

Sierra – Sacramento Valley EMS Agency Program Policy

Ambulance Patient Offload Time (APOT)

	Effective: 04/01/2026	Next Review: 01/2029	307
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PURPOSE:

- A. To establish standards for the timely and efficient transfer of patient care from EMS prehospital personnel to receiving hospital emergency department (ED) personnel.
- B. To establish standardized methodologies for collecting, calculating, and reporting Ambulance Patient Offload Time (APOT).

AUTHORITY:

- A. HSC, Div. 2.5, Chapter 4, Article 1, § 1797.120.5, § 1797.120.6, § 1797.120.7, § 1797.225, § 1797.227, & § 1797.228.
- B. CCR Title 22, Div. 9, Ch. 1.2, Ch. 3.1, Ch. 3.2, Ch. 3.3.

DEFINITIONS:

- A. **Ambulance Patient Offload Delay (APOD)** – An APOT that exceeds the S-SV EMS APOT standard established by this policy.
- B. **Ambulance Patient Offload Time (APOT)** – The time interval between the arrival of an ambulance patient at a hospital ED ambulance bay (NEMESIS element eTimes.11) and the time that patient care is transferred to an ED gurney, bed, chair or other acceptable location, and the ED assumes responsibility for patient care (NEMESIS element eTimes.12).
- C. **APOT 1.1** – An APOT time interval measure. This metric is a continuous variable measured in minutes, aggregated, and reported as a median.
- D. **APOT 1.2** – An APOT interval measure. This metric is a continuous variable measured in minutes, aggregated, and reported as a 90th percentile. The 90th percentile means 90% of the applicable patient population had an APOT at or below the reported time and 10% of the applicable patient population had an APOT above the reported time.
- E. **APOT 2** – An APOT time interval process measure. This metric demonstrates the incidence of ambulance patient offload times expressed as a percentage of total EMS patient transports within a thirty (30) minute target, and exceeding that time in reference to 60-, 120- and 180-minute intervals.
- F. **NEMESIS** – National Emergency Medical Services Information System (NEMESIS), a national repository used to store standardized and centralized electronic EMS data.

POLICY:**A. APOT Standard:**

1. Effective 7/1/2026, the S-SV EMS APOT 1.2 (90th percentile) standard is 25 minutes.

B. Prehospital EMS Provider APOT Documentation Requirements:

1. The prehospital EMS provider electronic patient care record (ePCR) shall serve as the legal record for all APOT data within the S-SV EMS and California Emergency Medical Services Information System (CEMSIS) data collection systems.
2. Prehospital EMS provider agencies/personnel shall:
 - a. Be permitted to use GPS vehicle tracking technology or automatic vehicle location (AVL) technology to automatically populate or retrospectively verify the 'patient arrived at destination date/time' (NEMESIS element eTimes.11) documented within the ePCR.
 - b. Collect an electronic signature within the ePCR (NEMESIS element eOther.19) from ED personnel at the time of transfer of care for each patient transported to an ED.
 - c. Ensure the date and time entered within the ePCR for the "destination transfer of care" time (NEMESIS element eTimes.12) is viewable to ED personnel upon collection of the transfer of care electronic signature.
 - d. Ensure that the 'patient arrived at destination date/time' (NEMESIS element eTimes.11) and 'destination patient transfer of care date/time' (NEMESIS element eTimes.12) are accurately documented within the ePCR for all patients transported to an ED.
 - e. Adequately investigate identified possible APOD data discrepancies within 10 business days of a notification from a receiving hospital or S-SV EMS.
 - i. If the EMS prehospital provider agency agrees with the identified discrepancy, they shall correct the relevant data field(s) within the applicable ePCR and resubmit the revised record within five (5) business days of confirming the discrepancy. An ePCR addendum is not a sufficient method of correcting APOD data discrepancies.
 - ii. If the EMS prehospital provider agency disagrees with the identified possible discrepancy, they shall notify the reporting entity of such and the original ePCR documented time(s) will not be changed.

C. Receiving Hospital Facility/Personnel Requirements:

1. Receiving hospitals are responsible for developing, implementing and maintaining policies and procedures that facilitate the timely and efficient transfer of patient care from EMS prehospital personnel to ED personnel upon ED arrival.

2. At the time ED personnel receive the physical transfer of patient care and report from EMS personnel, they shall provide an electronic signature within the ePCR that confirms the transfer of care.
 3. Receiving hospitals may utilize the California EMS Authority (EMSA) secure electronic portal to review applicable CEMSIS APOT data for patients transported by ambulance to their ED. As is reasonable, S-SV EMS may also provide additional APOT data reports to receiving hospitals upon request.
 - a. If the receiving hospital identifies a possible discrepancy between the EMS prehospital provider agency ePCR reported patient arrival (NEMSIS element eTimes.11) or transfer of care time (NEMSIS element eTimes.12) and their records, and the reported APOT exceeds the standard established by this policy, they shall notify the relevant EMS transport provider agency and/or S-SV EMS of the possible discrepancy in a timely manner. Possible discrepancies identified in the EMSA electronic portal must be identified/ reported no later than the 15th calendar day of the month for data submitted in the preceding month.
 4. Receiving hospitals shall develop and submit an APOT reduction protocol electronically to EMSA (apot@emsa.ca.gov) in a PDF or Microsoft Word format. The APOT reduction protocol shall be submitted to EMSA annually on or before June 30th and shall include all required data elements and action plans defined in the Receiving Hospital Ambulance Patient Offload Time (APOT) Reduction Protocol Checklist (307-A).
 5. If a receiving hospital has exceeded the S-SV EMS APOT standard for one month, they shall:
 - a. Implement their APOT reduction protocol within 10 business days of receiving email notification/direction from EMSA to do so.
 - b. Notify EMSA by email (apot@emsa.ca.gov) no later than twenty-four (24) hours after implementing their APOT reduction protocol to confirm compliance.
 - c. When directed by EMSA, participate in EMSA-hosted bi-weekly calls to update and discuss implementation of the APOT reduction protocol and outcomes.
- D. S-SV EMS Requirements:
1. S-SV EMS will publish and regularly update APOT data on its agency website. As is reasonable, S-SV EMS will also provide additional APOT data reports to receiving hospitals upon request.
 2. In coordination with applicable receiving hospitals and EMS prehospital provider agencies, S-SV EMS will review and validate APOT data and assist in resolving any identified possible APOT discrepancies.
 3. When directed by EMSA, S-SV EMS will participate in bi-weekly APOT coordination calls involving non-compliant hospitals, as referenced in this policy.