2022 Urban Fire Forum Position Statement

Ambulance Patient Offload Time (APOT)

Introduction

Over the years, hospital emergency department overcrowding, and congestion have become increasingly common issues affecting fire and EMS systems across the United States. The result has been an unacceptable increase in ambulance patient offload time (APOT). Increasingly excessive hospital emergency room APOT delays negatively impact all fire and emergency service providers’ ability to respond in a timely manner to the needs of our communities.

The strain on the 911 system impacts fire service operations, oftentimes placing life-saving resources (ambulances) out of service at hospitals for hours at the expense of having them available to respond to emergency calls for service. These delays cause a critical drain of ambulance availability for emergency response and interfacility transfers, thereby affecting staffing thresholds for fire suppression companies, and triggering mutual aid ambulance responses from neighboring cities/counties. This increase in APOT has also negatively impacted relationships with surrounding fire departments and mutual aid partners.

While APOT delays have had tangible negative effects on operations, they have taken an equally palpable toll on the well-being of our frontline firefighters. EMTs, paramedics, and firefighters remain frustrated at the inability to deliver patients to hospitals for timely, high-quality patient care, in addition to the exhaustion experienced from spending countless unproductive hours waiting at hospitals. Frontline providers stand ready to courageously serve their community but are limited in their capacity to do so while waiting to transfer patient care to Emergency Department staff.

From a public safety standpoint, APOT delays cause system-wide disruptions in the following areas.

- Extended APOT impacts the EMS system’s ability to respond to 911 calls in a timely manner.
- Extended response times may increase morbidity and mortality rates of critical care patients.
- Inefficient waste of resources due to extended APOTs for fire-based EMS.
- Mismatch of resource needs, given not all patients transported by ambulance to emergency departments need emergency care.
- Lack of nonemergent Public Health services significantly impacts hospitals/emergency department crowding and APOT.

The patchwork of short-term solutions being proffered, such as the consolidation of patients, and fire and EMS personnel monitoring patients in hospital hallways are temporary ineffective solutions at best and at worst an inappropriate use of public funds.
**Initiatives**

To identify local/regional causative factors and develop solutions-based recommendations for the mitigation of APOT delays, it is imperative that EMS stakeholder groups be established to develop systemic solutions to address the root causes of APOT delays. A good example of stakeholder group coordination was established in Sacramento, California in November of 2021 by the California EMS Authority (EMSA).

An APOT Committee was formed of representatives from 16 distinct EMS System stakeholder groups, with the following mission:

Develop advisory recommendations that include legislative or regulatory changes designed to assist in the preservation of the Hospital and EMS system, and protection of healthcare consumers through the identification and sharing of successful pre-hospital and hospital system efficiencies that reduce or eliminate APOT delays in the transfer of care from EMS clinicians to receiving hospital emergency clinicians.

Over the course of 7 months, the APOT Committee developed a set of consensus recommendations for systemic improvement. Of the developed recommendations 17 of 19 were endorsed for action by State agencies.

**Recommendations**

The Urban Fire Forum Chiefs strongly encourage hospital executives to take decisive action, like that which was done in Sacramento, California, to immediately reduce APOT, and to stop placing an undue burden on fire service and private ambulance providers. Specific recommendations include:

- **Electronic Signature Documentation**: A requirement should be established to have an electronic signature between the emergency department medical personnel at the receiving facility and the EMS provider which captures the points in time when the hospital receives the notification of ambulance arrival, and when the transfer of care is executed for documentation of APOT.

- **Promulgation of a Nationwide APOT Standard**: Legislation should be considered authorizing a standard of 20 minutes 90 percent of the time for APOT.

- **Federal Advocacy for payment or reimbursement of treatment and transport to alternative destinations**: Legislation should be considered to allow for payment at the established rate or full reimbursement of patient care and transport to alternative destinations. Allow for the permanent and broad implementation and expansion of the Federal ET3 Program.

- **Hospital Reimbursement to Providers**: States should establish a joint oversight program that requires hospitals to reimburse ambulance providers for wait times exceeding the current standard.

- **Reduce the Number of Patients Transported to the Emergency Department by Implementing Guidelines for New or Improved Programs**: Community paramedicine & alternate destinations, assess and refer, telemedicine programs, paramedic-initiated refusal, nurse navigation services (nurse triage line concept).

- **Enforcement of the Emergency Medical Treatment and Labor Act (EMTALA) and Other State and Federal Patient Safety Protection Regulations**: State EMS agencies should develop an EMTALA reporting standard, as well as report other patient safety violations that may be observed in the transportation and handoff process by EMS personnel.
• **Operational Monitoring:** The need to monitor real-time emergency department and ambulance patient offload times so that ambulances can be directed to ensure one facility is not being inundated while others are operating under capacity.

• **Increase Throughput Efficiency Reducing Door-To-First Provider and APOT Times:** States should provide targeted funding in their budget for hospitals to implement evidence-based strategies to improve emergency department wait time, throughput, and output.

• **Hospital to Staff EMS Arrival Team:** Receiving hospitals should establish a policy for triage of ambulance arrivals to facilitate offload and continue care in compliance with the regulation.

• **Develop Local APOT Committees:** Require local APOT subcommittees to be established between EMS administrators, medical directors, fire departments, and hospital CEO/executive leadership to address APOT delays.

• **Joint Plans:** State EMS regulators should require the development of hospital surge plans, specific to emergency departments.

• **Health Information Exchange:** States should require each agency to use electronic platforms to improve communication with hospitals on patients being transported so a hospital can pre-register or provide expedited care of patients in each ambulance.

• **Workforce Development Program:** States should collaborate with their Department of Education to establish a workforce development program through the school’s system to mitigate the medical staffing workforce issue.

• **Community ED RN Training Program:** Increase hospital emergency department registered nurse staffing by establishing and sponsoring regional community emergency department registered nurse training programs (similar to community ICU training programs).

• **Community Education:** State and local public health departments should provide public education on how to use the 911 system and alternative resources that are available that may be better suited for the type of care they require. This should include public service announcements and educational material.

• **Develop or Update an APOT delay “Toolkit”:** States should establish a working group of well-balanced stakeholders representing hospital administration, EMS providers, LEMSAs, and hospital employees in the emergency department and inpatient settings to develop, review, update and publish a new “Toolkit” to reduce APOT delays in the emergency department.