



# Ambulance Patient Offload Time November 2018

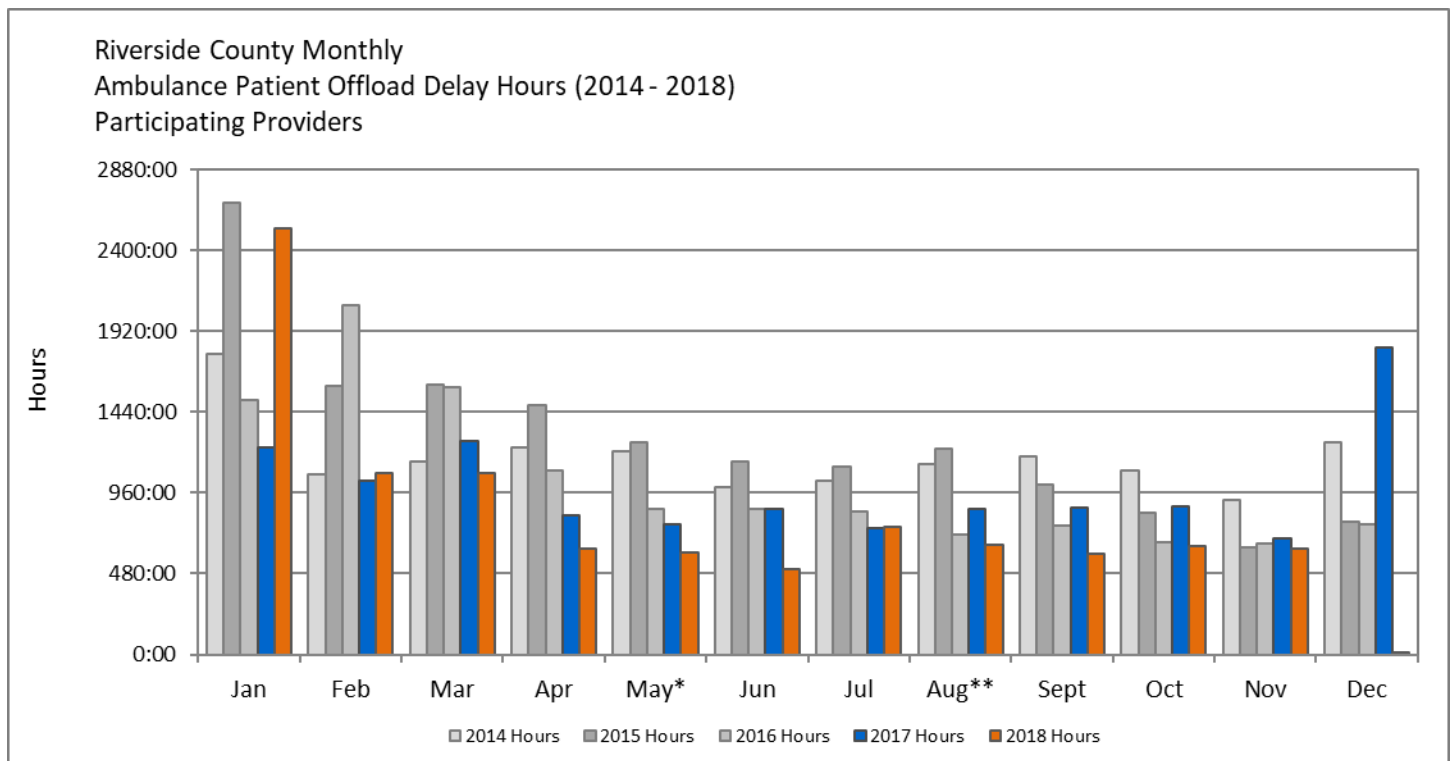
*Monthly  
Report*

# RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD TIME

The data provided illustrates total ambulance patient offload delay time (hh:mm) by month for 2014 through November 2018 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. **As of August 2017, data represented includes all participating providers (previously AMR only).**

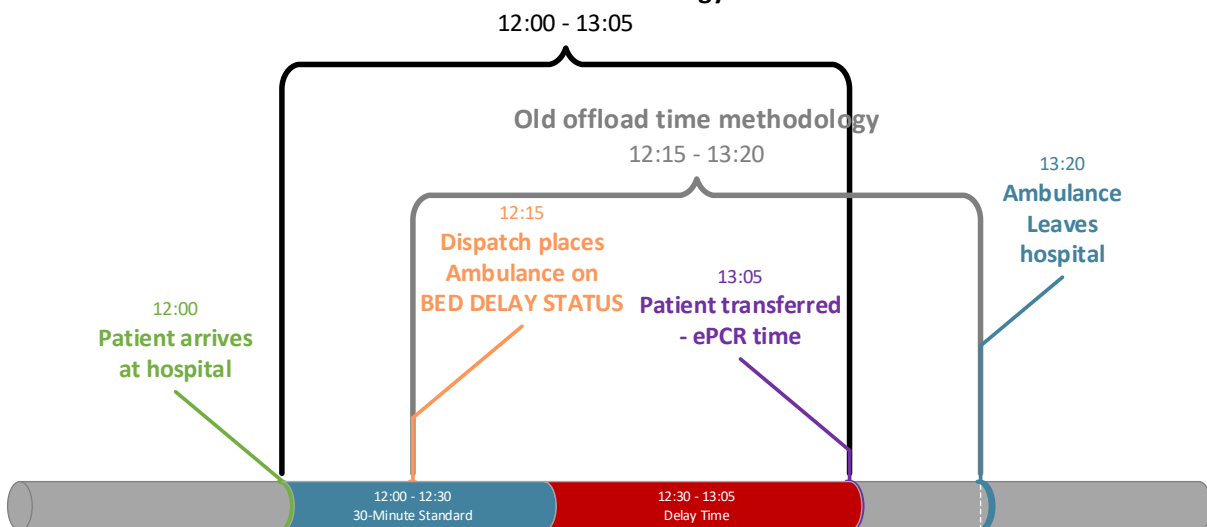
This chart represents the difference in the old vs. current by displaying the former time measurement/methodology in grayscale. The difference in methodology is illustrated in the timeline below.



\*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.

## Offload time methodology



## AMBULANCE PATIENT OFFLOAD TIME BY HOSPITAL

November 2018 APOT by Hospital						
Hospital	Total ALS Transports	APOT	APOD Hours	APODs	APOD Compliance	APOT-1*
Corona Regional Med Ctr	643	253:01:11	53:53:34	152	76.4%	0:47:45
Desert Regional Med Ctr	1,067	245:48:28	12:35:08	48	95.5%	0:23:41
Eisenhower Health	1,315	217:15:26	3:51:40	18	98.6%	0:17:02
Hemet Valley Hospital	1,296	568:18:36	126:54:08	414	68.1%	0:50:22
Inland Valley Med Ctr	849	220:29:36	19:18:00	76	91.0%	0:29:30
JFK Hospital	465	65:09:52	0:07:24	3	99.4%	0:15:25
Kaiser Hospital Riverside	506	139:33:44	7:33:21	41	91.9%	0:28:25
Loma Linda Univ Med Ctr Mur	592	329:43:24	106:34:11	244	58.8%	1:07:00
Menifee Med Ctr	273	84:06:35	10:17:02	35	87.2%	0:32:15
Moreno Valley Hospital	327	89:45:18	8:47:40	29	91.1%	0:29:37
Palo Verde Hospital	152	11:14:25	0:00:00	0	100.0%	0:09:00
Parkview Community Hospital	464	172:52:50	30:57:51	86	81.5%	0:42:20
Rancho Springs Med Ctr	444	114:25:47	6:48:28	35	92.1%	0:27:29
Riverside Community Hospital	1,468	758:13:04	185:06:43	618	57.9%	0:55:26
Riverside University Health System	1,232	441:45:39	45:08:19	221	82.1%	0:36:29
San Geronio Mem Hospital	561	153:45:26	4:04:59	39	93.0%	0:27:04
Temecula Valley Hospital	486	144:19:24	8:05:44	57	88.3%	0:31:21
<b>Totals</b>	<b>12,140</b>	<b>4009:48:45</b>	<b>630:04:12</b>	<b>2,116</b>	<b>82.6%</b>	<b>0:38:34</b>

APOD hours do not include the first 30 minutes of each offload delay occurrence.

2018 Year-to-Date						
Hospital	Total ALS Transports	APOT	APOD Hours	APODs	APOD Compliance	APOT-1*
Corona Regional Med Ctr	7,988	3868:01:18	1184:54:01	2,430	69.6%	0:58:32
Desert Regional Med Ctr	11,879	2923:53:07	238:26:10	812	93.2%	0:25:46
Eisenhower Health	13,775	2467:19:23	37:40:06	240	98.3%	0:19:03
Hemet Valley Hospital	14,624	7020:17:10	1742:42:32	5,575	61.9%	0:53:00
Inland Valley Med Ctr	9,502	2918:37:48	439:00:20	1,360	85.7%	0:36:00
JFK Hospital	6,048	870:04:29	12:29:39	74	98.8%	0:16:53
Kaiser Hospital Riverside	5,736	1907:17:52	270:15:44	891	84.5%	0:36:08
Loma Linda Univ Med Ctr Mur	6,669	3284:15:22	1033:41:55	2,041	69.4%	0:58:26
Menifee Med Ctr	3,641	1407:07:19	364:10:41	739	79.7%	0:45:59
Moreno Valley Hospital	3,560	1266:44:02	255:28:25	660	81.5%	0:42:02
Palo Verde Hospital	1,748	150:50:34	11:59:52	34	98.1%	0:12:15
Parkview Community Hospital	5,148	2241:06:08	598:03:59	1,233	76.0%	0:48:39
Rancho Springs Med Ctr	4,853	1358:07:48	166:39:29	469	90.3%	0:29:45
Riverside Community Hospital	17,030	8979:55:13	2389:06:55	7,148	58.0%	0:56:03
Riverside University Health System	13,602	5038:13:13	615:52:38	2,795	79.5%	0:38:53
San Geronio Mem Hospital	6,314	1794:16:19	144:33:20	682	89.2%	0:30:59
Temecula Valley Hospital	5,817	1853:53:10	193:51:20	856	85.3%	0:34:52
<b>Totals</b>	<b>137,934</b>	<b>49350:00:15</b>	<b>9698:57:06</b>	<b>28,039</b>	<b>79.7%</b>	<b>0:42:01</b>

\*APOT-1 is the offload time represented at the 90<sup>th</sup> percentile. See page 6 of this report for complete definitions.

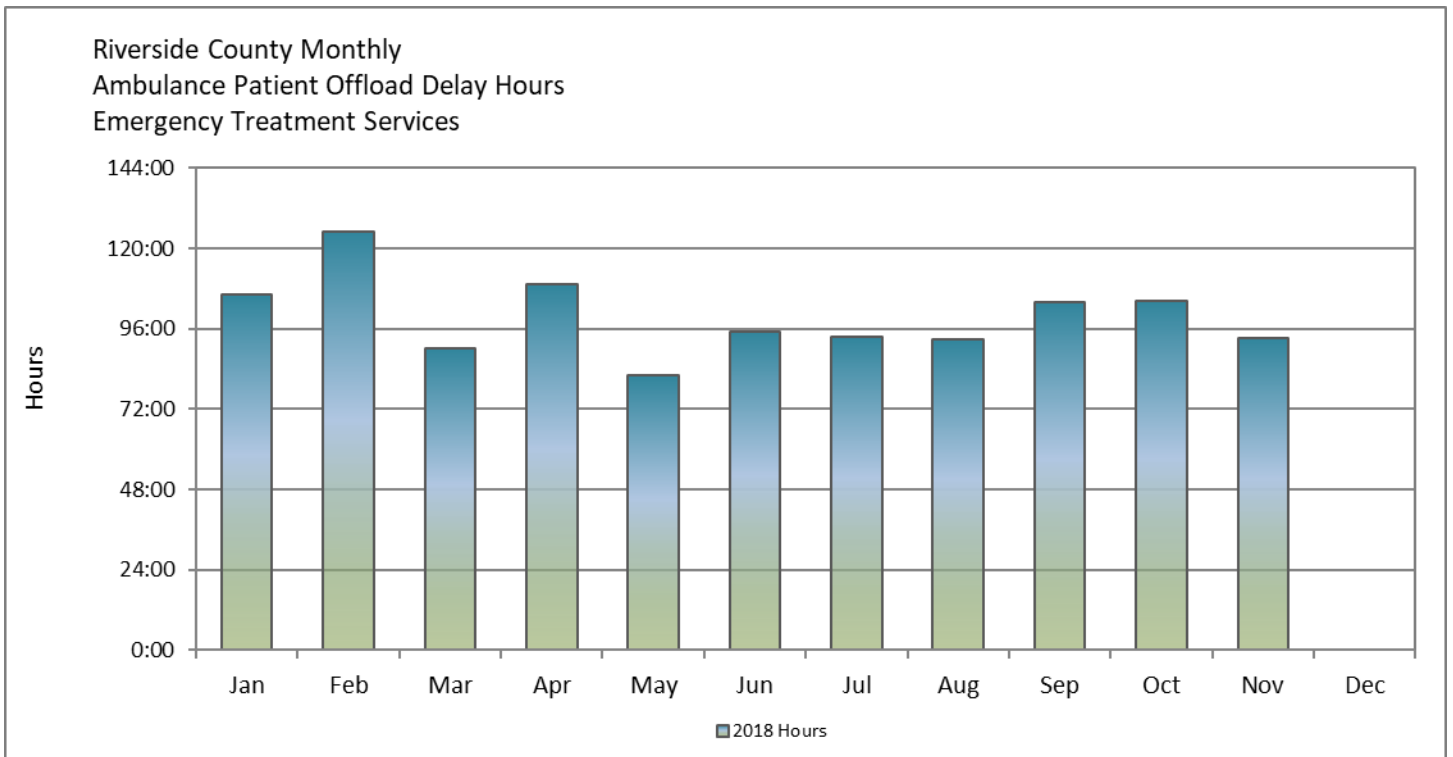
Key: High Low/Best

## EMERGENCY TREATMENT SERVICES

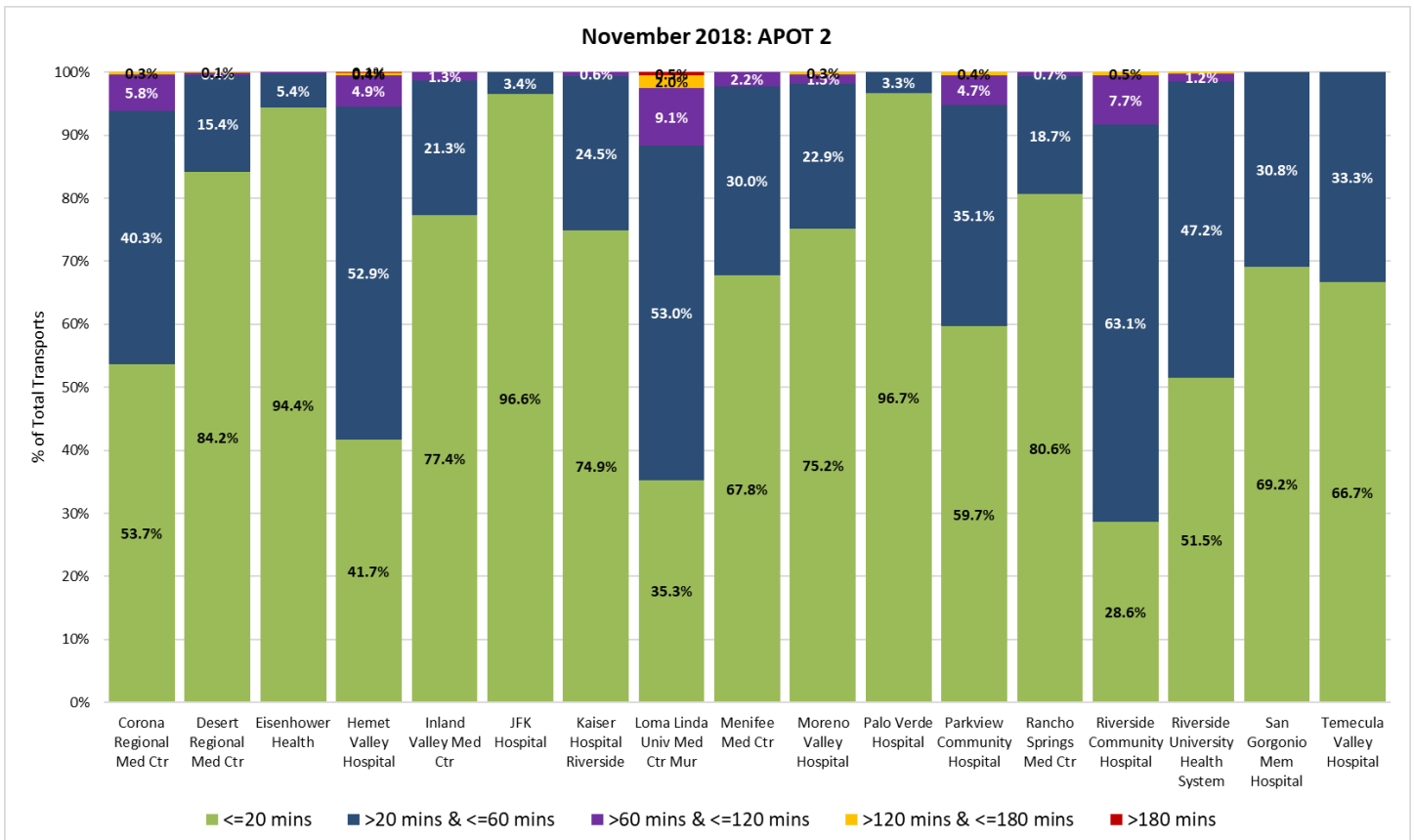
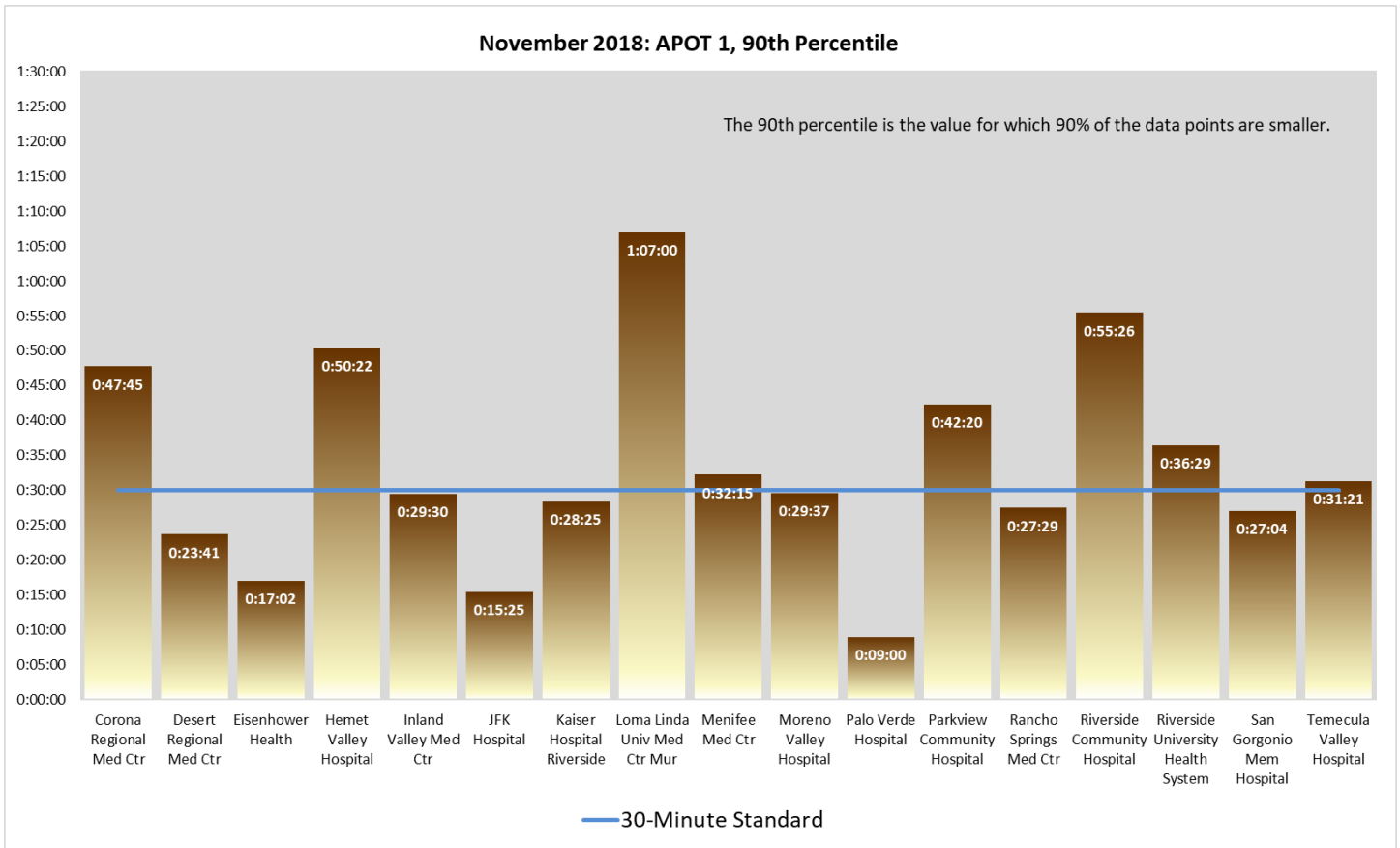
The following table includes all transports during November 2018 to Emergency Treatment Services (ETS). Since transports to ETS do not meet the EMSA definitions for APOT (see page 6 of this report), they are not being included with the APOT aggregates. Comprising over 3% of overall transports in 2018, the number of transports to ETS is significant enough to impact the EMS system and, therefore, warrants reporting.

November 2018 ETS						
Destination	ETS Transports	Total Offload Time	APOD Hours	APODs	APOD Compliance	90th Percentile
Emergency Treatment Services	464	285:10:25	93:03:30	238	48.7%	1:10:47
<b>Grand Total</b>	<b>464</b>	<b>285:10:25</b>	<b>93:03:30</b>	<b>238</b>	<b>48.7%</b>	<b>1:10:47</b>

ETS 2018 Year-to-Date						
Destination	ETS Transports	Total Offload Time	APOD Hours	APODs	APOD Compliance	90th Percentile
Emergency Treatment Services	4,992	3222:33:35	1095:28:12	2,779	44.3%	1:09:16
<b>Grand Total</b>	<b>4,992</b>	<b>3222:33:35</b>	<b>1095:28:12</b>	<b>2,779</b>	<b>44.3%</b>	<b>1:09:16</b>



# AMBULANCE PATIENT OFFLOAD TIME BY HOSPITAL (CONT'D)



# 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.<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>