SAN JOAQUIN COUNTY EMERGENCY MEDICAL SERVICES AGENCY



TITLE: AMBULANCE PATIENT OFFLOAD TIME 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) and to establish and define Ambulance Patient Offload Delays (APOD).

AUTHORITY:

Health and Safety Code, Division 2.5, Sections §1797.120, §1797.120.5, §1797.120.6, §1797.120.7, §1797.123, §1797.220, §1797.225, §1797.228, §1798 et seq., CCR Title 22, Div. 9, Ch. 1.2

DEFINITIONS: See SJCEMSA Policy 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. <u>"Emergency Department Medical Personnel" or "ED Medical Personnel" means a physician, mid-level practitioner, or registered nurse.</u>
- 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.

Effective: Supersedes:	July 1, 20 <u>26</u> 18 n/a		Page 1 of 4
Approved:			<u>Signature</u>
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SAN JOAQUIN COUNTY EMERGENCY MEDICAL SERVICES AGENCY



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- 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 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. Ambulance Patient Offload Times (APOT): POT Data Collection:
 - A. The measurement of an APOT is defined in statue and California Code of Regulations and are defined as the time interval between the ambulance arrival at the hospital and the physical transfer of care of a patient to that hospital. 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.
 - B. APOT times are collected from the ambulance electronic patent care record (ePCR) systems and collated into a SJCEMSA repository.
 - C. The responsibility of accurate recording of the APOT rests with the hospital and its personnel.
 - D. SJCEMSA will report out APOT/APOD times monthly and provide the information on the SJCEMSA website.
- II. Ambulance Patient Offload Delays (APOD):
 - A. The acceptable delay for all San Joaquin County hospitals is twenty (20) minutes, 90 percent of the time (90th percentile).
 - A.B. Any monthly reporting measurement that exceeds this time is out of compliance with SJCEMSA policy.

Effective: Supersedes:	July 1, 20 <u>26</u> 18 n/a		Page 2 of 4
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В.	APOT Data Specifications:	
	1. APOT data is a measure of the time (in minutes) from time	
	ambulance arrives at the hospital until the transfer of patient care	te
	receiving hospital's ED medical personnel. Denominator inclusion	}
	criteria shall include:	
	2. All events for which eResponse.05 "the of service requested" has	
	value recorded of 911 Response (Scene); and	
	3. All events in eDisposition.21 "Type of Destination" with the value of	æ
	4221003, "Hospital-Emergency Department; and	
	4. eTimes.11 "Patient Arrived at Destination Date/Time" values are	
	logical and present; and	
C.	eTimes.12 "Destination Patient Transfer of Care Date/Time" values are	
	logical and present.	
	1. Data Elements shall include:	
	2. Type of Service Requested (eResponse.05)	
	3. Type of Destination (eDisposition.21)	
	4. Patient Arrived at Destination Date/Time (eTimes.11)	
	5. Destination Patient Transfer of Care Date/Time (eTimes.12)	
Ь	6. APOT Calculations Chall Consist of the fallowing.	
	APOT Calculations Shall Consist of the following:	
€.	The 90 th percentile for APOT as measured per hospital each month (APOT-1)	
	1. The duration of APOT as measured by the percentage of patients	
	with APOTs per hospital each month within the following categoric	
	(APOT-2):	~
	2. Between 0:00:00 and 0:19:59 minutes;	
	3. Between 0:20:00 and 0:59:59 minutes:	
	4. Between 1:00:00 and 1:59:59 minutes;	
	5. Between 2:00:00 and 2:59:59 minutes; and	
F	Greater than 3:00:00 minutes.	
	Hospital Impact Clusters.	
H	System Impact Clusters.	
 		
J.	APOT Reporting:	
K.	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	
/e:	July 1, 20 <u>2648</u> Page 3 or	f٠

Effective: July 1, 202618
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SAN JOAQUIN COUNTY EMERGENCY MEDICAL SERVICES AGENCY



TITLE: AMBULANCE PATIENT OFFLOAD TIME Ambulance Patient Offload Time Data EMS Policy No. 6341

L. 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.

M. ___



Effective: July 1, 20<u>26</u>48 Page 4 of 4

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