Stanislaus County
Emergency Medical Services Agency

Ambulance Patient Offload Time
(APOT)

Policy: **412.30**
Effective: **10.10.2022**
Review: **10.1.2023**

I.   AUTHORITY

   A. Division 2.5 of the Health and Safety Code, Sections 1797.120 and 1797.225 and 1797.227
   B. AB 1223 (O'Donnell, 2015)

II.   DEFINITIONS

   A. **Ambulance Arrival at the Emergency Department (ED) –** the time ambulance stops at the location outside the hospital ED where the patient will be unloaded from the ambulance

   B. **Ambulance Patient Offload Time (APOT) –** the time interval between the arrival of an ambulance patient at an ED and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient.

   C. **Ambulance Patient Offload Time Standard** – the time interval standard established by the Local EMS Agency (LEMSA) within which an ambulance patient that has arrived in an ED should be transferred to an ED gurney, bed, chair or other acceptable location and the ED assumes the responsibility for care of the patient.

   D. **Stanislaus County EMS Agency Offload Time Standard** - means an ambulance patient offload time standard of 20 minutes or less following Ambulance Arrival at the ED.

   E. **Non-Standard Patient Offload Time –** the ambulance patient offload time for a patient exceeds the standard period of time designated by the LEMSA. (See standards below).

   F. **Ambulance transport –** the 911 response emergency ambulance transport of a patient from the prehospital EMS system to an approved EMS receiving hospital. This includes Interfacility transports and other patient transports to ED.

   G. **APOT 1 –** an ambulance patient offload time interval measure. This metric is a continuous variable measured in minutes and seconds then aggregated and reported at the 90th percentile.

H. **APOT 2 -** an ambulance patient offload time interval measure. This metric demonstrates the incidence of ambulance patient offload times expressed as a percentage of total EMS patient transports within a twenty (20) minute target and exceeding that time in reference to 60, 120- and 180-minute intervals.

I. **Ambulance Patient Offload Delay (APOD)** - the occurrence of a patient remaining on the ambulance gurney and/or the emergency department has not assumed responsibility for patient care beyond the LEMSA approved APOT standard. (Synonymous with non-standard patient offload time)

J. **AVL/GPS** - Automated Vehicle Location/Global Position System

K. **CEMSIS** - California Emergency Medical Services Information System

L. **CAD** - Computer Aided Dispatch Clock Start – the timestamp that captures when APOT begins. This is captured in the NEMSIS 3.4 data set as the time the patient/ambulance arrives at destination/receiving hospital at the location outside the hospital ED where the patient will be unloaded from the ambulance (eTimes.11).

M. **Clock Stop** – the timestamp that captures when APOT ends. This is captured in the NEMSIS 3.4 data set as destination patient transfer of care date/time (ie, Times.12).

N. **ePCR** – Electronic Patient Care Report

O. **Emergency Department (ED) Medical Personnel** – an ED physician, mid-level practitioner (e.g. Physician Assistant, Nurse Practitioner) or Registered Nurse (RN).

P. **EMS Personnel** – Public Safety-First Responders, EMTs, AEMTs, EMT-II and/or paramedics responsible for out of hospital patient care and transport consistent with the scope of practice as authorized by their level of credentialing.

Q. **NEMSIS** – National Emergency Medical Services Information System

R. **MDC** – Mobile Data Computer

S. **Timestamp** - a continuous variable that captures a date and time on a twenty-four (24) hour clock.

T. **Transfer of Patient** Care - the transition of patient care responsibility from EMS personnel to receiving hospital ED medical personnel. (See

criteria below in Measurement Methods.)

U. **Verbal Patient Report** - The face to face verbal exchange of key patient information between EMS personnel and ED medical personnel provided that is presumed to indicate transfer of patient care.

V. **Written EMS Report** - The written report supplied to ED medical personnel that details patient assessment and care that was provided by EMS personnel. Electronic report (ePCR) is now required by Health and Safety Code 1797.227

W. **Medical Triage** – means medical sorting and prioritization of a patient by ED medical personnel. Medical triage includes acceptance of a verbal patient report from EMS personnel.

X. **SCEMSA** – means the Stanislaus County EMS Agency

Y. **Waiting Room** – Hospital medical triage room that is utilized by the public to receive clinical evaluation by the hospital emergency department medical staff.

III   <u>PURPOSE</u>

A. To provide standardized methodologies for Ambulance Patient Offload Time (APOT) data collection and reporting to the California EMS Authority (EMSA) in accordance with AB 1223 (O'Donnell, 2015).

B. To use statewide standard methodology for calculating and reporting APOT data developed by the EMSA

C. To establish criteria for the reporting of, and quality assurance follow-up for a non-standard patient offload time.

IV.   <u>POLICY</u>

A. Standard Offload Time: APOT
   1. Receiving hospitals have a responsibility to ensure policies and processes are in place that facilitate the rapid and appropriate transfer of patient care from EMS personnel to the ED medical personnel.
   2. The ambulance patient offload time performance standard is set at twenty (20) minutes or less 90% of the time measured monthly.

B. Non-Standard Offload Time: Extended Delay
   1. APOD occurs when patient offload time is exceeded. Stanislaus County EMS Agency (SCEMSA) shall collect and report the percentage of patients that are delayed by 21-60 minutes, 61-120 minutes, 121-180 minutes, and delays greater than 180 minutes to EMSA

C. Measurement Methods:
1. APOT is defined in Statute as a time interval, therefore process controls must be established for collecting the beginning and ending timestamps to be utilized for the calculation of the time interval.

a. **Clock Start (eTimes.11, "Patient Arrived at Destination Date/Time")**
The time the ambulance arrives at the ED and stops at the location outside the hospital ED where the patient will be unloaded from the ambulance. The timestamp can be validated and collected via:

• Ambulance provider Computer Aided Dispatch (CAD) systems with two-way radio voice communication or Mobile Digital Communicator (MDC);

• Systems with Automated vehicle location/Global positioning systems (AVL/GPS) capability;

• ePCR or other commercial data collection system (e.g. FirstWatch, EMSystems). It is advantageous to have an ePCR system that is integrated with the provider agency CAD and/or other data collection systems for single point data retrieval.

b. **Clock Stop (eTimes.12, "Destination Patient Transfer of Care Date/Time")**
When the patient is transferred to the emergency department gurney, bed, chair or other acceptable location and ED physician or ED RN has signed the electronic Patient Care Report (ePCR) and assumed the responsibility for care of the patient.

D. Data Collection and Documentation:
1. **APOT-1**
The number reported is the APOT in minutes/seconds for Transfer of Care of 90% of ambulance patients and the number of ambulance runs included in the report.

2. **APOT-2**
The number reported is the percentage of ambulance patients transported by EMS personnel that experience an ambulance patient offload delay beyond twenty (20) minutes, which has been set as a target standard for statewide reporting consistency and to exclude rapid APOT from being combined with more extended times. Time intervals will be reported by sixty (60) minute intervals up to one hundred eighty (180) minutes then any APOT exceeding one hundred eighty (180) minutes.

E. Criteria for Quality Assurance Follow-up
   1. Triggers for specific quality assurance or quality improvement actions could include but are not limited to:[1]

   - Occurrence of APOD with the patient decompensating or worsening in condition

   - Occurrence of APOD with an associated patient complaint

   - Occurrence of APOD with associated delayed ambulance response(s) to other calls in the community

   - Facility or system performance below established fractile (e.g. 90%) for compliance to the LEMSA's APOT standard

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1 Toolkit to Reduce Ambulance Patient Offload Delays in the Emergency Department: Building Strategies for California Hospital and Local Emergency Services Agencies, 2014
http://www.emsa.ca.gov/Media/Default/PDF/Toolkit-Reduce-Amb-Patient.pdf