





ADMINISTRATIVE DIRECTIVE

DATE: January 13, 2021

TO: San Mateo County Prehospital EMS System Agencies and Providers
San Mateo County Receiving Hospitals

FROM: Dr. Greg Gilbert, EMS Medical Director 
Travis Kusman, MPH, Paramedic, EMS Director 

SUBJECT: Transfer of Patient Care at Receiving Hospitals (21-CLN-01)

San Mateo County has tracked Ambulance Patient Offload Times (“APOT”) at receiving hospitals in our EMS system for the past several years. We have been fortunate and appreciate that we’ve not experienced chronic ambulance offload delays, which are known to have a negative impact on the availability of ambulances for emergency responses. Research evidence indicates that these delays adversely affect patient care and outcomes. It is therefore incumbent upon receiving hospitals and ambulance providers to minimize the time required to transfer patient care following arrival at the hospital, promptly making ambulances available to respond to the next call.

It has been our expectation that at the earliest opportunity and within 15 minutes of a 9-1-1 ambulance’s arrival, hospital staff will accept report from EMS personnel, and move the patient to an emergency department bed or have the patient seated in a hallway chair or waiting room, when appropriate. Prehospital and hospital personnel are expected to work cooperatively to ensure the timely and appropriate transfer of patient care and act to minimize offload delays.

Given the existing pandemic and its impact on local hospitals and the EMS system, the usual transfer of care process has been modified. The modification is intended to assure patients receive timely care commensurate with their clinical needs, support the allocation of scarce resources by hospitals to patients, and promote 9-1-1 ambulance availability for emergency responses.

If 15 minutes have elapsed following arrival of a 9-1-1 ambulance patient in the emergency department of a receiving hospital within San Mateo County and the patient has not been placed in an appropriate bed, any patient not on a legal psychiatric hold (5150), who meets ALL the of following criteria, may be placed in the emergency department waiting room or other appropriate



location by prehospital personnel:

- A. Normal vital signs
 1. Heart rate 60 - 100/ Min.
 2. Respiratory rate 10 – 20/ Min.
 3. Systolic BP 100 – 180 mmHg
 4. Diastolic BP 60 – 100 mmHg
 5. Room air pulse oximetry > 94%
 6. Alert and oriented to person, place, time, and situation
- B. No parenteral medications were administered by prehospital personnel with the exception of an anti-emetic.
- C. In the judgment of the Paramedic, the patient does not require continuous cardiac monitoring.
- D. The patient does not require a saline lock or intravenous (IV) line. If a saline lock or IV line was placed in the prehospital setting, it can be removed by the paramedics. No patient with IV access should be placed in an ED waiting room.
- E. The patient can maintain a sitting position without adverse impact on their medical condition, dignity, or obvious risk of fall.
- F. A verbal report and a copy of the prehospital run sheet is provided to a charge nurse or their designee prior to leaving the patient at the hospital.
- G. The location to which the patient was triaged is clearly documented in the prehospital electronic health record.

Our overarching goal remains to provide excellent, appropriate, and respectful medical care for our patients, while maintaining sufficient 9-1-1 ambulance coverage and hospital capacity for our community. Thank your ongoing commitment and extraordinary efforts in serving the residents and visitors of San Mateo County.