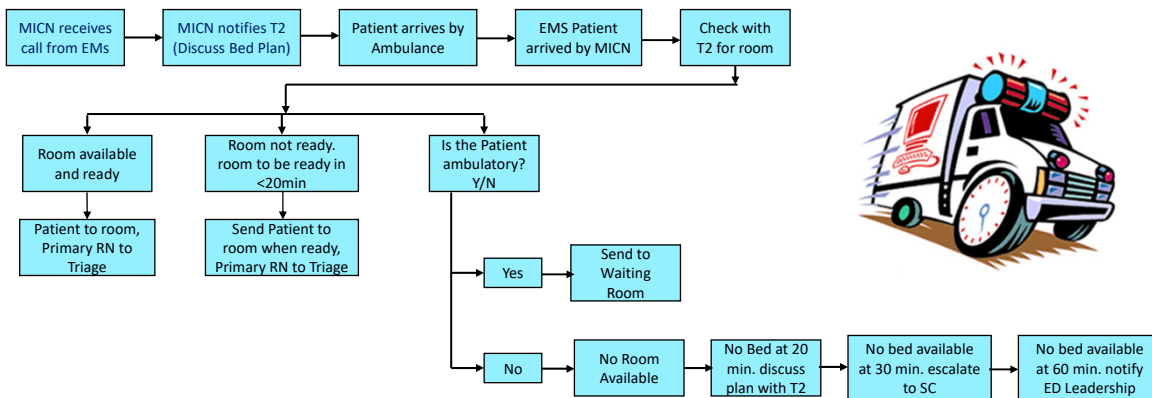
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Ambulance Workflow



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Next Step

APOT Committee: Reporting
out data and improvements

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Questions/Comments

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2022 EMERGENCY SERVICES FORUM RIVERSIDE


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