



APOT MITIGATION STRATEGIES: QUICKCARE & AEMT

AlphaOne Ambulance Medical Services

CURRENT STRUGGLES



- SCMESA ambulance strike team cost: \$210/Hour wall time – depending on service level: BLS, ALS, or CCT.
- Lost hours and lost revenues must be managed to match wage increases, retain and enhance quality of field employees.
- Legislative oversight is being imposed on increased APOT.

A PERFECT STORM



In late 2019 AlphaOne Ambulance APOT was well above the county average, leadership drafted a plan to reduce lost hours, considering:

- AlphaOne has the highest call volume from elderly care facilities
- Patient Demographic; low acuity patients, unable to be placed into waiting rooms due to pre-existing legal/medical conditions.

COVID 2020:

- Call volume dropped due to fear of contraction
- Hallway beds were pulled from ED's
- QuickCare was a major help while hospitals dealt with low staffing levels

✓ SCEMSA – Approved Training, SOP's and QI plan.

✓ QuickCare was piloted at Methodist Hospital with Mercy General and UCDCM to follow shortly after.

Goal: Turn a 3 -hour wall time into a 1-hour turnaround time.

Guiding “**low** acuity, **high** resource utilization patients” through QuickCare and rapid discharge creating shorter stays in local Emergency Departments & maximizing patient throughput.

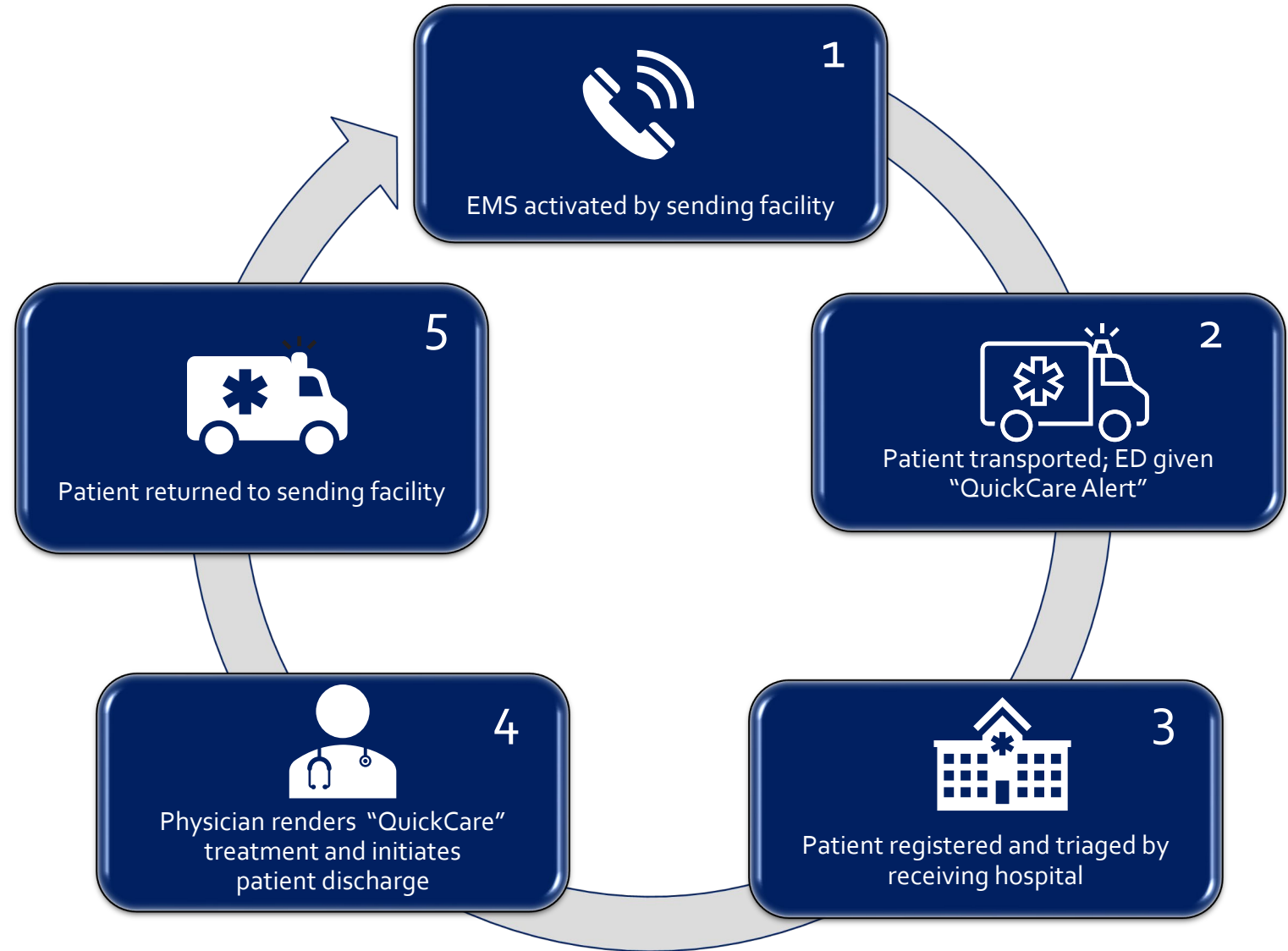


QUICKCARE



Components:

- Internal training of EMS staff
- Coordination with hospitals to receive "QuickCare Alerts"
- Hospital: Designated QuickCare treatment areas
- ED staff education
- Integration of public agencies





Elevate patient outcomes and satisfaction



Increase patient throughput and mitigate APOT



Higher volume for reimbursement



Measure and report quality improvement performance metrics



Enhance EMS resource management



Create local partnerships and relationships

VALUE





ADVANCED EMT



AlphaOne Ambulance is very supportive of the implementation of AEMT's in Sacramento County. It is our short-term goal to provide proof of concept for this role and widen our bandwidth to match increasing call volume long term.

SYSTEM BENEFITS

- Utilizing trained AEMTs to run low acuity ALS IFT call volume
- AEMT will make a great addition to our Critical Care Transport teams, freeing up paramedics to run higher acuity emergency calls.
- Adding AEMT resources to our EMS system can decrease response times and bolster resource allocation evenly throughout the county.

Scope of Practice

Advanced Emergency Medical Technician Training Program – SCEMSA Policy - 4511.06

- a) Perform pulmonary ventilation by use of a supraglottic airway adjunct.
- b) Perform tracheo-bronchial suctioning of an intubated patient.
- c) Institute intravenous (IV) catheters, saline locks, needles or other cannulae (IV) lines, in peripheral veins. 4511.06-Page 6 of 9
- d) Administer the following intravenously:
 - Glucose Solutions;
 - Isotonic balanced salt solutions (including Ringer's lactate solution);
 - Naloxone;
 - Intravenous administration of 50% dextrose for adult patients, and 10% or 25% dextrose for pediatric patients;
- e) Establish and maintain interosseous access in a pediatric patient;
- f) Obtain venous and/or capillary blood samples for laboratory analysis;
- g) Use blood glucose measuring device;
- h) Administer, the following drugs in a route other than intravenous:
 - Sublingual nitroglycerine preparations;
 - Aspirin;
 - Glucagon;
 - Inhaled beta-2 agonists (bronchodilators);
 - Activated charcoal;
 - Naloxone;
 - Epinephrine.

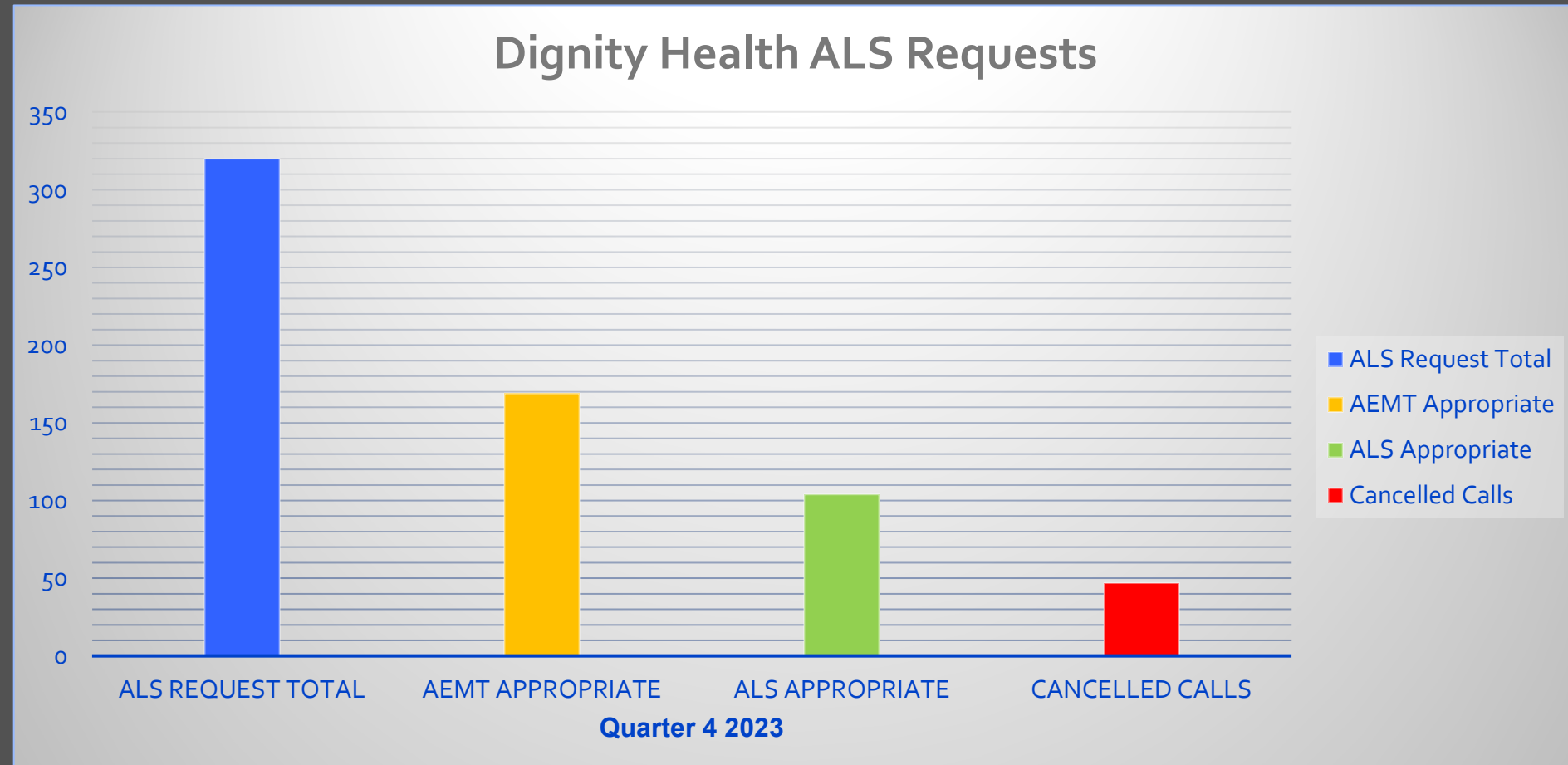
Advanced EMT Local Optional Scope of Practice – Code of Regs. Title 22. Section 100106.1

- (a) Advanced EMTs who were not certified as EMT-IIs prior to the effective date of this Chapter are not eligible for accreditation in the scope of practice items listed in this Section.
- (b) In addition to the activities authorized by Section 100106 of this Chapter, a LEMSA with an EMT-II program in effect on January 1, 1994, may establish policies and procedures for local accreditation of an individual previously certified, as an EMT-II, to perform any or all of the following optional skills specified in this section.
 - 1) Administer the Following Medications:
 - (A) Lidocaine hydrochloride
 - (B) Atropine sulfate
 - (C) Sodium bicarbonate
 - (D) Furosemide
 - (E) Epinephrine
 - (F) Morphine sulfate
 - (G) Benzodiazepines (midazolam)
 - (2) Perform synchronized cardioversion and defibrillation.
 - 3) Utilize electrocardiographic devices and monitor electrocardiograms.

PROOF OF CONCEPT DATA



- A sample data set was taken from Q4 of 2023 reviewing all requests from Dignity Health.
- 320 ALS transports were requested
- 169 of those calls could have been transported by an AEMT unit.
- 104 required ALS treatment/interventions beyond the AEMT Scope.
- 47 calls were cancelled due to unavailable resources at time of request, proving a need for additional resources.



ADVANCED EMT UPSTART



It is not our intent to replace Paramedics with A-EMT's – We will continue to support and create a pathways to enhance the number of paramedics with these efforts.

Labor: Bridge programs for A-EMT to MICP career pathway

Wages: Increase in wages provide incentives to advancing EMT's

Cost: Equipment , Scope Medications, Durable Medical Equipment
\$45k

Training: \$3,500 per student – Sacramento State
Paramedic preceptorships currently at no charge





Questions?

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