

*Special Seasonal Report*



Ambulance Patient Offload Time  
Week 09 (02/27/22 – 03/05/22)

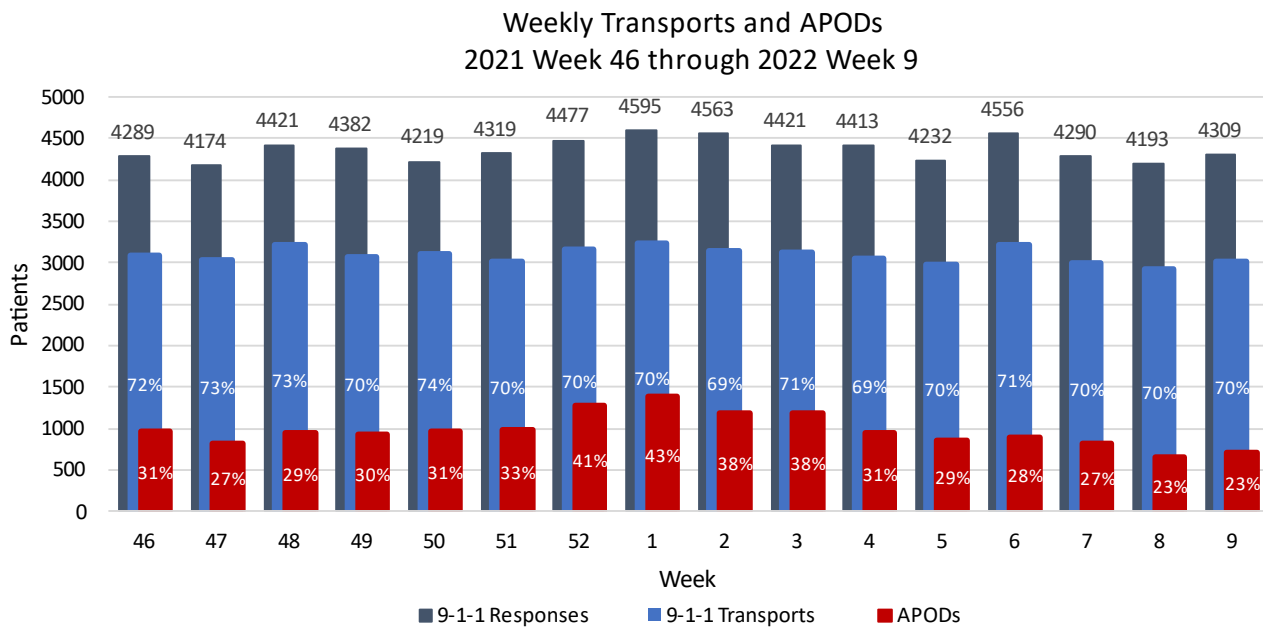
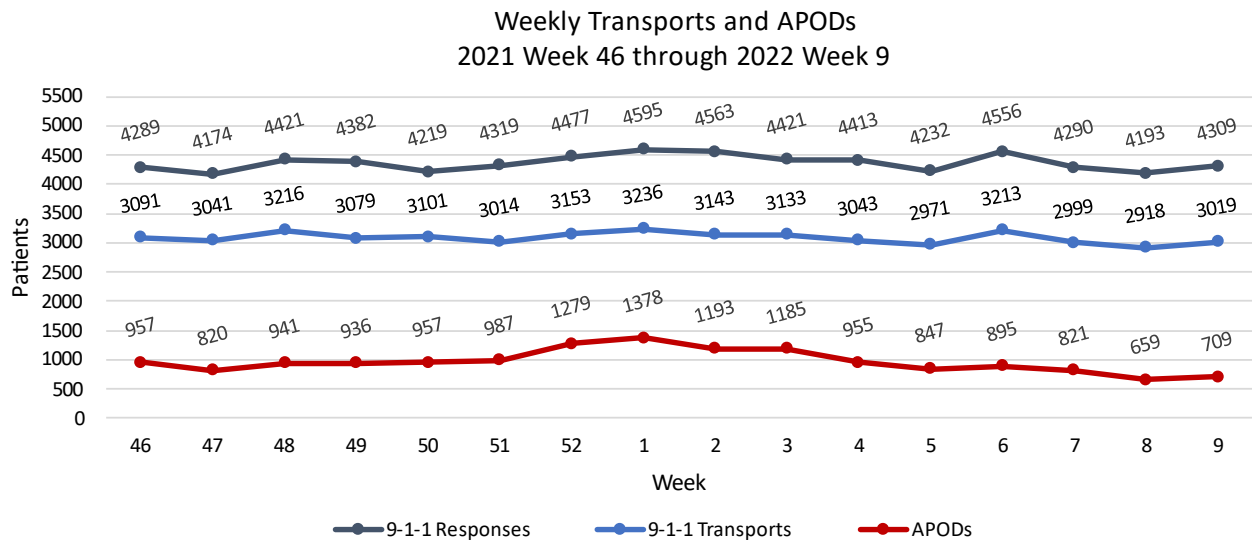
**2021-22  
Seasonal  
Report**

This report and all current and recent APOT reports can be found online at:  
<http://www.rivcoems.org/Documents/Reports-Current>

Prepared by Riverside County EMS Agency – March 7, 2022

# SPECIAL SEASONAL REPORT

In an effort to monitor Ambulance Patient Offload Time (APOT) and influencing factors such as seasonal surge, Riverside County EMS Agency is publishing weekly reports. The following charts represent weekly aggregates of 9-1-1 Ambulance Responses, Transports, and Ambulance Patient Offload Delays (APOD) for the past 16 weeks.

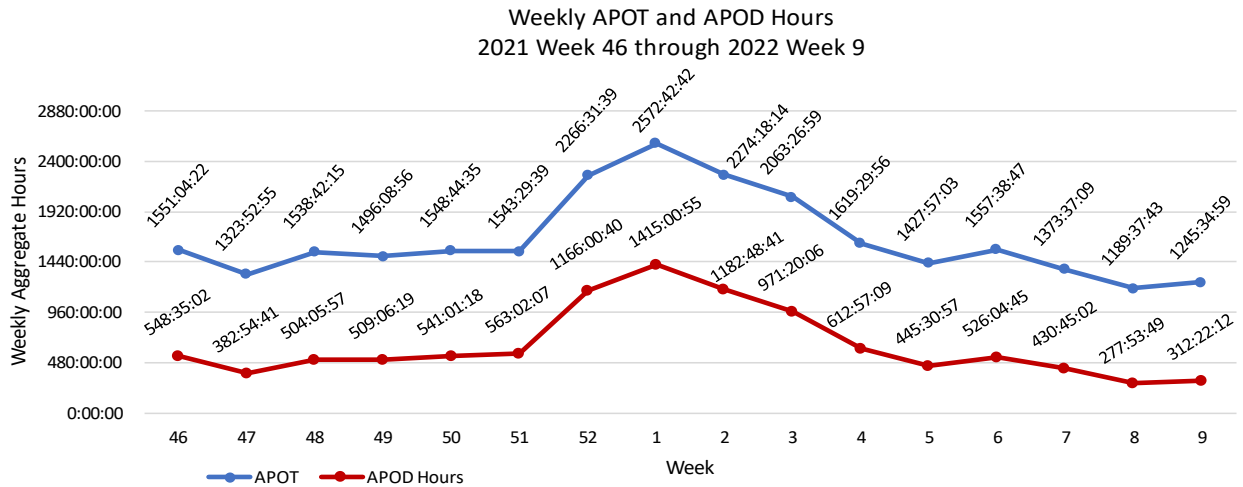


\*Transports include only 9-1-1 transports to Riverside county hospitals

- During Week 9, there were a total of **4,309 ALS responses** in Riverside County— 2.8% INCREASE from the previous week’s total of 4,193 responses.
- During Week 9, there were a total of **3,019 transports** in Riverside County—3.5% INCREASE from the previous week’s 2,918 transports.
- During Week 9, there were a total of **709 APODs** in Riverside County— 7.6 % INCREASE from the previous week’s total of 659 APODs.

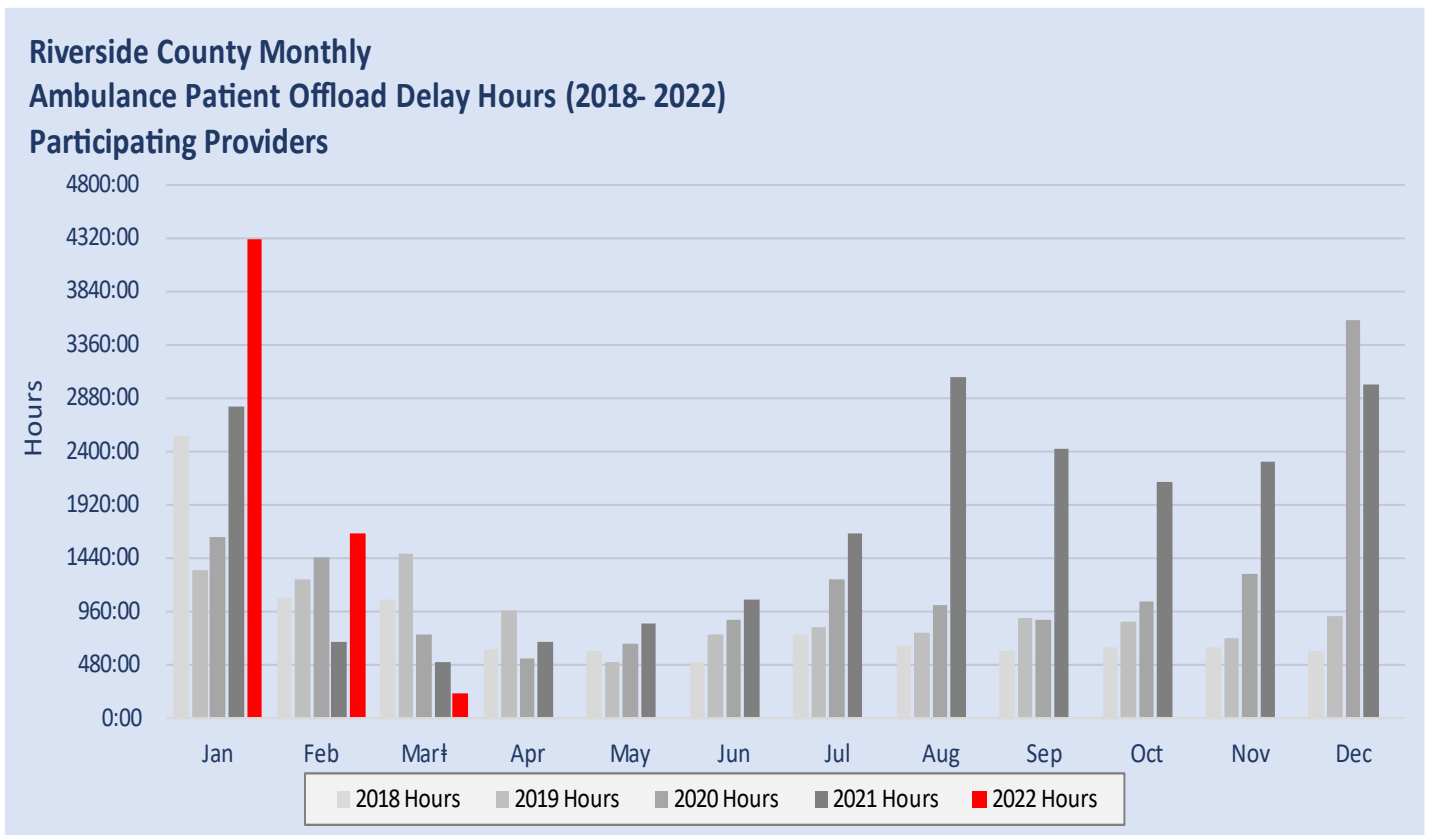
# RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD TIME

The following chart represent weekly aggregate APOT and APOD hours (hh:mm:ss) for the past 16 weeks. APOT begins at patient arrival at hospital (eTimes.11) and ends when patient care is transferred to the hospital (eTimes.12). APOD calculation begins when APOT exceeds the 30-minute transfer of care standard defined in REMSA [Policy 4109](#).



- During Week 9, **APOT county-wide totaled 1245.6 hours** — 4.7% INCREASE the previous week’s total of 1189.6 hours.
- County-wide **APOD hours for Week 9 totaled 312.4 hours**, a 12.4% INCREASE from the previous week’s total of 277.9 hours.

Data provided below illustrates total APOD time (hh:mm) by month over the last five years. This chart is a summation of offload time delays only and excludes the initial 30 minute period defined as the standard transfer of care time.



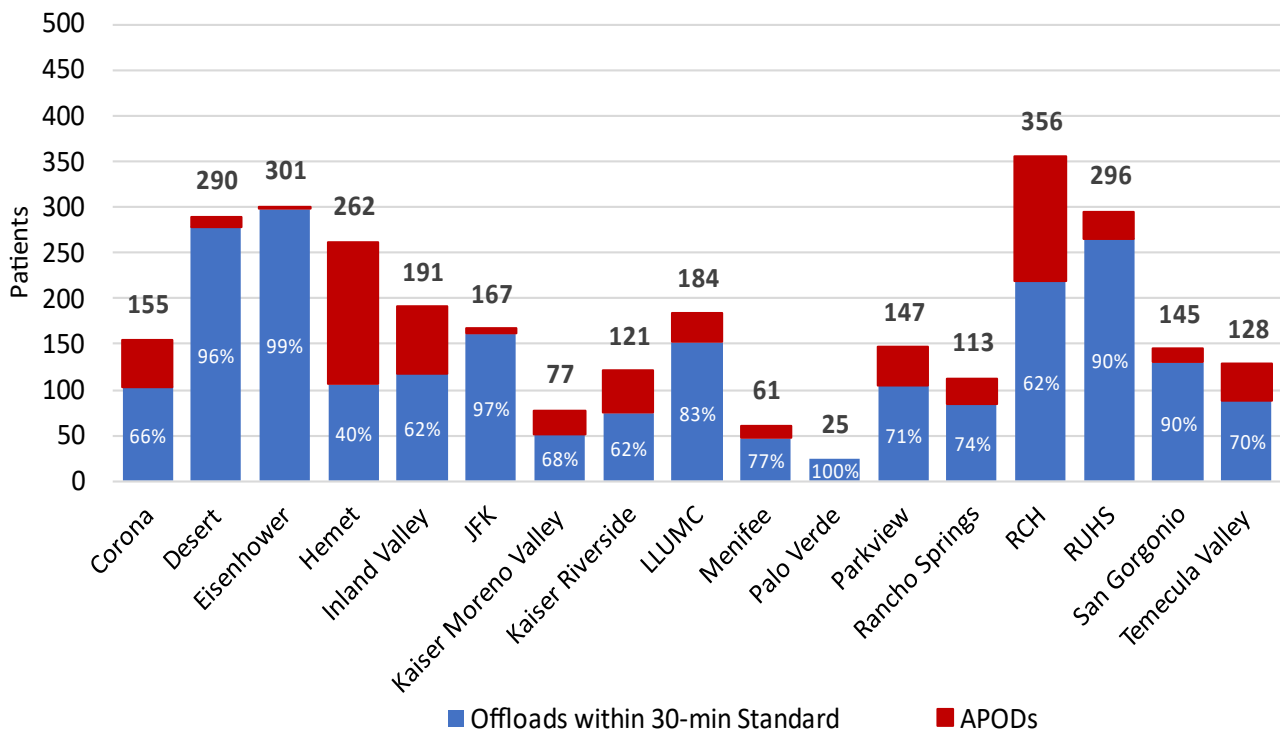
† Mar 2022 is a partial month

# AMBULANCE PATIENT OFFLOAD TIME BY HOSPITAL

Key: High Low/Best

	APOT Snapshot				
	ALS Transports	APOT	APOD Hours	APODs	APOD Compliance
Corona Regional Med Ctr	155	69:42:29	17:40:07	52	66.5%
Desert Regional Med Ctr	290	62:57:11	2:41:19	11	96.2%
Eisenhower Health	301	55:12:58	0:32:51	3	99.0%
Hemet Valley Hospital	262	<b>219:09:44</b>	<b>101:11:55</b>	<b>156</b>	<b>40.5%</b>
Inland Valley Med Ctr	191	101:11:33	33:24:42	73	61.8%
JFK Hospital	167	23:05:50	0:39:40	5	97.0%
Kaiser Hospital Moreno Valley	77	42:18:10	15:16:39	25	67.5%
Kaiser Hospital Riverside	121	71:04:58	25:23:22	46	62.0%
Loma Linda Univ Med Ctr Mur	184	66:39:59	6:31:03	32	82.6%
Menifee Med Ctr	61	25:30:37	4:10:46	14	77.0%
Palo Verde Hospital	<b>25</b>	<b>2:44:58</b>	<b>0:00:00</b>	<b>0</b>	<b>100.0%</b>
Parkview Community Hospital	147	62:35:41	11:46:39	42	71.4%
Rancho Springs Med Ctr	113	49:39:17	9:23:32	29	74.3%
Riverside Community Hospital	<b>356</b>	198:53:35	64:09:49	137	61.5%
Riverside University Health System	296	94:13:52	2:31:17	30	89.9%
San Geronio Mem Hospital	145	48:34:15	5:48:30	15	89.7%
Temecula Valley Hospital	128	51:59:52	11:10:01	39	69.5%
<b>Totals</b>	<b>3,019</b>	<b>1245:34:59</b>	<b>312:22:12</b>	<b>709</b>	<b>76.5%</b>

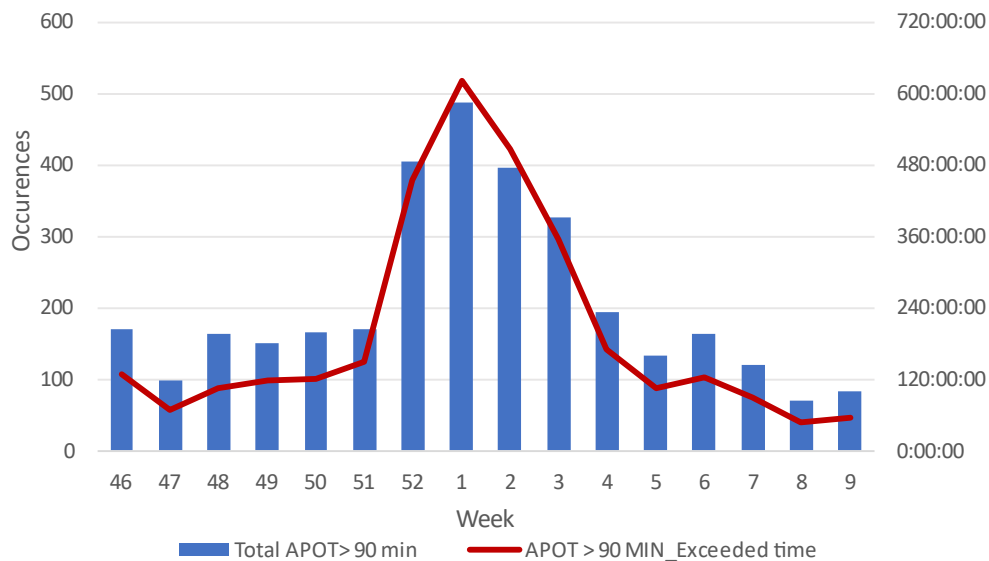
Transports and APOT Compliance by Hospital



# AMBULANCE REDIRECTION

REMSA [Policy 6104](#) allows redirection of ambulances away from hospitals experiencing significant Ambulance Patient Offload Delays (APOD) to the next most appropriate facility. *Significant* APOD is defined as a patient remaining on an ambulance gurney for **90 minutes or greater after arrival at the hospital** (APOT > 90 min). Standard transfer of care is 30 minutes or less (APOT<30 min). Until the transfer of care is complete (patient is removed from the gurney and hospital staff assume care of the patient), ambulance crews must remain at the hospital and continue care. While patients held on excessive APODs are generally those classified as lower acuity, approximately one-third of the County’s ~600 daily 9-1-1 medical responses are determined by dispatch as critical, requiring immediate medical attention (e.g. cardiac arrest, stroke, traumatic injury). As a result, excessive, or multiple APODs within the same service area impact ambulance timeliness and availability in the field posing direct risk to 9-1-1 patient safety. Ambulance redirection is one strategy to reduce the consequential backlog of EMS services which occurs when there are excessive ambulance delays at hospital emergency departments. Below is the Week 9 countywide breakdown of APOD occurrences where ambulances were documented as held for greater than 90 minutes before transfer of care.

### Patient Offload Delays Greater than 90 Minutes



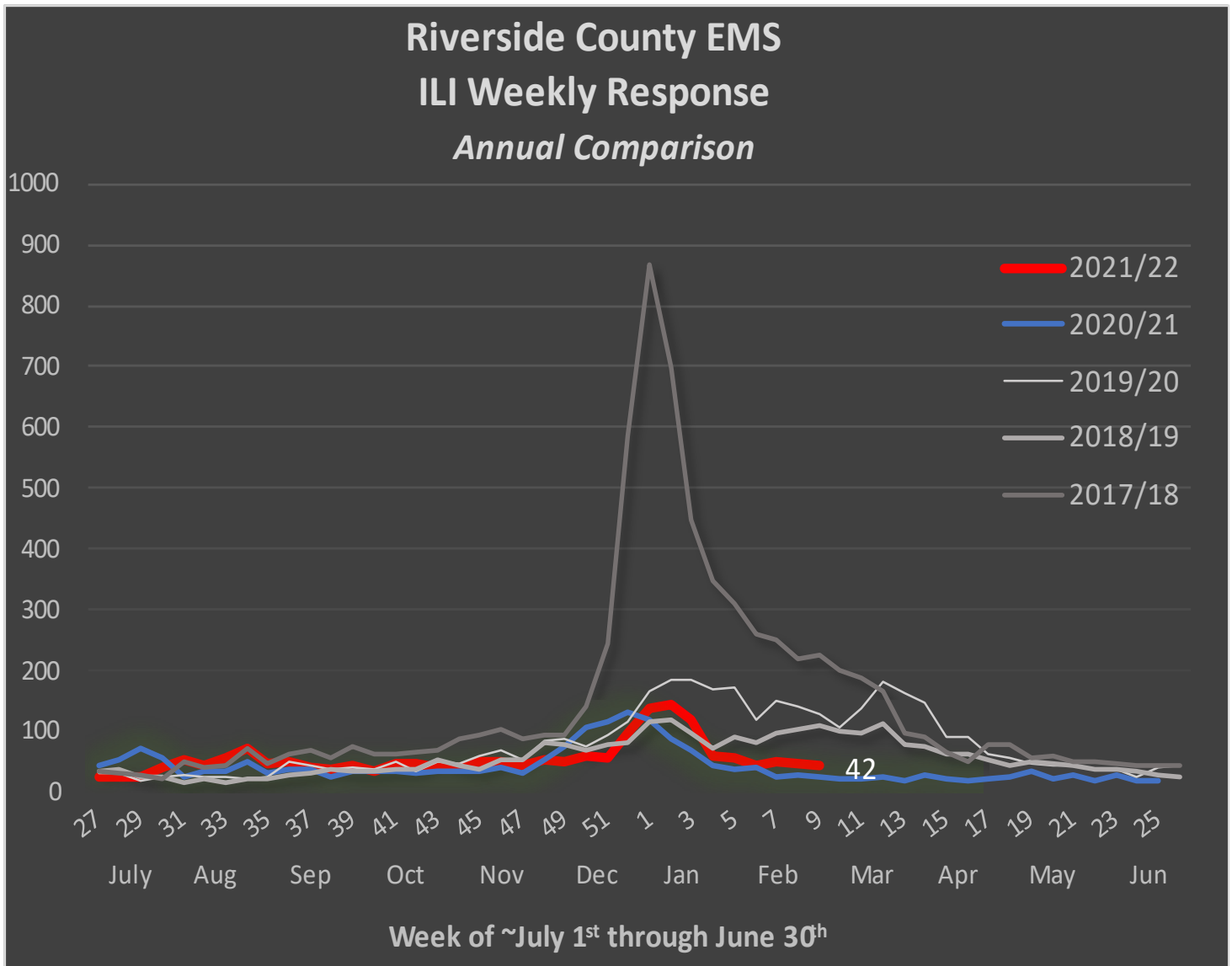
During Week 9, **84 ambulances were delayed greater than 90 minutes** — 20% INCREASE from the previous week’s total of 70.

Facility	Total Time APOT>90 min (HR: MM: S)	Total Incidents APOT>90 min
Corona Regional Med Ctr	1:44:50	3
Desert Regional Med Ctr	0:06:05	1
Eisenhower Health	0:00:00	0
Hemet Valley Hospital	24:19:51	38
Inland Valley Med Ctr	3:48:45	9
JFK Hospital	0:00:00	0
Kaiser Hospital Moreno Valley	2:30:56	7
Kaiser Hospital Riverside	7:11:42	8
Loma Linda Univ Med Ctr Mur	0:00:00	0
Menifee Med Ctr	0:37:02	1
Palo Verde Hospital	0:00:00	0
Parkview Community Hospital	0:00:00	0
Rancho Springs Med Ctr	0:23:00	2
Riverside Community Hospital	13:12:30	12
Riverside University Health System	0:00:00	0
San Geronio Mem Hospital	0:33:45	1
Temecula Valley Hospital	0:34:59	2
<b>Grand Total</b>	<b>55:03:25</b>	<b>84</b>

## ILI - INFLUENZA-LIKE ILLNESS RESPONSE

While influenza is detected year-round, it is most common during fall and winter. Increases in influenza-like-illness (ILI) generally begin in October and peak sometime between December and February (<https://www.cdc.gov/flu/about/season/flu-season.htm>).

Hospital Emergency Departments (EDs) generally experience an increase in volume during flu season which, in turn, can impact Ambulance Patient Offload Time. The purpose of the Riverside County EMS system ILI (Influenza-like Illness) reporting is to improve tracking of influenza-related activity and facilitate EMS preparedness in the event of a significant surge event, similar or greater than that observed during the 2017-18 flu season.



Week 70 (~October 1st) is defined by the Center for Disease Control (CDC) as the expected start of increasing influenza activity, or “flu season”. Riverside County EMS Agency monitors influenza-like illness (ILI) year-round for better detection of seasonal or abnormal surges which can impact EMS utilization.

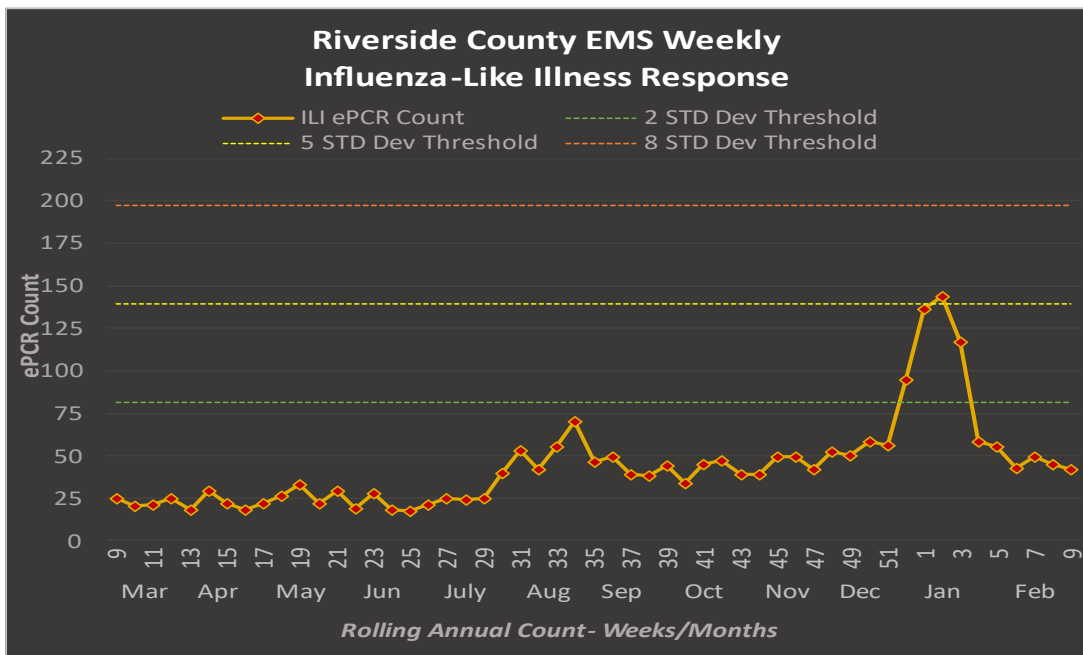
## ILI - INFLUENZA-LIKE ILLNESS RESPONSE (CONT.)

The ILI trigger evaluates electronic patient report (ePCR) data using the following methodology:

1. Filters primary or secondary impression of code J11 (Influenza due to unidentified influenza virus)  
OR
2. A primary / secondary impression code J80, J98.09 (Acute respiratory distress syndrome, Respiratory disorder unspecified) with a match in the narrative for ILI, influenza like illness, Flu, Flu-, Flu\., or influenza  
OR
3. Any incident with a match in the narrative for ILI, influenza like illness, Flu, Flu-, Flu\., or influenza.

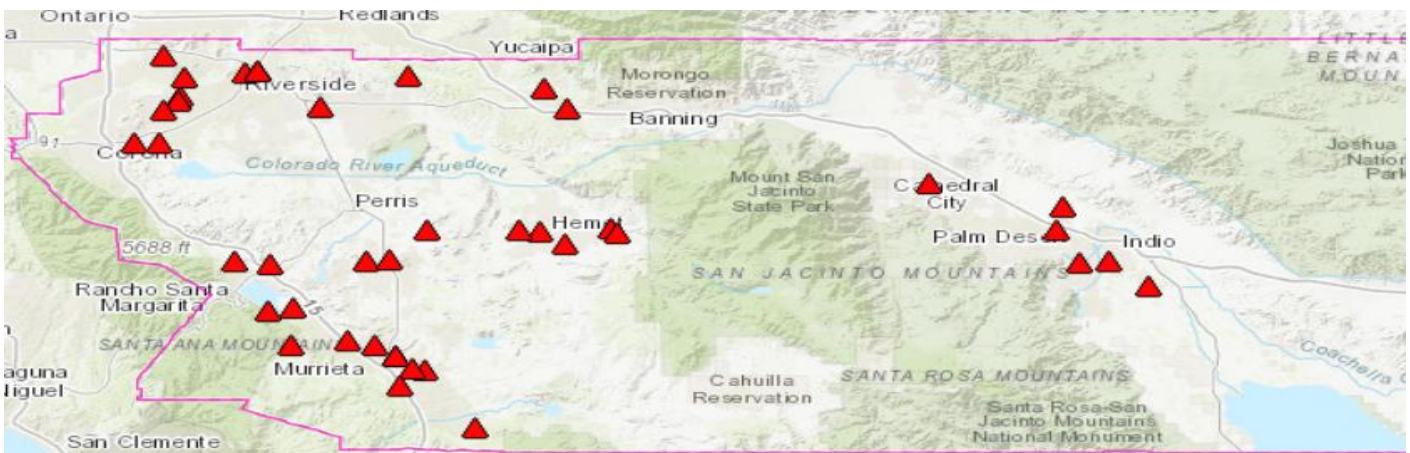
EMS ILI response two standard deviations above the calculated baseline average during non-peak flu seasons is considered a surge in flu activity. For the current Flu season 2020-'21, the standard deviation threshold value is not calculated as there was abnormal non-peak flu season behavior due to COVID-19. The threshold value listed in the graph is based on previous years non-peak flu season. Surges are identified as color levels adapted from the *CDPH Standards and Guidelines for Healthcare Surge During Emergencies* (actual response status for the EMS system may differ):

<https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/FinalEOM712011.pdf>



PUBLIC HEALTH AND MEDICAL SYSTEM STATUS	
Green	The Public Health and Medical System is in usual day-to-day status. Situation resolved; no assistance is required.
Yellow	The Public Health and Medical System is managing the incident using local resources or existing agreements. No assistance is required.
Orange	The Public Health and Medical System requires assistance from within the local jurisdiction/Operational Area.
Red	The Public Health and Medical System requires assistance from outside the local jurisdiction/Operational Area.
Black	The Public Health and Medical System requires significant assistance from outside the local jurisdiction/Operational Area.
Grey	Unknown.

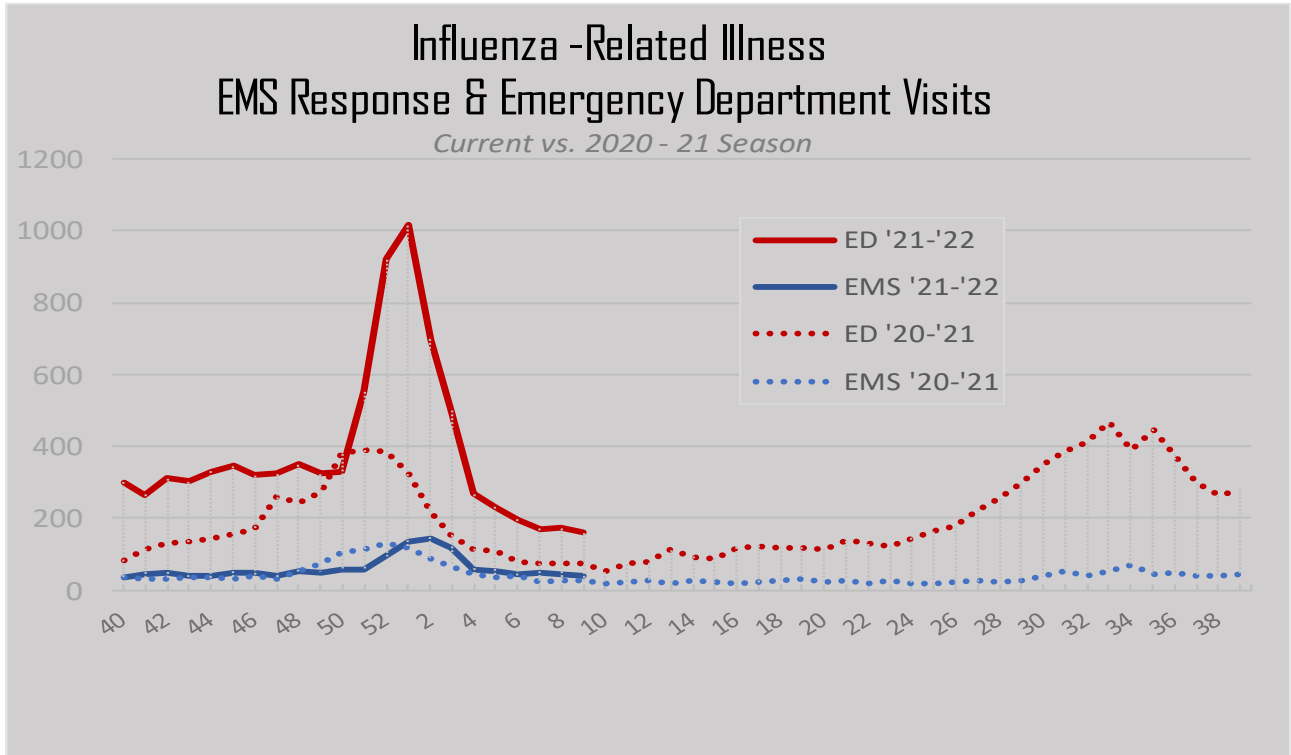
During Week 9, EMS ILI response is BELOW the two (2) standard deviation threshold compared to ILI activity during non-peak flu season levels (weeks 13-39).



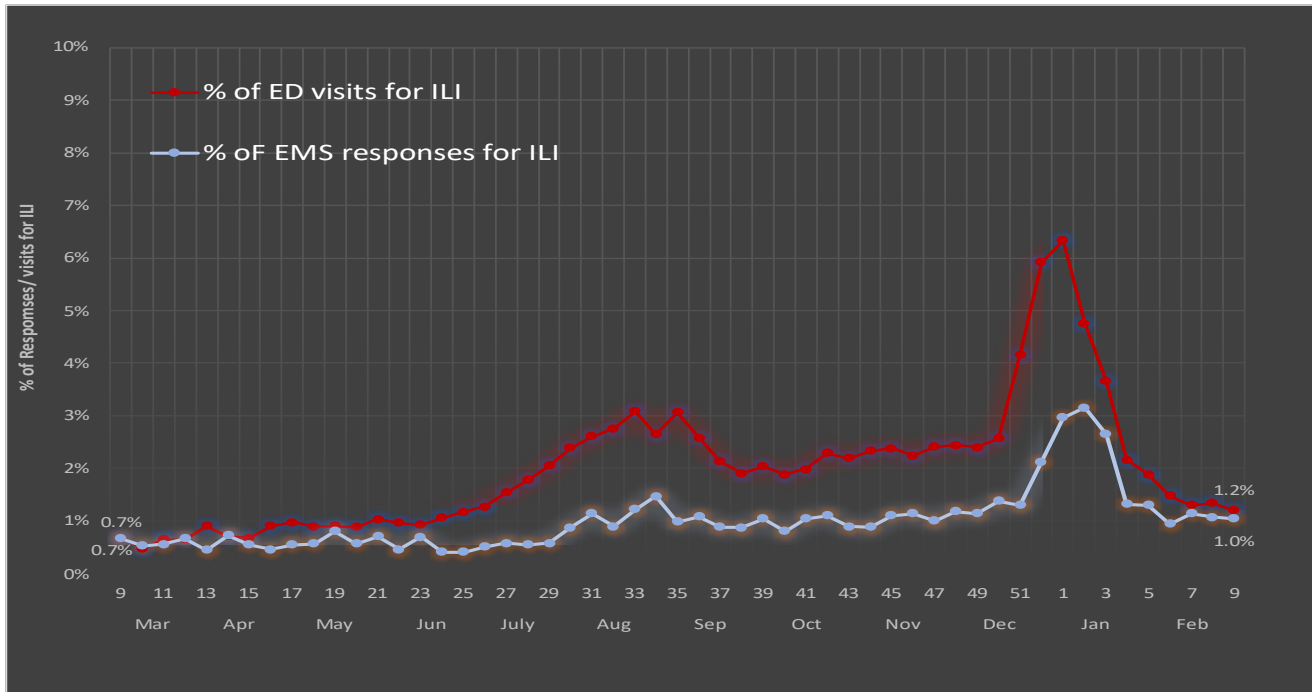
ILI-related EMS response in Riverside County, ePCR distribution map: Week 9

# RIVERSIDE COUNTY PUBLIC HEALTH INFLUENZA-LIKE ILLNESS DATA

Riverside County Public Health Department – DOPH collects Emergency Department ILI activity data from the Center for Disease Control’s (CDC) *Early Notification of Community-based Epidemics (ESSENCE)* system as part of the National Syndromic Surveillance Program (NSSP). Fifteen of 17 Riverside County hospitals participate in ESSENCE. The graph below provides a comparison between Riverside County’s EMS ILI responses and Emergency Department (ED) ILI visits for the current year compared to the previous year.



EMS ILI responses and ED ILI visits as a percentage of their respective total volume – adapted from CDC methodology



For Riverside County Public Health Department Influenza Reporting, see <https://www.rivco-diseasecontrol.org/>



# APOT AND APOD DEFINITIONS

## *9-1-1 Ambulance Response*

For the purpose of reporting patient offload time and delays, only ground transport units responding to 9-1-1 incidents are included in this report. To avoid duplicate response counts, this excludes all records from First Responder Fire agencies also arriving on scene as part of Riverside County's dual 9-1-1 medical response system. It also excludes interfacility transports and other call types such as air ambulances.

## *Ambulance Patient Offload Time (APOT)*

The Time interval between the arrival of an 9-1-1 patient at an Emergency Department (ED) and the time that patient is transferred from the ambulance gurney to a bed, chair, or other acceptable location, and the ED assumes responsibility of care.<sup>1</sup> The Clock Start (eTimes.11) is the time of patient arrival at the destination (hospital), and the Clock Stop (eTimes.12) is the time patient care is transferred.<sup>2</sup> REMSA obtains both times from the ePCR.

## *Ambulance Patient Offload Delay (APOD)*

Any delay in ambulance patient offload time (APOT) that exceeds the local ambulance patient offload time standard of 25/30 minutes (Riverside County EMS Agency applies a 30-minute standard). This shall also be synonymous with "non-standard patient offload time" as referenced in the Health and Safety Code.<sup>3</sup> If the transfer of care and patient offload from the ambulance gurney exceeds the 30-minute standard, it will be documented and tracked as APOD.<sup>4</sup> *The Riverside County ePCR system requires medics to enter an "APOD Reason" when APOT exceeds the 30-minute standard. While the number of APODs documented as non-ED-related is nominal, beginning in Week-1 of 2022, only delays identified as having an ED origin are counted against APOD compliance for a more precise metric.*

## *APOD Compliance*

Frequency comparison between the total number of transports and those resulting in APODs with an ED-related origin.

## *Additional Data Definitions*

Data in this report has been collected from ePCRs (electronic patient care reports) from FirstWatch® and are available after they have been completed by the provider. There is, therefore, an inherent latency to the availability of these records. Due to this latency, subsequent reports may feature slightly different aggregate numbers than earlier reports for the same reporting period. The difference is insignificant (averaging less than .1%) and does not impact overall compliance.

Data in this report includes all transports to the 17 hospitals monitored by REMSA in the respective week relative to the date and time the incident originates (eTimes.03--Dispatch Notified Date/Time). For example, if an incident originates on day-7 of the current reporting week, and the patient is subsequently transferred to the care of an emergency department after midnight which falls on day-1 of the subsequent week, that incident will be included in the current reporting week.

Canceled calls, calls for which both arrival and transfer times are not present, and calls with erroneous/negative offload times are excluded. Certain incidents with offload times exceeding six hours and 12 hours are verified for accuracy, and incidents are excluded if the timeline cannot be validated.

-For inquiries, please contact EMS Administrator, [TDouville@rivco.org](mailto:TDouville@rivco.org)

-Current report prepared by Sudha Mahesh & Catherine Borna Farrokhi, Riverside County EMS Agency

-ESSENCE Emergency Department data compiled by Rick Lopez, Riverside County Department of Public Health

<sup>1</sup> Health and Safety Code Division 2.5, Chapter 3, Article 1, Section 1797.120(b)

<sup>2</sup> Ambulance Patient Offload Time (APOT) Standardized Methods for Data Collection and Reporting, approved by EMS Commission 12/14/2016. [https://emsa.ca.gov/wp-content/uploads/sites/71/2017/09/APOT-Methodology\\_Guidance-2016.pdf](https://emsa.ca.gov/wp-content/uploads/sites/71/2017/09/APOT-Methodology_Guidance-2016.pdf)

<sup>3</sup> Ibid., APOT-1 Specifications

<sup>4</sup> REMSA Policy 4109, Transfer of Patient Care. <https://www.remsa.us/policy/4109.pdf>

<sup>7</sup> Calkins MM, Isaksen TB, Stubbs BA, Yost MG, Fenske RA (2016). Impacts of extreme heat on emergency medical service calls in King County, Washington, 2007-2012: relative risk and time series analyses of basic and advanced life support. *Environ Health*. doi: 10.1186/s12940-016-0109-0

<sup>8</sup> Sheridan SC, Kalkstein AM, Kalkstein LS (2009). Trends in heat-related mortality in the United States, 1975–2004. *Natural Hazards* 50:1, 145-160

<sup>9</sup> Guo Y, Gasparrini A, Armstrong BG (2017). Heat Wave and Mortality: A Multicountry, Multicommunity Study. *Environ Health Perspect*. 2017;125(8):087006. doi:10.1289/EHP1026

<sup>10</sup> CDC, Climate and Health Program. 2010. <https://www.cdc.gov/climateandhealth/effects/default.htm>