



Ambulance Patient Offload Time February 2018

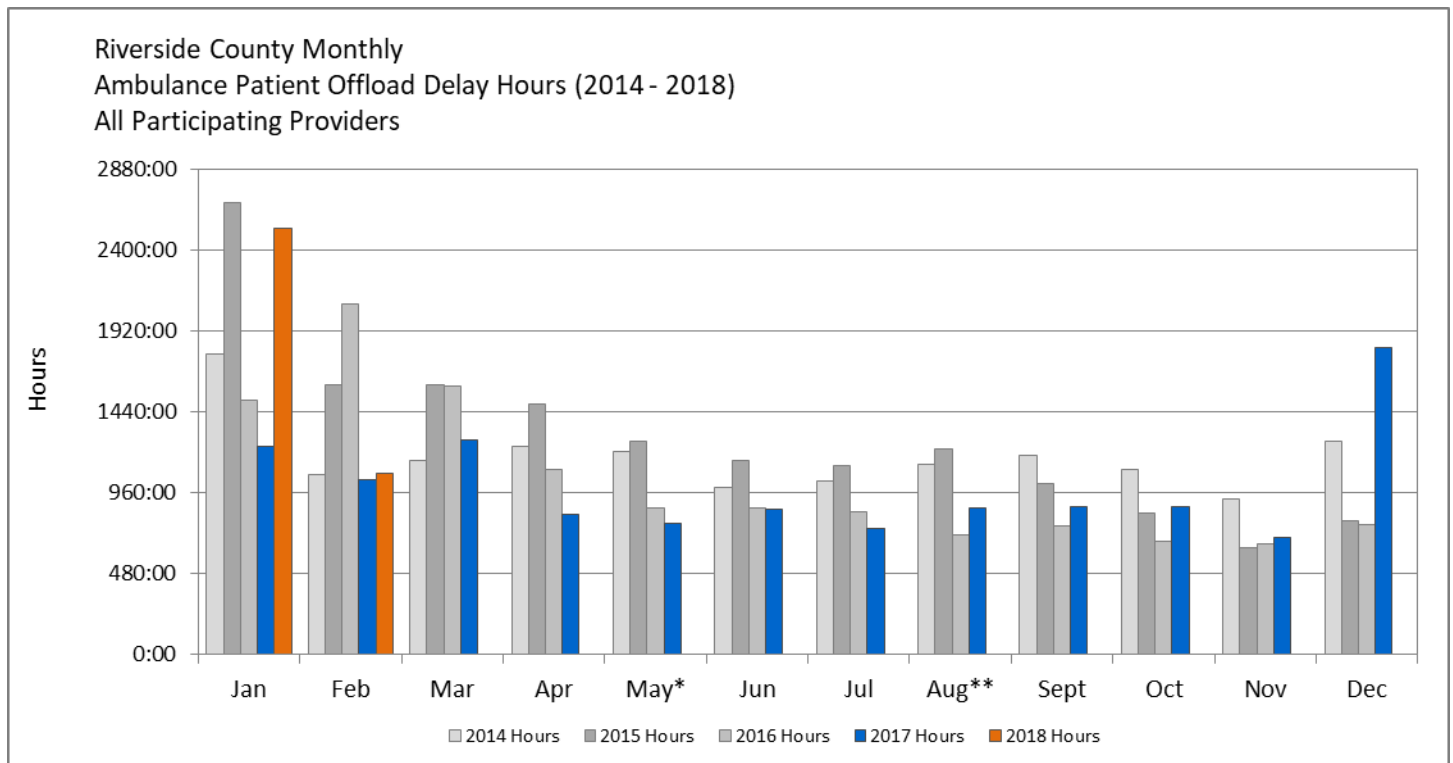
*Monthly
Report*

RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD TIME

The data provided illustrates total ambulance patient offload delay time (hh:mm) by month for 2014 through February 2018 from hospitals within Riverside County. To qualify for this chart, the duration of offload delay must be greater than 30 minutes, and only the time period after the first 30 minutes is summed.

Beginning January 2017, offload times represented are measured using time of patient arrival at hospital (eTimes.11) until the time of patient transfer (eTimes.12) as represented on the ePCR (electronic patient care report). This represents a different methodology in offload time measurement. Prior to January 2017, offload times were calculated using CAD times, beginning with the time that dispatch placed the ambulance on bed delay status until the time the ambulance left the hospital. **As of August 2017, data represented includes all providers (previously AMR only).**

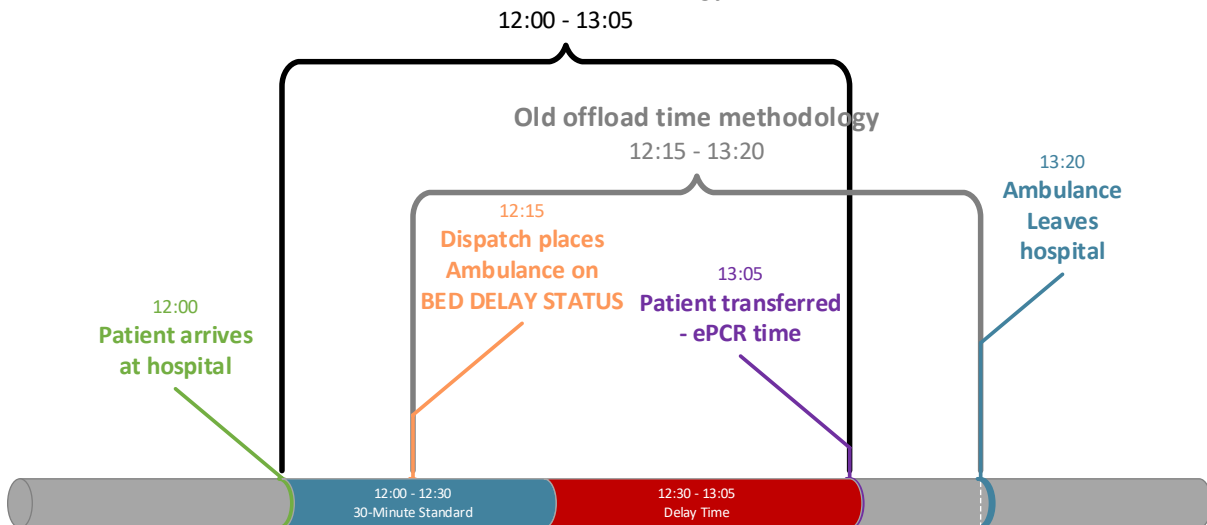
This chart represents the difference in the old vs. current by displaying the former time measurement/methodology in grayscale. The difference in methodology is illustrated in the timeline below.



*For May of 2016, actual totals may have been slightly higher than are reported due to a 3-day CAD outage.

**Beginning August 2017, times represented include all participating providers. Prior to August, data included AMR responses only.

Offload time methodology



AMBULANCE PATIENT OFFLOAD TIME BY HOSPITAL

February 2018 APOT by Hospital						
Hospital	Total ALS Transports	APOT	APOD Hours	APODs	APOD Compliance	APOT-1*
Corona Regional Med Ctr	662	408:38:30	168:23:37	268	59.5%	1:19:56
Desert Regional Med Ctr	1,066	258:34:24	20:54:25	65	93.9%	0:25:41
Eisenhower Med Ctr	1,334	252:20:50	2:03:49	24	98.2%	0:20:18
Hemet Valley Hospital	1,260	627:00:15	161:04:36	532	57.8%	0:55:46
Inland Valley Med Ctr	826	297:40:11	61:32:50	175	78.8%	0:46:39
JFK Hospital	520	73:02:38	0:57:23	12	97.7%	0:16:25
Kaiser Hospital Riverside	543	187:30:10	25:45:04	106	80.5%	0:40:40
Loma Linda Univ Med Ctr Mur	573	288:34:29	100:10:19	177	69.1%	1:07:16
Menifee Med Ctr	330	156:58:09	54:49:16	93	71.8%	1:08:25
Moreno Valley Hospital	339	150:49:46	43:55:52	95	72.0%	0:54:57
Parkview Community Hospital	467	219:27:27	59:51:36	144	69.2%	0:58:01
Rancho Springs Med Ctr	453	133:48:08	13:13:45	56	87.6%	0:32:46
Riverside Community Hospital	1,504	831:21:19	247:42:51	671	55.4%	1:01:26
Riverside University Health System	1,103	443:32:10	70:08:46	280	74.6%	0:42:48
San Geronio Mem Hospital	588	181:41:06	20:16:48	90	84.7%	0:36:10
Temecula Valley Hospital	526	186:32:46	24:33:52	100	81.0%	0:42:07
Totals	12,094	4697:32:18	1075:24:49	2,888	76.1%	0:47:03

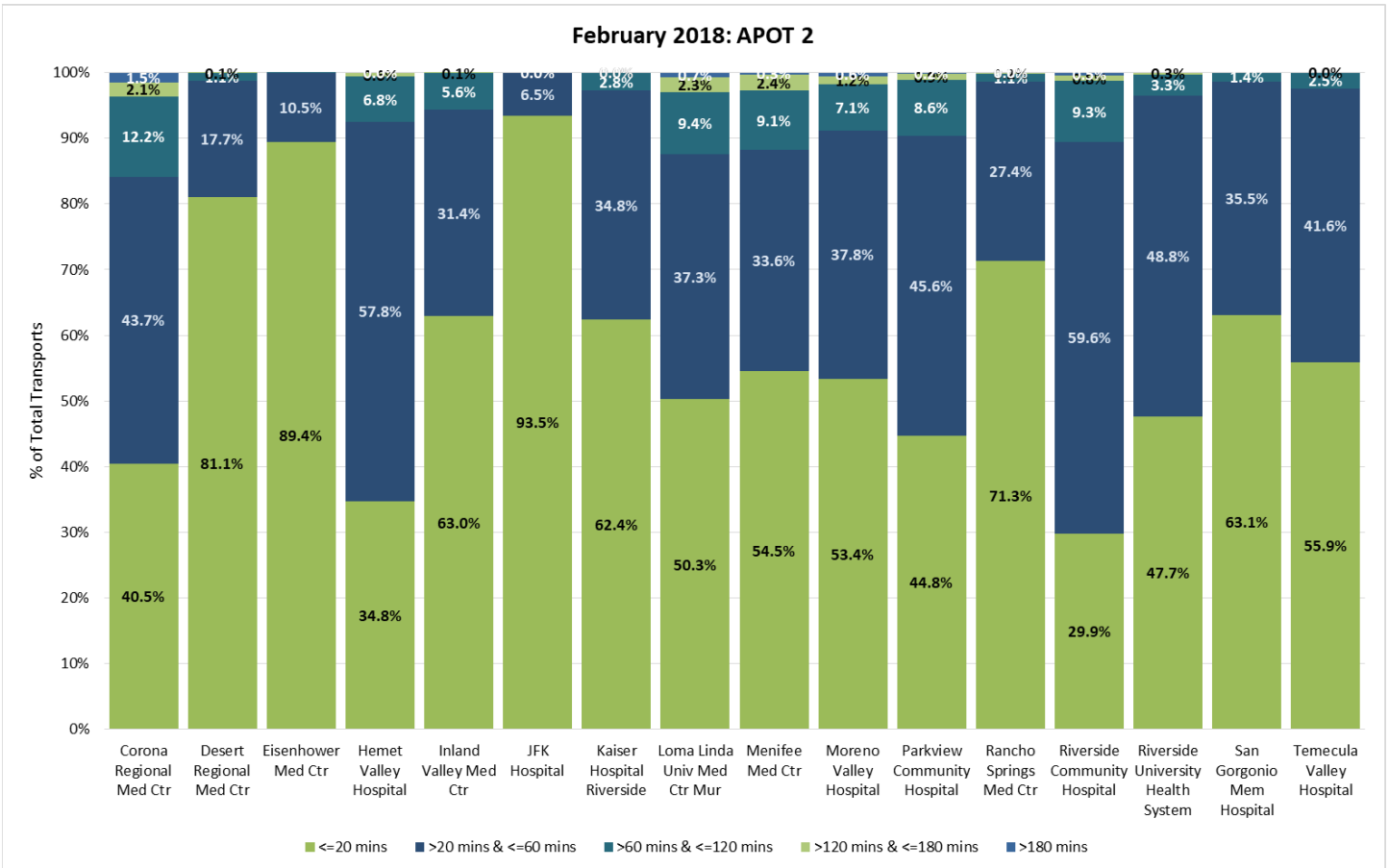
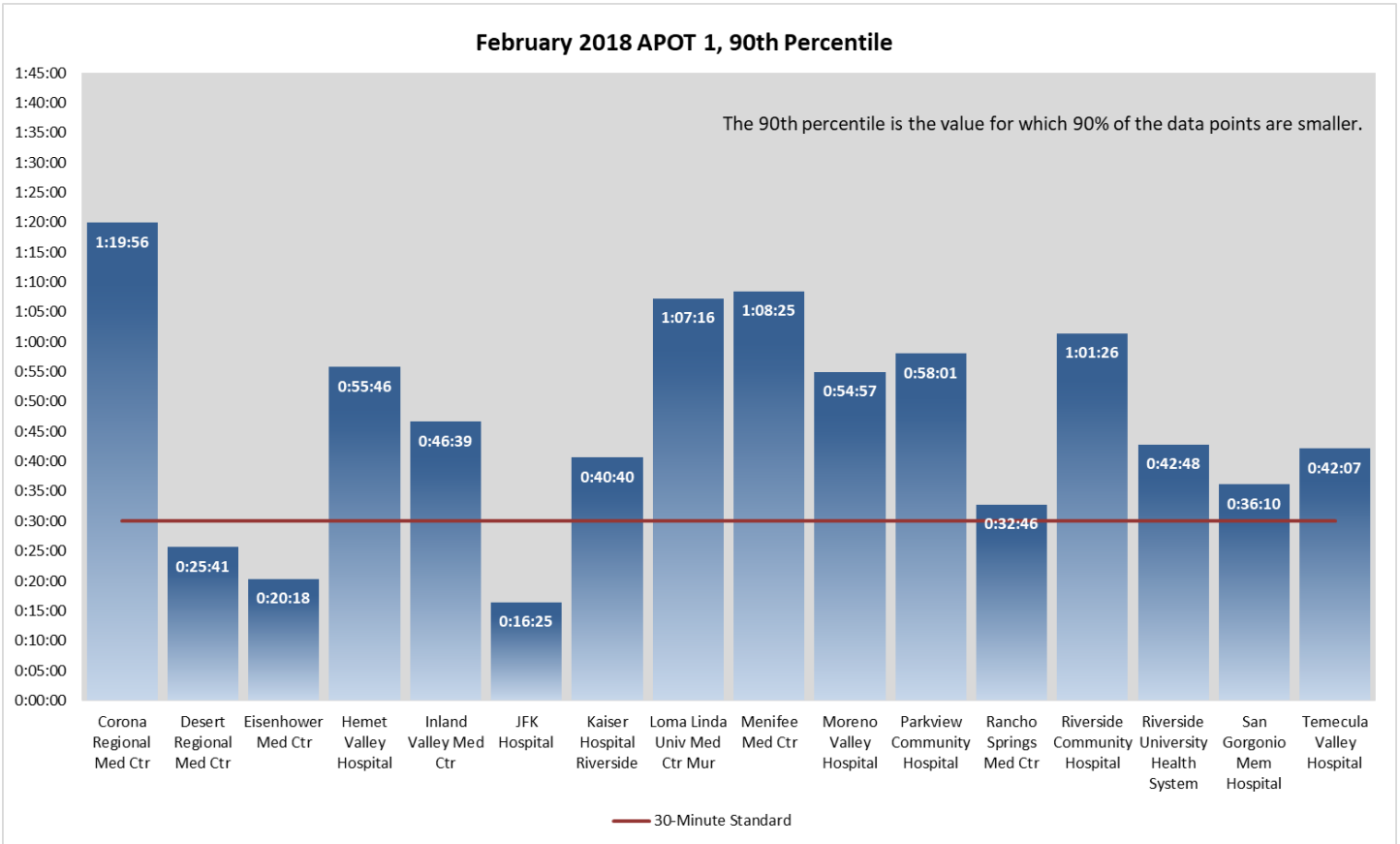
APOD hours do not include the first 30 minutes of each offload delay occurrence.

2018 Year-to-Date						
Hospital	Total ALS Transports	APOT	APOD Hours	APODs	APOD Compliance	APOT-1*
Corona Regional Med Ctr	1,418	1035:36:18	499:28:41	643	54.7%	1:37:24
Desert Regional Med Ctr	2,264	631:29:16	93:00:46	215	90.5%	0:29:59
Eisenhower Med Ctr	2,802	525:53:39	7:55:43	56	98.0%	0:19:43
Hemet Valley Hospital	2,764	1606:27:28	542:39:15	1,361	50.8%	1:05:00
Inland Valley Med Ctr	1,846	735:22:42	180:51:34	469	74.6%	0:52:00
JFK Hospital	1,208	188:22:24	5:41:51	26	97.8%	0:18:27
Kaiser Hospital Riverside	1,136	495:11:17	136:21:39	288	74.6%	0:51:17
Loma Linda Univ Med Ctr Mur	1,246	821:55:43	383:24:54	491	60.6%	1:30:00
Menifee Med Ctr	710	382:48:25	155:26:06	223	68.6%	1:09:54
Moreno Valley Hospital	724	367:57:54	130:35:06	225	68.9%	1:04:06
Parkview Community Hospital	1,013	633:21:36	274:51:55	381	62.4%	1:19:00
Rancho Springs Med Ctr	954	369:40:16	100:17:31	169	82.3%	0:42:35
Riverside Community Hospital	3,141	2038:28:11	784:34:26	1,567	50.1%	1:16:09
Riverside University Health System	2,497	1030:06:03	168:54:52	677	72.9%	0:44:09
San Geronio Mem Hospital	1,249	413:53:58	63:05:34	217	82.6%	0:39:31
Temecula Valley Hospital	1,113	421:03:15	77:00:27	247	77.8%	0:45:29
Totals	26,085	11697:38:25	3604:10:20	7,255	72.2%	0:55:11

*APOT-1 is the offload time represented at the 90th percentile. See page 5 of this report for complete definitions.

Key: High Low/Best

AMBULANCE PATIENT OFFLOAD TIME BY HOSPITAL (CONT'D)



UNDERSTANDING APOD AND APOT

Ambulance Patient Offload Time (APOT)

The Time interval between the arrival of an ambulance patient at an ED and the time the patient is transferred to the ED gurney, bed, chair, or other acceptable location and the emergency department assumes the responsibility for care of the patient.¹ The Clock Start (eTimes.11) is the time of patient arrival at the destination (hospital), and the Clock Stop (eTimes.12) is time the care of the patient is transferred.² REMSA obtains both times from the ePCR.

APOT -1 Specifications

Criteria: All 911 transports to a hospital emergency department for which the patient arrival and transfer dates and times are “logical and present.”³

Method: Aggregate of all transfer times and reported at the 90th percentile (the value for which 90% of the times are shorter).

APOT -2

An ambulance patient offload time interval process measure. This metric demonstrates the incidence of ambulance patient offload times expressed as a percentage of total EMS patient transports within a twenty (20) minute target and exceeding that time in reference to 60, 120 and 180 minute time intervals.⁴

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.⁵ If the transfer of care and patient offloading from the ambulance gurney exceeds the 30 minute standard, it will be documented and tracked as APOD.⁶

Data for this report has been collected from ePCRs (electronic patient care reports), which 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 higher aggregate numbers than earlier reports for the same reporting period. The difference is insignificant (averaging less than .07%) and does not impact overall compliance.

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

² Ambulance Patient Offload Time (APOT) Standardized Methods for Data Collection and Reporting, approved by EMS Commission 12/14/2016.

³ Ibid., APOT-1 Specifications.

⁴ Ibid., Definitions.

⁵ REMSA Policy 9101.6. <http://www.remsa.us/policy/9101.pdf>

⁶ REMSA Policy 4204, Transfer of Patient Care. <http://www.remsa.us/policy/4204.pdf>