

County of Santa Clara Emergency Medical Services System ADMINISTRATIVE ORDER

Number: AO 2024-001

Title: Ambulance Patient Offload Delay Triage Pilot Project at Santa

Clara Valley Medical Center (VMC) Emergency Department

Effective: February 19, 2024 at 0800 hours

I. Declaration

The Santa Clara County Emergency Medical Services Agency has determined that 911 ambulance patient offload delays at hospital emergency departments delay patient care and compromise EMS system efficiency and integrity.

Consistent with Santa Clara County Prehospital Care Policy 109: Policy Development and Implementation, the EMS Director, or designee, may issue Administrative Orders when immediate changes are necessary.

II. Statement of Change and Rationale

The pilot project is related to 911 ambulance patient offload delays (APOD) and is a joint effort between Santa Clara Valley Medical Center Emergency Department and the EMS Agency to explore the safety and effectiveness of triaging low acuity patients to the emergency department (ED) waiting room. VMC will use a hospital-based triage system known as the "Emergency Severity Index". The Emergency Severity Index (ESI) assesses both acuity and potential medical resource needs of the patient on a 1 to 5 scale. 1 being the highest acuity/greatest potential medical resource needs and 5 being the lowest.

The APOD patient triage strategy is designed to:

- 1. Objectively triage the acuity and medical resource needs of each patient arriving at a hospital ED by 911 ambulance and not being taken directly to an ED bed;
- 2. Identify patients being held on APOD who can safely be taken to the ED waiting room from the 911 ambulance, placing that ambulance back in service;
- 3. Reducing APOD of one hour or greater to below 2% of APOD occurrences;
- 4. Achieve 911 ambulance patient offload interval of 30 minutes or less 90% of the time.

*VMC's ED will be the only participating emergency department in this pilot project. This project does not alter any existing procedures at other hospitals.

The following procedures will be utilized in the pilot project (see attached workflow diagram):

- 1. 911 ambulance arrives at the VMC ED, and the patient is identified to the VMC ED "ambulance nurse" (if available).
 - a. The "ambulance nurse" will determine the patient's Emergency Severity Index (ESI).
 - b. The ESI will be documented in the EMS PCR.
 - c. For an ESI score of 1 or 2 an ED bed should be sought.
 - d. For an ESI score of 3, 4 or 5, the patient will be assessed by the "ambulance nurse" and ambulance crew for potential escort to the VMC ED waiting room with the ambulance crew returning to service.
 - e. If the patient cannot be safely placed in the VMC ED waiting room, then APOD will continue in the ambulance.
 - f. To complete ESI triage a new set of vital signs, sometimes with a 12-lead ECG (if not already performed) may be necessary.
 - g. The ambulance nurse will have the final decision on placement

III. Documentation

The transport unit shall be responsible for ePCR documentation related to the APOD Pilot Project. If VMC is selected as the transport destination a new tab under the "Transport Unit" section in the ePCR will become visible. The required documentation points will be:

- Ambulance nurse on duty? (Yes/No)
- ESI Triage level assigned? (1-5, Not Determined)
- Patient presented to waiting room? (Yes/No)
- Additional notes: (Optional field if needed)

See reference section for image of added ePCR section

IV. Execution

Administrative Order # 2024-001 becomes effective on February 12, 2024 at 0800 hours. This Administrative Order will remain in effect for six months and terminate on August 12, 2024.

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2/13/2024

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Ken Miller, MD, PhD

EMS Medical Director

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2/13/2024

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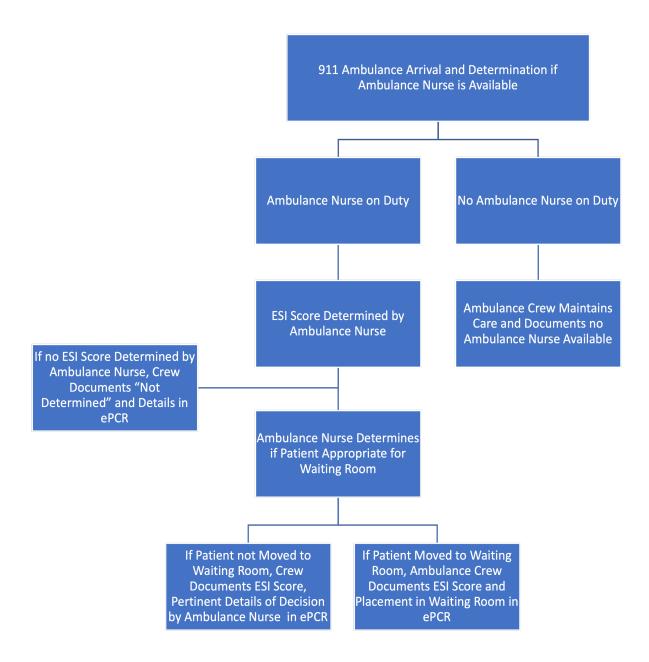
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Please direct any questions to Ken Miller, MD, EMS Medical Director, by phone at 408.794.0615, or via email at kenneth.miller@ems.sccgov.org

V. Reference

A. Flowchart for VMC APOD Pilot Project Process



B. ePCR APOD Triage Tab

