DATE: October 26, 2018

TO: Emergency Medical Care Committee

FROM: Laurent Repass, NRP
       Information Systems Chief

SUBJECT: Ambulance Patient Offload Time (APOT) 2017-18 Trend Report

RECOMMENDED ACTION:

Receive information on APOT background and trend report.

DISCUSSION:

In 2015, AB1223 (O’Donnell) was enacted which added sections 1797.120 & 1797.225 to the California Health and Safety Code. This mandated that the Emergency Medical Services Authority (EMSA) develop a statewide methodology for calculating and reporting ambulance patient offload times by a Local Emergency Medical Services Agency (LEMSA).

A statewide standard methodology was based on input received from stakeholders and requires the reporting of the 90th percentile ranking, not the average (mean) or the median. For example, an APOT of 28:42 minutes means that 90% of the time, patients are offloaded in 28:42 minutes or less.

APOT is measured from arrival to the Emergency Department (ED) until patient care is transferred to ED staff. Specifically:

- Arrival means “Ambulance wheels stop” outside of the ED and the time is recorded by computer aided dispatch (CAD).

- Offload time occurs when the patient is off the ambulance gurney and report has been given to receiving hospital personnel. This is recorded manually by the EMS provider.

On a monthly basis, Orange County Emergency Medical Services publishes an APOT Report (http://www.healthdisasteroc.org/ems/system_reports/ems_core_measures) that includes the month and cumulative totals.

Included with this memo is the Orange County Ambulance Patient Offload Time 2017-18 Report which illustrates APOT totals month over month since data was first reported by OCEMS through August 2018.
Orange County Ambulance Patient Offload Time (APOT) 2017-2018

Data by Month (Jan 2017 - Aug 2018)

- 911 Transport Volume
- 90th Percentile APOT
- Mean APOT
- Linear (90th Percentile APOT)
- Linear (Mean APOT)

2017-2018 Influenza Season