



AGENDA ITEM #2

PETER BARBER
SUPERVISOR

DONALD DOYNOW, MD
MEDICAL DIRECTOR

Memorandum

To: Peter Barber, Town Supervisor
From: Jay Tyler, Director of EMS
Date: 10/27/2022
RE: EMS Patient Offload and Delay Policy

The availability and effective functioning of the emergency medical services (EMS) system are of vital importance to all residents and community members of the town of Guilderland. EMS patient offload delays can occur when transferring care of a patient from EMS personnel to hospital emergency department staff. These delays have obvious impacts on system status efficiency and effectiveness.

EMS patient offload delays have been a concern in the health care community for many years. The delays are progressively becoming longer to the point that a Town EMS Policy should be adopted. Guilderland EMS has had delays as long as 4 hours at local hospitals. When EMS providers are delayed, they are out of service, thereby decreasing their ability to provide lifesaving support in the community. Attached, for your review are EMS wait times and associated costs.

Thank you for your attention to this important public safety matter and should you have further question please do not hesitate to contact me.

Town of Guilderland EMS – Policy Statement

Policy Number:		Approved:	
Related Forms:	EMS SATURATION RESPONSE LEVELS	Revised:	
Reference:	EMS Patient Offload and Delay Policy	Reviewed:	



Policy

It is EMS' intent to offload patients immediately upon arrival to the Emergency Department so that the units are available to their service area and their community in a timely manner. We also understand that upon arrival to the emergency departments, that the care of the patient is the hospital's responsibility.

There are times we recognize that offload delays may occur due to:

- Capacity issues in the department/hospital
- Number of EMS units arriving in the department at the same time
- Acuity of patients arriving by EMS or walk-in.

EMS wait time: Actual time from EMS unit entering department to the offload of the patient from the EMS stretcher to a hospital location including waiting room. This coincides with the EMS unit's arrival time to transfer time radio reports. Under ideal conditions, the expectation is that this will take more than 10 minutes.

NOTE: These time parameters apply when the patient is stable. In the event the patient is unstable and the offload time exceeds twenty (15) minutes, the crew will make immediate notification of this offload delay to their respective director/EMS chief/PSAP.

IN CONDITION GREEN: (45 MINUTE MAXIMUM)

- Upon arrival to the department, The EMS crew member will meet with the charge RN, EMS triage RN, or designated RN so this nurse can provide a primary triage assessment of the patient.
- If patient care has not been turned over to the ED staff at 15 minutes from arrival, the crew will notify their respective reporting director/EMS chief/PSAP of "DELAYED OFFLOAD."
- When 20 minutes have elapsed from time of arrival, the EMS crew will notify the charge RN that they have waited 20 minutes of the 45 minute maximum wait time and the EMS crew will be required to leave at or before 60 minutes.
- If the wait for offload continues to 30 minutes, the EMS crew will again notify the charge RN that they have now waited 30 minutes of the 45 minute maximum wait time and the EMS crew will be required to leave at or before 45 minutes.

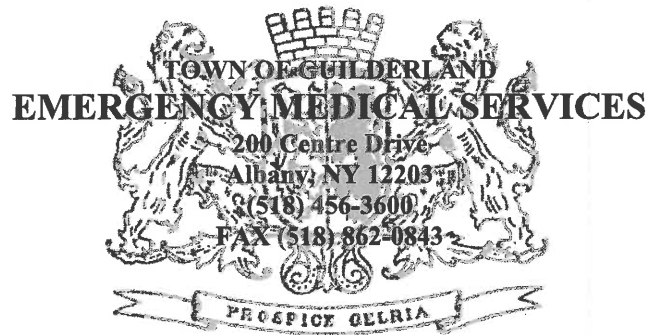
- If the wait for offload continues to 45 minutes, the EMS unit may leave the patient in the department and return to service after a verbal or written report is given to the proper hospital staff member. The EMS crew member will notify the charge RN that they are leaving and returning to service. It is recommended that the ED charge RN should immediately provide staff and a stretcher prior to the EMS staff leaving the department. If a stretcher or location is not provided, the EMS crew will create an offload option, which may include triage chair, triage stretcher, vacant stretcher, wheel chair or foldable cot.

IN CONDITION YELLOW: (30 MINUTE MAXIMUM)

- Upon arrival to the department, The EMS crew member will meet with the charge RN, EMS triage RN, or designated RN so this nurse can provide a primary triage assessment of the patient. The crew will advise that the Town of Guilderland EMS is in condition yellow which mandated a 30 minute maximum offload delay time.
- If patient care has not been turned over to the ED staff at 15 minutes from arrival, the crew will notify the director/EMS chief/PSAP of "DELAYED OFFLOAD."
- When 20 minutes have elapsed from time of arrival, the EMS crew will notify the charge RN that they have waited 20 minutes of the 30-minute maximum wait time and the EMS crew will be required to leave at or before 30 minutes.
- If the wait for offload continues to 30 minutes, the EMS unit may leave the patient in the department and return to service after giving either a verbal or written patient care report (can be quick form). The EMS crewmember will notify the charge RN that they are leaving and returning to service. It is recommended that the ED charge RN should immediately make arrangements to provide staff and a stretcher prior to the EMS staff leaving the department. If a stretcher or location is not provided, the EMS crew will create an offload option, which may include triage chair, triage stretcher, vacant stretcher, wheel chair or foldable cot.

IN CONDITION RED ALL OFFLOADS WILL BE IMMEDIATE (10 MINUTE MAXIMUM)

- Upon arrival to the department, The EMS crew member will meet with the charge RN, EMS triage RN, or designated RN so this nurse can provide a primary triage assessment of the patient. The crew will advise that the Town of Guilderland EMS is in condition Red which mandated an immediate offload.
- When 5 minutes have elapsed from time of arrival, the EMS crew will notify the charge RN that they have waited 5 minutes of the 10-minute maximum wait time and the EMS crew will be required to leave at or before 10 minutes.
- If the wait for offload continues to 10 minutes, the EMS unit may leave the patient in the department and return to service after giving either a verbal or written patient care report (can be quick form). The EMS crew member will notify the charge RN that they are leaving and returning to service. It is recommended that the ED charge RN should immediately arrange to provide staff and a stretcher prior to the EMS staff leaving the department. If a stretcher or location is not provided, the EMS crew will create an offload option, which may include triage chair, triage stretcher, vacant stretcher, wheel chair or foldable cot.



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EMS SATURATION RESPONSE LEVELS

There will be times when the demand for Emergency Medical Services (EMS) taxes or exceeds the capacity of the EMS system thereby, creating a crisis. The Town of Guilderland EMS (GEMS) system is determined to have reserves available to handle the next emergency and has developed this plan and its concepts to define different levels of crisis status.

The following is a simplified view of EMS crisis status and also some specific concepts and actions to take when certain levels of disaster are reached within the GEMS system.

Levels of EMS Saturation

Green

The system is in condition green when the majority (2-5) of transport units (including ARS), personnel, and equipment are available for the next emergency call. Green could also be defined loosely as being within a standard response time in any given area in the system. Standard response time is a statistical and historical average.

Yellow

Condition yellow occurs when the availability of transport units drop to 1-2 transport units due to an increase in call volume and/or hospital delays; not including units temporarily out-of-service for training. This is when the medical need begins to tax the system, yet things are not absolutely critical. Response times have increased to 1½ to twice normal response time. In rural areas (zone 3) condition yellow is reached fairly rapidly because of the limited resources available. In suburban areas, condition yellow is reached when the only in service unit(s) are posting in Dynamic Deployment positions If response times are exceeding agency average. In addition, the "call volume" is increasing. During condition yellow, supervisor and administration staff will staff units if available.

Red

Condition red is reached when there are no available transport units in the town and/or the ability to provide any reasonable response in a timely manner is severely compromised. Red is a condition that would be considered a severe crisis in the GEMS system.

EMS Saturation Crisis Response Plan

The Town of Guilderland EMS E-911 Communications Center continually monitors the GEMS system and would be the first to recognize any changes in the system status. As part of this plan, GEMS units need to be aware of what condition exists at any given time. The communications center will keep units notified through the communication system. As conditions change, GEMS units will have differing responsibilities. It is advised that when a unit takes a patient through the doors of an ED that they take their radio with them so they are aware of any changes while they are inside the walls of the hospital.

GEMS units should notify their respective director/EMS chief/PSAP of "DELAYED OFFLOAD" whenever they have been delayed 20 minutes or greater. Crews are required to notify the communication center immediately after patient care is transferred to hospital personnel and again when they are back in-service.

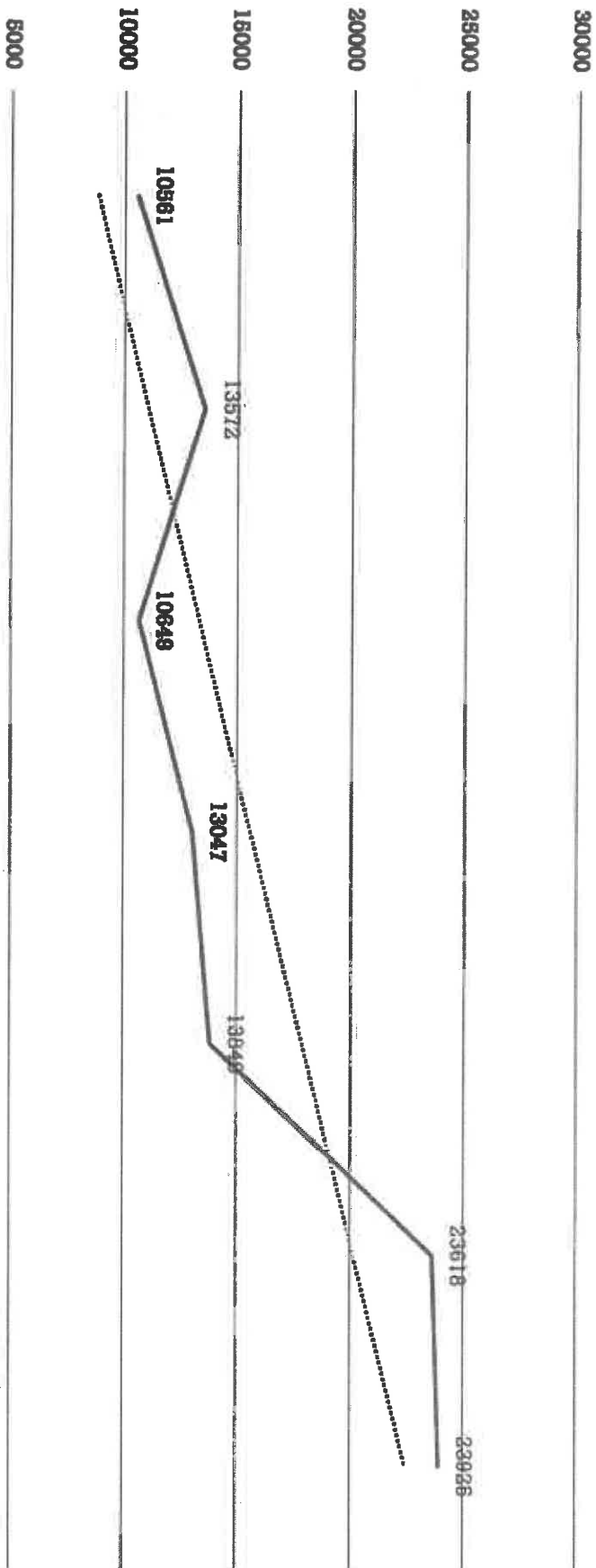
This plan is intended to be an outline of conditions that define EMS crisis response levels and help provide a template for actions to be taken by GEMS to expedite units back into service. These are subject to change at any given time. The overall most important concept is that this is not a license to "drop off" a patient at a hospital. **With each patient, we must identify when the patient requires active monitoring by a medical professional. In that event, the EMS crew will treat and monitor the patient until they are able to turn them over to the appropriate hospital staff.**

Should the EMS crew have to monitor and/or treat the patient while on hospital premises the EMS provider will accurately log the wait time in the electronic Pre-Hospital Care Report. The hospital will then be invoiced per unit hour at vendor rate in 15-minute increments.

Non-Transport Criteria

- See UCM Digital Health Virtual ER Policy 200.39

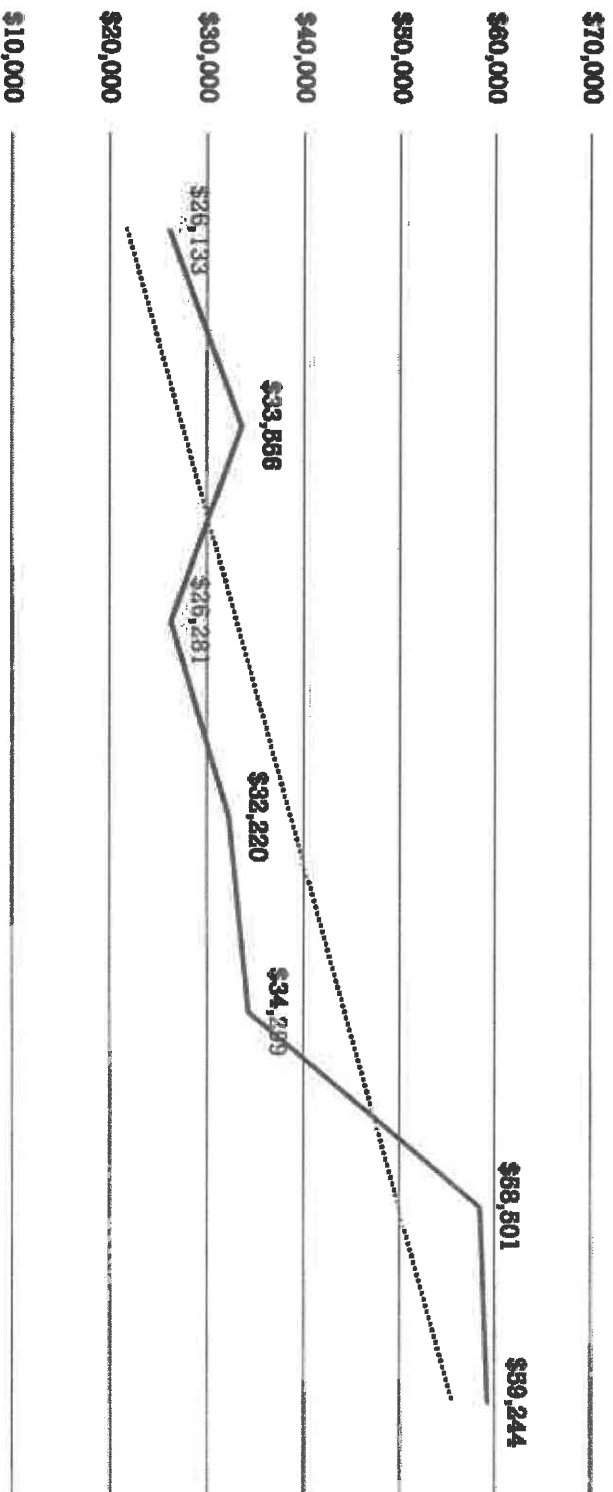
GEMS Wait in min



	2019 1st	2019 2nd	2020 1st	2020 2nd	2021 1st	2021 2nd	2022 1st
Wait in min	10561	13572	10649	13047	13840	23618	23925

Wait in min Linear (Wait in min)

Cost in unit hours



	\$0	2019 1st	2019 2nd	2020 1st	2020 2nd	2021 1st	2021 2nd	2022 1st
Cost in unit hours		\$26,133	\$33,556	\$26,281	\$32,220	\$34,299	\$68,501	\$59,244

Cost in unit hours Linear (Cost in unit hours)

EMS Patient Offload and Delay Committee (EMSPOD)

Members

Jay Tyler – Chair

Nash Alexander – Wilton EMS

Alan Bell – Clifton Park Halfmoon

Scott Bowman – Valatie

Art Breault – AMCH

BonnieJean Johnson – Guilderland EMS

Robbie MacCue – Colonie EMS

Sean McGaughnea – Guilderland EMS

Dr. Rob McHugh - REMAC

Dean Romano – SPH

Scott Skinner – Malta/Stillwater EMS

EMSPoD Objectives

- ① Convene a collaborate group process.
- ② Offer immediate, short-term solutions that may mitigate the time interval between ambulance arrivals to hospital turnover.
- ③ Explore promising future approaches to resolving or improving off-load delays through a process that can be controlled locally.

Wall Time

Wait time interval - Ambulance Arrival at Hospital to Transfer of Care at ED

Does not count when the EMS crew is back in service

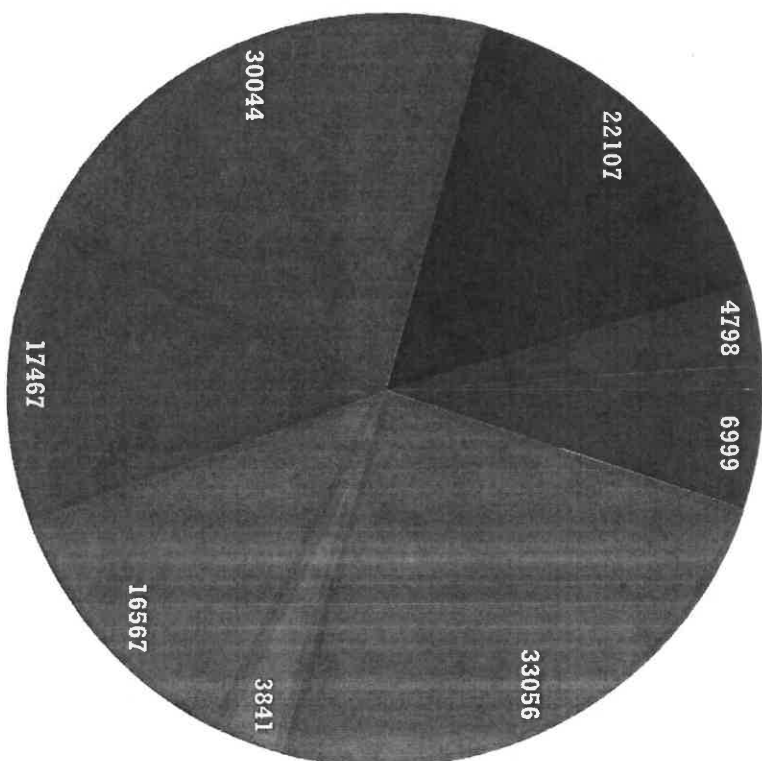


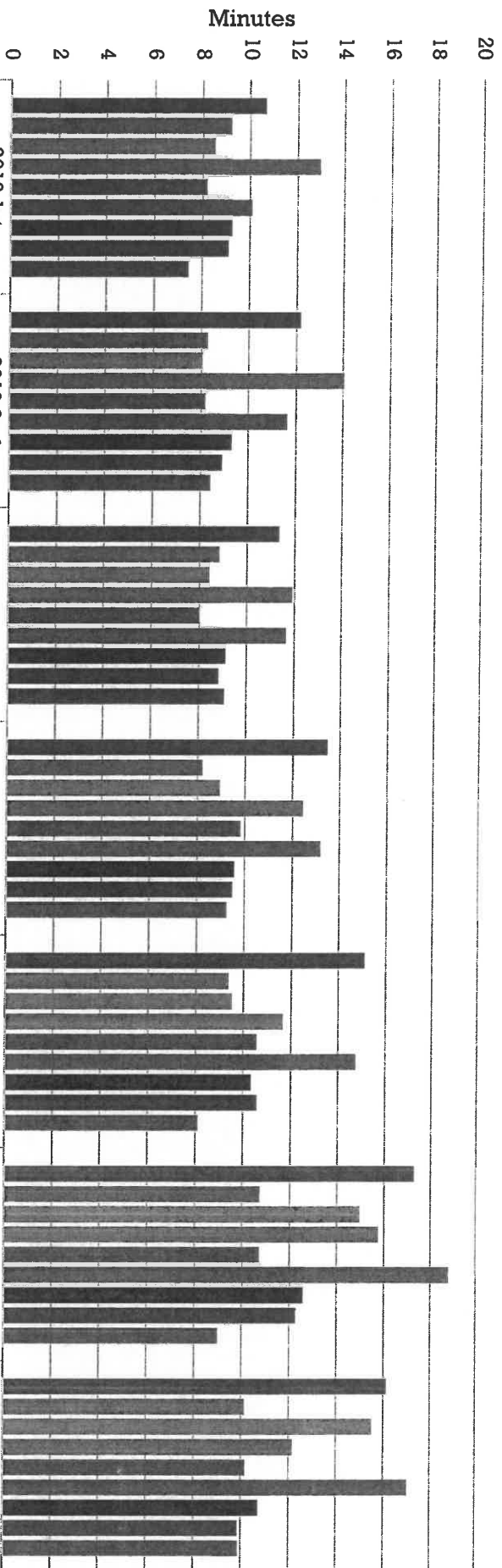
Regional Data

- 1 Total Transports – 136,337
- 2 Regional Hospitals
- 3 2019 every 6 mos to first half of 2022
- 4 Average vs extended delay (20 + Min)
- 5 Limitations – provider input
- 6 Compare 1st and 2nd half vs corresponding call vol.

CALL VOLUME BY AMBULANCE

■ Columbia M ■ AMCH ■ AMCH Ped ■ Ellis ■ Saratoga ■ SPH ■ Samaritan ■ Alb. Mem. ■ Alb. VA





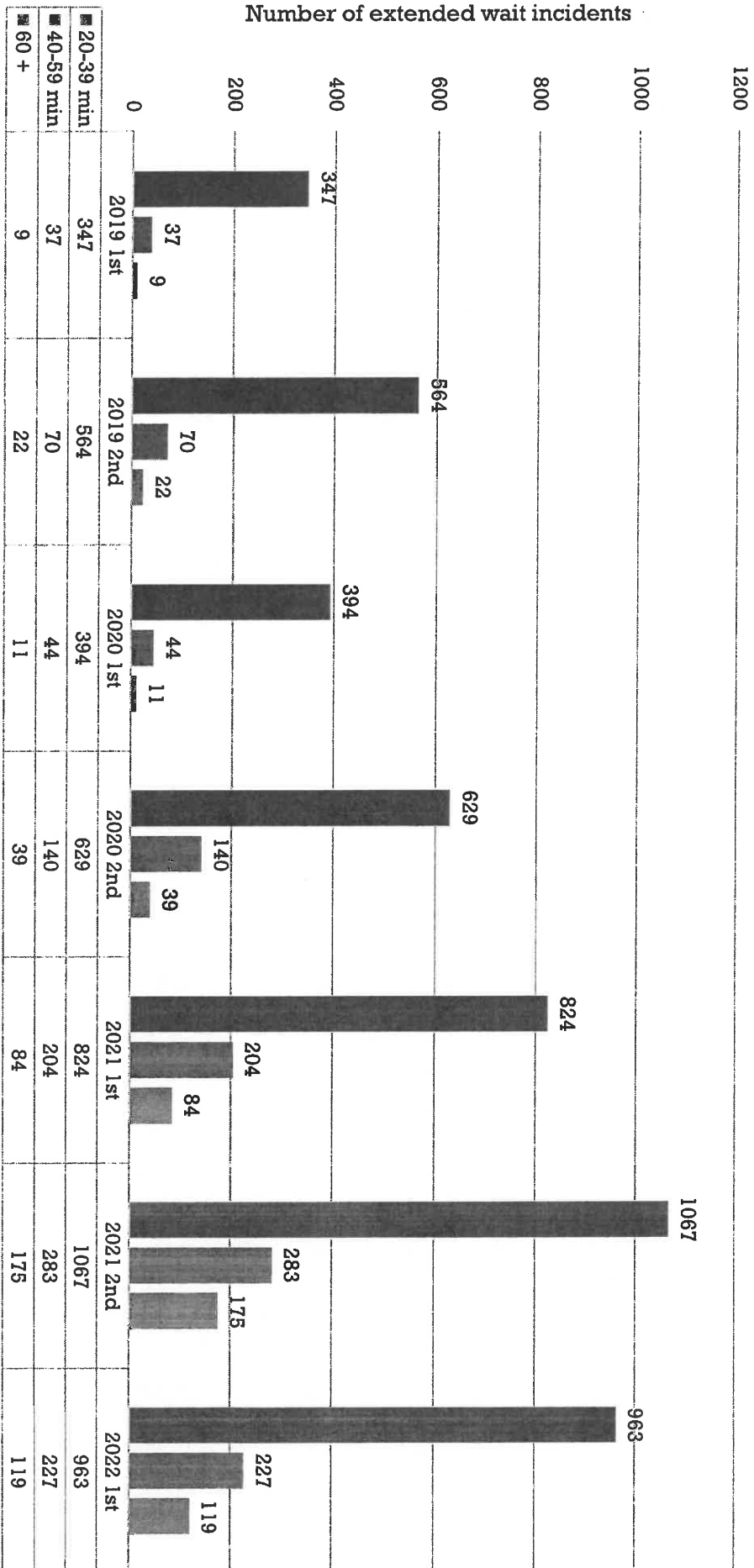
	2019 1st	2019 2nd	2020 1st	2020 2nd	2021 1st	2021 2nd	2022 1st
■ AMCH	10.67	12.19	11.36	13.49	15.13	17.3	16.15
■ AMCH-P	9.2	8.27	8.85	8.2	9.37	10.73	10.14
■ Columbia	8.51	8.05	8.42	8.94	9.5	14.97	15.52
■ Ellis	12.97	14.06	11.91	12.45	11.66	15.77	12.16
■ Saratoga	8.19	8.19	8.02	9.83	10.56	10.72	10.18
■ SPH	10.09	11.64	11.66	13.22	14.75	18.84	17.04
■ Samartian	9.25	9.31	9.14	9.58	10.35	12.6	10.72
■ Memorial	9.12	8.92	8.85	9.49	10.59	12.28	9.87
■ VA	7.45	8.43	9.09	9.27	8.11	9	9.89

6 month interval

■ AMCH ■ AMCH-P ■ Columbia ■ Ellis ■ Saratoga ■ SPH ■ Samartian ■ Memorial ■ VA

AMCH

Number of extended wait incidents

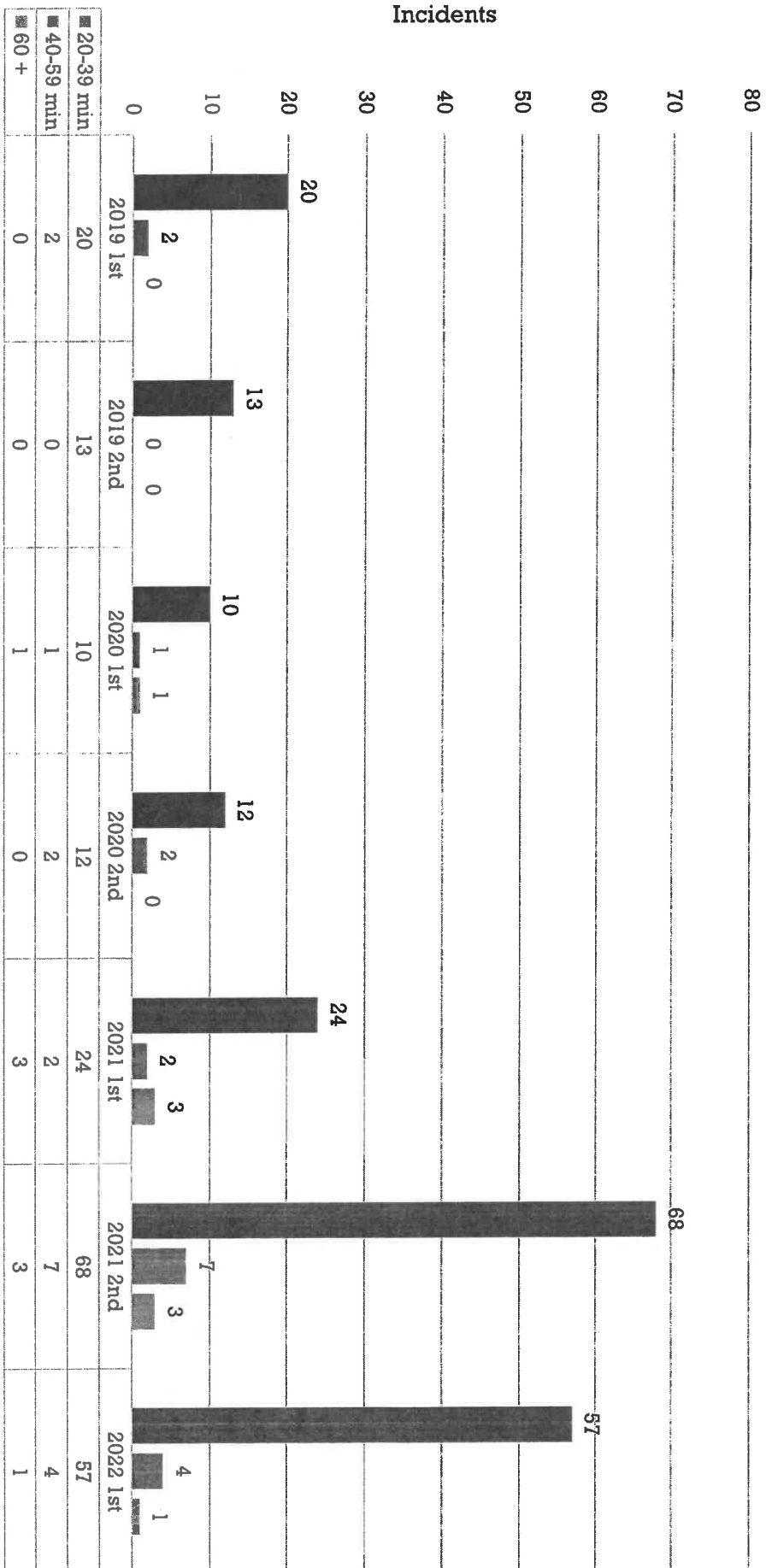


■ 20-39 min ■ 40-59 min ■ 60 +

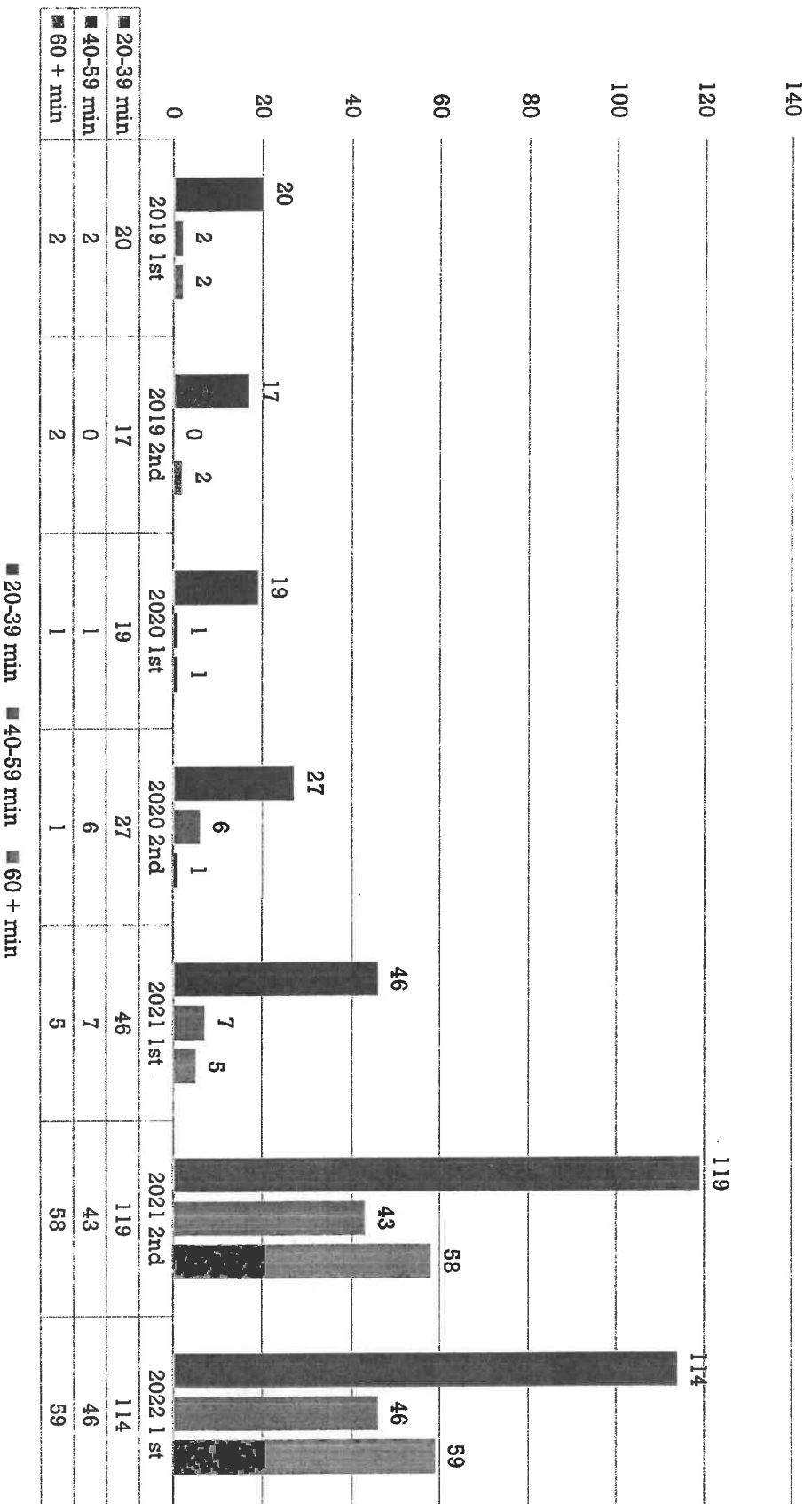
6 month Interval

AMCH Pediatrics

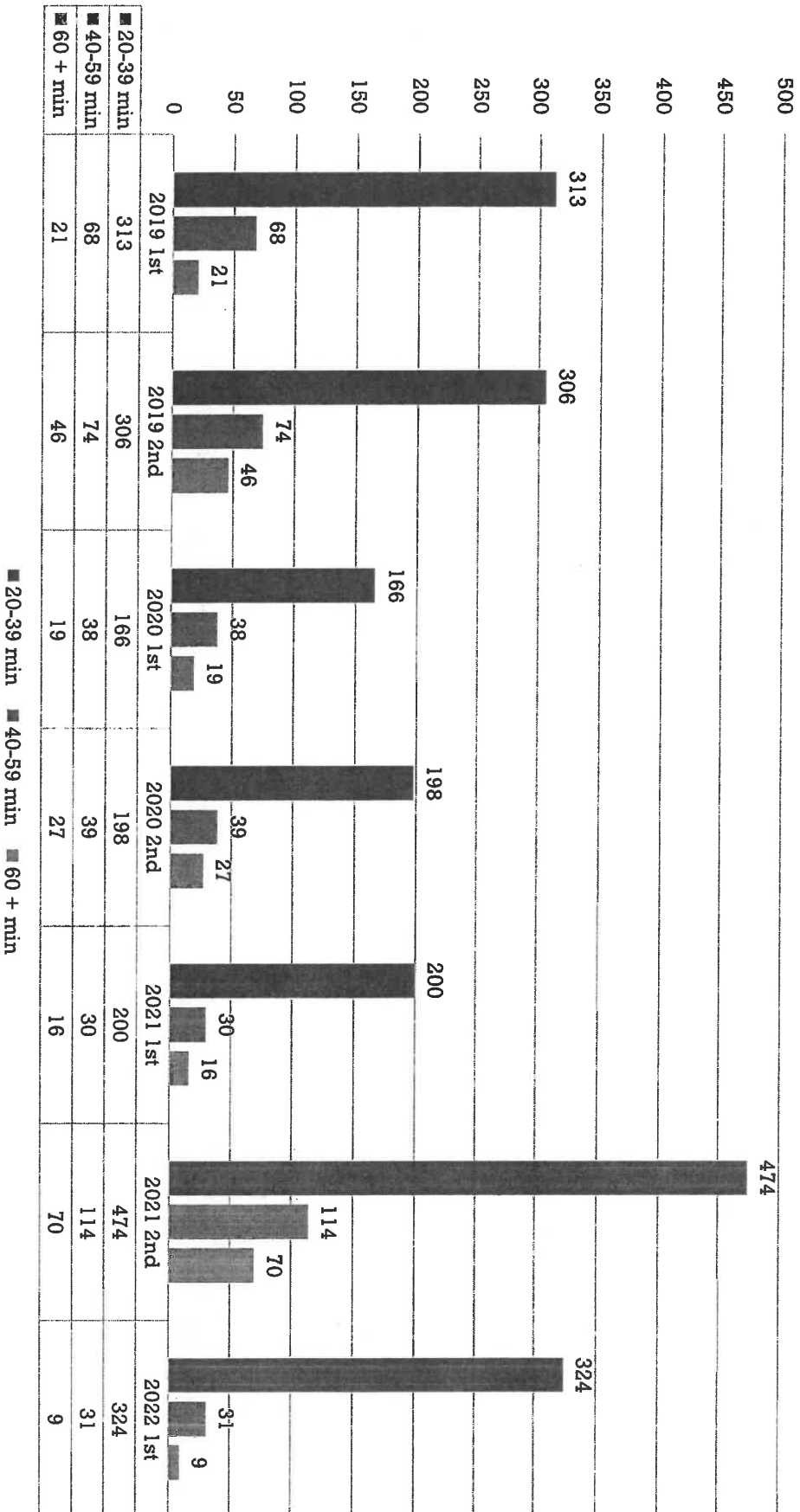
Incidents



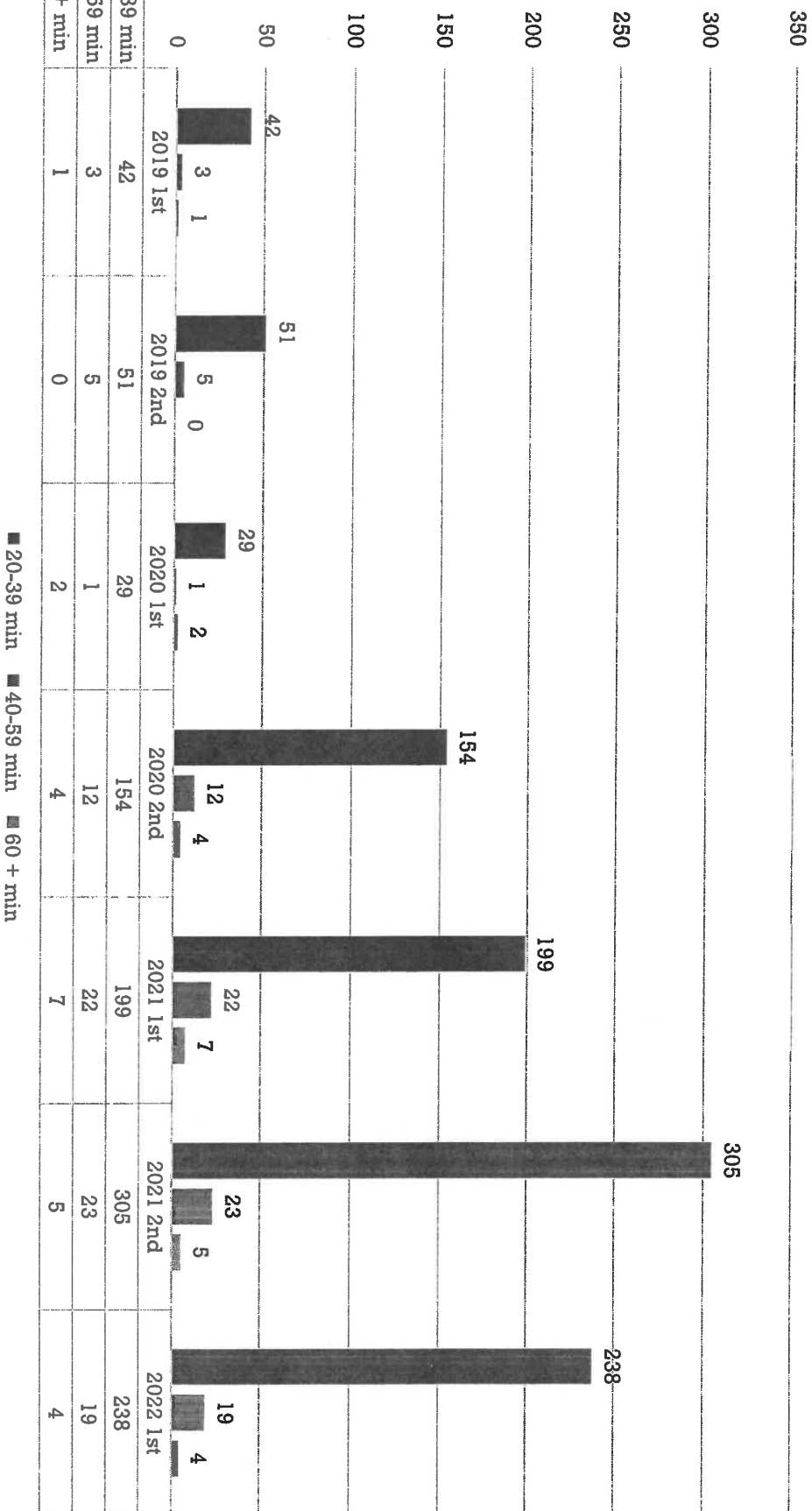
Columbia Memorial



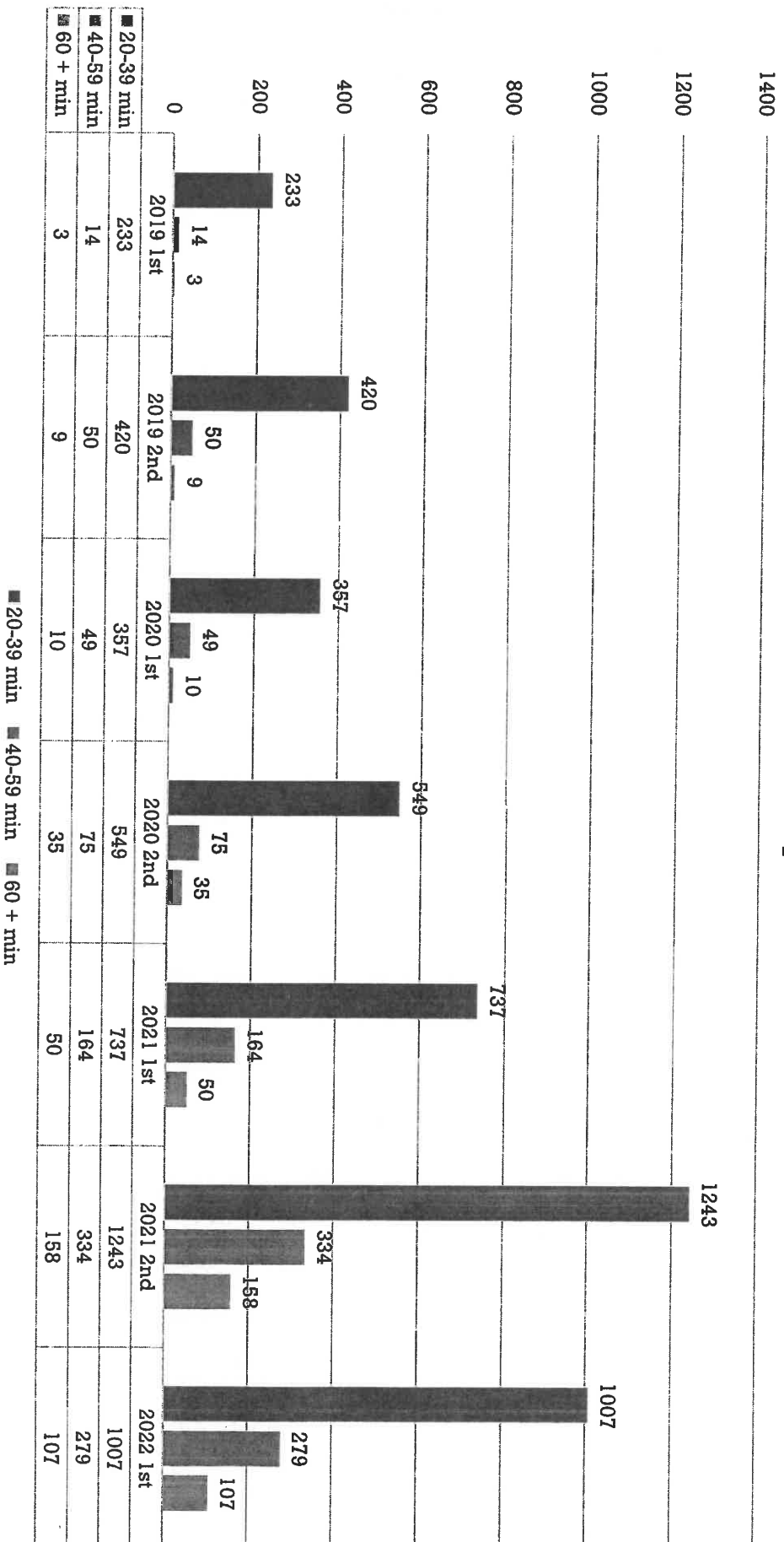
Ellis



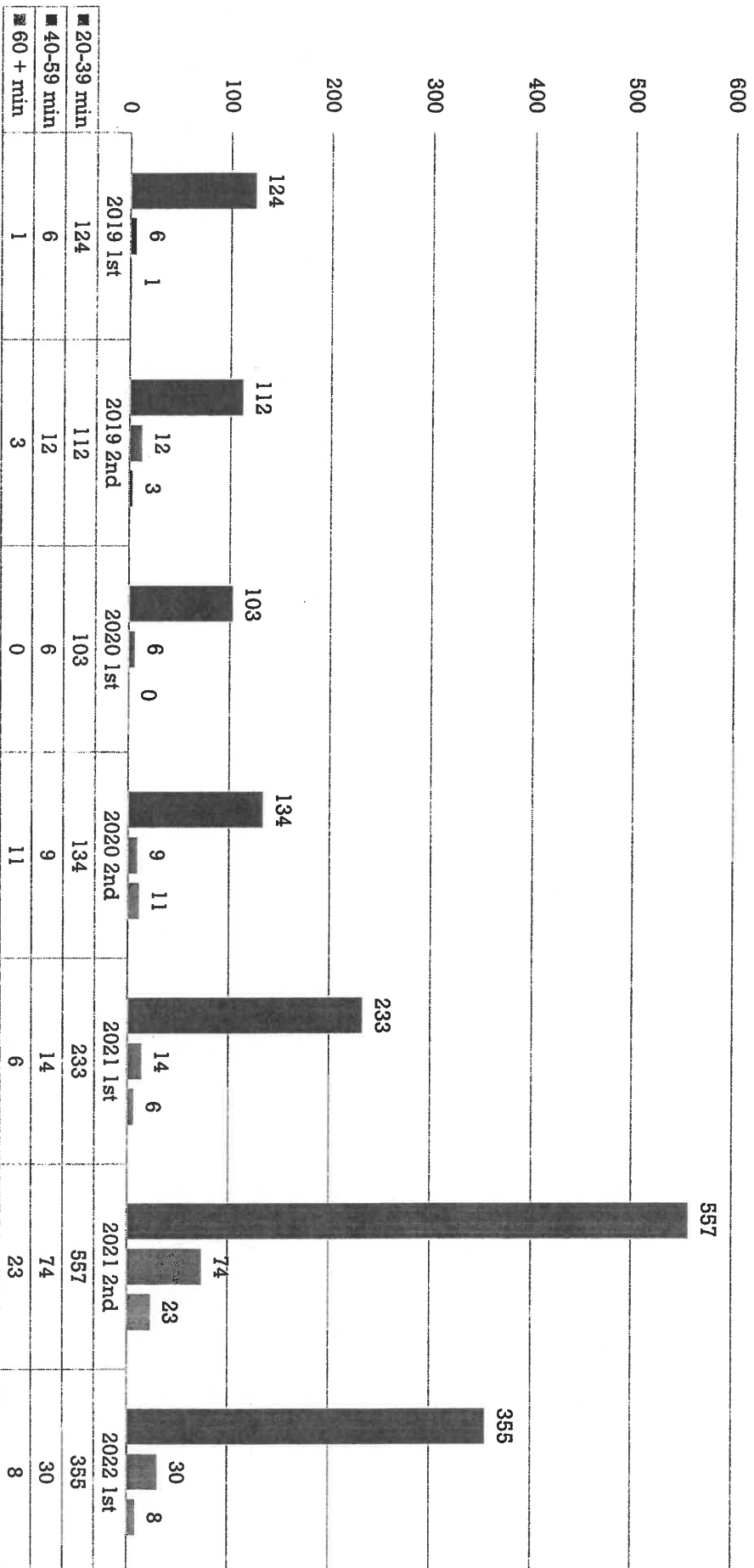
Saratoga



St. Peters Hospital

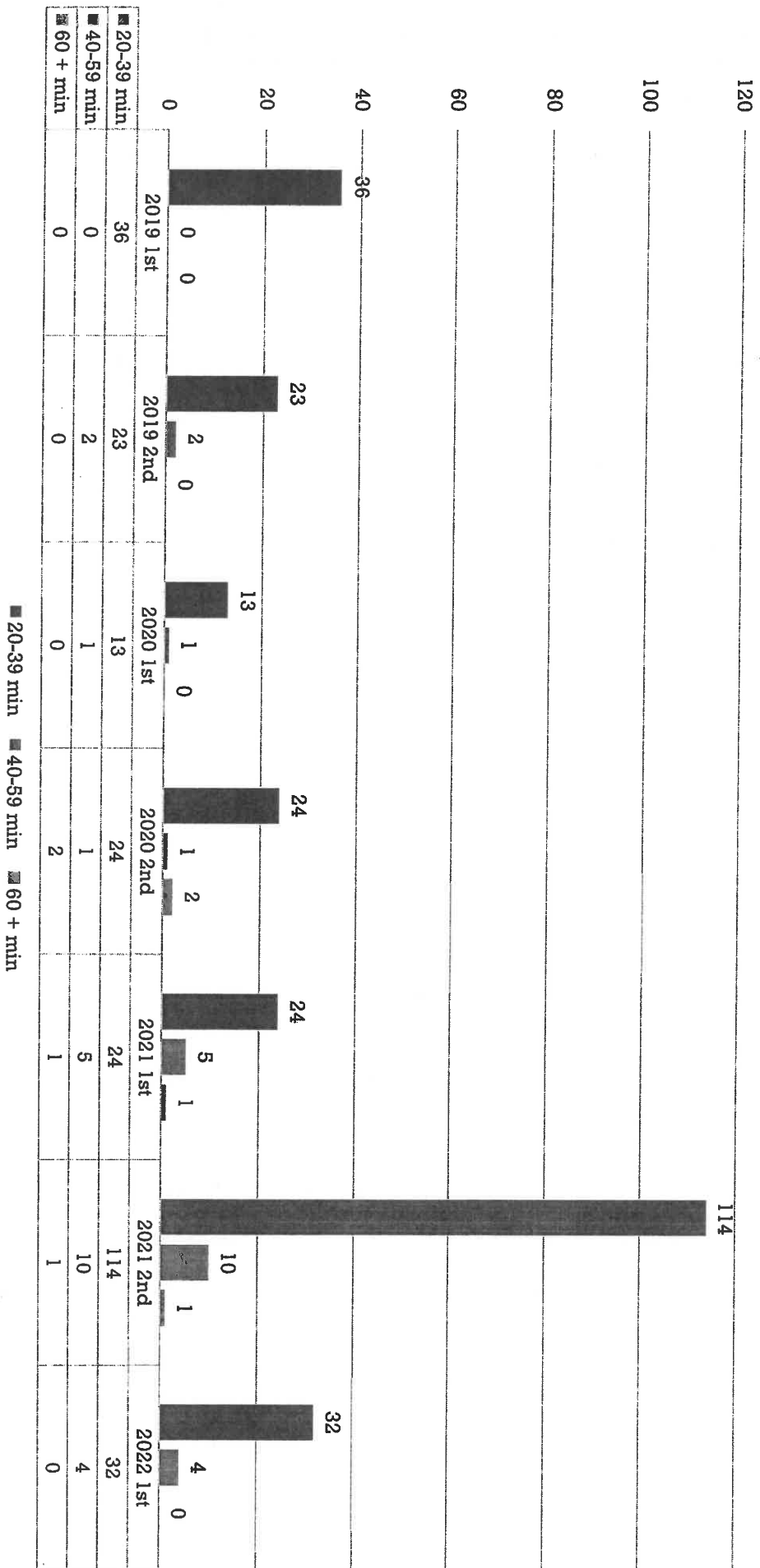


Samaritan

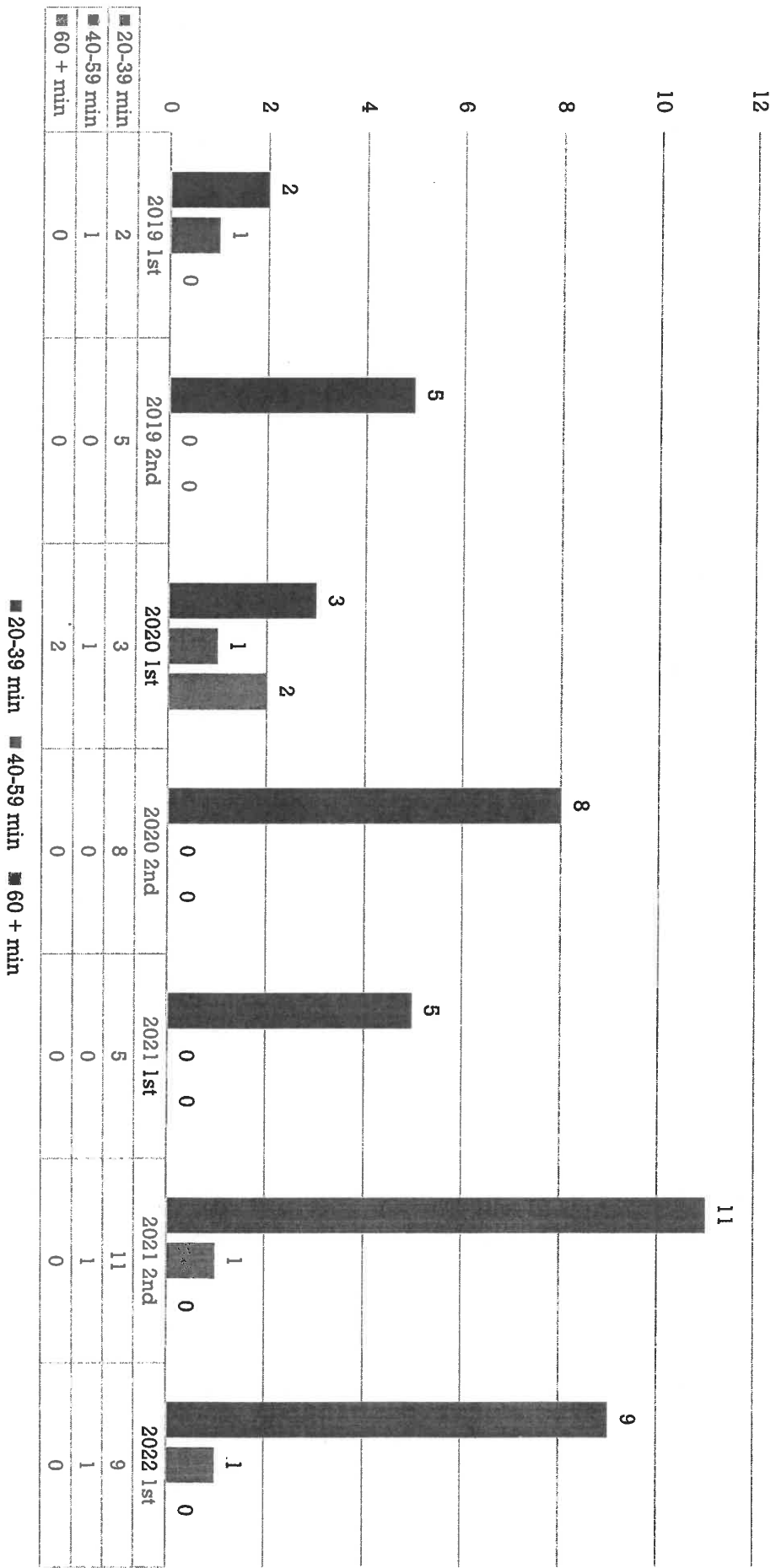


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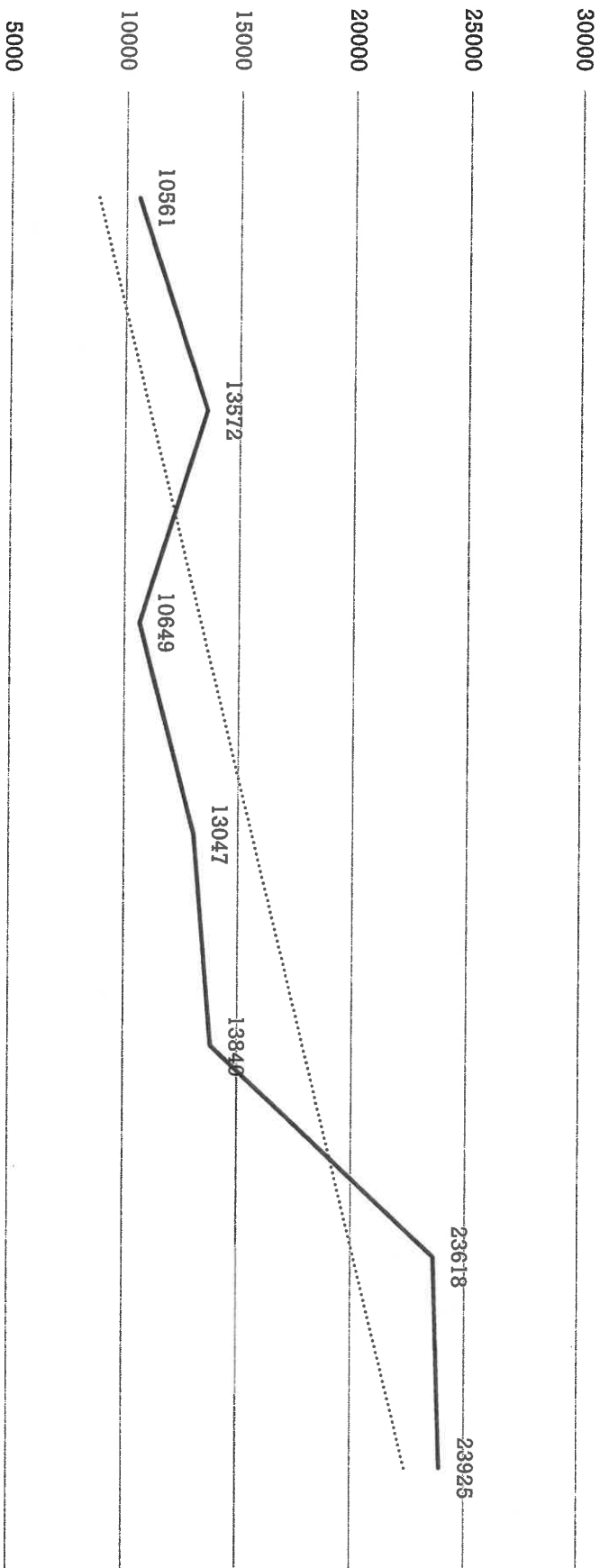
Alb. Memorial



Alb. VA



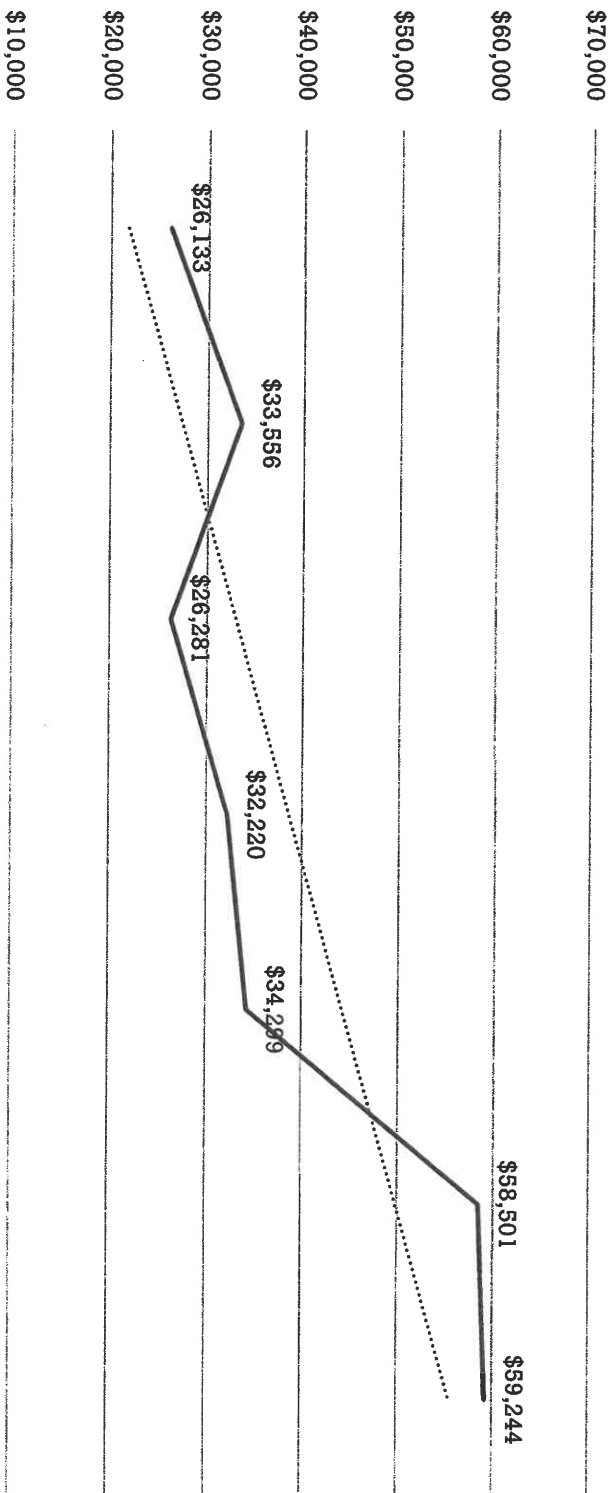
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Initiatives

1. *Mobile App.*
2. *MIH*
3. *Wall time options*
4. *Regional Policy*
5. *Agency Policy*