West Virginia Offloading Guidance for Emergency Departments and EMS agencies

Purpose

In partnership, West Virginia hospitals and EMS agencies have agreed to the following guidelines to provide efficient, high-quality care to individual patients, while balancing the staff and resources available in West Virginia within EMS agencies and hospitals, while ensuring compliance with the Emergency Medical Treatment and Labor Act (EMTALA) (see below).

The following information does not supersede internal policy/procedure, instead, acts as a representation of the collaborative effort of all involved in patient care to ensure WV patients obtain the care they need in an efficient and timely manner. The group encourages continued participation of all involved stakeholders to share findings, best practices and any additional support that may be beneficial.

Hospital Triage

1. An official transfer of care and generation of continued ePCR documentation must occur. The EMS provider must operate only within their scope of practice.

2. The EMS-to-ED transfer requires a patient-centered approach by patient caregivers, including collaboration on acute needs and quality communication.

3. Responsibilities of receiving hospital ED medical personnel and EMS personnel to mitigate extended Offload times are listed below.

EMS personnel	ED medical personnel
• After presenting the patient to the triage nurse (or other licensed provider) with a report he/she will direct you to a hospital ED bed.	• After EMS arrives at the facility it is now the hospital's responsibility to assess and treat the patient brought in by EMS.

4. Acute patients (patients meeting alert criteria) must be off-loaded upon arrival to the emergency department, failure to do so should result in notification of the EMS on-duty supervisor and medical command for further orders.

5. If a bed is not immediately available and the patient meets the below referenced criteria you will offload the patient from the EMS stretcher. Patients meeting waiting room criteria will be offloaded immediately.

EMS personnel responsibilities	ED medical personnel responsibilities
• Inform the triage nurse that the patient has been placed in the waiting area. The patient may be placed in a chair, wheelchair, or a hospital cot. If offloading is questioned, the EMS provider is to contact the EMS on-duty supervisor for further direction. • Give a complete verbal report and a written handoff prior to leaving the ED. NOTE: A complete ePCR must be uploaded successfully and no later than 48 hours following the patient drop off.	• The triage nurse will be notified immediately after the patient has been offloaded. • After EMS arrives at the facility it is now the hospital's responsibility to assess and treat the patient brought in by EMS.

6. EMS patients not meeting waiting room offload criteria should be offloaded from the EMS stretcher within 20 minutes of arrival to ED. EMS personnel and ED medical personnel shall ensure that there is no interruption in patient care while awaiting transfer of care.

EMS personnel responsibilities	ED medical personnel responsibilities
• Monitor for any patient condition changes or other situations that may arise where additional care is required. EMS personnel shall immediately notify appropriate ED medical personnel. • Notify appropriate nurse if offload greater than 20 minutes occurs. • When EMS patients are not offloaded within 60 minutes of arrival – EMS should alert on duty supervisor.	• Provide information to the EMS personnel and/or agency supervisor regarding the estimated offload time. • Patients on the EMS stretcher may be directed to areas for the performance of time-sensitive diagnostic studies located outside of the traditional ED (ex. to include CT or other imaging for emergent trauma, stroke alerts, or acute traumatic bleeds). NOTE: Once the patient is off the EMS stretcher for diagnostic studies, transfer of care to the hospital personnel is complete.

7. The EMS on-duty supervisor at their discretion may escalate issues to the appropriate party including ED Charge Nurse, Emergency Department Physician, and/or Emergency Department Nursing Director. If a pre-hospital provider reaches a decreased ability to provide appropriate 911 response to their community, the EMS on-duty supervisor will contact the EMS agency supervisor or Director who will immediately notify Hospital Administration that the crews will be returning to service.

Offload to ER Waiting Area Patient Eligibility Criteria

Inclusion Criteria	Exclusion Criteria
1. The patient shall be a 4-5-6 on the Glasgow coma scale and not present with an altered mental status or level of consciousness. 2. The patient shall not have a history of Dementia, Alzheimer's, or other related condition. 3. The patient shall be 18 years of age or older. If the patient is less than 18 years of age and is accompanied by an adult and they are stable, they may be placed in the ED waiting area. 4. Any patient who has received fluids must have a Systolic BP greater than 100. NOTE: This does not apply to patients requiring fluid resuscitation per OEMS protocol #oo8 Hypoperfusion/Shock. 5. The patient receiving ALS pharmaceuticals by EMS during pre-hospital care that may affect LOC or hemodynamics can be placed in the waiting room after 1 hour from last dose if they have normal LOC and hemodynamics. 6. Patients may have a saline lock in place and be hemodynamically stable and placed in the ED waiting area if they meet all the above criteria. 7. If the patient has received any of the drugs below, they **can** be placed in the ER waiting area if they are stable: • Albuterol • Atrovent • D50-with a normal blood sugar and LOC (include oral glucose) • Thiamine • Tylenol • Zofran • Glucagon • Saline • Oxygen • Tetracaine • Ancef	1. Resuscitative and Emergent patients 2. Acute MI/active chest pain/ anyone meeting OEMS protocol Chest Pain/Discomfort-ACS C001 3. Stroke or stroke-like symptoms 4. Any hemodynamically unstable patient 5. Any altered LOC 6. Patient cannot safely sit in a chair/wheelchair 7. A threat to self or others

8. If a cardiac monitor has been used on the patient and no ectopy has occurred, the patient may be taken off the monitor and placed in the ED waiting area. 9. A nursing home patient may be offloaded to the waiting area. IF the patient has capacity and meets all other offload criteria. Prior to offloading to the waiting area please discuss the individual patient situation with the triage nurse and/or provider on duty.	

Emergency Medical Treatment and Labor Act (EMTALA)

Medicare participating hospitals must meet the Emergency Medical Treatment and Labor Act (EMTALA) statute codified at §1867 of the Social Security Act, (the Act) the accompanying regulations in 42 CFR §489.24 and the related requirements at 42 CFR 489.20(l), (m), (q), and (r). EMTALA requires hospitals with emergency departments to provide a medical screening examination to any individual who comes to the emergency department and requests such an examination and prohibits hospitals with emergency departments from refusing to examine or treat individuals with an emergency medical condition (EMC). Part of the EMTALA obligation is to ensure the transfer of an unstabilized individual to another medical facility under certain conditions.

42 CFR 489.24 https://www.ecfr.gov/current/title-42/section-489.24

42 CFR 413.65 https://www.ecfr.gov/current/title-42/section-413.65