



Ambulance Patient Offload Time
Week 42 (through 10/20/18)

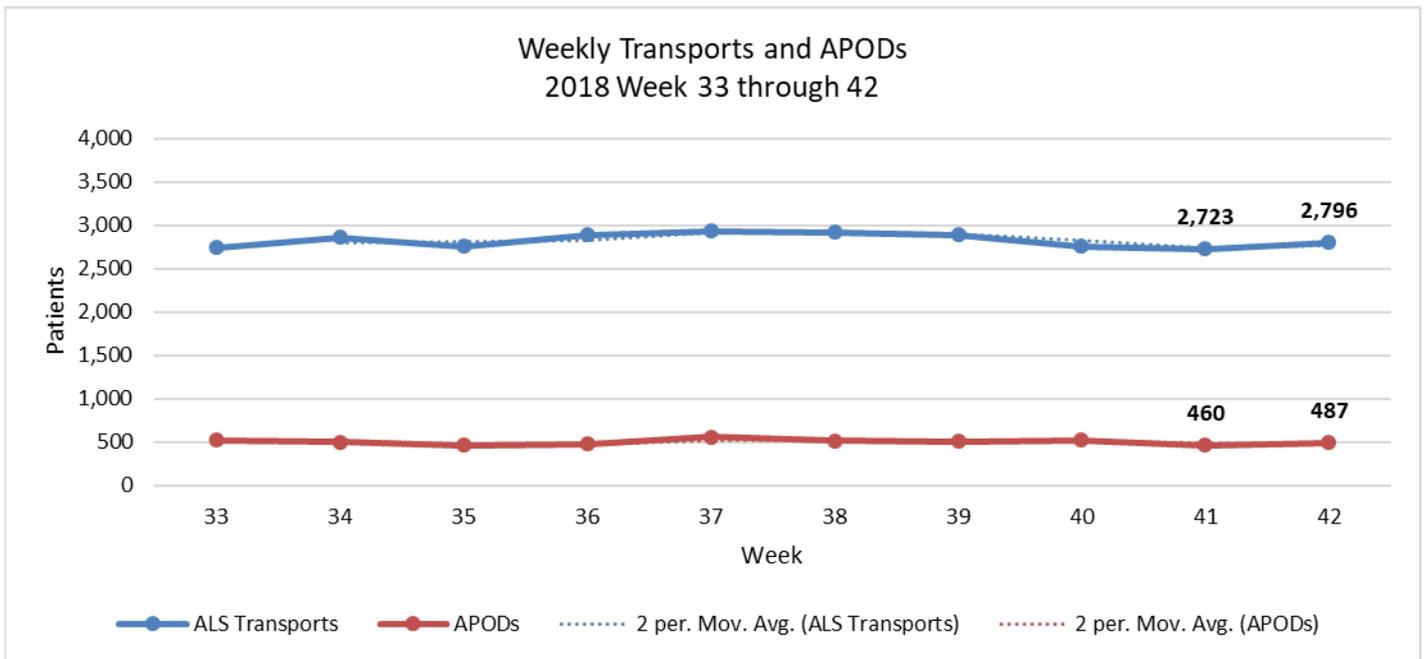
2018-19

Flu

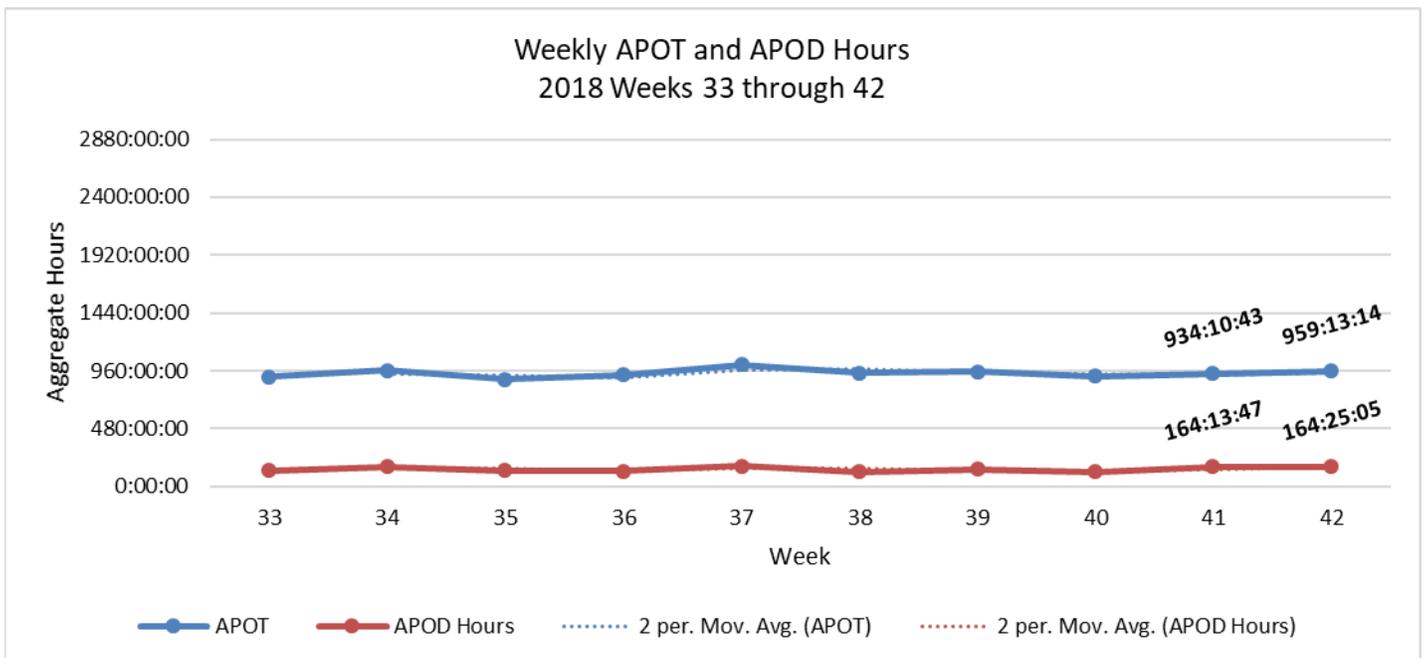
Season

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.



- During week 42, there was a total of **2796 transports in Riverside County**—**3.2%** BELOW the 2018 weekly aggregate average of 2888 transports.
- The number of **APODs in week 42 was 487**, representing a **DECREASE** of **18.5%** of the 2018 weekly aggregate average of 597 APODs.



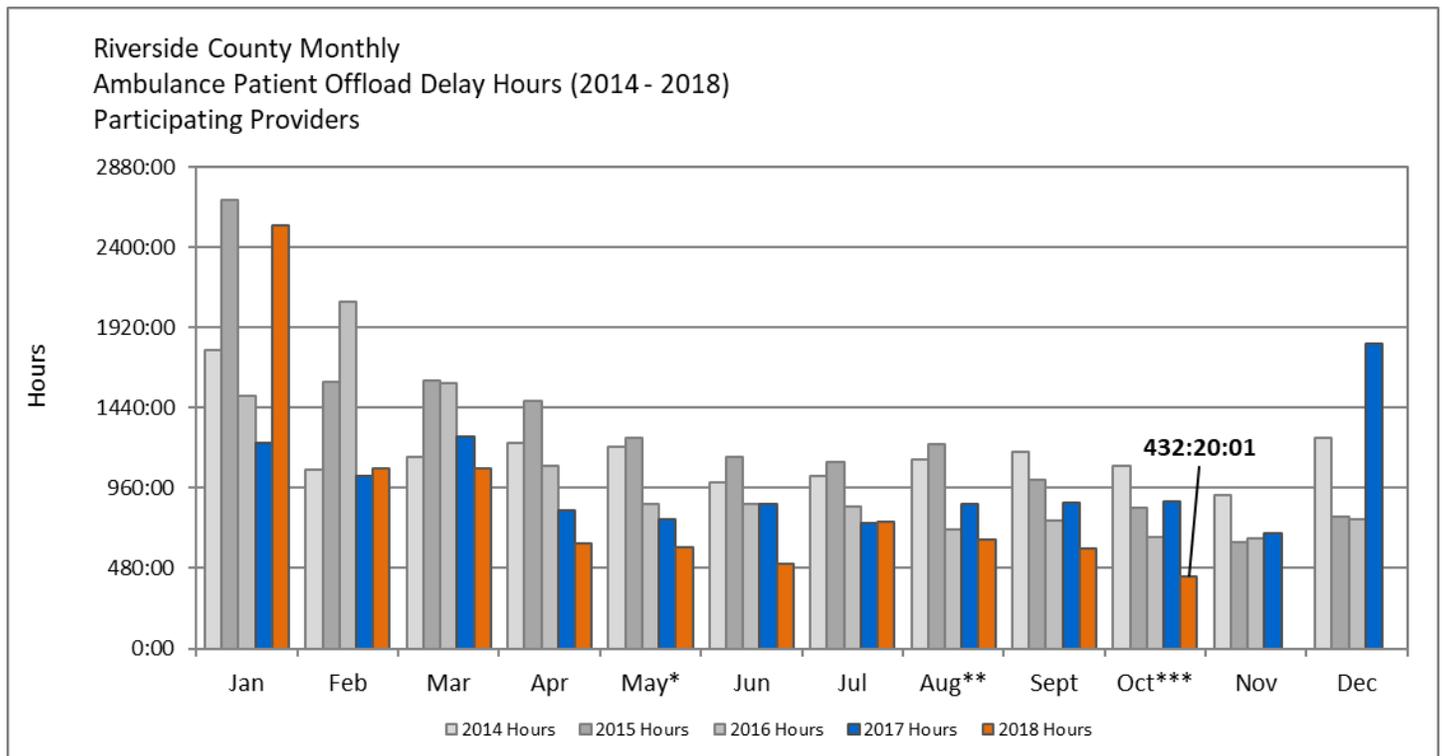
- During week 42, **APOT county-wide was over 959 hours** total, **8.1%** BELOW the 2018 weekly aggregate average of 1044 hours.
- County-wide **APOD hours for week 42 totaled over 164**, which is a **DECREASE** of **22%** of the 2018 weekly aggregate average of 210 hours.

RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD TIME

The data provided illustrates total ambulance patient offload delay time (hh:mm) by month for 2014 through **October 20, 2018 (week 42)** 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.

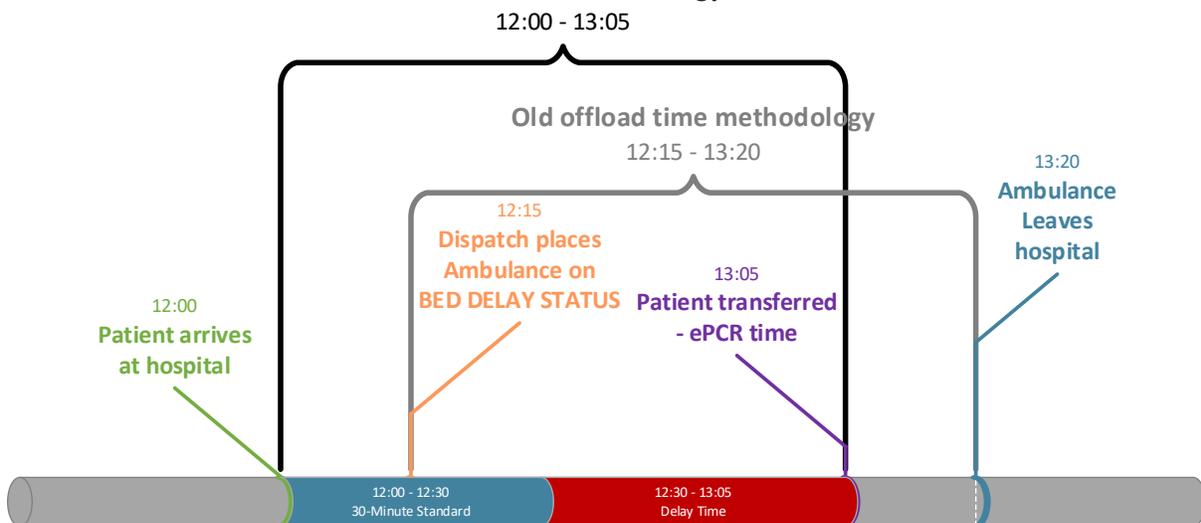


*For May of 2016, actual totals may have been slightly higher than are reported due to a 3-day CAD outage.

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

***October 2018 is a partial month.

Offload time methodology



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) through 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.

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>