

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:
 - o Activating the hospital's surge plan
 - o Transferring patients to other hospitals
 - o Suspending elective admissions
 - o Discharging patients
 - o Using alternative care sites
 - o Increasing supplies
 - o Improving triage and transfer systems
 - o 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 <input type="checkbox"/> No <input type="checkbox"/>
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:	