

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

SUBJECT: **AMBULANCE PATIENT OFFLOAD TIME (APOT)**

REFERENCE NO. 505

PURPOSE: To establish a policy for the safe and rapid transfer of patient care responsibilities from emergency medical services (EMS) personnel to emergency department (ED) medical personnel.

AUTHORITY: California Health and Safety Code, Division 2.5 Sections 1797.120, 1797.225

DEFINITIONS:

Ambulance patient offload time (APOT): Time interval between the arrival of an ambulance at the location outside the hospital ED where the patient will be unloaded from the ambulance and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location (facility equipment time) and the ED assumes responsibility for the care of the patient. The APOT Standard in Los Angeles County is within 30 minutes, 90% of the time. Currently, the data source for APOT is the EMS Providers' electronic patient care report completed by the transporting unit.

Facility Equipment Time: The time the patient is transferred to the ED gurney, bed, chair or other acceptable location.

PRINCIPLES:

1. As per the Emergency Medical Treatment & Labor Act (EMTALA), the responsibility for patient care lies with the receiving facility once the patient arrives at the hospital property.
2. Hospitals have the responsibility to ensure policies and processes are in place that facilitate the rapid and appropriate transfer of patient care from EMS personnel. Hospital staff shall make every effort to offload patients from ambulance gurneys as soon as possible.
3. Extended APOT is a healthcare system and hospital throughput issue. Extended APOT negatively impacts EMS providers' ability to respond to subsequent 9-1-1 calls resulting in delayed response times and may affect public safety and patient outcomes.
4. Each hospital shall have a policy and a multidisciplinary team-based approach to ensure the ability of the facility to remain open to accept patients arriving by ambulance in the ED.
5. Hospitals that have extended APOT should assign appropriate personnel to remain with patients while waiting for an ED treatment bay in order to release EMS personnel back to the community.
6. The State of California Emergency Medical Services Authority has adopted Standardized Methods for Data Collection and Reporting of APOT which has been adopted by Los Angeles County.

EFFECTIVE DATE: 11-01-22

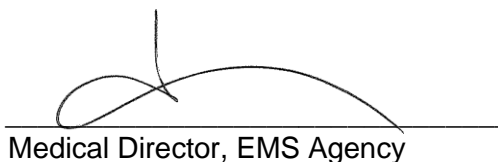
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REVISED: 04-01-25

SUPERSEDES: 07-01-23

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

7. The accurate documentation by EMS professionals of the time metrics for APOT is imperative to appropriately evaluate and monitor APOT.

POLICY:

I. Responsibilities of Hospital ED Personnel to Mitigate Extended APOT

- A. Immediately acknowledge EMS patient arrival and provide visual assessment; receive verbal patient report as soon as possible upon arrival in the ED to determine whether the patient needs an ED treatment bay or can be sent to other areas of the ED to await urgent or emergency care.
- B. Transfer patient to the hospital gurney, bed, chair, wheelchair or waiting room as appropriate for patient condition within 30 minutes of arrival at the ED.
- C. Confirm with EMS personnel the “facility equipment time” to be documented on the ePCR of the EMS personnel.
- D. If unable to immediately offload patient, provide a safe area in the ED within direct sight of ED medical personnel where the EMS personnel can temporarily wait while hospital’s patient remains on the ambulance gurney.
- E. Inform the ambulance transport crew of the anticipated time for the offload of the patient.
- F. For extended APOT, provide information to the onsite supervisor of EMS personnel regarding the steps that are being taken by the hospital to resolve extended APOT.
- G. Notify the Nursing Supervisor/Administrator on Duty that the ED is experiencing extended APOT and request assistance with patient throughput challenges.

II. Responsibilities of EMS Personnel to Mitigate Extended APOT

- A. Upon arrival at ED, EMS personnel will present to the customary ambulance receiving area for a triage assessment by assigned ED staff (e.g., charge nurse).
- B. Provide a verbal patient report to assigned ED staff, transfer patient to hospital equipment as directed by ED staff.
- C. If the APOT estimate is ≥ 30 minutes, and the patient meets **ALL** criteria listed below, EMS personnel will inform the appropriate ED staff (e.g., charge nurse) that the patient will be offloaded in the waiting room. EMS personnel shall provide a transfer of care report to the appropriate ED staff (e.g., triage nurse).
 - 1. Age 18 years or older; or pediatric patients if accompanied by an adult
 - 2. Normal mental status (GCS 15)
 - 3. Normal vital signs upon arrival to the ED per Ref. No. 1380 for adults
 - SBP ≥ 90 mmHg
 - HR 60-100
 - RR 12-20

- O2 Saturation $\geq 94\%$ on room air
- Or per Ref. No. 1309 for pediatrics

4. Ambulatory with steady gait without assistance (as appropriate for age)
 5. Without suicidal ideation or suspected substance abuse and not on psychiatric hold (i.e., 5585 (pediatric), 5150 (adult))
 6. No chest pain, syncope, or acute neurologic symptoms (e.g., focal weakness, dizziness/vertigo)
 7. No ongoing ALS intervention required
 8. Patients who received medications that may require ongoing reassessment (e.g., naloxone, narcotics, epinephrine) shall be discussed with the appropriate ED staff (e.g., triage nurse) prior to being offloaded in the waiting room.
- D. If APOT estimate is > 30 minutes and the patient does not meet the criteria listed in II. C., each individual EMS personnel (EMT or Paramedic), in order to facilitate EMS field operations, may observe up to 4 patients within their scope of practice at the discretion of the EMS provider's supervisor, while awaiting patient offload to facility equipment.
1. Coordination will be done by the EMS Provider agency's on-site supervisor to identify the EMS personnel who will monitor patients awaiting transfer of care to ED staff and those that may be released to accept other emergency calls.
 2. Hospitals should provide gurneys or cots for these patients, to allow EMS personnel to maintain their field operations.
 3. EMS Provider agency's on-site supervisor may authorize the placement of temporary cots to house EMS patients being observed by EMS personnel awaiting transfer of care to ED staff.
- E. Document the "facility equipment time" on the electronic patient care record (ePCR) to capture the time patient care is transferred to ED personnel. This shall be done in consultation with hospital licensed personnel accepting responsibility for the care of the patient.
- F. Notify EMS Supervisor if Provider ALS Diversion Threshold is met as defined in Ref. No. 503.1.

III. Responsibilities of the EMS Agency

- A. The EMS Agency will routinely analyze and report APOT data. Hospitals that do not meet the APOT Standard will be notified and may be requested to develop a corrective action plan.
- B. At any given time, the EMS Agency via the Medical Alert Center (MAC) will establish phone notification with hospital administration in instances wherein 3 or more ambulance transport crew are waiting to offload for time periods of 30 minutes or more.

- C. After an evaluation of a hospital's status and regional/system resources, the EMS Agency via the MAC may place a hospital on Specialty Care Center Diversion (e.g., Trauma, STEMI, Stroke) in addition to ED ALS and/or ED BLS Diversion in instances wherein the APOT is estimated to exceed 2 hours.
- D. In instances whereby extended APOT threatens public health and safety by preventing EMS response to emergency medical incidents, the EMS Agency, with appropriate notification to hospital, may authorize EMS personnel provided the patient meets **ALL** the criteria listed in II.C to:

1. Inform ED medical personnel that they are transitioning patient care **and**
2. Immediately offload patient to a hospital bed or other suitable hospital sitting or reclining device as appropriate for patient condition.

In these instances, EMS personnel shall make every attempt to notify ED Charge Nurse that they must immediately return to service. EMS personnel shall provide a verbal transfer of care report to ED medical personnel.

- E. Procedure for requesting corrective action plan from hospitals that have persistent delays in APOT

Month	Action 1	Audit Result	Action 2
1 st	EMS Agency audits Hospital's compliance with APOT Standard.	Hospital consistently demonstrate prolonged APOT, and EMS Providers have consistently requested to place Hospital on ALS and/or BLS Diversion	EMS Agency notifies hospital's ED Director and ED Nurse Manager, via email or telephone, of audit results, requests corrective action plan and assists in determining solutions.
2 nd	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital fails to demonstrate incremental improvement in APOT.	EMS Agency sends a written notice to Hospital's ED Director and Nurse Manager notifying them of the audit results and their non-compliance.
		Hospital implements corrective action plan and demonstrates improvement in APOT.	Monitor to ensure Hospital maintains improvement in APOT.
3 rd	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to demonstrate incremental improvement in APOT.	EMS Agency notifies Hospital's CEO in writing of audit results and request a corrective action plan be submitted within 15 calendar days.
		Hospital implements corrective action plan and demonstrates improvement in APOT.	Monitor to ensure Hospital maintains improvement in APOT.

Month	Action 1	Audit Result	Action 2
4 th	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to demonstrate incremental improvement in APOT.	Within 15 days of the EMS Agency's receipt of Hospital's corrective action plan, a written approval or request additional modifications to the plan.
		Hospital implements corrective action plan and demonstrates improvement in APOT.	Monitor to ensure Hospital maintains improvement in APOT.
5 th	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to demonstrate incremental improvement in APOT.	EMS will request modification to Hospital's corrective action plan.
		Hospital implements corrective action plan and demonstrates improvement in APOT.	Monitor to ensure Hospital maintains improvement in APOT.
6 th	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to demonstrate incremental improvement in APOT	See Policy III.F.
		Hospital's compliance threshold improves.	Monitor to ensure Hospital maintains improvement in APOT.

F. Failure of a hospital to implement corrective action plan to improve APOT six months after initial request from EMS to implement corrective action plan may result in additional action from the EMS Agency, which may include but not limited to:

1. Reduction in 9-1-1 transports to hospital
2. Temporary suspension of Specialty Care Center Designation
3. Others as identified

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 503.1, **Diversion Request Requirements for Emergency Department Saturation**

California EMSA: Ambulance Patient Offload Time (APOT) Standardized Methods for Data Collection and Reporting