Monterey County EMS System Policy



Policy Number: 5200 Effective Date: 7/1/2024 Review Date: 6/30/2027

AMBULANCE PATIENT OFFLOAD TIME (APOT)

I. PURPOSE

To establish a policy for the safe and rapid transfer of patient care responsibilities between Emergency Medical Services (EMS) Personnel and Emergency Department (ED) Medical Personnel.

Delays in the offloading and transfer of care of patients transported to designated receiving hospitals by EMS ambulance adversely affect patient care, safety, and the availability of ambulances for emergency responses throughout the County of Monterey.

II. POLICY

- A. Receiving hospitals and ambulance providers shall minimize the time required to transfer patient care and return ambulances to service to ensure optimal patient care, safety, and EMS system integrity.
- B. Receiving hospitals are responsible for complying with Health and Safety Code 1797.120.6 and ensuring policies and processes are in place that facilitate the rapid and appropriate transfer of patient care from EMS Personnel to ED Medical Personnel within the APOT standard of **30** minutes of arrival at the ED.
- C. The responsibility for patient care belongs to the designated receiving hospital once the patient arrives on hospital grounds. Receiving hospitals should implement processes for ED Medical Personnel to immediately triage and provide the appropriate emergency medical care for ill or injured patients transported by ambulance upon arrival to the ED.
- D. Upon arrival at the hospital of a patient transported by ambulance, the ED Medical Personnel should make every attempt to receive a verbal patient report and offload the patient to a hospital bed or other suitable location at the earliest possible time, not to exceed the APOT standard of 30 minutes. During the transfer of care to ED Medical Personnel, EMS Personnel will provide a verbal patient report containing any and all pertinent information necessary for the patient's ongoing care. Transfer of care is completed once the ED Medical Personnel has received the verbal patient report, the patient has been offloaded onto a hospital bed or other suitable location, and a nurse or physician has signed for receipt of the patient.

III. PROCEDURE

- A. EMS Personnel are directed to do the following:
 - 1. Provide the receiving hospital ED with the earliest possible notification that the patient is being transported to their facility.
 - 2. Work cooperatively with the receiving facility to transition patient care within the timeframes established by this policy.

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- 3. Provide a verbal patient report to the ED Medical Personnel within the APOT standard of **30** minutes of arrival to the ED to prevent APOD.
- 4. If APOD occurs, check in with the ED Medical Personnel every 10 minutes after that on the status of transfer of patient care.
- 5. After a 20-minute APOD (50 min elapsed time from arrival at the hospital), notify the transport provider agency's on-duty supervisor. The supervisor shall contact the receiving facility to work on facilitating a more rapid patient offload time. EMS supervisors are empowered and expected to help mitigate these situations in a professional and patient advocate-oriented manner.
- 6. At the time a 40-minute APOD (70 min elapsed time from arrival at the hospital) occurs and all of the above steps have been taken, notify the EMS Duty Officer through the EMS Dispatch Center at 831-796-6444.
- 7. Obtain a signature from the ED Medical Personnel once patient care has been transferred.
- B. If APOD occurs, the receiving facility should make every attempt to:
 - 1. Activate the facility's APOT plans and processes to mitigate extended delays.
 - 2. Provide a safe area in the ED where the EMS Personnel can temporarily wait while the hospital's patient remains on the ambulance gurney.
 - 3. Inform the attending paramedic or EMT of the anticipated time for the offload of the patient.
 - 4. When contacted by the ambulance provider's supervisor, provide information to the supervisor regarding the steps taken by the hospital to resolve the APOD.

END OF POLICY

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