

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Ambulance Patient Offload Time (APOT) / Ambulance Patient Offload Delay (APOD)		Policy Number 403
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- I. PURPOSE: This policy will establish systemwide standards related to safe and rapid transfer of patient care from EMS clinicians to hospital emergency department medical personnel. The overall intent is to improve coordination between the Ventura County EMS agency (VCEMS), approved receiving facilities, and EMS clinicians. The official APOT standard for Ventura County is detailed below in Section III.A. While regulatory requirements implemented by the California EMS Authority are effective when that standard is exceeded, hospitals in Ventura County will strive to achieve a patient offload goal of twenty (20) minutes for ninety percent (90%) of ambulance patient offloads. The focus shall remain on the patients we serve, and the goal will be to reduce ambulance patient offload times at receiving facilities with prolonged offload times outside of the established standard.
- II. AUTHORITY: California Health and Safety Code - Title 22, Division 2.5, Sections 1797.120, 1797.120.5-1797.120.7, 1797.220 and 1798; California Code of Regulations – Title 22, Division 9, Chapter 1.2 and Section 100253
- III. POLICY:
- The standard for receiving facilities designated by VCEMS shall be within thirty (30) minutes for ninety percent (90%) of ambulance patient offloads.
 - Ambulance Patient Offload Time shall be calculated based on the following criteria:
 - The transporting unit has arrived at the receiving destination, and that documented arrival time is present and logical, and
 - The patient has been physically transferred to the receiving facility stretcher, bed, chair, etc., and

3. A verbal report related to the patient and care received by EMS clinician has been provided to ED medical personnel, and
 4. An electronic signature has been received in the patient's electronic patient care report (ePCR) AND the date/time of that signature has been documented, AND the transfer of care date/time in ePCR has been documented in the appropriate field.
- C. Medical Control and management of the EMS system, including EMS personnel, shall remain the responsibility of the VCEMS Medical Director
- D. Per the Emergency Medical Treatment and Labor Act (EMTALA), the responsibility for patient care lies with the receiving facility once the patient being transported via ambulance arrives at the hospital property. Hospital staff shall make every effort to offload patients from ambulance gurneys as soon as possible. Designated 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 at the ED by ambulance.

IV. PROCEDURE:

- A. Roles and Responsibilities – EMS Transport Provider Agencies
 1. Transport provider agency personnel will treat and transport patient in accordance with established VCEMS policies and procedures
 2. EMS personnel will present to the customary ambulance receiving area for a triage assessment by assigned ED staff (e.g., charge nurse).
 3. Upon arrival at destination, and prior to transfer of care to ED medical personnel, EMS personnel will continue to provide patient care prior to the transfer of patient care to the designated receiving hospital ED medical personnel, in accordance with VCEMS policies and procedures.
 4. Provide a verbal patient report to assigned ED medical personnel and transfer patient to hospital equipment as directed.
 5. Document incident in accordance with VCEMS Policy 1000 – Documentation of Prehospital Care, including all necessary time fields related to transport and transfer of care to emergency department medical personnel.
 - a. This process shall include the collection of an electronic signature from emergency department medical personnel within the VCePCR for that patient *at the time of transfer of care*. The signature field for this transfer of care shall be eOther.18 – Receiving Facility Signature.

- b. Additionally, the date/time of that signature shall be collected at the time of transfer of care. This date/time shall be eOther.19 – Receiving Facility Signature date/time.
- 6. Ensure that eTimes.12 – Date/Time Pt. Transferred to Hospital Staff is documented *at the time of transfer of care to ED medical personnel*.
 - a. The time collected in this field shall be present and logical, and it shall match the date/time documented in eOther.19 – Receiving Facility Signature date/time.
- 7. Notify appropriate supervisor in situations where extended APOD is anticipated
- 8. The EMS Transport Agency shall utilize GPS vehicle tracking technology or automatic vehicle locator (AVL) technology to automatically populate or retrospectively verify the eTimes.11 - Patient Arrived at Destination date/time field within the VCePCR. Receiving facility emergency departments may validate GPS data annually in coordination with the EMS transport provider agency.
- 9. When directed by the California EMS Authority, participate in CalEMSA-hosted bi-weekly calls to update and discuss implementation of the protocol and the outcomes.

B. APOT Roles and Responsibilities – Receiving Facility

- 1. Hospital personnel will acknowledge and provide a visual assessment of patients arriving via ambulance within 10 minutes of arrival in the ED to determine whether the patient needs an ED treatment bay or can be sent to other areas of the emergency department.
- 2. At the time the emergency department medical personnel receive the physical transfer of patient care and report from EMS personnel, the emergency department medical personnel shall provide an electronic signature within the VCePCR system that confirms the transfer of care. The date/time for this transfer of patient care from EMS Personnel to ED medical personnel shall be captured in eTimes.12 – Pt. Transferred to Hospital Staff. The date/time for this signature is captured within the VCePCR as eOther.19 – Date/Time of Receiving Facility Signature. For the purposes of this specific transfer of care date/time, both eTimes.12 and eOther.19 shall match.
- 3. If unable to immediately offload patient, provide a safe area in the ED within direct sight of ED medical personnel where the EMS clinicians can temporarily wait while hospital's patient remains on the ambulance gurney.
- 4. Inform the ambulance transport crew of the anticipated time for the offload of the patient.
- 5. In situations of ED crowding / overcrowding, consider ED diversion in accordance with VCEMS Policy 402 - Patient Diversion/Emergency Department Closures

6. Implement internal plans/policies (e.g. ED diversion, throughput, surge plans, etc.) as appropriate to mitigate APOD challenges
7. For periods of excessive patient surge and sustained APODs, implement surge assistance strategies, in accordance with VCEMS Policy 141 – Hospital EMS Surge Assistance
8. Develop and submit an APOT reduction protocol to the California EMS Authority. Submission shall be made electronically via email to apot@ems.ca.gov with the subject line: "APOT Reduction Protocol – [Hospital Name]" in an electronic format as either a .PDF or Microsoft Word document. The APOT reduction protocol shall be submitted to CalEMSA annually on or before June 30th and shall include all required data elements and action plans defined in the APOT reduction protocol checklist for General Acute Care Hospitals (GACH) with Emergency Department (Rev. 04/2025).
9. Implement the established APOT reduction protocol within ten (10) business days of receiving email notification and direction from the California EMS Authority to do so.
10. Notify the California EMS Authority no later than twenty-four (24) hours after implementation of the APOT reduction protocol by email at apot@ems.ca.gov, to confirm compliance.
11. When directed by the California EMS Authority, participate in CalEMSA hosted bi-weekly calls to update and discuss implementation of the protocol and the outcomes.

C. APOT Roles and Responsibilities – VCEMS

1. Establish an APOT standard and ensure designated receiving facilities are aware of standard and maintain a process to track times internally.
2. Maintain a dashboard and report that tracks APOT metrics, in accordance with California Code of Regulations and processes established by the California EMS Authority. This dashboard will be made available to receiving facilities designated by VCEMS.
3. In circumstances where excessive patient surge and/or extended APOD exist at any receiving facility, VCEMS will coordinate with ED medical personnel and ED/hospital leadership and EMS provider agencies to implement appropriate strategies and processes to mitigate impacts on EMS system and provider agencies.
4. Include the established APOT standard and any relevant APOT policies, protocols or procedures in the Response and Transport section of its annual EMS plan submission to the California EMS Authority.

5. Submit any updates or revisions to the local APOT standard occurring independent of the annual EMS plan submission to the California EMS Authority as an amendment to the local EMS plans within thirty (30) days of the effective date of the update or revision.
6. When directed by the California EMS Authority, participate in CalEMSA hosted by-weekly APOT coordination calls.
7. In coordination with receiving facilities, EMS transport provider agencies, and any other relevant local EMS agencies, review and validate APOT/APOD data submitted to CEMSIS by EMS transport provider agencies to resolve any discrepancies in the APOT or APOD data no later than the 15th calendar day of each month for data submitted in the preceding calendar month.

V. DEFINITIONS:

Ambulance Patient Offload Time (APOT): The interval between the arrival of an ambulance patient at an emergency department ambulance bay (NEMSIS element eTimes.11) and the time that patient care is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for care of the patient (NEMSIS element eTimes.12).

Ambulance Patient Offload Delay (APOD): An APOT, measured from the arrival of an ambulance patient at an emergency department ambulance bay (NEMSIS element eTimes.11) to the time that patient care is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for the care of the patient (NEMSIS element eTimes.12), which exceeds the thirty (30) minute APOT standard set by VCEMS.

California EMS Information System (CEMSIS): The secure, standardized, and centralized electronic information and data collection system administered by the California EMSA Authority which is used to collect statewide EMS and trauma data

Emergency Department Medical Personnel: For the purposes of APOT/APOD shall be defined as a staff member of a receiving facility emergency department to include a physician, mid-level practitioner (Nurse Practitioner, Physician Assistant) or Registered Nurse (RN) that is authorized by that facility to communicate with EMS personnel and receive transfer of care or EMS patients.

eOther.12 – Type of Person Signing: A NEMSIS value defined as “the individual’s signature associated with eOther.15 (Signature Status).” This value is required for all signatures

obtained in the VCePCR system. With regard to APOT and transfer of care to hospital staff, the value shall be recorded as “Healthcare Provider.”

eOther.13 – Signature Reason: A NEMSIS value defined as “the reason for the individual’s signature.” This value is required for all signatures obtained in the VCePCR system. With regard to APOT and transfer of care to hospital staff, the value shall be recorded as “Transfer of Patient Care.”

eOther.15 – Signature Status: A NEMSIS value defined as “indication that the signature for the Type of Person Signing and Signature Reason has been collected or attempted to be collected.” This value is required for all signatures obtained in the VCePCR system. With regard to APOT and transfer of care to hospital staff, the value shall be recorded as “signed.”

eOther.19 – Date/Time of Signature: A NEMSIS value defined as “the date/time of signature.” This value is required for all signatures obtained in the VCePCR system. With regard to APOT and transfer of care to hospital staff, the value shall be present and logical.

eTimes.11 – Patient Arrived at Destination Date/Time: A NEMSIS value defined as “the date/time the responding unit arrived with the patient at the destination or transfer point.” With regard to APOT and arrival of patient at the destination, the value shall be present and logical.

eTimes.12 – Destination Patient Transfer of Care Date/Time: A NEMSIS value defined as the date/time that patient care was transferred to the destination healthcare staff. With regard to APOT and transfer of patient care to hospital personnel, the date/time value shall be present and logical.

National EMS Information System (NEMSIS): The national repository used to store secure, standardized, and centralized electronic EMS data from every state in the nation

Ventura County Electronic Patient Care Reporting System (VCePCR): The real-time, patient care record that makes information available securely to authorized users in a digital format capable of being shared electronically across more than one agency or health care entity. All agencies operating within the Ventura County EMS system document patient care using the VCePCR system.