Alberta Health Services

POLICY

TITLE

EMERGENCY MEDICAL SERVICES TRANSFER OF PATIENT CARE TO THE EMERGENCY DEPARTMENT / URGENT CARE CENTRE TRIAGE TEAM

SCOPE
Provincial: Emergency Departments and Urgent Care Centres

DOCUMENT #
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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To provide direction to **health care professionals** in the transfer of **patient** care from Emergency Medical Services (EMS) to an Emergency Department (ED) / Urgent Care Centre (UCC) Triage Team when an appropriate treatment space is not readily available.
- To facilitate a timely transfer of patient care from EMS health care professionals to the ED / UCC Triage Team.

PRINCIPLES

This Policy provides considerations for how to balance the obligation to provide safe patient care with the need to utilize scarce emergency health resources responsibly. Accordingly, this Policy is founded upon a commitment to the following core values:

- Fairness: All persons who are similarly situated should receive similar opportunities for the treatment and health care resources they need. This means that all patients (regardless of mode of arrival) will be triaged and assigned an appropriate treatment space, when such space is available, based upon acuity and time of arrival.
- Non-abandonment: Once a duty of care has been established between a **health care provider** and a patient, the health care provider has a duty to provide opportunities for ongoing resources and support, within the constraints of the system.

- Stewardship: Health care resources should be used efficiently and with due regard for promoting the good of all. This means that limited health care resources (e.g., EMS and ED / UCC) should be organized efficiently and distributed fairly to meet the needs of all Albertans.

- Minimizing harm: Health care providers have an obligation to promote safety, reduce unnecessary risk, and minimize potential risk of harm where possible. Patients, **families**, staff, and the public should not be exposed to harm where it is reasonably avoidable.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

1.1 This Policy is not intended for use in circumstances where an EMS critical service delivery (e.g., EMS Level 3 Surge) or mass casualty event (e.g., Code Orange) is identified. In these circumstances, health care professionals should refer to their site's Emergency Response Plans.

1.2 EMS health care professionals have an obligation to accompany their patient until they have been assessed by the ED / UCC Triage Team and "ensure that ongoing assessment and treatment is able to be provided by the receiving practitioner" (refer to AHS *Patient Assessment and Treatment*, EMS Medical Control Protocol).

1.3 A collaborative discussion between EMS and the ED / UCC Triage Team shall occur in order to determine the suitability of the transfer of the patient from EMS to the waiting room with consideration of the patient's presenting complaint and clinical status (e.g., decision-making capacity, medical complexity, mobility).

a) Additional consideration should be given for patients who require ongoing assistance unrelated to their presenting complaint and clinical status (e.g., unaccompanied pediatric patients, adult patients who lack capacity, patients with dementia).

(i) Prior to EMS transfer of care to the ED / UCC Triage Team and with the patient's consent, when required, every effort should be made to ensure that their family member, care provider, or **alternate decision-maker** is present and able to assist. Alternatively, a suitable AHS staff member or volunteer may be sought to assist.

2. EMS Patient Transfer of Care to the ED / UCC Triage Team

2.1 The ED / UCC Triage Team shall, in cooperation with the EMS health care professional, assess and triage the patient, which includes assigning a Canadian Triage Acuity Scale (CTAS) score.

2.2 The ED / UCC Triage Team may request a recent 12-lead electrocardiogram (ECG).

a) When available, a 12-lead ECG from EMS is sufficient.

2.3 Following assessment of the patient, the ED / UCC Triage Team and EMS health care professionals shall collaboratively decide whether a patient is suitable for transfer to the ED / UCC waiting room.

a) If consensus on patient suitability cannot be reached, follow local process to escalate to ED / UCC leadership and/or EMS Supervisor.

2.4 If the patient is transferred to the waiting room: The ED / UCC Triage Team shall assume care of the patient and continue to assess and monitor as per the AHS *Assessment and Reassessment of Patients* Guideline.

2.5 If EMS initiated an intravenous (IV) line, they shall ensure it be converted to a saline lock prior to transfer of patient to the waiting room.

3. Patients Ineligible for EMS Transfer of Care to the ED / UCC Triage Team

3.1 Patients with any one (1) of the following criteria are ineligible for EMS transfer of care to the ED / UCC Triage Team:

a) patients assigned a CTAS score of 1 by the ED / UCC Triage Team;

b) hemodynamically unstable patients, which includes but is not limited to, altered vital signs as follows:

(i) adult patient:

- heart rate less than 40 or greater than 140; and/or
- blood pressure less than 90 millimeters of mercury (mmHg) systolic;

(ii) pediatric patient:

- increased work of breathing; and/or
- systolic blood pressure is less than 70 mmHg plus two (2) times age of patient, or if neonate, less than 60 mmHg systolic;

c) patients who have experienced a seizure within one (1) hour prior to transfer of care from EMS to the ED / UCC Triage Team or who have seized more than once without a treatable corrected cause (e.g., hypoglycemia);

d) patients who are at risk of harm to self or others;

   (i) These patients shall be assessed on an individual basis for EMS transfer of care to the ED / UCC Triage Team, including consideration of family, **police,** or presence of an AHS **Protective Services Officer**.

e) patients with a Glasgow Coma Scale (GCS) less than 14;

   Exception: No change in the patient's baseline and mental status is stable.

f) patients whose oxygen saturation is:

   (i) less than 92% on room air or below patient's known normal; or

   (ii) below their normal saturation level as supported with home oxygen at their normal rate;

g) patients whose last medication administration by an EMS health care professional occurred less than 15 minutes prior to transfer to the waiting room;

   (i) If greater than 15 minutes post medication administration, there should be no noted adverse reactions prior to transfer.

   (ii) Ensure extended monitoring of elderly patients (specifically those older than 75) for adverse effects due to delayed medication effects.

h) patients with hypoglycemia;

   (i) If the patient has received treatment for and has maintained a blood glucose level above 4 millimoles per litre (mmol/L) after two (2) consecutive 15-minute **point-of-care test (POCT)** readings post-intervention, they may be suitable for transfer of care to the ED / UCC Triage Team; and/or

i) patients experiencing alcohol withdrawal that have a Clinical Institute Withdrawal Assessment of Alcohol (CIWA) Scale of 9 or greater, as assessed and documented by the ED / UCC Triage Team.

3.2 If during the triage assessment a patient is determined to be ineligible for transfer of care to the ED / UCC Triage Team, EMS health care professionals are obligated to stay with the patient and respond to their care needs until the ED / UCC Team is able to assume care.

3.3 If the patient remains in EMS care: EMS health care professionals shall follow AHS EMS Medical Control Protocols until transfer of care to the ED / UCC is complete.

a) EMS health care professionals shall:

(i) provide a patient status update to the ED / UCC triage team every 30 to 60 minutes or as appropriate for the patient's condition; and

(ii) notify the ED / UCC triage team if there is a change in the patient's status between updates.

4. Documentation

4.1 Health care professionals shall document the transfer of patient care from EMS to the ED / UCC Triage Team in the patient's **health record**.

DEFINITIONS

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), or an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta). This also includes what was previously known as the substitute decision-maker.

Family(-ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including but not limited to, family members, legal guardians, friends, and informal caregivers.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Professions Act* (Alberta), and who practises within scope and role.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Point-of-care testing (POCT) means any testing that typically occurs outside a designated laboratory environment, and is completed nearer to, or at the site of the patient/client. This includes all testing performed by non-laboratory personnel regardless of the location of the examination.

Police means an individual who is appointed, under the *Police Act* (Alberta), as a police officer, or member of the Royal Canadian Mounted Police.

Protective Services Officer means contract security officers as well as in-house security officers with Community Peace Officer appointments pursuant to the *Peace Officer Act* (Alberta). Reference to Protective Services Officers includes both types of officers. Other references will distinguish (contract) security officers from (community) peace officers.

REFERENCES

- Alberta Health Services Governance Documents:
  - *Assessment and Reassessment of Patients* Guideline (#HCS-181-01)
  - *Clinical Documentation* Directive (#1173)
  - *Clinical Documentation Process* Directive (#1173-01)
  - *Consolidation of Patient Care*, EMS Medical Control Protocol v.4.0 (June 1, 2021)
  - *Patient Assessment and Treatment,* EMS Medical Control Protocol (#HCS-EMS-OP-04)
- Alberta Health Services Resources:
  - Emergency Response Plans Insite page
  - Infection Prevention & Control Insite page
  - *Point of Care Risk Assessment (PCRA)*
  - *Standard Approach & Ongoing Assessment* Version 4.0 June 1, 2021 (Emergency Medical Services)
- Non-Alberta Health Services Documents:
  - *Canadian Triage and Acuity Scale (CTAS)*
  - *Clinical Institute Withdrawal Assessment of Alcohol (CIWA) Scale*