RIVERSIDE COUNTY EMS AGENCY

Ambulance Patient Offload Time

Week 52 (12/23/18 - 12/29/18)

2018-19 Flu Season

Prepared by Misty Heyden, Riverside County EMS Agency – January 2, 2019

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 is publishing weekly reports. The following charts represent weekly aggregate APOT/APOD data for the past 10 weeks, updated weekly.

Weekly Transports and APODs
2018 Week 43 through 52
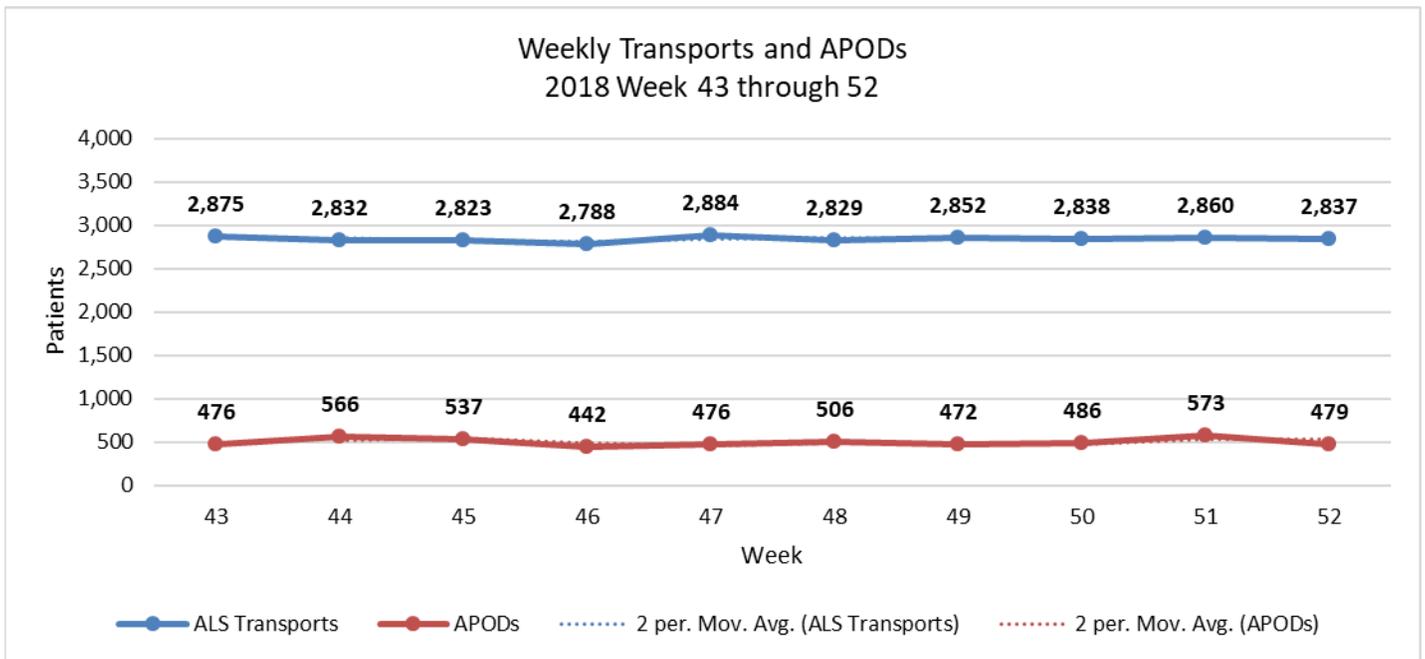
- During week 52, there was a total of **2837 transports in Riverside County**— **1.5%** BELOW the 2018 weekly aggregate average of 2879 transports.
- The number of **APODs in week 52 was 479**, which is **17.3%** BELOW the 2018 weekly aggregate average of 579 APODs.

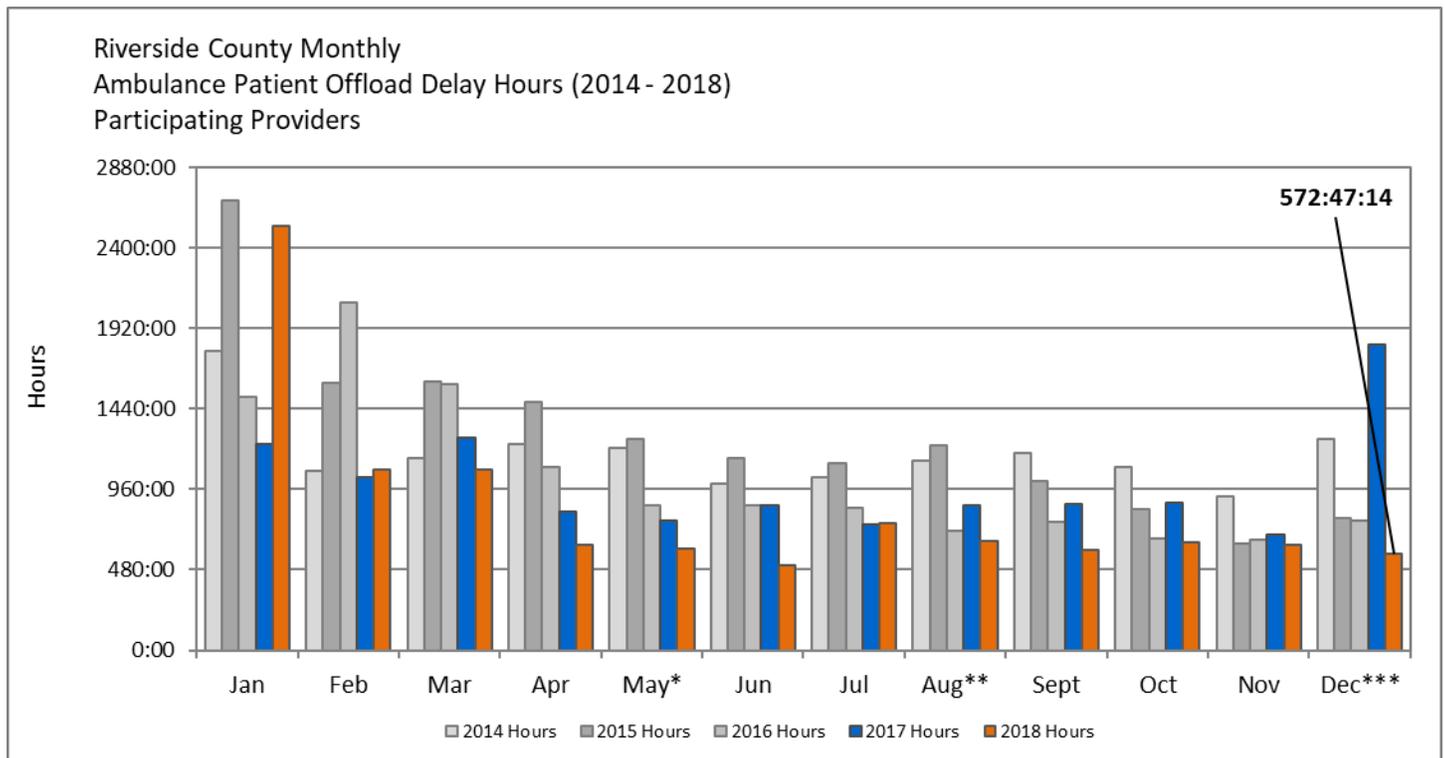Weekly APOT and APOD Hours
2018 Weeks 43 through 52
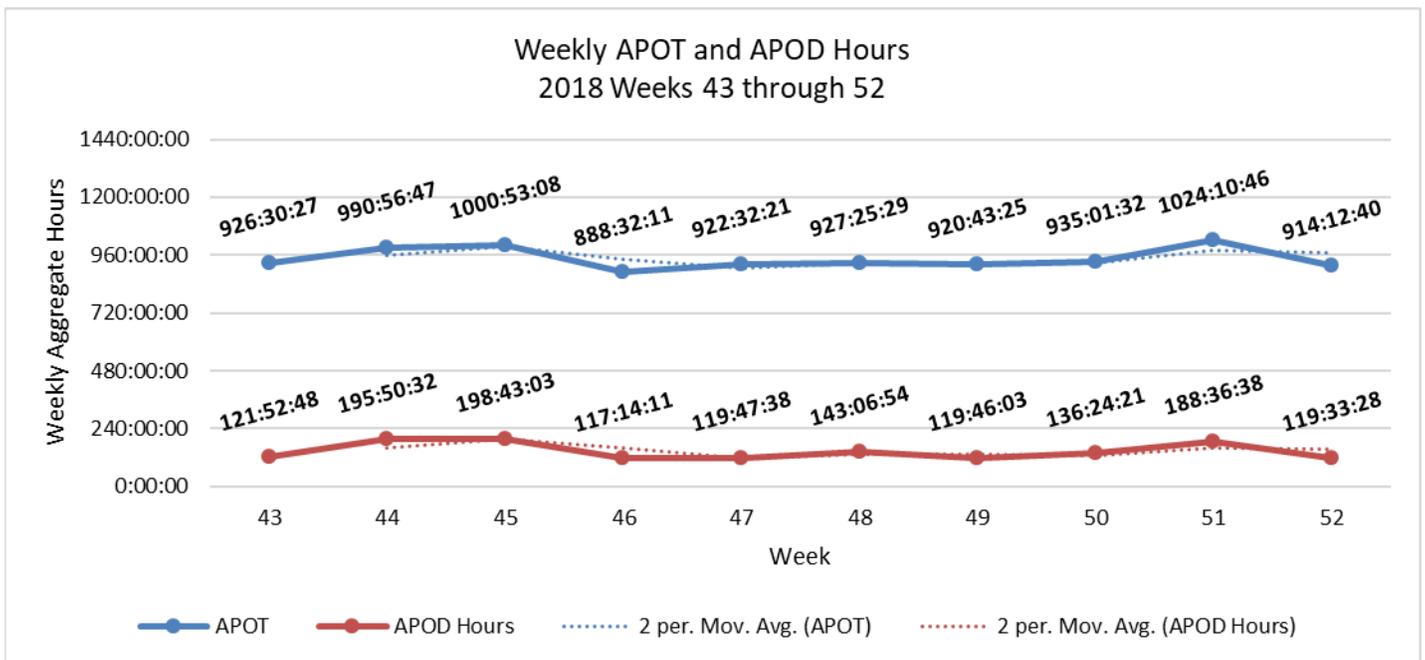
- During week 52, **APOT county-wide was over 914 hours** total—**10.7%** BELOW the 2018 weekly aggregate average of 1024 hours.
- County-wide **APOD hours for week 52 totaled over 119**, which is **39.5%** BELOW the 2018 weekly aggregate average of 197 hours.

RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD TIME

The data provided illustrates total ambulance patient offload delay time (hh:mm) by month for 2014 through **December 29, 2018 (week 52)** 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.
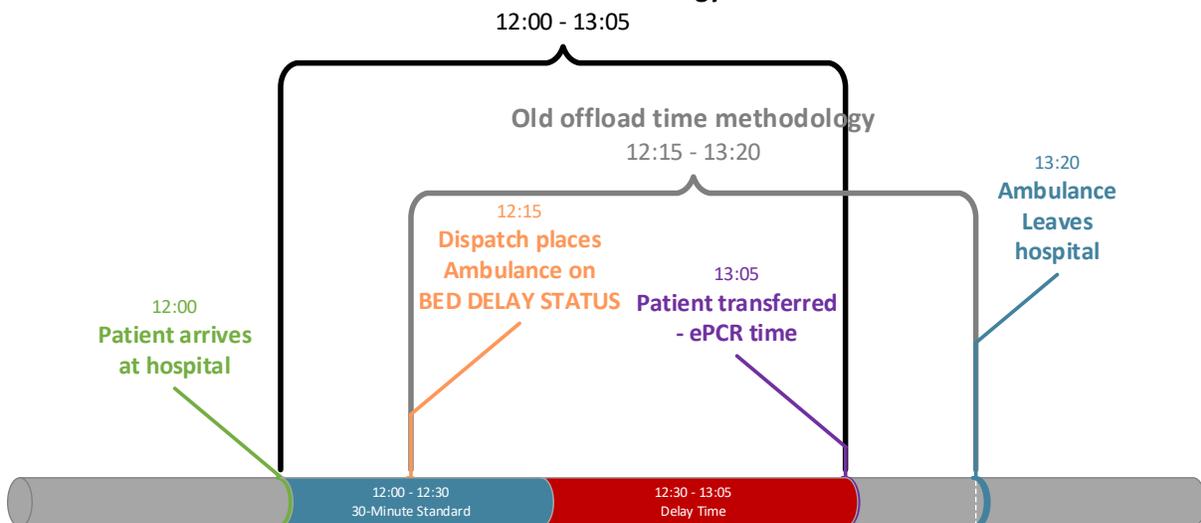

Riverside County Monthly
Ambulance Patient Offload Delay Hours (2014 - 2018)
Participating Providers

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.*
***December 2018 is a partial month.***

Offload time methodology
12:00 - 13:05

Old offload time methodology
12:15 - 13:20

12:15
Dispatch places Ambulance on BED DELAY STATUS

13:05
Patient transferred - ePCR time

13:20
Ambulance Leaves hospital

12:00
**Patient arrives at hospital**

12:00 - 12:30
30-Minute Standard

12:30 - 13:05
Delay Time

11:30

13:45

The purpose of the REMSA ILI (Influenza-like Illness) trigger and report is to improve tracking of influenza related activity and facilitate EMS preparedness in the event of a significant influenza surge event, similar or greater than that observed during the 2017-18 flu season.

1. The ILI trigger evaluates electronic patient record data (ePCR) in ImageTrend using the following methodology: 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
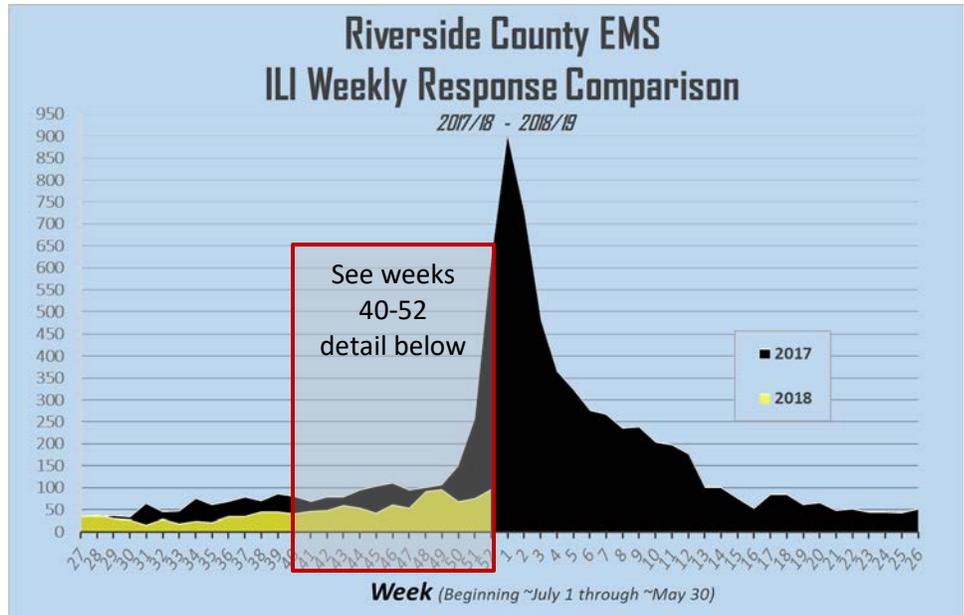

3. Any incident with a match in the narrative for ILI, influenza like illness, Flu, Flu-, Flu\., or influenza.
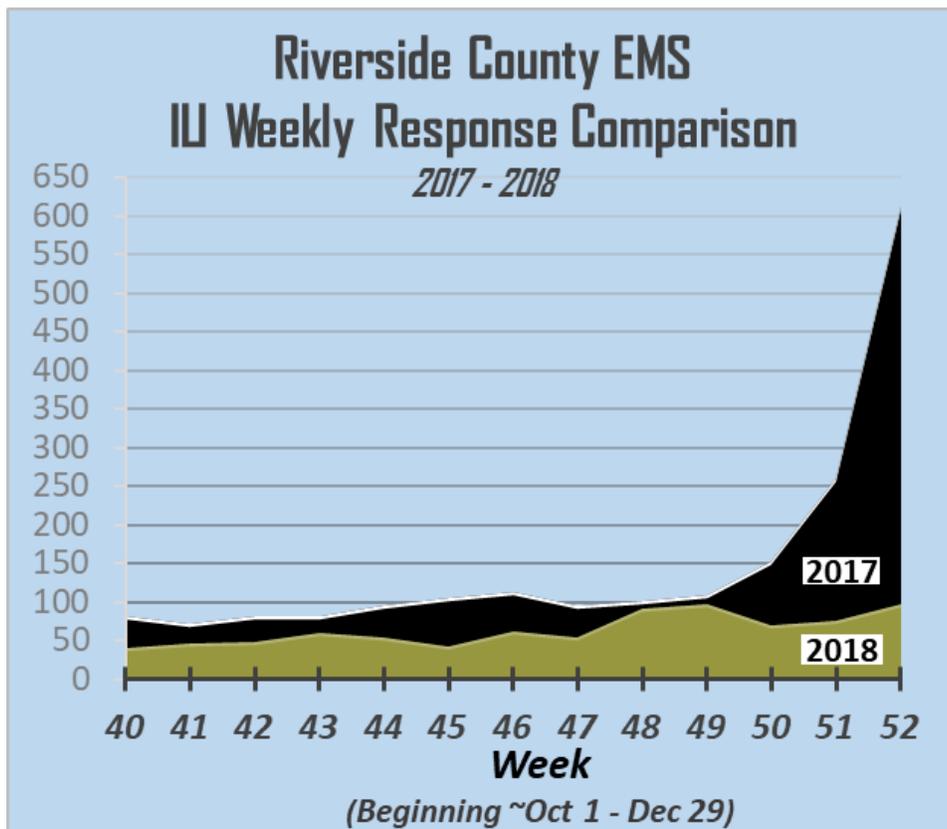
This chart illustrates the difference between current EMS ILI activity beginning October 1st, 2018 (Week 40) and EMS ILI activity for the same time period in 2017.

October - Week 40 is defined by the Center for Disease Control (CDC) as the expected seasonal start of increasing flu activity. In Week 52, EMS ILI response INCREASED by 27.6% compared to the previous week and was 56.9% HIGHER than the average* across weeks beginning Week 40. *(The average referred to is a weekly moving average.)*

Riverside County EMS Weekly Influenza-Like Illness Response — Count by Week (07/01/18 – 12/29/18)
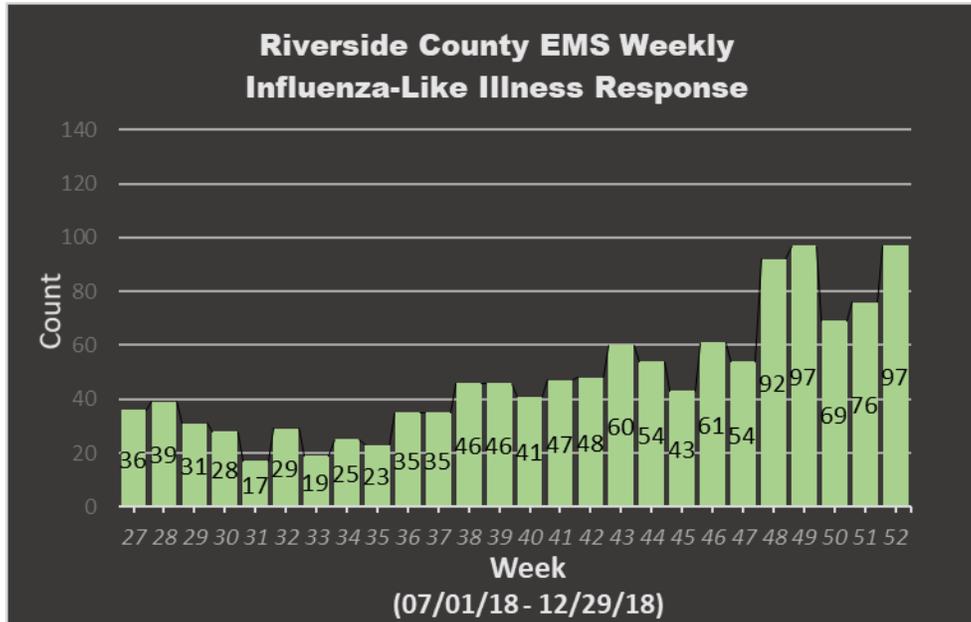
	PUBLIC HEALTH AND MEDICAL SYSTEM STATUS
Green	The Public Health and Medical System is in usual day-to-day status. Situation resolved; no assistance is required.
Yellow	The Public Health and Medical System is managing the incident using local resources or existing agreements. No assistance is required.
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.

DOPH

Riverside County Public Health provides Emergency Department (ED) ILI activity information from participating hospitals throughout the county. The graph on the right provides a weekly comparison between EMS and ED related ILI activity.

ILI-Related Emergency Department Visits and EMS Response (July 1, 2018 – Dec 29 2018)
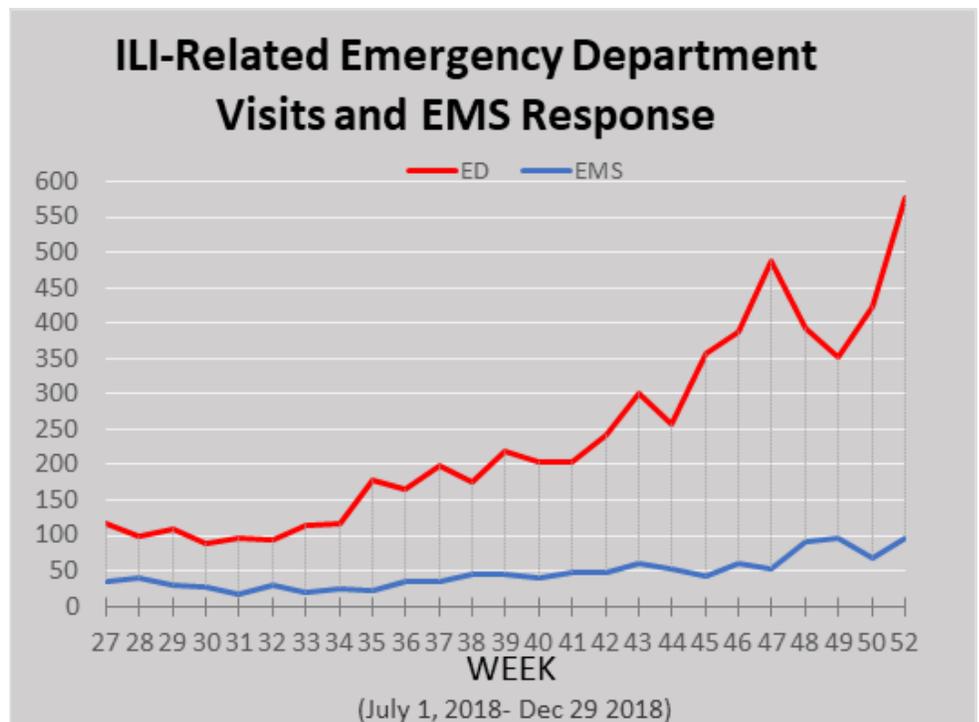
ILI data compiled by Catherine Farrokhi, Riverside County EMS Agency.

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 Definitions
Data in this report includes all transports to the 17 hospitals monitored by REMSA in the respective month relative to the date and time the incident originates (eTimes.03--Dispatch Notified Date/Time). *For example, if an incident originates on June 30, and the patient is subsequently transferred to the care of an emergency department on July 1, that incident will be included in the month of June.*

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.

> Data for 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 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.

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[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