

**Sacramento County Emergency Medical Services Agency (SCEMSA)
 Joint Medical Advisory (MAC)/Operational Advisory (OAC) Committees
 9616 Micron Ave. Suite 960
 Sacramento, CA. 95827
 June 22, 2023**



Agency	Representative	Agency	Representative
American Medical Response	Mark Mendenhall	Sutter Medical Center, Roseville	Rose Colangelo
American Medical Response	Paul Harper	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
Sacramento City Fire	Brian Pedro	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, D.O.
Reach/Calstar	Corey Collier	Kaiser	Sarah Henry
Cosumnes Fire	Robert Kasparian	Kaiser Sacramento	Greg Smith, M.D.
Sutter Health	Karen Scarpa, M.D.	Alpha One	Nick Coibain
SCEMSA Staff	All	Sutter Roseville	Heather Garcia

ITEM	DETAILS	ACTION
Welcome and Introductions	NONE	NONE
Public Comment	NONE	NONE
Minutes Review	March 9, 2023	Approved by: Dr. Rose and Unknown Speaker.
SCEMA Updates	Example Flow Charts for SCEMSA protocols are shown.	SCEMSA will be transitioning to these on May 1, 2024. SCEMSA is requesting feedback from Agencies on the change to be communicated to K. Bianco. Examples will be sent to the agencies to share with the field. Dr. Naik would like them to be integrated as we review policies. K. Bianco spoke to Dr. Kann regarding this, and it was decided that SCEMSA will release them all at one time on May 1, 2024.
SCEMSA Quarterly Reports		All Reports Attached to Minutes

APOT/Wall Time Reports		All Reports Attached to Minutes
APOT/Wall Time Reports from EMSA		All Reports Attached to Minutes
Old Business	NONE	NONE
New Business		
<p>PD# 2007 – Trauma Hospital Data Elements</p>	<p>Approved with Edits</p>	
<p>PD# 2030 – Advanced Life Support Inventories</p>	<p>Approved with Edits. Ketorolac and Acetaminophen were added. At least one narcotic analgesic for pain and one non-narcotic analgesic for pain is to be carried by providers. (Ketamine, even though non-narcotic, will be placed in the narcotic category with Fentanyl). Providers may choose to carry all of them. Non-Transporting units it will still be optional. MIH units will have the choice to carry the medications. Although non-transporting ALS units are not required to carry Narcotic/Non-Narcotic analgesics, it should be something to consider in the future due to BLS units may be running more system calls.</p>	
<p>PD# 2527 – STEMI System Elements</p>	<p>Approved with Edits</p>	
<p>PD# 5050 – Destination</p>	<p>Approved with Edits John Rudnicki brings up a concern on how to handle the patient that does not want to be transported to the hospital within their health plan or where they receive normal care what is the field to do? Per Dr. Mackey, they will need to be educated and Dave Magnino states if the patient is unhappy, they can fill out an EMS event through the SCEMSA website. If the patient who needs transport still refuses to go to their health plan hospital and they have been educated by the crew as to the reasons why they should be transported to the health plan</p>	

<p>PD# 8066 – Pain Management</p> <p>PD# 8067 – Sepsis-Septic Shock</p> <p>PD# 8830 – Supraglottic Airway (iGel)</p> <p>PD# 8837 – Pediatric Airway Management</p> <p>PD# 9018 – Pediatric Pain Management</p> <p>PD# 9020 – Pediatric Nausea and/or Vomiting.</p>	<p>hospital they belong to, providers will take them to the hospital they choose. Base Contact is always an option to speak with the patient. One speaker, who is a Dr. states that this policy is making it too complex for our medics and our system as to where the patient should be transported to. Dr. Mackey states that he is trying to help the EMS crews.</p> <p>For transport to the ED waiting room by EMS crews, Rose raised concern regarding patients who have been medicated with anything cannot go to a Kaiser waiting room per their in-house policy. Dr. Mackey states he will be willing to write a letter to the hospital council to explain the difference between EMS and Hospital policy. Dave Magnino asks that the hospitals work with us on this. If after 30 minutes after arrival to the ED, and two sets of VS are within normal limits, the patient can be moved to the waiting room.</p> <p>Approved with Edits. Ketorolac added.</p> <p>Brought for discussion of Hospital responses to Sepsis Alerts. No changes were made to the policy.</p> <p>Approved with Edits.</p> <p>Approved with Edits. Stomal intubation will be hyperlinked to the stomal policy in the new protocol format.</p> <p>APPROVED with Edits and the addition of Ketorolac.</p> <p>APPROVED with Edits</p>	
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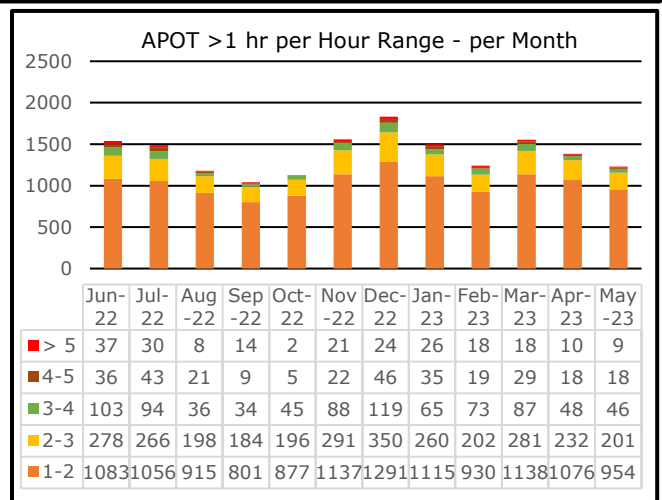
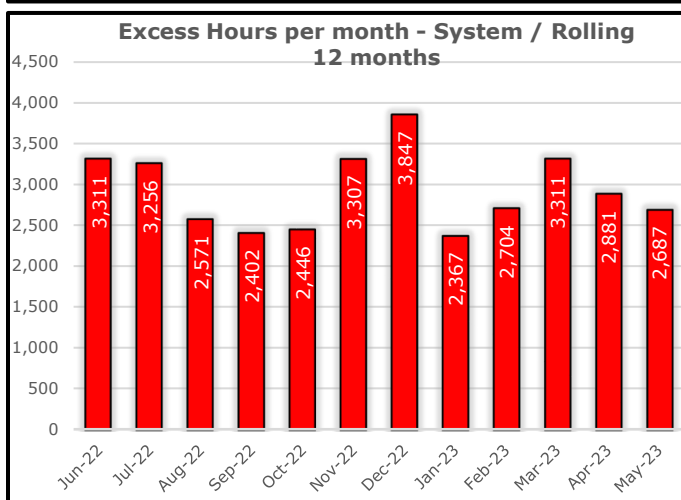
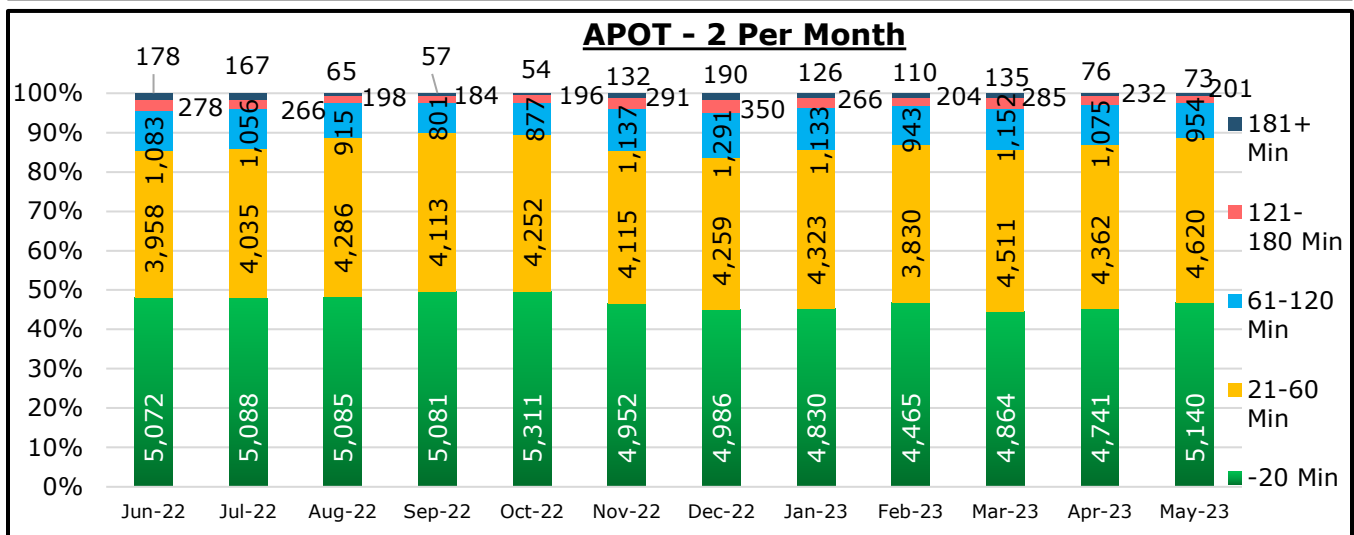
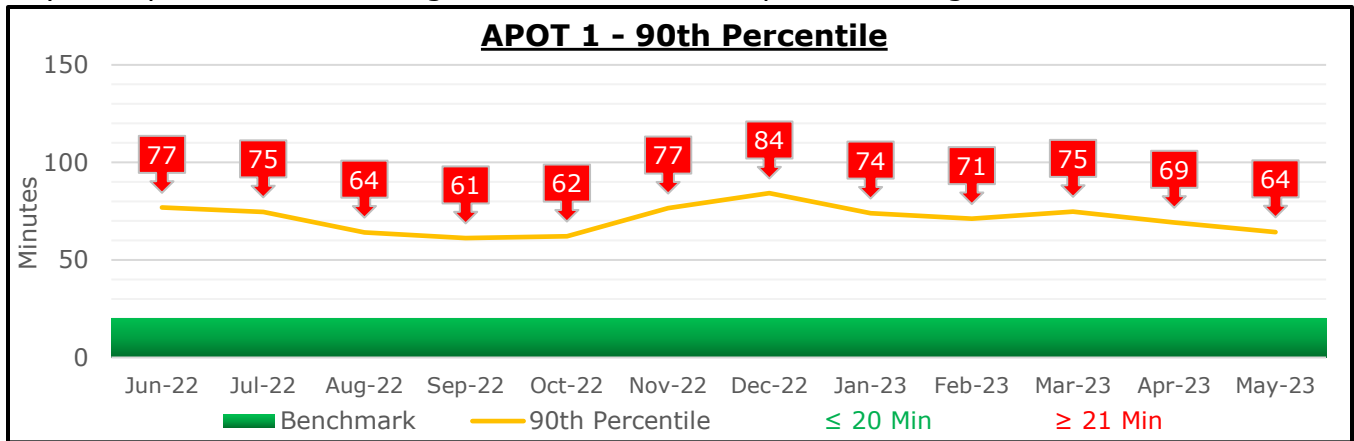
<p>PD# 6003 – IFT-Provider Hospital Requirements</p> <p>PD# 6004 – ALS IFT-Provider</p> <p>PD# 6005 – ATV Utilization</p> <p>PD# 6006 – Blood Transfusion</p> <p>PD# 6007 – IV Infusion</p>	<p>APPROVED</p> <p>APPROVED</p> <p>APPROVED</p> <p>APPROVED</p> <p>Approved</p>	
<p>Scheduled Policy Updates</p>		
<p>PD# 2080 – EMS Organ Donor Information</p> <p>PD# 2085 – Do Not Resuscitate (DNR)</p> <p>PD# 2101 – Patient Initiated Refusal of Service and/or Transport.</p> <p>PD# 2200 – Medical Oversight</p> <p>PD# 2220 – EMT Scope of Practice</p> <p>PD# 2221 – Paramedic Scope of Practice</p> <p>PD# 2223 – Paramedic Scope of Practice Utilization</p> <p>PD# 2511 – Infectious Disease Ambulance Response Team (IDART)</p> <p>PD# 4006 – Reporting Responsibilities of Relevant Employers</p> <p>PD# 4150 – EMT Certification Renewal</p> <p>PD# 5001 – Equipment and Supply Shortages</p> <p>PD# 6002 – Stroke Critical Care System General Provisions</p> <p>PD# 8002 – Diabetic Emergencies</p> <p>PD# 8003 - Seizures</p> <p>PD# 8004 – Suspected Narcotic Overdose</p>	<p>APPROVED with Edits</p> <p>APPROVED with Edits</p> <p>This policy is going to be brought to TAG for review of the edits made by Dr. Mackey, then brought back in September.</p> <p>APPROVED with Edits</p> <p>APPROVED with Edits</p> <p>APPROVED with Edits</p> <p>APPROVED with Edits</p> <p>APPROVED with <u>NO</u> Edits</p> <p>APPROVED with Edits</p> <p>APPROVED with <u>NO</u> Edits</p> <p>APPROVED with <u>NO</u> Edits</p> <p>APPROVED with <u>NO</u> Edits</p> <p>APPROVED with Edits</p> <p>APPROVED with Edits</p> <p>To be brought back in September due to the most current edited</p>	

<p>PD# 8028 – Environmental Emergencies PD# 8042 – Childbirth PD# 8068 – General Medical Complaint</p>	<p>version is unavailable.</p> <p>APPROVED with Edits</p> <p>APPROVED with <u>NO</u> Edits</p> <p>APPROVED with <u>NO</u> Edits</p>	
<p>Chairman’s Report:</p> <ul style="list-style-type: none"> • MIH • Telehealth 	<p>MIH – will be going from 4 days a week to 7 days a week due to additional county funding, and usage has doubled since last year. The MAT (Medication Assisted Therapy) program is currently being expanded. Telehealth – Cosumnes has extended to 4 firehouses in Galt and Elk Grove. Patient outcomes and interactions have been positive, and patients have been happy with the services provided. Sacramento Fire has 6 firehouses currently using it. Feedback has been positive. Changes were made to the Telehealth Policy. The term “telehealth physician” was changed to “telehealth provider” to allow for PA’s, MICNs etc. to work Telehealth.</p>	
<p>Roundtable</p>	<p>Chief Clark from CFD will be transitioning out of the EMS division on July 1, 2023. Dr. Mackey thanks the SCEMSA staff for their support as he will be leaving the position of Medical Director on July 1, 2023. An announcement was made to inform people of the EMS bike ride that will be coming up in September and how to sign up for the ride or to sponsor the riders. After the first of January, SCEMSA plans to go to the Board of Supervisors to implement AEMTs. This will go into effect on July 1, 2024, if approved.</p>	

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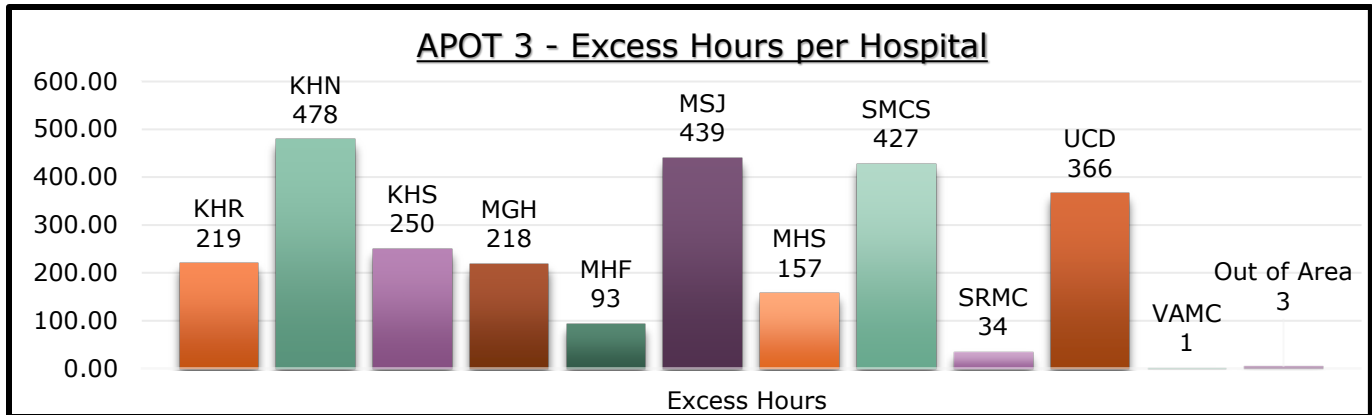
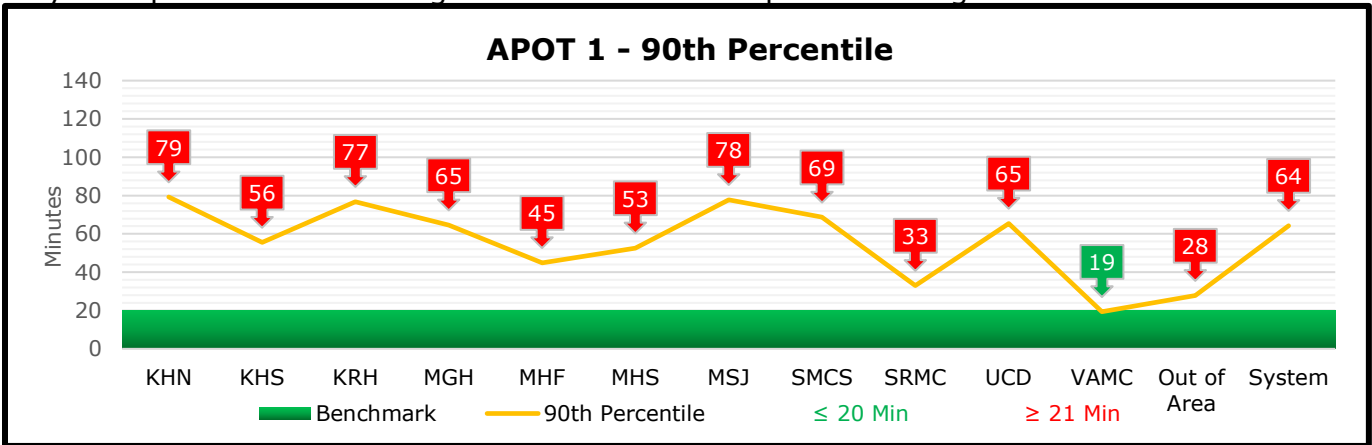
APOT 1, 2 & 3 - ROLLING 12 MONTHS / SYSTEM

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). **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.

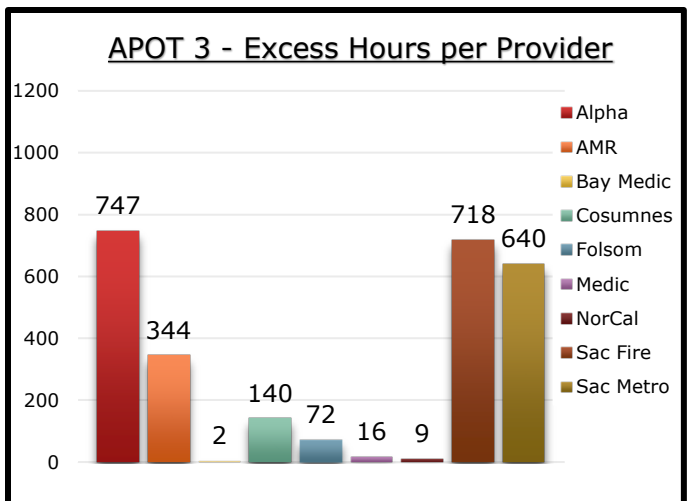


APOT 1 PER HOSPITAL & APOT 3 PER HOSPITAL & PROVIDER AGENCY FOR MAY - 2023

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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	110	14	0	0	0
KHN	182	46	5	1	0
KHS	99	27	7	1	0
MGH	95	9	0	0	0
MHF	30	6	1	0	1
MSJ	155	48	12	2	0
MHS	47	2	1	0	0
SMCS	161	17	4	1	0
SRMC	8	0	0	0	0
UCD	66	32	16	13	8
VAMC	0	0	0	0	0



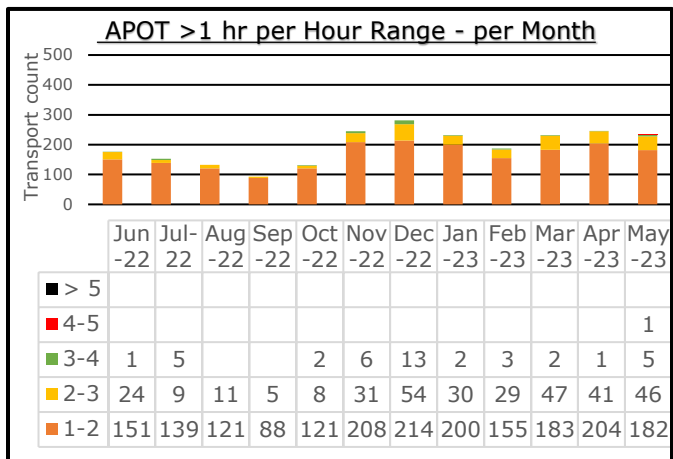
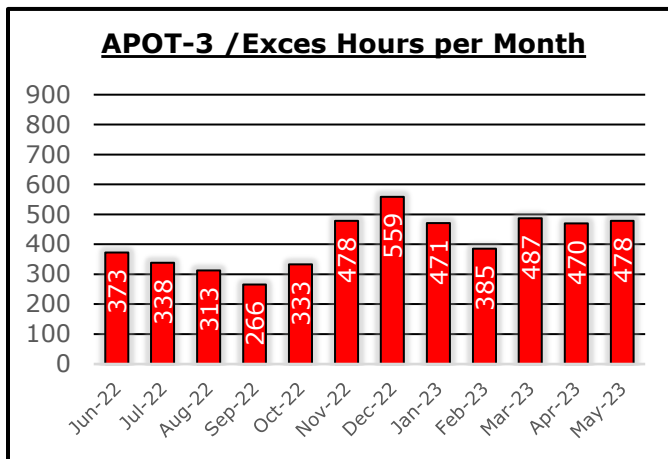
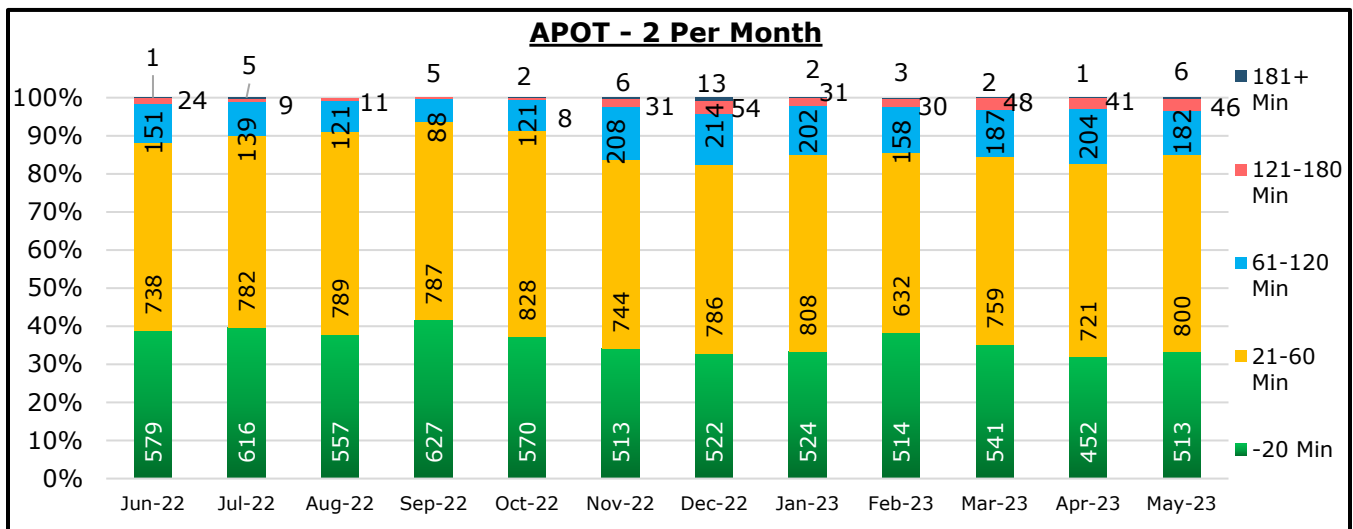
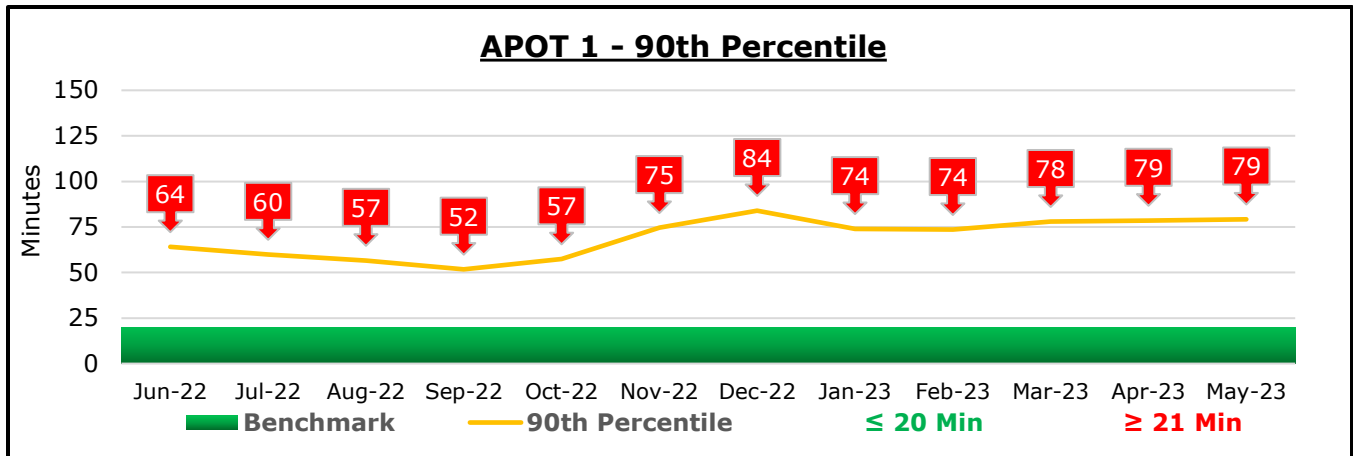
APOT Estimated Cost Table - May 2023

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	219.45	1:16:50	33.58%	685	\$46,247.91	\$675.15
KHN	478.05	1:19:16	33.16%	1547	\$100,744.08	\$651.22
KHS	249.98	0:55:33	67.54%	1454	\$52,681.70	\$362.32
MGH	218.01	1:04:37	33.93%	893	\$45,942.69	\$514.48
MHF	92.99	0:44:56	60.77%	622	\$19,597.20	\$315.07
MSJ	439.47	1:17:51	48.03%	1551	\$92,613.06	\$597.12
MHS	156.81	0:52:37	37.12%	819	\$33,046.46	\$403.50
SMCS	427.12	1:08:41	26.14%	1381	\$90,012.08	\$651.79
SRMC	34.48	0:33:02	65.53%	528	\$7,266.84	\$137.63
UCD	366.18	1:05:29	60.69%	1267	\$77,168.39	\$609.06
VAMC	1.33	0:19:23	91.28%	149	\$279.86	\$18.78
Out of Area	3.48	0:27:49	79.35%	92	\$733.76	\$79.76
System	2687	1:04:19	46.78%	10,988	\$566,334.04	\$515.41

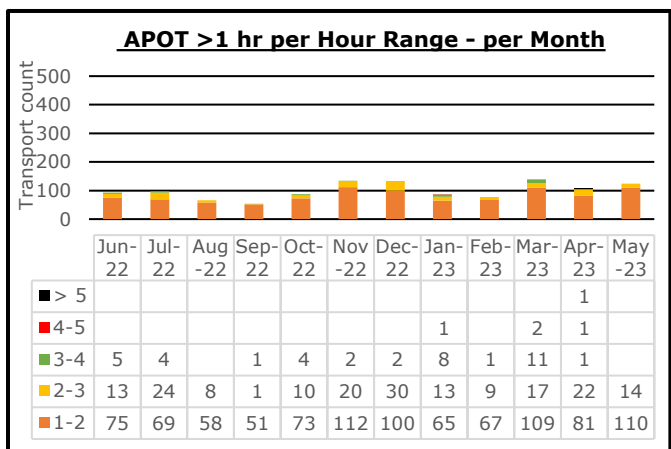
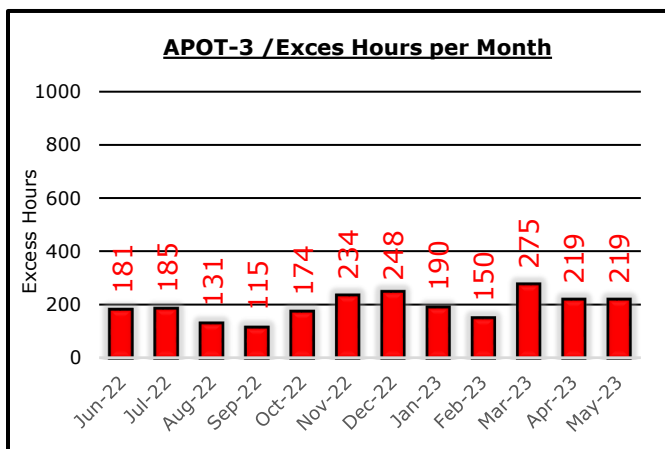
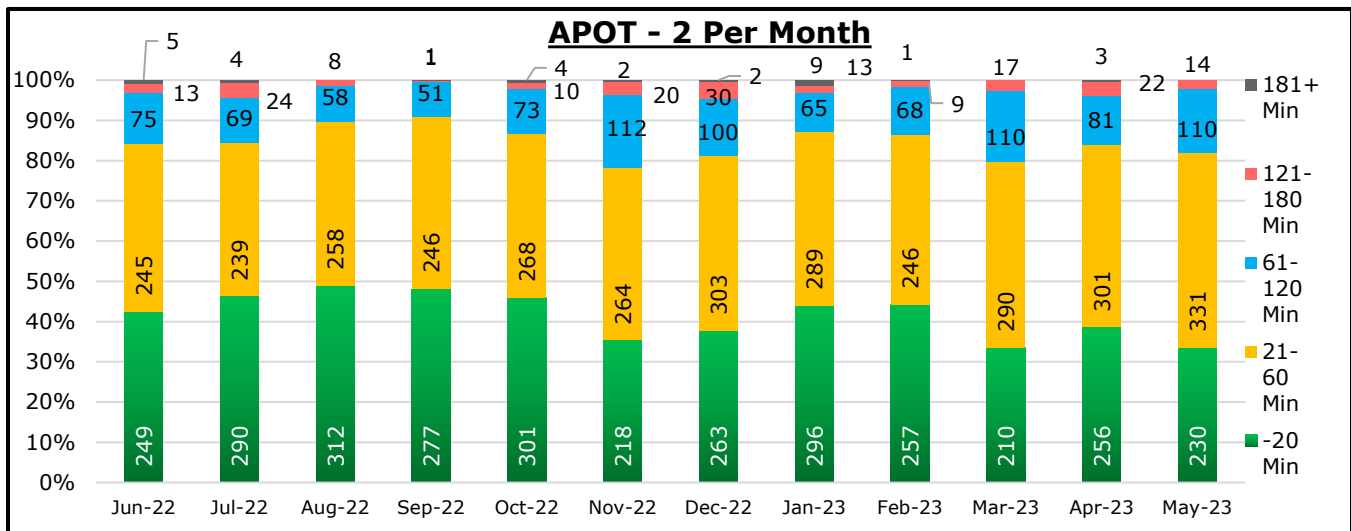
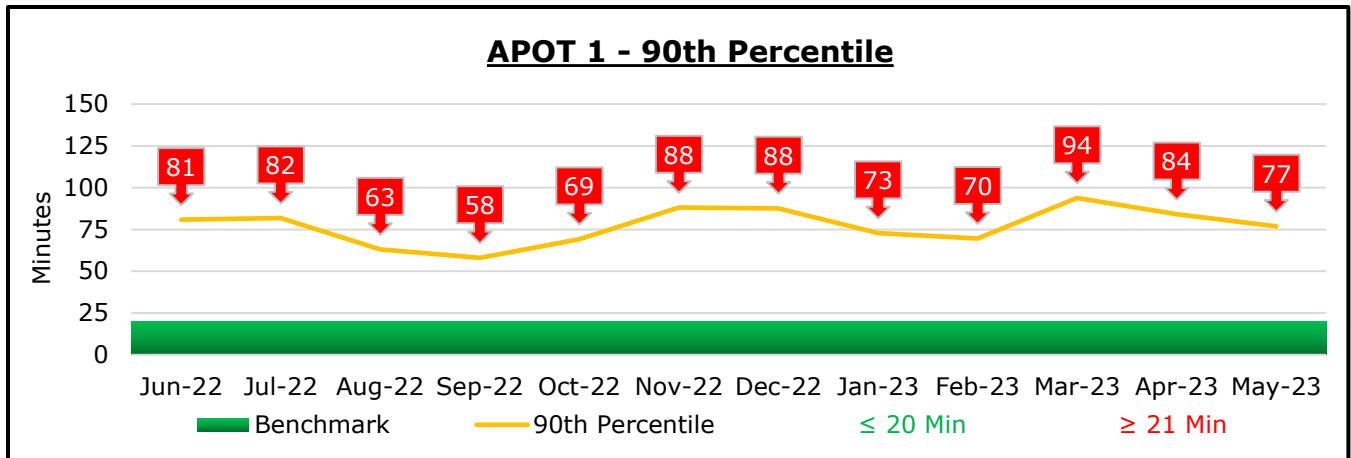
APOT 1, 2 & 3 - ROLLING 12 MONTHS / KAISER NORTH (KHN)

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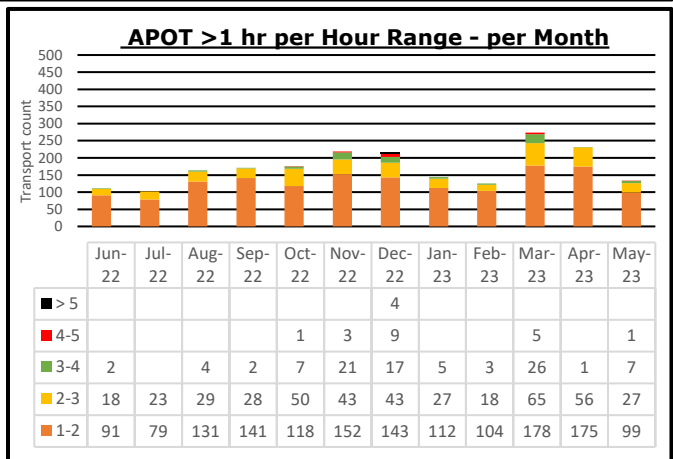
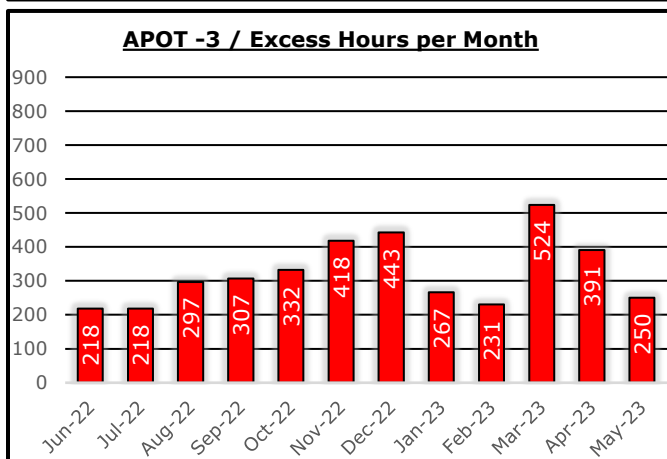
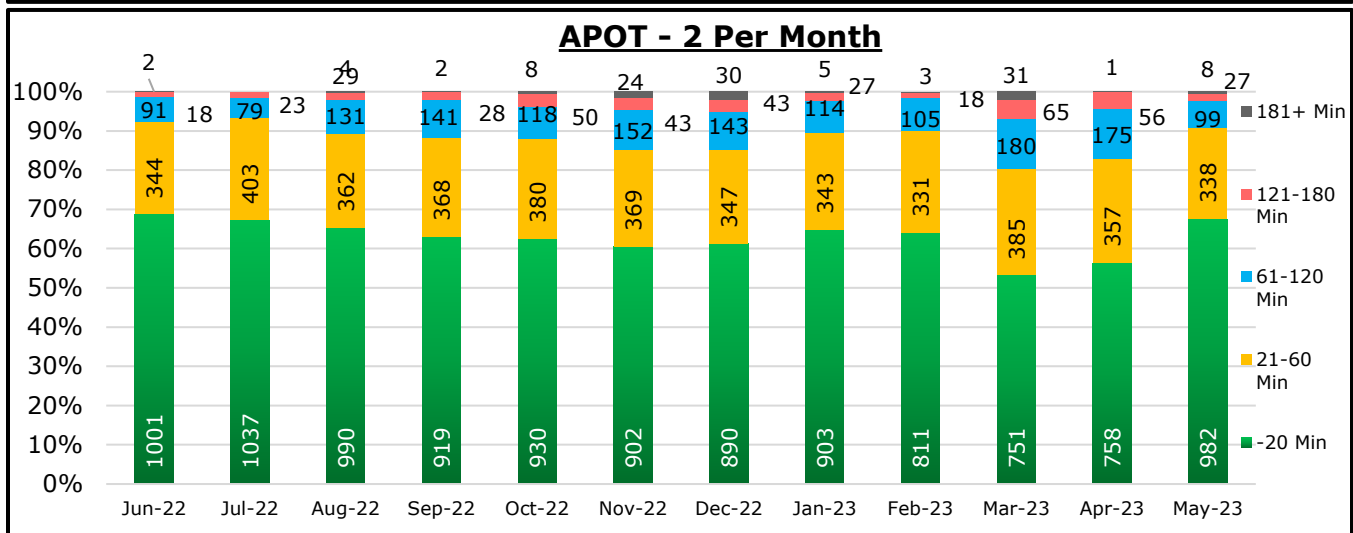
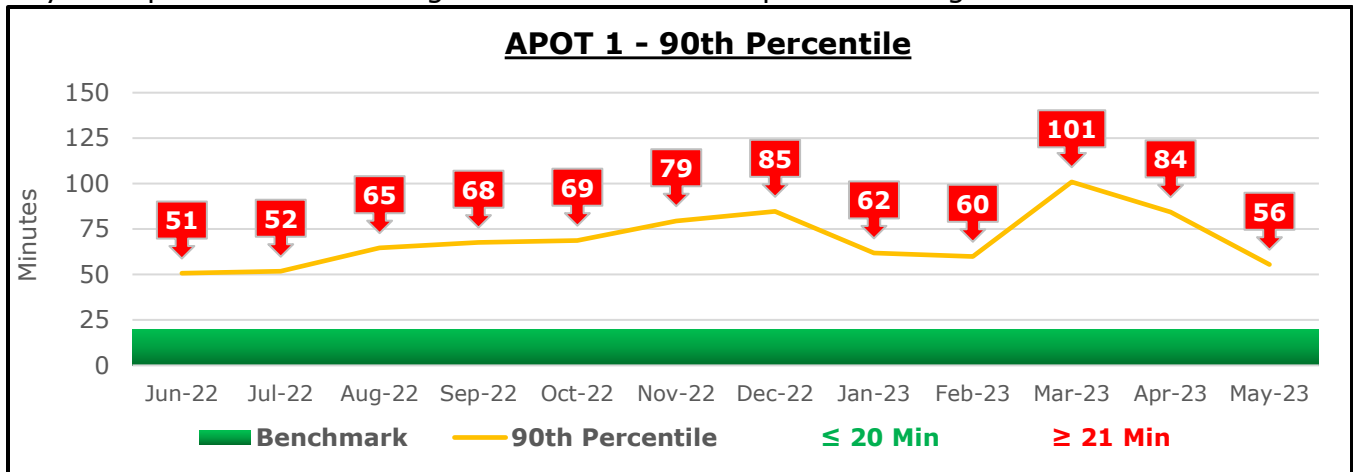
APOT 1, 2 & 3 - ROLLING 12 MONTHS / KAISER ROSEVILLE (KHR)

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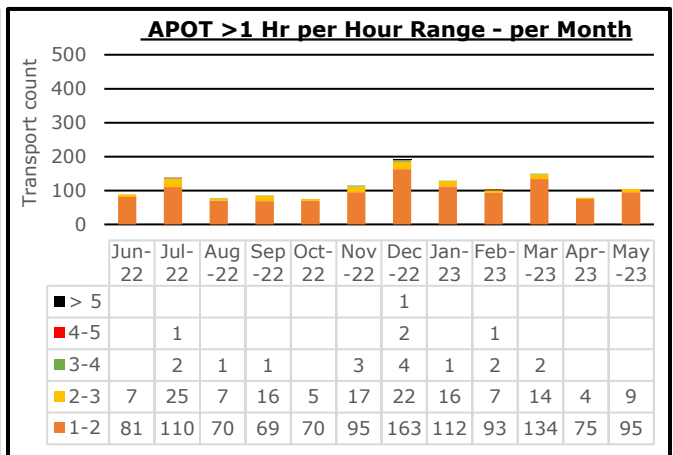
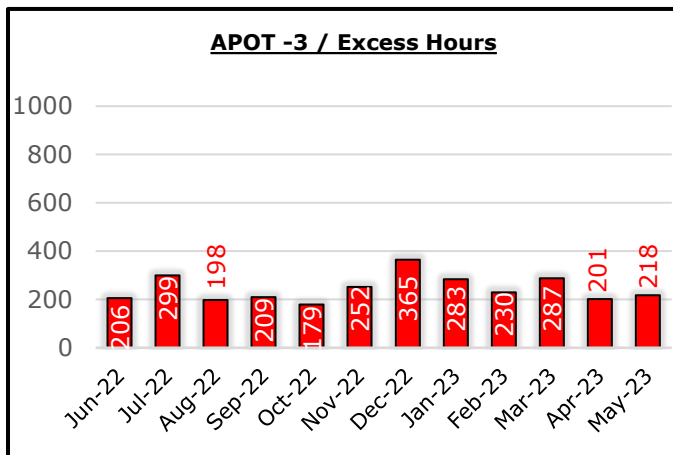
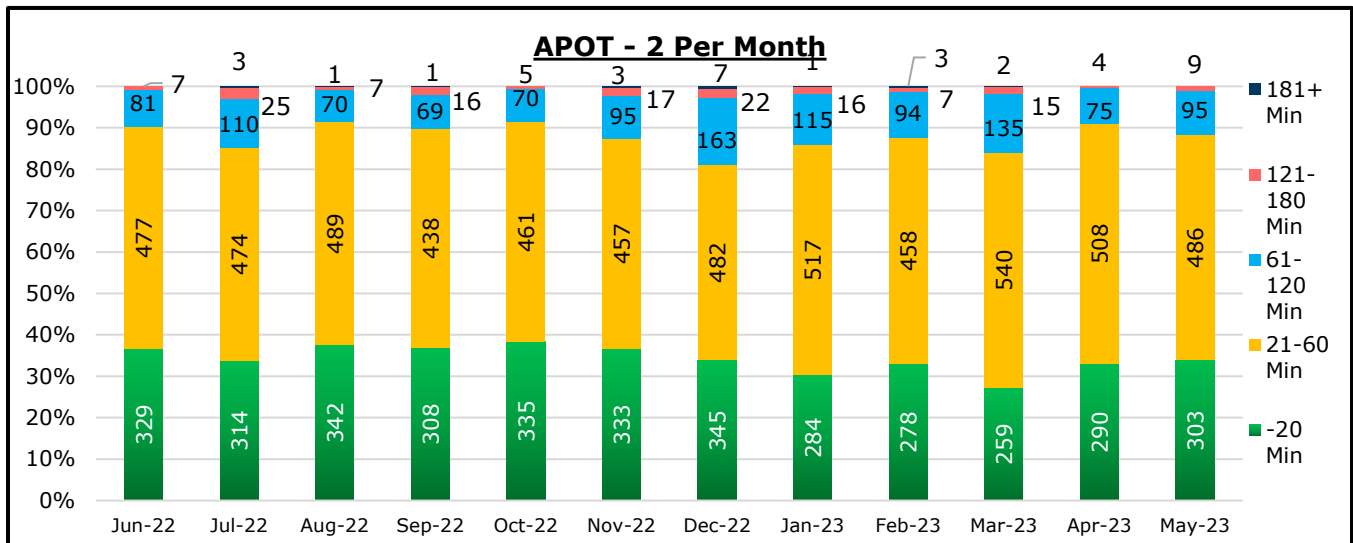
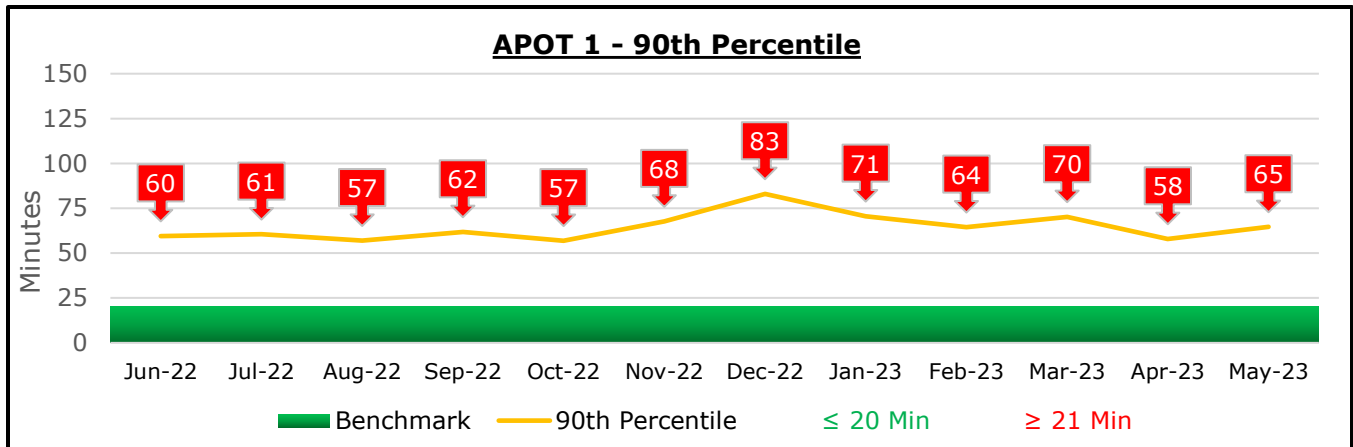
APOT 1, 2 & 3 - ROLLING 12 MONTHS / KAISER SOUTH (KHS)

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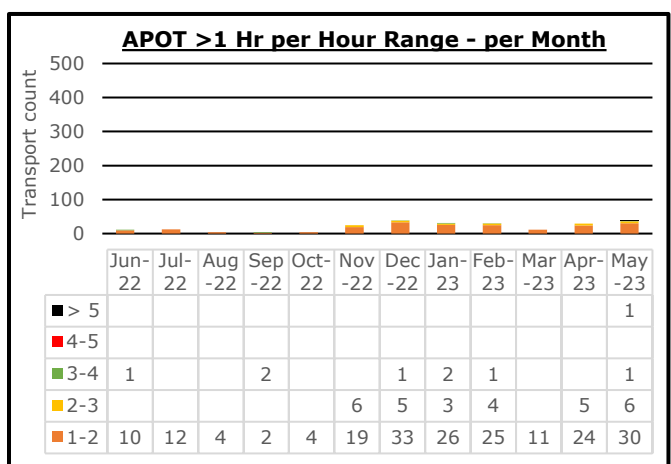
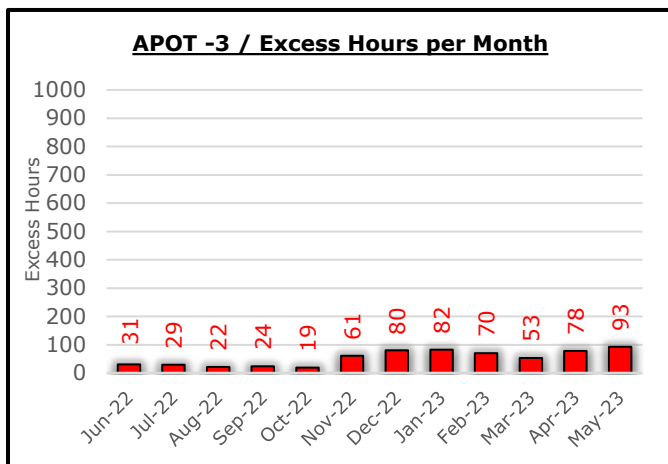
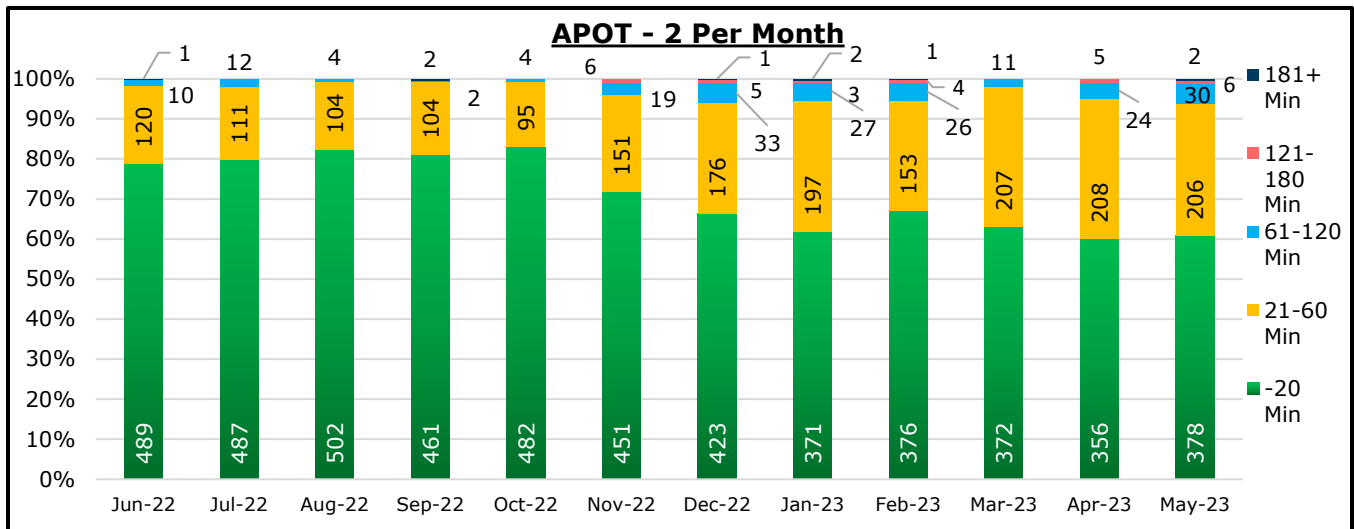
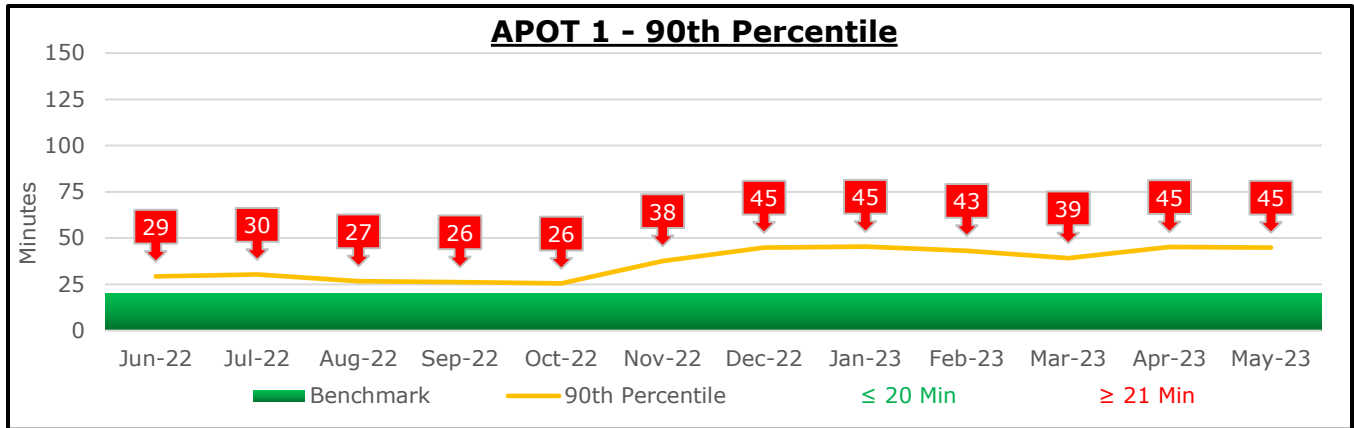
APOT 1, 2 & 3 - ROLLING 12 MONTHS / MERCY GENERAL (MGH)

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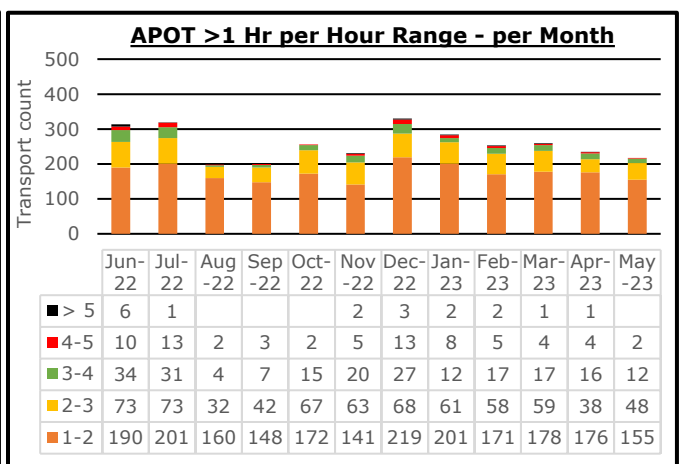
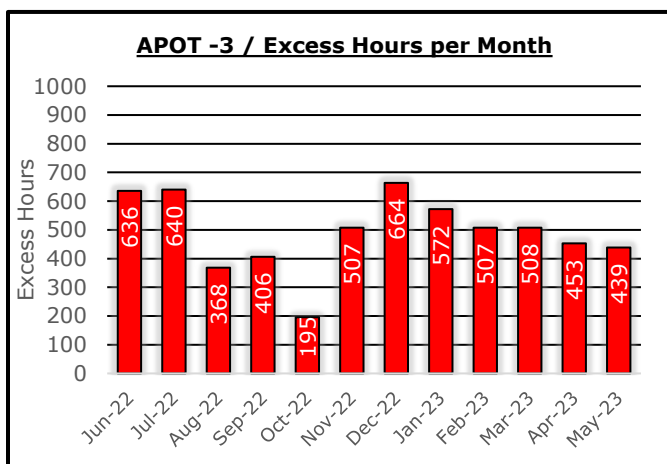
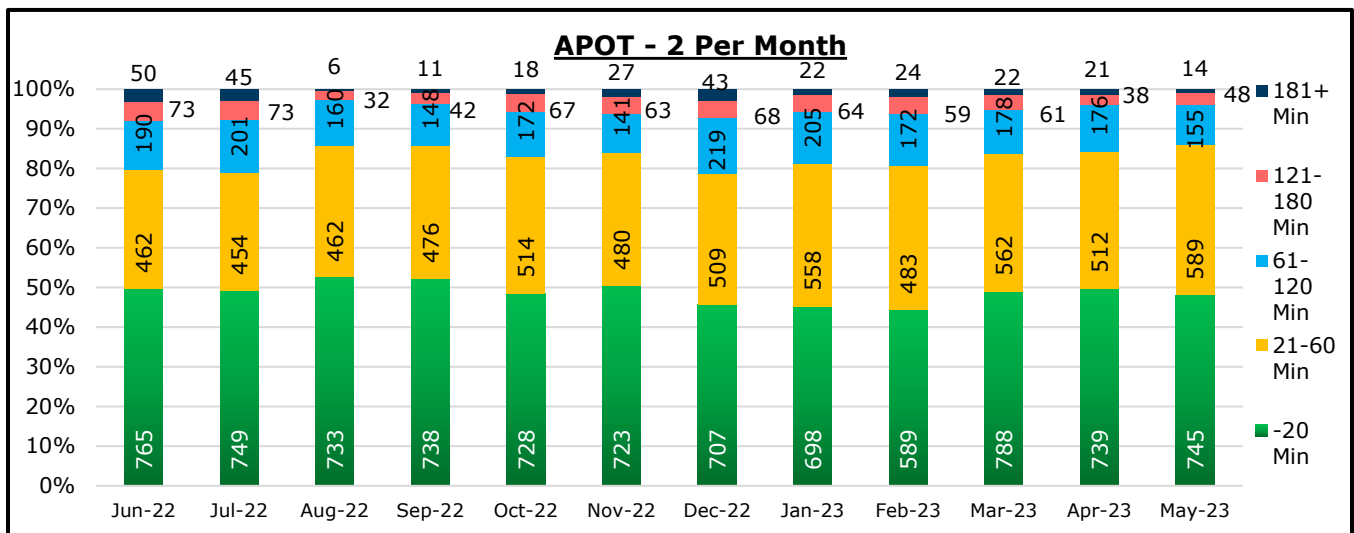
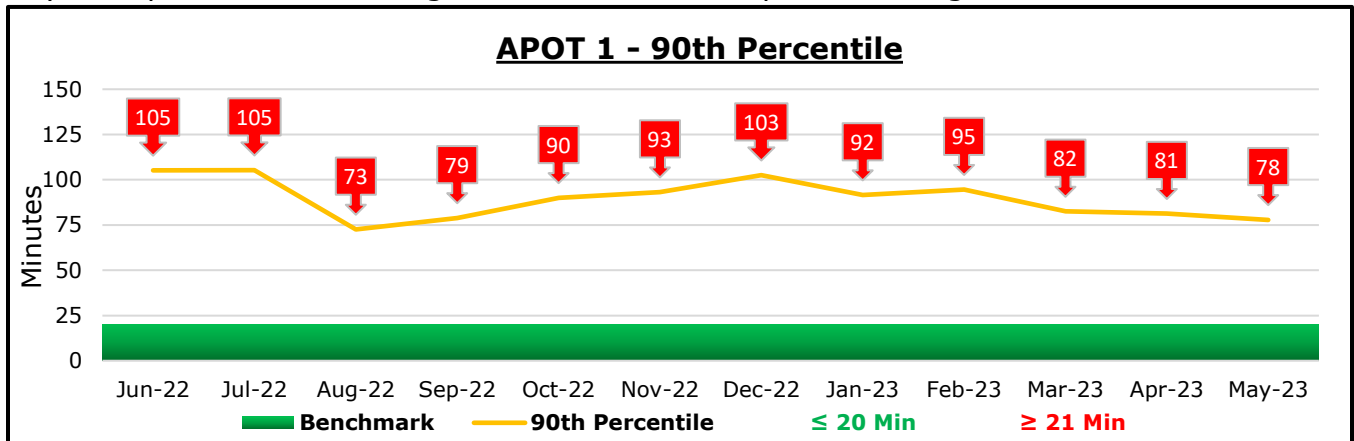
APOT 1, 2 & 3 - ROLLING 12 MONTHS / MERCY OF FOLSOM (MHF)

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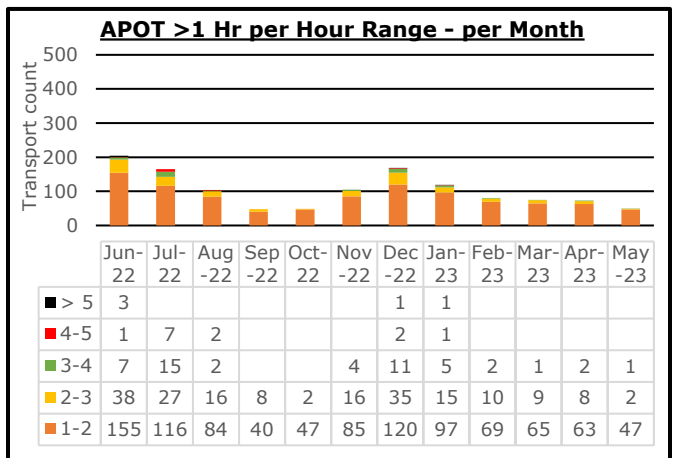
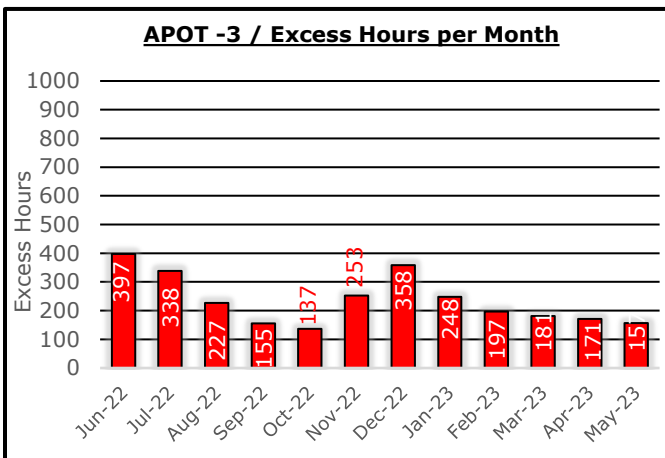
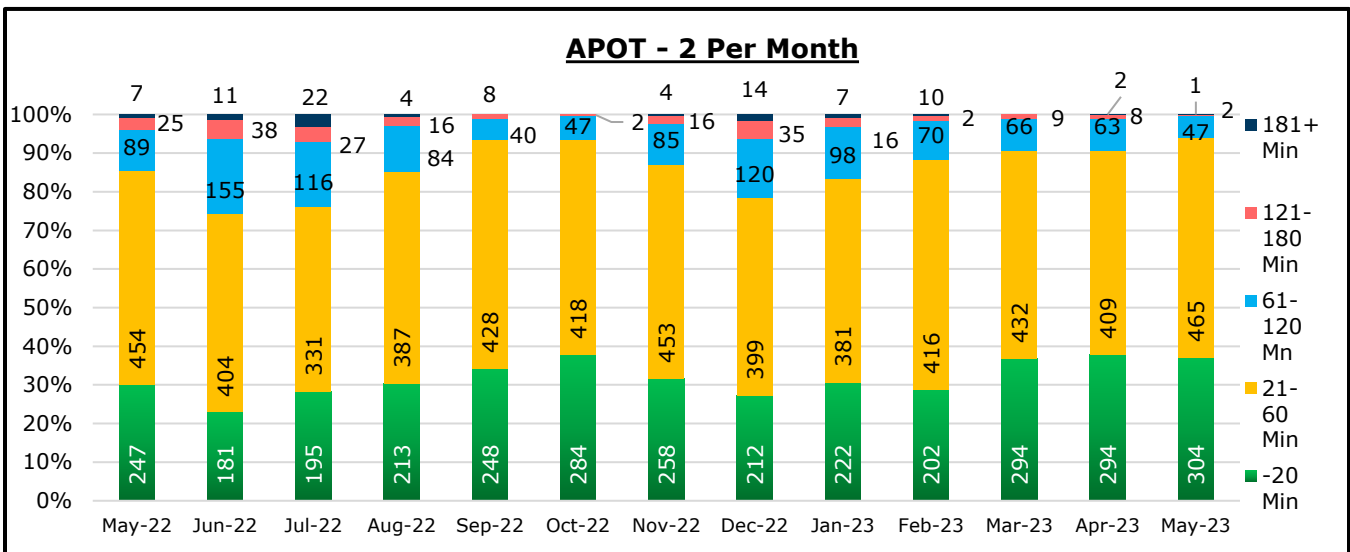
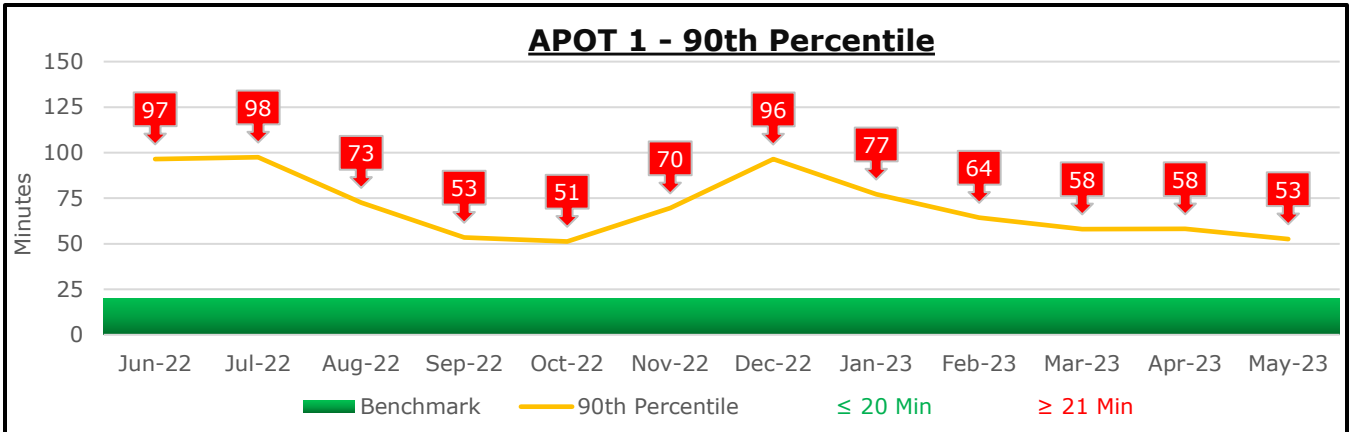
APOT 1, 2 & 3 - ROLLING 12 MONTHS / MERCY SAN JUAN (MSJ)

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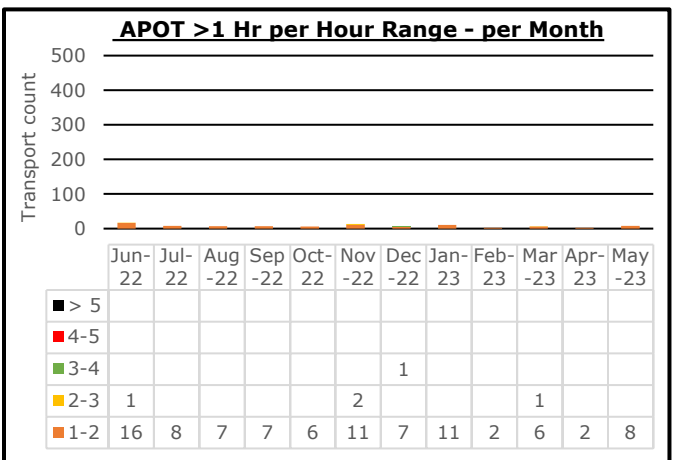
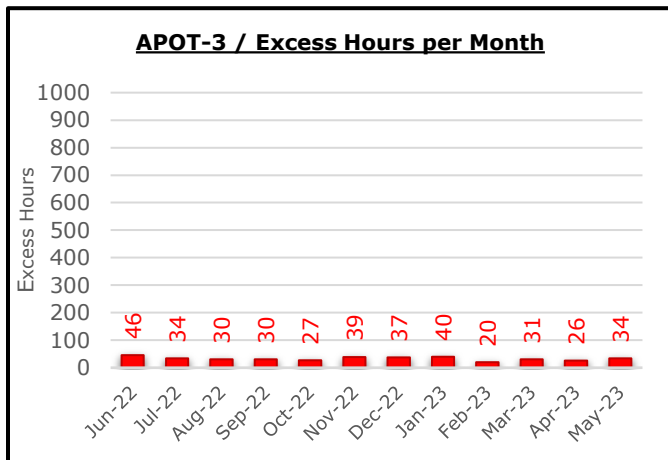
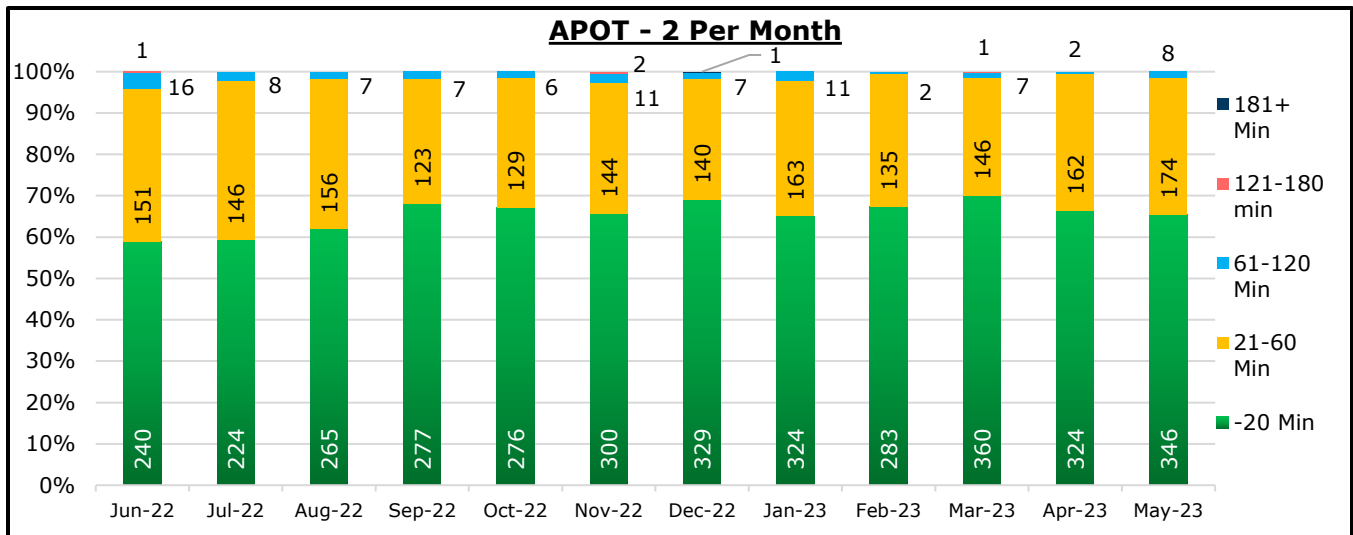
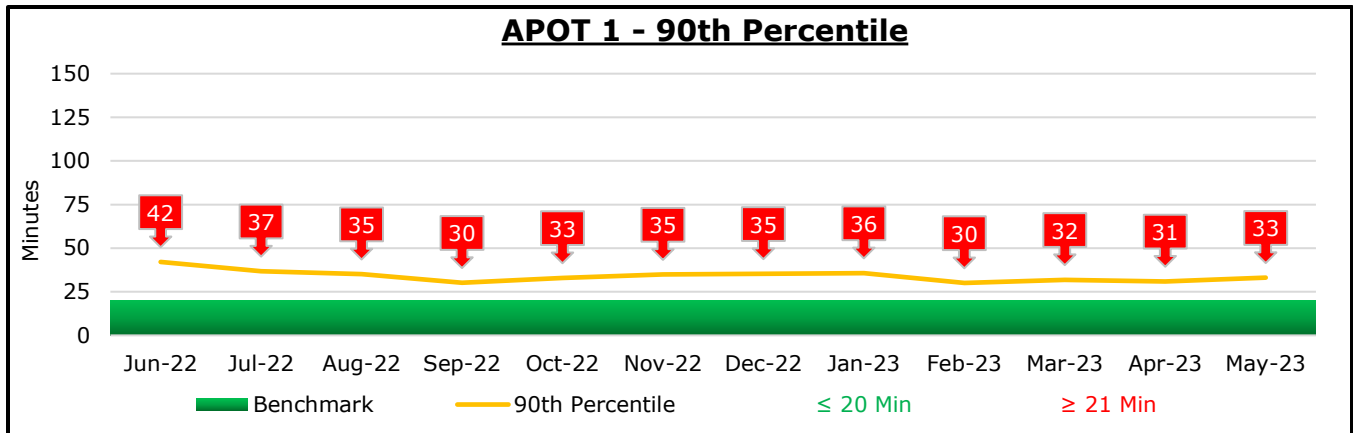
APOT 3 - ROLLING 12 MONTHS /METHODIST HOSPITAL SOUTH (MHS)

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.



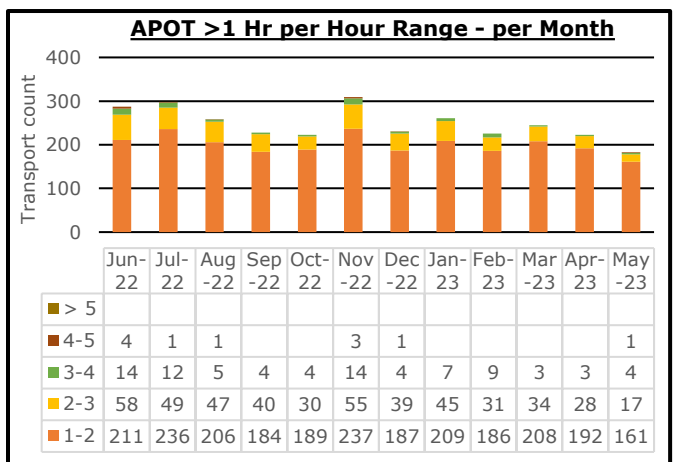
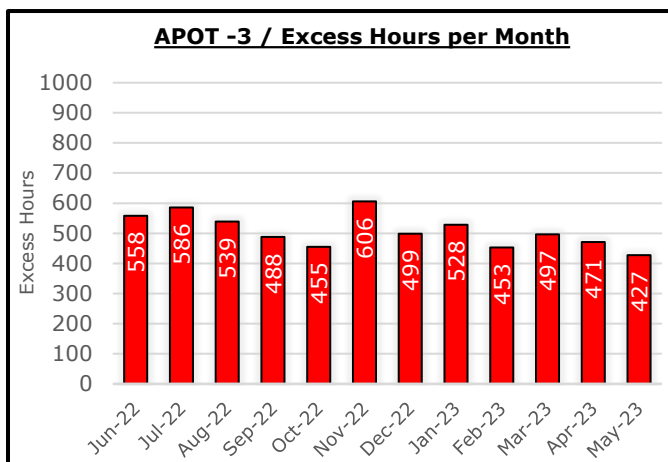
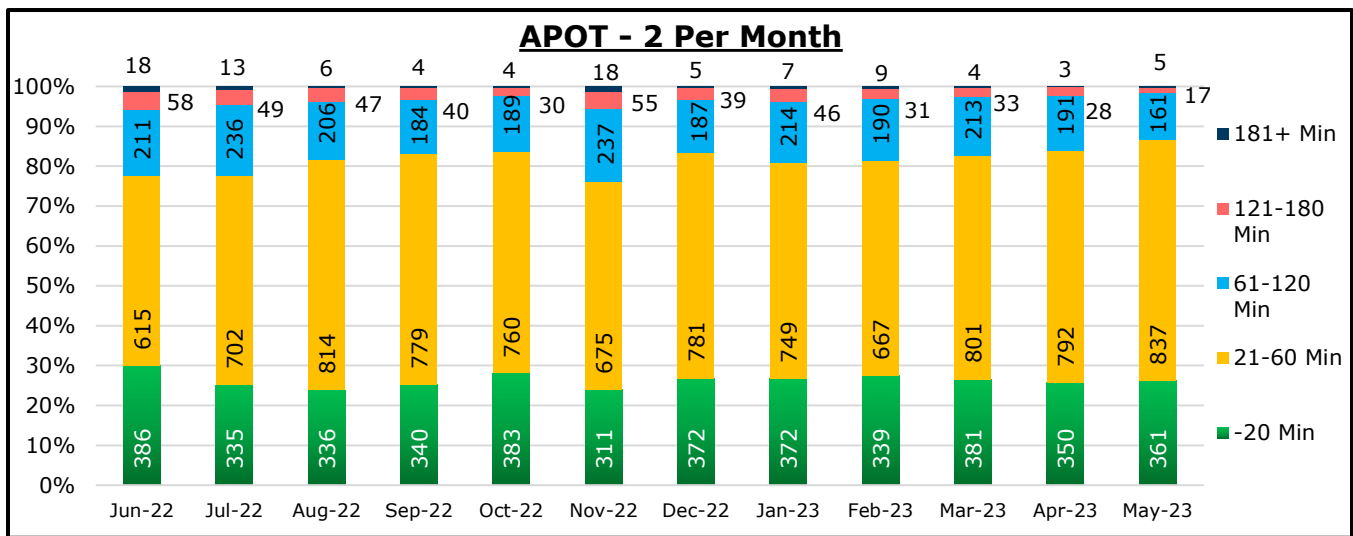
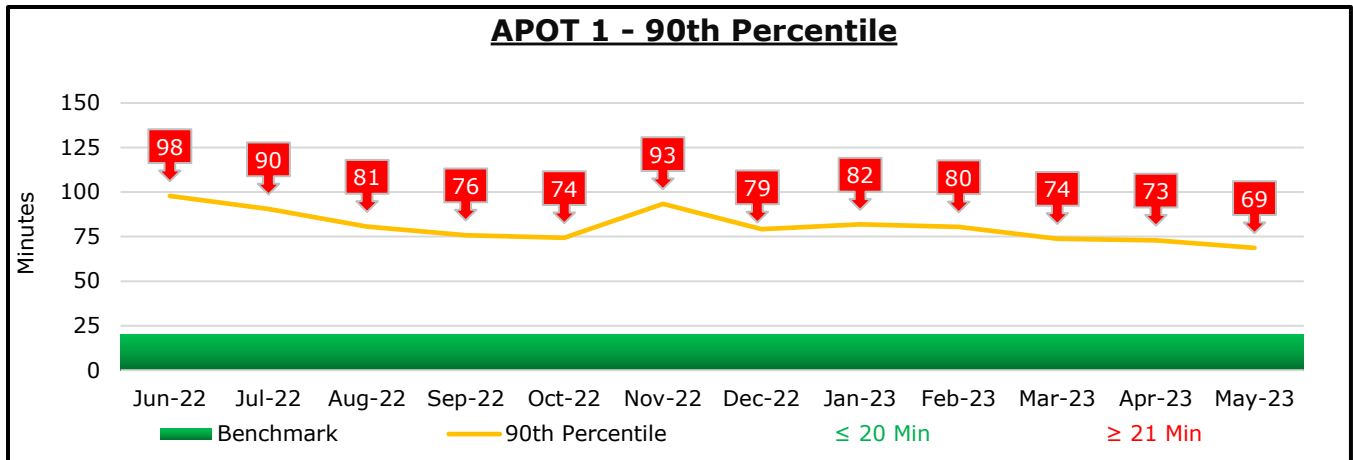
APOT 1, 2 & 3 - ROLLING 12 MONTHS / SUTTER ROSEVILLE (SRMC)

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.



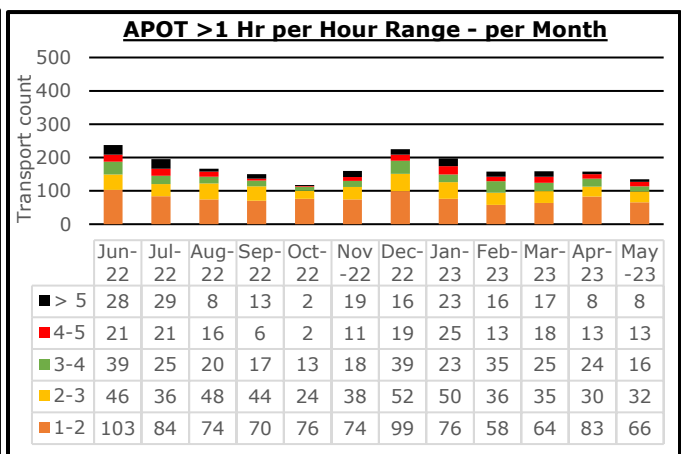
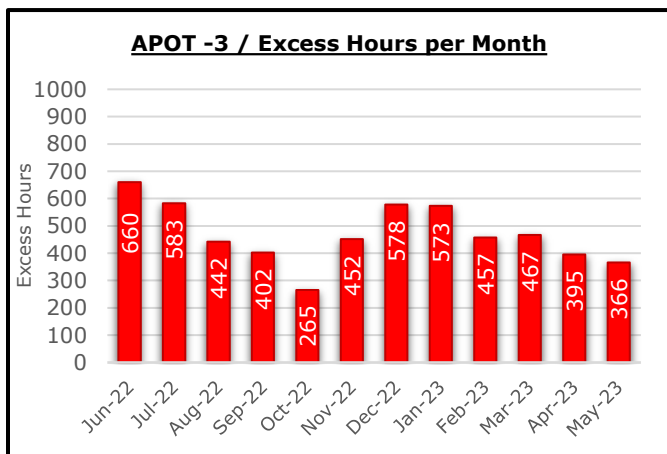
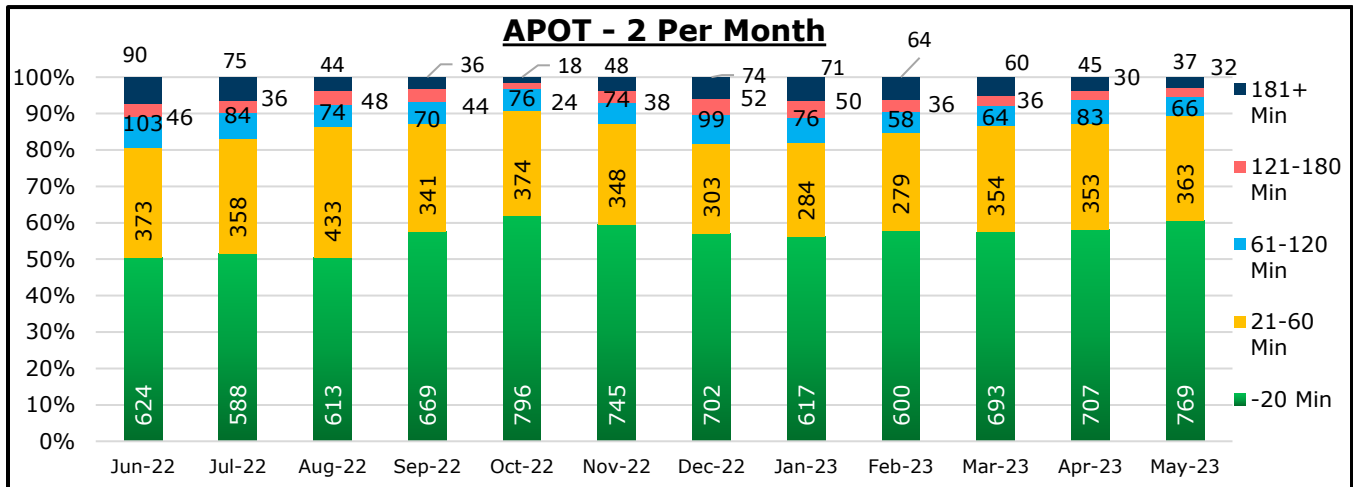
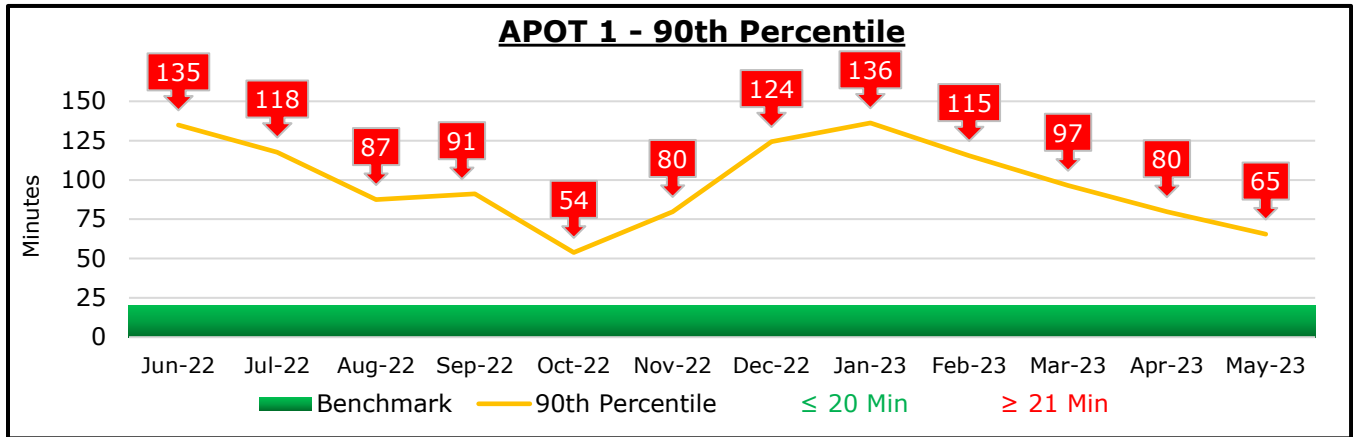
APOT 1, 2 & 3 - ROLLING 12 MONTHS / SUTTER SACRAMENTO (SMCS)

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.



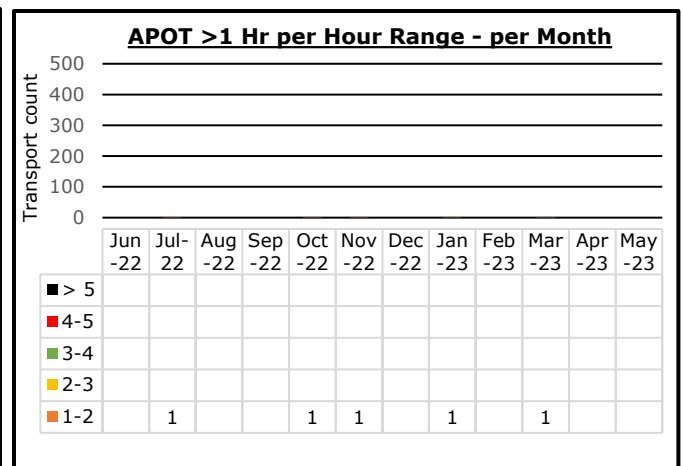
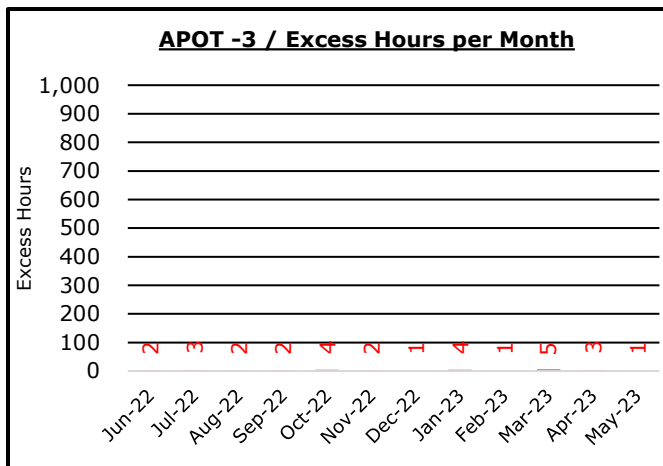
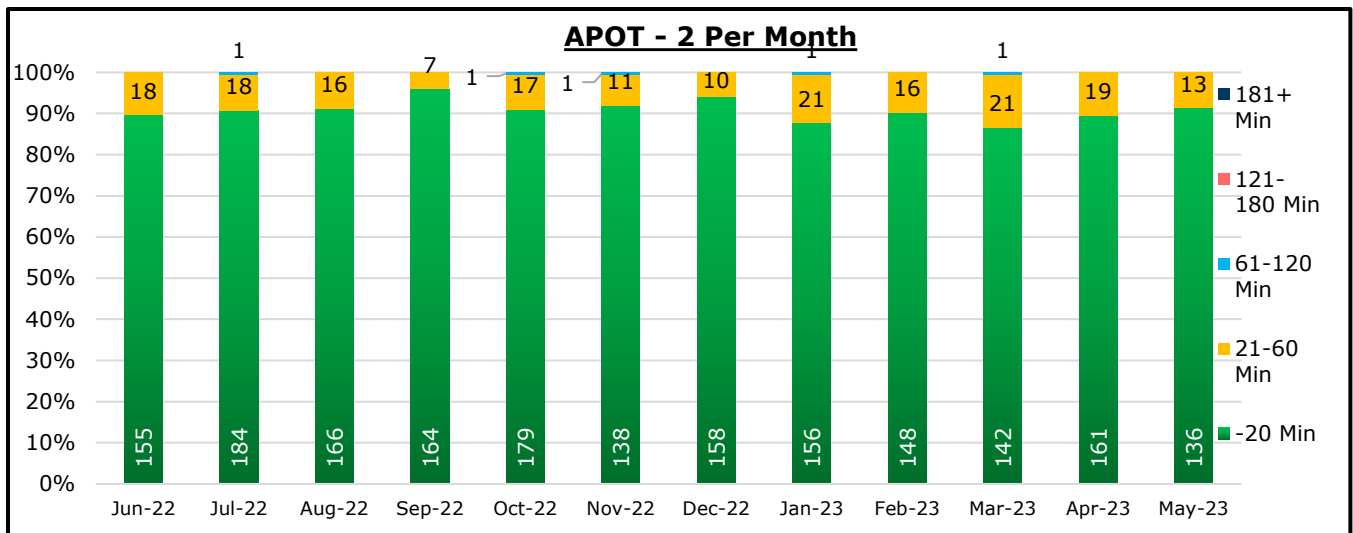
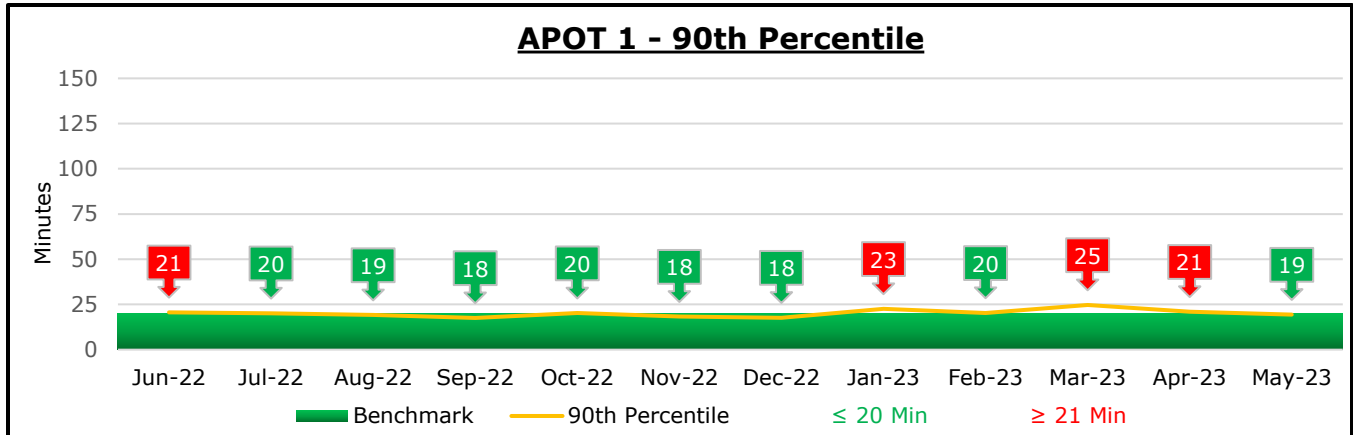
APOT 1, 2 & 3 - ROLLING 12 MONTHS / UC DAVIS (UCDMC)

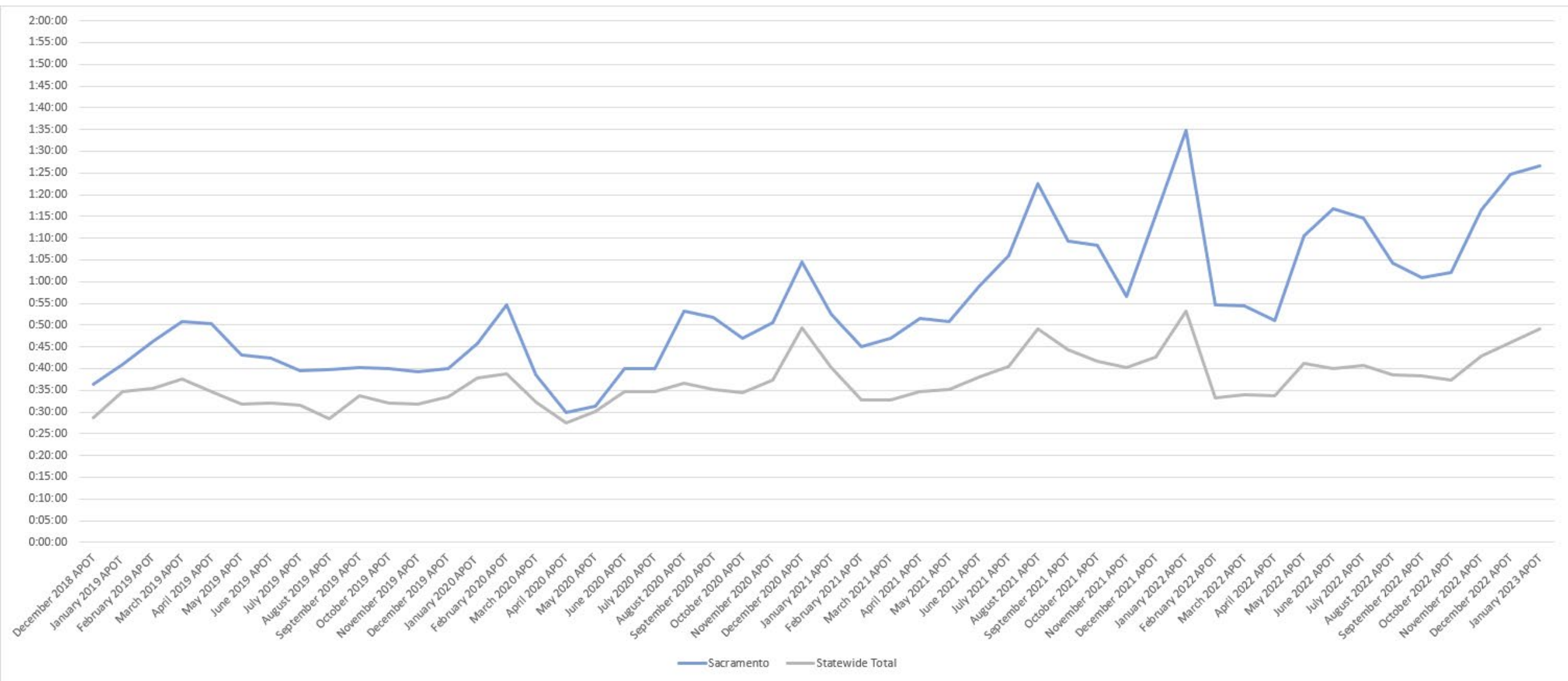
APOT-1 represents the time (in minutes) under which 90% of patients have their care transferred from EMS to hospital staff. **APOT-2** is the percentage of patients whose care is transferred from EMS to hospital staff by designated time frames (see graph key for time ranges). **APOT-3** represents the 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.



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.





Number	January 2022 APOT	February 2022 APOT	March 2022 APOT	April 2022 APOT	May 2022 APOT	June 2022 APOT	July 2022 APOT	August 2022 APOT	September 2022 APOT	October 2022 APOT	November 2022 APOT	December 2022 APOT	January 2023 APOT	
	0:50:40	1:04:53	0:44:22	0:40:46	0:44:14	0:50:08	0:52:23	0:53:30	0:53:29	0:55:07	0:49:00	0:54:33	0:59:55	0:52:14
	0:42:45	0:51:25	0:46:46	0:39:15	0:41:05	0:45:05	0:44:59	0:47:31	0:43:25	0:41:21	0:41:32	0:44:35	0:47:52	0:48:05
	0:24:00	0:35:04	0:23:00	0:17:57	0:19:44	0:23:00	0:24:37	0:22:45	0:23:14	0:24:59	0:23:02	0:29:50	0:25:06	0:44:16
	0:44:50	0:53:09	0:42:01	0:40:29	0:39:50	0:48:00	0:47:10	0:47:58	0:48:00	0:46:17	0:46:07	0:53:00	1:01:13	1:11:25
	0:15:20	0:16:00	0:12:31	0:11:57	0:12:42	0:12:24	0:14:27	0:15:06	0:15:29	0:14:00	0:14:53	0:17:05	0:18:18	0:19:05
				0:21:14	0:21:25	0:25:01	0:23:22	0:30:41	0:23:00	0:26:33	0:26:03	0:30:53	0:28:07	1:09:07
	1:03:23	1:16:26	0:51:27	0:48:54	0:45:46	0:48:04	0:50:41	0:50:21	0:48:43	0:47:36	0:45:45	0:49:08	0:58:00	0:51:10
				0:41:03	0:46:16	0:56:22	0:56:04	0:57:04	0:56:59	0:57:58	1:00:45	1:05:21	1:04:43	1:03:22
	0:13:49	0:13:39	0:12:52	0:14:03	0:13:46	0:14:06	0:13:42	0:13:48	0:14:44	0:14:45	0:13:07	0:13:37	0:13:20	0:13:09
				0:32:57	0:36:00	0:41:24	0:51:11	0:49:00	0:45:00	0:43:37	0:42:18	0:46:49	0:45:31	0:44:06
				0:18:29	0:18:03	0:18:17	0:20:00	0:21:10	0:20:47	0:21:02	0:19:00	0:22:08	0:22:55	0:19:08
	0:38:47	0:47:36	0:34:42	0:31:12	0:32:00	0:35:58	0:33:31	0:21:02	0:17:27	0:16:00	0:18:00	0:20:59	0:24:13	0:18:36
	0:16:05	0:17:23	0:13:00	0:13:00	0:14:00	0:15:00	0:15:25	0:15:00	0:13:08	0:16:20	0:15:00	0:16:42	0:16:55	0:14:15
	0:07:00	0:08:00	0:07:00	0:08:39	0:07:00	0:09:00	0:08:04	0:08:00	0:08:00	0:08:00	0:08:00	0:09:00	0:07:00	0:08:00
	0:													0:07:31
	0:													0:34:00
	1:													0:51:27
	1:15:22	1:34:48	0:54:35	0:54:27	0:51:06	1:10:36	1:16:53	1:14:33	1:04:23	1:00:55	1:02:07	1:16:31	1:24:35	1:26:33
	0:													0:11:58
														0:46:40
	0:													0:46:04
	0:39:54	0:45:51	0:37:45	0:36:00	0:35:30	0:37:46	0:40:59	0:42:00	0:37:33	0:39:00	0:40:31	0:44:12	0:48:17	0:59:33
				0:13:34	0:14:21	0:12:46	0:12:29	0:13:18	0:12:23	0:12:06	0:10:44	0:12:02	0:15:00	0:14:11
	0:15:00	0:18:28	0:14:09	0:12:56	0:15:00	0:16:00	0:17:00	0:16:06	0:15:39	0:15:53	0:15:00	0:15:57	0:18:16	1:02:47
	0:13:16	0:14:26	0:13:37	0:12:59	0:14:13	0:12:05	0:11:40	0:14:19	0:14:38	0:14:20	0:13:52	0:14:04	0:14:01	0:13:33
	0:26:06	0:41:16	0:25:57	0:24:43	0:24:00	0:28:11	0:31:00	0:27:59	0:26:36	0:29:16	0:25:05	0:31:39	0:35:44	0:32:10
	0:18:18	0:20:09	0:17:22	0:16:56	0:19:03	0:18:43	0:20:00	0:18:49	0:18:30	0:18:47	0:18:23	0:22:19	0:22:27	0:21:19
	0:25:24	0:31:22	0:25:00	0:24:19	0:24:53	0:25:00	0:27:13	0:29:06	0:26:13	0:26:41	0:26:29	0:29:39	0:31:04	1:16:41
	0:24:19	0:26:02	0:23:01	0:22:24	0:23:00	0:24:24	0:23:37	0:23:29	0:22:19	0:22:48	0:24:09	0:25:20	0:25:00	0:23:01
								0:39:41	0:38:37	0:39:36	0:41:02	0:43:30	0:45:38	0:43:00
				0:10:00	0:10:00	0:10:00	0:10:00	0:09:24	0:08:00	0:09:00	0:09:00	0:10:00	0:10:00	0:10:00
	0:25:46	0:29:43	0:22:45	0:20:45	0:22:09	0:22:49	0:23:51	0:25:00	0:22:37	0:23:52	0:22:20	0:24:49	0:26:00	0:25:15
	0:48:12	0:55:41	0:42:11	0:38:11	0:39:54	0:53:04	1:00:15	0:49:24	0:43:09	0:45:47	0:42:06	0:47:23	0:48:01	1:12:16
	0:42:33	0:53:18	0:33:11	0:33:52	0:33:39	0:41:15	0:40:05	0:40:39	0:38:39	0:38:18	0:37:19	0:42:47	0:46:03	0:49:12

TELEHEALTH PATIENT COUNT PER MONTH BY PRIMARY IMPRESSION

TOTAL RECORDS: 40

