SAN JOAQUIN COUNTY
EMERGENCY MEDICAL SERVICES AGENCY

TITLE: Ambulance Patient Offload Time Data   EMS Policy No. 6341

PURPOSE:

The purpose of this policy is to establish standardized methodologies for collecting, calculating and reporting Ambulance Patient Offload Time (APOT).

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.120, 1797.220, 1797.225, 1798 et seq.

DEFINITIONS:

A.   "Ambulance Arrival at the Emergency Department" 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 Cluster" means five or more ambulances simultaneously experiencing APOD at the same Receiving Hospital.
C.   "Ambulance Patient Offload Time (APOT)" means the time interval between the arrival of an ambulance patient at an emergency department and the time the patient is transferred to an emergency department gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient.
D.   "Ambulance Patient Offload Time (APOT) Standard" means a twenty (20) minute time interval by which APOT shall be completed.
E.   "Ambulance Transport" means the transport of a patient from the prehospital EMS system by emergency ambulance to a receiving hospital.
F.   "Ambulance Patient Offload Delay (APOD)" or "Non-Standard Patient Offload Time" means the occurrence of an APOT that exceeds the APOT Standard of twenty (20) minutes.
G.   "Clock Start" means the timestamp that captures when APOT begins.
H.   "Clock Stop" means the timestamp that captures when APOT ends.
I.   "Emergency Department Medical Personnel" or "ED Medical Personnel" means a physician, mid-level practitioner, or registered nurse.
J.   "EMS Personnel" means the paramedic, emergency medical technician-I, emergency medical technician-II, authorized registered nurse, or physician responsible for a patient's out of hospital patient care and ambulance transport.
K.   "Transfer of Patient Care" means the transition of patient care responsibility from EMS personnel to receiving hospital ED Medical Personnel.
L.   "Hospital Impact Cluster" (HIC) means a minimum of five or more ambulances at a hospital off-loading patients during an entire hour.
M.   "Receiving Hospital" means a licensed acute care hospital with a comprehensive

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or basic emergency permit that is approved by the San Joaquin County EMS agency (SJCEMSA) to participate in the EMS system.

N.   "System Impact Cluster" (SIC) means a minimum of twenty-five percent of the EMS system's scheduled ambulances are unavailable to respond to 911 system requests due to time spent off-loading patients at hospitals during an entire hour.

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

P.   "Written EMS Report" is the written report supplied to ED Medical Personnel that details patient assessment and care provided by EMS Personnel.

POLICY:

I.   APOT Data Collection:
A.   EMS Personnel shall accurately record clock stop on the ambulance service provider's electronic patient care record as specified in EMS Policy No. 4985 Transfer of Care in the Emergency Department.

II.   APOT Data Specifications:
A.   APOT data is a measure of the time (in minutes) from time ambulance arrives at the hospital until the transfer of patient care to receiving hospital's ED medical personnel. Denominator inclusion criteria shall include:
1.   All events for which eResponse.05 "the of service requested" has value recorded of 911 Response (Scene); and
2.   All events in eDisposition.21 "Type of Destination" with the value of 4221003, "Hospital-Emergency Department; and
3.   eTimes.11 "Patient Arrived at Destination Date/Time" values are logical and present; and
4.   eTimes.12 "Destination Patient Transfer of Care Date/Time" values are logical and present.
B.   Data Elements shall include:
1.   Type of Service Requested (eResponse.05)
2.   Type of Destination (eDisposition.21)
3.   Patient Arrived at Destination Date/Time (eTimes.11)
4.   Destination Patient Transfer of Care Date/Time (eTimes.12)

III.   APOT Calculations Shall Consist of the following:
A.   The 90th percentile for APOT as measured per hospital each month (APOT-1)
B.   The duration of APOT as measured by the percentage of patients with APOTs per hospital each month within the following categories (APOT-2):

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        1.   Between 0:00:00 and 0:19:59 minutes;
        2.   Between 0:20:00 and 0:59:59 minutes;
        3.   Between 1:00:00 and 1:59:59 minutes;
        4.   Between 2:00:00 and 2:59:59 minutes; and
        5.   Greater than 3:00:00 minutes.
    C.   Hospital Impact Clusters.
    D.   System Impact Clusters.

IV.   APOT Reporting:
    A.   APOT-1 and APOT-2 calculations for each quarter shall be submitted to the California State EMS Authority no later than the end of the month following a quarter
    B.   SJCEMSA shall regularly provide a report on APOT and ambulance clusters to the EMS Liaison Committee and make these reports available to the public on the SJCEMSA website.