Sacramento County Emergency Medical Services Agency (SCEMSA)
Joint Medical Advisory (MAC)/Operational Advisory (OAC) Committees
9616 Micron Ave. Suite 960
Sacramento, CA. 95827

Dr. Garzon	SCEMSA	Mark Mendenhall	AMR
Dave Magnino	SCEMSA	Richard Meidinger	Kaiser-North
Ben Merrin	SCEMSA	Julie Carrington	Cosumnes FD
Brian Aiello	SCEMSA	Matt Burruel	AlphaOne
Kristin Bianco	SCEMSA	Debbie Madding	Sutter Roseville
Kathy Ivy	SCEMSA	Cristy Jorgensen	El Dorado County EMS
Dorthy Rodriguez	SCEMSA	Brian Gonsalves	Sac Metro FD
Nic Scher	NorCal Ambulance	David Buettner	UCDMC
Jen Denno	Sutter Medical Sacramento	Sheri Burns	Sutter Medical Sacramento
Nathan Beckerman	MSJ/AlphaOne	Dan Gilbert	Sacramento Valley Ambulance
Jeff Carl	Mercy San Juan	Wendin Gulbransen	Kaiser-South
Patti Styles	Mercy San Juan	Rupy Sandhu	UCDMC
Jori Rice	Mercy San Juan	Jared Gunter	AMR
Renee Roberts	VersaCare	Brian Meader	Medic Ambulance
Rose Colangelo	Sutter Roseville	Chris Bradburn	Sutter Sacramento
John Rose	UCDMC	Heather Garcia	Kaiser Roseville
Steve Brandon	Methodist	Mark Piacentini	Folsome FD
Kevin Mackey	SRFECC	Mario Frias	Sacramento VA
Brandie Cherry	Kaiser-North	Karen Scarpa	Sutter Sacramento

ITEM	DETAILS	ACTION
Welcome and Introductions	Attendee list attached to minutes	None
Public Comment	None	None
Minutes Review	December Minutes rejected by B. Meader. B. Meader states his comment was not memorialized in the minutes. • SCEMSA placed items in PD# 2524 that is has no authority over.	Updated to include further language in regards to Medic Ambulance concerns with PD# 2524. B. Meader to email additions to the minutes he is requesting.
Chairman's Report	Summary of Changes based on the Executive Order from the State of California that ends on March 31, 2022. It also outlines some of the medical programs that are going to be extended. PD# 5054 – Assess and Refer is sun-downed due to no longer being allowed under the changes to the Executive Order.	Emailed out to MAC/OAC prior to meeting. State supported wall Paramedics ends on March 31, 2022. Hospitals can continue the program at their own cost until June 30, 2022.
Covid Update – EO/EMS Updates	There continues to be a decrease in COVID cases. Sacramento County COVID hospitalization is below 10%.	Data Graphs attached to minutes

APOT Report	March 31, when state funded wall medics will be removed, APOT times may go up. Hospitals have the option to extend the state funded wall medics until June at their own cost. APOT Data is shown.	Data Graphs attached to minutes
SCEMSA Quarterly Reports	SCEMSA Quarterly Report Data shown.	Data Graphs attached to minutes
Primary Impressions of Respiratory	SCEMSA Quarterly Report Data shown	Data Graphs attached to minutes
Old Business		
PD# 8032 – Traumatic Cardiac Arrest	Under ALS 3. Bilateral removed. Re-worded to "two (2) large-bore IV or IO access". Trauma Flow chart added to Policy	Approved with edits
New Business		
Orientation Pilot Program	A pilot program for the next 3 month will be initiated. Orientation will be offered the first and third Friday of every month. If less than 10 people sign up for a class, that class will be cancelled and participants will be moved to the next class.	None
PD# 2060 – Hospital Services	Edits to language regarding the VAMC services offered. Pediatric patients are not to be transported to the VAMC. A question regarding if family members are covered to be transported to VAMC.	Approved with edits. Mario from VAMC is going to check if Veterans family members are covered to be transported to VAMC. Mario confirmed on 3/16/2021 that VA benefits are for Veterans only and family members are not covered
PD# 2525 – Prehospital Notification	Under Protocol: • D. is added	SCEMSA will take comments on this Policy until Monday, March 14, 2022.
PD# 5060 – Hospital Diversion	Policy is currently suspended for 3 months after discussion with hospital administrators/CEO's.	Policy will be brought back to MAC/OAC in June 2022.
PD# 8042 - Childbirth	Dr. Garzon states a number of cases in which women in labor have been transported to hospitals that do not have Labor and Delivery.	Approved
Scheduled Updates		
PD# 2527 – STEMI System Data Elements	Review of the Data has not been completed. SCEMSA wants to verify all of the data elements listed in the	Policy deferred to June 2022 MAC/OAC meeting

	policy are consistent with Get With The Guidelines (GWTG)	
PD# 2528 – Stroke System Data Elements	Review of the Data has not been completed. SCEMSA wants to verify all of the data elements in the policy are consistent with Get With The Guidelines (GWTG)	Policy deferred to June 2022 MAC/OAC meeting
PD# 5010 – Transfer of Care-Non-Transporting Paramedic to Transporting Paramedic	No Changes	Approved
PD# 5050 – Destination	The need for this policy due to: • State supplied APOT wall medics is coming to an end on March 31, 2022 which could affect wall times negatively. An agreement was made in January 2022 with hospital CEO's and the EMS community to implement this policy. Once the policy is in place, SCEMSA will work with the hospitals and set up meetings to create Best Practice Guidelines that they will have the option to follow or incorporate. Patients that meet the 20 criteria for determining stability in the policy, will be transported to the ED waiting room. The communication of transporting to the ED waiting room will either be in person or by radio report if the triage nurse is not available. UC Davis: • Requests deferment of final decisions on this policy until the next MAC/OAC. D. Buettner asks if a Critical Care Triage Policy is going to be created. Jeff Carl concerns: • Triage to waiting room language will cause a destructive working relationship between hospital and field personnel due to the manner in which they can give report (in person or over the radio).	Policy will not be deferred in the interest of maintaining EMS Services and will go into effect 4/1/2022. At this time, a Critical Care Triage Policy will not be created.

	• Best Practice is not being followed with this policy. Dr. Garzon acknowledges Dr. Sandhu's email represents the concerns of all of the hospitals. Dr. Garzon: • SCEMSA has the responsibility to run an EMS system and not have it move to a standstill. • APOT times are an unsustainable situation and the primary duty of SCEMSA is to ensure prehospital care. • The Delta surge has an average wall time of 85 minutes and the Omicron surge and an average of 92-94 minutes. • At times the EMS system has been down to 4 units or less from Lodi to Roseville which is unacceptable in maintaining critical care systems. • Data shows that when wall times go up, EMS response times go up to twice the national average. **Language added to Policy:** Added: • Transport of ALS and BLS Patients to the Emergency Department Waiting Room. This option was made after conversations with EMS providers and hospitals in regards to wall times. Under Policy A. and B.: • Clarifying language to the priority rank order that already existed. Dr. Beckerman requests: • Under Consideration for Destination Selection, that VA language restricted to adult patients only when under CPR or have an unstable airway. New section added: • "Considerations for Destination Selection"	

	1. Veteran patients requesting to be transported to the VA under Policy C.1. 2. Adult patients (>14 years) under CPR when the VA is the time closest facility. 3. Adult patients (>14 years) with unstable airways when the VA is the time closest facility. New section Added: • Transport of ALS and BLS Patients to the Emergency Department Waiting Room A. 1. – 6.: Outlines criteria of patient's that **CAN NOT** be triaged to the waiting room. Dr. Smith: • Hospitals are already transferring patients to waiting rooms. • How will SCEMSA measure the success and safety of this policy. Dr. Garzon: • Data from the hospitals requested a year ago to show how many patients were transferred to the waiting room by the ED staff. No data was received. • This policy will help in a similar way as the state wall medics do, allowing for some units to clear the hospital and be available for calls. The expectation is that wall times may not drop significantly but will give the EMS system some "breathing room" and response times will improve making this policy necessary. • This policy was made based on APOT data and that the EMS cannot continue to maintain the timely response to C-3 calls. • If SCEMSA finds there is no benefit with this policy, and we have data to show that the policy will be revisited. Dr. Sandhu would like her concerns to be on record: • This policy is very disturbing to me. It is completely one sided.	Language updated to adult patient's >14 years after Dr. Beckerman's suggestion. B. Law states Metro Fire is comfortable bypassing the VA with pediatric patients under CPR or an unstable airway. SCEMSA created an online reporting document in order to track the use triage to waiting room with the request that if a patient is inappropriately taken to the waiting room be reported. A separate report is created to look at patients taken to ED waiting room by paramedics that were not properly classified and were transferred to the waiting room by hospital staff. SCEMSA has developed a report that allows data to be pulled from the criteria that allows the patient to go to the waiting room.

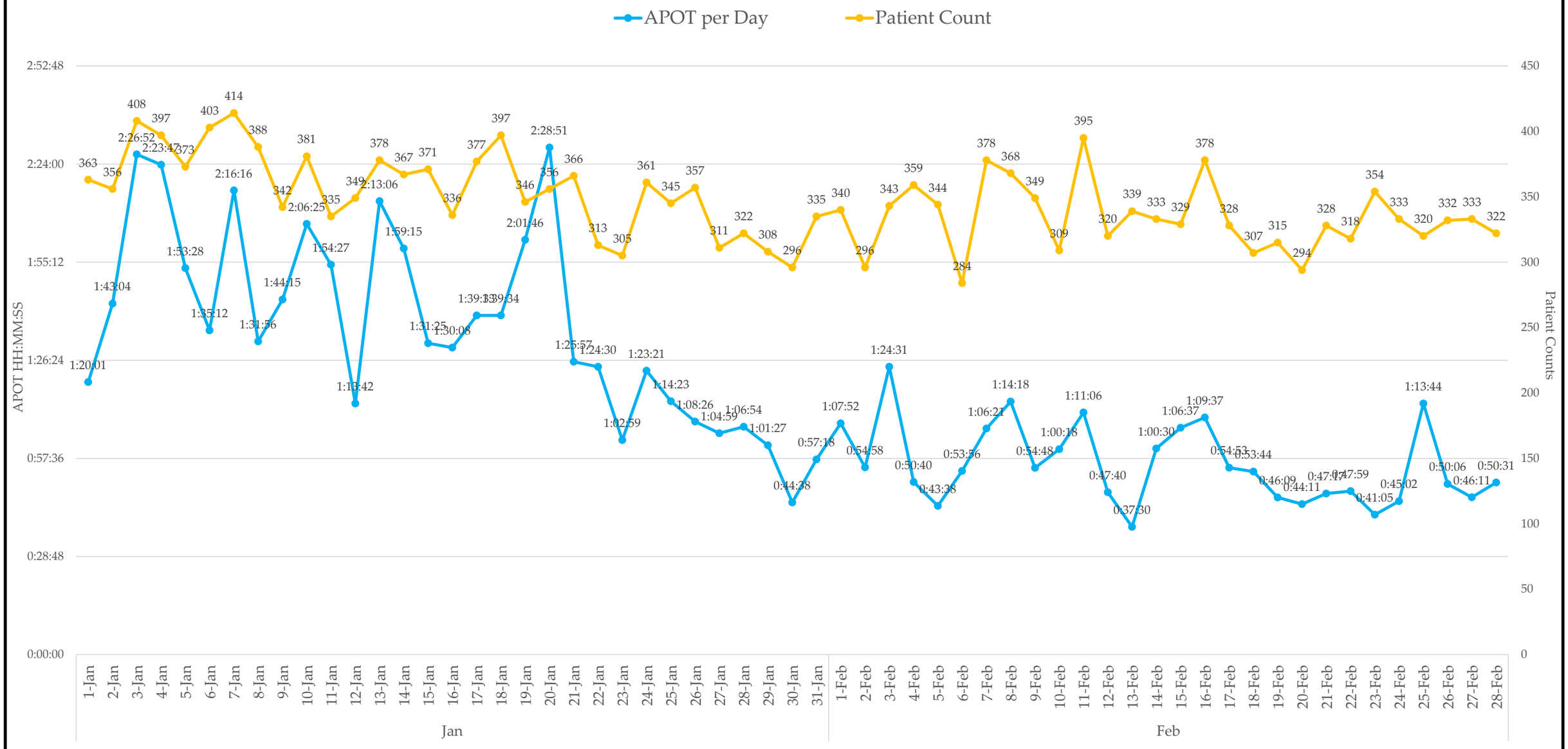
	• APOT dilemma is a major commentary on mental health and homelessness. Until these serious social issues are adequately addressed we will continue to have overcrowding in our ED. • A hand off of the patient is not required and can be done just through the radio report. • Key information that the medics provide when giving a report may get lost. • PCR's are not always clear and radio reports are not always accurate. • Patient's conditions may change between the radio report and triage assessment. • Medics may not be making the right decision in sending patients to the waiting room. • A pause be put in place so everyone can work together to find a solution that is in the best interest of patients. • 63% of patients on wall time are admitted. • I would like to see the data that supports the change to this policy. • The Quality Review of this Policy needs to fall on SCEMSA. • Dropping off more patients in our ED waiting room will not solve the issue. EMS is just compounding the problem. Dr. Mackey: • In the patient's best interest, the HOSPITAL is best equipped to care for a patient in their facility. • EMS is best equipped to care for patients in their homes and on the roadside. • EMS is not the best resource to care for patients in a hospital. They have no ability to perform laboratory testing, perform radiology procedures, consult specialists.	SCEMSA will do 100% QI review

	• Hospitals and EMS should each own their part of the patient care experience and stop negatively impacting ALL patients, both those in the hospital on the wall, and those calling 9-1-1 who have to wait for the EMS response. Brandy Cherry: • There are Regulatory Risk and EMTALA if patients decides to leave after arrival and something bad happens. Jennifer Denno: • Will all the criteria be documented? • patients with language barrier should not be included • What questions will the medics ask to determine suicidal or homicidal intention? • VS values in policy are too extreme to go to lobby • not all nurses are authorized to triage who work in the area where ambulances enter • What quality measures will be in place to evaluate this process? • Will the medic make sure the patient gets into the triage line to be seen. Wendin: • It is important to receive a face to face report from the medics. Not all information is caught through the radio report. • Liability and risk for the triage nurse. SCEMSA will accept comments on this policy through Monday, March 14, 2022. Implementation of this Policy will be April 1, 2022.	The following is required to be documented in the PCR • Meets all criteria • VS • Interventions • Proper documentation of the patient to the waiting room. Patient's will be taken to the triage are and explained that they need to register in order to be seen in the ED. SCEMSA will communicate if further changes are to this policy via email.
PD# 5052 – Trauma Destination	No Changes	Approved
PD# 5053 – Trauma Triage Criteria	"Pulseless Limb" tentatively added under Anatomic Criteria.	Pulseless Limb and a definition of Sustained Tachycardia will be

	Under Physiologic Trauma Criteria: Sustained Heart Rate > 120 beats per minute for ≥ 10 minutes added. New section added: **NOTES** Under Mechanism of Injury Criteria: Added **NOTE** to clarify definition of Intrusion	added to TRC agenda for final decision.
PD# 6000 – Trauma Care System – General Provisions	Under Policy: • N. is added. PD# 7500 – Disaster Medical Services Plan group to begin again.	Approved with edits Ben confirms that with COVID slowing down, work will begin again on re-vamping PD# 7500
PD# 8007 – Abdominal Pain	Cross Reference removed: • PD# 8827 – 12 Lead ECG.	Approved with edits
PD# 8015 – Trauma	Language regarding the "new" preferred location for a needle thoracostomy is discussed. Cross Reference added: • PD# 8032 – Traumatic Full Arrest.	Dr. Garzon will bring needle thoracostomy preferred location to the TRC and Dr. Shatz for further discussion regarding if update is needed. Policy will be brought back June 2022 MAC/OAC.
PD# 8024 – Cardiac Dysrhythmias	B. Law suggests separating out boxes under bradycardia with one asking if the patient has a 2nd or 3rd degree block with Yes/No boxes to direct medic to appropriate treatment. She would also like more clarifying language as a "trigger point" to help medics move on to push dose EPI if pacing is not working. What is the time frame of pacing not working to moving on to push dose EPI? 12 lead ECG's shall be done for bradycardic dysrhythmias and remain optional for tachycardic dysrhythmias.	Brian Gonsalves from Sac Metro will put together a flow chart showing the changes B. Law is proposing and Policy will be brought back at June 2022 MAC/OAC. Kristin to review ACLS guidelines regarding if there is a standard time frame that push dose EPI should be considered if pacing does not increase the BP.
PD# 8025 – Burns	Under Notes: • Cardiac arrest shall go to the closest ED is stricken from the policy.	Approved with edits It is outlined in PD# 8031 – Cardiac Arrest
PD# 8029 – Hazardous Materials	Under BLS: • "Precautions must be taken to prevent direct contact with secretions of a patient who has ingested organophosphates or carbamate pesticides" and "After the patient is fully decontaminated,	Approved with edits

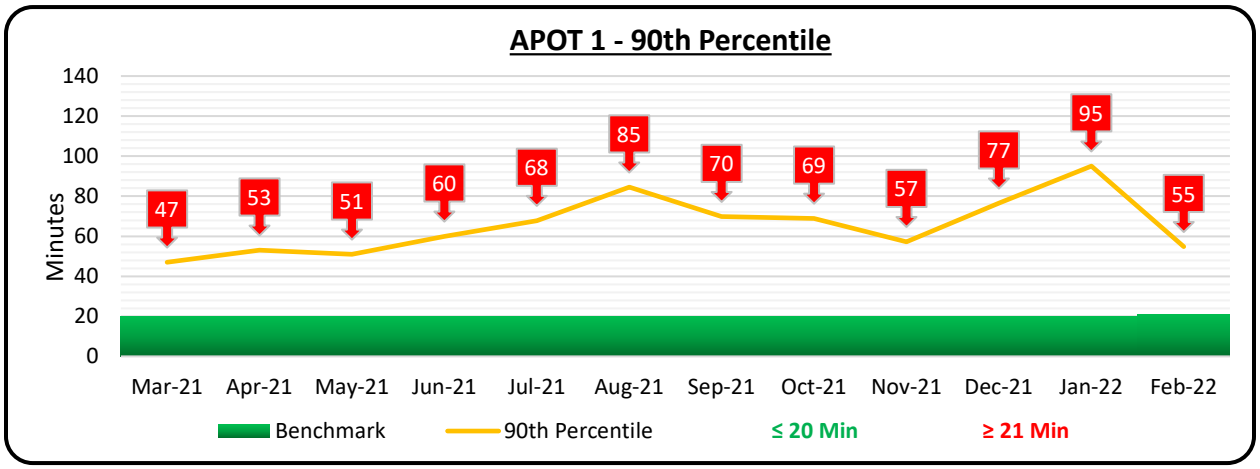
	cover patient with blankets or sheets as appropriate" are added.	
PD# 8030 – Discomfort-Pain of Suspected Cardiac Origin	This policy was reviewed by the STEMI committee prior to being brought to MAC/OAC. Language added • ALS 5: Transmit the 12 lead ECG to the closest designated STEMI Center. Perform a Pre-Alert notification to the closest designated STEMI center. This language was added in order to help shorten the time from first medical contact (EMS) to the Cath Lab. Added: NOTE: • NTG is contraindicated in the setting of a STEMI. Cross References added: • PD# 8066 – Pain Management • PD# 8063 – Nausea and/or Vomiting • PD# 8827 – 12 Lead ECG	Approved with edits
PD# 8031 – Non-Traumatic Cardiac Arrest	Policy name changed from Cardiac Arrest to Non-Traumatic Cardiac Arrest. Under Purpose A: added NOTE: • For traumatic arrest see PD# 8032 – Traumatic Cardiac Arrest. • Under Purpose B: "Non-Traumatic" added. Under Protocol: • H. "Perform an early Pre-Alert notification to the receiving hospital" is added.	Approved
Round Table	No Items	

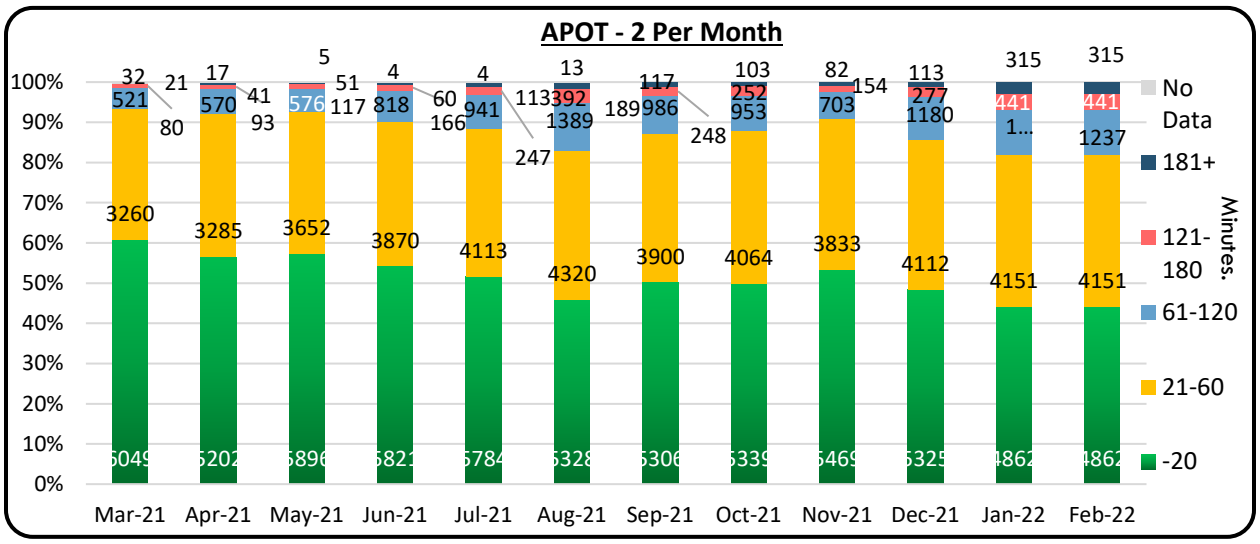
Patient Count and APOT per date for Jan-2022 through Feb-2022

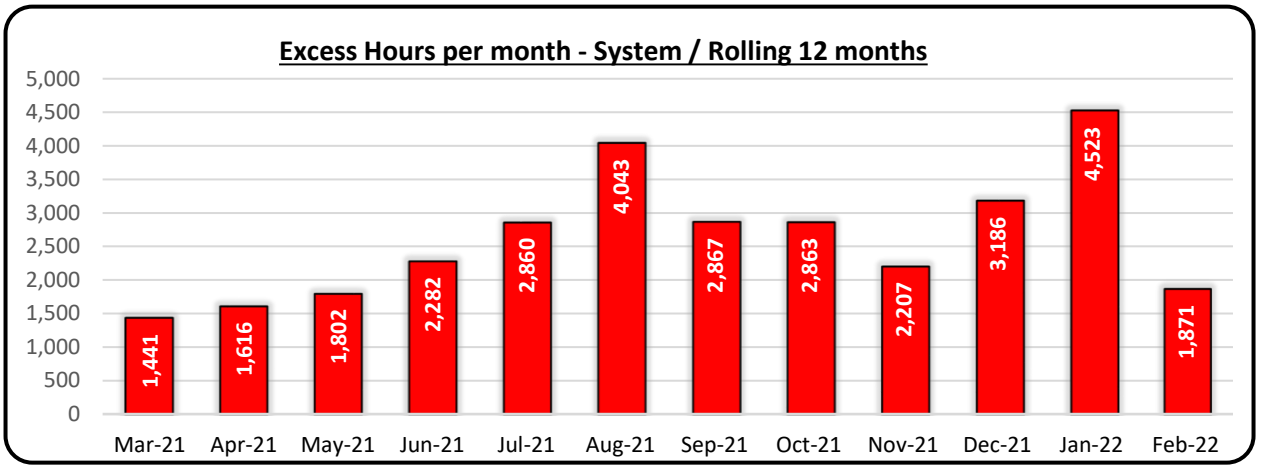


APOT 1, 2 & 3 - ROLLING 12 MONTHS / SYSTEM

APOT-1 represents the time (in minutes) under which 90% of patients have their care transferred from EMS to hospital staff. **APOT-2** is the percentage of patients whose care is transferred from EMS to hospital staff by designated time frames (see graph key for time ranges). A**POT-3** Represents the excess time (in hours) over 20 min aggregate of patient transferred from EMS to hospital per month. Illustrated is the System Total Excess hours per month. *Example: if APOT in min is 184min then 184-20(APOT benchmark) = 164min. Then 164/60 = 2.73hrs*







Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA) Updated: 3.7.2022

APOT 1, 2 & 3 - ROLLING 12 MONTHS / KAISER NORTH

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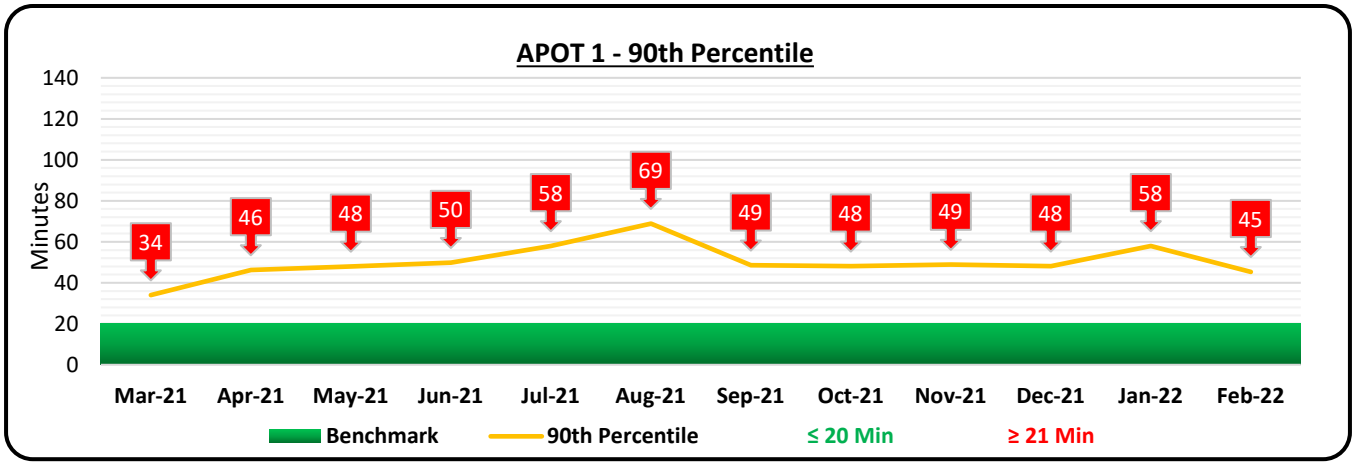

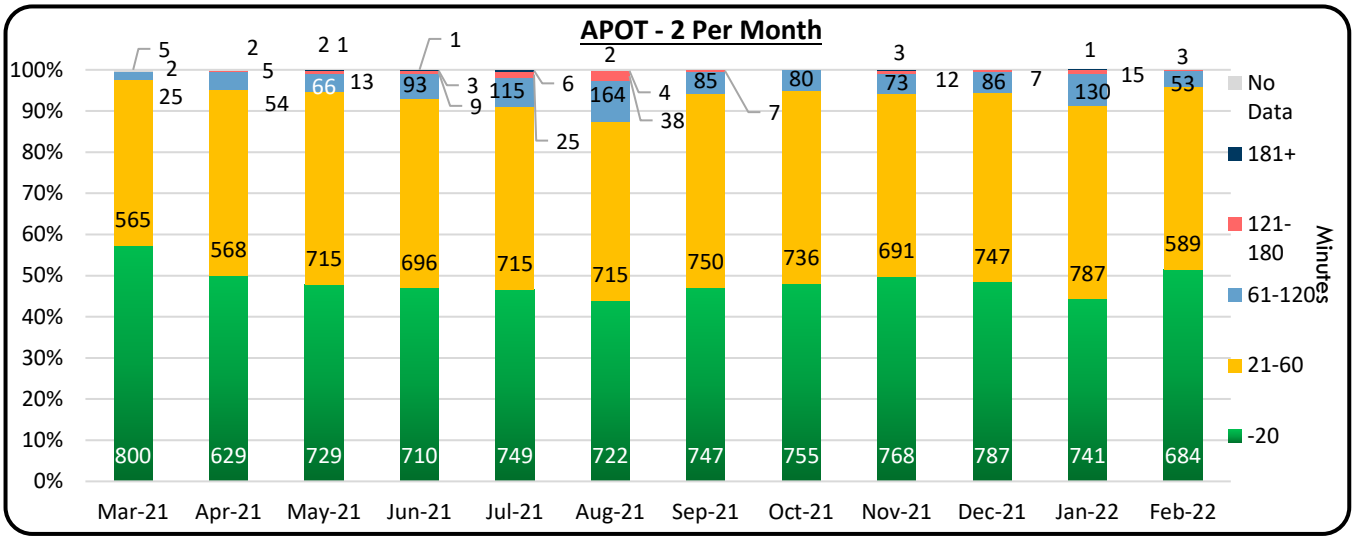

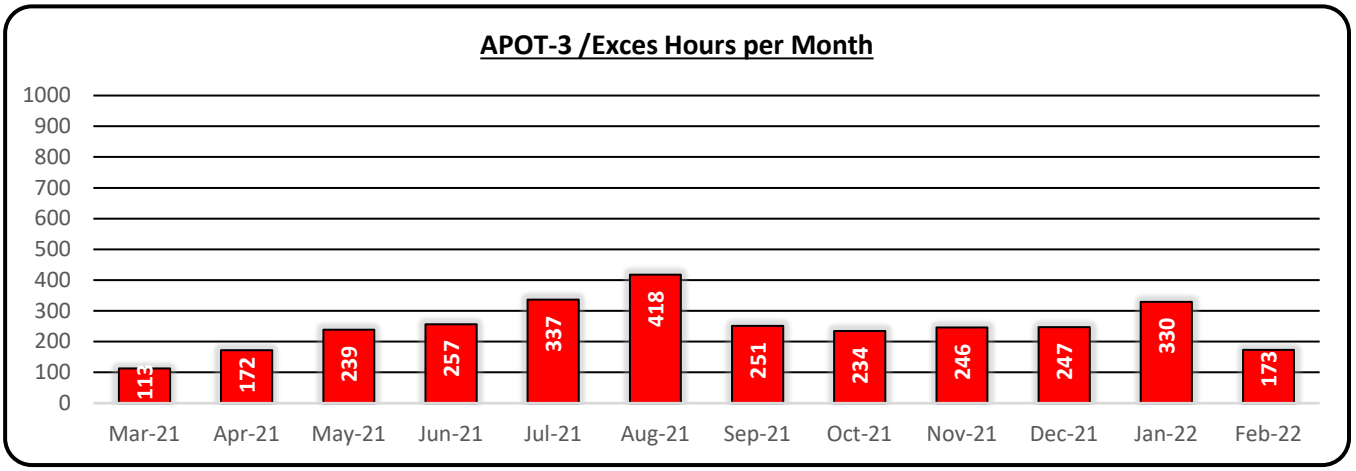

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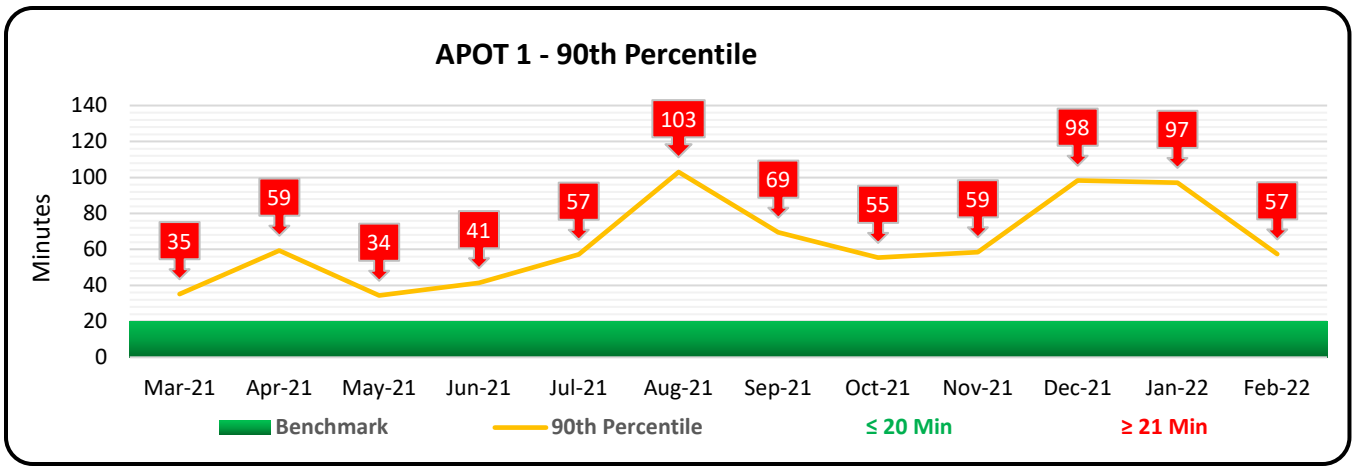

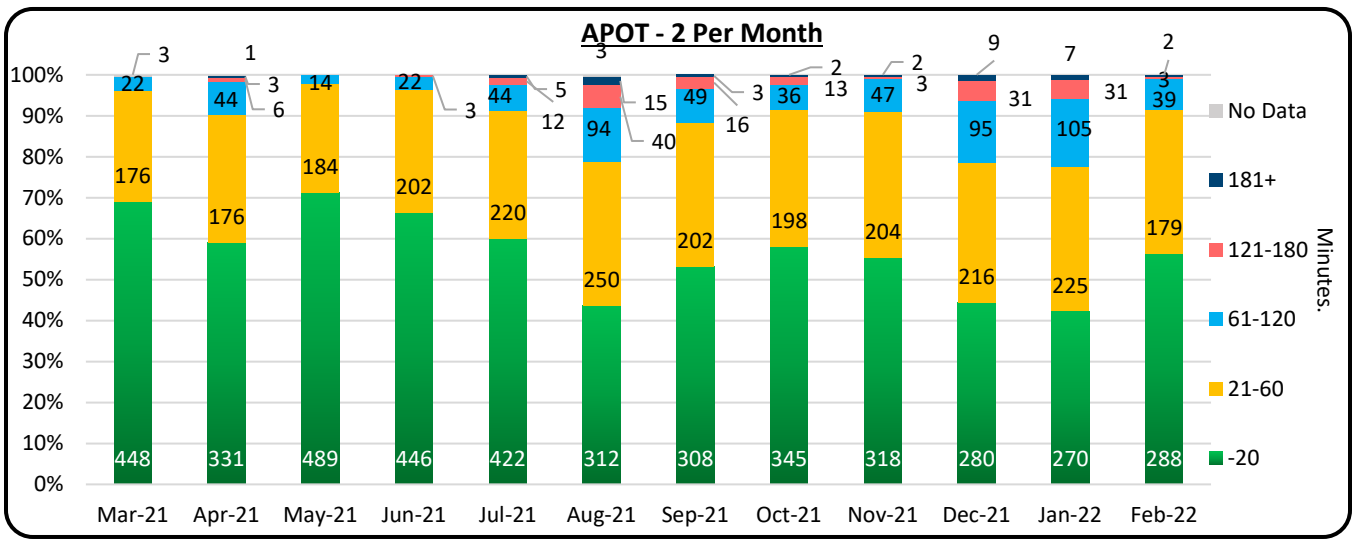

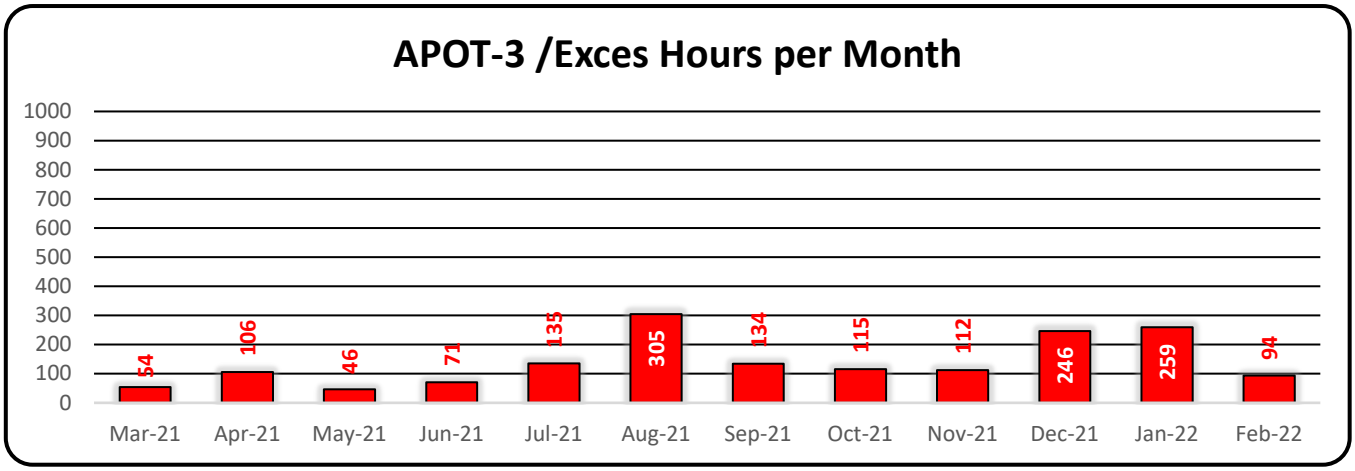

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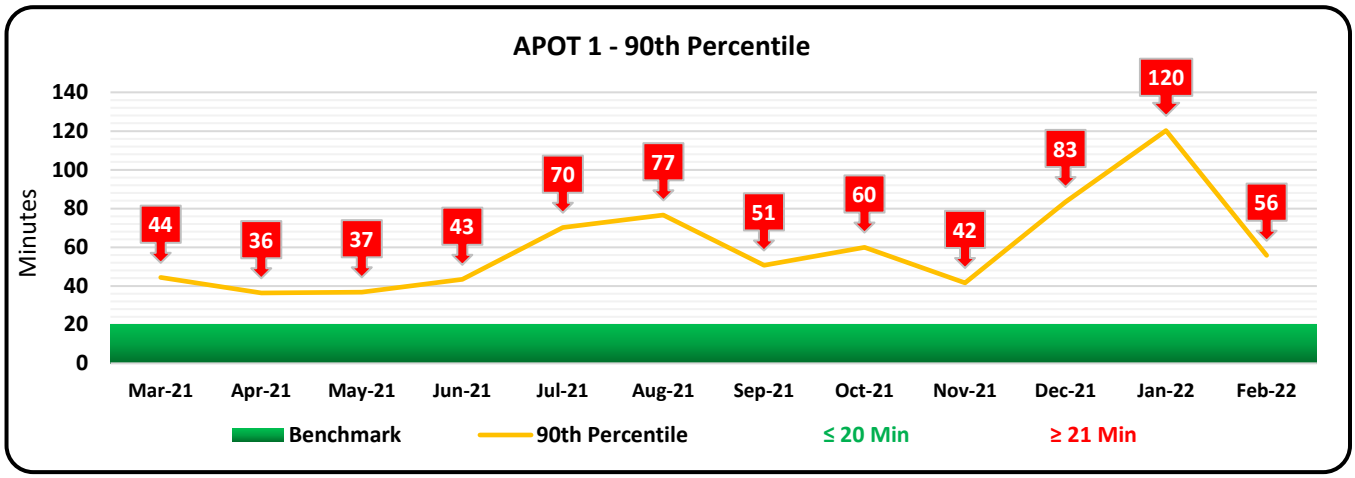

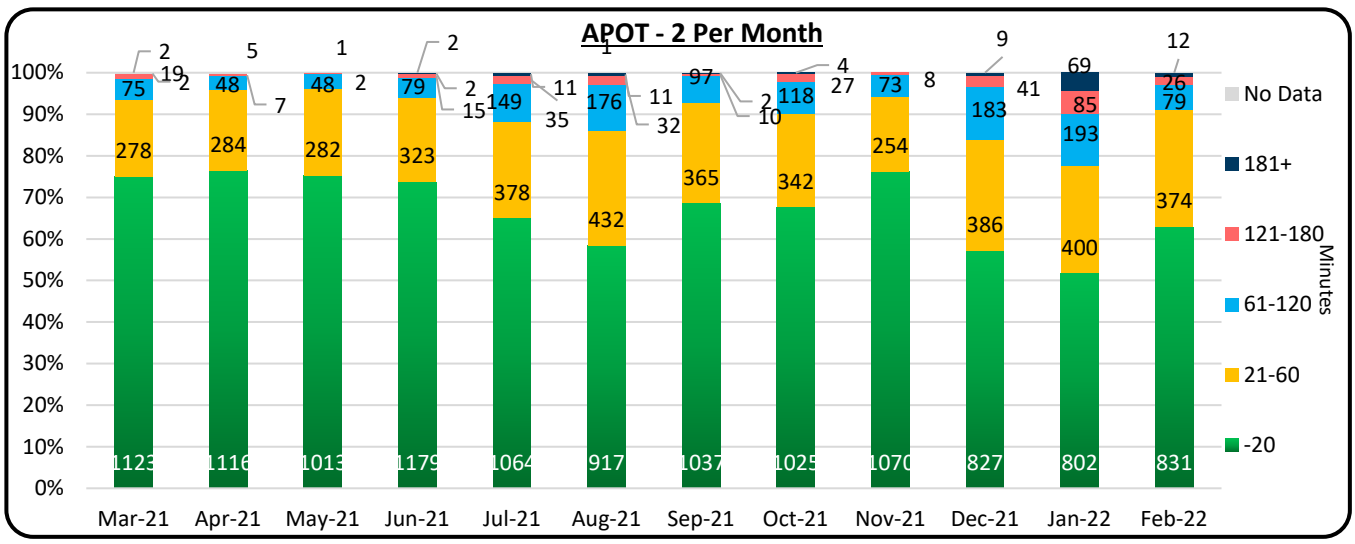

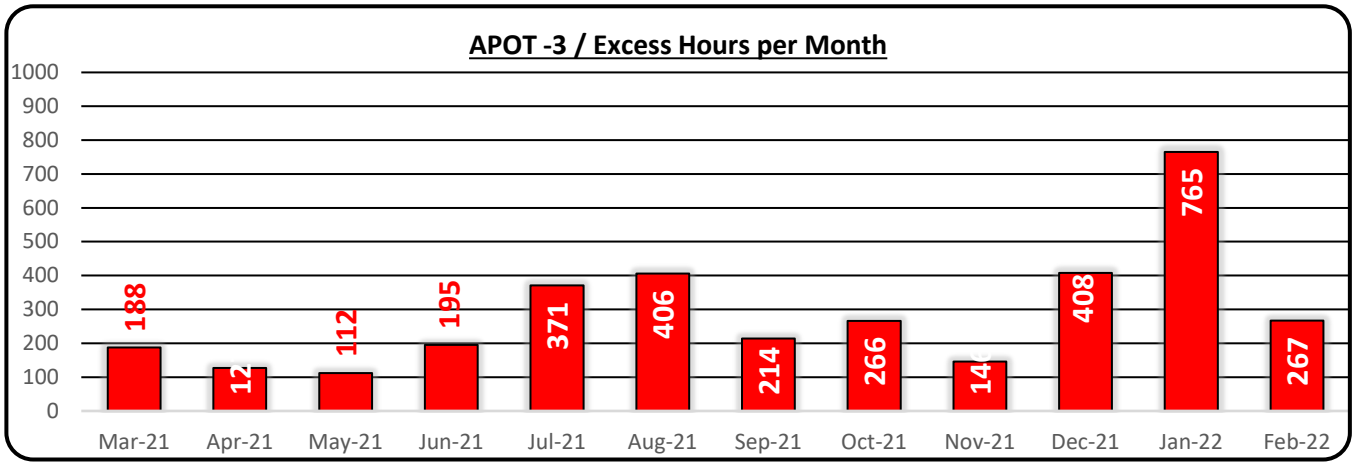

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APOT 1, 2 & 3 - ROLLING 12 MONTHS / MERCY GENERAL

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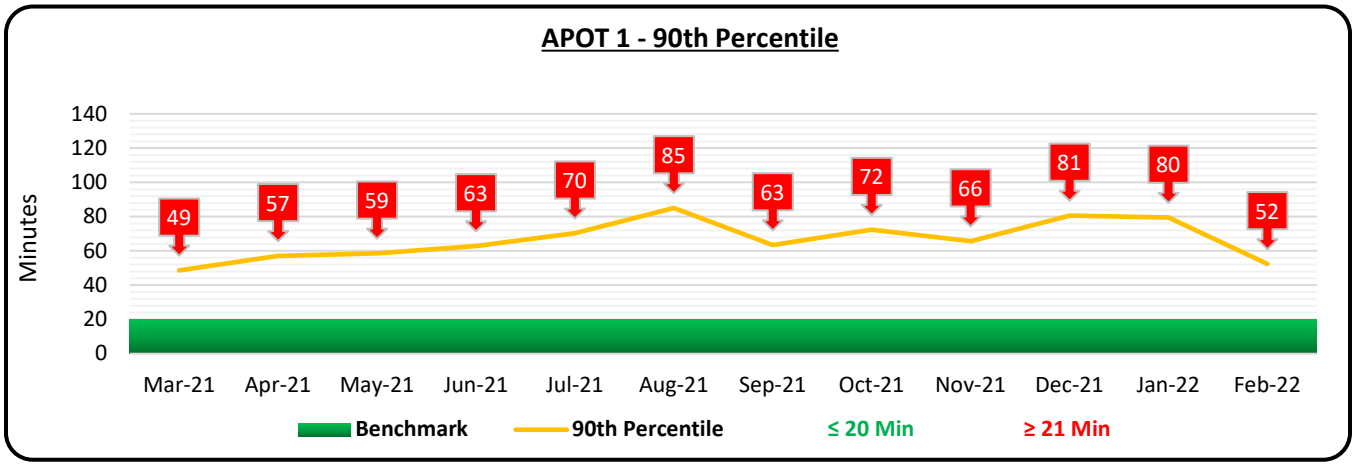

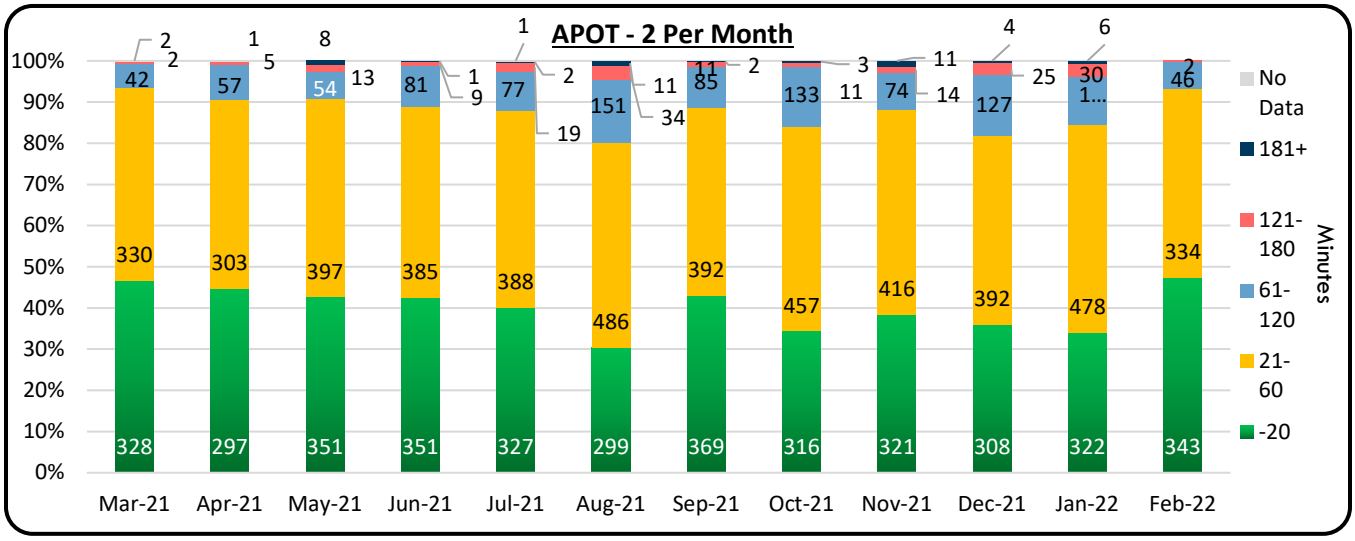

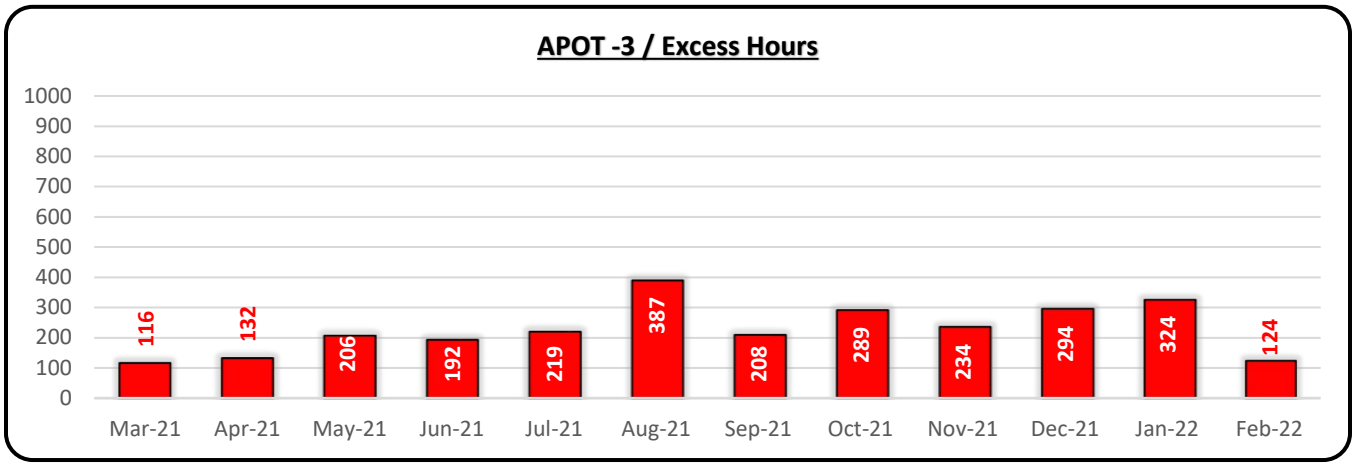

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APOT 1, 2 & 3 - ROLLING 12 MONTHS / MERCY OF FOLSOM

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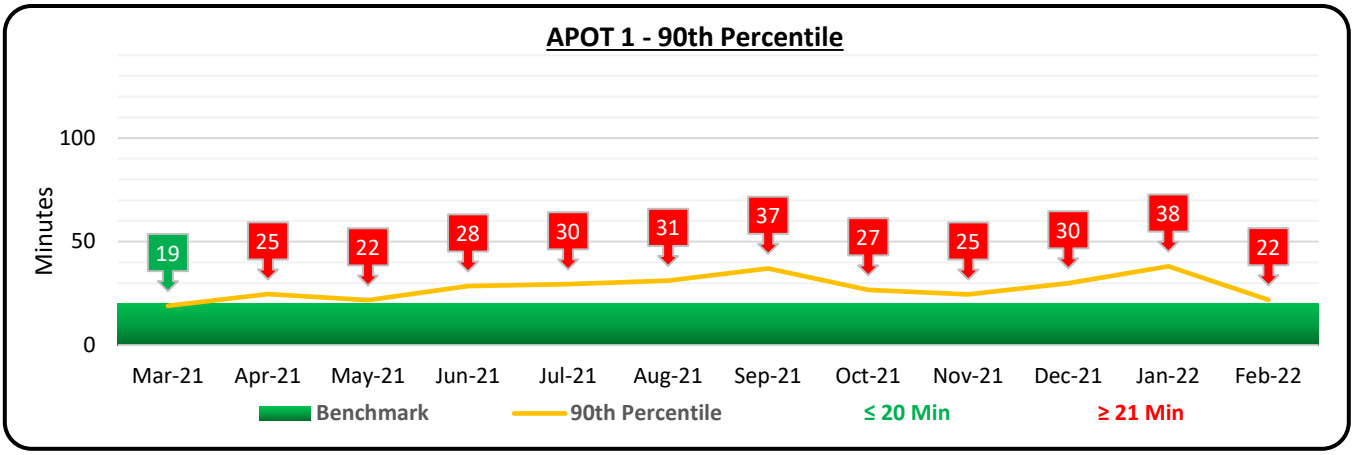

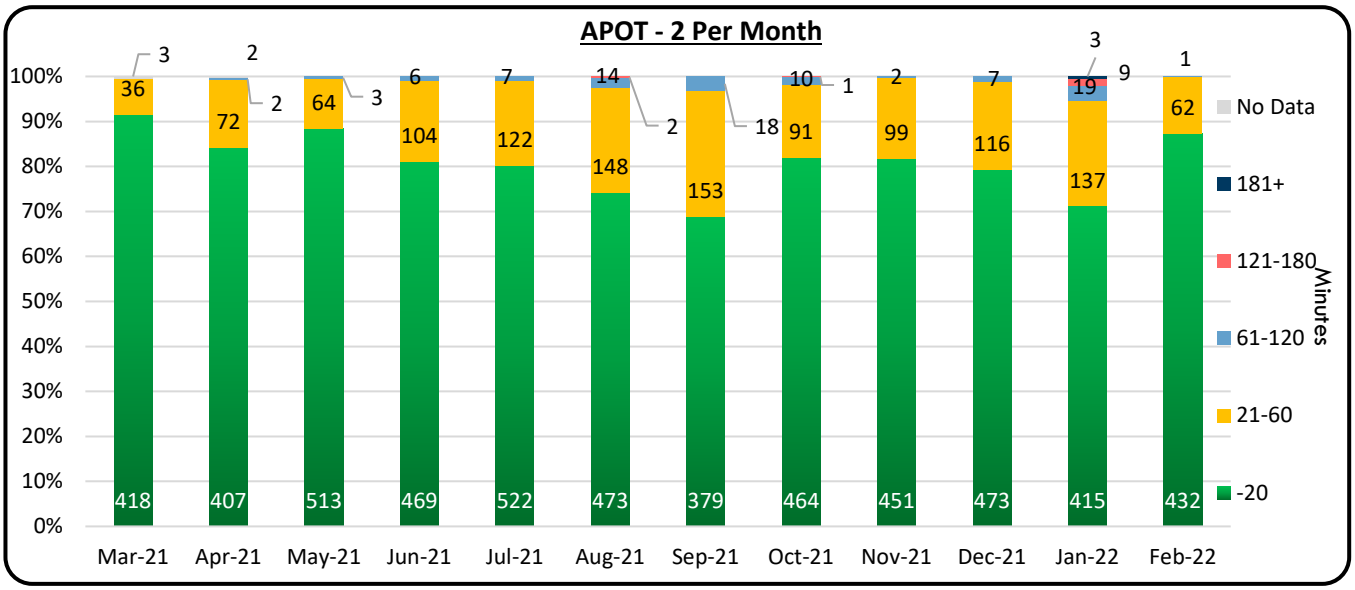

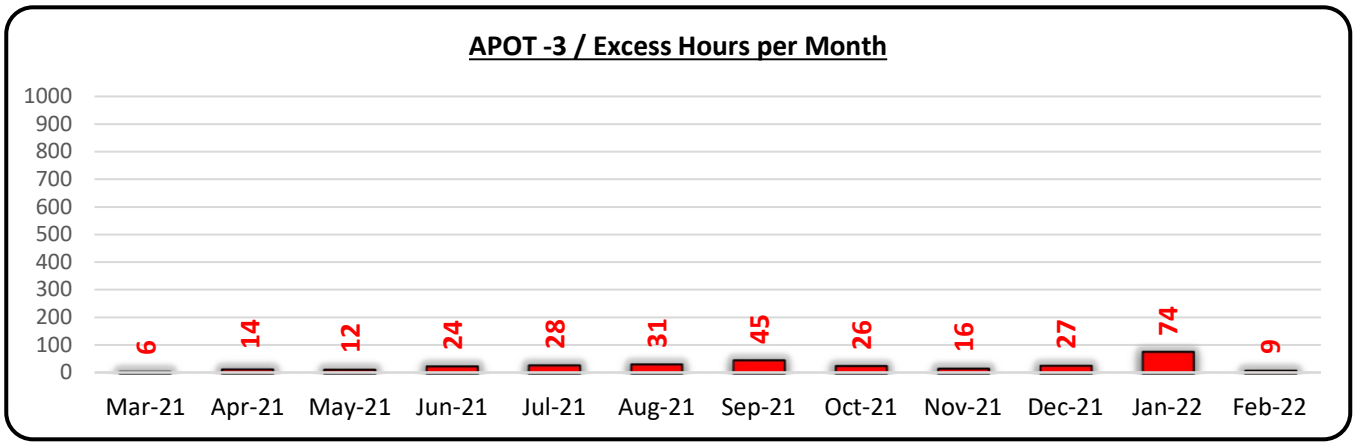

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APOT 1, 2 & 3 - ROLLING 12 MONTHS / MERCY SAN JUAN

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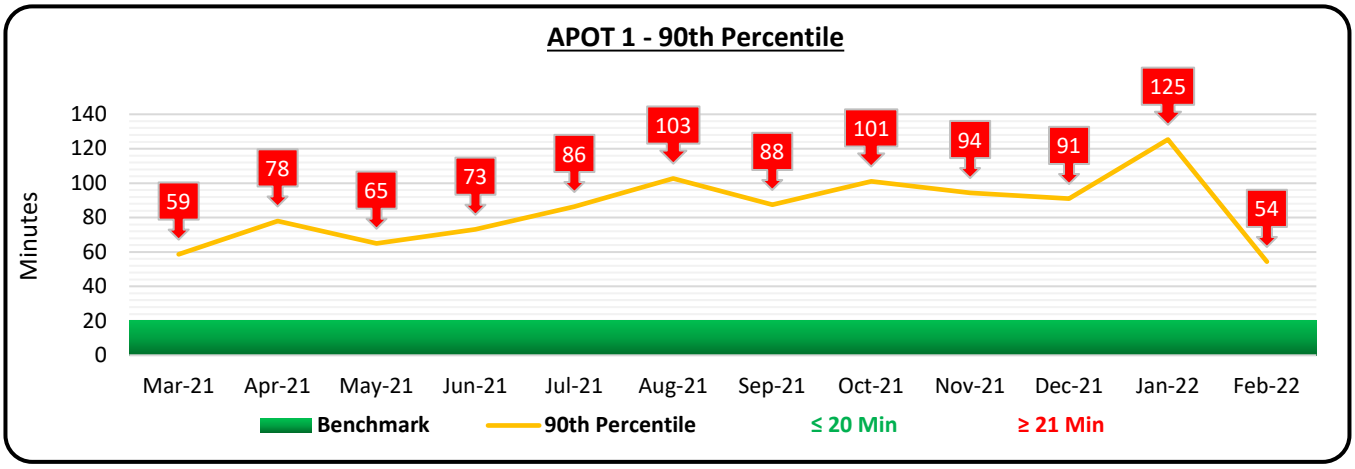
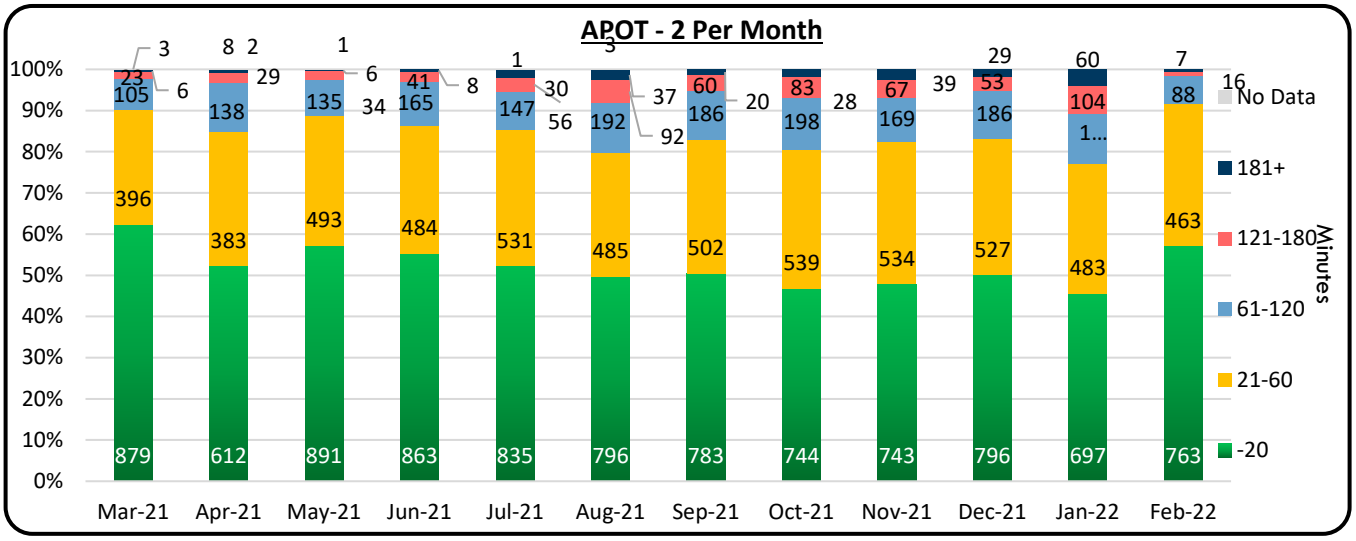
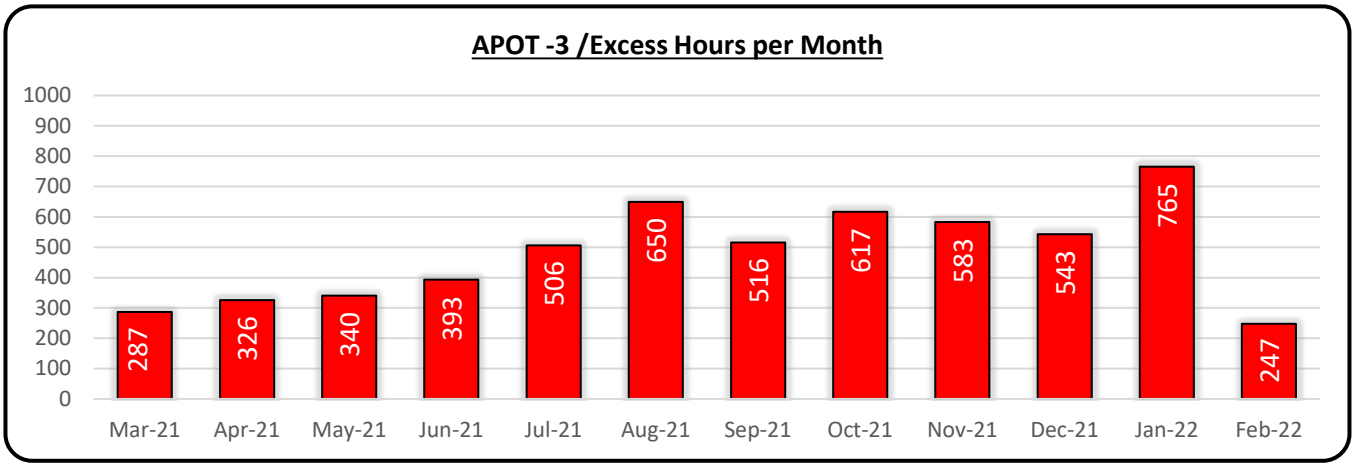


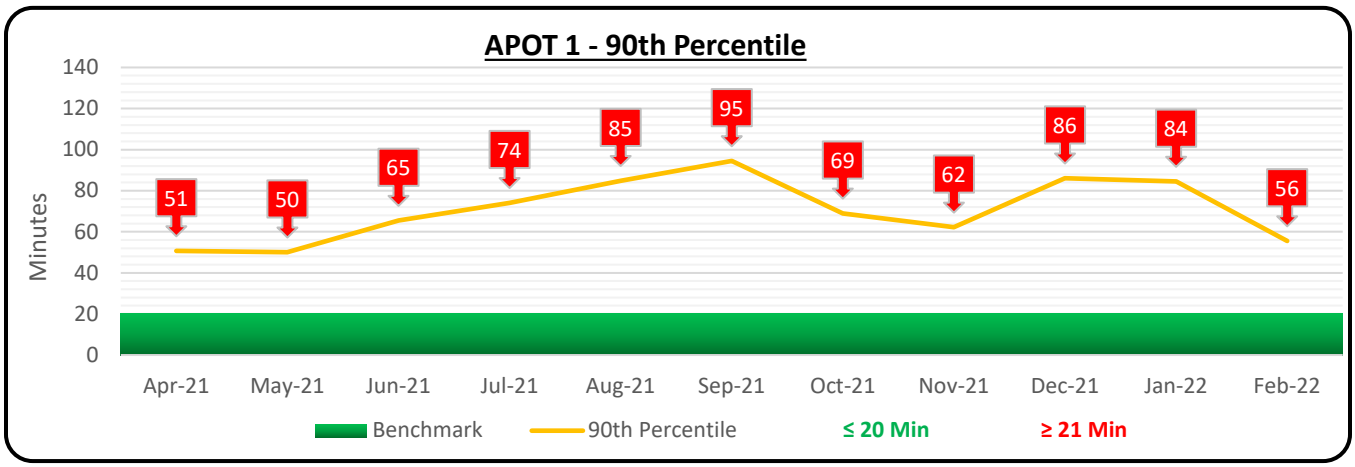


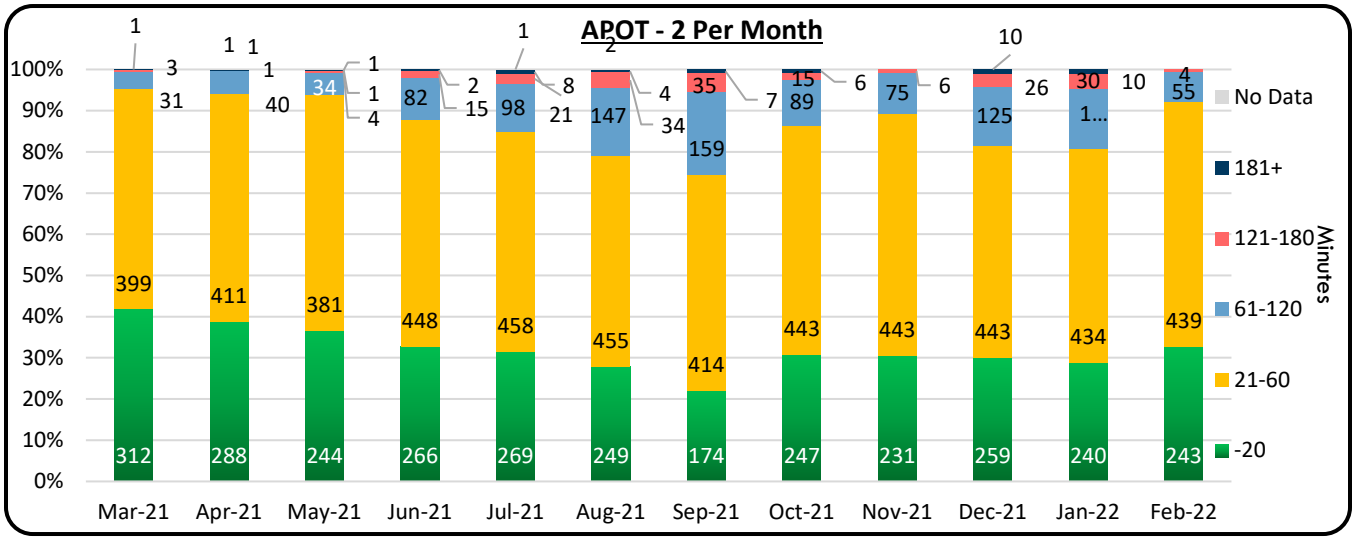


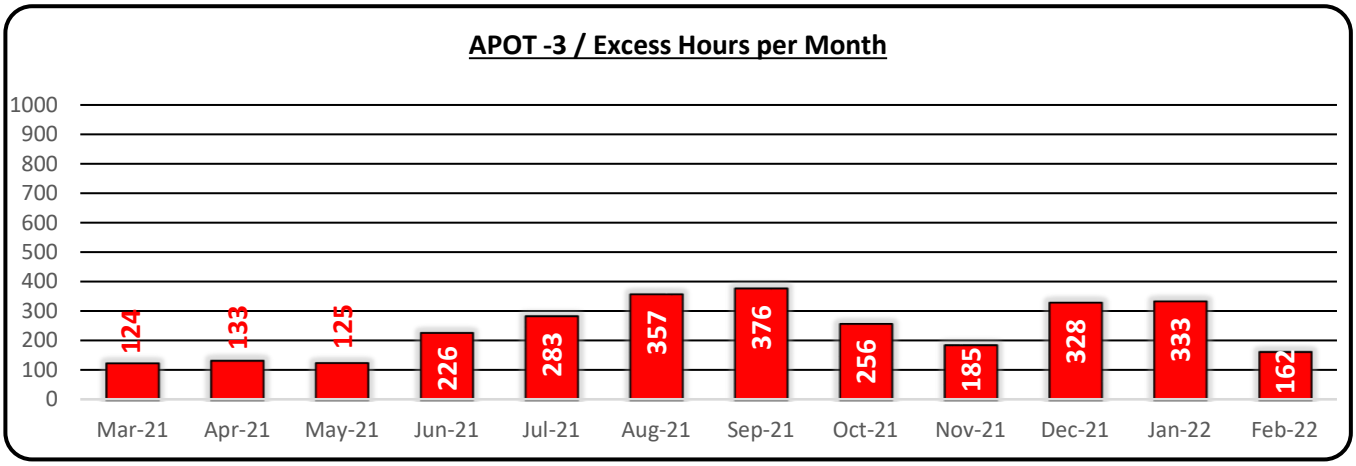
Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA) Updated: 3.7.2022

APOT 3 - ROLLING 12 MONTHS / MERCY METHODIST

APOT-1 represents the time (in minutes) under which 90% of patients have their care transferred from EMS to hospital staff. **APOT-2** is the percentage of patients whose care is transferred from EMS to hospital staff by designated time frames (see graph key for time ranges). A**POT-3** Represents the excess time (in hours) over 20 min aggregate of patient transferred from EMS to hospital per month. Illustrated is the System Total Excess hours per month. *Example: if APOT in min is 184min then 184-20(APOT benchmark) = 164min. Then 164/60 = 2.73hrs*



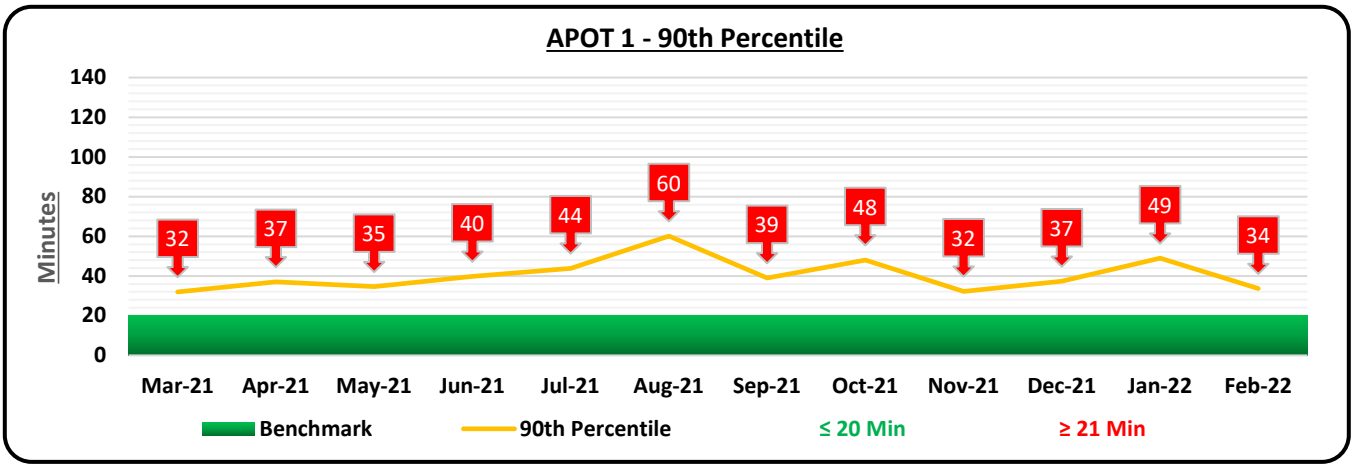


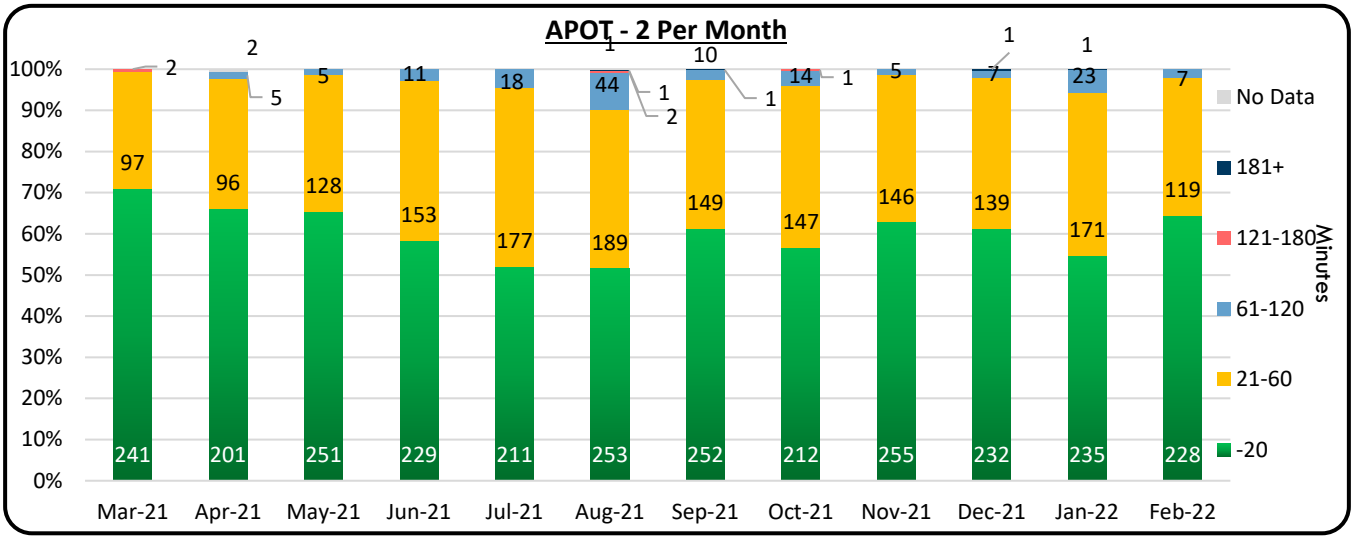


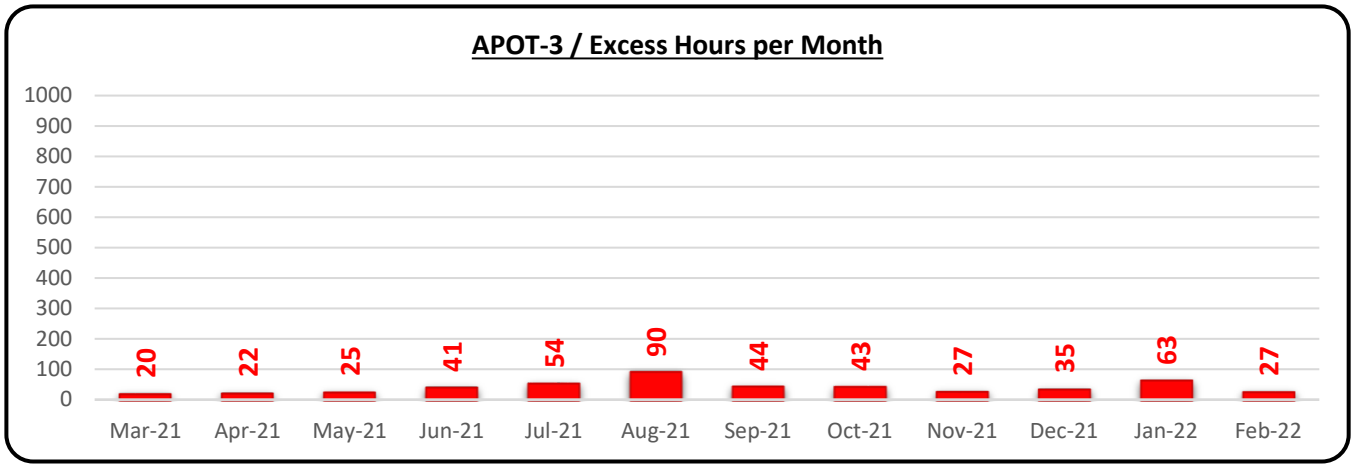
Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA) Updated: 3.7.2022

APOT 1, 2 & 3 - ROLLING 12 MONTHS / SUTTER ROSEVILLE

APOT-1 represents the time (in minutes) under which 90% of patients have their care transferred from EMS to hospital staff. **APOT-2** is the percentage of patients whose care is transferred from EMS to hospital staff by designated time frames (see graph key for time ranges). A**POT-3** Represents the excess time (in hours) over 20 min aggregate of patient transferred from EMS to hospital per month. Illustrated is the System Total Excess hours per month. *Example: if APOT in min is 184min then 184-20(APOT benchmark) = 164min. Then 164/60 = 2.73hrs*



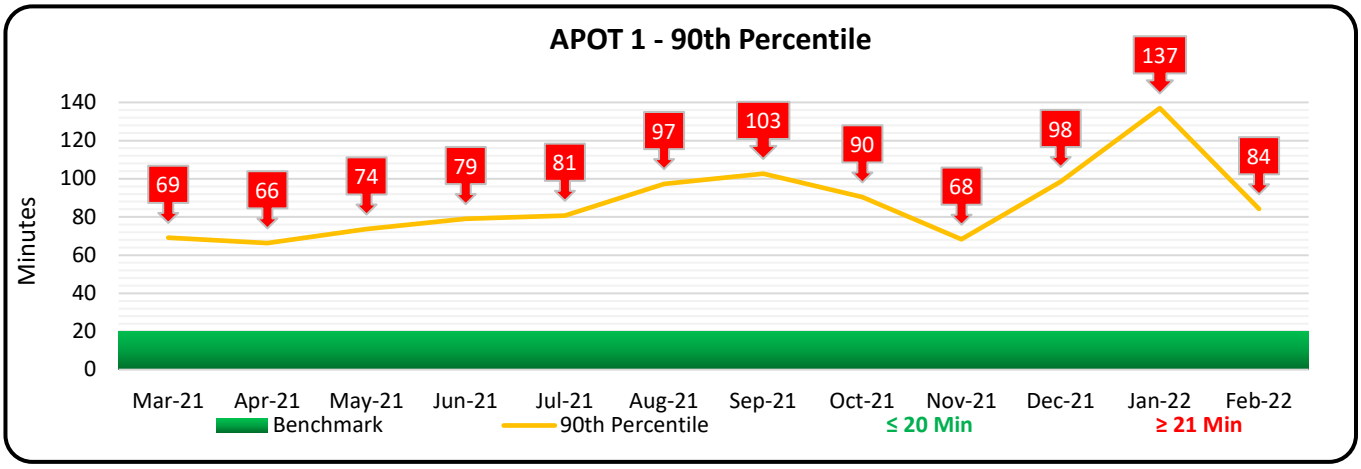


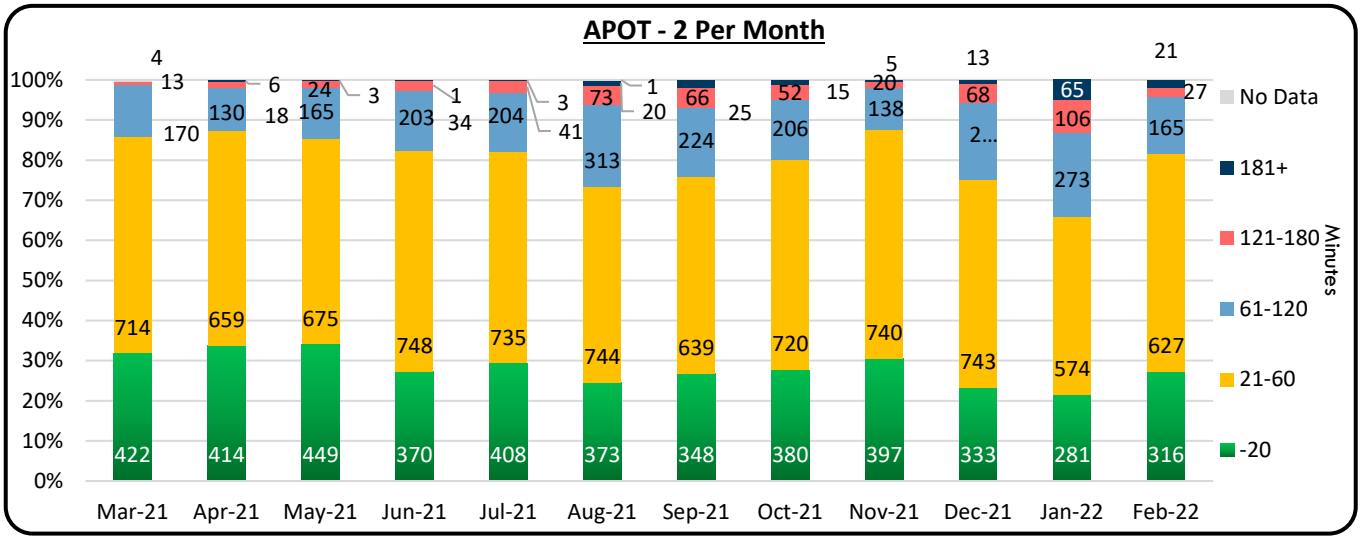


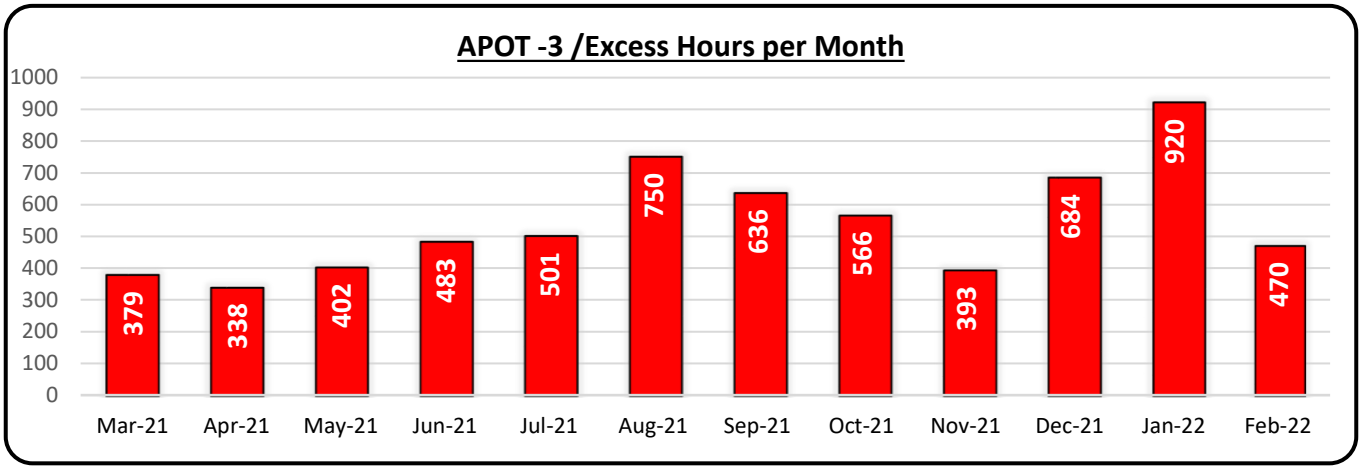
Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA) Updated: 3.7.2022

APOT 1, 2 & 3 - ROLLING 12 MONTHS / SUTTER SACRAMENTO

APOT-1 represents the time (in minutes) under which 90% of patients have their care transferred from EMS to hospital staff. **APOT-2** is the percentage of patients whose care is transferred from EMS to hospital staff by designated time frames (see graph key for time ranges). A**POT-3** Represents the excess time (in hours) over 20 min aggregate of patient transferred from EMS to hospital per month. Illustrated is the System Total Excess hours per month. *Example: if APOT in min is 184min then 184-20(APOT benchmark) = 164min. Then 164/60 = 2.73hrs*



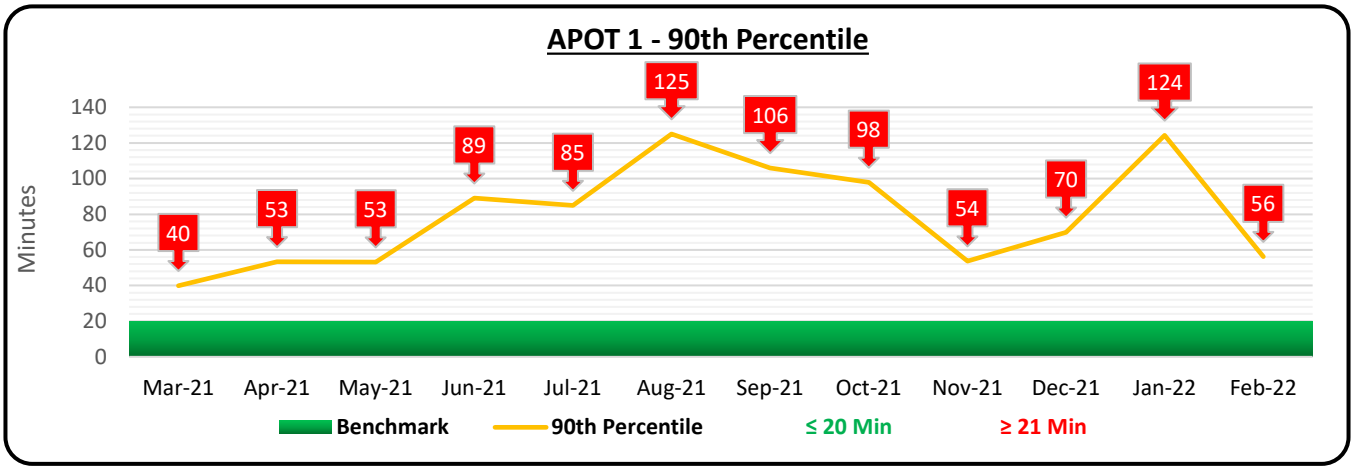


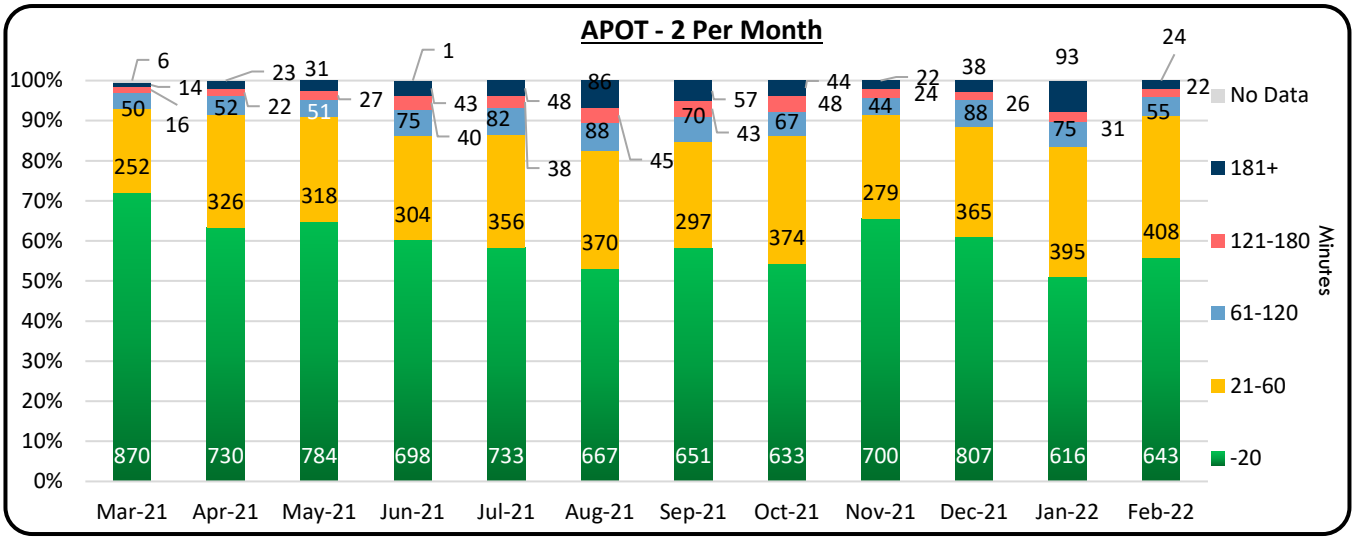


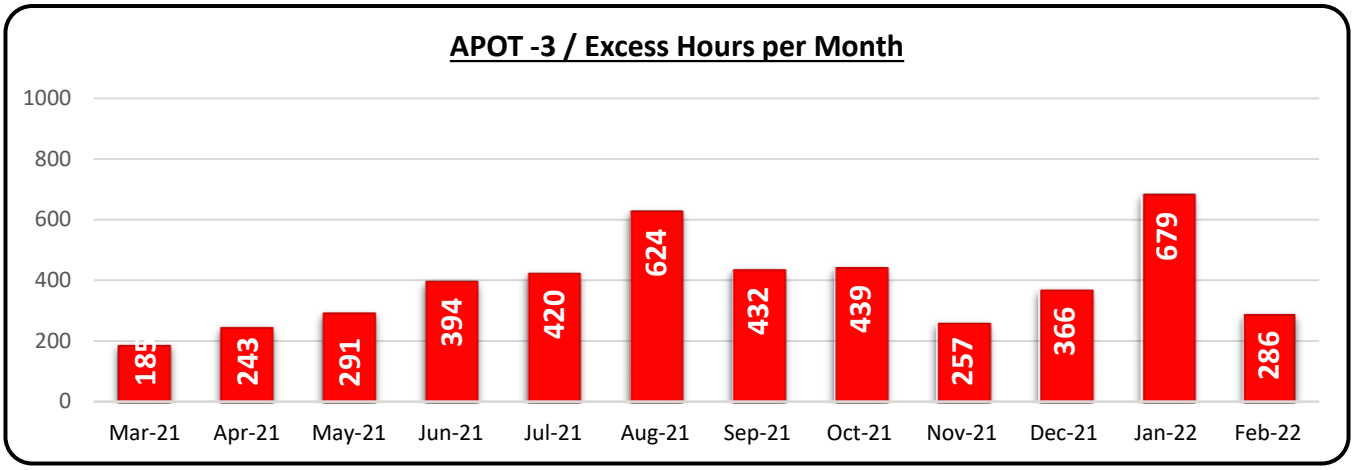
Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA) Updated: 3.7.2022

APOT 1, 2 & 3 - ROLLING 12 MONTHS / UC DAVIS

APOT-1 represents the time (in minutes) under which 90% of patients have their care transferred from EMS to hospital staff. **APOT-2** is the percentage of patients whose care is transferred from EMS to hospital staff by designated time frames (see graph key for time ranges). A**POT-3** Represents the excess time (in hours) over 20 min aggregate of patient transferred from EMS to hospital per month. Illustrated is the System Total Excess hours per month. *Example: if APOT in min is 184min then 184-20(APOT benchmark) = 164min. Then 164/60 = 2.73hrs*



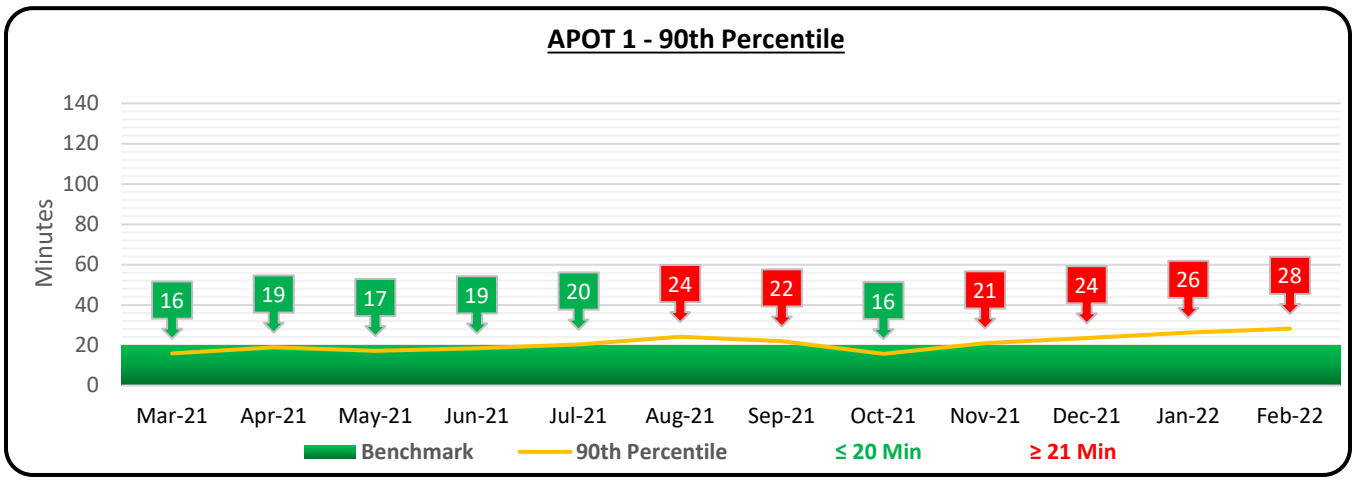


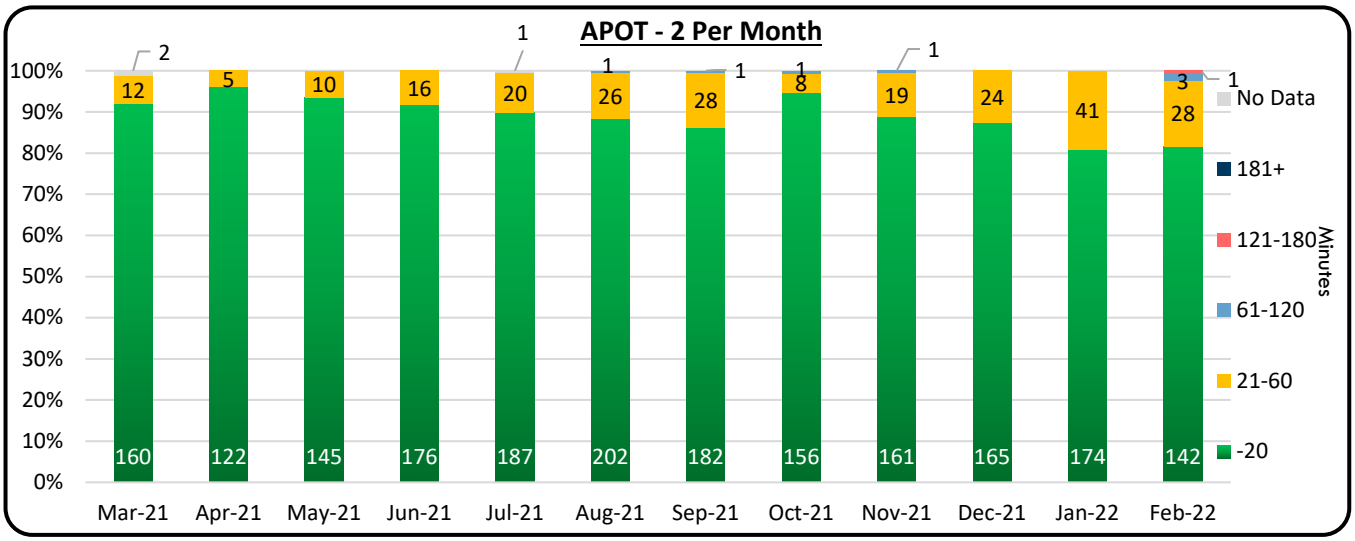


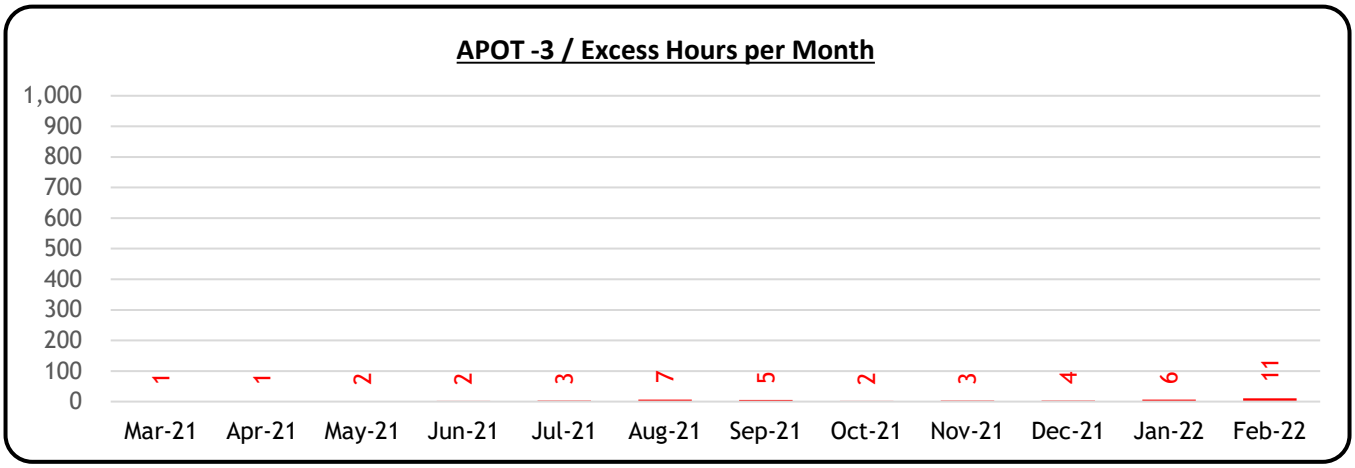
Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA) Updated: 3.7.2022

APOT 1, 2 & 3 - ROLLING 12 MONTHS / VA

APOT 1 represents the time (in minutes) under which 90% of patients have their care transferred from EMS to hospital staff. **APOT-2** is the percentage of patients whose care is transferred from EMS to hospital staff by designated time frames (see graph key for time ranges). A**POT-3** Represents the excess time (in hours) over 20 min aggregate of patient transferred from EMS to hospital per month. Illustrated is the System Total Excess hours per month. *Example: if APOT in min is 184min then 184-20(APOT benchmark) = 164min. Then 164/60 = 2.73hrs*



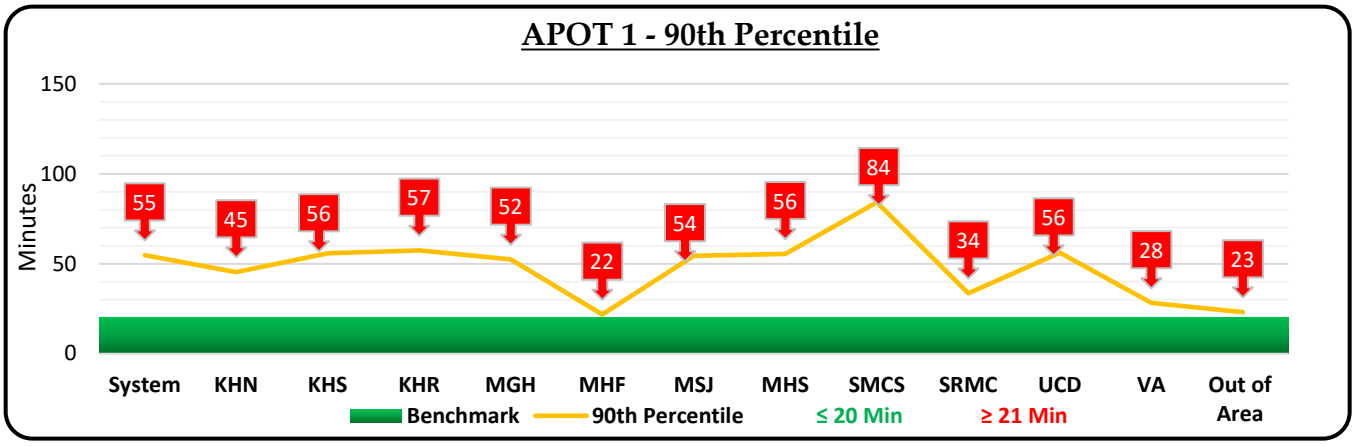


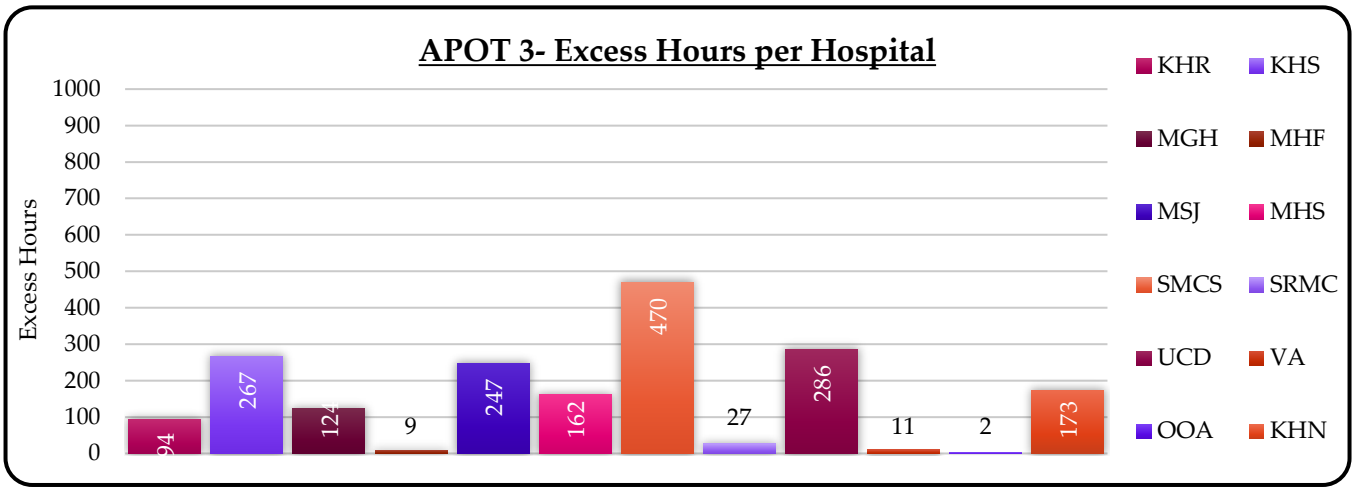


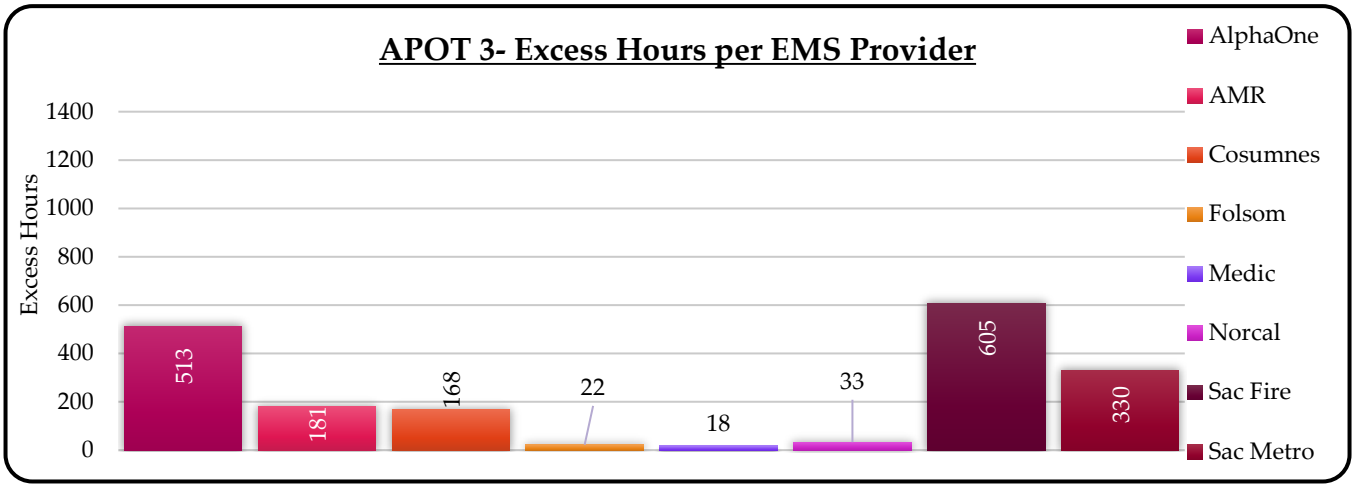
Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA) Updated: 3.7.2022

APOT 1 PER HOSPITAL & APOT 3 PER HOSPITAL & PROVIDER AGENCY FOR FEBRUARY - 2022

APOT-1 represents the time (in minutes) under which 90% of patients have their care transferred from EMS to hospital staff. **APOT-2** is the percentage of patients whose care is transferred from EMS to hospital staff by designated time frames (see graph key for time ranges). A**POT-3** Represents the excess time (in hours) over 20 minutes aggregate of patient transferred from EMS to hospital per month. Illustrated is the System Total Excess hours per month. *Example: if APOT in min is 184min then 184-20(APOT benchmark) = 164min. Then 164/60 = 2.73hrs*







Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA) Updated: 3.7.2022

APOT Table - February 2022

Key: Green Low /Best / Red Highest

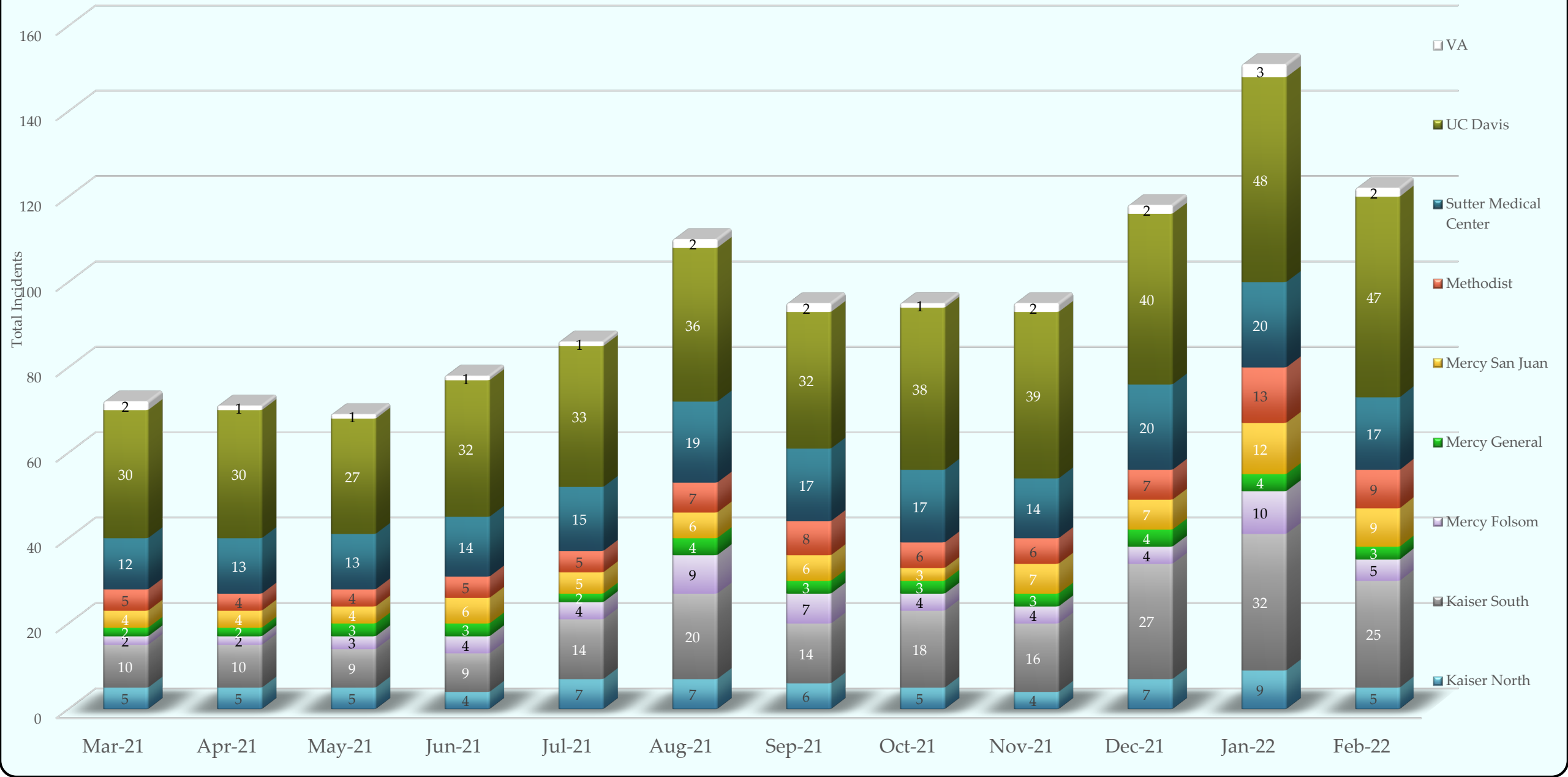
Hospital Names	Excess Hours	APOT in Minutes	Percentage within 20 min	EMS Field to ED Patient count	Average Cost of Excess Hours to EMS Strike Team Rate $210.74hr	Average Cost per 10 patients
Kaiser Roseville	94	0:57:23	56.36%	511	$19,824.21	$387.95
Kaiser Morse	173	0:45:23	51.47%	1329	$36,550.89	$275.03
Kaiser South	267	0:55:45	62.86%	1322	$56,174.47	$424.92
Mercy General	124	0:52:26	47.07%	725	$26,053.01	$359.35
Mercy of Folsom	9	0:21:51	87.27%	495	$1,998.94	$40.38
Mercy San Juan	247	0:54:24	57.07%	1337	$52,113.23	$389.78
Mercy Methodist	162	0:55:34	32.79%	741	$34,074.97	$459.85
Sutter Sacramento	470	1:24:09	27.34%	1156	$98,979.80	$856.23
Sutter Roseville	27	0:33:39	64.41%	354	$5,586.40	$157.81
UC Davis	286	0:56:15	58.82%	1152	$60,168.83	$522.30
VA Sacramento	11	0:28:14	81.61%	174	$2,269.46	$130.43
Out of Area	2	0:23:09	74.71%	77	$424.99	$55.19
System	**1871**	**0:54:47**	**53.11%**	**9,373**	**$394,219.20**	**$420.59**

SCEMSA Quarterly Reports

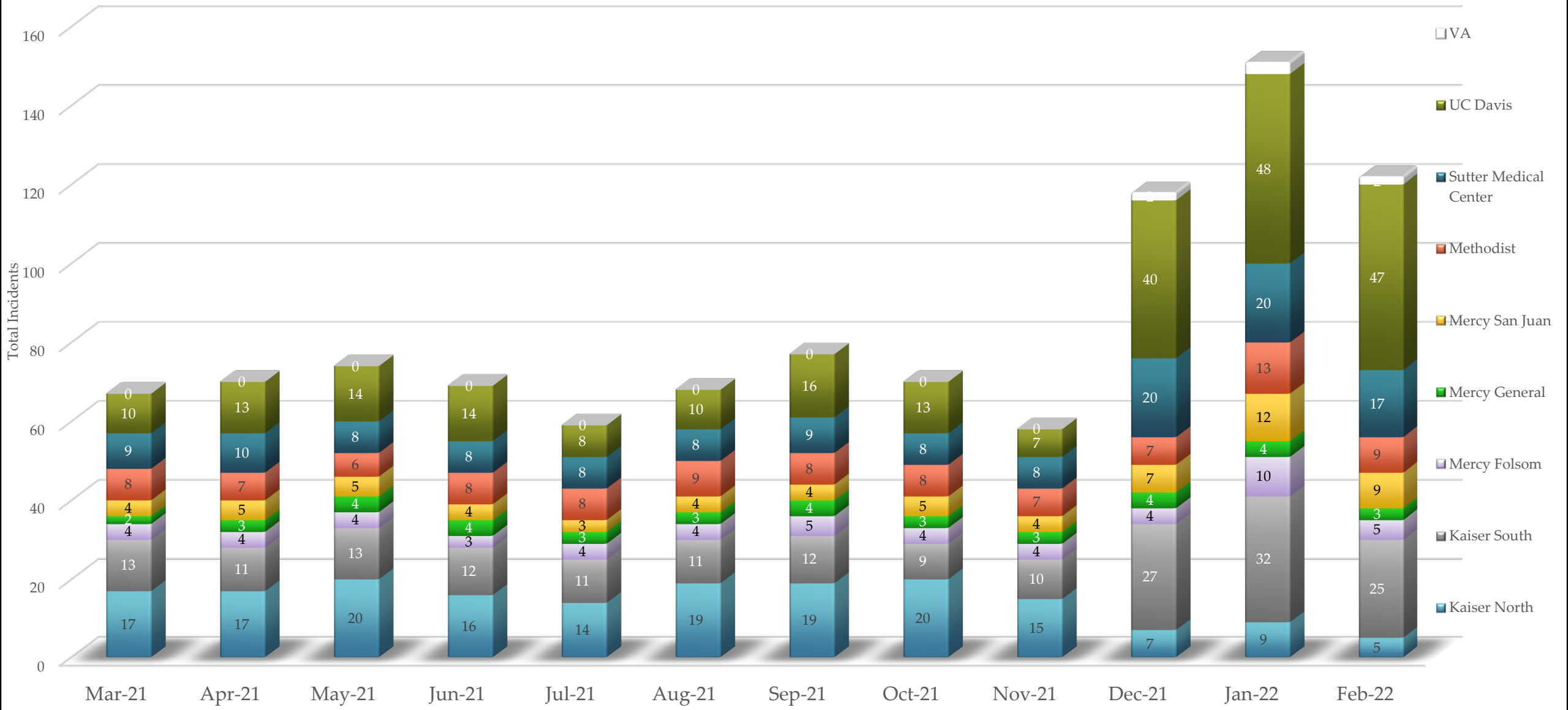
2021 - 4Quarter

SCENE Calls (911-Response) - 2021-4Quarter	Incident Count	Notes
Responses (911-Response)	**59622**	
Average Response Time of First Unit on Scene (PSAP to Arrived Scene)	**0:11:14**	
Average Response Time of First Unit on Scene (unit notified to Arrived Scene)	**0:07:55**	
Treated and Transported	**32844**	(of Scene Calls 911-Response).
Treated and Transferred Care & Assist	**5355**	
Transported By Law Enforcement	**1**	
Coroners / Diseased	**736**	
Cancelled	**20662**	No Patient found/ No Contact / Prior to Arrival
RST -4 (Percentage of Response with Lights and Sirens)	**3554**	
RST -5 (Percentage of Transports with Lights and Sirens)	**10.44%**	
IFT's	**3529**	
Primary Impressions of Scene calls treated and transported	**Incident Count**	
Traumatic Injury	**4,799**	
General Weakness	**3,320**	
Abdominal Pain/Problems (GI/GU)	**2,437**	
Behavioral/Psychiatric Crisis	**2,132**	
Non-Traumatic Body Pain	**1,722**	
Respiratory Distress/Other	**1,674**	
ALOC - (Not Hypoglycemia or Seizure)	**1,422**	
Pain/Swelling - Extremity - non-traumatic	**1,189**	
Chest Pain - Suspected Cardiac	**1,167**	
Nausea/Vomiting	**988**	
Seizure - Post	**977**	
Stroke / CVA / TIA	**946**	
Syncope/Near Syncope	**847**	
No Medical Complaint	**733**	
Respiratory Distress/Bronchospasm	**728**	
AMA/ Released / Refused / No Treatment of Scene Calls	**Incident Count**	
AMA's	**4577**	
Patient Refused Evaluation/Care (Without Transport)	**3788**	
Patient Treated, Released (per protocol)	**830**	

EMS: Patients on Medical Hold per Local Hospital Emergency Department



EMS: Patients Awaiting Placement into Psychiatric Facility per Local Hospital Emergency Department



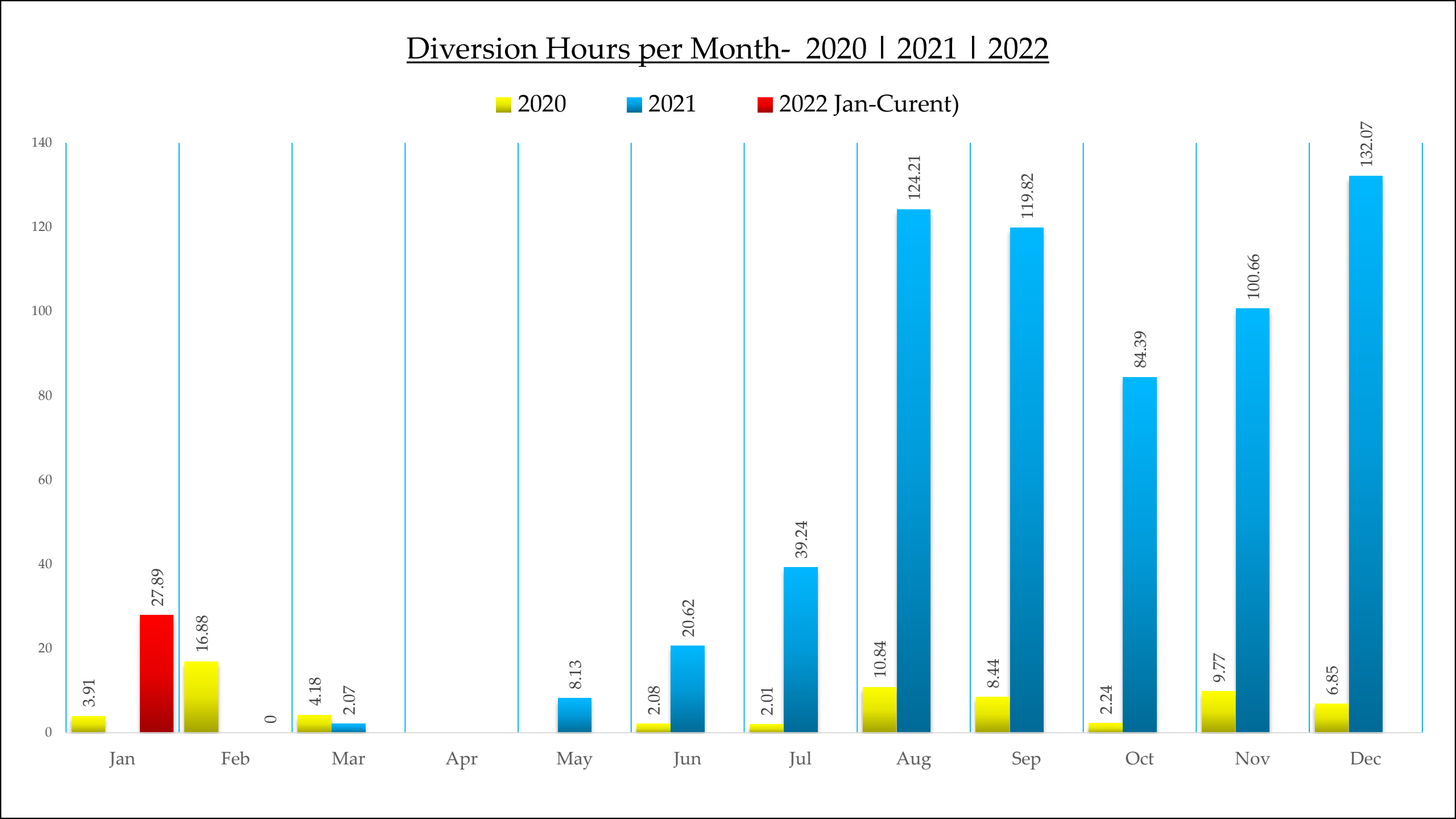
Decompression Hours per Month per Hospital

Hospital	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
KHN			1.99		5.91	17.54	6.29		8.1	4.62		
KHS	2.07		6.09	10.35	22.98	36.31	18.37	12.23	12.33	66.02	8.13	
MGH			0.05			11.68			2.14	0.98	5.94	
MHF						19.53	40.47	17.43	11	9.87	5.29	
MSJ						13.78	4.07	5.96	22.46	10.52	8.21	
MHS					4.05	2.33	4.09		0	1.48		
SMCS						2.07	12.71	4.26	4.19	10.71		
UCD				10.27	6.3	20.97	33.8	44.51	40.44	25.57	0.32	
VA							0.02		0	2.3		
Total Hours	**2.07**	**0**	**8.13**	**20.62**	**39.24**	**124.21**	**119.82**	**84.39**	**100.66**	**132.07**	**27.89**	**0**

SCEMSA Imposed Diversion Hours per month

Hospital	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	22-Feb
Kaiser North							
Kaiser South Trauma Center	2.89						
Mercy General	1.26						
Mercy Folsom							
Mercy San Juan Trauma Center				1.04			
Methodist							
Sutter Medical Center	1.13	3.04	3.24				
UC Davis Medical Center Trauma Center	4.61	1.02	2.06	0.98			
VA Medical Center							
Total	**9.89**	**4.06**	**5.3**	**2.02**	**0**	**0**	**0**

Diversion Hours per Month- 2020 | 2021 | 2022



Advisory Hours per Month per Hospital

Hospital	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
KHN			6.45					0.00	72.54	0.00		
KHS	72.03		8.00	2.56	17.95	1.42	99.25	49.11	48.98	89.16		8.79
MHF							5.48	132.51	277.14	61.78	31.07	
MGH				0.73			0.78	8.50	0.00	61.66	4.10	1.07
MSJ						0.92		12.08	0.00	5.11	8.71	
MHS				0.17				0.00	0.00	9.90	0.80	
SMCS							6.08	4.05	39.08	0.00	0.00	6.17
UCD			1.51					0.00	0.00	0.00	0.00	
VA	7.41				1.79			1.59	0.00	12.58	0.00	
Total	**79.44**	**0.00**	**15.96**	**3.46**	**19.74**	**2.34**	**111.59**	**207.84**	**437.74**	**240.19**	**44.68**	**16.03**

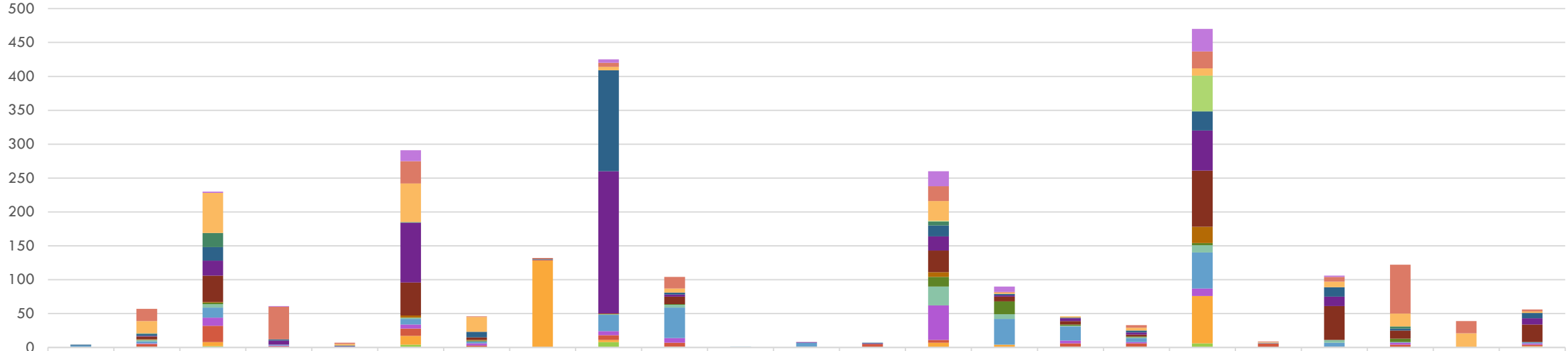
Advisory Status Represents: CT or STEMI Services unavailable / Power Outage / Main power outage, using auxiliary power

Internal Disaster Hours per Month per Hospital

Hospital	Mar-21	Apr-20	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
KHN												
KHS		0.38										
MHF						24.02					47.92	
MGH			1.79			0.25				3.09		
MSJ												
MHS							0.33					
SMCS							1.99					
UCD								0.38				6.17
VA			3.70									
Total	**0**	**0.38**	**5.49**	**0**	**0**	**24.27**	**2.32**	**0.38**	**0**	**3.09**	**47.92**	**6.17**

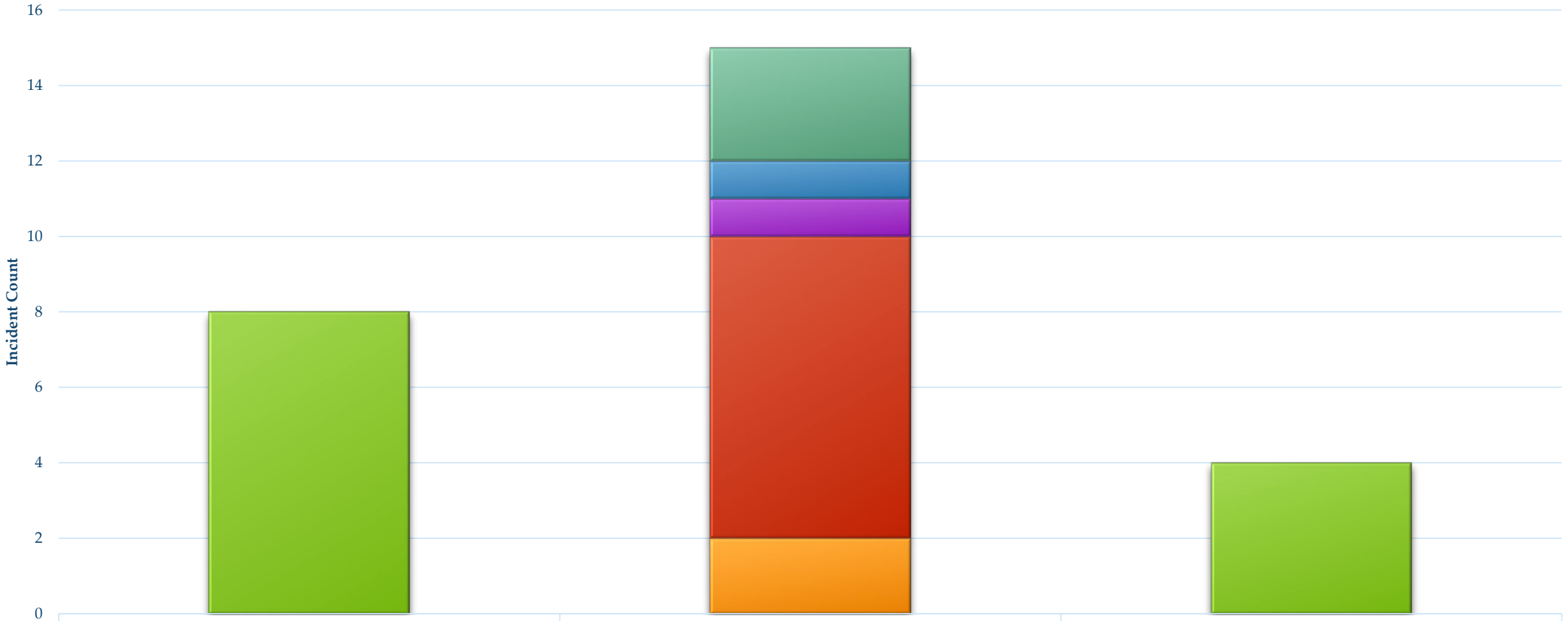
Interfacility Transports

Total IFT's Sending and Receiving Hospitals 2021- 4Quarter - EMS Data



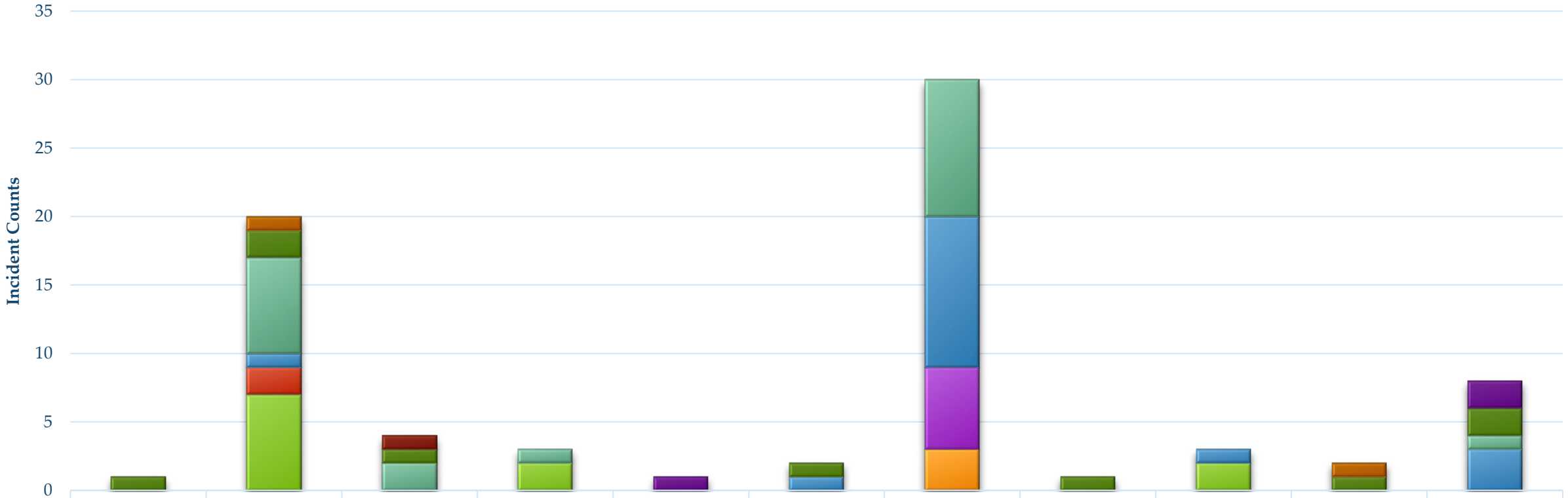
	Airfield	Kaiser OOA	KHN	KHS	Mercy OOA	MGH	MHS	Military OOA	MSJ	OOA	SAF	SDH	Shriners	SMCS	SRMC	Sutter OOA	UC OOA	UCD	VA	WMH	KHR	KHR W&C	MHF
Airfield-Send			2	1		16			5					22	8			33		2			
KHN-Send		18		48	2	33	1	1	6	17				22	1		4	25	1	7	72	18	3
KHS-Send		18	59		2	57	22		5	6				29	2	2	4	11	1	8	19	21	2
Lodi-Send														1				52					
Marshall-Send		1	21			1								6				1			3		
MGH-Send	1	3	20	2	1		8		149	3			1	16	2	1	3	28		14	3		8
MHS-Send		1	22	6	1	88			210	3		1	1	21	2	4	3	59		14			9
MSJ-Send		4	39			49	4	1		11				32	7	5	3	83		50	12		26
OOA-Send		1	1			3	1		1					7				24					
SAF-Send			2				1			1				14	19	2	1	3			5		
SDH-Send		2	5			2			1	4				28	7	1	1	11		4			
SMCS-Send	3	3	15	1	1	8	3	1	24	45	1	6			38	21	6	53	1	6	1		2
SRMC-Send		1	12	1		6	3		6	7				51		4	2	11			3		2
UCD-Send		4	24	2		11	3	1	7	6			5	4		5	5		6	1	4		2
VA-Send			6			13		128	3	1		1		7	4	1	1	70					1
WMH-Send		1	2			4			8									6					1

IFT's with Primary Impression of STEMI 2021-4Q - EMS Data



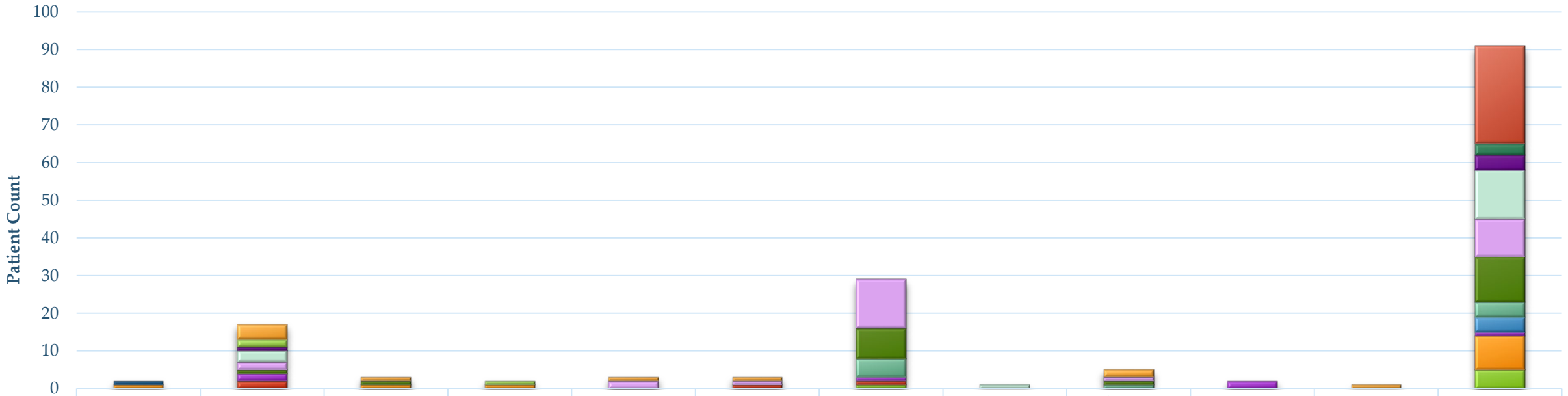
	KHS	MGH	KHR
MHF-Send		3	
VA-Send		1	
MSJ-Send		1	
MHS-Send		8	
KHS-Send		2	
KHN-Send	8		4

IFT's with Primary Impression of Stroke 2021-4Q - EMS Data



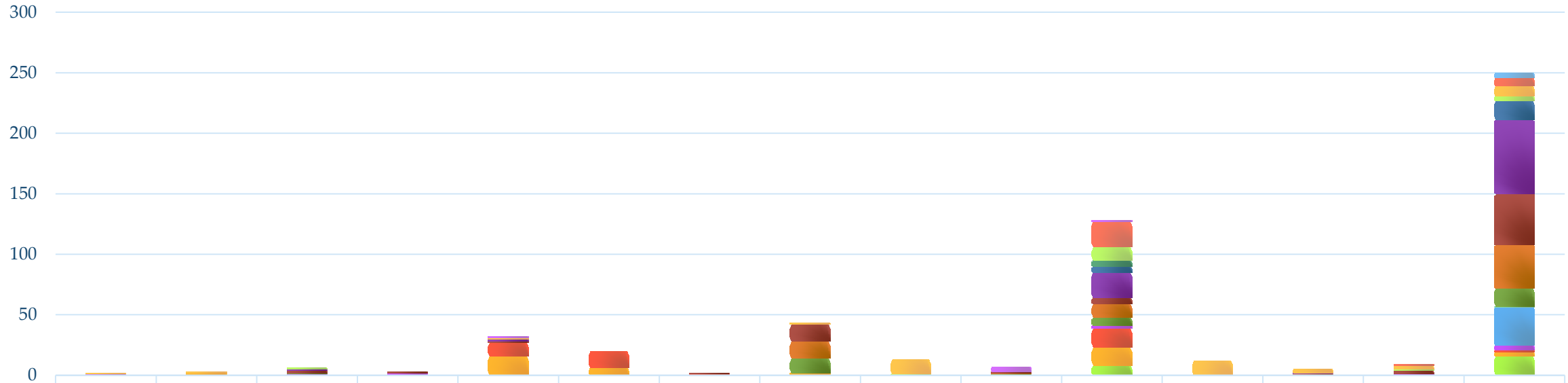
	Kaiser OOA	KHN	MGH	MHS	Military OOA	MOF	MSJ	OOA	SMCS	SRMC	UCD
VA-Send					1						2
UCD-Send			1								
SMCS-Send		1								1	
MSJ-Send	1	2	1			1		1		1	2
MOF-Send		7	2	1			10				1
MHS-Send		1				1	11		1		3
MGH-Send							6				
Marshall-Send		2									
KR-Send							3				
KHS-Send		7		2					2		

IFT's with Primary Impression of Trauma 2021-4Q - EMS Data



	Kaiser OOA	KHN	KHS	KR	MGH	MHS	MSJ	OOA	Shriners	SRMC	Sutter OOA	UCD
VA-Send												26
UCD-Send		4	1		1	1			2		1	
SRMC-Send		2		1								
SMCS-Send												3
SDH-Send	1											
OOA-Send		1										4
MSJ-Send		3						1				13
MOF-Send		2			2	1	13		1			10
MHS-Send		1	1				8		1			12
MGH-Send							5		1			4
Lodi-Send												4
KR-Send		2					1			2		1
KHS-Send		2				1	1					
KHN-Send	1		1	1								9
Airfield-Send							1					5

Total IFT's Patients <15 years old 2021-3Quarter - EMS Data



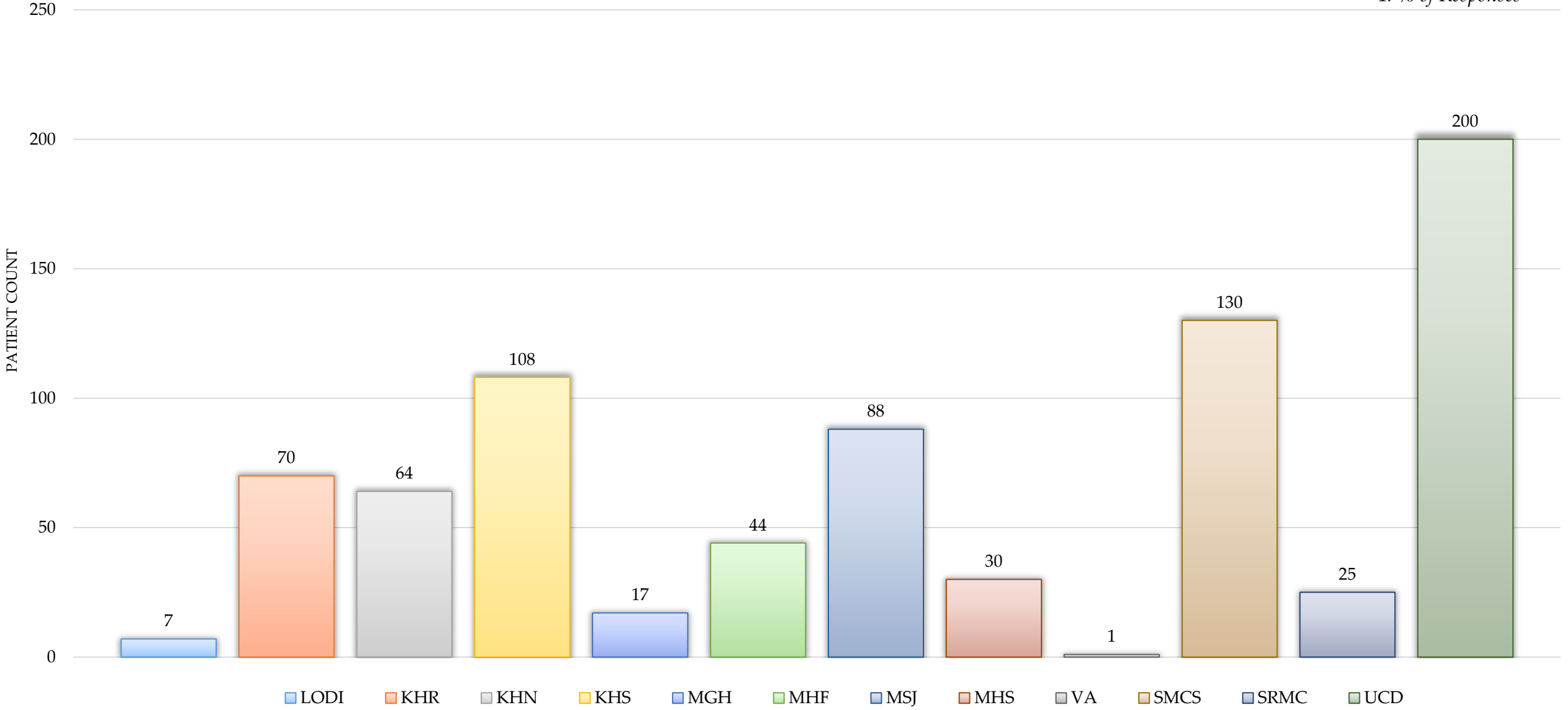
	Airfield	Kaiser OOA	KHN	KHS	KR	KR W&C	MGH	MSJ	OOA	Shriners	SMCS	SRMC	Sutter OOA	UC OOA	UCD
WMH-Send															4
UCD-Send					1					4	1				
SRMC-Send											21			1	7
SMCS-Send	1	1			1			1	12			12	3	3	8
SDH-Send			1						1		11			1	4
SAF-Send											5				
OOA-Send											5				16
MSJ-Send			1		2						21		1		61
MOF-Send			2	1	1		1	14		1	5			3	42
MHS-Send								14		1	11		1		36
MGH-Send			1					12		1	7				15
Marshall-Send															1
Lodi-Send															31
KR-Send	1		1	2							2			1	4
KHS-Send					11	14	1				16				2

Pediatrics

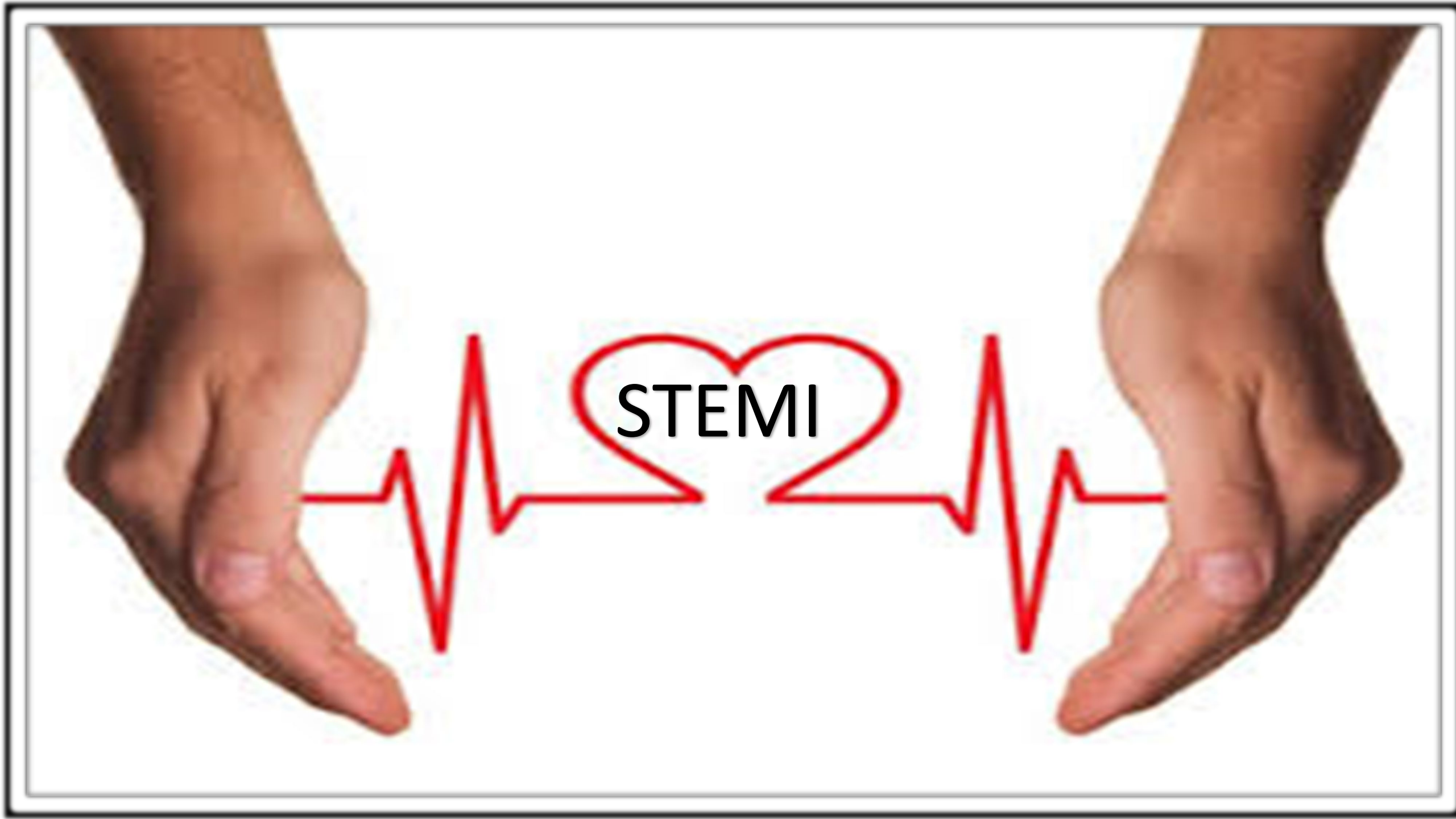
Count of 911 Response (Despite Outcome) per Patient Age <15
20214Q - EMS Data

Distribution of Scene Pediatric Patients to ED 2021-4Q EMS Data

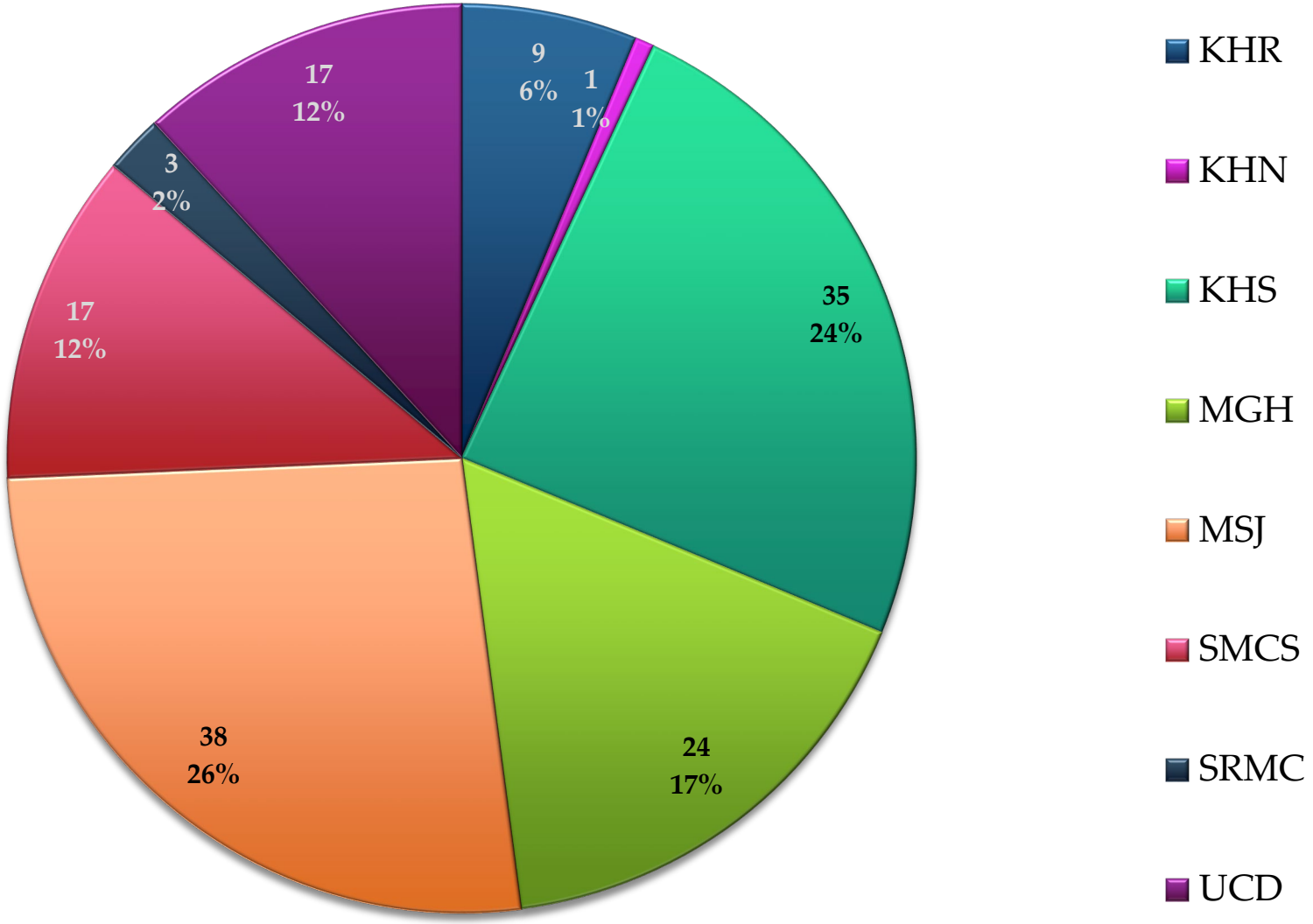
Total Transports: 784
47% of Responses



Number	Primary Impression	Count
1	Traumatic Injury	172
2	Seizure - Post	147
3	Behavioral/Psychiatric Crisis	55
4	Respiratory Distress/Other	55
5	Respiratory Distress/Bronchospasm	27
6	Allergic Reaction	26
7	Cold/Flu Symptom	25
8	General Weakness	25
9	Fever	24
10	Seizure - Active	21
11	Syncope/Near Syncope	19
12	Nausea/Vomiting	17
13	Overdose/Poisoning/Ingestion	17
14	Abdominal Pain/Problems (GI/GU)	16
15	No Medical Complaint	15
16	ALTE (BRUE)	12
17	ALOC - (Not Hypoglycemia or Seizure)	11
18	Burn	9
19	Cardiac Arrest -Non-traumatic	9
20	Newborn	9
21	Non-Traumatic Body Pain	7
22	Pain/Swelling - Extremity - non-traumatic	7
23	Airway Obstruction	6
24	Alcohol Intoxication	4
25	Anaphylaxis	4


STEMI

STEMI Patient Distribution 2021-4Q - EMS Data



STEMI Core Measures per Quarter

Core Measure	Definition	2021-3Q		2021-4Q	
		Patient Count	%	Patient Count	%
ACS-01	Number of patients 35 and older treated and transported to ED with a Primary (*or*) Secondary Impression of **STEMI** or **Chest Pain Suspected Cardiac** that received **ASA**	1437	78.98%	1532	70.89%
ACS-04	Number of patients with Primary (*or*) Secondary Impression of **STEMI** or ECG of STEMI - transported to a PCI capable hospital that had a STEMI alert	161	90.06%	197	82.74
ACS-03	90th Percentile in **minutes** of Unit Arrived on Scene to Patient Arrived at Destination (Primary Impression of STEMI)	141	0:31:35	144	0:33:59
ACS-06	90th Percentile in **minutes** of Unit Arrived on Scene to First ECG (Primary Impression of STEMI)	141	0:14:34	144	0:14:48

Cares Utstein Report 2021-4Q Sacramento vs National
Presumed Cardiac Cares Cases

Sacramento – 2021-4Q

Cardiac Etiology Survival Rates

Overall:	7.3% (313)
Bystander Wit'd:	8.6% (152)
Unwitnessed:	5.2% (135)
Utstein[1]:	25.0% (40)
Utstein Bystander[2]:	28.6% (28)

Bystander Intervention Rates [3]

CPR:	55.3% (244)
Public AED Use:	3.6% (28)

National – 2021-4Q

Cardiac Etiology Survival Rates

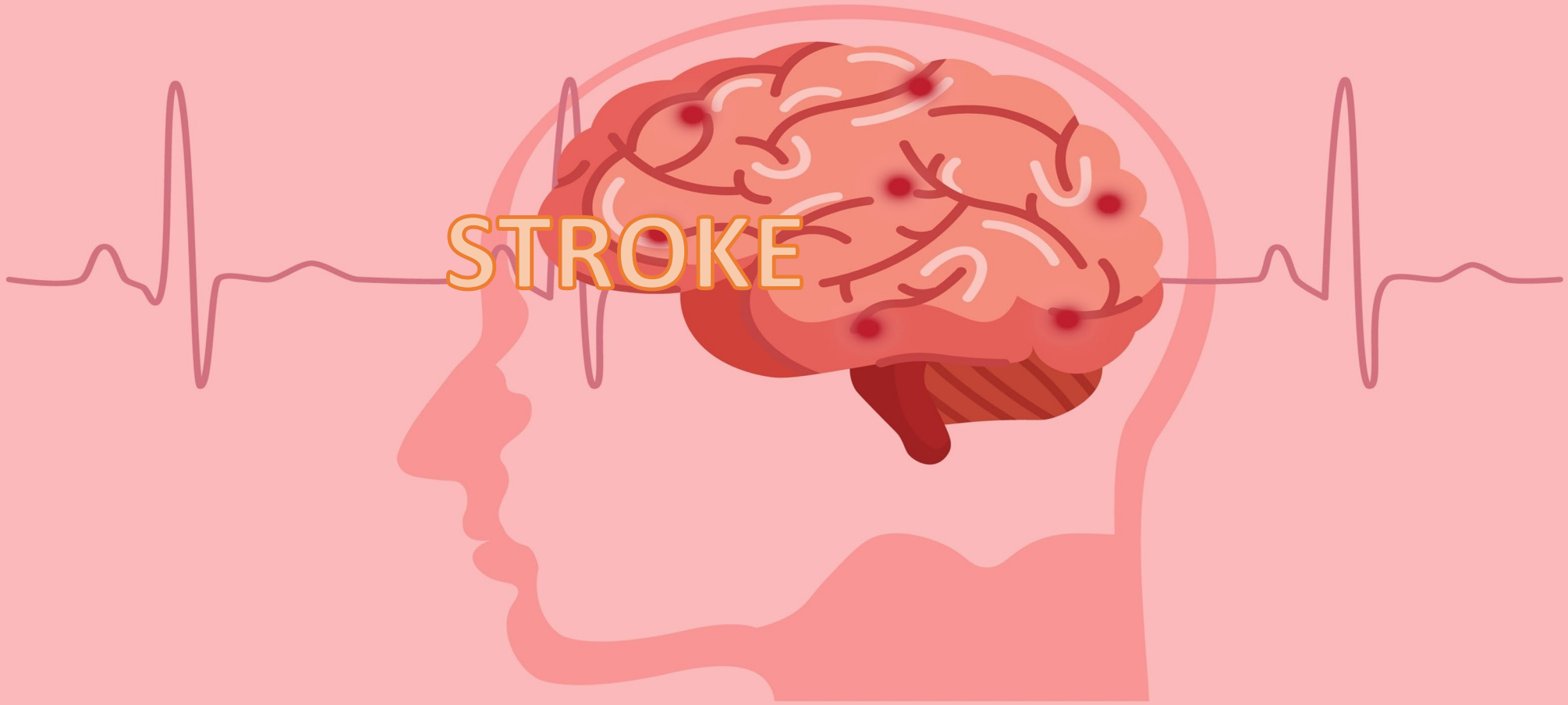
Overall:	7.0% (31000)
Bystander Wit'd:	11.2% (12073)
Unwitnessed:	2.6% (15810)
Utstein[1]:	25.6% (3497)
Utstein Bystander[2]:	29.8% (2022)

Bystander Intervention Rates [3]

CPR:	40.1% (23716)
Public AED Use:	12.3% (3519)

Only data from the previous calendar year is fully audited. Data from the current calendar year is dynamic.

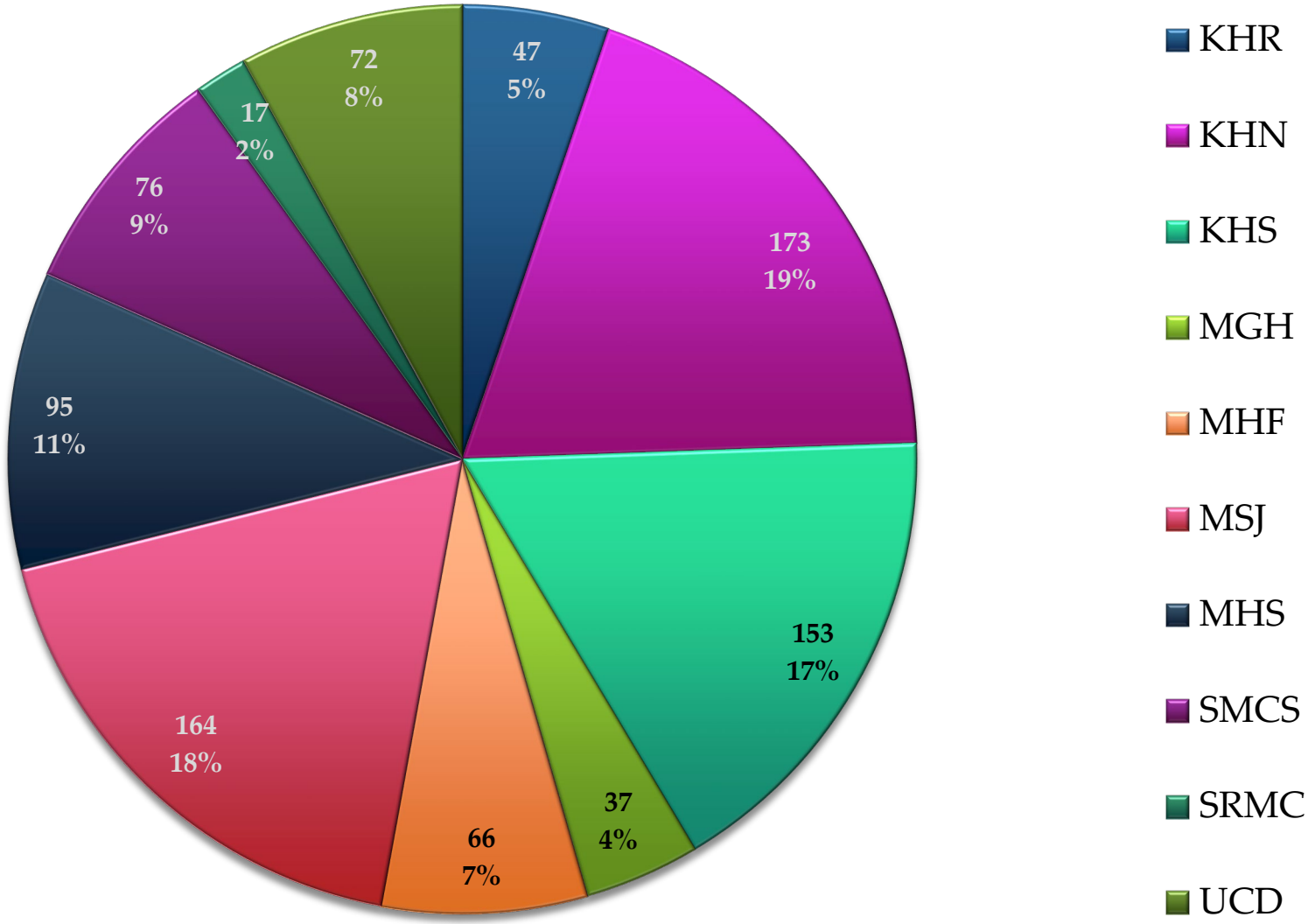
STROKE



Core Measure	Definition	2021-3Q		2021-4Q	
		Patient Count	%	Patient Count	%
STR-01	Prehospital Screening for Stroke Patients	971	96.70%	900	95.00%
STR-02	Glucose Testing for Suspected Stroke Patients	971	94.95%	875	97.22
STR-04	Advanced Hospital Notification for Stroke Patients with positive Stroke Scale	551	95.10%	584	94.00%

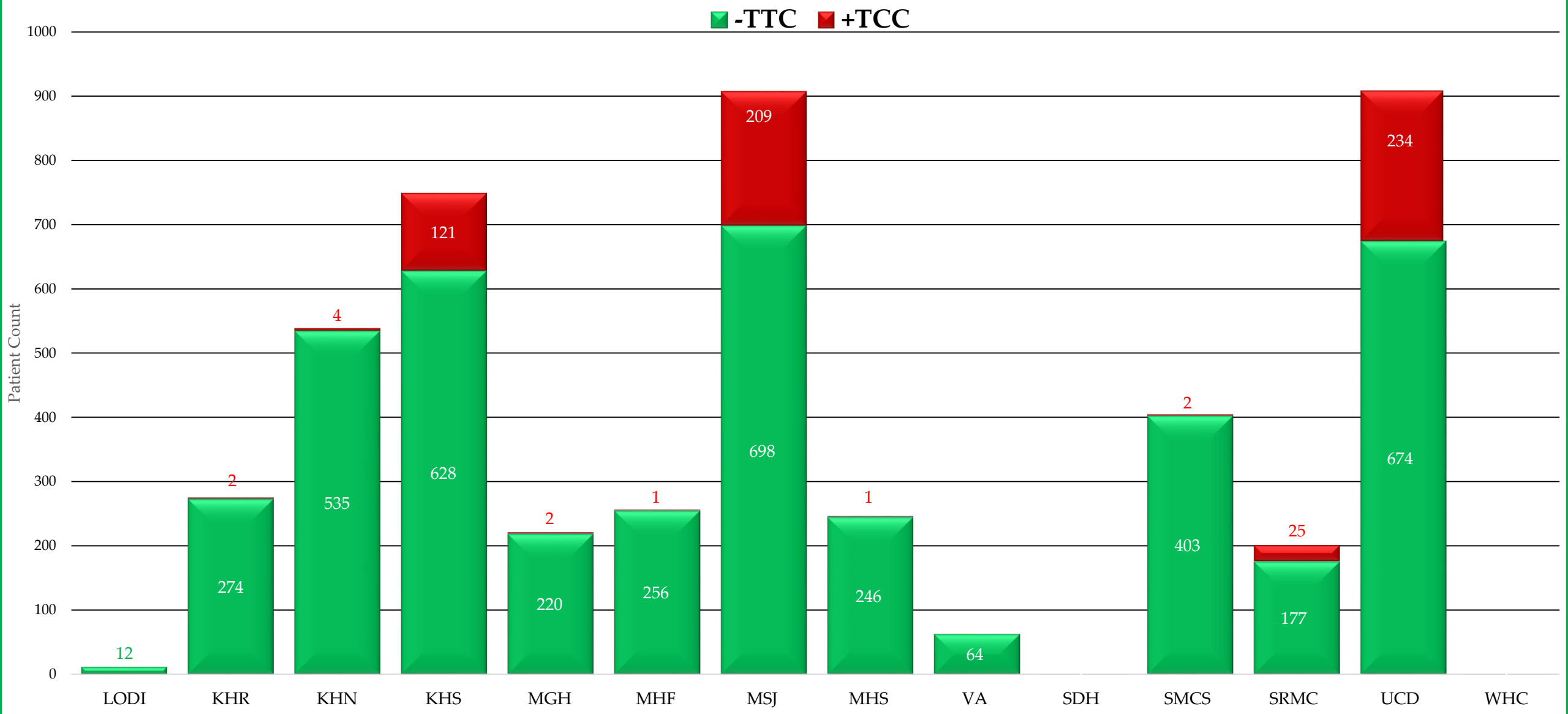
Data Generated: 11.04.2021

Stroke Patient Distribution 2021-4Q - EMS Data



TRAUMA

Transported Patients with a Primary Impression of Trauma
2021-4Quarter (EMS Data)



Originating County 2021- 3Quarter Hospital Data	Alameda	Amador	Butte	Calaveras	Colusa	Contra Costa	El Dorado	Fresno	Glenn	Humboldt	Lake	Los Angeles	Mendocino	Merced	Monterey	Napa	Nevada	Placer	Sacramento	San Joaquin	San Luis Obispo	Shasta	Siskiyou	Solano	Sonoma	Stanislaus	Sutter	Tehama	Trinity	Washoe	Yolo	Yuba	Not Recorded	Grand Total
KHS		4																	156	1					1						2		26	190
MSJ			1	1			5				1						6	2	341	1											5		55	418
UCD	1	15	16	9	6	2	47	1	3	12	7	2	4	4	1	8	7	15	481	47	1	12	4	15	8	24	11	3	2	4	83	53	36	944
SRMC																			235															
Totals	**1**	**19**	**17**	**10**	**6**	**2**	**52**	**1**	**3**	**12**	**8**	**2**	**4**	**4**	**1**	**8**	**13**	**17**	**1213**	**49**	**1**	**12**	**4**	**15**	**9**	**24**	**11**	**3**	**2**	**4**	**90**	**53**	**117**	**1787**

Scene Time for Patients with Trauma Primary Impression 2021-4Q -EMS Data

90th Percentile Patients with +TTC = 00:14:50

90th Percentile All Trauma = 00:18:10

12.55% of all Trauma documented +TTC

98.00% of patients with +TTC were taken to a Trauma Center

Dashboards

Data Generated: 10.20.2021

Responses & Transports

Total Transports 2021-3Quarter 911 Response (SCENE)/ IFTs	Associated Element	System Total 2021 - 3Quarter	System Total 2021- 4Quarter
Total Transports ***(eDisposition.12 = Pt Treated, transported or CCT Transport)***	eDisposition.12	52810	51245
IFT's (Hospital Address to Hospital Address)	eScene.15 + eDisposition.3	3675	3529
IFT's not documented as IFT's		386	196
Percentage of IFT's properly classified as IFT's	eResponse.05	89.50%	94.45%
Scene Calls eResponse.05 =911 Response (Scene) & eDisposition.21= Hospital - Emergency Department	eResponse.05 & eDisposition.21	**System Total**	**System Total**
Total Responses (Scene Calls)	eResponse.05	63493	59622
Total Transports (Scene Calls)		33782	32844
Percentage of **ALL Transports** that are Scene calls	Row 10/Row4	63.97%	64.09%
Percentage of 911 Response that resulted in transport (Scene calls)	Row 10/Row9	53.21%	55.09%
Number of lights and sirens response	eResponse.24	39138	36511
Number of lights and sirens response that were transported		21001	20226
Percentage of responses with lights and sirens that were transported	Row 14/Row13	53.66%	55.40%
Number of responses with lights and sirens that transported with lights and sirens	eResponse.24 & eDisposition.18	3341	3245
Percentage of responses with lights and sirens that transported with lights and sirens	Row 16/Row14	15.91%	16.04%
AMAs / Refused Evaluation/Care without transport /Pt Treated, Released per Protocol / Assess and Refer	eDisposition.12	**System Total**	**System Total**
AMA		4910	8320
Refused Evaluation/Care Without Transport		4109	235
Pt Treated, Release per Protocol		1041	640
Assess and Refer		2	12
Combined AMAs / Refused Evaluation or Care wthout transport /Pt Treated, Released per Protocol / Assess and Refer		10062	9207
Percentage of 911 Response (Scene) Responses that resulted in AMA	Row 23/Row9	15.85%	15.44%

Responses & Transports

Response Time of first unit on scene eResponse.05 = 911 Response (SCENE)	Associated Element	System Total-2021-3Quarter	System Total-2021-4Quarter
Count of First Unit on Scene Responses	**eScene.01**	35752	34506
First on Scene Response Time in Min: 90% **(PSAP to unit arrived at scene)**	eResponse.24	0:17:24	17:58:48
First on Scene Response Time in Min: 90% **(Unit notified to unit arrived at scene)**		0:13:41	13:34:48
Count of First on Scene with eResponse.24= **"No lights or Sirens"**		12182	12122
No Lights no Sirens: 90% Response Time in Min **(PSAP to arrived at scene)**		0:26:43	0:27:29
No Lights no Sirens: 90% Response Time in Min **(Unit notified to arrived at scene)**		0:19:25	0:19:59
Count of First on Scene with eResponse.18= **"Lights and/or Sirens"**		22273	21182
Lights and Sirens: 90% Response Time in Min **(PSAP to arrive at scene)**		0:13:16	0:12:57
Lights and Sirens: 90% Response Time in Min **(Unit notified to arrive at scene)**		0:10:47	0:10:34
Count of Responses (Scene Calls) **Documented** eResponse.24 **all Responses**	Row 35/ Row 9	60930	33284
% of Scene Call Responses that **Documented** eResponse.24	%	95.96%	55.83%
Count of **Transported** Scene call Patients Where eDisposition.18 is **DOCUMENTED** (All Scene Calls transported to ED)	eDisposition.18	32338	31497
% of **Transported** Scene call Patients that **DOCUMENTED** eDisposition.18	Row 37/Row 10	95.73%	95.90%

Cardiopulmonary Arrest Dashboard

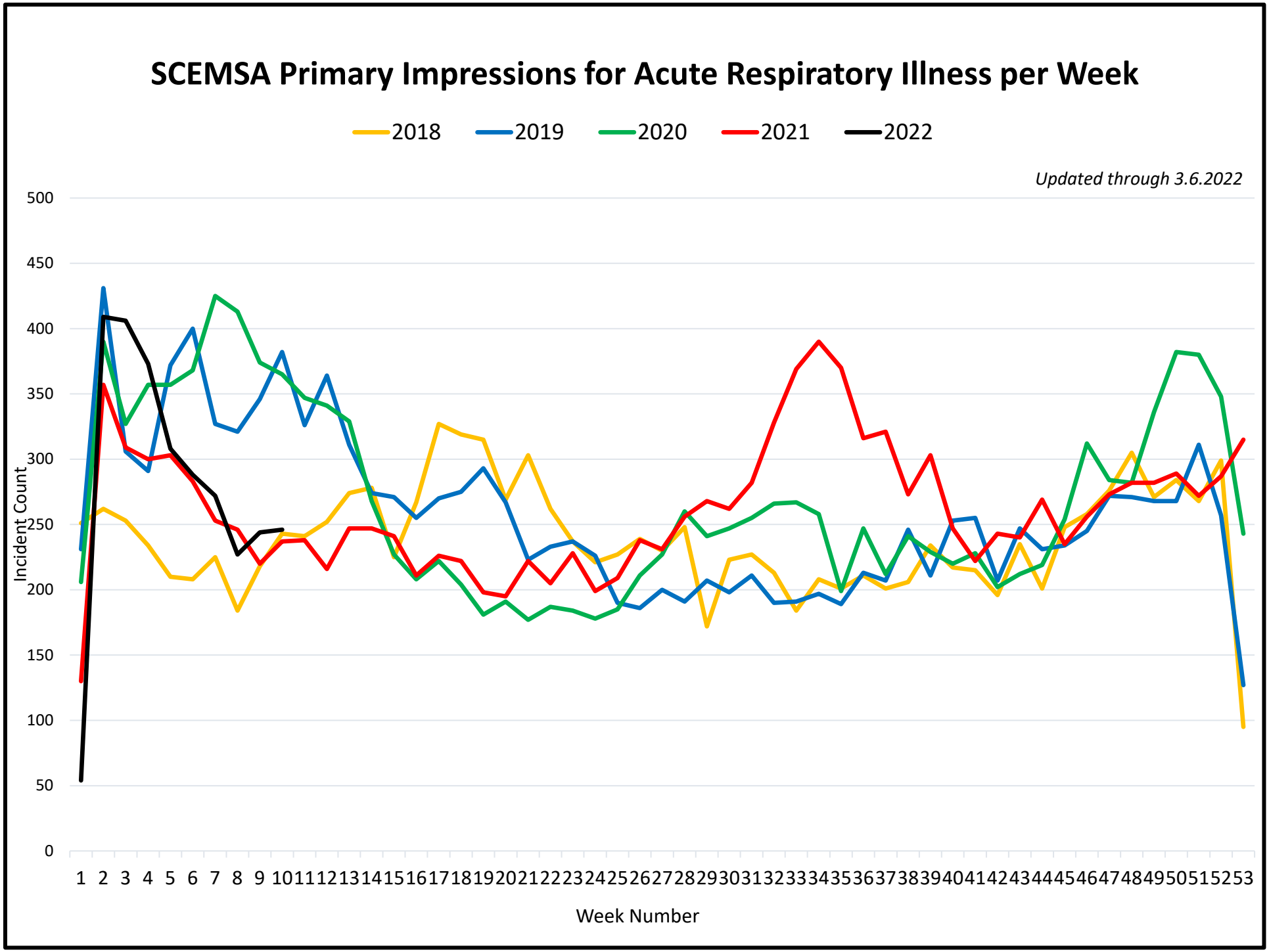
Cardiopulmonary Arrest (CPA)	System Total 2021 - 3Quarter	System Total 2021 - 4Quarter
Total CPA per Provider	427	454
Total Sustained ROSC	112	122
% Sustained ROSC	26.23%	26.87%
Number of of VT/VF rhythm with ROSC who are transported	5	10
Number of VT/VF rhythm with ROSC who are transported to a STEMI center	4	8
% of of VT/VF rhythm with ROSC who are transported to a STEMI center	80.00%	80.00%
Number of patients with PEA / Asystole without ROSC	104	123
Number of patients with PEA / Asystole without ROSC who are transported	31	40
90% Scene Time for patients with PEA / Asystole without ROSC	0:24:49	0:21:33

STEMI & Stroke Dashboards

STEMI	System Total-2021-3Q	System Total-2021-4Q
Total transported patients with Primary impression of STEMI	139	144
Total Number of Patients that received ASA or Pertinent Negative Present	125	137
90% Scene Time	0:31:41	0:16:26
Patients with a prearrival notification	139	138
% prearrival notification	100.00%	95.83%
90th % Time to First ECG (from arrival at scene to Device)	0:14:33	0:20:00
90th % ECG to Hospital Notification	0:18:20	0:14:48
Stroke	**System Total-2021-3Q**	**System Total-2021-4Q**
Total transported patients with Primary impression of Stroke	**839**	900
Number of patients with documented Stroke Screen	825	855
% of patients with documented Stroke Screen	98.33%	95.00%
Documented Glucose	816	875
% of documented Glucose	97.26%	97.22%
Patients with a Stroke pearrival notification	743	805
% of Stroke pearrival notification	88.56%	89.44%

Trauma/ Hypoglycemia & Pediatric Dashboards

Trauma	System Total 2021 -3Quarter	System Total 2021 - 4Quarter
Transported patients with Primary Impression of Trauma	4710	4790
90th % SCENE Time for Primary Impression of Trauma	0:18:38	0:18:10
Patients with Primary Impression of Trauma meeting +TTC	650	601
% Patients with Primary Impression of Trauma meeting +TTC	13.80%	12.55%
90th % SCENE Time for Patients with +TTC	0:17:21	0:14:50
Transported Patients with PI of Trauma & +TTC Taken to a Trauma Center	641	589
% of Transported Patients with PI of Trauma & +TTC Taken to a Trauma Center	98.62%	98.00%
HYP-01 Documentation of Treatment for BGS less than 60	**System Total**	**System Total**
Total Incidents	586	566
Documented glucose Treatment under eMedication.03 or Pertinent Negaive	386	389
Percentage of Treated Patients	65.87%	68.73%
Pediatric equal to or less than 14 911- Response Scene / Hospital ED / Treated & Transported	**System Total**	**System Total**
Transported Pediatric Patients (= <14)	793	784
Pediatric Patients with Respiratory Primary Impression (J80 & J98.01)	62	82
Pediatric Patients with Respiratory Primary Impression that documented a Respiratory Assessment	61	82
% Pediatric Patients with Respiratory Primary Impression that documented a Respiratory assessment	98.39%	100.00%


SCEMSA Primary Impressions for Acute Respiratory Illness per Week
2018
2019
2020
2021
2022
Updated through 3.6.2022
Incident Count
500
450
400
350
300
250
200
150
100
50
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53
Week Number