RIVERSIDE COUNTY EMS AGENCY

Ambulance Patient Offload Time
Week 20 (5/12/19 – 5/18/19)

2018-19 Flu Season

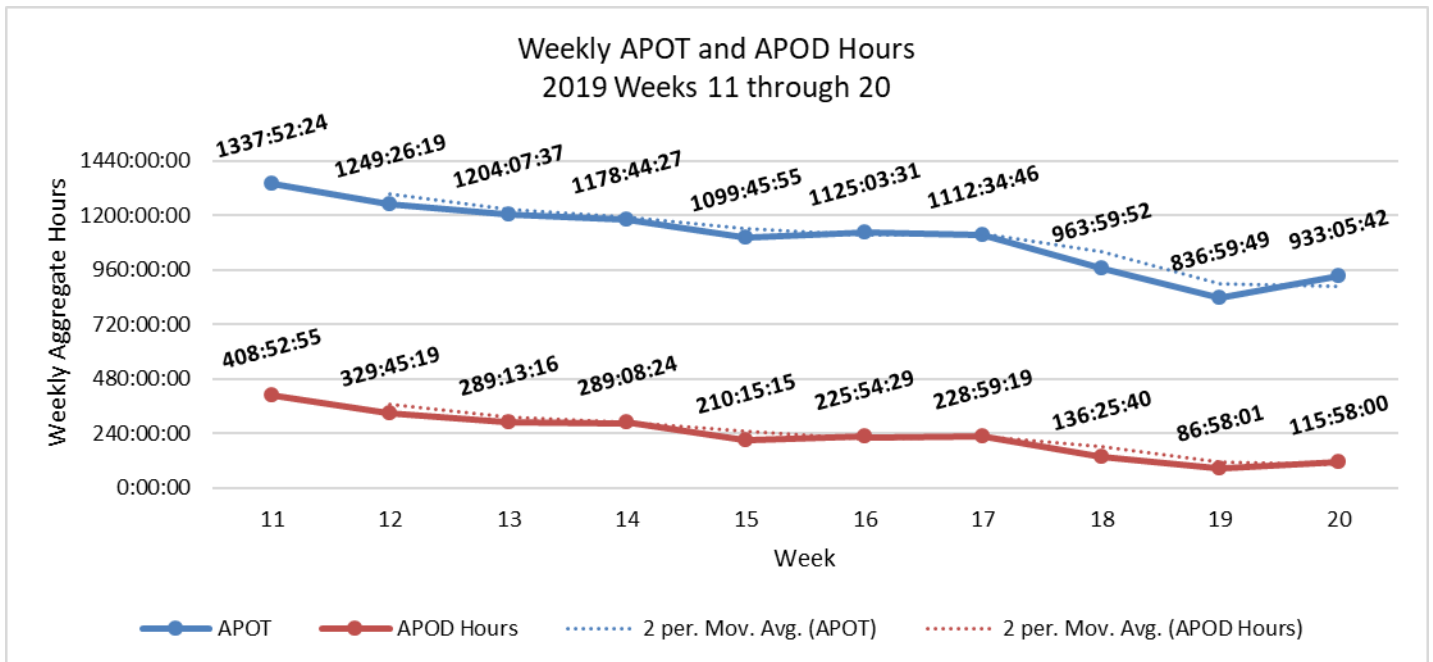This report and all current and recent APOT reports can be found online at:
http://www.rivcoems.org/Documents/Reports-Current

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 2019 Week 11 through 20

Week	11	12	13	14	15	16	17	18	19	20
ALS Transports	3,021	3,100	3,027	3,002	3,085	3,066	3,046	2,934	2,772	2,971
APODs	788	736	758	702	611	696	680	514	398	484

Legend: ALS Transports • APODs • 2 per. Mov. Avg. (ALS Transports)
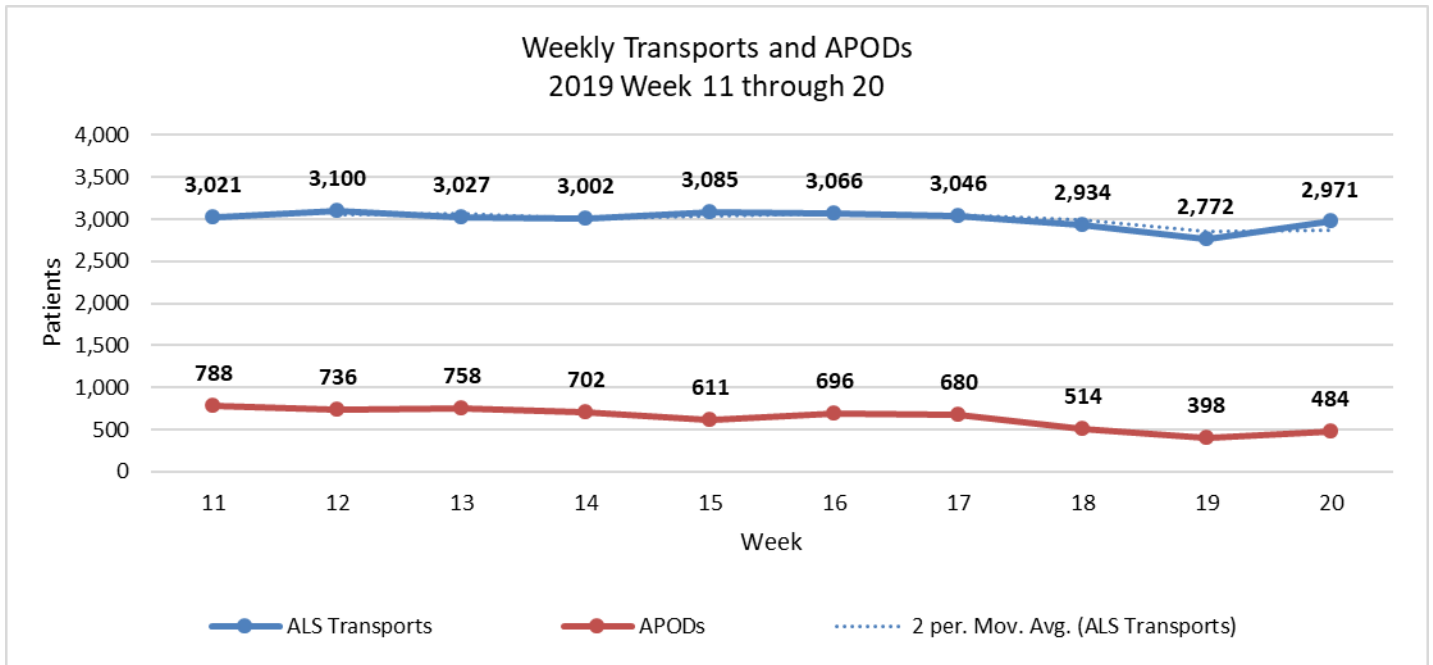
- During 2019 week 20, there was a total of **2971 transports in Riverside County**— a **7.2%** INCREASE from the previous week's 2772 transports.
- The number of **APODs in week 20 was 484** which is **21.6%** ABOVE the previous week total of 398 APODs.

Weekly APOT and APOD Hours 2019 Weeks 11 through 20

Week	11	12	13	14	15	16	17	18	19	20
APOT	1337:52:24	1249:26:19	1204:07:37	1178:44:27	1099:45:55	1125:03:31	1112:34:46	963:59:52	836:59:49	933:05:42
APOD Hours	408:52:55	329:45:19	289:13:16	289:08:24	210:15:15	225:54:29	228:59:19	136:25:40	86:58:01	115:58:00

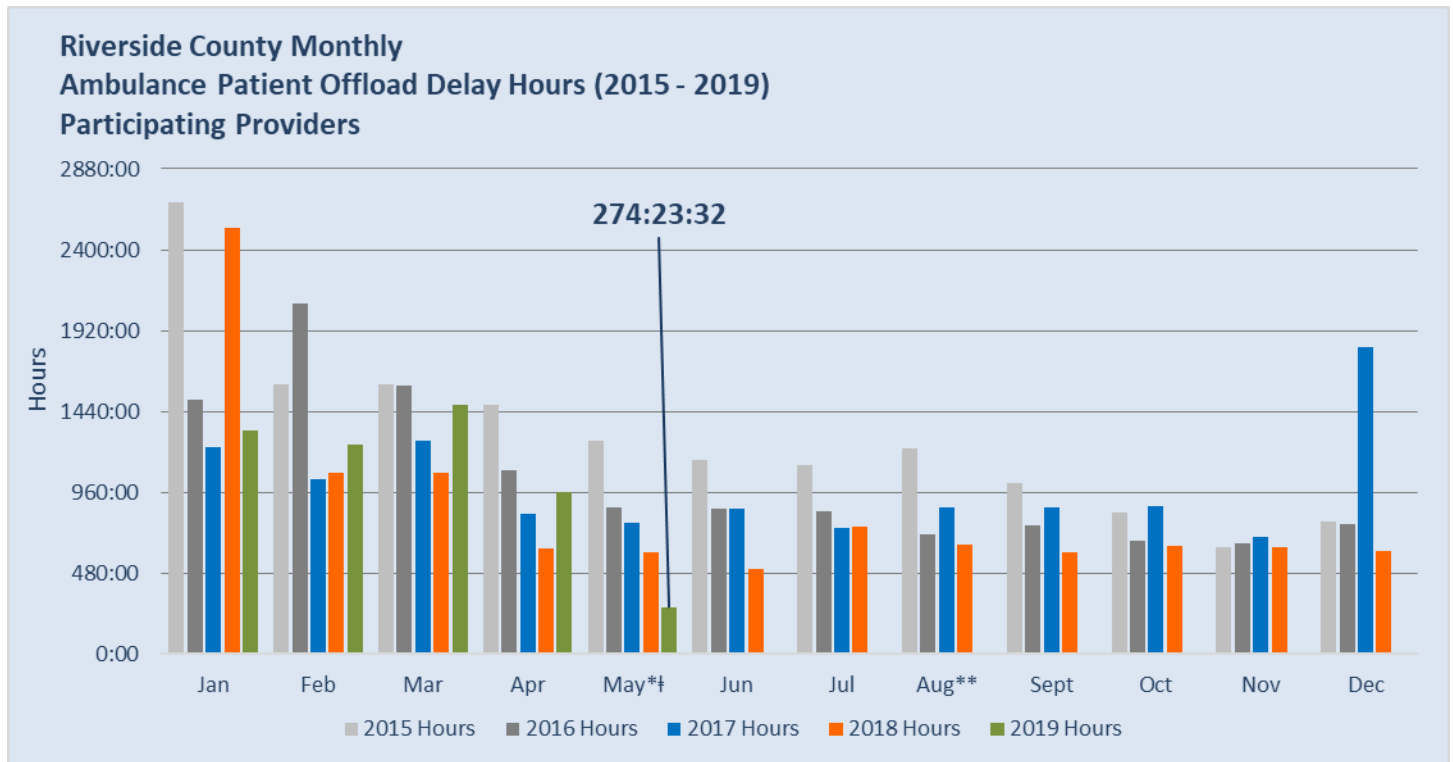Legend: APOT • APOD Hours • 2 per. Mov. Avg. (APOT) • 2 per. Mov. Avg. (APOD Hours)

- During 2019 week 20, **APOT county-wide was over 933 hours** total—**11.5%** ABOVE the previous week's total of 836 hours.
- County-wide **APOD hours for week 20 totaled over 115**, which is a **33.3%** INCREASE from the previous week's 86 hours.

RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD TIME

The data provided illustrates total ambulance patient offload delay time (hh:mm) by month for 2015 through **May 18, 2019 (week 20)** 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.

Riverside County Monthly Ambulance Patient Offload Delay Hours (2015 - 2019) 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.
*‡May 2019 is a partial month.*

APOD AMBULANCE REDIRECTION

On March 20, 2019, Riverside County EMS Agency activated Provisional Policy 6104 (http://www.remsa.us/policy/6104.pdf) to allow provisional redirection of Ambulances from hospitals that have extended Ambulance Patient Offload Delay (APOD)--to the closest most appropriate hospital that does not have extended APOD. Extended APOD is a patient remaining on an ambulance gurney for 90 minutes or greater after arrival at a hospital. The table below shows the ambulance diversions that occurred during week 20.

	Occurrences of APOD Redirection
Corona Regional Medical Center	1
Grand Total	**1**

AMBULANCE PATIENT OFFLOAD TIME BY HOSPITAL

Key:	High	Low/Best

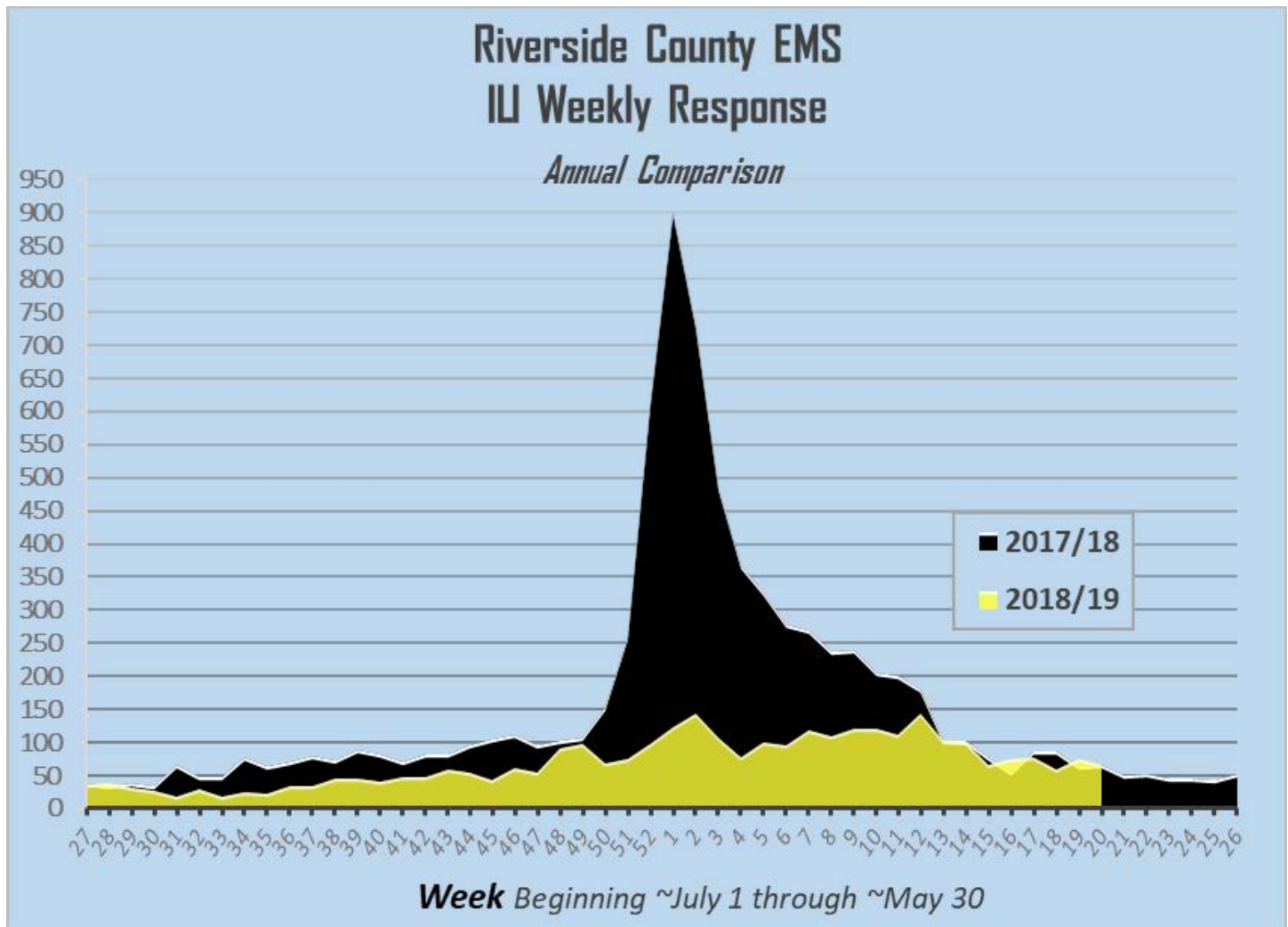| APOT Snapshot					
	ALS Transports	APOT	APOD Hours	APODs	APOD Compliance
Corona Regional Med Ctr	160	65:24:32	13:17:15	45	71.9%
Desert Regional Med Ctr	238	46:17:23	0:43:51	7	97.1%
Eisenhower Health	318	53:19:01	1:09:33	4	98.7%
Hemet Valley Hospital	**360**	**161:33:15**	**31:14:40**	**119**	**66.9%**
Inland Valley Med Ctr	192	63:16:53	11:10:23	31	83.9%
JFK Hospital	120	16:20:11	0:03:30	1	99.2%
Kaiser Hospital Riverside	113	35:12:59	4:22:31	13	88.5%
Loma Linda Univ Med Ctr Mur	135	58:30:05	11:43:30	36	73.3%
Menifee Med Ctr	90	31:18:55	5:10:25	17	81.1%
Moreno Valley Hospital	83	24:20:44	2:31:38	11	86.7%
Palo Verde Hospital	**40**	**3:44:32**	**0:00:00**	**0**	**100.0%**
Parkview Community Hospital	105	31:15:11	2:09:21	12	88.6%
Rancho Springs Med Ctr	97	25:36:49	1:20:30	11	88.7%
Riverside Community Hospital	347	134:27:25	16:33:19	90	74.1%
Riverside University Health System	291	95:32:02	7:33:07	51	82.5%
San Gorgonio Mem Hospital	142	39:49:43	1:17:30	12	91.5%
Temecula Valley Hospital	140	47:06:02	5:36:57	24	82.9%
Totals	**2,971**	**933:05:42**	**115:58:00**	**484**	**83.7%**

Transports and APODs by Hospital
2019 Week 20
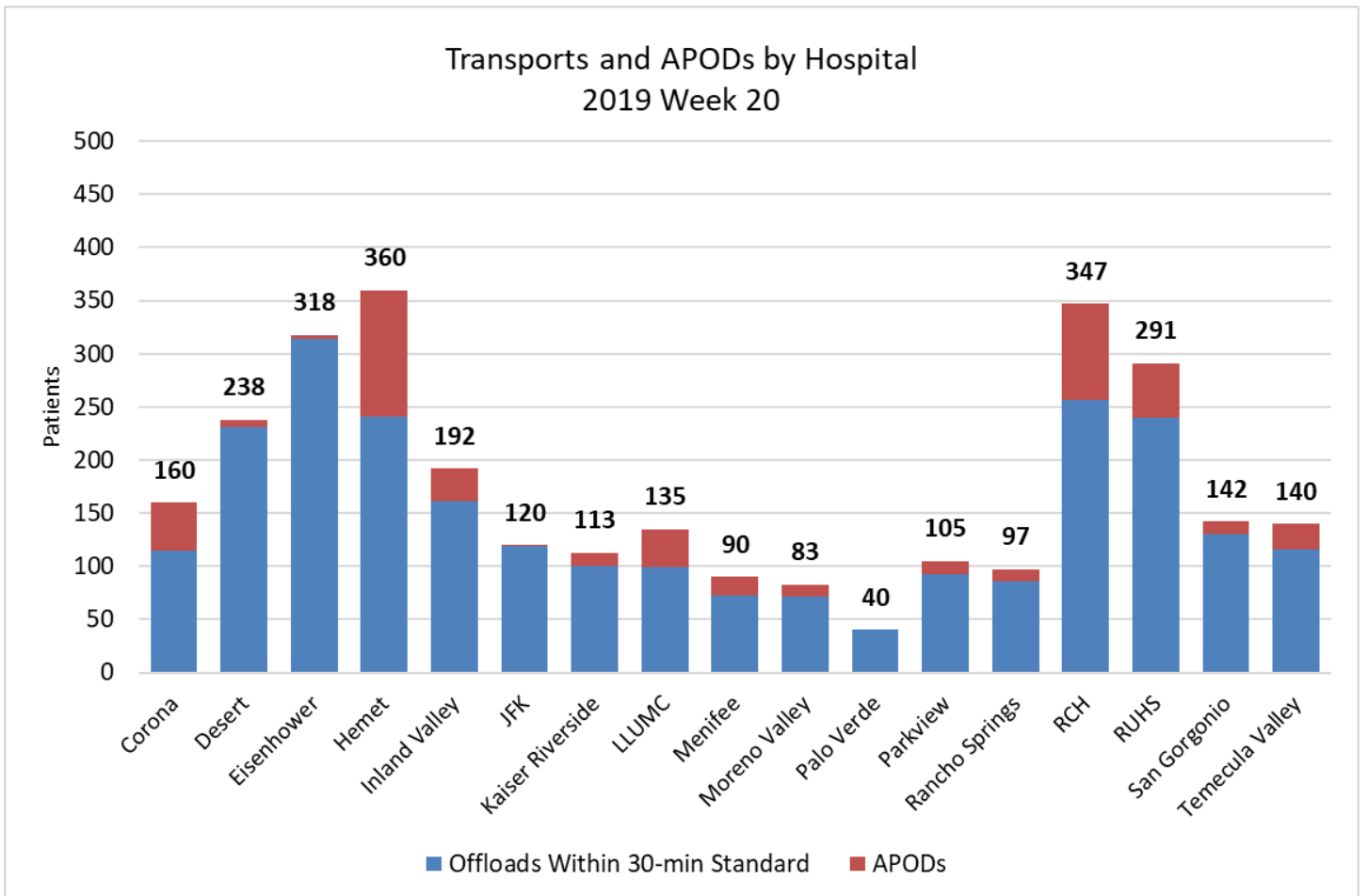
ILI -INFLUENZA-LIKE ILLNESS RESPONSE

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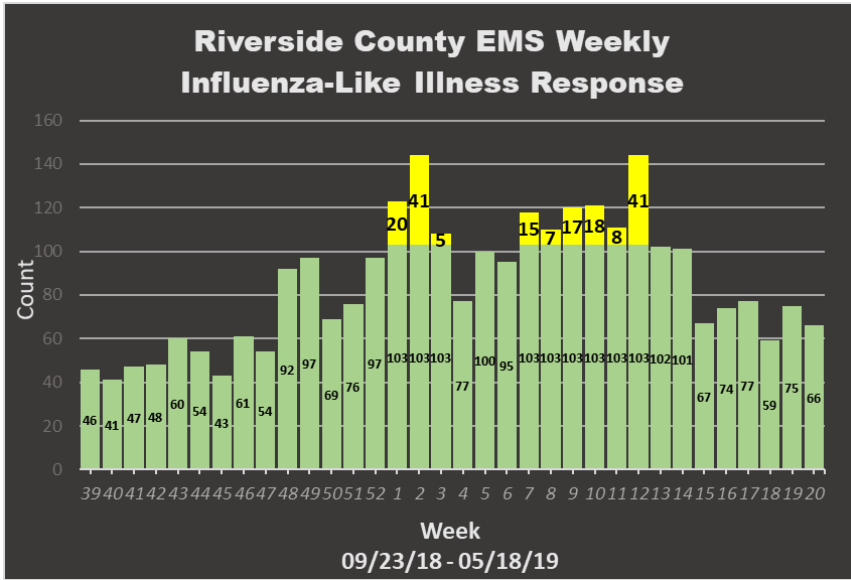
The ILI trigger evaluates electronic patient record data (ePCR) in ImageTrend using the following methodology:

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.

October - Week 40 is defined by the Center for Disease Control (CDC) as the expected seasonal start of increasing flu activity. In Week 20, EMS ILI response DECREASED by 12% compared to the previous week and was 2.8% LOWER than the rolling annual average.


EMS ILI response two standard deviations above the calculated baseline average during non-peak flu seasons is considered a surge in flu activity. Surges are identified as color levels adapted from the *CDPH Standards and Guidelines for Healthcare Surge During Emergencies*:
https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/FinalEOM712011.pdf

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.
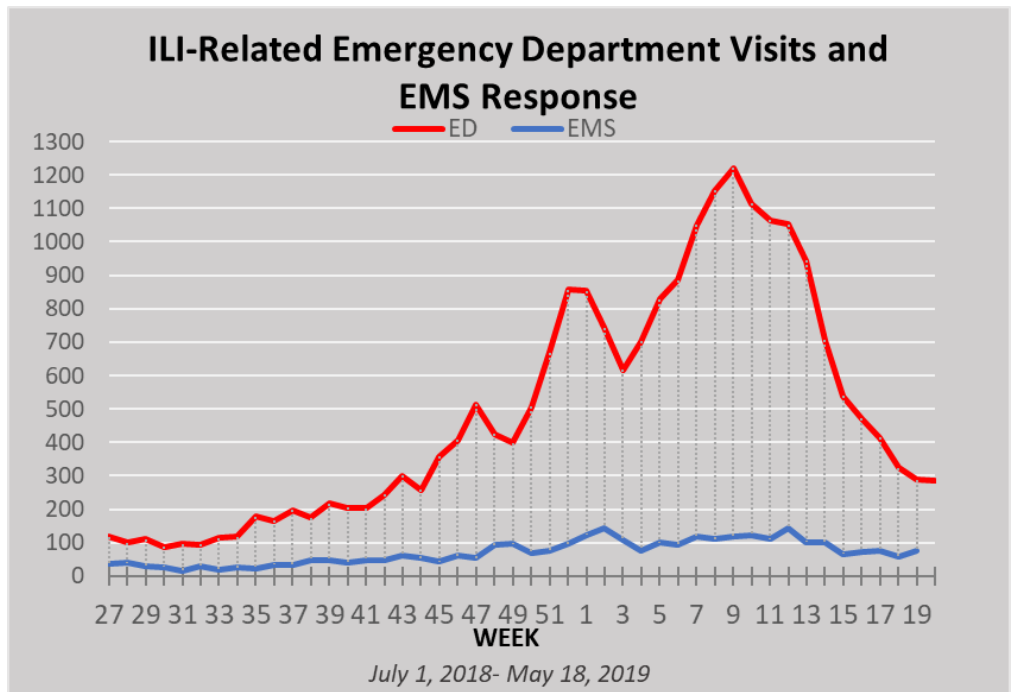
ILI data compiled by Catherine Farrokhi and Sudha Mahesh, Riverside County EMS Agency.

APOT AND APOD DEFINITIONS

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