



AB-40 and APOT Audit Update

Emergency Medical Care Committee

September 2025



APOT Measurement Background

- Transfer of Care (or Ambulance Patient Offload Time) measurement and reporting has evolved over the last decade
 - AB 1223 (2015) established APOT metrics, standards, and EMSA's reporting authority
 - AB 40 (2023) established:
 - Statewide APOT performance metric,
 - Statutorily sets metrics and reporting processes,
 - Requires LEMSAs to establish a local APOT metric,
 - Requires hospitals to develop APOT mitigation plans, and
 - Established a requirement for EMSA to implement these elements
 - State regulations to support AB 40 implementation became effective June 23, 2025
 - Clarified metrics, roles, and responsibilities
 - Established APOT Audit process



County EMS Actions Taken

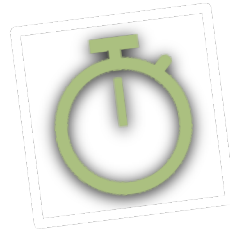
- Monitors and reports Transfer of Care data
- Adopted a 30-minute, 90th percentile standard in 2024
- Made required adjustments to EPCR data collection
 - Confirmed adherence to the *Technical Specification to Calculate Ambulance Patient Offload Time (APOT)*
 - Changed data eOther.15 label 4515031 “Signed – Not Patient” to “Signed”



Time Segment

Ambulance Arrives
at Emergency
Department

- eTimes.11
- May be triggered by GPS



Transfer of Care
Completed

- eTimes.12

Patient Transferred
to ED Staff

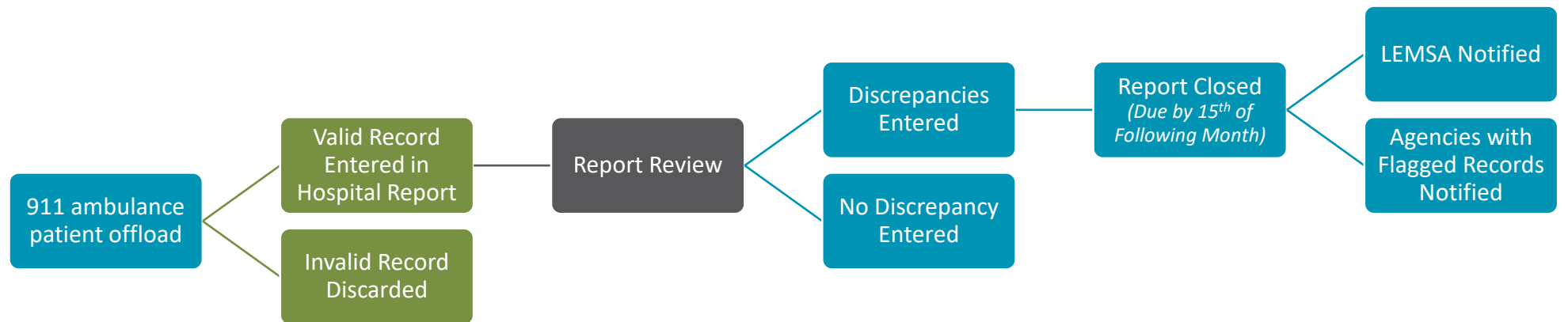
- Staff signature captured
- eOther.19

Ambulance
Returns to Service

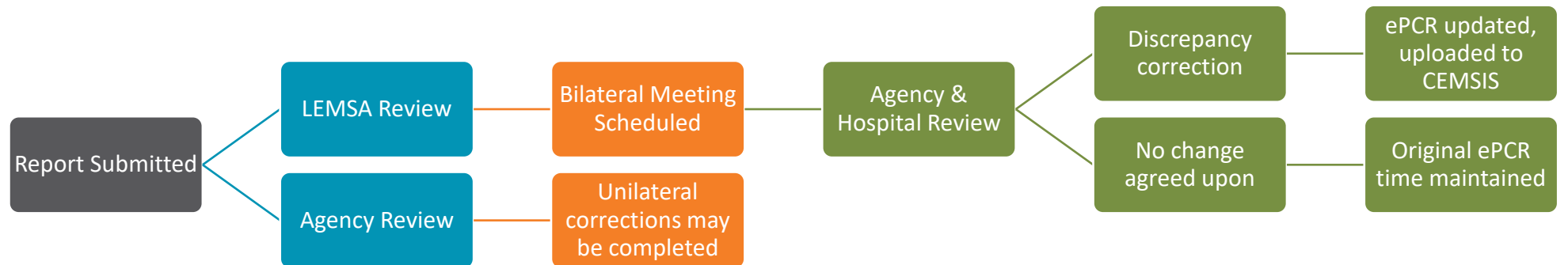
- eTimes.13



APOT Audit – Hospital Review



APOT Audit – Discrepancy Review



Next Steps

- Hospital staff encouraged to register for the APOT Audit tool
- Agencies may use the LEMSIS *PCR # Audit Tool* view to identify flagged records
- County EMS convening multilateral meetings in October
- Additional updates coming to APOT Audit Tool
- EMSA initiating biweekly APOT Mitigation meetings in October
- Systemwide data review



- Questions?
- EMSA APOT page:
 - emsa.ca.gov/APOT
 - or
 - APOT@EMSA.CA.GOV

