**CREMSTC: Minutes for EMS Wall Time Meeting** September 8, 2022

Summary. Delays in transition of care from EMS to ED continue to be a real challenge for EMS (BLS) despite substantial and meaningful efforts by hospitals. EMS appreciates the work by hospitals but still are quite challenged. Extended wall times take units out of service and have a snowball effect of delaying (and complicating) the next assignment to include not just EMS (prehospital) but also hospital transfers (sometimes out of the ED). Everyone acknowledges the reality that extended wall times are bad for all (including patients).

1 - The majority of hospitals have provided feedback on what they do to help facilitate EMS throughput. All represented hospitals have made important changes to how they triage, process, and care for patients in an effort to decrease EMS wall times and improve timely transition of patients from EMS to ED oversight. Randi has collated the response and discussion to provide an initial “best practices” live document for area EDs (please see other attachment).

2. TriMed, GMR, and Fire Departments are all measuring and reporting wall times. Each has made effort to achieve a common understanding of what wall times measures and present the data in a consistent format. Randi is sending the information to each hospital monthly (currently). There has been subjective improvement with wall times – again thanks to everyone – but these still remain extended with those out beyond 50-60 minutes (90th percentile) being especially challenging operationally. Will work to trend these times as a means to help measure the issue.

3. There was good discussion about setting goals for initial patient assessment and transfer:

 - Registration (i.e. 5 minutes)

 - Triage Start (10 minute)

 - Triage Complete (20 minutes)

 - Final hand-off (30 minutes)

 - After 30 minutes EMS will return to service

**Additional Discussions.**

King County is a no-divert system.

The concept and practice of “level-loading” was discussed. Some of this occurs on First Hill based on longstanding (X years) strategies by GMR to be efficient.

In addition to EMS internal level loading in downtown Seattle, informal divert also can occur as a consequence of hospital “messaging” via WATrac comments. Hospitals do not go on formal divert but WATrac comments could influence triage destinations.

There was additional discussion about the potential to provide live, accessible information about ED wait for the region. Thurston County has this platform currently for their three hospitals.

Hospital leadership (not “just” ED leadership) need to be made aware of the increasing challenge to EMS and the potential to enact an action plan to reduce wall times. To this end, ED and hospital leadership should consider linking to WATrac to receive notifications when if / when WATrac makes changes.

The topic will be presented at the CREMSTC Meeting on Wednesday September 14.