

*Special Seasonal Report*



Ambulance Patient Offload Time  
Week 05 (01/30/22 – 02/05/22)

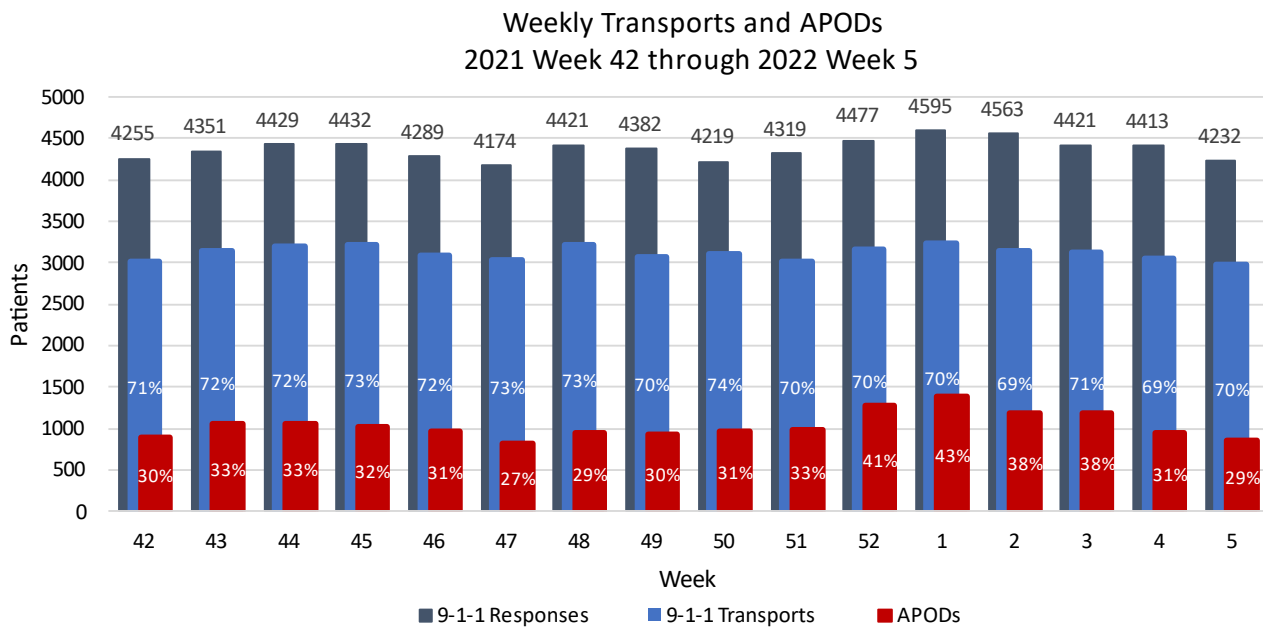
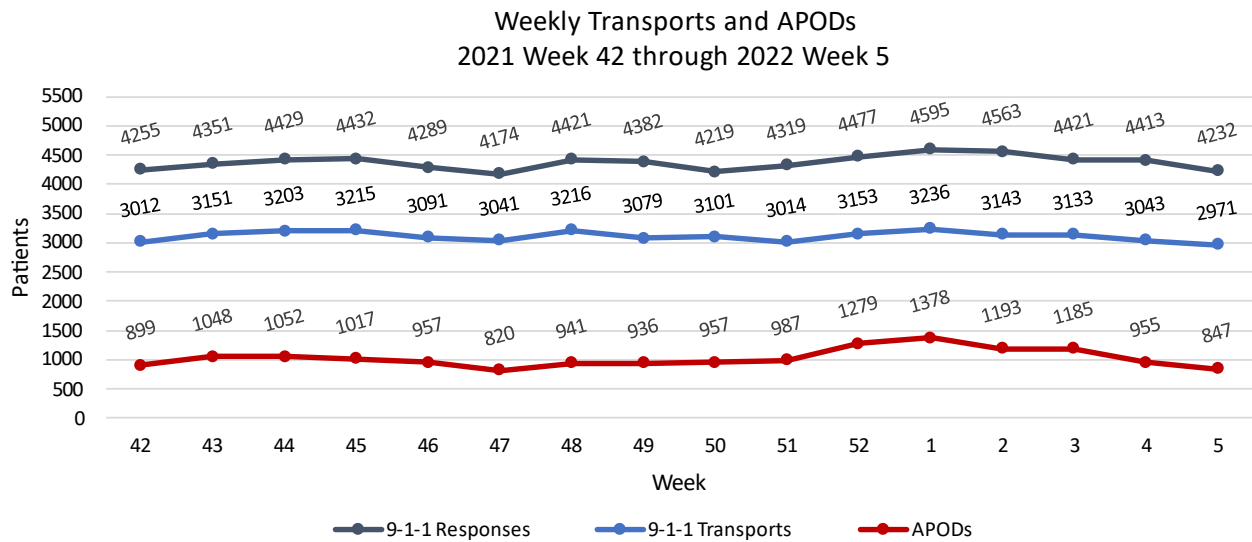
**2021-22  
Seasonal  
Report**

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 – February 8, 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 Responses, Transports, and Ambulance Patient Offload Delays (APOD) for the past 16 weeks.

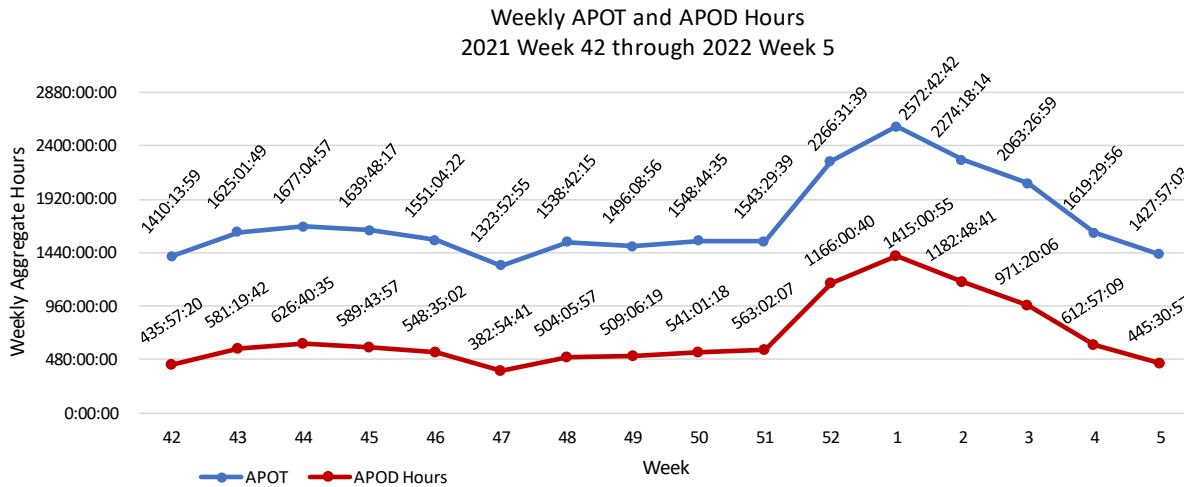


\*Transports include only 9-1-1 transports to Riverside county hospitals

- During Week 5, there were a total of **4,232 ALS responses** in Riverside County— 4.1% DECREASE from the previous week’s total of 4,413 responses.
- During Week 5, there were a total of **2,971 transports** in Riverside County—2.4% DECREASE from the previous week’s 3,043 transports.
- During Week 5, there were a total of **847 APODs** in Riverside County— 11.8 % DECREASE from the previous week’s total of 955 APODs.

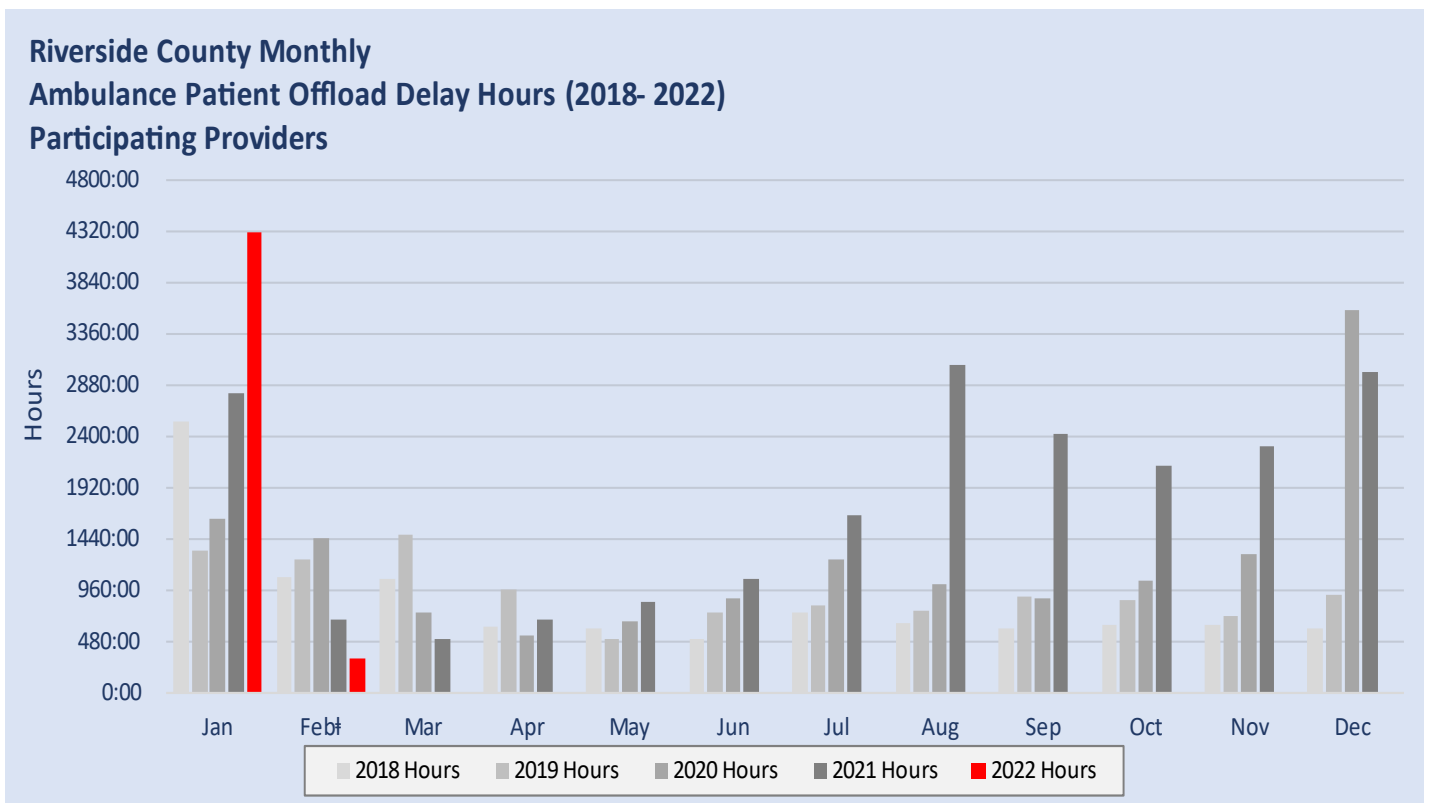
# RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD TIME

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](#).



- During Week 5, **APOT county-wide totaled 1428.0 hours** — 11.8% DECREASE the previous week’s total of 1619.5 hours.
- County-wide **APOD hours for Week 5 totaled 445.5 hours**, a 27.3% DECREASE from the previous week’s total of 613.0 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.



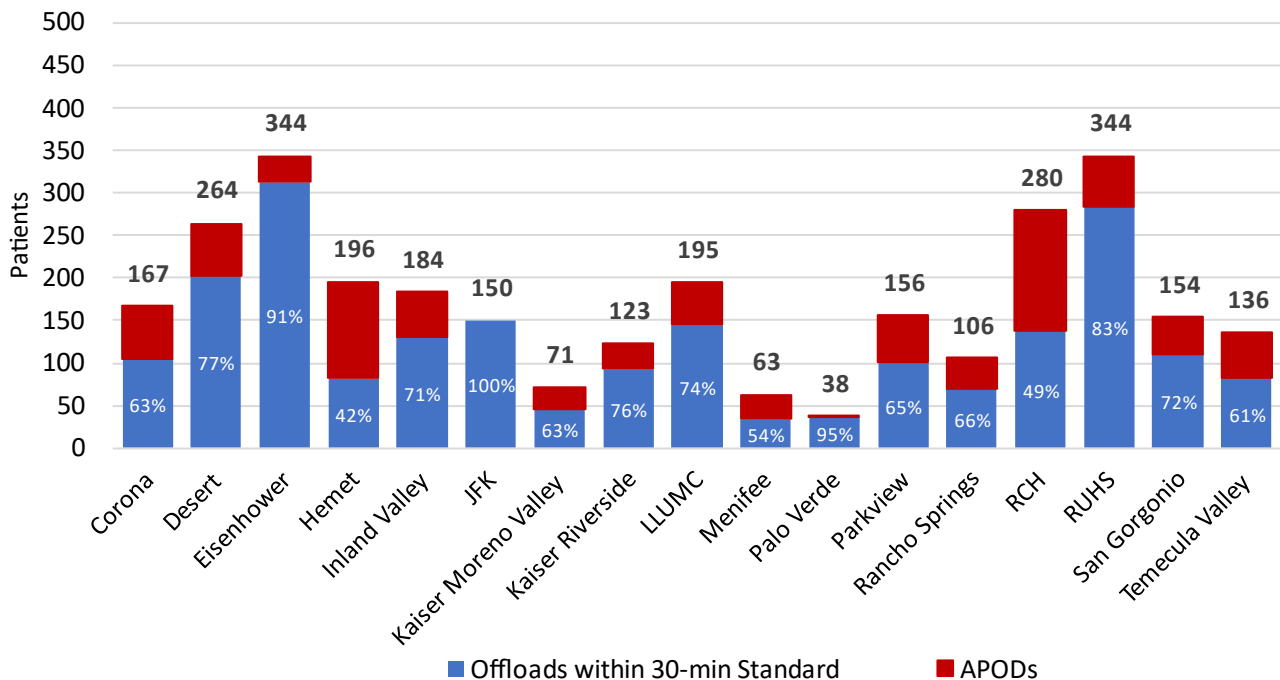
† Feb 2022 is a partial month

# AMBULANCE PATIENT OFFLOAD TIME BY HOSPITAL

Key: High Low/Best

APOT Snapshot					
	ALS	APOT	APOD Hours	APODs	APOD Compliance
	Transports				
Corona Regional Med Ctr	167	97:30:51	35:55:53	62	62.9%
Desert Regional Med Ctr	264	123:47:44	48:38:14	61	76.9%
Eisenhower Health	344	104:19:34	24:39:16	31	91.0%
Hemet Valley Hospital	196	152:46:43	65:07:15	114	41.8%
Inland Valley Med Ctr	184	81:13:22	17:55:35	53	71.2%
JFK Hospital	150	18:26:18	0:00:00	0	100.0%
Kaiser Hospital Moreno Valley	71	36:04:50	10:07:03	26	63.4%
Kaiser Hospital Riverside	123	60:43:04	17:52:26	30	75.6%
Loma Linda Univ Med Ctr Mur	195	80:30:00	13:45:30	50	74.4%
Menifee Med Ctr	63	54:17:28	28:49:07	29	54.0%
Palo Verde Hospital	38	6:59:23	1:01:04	2	94.7%
Parkview Community Hospital	156	87:58:41	28:14:08	55	64.7%
Rancho Springs Med Ctr	106	58:53:48	23:25:29	36	66.0%
Riverside Community Hospital	280	204:33:11	87:46:23	142	49.3%
Riverside University Health System	344	121:22:43	7:20:09	60	82.6%
San Geronio Mem Hospital	154	71:30:01	16:46:56	43	72.1%
Temecula Valley Hospital	136	66:59:22	18:06:29	53	61.0%
<b>Totals</b>	<b>2,971</b>	<b>1427:57:03</b>	<b>445:30:57</b>	<b>847</b>	<b>71.5%</b>

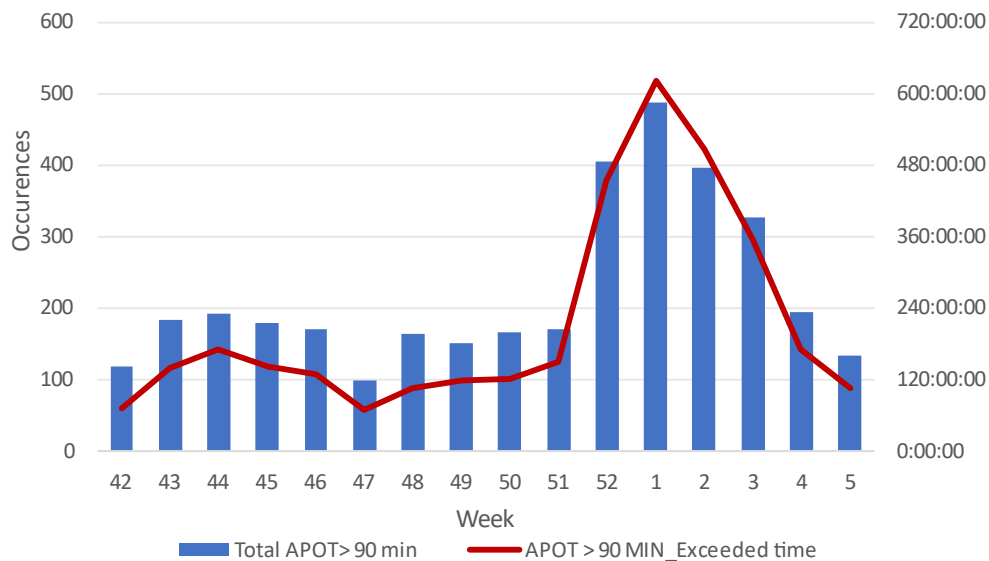
Transports and APOD Compliance by Hospital



## 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 5 countywide breakdown of APOD occurrences where ambulances were documented as held for greater than 90 minutes before transfer of care.

### Patient Offload Delays Greater than 90 Minutes



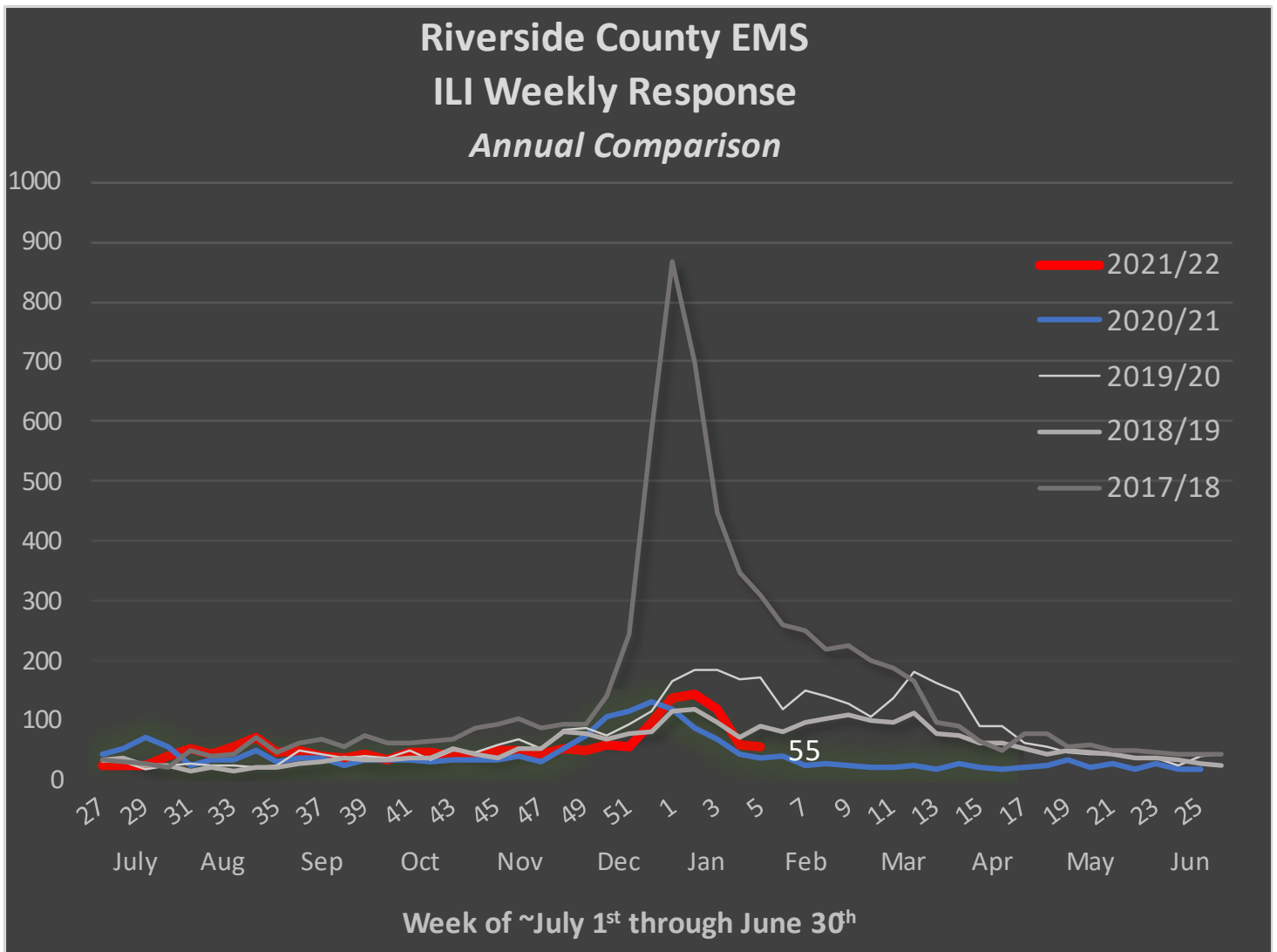
During Week 5, **134 ambulances were delayed greater than 90 minutes** — 31.3% DECREASE from the previous week's total of 195.

Facility	Total Time APOT > 90 min (HR: MM: S)	Total Incidents APOT > 90 min
Corona Regional Med Ctr	10:00:22	10
Desert Regional Med Ctr	15:24:01	18
Eisenhower Health	8:19:27	10
Hemet Valley Hospital	15:36:00	21
Inland Valley Med Ctr	0:35:12	3
JFK Hospital	0:00:00	0
Kaiser Hospital Moreno Valley	1:19:01	3
Kaiser Hospital Riverside	5:02:35	6
Loma Linda Univ Med Ctr Mur	0:38:32	2
Menifee Med Ctr	9:44:10	11
Palo Verde Hospital	0:00:00	0
Parkview Community Hospital	3:43:37	8
Rancho Springs Med Ctr	7:17:11	9
Riverside Community Hospital	23:49:47	28
Riverside University Health System	0:00:00	0
San Geronio Mem Hospital	2:28:53	2
Temecula Valley Hospital	1:15:51	3
<b>Grand Total</b>	<b>105:14:39</b>	<b>134</b>

## 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 50 (~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.

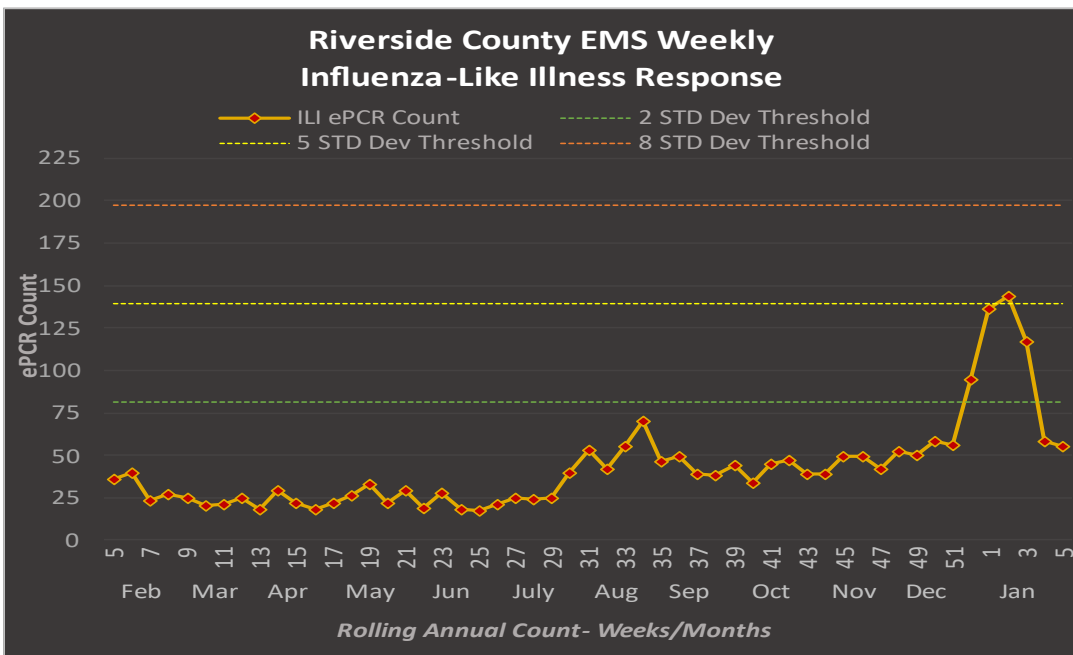
## ILI - INFLUENZA-LIKE ILLNESS RESPONSE *(CONT.)*

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.

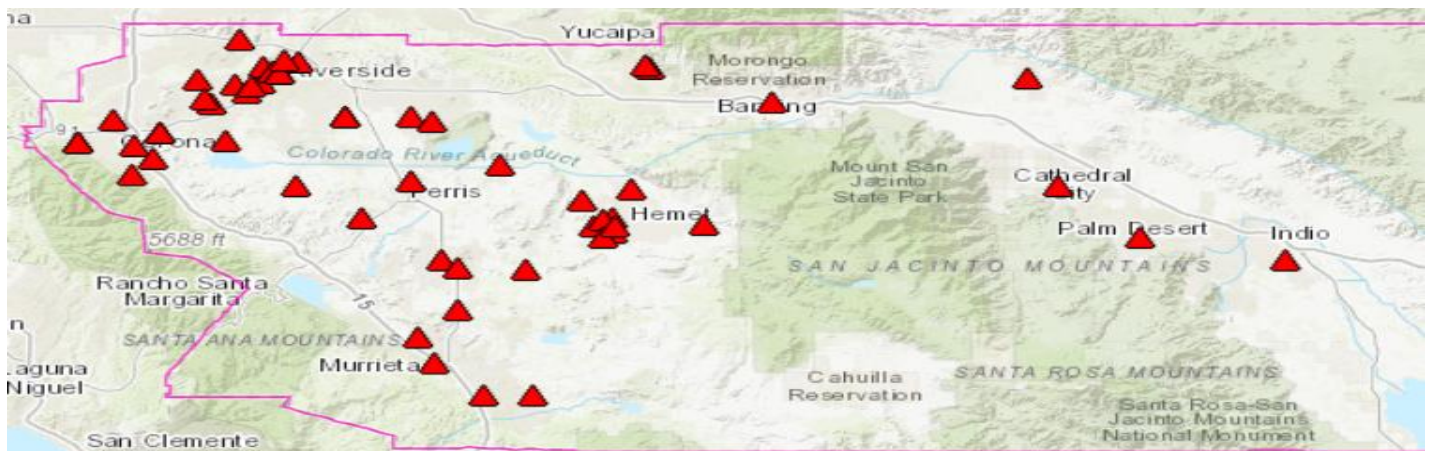
EMS ILI response two standard deviations above the calculated baseline average during non-peak flu seasons is considered a surge in flu activity. For the current Flu season 2020-'21, the standard deviation threshold value is not calculated as there was abnormal non-peak flu season behavior due to COVID-19. 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>



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.

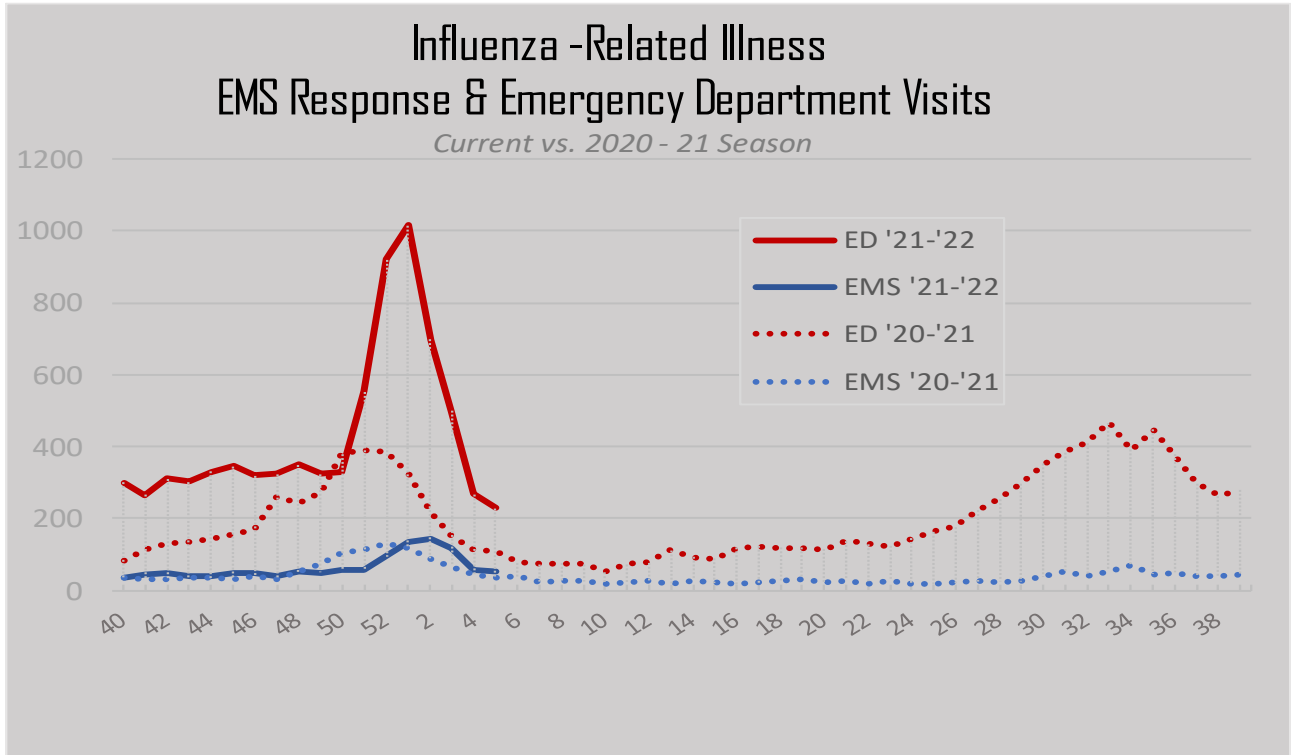
During Week-1, EMS ILI response is **BELOW** the two (2) standard deviation threshold compared to ILI activity during non-peak flu season levels (weeks 13-39).



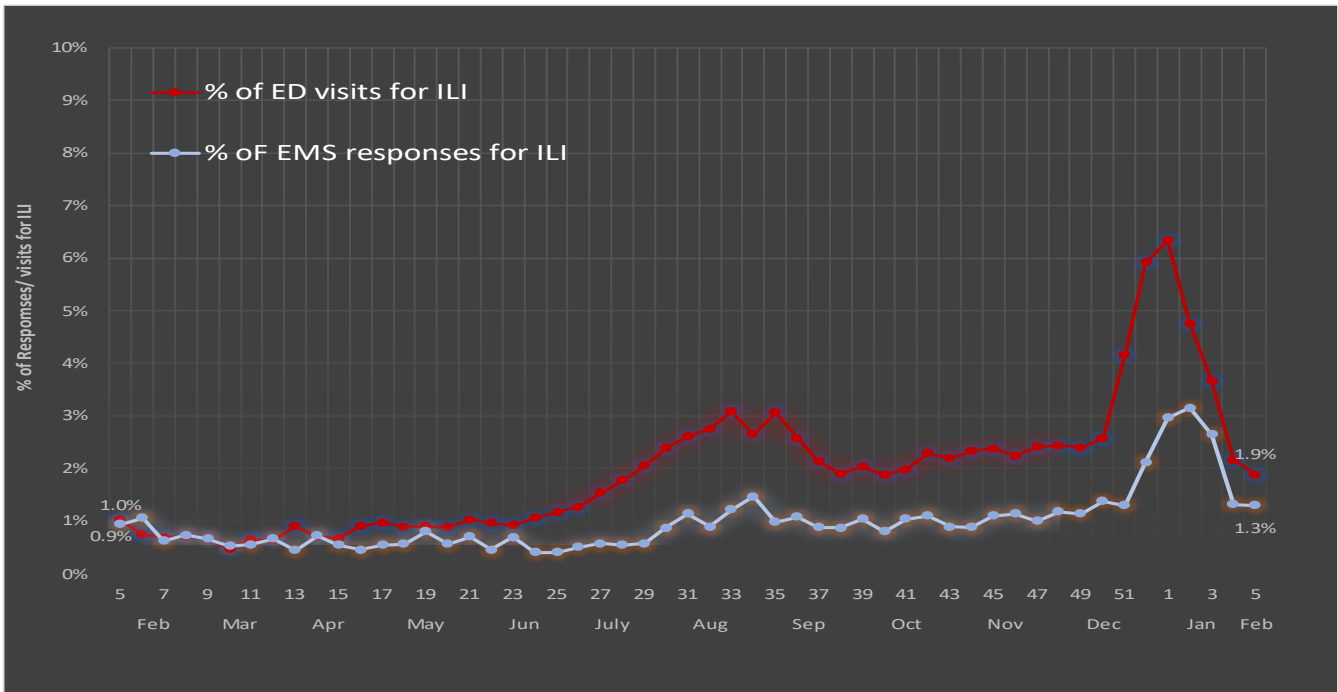
ILI-related EMS response in Riverside County, ePCR distribution map: Week 5

# 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



For Riverside County Public Health Department Influenza Reporting, see <https://www.rivco-diseasecontrol.org/>



# APOT AND APOD DEFINITIONS

## *9-1-1 Ambulance Response*

For the purpose of reporting patient offload time and delays, only 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 Riverside County's dual 9-1-1 medical response system. It also excludes interfacility transports and other call types such as air ambulances.

## *Ambulance Patient Offload Time (APOT)*

The Time interval between the arrival of an 9-1-1 patient at an Emergency Department (ED) and the time that patient is transferred from the ambulance gurney to a bed, chair, or other acceptable location, and the ED assumes responsibility of care.<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 the time patient care is transferred.<sup>2</sup> REMSA obtains both times from the ePCR.

## *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>3</sup> If the transfer of care and patient offload from the ambulance gurney exceeds the 30-minute standard, it will be documented and tracked as APOD.<sup>4</sup> *The Riverside County ePCR system requires medics to enter an "APOD Reason" when APOT exceeds the 30-minute standard. While the number of APODs documented as non-ED-related is nominal, beginning in Week-1 of 2022, only delays identified as having an ED origin are counted against APOD compliance for a more precise metric.*

## *APOD Compliance*

Frequency comparison between the total number of transports and those resulting in APODs with an ED-related origin.

## *Additional Data Definitions*

Data in 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 slightly different aggregate numbers than earlier reports for the same reporting period. The difference is insignificant (averaging less than .1%) and does not impact overall compliance.

Data in this report includes all transports to the 17 hospitals monitored by REMSA in the respective week relative to the date and time the incident originates (eTimes.03--Dispatch Notified Date/Time). For example, if an incident originates on day-7 of the current reporting week, and the patient is subsequently transferred to the care of an emergency department after midnight which falls on day-1 of the subsequent week, that incident will be included in the current reporting week.

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.

-For inquiries, please contact EMS Administrator, [TDouville@rivco.org](mailto: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

<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.

[https://emsa.ca.gov/wp-content/uploads/sites/71/2017/09/APOT-Methodology\\_Guidance-2016.pdf](https://emsa.ca.gov/wp-content/uploads/sites/71/2017/09/APOT-Methodology_Guidance-2016.pdf)

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

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

<sup>7</sup> 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

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

<sup>9</sup> 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

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