



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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AMBULANCE PATIENT OFFLOAD DELAY (APOD)

I. PURPOSE

To establish policy for the safe and rapid transfer of patient care responsibilities between Emergency Medical Services (EMS) personnel and emergency department (ED) medical personnel.

II. CONSIDERATIONS

Delays in the transfer of patient care and offloading of patients adversely affects patient care,

III. DIRECTION OF EMS FIELD PERSONNEL

EMS field personnel must continue to provide and document patient care in accordance with ICEMA treatment policies and protocols prior to the transfer of patient care to the designated receiving hospital.

IV. PATIENT CARE RESPONSIBILITY

The responsibility for patient care belongs to the designated receiving hospital once the patient arrives on hospital grounds.

V. TRANSFER OF PATIENT CARE

Patients Under Care of EMS Field Personnel

. Transfer of patient care is completed once the ED medical staff has received a verbal patient report. If the transfer of care and patient offloading from the ambulance gurney exceeds 25 minutes, it will be documented and tracked as APOD.

EMS field personnel are responsible for immediately returning to response ready status once patient care has been transferred to ED medical personnel and the patient has been offloaded from the ambulance gurney.

VI. APOD MITIGATION PROCEDURES

ED medical personnel should consider the following to prevent APOD:

- Immediately acknowledge the arrival of each patient transported by EMS;
- Receive a verbal patient report from EMS field personnel; and
- Transfer patient to the hospital gurney, bed, chair, wheelchair or waiting room as appropriate for patient condition within 25 minutes of arrival at the hospital ED.

If APOD does occur, the hospital should make every attempt to:

- Provide a safe area in the ED for the EMS personnel to temporarily wait while the hospital's patient remains on the ambulance gurney.
- Inform the attending paramedic or EMT of the anticipated time for the offload of the patient.

- Provide information to the supervisor of the EMS field personnel regarding the steps that are being taken by the hospital to resolve APOD.

Hospitals will provide written details to ICEMA and EMS providers of policies and procedures that have been implemented to mitigate APOD including:

- Processes for internal escalation of APOD:
 - ED/Attending Physician
 - ED Nurse Manager/Director or Designee (i.e., Charge Nurse)
 - House Supervisor
 - Administrator on call
- Processes to alert via ReddiNet
 - Local receiving hospitals/base hospitals
 - Fire department and ambulance dispatch centers
- Processes for EMS field providers to alert the ED medical personnel of a decline in the patient's condition.
- EMS field personnel are directed to do the following to prevent APOD:
- Work cooperatively with the receiving hospital staff to transition patient care within the timeframes established in this policy.

VII. DOCUMENTATION OF APOD

- EMS field personnel will ensure the correct hospital destination is selected in the ePCR
- All transport providers are to make receiving hospital corrections within 48 hours
- Hospitals will sign and lock the transfer of care time in the ePCR after physical transfer and report from the EMS provider
- Hospitals may submit requests to ICEMA for corrections to bed delay data at APODdatacorrections@cao.sbcounty.gov
- Bed delay data corrections will not apply to the following:
 - In incidents where the hospital has not signed and locked the transfer of care signature. Issues stemming from hospital operational challenges (e.g., staffing shortages, temporary staffing, staff turnover, ED boarding)
- ICEMA will review and respond to correction requests within ten(10) working days.

VIII. CLINICAL PRACTICES FOR EMS FIELD PERSONNEL TO REDUCE APOD

The EMS field personnel shall utilize sound clinical judgment and follow the appropriate ICEMA policies and treatment protocols including:

- Initiate care as clinically indicated with the appropriate basic life support (BLS) and advanced life support (ALS) interventions.
- Initiate vascular access only as clinically indicated.
- Discontinue ECG monitoring before removing the patient from the ambulance if there are no clinical indications for cardiac monitoring.

IX.. APOD UNUSUAL EVENTS

In response to a major emergency that requires immediate availability of ambulances the San Bernardino County Medical Health Operational Area Coordinator may give direction to EMS field providers to immediately transfer patient care to the ED medical personnel and return to service to support the EMS system resource needs.

- If offload delay exceeds 25 minutes, EMS field personnel will transfer care of the patient to ED medical personnel and transition patient to a gurney cot bed chair wheelchair or waiting room that is appropriate for patients' condition.
- Transfer of care will include BLS and ALS patients that are determined to be stable and safe to transfer, based on EMS field personnel evaluation.

EMS field personnel are required to give a verbal patient report containing any pertinent information necessary for the ongoing care of the patient. EMS field personnel will complete and post the written ePCR in accordance with existing policy.