

An aerial photograph of a large, multi-story hospital building. The building is primarily white with some grey and blue accents. In the foreground, there is a red structure that appears to be an emergency entrance, with the word "EMERGENCY" written in white on its side. The sky is clear and blue. The overall image has a dark, semi-transparent overlay.

APOT REDUCTION STRATEGIES

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APOT

“Coming together is a beginning; keeping together is progress; working together is success.” – Edward Everett Hale

MERCY SAN JUAN



16,876

2023 MSJ Ambulance
Traffic



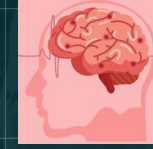
400

Trauma/Traumatic
Arrest



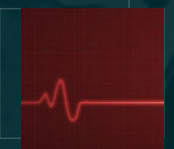
280

STEMI



365

Stroke



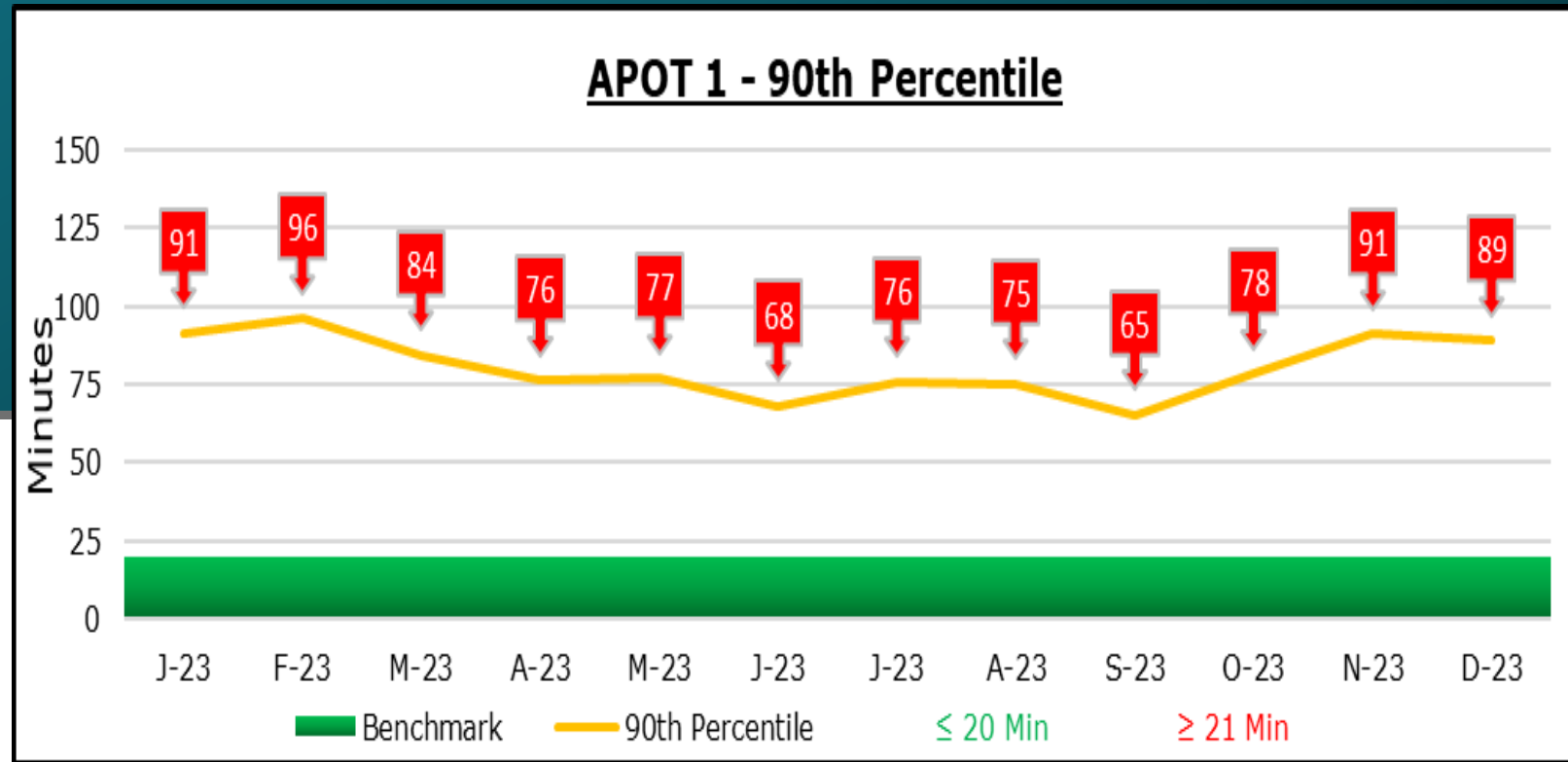
309

Cardiac Arrest

2023
Ambulance
Traffic overview

APOT 90TH PERCENTILE

2023



OUR EFFORTS



APOT Signature Trial

Ensuring agreement on time of transfer of care



EMS offload to the lobby

Working with EDMD to safely place pts to the lobby that don't meet PD 5050



EMS Consolidation

Consolidating SMFD to AMR to reallocate more resources to the field.



QuickCare

Quick treat and street and discharge



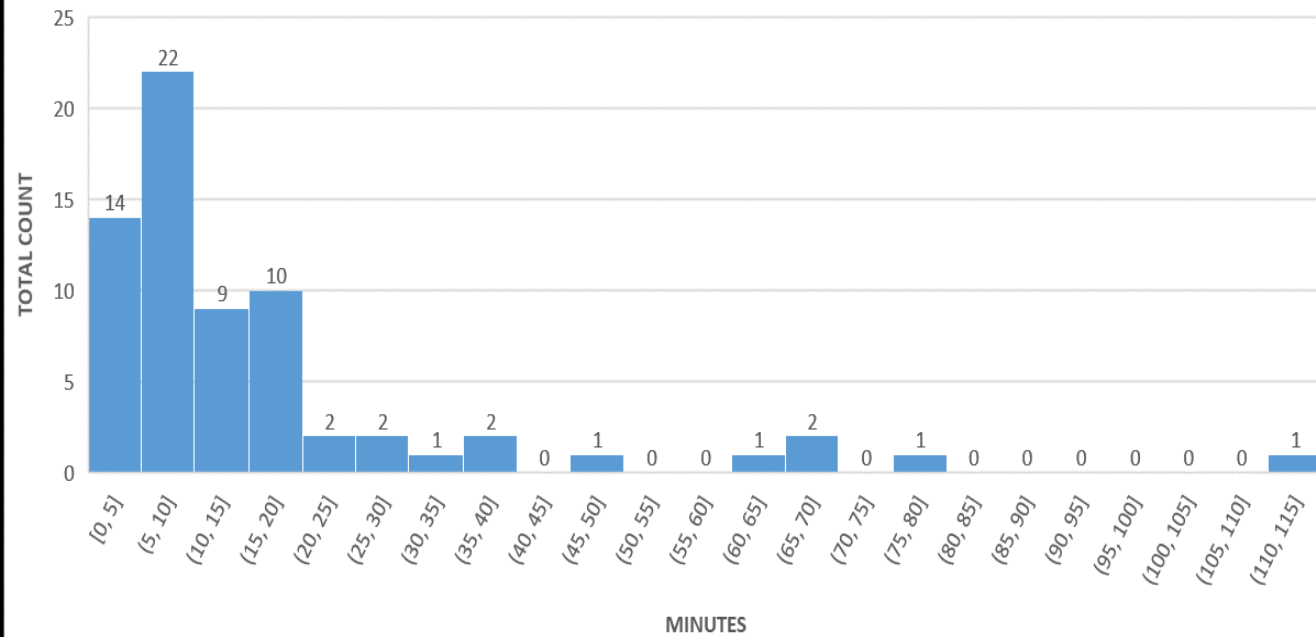
EMS offload to ED Tech

Offloading BLS pts that are not appropriate for the lobby to an ED tech

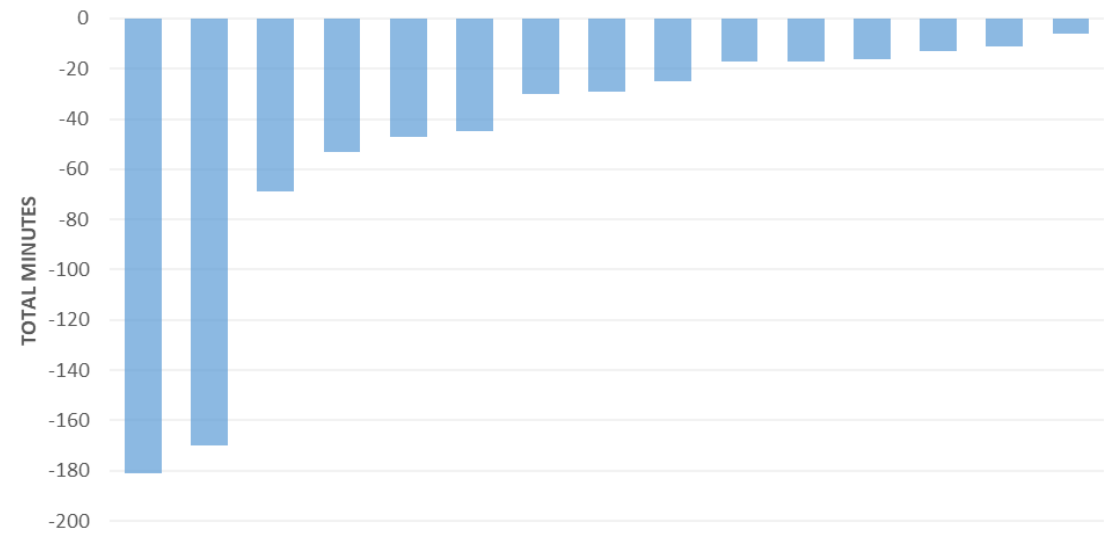
APOT PRETRIAL DATA

Locked signature

PRE Study Positive Variance (HOSPITAL APOT vs EMS APOT) in MINUTES



Negative Chart Variance PRE (N=15) in MINUTES



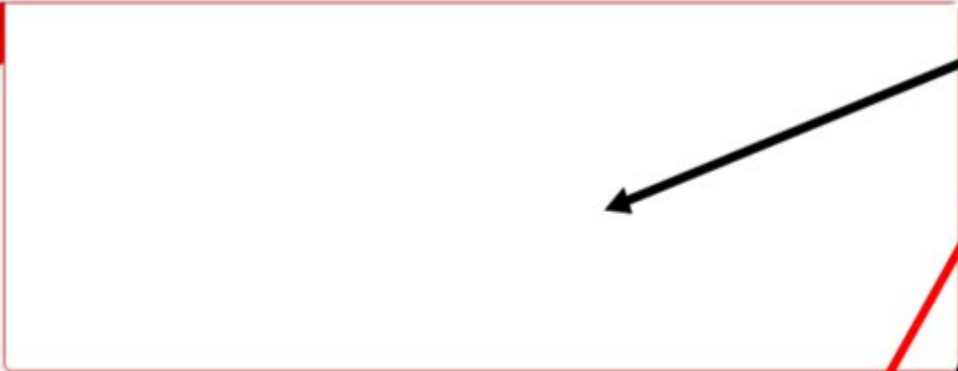
Transport Signatures


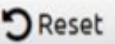
+ Add 



Destination/Transferred To, Name:  

Ambulance Patient Offload (APOT) Date/Time: 

Primary Caregiver Name:   



Signature Status Signed/Not Signed?:  

Signature Last Name:

Signature First Name:

Steps to follow:

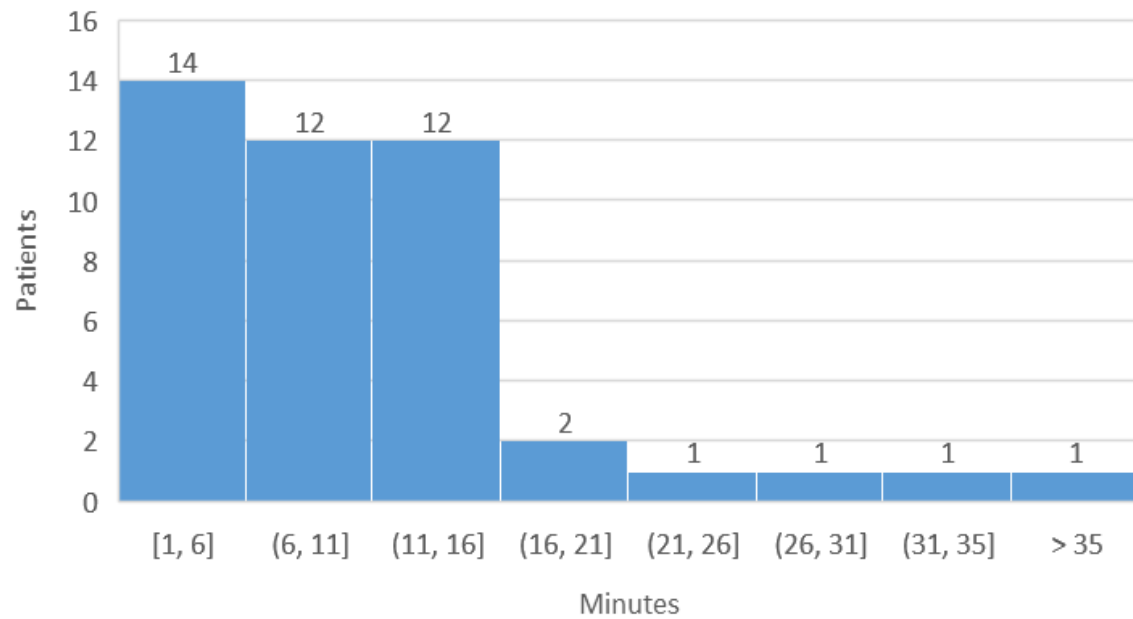
1. RN receives pt from medic
2. Nurse and medic confirm destination
3. Medic adds signature box.
4. Nurse hits the time clock
5. Nurse signs
6. Nurse hits **"LOCK SIGNATURE"** button

*** the red arrows are the new processes***

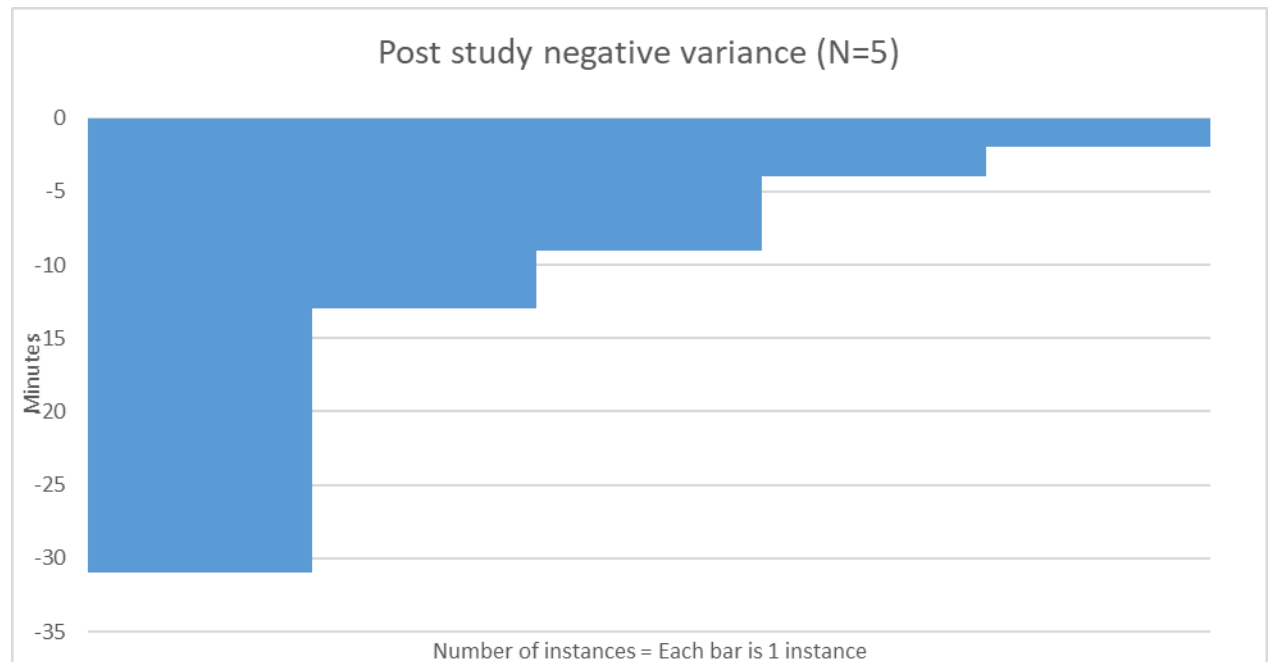
APOT POSTTRIAL DATA

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Post study variance (Hospital APOT vs EMS APOT)

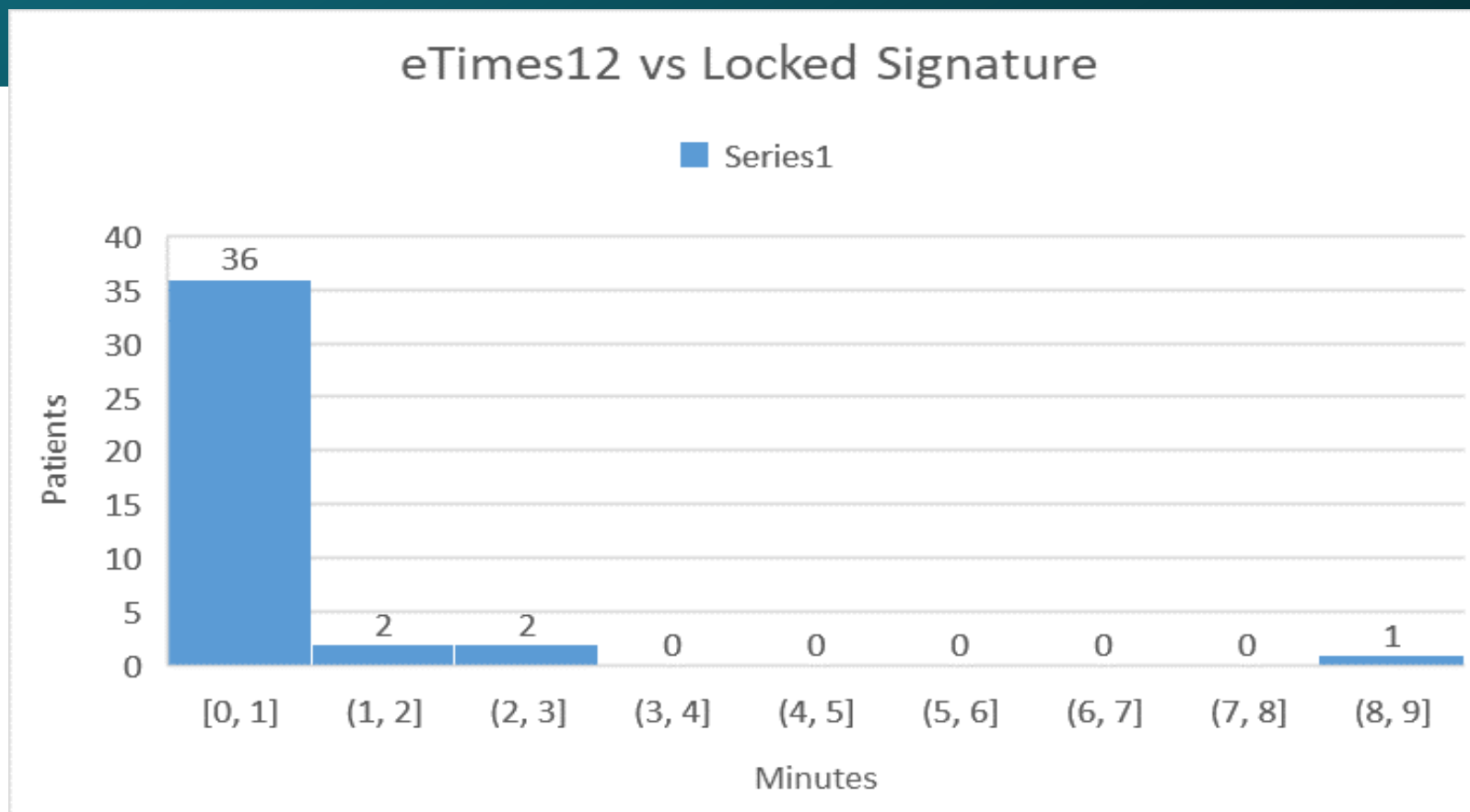


Post study negative variance (N=5)

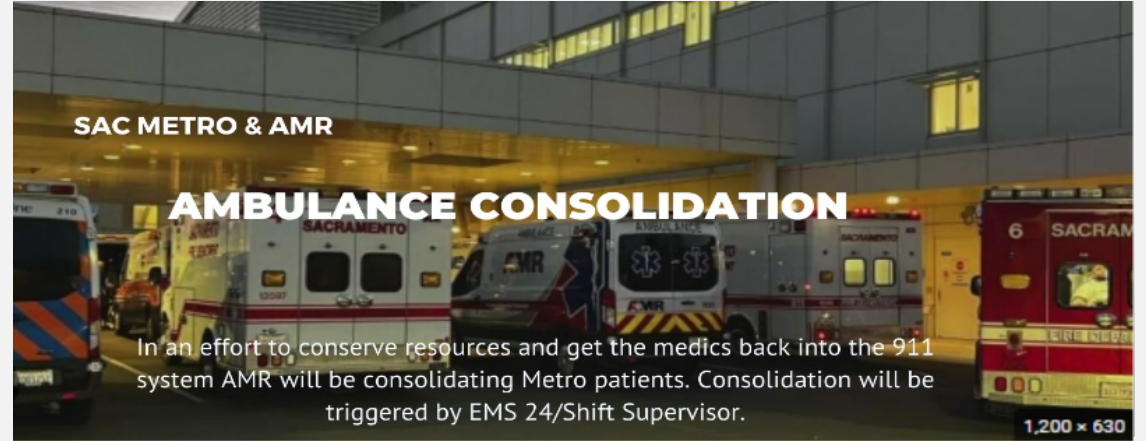


APOT TRIAL

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CONSOLIDATION



In an effort to conserve resources and get the medics back into the 911 system AMR will be consolidating Metro patients. Consolidation will be triggered by EMS 24/Shift Supervisor.

THE TAKE AWAYS

- During consolidation the medics are responsible for the patient until the patient gets a bed.
- The medics are responsible for getting the gurney's and monitors (but please help them if need be)



Resources and Wall Time will be reviewed by Supervisor

EMS 24 or AMR Supervisor will review wall times and how many rigs are on MSJs wall. They will initiate consolidation.

01



Consolidation will be initiated

An AMR crew will come to MSJ retrieve gurneys from decon room and monitors from 6718 room. They will get report from Metro and send them back into the field while AMR crews will maintain the care of pts until MSJ places them in a bed.

02



MSJs responsibility in consolidation

The medics will go to MICN and have them sign the PCR stating the patient was brought to MSJ and consolidation will occur: **AMR WILL ASSUME CARE OF PT.**

03



The patient is assigned a bed

Once the patient is assigned a bed please call a tech to help the medic navigate the EMS gurney to the room. Once the pt is in the room the transfer of care happens as it normally does

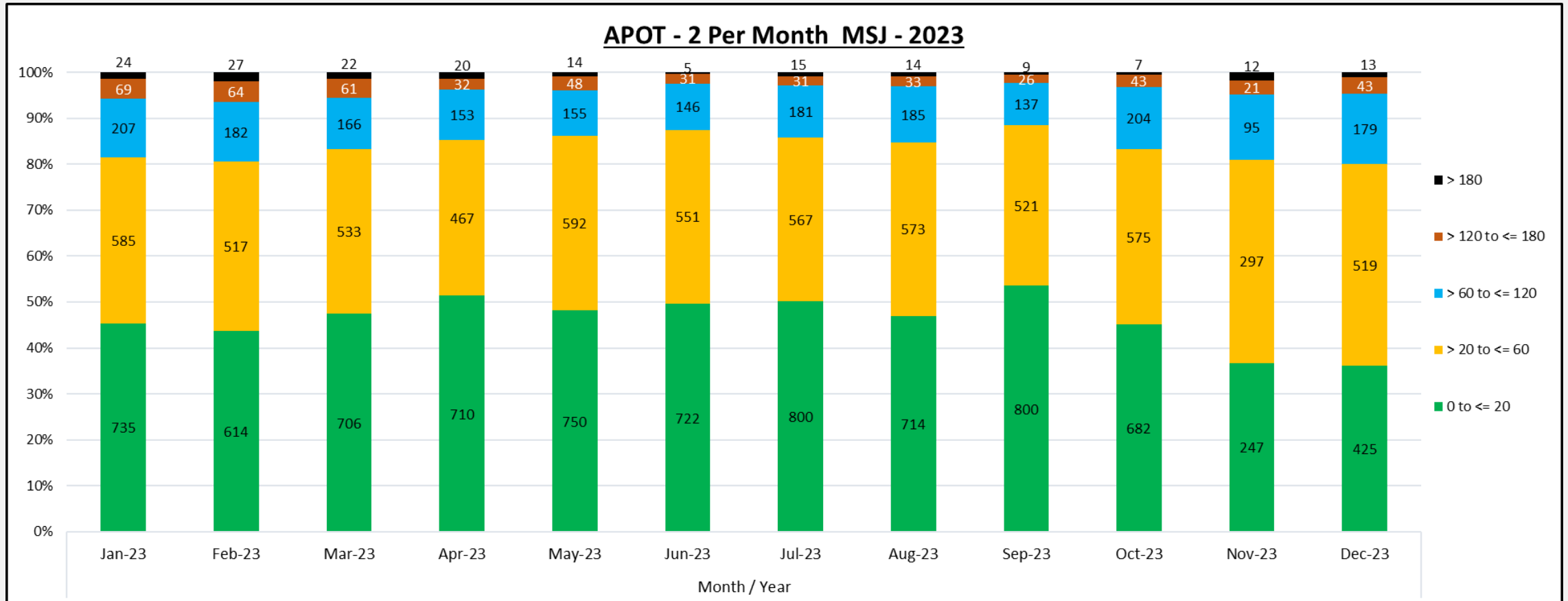
04

2023 AMBULANCE TRAFFIC

Per Agency

Provider Name	Month/Year												Grand Total
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
AlphaOne	326	300	360	278	336	313	345	335	341	315	318	343	3910
AMR	198	175	206	139	172	168	262	255	302	294	299	284	2754
Bay Medic											1		1
Cosumnes Fire					1							1	2
Folsom Fire	8	5	3	6	8	9	8	9	8	10	11	11	96
Medic	3	4	2	4	1	3	6	4	10	13	1	5	56
Metro Fire	1044	876	863	922	994	918	920	878	801	844	9	496	9565
Norcal		1				1		1					3
Sacramento Fire	41	43	54	33	47	43	53	37	31	35	33	39	489
Total	1620	1404	1488	1382	1559	1455	1594	1519	1493	1511	672	1179	16876

2023 APOT LENGTHS



HEAT MAP OF EXTENDED APOT

APOT > 30 mins

Sum	Column Labels							
Row	January	February	March	April	May	June	Grand Total	
0	1002.5	834.5	596.7	721.4	397.2	574.9	4127.2	
1	584.9	660.9	960.3	667.0	633.6	570.2	4076.8	
2	622.7	686.5	397.3	306.5	533.5	488.8	3035.3	
3	271.0	495.0	470.6	95.8	641.0	548.4	2521.8	
4	775.6	579.7	86.6	165.0	421.3	289.0	2317.1	
5	756.1	363.5	585.4	66.1	212.8	403.5	2387.4	
6	373.9	477.2	418.5	171.8	332.9	192.4	1966.7	
7	826.3	642.3	424.2	514.3	44.3	454.4	2905.7	
8	1583.6	1495.1	948.7	1203.9	639.1	739.7	6610.0	
9	2182.0	1590.0	1867.5	1226.7	1083.9	589.1	8539.1	
10	2100.9	2204.9	2312.8	1622.8	933.3	559.8	9734.4	
11	3670.7	2745.1	3224.4	2384.0	1536.2	1757.7	15318.1	
12	3516.4	2356.3	3114.3	2096.1	1809.2	1565.6	14457.9	
13	3319.0	3216.7	2525.1	2377.8	2697.6	3167.9	17304.1	
14	2788.1	3003.9	4932.8	3689.8	4005.3	2162.0	20581.9	
15	3696.7	2741.3	3475.8	3313.2	2669.9	1940.3	17837.3	
16	3172.0	4475.1	2447.8	1697.4	4154.1	2112.8	18059.3	
17	3326.4	3780.0	2292.2	2058.4	2467.1	2345.9	16269.9	
18	3170.3	2623.5	1924.2	2027.5	2896.7	2106.1	14748.3	
19	3396.0	2305.5	1543.4	1816.3	1532.7	1634.2	12228.0	
20	2118.1	1843.4	1345.0	1378.3	1700.6	1987.2	10372.6	
21	1434.1	1218.8	1147.0	852.4	1982.7	1508.9	8143.8	
22	830.2	1016.5	1358.4	727.0	1360.5	1077.0	6369.6	
23	872.9	1123.5	701.9	733.7	770.5	830.5	5033.0	
Grand	46390.3	42479.2	39100.7	31913.2	35455.9	29606.1	224945.3	

ED TECH OFFLOAD

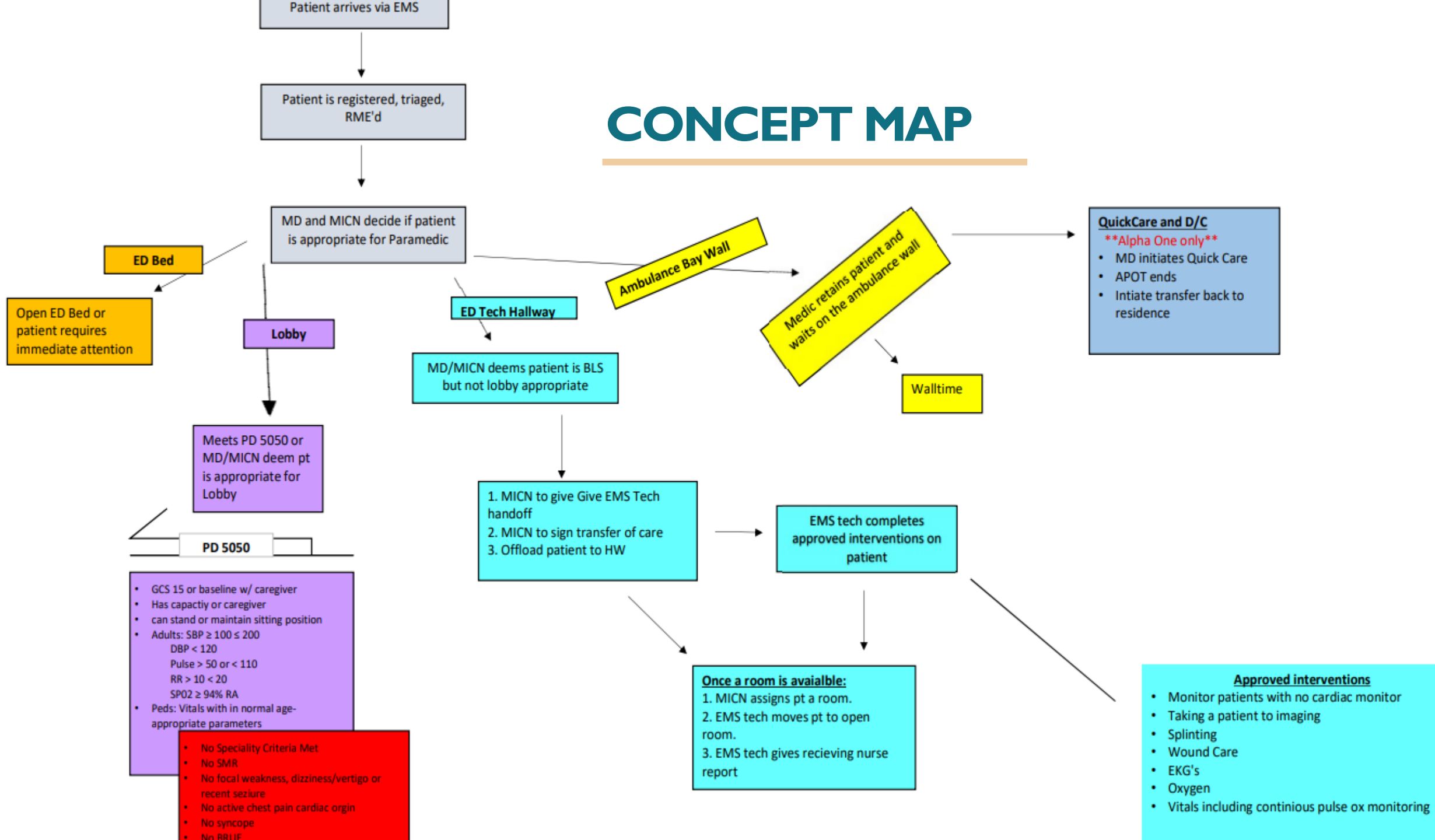
Purpose:

To decrease APOT by offloading BLS patients from EMS to an ED tech

The process:

Triage/RME → MICN to sign transfer of care and offload pt to EMSHOLD 1, EMSHOLD 2, EMSHOLD 3 → EMS physically places pt in gurney → ED tech assumes care of pts, provides appropriate interventions, reports back to MICN and MD → MICN assigns pt a bed when bed is available → ED tech places pt in ED bed and gives update to receiving RN.

CONCEPT MAP



THANK YOU



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EMS Coordinator



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916-962-8721