



**PREHOSPITAL MEDICAL ADVISORY COMMITTEE MEETING AGENDA (PMAC)**

PMAC MEMBERS PER POLICY 8202:

Air Transport Provider Representative  
11-Kent McCurdy

American Medical Response  
5-Douglas Key

BLS Ambulance Service Representative  
12-Vacant

Cathedral City Fire Department  
5-Robert Williams

Corona Regional Medical Center  
1-James Rhee, MD  
4-Sharon Salle

County Fire Chiefs' Non-Transport ALS Provide  
10-Vacant

County Fire Chiefs' Non-Transport BLS Provide  
9-Phil Rawlings (Vice Chair)

Desert Regional Medical Center  
1-Joel Stillings, D.O  
4-Kristie Borba

Eisenhower Medical Center  
1-Frank Domzalski, MD  
4-Tasha Anderson

EMT / EMT-P Training Programs  
6-Maggie Robles

EMT-at-Large  
13 David Olivas

Paramedic-at-Large  
14-Paul Duenas

Hemet Valley Medical Center  
1-Todd Hanna, MD  
4-Victoria Moor

Idyllwild Fire Protection District  
5-Patrick Reitz

Inland Valley Regional Medical Center  
1-Reza Vaezazizi, MD  
4-Daniel Sitar

JFK Memorial Hospital  
1-Troy Cashatt, MD  
4- Andy Billings

Kaiser Permanente Riverside  
1-Jonathan Dyreyes, MD  
4-Carol Fuste

**The Next Meeting of PMAC is on:**

**Monday, July 25, 2016**

**9:00 AM to 11:00 AM**

**The Towers of Riverwalk**

**4210 Riverwalk Parkway, Riverside**

**First Floor Conference Rooms**

**1. CALL TO ORDER & HOUSEKEEPING (3 Minutes)**

Brian MacGavin (Sergeant-at-Arms)

**2. PLEDGE OF ALLEGIANCE (1 Minute)**

Brian MacGavin

**3. ROUNDTABLE INTRODUCTIONS (5 Minutes)**

Phil Rawlings (Vice Chair)

**4. APPROVAL OF MINUTES (3 Minutes)**

April 25, 2016 Minutes— Phil Rawlings (Attachment A)

**5. VACANT POSITIONS (5 Minutes)**

5.1 Chairperson Nominations—Phil Rawlings

5.2 Other vacant positions—Brian MacGavin

**6. DISCUSSION TOPICS (60 Minutes)**

**6.1.** New Business—MCI Policy—Phil Rawlings

**6.2.** Policy Changes / Updates—Misty Plumley (Attachment B)

**7. REPORTS**

The following items are for receive and file unless a member of PMAC has a question or needs clarification:

**7.1.** Training / Education—Misty Plumley (Attachment C)

**7.2.** Trauma System—Shanna Kissel (Attachment D)

**7.3.** CQILT—Lisa Madrid (Attachment E)

**7.4.** Stroke System—Laura Wallin (Attachment F)

**7.5.** STEMI System—Laura Wallin (Attachment G)

**7.6.** ImageTrend Elite—Trevor Douville (Attachment H)

**7.7.** APOD—Misty Heyden (Attachment I)

Loma Linda University MC Murrieta

1-Kevin Flaig, MD  
4-Mike Staylor

Menifee Valley Medical Center

1-Todd Hanna, MD  
4-Janny Nelsen

Kaiser Permanente Moreno Valley

1-George Salameh, MD  
4-Katherine Heichel-Casas

Palo Verde Hospital

1-David Sincavage, MD  
4-Camelita Aquines

Parkview Community Hospital

1-Chad Clark, MD  
4-Guillean Estrada

Rancho Springs Medical Center

1- Zeke Foster, MD  
4-Marie Dempster

Riverside Community Hospital

1-Stephen Patterson, MD  
4-Sabrina Yamashiro

Riverside County Fire Department

5-Scott Visyak  
8-Tim Buckley

Riverside County Police Association

7-Vacant

Riverside University System Medical Center

1-Melanie Randall, MD  
4-Kay Schulz

San Geronio Memorial Medical Center

1-Richard Preci, MD  
4-Trish Ritarita

Temecula Valley Hospital

1-Pranav Kachhi, MD  
4-Jacquelyn Ramirez

Trauma Audit Comm. & Trauma Program Managers

2-Tito Gorski, MD  
3-Shane McMurphy

Ex-officio Members

1-Cameron Kaiser, MD, Public Health Officer  
2-Reza Vaezazizi, MD, REMSA Interim Medical Director  
3-Bruce Barton, REMSA Director  
4-Brian MacGavin, REMSA Assistant Director (Sergeant-at-Arms)  
5-Jan Remm, Hospital Association of Southern California  
6-Jeff Grange, MD, LLUMC  
6-Phong Nguyen, MD, Redlands Community Hospital  
6-Rodney Borger, MD, Arrowhead Regional Medical Center

\*\*\*Members are requested to please sit at the table with name plates in order to identify members for an accurate count of votes

Please come prepared to discuss the agenda items. If you have any questions or comments, call or email Brian MacGavin at (951) 358-5029 / bmacgavin@rivcocha.org. PMAC Agendas with attachments are available at: [www.rivcoems.org](http://www.rivcoems.org). Meeting minutes are audio recorded to facilitate dictation for minutes.

**8. ANNOUNCEMENTS (10 Minutes)**

This is the time/place in which committee members and non-committee members can speak on items not on the agenda but within the purview of PMAC. Each announcement should be limited to two minutes unless extended by the PMAC Chairperson.

**9. NEXT MEETING / ADJOURNMENT (1 Minute)**

October 24, 2016—4210 Riverwalk Parkway First Floor Conference Rooms

Purpose of Discussion and Ground Rules:

Purpose: For EMS participants to articulate personal knowledge and experience while developing discussion skills

The Sergeant-at-Arms will display a yellow colored sign visible to the speaker indicating a two minute warning and a red colored sign indicates the speaker needs to stop talking. The Sergeant-at-Arms may have to remind participants of the ground rules.

All participants should ensure the following ground rules are observed:

- 1) Adhering to the time limits
- 2) No criticisms or offering advice
- 3) No interruptions—only one person speaks at a time
- 4) Explanations are accepted, not excuses
- 5) Ask or explain with “what, how or when” but not “why”
- 6) Speak from personal knowledge and experience; use anecdotes
- 7) Claims to supporting information, e.g., books, articles, etcetera must be available for review before the meeting

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TOPIC	PRESENTATION / DISCUSSION	PMAC ACTION
1. CALL TO ORDER	Brian MacGavin commenced the meeting and went over housekeeping rules at 9:00 AM	
2. PLEDGE OF ALLEGIANCE	Phil Rawlings led PMAC in the Pledge of Allegiance.	
3. ROUNDTABLE INTRODUCTIONS	Self-introductions were conducted by Brian MacGavin.	
4. EMS RECOGNITIONS Bruce Barton & Dr. van Stralen	Laura presented a certificate of appreciation to Shelly Fetters, for her dedication as a PLN for Eisenhower Medical Center.	
5. APPROVAL OF MINUTES		January 25, 2016 PMAC meeting minutes were approved without changes.
6. DISCUSSION TOPICS		
6.1 Equipment Standardization Program Dr. van Stralen	REMSA's role is to ensure equipment has system wide functionality and interoperability as well as meeting specifications for specific clinical needs. We don't indorse specific products unless there are no other products that will meet a specific standard. There was further discussion about costs and bundle-ability.	Information only.
6.2 Policy Change--Long Boards Dan Sitar, PLN Group	<p>The PLN Group proposes language be added to the current policy stating Long Backboards (LBB) are to be used as extrication tools for transferring patients to stretchers and not for spinal stabilization. Additionally, patients should be taken off LBBs as soon as it is safe and practicable.</p> <p>There were multiple statements made regarding the LBB topic.</p> <p>Dr. Davis and Dr. Patterson provided statements regarding LLBs and cautioned not to confuse using cervical collars and cervical spine stabilization with what is being proposed for LBBs.</p> <p>Dr. Vaezazi provided a statement regarding the common practice of using LBBs and ensuring we use evidence to guide our practice.</p> <p>Dr. van Stralen presented the following questions for further consideration: 1. Are we properly teaching field identification of possible spinal injuries? 2. Can the clinical indications for the use</p>	PMAC approved of adding the PLN Group's proposed language to REMSA's policy.

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	of LBBs be articulated? And; 3. What is the extent of injuries / tissue damage from using LBBs?	
<b>6.3 Head Trauma Hypoventilation</b> <b>Dr. van Stralen</b>  <b>6.4 Infant Resuscitation</b> <b>Dr. van Stralen</b>  <b>6.5 CPAP and Pulmonary Hypertension</b> <b>Dr. van Stralen</b>  <b>6.5 High Dose Oxygen Hypertension</b> <b>Dr. van Stralen</b>  <b>6.6 High Dose Oxygen Administration</b> <b>Dr. van Stralen</b>	<p>Dr. van Stralen presented what he has determined to be clinical problems and their physiology. Under the title of: "Clinical Problems Readily Treated by Paramedic and EMT Actions" he presented (using a projector and handouts) the following topics for further consideration and discussion at PMAC meetings:</p> <p>"Clinically Indicated"  "Respiratory Distress"  "High Flow Oxygen"  "Home CPAP Machine and Death"  "Mask Ventilation Emesis"  "GS&lt;8 (absent gag response)"  "Infant Cardiac Arrest Check TB in ED"  "AMA Scene Discharge, for Consideration"  "AMA Acute Organic Brain Insult"</p>	Information only.
<b>6.7 Ground Level Fall Patients Refusing Transportation</b> <b>Laura Wallin</b>	This topic was covered in Dr. van Stralen's earlier presentation.	Information only.
<b>6.8 EMSC</b> <b>Misty Plumley</b>	<p>The EMSC regional meeting will take place on June 9, 2016. State regulations are still pending review. Feedback was given that SIDS education is lacking. We are going to offer SIDs CE classes based on what is used for the Coroner's Office death investigators. Misty asked if there are any other concerns or gaps in education on EMSC issues. Misty mentioned concerns arising from the Child Death Review Team (CDRT) regarding EMS field personnel under reporting when threatening pediatric cardiac arrests.</p> <p>There were further discussions about incorporating EMS personnel into public education programs and required education EMSC education for EMS personnel. It was mentioned that Title 22 is currently open for education requirements in specialty areas.</p>	Information only.
<b>7. REPORTS</b>	The following reports were presented for receive and file unless further information was requested at the time of PMAC:	Information only.
<b>7.1 Training / Education—Attachment C</b> <b>Misty Plumley</b>	Attachment C of the PMAC April 25, 2016 agenda contained information about the 2016 Protocol/Policy Training Update. No further information was provided at the time of PMAC	Information only.
<b>7.2 Trauma System—Attachment D</b>	Eighty-five patients received TXA within the	Information only.

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<b>Shanna Kissell</b>	study's inclusion criteria. Eight patients received TXA out of the inclusion criteria and 13 patients met the criteria but did not receive TXA.	
<b>7.3 CQILT—Attachment E Laura Wallin</b>	Attachment E of the PMAC April 25, 2016 agenda contained information on CQILT. No further information was provided at the time of PMAC.	Information only.
<b>7.4 Stroke System—Attachment F Laura Wallin</b>	Attachment F of the PMAC April 25, 2016 agenda contained information on Stroke System. No further information was provided at the time of PMAC	Information only.
<b>7.5 STEMI System—Attachment G Laura Wallin</b>	Attachment G of the PMAC April 25, 2016 agenda contained information on STEMI System. No further information was provided at the time of PMAC.	Information only.
<b>7.6 Data System—Attachment H Scott Moffatt</b>	Scott Moffatt announced that he is doing the ePCR setup for ImageTrend Elite. Attachment H to the agenda has the contact information for any questions. Scott has received feedback from the EMS officers and suggests continued feedback through EMS officers or through the online forum or via email.	Information only.
<b>7.7 APOD—Attachment I Patrice Shepherd</b>	Attachment I to the agenda contains the data through the end of March 2016. Dr. van Stralen mentioned that the medical community is starting to look at the transition of care between EMS personnel and the hospital ED staff. Joint Commission has found patient safety issues during transitions of care and patient hand-offs.	Information only.
<b>8. ANNOUNCEMENTS</b>	The redirect APOD Pilot Program has been extended until June 30, 2016. No other announcements were made.	Information only.
<b>9. NEXT MEETING / ADJORNMENT</b>	July 25, 2016 – 4210 Riverwalk Parkway in the first floor conference rooms.	Information only.

DATE: July 19, 2016

TO: PMAC

FROM: Misty Plumley, EMS Specialist

SUBJECT: Policy & Protocol Manual Proposed Changes

Policy and protocol changes have been proposed for 2017's P&P manual. The matrix for the proposed changes can be accessed from the following link:

<http://remsa.us/documents/committees/pmac/PandPChangeMatrix2017.pdf>

Policy changes for CQI have been drafted and reviewed at CQILT. Policy changes for STEMI Receiving Centers have been proposed, to coincide with contract renewals. Drafts of these policies can be accessed from the following links:

<http://remsa.us/policy/2017/5401LW.pdf>

<http://remsa.us/policy/2017/7101LM.pdf>

<http://remsa.us/policy/2017/7102LM.pdf>

<http://remsa.us/policy/2017/7703TD.pdf>

ACTION: Review and provide feedback to REMSA.

DATE: July 19, 2016

TO: PMAC

FROM: Misty Plumley, EMS Specialist

SUBJECT: Training Update

As of June 2016, California's Right-to-Die law has changed and a physician assisted suicide may affect how EMS providers render care and interact with the patient's family. Online training and an EMS system advisory will be forthcoming from REMSA.

ACTION: Informational only, no action required.

## FOR CONSIDERATION BY PMAC

DATE: July 19, 2016

TO: PMAC

FROM: Shanna Kissel, REMSA Trauma Nurse Coordinator

SUBJECT: Trauma System

1. TXA data meeting with Dr. Neeki in June to discuss data for first publication of the trial study.

Riverside data included 76 patients, dates from June 1, 2015 – February 29, 2016.

To date, Riverside County has:

- 93 appropriate administrations
- 13 patients that met criteria but did not get TXA (missed)
- 9 patients that received TXA, but did not meet inclusion criteria (fallouts)

- March 2017 Riverside county trial study results to go to the Commission. We will continue to collect pre-hospital data until this time.

2. Some key recommendations from the CA State ACS Survey that took place in March 2016:

- Update the trauma regulations
- Uniformity of the designation process
- Continue working on re-triage
- PI- solidify the core measures

Some Challenges:

- CA is a large state
- Little resources at EMSA
- Regulations are dated

3. Trauma Report 2015 can be accessed at the following

link: <http://remsa.us/documents/programs/trauma/2015TraumaReportFINAL.pdf>

The trauma report is also available on [www.remsa.us](http://www.remsa.us), under documents, Trauma Report 2015.

This report includes trauma data entered in the central registry from 2010- 2014. The report gives a snapshot of the types of trauma incidents that occur within the county, trauma patients by age and gender, and incident outcome. The report can be used as a tool for injury prevention and education for all agencies.

ACTION: Information Only



**FOR CONSIDERATION BY PMAC**

**DATE:** July 19, 2016  
**TO:** PMAC  
**FROM:** Lisa Madrid, EMS Specialist  
**SUBJECT:** CQILT

CQILT met on July 14, 2016. 4 indicators added:

- PED-1- Pediatric patients with wheezing who received bronchodilators
- RES-2- 2 Beta2 agonist administration for adult patients

**ACTION:** Information Only

Date: July 19, 2016  
TO: PMAC  
FROM: Laura Wallin, Specialty Program Coordinator  
SUBJECT: Stroke System

REMSA and the Stroke System Committee are continuing to work toward refining our data collection processes. For quarter one of 2016, 13.3 percent of the stroke patients brought to Riverside County Stroke Centers via the 9-1-1 system received tPA. Nationwide, less than 10 percent of patients receive this therapy. The first quarter 2016 stroke data report will be available as a handout at PMAC.

The Stroke System Committee Charter is completed. This document outlines the committee's purpose, responsibilities, membership, and measures of success and will be available on [www.remsa.us](http://www.remsa.us).

Action: PMAC should be prepared to receive the information and provide feedback to the EMS Agency

Date: July 19, 2016  
TO: PMAC  
FROM: Laura Wallin, Specialty Program Coordinator  
SUBJECT: STEMI System

REMSA convened a task force from the STEMI System Committee to define specific data elements to be collected for interfacility transports of STEMI patients.

REMSA currently tracks survivals of STEMI patients up to 48 hours post admission and will begin tracking survivals up to 48 hours post hospital discharge. This data will be included in the quarterly reports.

The First Quarter 2016 STEMI Report will be available as a handout at PMAC.

ACTION: PMAC should be prepared to receive the information and provide feedback to the EMS Agency.

DATE: July 19, 2016

TO: PMAC

FROM: Trevor Douville, Senior EMS Specialist

SUBJECT: ImageTrend Elite – Technical Development/ Implementation

**ImageTrend Elite Technical Development and Implementation - CONFERENCE CALLS:**

Every Monday, starting on 8/1/16   **10:30 AM – 11:30 AM**  
Conference Phone Number:       **(888) 780-8948**  
Pass Code:                               **7608587**

ImageTrend Elite, the patient care report (PCR) system, is being tested in real world operations by Corona Fire Department. As expected this helps to identify issues and allows us to make necessary adjustments to not only Corona Fire Department's setup but to the implementation of Elite for Riverside County's EMS system. As Corona Fire Department proves the functionality of the Elite we will begin to add other first response agencies and then transport services. Feedback and adjustment will speed up as more agencies/services begin to use the system.

Currently many of the issues being identified relate to the number of possible selections presented to the end user. We have removed many optional fields based on the feedback received in overview presentations and from test users.

You have no doubt heard about the role ICD-10 plays in NEMSIS 3 based systems like Elite. We are actively paring down and translating the multiple ICD-10 elements referenced by the NEMSIS 3 dataset to bring these choices closer to the EMS perspective; both for speed of completion and for accurate data collection.

Additionally we are adding and adjusting the pre-selection of elements in appropriate fields, asking that CAD integrations push as much data as possible to Elite, and adjusting the PCR setup for speed and accuracy.

The "print" view of the PCR has required much work to arrive at its current state. The screen display is well organized when viewed on Windows based systems using Chrome, Firefox, or Internet Explorer 11 plus. However, hard copy printing varies widely based on which browser you are using, your browser/print settings, and which format you choose to print to.

ACTION: Informational only, no action required.

**FOR CONSIDERATION BY PMAC**

DATE: July 19, 2016

TO: PMAC

FROM: Misty Heyden, REMSA

SUBJECT: Ambulance Patient Offload Delay Report

ATTACHMENT: Ambulance Patient Offload Delay Report (the following five pages)

The current Ambulance Patient Offload Delay Report contains data through the end of June 2016. Data by month for the last three months is available for each hospital on the last page of the report. As the report continues to be refined and improved, some graphs and data analysis methods may change.

ACTION: PMAC should be prepared to receive the information and provide feedback to the EMS Agency.

Attachment: APOD Report



# AMBULANCE PATIENT OFFLOAD DELAYS

**July 12, 2016**

*Report covers data YTD through June 30, 2016.*

# RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD DELAYS

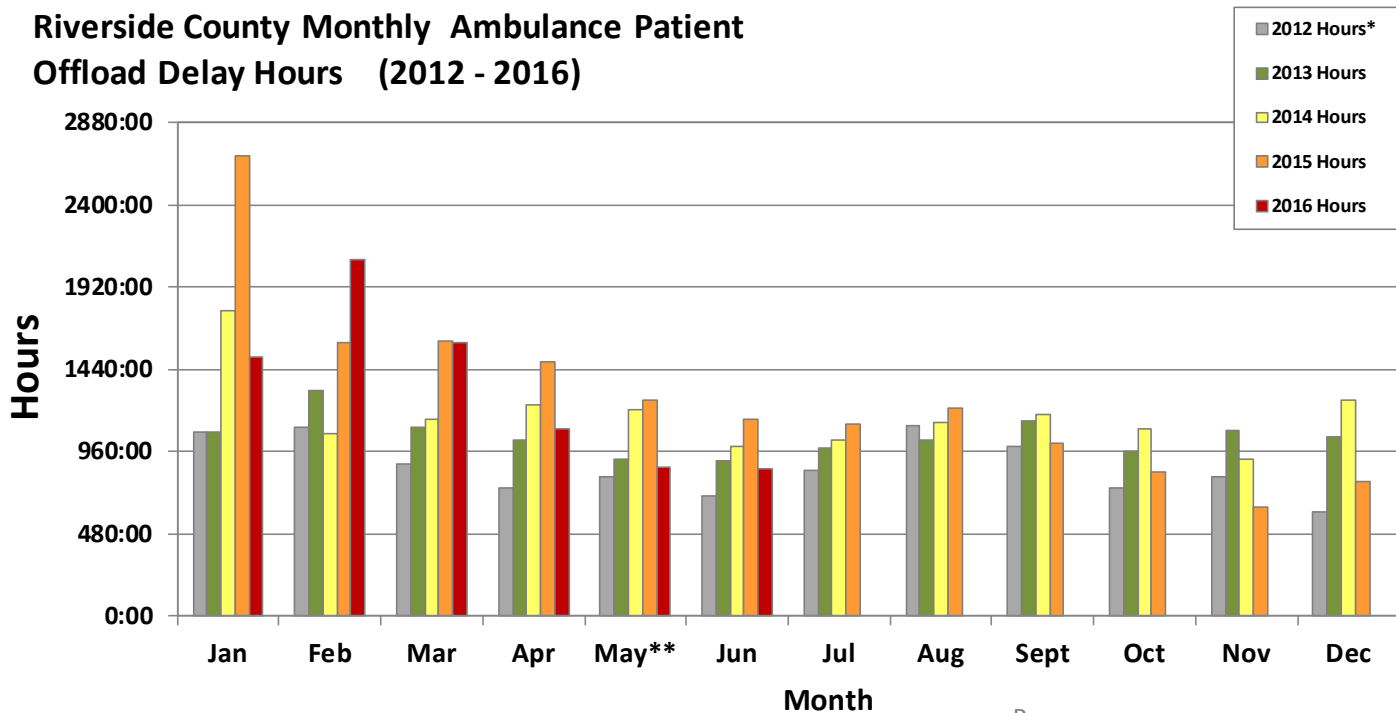
## Historical Comparison

The data provided illustrates total ambulance patient offload delay time (hh:mm) by month for 2012 through the present month of 2016 from hospitals within Riverside County. To qualify for this chart, the duration of offload delay must be greater than 30 minutes (years 2013 and forward\*), and only the time period after the first 30 minutes is summed.

\*Prior to 2013, offload delay data used a 25-minute standard.

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

### Riverside County Monthly Ambulance Patient Offload Delay Hours (2012 - 2016)



### Total Annual Hours\* and Ambulance Patient Offload Delays by hospital, 2012 to 2015

Hospital	2012		2013		2014		2015	
	Total Hours*	Offload Delays	Total Hours*	Offload Delays	Total Hours*	Offload Delays	Total Hours*	Offload Delays
RCH	2198:41:11	3953	2712:32:25	5978	2984:29:25	7488	2773:05:19	6613
Kaiser	151:16:22	472	196:02:59	496	201:38:58	748	338:51:33	1048
Parkview	1881:03:47	2833	1171:41:25	2037	1694:56:01	2887	1408:38:48	2361
RRCMC	892:20:22	2276	1107:06:11	2375	1007:19:37	2547	1051:28:27	2819
Corona	1694:56:09	2803	1717:47:56	2522	1845:33:25	2912	2652:21:07	3227
Moreno Valley	268:19:32	809	420:59:39	888	545:55:06	1259	451:34:23	1147
Menifee	322:28:21	791	725:38:26	1158	733:35:51	1383	824:27:25	1332
LLUMC- Murrieta	265:40:04	675	888:15:15	1411	963:34:24	1756	946:18:08	1732
Inland Valley	949:05:59	2134	643:33:09	1307	432:21:44	1112	714:29:18	1709
Rancho Springs	136:57:10	417	137:27:11	326	76:31:30	247	79:13:52	255
Temecula Valley			10:07:03	28	139:03:35	446	411:05:43	1090
Hemet	1081:16:55	2720	2535:17:35	4151	3112:04:15	5387	3153:42:33	5013
San Gorgonio	222:07:47	595	127:45:02	298	157:47:22	483	374:17:20	1072
Eisenhower	64:56:15	320	54:56:39	241	24:15:55	149	39:07:26	205
Desert	233:06:47	788	68:47:04	347	40:12:27	213	50:21:13	315
JFK	81:16:43	337	58:37:55	252	79:52:57	337	116:46:03	387
<b>Totals</b>	<b>10,443:33:24</b>	<b>21,923</b>	<b>12,576:35:54</b>	<b>23,815</b>	<b>14,039:12:32</b>	<b>29,354</b>	<b>15,385:48:38</b>	<b>30,325</b>

\*Total Hours do not include the first 25 minutes of each offload delay (2012), or the first 30 minutes (2013- present)

## AMBULANCE PATIENT OFFLOAD DELAYS AND OVERALL COMPLIANCE

This data includes 2015 and 2016 Ambulance Patient Offload Delays, hours of delay, total time the ambulances and patients were delayed, ALS transports received by each hospital, compliance, and average delay time per occurrence. "Delay Hours" include any time after the initial 30 minutes in the ED have passed; "Total Delay Time" sums both the delay and the initial 30 minutes. "Compliance" represents the percentage of ALS ambulance transports that were not held on Offload Delay.

### Ambulance Patient Offload Delay Data, 2016 YTD – Transports and Occurrences - ALS Units Only

Hospital	Offload Delay Hours	Total Delay Time*	Total ALS Transports	Offload Delay Occurrences	Compliance%**	Avg Delay/ Occurrence*
RCH	1077:24:21	2314:54:21	9709	2475	74.5%	0:56:07
Kaiser	366:03:13	677:03:13	3122	622	80.1%	1:05:19
Parkview	821:53:59	1365:53:59	3281	1088	66.8%	1:15:20
RCRMC	605:33:56	1338:33:56	7890	1466	81.4%	0:54:47
Corona	734:40:05	1187:10:05	3702	905	75.6%	1:18:42
Moreno Valley	328:17:37	638:47:37	2028	621	69.4%	1:01:43
Menifee	311:24:46	559:24:46	2491	496	80.1%	1:07:40
LLUMC –Murrieta	622:27:24	1134:57:24	2961	1025	65.4%	1:06:26
Inland Valley	735:59:36	1294:59:36	5152	1118	78.3%	1:09:30
Rancho Springs	139:37:37	300:07:37	2664	321	88.0%	0:56:06
Temecula Valley	188:10:20	461:10:20	2859	546	80.9%	0:50:41
Hemet	1489:48:32	2821:48:32	7599	2664	64.9%	1:03:33
San Geronio	343:24:09	707:24:09	3685	728	80.2%	0:58:18
Eisenhower	13:18:27	58:48:27	2206	91	95.9%	0:38:46
Desert	158:00:35	422:30:35	5951	529	91.1%	0:47:55
JFK	66:04:24	165:34:24	2064	199	90.4%	0:49:55
<b>Totals</b>	<b>8002:09:01</b>	<b>15449:09:01</b>	<b>67,364</b>	<b>14,894</b>	<b>77.9%</b>	<b>1:02:14</b>

\* Includes the first 30 minutes of each Offload Delay.

\*\* Compliance % represents the percentage of ALS ambulance transports not on Offload Delay (data includes only 9-1-1 contractual provider).

### Ambulance Patient Offload Delay Data, 2015 – Transports and Occurrences - ALS Units Only

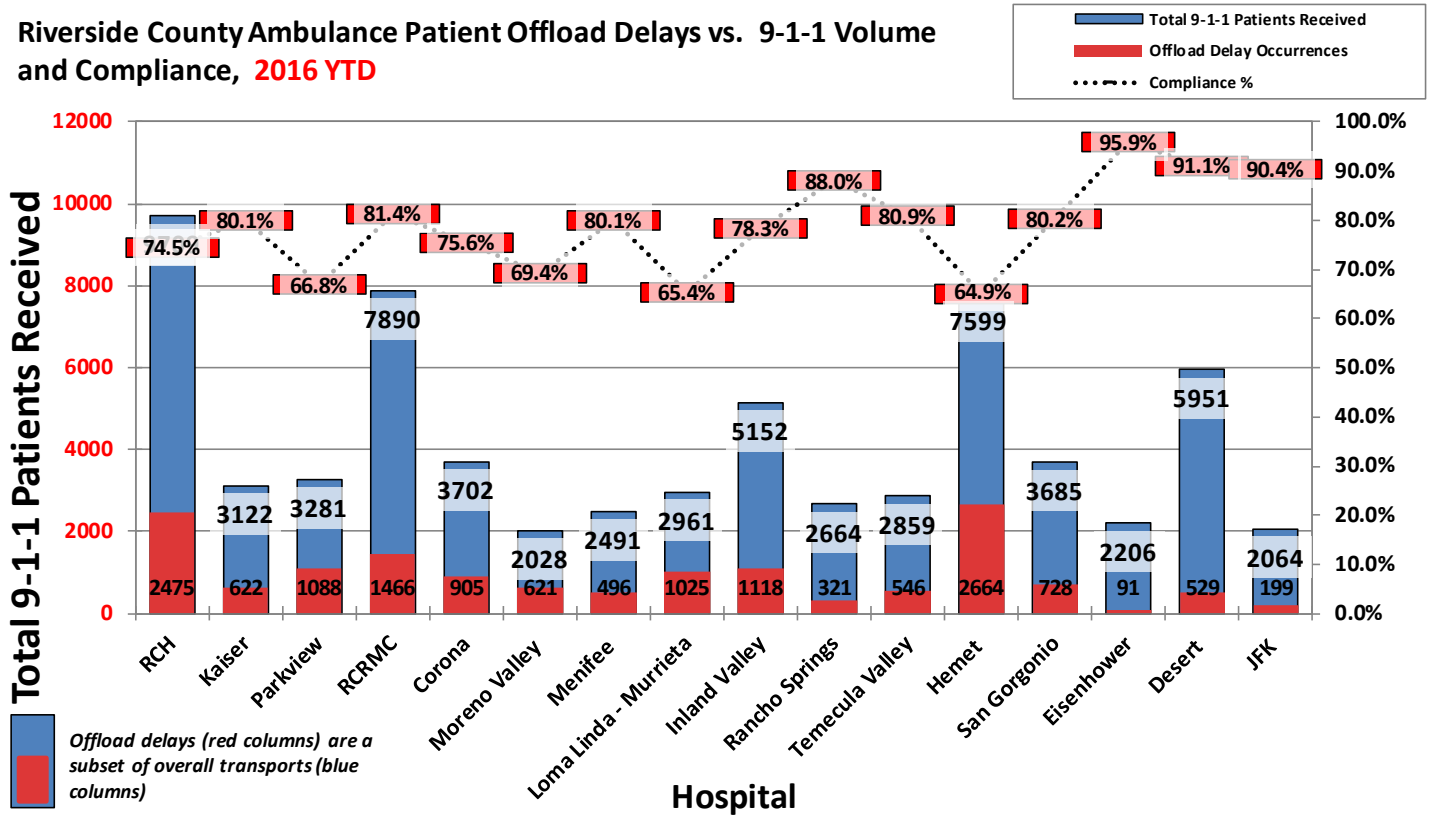
Hospital	Offload Delay Hours	Total Delay Time*	Total ALS Transports	Offload Delay Occurrences	Compliance%**	Avg Delay/ Occurrence*
RCH	2773:05:19	6079:35:19	18111	6613	63.5%	0:55:10
Kaiser	338:51:33	862:51:33	6060	1048	82.7%	0:49:24
Parkview	1408:38:48	2589:08:48	6161	2361	61.7%	1:05:48
RCRMC	1051:28:27	2460:58:27	14341	2819	80.3%	0:52:23
Corona	2652:21:07	4265:51:07	6968	3227	53.7%	1:19:19
Moreno Valley	451:34:23	1025:04:23	3500	1147	67.2%	0:53:37
Menifee	824:27:25	1490:27:25	4594	1332	71.0%	1:07:08
LLUMC –Murrieta	946:18:08	1812:18:08	5717	1732	69.7%	1:02:47
Inland Valley	714:29:18	1568:59:18	9929	1709	82.8%	0:55:05
Rancho Springs	79:13:52	206:43:52	4571	255	94.4%	0:48:39
Temecula Valley	411:05:43	956:05:43	4952	1090	78.0%	0:52:38
Hemet	3153:42:33	5660:12:33	14614	5013	65.7%	1:07:45
San Geronio	374:17:20	910:17:20	6970	1072	84.6%	0:50:57
Eisenhower	39:07:26	141:37:26	4775	205	95.7%	0:41:27
Desert	50:21:13	207:51:13	10124	315	96.9%	0:39:35
JFK	116:46:03	310:16:03	3498	387	88.9%	0:48:06
<b>Totals</b>	<b>15385:48:38</b>	<b>30548:18:38</b>	<b>124,885</b>	<b>30,325</b>	<b>75.7%</b>	<b>1:00:27</b>

\* Includes the first 30 minutes of each Offload Delay.



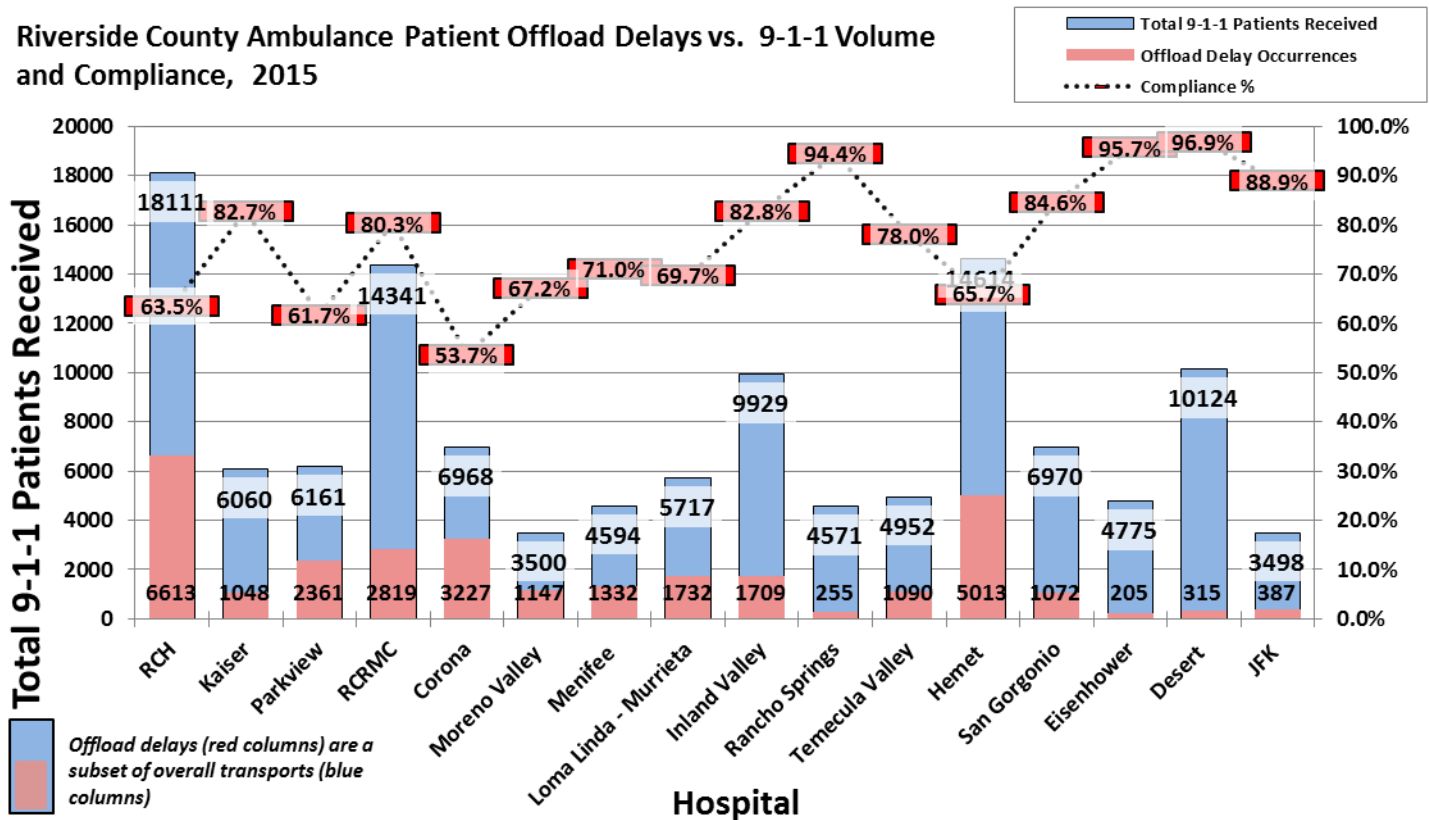
\*\* Compliance % represents the percentage of ALS Ambulance transports not on Offload Delay (data includes only 9-1-1 contractual provider).

### Riverside County Ambulance Patient Offload Delays vs. 9-1-1 Volume and Compliance, 2016 YTD



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

### Riverside County Ambulance Patient Offload Delays vs. 9-1-1 Volume and Compliance, 2015



**Ambulance Patient Offload Delays by Month:  
Offload Delay Time and Occurrences by hospital\* - April through June 2016**

Hospital	Apr '16 Delay Hours	ALS 9-1-1 Trans.	Apr '16 Offload Delays	May '16 Delay Hours	ALS 9-1-1 Trans.	May '16** Offload Delays	Jun '16 Delay Hours	ALS 9-1-1 Trans.	Jun '16 Offload Delays
RCH	116:54:31	1525	328	96:26:59	1623	315	96:31:09	1621	322
Kaiser	44:00:53	516	92	22:03:24	492	69	9:54:17	471	36
Parkview	90:18:42	469	160	71:54:47	523	133	54:20:54	527	119
RCRMC	87:42:13	1294	228	78:57:44	1286	199	86:49:51	1353	241
Corona	63:06:00	663	108	57:42:34	636	90	49:51:52	608	108
Moreno Val.	74:58:06	364	133	43:19:31	322	83	85:10:02	349	134
Menifee	34:36:26	426	77	36:16:41	396	58	28:02:46	375	58
LLUMC –Murrieta	137:47:48	528	200	71:19:35	455	129	66:28:11	480	136
Inland Valley	95:57:20	864	152	89:19:58	834	141	74:10:48	863	133
Rancho Spgs.	12:12:03	440	41	9:55:45	387	26	12:47:40	404	38
Temecula Val.	26:34:53	482	87	26:56:48	492	81	19:26:44	474	76
Hemet	253:12:42	1260	472	212:35:43	1325	427	214:16:34	1253	429
San Gorgonio	34:23:14	641	106	28:36:14	596	71	48:15:05	617	112
Eisenhower	0:47:50	360	11	2:20:23	327	10	0:44:56	308	6
Desert	12:28:10	984	49	14:42:51	974	67	8:56:18	952	52
JFK	7:55:44	443	36	3:50:37	352	18	8:34:12	316	25
<b>Totals</b>	<b>1092:56:35</b>	<b>11,259</b>	<b>3,225</b>	<b>866:19:34</b>	<b>11,020</b>	<b>1,917</b>	<b>864:21:19</b>	<b>10,971</b>	<b>2,025</b>

\*Monthly Delay Time does not include the first 30 minutes of each Offload Delay occurrence.

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

Data for this report was provided by American Medical Response (AMR) to the Riverside County EMS Agency for review and analysis. The data represents only AMR 9-1-1 ALS resources and does not include any other ambulance companies or BLS-level service.