Stanislaus County
Emergency Medical Services Agency

Ambulance Patient Offload Delay
(APOD)

Policy: **412.35**
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.

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, 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.

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 1797.228

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. PURPOSE

A. This policy will establish a standard for the safe and rapid transfer of patient care responsibilities between EMS personnel and ED medical personnel.

IV. POLICY

A. EMS Personnel Responsibilities

1. EMT or Paramedic Personnel shall:
    a. Notify their dispatch agency of the time the ambulance arrived at the Hospital ED

    b. Continue to provide patient care prior to the transfer of patient care to the ED medical personnel.

    c. While waiting for a bed assignment with a patient that does not meet criteria for waiting room placement, the following procedures can be performed by hospital staff while the patient is on EMS gurney.
        i. Vital Sign assessment
        ii. 12-Lead EKG
        iii. Blood draws
        iv. Point of care testing glucose check
        v. Physician assessment
        vi. Treatment within the Stanislaus County EMS protocols and policy
        vii. Re-prioritization of the patient to waiting room may be warranted if the patient meets the "Immediate movement to waiting area" Criteria. This re-prioritization shall be done in consultation with the hospital MICN or Emergency Department Physician.
        viii. Patient transfer to CT scanner, Cath Lab, MRI, Labor and Delivery, or Interventional Lab for immediate patient off-load and turnover of care may be completed.
        ix. EMS personnel are NOT to transfer patients to any department if EMS is expected to stay with the patient during, or after the care received in these departments.
        x. Any changes or concerns related to patient stability should immediately be communicated with nursing staff or Emergency Department Physician

    d. All patient care shall be documented according to SCEMSA policies. Medical Control and management of the EMS system, including EMS personnel, remain the responsibility of the SCEMSA Medical Director and all care provided to the patient must be pursuant to SCEMSA treatment guidelines and policies.

e. Transfer patient care to ED medical personnel by giving a verbal patient report as soon as possible.

f. Verbal Patient Report shall contain the following elements:
    i. Patient, age, sex, weight
    ii. Patient condition (critical, emergent, lower acuity)
    iii. Patient chief complaint
    iv. Mechanism of injury or history of present illness
    v. Assessment findings
        1. Responsiveness/Glasgow Coma Scale
        2. Airway
        3. Breathing
        4. Circulation
        5. Disability
    vi. Vital signs
    vii. Past medical history, medications and allergies
    viii. Primary impression
    ix. Treatment/interventions provided
    x. Patient response to treatment/interventions
    xi. Base Hospital order received, if Base Hospital medical direction was issued.

g. Consider Transfer of Patient Care complete once the ED medical personnel have received a verbal patient report and the patient is offloaded from the ambulance gurney.
    i. If transfer of patient care exceeds 20 minutes, the incident will be documented and tracked as APOD. EMT, or Paramedic personnel are not responsible to continue monitoring the patient or provide care within the hospital setting after transfer of patient care to ED medical personnel has occurred.

B. Immediate Movement to Waiting Area.
1. **EMS Personnel are authorized to place stable patients directly into the waiting room**. These patients must meet the following criteria to be considered stable and eligible for immediate movement to waiting area:
    a. Glasgow Coma Scale of 15.
    b. Patient must be mentally and legally capable of making their own medical decisions.
    c. No peripheral IV access established.
    d. No medications administered.
    e. No cardiac monitoring deemed necessary by EMS or ED Staff.
    f. No psychiatric holds.
    g. No clinical presentation that patient is under the influence of drugs, alcohol, or other substance that impairs ability to make decisions.
    h. No focal weakness, dizziness, complaint of seizure activity, or syncope.
    i. Patient must be able to transfer off the EMS gurney and sit unassisted.
    j. Patient must fit into the following vital sign parameters:
        i. Adults
            1. Systolic blood pressure of >100, and <200.
            2. Diastolic blood pressure of <120.
            3. Heart rate of >50 and <110.
            4. Oxygen saturation >94% on room air.
        ii. Pediatrics
            1. Vital sign range within normal limits for age. Refer to Policy 555.00.

2. No Brief Resolved Unexplained Event (BRUE).
3. No patients 18 months of age or younger.
4. Minors under the age of 18 must be accompanied by parent or guardian.
5. Patient deemed stable by application of the Pediatric Assessment Tool (PAT), which assesses appearance, work of breathing, and circulation in pediatric patients.
    a. Appearance: Using mnemonic TICLS, patient is unstable if there is abnormality in any of the following.
        i. Tone.
        ii. Interactiveness.
        iii. Consolability.
        iv. Look/gaze.
        v. Speech/cry.
    b. Work of Breathing: Presence of any of the following implies abnormal work of breathing and potential for instability.
        i. Stridor.
        ii. Wheezing.
        iii. Grunting.
        iv. Tripod Positioning.
        v. Retractions.
        vi. Nasal flaring.
        vii. Apnea/gasping.
    c. Circulation of the skin: Presence of any of the following indicated abnormal circulation or poor perfusion
        i. Pale.
        ii. Mottled.
        iii. Cyanotic.

C. EMS personnel are responsible for immediately returning to response ready status once patient care has been transferred to ED medical personnel and the patient has been offloaded from the ambulance gurney.

1. EMS Personnel Procedure:
    a. Provide the Hospital ED with the earliest possible notification that a patient is being transported to their facility.
    b. Utilizing the appropriate safety precautions, walk-in ambulatory patients or use a wheelchair rather than an ambulance gurney if appropriate for the patient's condition.
    c. Provide a verbal patient report to the ED medical personnel within 20 minutes of arrival at the ED.
    d. Contact their EMS Supervisor for direction if the ED medical personnel do not offload the patient within the 20-minute ambulance patient offload time standard.
    e. Complete the SCEMSA required patient care documentation.
    f. Work cooperatively with ED medical personnel to transfer patient care within the timeframe established in this policy.
    g. Implement the following clinical practices by utilizing sound clinical judgement and following appropriate SCEMSA treatment guidelines to reduce APOD:
        i. Initiate care as clinically indicated with the appropriate basic life support (BLS) and advanced life support (ALS) interventions.
        ii. Initiate vascular access only as clinical indicated. IV therapy should only be initiated pursuant to SCEMSA treatment guidelines for patients that require the

following:

1. Administration of IV medication(s), or
2. Administration of IV fluid bolus or fluid resuscitation

iii. In the judgment of the attending paramedic the patient's condition could worsen and the administration of IV fluids and/or medications may become necessary prior to the arrival at the Hospital ED.

iv. Discontinue ECG monitoring before removing the patient from the ambulance if there are no clinical indications for cardiac monitoring.

D. Hospital ED Medical Personnel responsibilities:

1. ED Medical Personnel shall:
    a. Make every attempt to medically triage the patient and offload the patient to a hospital bed or other suitable sitting or reclining device at the earliest possible time not to exceed 20 minutes after the ambulance arrival at the hospital.
    b. Receive a verbal patient report from the EMT or Paramedic personnel who transported the patient.
        1. Transfer of patient care is complete once the ED medical personnel have received a verbal patient report and the patient was offloaded from the ambulance gurney.
            a. If transfer of patient care exceeds the 20-minute standard, the incident will be tracked as an APOD unusual occurrence.