Best Practices for Mitigating Ambulance/ED Delays

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Like (or ♥) the stream!
Ask questions in the comments.

Submit questions through the
Q&A function.

THIS SESSION IS BEING RECORDED.

The archive will be emailed to all registrants tomorrow.

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Pinellas County EMS Authority/Sunstar Paramedics
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Regional EMS Authority
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Richmond Ambulance Authority
Richmond, VA

Three Rivers Ambulance Authority
Fort Wayne, IN

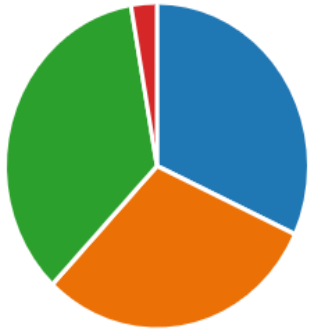
Learn more about membership at www.aimhi.mobi!

More Information:
AIMHI.Mobi

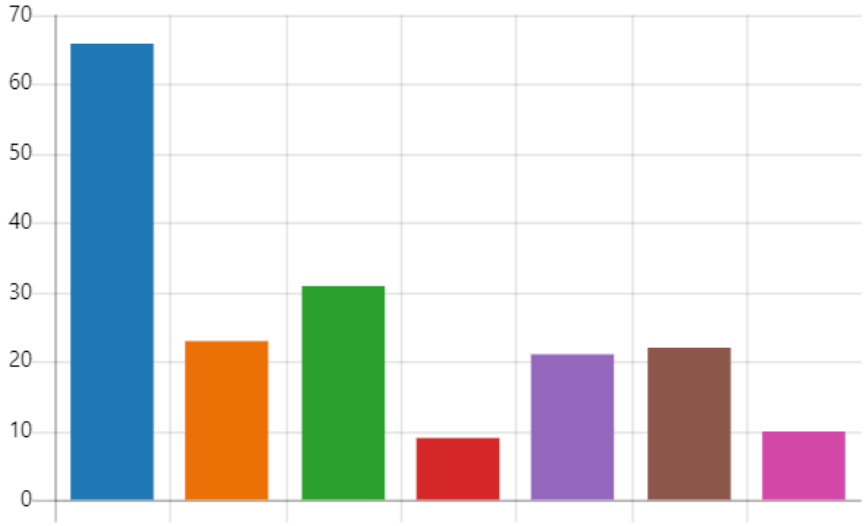
Flash Poll – August 2021

Respondent Characteristics:

Urban	58
Suburban	55
Rural	64
Frontier	5



Fire-Based	66
Hospital-Based	23
3rd Service Governmental	31
Public Utility Model	9
Private-Non-Profit	21
Private-For-Profit	22
Volunteer	10



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Flash Poll – August 2021

Compared to 6 months ago, on average, have your hospital turn around times increased, decreased or remained constant:

Increased	133	**73.1%**
Decreased	4	
Remained constant	45	

What is your current average hospital turn around time:

< 20 minutes	41	
20-30 minutes	57	
30 - 60 minutes	50	**46.2%**
60-90 minutes	23	**18.7% > 60 Minutes**
> 90 minutes	11	

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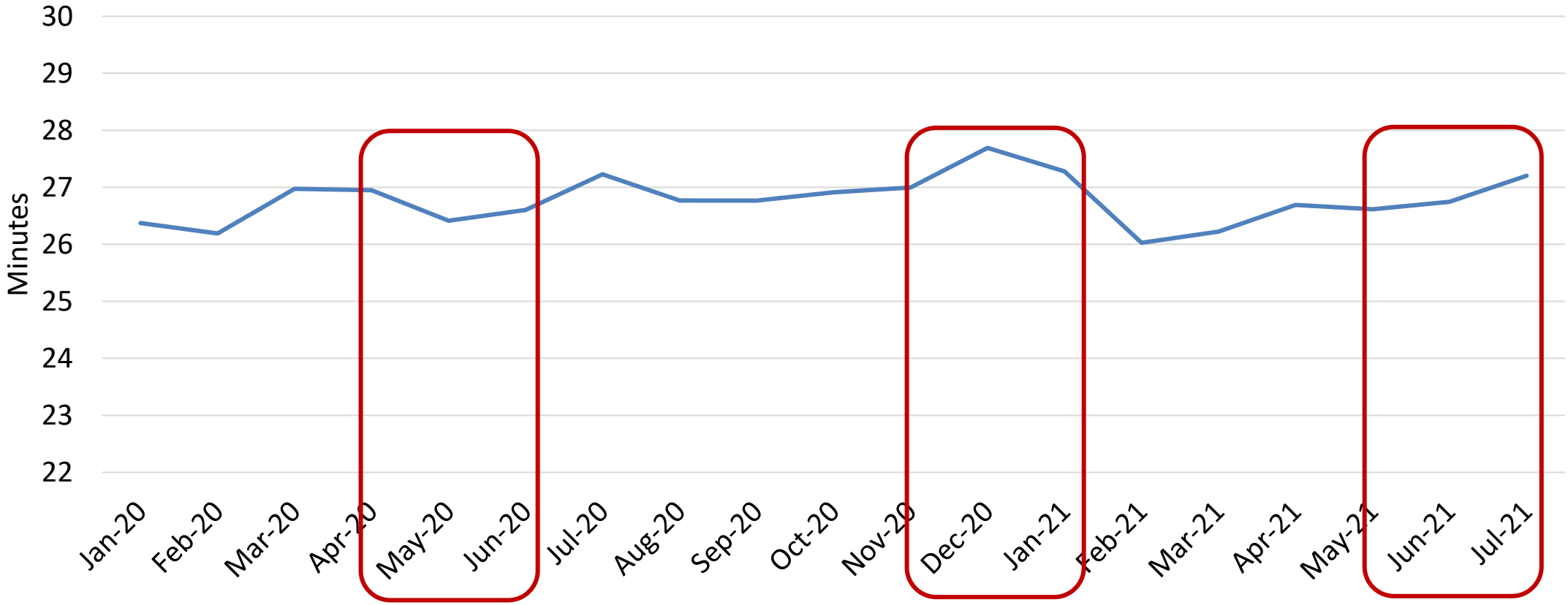
Mean EMS/ED Transition Time



NEMSIS
BETTER DATA. BETTER CARE.

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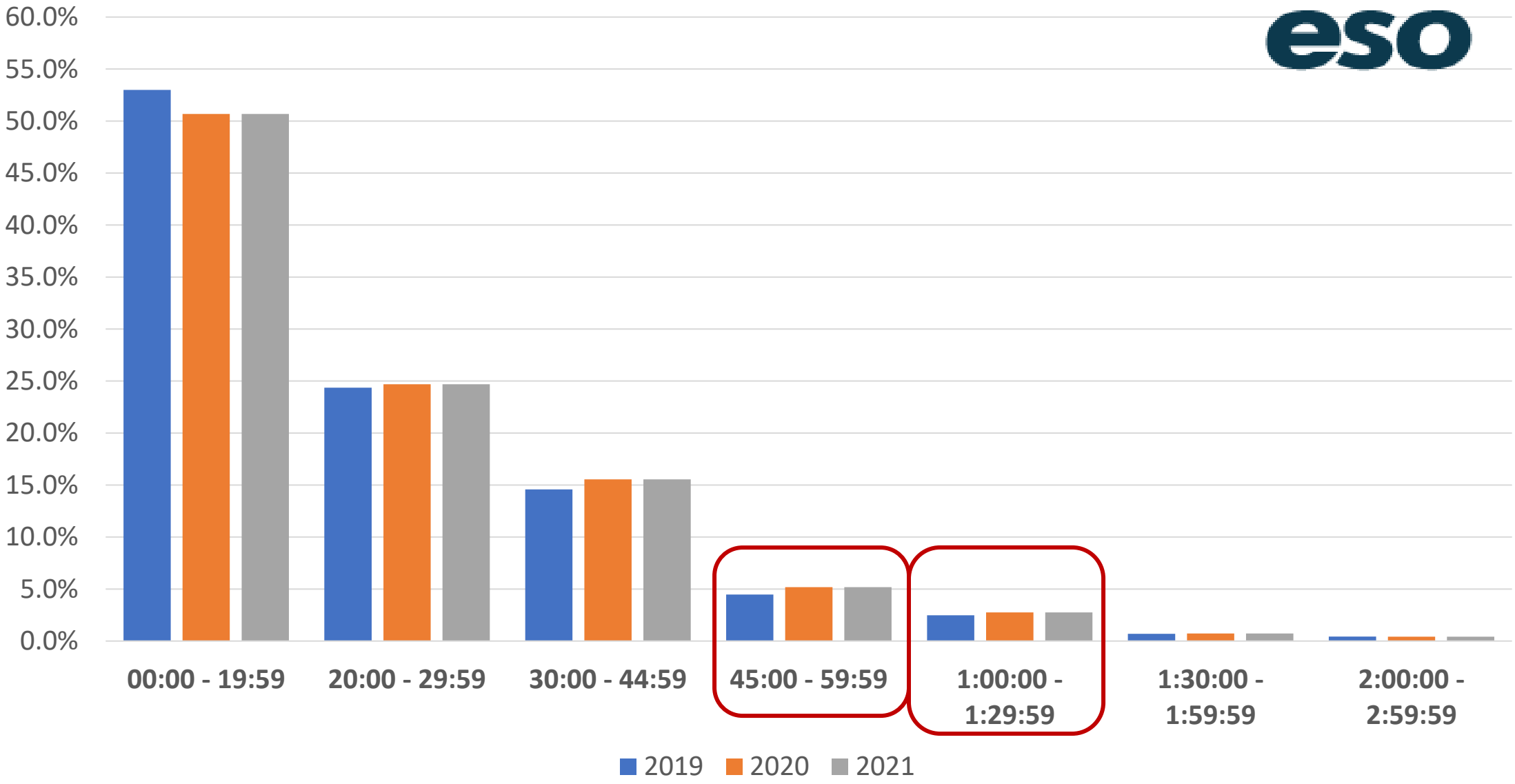
ED Off Load Times



eso

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Advocacy

Legislative

NRS 450B.790 Hospital required to ensure that certain persons in need of emergency services are transferred to appropriate places in hospital within 30 minutes after arrival; civil and criminal liability.

1. Each hospital in this State which receives a person in need of emergency services and care who has been transported to the hospital by a provider of emergency medical services shall ensure that the person is transferred to a bed, chair, gurney or other appropriate place in the hospital to receive emergency services and care as soon as practicable, but not later than 30 minutes after the time at which the person arrives at the hospital.

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Standing EMS Protocol

REMSA HEALTH®

WAITING ROOM CRITERIA

Upon arrival in the emergency department, if transfer of care has not occurred in accordance with NRS 450B.790, any patient, excluding patients placed on a legal psychiatric hold, meeting *ALL* the following criteria may be placed in the hospital waiting room or other appropriate location:

1. **Normal vital signs**
   - A. **Heart rate 60 - 100**
   - B. **Respiratory rate 10 - 20**
   - C. **Systolic BP 100 - 180**
   - D. **Diastolic BP 60 - 100**
   - E. **Room air pulse oximetry >94%**
   - F. **Alert and oriented x 4**
2. **Did not receive any parenteral medications during EMS transport except a single dose of a narcotic and/or an anti-emetic.**
3. **In the judgment of the Paramedic/EMT-P, does not require continuous cardiac monitoring. Note: Any ECG monitoring initiated by a transferring facility may not be discontinued by EMS personnel.**
4. **Can maintain a sitting position without adverse impact on their medical condition.**
5. **Is left with a verbal report to hospital personnel.**

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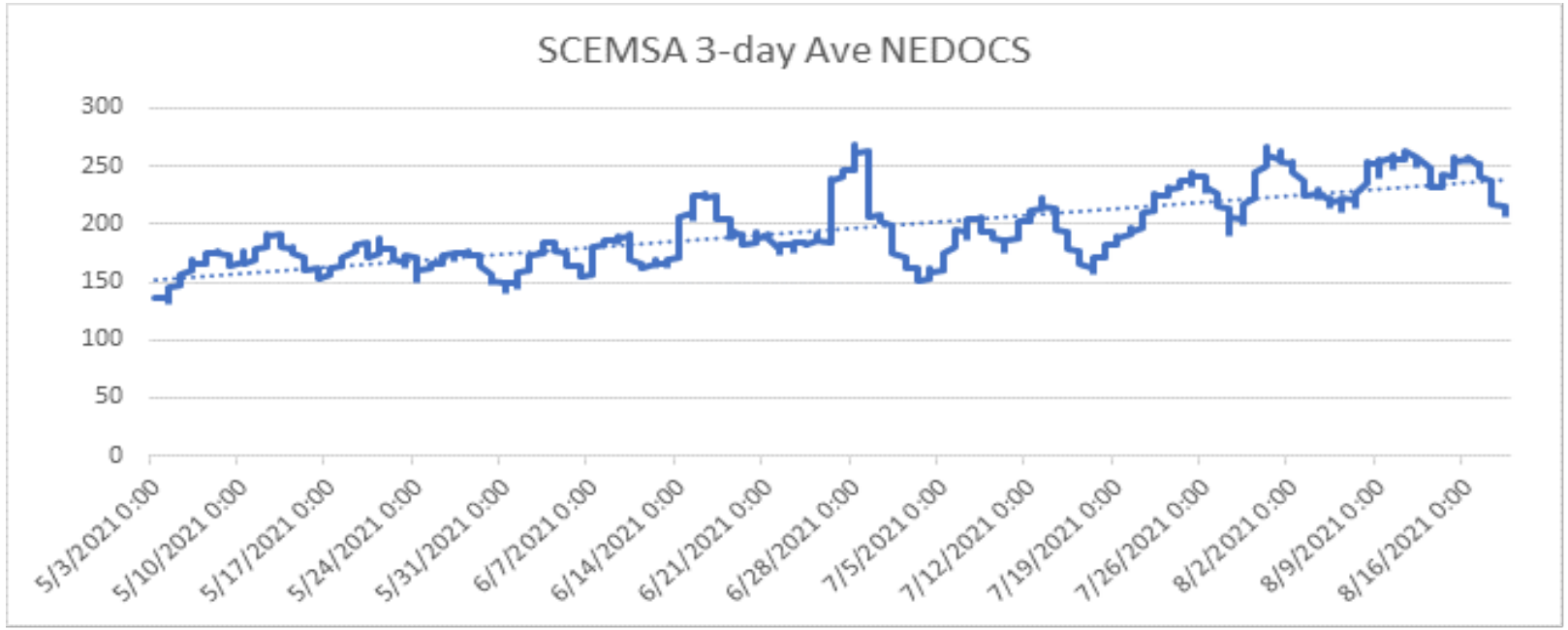
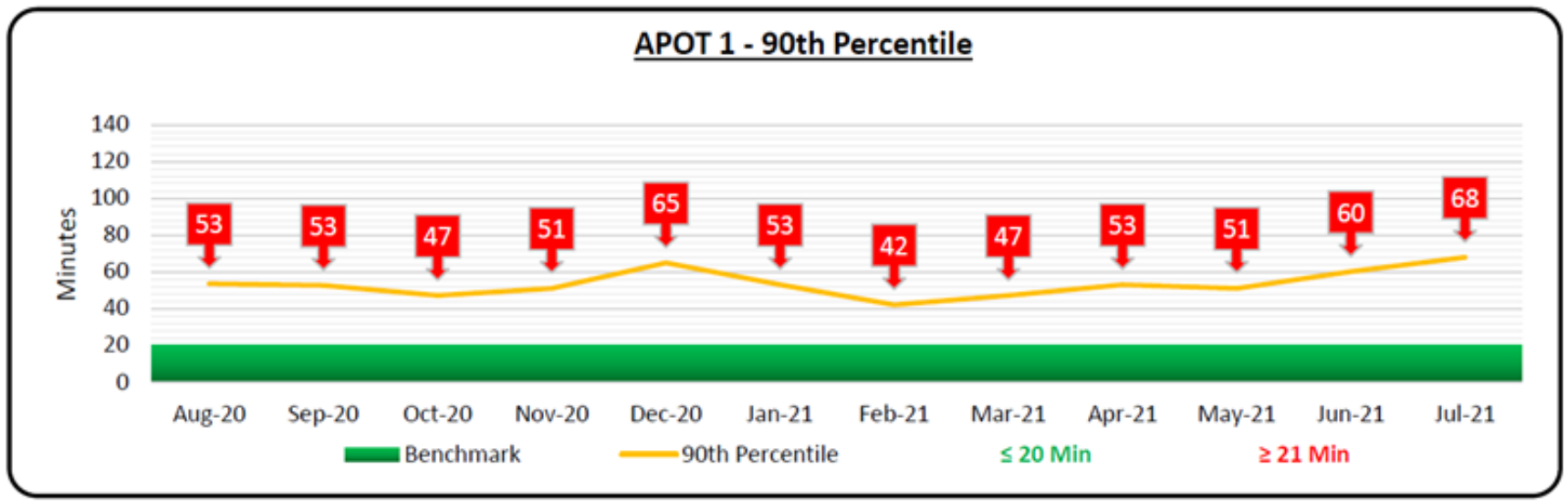


NEDOCS is an Emergency Department Overcrowding Score, and any value over 100 is considered "disaster" level



EXCELLENCE IN EMS SINCE 1979
40
MEDIC AMBULANCE
ANNIVERSARY

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Emergency Medical Treatment and Active Labor Act (EMTALA)

IN ACCORDANCE WITH THE EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA)"

It's the law

If you have a medical emergency or are in labor

You have the right to receive, within the capabilities of the hospital's staff and facilities:

- An appropriate medical screening examination;
- Necessary stabilizing treatment (including treatment for an unborn child);
- And, if necessary, an appropriate transfer to another facility even if you cannot pay, you do not have medical insurance or you are not entitled to Medicare or Medicaid.

This hospital [does/does not] participate in the Medicaid program.

Basic EMTALA Requirements…

- Any individual
- Who comes to
- The hospital
- Must be given:
  - **A medical screening examination**
  - **By qualified medical personnel, and**
  - **If an Emergency Medical Condition is present,**
  - **Patient must be given stabilizing treatment, or**
  - **An appropriate transfer to another hospital**

42 USC 1395dd

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“Patient Parking” (a.k.a. “Wall Time”)

CMS State Operations Manual
Appendix V
Section 489.24(a)(1)(i)

State Operations Manual
Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases

(Rev. 191, 07-19-19)

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“Parking” Can’t Delay EMTALA Obligations!

- “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, 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***.”

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BUT, BUT, BUT…

- "On the other hand, this does not mean that a hospital will necessarily have violated EMTALA…if it does not, in every instance, immediately assume from the EMS provider all responsibility for the individual, regardless of any other circumstances in the ED."

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Please Can You Stay?

- “So, if the EMS provider brought an individual to the dedicated ED at a time when ED staff was occupied dealing with multiple major trauma cases, it could under those circumstances be reasonable for the hospital to ***ASK*** the EMS provider to stay with the individual until such time as there were ED staff available to provide care to that individual.”

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Stay or Leave?

- Hospital may ***ASK***, but absent a state or local law, regulation, or protocol, they cannot REQUIRE EMS to stay once the patient is in the ED
- If patient requires Care Beyond Scope, let the hospital staff know
- Is there risk if you leave? Make sure you have a *reasonable* procedure for this – announced in advance – and leave the patient with an appropriate caregiver and leave a report

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Hospital Still Must Assess!

- “However, even if a hospital cannot immediately complete an appropriate MSE, it must still assess the individual’s condition upon arrival to ensure that the individual is appropriately prioritized, based on his/her presenting signs and symptoms, to be seen by a physician or other qualified medical person for completion of the MSE.”
- **“The hospital should also assess whether the EMS provider can appropriately monitor the individual's condition.”**

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Maybe “ASK” Should Be Spelled “AKS”?

- EMS is subsidizing hospitals to become compulsory supplemental ED staff to monitor patients until the hospital decides when they will “accept” the patient
- EMS is providing “value” to the hospital – the cost of personnel and idle equipment which deprives the community of 911 ambulance services
- Anti-Kickback Statute (AKS) prohibits the payment of “any form of remuneration” in return for the referral of federal healthcare business – do you get patient referrals from this hospital?
- Risk of being “shut out” if you complain about it – other ambulance services who don’t complain may get other ambulance referrals

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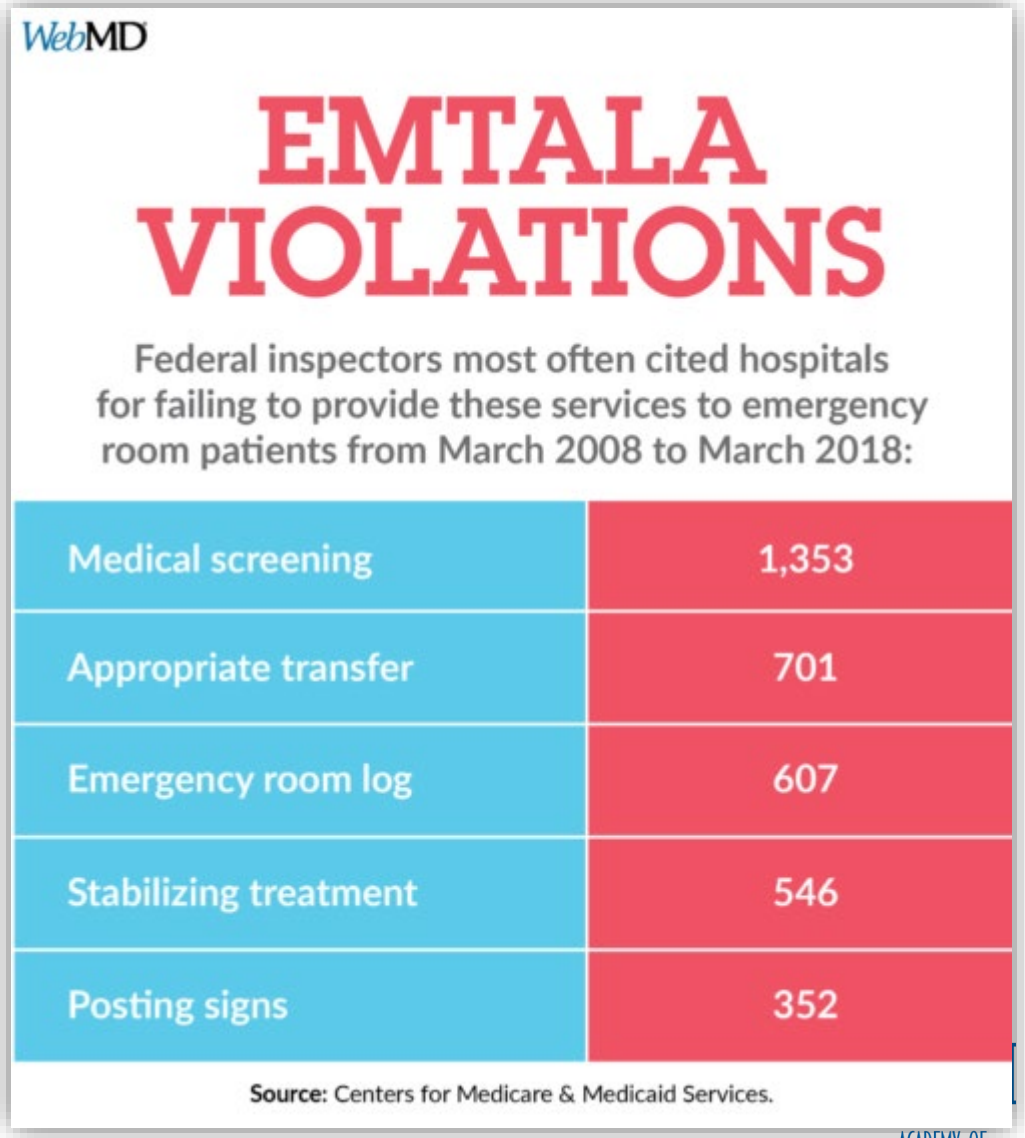
EMTALA Penalties

- Termination of Medicare Provider Agreement
- Fines from $54,000 to $ 107,000 per violation (depending on # of beds)
- Personal injury lawsuit under “private cause of action”
- Receiving facility that suffers financial loss due to another hospital’s violation of EMTALA can sue

42 CFR § 1003.510 and 45 CFR § 102



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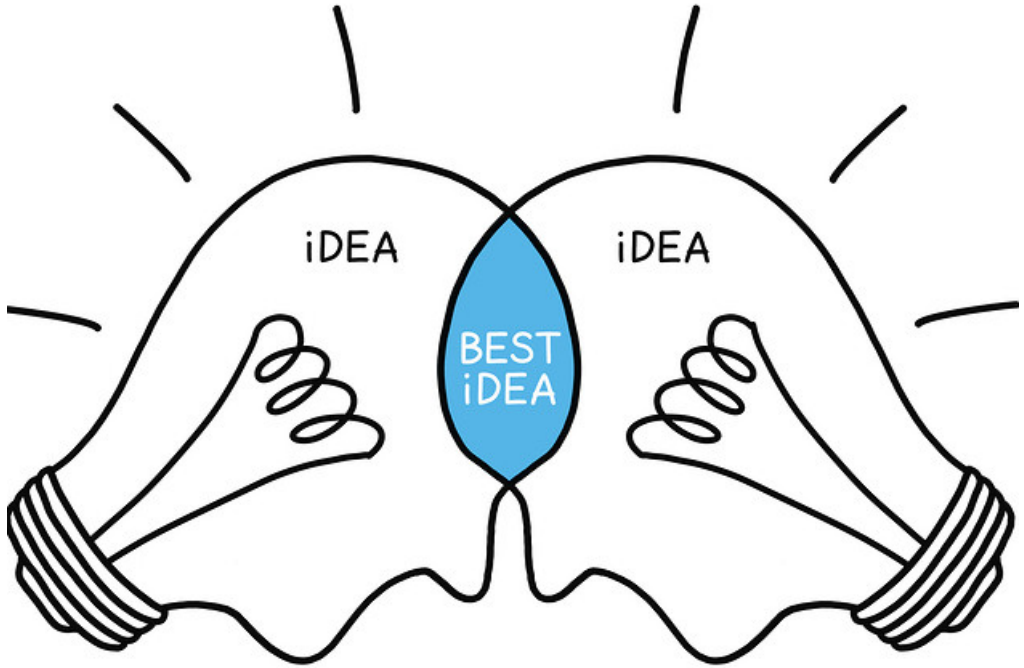
KEEP CALM WE'RE ALL IN THIS TOGETHER!



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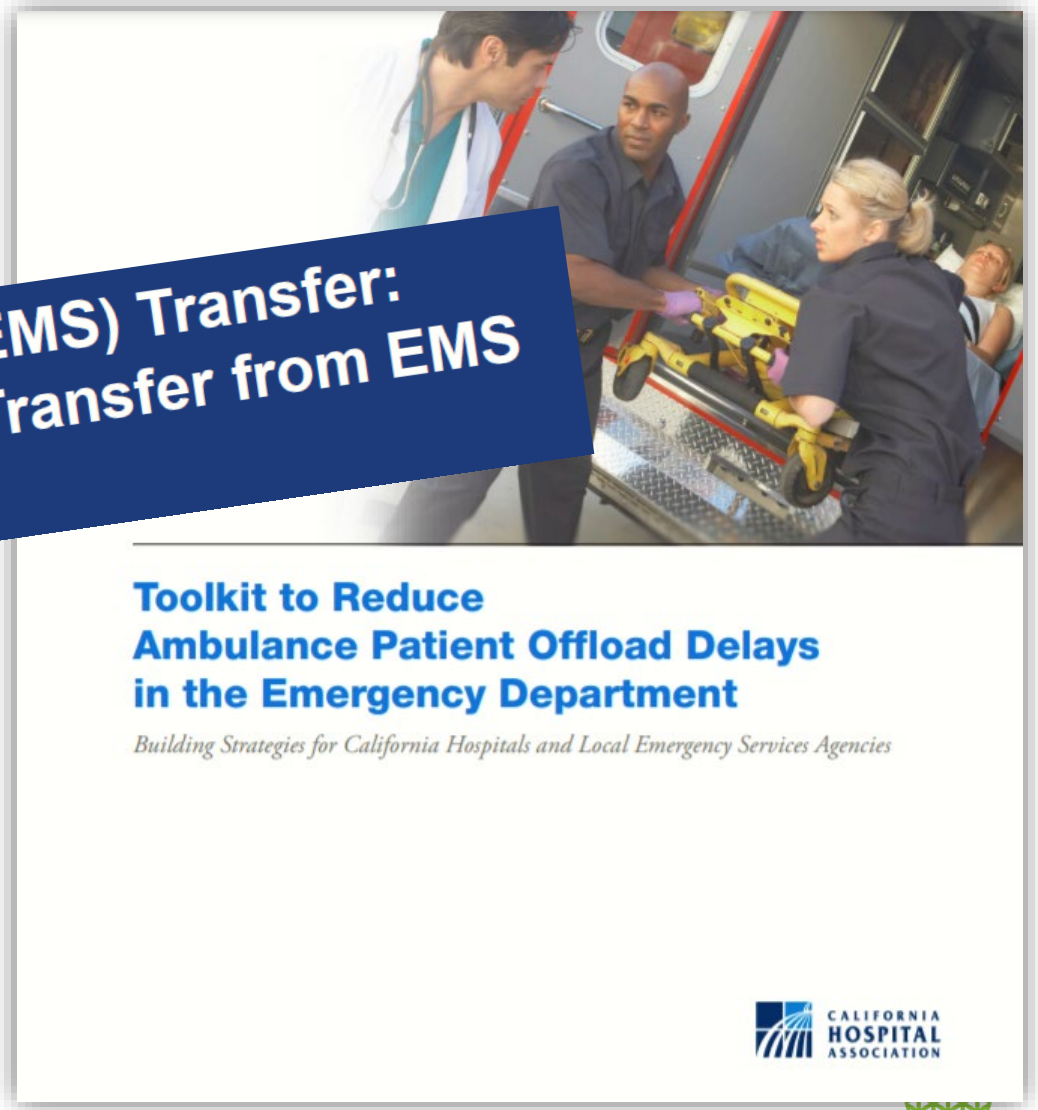
Many Resources Are Available ….

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



- California EMS Authority
emsa.ca.gov/apot/

- NHTSA
www.ems.gov/pdf/Federal_Guidance_and_Resources/Operations/Prolonged_EMS_Transfer.pdf

- California Hospital Association
www.remsa.us/documents/reports/apods/2014CalAPODToolKit.pdf

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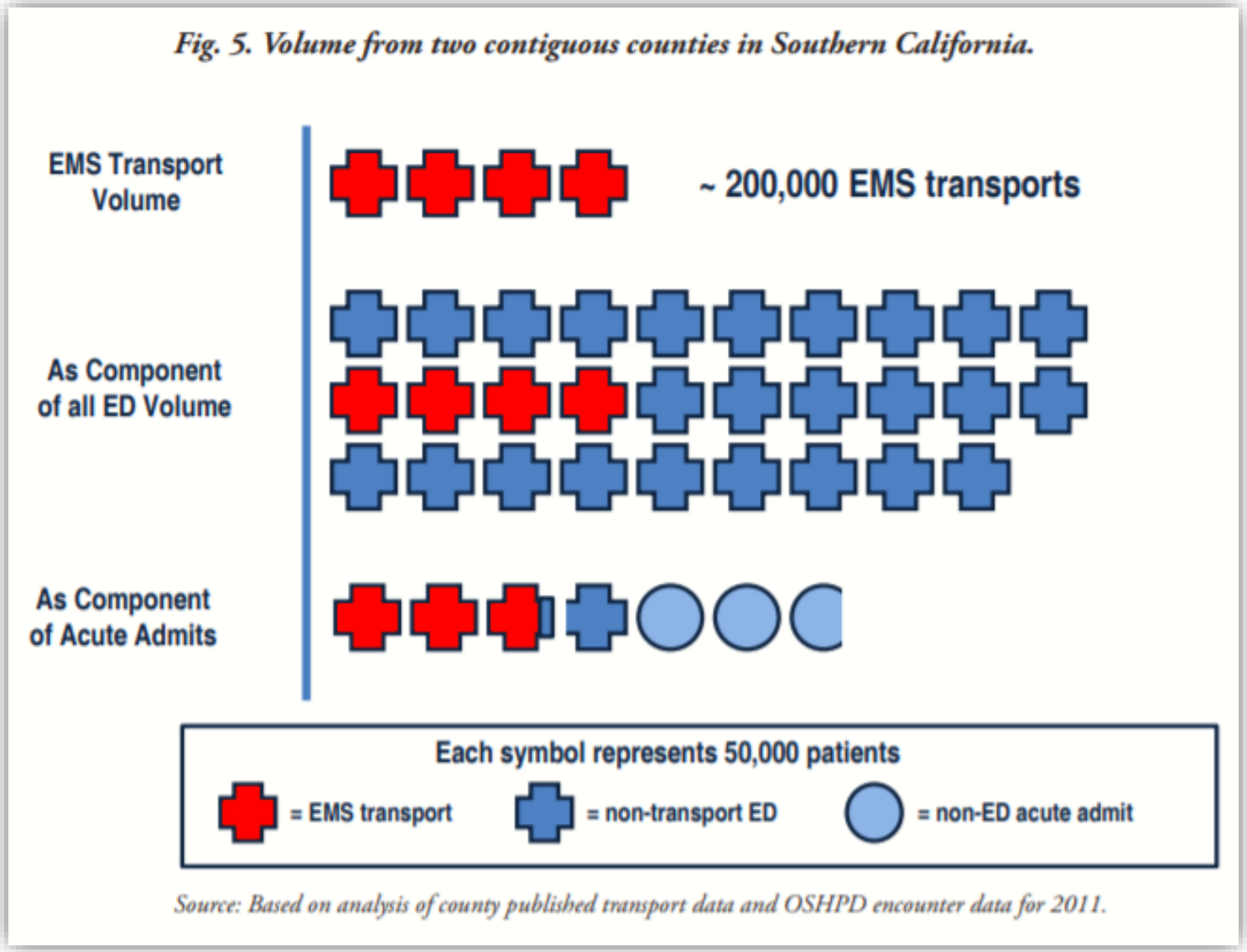
EMS Volume is NOT the Problem!



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PHE COVID Waiver for EMTALA – Very Limited!

WHAT'S WAIVED? Sanctions under the Emergency Medical Treatment and Active Labor Act (EMTALA) for redirection or reallocation of an individual to another location to receive a medical screening pursuant to an appropriate state emergency preparedness plan or a state preparedness plan for the transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared Federal public health emergency. A waiver of EMTALA sanctions is effective only if actions under the waiver do not discriminate on the basis of a patient's source of payment or ability to pay;

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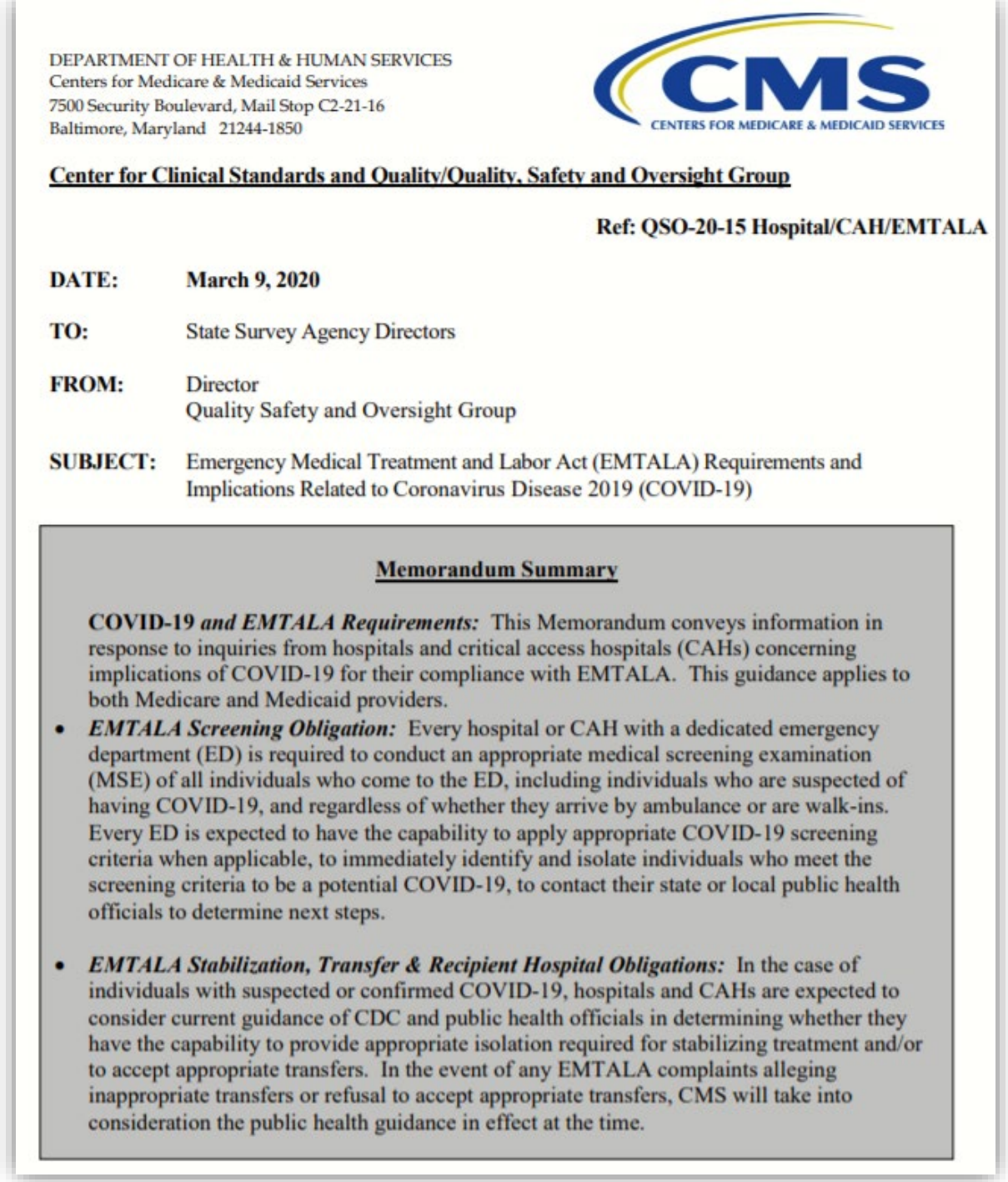
March 9, 2020
EMTALA and COVID-19



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety and Oversight Group

Ref: QSO-20-15 Hospital/CAH/EMTALA

DATE: **March 9, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality Safety and Oversight Group

SUBJECT: Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Coronavirus Disease 2019 (COVID-19)

Memorandum Summary

COVID-19 *and EMTALA Requirements:* This Memorandum conveys information in response to inquiries from hospitals and critical access hospitals (CAHs) concerning implications of COVID-19 for their compliance with EMTALA. This guidance applies to both Medicare and Medicaid providers.

- ***EMTALA Screening Obligation:*** Every hospital or CAH with a dedicated emergency department (ED) is required to conduct an appropriate medical screening examination (MSE) of all individuals who come to the ED, including individuals who are suspected of having COVID-19, and regardless of whether they arrive by ambulance or are walk-ins. Every ED is expected to have the capability to apply appropriate COVID-19 screening criteria when applicable, to immediately identify and isolate individuals who meet the screening criteria to be a potential COVID-19, to contact their state or local public health officials to determine next steps.

- ***EMTALA Stabilization, Transfer & Recipient Hospital Obligations:*** In the case of individuals with suspected or confirmed COVID-19, hospitals and CAHs are expected to consider current guidance of CDC and public health officials in determining whether they have the capability to provide appropriate isolation required for stabilizing treatment and/or to accept appropriate transfers. In the event of any EMTALA complaints alleging inappropriate transfers or refusal to accept appropriate transfers, CMS will take into consideration the public health guidance in effect at the time.

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Hospital Bed Delays

Craig A. Hare, MBA, Paramedic

Director – EMS & Fire Administration

Pinellas County Government

Our Vision:
To Be the Standard for
Public Service in America

Pinellas County EMS System

- Pinellas County is on the Gulf of Mexico in Tampa Bay, Florida!
- Champ-a-Bay – Go Bucs, Lightning and Rays!
- 1 Million Population plus 6 Million tourists annually – Best Beaches!
- 24 Cities – Clearwater, Largo, St. Petersburg.
- 18 Fire Rescue Departments and Countywide Ambulance
- 1,800 Fire/EMS Personnel
- 6 Hospital Systems, 13 Hospitals – Over 3,600 licensed beds
- 6 Freestanding Emergency Departments.
- 220,000+ Fire/EMS Responses and 175,000+ Patient Transports

Sunstar PARAMEDICS

sunstarcareers.com

Framing the Problem

- Terminology is important - it is a **HOSPITAL BED DELAY**.
- It is not an “Ambulance ED delay” – to the public that sounds like EMS is delayed.
- The public barely know what “ED” or “EMS” means.
- In most Hospitals the Emergency Department isn’t the reason for delay either – it is delayed admissions.
- It isn’t “Wall Time” – that sounds like we don’t have anything better to do.
- It isn’t “Patient Parking” – that doesn’t sound like it affects 9-1-1 Ambulances.
- Every Report, Every Graph, Every Conference Call, Every Media Interview – **HOSPITAL BED DELAY.**
- Hospitals have a lot more resources (Political, Financial, Human) than EMS Systems.
- Sorry Hospital Partners!

Simple Messaging

- Drive “Normal” to near zero so you have capacity to deal with surge.
- If it were a Plane Crash or an Active Shooter, it would be clear that the Ambulance need to clear and get more patients – same during a Pandemic.
- Keep your messaging simple
- 75% of our patients are non-COVID and need treatment, transport, and access to care. The 9-1-1 / EMS System must maintain operational capacity.
- EMS must maintain the Standard of Care for as long as possible.
- EMS can assist in Community Solutions – Off-Site Monoclonal Antibody Treatment, Mass Vaccination, assisting Hospitals with Triage, encouraging Telemedicine, Urgent Care, COVID-19 Waiting Rooms, etc.
- **Job #1 – Respond to 9-1-1 requests for Emergency Medical Services.**
- **A Community can not allow their EMS System to run out of available Ambulances because they are at the Hospital on a Hospital Bed Delay.**

Transfer of Care

Help your Hospital Administrators by keeping it simple:

- We need the Ambulance back to respond to the next 9-1-1 call.
- The 9-1-1 patient hasn't been assessed or stabilized.
- Delaying EMS affects Public Safety and our response to Fires, Vehicle Crashes, Rescue situations and the medical emergencies.
- When EMS arrives – it's the Hospital's patient.
- Don't push the EMTALA Nuclear Button – you need to keep up partnerships for the betterment of your community, but it is their patient.
- **Two things necessary for "Transfer of Care"– a "bed" and a "report"**
  - A "bed" can be the Waiting Room, Triage Desk, ER Cot, Wheelchair, or Mass Casualty Stretcher.
  - A "report" can be verbal, a written or printed report, or a triage tag.
- Everything else Hospital Administrators must deal with anyway - so just clear the Ambulance.
- If you clear this Ambulance – we can take the Hospital Discharge which will help them with flow.
- Be empathetic – they have lot of competing priorities and complex flows to manage their system.

Real Time

- Status Displays – Hospital Status, Ambulance Status, Active Fire/EMS Incidents Web pages displayed everywhere.
- Data must be pure – “At Hospital to Patient Placed” Time Interval - Have crews advise “Hospital Delay” or “EMS Delay” (clean up from a Code or a break is not a Hospital Delay)
- Real Time Paging Notifications – Hospital Emergency Notification System (HENS).
- “Face to Face” EMS Supervisor to the Hospital ED – solve at the lowest level to reinforce relationships.
- System Status Management – Dedicated Dispatcher that equalizes patient load in real time – balance patient choice, transport volume by size of Hospital, arrival rate between patients, and special needs – Stroke/STEMI/Trauma and Critical patients.
- Transport by Patient Severity
  - Red = Closest Appropriate (i.e. Trauma Center)
  - Yellow = < 30 Minute transport time
  - Green = < 60 Minute transport time

Status Screens

16 active calls as of Sat Sep 04 2021 16:04:46 GMT-0400 (Eastern Daylight Time)

Map	Received	Code	Grid	Location	Type of Incident	Apparatus Involved	Tac
	16:00:42	ME	573B	GRID 573B	MEDICAL	ME7	B
	15:47:02	ME9	143B	GRID 143B	MEDICAL	E65 S65	B
	15:43:41	ME	391A	GRID 391A	MEDICAL	S38 466	B
	15:42:38	ME	269A	GRID 269A	MEDICAL	E51 PD4 429	G
	15:37:58	ME	274A	GRID 274A	MEDICAL	R49 237	G
	15:37:14	ME	359B	GRID 359B	MEDICAL	T42 967	B
	15:36:43	ME	378B	GRID 378B	MEDICAL	R40 423	B
	15:32:22	ME	665A	GRID 665A	MEDICAL	R20 352	B
	15:28:44	ME	609B	GRID 609B	MEDICAL	R9 TX19	G
	15:28:27	ME	637B	GRID 637B	MEDICAL	R10	B
	15:24:04	ME	649C	GRID 649C	MEDICAL	R3 355	B
	15:12:56	ME	591B	GRID 591B	MEDICAL	E12 370	B
	15:12:23	ME	664A	GRID 664A	MEDICAL	R24 498	G
	14:38:54	S	660B	GRID 660B	MEDICAL	SP450 TROP2 TROP4 TROP3 TROP1	G
	09:49:35	S	695A	GRID 695A	MEDICAL	SR17	G
	09:39:25	S	651B	GRID 651B	MEDICAL		G

https://www.pinellascounty.org/911/actcallspub.htm

Pinellas County Current Hospital Status

Ambulance Status
EMS Reference Chart

Last Update: 6/24/2020 at 18:00

HOSPITAL (Sorted North to South then OOT)	Current Status	Date/Time of Status Change	Elapsed Time of Event
S. HOSPITAL STATUS MANAGEMENT	-South Co Hosp - OLMC Required	06/24/2020 17:58:21	1 Minutes
ADVENTHEALTH - NORTH PINELLAS	*HospDivert - Lab Conf COVID +	06/20/2020 11:18:11	102hr 41 Minutes
MEASE DUNEDIN HOSPITAL	*HospDivert - Lab Conf COVID +	06/23/2020 12:55:13	29hr 4 Minutes
NORTHSIDE MEDICAL CENTER HOSPITAL	*HospStatus - EMS Bypass	06/24/2020 17:38:37	21 Minutes
NORTHSIDE MEDICAL CENTER HOSPITAL	*HospDivert - Lab Conf COVID +	06/24/2020 15:57:39	2hr 2 Minutes
ST PETERSBURG GEN HOSPITAL	*HospStatus - EMS Bypass	06/24/2020 14:31:37	3hr 28 Minutes
ST PETERSBURG GEN HOSPITAL	*HospDivert - Lab Conf COVID +	06/24/2020 13:43:45	4hr 16 Minutes
PALMS OF PASADENA HOSPITAL	*HospStatus - Divert	06/24/2020 16:51:12	1hr 8 Minutes
PALMS OF PASADENA HOSPITAL	-HospDivert - PCI	05/01/2020 7:19:17	1,306hr 40 Minutes
ST ANTHONYS HOSPITAL	*HospStatus - Divert	06/24/2020 11:22:54	6hr 37 Minutes
ST ANTHONYS HOSPITAL	*HospDivert - Lab Conf COVID +	06/23/2020 9:51:21	32hr 8 Minutes
BAYFRONT HEALTH OF ST PETERSBURG	*HospStatus - Divert ex Trauma	06/24/2020 4:10:40	13hr 49 Minutes
BAYFRONT HEALTH OF ST PETERSBURG	*HospDivert - Lab Conf COVID +	06/24/2020 2:54:21	15hr 5 Minutes

CURRENT COVID-19 RESPONSE LEVEL
- CONDITION YELLOW -

http://hs.sunstarems.com/index.html

Pinellas County Current Ambulance Status

EMS Reference Chart
Hospital Status
FD at Hospital

HOSPITAL (Sorted North to South, then OOT)

Last Update: 9/4/2021 at 16:06

Vehicle #	Problem/Nature	Unit Began Transporting	Mode of Transport	Arrived At Hospital	Elapsed Time At Hospital	Delay Reason
MEASE COUNTRYSIDE HOSPITAL						
48	Breathing Problem	16:02	Nonemergency	Transporting		
MEASE DUNEDIN HOSPITAL						
36	Convulsions/Seizures	15:26	Nonemergency	15:33	32 Minutes	
MORTON PLANT HOSPITAL						
44	Sick Person	15:21	Nonemergency	15:46	19 Minutes	
26	OD/Poisoning	15:47	Nonemergency	15:58	7 Minutes	
71	Unknown Problem	16:05	Nonemergency	Transporting		
LARGO MEDICAL CTR HOSPITAL						
85	Breathing Problem	16:00	Nonemergency	Transporting		
INDIAN ROCKS CAMPUS-LMC HOSPITAL						
59	Unknown Problem	15:52	Nonemergency	Transporting		
NORTHSIDE MEDICAL CENTER HOSPITAL						
64	Breathing Problem	15:49	Nonemergency	15:59	6 Minutes	
ST ANTHONYS HOSPITAL						
40	Convulsions/Seizures	14:55	Nonemergency	15:02	1h 3 Minutes	
46	Unknown Problem	15:14	Nonemergency	15:34	31 Minutes	
38	Unknown Problem	15:29	Nonemergency	15:40	25 Minutes	
70	Breathing Problem	15:38	Emergency	15:53	12 Minutes	EMS Delay
82	Breathing Problem	15:50	Nonemergency	16:00	5 Minutes	
80	Traumatic Injury	15:57	Nonemergency	Transporting		
BAYFRONT HEALTH OF ST PETERSBURG						
34	Unconscious/Syncope	15:12	Nonemergency	15:39	26 Minutes	
ST JOSEPHS HOSPITAL						
41	Unknown Problem	15:40	Nonemergency	Transporting		
TAMPA GENERAL HOSPITAL						
89	Sick Person	15:39	Nonemergency	Transporting		

http://hs.sunstarems.com/units.html

Public View – Real Time

Escalating Response

- Escalating Calls to Hospital Administrators – patient by patient to solve problems.
- No “Scorched Earth” (harsh tactics that make the situation worse) – avoid conflict between clinicians.
- Allow “Exceptions” to deal with individual situations.
- Doctor to Doctor – EMS Medical Directors communicate with ER Physicians and Physician Leaders.
- Keep up the effort – small incremental improvements are key to solving big problems.
- If you escalate on the EMS side, escalate on both sides – Manager/Director/Chief equals Hospital CEO, Hospital System Corporate, etc. Hold off on upgrading to Attorney level response – if their Attorney is present yours needs to be present.
- It is a big issue – keep your City Manager, County Administrator, Board/Council, etc. in the loop.
- Keep your Public Health Department , Fire Departments and Emergency Management in the loop – it is a community crisis, Disaster, Public Health Emergency, etc. otherwise EMS is “holding the bag”
- Don’t allow Hospital Bed Delays to become normalized.
- Unemotional Transparency and staying Fact Based is Key. Empathy and appreciation on every call.

EMS Hospital Plan and Performance Metrics

- Hospital Working Group – Hospital CEO/COO/CMO/CNOs, EMS Leaders, Public Health, Emergency Management – regular group meets periodically – increase messaging and meetings as needed.
- CEO level not "liaison" level
- EMS – Hospital Plan (negotiated and agreed plan for Transfer of Care, Hospital Divert, etc. Agreement before the crisis is critical.
- Pre-plan pathways for Stroke/STEMI/Trauma Alerts and Suspected/Confirmed COVID +.
- Discharge is just as important to not "vapor lock" the system.
- Performance Metrics – All Hospitals on one report - Everyone Sees the actual performance
- Send a Monthly Hospital Bed Delay Report to all Hospital Administrators – CEO, COO, CMO, CNO, ED Director, Corporate. How many transports, how many without delay, percent compliant. Simple and powerful – trust me they will look at this report to see market share.
- When times are tough send it daily and send a detailed list of all long delays by Hospital – date/time, number of minutes, and patient complaint/severity.
- The transparency helps them understand if is their issue or a systemic issue.
- Everyone is overwhelmed with data/charts/dashboards – keep it simple.

Monthly and Daily Reports

Hospital Bed Delay >15 mins
Summary All Area Hospitals
Emergency Calls Only

Date Range: *06-01-2021 through 06-30-2021* Date: *7/6/2021 at 12:40:15PM*

	Total Emergency Ambulances Arriving at ED	Ambulance Advised "Delayed for Bed" & > 15 Minute Drop	% of Ambulances Available in ED at 15 Minutes
ADVENTHEALTH - NORTH PINELLAS	288	1	99.7%
ADVENTHEALTH - PALM HARBOR ER	6	0	100.0%
ALL CHILDRENS HOSPITAL	167	0	100.0%
BARDMOOR EMERGENCY CENTER	44	0	100.0%
BAYFRONT HEALTH ER - PINELLAS PARK	83	1	98.8%
BAYFRONT HEALTH OF ST PETERSBURG	810	57	93.0%
BAYONET POINT REGIONAL HOSP	17	0	100.0%
CLEARWATER ER	23	0	100.0%
INDIAN ROCKS CAMPUS-LMC HOSPITAL	212	2	99.1%
LARGO MEDICAL CTR HOSPITAL	954	89	90.7%
MEASE COUNTRYSIDE HOSPITAL	1,466	4	99.7%
MEASE DUNEDIN HOSPITAL	553	8	98.6%
MEDICAL CENTER OF TRINITY	49	4	91.8%
MORTON PLANT HOSPITAL	2,064	46	97.8%
MORTON PLANT NORTH BAY HOSPITAL	2	1	50.0%
NORTHSIDE MEDICAL CENTER HOSPITAL	918	76	91.7%
PALMS OF PASADENA HOSPITAL	467	42	91.0%
ST ANTHONYS HOSPITAL	1,909	157	91.8%
ST JOSEPHS HOSPITAL	21	0	100.0%
ST PETERSBURG GEN HOSPITAL	542	95	82.5%
TAMPA COMMUNITY HOSPITAL	13	0	100.0%
TAMPA GENERAL HOSPITAL	26	4	84.6%
TRINITY PALM HARBOR ER	7	0	100.0%
VA MEDICAL CENTER-BAY PINES / CW BILL YOUNG VAMC	294	0	100.0%
Grand Total for Date Range:	***10,935***	***587***	***94.63 %***

DROP TIME = Time of Arrival at ED to Crew Advising Patient is Placed (1st Available Time)

Page 1 of 1 *Prepared by:* Pinellas County EMS 27sp - All Area Bed Delay

> 15 Minutes Percent

Pinellas County Hospital Status Report
Hospital Summary

Date Range: *7/25/2021 through 7/31/2021* Date of Report: *8/1/2021 at 8:55*

HOSPITAL / Divert Reason	Start Date/Time	End Date/Time	Count for Hosp	Hours for Hosp / Total Event Time	Total Count for Reason	Total Time for Reason
ADVENTHEALTH - NORTH PINELLAS			**2**	**17-hrs**		
*HospStatus - EMS Bypass	07/26/2021 5:19:47	07/26/2021 8:03:01		2 hrs 43 minutes	1	3- hrs
-HospDivert - PCI	07/28/2021 16:40:36	07/29/2021 6:32:44		13 hrs 52 minutes	1	14- hrs
BAYFRONT HEALTH OF ST PETERSBURG			**1**	**5-hrs**		
*HospStatus - Divert ex Trauma	07/25/2021 9:17:28	07/25/2021 13:55:19		4 hrs 37 minutes	1	5- hrs
BAYONET POINT REGIONAL HOSP			**2**	**70-hrs**		
*HospStatus - Divert ex Trauma	07/25/2021 9:51:57	07/27/2021 23:36:26		61 hrs 44 minutes	2	70- hrs
	07/29/2021 21:17:55	07/30/2021 5:52:44		8 hrs 34 minutes		
INDIAN ROCKS CAMPUS-LMC HOSPITAL			**3**	**8-hrs**		
*HospStatus - Divert	07/26/2021 19:50:15	07/26/2021 19:50:30		0 minutes	1	0- hrs
-HospDivert - Psych/BA	07/26/2021 19:41:20	07/27/2021 1:04:25		5 hrs 23 minutes	2	8- hrs
	07/29/2021 15:06:20	07/29/2021 17:35:11		2 hrs 28 minutes		
LARGO MEDICAL CTR HOSPITAL			**3**	**7-hrs**		
*HospStatus - EMS Bypass	07/25/2021 18:58:29	07/25/2021 20:43:01		1 hrs 44 minutes	3	7- hrs
	07/26/2021 0:59:16	07/26/2021 3:20:32		2 hrs 21 minutes		
	07/26/2021 12:10:29	07/26/2021 14:53:44		2 hrs 43 minutes		
MEASE COUNTRYSIDE HOSPITAL			**3**	**5-hrs**		
*HospStatus - Divert	07/26/2021 13:00:25	07/26/2021 14:54:19		1 hrs 53 minutes	1	2- hrs
*HospStatus - EMS Bypass	07/25/2021 10:04:37	07/25/2021 12:37:52		2 hrs 33 minutes	2	3- hrs
	07/25/2021 14:55:23	07/25/2021 15:07:42		12 minutes		
MEASE DUNEDIN HOSPITAL			**2**	**2-hrs**		
-HospDivert - Stroke	07/28/2021 14:44:29	07/28/2021 16:40:55		1 hrs 56 minutes	2	2- hrs
	07/30/2021 13:52:21	07/30/2021 14:01:17		8 minutes		
MEDICAL CENTER OF TRINITY			**1**			
*HospStatus - Divert	07/31/2021 20:15:29				1	
MORTON PLANT HOSPITAL			**2**	**8-hrs**		
*HospStatus - Divert	07/25/2021 19:18:20	07/26/2021 0:46:38		5 hrs 28 minutes	2	8- hrs

Page 1 of 3 *Generated Automatically by:* Report Commander on PSCNEMSIS

Detailed Divert/Bypass Log

Daily
Hospital Delays
Greater than 60 minutes

Date Range: *9/3/2021 through 9/3/2021* Date of Report: *9/4/2021 at 4:55*

Unit	Agency-IncNum	Resp Priority	Dispatched Location	Medic Impression	OnScene	Trans	AtHosp	Avail	Drop	DESTINATION
BAYFRONT HEALTH OF ST PETERSBURG										
2021-09-03										
71	PH-1142878	1 - Emergency	HERMOSA DR & MANNING RD	Inj-Knee Open Wound (Unspec)	22:28	22:34	23:00	0:14	74	BAYFRONT HEALTH OF ST PETERSBURG
MEASE COUNTRYSIDE HOSPITAL										
2021-09-03										
R49	FD-1142643	1 - Emergency	100 HAMPTON RD	Cardio-Cardiac Arrest	15:40	16:21	16:26	17:38	72	MEASE COUNTRYSIDE HOSPITAL
MORTON PLANT HOSPITAL										
2021-09-03										
23	LA-1142489	1 - Emergency	901 CLEARWATER LARGO RD N	Resp-Hypoxia/Hypoxemia	11:56	12:14	12:22	13:24	62	MORTON PLANT HOSPITAL
PALMS OF PASADENA HOSPITAL										
2021-09-03										
38	PA-4720236	2 - Downgraded E	1255 PASADENA AV S	Gen-No Diagnoses (Feared Health Con	12:58	13:13	13:17	14:18	61	PALMS OF PASADENA HOSPITAL
42	PA-4720299	2 - Downgraded E	1255 PASADENA AV S	Gen-No Diagnoses (Feared Health Con	13:27	13:44	13:48	15:00	72	PALMS OF PASADENA HOSPITAL
ST ANTHONYS HOSPITAL										
2021-09-03										
67	SP-1142328	1 - Emergency	3520 32ND AVE N	Gen-Fever	5:42	6:12	6:21	7:28	67	ST ANTHONYS HOSPITAL
52	SP-1142471	1 - Emergency	3706 1ST AVE N	MH-Adult Failure To Thrive	11:19	11:37	11:49	12:52	63	ST ANTHONYS HOSPITAL
55	SP-1142583	1 - Emergency	1804 62ND AVE N	Cardio-Hypotension	14:12	14:40	14:53	15:58	65	ST ANTHONYS HOSPITAL
38	TI-1142595	1 - Emergency	9805 HARRELL AVE	Inj-Injury Unspecified	14:28	14:54	15:24	16:27	63	ST ANTHONYS HOSPITAL
R36	FD-1142811	1 - Emergency	3937 PARK BL N	Cardio-Hypotension	19:49	20:21	20:38	22:29	111	ST ANTHONYS HOSPITAL
ST PETERSBURG GEN HOSPITAL										
2021-09-03										
51	LE-1142386	1 - Emergency	4250 66TH ST N	Inj-Head (Unspec)	8:46	9:08	9:15	10:19	64	ST PETERSBURG GEN HOSPITAL
R19	FD-1142561	1 - Emergency	8800 49 ST N	Tox/Env-Overdose/Poisoning By Unspei	14:00	14:04	14:16	15:28	72	ST PETERSBURG GEN HOSPITAL

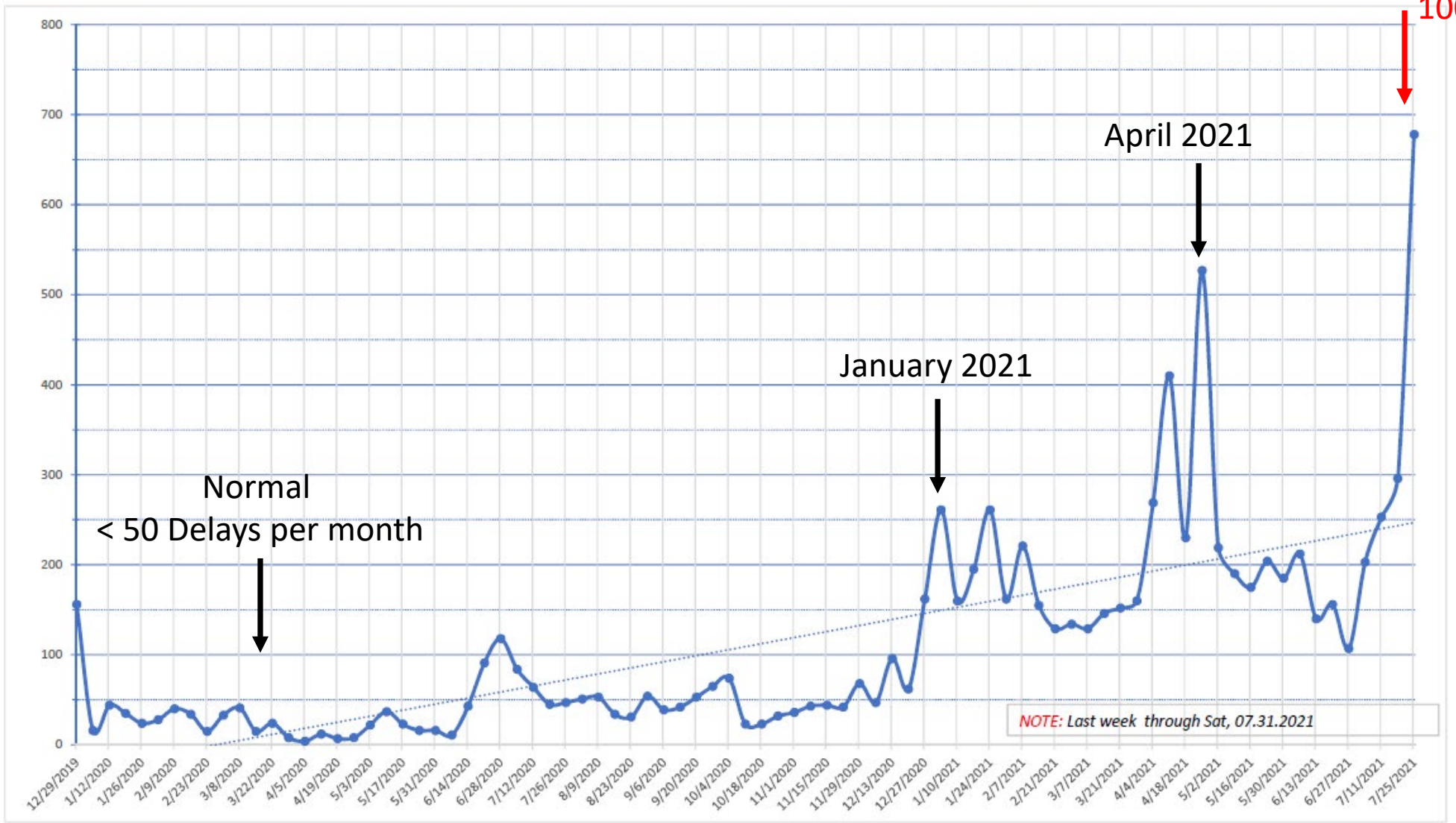
C:\Users\emszc04\Desktop\RptCmdr CR Reports\Daily Delay GT 60M.rpt *Page 1 of 2*

> 60 Minute Detail Report

PINELLAS COUNTY EMS & FIRE ADMINISTRATION

Source: Sunstar ePCR
Date Range: 12.29.2019 to 07.22.2021
TripNotes= "Sunstar Delayed for a Bed"

Hospital Bed Delay
By Week Starting



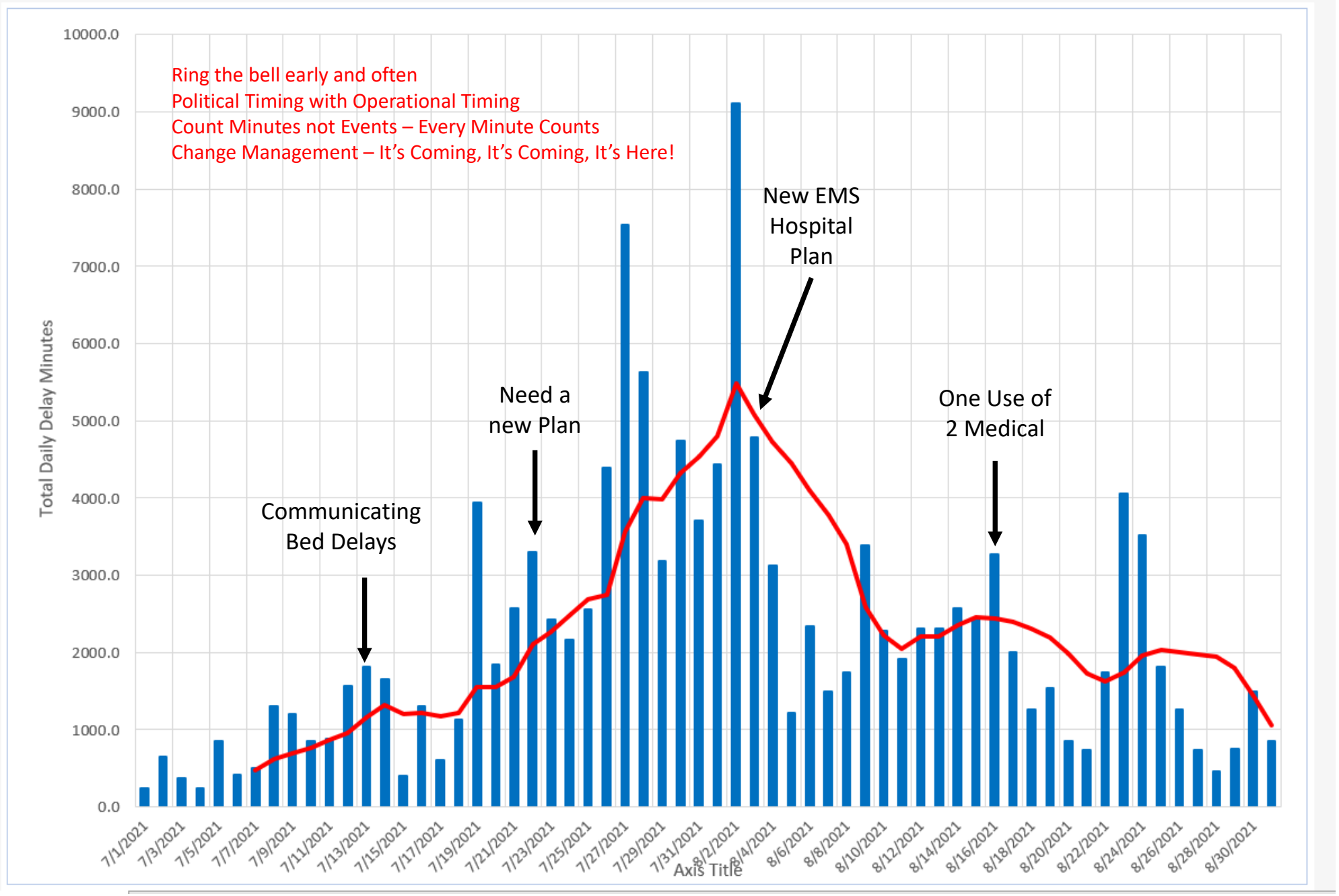
July 25th
We need a new plan
100 Delays per Day

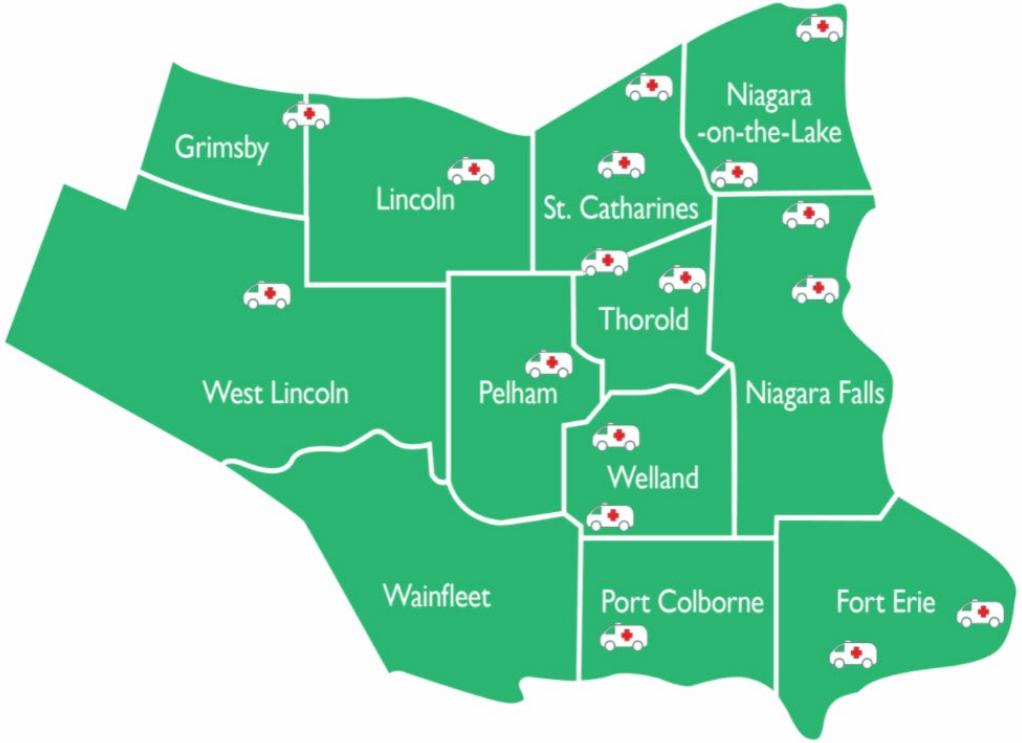
Condition 2 Medical Plan

- CAUTION – USE ONLY WHEN ABSOLUTELY NECESSARY – Balance Individual Patient and System Needs.
- Support from COVID-19 Fire/EMS Unified Command (Fire Chief, Rescue Chief, Ambulance Operations Director, EMS/Fire System Director and EMS Medical Director)
- EMS Director and EMS Medical Director must agree in real time before enacting Condition 2 Medical.
- Ensure this decision is at an Operational level and not a Political level. Protect the guy that pushes the button.
- One Page Plan – replaces earlier EMS-Hospital Plan for transfer of care of COVID-19 Patients, Decon, Patient Transfers, etc.
- Agreement among the parties ahead of the potential crisis.
- Deploy Fire/EMS Chiefs to Hospital EDs as Hospital Liaisons to support field clinicians
- Expect an emotional reaction – firm, calm, professional.
- Support your Chiefs with real-time facts (i.e. “Level” the number of Available Ambulances/Rescue Units)

Condition 2 Medical Plan

- EMS will utilize System Status Management tools to distribute patients as equitably as possible however reserves the right to transport all patients to the CLOSEST Hospital if the situation escalates.
- EMS at 15 minutes will find placement for the patient (i.e. Waiting Room, Triage Nurse, Wheelchair, ER Stretcher, or Disaster Stretcher deployed by EMS to Hospitals) for Severity Green and Yellow patients. EMS will follow any guidance from Hospital staff (i.e. please bring this patient to the Waiting Room).
- EMS will use Triage Tags to indicate the patient severity and a complete printed Patient Care Report will be left with the patient that will have the history of present illness, assessment, and treatment documentation. If Hospital Staff needs to speak with the Paramedic, please call Medical Communications at 727-582-2003. They will contact the Paramedic to call when they are available.
- EMS will continue care for Severity Red including Alerts (Sepsis/STEMI/Stroke/Trauma) patients until transfer of care can be completed – not to exceed 30 minutes. EMS Crews will consult with Online Medical Control if there is a delay transferring care of a critical patient.
- An attempt will be made to provide a verbal report to Hospital Staff. If a verbal report cannot be made, the Paramedic will relay via radio to the Hospital a standard "radio report" indicating that EMS is responding to the next 911 patient. If the Hospital does not answer the radio, a report will be given on the radio channel which is recorded by Pinellas County 911.
- The Ambulance or Rescue Unit will expedite their "return to service" to respond to the next mission.
- Leaving a patient at a Hospital is not patient abandonment per EMTALA. Hospitals are responsible for patients as soon as EMS arrives at the facility.
- This plan will remain in effect If CONDITION 3 MEDICAL for Fire Rescue Transport is enacted.
- When the situation has resolved, EMS will return to CONDITION 1 – NORMAL OPERATIONS


Ring the bell early and often
Political Timing with Operational Timing
Count Minutes not Events – Every Minute Counts
Change Management – It's Coming, It's Coming, It's Here!
New EMS Hospital Plan
Need a new Plan
Communicating Bed Delays
One Use of 2 Medical
Total Daily Delay Minutes
Axis Title



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The Hospital Perspective

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Centered in Care
Powered by Pride

JPS Health Network, Fort Worth, Texas

Chris Cook RN Clinical Manager Emergency Department
Heidi Knowles Associate Medical Director Emergency Department

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JPS Health Network

$950 million tax-supported healthcare system serving residents of Fort Worth and surrounding communities in Tarrant County, Texas.

John Peter Smith Hospital

- 121,000+ emergency room visits
- 1 million+ patient encounters per year
- Nation's largest Family Medicine Residency

Patient Care Pavilion at John Peter Smith Hospital

Tarrant County's only **Level I Trauma Center**

Comprehensive Level I Stroke Center

Tarrant County's only Psychiatric Emergency Center

6,500 Team Members

Licensed for 573 beds

40+ primary & specialty health centers (20 at public schools)

196,454 unique patients

18 residency and fellowship programs

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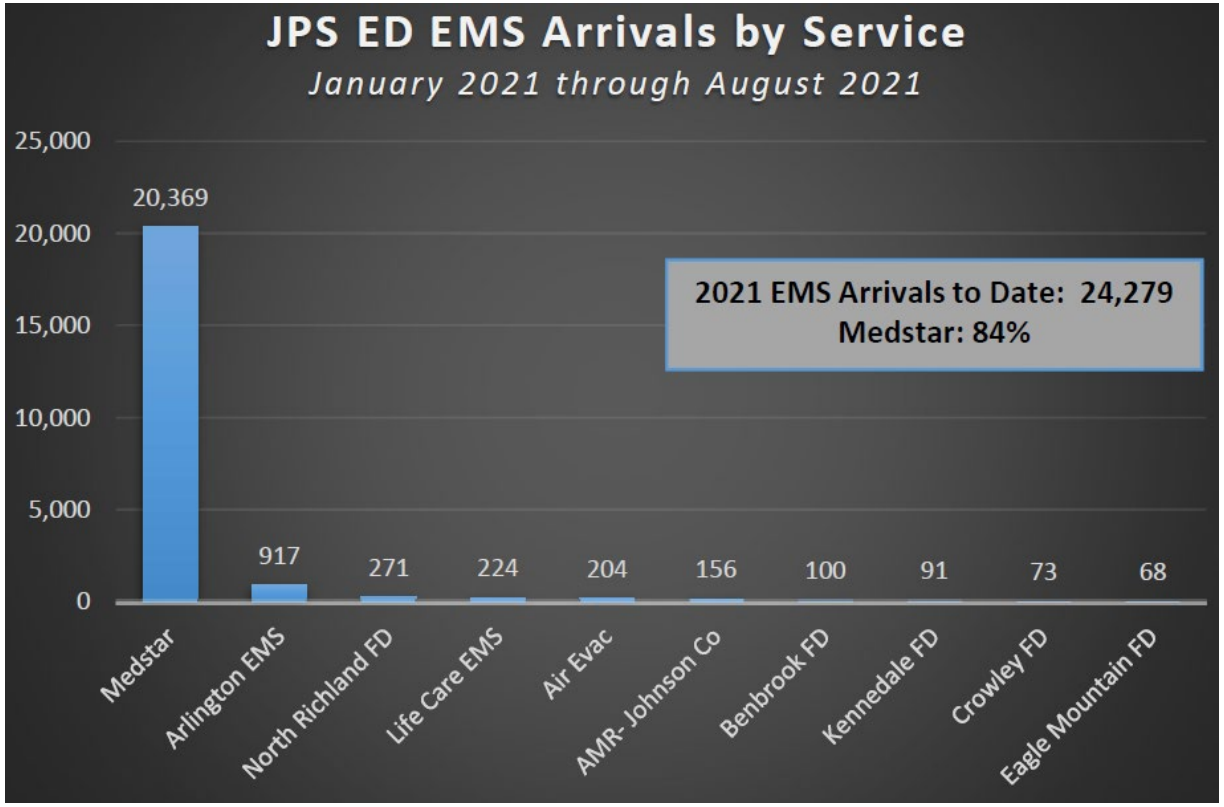
Dr. Heidi Knowles, Physician – Emergency Department
Chris Cook, Manager – Emergency Services, Emergency Department



JPS Health Network
Fort Worth, Texas

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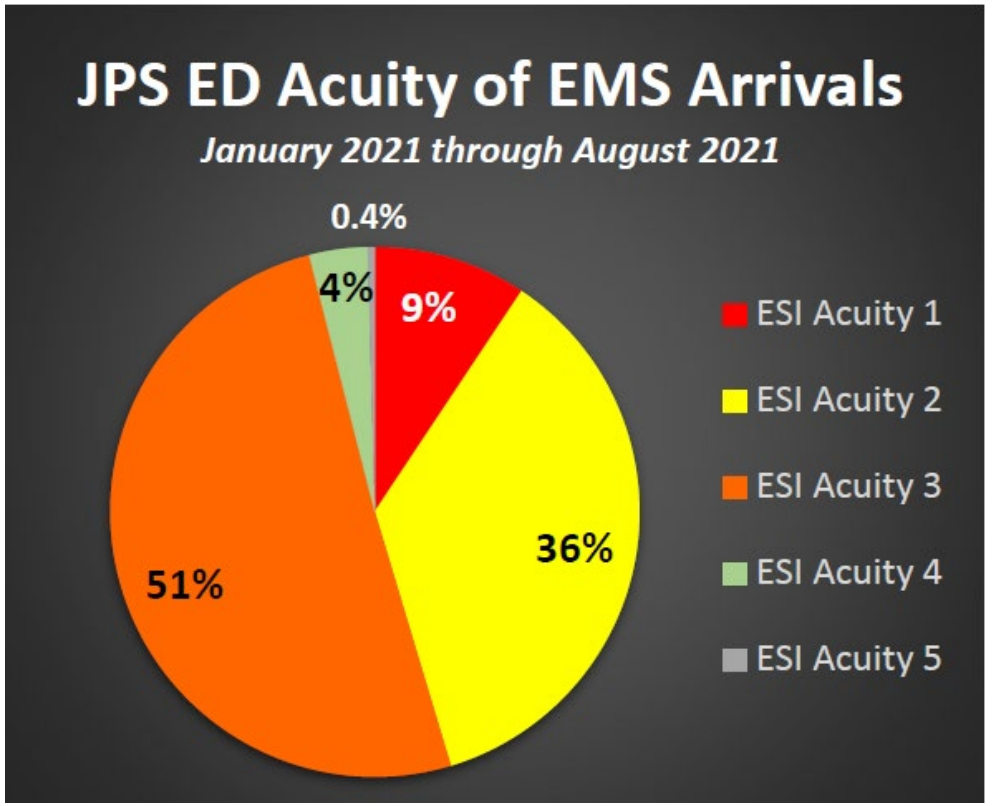
JPS ED EMS Arrival Patterns - Daily and Hourly Averages

January 2021 through August 2021

Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	All Days:
12 AM	4	4	4	3	4	4	5	**4**
1 AM	4	3	3	3	4	3	4	**3**
2 AM	3	2	3	3	3	3	4	**3**
3 AM	3	3	2	2	2	4	4	**3**
4 AM	2	3	2	3	3	3	3	**3**
5 AM	2	2	2	2	2	3	3	**2**
6 AM	2	2	2	2	2	2	3	**2**
7 AM	3	2	2	3	2	2	2	**2**
8 AM	3	4	3	4	3	3	3	**3**
9 AM	4	4	4	4	4	3	3	**4**
10 AM	5	5	5	6	5	4	4	**5**
11 AM	5	5	5	6	5	4	4	**5**
12 PM	5	5	5	6	5	5	4	**5**
1 PM	6	5	5	6	6	4	4	**5**
2 PM	6	5	6	5	6	5	4	**5**
3 PM	6	5	5	6	5	5	4	**5**
4 PM	6	6	6	5	6	6	5	**6**
5 PM	5	5	6	5	5	5	5	**5**
6 PM	6	5	5	6	6	5	5	**5**
7 PM	5	5	5	6	5	5	5	**5**
8 PM	5	5	5	6	5	5	5	**5**
9 PM	5	5	6	5	5	6	5	**5**
10 PM	5	5	4	5	5	5	5	**5**
11 PM	4	4	4	4	5	6	4	**4**
Daily Avg:	**105**	**99**	**100**	**104**	**102**	**99**	**97**	**101**

JPS Health Network
Fort Worth, Texas



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Best Practices Utilized at JPS

- Dedicated EMS triage RN to manage arrivals
- RN Flow Coordinator to assist with placement in room vs **WR**
- Pre-arrival of all EMS patients in the EMR
- ***Waiting rooms*** staffed with RN - Q2 vitals
- **Respect – Communication - Collaboration with EMS**
  - EMS representative present at all Core Measure Quality meetings
  - EMS RN Liaison shared between ER and Trauma departments
  - Trauma surgeons call back EMS crews post trauma activations
  - 60 second EMS timeout for report

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Patricia Kunz Howard, Enterprise Director, Emergency Services
University of Kentucky Healthcare

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Rick Ferron
Deputy Chief, System Performance
Niagara Emergency Medical Services

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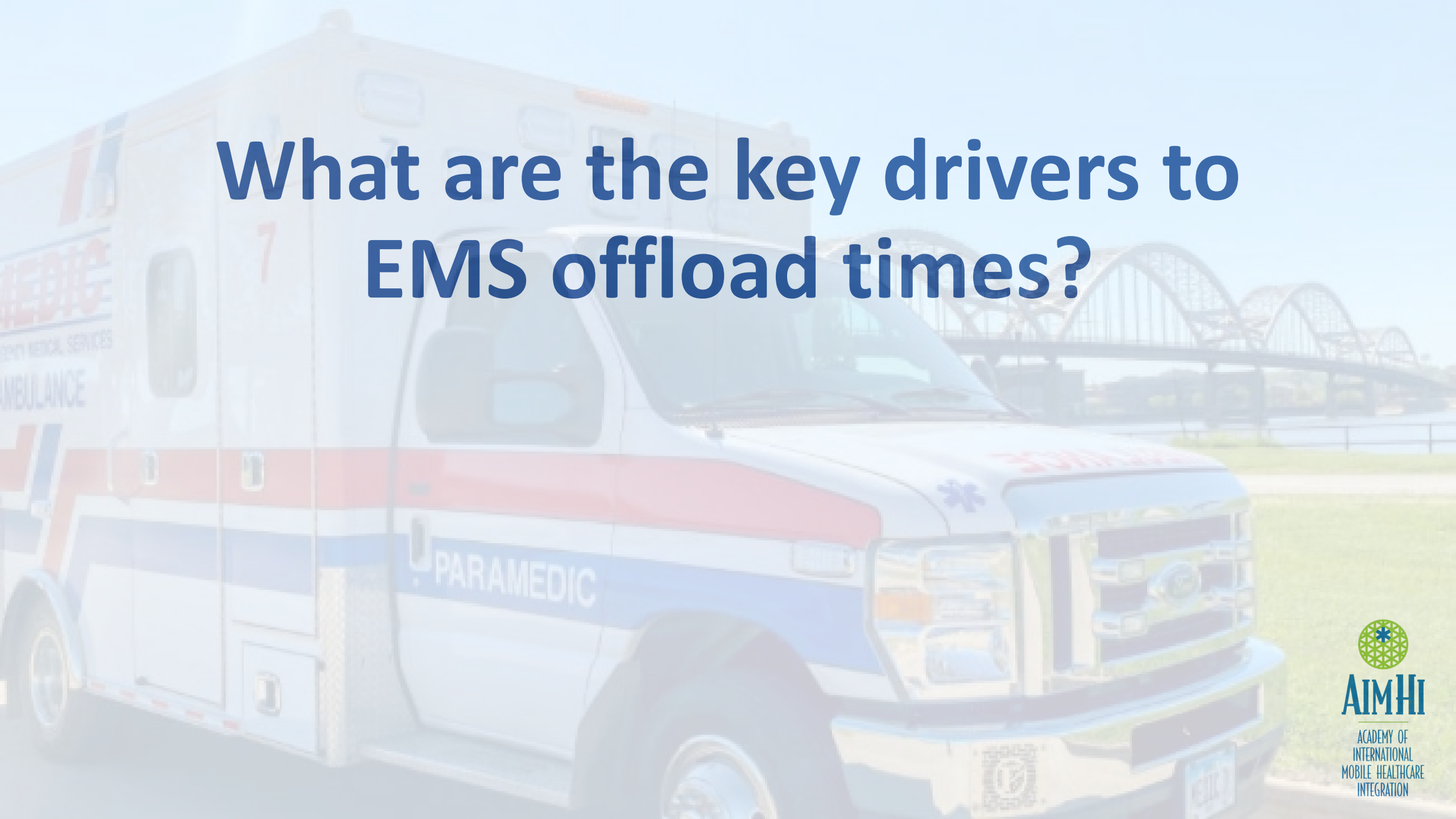
What are the key drivers to EMS offload times?



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What mitigation strategies have you put in place to minimize EMS offload delays?

Have they worked?

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If an EMS agency is concerned about EMS/ED delays, what is their best approach?

Hospital CEO?
CMS?
Investigative Reporter?

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Final Thoughts

- Drop the pressure as soon as you can –
- Don’t pull crews out of an ED to have them sit at post or return to their station.
- Don’t lose credibility of when you say you need your trucks back you really need them.
- Two quotes I use often –
    - “From Hero to Zero” – John Bennett, Chief of Staff, City of Tampa
    - “Don’t swing at a pitch in the dirt!” – Dr. Bruce Moeller, Chief of Staff, Pinellas County (retired)
    - What does that mean – don’t go low. Keep up professionalism and credibility in stressful and emotional situations.
- **If you can absorb the Bed Delay, do it for the betterment of the patient and the partnership.**
- **If you can’t, you can’t.**

Flash Poll: Mitigation Strategies

- Load balancing hospital destinations
- Leaving **GREEN** and **YELLOW** patients with triage tag on disaster cots.
- Dashboard to crews showing hospital status prior to transport.
- Moving the patient to a new hospital after extended wait time.
- Considering filing EMTALA violations and drafting a policy for that currently.

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Flash Poll: Mitigation Strategies

- Spare stretchers at our most frequently transported to ED for crews to off load onto when hospital says they don't have enough empty beds.
- Hospitals have erected climate-controlled tents and staffed them with local EMS providers to offload EMS patients and expand the waiting room capacity

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Best Practices for Mitigating Ambulance/ED Delays

THANK YOU!

Dr. Heidi Knowles, Physician
Emergency Department

Chris Cook, Manager – Emergency Services
JPS Health Network, Fort Worth, TX

Adam Heinz, Executive Director
REMSA Health, Reno, NV

Craig Hare
Director
Pinellas C[illegible]ty E[illegible] & Fi[illegible]dministration

Patricia K[illegible] Howard
Enterprise D[illegible]ctor, Emergency Services
University of Kentucky Healthcare

James "Jimmy" Pierson
President & COO
Medic Ambulance – Solano, CA

Ken S[illegible]oson
[illegible]ecutive Officer
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