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

---

ARTICLE 1: General Provisions.

§ 100001.01 Authority and Application of this Chapter

(a) This chapter, adopted pursuant to Health and Safety Code Section 1797.120.7, applies to all general acute care hospitals (GACHs) with emergency departments that receive ambulance-transported patients, as well as local EMS agencies (LEMSAs) and EMS transport provider agencies subject to ambulance patient offload time (APOT) monitoring and reporting under Sections 1797.120.5, 1797.120.6, and 1797.120.7. The purpose of this chapter is to establish statewide standards, protocols, and tools designed to improve the accuracy, efficiency, and timeliness of APOT within California's emergency medical services (EMS) system.

(b) This regulation establishes requirements and procedures for the Emergency Medical Services Authority (hereinafter "EMSA"), LEMSAs, GACHs with an emergency department, and EMS transport provider agencies when standard APOT is exceeded.

Note: Authority cited: 1797.1,1797.107, 1797.120, 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: Definitions

§ 100002.01 Ambulance Patient Offload Delay (APOD).

"Ambulance patient offload delay" or "APOD" is defined as an APOT, measured from the arrival of an ambulance patient at an emergency department ambulance bay (NEMSIS element eTimes.11) to the time that patient care is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for the care of the patient (NEMSIS element eTimes.12), which exceeds the APOT standard set by the LEMSA within whose jurisdiction the receiving GACH with an emergency department is located.

Note: Authority cited: 1797.1,1797.107, 1797.120, 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.

§100002.02 Ambulance Patient Offload Time (APOT).

"Ambulance patient offload time" or "APOT" is defined as the interval between the arrival of an ambulance patient at an emergency department ambulance bay (NEMSIS element eTimes.11) and the time that patient care is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for care of the patient (NEMSIS element eTimes.12). The technical specification for calculating APOT (APOT-1) is defined in Technical Specification to Calculate Ambulance Patient Offload Time (APOT) (Rev. 04/2025), which is incorporated by reference.

Note: Authority cited: 1797.1,1797.107, 1797.120, 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.

§ 100002.03 Ambulance Patient Offload Time (APOT) Reduction Protocol.

"Ambulance patient offload time reduction protocol" or "APOT reduction protocol" is a protocol developed by a GACH with an emergency department pursuant to Section 1791.120.6 of the Health and Safety Code that identifies specific criteria for activation of the protocol and contains actionable steps to decrease APOD as described in section 100005.01 of this chapter.

Note: Authority cited: 1797.1,1797.107, 1797.120, 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.

§ 100002.04 Ambulance Patient Offload Time (APOT) Standard.

"Ambulance Patient Offload Time Standard" or "APOT standard" means the maximum length of time permitted for APOT, not to exceed thirty (30) minutes, 90% of the time, that is developed and adopted by each LEMSA to be applicable within its jurisdiction.

Note: Authority cited: 1797.1,1797.107, 1797.120, 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.

§ 100002.05 Audit Tool.

"Audit tool" means a standardized process utilizing a protected health information (PHI)-secure electronic portal developed and implemented by EMSA that is used by EMSA, GACHs with an emergency department, and LEMSAs for the purpose of evaluating and verifying data related to the transfer of care from EMS personnel to emergency department medical personnel. The audit tool includes mechanisms for validation by GACHs with an emergency department and LEMSAs and is capable of identifying discrepancies, ensuring data integrity, and supporting compliance with established APOT standards.

Note: Authority cited: 1797.1,1797.107, 1797.120, 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.

§ 100002.06 Bi-Weekly.

"Bi-weekly" means an interval of two weeks between occurrences.

Note: Authority cited: 1797.1,1797.107, 1797.120, 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.

§ 100002.07 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 EMSA which is used to collect statewide EMS and trauma data.

Note: Authority cited: Sections 1797.1, 1797.107, 1797.120, 1797.120.5, 1797.122, and 1797.176 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.

§ 100002.08 Electronic Patient Care Record (ePCR)

"Electronic patient care record" or "ePCR" means a real-time, patient care record that make information available securely to authorized users in a digital format capable of being shared electronically across more than one health care organization or within an electronic health record system.

Note: Authority cited: 1797.107, 1797.122, 1797.176, 1831, Health and Safety Code

Reference: Section: 1797.72, 1797.78, 1797.90, 1797.98e, 1797.122, 1797.125.09, 1797.227, 1798.175, 1831, Health and Safety Code.

§ 100002.09 Electronic Signature.

"Electronic signature," means a secure, electronic method of authentication in the form of an electronic signature used to confirm patient arrival (NEMSIS element eTimes.11) as well as the transfer of care time from EMS personnel to emergency department medical personnel (NEMSIS element eTimes.12) and populate a time stamp in NEMSIS element eOther.19. The time stamp is collected within the ePCR and the electronic signature is provided by emergency department medical personnel at the time of transfer of care.

Note: Authority cited: 1797.1, 1797.107, 1797.120, 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.

§ 100002.10 Emergency Department.

"Emergency department" means facilities which have been licensed by the California Department of Public Health (CDPH) as having an emergency department service level of "basic, comprehensive, or standby" and, for the purposes of this Chapter, includes any location within the GACH with an emergency department where ambulance patients are received.

Note: Authority cited: 1797.1, 1797.107,1797.120, 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.

§ 100002.11 Emergency Department Ambulance Bay.

"Emergency department ambulance bay" means a designated location where ground transport ambulances park to offload patients at a GACH emergency department or ambulance receiving area for the purposes of transferring, triaging, or admitting patients. In addition to a GACH emergency department, this also includes other locations authorized by the GACH to receive arriving ambulance patients.

Note: Authority cited: 1797.1, 1797.107, 1797.120, 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.

§ 100002.12 Emergency Department Medical Personnel.

"Emergency department medical personnel" or "hospital staff," for the purposes of this Chapter, means a staff member of a GACH with an emergency department, such as a physician, mid-level practitioner, or registered nurse, authorized by the GACH to communicate with EMS personnel and receive transfer of care of EMS patients.

Note: Authority cited: 1797.1, 1797.107, 1797.120, 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.

§100002.13 Emergency Medical Services Transport Provider Agency.

"Emergency medical services transport provider agency" or "EMS transport provider agency" means a public or private provider of emergency medical services authorized to perform patient transport within an EMS system.

Note: Authority cited: 1797.1, 1797.107, 1797.120, and 1797.125.5 Health and Safety Code. Reference: Section 1797.102, 1797.120, 1797.120.5, 1797.120.6 and 1797.120.7 Health and Safety Code.

§100002.14 General Acute Care Hospital or GACH.

"General acute care hospital" or "GACH" is a hospital, licensed by CDPH, having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff which provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services.

Note: Authority cited: 1797.1, 1797.107, 1797.120, and 1797.125.5 Health and Safety Code. Reference: Section 1797.102, 1797.120, 1797.120.5, 1797.120.6 and 1797.120.7 Health and Safety Code.

§ 100002.15 National Emergency Medical Services Information System or NEMSIS.

"National Emergency Medical Services Information System" or "NEMSIS" means the national repository used to store secure, standardized, and centralized electronic EMS data from every state in the nation.

Note: Authority cited: Sections 1797.107, 1797.120, 1797.125.5, and 1797.176 Health and Safety Code.
Reference: Sections 1797.107, 1797.120, 1797.120.5, 1797.120.6, 1797.120.7, and 1797.122 Health and Safety Code.

§ 100002.16 Small Rural Hospital

"Small rural hospital" means an acute care hospital that meets either of the following:

(a) The criteria for designation within peer group six or eight, as defined in the report entitled Hospital Peer Grouping for Efficiency Comparison, dated December 20, 1982; or

(b) The criteria for designation within peer group five or seven and has no more than 76 acute care beds and is located in an incorporated place or census designated place of 20,000 or less population according to the 1980 federal census.

Note: Authority cited: 1797.1, 1797.107,1797.120, and 1797.120.5 Health and Safety Code. Reference: Section 1797.102, 1797.120, 1797.120.5, 1797.120.6, 1797.120.7, and 1797.195 Health and Safety Code.

§ 100002.17 Thirty (30) minutes.

"Thirty (30) minutes" for the purpose of APOT standard is defined as 1800 seconds.

Note: Authority cited: 1797.1, 1797.107,1797.120, 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.

§ 100002.18 Transfer of care.

"Transfer of care" means when an ambulance patient, who has arrived at the emergency department ambulance bay, is physically transferred to an emergency department gurney, bed, chair, or other acceptable location, and emergency department medical personnel receives the report and confirms the transfer of patient care with an electronic signature within the ePCR (NEMSIS element eOther.19).

Note: Authority cited: 1797.1, 1797.107,1797.120, 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.

§ 100002.19 Volunteer EMS Transport Provider Agency.

"Volunteer EMS transport provider agency" means an EMS transport provider agency that is staffed primarily by unpaid or volunteer EMS personnel.

Note: Authority cited: 1797.1, 1797.107,1797.120, 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 3. AUDIT TOOL FOR VERIFICATION OF CEMISIS DATA USED FOR APOT AND APOD REPORTING

§ 100003.01 Verification of CEMSIS Data Used for APOT and APOD.

(a) The ePCR shall serve as the legal record for all APOT and APOD data within the California EMS system.

(b) The audit tool and verification process consist of the following:

(1) EMSA shall make CEMSIS APOT and APOD data available to each licensed GACH with an emergency department, through EMSA's PHI-secure electronic portal.

(A) The GACH shall only have access to records within the PHI-secure electronic portal that pertains to patients transported to its emergency department.

(B) The GACH shall have view-only access to the following NEMSIS data elements from the ePCR for the purpose of matching an ePCR to the hospital's corresponding electronic health record (EHR) and validating patient arrival and transfer of care time data:

(i) EMS transport provider agency name (NEMSIS element dAgency.03)

(ii) LEMSA

(iii) Incident run number (NEMSIS element eResponse.03)

(iv) Incident date (earliest eTimes element in the ePCR)
(v) Receiving facility name (NEMSIS element eDisposition.01)
(vi) Receiving facility code (NEMSIS element eDisposition.02)
(vii) Patient first name (NEMSIS element ePatient.03)
(viii) Patient last name (NEMSIS element ePatient.02)
(ix) Patient date of birth (NEMSIS element ePatient.17)
(x) Patient gender (NEMSIS element ePatient.13)
(xi) Patient arrival at destination date/time (NEMSIS element eTimes.11)
(xii) Patient transfer of care date/time (NEMSIS element eTimes.12)
(xiii) Signature date/time (NEMSIS element eOther.19)
(xiv) Unit back in service date/time (NEMSIS element eTimes.13)
(xv) Type of person signing (NEMSIS element eOther.12)

(2) If the GACH identifies any discrepancies between the CEMSIS-reported patient arrival (NEMSIS element eTimes.11) or transfer of care time (NEMSIS element eTimes.12) and the GACH's EHR, the GACH shall notify the relevant LEMSA and EMS transport provider agency or agencies of the discrepancy.

(3) Upon receipt of the notification from the GACH, the LEMSA shall coordinate a collaborative review with the GACH and relevant EMS transport provider agency or agencies.

(4) If the LEMSA and EMS transport provider agency or agencies agree with the discrepancy identified by the GACH, the relevant EMS transport provider agency shall correct the ePCR and resubmit the revised record by the 15th calendar day of the month following the reporting month.

(5) For unresolved discrepancies:

(A) The APOT value shall default to the CEMSIS data patient arrival time (NEMSIS element eTimes.11), and transfer of care time (NEMSIS element eTimes.12), as defined in the Technical Specification to Calculate Ambulance Patient Offload Time (APOT) (Rev. 04/2025).

(B) The GACH shall also enter the hospital-verified values for patient arrival (NEMSIS element eTimes.11) and transfer of care time (NEMSIS element eTimes.12) into the PHI-secure electronic portal using the designated fields so that EMSA can analyze discrepancies and assess their impact on APOT calculations.

(c) The audit tool shall serve as a quality assurance and data validation instrument, in addition to a data collection tool.

Note: Authority cited: Sections 1797.1, 1797.107, 1797.120, 1797.120.5, 1797.122, and 1797.176 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.

ARTICLE 4. LOCAL EMS AGENCY ROLES AND RESPONSIBILITIES FOR APOT

§ 100004.01 The Local EMS Agency.

Each LEMSA shall:

(a) Develop and adopt a local APOT standard. The APOT standard shall not exceed thirty (30) minutes, ninety percent (90%) of the time. If a LEMSA has not adopted a local APOT standard, the standard shall be deemed to be thirty (30) minutes for ninety percent (90%) of ambulance patient offloads for the purposes of APOT reporting and compliance under this Chapter;

(b) Within thirty (30) calendar days of the effective date of the APOT standard, submit a copy of the APOT standard to EMSA to the email address: apot@emsa.ca.gov with the subject line: "LEMSA APOT Standard Submission – [LEMSA Name]" in an electronic format as either a PDF or Microsoft Word document;
(c) Include the APOT standard and any related APOT policies, protocols, or procedures in the Response and Transportation section of its annual EMS plan submission to EMSA;
(d) Submit any updates or revisions to the APOT standard occurring independent of the annual EMS plan submission to EMSA as an amendment to the local EMS plan within thirty (30) calendar days of the effective date of the update or revision;
(e) When directed by EMSA, participate in EMSA-hosted bi-weekly APOT coordination calls, as referenced in Article 7 of this Chapter;
(f) In coordination with the relevant GACH(s) with an emergency department, EMS transport provider agency or agencies, and any other relevant LEMSA(s), review and validate APOT and APOD data submitted to CEMSIS by EMS transport provider agencies to resolve any discrepancies in the APOT or APOD data no later than the 15th calendar day of each month for data submitted in the preceding calendar month.

Note: Authority cited: Sections 1797.1, 1797.107, 1797.120, 1797.120.5, 1797.122, and 1797.176 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.

ARTICLE 5. GENERAL ACUTE CARE HOSPITAL WITH AN EMERGENCY DEPARTMENT ROLES AND RESPONSIBILITIES FOR APOT

§ 100005.01 General Acute Care Hospital (GACH) with an Emergency Department

The GACH with an emergency department shall:
(a) At the time the emergency department medical personnel receives the physical transfer of patient care and report from EMS personnel, the emergency department medical personnel shall provide an electronic signature within the ePCR that confirms the transfer of care (NEMSIS element eTimes.12). The date/time stamp for this signature is captured within the ePCR as the NEMSIS element eOther.19;
(b) Develop and submit an APOT reduction protocol to EMSA. Submission shall be made electronically to the email address: apot@emsa.ca.gov with the subject line: "APOT Reduction Protocol – [Hospital Name]" in an electronic format as either a PDF or Microsoft Word document. 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 Ambulance Patient Offload Time (APOT) Reduction Protocol Checklist for General Acute Care Hospitals (GACH) with an Emergency Department (Rev. 04/2025), which is incorporated by reference;
(c) Implement the APOT reduction protocol within 10 business days of receiving email notification and direction from EMSA to do so.
(d) Notify EMSA no later than twenty-four (24) hours after implementation of the APOT reduction protocol by email at: apot@emsa.ca.gov, to confirm compliance.
(e) When directed by EMSA, participate in EMSA-hosted bi-weekly calls to update and discuss implementation of the protocol and the outcomes.

Note: Authority cited: Sections 1797.1, 1797.107, 1797.120, 1797.120.5, and 1797.176 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 6. EMS TRANSPORT PROVIDER AGENCY ROLES AND RESPONSIBILITIES FOR APOT

§ 100006.01 EMS Transport Provider Agency

An EMS transport provider agency shall:

(a) No later than 60 days from the effective date of these regulations, collect an electronic signature within the ePCR (NEMSIS element eOther.19) from emergency department medical personnel at the point of transfer of care for each patient transported to a GACH emergency department.
(b) Ensure the date and time entered for the "destination transfer of care" time (NEMSIS element eTimes.12) is viewable to the emergency department medical personnel.
(c) Be permitted to use GPS vehicle tracking technology or automatic vehicle location (AVL) technology to automatically populate or retrospectively verify the 'patient arrival at destination date/time' (NEMSIS element eTimes.11) documented within the ePCR. GACHs with an emergency department may validate GPS data annually in coordination with the EMS transport provider agency.
(d) When directed by EMSA, participate in EMSA-hosted bi-weekly calls to update and discuss implementation of the protocol and the outcomes.

Note: Authority cited: Sections 1797.1, 1797.107, 1797.120, 1797.120.5, 1797.122, and 1797.176 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.

ARTICLE 7. EMERGENCY MEDICAL SERVICES AUTHORITY ROLES AND RESPONSIBILITIES FOR APOT

§ 100007.01 Monthly Monitoring of APOT Data

EMSA shall:

(a) Monitor monthly APOT data submitted by GACH(s) with an emergency department.
(b) Utilize data submitted to CEMSIS or the PHI-secure electronic portal to evaluate compliance with the APOT standards established by LEMSAs pursuant to Section 1797.120.5, subdivision (b).

Note: Authority cited: Sections 1797.1, 1797.107, 1797.120, 1797.120.5, 1797.122, and 1797.176 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.

§ 100007.02 Exceedance of APOT Standards - Required Actions

If a GACH with an emergency department reports an APOT that exceeds the LEMSA's adopted standard for the preceding month, EMSA shall initiate the following actions:

(a) Electronically notify the relevant LEMSA and the Commission on Emergency Medical Services of the exceedance within five (5) business days of verification;
(b) Direct the LEMSA to issue a notification to all EMS transport provider agencies operating within its jurisdiction regarding the GACH's APOT exceedance;

(c) Direct the GACH to immediately implement its APOT reduction protocol no later than five (5) business days after notification;
(d) Convene and host bi-weekly coordination calls and/or 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;
(1) These EMSA-hosted bi-weekly meetings shall be used to review APOT reduction protocol implementation, address operational barriers, monitor outcomes, review the data validation tool, and propose corrective actions;
(2) Meetings shall continue until such time as the GACH demonstrates sustained compliance with the adopted APOT standard for two (2) consecutive reporting periods, or as otherwise determined by EMSA.

Note: Authority cited: Sections 1797.1, 1797.107, 1797.120, 1797.120.5, 1797.122, and 1797.176 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.

§ 100007.03 Technical Assistance Program

(a) EMSA shall establish and maintain a technical assistance program to support eligible small rural hospitals and volunteer EMS transport provider agencies in meeting the requirements of Section 1797.120.5, including:
(1) Implementation of electronic signature systems;
(2) Integration with CEMSIS;
(3) Deployment of the audit tool.
(b) Requests for technical assistance must be submitted using Form EMSA-TA-Request-1 (Rev. 04/2025), which is incorporated by reference.

Note: Authority cited: Sections 1797.1, 1797.107, 1797.120, 1797.120.5, 1797.122, and 1797.176 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.

§ 100007.04 Funding Support

(a) Subject to appropriation by the Legislature, EMSA shall administer a grant support program to provide financial assistance to eligible small rural hospitals and volunteer EMS transport provider agencies;
(b) Grant funds may be used for:
(1) The purchase or upgrade of electronic data systems;
(2) Personnel training for electronic signature or audit tool use;
(3) System integration or compliance consulting services;
(4) Costs associated with participation in mandatory meetings under this Chapter.
(c) Eligible entities shall apply using Form EMSA-APOT-Grant-1(Rev. 04/2025), which is incorporated by reference, and must include the following information:
(1) Proof of eligibility as defined in Sections 100002.16 and 100002.19 of this Chapter (See section I of the form);
(2) A brief description of current capabilities and needs (See section II.1 and IV of the form);
(3) A budget proposal and implementation timeline (See section II.2, II.3 and IV of the

form).

(d) Funding shall be awarded based on the availability of appropriated funds and will take into consideration the entity's geographic needs, call volume, and the extent of its volunteer or under-resourced status, as well as the total number of entities that have requested funding support.

(e) Recipients shall submit a post-award compliance and performance report using Form EMSA-Grant-Report-1 (Rev. 04/2025), which is incorporated by reference, within 90 days of project completion.

Note: Authority cited: Sections 1797.1, 1797.107, 1797.120, 1797.120.5, 1797.122, and 1797.176 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.

§ 100007.05 Oversight and Accountability

(a) EMSA may audit any recipient of grant funding to ensure the funds are used in accordance with approved applications;

(b) Misuse of funds or failure to comply with reporting requirements may result in:

(1) Requirement to return funds;

(2) Disqualification from future support programs;

(3) Referral to the appropriate oversight entity.

Note: Authority cited: Sections 1797.1, 1797.107, 1797.120, 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.

Technical Specification to Calculate Ambulance Patient Offload Time (APOT)

The technical specification to calculate APOT provides standardized guidance on data elements, inclusion/exclusion criteria, and calculation methodologies to ensure statewide uniformity in reporting and analysis.

MEASURE SET	Ambulance Patient Offload Time (APOT)	
SET MEASURE ID #	APOT-1	
PERFORMANCE MEASURE NAME	Ambulance Patient Offload Time for Emergency Patients	
Description	Does the GACH meet the APOT standard 90% of the time?	
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 emergency department ambulance bay until the patient is transferred to GACH emergency department care. All emergency ambulance transports to the GACH emergency department with available eTimes are included.	
Inclusion Criteria	Criteria in NEMSIS 3.5	Data Elements--NEMSIS 3.5

	• 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"
	AND
	• All events in eDisposition.30 "Transport Disposition" with the value of
	  ○ **4230001** "Transport by This EMS Unit (This Crew Only)" or
	  ○ **4230003** "Transport by This EMS Unit, With a Member of Another Crew"
	AND
	• All events in eDisposition.21 "Type of
		• Type of Service Requested (eResponse.05)
		• Transport Disposition (eDisposition.30)
		• Type of Destination (eDisposition.21)
		• Patient Arrived at Destination Date/Time (eTimes.11)
		• Destination Patient Transfer of Care Date/Time (eTimes.12)
		• Type of Person Signing (eOther.12)
		• Signature Reason (eOther.13)
		• Type of Patient

	Destination" with the value of **4221003**, "Hospital-Emergency Department";
	AND
	• eTimes.11 "Patient Arrived at Destination Date/Time" values are logical and present
	AND
	• eTimes.12 "Destination Patient Transfer of Care Date/Time" values are logical and present
	AND
	• All events in eOther.12 "Type of Person Signing" with the value of **4512005** "Healthcare Provider"
	AND
	• All events in eOther.13 "Signature Reason" with the value of **4513007** "Transfer of Patient Care"
	AND
	• All events in eOther.14 "Type of Patient Representative"
	  o with the value of 4514025 "MD/DO" or
	  o 4514029 "Nurse (RN)" or
	  o 4514031 "Nurse Practitioner (NP), or
	  o 4514033 "Other Care Provider", or
	  o 4514037 "Physician's Assistant (PA)AND
	• All events in eOther.15 "Signature Status" with the value of or
	  o **4515031** "Signed" or
	  o **4515033** "Signed-Not Patient"
	AND
	• All events in eOther.19 "Date/Time of Signature" values are logical and present
		Representative (eOther.14)
		• Signature Status (eOther.15)
		• Date/Time of Signature (eOther.19)

Exclusion Criteria	Criteria	Data Elements
	• eDisposition.02 is "Blank, Not Available, Not Recorded, Not Applicable, or Null" • All records where the difference between eOther.19 "Date/Time of Signature" and eTimes.11 "Patient Arrived at Destination Date/Time" is negative • All records where eTimes.13 "Unit Back in Service Date/Time" is recorded as taking place prior to eOther.19 "Date/Time of Signature"	• Destination/Transferred To, Code (eDisposition.02) • Patient Arrived at Destination Date/Time (eTimes.11) • Date/Time of Signature (eOther.19) • Unit Back in Service Date/Time (eTimes.13)
Indicator Formula Numeric Expression	The formula is the 90th 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	• 90th percentile measurement. • Aggregate measure of central tendency and quantile (fractile) measurement to determine the span of frequency distributions.	
Reporting Notes	• Report monthly aggregate values by LEMSA (aggregate of total of offloads and 90th Percentile offload time) Report the 90th percentile time calculated and the denominator (number of emergency transports with data available).	

Ambulance Patient Offload Time (APOT) Reduction Protocol Checklist for General Acute Care Hospitals (GACHs) with an Emergency Department

The purpose of this document is to establish requirements for the development and implementation of the Ambulance Patient Offload Time (APOT) Reduction Protocol by General acute care hospitals (GACHs) with an emergency department (hereinafter referred to as "Hospital"). This protocol aims to ensure timely and efficient transfer of care for patients arriving by emergency medical services (EMS) to improve operational efficiency and reduce ambulance patient offload time, in accordance with local Emergency Medical Services Agency (LEMSA) standards.

The information contained herein is intended to assist GACHs in meeting regulatory requirements, enhancing hospital coordination, and improving patient care outcomes through improved ambulance patient offload practices.

Hospital Information

Please provide the following information regarding your specific hospital within your APOT reduction protocol:

Hospital Name:	
CDPH Hospital Licensing Number:	
Hospital Emergency Department Address:	
Chief Executive Officer (CEO):	
CEO Email Address:	
CEO Phone Number:	
Chief Nursing Officer (CNO) or Equivalent:	
CNO Email Address:	
CNO Phone Number:	
Primary Contact (Emergency Department Director or Manager):	
Emergency Department Director Email:	
Emergency Department Director Phone Number:	

APOT Reduction Protocol Checklist

Please check all boxes to confirm that your APOT reduction protocol contains the following requirements:

1. **Consultation & Development:**

   ☐ The APOT reduction protocol was developed in consultation with the emergency department staff and exclusive employee representatives.

2. **Notification to Hospital Staff:**

☐ The APOT reduction protocol includes a process to notify hospital administrators, nursing staff, medical staff, and ancillary services if the LEMSA standard for APOT has been exceeded for one month.

3. **Operational Improvements:**

   ☐ The APOT reduction protocol includes mechanisms to improve hospital operations to reduce APOT. These 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
   - Adding additional staffing

4. **Hospital Coordination:**

   ☐ The APOT reduction protocol includes systems to improve coordination between the emergency department and other hospital departments, including consults for emergency department patients.

5. **Direct Operational Changes:**

   ☐ The APOT reduction protocol includes direct operational changes designed to facilitate the rapid reduction of APOT to meet the LEMSA standard.

6. **Annual Reporting:**

   ☐ The hospital shall submit its APOT reduction protocol to EMSA and report any revisions annually on or before June 30th. All updates should include required data elements and action plans, as outlined with this document.

Baseline Hospital Data

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

Total Number of Licensed Hospital Beds:	
Average Number of Staffed Hospital Beds (as a percentage of total licensed beds):	
Percentage of Occupied Staffed Beds:	
Percentage of Occupied Licensed Beds:	

Total Number of Licensed Emergency Department Beds:	
Average Number of Staffed Emergency Department Beds (as a percentage of total licensed ED beds):	
Total Annual Emergency Department Visits:	
Average Number of ED Visits Daily (0000-2359):	
Average Number of Patients Arrived by EMS Daily (0000-2359):	
Average Number of Patients with Behavioral Health Diagnosis Boarding Daily (0000-2359):	
Average Number of Admitted Patients Boarding Daily (0000-2359):	
Average Number of Patients Pending Transfer Boarding Daily (0000-2359):	

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.

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:	

Form EMSA-TA-Request-1

Emergency Medical Services Authority (EMSA)
Technical Assistance Request Form
Pursuant to Health & Safety Code § 1797.120.5(d)

Section I: Applicant Information
Organization Name: _____

Facility Type: ☐ Small Rural Hospital ☐ Volunteer EMS Provider Transport Agency

Primary Contact Name: _____

Title/Position: _____

Phone Number: _____

Email Address: _____

Organization Address: _____

City: _____ Zip Code: _____

Section II: Eligibility Verification
☐ I certify that our organization qualifies as:

A small rural hospital (≤ 50 beds, rural area), or

A volunteer EMS transport provider agency staffed primarily by unpaid or volunteer personnel.

Please attach:
☐ Proof of rural designation (for hospitals)
☐ Staffing summary or volunteer roster, and brief description of current capabilities (for EMS transport provider agencies)

Section III: Technical Assistance Needs (check all that apply)
☐ Electronic Signature System Implementation
☐ Integration with California EMS Information System (CEMSIS)
☐ Audit Tool Deployment
☐ Data Collection and Reporting Training
☐ Workflow/Process Redesign for APOT
☐ Development or Update of APOT Reduction Protocol

(Rev. 04/2025)

☐ Other (describe): _____

Section IV: Description of Request
Provide a brief description (250–500 words) of the assistance needed, operational barriers, how EMSA support will help, and anticipated timeline:

Section V: Certification
I certify the information provided is accurate, and we are committed to implementation in good faith.

Name: _____
Title: _____
Signature: _____
Date: ____ / ____ / _____

Submit Completed Forms To:
Email: APOT@emsa.ca.gov
Mail: EMSA – APOT Assistance Program
11120 Internation Drive, Suite 200, Rancho Cordova CA, 95670

Form EMSA-APOT-Grant-1

Emergency Medical Services Authority (EMSA)
Funding Request Form for APOT Implementation Support

Section I: Applicant Information
Organization Name: _____

Facility Type: ☐ Small Rural Hospital ☐ Volunteer EMS Transport Provider Agency

Primary Contact Name: _____

Phone Number: _____

Email Address: _____

Section II: Project Summary
1. Briefly describe how grant funds will be used:

2. Implementation Timeline:

3. Requested Amount: $_____

Section III: Budget Proposal

Item/Service Estimated Cost Description
Total $_____

Section IV: Attachments
☐ Budget Worksheet
☐ Vendor Quotes or Equipment Specs (if applicable)
☐ Description of Technology Needs
☐ Letter of Commitment from Organizational Leadership

Section V: Certification
I certify that the requested funds will be used solely for APOT implementation as described.

Name: _____
Title: _____
Signature: _____
Date: ____ / ____ / _____

Submit Completed Forms To:
Email: APOT@emsa.ca.gov
Mail: EMSA – APOT Assistance Program
11120 Internation Drive, Suite 200, Rancho Cordova CA, 95670

(Rev. 04/2025)

Form EMSA-Grant-Report-1

Post-Award Grant Reporting Form
Required within 90 days of project completion

Section I: Grantee Information
Organization Name: _____

Contact Person: _____

Phone: _____ Email: _____

Section II: Grant Use Summary
1. Grant Amount Awarded: $_____
2. Total Funds Used: $_____
3. Describe how the funds were used and how implementation goals were achieved:

Section III: Outcome Metrics
Did APOT times improve following the implementation?
☐ Yes ☐ No ☐ Not Yet Determined

If yes, describe the improvement or attach summary data:

Challenges or barriers encountered:

Section IV: Certification
I certify that the information provided is accurate to the best of my knowledge.

Name: _____
Title: _____
Signature: _____
Date: ____ / ____ / _____

Submit Completed Forms To:
Email: APOT@emsa.ca.gov
Mail: EMSA – APOT Assistance Program
11120 Internation Drive, Suite 200, Rancho Cordova CA, 95670