

Tackling Ambulance Offload Delays: Get Ready for AB40

Emergency Medical Services Authority

Quality and Planning Division



Welcome and Housekeping





All
Participants
will be muted
besides the
presenters.

Questions
can be typed
into the
"Q&A" tool
within the
webinar.



An FAQ document will be made available on the EMSA website (www.emsa.ca.gov/apot) based on your questions.



A Message From EMSA

Hernando Garzon, MD Chief Medical Officer



Purpose and Goals

Understand the Purpose of the Audit Tool

AB40 - ePCR Requirements

Accessing the Audit Tool

Post Audit Activities

Strategies for Success

Q&A

Understanding the Purpose of the Audit Tool

Assembly Bill 40 (Chaptered 2023) expanded the Health and Safety Code to include section 1797.120.5 (c):

"...the authority shall develop and implement an audit tool to improve the data accuracy of transfer of care with validation from hospitals and local EMS agencies."

Assembly Bill 40 also required EMSA to adopt emergency regulations to implement this requirement and other components of AB 40.

Emergency regulations were approved by the EMS Commission on June 18, 2025. OAL approved the emergency regulations which took effect June 23, 2025.

Additional ePCR Requirements

"Per the technical specification for APOT-1 noted in regulations, the following NEMSIS data elements shall be linked to the hospital staff's signature provided at the moment of transfer of care, and shall be assigned the indicated values from the specification sheet listed in Chapter 1, Article 1.2":

- eOther.12 "Type of Person Signing" value shall be recorded as 4512005 Healthcare Provider
- eOther.13 "**Signature Reason**" value shall be recorded as 45130074 **Transfer of Patient Care**
- eOther.15 "Signature Status" value shall be recorded as – 4515031 "Signed"
- eOther.19 "Signature Date Time" value is logical and present

Audit Tool Purpose

Improve EMS data and APOT representation through an **interactive**, **collaborative process**

Increase reliability and **confidence** in EMS APOT data by EMS Providers, LEMSAs, and Hospitals

Improve relationships between stakeholders

Reduce reliance on APOT Audit as confidence increases and processes are improved

Shift the focus away from data quality to patient movement and process improvement

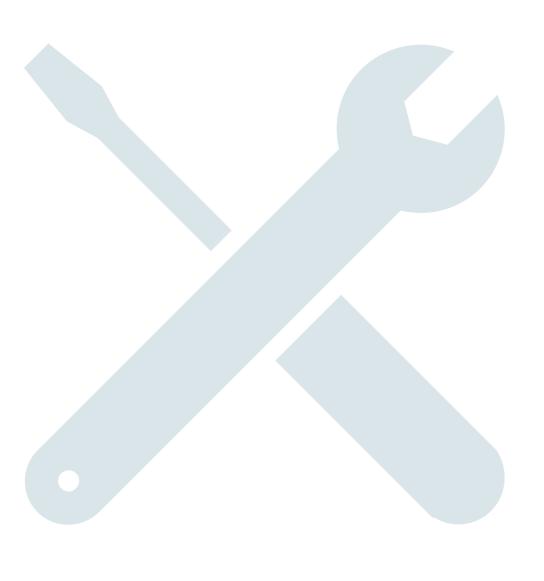
Registration Process

Registration

All LEMSA Administrators and Medical Directors will be preregistered into the system. Login credentials will be distributed when the portal goes live.

Additional staff may be added by email requests sent to APOT@emsa.ca.gov.





California Emergency Medical Services Authority

EMSA is responsible for the equitable coordination, administration, and integration of the statewide emergency medical services system to reduce suffering and save lives throughout California.

APOT

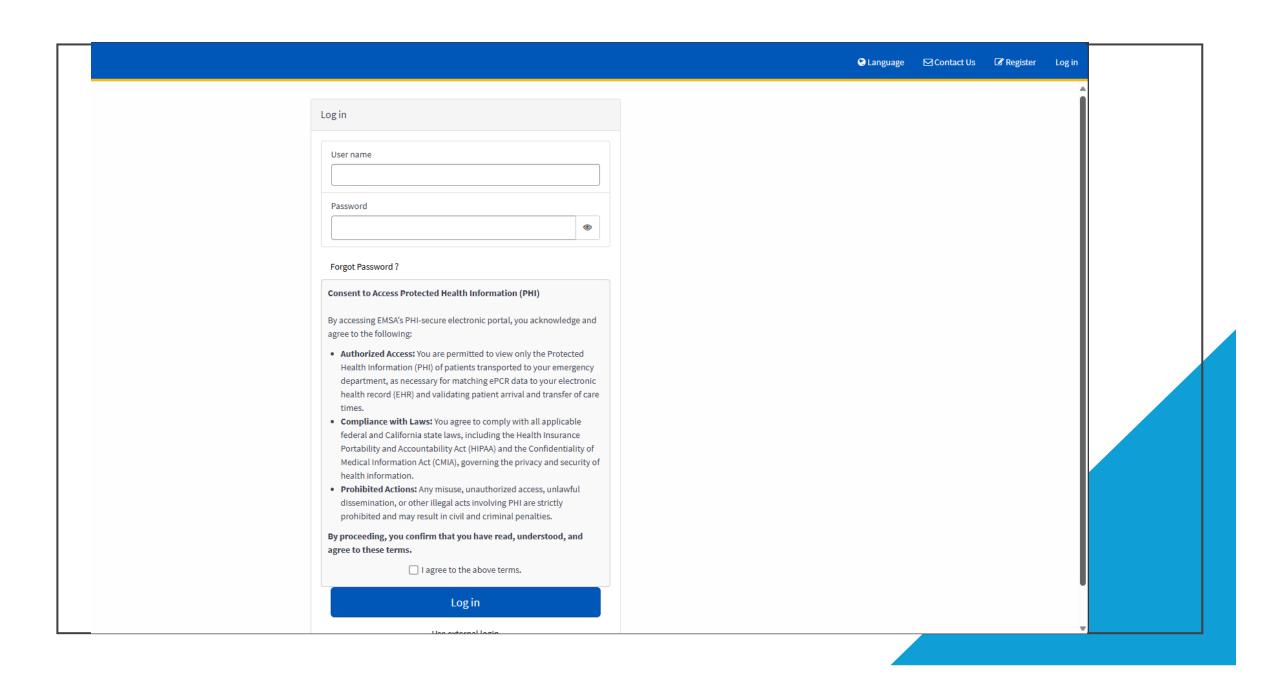
(Ambulance Patient Offload Time)

Click Here

POLST

(Physician's Order for Life Sustaining Treatment)

Click Here





Categories

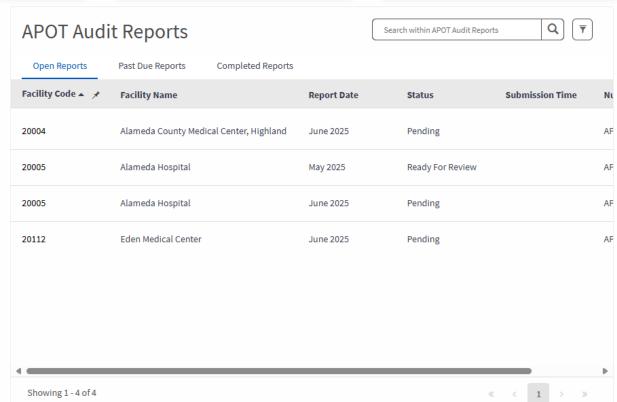
Ⅲ APOT Audit Reports

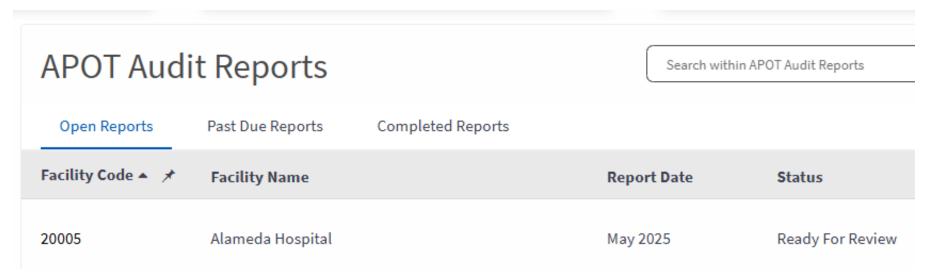
■ APOT Records

Audits Submitted this Month

2

Overdue Audit Reports

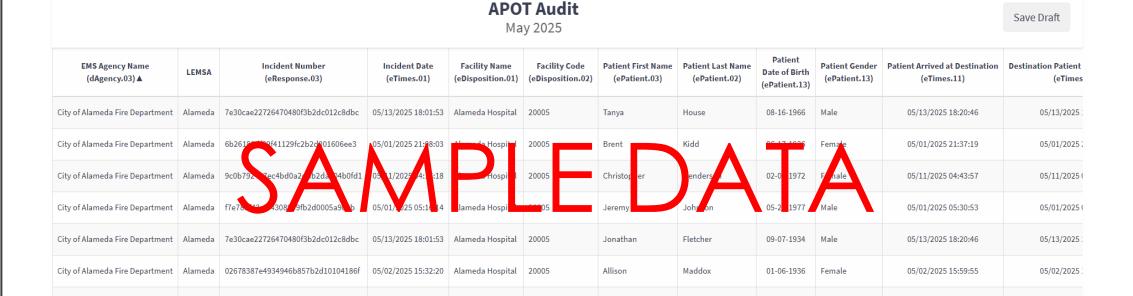




Upon login, LEMSAs will be able to see the completed audits for hospitals in their operational area.

LEMSAs will be able to see all audits sorted by status in the various tabs on your dashboard. The tabs are as follow: Open Reports, Past Due Reports, and Completed Reports.

Reports can be reviewed by clicking on a hospital to review that month's audit.



Leslie

Green

03-19-1977

Female

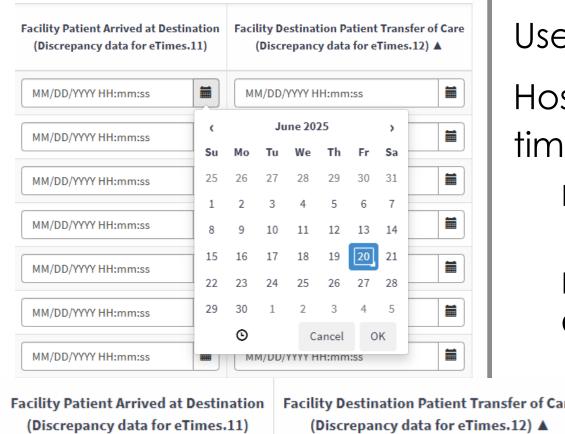
05/06/2025 13:13:07

05/06/2025

Users will be able to see APOT qualifying records for the specific facility for patients originating from their own LEMSA.

Ie. Sacramento County EMS Agency will only see records originating from Sacramento providers to Sacramento Hospitals.

Functionality



Users can sort all columns

Hospital users can input discrepant times for two fields:

Facility Patient Arrived at Destination (Discrepancy data for eTimes. 11)

Facility Destination Patient Transfer of Care (Discrepancy data for eTimes. 12)

Facility Patient Arrived at Destination
(Discrepancy data for eTimes.11)

Facility Destination Patient Transfer of Care
(Discrepancy data for eTimes.12) ▲

06/17/2025 07:15:07

6/17/2025 07:20:07

After Submission

Audit submitted successfully.

Note: All Completed Audits Reports will be available for review with "read only" permissions.



After Submission



Hello,

This email is to inform you that California Clnc - Ont has successfully completed and submitted its APOT Audit Report for the month of May 2025.

Please click the following URL to access and review the completed audit.

View APOT Audit

If you have any questions or require further assistance, please contact APOT@emsa.ca.gov.

Thank You,

EMSA

When an audit is complete and discrepancies are identified, it will trigger an email notification sent to the LEMSA and Provider of record.



If your facility has identified discrepant records, both the LEMSA and the EMS Provider of record will be notified.

LEMSAs will coordinate and facilitate a meeting with the hospital and the EMS provider to determine if correction is needed.

If correction is agreed upon by all parties, the EMS provider will correct the record and be re-uploaded into CEMSIS.

If all parties cannot agree to the audited times, the EMS record will default to the times recorded by EMS.

Important Note: If hospitals do not complete their audits, all times will default to the times recorded by EMS.

Strategies for Success

Open minded approach to collaboration.

Focus on "why" discrepancies are happening.

Focus on records that will impact hospital 90th percentile Offload Time.

 Work with hospitals to achieve your LEMSA standard to avoid implementing your APOT Reduction Plan.

Aligning documented times is key to partnership and trust.

 Over time, the frequency of discrepancies should decrease as processes align

Ask questions.

- What process can hospitals implement to align their times with EMS Providers to avoid or minimize audits?
- What process can we encourage our provider to implement to align times with hospitals?

Strategies for Success

Engage your providers and ePCR vendors to implement the new elements required to document patient transfer of care:

- eOther.12 "Type of Person Signing" value shall be recorded as 4512005 Healthcare Provider
- eOther.13 "Signature Reason" value shall be recorded as 45130074
 Transfer of Patient Care
- eOther.15 "Signature Status" value shall be recorded as 4515031
 "Signed"
- eOther.19 "Signature Date Time" value is logical and present

Ideally, when the above criteria are all met, eTimes.12 "Destination Patient Transfer of Care Date/Time" will automatically be populated by the same date and time as eOther.19 – "Signature Healthcare Provider Date Time".

Consistent use of this approach will result in a significant decrease in number of discrepant records identified by hospitals.

If a hospital exceeds the LEMSA's adopted standard for the preceding month after utilizing the APOT Audit, **EMSA** will:

Direct the GACH to immediately implement it's APOT reduction protocol no later than 5 business days after notification, and

Convene bi-weekly coordination calls/virtual meetings with designated representatives from hospital administration, emergency department leadership, hospital employees, the LEMSA(s), and the affected EMS transport provider agency or agencies.

Together, let's shift the focus away from data quality to patient care and process improvement.





Thank You!



For any questions, follow up, or technical support, please contact:



APOT@emsa.ca.gov