# *Ambulance Patient Offload Time Special Seasonal Report*

***2025-26 Seasonal Report***

RIVERSIDE COUNTY EMS AGENCY

## Week 16 (04/19/26 – 04/25/26)

| Riverside County EMS System Status<br>**Week 16 Summary** | | |
|---|---|---|
| **9-1-1 Responses** | ↔ | **5,611** 9-1-1 responses —0.5% **DECREASE** from the previous week - Pg 3 |
| **9-1-1 Transports within Riverside County** | ↓ | **3,784** 9-1-1 transports — 1.1% **DECREASE** from the previous week - Pg 3 |
| **Ambulance Patient Offload Delay (APOD)** | ↑ | **791** Ambulance Patient Offload Delays — 7.9% **INCREASE** from the previous week - Pg 3 |
| **APOD Hours** | ↑ | **381.7** Ambulance Patient Offload delay hours –4.2% **INCREASE** from the previous week - Pg 4 |
| **APOD Compliance** | ↓ | **79.1%** APOD Compliance —2.2% **DECREASE** from the previous week - Pg 2 |
| **Ambulance Patient Offload Time (APOT) >90 min** | ↔ | **114** transports with APOT >90 min — SAME AS from the previous week - Pg 5 |
| **Emergency Treatment Services** | ↓ | **76** ETS transports —6% **DECREASE** from the previous week –96% **OFFLOAD < 30 min** - Pg 6 |
| **ILI-Related Responses** | ↓ | **Influenza-related illness (ILI) BELOW 2 Standard Deviations from BASELINE** -Pg 8 |
| **Heat-Related Responses** | ↑ | **5 Heat-related responses in Riverside County- Pg 10** |

This report and all published County EMS system reports can be found at:
http://www.rivcoready.org/remsa/data-and-reports/current-reports

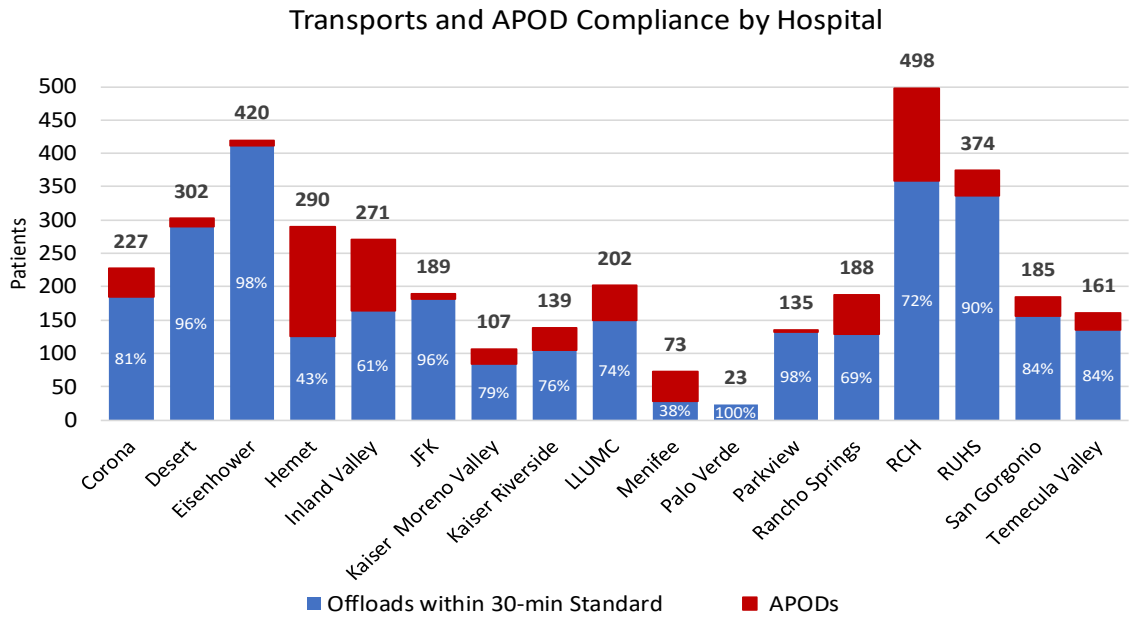
Prepared by Riverside County EMS Agency – April 30, 2026

# RIVERSIDE COUNTY EMS SYSTEM - SPECIAL SEASONAL REPORT

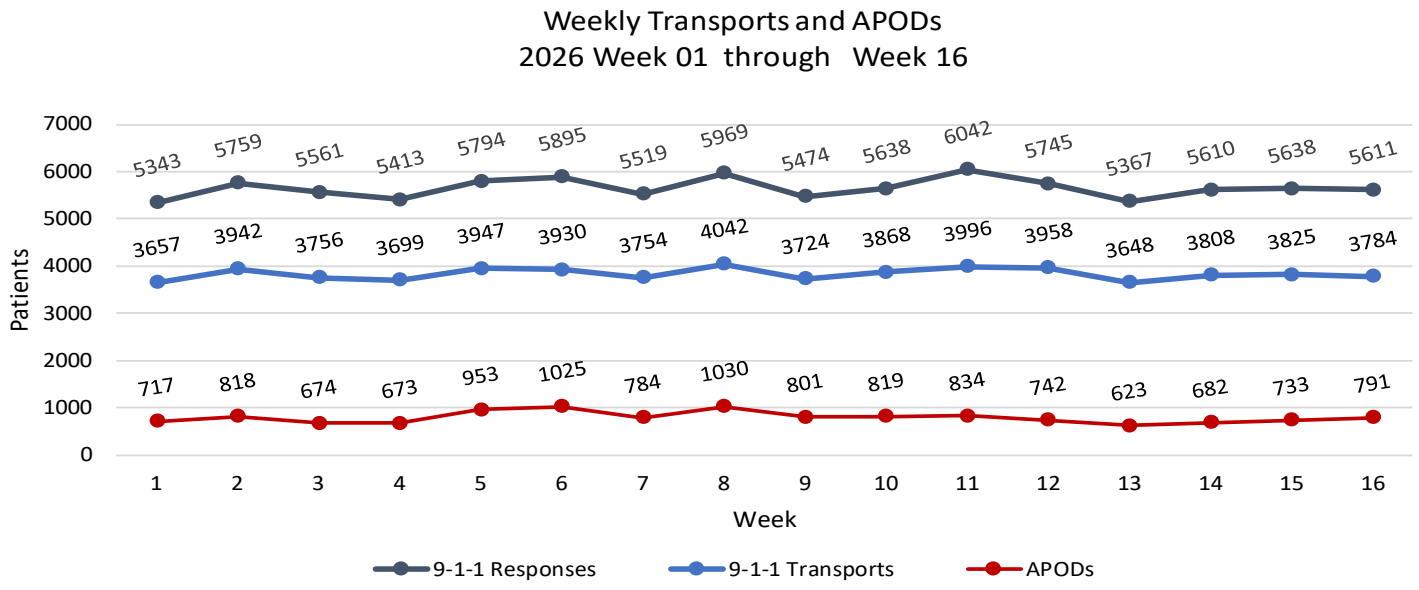
In an effort to monitor Ambulance Patient Offload Time (APOT) and influencing factors such as seasonal surge, Riverside County EMS Agency is publishing weekly reports. The following graphs and charts represent weekly aggregates of 9-1-1 Responses, Transports, and Ambulance Patient Offload Delays (APOD) across Riverside County. *(For more details on methods and definitions, reference the end of this report)*

## TRANSPORT & AMBULANCE PATIENT OFFLOAD TIME BY HOSPITAL

| 2026 WEEK 16 | 911 Transports | APOT | APOD Hours | APODs | APOD Compliance |
|---|---|---|---|---|---|
| Corona Regional Med Ctr | 227 | 81:29:14 | 14:15:49 | 43 | 81.1% |
| Desert Regional Med Ctr | 302 | 72:27:18 | 1:50:04 | 12 | 96.0% |
| Eisenhower Health | 420 | 84:03:42 | 1:09:09 | 8 | 98.1% |
| Hemet Valley Hospital | 290 | 207:30:40 | 77:05:18 | 164 | **43.4%** |
| Inland Valley Med Ctr | 271 | 190:47:59 | 94:16:03 | 107 | **60.5%** |
| JFK Hospital | 189 | 38:25:37 | 3:08:32 | 8 | 95.8% |
| Kaiser Hospital Moreno Valley | 107 | 42:28:20 | 6:42:03 | 23 | 78.5% |
| Kaiser Hospital Riverside | 139 | 60:56:42 | 15:24:47 | 34 | 75.5% |
| Loma Linda Univ Med Ctr Mur | 202 | 104:22:45 | 30:45:22 | 52 | 74.3% |
| Menifee Med Ctr | 73 | 66:00:05 | 32:25:13 | 45 | **38.4%** |
| Palo Verde Hospital | 23 | 2:47:34 | 0:00:00 | 0 | 100.0% |
| Parkview Community Hospital | 135 | 35:51:02 | 0:12:50 | 3 | 97.8% |
| Rancho Springs Med Ctr | 188 | 98:08:52 | 26:33:21 | 59 | **68.6%** |
| Riverside Community Hospital | 498 | 227:26:18 | 56:51:34 | 140 | 71.9% |
| Riverside University Health System | 374 | 119:48:08 | 4:36:48 | 37 | 90.1% |
| San Gorgonio Mem Hospital | 185 | 74:52:05 | 9:40:25 | 30 | 83.8% |
| Temecula Valley Hospital | 161 | 60:51:04 | 6:42:02 | 26 | 83.9% |
| **Totals** | **3,784** | **1568:17:25** | **381:39:20** | **791** | **79.1%** |

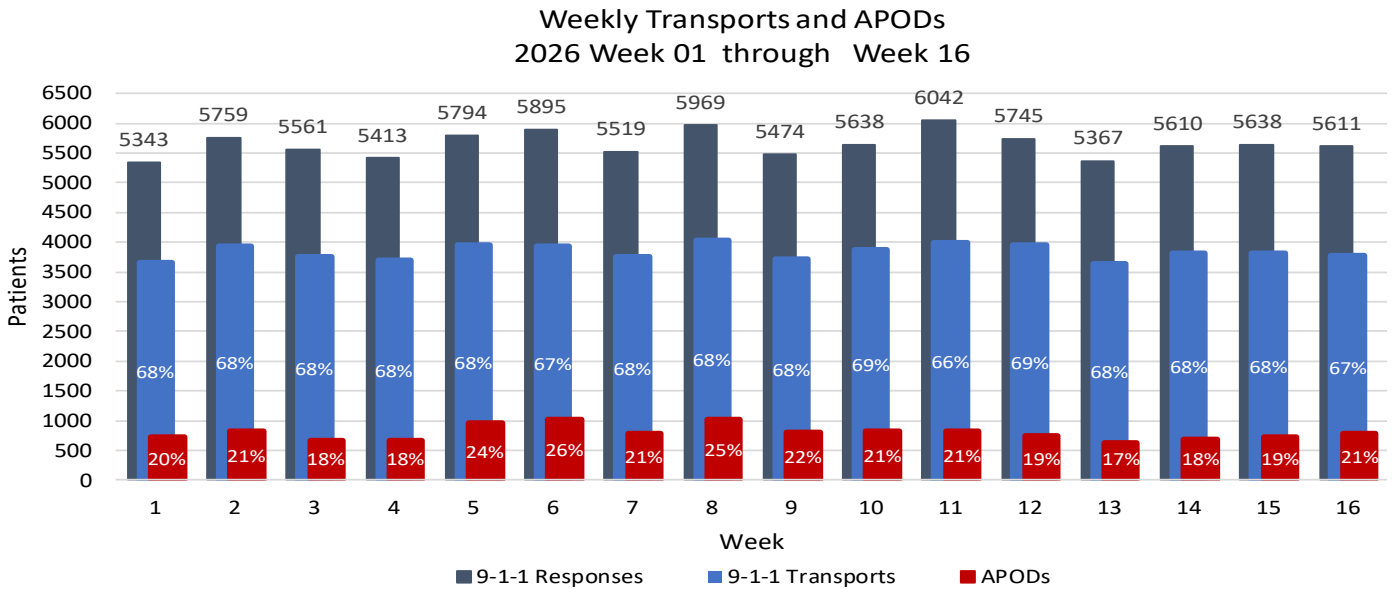


# RESPONSES*, TRANSPORTS**, AND APOD OVER TIME



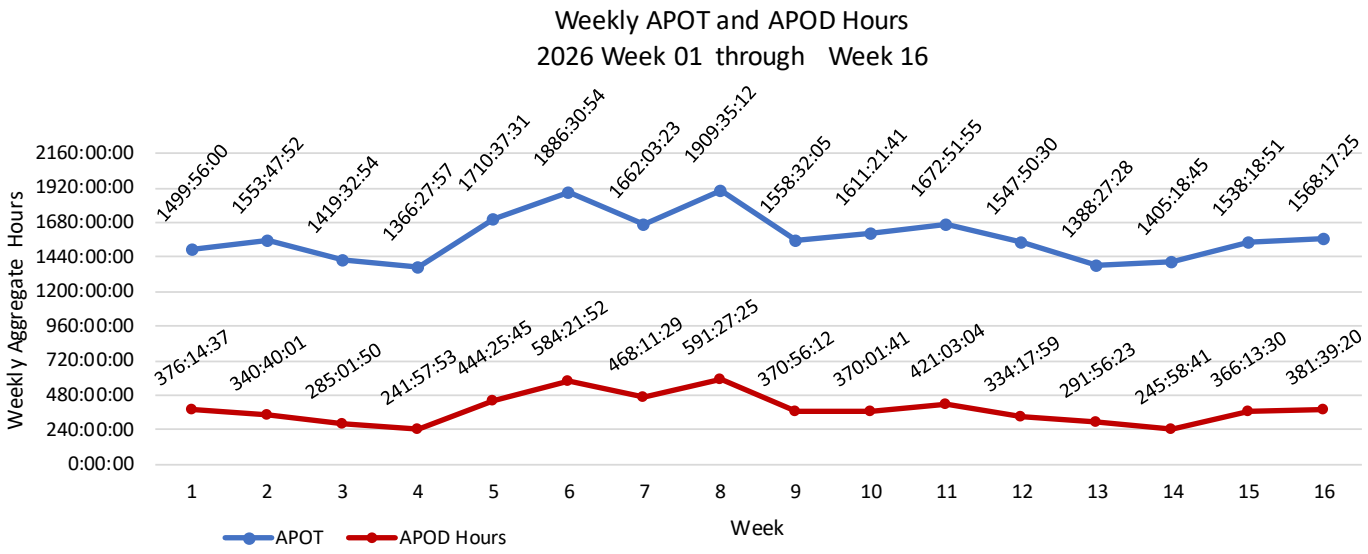

**Response counts include only 9-1-1 ground ambulance responses.*

***Transport counts include only 9-1-1 ambulance transport originating in Riverside County and transported to hospitals within Riverside County. A small number of 9-1-1 transports are dispatched to surrounding county hospitals or enter a Riverside County hospital from surrounding county 9-1-1 systems; those counts are not included in this report.*



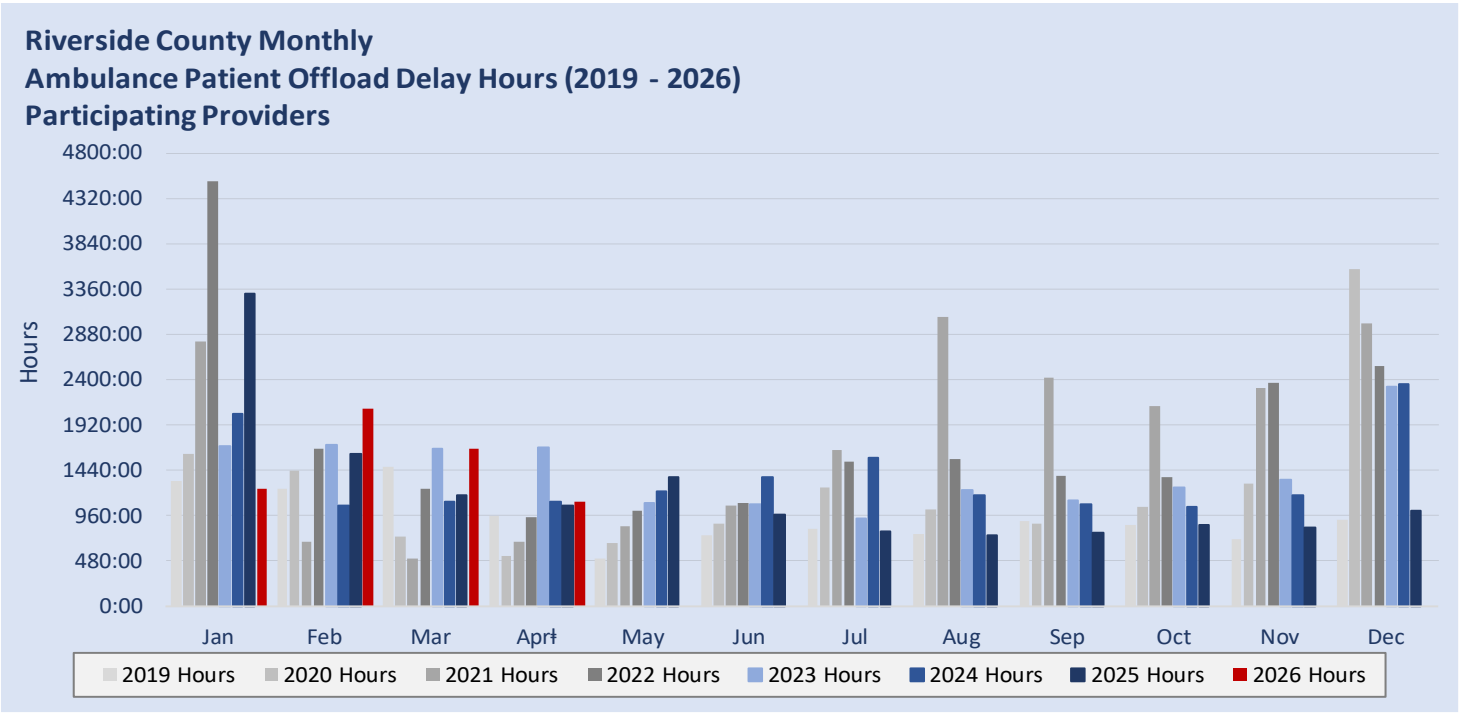

- During Week 16, there were a total of **5,611 emergency ambulance responses** in Riverside County—0.5% DECREASE from the previous week's total of 5,638 responses.
- During Week 16, there were a total of **3,784 emergency ambulance transports** in Riverside County—1.1% DECREASE from the previous week's 3,825 transports.
- During Week 16, there were a total of **791 Ambulance Patient Offload Delays (APODs)** in Riverside County—7.9% INCREASE from the previous week's total of 733 APODs.

The following chart represents weekly aggregate Ambulance Patient Offload Time (APOT) and Delay (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 16, **APOT county-wide totaled 1568.3 hours**—1.9% INCREASE from the previous week's total of 1538.3 hours.
- County-wide **APOD hours for Week 16 totaled 381.7 hours**—4.2%, INCREASE from the previous week's total of 366.2 hours.

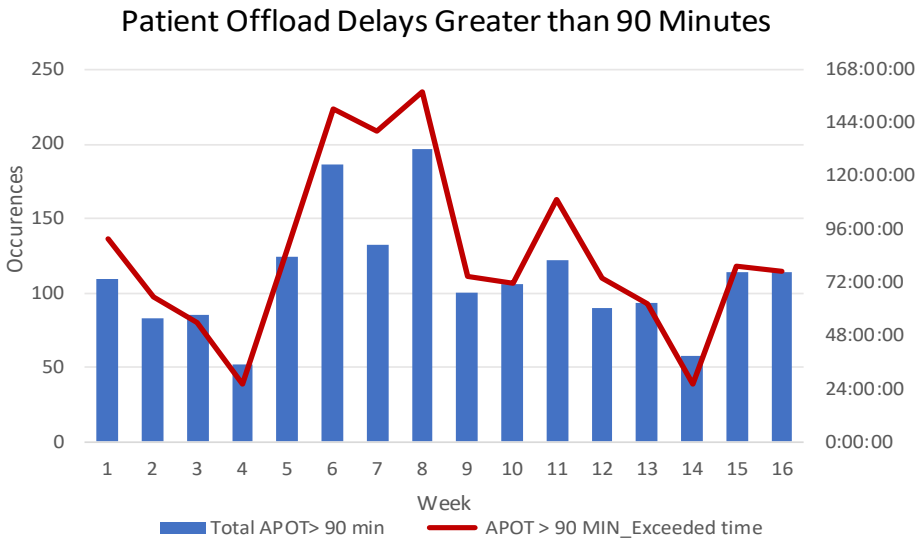
The data provided below illustrates the total APOD time (hh:mm) by month over the last five years. This chart is a summation of offload time delays only and excludes the initial 30-minute period defined as the standard transfer of care time.




***Aprǂ is a partial month***

# 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 occur when there are excessive ambulance delays at hospital emergency departments. Below is the Week 16 countywide breakdown of APOD occurrences where ambulances were documented as held for greater than 90 minutes before transfer of care.




- During Week 16, **114 ambulances were delayed greater than 90 minutes** — SAME AS from the previous week's total of 114.

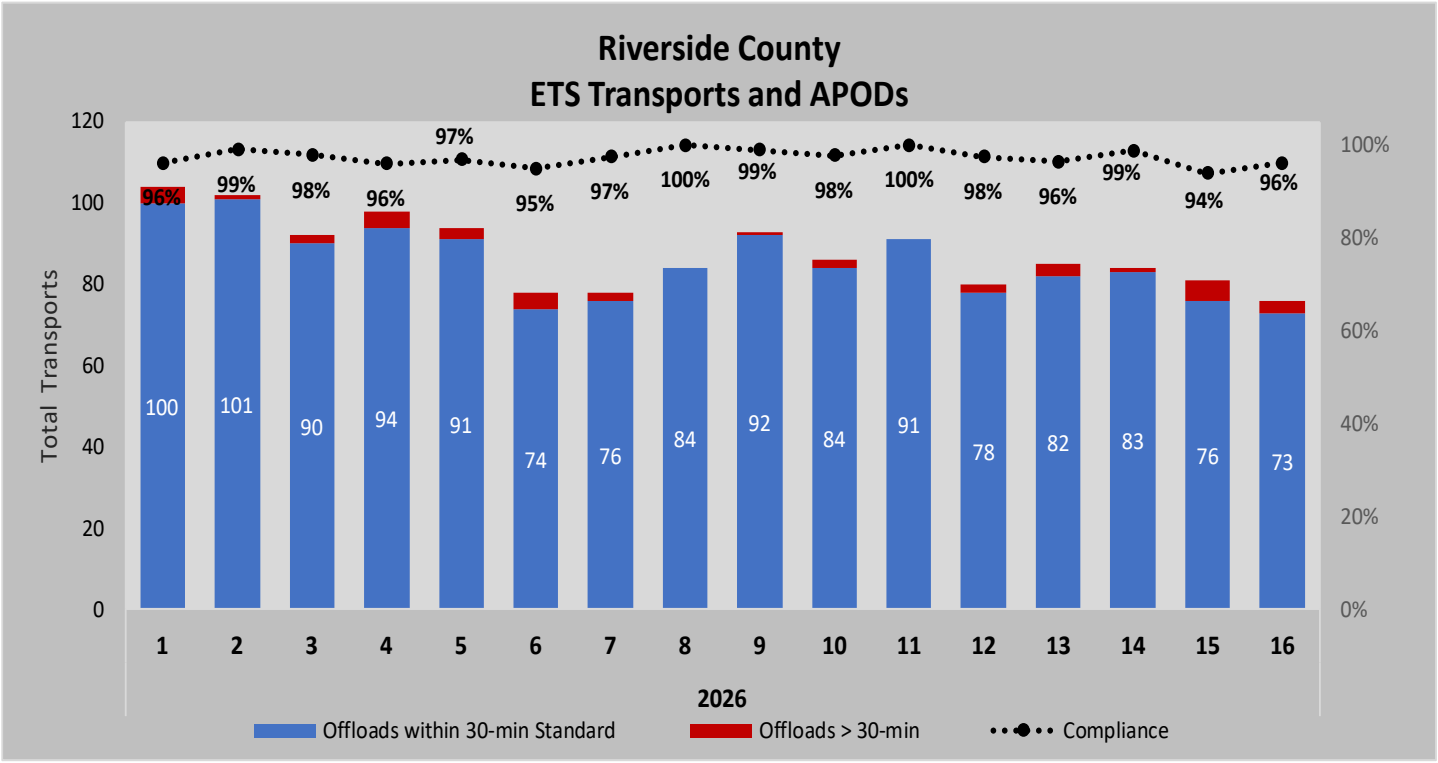
| Facility | Total Time APOT>90 min (HR: MM: S) | Total Incidents APOT>90 min |
|---|---|---|
| Corona Regional Med Ctr | 0:36:02 | 2 |
| Desert Regional Med Ctr | 0:00:00 | 0 |
| Eisenhower Health | 0:00:00 | 0 |
| Hemet Valley Hospital | 14:35:38 | 19 |
| Inland Valley Med Ctr | 29:25:32 | 38 |
| JFK Hospital | 0:00:00 | 0 |
| Kaiser Hospital Moreno Valley | 0:17:01 | 3 |
| Kaiser Hospital Riverside | 1:27:36 | 5 |
| Loma Linda Univ Med Ctr Mur | 10:42:20 | 10 |
| Menifee Med Ctr | 9:22:04 | 12 |
| Palo Verde Hospital | 0:00:00 | 0 |
| Parkview Community Hospital | 0:00:00 | 0 |
| Rancho Springs Med Ctr | 2:19:20 | 8 |
| Riverside Community Hospital | 7:42:38 | 16 |
| Riverside University Health System | 0:00:00 | 0 |
| San Gorgonio Mem Hospital | 0:14:20 | 1 |
| Temecula Valley Hospital | 0:00:00 | 0 |
| **Grand Total** | **76:42:31** | **114** |

# EMERGENCY TREATMENT SERVICES

Transport to Emergency Treatment Services (ETS) comprises over 3% of overall transport. This is significant enough to impact the EMS system and, therefore, warrant reporting. However, transport to ETS does not meet the EMSA definitions for APOT (see page 10); therefore, they are not included with the previous APOT aggregates.

| ETS Snapshot- 2026 Week 16 | | | | | |
|---|---|---|---|---|---|
| | Transports to ETS | Total Offload Time | APOD Hours HH:MM:SS | Offload >30min | Compliance |
| **Emergency Treatment Services** | 76 | 21:11:03 | 0:12:56 | 3 | 96.1% |

The chart below represents Riverside County's total number of *ETS ambulance transports, patient offload delay (APOD), and percentage compliance* for the current week and a rolling 15 weeks prior.

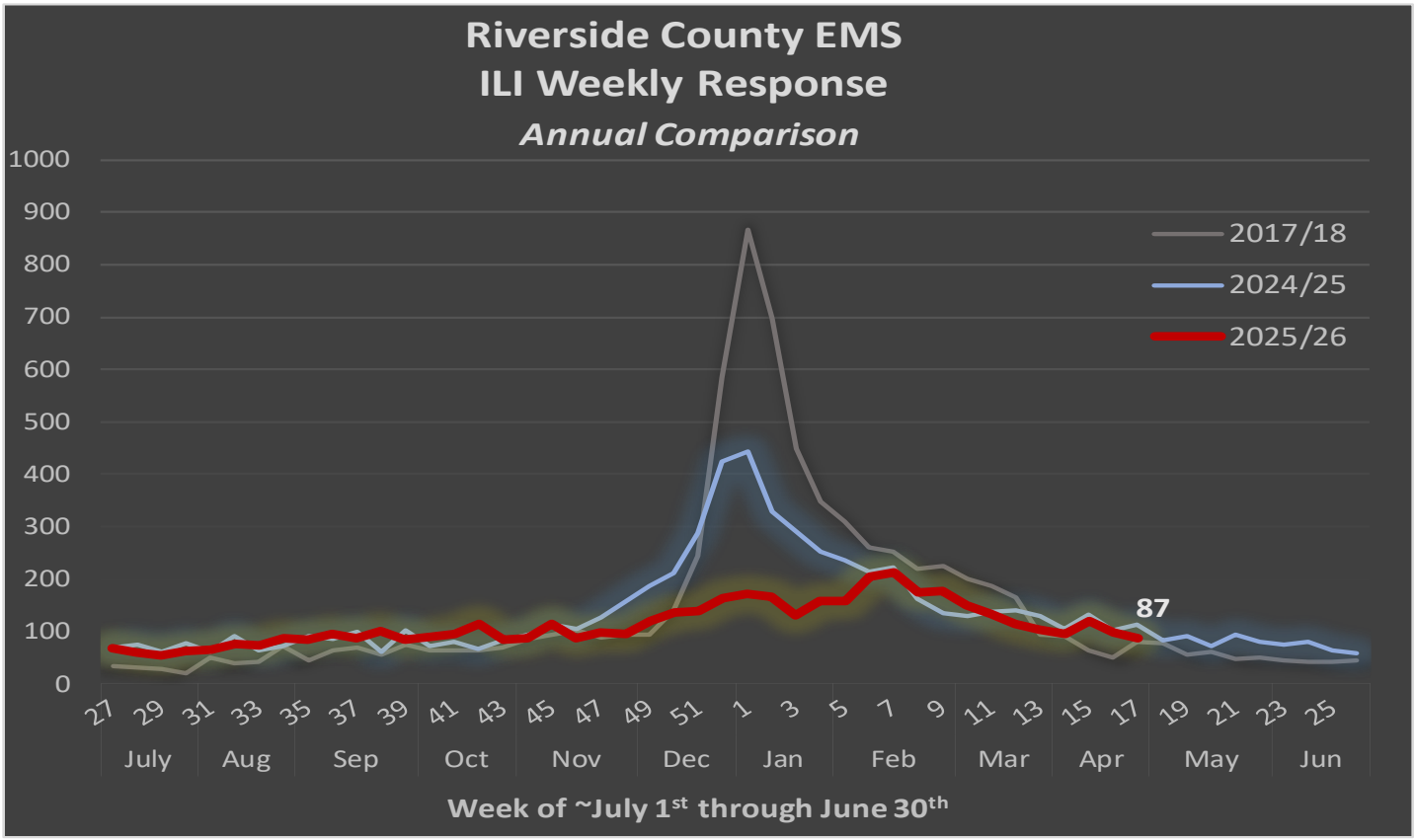



- During Week 16, there was a total of **76 transports to ETS** –6% DE**CREASE from** the previous week.
- During Week 16, **96% resulted in offload < 30 minutes.**

# ILI - INFLUENZA-LIKE ILLNESS RESPONSE

While influenza is detected year-round, it occurs most commonly during fall and winter seasons. Increases in influenza-like-illness (ILI) generally begin in October and peak between December and February. *(For more information see https://www.cdc.gov/flu/about/season.html).*

Hospital Emergency Departments (EDs) generally experience an increase in volume during flu season which, in turn, can impact Ambulance Patient Offload Time and Delays (APOT/APOD). During the 2017/18 flu season, Riverside County experienced a significant surge related to Influenza-like Illness responses which temporarily but significantly impacted availability of 911 medical services throughout the County. The purpose of the Riverside County EMS system ILI 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.

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

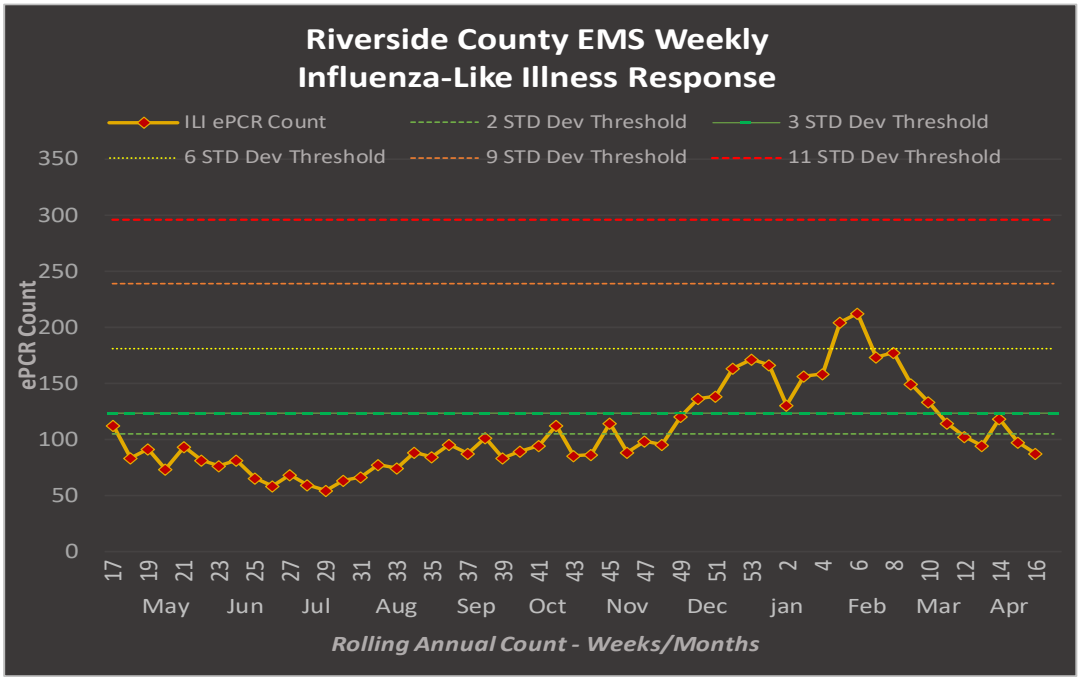
1. Filters primary or secondary impression of "Cold/Flu Symptom" (current NEMSIS/ICD-10 value = J00) **AND**
2. Responses involved only with Transporting units (current NEMSIS value = eResponse.14) **AND**
3. Response type of service requested (current NEMSIS value =eReponse.05) as **9-1-1 Response**

**ILI methodology modified in 2024/25 season to optimize ILI detection using EMS provider impression and documentation only, further reducing false positive rates.*

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

The threshold values listed in the graph below are based on averages across previous years' non-peak flu seasons (averages across weeks 13-38 for the following years: 2019, 2022-2024; 2020 and 2021 are removed due to unusual ILI patterns observed during the Covid-19 pandemic).

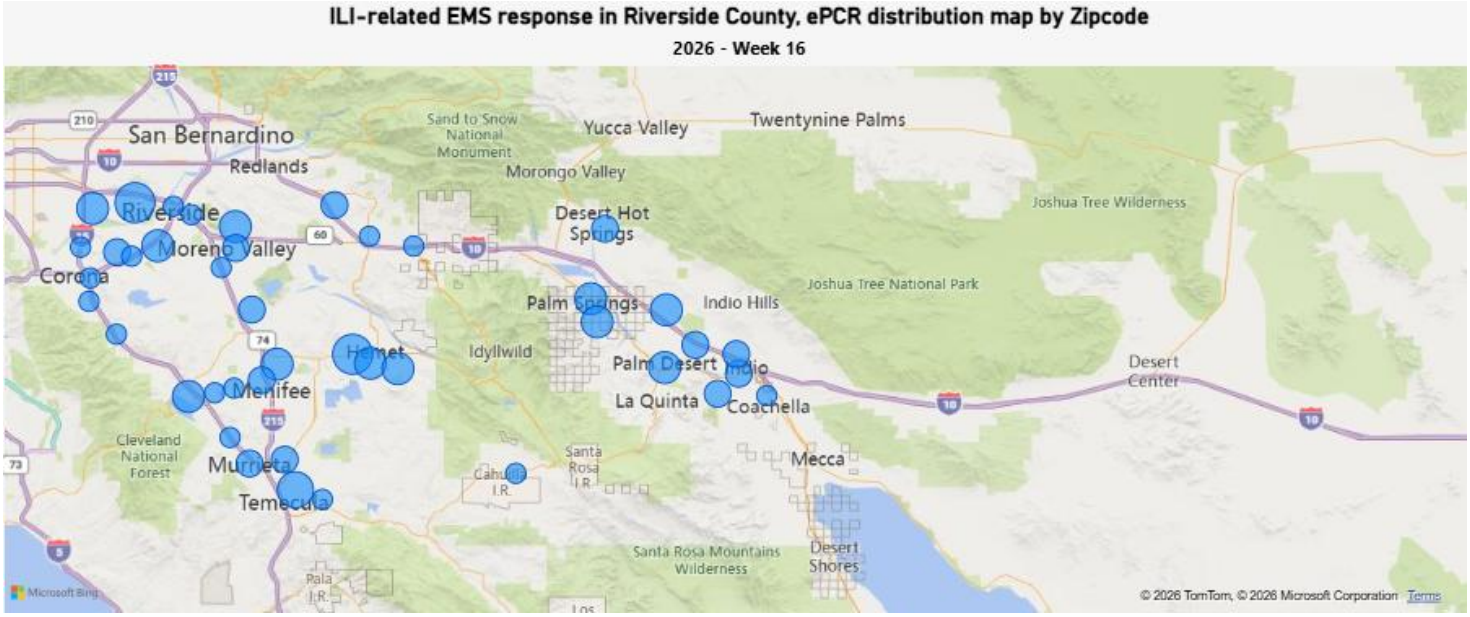
EMS ILI response three standard deviations above the calculated baseline average during non-peak flu seasons is recognized as the first level of increase in flu activity. Surges are identified when actual volume surpasses those thresholds and are defined as color levels adapted from the *CDPH Standards and Guidelines for Healthcare Surge During Emergencies* (actual response status for the EMS system may differ):




| PUBLIC HEALTH AND MEDICAL SYSTEM STATUS | |
|---|---|
| Green | The Public Health and Medical System is in a usual day-to-day status. Situation resolved; no assistance required. |
| Yellow | The Public Health and Medical System is managing the incident using local resources. No assistance required. |
| Orange | The Public Health and Medical System may require assistance from within the local jurisdiction/operational area. |
| Red | The Public Health and Medical System may require assistance from outside of the local jurisdiction/operational area. |
| Black | The Public Health and Medical System may require significant assistance from outside of the local jurisdiction/operational area. |
| Gray | Status Unknown |

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

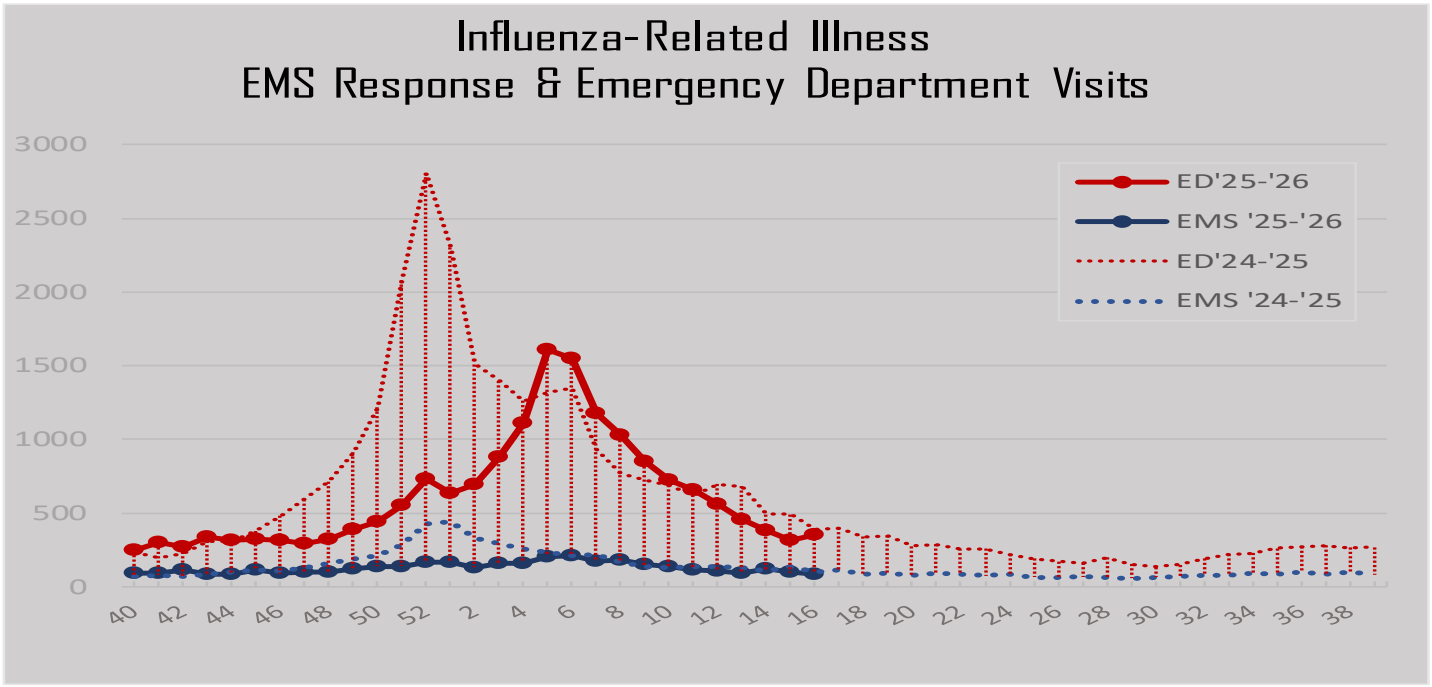
**During Week 16, EMS ILI response is BELOW the TWO (2) standard deviation threshold compared to ILI activity during non-peak flu season levels (weeks 13-38).**

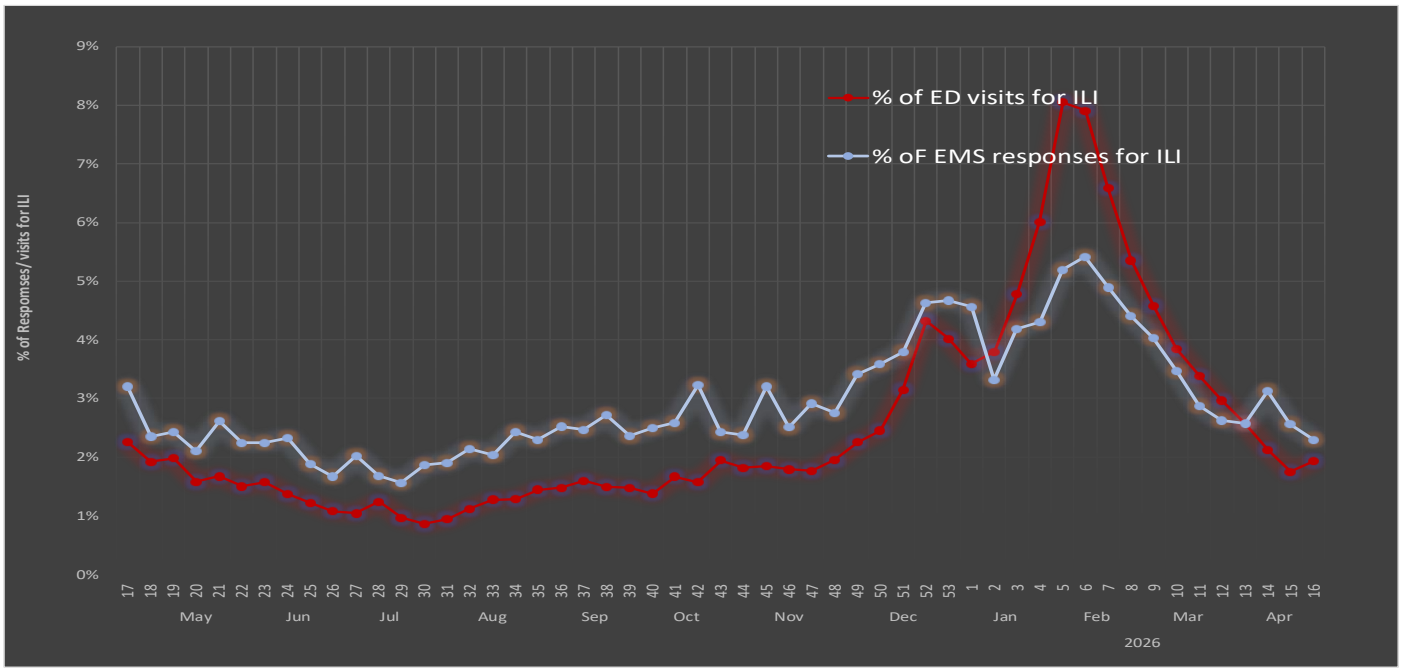



*ILI-related EMS response in Riverside County, ePCR distribution map: Week 16*

# 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). Sixteen 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.



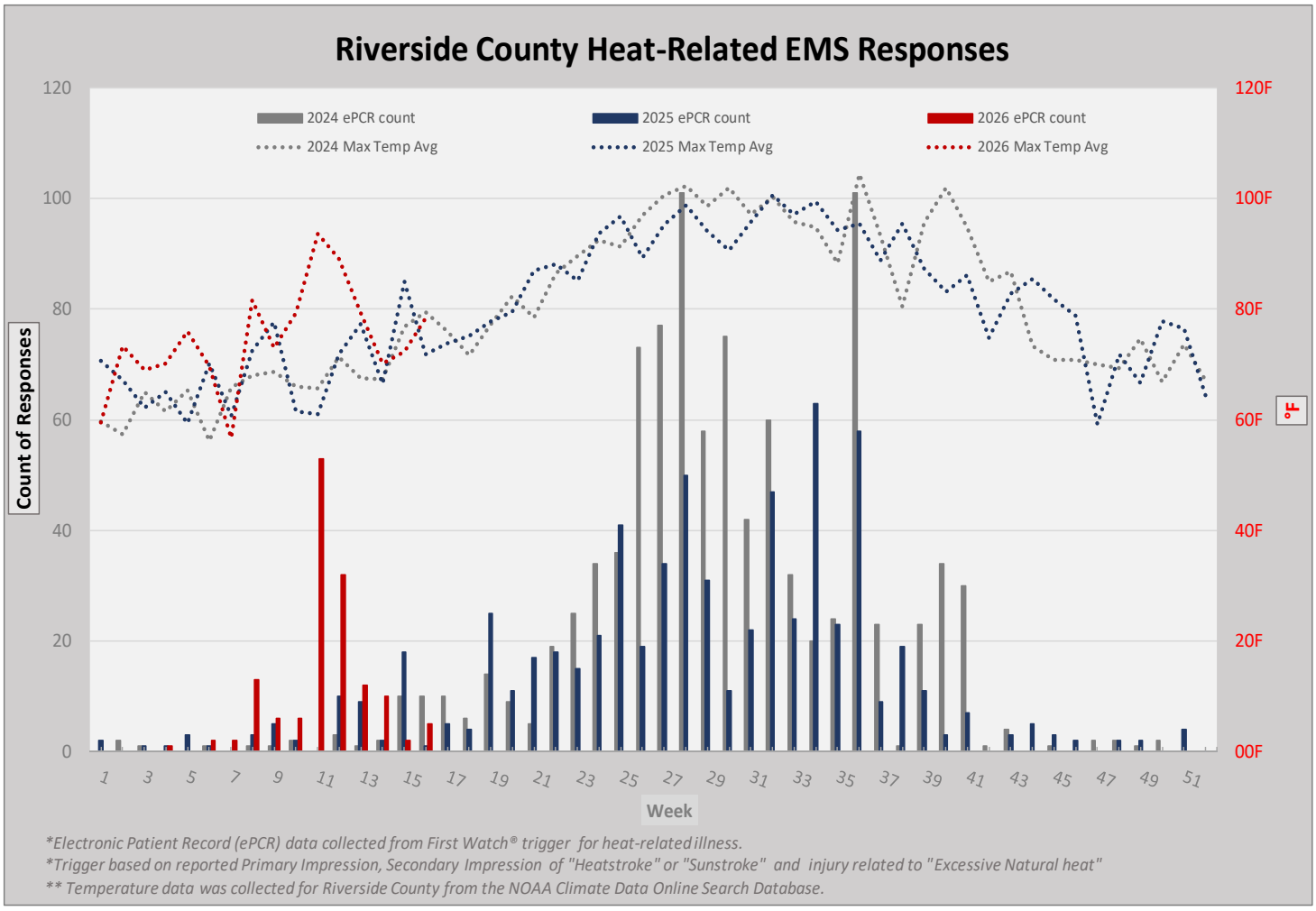

**EMS ILI responses and ED ILI visits as a percentage of their respective total volume** – adapted from CDC methodology.
*Note: EMS percent calculation is based on ambulance transport provider calls only to better represent patient count. Fire Response Units arriving on scene generate separate patient records.*

*For Riverside County Public Health Department Influenza Reporting, see [https://www.rivco-diseasecontrol.org/](https://www.rivco-diseasecontrol.org/)*

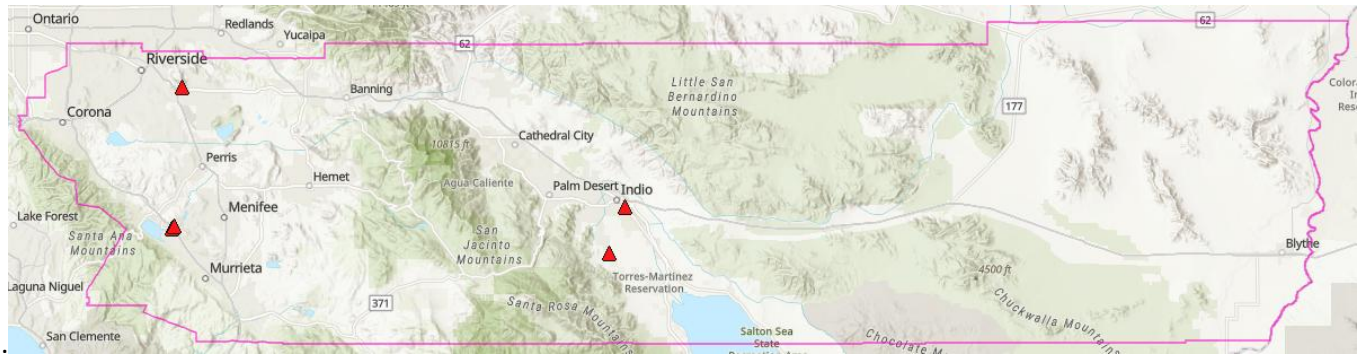
# HEAT-RELATED RESPONSE

Excessive heat exposure kills more people than any other weather-related phenomenon, aggravates chronic diseases, and causes direct heat illness[7,8,9,10]. Relationships between extreme heat and health can be identified through increased hospitalizations, emergency department visits, and demand for emergency medical services (EMS).

The graph below illustrates total EMS heat-related responses by week from 2020 through the current Week 41 and compares them against maximum temperature averages across Riverside County for the same week. Climate data is obtained from the National Climate Data Center, National Oceanic and Atmospheric Administration - NOAA.




*Electronic Patient Record (ePCR) data collected from First Watch® trigger for heat-related illness.
*Trigger based on reported Primary Impression, Secondary Impression of "Heatstroke" or "Sunstroke" and injury related to "Excessive Natural heat"
** Temperature data was collected for Riverside County from the NOAA Climate Data Online Search Database.




*Heat-related EMS response in Riverside County, ePCR distribution map: Week 16*

# APOT AND APOD DEFINITIONS

*9-1-1 Ambulance Response*

For the purpose of reporting valid, unduplicated response counts, only ground transport units responding to 9-1-1 incidents are included in this report. This excludes records from First Responder Fire Agencies arriving on scene with transport agencies as part of Riverside County's 9-1-1 dual medical response system. It also excludes non-emergency interfacility or other transport types (i.e., air ambulance) where a 30-minute time standard would not apply.

*Ambulance Patient Offload Time (APOT)*

The time interval between the arrival of a 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.[1] 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.[2] REMSA obtains both times from the Electronic Patient Care Report (ePCR).

*Ambulance Patient Offload Delay (APOD)*

Any delay in ambulance patient offload time (APOT) that exceeds the local ambulance patient offload time standard (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 offload from the ambulance gurney exceeds the 30-minute standard, it will be documented and tracked as "APOD".[4] *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*

Expressed as the percentage of the total transports NOT resulting in >30-minute offload delays (APOD).

*Emergency Treatment Services (ETS) & APOD Compliance*

The 30-minute offload standard has been applied to transport to ETS, but approximately three-quarters of these transports are interfacility (IFT) rather than direct 9-1-1 transports. Because the 30-minute standard does not apply to IFTs under REMSA Policy 4109, this metric is separated and distinct from the hospital ED-related APOD metrics.

*Additional Data Definitions*

The data presented in this report has been collected from electronic patient care reports (ePCRs) through FirstWatch® and becomes available after the provider has completed the records. Consequently, there is a natural delay in the availability of these records. Due to this delay, later reports may show slightly different aggregate numbers compared to earlier reports for the same reporting period. However, these differences are generally insignificant, averaging less than 0.1%, and do not affect overall compliance.

Occasionally, the electronic reporting system may encounter errors in counts for various reasons, which are typically identified during regular audits. These errors are infrequent and usually involve only minor discrepancies from the actual counts. If an error is discovered after a report is published, a correction will be made, and the report will be republished.

This report includes all transports to the 17 hospitals monitored by REMSA during the respective week, based on the incident's date and time of origin (eTimes.03—Dispatch Notified Date/Time). For example, if an incident occurs on day 7 of the current reporting week and the patient is later transferred to the emergency department after midnight, which falls on day 1 of the following week, that incident will still be included in the current reporting week.

*For inquiries, please contact Riverside County Emergency Management Department (EMD), EMS Agency Division (951) 358-5029*
*Current report prepared by Sudha Mahesh & Catherine Borna Farrokhi, Riverside County EMD, EMS Agency Division Agency*

[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
[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