MAC December 2024 Public Comments

Policy	Agency	Public Comment	Action
2521 – APOT Data Collection and Reporting	Rich Meidinger - Kaiser Hospital North	KHN is excited to recognize the significant strides made county-wide in efficiently offloading EMS patients, which allows for a faster return to service for our prehospital partners. This accomplishment is a testament to the remarkable teamwork that has brought about this positive transformation. Given this achievement, KHN strongly advocates for a revision of the APOT (Ambulance Patient Offload Time) standard, proposing an increase from the current 20 minutes to 30 minutes. This proposed change is not about permitting delays in patient offload; it is focused on fostering improved quality during the transfer of care between EMS, medical transportation units, and receiving facilities. Our priority is to ensure that every patient undergoes a safe and seamless handoff between clinicians. With seasonal fluctuations in patient volumes on the horizon, it is crucial to consider how this adjustment can enhance hospitals' capacity to meet the offload standards established by this LEMSA. By taking proactive steps now, we can ensure the highest level of patient care and safety for our community.	• Received, pending further discussion.
2521 – APOT Data Collection and Reporting	Tina Johnson – Dignity Health	On behalf of Dignity Health Methodist Hospital of Sacramento, Mercy General Hospital, Mercy Hospital of Folsom and Mercy San Juan Medical Center, I am writing to request to have EMS Ambulance Patient Offload Time (APOT) to be extended to 30 minutes or less, 90% of the time definition that is recognized as part of AB 40. I understand this policy will be up for review at the next SCEMSA Medical Advisory Committee (MAC) meeting on December 12. Over the last year, Dignity Health has been working closely with the County, EMS and our health system partners to	• Received, pending further discussion.

		reduce APOT times, and significant progress has been made. In fact, many hospitals are now compliant with the AB 40 standard set to go into effect January 1, 2025. Below are a number of key proof points to support our request: Attaining and continuously sustaining/maintaining a APOT time of <20 minutes is an unrealistic expectation as only one (1) ED has been able to achieve the APOT goal (the VA), and no one has been able to maintain that goal as evident by the most up-to-date APOT data for October. The <20 minute threshold will continue to be difficult to achieve given the post acute placement for patients needing long term care, and behavioral health acute placement still has not been resolved. Patients continue to stay in our hospitals who no longer need acute care awaiting placement in post acute care. This will continue to impact throughput and hinder our ability to reduce APOT times in our EDs. The APOT goal of <20 minutes was implemented in 2016 by the SCEMSA MAC, and to date, no ED in the greater Sacramento region has ever achieved that goal. Additionally, the goal has not been reviewed or come up for MAC review until now. Attempting to achieve an APOT <20 minutes has the potential to place our hospitals at greater risk for a sentinel event as ED's will need to consider sending patients to the lobby or unstaffed ED beds in the hallway to achieve this. The implementation of SB43 in January 2025 will likely add further pressure to the ED as the demand for beds to manage these patients is expected to increase. Hospitals that are unable to achieve the APOT goal of <20 minutes will, at a minimum, be required to meet with SCEMSA leadership on a bi-weekly basis to review the Mitigation Plan that they submitted to California, until the goal is	

		achieved. Additionally, legislative penalties for failing to achieve this goal have not yet been specified, but we expect more to come on this by late December, early January. Attaining and maintaining an APOT of <30 minutes is both realistic and achievable for most ED's. However, consistently maintaining this goal will still be challenging at times and requires additional resources, such as the addition of a dedicated Mobile Intensive Care Nurse, and modification to current workflows to free-up staff (reassigning the break RN's and placing the Emergency Department Charge Nurse) into the numbers to provide safe care to these patients.	
2521 – APOT Data Collection and Reporting	Chris Britton – Kaiser Roseville	We request that SCEMSA align with the State for the APOT transfer of care metric to be est at 30 mins or less, 90% of the time instead of 20 mins.	• Received, pending further discussion.

Hospital Council
Northern & Central California

November 27, 2024

Dr. Gregory Kann
EMS Medical Director
Sacramento County Emergency Medical Services Agency
9616 Micron Ave., Suite 940
Sacramento, CA 95827

Subject: Adjusting ambulance patient offload time (APOT) standard from 20 minutes to 30 minutes

Dear Dr. Kann:

We are writing on behalf of the health systems that operate hospitals in the Sacramento County Emergency Medical Services Agency (SCEMSA) territory - Dignity Health, Kaiser Permanente, Sutter Health, and UC Davis Health. We urge SCEMSA to adjust its APOT standard from 20 minutes to 30 minutes to be consistent with the standard allowed under Assembly Bill 40 (AB 40) and the standard which adjoining counties have adopted.

A 30-minute standard is challenging yet achievable, and it would foster a culture of compliance and improvement. Hospital leaders and staff have worked creatively and diligently to dramatically reduce systemwide APOT in 2024. Changing the standard to 30 minutes preserves ambulance patient safety while allowing additional collaboration with the key stakeholders of the health care continuum who impact APOT. A sincere effort to engage partners such as health plans and post-acute facility operators must occur before holding hospitals accountable to an aggressive 20-minute requirement.

We have seen unprecedented and consistent improvement in APOT during 2024. Last December, the system average APOT 1 was 73 minutes. As of November 22, the month-to-date time was 27 minutes. This has occurred despite the volume of 911 calls and ambulance transports remaining steady. SCEMSA has played a vital role in leading the collective efforts. The two APOT Summits and monthly meetings of the AB 40 Workgroup facilitated by Dr. Dale Ainsworth have sparked inspiration, instilled a greater commitment to improvement, and allowed for the sharing of innovative practices. Moreover, SCEMSAs 5050 policy and Triage to Alternate Destination policy also have and will contribute to better outcomes. Hospitals appreciate the key role you have played in this process.

Against this backdrop of forward progress, having APOT standards based on solid data is critically important. The goal of achieving an APOT of 20 minutes was first floated during discussions with the Emergency Medical Services Authority (EMSA) in 2014. Even then, no one claimed that this target was based on the actual experience of any metropolitan region or research into the effects of APOT on health outcomes. It was truly an arbitrary number and the decade of experience since then shows just how unrealistic it was for urban areas.

Per the June 2024 report to the EMS Commission, the APOT 1 average in March for the largest local emergency medical services agencies showed that only one had a time below 30 minutes, one had a time at 30 minutes, and none approached 20 minutes:

LEMSA	**# of Transports**	**90th Percentile APOT**
Alameda	7,901	0:45:53
Central California	13,610	0:49:27
Contra Costa	7,487	0:45:08
Inland Counties	9,952	0:44:03
Kern	5,705	0:52:52
Los Angeles	26,781	0:42:57
Orange	17,513	0:27:06
Riverside	15,317	0:40:47
Sacramento	10,871	0:56:27
San Diego	6,681	0:54:57
San Fracisco	6,854	0:45:00
San Joaquin	5,915	0:39:21
Santa Clara	7,931	0:33:17
Sierra-Sacramento Valley	9,786	0:30:06

This is one of the reasons the legislature made 30 minutes the maximum allowable APOT in AB 40 rather than 20. Establishing 30 minutes as SCEMSA's standard is still ambitious, considering more than a decade of experience in Sacramento, and yet it is also achievable. Unachievable, arbitrary standards extinguish hope, drain morale, and stifle improvement. By comparison, challenging but realistic expectations foster hospital staff's natural competitiveness, professional pride and motivation that leads to improvement. Setting the standard at 30 minutes will support an environment of safety, compliance, and improvement that will closely align with other state metropolitan areas.

Hospitals definitely own the portion of responsibility for APOT that they control. Changes in mindset, staffing, and procedures centered primarily in emergency departments (ED) and secondarily in inpatient units have demonstrated that hospitals can and have done a better job expediting the transition of care for ambulance patients. However, APOT remains a front-door symptom of problems mainly outside the hospital's back door. Unavoidable delays in offloading ambulance patients will continue to be a possibility until we resolve sticking points along the continuum of care. Two fundamental needs are routing patients to appropriate prehospital resources when 911 transport to an ED is unnecessary and improving access to post-acute care capacity when inpatient treatment is complete.

Additionally, managed care plans and skilled nursing facilities play a clear and critical role in ensuring that patients can access the proper care, in the right place, at the right time. We call upon Sacramento County to extend the role of Dr. Ainsworth into 2025 to build upon the already successful collaborative APOT work group by including these two stakeholders. Only with their cooperation and collaboration can we facilitate efficient patient throughput in acute care hospitals and remove much upward pressure on APOT.

Behavioral health is a third area of focus that can delay patient offload. To the great credit of Sacramento County, it and its partners have invested heavily in needed mental health services over the past 10 years. In this decade, we have seen the addition of multiple crisis stabilization units, multiple crisis residential

units, mobile crisis teams, the Mental Health Urgent Care Center, and Sacramento Behavioral Health Hospital. More projects are in development. We need a similar investment in substance use disorder (SUD) treatment programs, such as WellSpace Health's Crisis Receiving for Behavioral Health facility. As you know, SB 43 expands the application of involuntary holds to individuals with severe SUD. As more patients who primarily need SUD treatment are brought into EDs, we are bracing for the possibility that patient flow in that setting may slow, as occurs with any type of complex cases.

Accurate data is critical to successful APOT response and AB40 enforcement. This work is integral to the AB 40 regulations that are still under development. We expected EMSA to release a regulation allowing hospitals to audit data for accuracy before submitting it to the state. Locally, two important projects are being implemented that would benefit all stakeholders by having consistent and accurate data. Using funding from the City of Sacramento, the Growth Factory conducted its Innovation Challenge in 2024, one more example of collaboration between EMS and hospital partners. The result is technology that automates the measurement of APOT, which can be piloted in local hospitals. At the same time, Sacramento County staff is considering the acquisition of an ImageTrend data repository that would allow for local control of APOT data and enable near real-time data auditing and quality improvement. Validating APOT data is essential before holding hospitals accountable for meeting the APOT standard, and these resources are vital for making that possible. The inability to audit or use timely data to make operational adjustments further justifies setting a more realistic APOT standard.

Finally, while we celebrate our tremendous improvement in expediting ambulance patient offloading, we must also focus on ensuring this change lasts. Tests of the sustainability of this year's improvement remain. How will we withstand a heavy respiratory illness season, let alone an epidemic or pandemic like the one we recently experienced? How do we make these changes culturally and structurally, not dependent on individual leaders or teams who have led with inspiration and innovation?

While we remain committed to this work, our objective should be to hold up an APOT standard that preserves patient safety, facilitates emergency medical services providers to return to the community in a reasonable timeframe, and account for the challenges that lie outside the control of hospitals – the 30-minute standard in AB 40 fits that description.

We strongly urge you to adopt this 30-minute standard that is outlined in AB 40.

Sincerely,

Bryan J. Bucklew
President & CEO
Hospital Council – Northern & Central California

CC: Chair Patrick Kennedy, District 2
Vice Chair Phil Serna, District 1
Sup. Rich Desmond, District 3
Sup. Sue Frost, District 4
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