

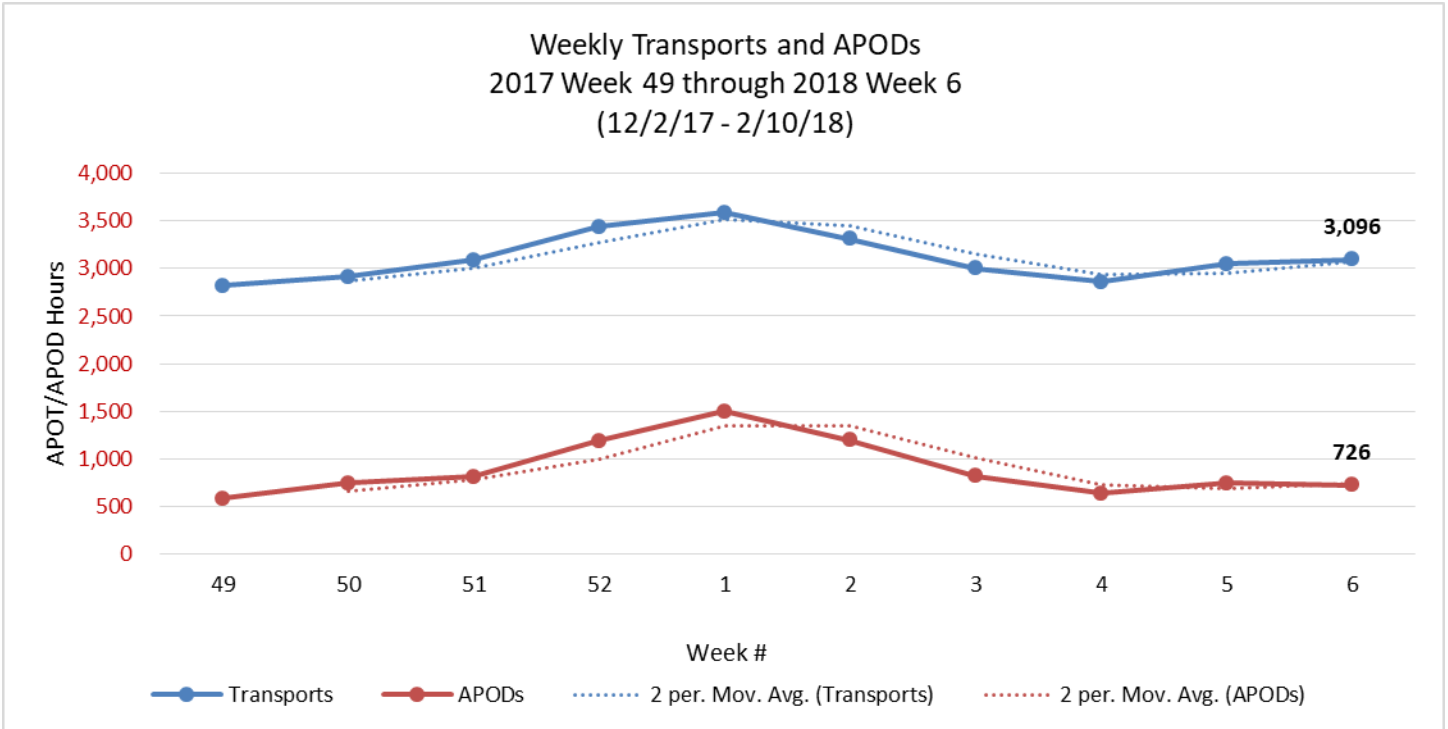
Special Seasonal Report



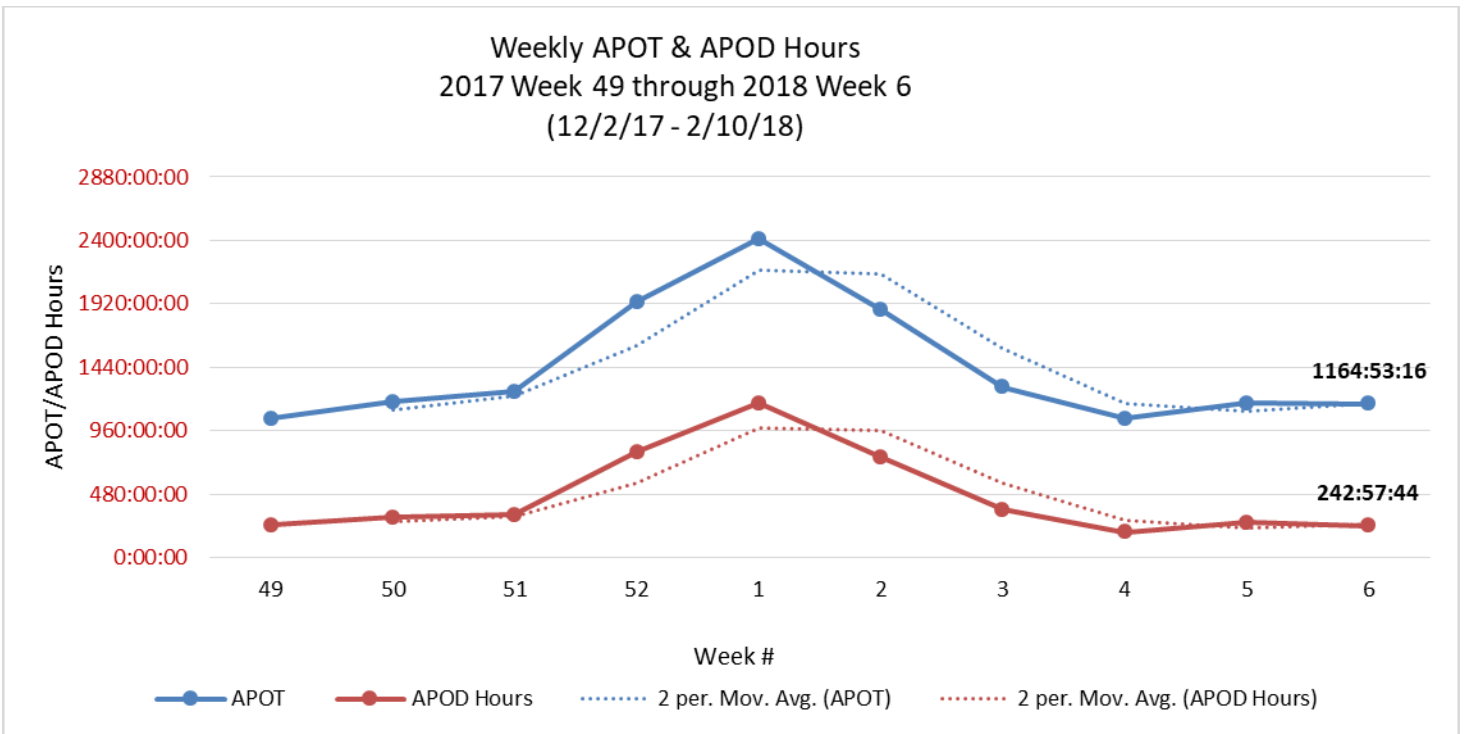
Ambulance Patient Offload Time
Week 6 (through 2/10/18)

*Special
Seasonal
Report*

SPECIAL SEASONAL REPORT



- During week 6 (beginning 2/4/2018), there was a total of **3096 transports in Riverside County**—an **18.4%** increase of the 2017 weekly average of 2,614 transports. The 2018 weekly average is 3071 transports.
- The number of **APODs in week 6 was 726**, representing an increase of **31.8%** of the 2017 weekly average of 551. The 2018 weekly average is 902 APODs.



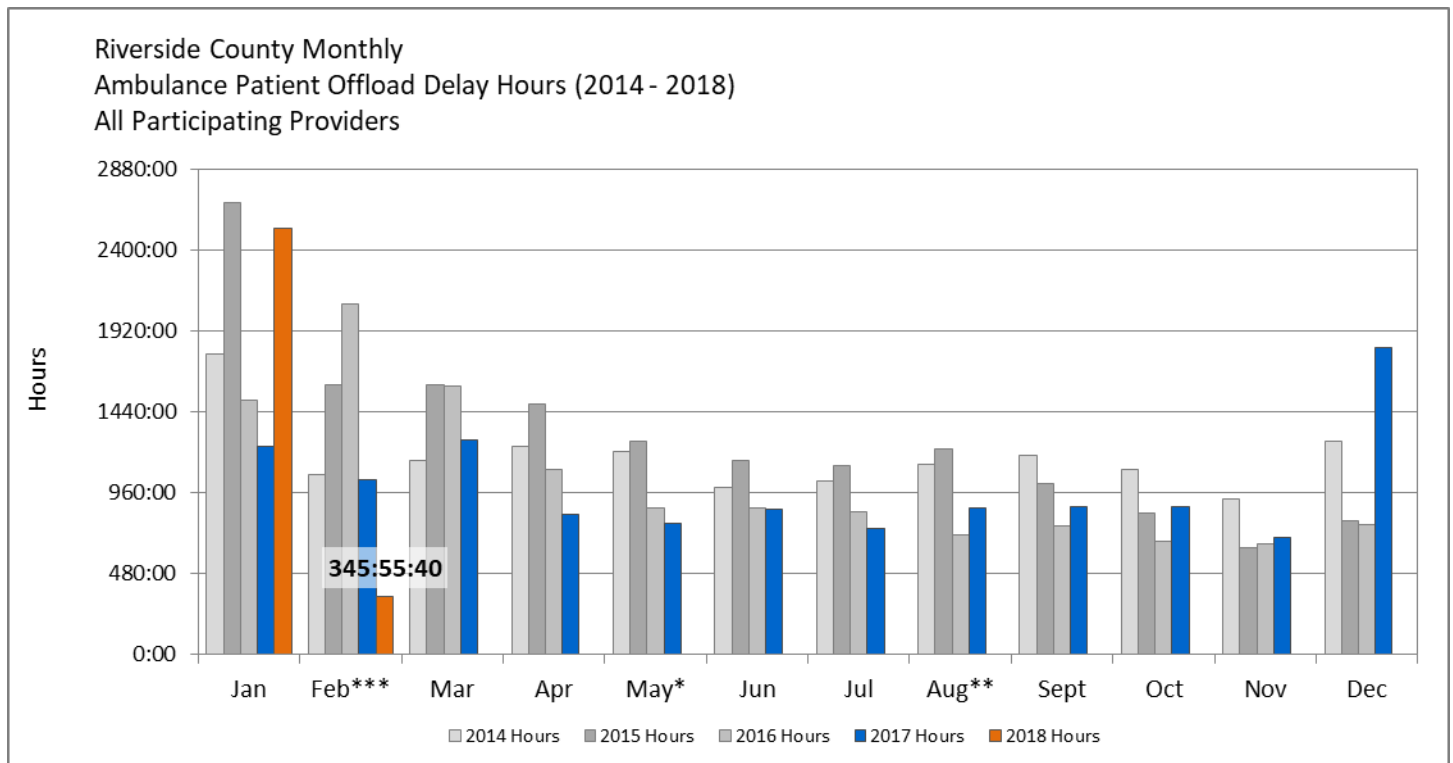
- During week 6, **APOT county-wide was over 1164 hours** total, an increase of **19.7%** over the 2017 weekly average of 973 hours. The 2018 weekly APOT average is 1444 hours.
- County-wide **APOD hours for week 6 totaled over 242**, which is an increase of **6.4%** over the 2017 weekly average of 228 hours. The 2018 weekly APOD average is 479 hours.

RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD TIME

The data provided illustrates total ambulance patient offload delay time (hh:mm) by month for 2014 through **February 10, 2018 (week 6)** 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.

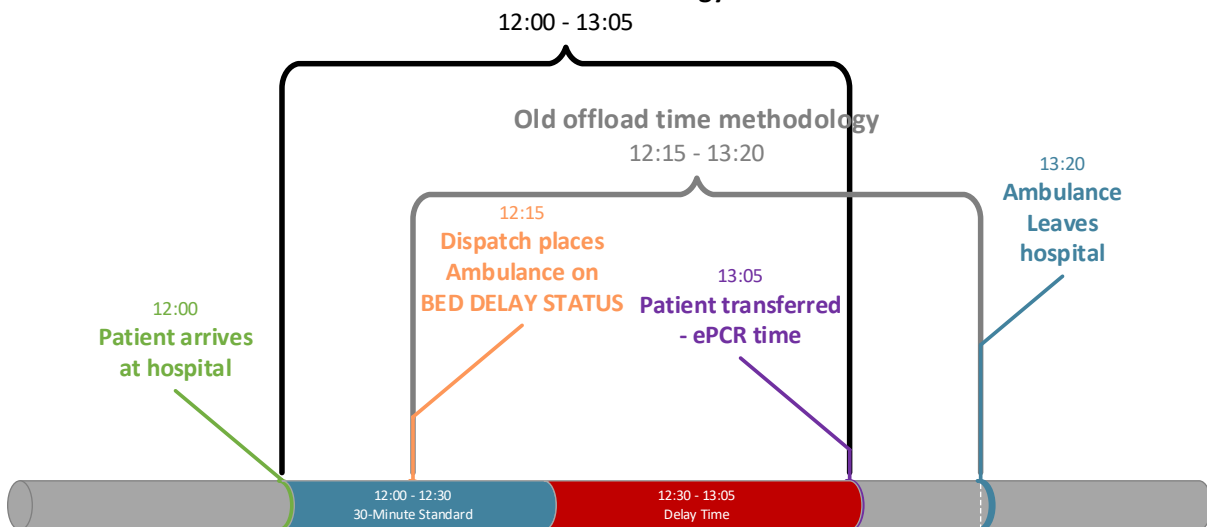


*For May of 2016, actual totals may have been slightly higher than are reported due to a 3-day CAD outage.

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

***February 2018 is a partial month.

Offload time methodology



AMBULANCE PATIENT OFFLOAD TIME BY HOSPITAL

The following table represents **CDC Week 6** (2/4/2018 through 2/10/18).

SPECIAL - Week 6 (2/4/2018 through 2/10/2018)						
Hospital	Total ALS Transports	APOT	APOD Hours	APODs	APOD Compliance	APOT -1
Corona Regional Med Ctr	167	88:20:40	28:17:37	60	64.1%	1:06:13
Desert Regional Med Ctr	281	60:42:04	1:46:05	9	96.8%	0:21:56
Eisenhower Med Ctr	335	64:53:40	0:37:19	6	98.2%	0:21:26
Hemet Valley Hospital	318	161:28:33	43:59:21	136	57.2%	0:58:50
Inland Valley Med Ctr	238	94:49:05	21:21:13	71	70.2%	0:50:55
JFK Hospital	146	20:31:29	0:22:39	3	97.9%	0:15:59
Kaiser Hospital Riverside	135	44:34:34	4:05:17	24	82.2%	0:34:55
Loma Linda Univ Med Ctr Mur	139	77:14:46	31:15:48	42	69.8%	1:22:19
Menifee Med Ctr	85	46:43:58	19:20:28	30	64.7%	1:19:04
Moreno Valley Hospital	75	32:29:36	9:14:58	21	72.0%	1:02:35
Parkview Community Hospital	111	40:49:05	5:58:44	23	79.3%	0:41:18
Rancho Springs Med Ctr	111	29:19:49	1:16:59	10	91.0%	0:29:48
Riverside Community Hospital	375	185:16:07	42:58:03	157	58.1%	0:55:00
Riverside University Health System	284	118:36:41	20:33:55	80	71.8%	0:46:18
San Geronio Mem Hospital	143	42:25:21	2:56:39	16	88.8%	0:31:54
Temecula Valley Hospital	153	56:37:48	8:52:39	38	75.2%	0:42:57
Grand Total	3,096	1164:53:16	242:57:44	726	76.6%	0:46:00

The following table represents **2018 YTD**: January 1 through February 10, 2018.

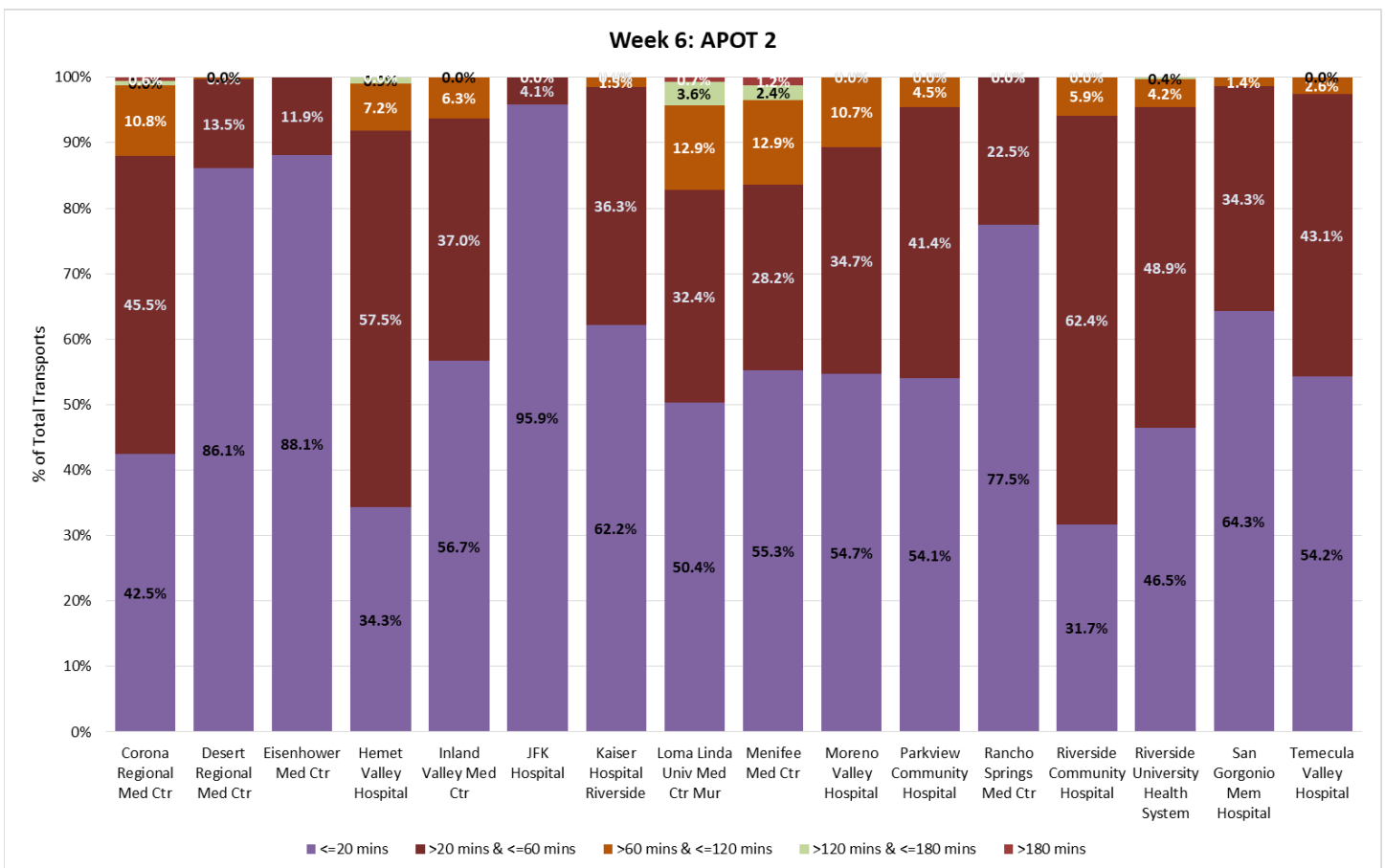
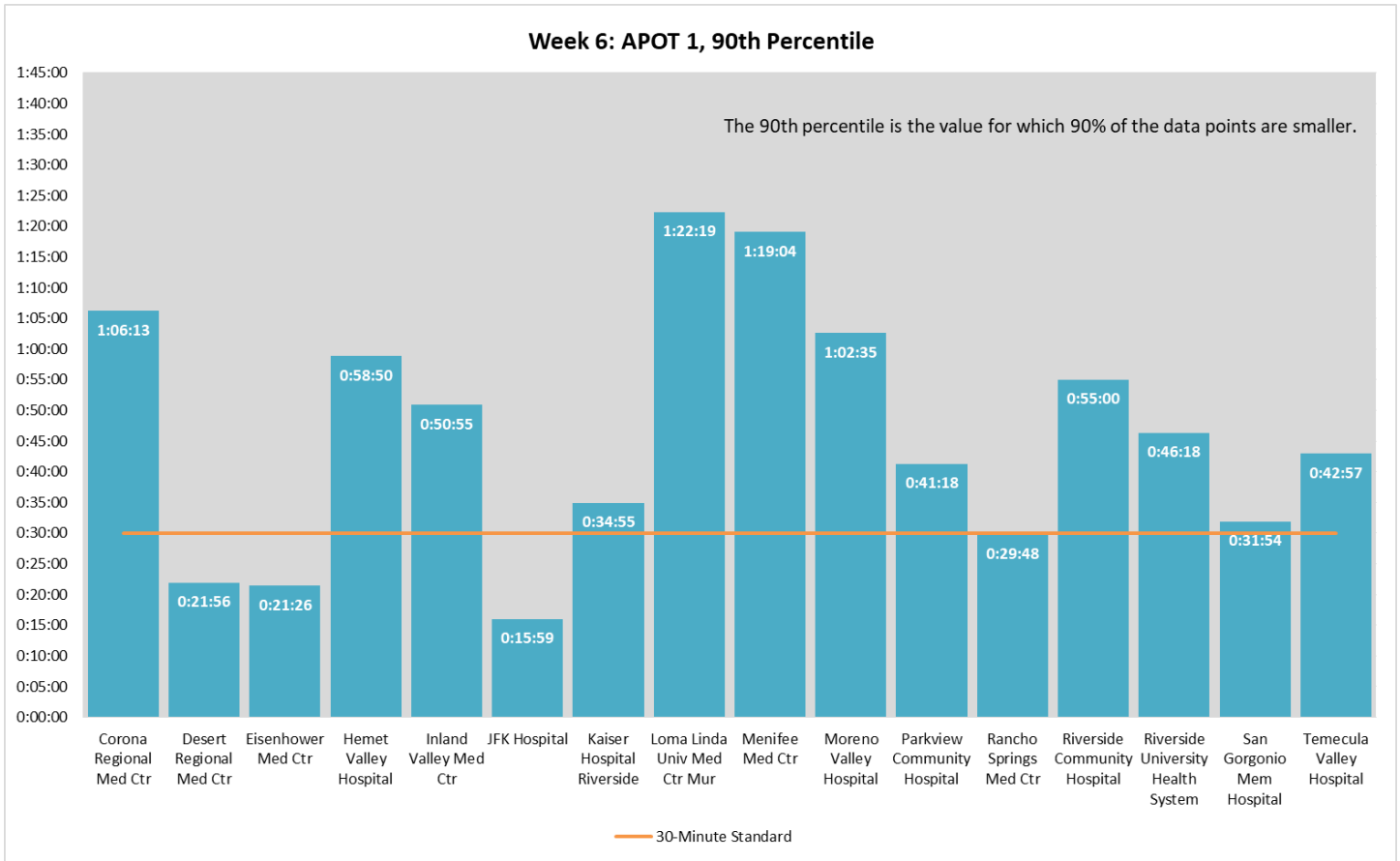
2018 Year-to-Date: January 1 through February 10						
Hospital	Total ALS Transports	APOT	APOD Hours	APODs	APOD Compliance	APOT-1
Corona Regional Med Ctr	983	756:46:58	377:59:07	463	52.9%	1:42:57
Desert Regional Med Ctr	1,602	460:00:30	74:58:11	163	89.8%	0:30:11
Eisenhower Med Ctr	1,952	366:08:48	6:38:14	40	98.0%	0:19:32
Hemet Valley Hospital	1,954	1212:00:43	443:17:59	1,027	47.4%	1:08:31
Inland Valley Med Ctr	1,354	565:17:30	149:16:50	381	71.9%	0:54:58
JFK Hospital	888	143:30:07	5:17:23	20	97.7%	0:19:20
Kaiser Hospital Riverside	796	377:55:01	118:35:01	226	71.6%	0:58:31
Loma Linda Univ Med Ctr Mur	868	635:57:31	322:34:48	375	56.8%	1:43:17
Menifee Med Ctr	501	292:22:26	128:39:26	169	66.3%	1:15:26
Moreno Valley Hospital	498	265:43:46	99:37:15	163	67.3%	1:07:17
Parkview Community Hospital	712	479:34:26	226:20:13	278	61.0%	1:29:04
Rancho Springs Med Ctr	661	278:34:33	89:24:10	129	80.5%	0:45:31
Riverside Community Hospital	2,175	1469:31:37	594:41:05	1,122	48.4%	1:21:30
Riverside University Health System	1,801	754:59:05	125:45:42	506	71.9%	0:44:58
San Geronio Mem Hospital	876	299:19:11	48:41:32	156	82.2%	0:39:36
Temecula Valley Hospital	797	310:12:18	62:54:15	193	75.8%	0:47:07
Totals	18,418	8667:54:30	2874:41:11	5,411	70.6%	0:58:16

"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 (CONT'D)

The following charts represent **only CDC Week 6**: February 4, 2018 through February 10, 2018.



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>