

Special Seasonal Report



Ambulance Patient Offload Time
Week 50 (12/12/21 – 12/18/21)

**2021-22
Seasonal
Report**

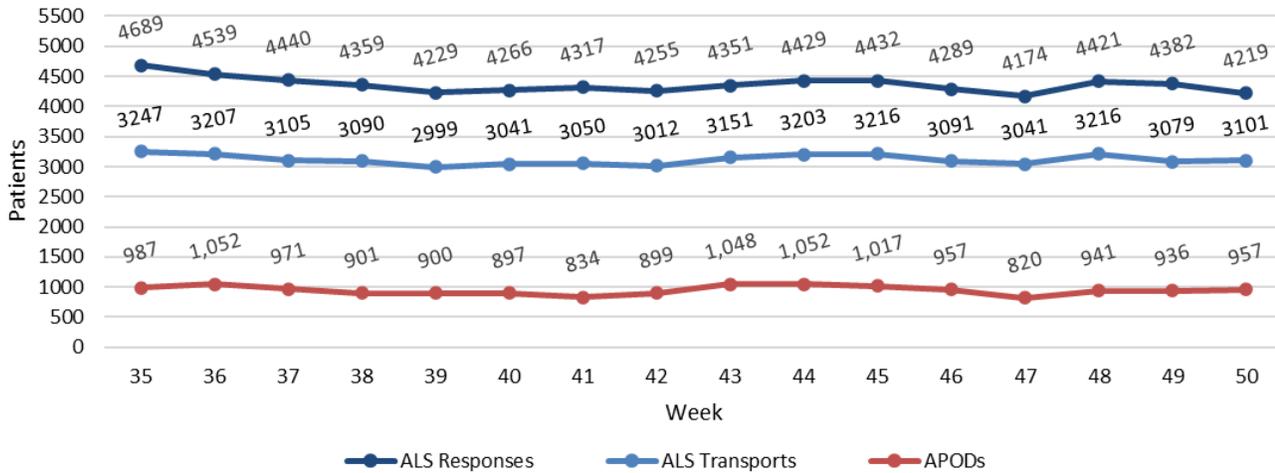
This report and all current and recent APOT reports can be found online at:
<http://www.rivcoems.org/Documents/Reports-Current>

Prepared by Riverside County EMS Agency – January 10, 2022

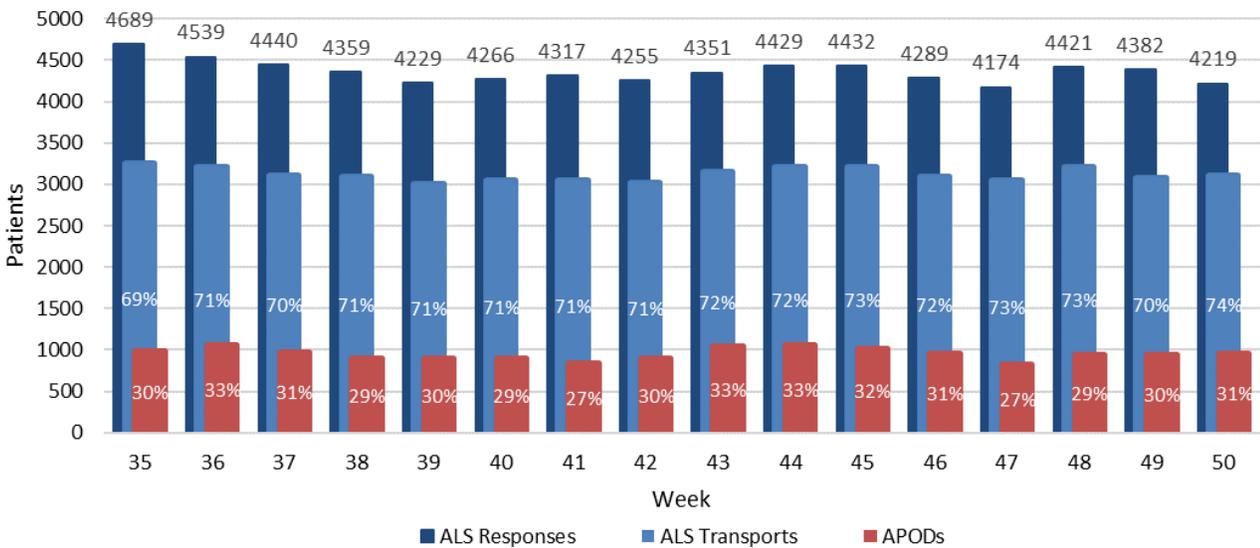
SPECIAL SEASONAL REPORT

In an effort to monitor Ambulance Patient Offload Time (APOT) and influencing factors such as seasonal surge, Riverside County EMS Agency is publishing weekly reports. The following charts represent weekly aggregates of 9-1-1 Ambulance (ALS) Responses, Transports, and Ambulance Patient Offload Delays (APOD) for the past 16 weeks.

**Weekly Transports and APODs
2021 Week 35 through Week 50**



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2021 Week 35 through Week 50**

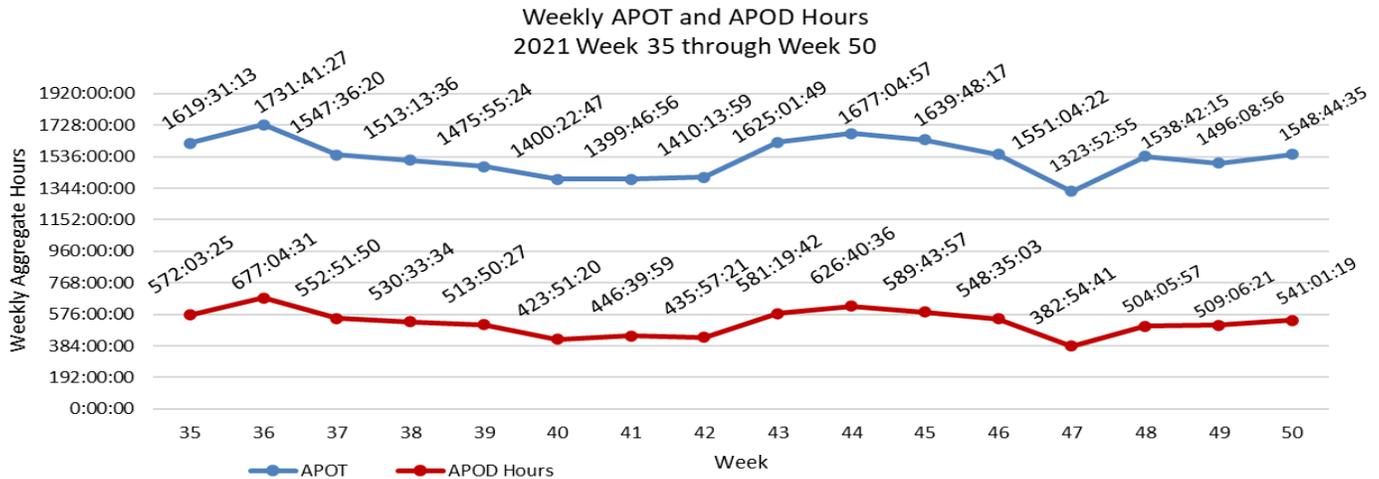


*ALS Transports includes transports only to Riverside county hospitals

- During Week 50, there were a total of **4,219 ALS responses** in Riverside County— 3.7% DECREASE from the previous week’s total of 4,382 responses.
- During Week 50, there were a total of **3,101 transports** in Riverside County—0.7% INCREASE from the previous week’s 3,079 transports.
- During Week 50, there were a total of **957 APODs** in Riverside County— 2.2 % ABOVE from the previous week’s total of 936 APODs.

RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD TIME

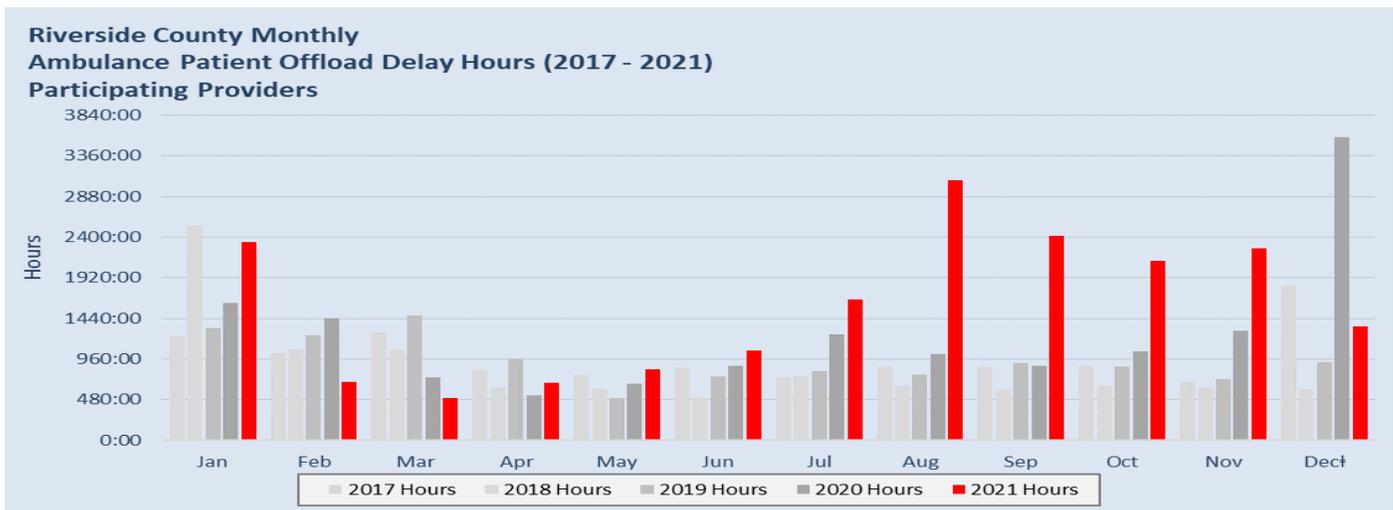
The following chart represent weekly aggregate APOT and APOD hours (hh:mm:ss) for the past 16 weeks. APOT begins at patient arrival at hospital (eTimes.11) and ends when patient care is transferred to the hospital (eTimes.12). APOD calculation begins when APOT exceeds the 30-minute transfer of care standard defined in REMSA [Policy 4109](#).



*Beginning Week-33, actual APOT/D time may be slightly greater than the total time reported above due to temporary activation of a secondary EMS transfer-of-care strategy following frequent and excessive delays of ambulances at some hospitals. This delay mitigation strategy allows 9-1-1 transport units on extended delay at a hospital to transfer care to another non-transport EMS unit until the emergency department assumes care of the patient. This allows the 9-1-1 transport unit to return to field response; however, the transfer of care time recorded for that unit is the same one used to calculate transfer of care to the hospital (NEMIS value eTimes.13). As a result, beginning Week-33, total APOD times are expected to be greater than those reported above. This change should not affect total APOD counts as this back up transfer process occurs only with units already on delay.

- During Week 50, **APOT county-wide totaled 1548.7 hours** — 3.5% INCREASE the previous week’s total of 1496.1 hours.
- County-wide **APOD hours for Week 50 totaled 541.0 hours**, a 6.3% INCREASE from the previous week’s total of 509.1 hours.

Data provided below illustrates total APOD time (hh:mm) by month over the last five years. This chart is a summation of offload time delays only and excludes the initial 30 minute period defined as the standard transfer of care time.



* 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.

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

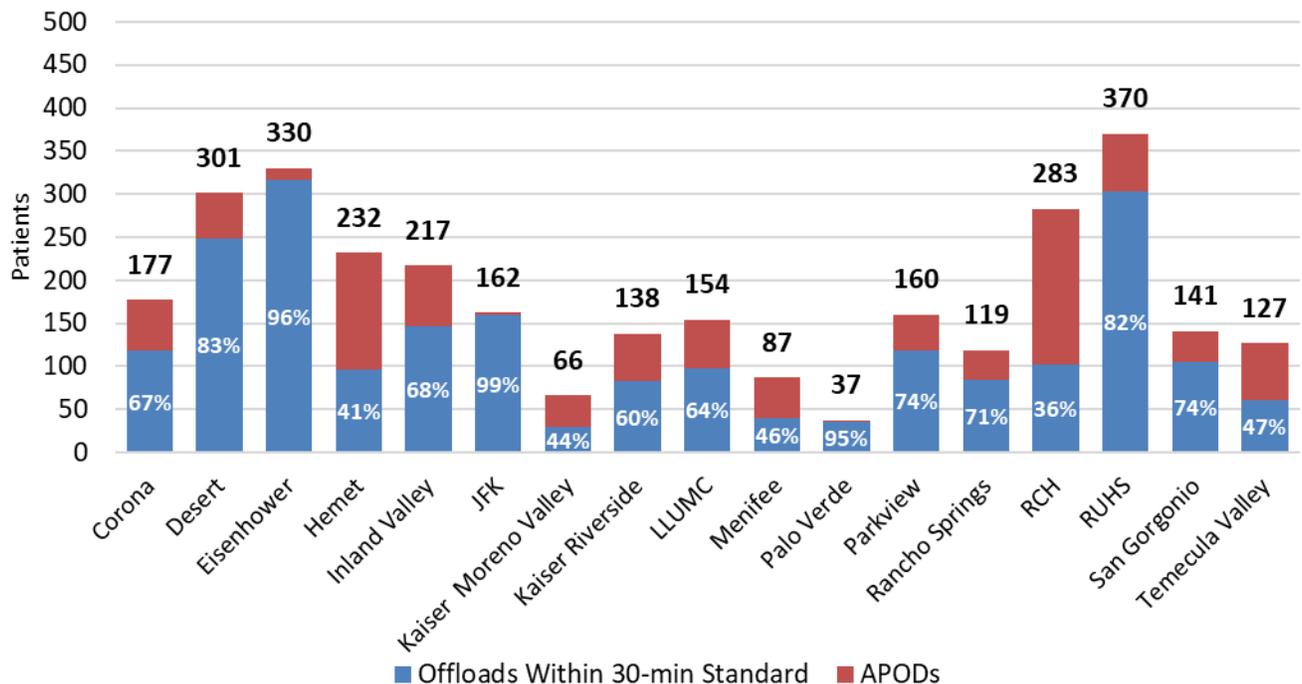
‡ Dec 2021 is a partial month

AMBULANCE PATIENT OFFLOAD TIME BY HOSPITAL

Key: **High** **Low/Best**

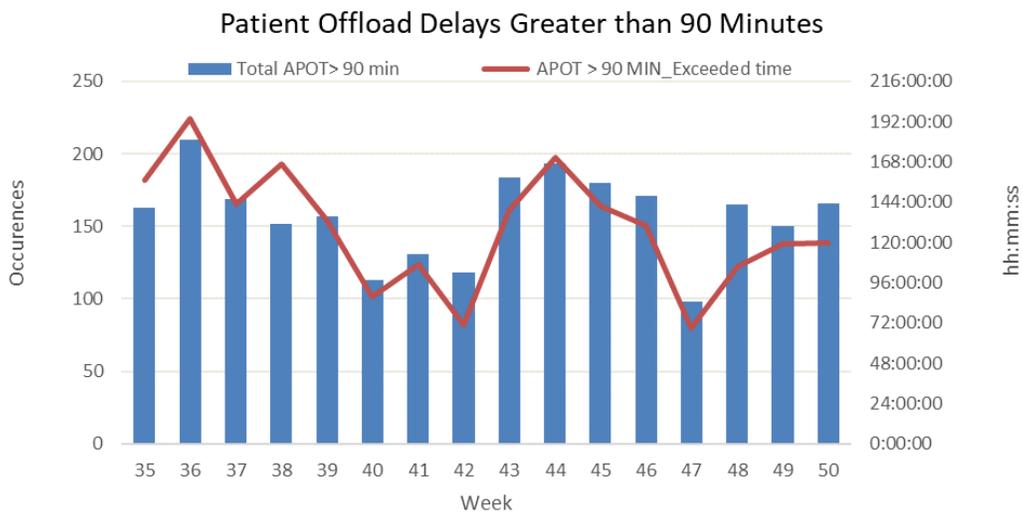
APOT Snapshot					
	ALS Transports	APOT	APOD Hours	APODs	APOD Compliance
Corona Regional Med Ctr	177	86:59:25	23:05:27	59	66.7%
Desert Regional Med Ctr	301	107:33:47	31:24:05	52	82.7%
Eisenhower Health	330	69:48:04	1:30:48	14	95.8%
Hemet Valley Hospital	232	207:18:31	110:51:13	136	41.4%
Inland Valley Med Ctr	217	105:07:02	31:09:43	70	67.7%
JFK Hospital	162	21:36:29	0:15:28	2	98.8%
Kaiser Hospital Moreno Valley	66	48:33:53	22:36:10	37	43.9%
Kaiser Hospital Riverside	138	80:32:39	31:26:13	55	60.1%
Loma Linda Univ Med Ctr Mur	154	81:38:08	24:02:03	56	63.6%
Menifee Med Ctr	87	70:35:41	36:08:17	47	46.0%
Palo Verde Hospital	37	6:19:40	0:35:47	2	94.6%
Parkview Community Hospital	160	70:43:30	18:04:47	41	74.4%
Rancho Springs Med Ctr	119	55:49:12	16:14:07	35	70.6%
Riverside Community Hospital	283	257:23:34	136:09:50	181	36.0%
Riverside University Health System	370	133:26:20	11:59:59	67	81.9%
San Geronio Mem Hospital	141	58:25:46	8:27:02	36	74.5%
Temecula Valley Hospital	127	86:52:54	37:00:20	67	47.2%
Totals	3,101	1548:44:35	541:01:19	957	69.1%

Transports and APOD Compliance by Hospital



AMBULANCE REDIRECTION

REMSA [Policy 6104](#) allows redirection of ambulances away from hospitals experiencing significant Ambulance Patient Offload Delays (APOD) to the next most appropriate facility. *Significant* APOD is defined as a patient remaining on an ambulance gurney for **90 minutes or greater after arrival at the hospital** (APOT > 90 min). Standard transfer of care is 30 minutes or less (APOT < 30 min). Until the transfer of care is complete (patient is removed from the gurney and hospital staff assume care of the patient), ambulance crews must remain at the hospital and continue care. While patients held on excessive APODs are generally those classified as lower acuity, approximately one-third of the County's ~600 daily 9-1-1 medical responses are determined by dispatch as critical, requiring immediate medical attention (e.g. cardiac arrest, stroke, traumatic injury). As a result, excessive, or multiple APODs within the same service area impact ambulance timeliness and availability in the field posing direct risk to 9-1-1 patient safety. Ambulance redirection is one strategy to reduce the consequential backlog of EMS services which occurs when there are excessive ambulance delays at hospital emergency departments. Below is the Week 50 countywide breakdown of APOD occurrences where ambulances were documented as held for greater than 90 minutes before transfer of care.



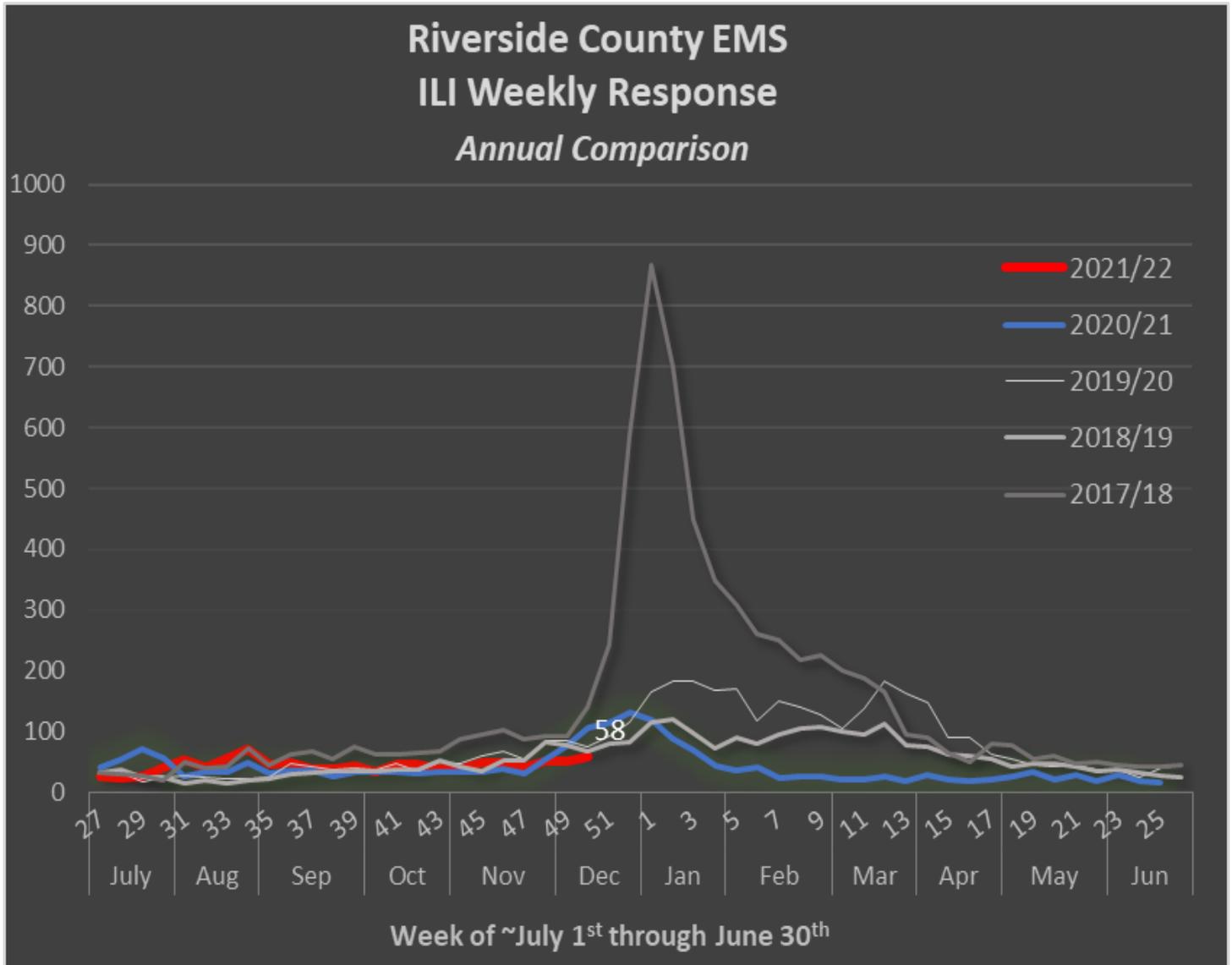
- During Week 50, **166 ambulances were delayed greater than 90 minutes** — 10.7% INCREASE from the previous weeks total of 150.

Facility	Total Time APOT > 90 min (HR: MM: S)	Total Incidents APOT > 90 min
Corona Regional Med Ctr	1:50:58	5
Desert Regional Med Ctr	7:15:08	9
Eisenhower Health	0:00:00	0
Hemet Valley Hospital	35:34:57	39
Inland Valley Med Ctr	3:49:38	9
JFK Hospital	0:00:00	0
Kaiser Hospital Moreno Valley	4:39:32	9
Kaiser Hospital Riverside	5:40:28	10
Loma Linda Univ Med Ctr Mur	3:25:41	6
Menifee Med Ctr	12:41:29	12
Palo Verde Hospital	0:00:00	0
Parkview Community Hospital	2:55:55	6
Rancho Springs Med Ctr	2:47:00	7
Riverside Community Hospital	34:27:21	43
Riverside University Health System	0:00:00	0
San Geronio Mem Hospital	0:00:00	0
Temecula Valley Hospital	4:53:27	11
Grand Total	120:01:34	166

ILI - INFLUENZA-LIKE ILLNESS RESPONSE

While influenza is detected year-round, it is most common during fall and winter. Increases in influenza-like-illness (ILI) generally begin in October and peak sometime between December and February (<https://www.cdc.gov/flu/about/season/flu-season.htm>).

Hospital Emergency Departments (EDs) generally experience an increase in volume during flu season which, in turn, can impact Ambulance Patient Offload Time. The purpose of the Riverside County EMS system ILI (Influenza-like Illness) reporting is to improve tracking of influenza-related activity and facilitate EMS preparedness in the event of a significant surge event, similar or greater than that observed during the 2017-18 flu season.



Week 40 (~October 1st) is defined by the Center for Disease Control (CDC) as the expected start of increasing influenza activity, or “flu season”. Riverside County EMS Agency monitors influenza-like illness (ILI) year-round for better detection of seasonal or abnormal surges which can impact EMS utilization.

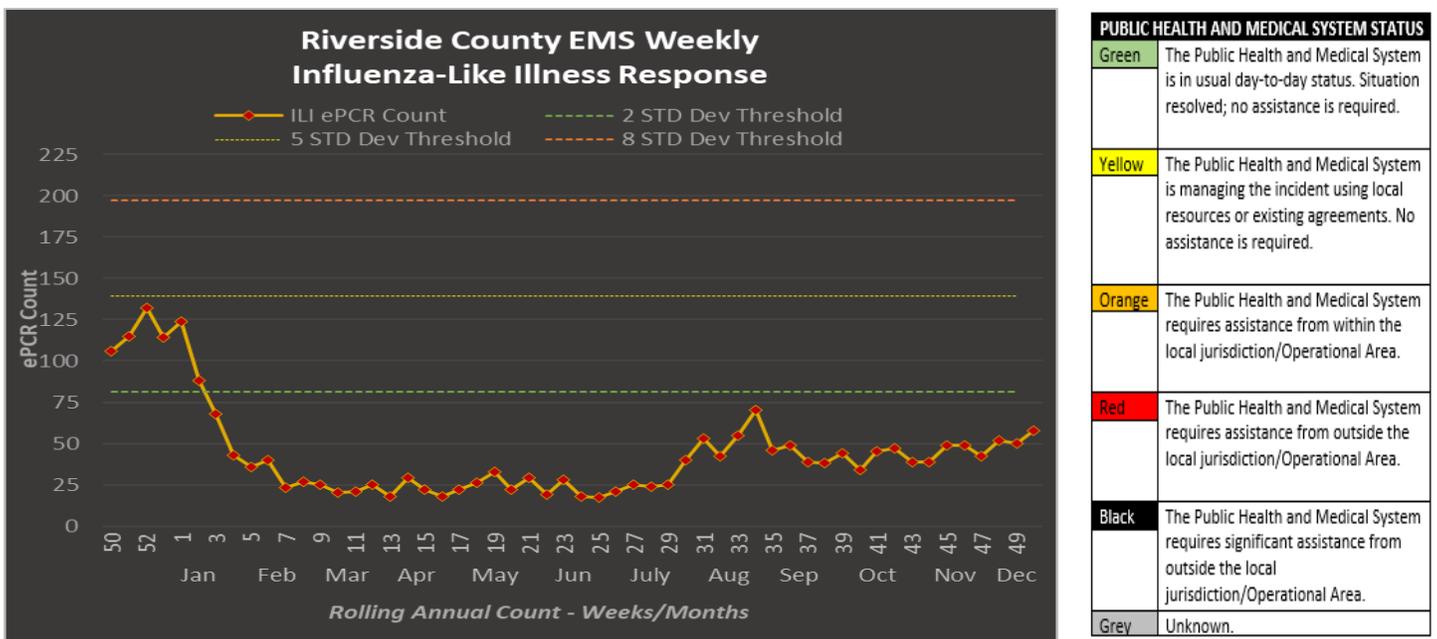
ILI - INFLUENZA-LIKE ILLNESS RESPONSE (CONT.)

The ILI trigger evaluates electronic patient report (ePCR) data using the following methodology:

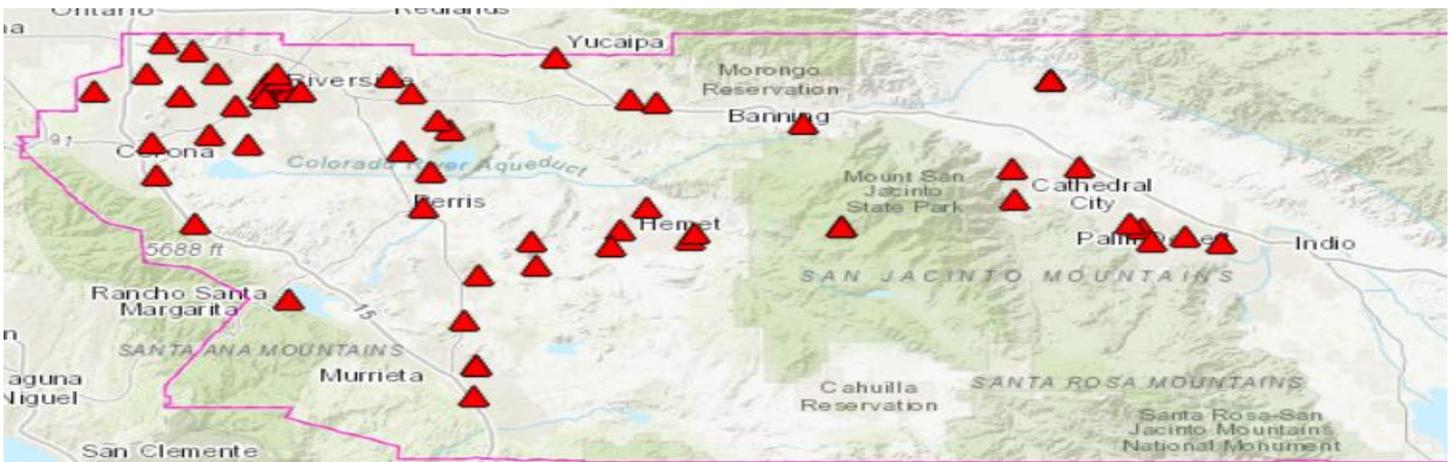
1. Filters primary or secondary impression of code J11 (Influenza due to unidentified influenza virus)
OR
2. A primary / secondary impression code J80, J98.09 (Acute respiratory distress syndrome, Respiratory disorder unspecified) with a match in the narrative for ILI, influenza like illness, Flu, Flu-, Flu\., or influenza
OR
3. Any incident with a match in the narrative for ILI, influenza like illness, Flu, Flu-, Flu\., or influenza.

EMS ILI response two standard deviations above the calculated baseline average during non-peak flu seasons is considered a surge in flu activity. For the current Flu season 2020-'21, the standard deviation threshold value is not calculated as there was abnormal non-peak flu season behavior due to COVID-19. The threshold value listed in the graph is based on previous years non-peak flu season. Surges are identified as color levels adapted from the *CDPH Standards and Guidelines for Healthcare Surge During Emergencies* (actual response status for the EMS system may differ):

<https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/FinalEOM712011.pdf>



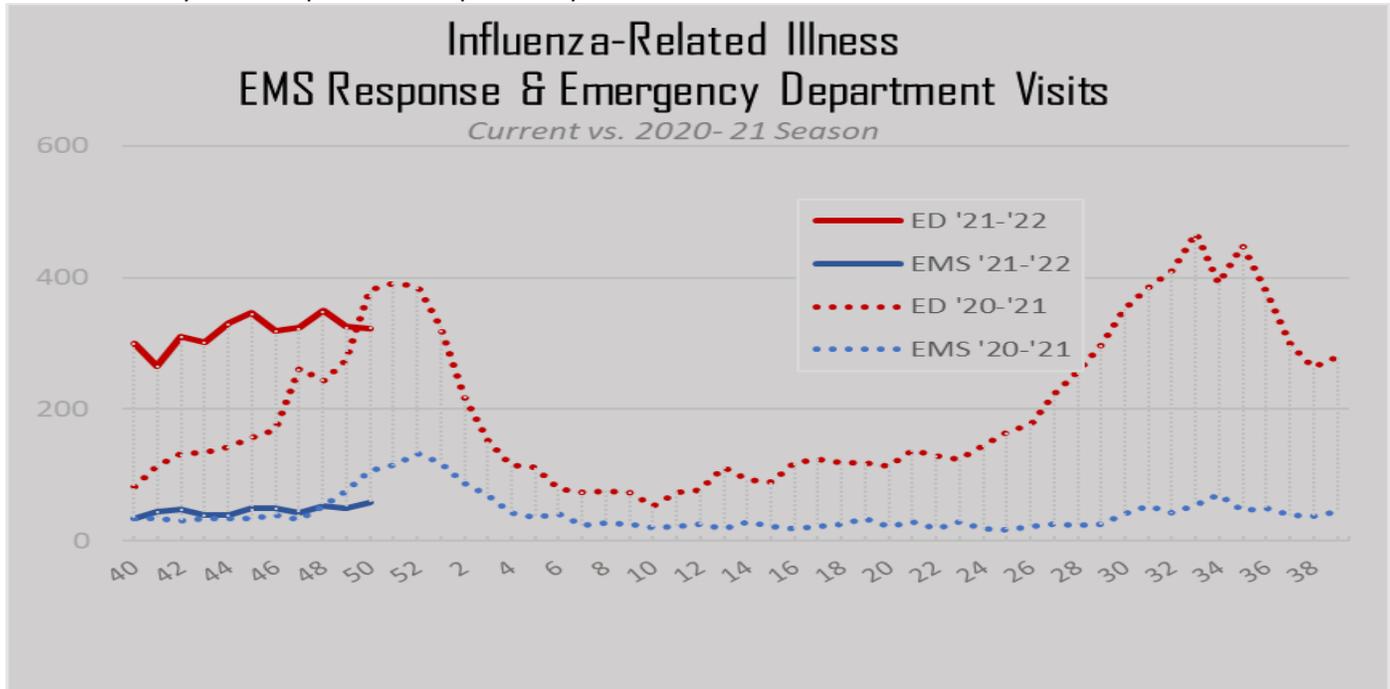
During Week 50, EMS ILI response was **BELOW** the two standard deviation threshold compared to non-peak flu season activity levels (weeks 13-39).



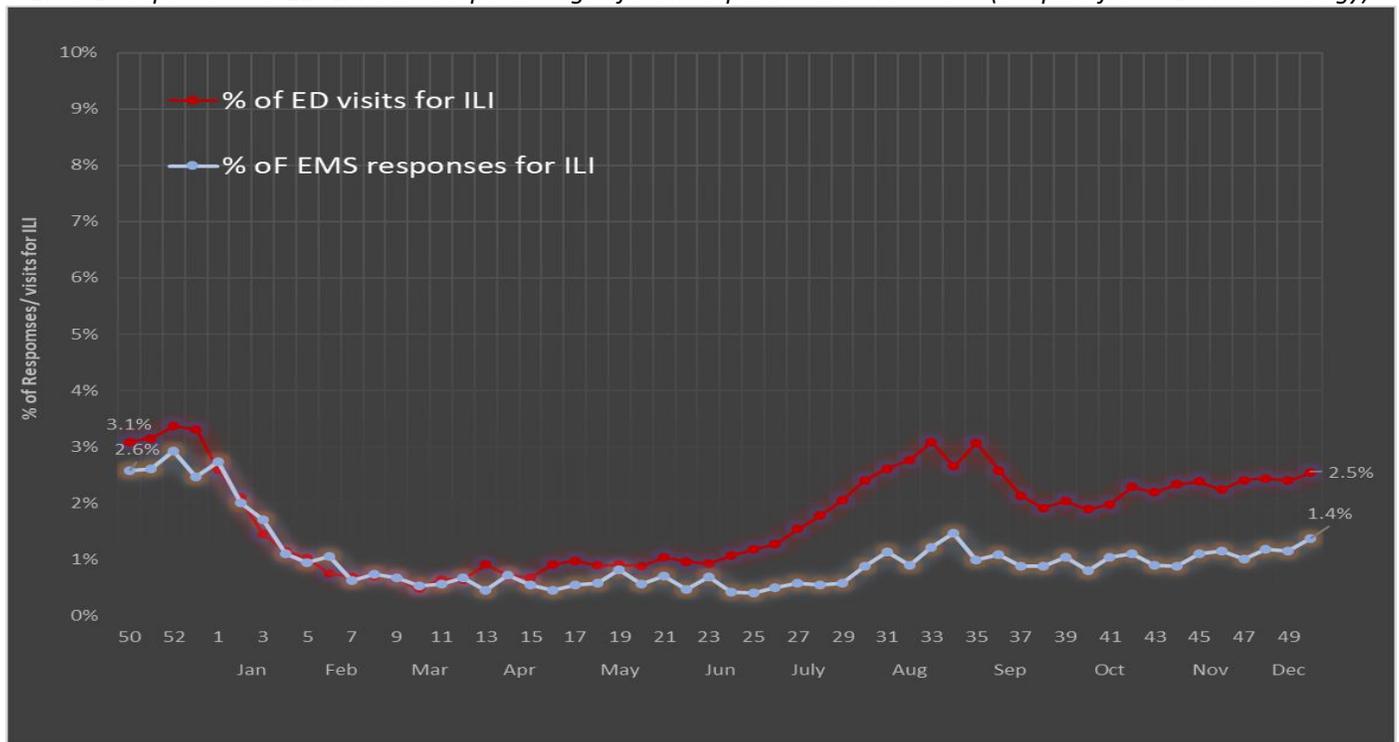
ILI-related EMS response in Riverside County, ePCR distribution map: Week 50

RIVERSIDE COUNTY PUBLIC HEALTH INFLUENZA-LIKE ILLNESS DATA

Riverside County Public Health Department – DOPH collects Emergency Department ILI activity data from the Center for Disease Control’s (CDC) *Early Notification of Community-based Epidemics (ESSENCE)* system as part of the National Syndromic Surveillance Program (NSSP). Fifteen of 17 Riverside County hospitals participate in ESSENCE. The graph below provides a comparison between Riverside County’s EMS ILI responses and Emergency Department (ED) ILI visits for the current year* compared to the previous year.



EMS ILI responses and ED ILI visits as a percentage of their respective total volume** (adapted from CDC methodology)



**A new Riverside County hospital joined ESSENCE in Week 48 of 2020 for a total of 15 participating hospitals. The addition of one hospital slightly elevates the baseline count from that week forward compared to previous weeks.

APOT AND APOD DEFINITIONS

9-1-1 Ambulance Response

For the purpose of reporting patient offload time and delays, only ALS (Advance Life Support) ground transport units responding to 9-1-1 incidents are included in this report. To avoid duplicate response counts, this excludes all records from First Responder Fire agencies also arriving on scene as part of the dual 9-1-1 medical response system in Riverside County. It also excludes interfacility transports and other types of 9-1-1 responses such as air ambulances.

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.

APOD Compliance

Frequency comparison between the total number of transports and those resulting in APOD.

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.³ 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.⁴

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.

-For inquiries, please contact EMS Administrator, TDouville@rivco.org

-Current report prepared by Sudha Mahesh & Catherine Borna Farrokhi, Riverside County EMS Agency

-ESSENCE Emergency Department data compiled by Rick Lopez, Riverside County Department of Public Health

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. https://emsa.ca.gov/wp-content/uploads/sites/71/2017/09/APOT-Methodology_Guidance-2016.pdf

³ Ibid., APOT-1 Specifications

⁴ REMSA Policy 4109, Transfer of Patient Care. <https://www.remsa.us/policy/4109.pdf>

⁷ Calkins MM, Isaksen TB, Stubbs BA, Yost MG, Fenske RA (2016). Impacts of extreme heat on emergency medical service calls in King County, Washington, 2007-2012: relative risk and time series analyses of basic and advanced life support. *Environ Health*. doi: 10.1186/s12940-016-0109-0

⁸ Sheridan SC, Kalkstein AM, Kalkstein LS (2009). Trends in heat-related mortality in the United States, 1975–2004. *Natural Hazards* 50:1, 145-160

⁹ Guo Y, Gasparrini A, Armstrong BG (2017). Heat Wave and Mortality: A Multicountry, Multicommunity Study. *Environ Health Perspect*. 2017;125(8):087006. doi:10.1289/EHP1026

¹⁰ CDC, Climate and Health Program. 2010. <https://www.cdc.gov/climateandhealth/effects/default.htm>