Special Seasonal Report

RIVERSIDE COUNTY EMS AGENCY

Ambulance Patient Offload Time

Week 41 (through 10/13/18)

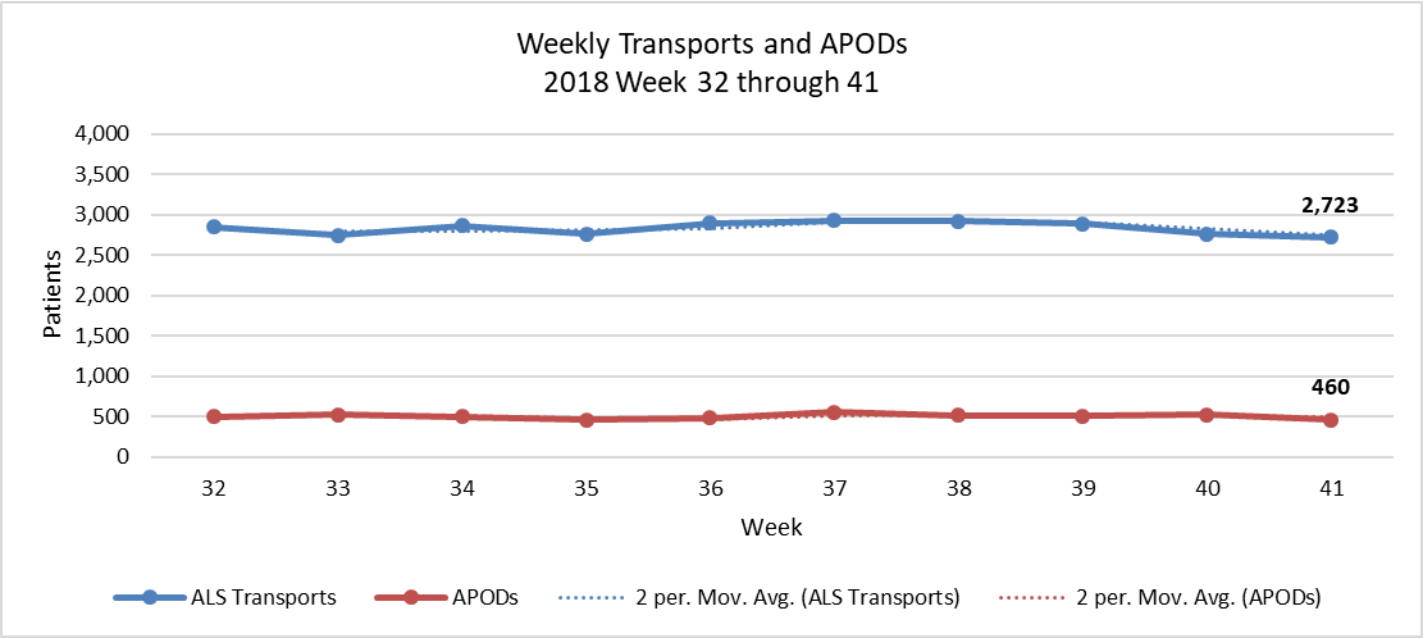
2018-19 Flu Season

Prepared by Misty Heyden, Riverside County EMS Agency – October 18, 2018

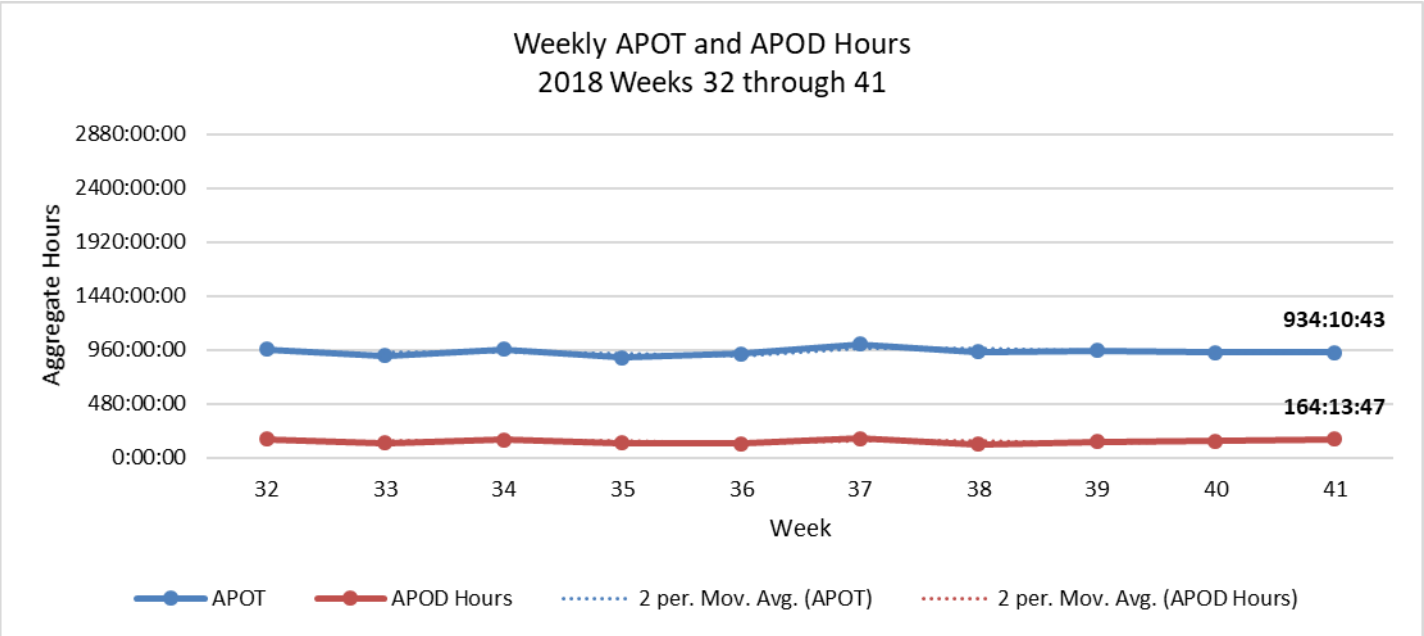
SPECIAL SEASONAL REPORT

In an effort to monitor seasonal surge in Ambulance Patient Offload Time (APOT) during the 2018-19 Influenza season, Riverside County EMS Agency will begin publishing weekly reports. The following charts represent weekly aggregate APOT/APOD data for the past 10 weeks, and these charts will be updated each week during the 2018-19 season.

This week's charts serve as a baseline, as the week 41 numbers are actually below the 2018 weekly aggregate averages.



- During week 41, there was a total of **2723 transports in Riverside County**—a **5.8%** DECREASE of the 2018 weekly aggregate average of 2890 transports.
- The number of **APODs in week 41 was 460**, representing a DECREASE of **23.3%** of the 2018 weekly aggregate average of 600 APODs.



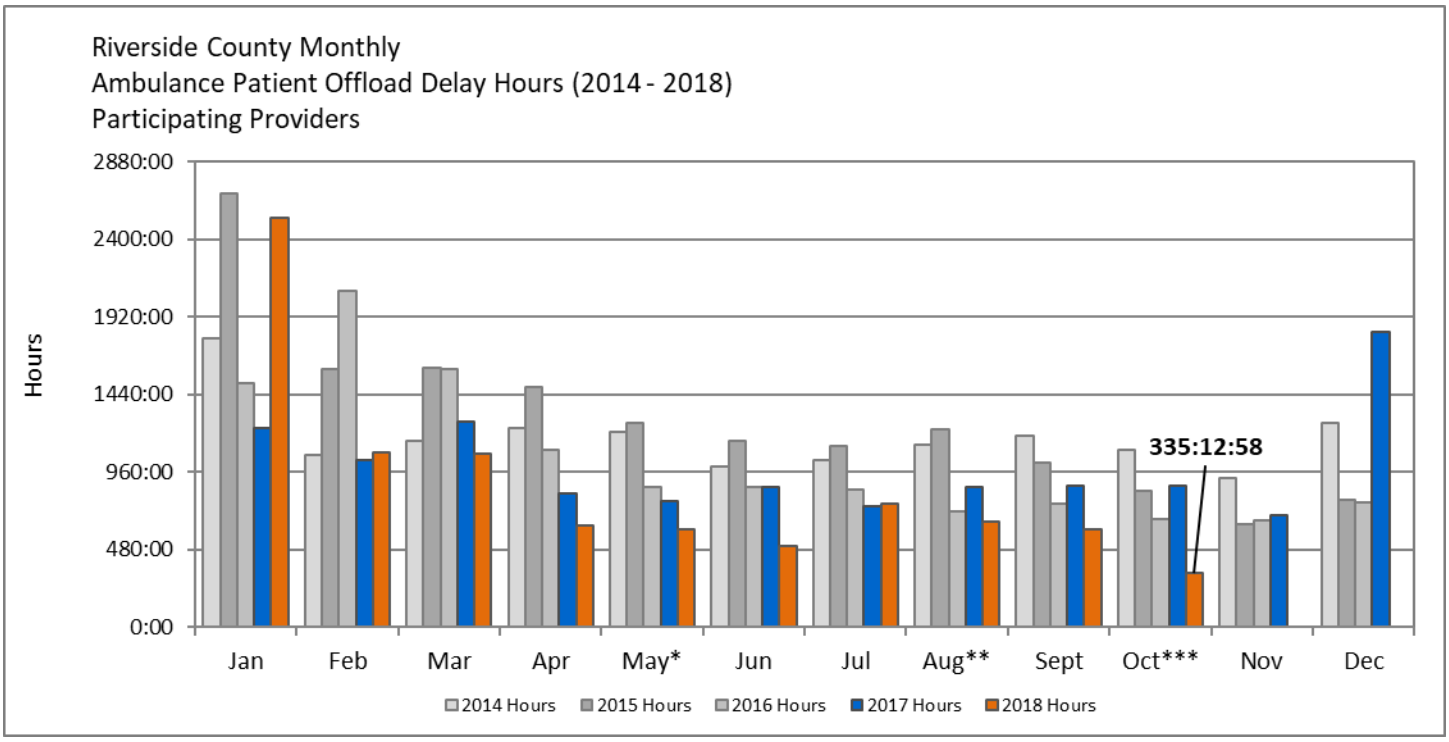
- During week 41, **APOT county-wide was over 934 hours** total, a DECREASE of **10.8%** of the 2018 weekly aggregate average of 1046 hours.
- County-wide **APOD hours for week 41 totaled over 164**, which is a DECREASE of **22.8%** of the 2018 weekly aggregate average of 212 hours.

RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD TIME

The data provided illustrates total ambulance patient offload delay time (hh:mm) by month for 2014 through **October 13, 2018 (week 41)** 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.

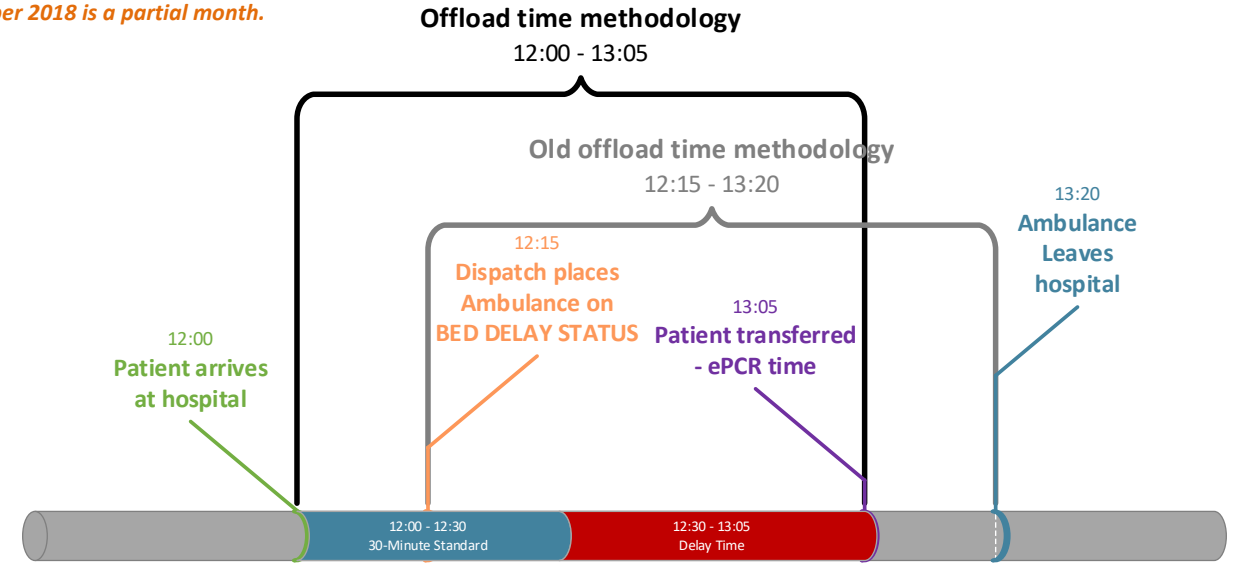
This chart represents the difference in the old vs. current by displaying the former time measurement/methodology in grayscale. The difference in methodology is illustrated in the timeline below.



**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.*

******October 2018 is a partial month.***



11:30 AMBULANCE PATIENT OFFLOAD TIME BY HOSPITAL 13:45

APOT DURING CDC WEEK 41 (10/7/18 - 10/13/18)

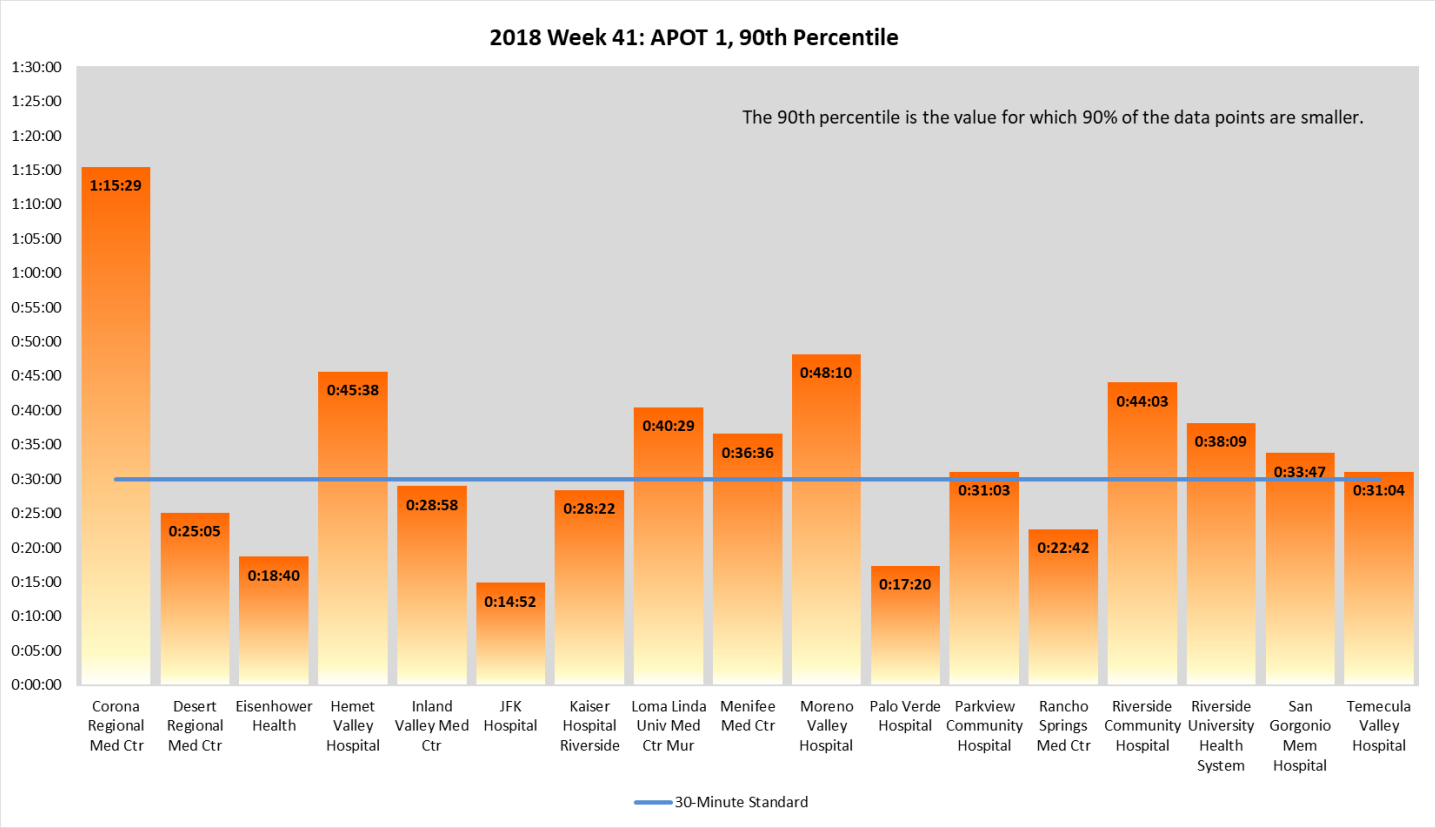
2018 Week 41 (10/7/18-10/13/18) APOT by Hospital						
Hospital	Total ALS Transports	APOT	APOD Hours	APODs	APOD Compliance	APOT-1*
Corona Regional Med Ctr	152	83:50:09	30:05:31	53	**65.1%**	**1:15:29**
Desert Regional Med Ctr	218	51:58:31	1:16:10	11	95.0%	0:25:05
Eisenhower Health	269	46:43:00	0:51:36	8	97.0%	0:18:40
Hemet Valley Hospital	289	165:52:06	**68:26:24**	87	69.9%	0:45:38
Inland Valley Med Ctr	176	44:36:12	3:23:27	15	91.5%	0:28:58
JFK Hospital	112	15:09:52	0:06:20	2	98.2%	**0:14:52**
Kaiser Hospital Riverside	124	34:00:28	2:17:41	11	91.1%	0:28:22
Loma Linda Univ Med Ctr Mur	136	47:38:04	5:48:54	28	79.4%	0:40:29
Menifee Med Ctr	64	20:39:41	2:42:19	9	85.9%	0:36:36
Moreno Valley Hospital	58	19:26:11	3:20:55	11	81.0%	0:48:10
Palo Verde Hospital	**23**	**2:30:53**	**0:00:00**	**0**	**100.0%**	0:17:20
Parkview Community Hospital	105	33:40:06	2:33:55	11	89.5%	0:31:03
Rancho Springs Med Ctr	95	21:48:10	0:57:48	5	94.7%	0:22:42
Riverside Community Hospital	**366**	**167:49:17**	28:49:56	**127**	65.3%	0:44:03
Riverside University Health System	277	101:10:58	9:51:36	54	80.5%	0:38:09
San Gorgonio Mem Hospital	124	37:50:00	2:01:36	14	88.7%	0:33:47
Temecula Valley Hospital	135	39:27:05	1:39:39	14	89.6%	0:31:04
Totals	**2,723**	**934:10:43**	**164:13:47**	**460**	**83.1%**	**0:37:00**

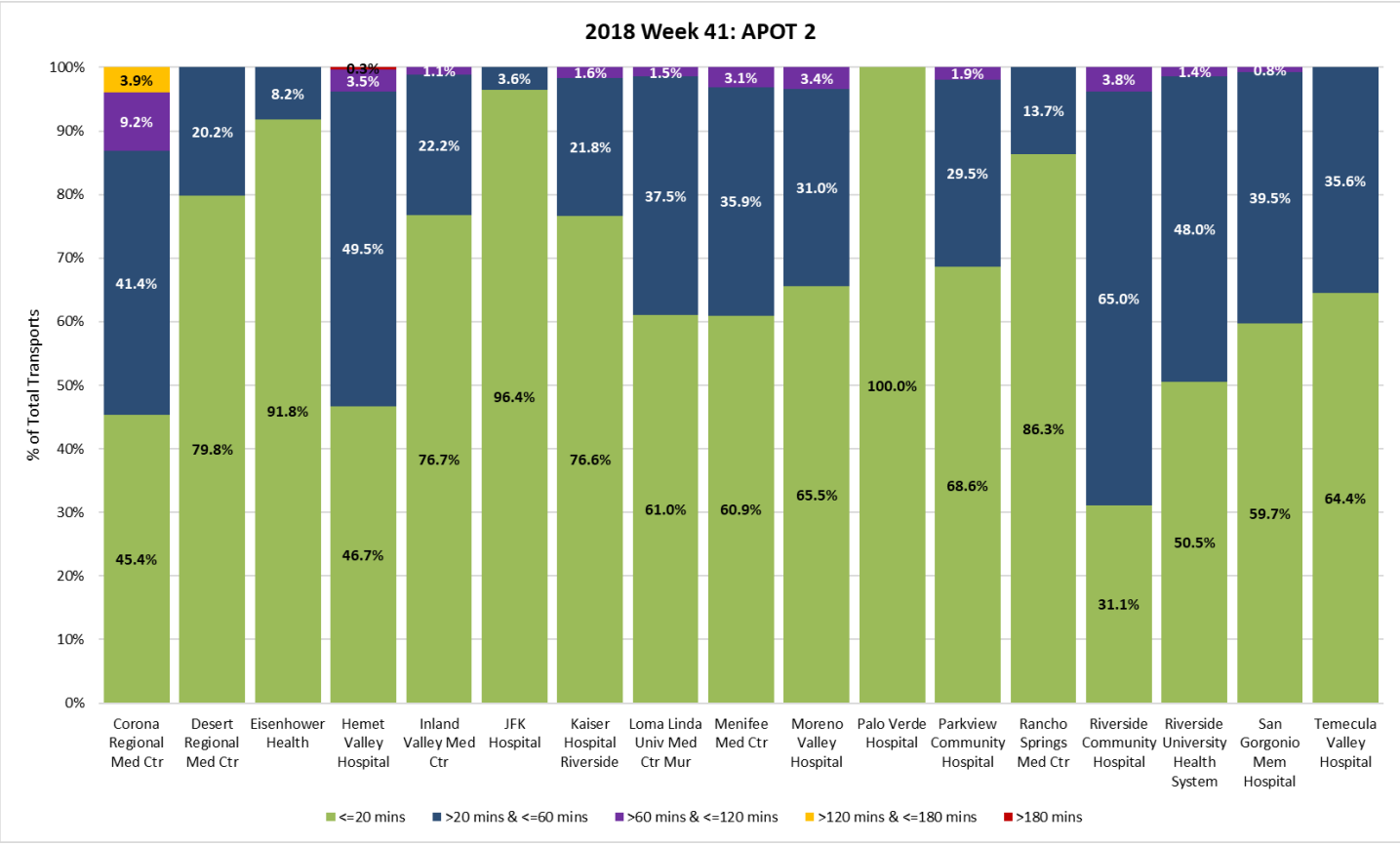
2018 Year-to-Date through Week 41 (1/1/18 - 10/13/18)						
Hospital	Total ALS Transports	APOT	APOD Hours	APODs	APOD Compliance	APOT-1*
Corona Regional Med Ctr	6,916	3415:27:47	1073:56:39	2,152	68.9%	**0:59:41**
Desert Regional Med Ctr	10,171	2533:35:37	221:01:44	732	92.8%	0:26:15
Eisenhower Health	11,769	2127:49:39	32:41:24	212	98.2%	0:19:21
Hemet Valley Hospital	12,517	6111:54:26	1558:18:08	4,872	61.1%	0:53:13
Inland Valley Med Ctr	8,104	2554:47:02	410:35:46	1,239	84.7%	0:37:02
JFK Hospital	5,308	768:52:34	12:22:15	71	**98.7%**	0:17:09
Kaiser Hospital Riverside	4,908	1674:59:54	255:32:17	815	83.4%	0:37:22
Loma Linda Univ Med Ctr Mur	5,685	2781:05:18	890:36:28	1,689	70.3%	0:58:49
Menifee Med Ctr	3,175	1246:28:24	335:31:45	665	79.1%	0:46:51
Moreno Valley Hospital	3,055	1126:51:36	242:37:55	612	80.0%	0:44:03
Palo Verde Hospital	**1,498**	**132:30:38**	**11:59:52**	**34**	97.7%	**0:13:19**
Parkview Community Hospital	4,462	1993:56:25	560:16:07	1,114	75.0%	0:50:27
Rancho Springs Med Ctr	4,157	1182:43:59	157:16:16	419	89.9%	0:30:10
Riverside Community Hospital	**14,645**	**7721:54:13**	**2065:33:50**	**6,138**	**58.1%**	0:56:00
Riverside University Health System	11,658	4345:34:33	547:04:00	2,457	78.9%	0:39:21
San Gorgonio Mem Hospital	5,464	1560:34:18	138:07:26	621	88.6%	0:31:43
Temecula Valley Hospital	5,004	1612:06:21	180:21:47	760	84.8%	0:35:33
Totals	**118,496**	**42891:12:44**	**8693:53:39**	**24,602**	**79.2%**	**0:42:36**

"APOD Hours" represents the net delay after the first 30 minutes of each offload delay occurrence.

Key: **High** **Low/Best**

AMBULANCE PATIENT OFFLOAD TIME BY HOSPITAL





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