



London Breed  
Mayor

**Department of Emergency Management**  
333 Valencia St, Suite 210, San Francisco, CA 94103  
Phone: (628) 217-6000 Fax: (628) 217-6001



Mary Ellen Carroll  
Executive Director

**San Francisco APOT/Diversion Workgroup  
2021-2022**  
**Recommendations for Improvement of  
APOT/Diversion Rates in San Francisco  
County**

**Mission**

The mission of the San Francisco Ambulance Patient Offload (APOT) and Diversion Workgroup, a result from the January 2022 immediate policy release for EMS Agency (EMSA) policies 5010 and 5020, was charged with providing the EMS Advisory Committee (EMSAC) measurable, implementable, and feasible policy recommendations for public comment by June 1, 2022, to reduce APOT and Diversion metrics to current immediate release policy standards (<35 min 90<sup>th</sup> %ile APOT and <50% diversion).

**Objectives**

The workgroup identified 4 objectives:

1. Review policy goals for EMSA Policy 4000.1, 5000, 5010, and 5020
2. Review and develop metrics around Hospital data, APOT/Diversion metrics, Patient Volume (inpatient, behavioral health, and outcomes), EMS Alert Impacts to system as it pertains to licensed vs. staffed beds data sharing
3. Establish criteria for current policy use of Ambulance Diversion, Trauma Override, patient distribution and opportunities for pilot projects
4. Identify up to 10 recommendations to share with EMS System key partners and external stakeholders

**Purpose and Timeline**

Workgroup convened twice monthly from January through April 2022, and weekly in May and June of 2022 to finalize objectives in anticipation of presentation at the July 6 EMSAC Meeting

**Voting Members**

Committee members comprised representation designated by the Hospital Council of Northern California (UCSF, SFGH and CPMC), one representative from each EMS Provider (SFFD, AMR and King American), one member of the public, one member

from Division of Emergency Communications, and support (non-voting) from the SF EMSA.

### Committee Roster:

Mary Mercer, MD	ZSFGH ED	EMS Base Hospital Medical Director	Committee Chair
Maria Raven, MD	UCSF ED	Chief of Emergency Medicine	
Tina Bray RN	CPMC	CNO	
Cassandra Madeiros, EMT-P	AMR	Clinical and Education Manager	
Josh Nultemeier	King American	Chief Paramedic/Ops Manager	
Niels Tangherlini	SFFD	EMS Captain	
Rich Pekelney	Public Representative		
John Brown, MD	EMSA	Medical Director	
Rob Smuts	EMSA/DEC	Deputy Director	
Andrew Holcomb	EMSA	Acting EMS Director	
Ryan Seymour	EMSA	EMS Specialist-Operations	

### Planning Assumptions

- Extended APOT time impacts EMS Providers' ability to respond to 911 calls in a timely manner
- Extended response times may increase morbidity and mortality of critical care patients
- Increased individual hospital diversion rates decrease the number of hospitals available to receive patients, therefore increasing patient volumes to fewer hospitals (potentially assisting with distribution if facility has capacity)
- Increased patient volumes on a smaller number of hospitals contributes to increased APOT times

### Process

Potential recommendations compiled and sent to workgroup members to rate in order of priority, complexity, and ability to be initiated within 12 months. Committee then divided recommendations into two areas : 1) Systemic changes requiring advocacy, new resources or regulatory changes and 2) Local pilots, PDSAs and process modifications.

## **Recommendations**

### **SYSTEMIC CHANGES:**

- Expand Acute Behavioral Health capacity (at PES or other institutions)
- Increase Inpatient Behavioral Health beds
- Increase intensive outpatient programs for Psychiatric/Mental Health in San Francisco
- Increase Skilled Nursing Facility (SNF), respite, or Residential Care Facility (RCF) beds in San Francisco

### **LOCAL WORK:**

- City-wide EMS Acute care system process improvement effort with executive sponsorship from hospital medical and nursing executives
- Expand/codify criteria for ambulance off-load to waiting room
- Post-ED Disposition actively facilitated by Community Paramedicine Program (including transport)
- Nurse triage from dispatch to schedule and refer outpatient resources (urgent vs acute)
- Revise destination protocol for patients in custody
- EMTs or Paramedics at hospitals to monitor patients awaiting offload
- Ensure technologic platforms and systems are aligned/maximized and reducing steps/manual processing needed for front-line EMS Staff