Emergency Services Forum
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Riverside

APOD 2.0 Strategies for Implementation

Jan Remm MPA, PT, Regional Vice President
Hospital Association of Southern California

Juliann Curtis MSN, RN, Assistant Chief Nursing Officer
Riverside Community Hospital

Karina Kilian MSN, RN, CEN, Director of Emergency Services
Riverside Community Hospital
Disclosures

None of the speakers have anything to disclose

Objectives

Upon completion of this session attendees will:

- Understand the barriers to care that are driving an increased demand for a constrained supply of emergency medical services that are indicative of a larger public safety concern and jeopardize the ability of the Emergency Medical System (EMS) and emergency departments core function.

- Have a basic understanding of state regulations (AB 1223) in measuring Ambulance Patient Offload Times (APOT) and public reporting of emergency department metrics related to APOT.
Objectives (cont.)

Upon completion of this session attendees will:

- Understand the impact on hospital EDs and importance of local policies aimed at reducing Ambulance Patient Offload Delay (APOD) to ensure a highly functioning EMS system.
- Understand one county’s journey and collaboration of the Local EMS Agency, ambulance providers, and hospitals to achieve reductions in APOD to inform similar collaboration in other regions.
- Understand and be able to replicate best practices to improve patient experience and safety while achieving reductions in APOD.

Factors Affecting APOD

- 1.5 million newly-insured in the Inland Empire (IE)
- The IE has 43 PCPs per 100,000 population compared with 64/100,000 in California¹
- The IE has 77 specialists per 100,000 population compared with 130/100,000 in California¹
- Riverside County has 8.85 psychiatric beds per 100,000²
- Shifting role of the ED
  - From evaluating and stabilizing to complex diagnostic work ups
  - A place to manage non-emergent medical needs
  - Management of behavioral health conditions
  - Management of social issues

¹(California Health Care Foundation, 2016)
²(California Hospital Association, 2015)
AB 1223

- Gives the State EMS authority to develop, with input from stakeholders, the ability to adopt a statewide standard methodology for the calculation and reporting of APOT.
- Gives the LEMSA the ability to adopt policies and procedures for calculating and reporting APOT and to develop local standard and nonstandard ambulance patient offload times.
  - If the LEMSA adopts policies to collect this information it will be publicly reported information.
- Exact language can be found in Section 1797.120 in the Health and Safety Code.
- The State EMS Authority standard methodology for calculation of APOT will be forthcoming.

APOD Historical Perspective

Riverside County, CA

Timeline of events:
- 2008 Riverside County begins measuring APOD
- 2011-2013 Hospitals developed list of best practices
- 2014 Inland Empire APOD Task Force formed
- May 2015 Redirection pilot implemented
- June 2015 APOD data validation performed
- January 1, 2016 AB 1223 takes effect
- 2016 APOD policy proposed
  - Projected implementation December 1 or 15, 2016
**APOD Task Force**

**APOD Task Force (necessary elements)**
- Involvement from hospitals at the highest levels (CEOs, CNOs, and ED Medical Directors)
- Involvement of the LEMSAs, Ambulance Providers, Fire
- Willingness to see the situation from all perspectives
- Understanding that the patient is the most important component

**Redirection Pilot**

- Data review showed disparity between average APOD times and extended APOD sometimes experienced in the EMS system
- The Redirection Pilot was an attempt at eliminating the extended APOD
- This pilot redirected patients (non-trauma, non-stroke, & non-STEMI) away from hospitals with one or more ambulances waiting 90 minutes or more
- If patient condition warranted, the ambulance crew could override the redirection
- Challenges with the pilot:
  - Occasional discrepancies between hospitals/ambulance providers
  - Domino effect
  - Patient dissatisfaction
  - Continuity of care
**APOD Data Validation**

- Data validation is critical!
  - Ensures all parties believe the data that is produced
- What was identified in Riverside County:
  - One hospital collected data that was compared rig-by-rig, patient-by-patient for 6 days
  - At the time there was no electronic means of capturing the data (no EPCR), so data was collected at wheel-stop to wheels-rolling again
  - Often, this resulted in 20 minutes or more extra captured in the publically reported APOD time
- One solution for Riverside County? First Watch
  - Riverside was fortunate that AMR purchased and implemented the First Watch TOC Module
  - Gives hospitals ability to have a hand in the data collection process
- The other solution for Riverside County? Best Practices

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**Best Practices**

Hospitals made big improvements in several categories:

- **Oversight**: Hospital “C” Suite notification of patient boarding in the ED and APOD.
- **Process Improvement**: Application of LEAN principles to standardize processes and eliminate wasteful, non-productive efforts.
- **Operations**: Increased staffing at peak times and in critical positions such as phlebotomy staff, ambulance receiving nurses, and transport teams.
- **Process**: Implementation of fast-track, triaging lower acuity patients off of ambulances to waiting rooms when clinically appropriate, and treating patients in the upright position whenever possible.
- **Technology**: Implementation of First Watch and other technologies to note ambulance arrival and duration at the ED.
- **Capacity**: Implementation of high census protocols to evoke a whole hospital response to surges in the ED volumes.
- **Training**: Increased collaboration with nursing schools through the creation of new graduate training programs in hospitals.
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Implementation of APOD

RCH — Story

Riverside County Ambulance Patient Offload Delays vs. 9-1-1 Volume and Compliance, 2015
4 Areas of Focus

- Offload
- Staffing
- Admit Length of Stay
- Discharge Length of Stay

Key Factor- Executive Support

Offload

- Dedicated EMS triage nurse/ED Provider
- First Watch on all computers
- First Watch App
- Ownership of TOC Button
- Score card for all charges with immediate feedback on compliance
- Automated direct notification to ED director units > 60 minutes
- 30 + Vertical treatment areas
Offload (cont.)

- Staffing tool
- ED Flow CNA
- Dedicated treatment/exam rooms
- ED Passport
- Dedicated colored treatment space for tests and procedures
- Internal waiting room
- Discharge NP
**Staffing**

- Additional scribes hired for night coverage in triage
- Expanding PA EMS provider in January 2016
- Shifting our staffing to the middle based on our staffing tool
- EMS dedicated triage nurses Jan 2016

**Admit Length of Stay**

- ED discharge nurse with focus on disposition of admits and discharges
- Peak hour transport assist
- POC testing lab TAT
- Push pull from ED and inpatient units
- Inpatient unit MDR with Charge Nurse and CM rounding on all potential discharges for following day
- Chart review of high LOS admits with focus on add on tests and physician TAT trends
- Dedicated transport for the ED
Discharge Length of Stay/Low Acuity

- Dedicated staff — new grad program
- Sharing LOS numbers with our FT team and providers
- More PAs have been hired by Medical Director
- Surge Capacity: during ED surges we notify Rad, lab, and admitting

Executive Support

- ED knowledge on executive team
- Resources
  - Staffing RN/ CNA/ Tech, Midlevels
- Space planning
- MD Director commitment
- Dedicated staff resources
- Staff for the admits holding
- Renovation pending
Staff Ownership

- Can-do attitude
- Understood the value
- DO THE RIGHT THING
- Focus on in-house LOS and throughput
- Removed the ED silo
- Robust surge capacity plan

ED Metrics

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Thank you

Jan Remm
jremm@hasc.org

Julie Curtis
Juliann.Curtis@hcahealthcare.com

Karina Kilian,
Zoila.Kilian@hcahealthcare.com