Sacramento County Emergency Medical Services Agency (SCEMSA)
Joint Medical Advisory (MAC)/Operational Advisory (OAC) Committees

9616 Micron Ave. Suite 960
Sacramento, CA. 95827

Agency	Representative	Agency	Representative
American Medical Response	Mark Mendenhall	Sutter Medical Center, Roseville	Rose Colangelo
American Medical Response	Jared Gunter	Sutter Medical Center, Sacramento	Jen Denno
Cosumnes Fire Department	Tessa Naik, M.D.	Sutter Medical Center, Roseville	Debbie Madding
Folsom Fire Department	Bryan Sloane, M.D.	Versa Care	Dave Buettner
Folsom Fire Department	Mark Piacatini	Sutter Health	Zach Rucker
Kaiser Hospital, South	Wendin Gulbransen	Kaiser Sac	Rich M.
UC Davis Medical Center	Samantha Brown, M.D.	UC Davis Medical Center	Jeremy Veldstra
Mercy San Juan/Alpha One	Nathan Beckerman, M.D.	Alpha One	Nige Coibian
NorCal Ambulance	Nic Scher	Alpha One	Matt Burruel
EDC ESA	Christy Jorgensen	Mercy San Juan	Amelia Hart
SCEMSA	Kevin Mackey, M.D.	Methodist Hospital	Krystyna Ongjoco
Sacramento Metropolitan Fire	John Rudnicki	Medic Ambulance	Brian Meader
Sacramento Metropolitan Fire	David Sutton	Medic Ambulance	Lisa Curlee
Sacramento Metropolitan Fire	Adam Blitz	American Medical Response	Jack Wood, M.D.
SRFECC	Tara Poirier	Kaiser Sacramento	Greg Smith, M.D.
Sutter Health	Karen Scarpa, M.D.	Cosumnes Fire Department	Julie Carrington
SCEMSA Staff	All		

ITEM	DETAILS	ACTION
Welcome and Introductions	D. Magnino introduced Dr. Kevin Mackey as the interim SCEMSA Medical Director. Sydney Freer and Yvonne Newson are introduced as new EMS Specialists.	
Public Comment	NONE	NONE
Minutes Review	December 8, 2022.	**Approved by:** Bryan Sloan MD and Tressa Naik MD.
SCEMA Updates	Only Policies that have comments submitted regarding edits will be discussed at MAC/OAC meetings. No attendees voice an objection to this new standard.	
SCEMSA Quarterly Reports		**All Reports Attached to Minutes**
APOT/Wall Time Reports		**All Reports Attached to Minutes**
Old Business		
PD # 2501 – Emergency Medical Dispatch (EMD)	Approved with Edits – Discussion of dispatch edits with dispatchers. The	

PD# 7600 – Quality Improvement Plan	QA and QI section is removed and added to PD# 7600 – Quality Improvement Plan. Approved with Edits. This policy will be revisited as dispatch centers become ACE accredited. (Live 5/1/23)	
New Business		
PD# 2305 – EMS Patient Care Report: Completion, Distribution, and Submission	Approved with Edits – Combined with PD# 2522	
PD# 2522 – Electronic Health Care Record and Data	SUNDOWN – Combined with PD# 2305 – EMS patient Care Report: Completion, Distribution, and Submission.	
PD# 2527 – STEMI System Elements	Approved with Edits	
PD# 2529 – Stroke Receiving Center Designation	Approved with Edits	
PD# 8015 – Trauma	Approved with Edits (Live 5/1/23)	
PD# 8066 – Pain Management	Approved with Edits (Live 5/1/23 & Tylenol optional until 11/1/23). Bring back in June for ETCO2 monitoring. Audits requested of Ketamine use to be brought to TAG.	
PD# 9018 – Pediatric Pain Management	Approved with Edits (Live 5/1/23 & Tylenol optional unit 11/23)	
Scheduled Policy Updates		
PD# 2001 – Document Management System	No Comments or Edits – Approved	
PD# 2027 – Stroke Care Committee	No Comments or Edits – Approved	
PD# 2028 – STEMI Care Committee	No Comments or Edits – Approved	
PD# 2030 – Advanced Life Support Inventory	No Comments or Edits – Approved	

PD# 2032 – Controlled Substance	No Comments or Edits – Approved	
PD# 2036 – Medical Scene Authority	No Comments or Edits – Approved	
PD# 2039 – Physician and/or Registered Nurse at the Scene	No Comments or Edits – Approved	
PD# 2055 – On Viewing Medical Emergencies by ALS and BLS Providers	No Comments or Edits – Approved	
PD# 2060 – Hospital Services	No Comments – Approved with Edits	
PD# 2526 – STEMI Receiving Center Designation	No Comments – Approved with Edits	
PD# 6001 – STEMI Critical Care System: General Provisions	No Comments or Edits - Approved	
PD# 8837 – Pediatric Airway Management	Approved with Flow Chart (more changes to be made June 22, 2023). *All policies are going to be converted to flow chart format, so this will be delayed until then*	
PD# 9002 – Pediatric Allergic Reaction/Anaphylaxis	Approved with Edits – The adult policy will be updated.	
PD# 9003 – Pediatric Respiratory Distress: Reactive Airway Disease, Asthma, Bronchospasm, Croup, or Stridor	Approved with Edits	
PD# 9004 – Pediatric Burns	Updated – Pediatric Rule of Nines Added.	
Chairman's Report: • MIH/Telehealth Update	Telehealth is to help with APOT times. CFD and SFD are participants in Telehealth. Other counties have successfully implemented Telehealth. Per Dr. Mackey, EMSA has no intention of implementing a cease	

	and desist regarding this program. Agencies do not have to implement Telehealth if they choose not to. Kern and LA County have had great success with a Telehealth program. The program has also been implemented in Placer County. Telehealth will keep a record of the interaction with the patient. The patient must consent to the use of Telehealth. The policy will not be edited at this time. Dr. Mackey states there will be additional conversations offline with participating agencies. **Data will be brought to the June MAC/OAC meeting. **An addition to the policy will be made for multiple patients on scene. **Monthly reports with be sent to SCEMSA for the use of Telehealth. This policy will start being utilized by participating agencies on 3/14/2023.	Dr. Mackey to follow up. **Dorthy/Yvonne **Dr. Mackey to add language. **Participating agencies to submit monthly reports to SCEMSA for review at the next MAC/OAC.
• APOT/24-Hour Data Submission	SCEMSA is working on a rolling 72-hour APOT report. Another challenge is that the hospitals are stating that SCEMSA's data is flawed. This is because we pull our data from CEMSIS, and agencies are not submitting their PCRs to the state in a timely fashion. EMResource has added a function to their program with real time data for ambulance statuses, locations, and what the average wall time is at different facilities. There is no ETA as to when this function will be available.	
• Atrovent	Atrovent has been approved for use in Sacramento County due to the Albuterol shortage. Dr. Mackey asks MAC committee what their feelings are for the use of MDI's.	

• SCEMSA Future Directions • Change of Date for June MAC/OAC to June 22, 2023 • Kathy's Retirement Announcement	Sunset of PD# 5200 due to the mask mandate expiring on April 4, 2023. Dr. Mackey requests that crews please follow the hospital's masking policies. PD# 5050 will be revised to make it easier to read. Also, a change that will be made is that if a patient has 2 sets of consecutive normal VS, they can go to the waiting room. Dr. Mackey is going to work on community paramedicine and A-EMT policies. Due to Dr. Mackey's Schedule Kathy is thanked by all providers for her years of dedicated service.	Dr. Mackey is going to allow comments on 5050 to be brought to the next MAC/OAC meeting.
Roundtable	Juvare - EMResource is developing a secure protocol, and hospitals are to administer their own list of people with access to the program. When the lists are completed, they must send the names to Ben Merin. Ben would like to see 3-5 people from each hospital, and when he receives the names, he will put together a training session for them to attend. MCI Workgroup – Dr. Mackey would like to see this start as soon as possible to revise our policies. If people are interested in being on the committee, please email Ben Merin. Dr. Mackey is going to meet with individual county board members to speak about APOT to talk about hospitals and providers and how they can help us. Dr. Mackey will schedule an APOT meeting in April. PD# 5050 will be reviewed at the next APOT meeting. Dorthy and Dr. Mackey are working on a template for hospitals for their yearly EMS CQI plan that is turned into SCEMSA.	

	Matt from Alpha One would like SCEMSA to start working on expanded paramedic scope for IFT's.	

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

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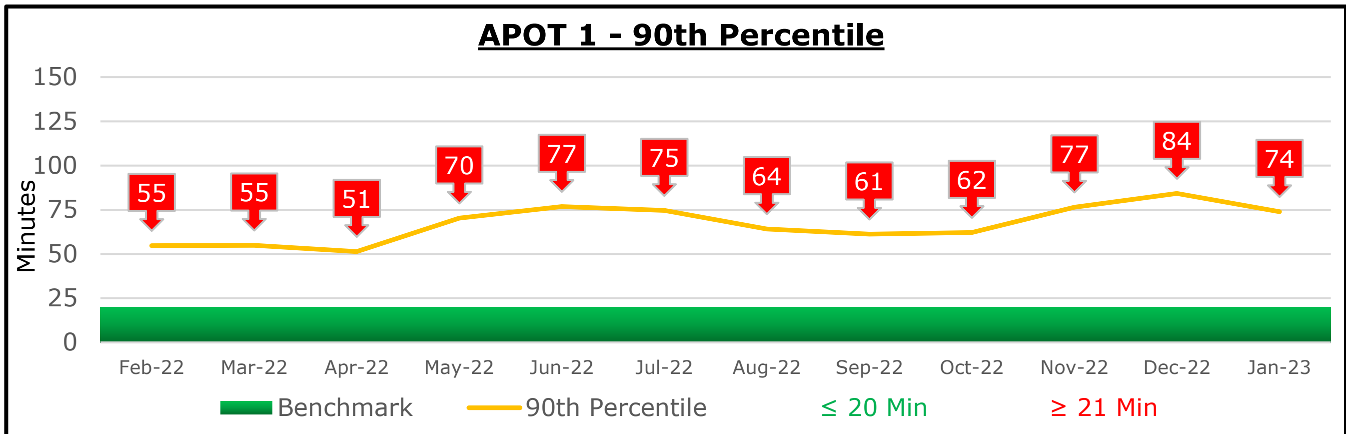

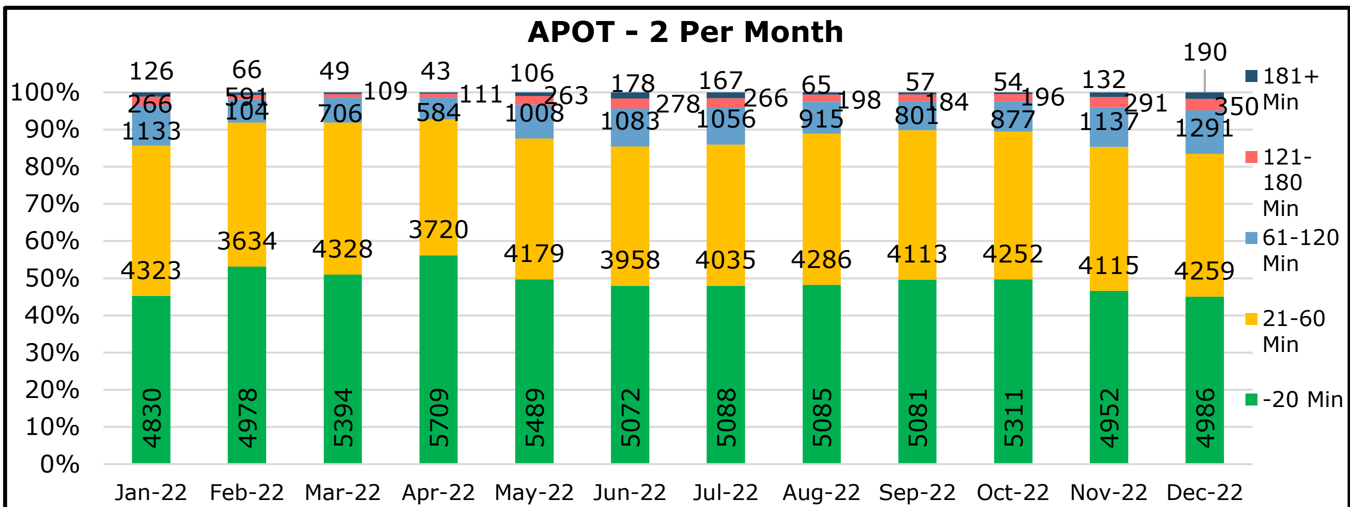

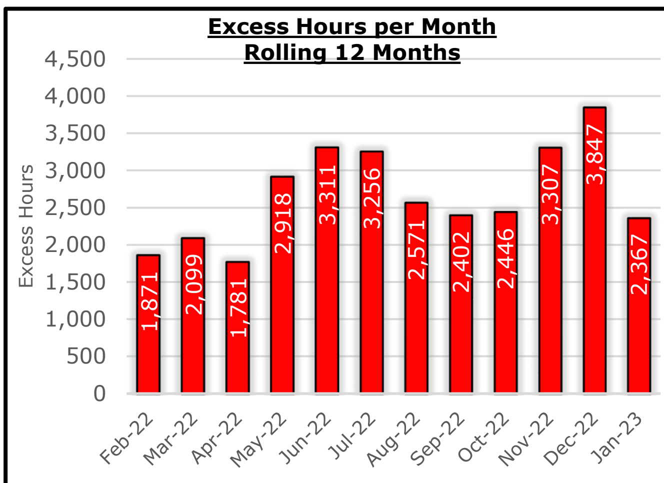

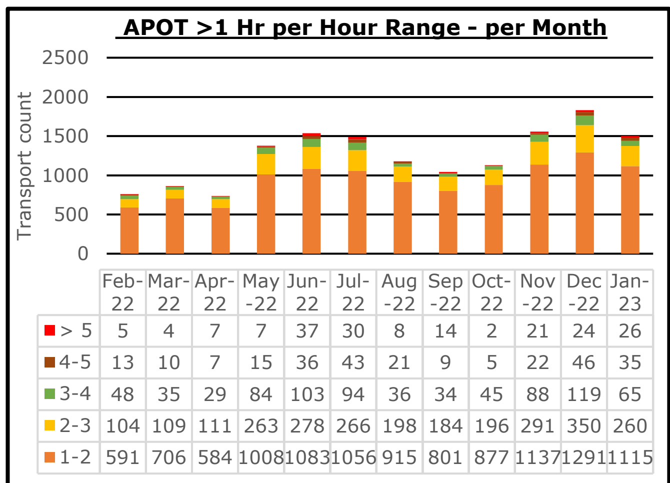

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
> 5	5	4	7	7	37	30	8	14	2	21	24	26
4-5	13	10	7	15	36	43	21	9	5	22	46	35
3-4	48	35	29	84	103	94	36	34	45	88	119	65
2-3	104	109	111	263	278	266	198	184	196	291	350	260
1-2	591	706	584	1008	1083	1056	915	801	877	1137	1291	1115

Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA)
Updated: 03.07.2023

APOT 1 PER HOSPITAL & APOT 3 PER HOSPITAL & PROVIDER AGENCY FOR January - 2023

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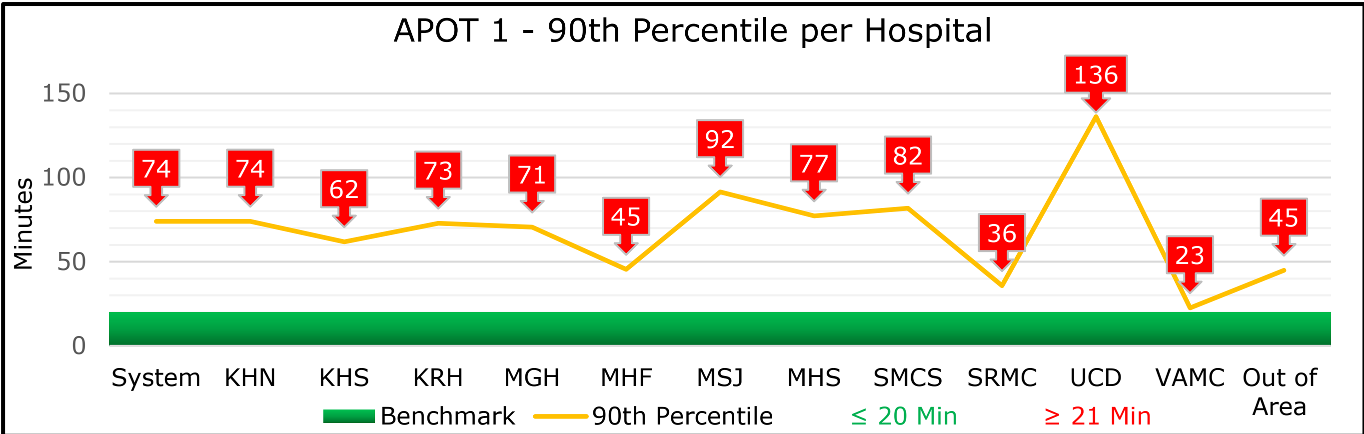
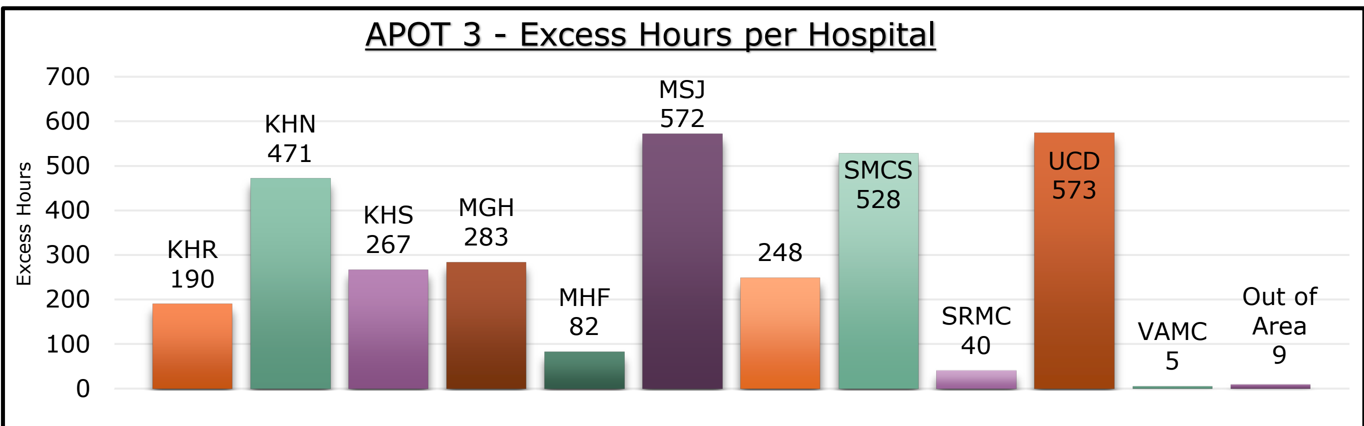
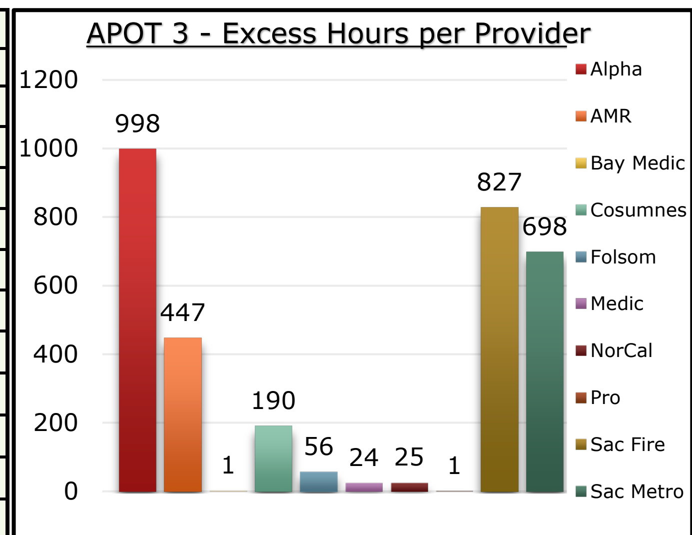




Excess Hours per Hour Range by Hospital (Over 1 Hour)					
Hour Range	**1-2**	**2-3**	**3-4**	**4-5**	**5+**
KHR	65	13	8	1	
KHN	200	30	2		
KHS	112	27	5		
MGH	112	16	1		
MHF	263	3	2		
MSJ	201	61	12	8	2
MHS	97	15	5	1	1
SMCS	209	45	7		
SRMC	11				
UCD	76	50	23	25	23
VAMC	1				



Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA)
Updated: 03.07.2023

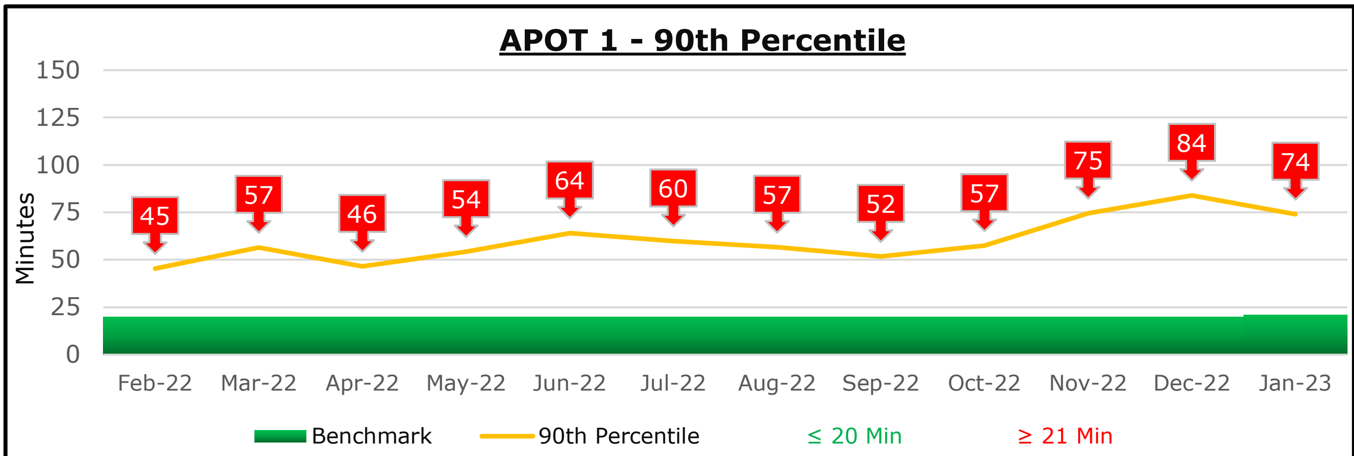
APOT Table - January 2023

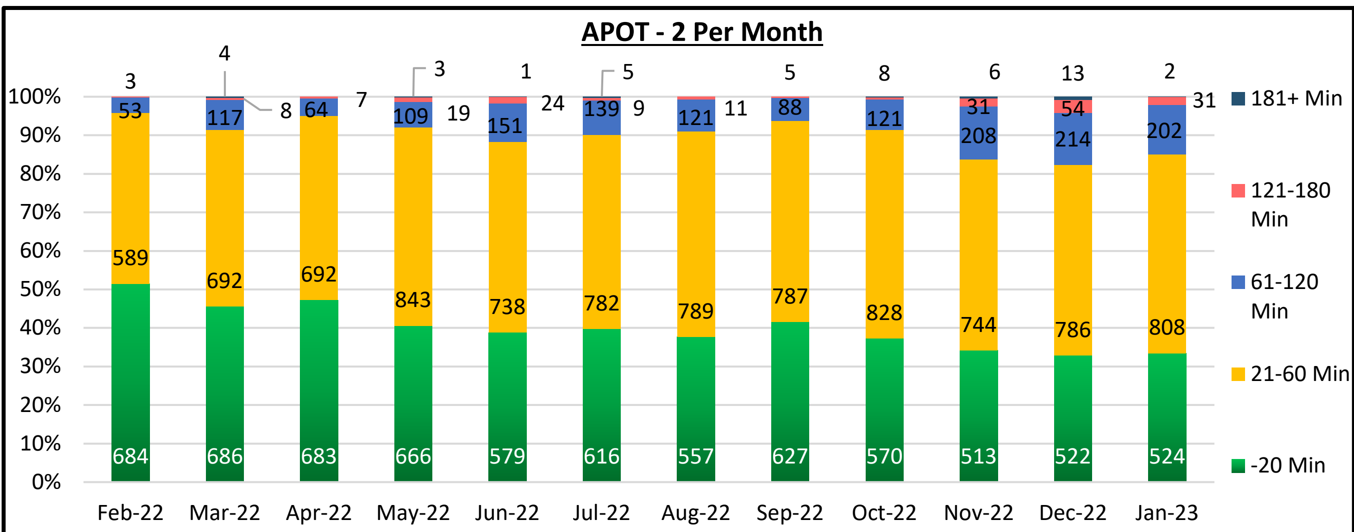
Key: Green Low /Best / Red Highest

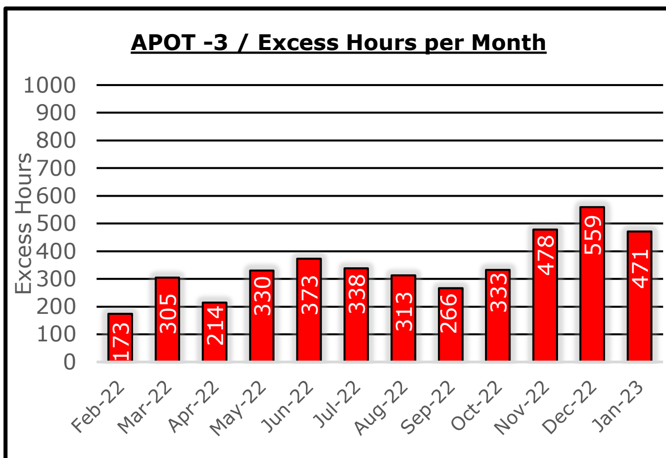
Hospital Names	Excess Hours	APOT - 1 in Minutes	Percentage within 20 min	EMS Field to ED Patient count	Average Cost of Excess Hours to EMS Strike Team Rate $210.74hr	Average Cost per 10 patients
KHR	190	1:12:52	44.05%	672	$39,989.53	$595.08
KHN	471	1:14:00	33.44%	1567	$99,283.48	$633.59
KHS	267	1:01:47	64.87%	1392	$56,208.71	$403.80
MGH	283	1:10:32	30.44%	933	$59,660.39	$639.45
MHF	82	0:45:24	61.83%	600	$17,288.27	$288.14
MSJ	572	1:31:32	45.12%	1547	$120,489.05	$778.86
MHS	248	1:17:10	30.66%	724	$52,256.07	$721.77
SMCS	528	1:21:48	26.80%	1388	$111,252.67	$801.53
SRMC	40	0:35:44	65.06%	498	$8,425.91	$169.20
UCD	573	2:16:15	56.19%	1098	$120,812.92	$1,100.30
VAMC	5	0:22:33	87.64%	178	$1,053.70	$59.20
Out of Area	9	0:44:54	77.78%	81	$1,896.66	$234.16
System	**3267.62**	**1:13:57**	**53.98%**	**10,678**	**$688,617.36**	**$644.89**

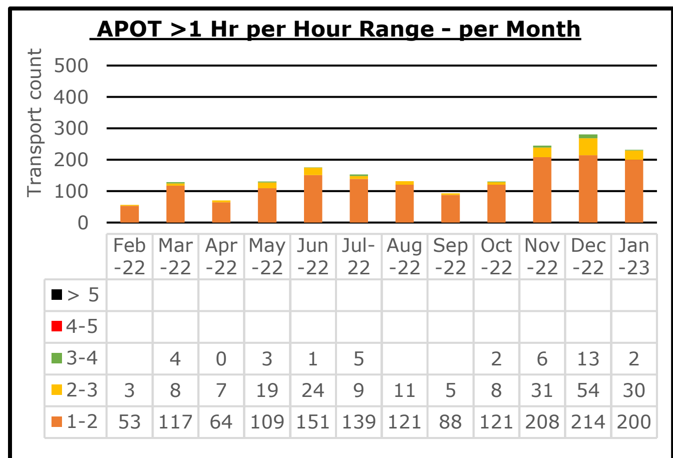
APOT 1, 2 & 3 - ROLLING 12 MONTHS / KAISER NORTH (KHN)

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). **APOT-3** represents the excess time (in hours) over 20 minutes (Min.) aggregate of patient transferred from EMS to hospital per month. Illustrated is the System Total Excess hours per month. *Example: if APOT in minutes is 184 minutes then 184-20 (APOT benchmark) = 164 minutes. Then 164/60 = 2.73 hours.* APOT >1 hour represents any transport with an APOT greater than one hour per hour range.









	Feb -22	Mar -22	Apr -22	May -22	Jun -22	Jul-22	Aug -22	Sep -22	Oct -22	Nov -22	Dec -22	Jan -23
> 5												
4-5												
3-4		4	0	3	1	5			2	6	13	2
2-3	3	8	7	19	24	9	11	5	8	31	54	30
1-2	53	117	64	109	151	139	121	88	121	208	214	200

Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA)
Updated: 3.6.2023

APOT 1, 2 & 3 - ROLLING 12 MONTHS / KAISER ROSEVILLE (KHR)

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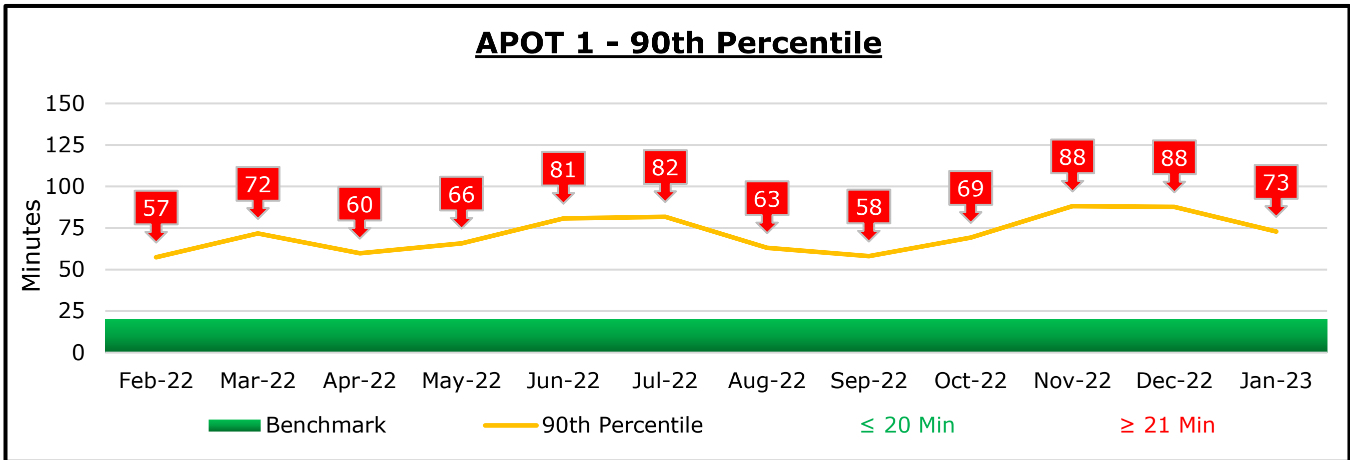

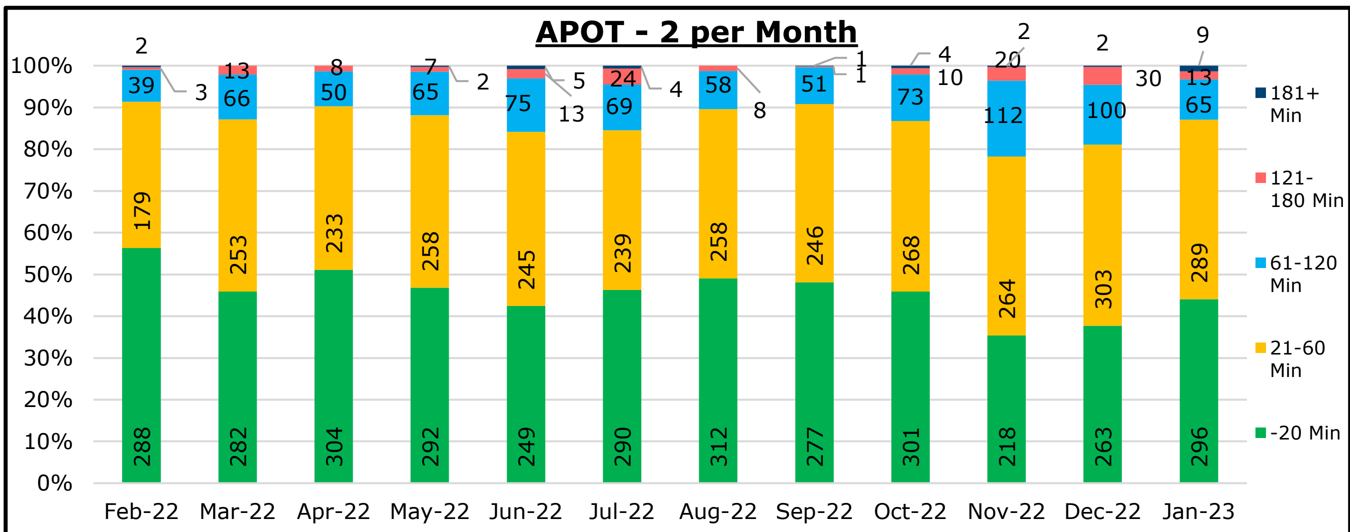

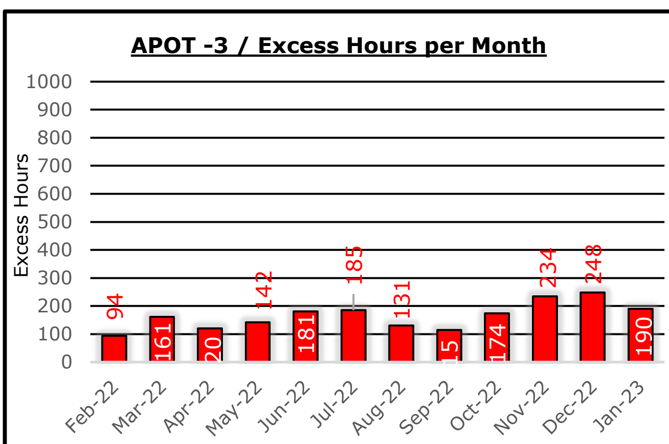

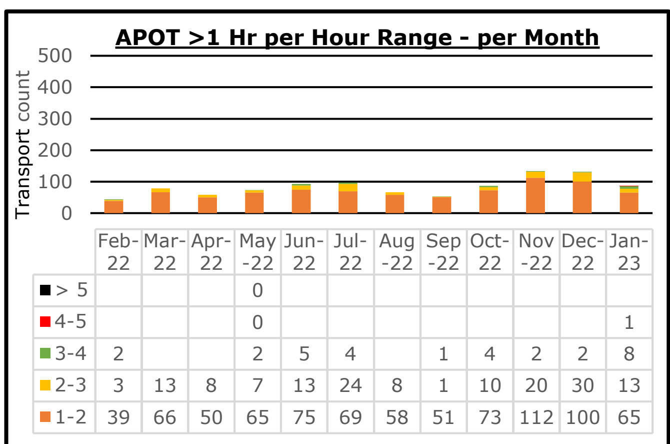

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
> 5				0								
4-5				0								1
3-4	2			2	5	4		1	4	2	2	8
2-3	3	13	8	7	13	24	8	1	10	20	30	13
1-2	39	66	50	65	75	69	58	51	73	112	100	65

Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA)
Updated: 3.07.2022

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

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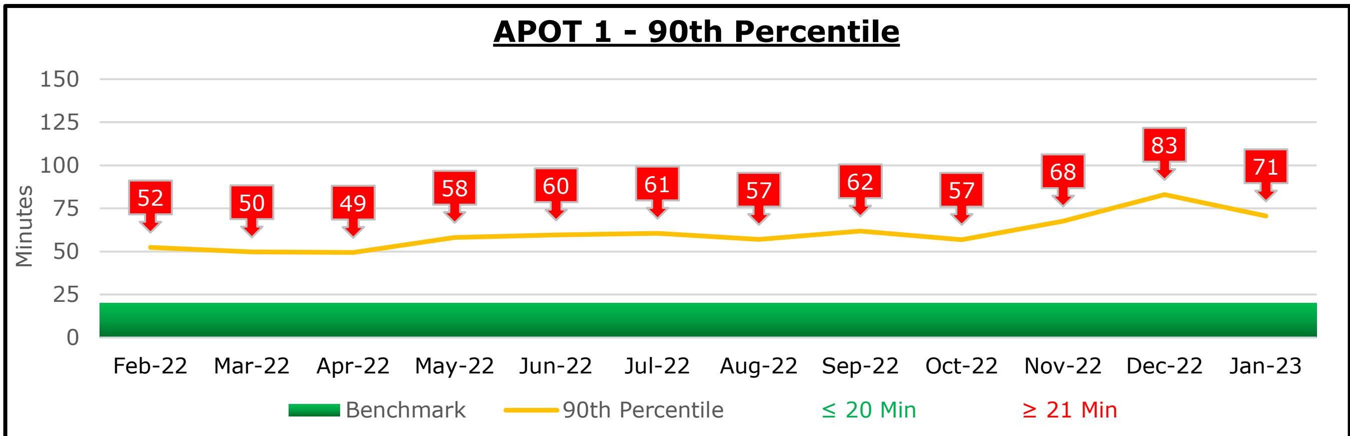

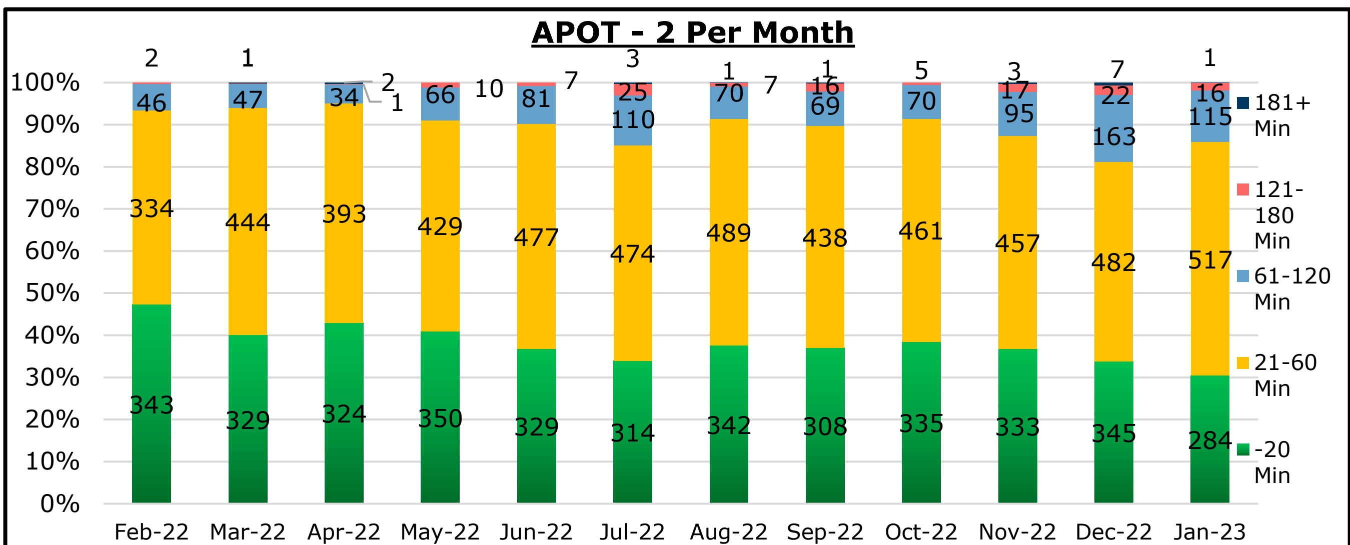

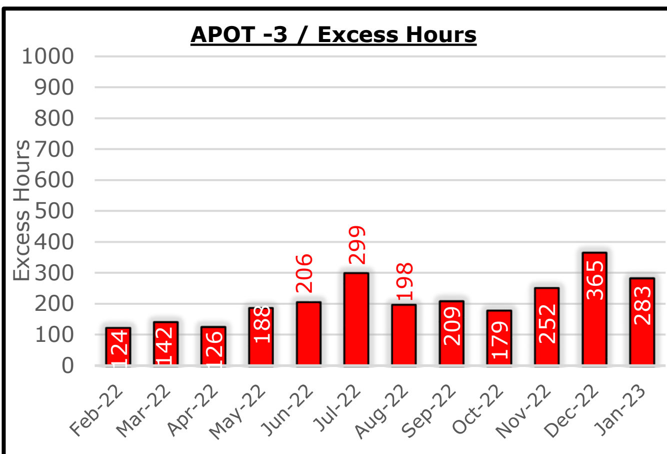

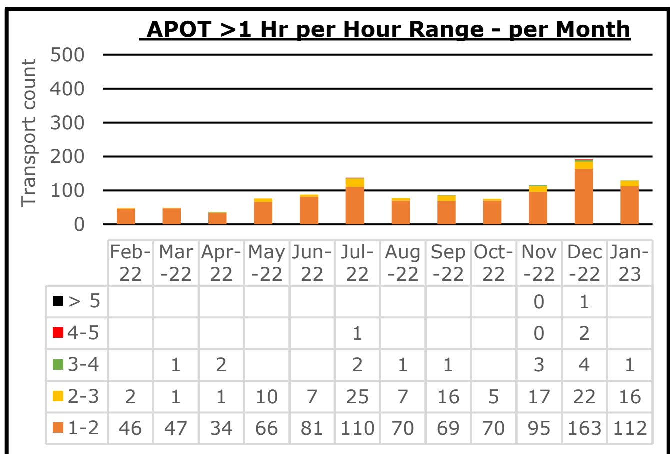

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
> 5										0	1	
4-5						1				0	2	
3-4		1	2			2	1	1		3	4	1
2-3	2	1	1	10	7	25	7	16	5	17	22	16
1-2	46	47	34	66	81	110	70	69	70	95	163	112

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

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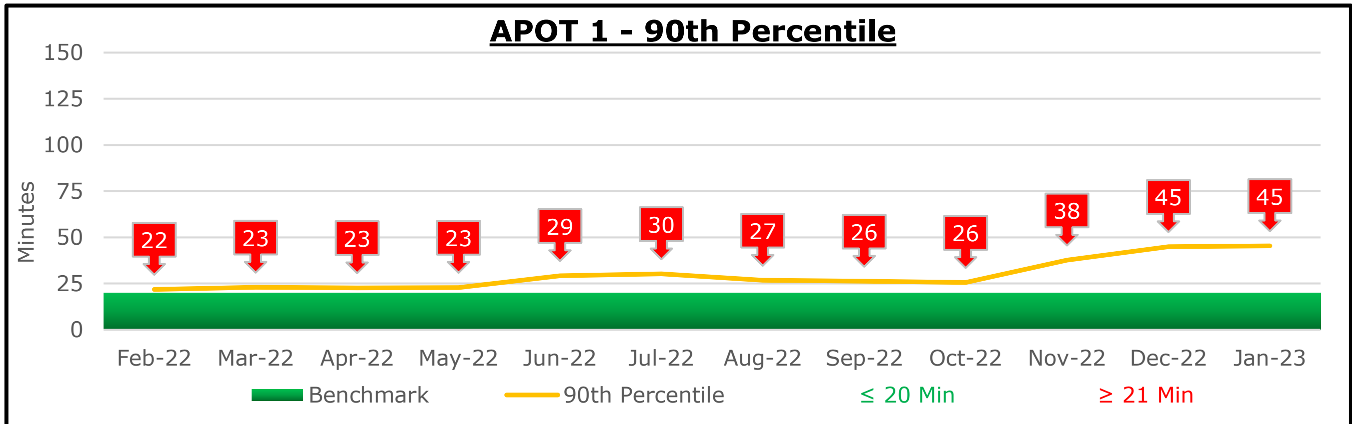

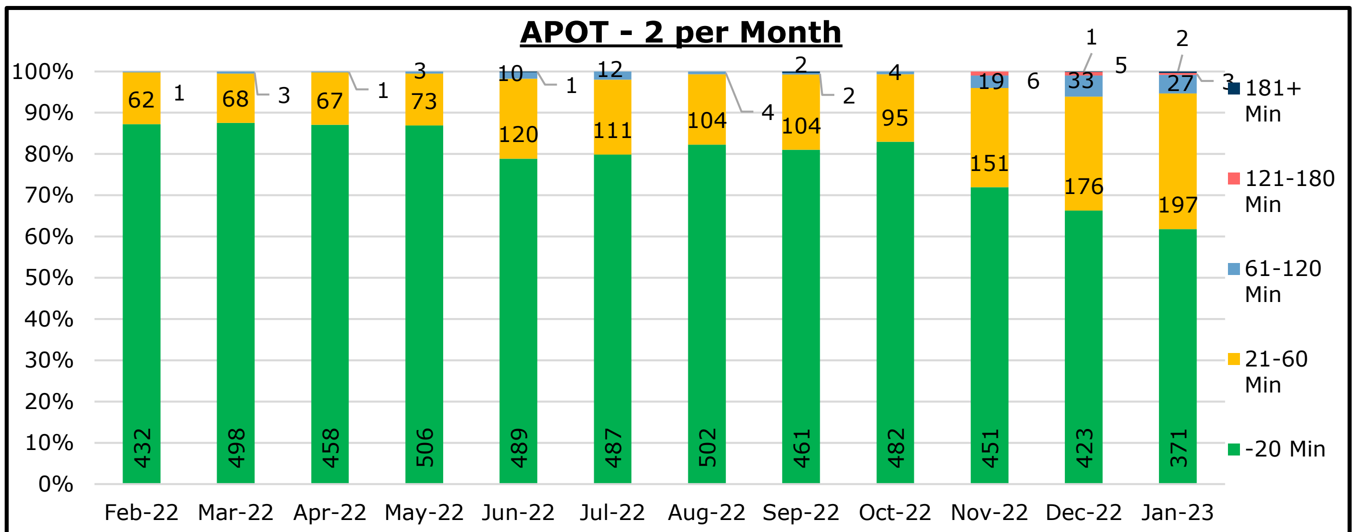

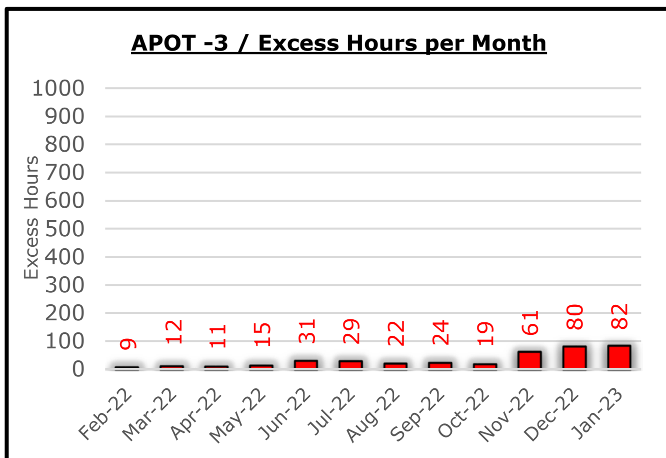

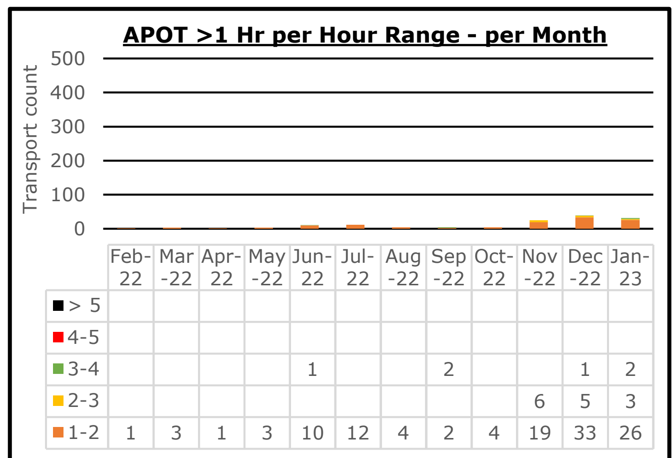

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> 5												
4-5												
3-4					1			2			1	2
2-3										6	5	3
1-2	1	3	1	3	10	12	4	2	4	19	33	26

Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA)
Updated: 3.06.2023

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

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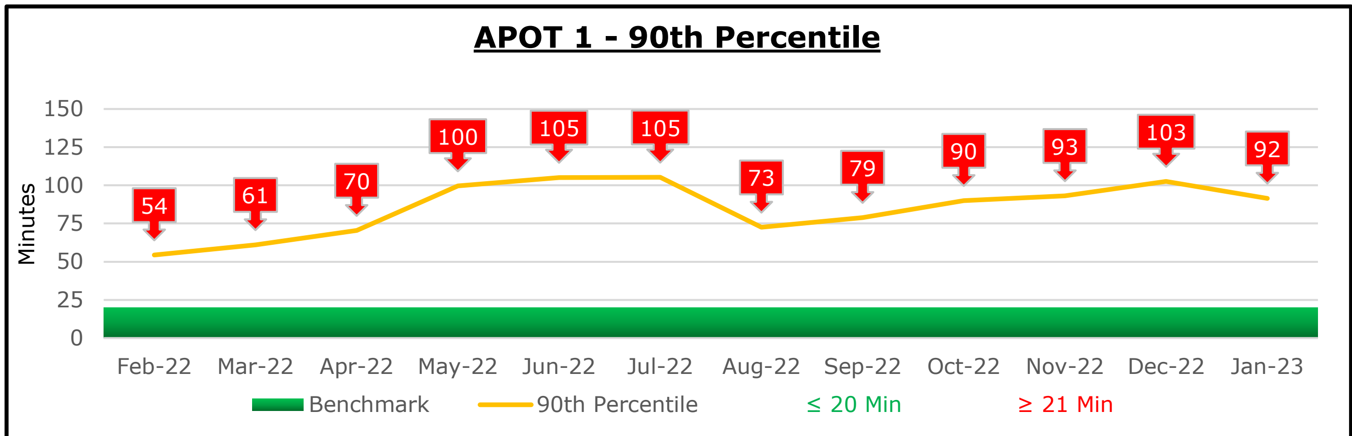

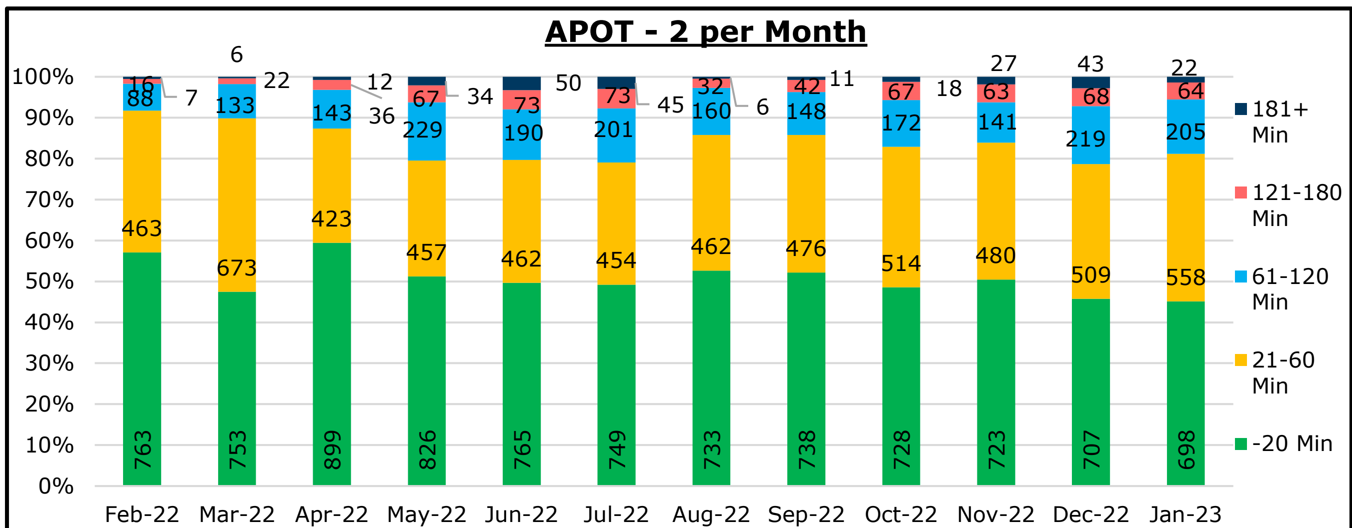

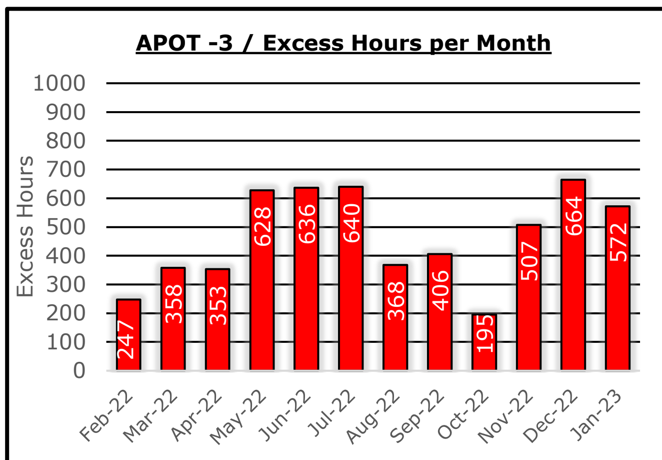

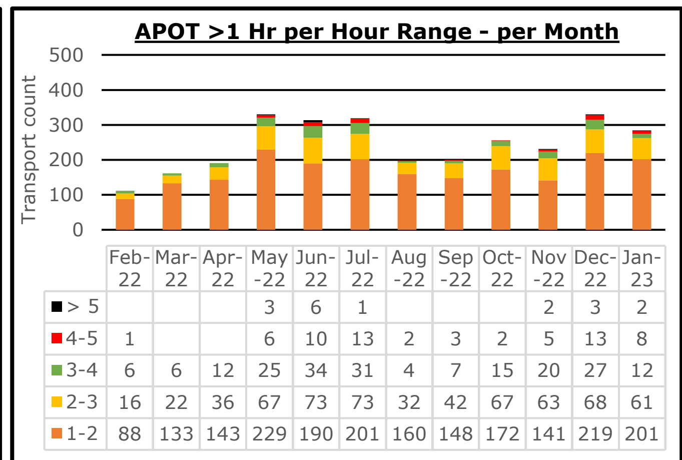

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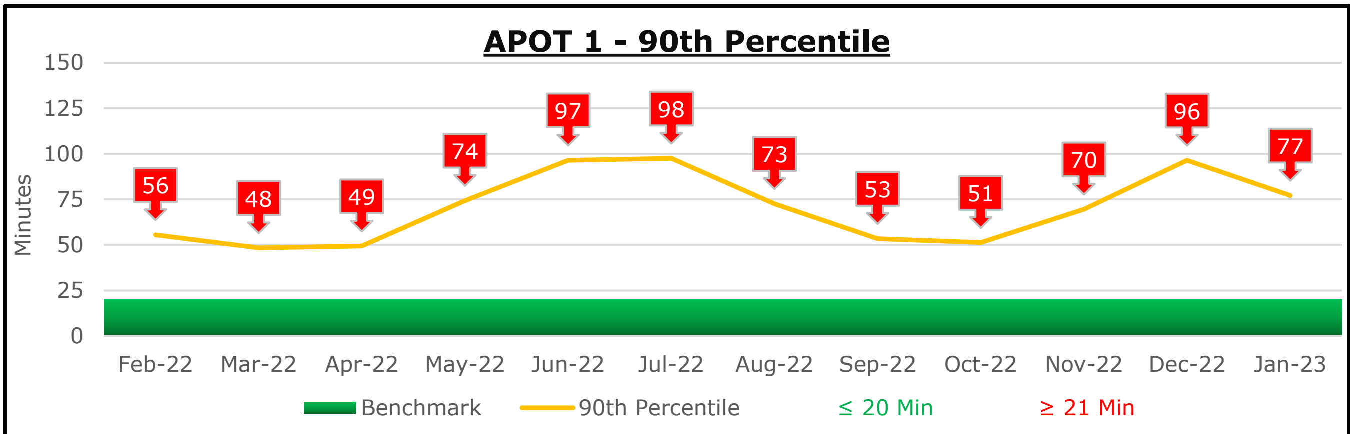
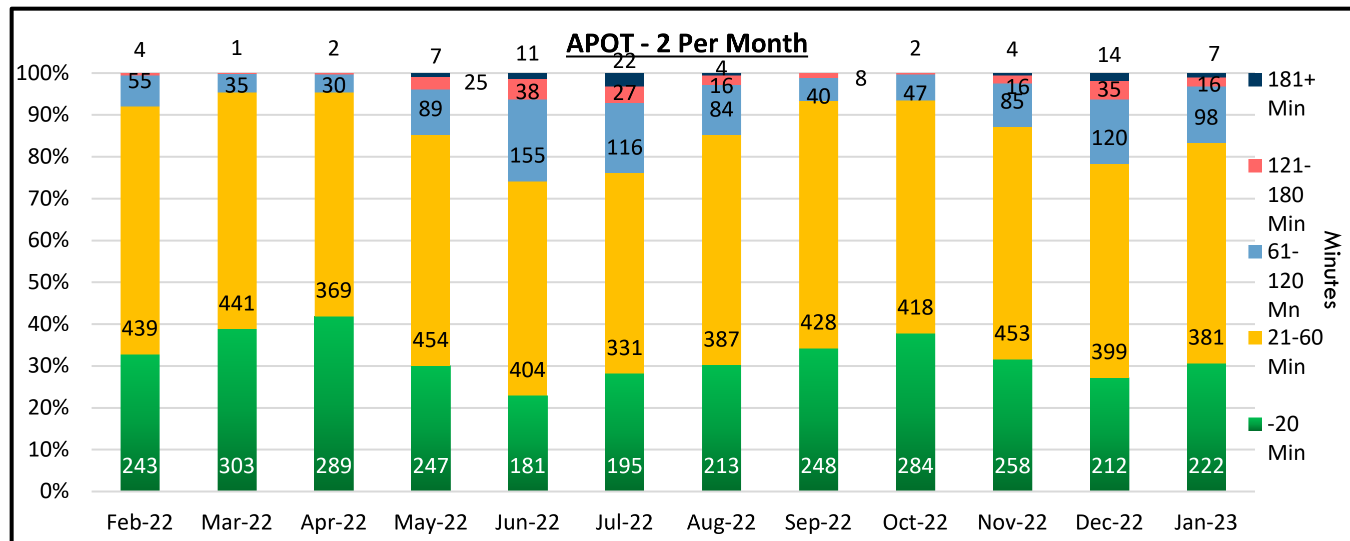
> 5				3	6	1				2	3	2
4-5	1			6	10	13	2	3	2	5	13	8
3-4	6	6	12	25	34	31	4	7	15	20	27	12
2-3	16	22	36	67	73	73	32	42	67	63	68	61
1-2	88	133	143	229	190	201	160	148	172	141	219	201

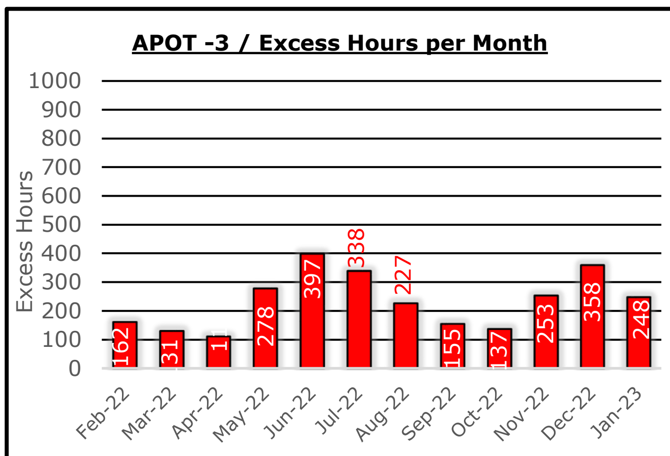
Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA)
Updated: 3.06.2023

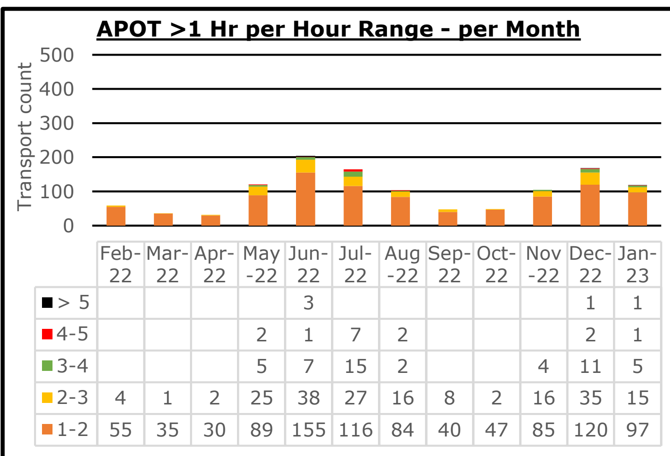
APOT 3 - ROLLING 12 MONTHS / MERCY METHODIST (MHS)

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). **APOT-3** represents the excess time (in hours) over 20 minutes (Min.) aggregate of patient transferred from EMS to hospital per month. Illustrated is the System Total Excess hours per month. *Example: if APOT in minutes is 184 minutes then 184-20 (APOT benchmark) = 164 minutes. Then 164/60 = 2.73 hours.* APOT >1 hour represents any transport with an APOT greater than one hour per hour range.







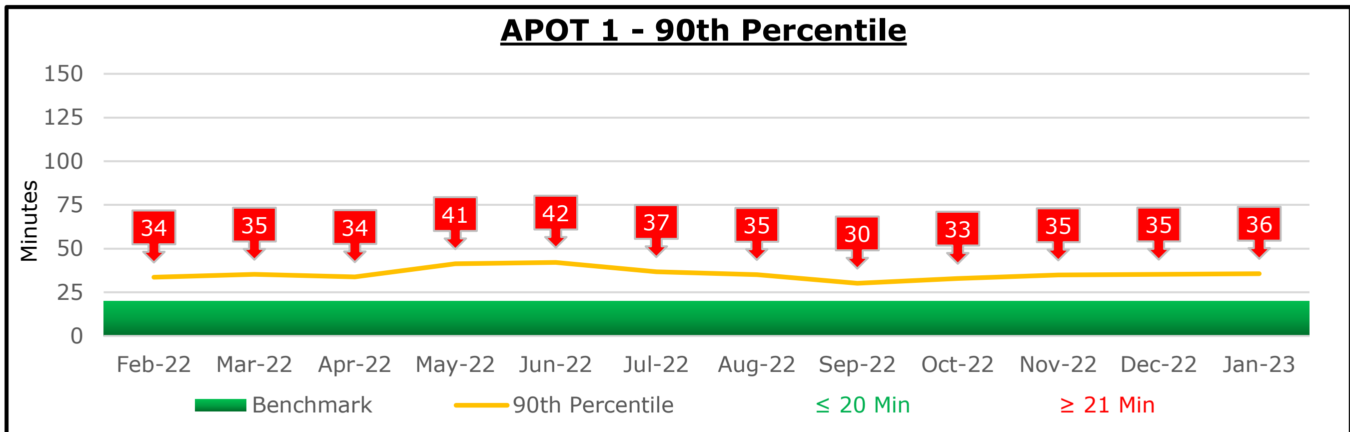


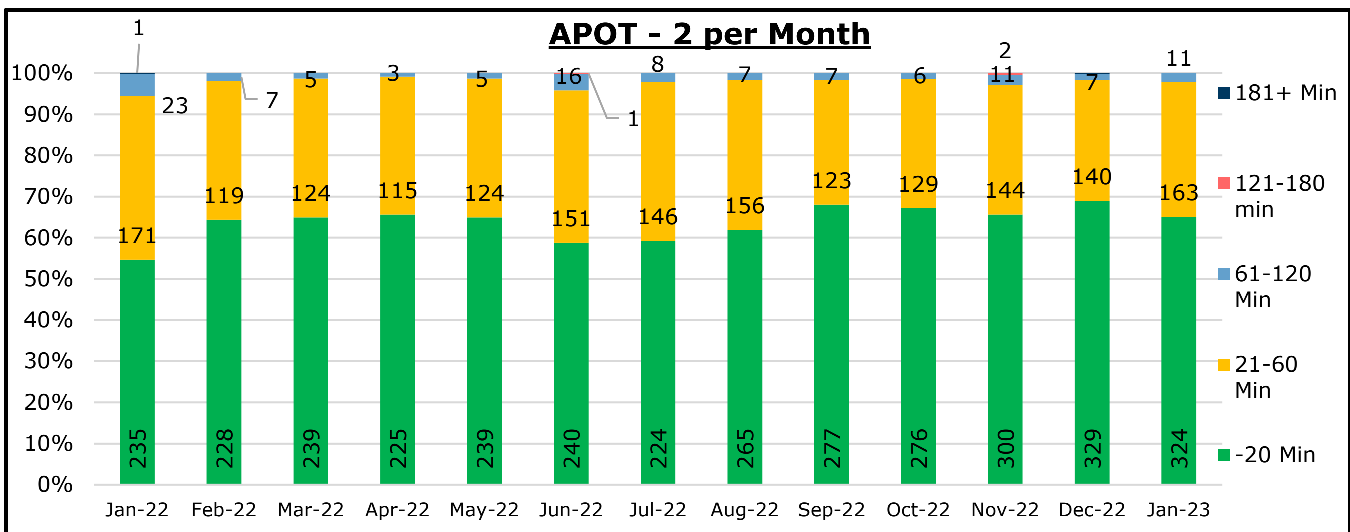
	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
> 5					3						1	1
4-5				2	1	7	2				2	1
3-4				5	7	15	2			4	11	5
2-3	4	1	2	25	38	27	16	8	2	16	35	15
1-2	55	35	30	89	155	116	84	40	47	85	120	97

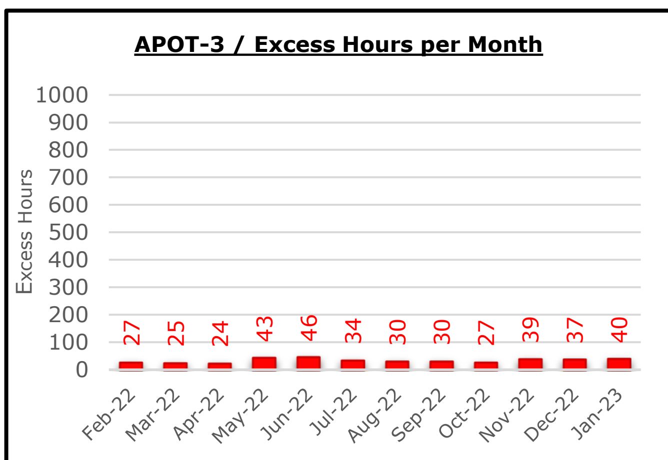
Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA)
Updated: 3.6.2023

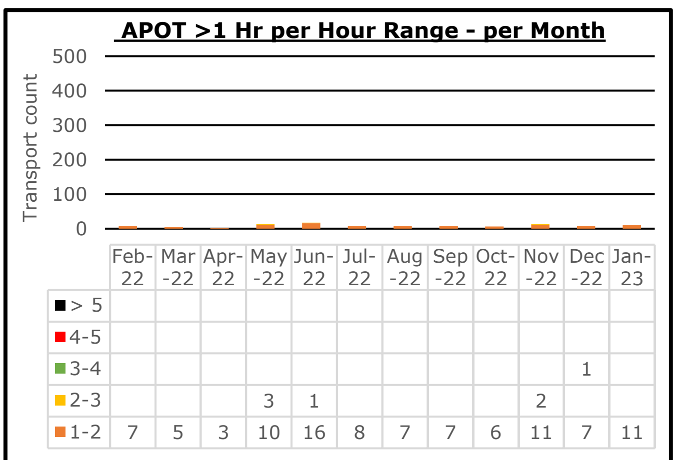
APOT 1, 2 & 3 - ROLLING 12 MONTHS / SUTTER ROSEVILLE (SRMC)

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). **APOT-3** represents the excess time (in hours) over 20 minutes (Min.) aggregate of patient transferred from EMS to hospital per month. Illustrated is the System Total Excess hours per month. *Example: if APOT in minutes is 184 minutes then 184-20 (APOT benchmark) = 164 minutes. Then 164/60 = 2.73 hours.* APOT >1 hour represents any transport with an APOT greater than one hour per hour range.







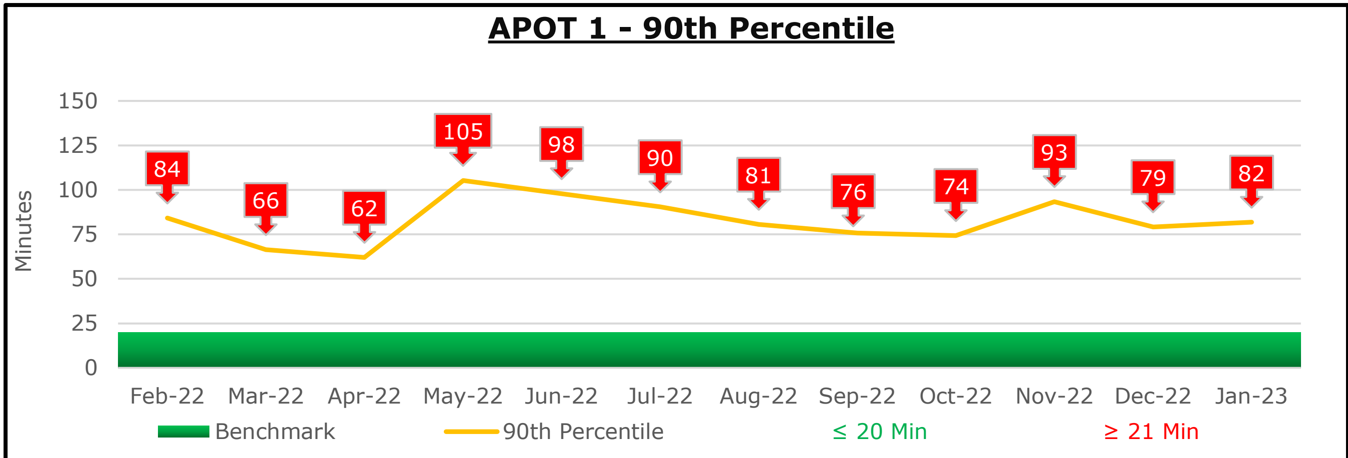


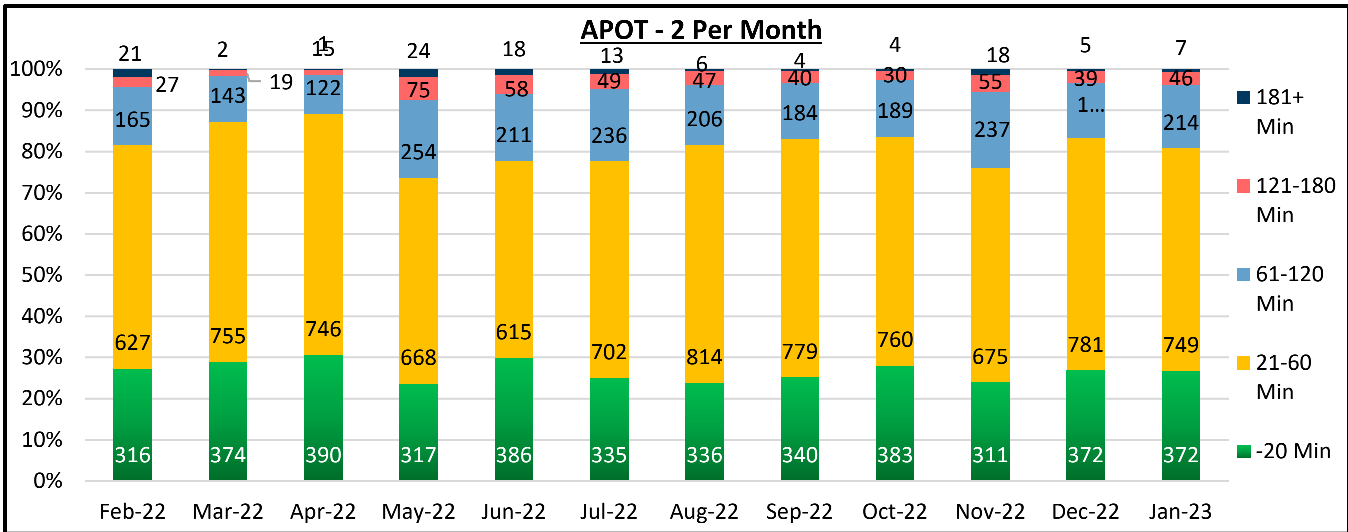
	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
> 5												
4-5												
3-4											1	
2-3				3	1					2		
1-2	7	5	3	10	16	8	7	7	6	11	7	11

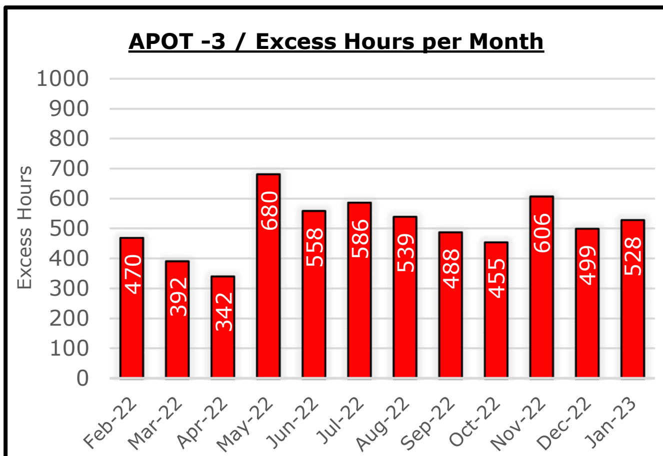
Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA)
Updated: 3.7.2023

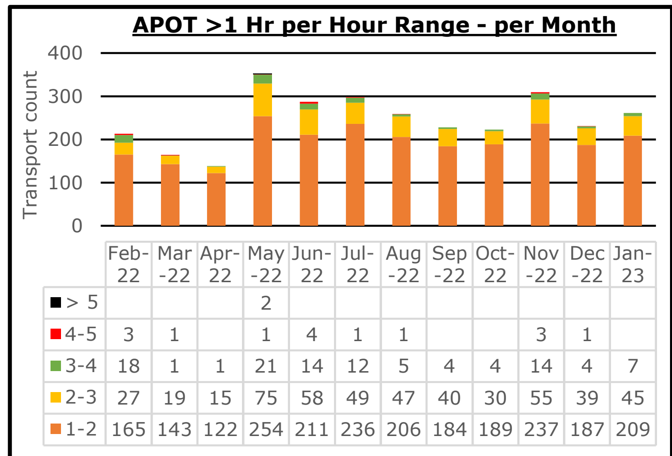
APOT 1, 2 & 3 - ROLLING 12 MONTHS / SUTTER SACRAMENTO (SMCS)

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). **APOT-3** represents the excess time (in hours) over 20 minutes (Min.) aggregate of patient transferred from EMS to hospital per month. Illustrated is the System Total Excess hours per month. *Example: if APOT in minutes is 184 minutes then 184-20 (APOT benchmark) = 164 minutes. Then 164/60 = 2.73 hours.* APOT >1 hour represents any transport with an APOT greater than one hour per hour range.







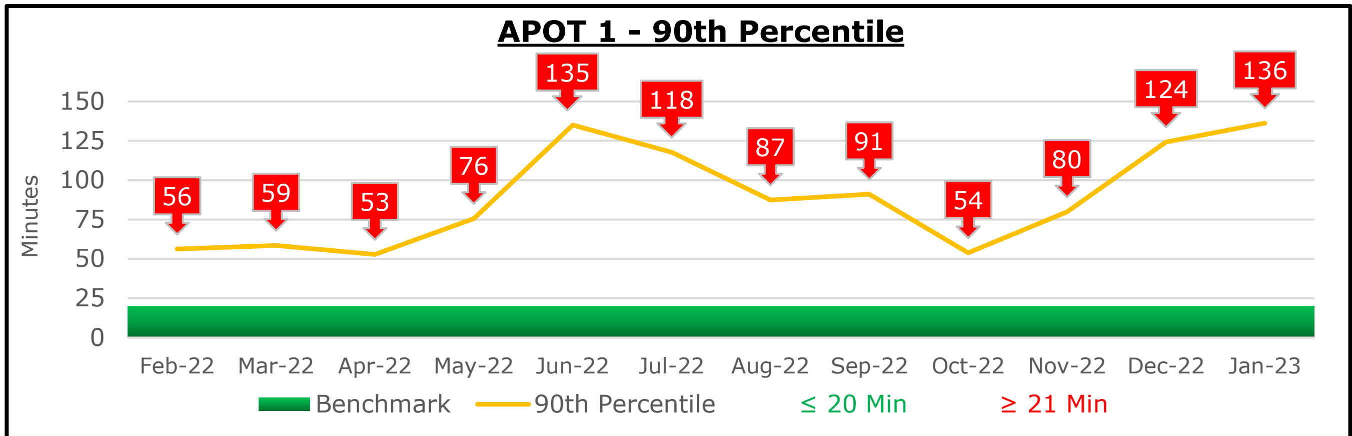


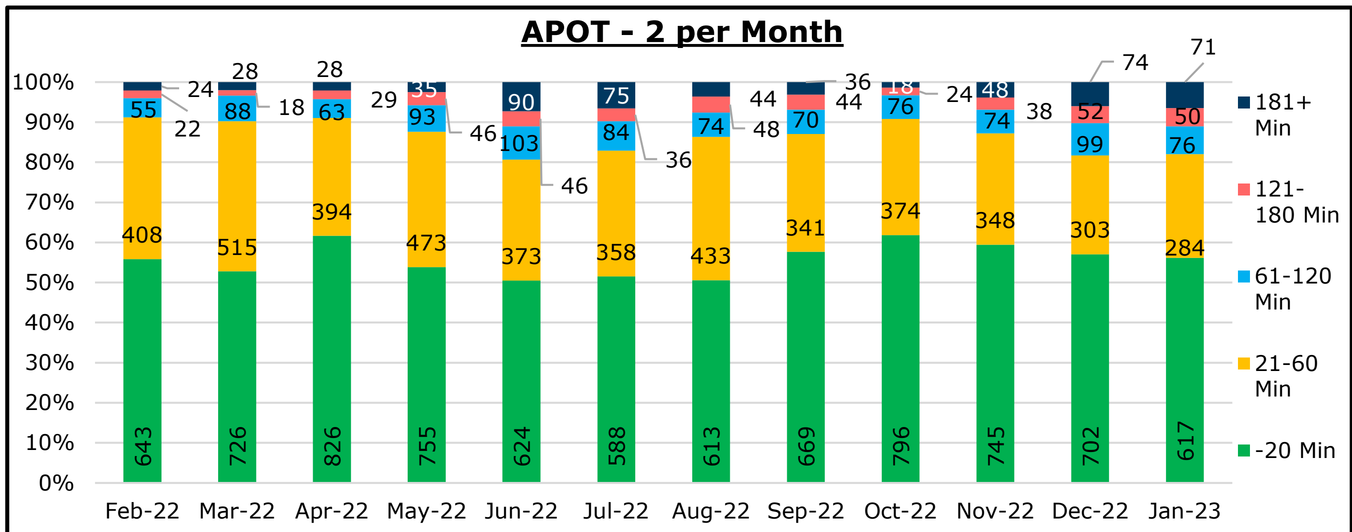
	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
> 5				2								
4-5	3	1		1	4	1	1			3	1	
3-4	18	1	1	21	14	12	5	4	4	14	4	7
2-3	27	19	15	75	58	49	47	40	30	55	39	45
1-2	165	143	122	254	211	236	206	184	189	237	187	209

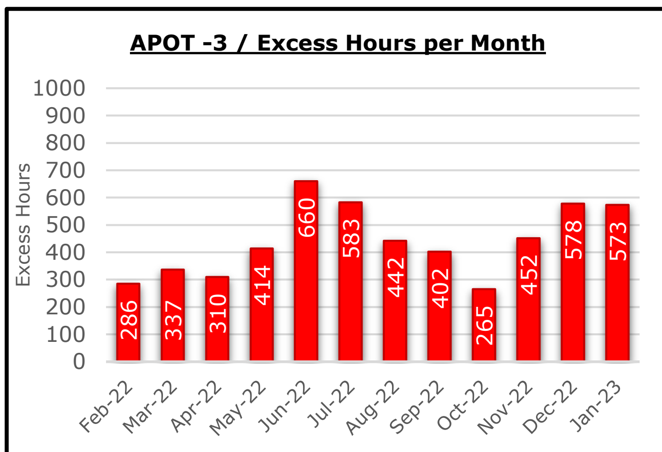
Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA)
Updated: 03.07.2023

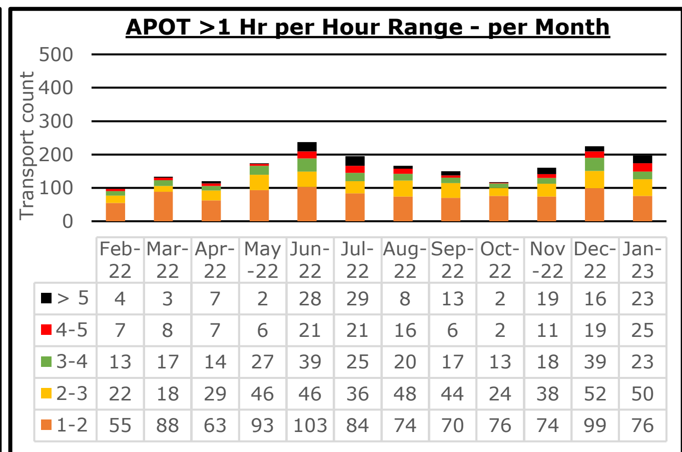
APOT 1, 2 & 3 - ROLLING 12 MONTHS / UC DAVIS (UCDMC)

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). **APOT-3** represents the excess time (in hours) over 20 minutes (Min.) aggregate of patient transferred from EMS to hospital per month. Illustrated is the System Total Excess hours per month. *Example: if APOT in minutes is 184 minutes then 184-20 (APOT benchmark) = 164 minutes. Then 164/60 = 2.73 hours.* APOT >1 hour represents any transport with an APOT greater than one hour per hour range.







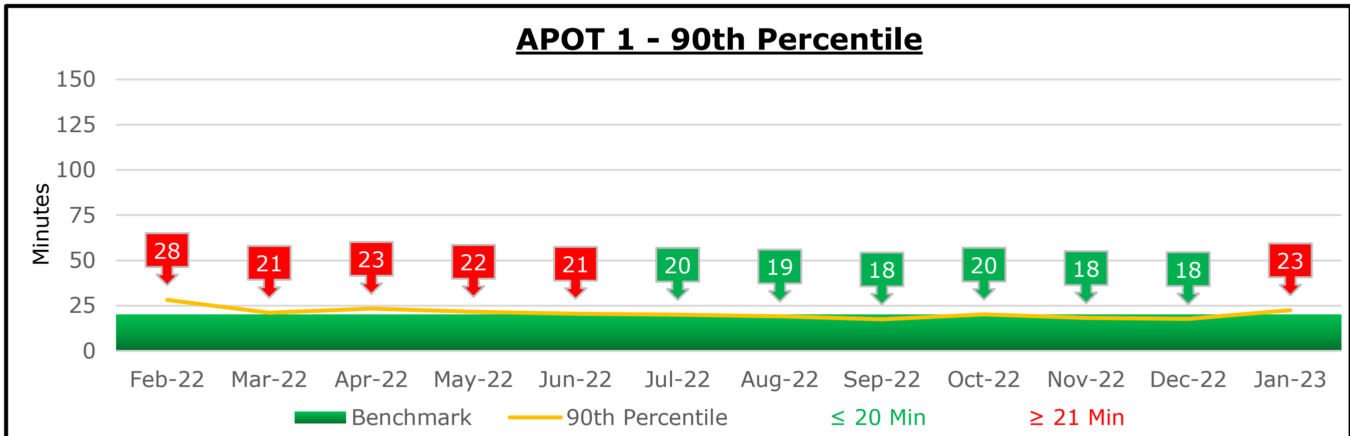


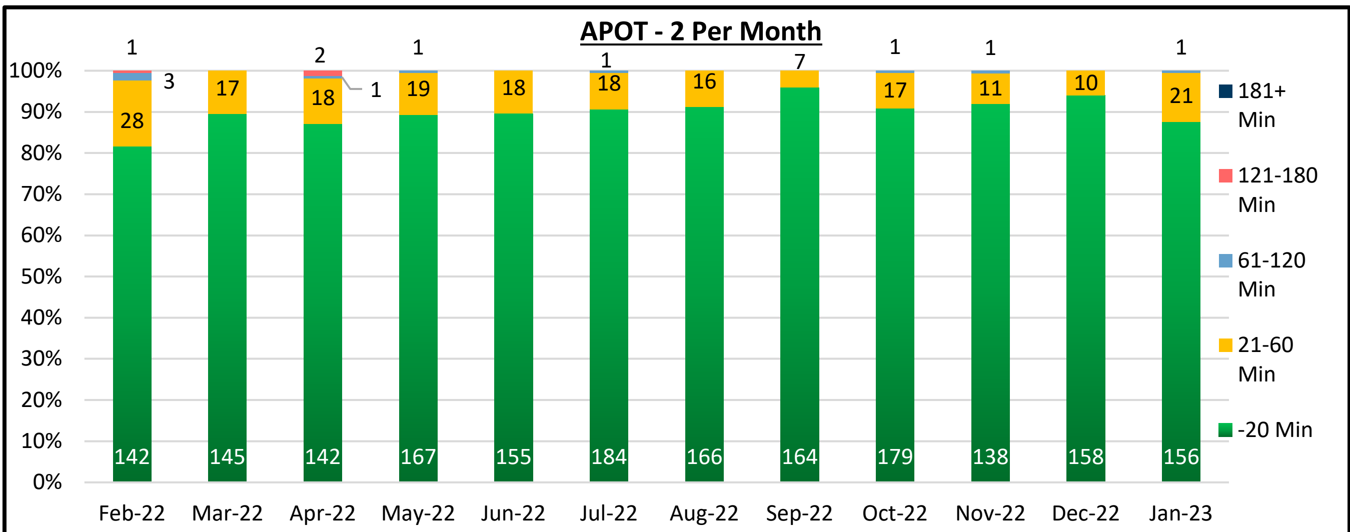
	Feb-22	Mar-22	Apr-22	May -22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov -22	Dec-22	Jan-23
> 5	4	3	7	2	28	29	8	13	2	19	16	23
4-5	7	8	7	6	21	21	16	6	2	11	19	25
3-4	13	17	14	27	39	25	20	17	13	18	39	23
2-3	22	18	29	46	46	36	48	44	24	38	52	50
1-2	55	88	63	93	103	84	74	70	76	74	99	76

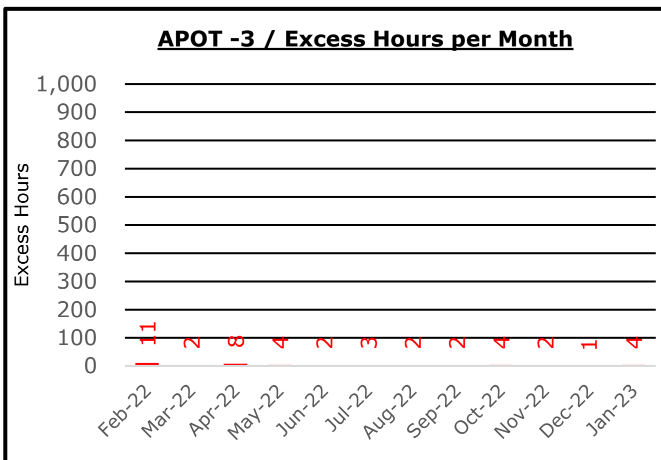
Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA)
Updated: 3.07.2023

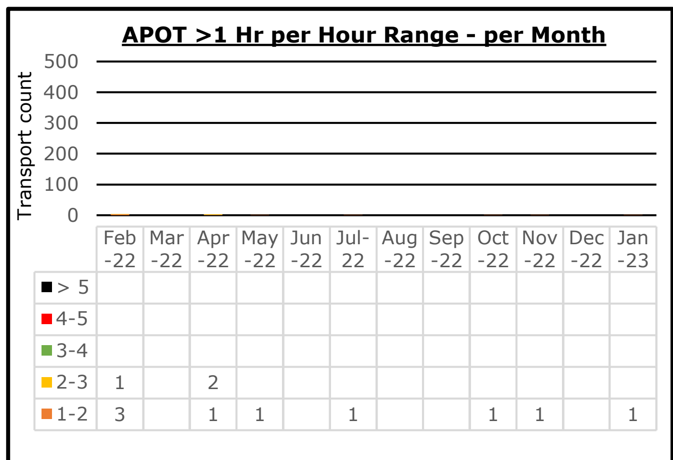
APOT 1, 2 & 3 - ROLLING 12 MONTHS / SACRAMENTO VA (VAMC)

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). **APOT-3** represents the excess time (in hours) over 20 minutes (Min.) aggregate of patient transferred from EMS to hospital per month. Illustrated is the System Total Excess hours per month. *Example: if APOT in minutes is 184 minutes then 184-20 (APOT benchmark) = 164 minutes. Then 164/60 = 2.73 hours.* APOT >1 hour represents any transport with an APOT greater than one hour per hour range.



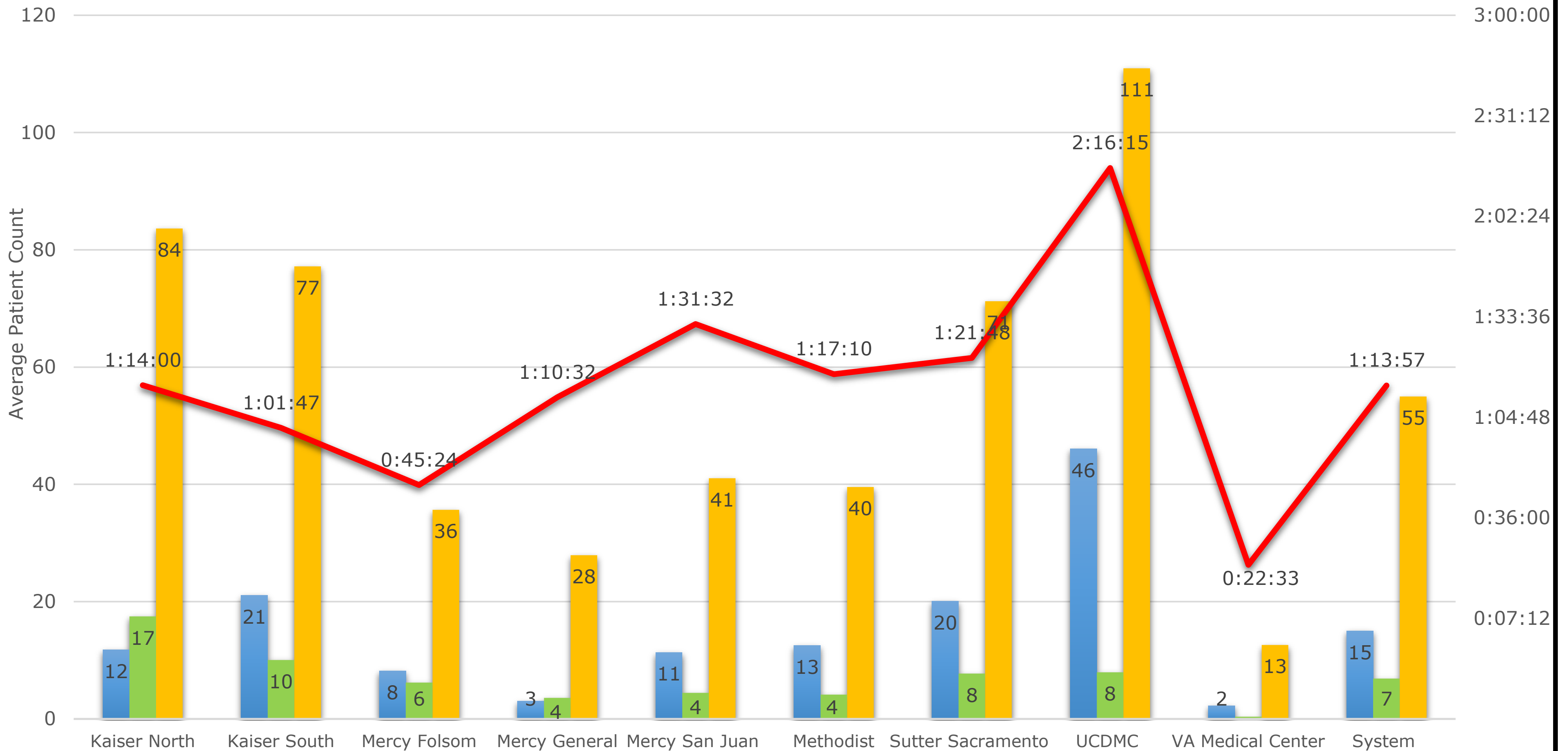






	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
> 5												
4-5												
3-4												
2-3	1		2									
1-2	3		1	1		1			1	1		1

Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA)
Updated: 3.07.2023



January 2023 Average Psych/ Medical / Census vs APOT 1
Average of Med Hold
Average of Psych Hold
Average Census
APOT
Average Patient Count
120
100
80
60
40
20
0
3:00:00
2:31:12
2:02:24
1:33:36
1:04:48
0:36:00
0:07:12
Kaiser North
Kaiser South
Mercy Folsom
Mercy General
Mercy San Juan
Methodist
Sutter Sacramento
UCDMC
VA Medical Center
System
12
17
84
1:14:00
21
10
77
1:01:47
8
6
36
0:45:24
3
4
28
1:10:32
11
4
41
1:31:32
13
4
40
1:17:10
20
8
71
1:21:48
46
8
111
2:16:15
2
13
0:22:33
15
7
55
1:13:57

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

CEMSIS Standards

October 8, 2019

California Health and Safety Code 1797.227 requires an emergency medical care provider to collect and submit data using an electronic health record system that is compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information System (NEMSIS). The California data standard for EMS data is described below:

1. Emergency medical services providers shall use a NEMSIS compliant vendor (Version 3.4.0 or most current version) in the submission of data to the local EMS Agency (LEMSA). Software vendors having achieved compliance are listed on the NEMSIS website. https://nemsis.org/technical-resources/version-3/v3-compliant-software-and-compliance-testing-status/

2. NEMSIS National/State or State only elements and value sets shall be used as defined in the mandatory, required, recommended and optional lists as published in Version 3.4.0 or most current version, except as listed below in #3.

3. Emergency medical care providers shall use California-specific value sets for the following elements as defined on the CEMSIS page of EMSA's website: www.emsa.ca.gov/CEMSIS:
   - Provider Agency List (dAgency.01). Providers shall only use their EMSA assigned CEMSIS identification number as noted on the Provider Agency List (dAgency.01).
   - Facility Identification (dFacility.02/dFacility.03).
   - Cause of Injury (eInjury.01.)
   - Symptom List (eSituation.09).
   - Provider Primary Impression (eSituation.11).
   - Location Type (eScene.09).

4. Data Compliance with CEMSIS is achieved when a provider submits data to the LEMSA from a NEMSIS compliant software vendor including fields identified in the NEMSIS standard as mandatory, required, recommended and optional, and the California specific value sets. Descriptive values shall be used in the compliant submission of data to the LEMSA with minimal use of not and null values and limited only to situations where no other value is appropriate for documentation of a given situation. The time period for submission shall be defined by the LEMSA and shall be submitted to CEMSIS within 72 hours after an EMS response.

5. Data consistent with CCR Title 22, Division 9, Chapter 4. Paramedic, Section 100171, (e) and (f) shall also be submitted to the LEMSA as required.

For any questions or comments, please contact Adrienne Kim by email at Adrienne.Kim@emsa.ca.gov or by phone at (916) 431-3742.