



Receiving Hospital Ambulance Patient Offload Time (APOT) Reduction Protocol Checklist

307-A

PURPOSE

The purpose of this document is to establish requirements for the development and implementation of the APOT Reduction Protocol by hospitals. This protocol aims to ensure timely and efficient transfer of care for patients arriving by ambulance to improve operational efficiency and reduce APOT, in accordance with S-SV EMS standards. The information contained herein is intended to assist hospitals in meeting regulatory requirements, enhancing coordination, and improving patient outcomes through improved APOT practices.

HOSPITAL INFORMATION

Hospital Name:	
CDPH Hospital Licensing #:	
Hospital ED Address:	
CEO/President:	
CEO/President Email Address:	
CEO/President Phone Number:	
Primary Contact (ED Director/Manager):	
ED Director/Manager Email Address:	
ED Director/Manager Phone Number:	

APOT REDUCTION PROTOCOL CHECKLIST

The APOT reduction protocol was developed in consultation with ED staff and employee representatives.	<input type="checkbox"/>
The APOT reduction protocol includes a process to notify hospital administrators, nursing staff, medical staff, & ancillary services if the S-SV EMS APOT standard has been exceeded for one month.	<input type="checkbox"/>
The APOT reduction protocol includes mechanisms to improve hospital operations to reduce APOT. These may include, but are not limited to: 1) Activating the hospital's surge plan, 2) Transferring patients to other hospitals, 3) Suspending elective admissions, 4) Discharging patients, 5) Using alternate care sites, 6) Increasing supplies, 7) Improving triage and transfer systems, 8) Adding additional staffing.	<input type="checkbox"/>
The APOT reduction protocol includes systems to improve coordination between the ED and other hospital departments, including consults for ED patients.	<input type="checkbox"/>
The APOT reduction protocol includes direct operational changes designed to facilitate the rapid reduction of APOT to meet the S-SV EMS standard.	<input type="checkbox"/>
The hospital shall submit its APOT reduction protocol to EMSA and report any revisions annually on or before June 30 th . All updates should include required data elements and action plans.	<input type="checkbox"/>



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BASELINE HOSPITAL DATA

Please provide the following baseline data for your hospital within your APOT reduction protocol.

Total # of Licensed Beds:	
Average # of Staffed Hospital Beds (as a % of total licensed beds):	
% of Occupied Staffed Beds:	
% of Occupied Licensed Beds:	
Total # of Licensed ED Beds:	
Average # of Staffed ED Beds (as a % of total licensed ED Beds):	
Total Annual ED Visits:	
Average # of Daily ED Visits:	
Average # of Patients Arrived by EMS Daily:	
Average # of Patients with Behavioral Health Diagnosis Boarding Daily:	
Average # of Admitted Patients Boarding Daily:	
Average Number of Patients Pending Transfer Boarding Daily:	

APOT REDUCTION PROTOCOL ACTION PLAN

The APOT reduction protocol action plan must include strategies to manage APOT, including activation of hospital surge plans, utilization of hospital capacity tools, transferring patients, suspending elective admissions, discharging patients, using alternative care sites, increasing supplies, improving triage systems, and adding staff.



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CAPACITY TOOL INFORMATION

Please provide the following information regarding the use of a hospital capacity tool within your APOT reduction protocol.

Does your hospital utilize a hospital capacity tool (e.g., NEDOCS)?

Yes No

If yes, please provide the name of the hospital capacity tool used:

If yes, summarize actions for each phase of the capacity tool:

Level 1 or Green: Normal Operations:

Level 2 or Yellow: Daily Operations:

Level 3 or Orange: Overcrowded:

Level 4 or Red: Overcapacity:

Level 5 or Black: Critical Overcapacity:

If your hospital does not use a hospital capacity tool, please describe your objective overcrowded assessment methods and associated action plans: