



Office of the Mayor

CONSENT CALENDAR

April 11, 2023

To: Honorable Members of the City Council

From: Mayor Jesse Arreguín, Councilmember Ben Bartlett

Subject: Support AB 40 – Improving Ambulance Patient Offload Times

RECOMMENDATION

Adopt a Resolution in support of AB 40 (Rodriguez), which develops a 20-minute statewide standard for ambulance patient offload times. Send a copy of the Resolution to Assemblymembers Freddie Rodriguez and Buffy Wicks, State Senator Nancy Skinner, and Governor Gavin Newsom.

BACKGROUND

The ambulance patient offload time (APOT), is defined as the time between when an ambulance arrives at a hospital and when the patient is transferred from the ambulance gurney to the care of the hospital. The longer the APOT, the longer an ambulance is out of service and unable to respond to other emergencies. APOTs throughout California have been increasing in recent years, even before the COVID-19 pandemic, as a result of staffing demands and high hospital occupancy. Each year, approximately 70,000 Californians wait over an hour upon arriving at a hospital on an ambulance gurney before being admitted.

In February 2023, 22.3% of APOTs at Alta Bates Hospital took more than 20 minutes. The availability of Emergency Medical Services (EMS) transports in Berkeley has improved in recent years as a result of the purchasing of two new ambulances for Berkeley's EMS Division in October 2021 with Measure FF Funds. However, there is a significant risk of APOTs for Berkeley patients to increase in future years as a result of a potential closure of Alta Bates. In addition to longer transit times, APOTs will likely increase due to a surge in demand at the next closest hospital, Summit, making it more difficult to provide hospital beds to incoming patients in a timely manner. According to the Alta Bates Rapid Health Impact Assessment in 2018, it will take on average an additional 10-12 minutes for an ambulance in Berkeley to transport a patient to Summit instead of Alta Bates.

In 2021, 40% of EMS calls in Berkeley were for people aged 65 of older, who make up 14% of the City's population. People aged 65 and older is Berkeley's fastest growing population segment, which is expected to account for 20% of the City's population by 2030. This is expected to place additional strains on hospital and ambulance service in the future. Ensuring that proper standards are in place to accommodate future increases in demand is needed to protect the health and safety of the community.

AB 40, introduced by Assemblymember Freddie Rodriguez, directs the State's Emergency Medical Services Authority (EMSA) to develop standards to ensure a 20-minute APOT 90% of the time. It also calls on EMSA to implement an audit tool to improve the accuracy of data and provide technical assistance to support implementation of this policy by March 1, 2024.

FINANCIAL IMPLICATIONS

None.

ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental effects or opportunities associated with the subject of this report.

CONTACT PERSON

Mayor Jesse Arreguín 510-981-7100

Attachments:

- 1: Resolution
- 2: Text of AB 40

RESOLUTION NO. ##,###-N.S.

IN SUPPORT OF AB 40

WHEREAS, swift access to emergency services is a critical and potentially lifesaving measure that is expected during a medical emergency; and

WHEREAS, a key factor in getting medical treatment during a medical emergency is the ambulance patient offload time (APOT), the time between when an ambulance arrives at a hospital and when the patient is transferred from the ambulance gurney to the care of the hospital; and

WHEREAS, in recent years, APOTs throughout California have been increasing, even before the COVID-19 pandemic, as a result of staffing demands and high hospital occupancy, with approximately 70,000 Californians waiting over an hour upon arriving at a hospital on an ambulance gurney before being admitted; and

WHEREAS, as of February 2023, 22.3% of patients transported to Berkeley's Alta Bates Hospital experience an APOT of over 20 minutes, which can cause delays in getting a patient receiving medical care and longer wait times for ambulances to respond to another medical emergency; and

WHEREAS, Berkeley residents are likely to witness an increase in APOTs if Alta Bates Hospital is closed, in addition to longer transit times during medical emergencies where minutes can make the difference between life and death; and

WHEREAS, Berkeley's fastest growing population segment is people aged 65 and over, who in 2021 accounted for 40% of EMS calls, which will result in increased demand for hospital and ambulance services in the future; and

WHEREAS, AB 40, introduced by Assemblymember Freddie Rodriguez, directs the State's Emergency Medical Services Authority (EMSA) to develop standards to ensure a 20-minute APOT 90% of the time; and

WHEREAS, ensuring that proper standards are in place to accommodate future increases in demand is needed to protect the health and safety of the community.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that it hereby supports AB 40.

BE IT FURTHER RESOLVED that copies of this Resolution be sent to to Assemblymembers Freddie Rodriguez and Buffy Wicks, State Senator Nancy Skinner, and Governor Gavin Newsom.

AMENDED IN ASSEMBLY MARCH 15, 2023

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

ASSEMBLY BILL

No. 40

Introduced by Assembly Member Rodriguez

December 5, 2022

An act to add Section 53112.5 to the Government Code, and to add Sections 1797.120.5, 1797.120.6, ~~and 1797.120.7~~, and 1797.260 to the Health and Safety Code, relating to emergency services.

LEGISLATIVE COUNSEL'S DIGEST

AB 40, as amended, Rodriguez. Emergency medical services.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, creates the Emergency Medical Services Authority, which is responsible for the coordination of various state activities concerning emergency medical services. Among other duties, existing law requires the authority to develop planning and implementation guidelines for EMS systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of EMS systems, and receive plans for the implementation of EMS and trauma care systems from local EMS agencies. Existing law makes a violation of the act or regulations adopted pursuant to the act punishable as a misdemeanor.

This bill would require the authority to develop an electronic signature for use between the emergency department medical personnel at a receiving facility and the transporting emergency medical personnel that captures the points in time when the hospital receives notification of ambulance arrival and when transfer of care is executed for documentation of ambulance patient offload time, as defined. The bill would require the authority to develop a statewide standard of 20

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minutes, 90% of the time, for ambulance patient offload time. The bill would also require the authority to develop an audit tool to improve data accuracy regarding transfer of care, as specified, and to provide technical assistance and funding as needed, subject to an appropriation, for small rural hospitals and volunteer EMS providers to implement these provisions. The bill would require the authority to adopt emergency regulations to implement these provisions on or before March 1, 2024.

~~The bill would require the authority, on or before March 1, 2024, to establish a working group of various stakeholders to review, update, and publish a toolkit to reduce patient offload delays in the emergency department.~~

The bill would require a general acute care hospital with an emergency department to develop, in consultation with its emergency department staff, an ambulance patient offload time reduction protocol by June 1, 2024, that addresses specified factors, including, among other things, mechanisms to improve hospital operations to reduce ambulance patient offload time. The bill would require the hospital to file its protocol with the authority and to report annually any revisions to its protocol. The bill would require the authority, on or after March 1, 2024, to monitor monthly ambulance patient offload time data for each facility. The bill would require the authority to, among other things, report ambulance patient offload time exceedance to the relevant local EMS agency and the Commission on Emergency Medical Services if, on or after July 1, 2024, the general acute care hospital with an emergency department has an ambulance patient offload time that exceeds the statewide standard of 20 minutes, 90% of the time.

The bill would additionally require local EMS agencies to create, in collaboration with local hospitals, a joint plan to respond to surges in demand for medical services and to submit the joint plans to the authority on or before March 1, 2024.

Because the bill would create new requirements within the act, thereby expanding the scope of an existing crime, the bill would impose a state-mandated local program.

Existing law, the Warren-911-Emergency Assistance Act, requires each local public agency within its respective jurisdiction to establish a basic system that automatically connects a person dialing 911 to an established public safety answering point through normal telephone service facilities.

This bill would require the Emergency Services Medical Authority, on or before March 1, 2024, to develop a public education campaign related to the use of the 911 service and other tools for access to care.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 53112.5 is added to the Government
2 Code, to read:

3 53112.5. On or before March 1, 2024, the Emergency Medical
4 Services Authority shall develop, in partnership with local public
5 health departments, a public education campaign related to use of
6 the 911 service and other tools for access to care. This shall include
7 public service announcements and educational material.

8 SEC. 2. Section 1797.120.5 is added to the Health and Safety
9 Code, to read:

10 1797.120.5. (a) (1) The authority shall develop a California
11 Emergency Medical Services Information System requirement for
12 an electronic signature for use between the emergency department
13 medical personnel at a receiving facility and the Emergency
14 Medical Technician (EMT), Advanced Emergency Medical
15 Technician (AEMT), or Emergency Medical Technician-Paramedic
16 (EMT-P) that captures the points in time when the hospital receives
17 notification of ambulance arrival and when transfer of care is
18 executed for documentation of ambulance patient offload time, as
19 defined by Section 1797.120.

20 (2) The signature shall be collected when physical transfer of
21 the patient occurs and the report is given to hospital staff and shall
22 note ambulance arrival time at the hospital.

23 (b) The authority shall develop a statewide standard of 20
24 minutes, 90 percent of the time, for ambulance patient offload
25 time.

1 (c) The authority shall develop an audit tool to improve data
2 accuracy of transfer of care with validation from hospitals and
3 local EMS agencies.

4 (d) The authority shall provide technical assistance and funding
5 as needed, subject to an appropriation, for small rural hospitals
6 and volunteer EMS providers to implement this section.

7 (e) On or before March 1, 2024, the authority shall adopt
8 emergency regulations to implement this section. The emergency
9 regulations adopted pursuant to this section shall be adopted in
10 accordance with Chapter 3.5 (commencing with Section 11340)
11 of Part 1 of Division 3 of Title 2 of the Government Code, and,
12 for purposes of that chapter, including Section 11349.6 of the
13 Government Code, the adoption of the regulations is an emergency
14 and shall be considered by the Office of Administrative Law as
15 necessary for the immediate preservation of the public peace, health
16 and safety, and general welfare.

17 SEC. 3. Section 1797.120.6 is added to the Health and Safety
18 Code, to read:

19 ~~1797.120.6. On or before March 1, 2024, the authority shall~~
20 ~~establish a working group of stakeholders representing hospital~~
21 ~~administration, EMS providers, local EMS agencies, and hospital~~
22 ~~employees in the emergency department and in the inpatient setting~~
23 ~~to review, update, and publish a toolkit to reduce patient offload~~
24 ~~delays in the emergency department.~~

25 *1797.120.6. (a) A licensed general acute care hospital with*
26 *an emergency department shall, by June 1, 2024, develop, in*
27 *consultation with its emergency department staff, an ambulance*
28 *patient offload time reduction protocol that addresses all of the*
29 *following factors:*

30 *(1) Notification of hospital administrators, nursing staff, medical*
31 *staff, and ancillary services that the statewide standard for*
32 *ambulance patient offload time has been exceeded for one month.*

33 *(2) Mechanisms to improve hospital operations to reduce*
34 *ambulance patient offload time, including, but not limited to,*
35 *transfers, elective admissions, discharges, alternative care sites,*
36 *supplies, improved triage and transfer systems, and additional*
37 *staffing.*

38 *(3) Systems to improve general hospital coordination with the*
39 *emergency department, including consults for emergency*
40 *department patients.*

1 (4) Direct operational changes that facilitate a rapid reduction
2 in ambulance patient offload time to the statewide standard of 20
3 minutes, 90 percent of the time.

4 (b) A licensed general acute care hospital with an emergency
5 department shall file its ambulance patient offload time reduction
6 protocol with the authority and shall annually report any revisions
7 to its protocol.

8 SEC. 4. Section 1797.120.7 is added to the Health and Safety
9 Code, to read:

10 1797.120.7. (a) On or after March 1, 2024, the authority shall
11 monitor monthly ambulance patient offload time data for each
12 facility required to report under Section 1797.120.5.

13 (b) If, on or after July 1, 2024, a general acute care hospital
14 with an emergency department has an ambulance patient offload
15 time that exceeds the standard in subdivision (b) of Section
16 1797.120.5, the authority shall do all of the following:

17 (1) Report the ambulance patient offload time exceedance to
18 the relevant local EMS agency and the commission via electronic
19 means.

20 (2) Direct the local EMS agency to alert all EMS providers in
21 the jurisdiction.

22 (3) Direct the licensed general acute care hospital with an
23 emergency department to implement the ambulance patient offload
24 time reduction protocol developed pursuant to Section 1797.120.6.

25 (4) Host weekly calls with the relevant hospital administration,
26 EMS providers, local EMS agency, and hospital employees to
27 update and discuss implementation of the protocol and the
28 outcomes.

29 ~~SEC. 4.~~

30 SEC. 5. Section 1797.260 is added to the Health and Safety
31 Code, to read:

32 1797.260. Local EMS agencies shall create, in collaboration
33 with local hospitals, a joint plan to respond to surges in demand
34 for medical services. Local EMS agencies shall submit the joint
35 plans to the authority on or before March 1, 2024.

36 ~~SEC. 5.~~

37 SEC. 6. No reimbursement is required by this act pursuant to
38 Section 6 of Article XIII B of the California Constitution because
39 the only costs that may be incurred by a local agency or school
40 district will be incurred because this act creates a new crime or

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1 infraction, eliminates a crime or infraction, or changes the penalty
2 for a crime or infraction, within the meaning of Section 17556 of
3 the Government Code, or changes the definition of a crime within
4 the meaning of Section 6 of Article XIII B of the California
5 Constitution.

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