



**CALVERT COUNTY EMERGENCY SERVICES
GUIDELINE/POLICY/PROCEDURE**



TITLE:	2.11-Continuation of Care/Monitoring Policy for CalvertHealth		
ISSUED BY:	Kenneth N. Miller II, Division Chief Emergency Services		
RESPONSIBLE STAFF:	All Emergency Services/Volunteer EMS		
ISSUE DATE:	01/12/2022	REVISION DATE:	
PURPOSE:	The purpose of this policy and procedure is to offset the “at emergency department hold times” of county transport units		
APPLICABLE TO:	All Calvert County EMSOP Participants		
ATTACHMENTS:			

<input type="checkbox"/> GUIDELINE	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROCEDURE
---	---	---

This document needs to be reviewed/updated:

<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Other Interval:	
<input type="checkbox"/> (Fiscal Year) <input type="checkbox"/> (Calendar Year)	<input checked="" type="checkbox"/> As needed	Flag for review on:

I. Purpose

The purpose of this policy and procedure is to offset the “at emergency department hold times” of county transport units. This process will ensure that all patients transported to CHMC by a Calvert County Transport unit, and will be monitored at the level of care they received during the transport or higher. While the emergency department is overwhelmed due to the current COVID outbreak, tis policy will remain in place to release (return to service) those Calvert County transport units from holding at the emergency department while awaiting a bed assignment for the patient. This policy will be evaluated on bi-weekly basic for extension or termination.

II. Policy

When circumstances are found in regards to transport units being held at CalvertHealth, Calvert County Emergency Services Division (Career EMS) will temporarily assign and maintain one advanced life support certified level care provider and one basic life support provider at

CalvertHealth emergency department. When an emergency department bed is not available within 15 minutes from time of arrival, the transport unit and provider will transfer the monitoring of said patient to the same level of care or higher. The providers assigned to the CalvertHealth ED, will ensure continuation of monitoring of the patient. If at any time there is further need of treatment, the assigned providers will make immediate contact with the charge nurse and request immediate assistance with patient care. It will be the sole responsibility of the ED staff to provide any further treatment or interventions to these patients after arrival at ED. EMS personnel are only authorized to monitor at the level of care certified. Career EMS Personnel assigned to CalvertHealth Emergency Department will solely be responsible for monitoring transported patients only. Maximum patient to provider ratios will be as follows: ALS 2:1 and BLS 4:1.

III. Definitions

CalvertHealth: Calvert Health Medical Center.

Division of Emergency Services: Subpart (known as Career EMS) of Department of Public Safety blanketing the all hazards response model.

Career EMS Provider: All Career Emergency Medical Services personnel operating under the Calvert County EMSOP.

Transfer: Care of patient turned over from Calvert EMSOP units/clinicians to CalvertHealth Emergency Department.

Continuation of Care/Monitoring: EMS personnel assigned to the role of continuing care/monitoring of patient at CalvertHealth while awaiting a bed assignment within ED.

IV. Procedure

Calvert Emergency Communications will make notification when this Policy goes into effect over the main dispatch channel, and continue to announce it during all consecutive informational broadcast time announcements until policy is out of effect.

Transfer/Continuation of Care and Monitoring:

1. EMS providers transporting to CalvertHealth ED shall continue to medical consult with all patient information. Should a bed assignment be available, ED staff will advise during consult.
2. Once arriving at CalvertHealth ED, transport unit will make contact with triage nurse and follow directions received, (stand fast, bed assignment). When no bed will be available for 15 minutes after arrival, EMS personnel assigned to CHMC will make contact with primary care provider and ensure a detailed verbal report is received from the primary provider of patient care and what level of care is currently being provided (ALS/BLS). All providers must ensure a completed PCR form is obtained for all patients prior to primary care provider from transporting unit disembarking ED.
3. If transferring patient from transport unit's care to continuation of care/monitoring personnel at ED, patient will be moved to ED stretcher in assigned area. Continuation of

care/monitoring personnel will ensure constant contact and monitoring of patient until ED bed assignment is received.

4. During the continuation of care EMS personnel assigned will ensure patient status is monitored to include all signs and symptoms for trending. Should any patient in this transition require need of care or interventions, the assigned EMS personnel will immediately make contact with charge nurse and request assistance.

5. If patient remains stable, ED assigned EMS personnel will not be required to complete a transfer of care EMEDS report for these patients in addition to the original EMEDS report completed by transporting unit.

6. Should an immediate threat of life be found or arise, EMS personnel will make attempt to gain hospital assistance for intervention if reasonable. If the immediate threat cannot be reasonable addressed by ED staff, the EMS personnel shall function within their certification/licensure level of care to deliver interventions as necessary. (Note: this is only acceptable to life threats which cannot be reasonably intervened by ED staff in a timely manner). EMS personnel shall still request immediate assistance from ED staff.

7. At any time that the EMS Continuation/monitoring of care personnel provide any intervention, that said provider shall complete a transfer of care EMEDS report with all required documentation as normal.

8. Once a bed assignment within ED is available, ED staff will then transfer the patient to the assigned room. EMS personnel shall not abandon any patients in the continuation of care/monitoring process to transfer a patient to an assigned bed within ED.