

AMBULANCE PATIENT OFFLOAD POLICY (APOT) (4001.01)

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.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.220, 1798, 1797.120, 1797.225

DEFINITIONS:

Ambulance arrival at the Emergency Department (ED) – The time when an ambulance stops at the location outside the hospital ED where the patient will be unloaded from the ambulance.

Ambulance Patient Offload Time (APOT) – The time interval between the arrival of an ambulance patient at an ED and the time the patient is transferred to the ED gurney, bed, chair, or other acceptable location and the emergency department assumes the responsibility for care of the patient.

Ambulance Patient Offload Time (APOT) Standard – The time interval standard established by the LEMSA 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 for care of the patient.

Extended Patient Offload Time – The ambulance patient offload time for a patient exceeds a period of time designated by the LEMSA.

Ambulance transport – the transport of a patient from the prehospital EMS system by emergency ambulance to an approved EMS receiving hospital. This includes 911, Interfacility transports, 7-digits response, and other patient transports to the ED.

APOT 1 – an ambulance patient offload time interval process measure. This metric is a continuous variable measured in minutes and seconds then aggregated and reported at the 90th percentile.

APOT 2 - an ambulance patient offload time interval process measure. This metric demonstrates the incidence of ambulance patient offload times that exceed a twenty (20) minute reporting goal reported in reference to 60, 120 and 180 minute time intervals, expressed as a percentage of total EMS patient transports.

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

Clock Start – the time that captures when APOT begins. This is captured in the NEMESIS 3.4 data set as the time the patient/ambulance arrives at destination/receiving hospital (eTimes.11) and stops at the location outside the hospital ED where the patient will be unloaded from the ambulance.

Clock Stop – the time that captures when APOT ends. This is captured in the NEMESIS 3.4 data set as destination patient transfer of care date/time (eTimes.12) this is signified by the receiving Nurse or Physician signature.

Emergency Department (ED) Medical Personnel – an ED physician, advanced practice practitioner (e.g. Physician Assistant, Nurse Practitioner) or Registered Nurse (RN).

EMS Personnel – Public Safety First Responders, EMTs, AEMTs, EMT-II and/or paramedics responsible for out of hospital patient care and transport consistent with the scope of practice as authorized by their level of credentialing.

Transfer of Patient Care – the transition of patient care responsibility from EMS personnel to receiving hospital ED medical personnel. (See criteria below in Measurement Methods).

Verbal Patient Report – The face to face verbal exchange of key patient information between EMS personnel and ED medical personnel provided that is presumed to indicate transfer of patient care.

Written EMS Report– The written report supplied to ED medical personnel that details patient assessment and care that was provided by EMS personnel. Electronic report (ePCR) is now required by Health and Safety Code 1797.227.

STANDARD OFFLOAD TIME (APOT):

Receiving hospitals have a responsibility to ensure policies and processes are in place that facilitates the rapid and appropriate transfer of patient care from EMS personnel to the ED medical personnel within 20 minutes of arrival at the ED.

NON-STANDARD OFFLOAD TIME: EXTENDED DELAY (APOD):

APOD occurs when patient offload time is exceeded. EMS shall collect and report the percentage of patients that are delayed by 21-60 minutes, 61-120, 121-180 minutes, and delays greater than 180 minutes to EMSA.

If APOD occurs the hospital should make every attempt to:

- A. Provide a safe area in the ED within direct sight of ED medical personnel where the ambulance crew can temporarily wait while the hospital's patient remains on the ambulance gurney.
- B. Inform the attending paramedic or EMT of the anticipated time for the offload of the patient.
- C. Extended offload times reported during an MCI or other large incident(s) response will be taken into consideration.

EMS FIELD PERSONNEL ARE DIRECTED TO DO THE FOLLOWING TO PREVENT APOD:

- A. Provide the receiving hospital ED with the earliest possible notification that the patient is being transported to their facility.
- B. Provide a verbal patient report to the ED medical personnel within 20 minutes of arrival to the ED.
- C. After twenty (20) minutes and every twenty (20) minutes thereafter,

- check with receiving facility personnel on status of off-load time.
- D. After thirty (30) minutes of APOT, notify the EMS organization's on-duty supervisor.
 - E. Obtain a signature from the ED medical personnel as soon as patient care has been transferred.
 - F. Work cooperatively with the receiving hospital staff to transition patient care within the timeframes established by this policy.
 - G. EMS personnel are responsible for immediately returning to response ready status once patient care has been transferred to ED medical personnel and the patient has been offloaded from the ambulance gurney.

PATIENT CARE RESPONSIBILITY:

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 upon arrival to the ED by ambulance.

TRANSFER OF PATIENT CARE:

Upon arrival of a patient at the hospital 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 sitting or reclining device at the earliest possible time not to exceed 20 minutes. During the transfer of care to ED medical personnel, EMS field personnel will provide a verbal patient report containing any pertinent information necessary for the ongoing care of the patient. Transfer of patient care is completed once the ED medical staff has received a verbal patient report, the patient has been offloaded onto a hospital gurney and the nurse/physician has signed for receipt of the patient.

OFFLOAD DELAYS:

Delays in the transfer of patient care and offloading of patients delivered to designated receiving hospitals by EMS ambulance adversely affects patient care, safety and the availability of ambulances for emergency responses

throughout Kern county. It is incumbent upon receiving hospitals and ambulance providers to minimize the time required to transfer patient care and return ambulances to service to ensure optimal patient care, safety and EMS system integrity.

EXTENDED OFFLOAD DELAYS:

Extended offload delays can lead to the lack of sufficient ambulances to respond to emergencies. When this happens, it threatens public health and safety by preventing EMS from responding to emergency medical incidents.

POSTING AMBULANCE CREWS AT HOSPITALS:

During times of extended offload delays ambulance providers may post one or more crews at an affected hospital with multiple empty gurneys. Hospitals will provide a convenient location for storage of empty ambulance gurneys. Incoming ambulance crews shall, immediately upon arrival, make contact with the ED charge nurse and obtain a projected wait time for patient offload. If the projected wait time for patient offload is greater than 20 minutes or the ambulance crew is needed to immediately return to service due to a shortage of available ambulances the crew may give a verbal report and hand patient care off to the ambulance crew posting at the hospital allowing for the rapid return to service. The patient shall continue to have the same level of monitoring and care that they were receiving during transport unless the patient qualifies for ALS to BLS handoff. Cardiac rhythm monitoring shall be continued where indicated by complaint and acuity and vital sign monitoring shall be continued per normal procedures.

DOCUMENTATION:

When a patient is handed off to an ambulance crew posting at a hospital the transporting crew will select "Patient Treated, Transferred Care to Another EMS Unit" in eDisposition.¹² The crew receiving the patient at the hospital will be assigned an additional run number and complete an ePCR documenting their interaction with the patient until handoff to the hospital occurs.