



## Emergency Medical Services Agency

**Bulletin 2026-03 – June 8, 2026**

**URGENT**

**PLEASE POST**

### Policy #158: Ambulance Patient Offload Time (APOT) Monitoring Update

The County of San Luis Obispo Emergency Medical Services Agency (SLOEMSA) has revised Policy #158: Ambulance Patient Offload Time (APOT) Monitoring.

Effective June 8, 2026, the Ambulance Patient Offload Delay (APOD) threshold has been increased from 20 minutes to 30 minutes. APOT events exceeding 30 minutes will be classified as an APOD and tracked accordingly.

This change aligns the County of San Luis Obispo with surrounding and like counties and with the 30-minute APOD standard commonly used throughout the region.

For any questions regarding this bulletin, please contact Director Rosander [rosander@co.slo.ca.us](mailto:rosander@co.slo.ca.us) Desk: (805) 788-2512 | Cell: (805) 748-1843

## **POLICY #158 AMBULANCE PATIENT OFFLOAD TIME (APOT)** **MONITORING:**

### I. PURPOSE

- A. To establish standardized methodologies for collecting and reporting Ambulance Patient Offload Time (APOT) data to the County of San Luis Obispo Emergency Medical Services Agency (SLOEMSA) and to support continuous monitoring of EMS system performance, hospital patient flow, ambulance availability, and support data-driven EMS system improvements. APOT monitoring also supports EMS system reliability and emergency response readiness within San Luis Obispo County

### II. DEFINITIONS

- Ambulance Arrival at ED: The time the ambulance wheels stop at the designated hospital ED offload location.
- Ambulance Patient Offload Time (APOT): The interval between the arrival of an ambulance patient at an emergency department (ED) and the time when the patient is transferred to an ED gurney, bed, chair, or other suitable location, at which point the ED assumes responsibility for the patient's care.
- Ambulance Patient Offload Delay (APOD): Any delay in ambulance patient offload time that exceeds the local standard for ambulance patient offload time, which is 30 minutes. This is synonymous with "non-standard patient offload time" in the Health and Safety Code.

### III. POLICY

- A. EMS field personnel are obligated to continue delivering and documenting patient care until the patient is transferred (off EMS gurney and transfer signature obtained) to the hospital's Emergency Department (ED) medical personnel. The medical control and management of the EMS system, including EMS field personnel, remain under the jurisdiction of the EMS Agency medical director. All patient care provided must adhere strictly to the treatment protocols and policies outlined by the EMS Agency.
- B. Ambulance Patient Offload Times should be minimized to ensure efficient transfer of patient care and timely return of EMS resources to service. APOT exceeding 30 minutes shall be classified as an Ambulance Patient Offload Delay (APOD).
- C. Hospitals and EMS field personnel shall follow the APOD Mitigation Procedures detailed in Section IV of this policy when an APOD event occurs.
- D. The EMS Agency may review APOT and APOD events as part of its EMS system quality improvement responsibilities and may request data or information from hospitals or EMS providers necessary to evaluate system performance and patient care transitions.

- E. The EMS Agency maintains oversight of APOT as a system performance indicator and may review delays to identify opportunities to improve EMS system efficiency and patient care transitions. System factors impacting APOT may be considered when evaluating overall EMS system performance.

#### IV. PROCEDURE

##### A. Direction of EMS Field Personnel

###### 1. Ambulance Patient Offload Time (APOT) Monitoring

- a. If the transfer of care and patient offloading from the ambulance gurney exceeds the 30-minute standard, it will be documented and tracked as an APOD.
- b. The transporting EMS field personnel are not responsible for continuing to monitor the patient or provide care within the hospital setting after the patient's care has been transferred to ED medical personnel.

###### 2. APOD Mitigation Procedures

- a. Hospitals are responsible for ensuring policies and processes facilitate the rapid and appropriate transfer of patient care from EMS field personnel to ED medical personnel.

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

- i. Provide a safe area in the ED within direct sight of ED medical personnel where the ambulance crew can temporarily wait while the hospital's patient remains on the ambulance gurney.
- ii. Inform the attending paramedic or EMT of the anticipated time for the offload of the patient.
- iii. Provide information to the EMS Field Supervisor regarding the steps the hospital is taking to resolve APOD.

- c. If requested, hospitals will provide written details to the EMS Agency of policies and procedures that have been implemented to mitigate APOD and assure effective communication with affected partners:

- i. Processes for the immediate notification of the following hospital staff through their internal escalation process of the occurrence of APOD, including but not limited to:
  - ED Attending Physician
  - ED Nurse Manager/Director or Designee (i.e. Charge Nurse) House Supervisor Administrator on-call
- ii. Processes for ED medical personnel to immediately respond to and provide care for the patient if the attending EMS field personnel alert the ED medical personnel of a decline in the condition of a patient being temporarily held on the ambulance gurney.
- iii. EMS field personnel are directed to do the following to prevent APOD:

- Notify the hospital ED as soon as possible (call-in) that a patient is being transported to their facility.
- Contact the EMS Field Supervisor for direction if the ED medical personnel do not offload the patient within the 30-minute ambulance patient offload time standard.
- Work cooperatively with the hospital staff to transition patient care within the timeframes established in this policy.

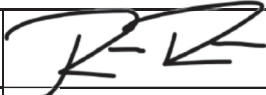
d. System Performance Monitoring

- i. The EMS Agency may evaluate APOD trends to identify opportunities for system improvement. Hospitals experiencing ongoing APOD events may be asked to participate in collaborative improvement discussions or submit mitigation strategies to improve patient offload efficiency.

V. AUTHORITY

- California Health and Safety Code, Division 2.5
- California Code of Regulations, Title 22, Division 9

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	