



**Ambulance Patient Offload Time**  
**Week 9 (2/24/19 – 3/2/19)**

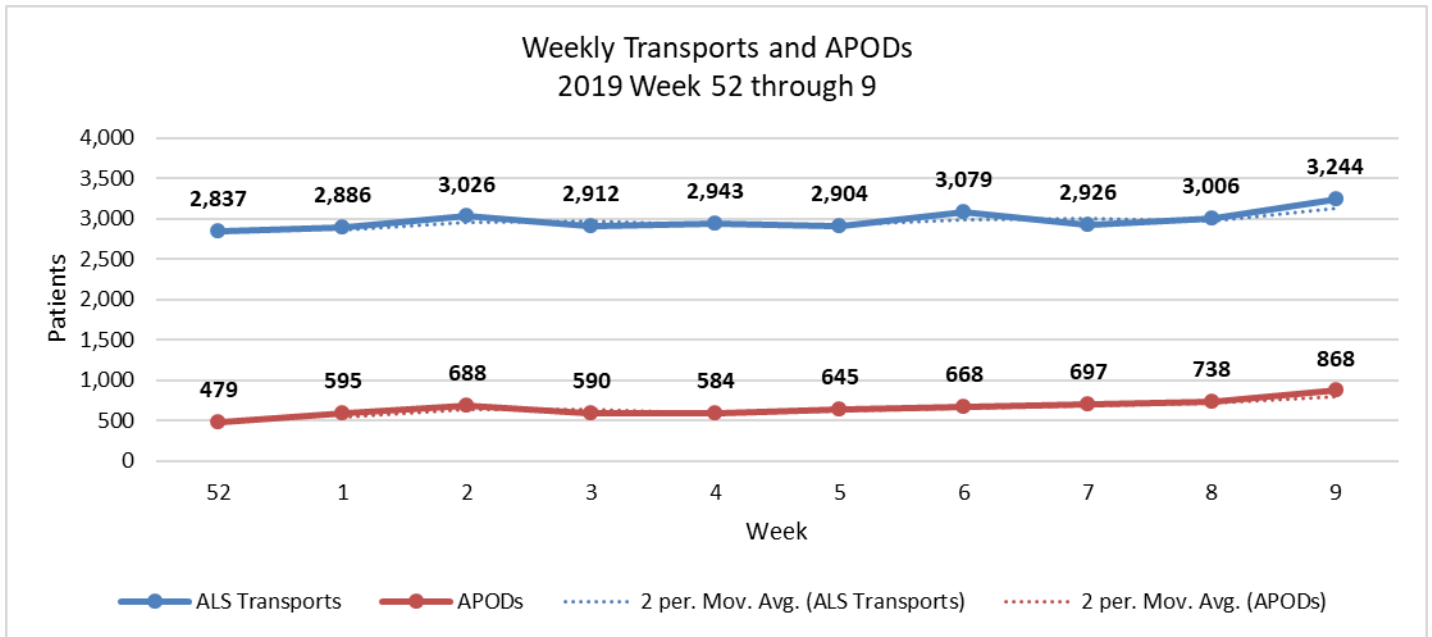
**2018-19**

**Flu**

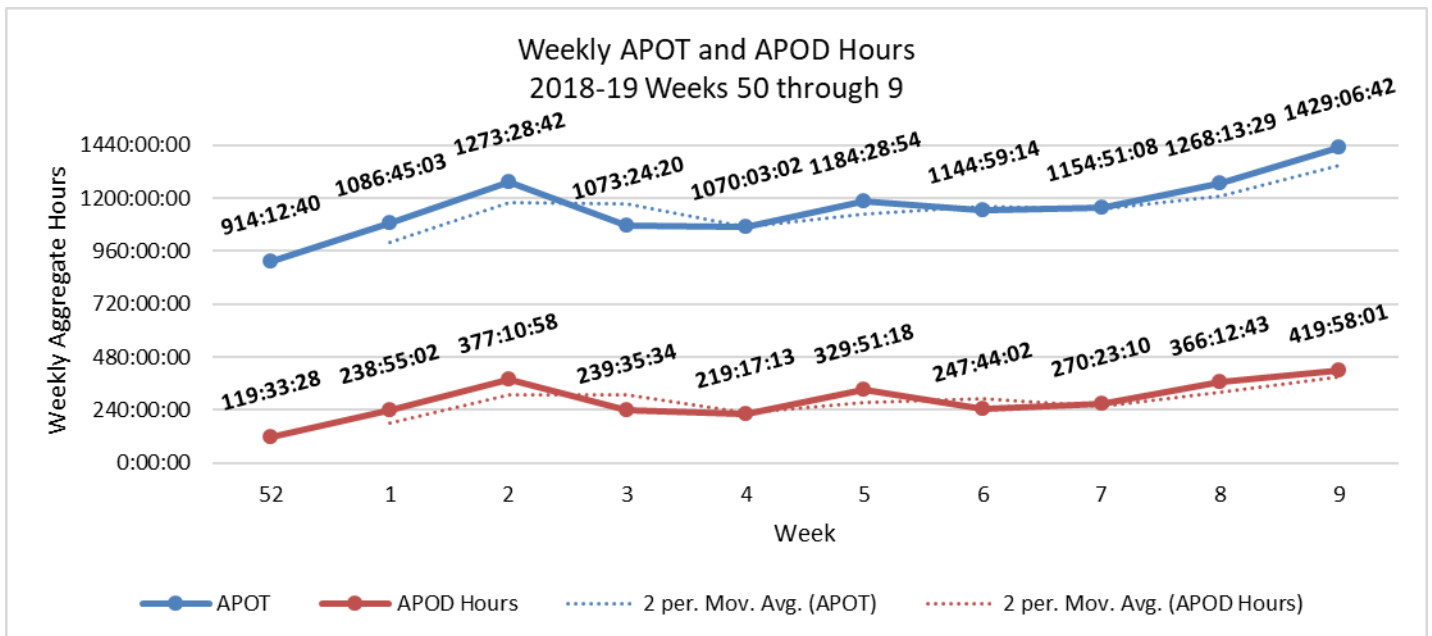
**Season**

# 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 2019 week 9, there was a total of **3244 transports in Riverside County**— a **7.9% INCREASE** from the previous week’s 3006 transports.
- The number of **APODs in week 9 was 868** which is **17.6% ABOVE** the previous week total of 738 APODs.



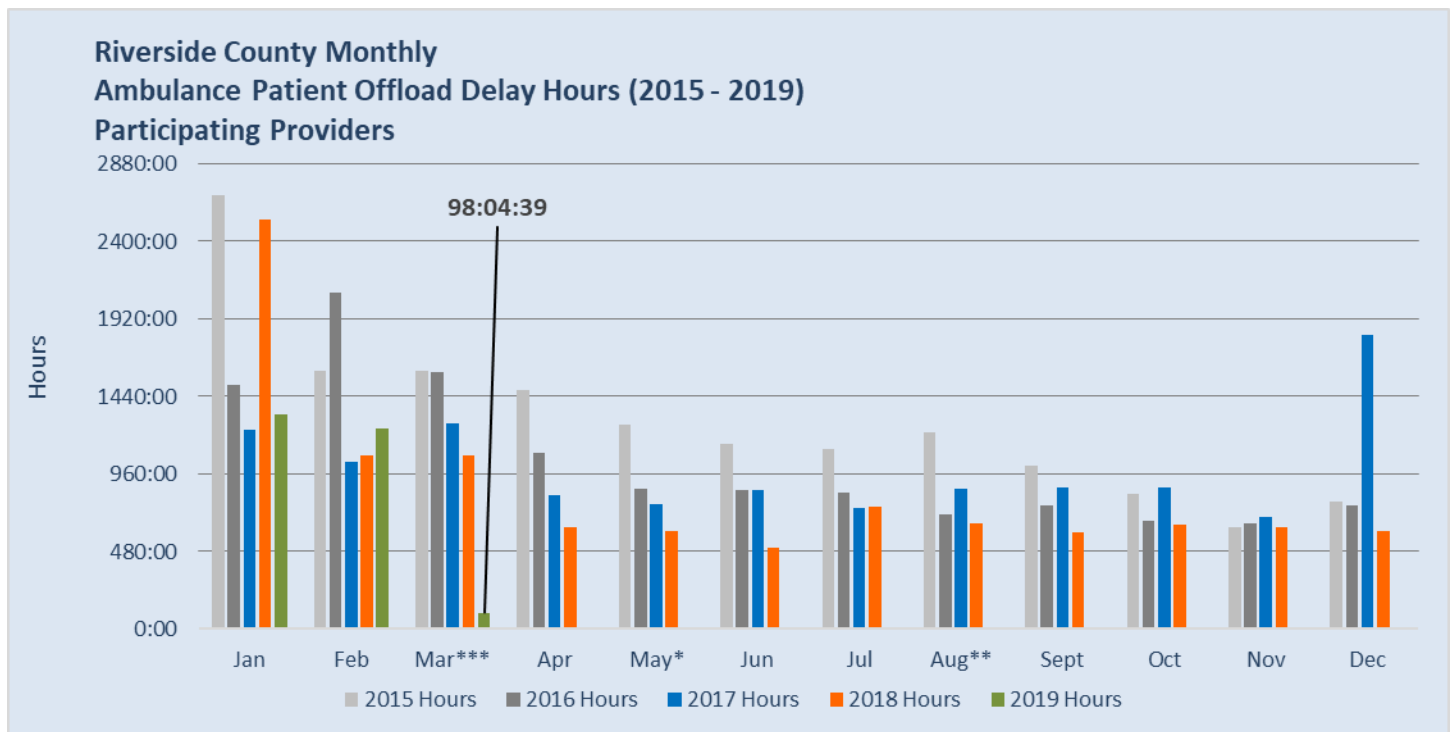
- During 2019 week 9, **APOT county-wide was over 1429 hours** total—**12.7% ABOVE** the previous week’s total of 1268 hours.
- County-wide **APOD hours for week 9 totaled over 419**, which is **14.7% HIGHER** than the previous week’s 366 hours.

# RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD TIME

The data provided illustrates total ambulance patient offload delay time (hh:mm) by month for 2015 through **March 2, 2019 (week 9)** 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.

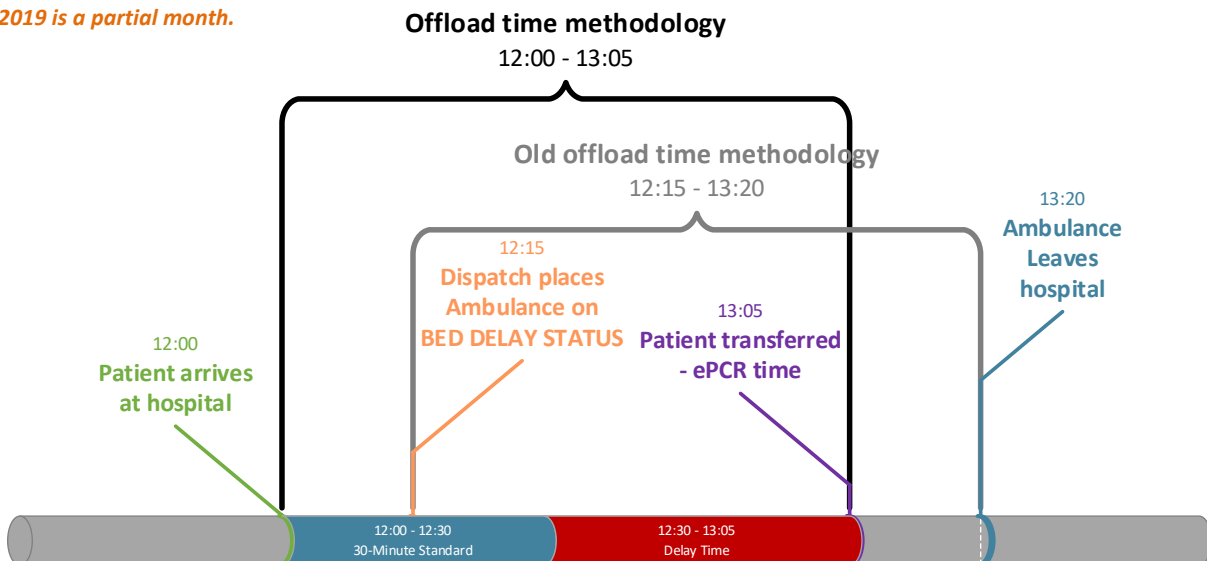
This chart represents the difference in the old vs. current by displaying the former time measurement/methodology in grayscale. The difference in methodology is illustrated in the timeline below.



\*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.

\*\*\*March 2019 is a partial month.

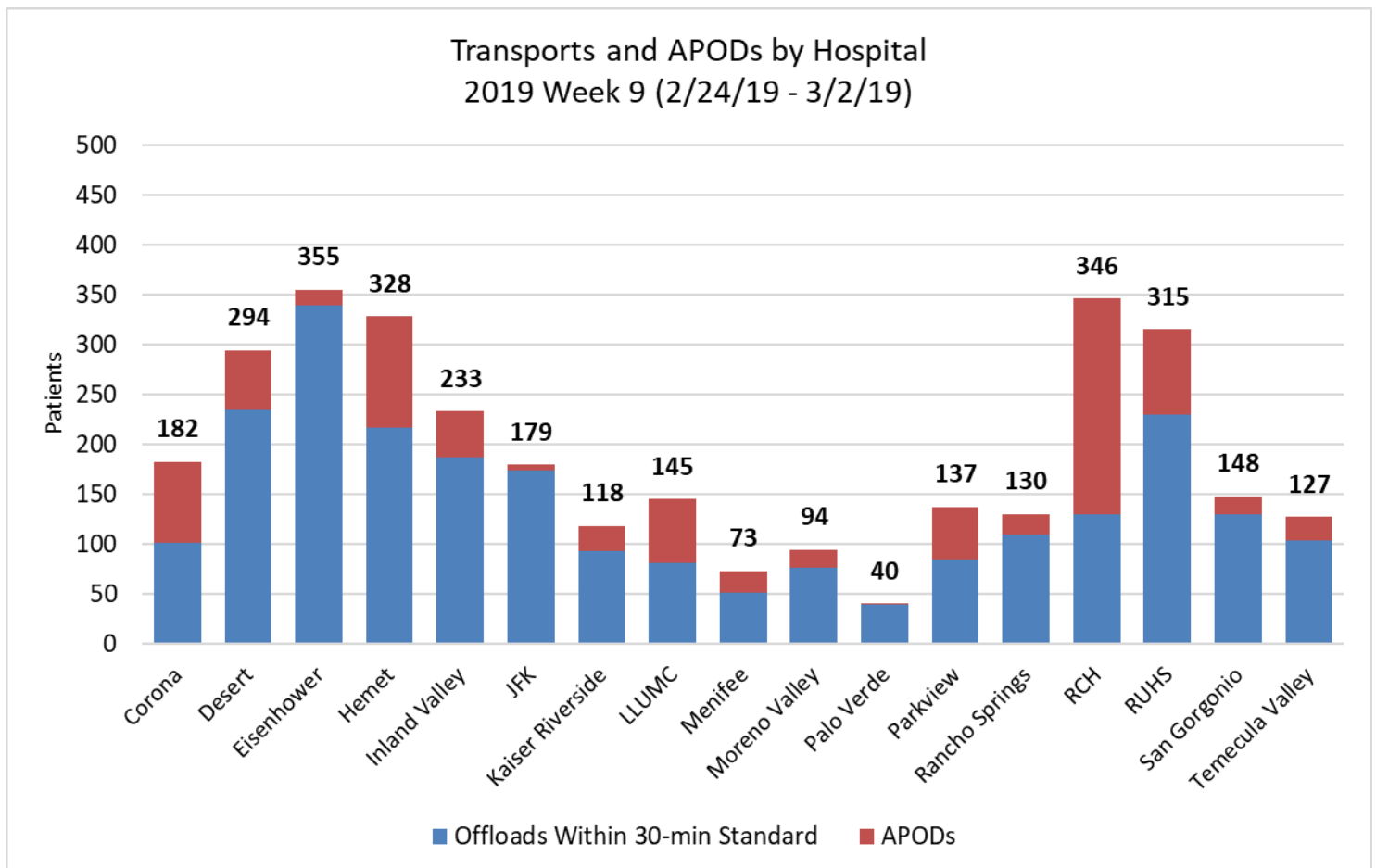


# AMBULANCE PATIENT OFFLOAD TIME BY HOSPITAL

For 2019 Week 9

APOT Snapshot						
	ALS Transports	APOT	APOD Hours	APODs	APOD Compliance	
Corona Regional Med Ctr	182	105:29:48	35:37:31	81	55.5%	
Desert Regional Med Ctr	294	99:02:02	16:49:37	60	79.6%	
Eisenhower Health	<b>355</b>	69:42:51	1:38:21	16	95.5%	
Hemet Valley Hospital	328	147:29:13	27:39:02	111	66.2%	
Inland Valley Med Ctr	233	86:59:58	17:47:36	46	80.3%	
JFK Hospital	179	29:24:08	1:10:57	5	97.2%	
Kaiser Hospital Riverside	118	44:55:36	7:59:28	25	78.8%	
Loma Linda Univ Med Ctr Mur	145	89:42:51	31:30:57	64	55.9%	
Menifee Med Ctr	73	30:59:23	7:09:39	22	69.9%	
Moreno Valley Hospital	94	32:39:56	3:32:54	18	80.9%	
Palo Verde Hospital	<b>40</b>	<b>4:12:18</b>	<b>0:10:36</b>	<b>1</b>	<b>97.5%</b>	
Parkview Community Hospital	137	78:54:25	30:33:41	53	61.3%	
Rancho Springs Med Ctr	130	44:37:43	6:22:41	21	83.8%	
Riverside Community Hospital	346	<b>348:26:30</b>	<b>205:26:55</b>	<b>217</b>	<b>37.3%</b>	
Riverside University Health System	315	128:51:57	19:02:04	85	73.0%	
San Geronio Mem Hospital	148	46:13:14	3:23:39	19	87.2%	
Temecula Valley Hospital	127	41:24:49	4:02:23	24	81.1%	
<b>Totals</b>	<b>3,244</b>	<b>1429:06:42</b>	<b>419:58:01</b>	<b>868</b>	<b>73.2%</b>	

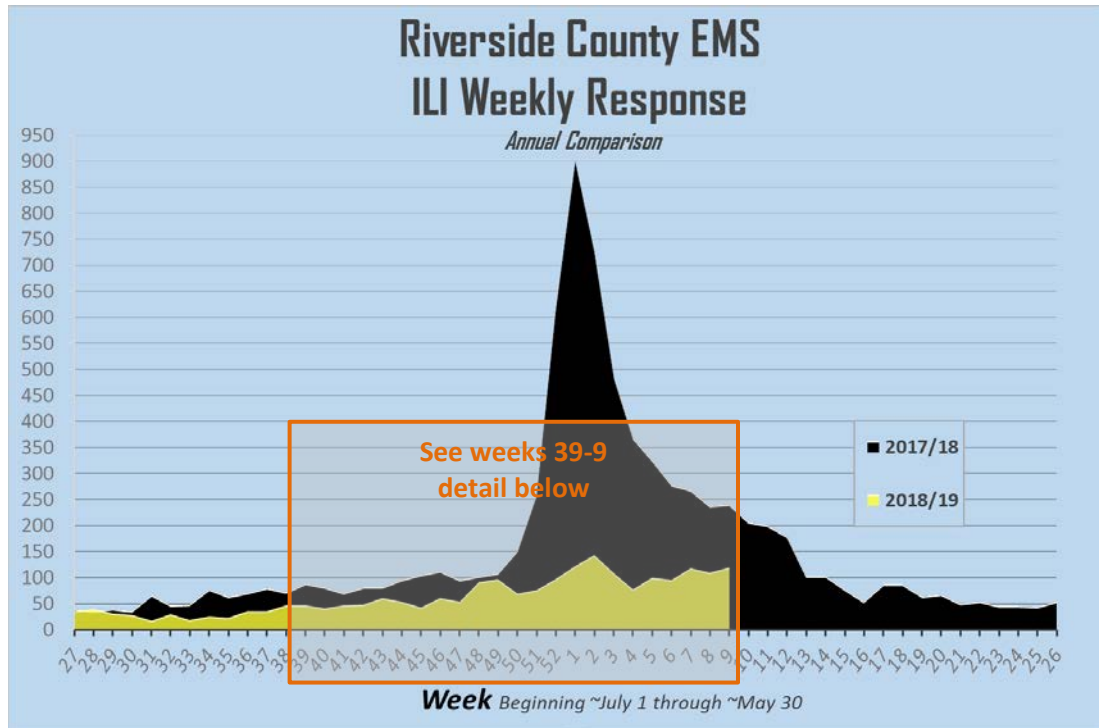
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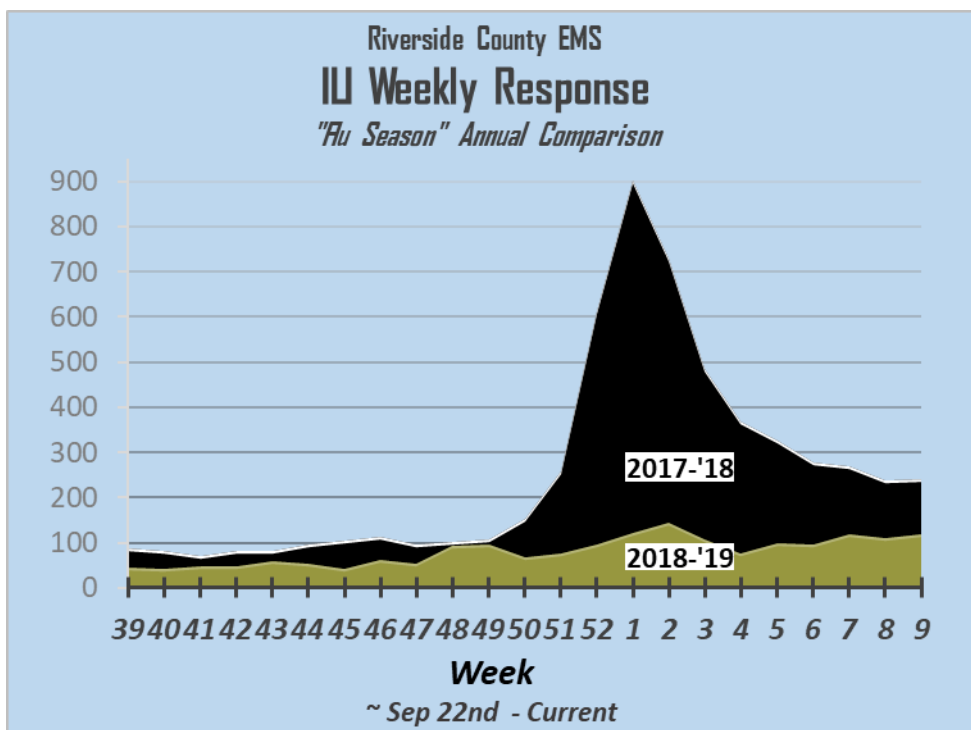
# ILI -INFLUENZA-LIKE ILLNESS RESPONSE

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.

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



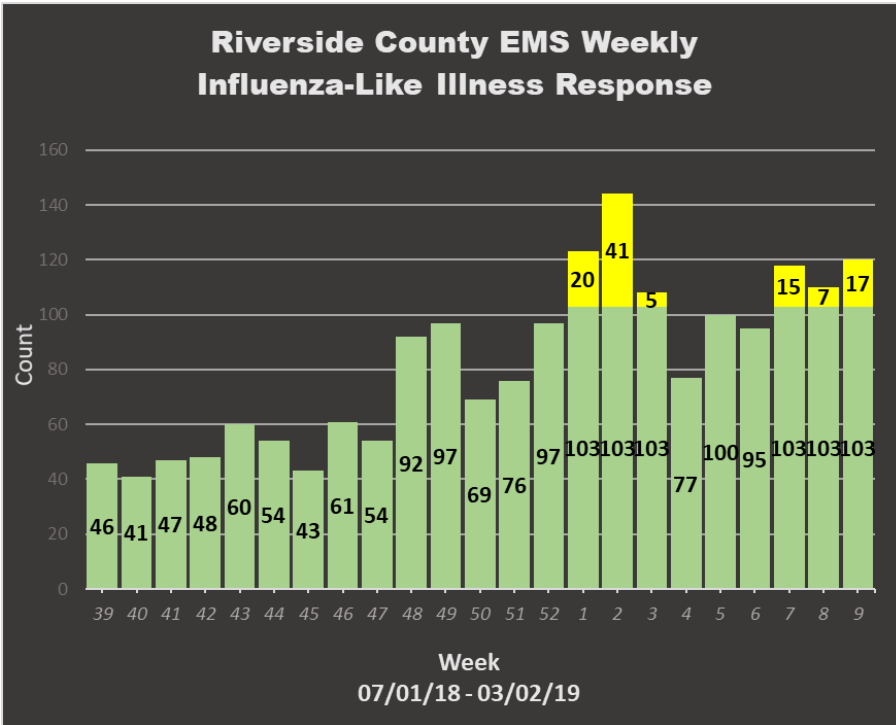
3. Any incident with a match in the narrative for ILI, influenza like illness, Flu, Flu-, Flu\., or influenza.



This chart illustrates the difference between current EMS ILI activity beginning September 22, 2018 (Week 39) and EMS ILI activity for the same time period in 2017.

## ILI - INFLUENZA-LIKE ILLNESS RESPONSE (CONT.)

October - Week 40 is defined by the Center for Disease Control (CDC) as the expected seasonal start of increasing flu activity. In Week 9, EMS ILI response INCREASED by 9.1% compared to the previous week and was 60% HIGHER than the rolling annual average.



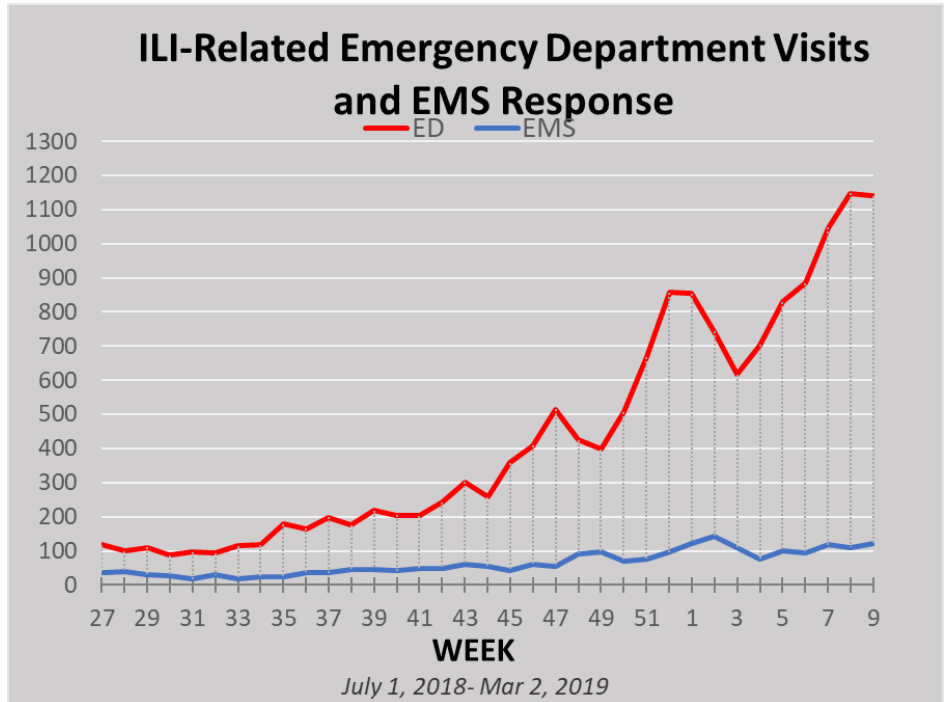
PUBLIC HEALTH AND MEDICAL SYSTEM STATUS	
Green	The Public Health and Medical System is in usual day-to-day status. Situation resolved; no assistance is required.
Yellow	The Public Health and Medical System is managing the incident using local resources or existing agreements. No assistance is required.
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.

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, 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.<sup>1</sup> 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.<sup>2</sup> 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.”<sup>3</sup>

Method: Aggregate of all transfer times and reported at the 90<sup>th</sup> 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.<sup>4</sup>

## *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.<sup>5</sup> 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.<sup>6</sup>

## *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.

<sup>1</sup> Health and Safety Code Division 2.5, Chapter 3, Article 1, Section 1797.120(b)

<sup>2</sup> Ambulance Patient Offload Time (APOT) Standardized Methods for Data Collection and Reporting, approved by EMS Commission 12/14/2016.

<sup>3</sup> Ibid., APOT-1 Specifications.

<sup>4</sup> Ibid., Definitions.

<sup>5</sup> REMSA Policy 9101.6. <http://www.remsa.us/policy/9101.pdf>

<sup>6</sup> REMSA Policy 4204, Transfer of Patient Care. <http://www.remsa.us/policy/4204.pdf>