



## AMBULANCE PATIENT OFFLOAD TIMES (APOT) DROP OFF POLICY

### PURPOSE

The purpose of this policy is to aid in managing the inflow of patients into the Emergency Department (ED) so as not to cause delays in the pass-off/assumption of patient care to ED medical personnel and to ensure adequate availability of emergency ambulances in the community. Additionally, it will serve as a guide to ED staff and EMS personnel in meeting the established standard for Ambulance Patient Offload Times (APOT) as required by state statute and statewide standard methodology established by the California EMS Authority.

### AUTHORITY

Health & Safety Code, Division 2.5, Chapter 3, Article 1, § 1797.120

Health & Safety Code, Division 2.5, Chapter 4, Article 1, §§ 1797.220;1797.225

### DEFINITIONS

**Ambulance arrival at the Emergency Department:** the time the ambulance stops at the location outside the hospital ED where the patient will be unloaded from the ambulance. The time is recorded, as defined by statewide standard methodology established by the State EMS Authority, as the "Patient Arrived at Destination Date/Time" data element in the California Emergency Medical Services Information System compliant ambulance electronic health record.

**APOT Standard:** the time interval standard established by the Local EMS Agency within which an ambulance patient that has arrived in an ED should be transferred to an ED gurney, bed, chair, or other acceptable location, and the ED assumes the responsibility of care of the patient.

- I. The APOT Standard established for all ambulance patients from Yolo County is set at 20 minutes, 90% of the time.
- II. The APOT Standard may be reevaluated annually.

**Ambulance Patient Offload Delay (APOD):** the occurrence of a patient remaining on the ambulance gurney and/or the ED has not assumed responsibility for patient care beyond the approved APOT standard. (Synonymous with non-standard patient offload time).

**Transfer of Patient Care:** the transition of patient care responsibility from EMS personnel to an acceptable location in the ED and to receiving hospital ED medical personnel. The time is recorded, as defined by statewide standard methodology established by the State EMS Authority, as the "Destination Patient Transfer of Care Date/Time" data element in the California Emergency Medical Services Information System compliant ambulance electronic health record.

### PROCEDURE

- I. Responsibility for Patient Care
  - A. EMS personnel have a duty to continue monitoring the patient and to provide medical treatment indicated by Yolo County EMS Agency (YEMSA) protocols,



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- including advanced life support (ALS) until responsibility is assumed by Hospital Medical staff or Transfer of Patient Care has been completed as defined in this policy
- B. While waiting for Transfer of Patient Care all ongoing assessment, and treatment, including vital signs must be documented in the electronic Patient Care Record (ePCR)
  - C. Patient treatment on EMS gurney by ED medical staff is prohibited except as indicated for life saving procedures
- II. At all times receiving Hospitals should, at a minimum:
- A. Provide a safe area within the ED in direct site of medical personnel for ambulance personnel to wait for transfer of patient care
  - B. Promptly acknowledge the arrival of each patient arriving by ambulance and provide an estimated time transfer of patient care
  - C. Promptly, but not later than 20 minutes after arrival, accept the transfer of patient care from EMS personnel including the movement of the patient from ambulance gurney to ED gurney, bed, chair, or other acceptable location to include the waiting room if appropriate and take report from EMS personnel
  - D. Have a process for ED medical personnel to immediately respond to, and provide care for the patient if the attending EMS personnel alert the ED medical personnel of a decline in the condition of a patient being temporarily held on the ambulance gurney
  - E. Have staff sign the ambulance provider's ePCR to note the appropriate time of Transfer of Patient Care as defined in this policy
- III. At all times EMS personnel shall do the following to document APOT and prevent APOD:
- A. Provide the receiving hospital ED with the earliest possible notification that a patient is being transported to their facility
  - B. Immediately upon the Transfer of Patient Care as defined in this policy have ED staff sign the ePCR in the appropriate field documenting the time of Transfer of Patient Care
  - C. Consider EMS transfer directly to the ED waiting room for any patient in stable condition, without apparent life threats or risk of deterioration if ED staff do not have a plan for immediate transfer of patient care.
    - 1. Transfer to ED waiting room may be performed for patients meeting all of the following criteria:
      - a. Age 18 years or older; or pediatric patients if accompanied by an adult
      - b. Normal mental status (GCS 15)
      - c. Normal vital signs upon arrival at the ED, or during reassessment at the ED:
        - i. SBP  $\geq$  100 mmHg or  $<$  200 mmHg or age-appropriate
        - ii. HR 50-110 beats per minute
        - iii. RR 10-20 breaths per minute
        - iv. O<sub>2</sub> Saturation  $\geq$  94% on room air
        - v. Pediatric patients: within normal age-appropriate parameters
      - d. No ongoing need for Advanced Life Support (ALS) treatments or repeated doses of ALS medications



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- e. Ambulatory with steady gait without assistance (as appropriate for age)
  - f. Without suicidal ideation and not on psychiatric hold (i.e., 5585 or 5150)
  - g. No seizure, or syncope in any patient or Brief Resolved Unexplained Event (BRUE) in infants
  - h. Does not meet criteria for STEMI, Stroke, Trauma, or Sepsis
  - i. No indications for Spinal Motion Restrictions (SMR), or SMR precautions in place
  - j. No EMS concern for safety risk or deterioration to immediate life-threatening condition (not applicable when higher level of hospital provider is actively accepting patient transfer to their care)
  - k. No acute suspected substance abuse or intoxication impairing patient's decisional capacity.
  - l. Naloxone has not been used to reverse an overdose, by EMS or lay-person rescuers
2. EMS personnel will assist the patient to walk, or in wheelchair, into ED waiting room (no gurney transport to inside of ED waiting room)
  3. EMS personnel will give report to ED triage nurse (RN) and have ED staff sign the ePCR in the appropriate field to document Transfer of Patient Care
    - a. If ED triage RN is unavailable or unwilling to accept Transfer of Patient Care, document this in the ePCR denoting Transfer of Patient Care when EMS leaves the patient's side
    - b. If ED medical personnel are unavailable to receive or refuse to accept the verbal report, EMS must complete and transmit the ePCR, or submit a written interim patient care report to the ED unit clerk prior to returning to service
  4. If patient has IV access established, they may go to waiting room as established above. The ED triage RN must be told that an IV is in place. EMS personnel (paramedic) will remove the IV if requested by triage RN.
- IV. During identified APOD, to improve EMS collaboration on APOD resolution, Hospitals experiencing APOD should:
- A. Actively engage in APOD mitigation
  - B. Inform EMS personnel, including field supervisors, of the APOD, and what actions the receiving hospital is taking to resolve APODs
  - C. Update ReddiNet as follows:
    1. "Diversion Status," "Alert" set to either "1: Getting busy," or "2: on the verge of ED Saturation" AND
    2. Cite "APOD" in the "Alert" Comments section providing the number of ambulances on APOD.
    3. Note: this "Alert" does not place the hospital on ambulance diversion but may be used by EMS to inform patient destination decisions.
  - D. Ensure internal policies and procedures are in place, and activated during the time of APOD, to:
    1. Actively decompress ambulance clusters experiencing APOD
    2. Prioritize patients arriving by emergency ambulance



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3. Effectively manage ambulance parking and stacking issues.
  4. Examples may include but are not limited to:
    - a. Rapid response teams to support ED patient care flow
    - b. Communication protocols with appropriate personnel to support rapid patient transfer of care decisions (e.g., Hospital Nurse Supervisor, Hospital Administrator on call, EMS provider field supervisors, the EMS Duty Officer, etc.)
- V. During identified APOD EMS personnel will:
- A. Transfer any patients meeting criteria directly to the ED waiting room following the procedure in Section II C. of this policy
  - B. Promptly notify ED supervisory staff (ED charge nurse and/or physician in charge) of APOD and will work with ED staff to assist in resolution of the APOD
  - C. Promptly notify the EMS Field Supervisor of APOD greater than (>) 30 minutes with no estimated time of resolution.
  - D. EMS Field Supervisor will:
    1. Contact ED supervisory staff to assist with resolution of the APOD
    2. Determine if requests for transport to an ED experiencing APOD will be declined as indicated in YEMSA Patient Destination Policy, Section III "Unreasonably Removing Transport Unit from the Area"
    3. Advise the YEMSA EMS Duty Officer of APOD > 60 minutes with no estimated time to resolution
  - E. Ambulance service providers may develop processes to expedite the return to service of ambulances that are experiencing APOD. These processes may include an employee of the ambulance service provider assuming responsibility for patient care from EMS personnel experiencing APOD as follows:
    1. The ratio of care shall not exceed:
      - a. One (1) Paramedic to monitor and provide patient care to a maximum of four (4) patients requiring Advanced Life Support (ALS) or Basic Life Support (BLS).
      - b. One (1) Emergency Medical Technician (EMT) to monitor and provide patient care to a maximum of four (4) patients requiring BLS care only.
    2. The transporting EMS personnel shall document the turnover of patient care by the hallway Paramedic or EMT in the ePCR.
    3. The hallway Paramedic or EMT shall, while waiting to transfer patient care, shall continue to actively assess and treat the patients under their care and document vital signs and treatment in the ePCR.

## QUALITY ASSURANCE

- I. Documentation of APOT times
  - A. APOT times will be calculated as the difference between the "Destination Patient Transfer of Care Date/Time" and the "Patient Arrived at Destination Date/Time" as documented in the ambulance provider's ePCR as defined in statewide standard methodology



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- B. Mutual agreement on the Transfer of Patient Care time is established when ED personnel sign the ePCR upon transfer of care as described in this policy
  - C. If ED personnel are unavailable or unwilling to sign the ePCR for Transfer of Patient Care, the ambulance provider's documented time will be used
- II. Monitoring of APOT and APOD
- A. Using the statewide standard methodology, and procedures in this policy, YEMSA will monitor APOT and APOD and report on these values quarterly as the data is available.
    - 1. Reports on APOT and APOD will be shared with local EMS system partners and hospital and made publicly available via public meeting or posting
    - 2. APOT and APOD reports, or the information to produce these reports will be shared with the California State EMS Authority
- III. Monitoring of EMS direct transfer to ED Waiting room
- A. Ambulance provider shall conduct 100% review of patients taken directly to ED waiting room for clinical appropriateness as described in this policy
  - B. Monthly summary will be provided to YEMSA including:
    - 1. Number of patients taken directly to ED waiting room per hospital
    - 2. Any patients identified as being taken directly to ED waiting room not meeting criteria in this policy
    - 3. Any reported adverse events or negative outcomes associated with patient being taken directly to ED waiting room