

**Title 22. Social Security**  
**Division 9. Pre-hospital Emergency Medical Services**  
**Chapter 1.2 Delivering Equitable and Person-Centered Care - Ambulance Patient**  
**Offload Time**

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ARTICLE 1. Definitions

§ 100001.01 Ambulance Patient Offload Delay.

"Ambulance Patient Offload Delay" or "APOD" is defined as an ambulance patient offload time (APOT) which exceeds the APOT standard set by the LEMSA in which the receiving general acute care hospital (GACH) is located.

Note: Authority cited: Section 1797.107, and 1797.120.5 Health and Safety Code.

Reference: Section 1797.102, 1797.120.5, 1797.120.6, and 1797.120.7 Health and Safety Code.

§ 100001.02 Ambulance Patient Offload Time Reduction Protocol or APOT Reduction Protocol.

"Ambulance patient offload time reduction protocol" or "APOT reduction protocol" is a protocol developed by a GACH which defines triggers for activation and contains actionable steps to decrease APOT.

Note: Authority cited: Section 1797.107 and 1797.120.5 Health and Safety Code.

Reference: Section 1797.102, 1797.120, 1797.120.5, 1797.120.6, and 1797.120.7 Health and Safety Code.

§ 100001.03 Ambulance Patient Offload Time Standard or APOT Standard.

"APOT Standard" means the maximum length of time for APOT developed and adopted by the LEMSA.

Note: Authority cited: Section 1797.107, and 1797.120.5 Health and Safety Code.

Reference: Section 1797.102, 1797.120.5, 1797.120.6, and 1797.120.7 Health and Safety Code.

§ 100001.04 Audit Tool.

"Audit Tool" is an assessment methodology which allows GACHs and EMS provider agencies to validate the data accuracy of the documented APOT.

Note: Authority cited: Sections 1797.107 and 1797.120.5 Health and Safety Code.

Reference: Section 1797.102, 1797.120.5, 1797.120.6, and 1797.120.7 Health and Safety Code.

§ 100001.05 Bi-Weekly.

"Bi-Weekly" means occurring two times within a calendar month, with an interval of approximately two weeks between occurrences, unless otherwise specified.

Note: Authority cited: Sections 1797.107, and 1797.120.5 Health and Safety Code.

Reference: Section 1797.102, 1797.120.5, 1797.120.6, and 1797.120.7 Health and Safety Code.

#### § 100001.06 California Emergency Medical Services Information System or CEMSIS.

"California emergency medical services information system" or "CEMSIS" means the secure, standardized, and centralized electronic information and data collection system administered by the California Emergency Medical Services Authority (EMSA) which is used to collect statewide EMS and trauma data.

Note: Authority cited: Sections 1797.1, 1797.107, 1797.120.5, 1797.122, and 1797.176 Health and Safety Code.

Reference: Section 1797.102, 1797.120.5, 1797.120.6, 1797.120.7, and 1797.122 Health and Safety Code.

#### § 100001.07 Electronic Signature.

"Electronic Signature" is a data element in the prehospital ePCR which captures the digital signature of a hospital staff member authorized by the hospital to confirm the transfer of care time from EMS personnel to the GACH staff.

Note: Authority cited: 1797.107 and 1797.120.5 Health and Safety Code.

Reference: Section 1797.102, 1797.120.5, 1797.120.6, and 1797.120.7 Health and Safety Code.

#### § 100001.08 Emergency Department Medical Staff.

"Emergency Department Medical Staff" means a physician, mid-level practitioner, or registered nurse employed by the hospital and authorized by the hospital to communicate with EMS and receive transfer of care of EMS patients.

Note: Authority cited: 1797.107 and 1797.120.5 Health and Safety Code.

Reference: Section 1797.102, 1797.120, 1797.120.5, 1797.120.6, 1797.120.7 and 1797.122 Health and Safety Code.

#### § 100001.09 Emergency Department.

"Emergency Department" means facilities which have been licensed California Department of Public Health (CDPH) as having an emergency department service level of "basic, comprehensive, or stand-by."

Note: Authority cited: 1797.107 and 1797.120.5, Health and Safety Code.

Reference: Section 1797.102, 1797.120, 1797.120.5, 1797.120.6 and 1797.120.7 Health and Safety Code.

#### § 100001.10 Emergency Department Ambulance Bay.

"Emergency Department Ambulance Bay" means a designated location/area where ground transport ambulances park outside a general acute care hospital emergency department or ambulance receiving area for the purposes of transferring, triaging, or admitting patients to a general acute care hospital emergency department, Labor & Delivery receiving area, or other appropriate ambulance receiving area designated by the hospital.

Note: Authority cited: 1797.107 and 1797.120.5 Health and Safety Code.

Reference: Section 1797.102, 1797.120, 1797.120.5, 1797.120.6, and 1797.120.7 Health and Safety Code.

§ 100001.11 National Emergency Medical Services Information System or NEMSIS.  
“National EMS Information System” or “NEMSIS” is a national database that collects patient care information from emergency 911 calls and serves as the standard for how that data is collected, shared, and assessed. NEMSIS is used by EMS agencies and clinicians across the United States and its territories.

Note: Authority cited: Sections 1797.107, 1797.120.5, and 1797.176 Health and Safety Code.  
Reference: Sections 1797.120.5, 1797.120.6, 1797.120.7, and 1797.122 Health and Safety Code.

§ 100001.12 Thirty (30) minutes.  
“Thirty (30) minutes” for the purpose of APOT standard is defined as 1800 seconds.

Note: Authority cited: 1797.107 and 1797.120.5 Health and Safety Code.  
Reference: Section 1797.102, 1797.120.5, 1797.120.6, and 1797.120.7 Health and Safety Code.

§ 100001.13 Transfer of care.  
“Transfer of care” means when an ambulance patient, who has arrived at the receiving area of a general acute care hospital, is transferred to the hospital gurney, bed, chair, or other acceptable location and the hospital staff receives report and provides electronic signature on the ePCR at which point the EMS crew is free to leave.

Note: Authority cited: 1797.107 and 1797.120.5 Health and Safety Code.  
Reference: Section 1797.102, 1797.120, 1797.120.5, 1797.120.6, and 1797.120.7 Health and Safety Code.

## ARTICLE 2. AUDIT TOOL METHODOLOGY FOR VERIFICATION OF CEMISIS DATA USED FOR APOT AND APOD REPORTING

### § 100002.01 Verification of CEMISIS Data Used for APOT and APOD.

(a) The following audit tool methodology shall be used by hospitals that exceed the APOT standard.

- (1) The audit tool shall consist of an APOD report, based on records meeting APOT criteria defined in the APOT specifications documenting APOT that exceeds the APOT standard of the receiving LEMSA. The audit tool shall be in spreadsheet format and shall include data from the preceding two calendar weeks.
- (2) The audit tool shall include the following data elements:
  - (A) EMS provider agency name (NEMSIS element dAgency.03);
  - (B) LEMSA;
  - (C) Incident run number (NEMSIS element eResponse.03);
  - (D) Incident date (earliest eTimes data element recorded in the ePCR);
  - (E) Receiving facility name (NEMSIS element eDisposition.01);
  - (F) Receiving facility code (NEMSIS element eDisposition.02);
  - (G) Patient first name (NEMSIS element ePatient.03);
  - (H) Patient last name (NEMSIS element ePatient.02);
  - (I) Patient date of birth (NEMSIS element ePatient.17);
  - (J) Patient gender (NEMSIS element ePatient.13);
  - (K) Patient arrival at destination date/time (NEMSIS element eTimes.11);
  - (L) Date/Time of Signature (NEMSIS element eOther.19);

- (M) Unit back in service Date/Time (NEMESIS element eTimes.13).
- (N) Type of Person Signing (NEMESIS element eOther.12)
- (b) A facility specific audit tool APOD report will be provided, to every hospital that expresses an interest to EMSA in participating in the APOD audit process and that received emergency patients transported by EMS providers.
- (c) The LEMSA shall coordinate, participate in, and oversee communications and meetings between LEMSA hospitals and EMS providers for the purpose of validating the data provided to hospitals in the audit tool APOD report, including the updating of any incorrect CEMESIS data by the fifteenth (15th) of each calendar month for the APOD data from the preceding month;
- (d) The GACH shall:
- (1) Work in coordination with EMS transport providers and the LEMSA;
  - (2) Hospitals interested in validating the ePCR data elements for 'patient arrival at destination,' and 'destination patient transfer of care times' may develop an internal process or hospital log to capture these times;
  - (3) Use the audit tool APOD report provided by EMSA on a bi-weekly basis beginning January 8, 2025, and in coordination with EMS providers, to validate the ePCR data for all EMS transports to the facility. The audit tool and validation process shall be complete by the 15th of each calendar month for the data for transports from the preceding month;
  - (4) Any incidents with discrepancies which cannot be resolved will be summarized in a monthly report and shared with the LEMSA and EMSA.
- (e) The EMS Provider shall:
- (1) Use the audit tool report provided by the EMSA on a bi-weekly basis beginning January 8, 2025.
  - (2) In coordination with all hospitals to which the provider agency's patients were transported, use the audit tool to validate the ePCR data for all EMS transports to the destination facilities.
  - (3) The audit tool and validation process shall be complete by the 15th of each calendar month for the data for incidents from the preceding month.
- (f) If discrepancies persist after the validation process described in this Article, the 'patient arrival at destination' (eTimes.11) and the 'Date/Time of Signature' (eOther.19) times documented on the ePCR, will stand for the calculation of all APOT reporting (ATTACHMENT 1 & 2 incorporated by reference).

Note: Authority cited: Sections 1797.107 and 1797.120.5 Health and Safety Code.

Reference: Section 1797.102, 1797.120.5, 1797.120.6, and 1797.120.7 Health and Safety Code.

## ARTICLE 3. LOCAL EMS AGENCY

### § 100003.01 Local EMS Agency.

#### (a) A LEMSA shall:

- (1) In consultation with EMS system partners develop a local APOT Standard within their local policies and notify EMSA of that APOT standard. If a LEMSA has not defined a local APOT standard it shall be deemed to be thirty (30) minutes for the purposes of all APOT reporting;
- (2) Include a copy of the APOT standard as a part of the Response and Transportation section of its annual EMS plan;

- (3) Provide any update(s) to EMSA within thirty (30) days of any changes to its adopted APOT standard as a local EMS plan amendment;
- (4) Participate in bi-weekly EMSA APOT calls when directed by EMSA.

Note: Authority cited: Sections 1797.107 and 1797.120.5 Health and Safety Code.

Reference: Section 1797.102, 1797.120.5, 1797.120.6, and 1797.120.7 Health and Safety Code.

## ARTICLE 4. GENERAL ACUTE CARE HOSPITAL WITH AN EMERGENCY DEPARTMENT

### § 100004.01 General Acute Care Hospital (GACH) with an Emergency Department

(a) The general acute care hospital with an emergency department shall:

(1) At the time hospital staff receives the physical transfer of the patient and report from the EMS provider, provide an electronic signature within the ePCR that verifies the transfer of care date and time.

(2) On or before September 1, 2024, develop an APOT reduction protocol pursuant to 1797.120.6 addressing all the following (ATTACHMENTS 1, 2, & 3 incorporated by reference):

(A) Triggers for activation of the protocol;

(B) A notification process for hospital administrators, nursing staff, medical staff, and ancillary services that the LEMSA standard for APOT has been exceeded;

(C) Procedures implemented when the protocol is activated that improve hospital operations to reduce APOT, which may include, activating the hospital's surge plan, transferring patients to other hospitals, suspending elective admissions, discharging patients and using alternative care sites, increasing supplies, improving triage and transfer systems and adding additional staffing;

(D) Define systems to improve general hospital coordination with the emergency department, including consults for emergency department patients;

(E) Direct operational changes designed to facilitate a rapid reduction in APOT to meet the LEMSA standard adopted pursuant to subdivision (b) of section 1797.120.5.

(3) Annual updates to the EMSA regarding the APOT reduction protocol will be due annually on or before June 30. The GACH shall utilize the electronic submission platform provided by the EMSA for submission and annual update of the APOT reduction protocol.

(4) Implement the APOT reduction protocol developed when directed by EMSA within 10 business days of the notification and notify EMSA by electronic means when it is implemented.

(5) Participate in bi-weekly calls when directed by the LEMSA and/or EMSA.

Note: Authority cited: Sections 1797.120.5(a), 1797.120.5(c), 1797.120.7(b)(4), and 1797.120.6 Health and Safety Code.

Reference: Section 1797.102 Health and Safety Code.

## ARTICLE 5. EMS PROVIDER

### § 100005.01 EMS Provider

(a) All EMS Transport Provider Agencies shall:

(1) No later than 60 days from the effective date of these regulations, implement and collect an electronic signature from an emergency department hospital staff member at the point of transfer of care on every ePCR for each patient transported to a hospital emergency department. The hospital staff must be able to see the date and time entered for the 'destination transfer of care' time.

(2) EMS transport providers that use GPS vehicle tracking technology or automatic vehicle location (AVL) may use this technology to automatically populate or retrospectively verify the 'patient arrival at destination date/time' documented in the ePCR.

(3) Participate in bi-weekly calls when directed by the LEMSA and/or EMSA.

Note: Authority cited: Sections 1797.107 and 1797.120.5 Health and Safety Code.

Reference: Section 1797.102, 1797.120.5, 1797.120.6, and 1797.120.7 Health and Safety Code.

## ATTACHMENT 1: AMBULANCE PATIENT OFFLOAD TIME

MEASURE SET	Ambulance Patient Offload Time	
SET MEASURE ID #	APOT-1	
PERFORMANCE MEASURE NAME	Ambulance Patient Offload Time for Emergency Patients	
Description	What is the 90 <sup>th</sup> percentile for Ambulance Patient Offload Time at the Hospital Emergency Department?	
Type of Measure	Process	
Reporting Value and Units	Time (Minutes and Seconds)	
Continuous Variable Statement (Population)	Time (in minutes and seconds) from time ambulance arrives at the hospital until the patient is transferred to hospital emergency department care. All Emergency ambulance transports to the ED with eTimes available are included.	
Inclusion Criteria	Criteria in NEMSIS 3.5	Data Elements--NEMSIS 3.5
	<ul style="list-style-type: none"> <li>All events for which eResponse.05 "type of service requested" has values recorded of <b>2205001</b> "Emergency Response (Primary Response Area)";, <b>2205003</b> "Emergency Response (Intercept)", <b>2205009</b> "Emergency Response (Mutual Aid)", <b>2205005</b> "Hospital-to-Hospital Transfer"</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>All events in eDisposition.30 "Transport Disposition" with the value of <b>4230001</b> "Transport by This EMS Unit (This Crew Only)" or <b>4230003</b> "Transport by This EMS Unit, With a Member of Another Crew"</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>All events in eDisposition.21 "Type of Destination" with the value of <b>4221003</b>, "Hospital-Emergency Department";</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>eTimes.11 "Patient Arrived at Destination Date/Time" values are logical and present</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>eTimes.12 "Destination Patient Transfer of Care Date/Time" values are logical and</li> </ul>	<ul style="list-style-type: none"> <li>Type of Service Requested (<a href="#">eResponse.05</a>)</li> <li>Transport Disposition (<a href="#">eDisposition.30</a>)</li> <li>Type of Destination (<a href="#">eDisposition.21</a>)</li> <li>Patient Arrived at Destination</li> <li>Date/Time (<a href="#">eTimes.11</a>)</li> <li>Destination Patient Transfer of Care Date/Time (<a href="#">eTimes.12</a>)</li> <li>Type of Person Signing (eOther.12)</li> <li>Signature Reason (eOther.13)</li> <li>Type of Patient</li> </ul>

	<p>present</p> <p>AND</p> <ul style="list-style-type: none"> <li>• All events in eOther.12 "Type of Person Signing" with the value of <b>4512005</b> "Healthcare Provider"</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• All events in eOther.13 "Signature Reason" with the value of <b>4513007</b> "Transfer of Patient Care"</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• All events in eOther.14 "Type Of Patient Representative" with the value of 4514025 "MD/DO" or 4514029 "Nurse (RN)" or 4514031 "Nurse Practitioner (NP)", or 4514033 "Other Care Provider", or 4514037 "Physician's Assistant (PA)AND</li> <li>• All events in eOther.15 "Signature Status" with the value of or <b>4515031</b> "Signed" or <b>4515033</b> "Signed-Not Patient"</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• All events in eOther.19 "Date/Time of Signature" values are logical and present</li> </ul>	<p>Representative (eOther.14)</p> <ul style="list-style-type: none"> <li>• Signature Status (eOther.15)</li> <li>• Date/Time of Signature (eOther.19)</li> </ul>
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Exclusion Criteria	Criteria	Data Elements
	<ul style="list-style-type: none"> <li>eDisposition.02 is "Blank, Not Available, Not Recorded, Not Applicable, or Null"</li> <li>All records where the difference between eOther.19 "Date/Time of Signature" and eTimes.11 "Patient Arrived at Destination Date/Time" is negative</li> <li>All records where eTimes.13 "Unit Back in Service Date/Time" is recorded as taking place prior to eOther.19 "Date/Time of Signature"</li> </ul>	<ul style="list-style-type: none"> <li>Destination/Transferred To, Code (<a href="#">eDisposition.02</a>)</li> <li>Patient Arrived at Destination Date/Time (<a href="#">eTimes.11</a>)</li> <li>Date/Time of Signature (<a href="#">eOther.19</a>)</li> <li>Unit Back in Service Date/Time (<a href="#">eTimes.13</a>)</li> </ul>
Indicator Formula Numeric Expression	The formula is the 90 <sup>th</sup> Percentile of the given numbers or distribution in their ascending order.	
Example of Final Reporting Value (number and units)	19 minutes, 34 seconds (19:34)	
Sampling	No	
Aggregation	Yes	
Minimum Data Values	Not Applicable	
Data Collection Approach	Retrospective data sources for required data elements include administrative data and pre-hospital care records. Variation may exist in the assignment of coding; therefore, coding practices may require evaluation to ensure consistency.	
Suggested Statistical Measures	90 <sup>th</sup> Percentile Measurement. Aggregate measure of central tendency and quantile (fractile) measurement to determine the span of frequency distributions.	
Reporting Notes	<p>Report monthly aggregate values by:</p> <p>1) LEMSA (aggregate of total of offloads and 90<sup>th</sup> Percentile offload time)</p> <p>Report the 90 percentile time calculated and the denominator (number of emergency transports with data available).</p>	

ATTACHMENT 2: AMBULANCE PATIENT OFFLOAD TIME—EXTENDED DELAY

MEASURE SET	Extended Ambulance Patient Offload Time
SET MEASURE	APOT-2

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ID #	
PERFORMANCE MEASURE NAME	Percentage of Ambulance Patient Offload Time for Patients transported to the Emergency Department by emergency response ambulance
Description	<p>1: What percentage of patients transported by EMS personnel experience a transfer of care within 20 minutes of arrival at the Hospital Emergency Department?</p> <p>2: What percentage of patients transported by EMS personnel experience a transfer of care between 20:01-30 minutes of arrival at the Hospital Emergency Department?</p> <p>3: What percentage of patients transported by EMS personnel experience a transfer of care between 30:01-60 minutes of arrival at the Hospital Emergency Department?</p> <p>4: What percentage of patients transported by EMS personnel experience a transfer of care between 60:01-120 minutes after arrival at the Hospital Emergency Department?</p> <p>5: What percentage of patients transported by EMS personnel experience a transfer of care between 120:01-180 minutes after arrival at the Hospital Emergency Department?</p> <p>6: What percentage of patients transported by EMS personnel experience a transfer of care more than 180:01 minutes after arrival at the Hospital Emergency Department?</p>
Type of Measure	Process
Reporting Value and Units	Numeric percentage

Denominator Statement (population)	Percent of patients who were transported to a hospital emergency department by EMS Personnel. Include only emergency response transports with eTimes.11 and eOther19 are logical and present.	
Denominator Inclusion Criteria	Criteria in NEMESIS 3.5	Data Elements--NEMESIS 3.5

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	<ul style="list-style-type: none"> <li>• All events for which eResponse.05 "type of service requested" has values recorded of 2205001 "Emergency Response (Primary Response Area)", 2205003 "Emergency Response (Intercept)", 2205009 "Emergency Response (Mutual Aid)", 2205005 "Hospital-to-Hospital Transfer";</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• All events in eDisposition.30 "Transport Disposition" with the value of <b>4230001</b> "Transport by This EMS Unit (This Crew Only)" or <b>4230003</b> "Transport by This EMS Unit, With a Member of Another Crew"</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• All events in eDisposition.21 "Type of Destination" with the value of <b>4221003</b>, "Hospital-Emergency Department";</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• eTimes.11 "Patient Arrived at Destination Date/Time" values are logical and present</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• eTimes.12 "Destination Patient Transfer of Care Date/Time" values are logical and present</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• All events in eOther.12 "Type of Person Signing" with the value of <b>4512005</b> "Healthcare Provider"</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• All events in eOther.13 "Signature Reason" with the value of <b>4513007</b> "Transfer of Patient Care"</li> <li>• AND</li> <li>• All events in eOther.14 "Type Of Patient Representative" with the value of 4514025 "MD/DO" or 4514029 "Nurse (RN)" or 4514031 "Nurse Practitioner (NP)", or 4514033 "Other Care Provider", or 4514037 "Physician's Assistant (PA)AND</li> <li>• All events in eOther.15 "Signature Status" with the value of <b>4515031</b> "Signed" or <b>4515033</b> "Signed-Not Patient"</li> </ul>	<ul style="list-style-type: none"> <li>• Type of Service Requested (<a href="#">eResponse.05</a>)</li> <li>• Transport Disposition (<a href="#">eDisposition.30</a>)</li> <li>• Type of Destination (<a href="#">eDisposition.21</a>)</li> <li>• Patient Arrived at Destination Date/Time (<a href="#">eTimes.11</a>)</li> <li>• Destination Patient Transfer of Care Date/Time (<a href="#">eTimes.12</a>)</li> <li>• Type of Person Signing (eOther.12)</li> <li>• Signature Reason (eOther.13)</li> <li>• Type of Patient Representative (eOther.14)</li> <li>• Signature Status (eOther.15)</li> <li>• Date/Time of Signature (eOther.19)</li> </ul>
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	<ul style="list-style-type: none"> <li>• AND</li> <li>• All events in eOther.19 "Date/Time of Signature" values are logical and present</li> </ul>	
Exclusion Criteria	<ul style="list-style-type: none"> <li>• eDisposition.02 is "Blank, Not Available, Not Recorded, Not Applicable, or Null"</li> <li>• All records where the difference between eOther.19 "Date/Time of Signature" and eTimes.11 "Patient Arrived at Destination Date/Time" is negative</li> <li>• All records where eTimes.13 "Unit Back in Service Date/Time" is recorded as taking place prior to eOther.19 "Date/Time of Signature"</li> </ul>	<ul style="list-style-type: none"> <li>• Destination/Transferred To, Code (<a href="#">eDisposition.02</a>)</li> <li>• Patient Arrived at Destination Date/Time (<a href="#">eTimes.11</a>)</li> <li>• Date/Time of Signature (eOther.19)</li> <li>• Unit Back in Service Date/Time (<a href="#">eTimes.13</a>)</li> </ul>

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	Criteria	Data Elements
Numerator Statement (sub-population)	<p>1: Percent of patients transported by EMS personnel experience a transfer of care within 20 minutes of arrival at the Hospital Emergency Department?</p> <p>2: Percent of patients who were transported to a hospital emergency department by EMS Personnel and had their care transferred between 20:01 and 30 minutes after their arrival to the Emergency Department.</p> <p>3: Percent of patients who were transported to a hospital emergency department by EMS Personnel and had their care transferred between 30:01 and 60 minutes after their arrival to the Emergency Department.</p> <p>4: Percent of patients who were transported to a hospital emergency department by EMS Personnel and had their care transferred 60:01 and 120 minutes after their arrival to the Emergency Department.</p> <p>5: Percent of patients who were transported to a hospital emergency department by EMS Personnel and had their care transferred between 120:01 and 180 minutes after their arrival to the Emergency Department.</p> <p>6: Percent of patients transported by EMS personnel that experience a transfer of care 180:01 minutes or more after arrival at the Hospital Emergency Department.</p>	<ul style="list-style-type: none"> <li>• Type of Service Requested (<a href="#">eResponse.05</a>)</li> <li>• Transport Disposition (<a href="#">eDisposition.30</a>)</li> <li>• Type of Destination (<a href="#">eDisposition.21</a>)</li> <li>• Patient Arrived at Destination Date/Time (<a href="#">eTimes.11</a>)</li> <li>• Destination Patient Transfer of Care Date/Time (<a href="#">eTimes.12</a>)</li> <li>• Type of Person Signing (<a href="#">eOther.12</a>)</li> <li>• Signature Reason (<a href="#">eOther.13</a>)</li> <li>• Type of Patient Representative (<a href="#">eOther.14</a>)</li> <li>• Signature Status (<a href="#">eOther.15</a>)</li> <li>• Date/Time of Signature (<a href="#">eOther.19</a>)</li> </ul>
Numerator Inclusion Criteria	Criteria	Data Elements

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	<ul style="list-style-type: none"> <li>All events for which eResponse.05 "type of service requested" has values recorded of 2205001 "Emergency Response (Primary Response Area)", 2205003 "Emergency Response (Intercept)", 2205009 "Emergency Response (Mutual Aid)", 2205005 "Hospital-to-Hospital Transfer";</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>All events in eDisposition.30 "Incident/Patient Disposition" with the value of <b>4230001</b> "Transport by This EMS Unit (This Crew Only)" or <b>4230003</b> "Transport by This EMS Unit, With a Member of Another Crew"</li> </ul> <p>AND</p>	<ul style="list-style-type: none"> <li>Type of Service Requested (<a href="#">eResponse.05</a>)</li> <li>Transport Disposition (<a href="#">eDisposition.30</a>)</li> <li>Type of Destination (<a href="#">eDisposition.21</a>)</li> <li>Patient Arrived at Destination Date/Time (<a href="#">eTimes.11</a>)</li> <li>Destination Patient Transfer of Care Date/Time (<a href="#">eTimes.12</a>)</li> <li>Type of Person Signing (eOther.12)</li> <li>Signature Reason (eOther.13)</li> <li>Type of Patient Representative (eOther.14)</li> <li>Signature Status (eOther.15)</li> <li>Date/Time of Signature (eOther.19)</li> </ul>
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	<ul style="list-style-type: none"><li>• All events in eDisposition.21 "Type of Destination" with the value of 4221003, "Hospital-Emergency Department"</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• eTimes.11 "Patient Arrived at Destination Date/Time" values are logical and present</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• eTimes.12 "Destination Patient Transfer of Care Date/Time" values are logical and present</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• All events in eOther.12 "Type of Person Signing" with the value of <b>4512005</b> "Healthcare Provider"</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• All events in eOther.13 "Signature Reason" with the value of <b>4513007</b> "Transfer of Patient Care"</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• All events in eOther.14 "Type Of Patient Representative" with the value of 4514025 "MD/DO" or 4514029 "Nurse (RN)" or 4514031 "Nurse Practitioner (NP)", or 4514033 "Other Care Provider", or 4514037 "Physician's Assistant (PA)"</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• All events in eOther.15 "Signature Status" with the value of <b>4515031</b> "Signed" or <b>4515033</b> "Signed-Not Patient"</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• All events in eOther.19 "Date/Time of Signature" values are logical and present</li></ul> <p>Percent of offloads where the difference between etimes.12 and eTimes.11 falls within the following time intervals:</p> <ul style="list-style-type: none"><li>2.1 – Offload within 20 minutes.</li><li>2.2 - Offload is between 20:01 minutes and 30 minutes.</li><li>2.3 -Offload is between 30:01 minutes and 60 minutes.</li><li>2.4 - Offload is between 60:01 minutes</li></ul>	
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	<p>and 120 minutes.</p> <p>2.5 - Offload is between 120:01 minutes and 180 minutes.</p> <p>2.6 - Offload is 180:01 minutes or greater.</p>	
Exclusion Criteria	Criteria	Data Elements
	<ul style="list-style-type: none"> <li>• eDisposition.02 is "Blank, Not Available, Not Recorded, Not Applicable, or Null"</li> <li>• All records where the difference between eOther.19 "Date/Time of Signature" and eTimes.11 "Patient Arrived at Destination Date/Time" is negative</li> <li>• All records where eTimes.13 "Unit Back in Service Date/Time" is recorded as taking place prior to eOther.19 "Date/Time of Signature"</li> </ul>	<ul style="list-style-type: none"> <li>• Destination/Transferred To, Code (<a href="#">eDisposition.02</a>)</li> <li>• Patient Arrived at Destination Date/Time (<a href="#">eTimes.11</a>)</li> <li>• Date/Time of Signature (<a href="#">eOther.19</a>)</li> <li>• Unit Back in Service Date/Time (<a href="#">eTimes.13</a>)</li> </ul>



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Indicator Formula Numeric Expression	The formula is to divide (/) the numerator (N) by the denominator (D) and then multiply (x) by 100 to obtain the (%) value the indicator is to report. Therefore, the indicator expressed numerically is $N/D = \%$	
Example of Final Reporting Value (number and units)	Count as percentage (example: 100%)	
Sampling	No	
Aggregation	Yes	
Minimum Data Values	Not Applicable	
Data Collection Approach	<ul style="list-style-type: none"> <li>Retrospective data sources for required data elements include administrative data and pre-hospital care records.</li> <li>Variation may exist in the assignment of coding; therefore, coding practices may require evaluation to ensure consistency.</li> </ul>	
Reporting Notes	<p>Report monthly aggregate values by:</p> <ol style="list-style-type: none"> <li>1) LEMSA (aggregate percentage of offloads in each of the time intervals for 2.1, 2.2, 2.3, 2.4, 2.5 and 2.6).</li> </ol>	

## ATTACHMENT 3: Ambulance Patient Offload Time (APOT) Reduction Protocol Checklist

Check all boxes to confirm the protocol contains the following requirements:

- APOT reduction protocol was developed in consultation with its emergency department staff, and its exclusive employee representatives.  
APOT protocol addresses all of the following factors:
- Notification of hospital administrators, nursing staff, medical staff, and ancillary services that the LEMSA standard for APOT has been exceeded for one month.
- Mechanisms to improve hospital operations to reduce APOT, which may include, but are not limited to, activating the hospital's surge plan, transferring patients to other hospitals, suspending elective admissions, discharging patients, using alternative care sites, increasing supplies, improving triage and transfer systems, and adding additional staffing.
- Systems to improve general hospital coordination with the emergency department, including consults for emergency department patients.
- Direct operational changes designed to facilitate a rapid reduction in ambulance patient offload time to meet the LEMSA standard adopted pursuant to subdivision (b) of Section 1797.120.5.
- A licensed general acute care hospital with an emergency department shall file its ambulance patient offload time reduction protocol with the EMSA and shall annually report any revisions to its protocol.

### Ambulance Patient Offload Time Reduction Protocol

- Date of Submission or update:
- Name of Hospital:
- CDPH Hospital Licensing Number:
- Hospital Emergency Department Address:
- Chief Executive Officer:
- Chief Executive Officer email address:
- Chief Executive Officer phone number:
- Chief Nursing Officer/Chief Nursing Executive or equivalent:
- Chief Nursing Officer/Chief Nursing Executive email:
- Chief Nursing Officer/Chief Nursing Executive phone number:
- Primary Contact:
  - Emergency Department Director or Manager:
  - Emergency Department Director or Manager email:
  - Emergency Department Director or Manager phone number:

### Baseline Hospital Data

- Total number of licensed hospital beds:
- Average number of staffed hospital beds, as a percentage of total licensed hospital beds:
- % of occupied staffed beds:
- % of occupied licensed beds:

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- Total number of licensed emergency department Beds:
- Average number of staffed emergency department beds, as a percentage of total licensed emergency department beds:
- Total annual ED Visits:
- Average Number of ED visits daily (0000-2359):
- Average number of patients arrived by EMS daily (0000-2359):
- Average number of patients with a behavioral health diagnosis boarding daily (0000-2359):
- Average number admitted patients boarding daily (0000-2359):
- Average number of patients pending transfer boarding daily (0000-2359):

Do you want to participate and receive data through the EMSA APOD audit tool? Yes or no

If yes, who do you want to have access to this information?

Maximum of 2: Name & Email Address, Phone Numbers

### Ambulance Patient Offload Time Reduction Protocol Action Plan

*The action plan may include considerations for activation of hospital's surge plan and/hospital capacity tool, transferring patients to other hospitals, suspending elective admissions, discharging patients, using alternative care sites, increasing supplies, improving triage and transfer systems and adding staff.*

- Does your hospital have a hospital capacity tool? example: NEDOCS
  - Yes/No
  - If yes, name of hospital capacity tool used:
  - If yes, please complete the following section with a summary of actions for
  - each phase:
    - Level 1 or **Green**: Normal Operations
    - Level 2 or **Yellow**: Daily Operations
    - Level 3 or **Orange**: Overcrowded
      - Action plan includes:
        - Please list
    - Level 4 or **Red**: Overcapacity
      - Action plan includes above tasks plus:
        - Please list
    - Level 5 or **Black**: Critical Overcapacity
      - Action plan includes above tasks plus:
        - Please list
- If your hospital does not use a hospital capacity tool, please list objective overcrowded assessment and associated action plans:
  - List in detail