

AB-40 OVERVIEW & IMPLEMENTATION



Local Responsibilities, Benchmarks, and Timelines



AB-40: RESPONSIBILITIES FOR HOSPITALS

Licensed general acute care hospitals with an emergency department are responsible for the following:

- Developing an APOT reduction protocol that addresses:
 - Notification of key hospital staff that the APOT standard has been exceeded for one month
 - Mechanisms to improve hospital operations to reduce APOT
 - Systems to improve general hospital coordination with the emergency department
 - Direct operational changes designed to facilitate a rapid reduction in APOT to meet the standard
- File the APOT reduction protocol with EMSA and report any revisions yearly



AB-40: RESPONSIBILITIES FOR LEMSA

The San Diego County EMS Office is responsible for the following:

- Developing a standard not to exceed 30 minutes, 90% of the time, for ambulance patient offload time and report the standard to EMSA
- In development of the standard, the LEMSA may engage various stakeholders
- Delivering APOT times via CEMSIS
- Helping with the validation of EMSA audit tools to improve data accuracy



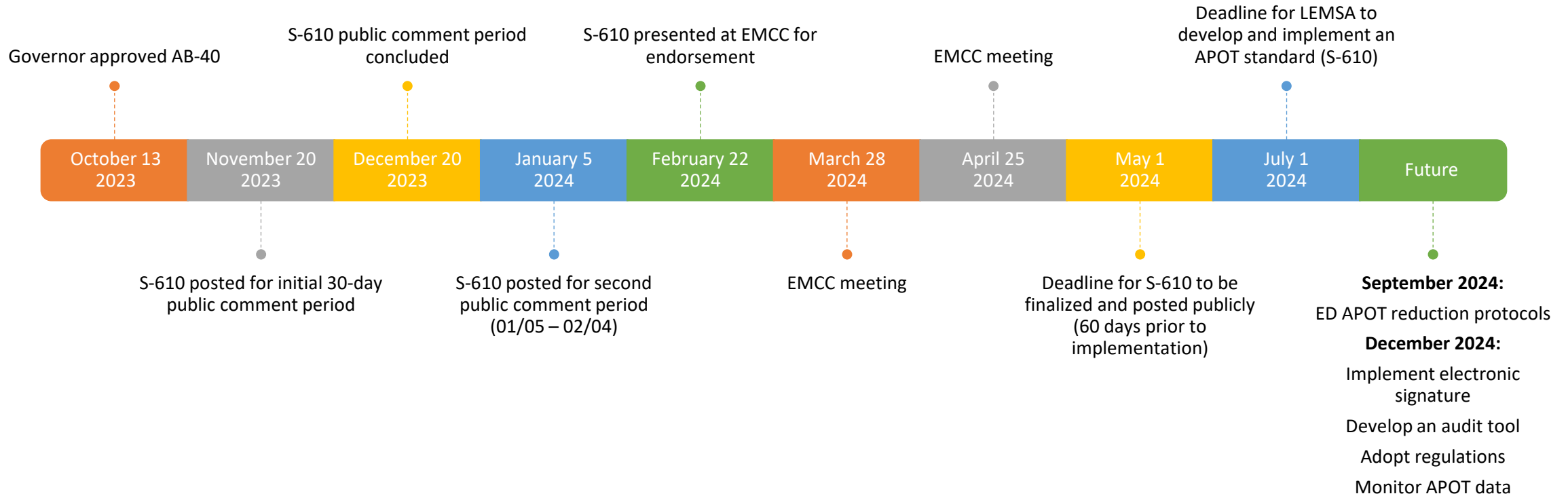
AB-40: RESPONSIBILITIES FOR EMSA

The California EMSA is responsible for the following:

- Developing and implementing a CEMSIS requirement for electronic signature for use between ED medical personnel and EMS personnel that captures when the ambulance arrives and when transfer of care is complete
- Developing and implementing an audit tool to improve the data accuracy of transfer of care
- Adopting emergency regulations to implement these H&S Code revisions
- Monitoring monthly APOT data for each hospital
 - If a hospital exceeds the APOT standard for the previous month, EMSA will:
 - Report the APOT time exceedance to the LEMSA
 - Direct LEMSA to alert all EMS providers in the jurisdiction
 - Direct the hospital to implement the APOT reduction protocol
 - Host, at minimum, bi-weekly calls with the hospital administration, including ED leadership, EMS providers, LEMSA, and hospital employees



AB-40: BENCHMARKS AND TIMELINES





S-610 TRANSFER OF CARE GUIDELINES

Goals and Objectives:

- Revise S-610 to become compliant with AB-40
 - Define APOT standard
- Adopt EMSA APOT definitions for statewide standard
- Better define transfer of care to align with AB-40 and statewide standards
- Outline APOT calculations and reporting
- Incorporate APOT QA component

EMSA APOT Resources:

- [NEMESIS 3.5 APOT-1 Specifications](#)
- [NEMESIS 3.5 APOT-2 Specifications](#)
- [Standardized Methods for Data Collection and Reporting](#)



S-610 TRANSFER OF CARE GUIDELINES

What has happened since February?

- Policy was reviewed and discussed at EMCC Prehospital/Hospital on February 8. The subcommittee did not endorse the presented version.
- Subcommittee compiled additional comments from members to be distributed to EMCC membership.
- Policy was scheduled to be reviewed and discussed at EMCC on February 22, but was removed from the agenda during meeting.
- Executive Board had an informational meeting with CoSD EMS staff to discuss the next steps for S-610.
 - EMS discussed revised draft of S-610 with the Executive Board
 - Executive Board recommended a presentation of revised draft to subcommittee
- S-610 revised and posted for public comment from March 4 – March 12




S-610 TRANSFER OF CARE GUIDELINES

Where are we now?

- Policy was refocused
 - AB-40 compliance
 - Maintain a high standard for patient-centered care transition
- Policy was renamed to Ambulance Patient Offload Time Standard
- Purpose statements were adjusted
- EMSA definitions were removed except for APOD/APOT
- Policy section was substantially revised

S-610 TRANSFER OF CARE GUIDELINES



 COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	DATA COLLECTION	S-610
	AMBULANCE PATIENT OFFLOAD TIME STANDARD	
	Date: 7/1/2024	Page 1 of 2

I. PURPOSE

- A. To ensure appropriate, timely, and patient-centered care transition from EMS personnel to receiving facility medical personnel.
- B. To establish standard ambulance patient offload time standards, as these are essential to public safety.
- C. To declare that timely ambulance patient offloads are in the best interests of the patient, the EMS delivery system, and the public's health and safety.
- D. To support the statewide standard methodology for calculating, verifying, and reporting ambulance patient offload time as defined in Health and Safety Code 1797.120.5 and developed by the California EMS Authority.


II. **AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797.120, 1797.120.5, 1797.120.6, 1797.120.7, and 1797.123.

III. DEFINITION(S)

Ambulance Patient Offload Delay (APOD): The occurrence of a patient remaining on the ambulance gurney and/or the receiving facility staff has not assumed patient care beyond the Local EMS Agency-approved APOT standard of 30 minutes.

Ambulance Patient Offload Time (APOT): The time interval between the arrival of an ambulance patient at an receiving facility and the time the patient is transferred to the receiving facility gurney, bed, chair or other acceptable location and the receiving facility staff assumes patient care.

IV. POLICY

 COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	MEDICAL CONTROL	S-XXX
	AMBULANCE PATIENT OFFLOAD MITIGATION PRACTICES	
	Date: TBD	Page 1 of 7

I. PURPOSE

- A. To ensure high quality patient care and mitigate APOD instances, ED medical personnel and EMS personnel shall collaboratively and cooperatively work to ensure a safe, efficient, timely, and seamless ambulance patient transfer of care.
- B. To establish standards and best practices to mitigate ambulance patient offload delays to ensure critical emergency medical service resource availability. These standards and procedures are essential to public safety.

II. **AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797.52, 1797.120 *et seq.*, 1797.218, 1797.220, 1797.225, 1797.252, 1798, 1798.170; California Code of Regulations, Title 22, Division 9, Sections 100063, 100106, 100146, 100170, 100404.

III. DEFINITION(S)

Ambulance Arrival at the Emergency Department (ED): The time the ambulance stops at the location outside the hospital ED where the patient will be unloaded from the ambulance.

Ambulance Patient Offload Time (APOT): The interval between the arrival of an ambulance patient at an emergency department and the time that the patient is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for care of the patient.

Ambulance Patient Offload Time (APOT) Standard: Receiving hospitals have a responsibility to ensure policies and processes are in place that facilitates the rapid and appropriate transfer of patient care from EMS personnel to the ED medical personnel within 30 minutes of arrival at the ED.¹



QUESTIONS?

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