



## DEPARTMENT OF PUBLIC HEALTH

### Emergency Medical Services Agency

POLICY #630.00

#### **TITLE: AMBULANCE PATIENT OFFLOAD TIME (APOT) 1 & 2 CALCULATING AND REPORTING**

APPROVED: ON-FILE

EMS Administration: James Clark, MICP

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ON-FILE

EMS Medical Director: Ajinder Singh, MD CPE

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#### **Purpose:**

- A. To establish policy for the safe and rapid transfer of patient care responsibilities between Emergency Medical Services (EMS) personnel and Emergency Department (ED) medical personnel.
- B. 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).
- C. To use statewide standard methodology for calculating and reporting APOT developed by The California EMS Authority (EMSA).
- C. To establish criteria for the reporting of, and quality assurance follow-up for a non-standard patient offload time.

#### **Authority:**

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

#### **Background:**

- A. As a result of the passage and gubernatorial signing of AB 1223 (O'Donnell, 2015), Health and Safety Code 1797.120 requires EMSA to develop a standard methodology for calculation of, and reporting by, a Local EMS Agency (LEMSA) of ambulance patient offload time.
- B. Health and Safety Code 1797.225 establishes that a LEMSA may adopt policies and procedures for calculating and reporting ambulance offload time to EMSA. Those policies and procedures must be based on the statewide standard methodology developed pursuant to California Health and Safety Code Section 1797.120. LEMSAs that adopt patient off-loading policies and procedures must also establish criteria for reporting and quality assurance follow-up for a non-standard patient off load time.

## **Merced County APOT Standard:**

- A. The Merced County Emergency Medical Services Agency, in compliance with California Health and Safety Code 1797.120, calculates and reports hospital ambulance patient offload times to the California EMS Authority (EMSA) using standardized criteria and methodology. Reports are generated monthly and are submitted to EMSA Quarterly.
- B. The standard ambulance patient offload time for Merced County has been set at 19 minutes, 59 seconds (19:59). The expectation is that each patient transported by ambulance to a hospital be transferred to the care of receiving hospital staff within 19:59 minutes/seconds of arrival at the hospital, 90% of the time.

## **Measurement Methods:**

APOT is defined in statute as a time interval. Therefore, process controls are established for collecting the beginning and ending timestamps to be utilized for the calculation of the time interval:

- A. **Clock Start: Patient Arrival at Destination Hospital**  
The time the ambulance arrives at the Emergency Department (ED) and stops at the location outside the hospital ED where the patient will be unloaded from the ambulance.
- B. **Clock Stop: Ambulance Patient Transfer of Care Occurs**  
When the patient is transferred to the emergency department gurney, bed, chair or other acceptable location and the emergency department has assumed the responsibility for care of the patient. Clock Stop occurs at the time the electronic Patient Care Report is signed by the receiving hospital staff.

## **Data Collection and Documentation:**

- A. **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. All 911 emergency ambulance transports to the ED with available ePCR signatures are included.
- B. **APOT-2:** An ambulance Patient Offload Time interval process measure. This metric measures the incidence of ambulance patient offload times expressed as a percentage of total EMS patient transports within a 19 minutes, 59 seconds (19:59) target and exceeding that time in reference to 60, 120 and 180 minute time intervals.

## **Criteria for Quality Assurance Follow-up:**

- Occurrence of extended APOT with the patient decompensating or worsening in condition;
- Occurrence of extended APOT with an associated patient complaint;
- APOT performance below the established fractile (e.g. 90%) for compliance to the LEMSA's APOT standard.