Tuolumne County
Emergency Medical Services Agency

Title: Ambulance Patient Offload Times, Delays and Data Collection

EMS Policy No. 150.00
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I) Purpose
A) To establish standardized methodologies for Ambulance Patient Offload Time (APOT) data collection and reporting to Tuolumne County Emergency Medical Services Agency (TCEMSA) in accordance with California Health and Safety Code Division 2.5, Section 1797.225.
B) Use statewide standard methodology for calculating and reporting APOT developed by California Emergency Medical Services Authority (EMSA).
C) Establish criteria for the reporting of, and quality assurance follow-up for a non-standard patient offload time

II) Authority
California Health and Safety Code, Division 2.5 Section 1797.120 et all and 1797.225

III) Definitions
A) "Ambulance Arrival at the Emergency Department (ED)" means the time the ambulance stops at the location outside the hospital emergency department where the patient will be unloaded from the ambulance.
B) "Ambulance Patient Offload Time (APOT)" means the time interval between the arrival of an ambulance patient at an ED and the time the patient is transferred to an ED gurney, bed, chair or other acceptable location and the ED assumes the responsibility for care of the patient.
C) "Ambulance Patient Offload Time (APOT) Standard" means the time interval standard established by the 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) "Ambulance Transport" means the transport of a patient from the prehospital EMS system by ambulance to an approved EMS receiving hospital. This includes inter-facility transports, 7-digit response, and other patient transports to the ED.
E) "Ambulance Patient Offload Delay (APOD)" means the occurrence of an APOT that exceeds the APOT Standard of twenty (20) minutes. This shall also be synonymous with "non-standard patient offload time" as referenced in Health and Safety Code.
F) "APOT 1" means an ambulance patient offload time interval process measure. This metric is a continuous variable measured in minutes and seconds and then aggregated and reported at the 90th percentile.
G) "APOT 2" means an ambulance patient offload time interval process measure. This metric demonstrates the incidence of ambulance patient offload times that exceed a twenty (20) minute reporting goal reported in reference to 60, 120, 180-minute time intervals, expressed as a percentage of total EMS patient transports.
H) "Clock Start" means the timestamp that captures when APOT begins. This is captured in the NEMSIS data set as the time the patient/ambulance arrives at destination/receiving

hospital (eTimes.11) and stops at the location outside the hospital ED where the patient will be unloaded from the ambulance.

I) "Clock Stop" means the timestamp that captures when APOT ends. This is captured in the NEMSIS data asset as destination patient transfer of care date/time (eTimes.12).

J) "Emergency Department Medical Personnel" or "ED Medical Personnel" means a physician, nurse practitioner, physician's assistant, or registered nurse.

K) "EMS Personnel" means the paramedic, emergency medical technician, AEMT, responsible for a patient's out of hospital patient care and ambulance transport.

L) "EMSA" means the California Emergency Medical Services Authority

M) "Receiving Hospital" means a licensed acute care hospital with a comprehensive or basic emergency permit that is approved by the Tuolumne County EMS Agency (TCEMSA) to participate in the EMS system.

N) "Transfer of Patient Care" means the transition of patient care responsibility from EMS personnel to receiving hospital ED Medical Personnel documented by ED Medical Personnel signature in the ePCR.

O) "Verbal Patient Report" means a direct in person verbal exchange of pertinent patient information between EMS Personnel and ED Medical Personnel.

IV) Policy

A) Standard Offload Time: APOT

1) Receiving hospitals have a responsibility to ensure policies and processes are in place that facilitates the rapid and appropriate transfer of patient care from EMS personnel to the ED medical personnel within twenty (20) minutes of arrival at the ED.

B) Non-Standard Offload Time: APOD

1) APOD occurs when patient offload time is exceeded. TCEMSA shall collect and report the percentage of patients that are delayed by 20:01 – 60 minutes, 60:01 – 120, 120:01 – 180 minutes, and delays greater than 180:01 minutes to EMSA.

2) If APOD occurs the hospital should make every attempt to:

(a) Provide a safe area in the ED within direct sight of ED medical personnel where the ambulance crew can temporarily wait while the hospital's patient remains on the ambulance gurney.

(b) Inform the attending EMS Personnel of the anticipated time for the offload of the patient.

(c) Extended offload times reported during a Mass Casualty Incident (MCI) or other large incident(s) response will be taken into consideration.

3) EMS Personnel are directed to do the following to prevent APOD:

(a) Provide the receiving hospital ED with the earliest possible notification that the patient is being transported to their facility.

(b) After twenty (20) minutes and every twenty (20) minutes thereafter, check with hospital personnel on status of off-load time.

(c) After sixty (60) minutes of APOD, notify the on-duty supervisor.

(d) Obtain a signature from the ED medical personnel as soon as physical transfer of the patient occurs and report has been given to ED medical personnel.

(e) Work cooperatively with the receiving hospital staff to transition patient care within the timeframes established by this policy.

(f) EMS personnel are responsible when able, to immediately return to response ready status once patient care has been transferred to ED medical personnel and the patient has been offloaded from the ambulance gurney.

4) Direction of EMS Personnel
   (a) EMS personnel shall continue to provide patient care prior to the transfer of patient care to the receiving hospital ED medical personnel. All patient care shall be documented according to TCEMSA policies. Medical Control and management of the EMS system, including EMS personnel, remain the responsibility of the LEMSA Medical Director and all care provided to the patient must be pursuant to TCEMSA protocols and policies.
5) Patient Care Responsibility
   (a) The responsibility for patient care belongs to the receiving hospital once the patient arrives on hospital grounds. Receiving hospitals should implement processes for ED medical personnel to immediately triage and provide the appropriate emergency medical care for ill or injured patients upon arrival to the ED by ambulance.
6) Transfer of Patient Care
   (a) Upon arrival of patients under the care of EMS personnel the hospital ED medical personnel should make every attempt to accept a verbal patient report and offload the patient to a hospital bed or other suitable sitting or reclining device at the earliest possible time not to exceed 20:01 minutes. During triage by ED medical personnel, EMS personnel will provide a verbal patient report containing any pertinent information necessary for the ongoing care of the patient. Transfer of patient care is completed once:
      (i) ED medical staff has accepted a verbal patient report
      (ii) The patient has been transferred to a hospital bed, suitable sitting or reclining device
      (iii) A signature obtained from medical ED personnel
   (b) If transfer of care and patient offloading from the ambulance gurney exceeds the 20:01 minute standards, it will be documented and tracked as APOD.

C) Data
1) Measurement Methods
   (a) Clock Start (eTimes.11): 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.
   (b) Clock Stop (eTimes.12): When the patient is transferred to the ED gurney, bed, chair or other acceptable location and the ED has assumed the responsibility for care of the patient.
   (c) Transfer of Care Criteria:
      (i) Verbal patient report is given by transporting EMS personnel and acknowledged by ED medical personnel;
      (ii) ED medical personnel signs ePCR
2) Data Collection and Documentation
   (a) EMS providers shall implement digital CAD data migration into ePCR platforms and report data follow Policy 620.00 for completing ePCRs.
   (b) Destination name shall be selected from predefined list in ePCR program.
3) Reporting to EMSA by TCEMSA

(a) TCEMSA will complete reports to EMSA based on EMSA guidelines, statute and regulation
    (i) APOT-1: The number reported is the APOT in minutes for transfer of care of 90%percentile of ambulance patients and the number of ambulance runs included in the report.
    (ii) APOT-2: The number reported is the percentage of ambulance patients transported by EMS personnel that experience an ambulance patient offload delay beyond twenty (20:01) 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 (60:01) minute intervals up to one hundred eighty (180:01) minutes then any APOT exceeding one hundred eighty (180) minutes.

D) Receiving Hospital Responsibilities
1) Develop and submit to TCEMSA an Ambulance Patient Offload time reduction protocol that addresses the following factors
    (a) Notification of hospital administrators, nursing staff, medical staff, and ancillary staff that the TCEMSA standard has for APOT has been exceeded for one month
    (b) Mechanisms to improve hospital operations to reduce ambulance patient offload time, which may include, but are not limited to, activating the hospital's surge plan, transferring patients to other hospitals, suspending elective admissions, discharging patients, using alternative care sites, increasing supplies, improving triage and transfer systems, and adding additional staffing.
    (c) Systems to improve general hospital coordination with the emergency department, including consults for emergency department patients.
    (d) Direct operational changes designed to facilitate a rapid reduction in ambulance patient offload time to meet the local EMS agency standard adopted pursuant to subdivision (b) of Section 1797.120.5.
    (e) A licensed general acute care hospital with an emergency department shall file its ambulance patient offload time reduction protocol with the authority and shall annually report any revisions to its protocol.
2) At the direction of EMSA Host, at minimum, bi-weekly calls with the relevant hospital administration, including emergency department leadership, EMS providers, local EMS agency, and hospital employees to update and discuss implementation of the protocol and the outcomes.