QUINTE HEALTHCARE CORPORATION

Emergency/Primary Care – Ambulance Redirection for Offload Delay

Title: Emergency/Primary Care – Ambulance Redirection for Offload Delay		**Policy No:**	**2.14.2**
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Department:	**Emergency**	**Policy Lead:**	Director Emergency/Primary Care
Approved By:	**Emergency/Primary Care Advisory Committee**		

1. POLICY

Overcapacity status in the emergency department requires the prompt participation of all health care team members, support and ancillary services to facilitate timely and/or appropriate patient care. The Quinte Healthcare Corporation (QHC) emergency services will redirect patients of lower acuity on a planned response to other sites within QHC when the Emergency Department cannot accommodate patients being received by ambulance due to excessive offload delays. The process for Ambulance Redirection integrates the principles of timely emergency access and acknowledges the need for sufficient EMS services available in the community.

2. PURPOSE

Quinte Healthcare is committed to ensuring processes are in place that will facilitate access to hospital services for all communities in Hastings and Prince Edward Counties. QHC Emergency/Primary Care – Minor Surge Policy #3.7.5 has been developed to maintain the efficient utilization of acute care beds at Quinte Healthcare sites and to support the accommodation of those patients requiring assessment and treatment in the emergency department. The focus is on the needs of the patient and the hospital acknowledges the emergency patient as a priority for the hospital so as to allow the continuum of the health care system to function.

3. PRINCIPLES

i. All Level 1 and Level 2 patients must go to the closest appropriate hospital. Appropriateness will reflect the availability of essential medical services, e.g. burns unit. The Central Ambulance Call Centre (CACC) will determine the preferred destination for CTAS Level 1 or Level 2 patients after considering the following:

   a. number of hospitals equi-time from the patient

   b. request of an ED for equi-time consideration;

   c. ambulance load for hospitals involved.

ii. Patient safety based on CTAS priority is the ultimate arbiter. Level 3 – 5 patients may be transferred with the following local considerations:

   a. Access to regional or local programs
   b. Review of local ED status against local network expectations
   c. Repatriation where there has been a recent discharge or extensive and relevant history with another hospital
   d. Patient preference

iii. Communication regarding ambulances dispatched into another dispatch region must be addressed through participation of all relevant dispatch centers and municipalities and relevant "border" hospitals

iv. Municipalities must maintain appropriate levels of ambulance coverage with the ability to communicate capacity status/limitations by both ambulance service and hospitals.

4. PROCEDURE

i. The Emergency Department Primary Physician, in consultation with the Emergency Department Patient Care Lead, will make the decision to request Ambulance Redirection based on the department's ability to accept patients from Emergency Medical Services (EMS). This will be triggered in the following situations:

   a. Three or more ambulances in Off Load Delay
   b. An expected offload delay of 20 minutes or more.
   c. The arriving patient is unable to stand or sit

ii. The Emergency Department Patient Care Lead will contact the manager, or Admin on call outside of regular business hours, to discuss the potential to redirect CTAS Levels 3, 4, and 5 patients and the ability to move patients out of the Emergency Department.

iii. The Emergency Department Physician and/or Patient Care Lead will consult with the Emergency Department Physician and/or Patient Care Lead/Charge Nurse at the other QHC hospitals Emergency Departments to determine the capacity to support the receipt of CTAS Levels 3, 4 and 5 patients on a short term basis under redirection of Ambulance.

iv. The Emergency Department Patient Care Lead or Unit Communication Clerk (UCC) as delegated will notify the following of the decision to redirect CTAS Levels 3, 4 and 5 patients and the estimated duration of Ambulance Redirect using the Ambulance Redirection form (Appendix B):

   a. Ambulance Dispatch – Central Ambulance Communication Centre (CACC) via telephone and fax (Appendix B) to CACC

b. Other Emergency Departments within QHC
c. QHC consultants on-call
d. Once the Appendix B has been received by Ambulance Dispatch Hastings-Quinte EMS will be notified and depending on the CTAS of the patient CACC will direct the ambulance to the appropriate hospital.

v. CTAS 1 and 2 patients will be transported to the closest medical facility, regardless of municipality or residential address, with the exception of patients that qualify under other bypass agreements such as STEMI, stroke, or trauma.

vi. CTAS Level 3-5 patients will be transported to an alternate QHC ED. The primary Emergency Physician in consultation with the Patient Care Lead will reassess every two hours to determine the department's ability to return to full service.

vii. The Emergency Department Patient Care Lead or Unit Communication Clerk (UCC) as delegated will notify the manager, or Admin on call outside of regular business hours, that full service has been resumed.

viii. The Emergency Department Patient Care Lead will notify the following that redirect is no longer in effect and the site is able to receive all patients using the form for Consideration for Patient Priority:

a. Ambulance Dispatch – Central Ambulance Communication Centre (CACC) via telephone and fax (Appendix B) to CACC
b. Other Emergency Departments within QHC
c. QHC consultants on-call
d. Once Appendix B has been received by Ambulance Dispatch with a confirmed termination time, CACC will resume directing ambulances to the closest ER unless other bypass agreements are in place.

ix. The documentation will be completed per the approved QHC incident reporting for quality and performance improvement.

APPENDICES AND REFERENCES

Appendices: Appendix A – Canadian Triage Acuity Scale
Appendix B – Ambulance Redirection Form