Hospital Council
Northern & Central California

January 15, 2026

Zita Konik, MD, FAEMS
Medical Director
Alameda County EMS Agency
1000 San Leandro Blvd., Suite 200
San Leandro, CA 94577

RE: Draft Ambulance Patient Offload Time and Specialty Care Diversion Policy

Dear Dr. Konik:

The 13 hospitals and health systems that provide emergency medical care in Alameda County have no greater priority than the health and safety of their patients. That safety is undermined by the Alameda County Emergency Medical Services (EMS) Agency's proposed ambulance patient offload time (APOT) diversion policy, which would redirect patients in need of ST-Elevation Myocardial Infarction (STEMI)/stroke care to other facilities designated to receive such patients. Diverting STEMI and stroke patients away from hospitals designated to provide such care could lead to longer transport times and delays in care for these time-sensitive conditions disrupt continuity of care by making it more difficult for patients to receive specialty care from their usual health care provider, and result in worse patient outcomes.

In addition, this proposal lacks key definitions, incorporates a facility outside Alameda County, and duplicates state law. **On behalf of Alameda County hospitals, Hospital Council – Northern & Central California urges the agency to withdraw this proposal.**

Alameda County hospitals that are designated as STEMI and stroke centers go through a rigorous review and certification process to ensure patients receive the highest quality of care. For STEMI/stroke patients, access to timely specialty care often is the difference between life and death. In recognition of that fact, and in keeping with the Emergency Severity Index (ESI) guidelines for triaging patients, STEMI/stroke patients are immediately offloaded from ambulances and receive the highest priority for care — regardless of the hospital's overall APOT.

Despite these realities, Alameda County EMS proposes to divert ambulance transports of STEMI and stroke patients away from specialty hospitals that have exceeded Alameda County's APOT standard, creating serious inequities for Alameda County residents. Some patients would be able to go to the hospital at which they have received prior care, while others would be forced to go to a different hospital — and that determination would be based solely on a patient's mode of transport.

Furthermore, APOT fluctuates widely due to factors outside hospitals' control, like surges in demand. Specialty care diversion should be decided in real time based on whether a hospitals' operational conditions demonstrate active system risk — not retrospective percentile performance, which would result in hospitals haphazardly being put on diversion and then taken off. This would create confusion for EMS providers and undermine confidence in the system hospitals and Alameda County EMS have spent years building together.

In life-threatening scenarios where every minute counts, every patient — whether they arrive at the hospital via ambulance or any other way — deserves the same access to life-saving care.

Hospitals' additional comments on the APOT Specialty Care Diversion policy, as currently drafted, are below.

Missing Definitions
The proposed policy is missing several critical definitions:

- In Section I, one of the purposes of the policy is "to define diversionary procedures for specialty care services…when hospitals fail to meet Ambulance Patient Offload Time (APOT) standards for a prolonged period." However, **the policy neither defines nor explains what constitutes a "prolonged period" that would put hospitals at risk of specialty care diversion.**

- In Section V, A (4), the policy would require hospitals to submit corrective action plans "when APOT standards are not achieved in the last reporting period." **The policy does not define the "reporting period" under which hospitals must show improvement.**

- In Section V, D (2), the policy does not clearly define the "diversion period." Section VI appears to clarify that the diversionary period is for two weeks; **that should be clearly stated in Section III, Definitions and in Section V.**

East County Geographic Cluster
Section IV of the proposed policy includes a hospital, San Ramon Regional Medical Center, that is located outside of Alameda County and not under the jurisdiction of Alameda County EMS.

While it may be appropriate to transport STEMI and stroke patients to San Ramon Regional Medical Center as an alternative to Stanford Health Care Tri-Valley, Alameda County EMS does not have the authority to apply this policy to San Ramon Regional Medical Center and should exclude it from the East County geographic cluster for the purpose of determining diversionary status per the protocol outlined in Section V, D (1).

Alameda County Policy Duplicates AB 40 Regulations
Under Section 2(a) and Section 3 (b)4 of Assembly Bill (AB) 40, passed in 2023, hospitals are required to develop and submit an annual APOT reduction protocol to the state Emergency Medical Services Authority (EMSA). Hospitals are also required to implement their reduction protocol and participate in bi-weekly calls when the local APOT standard is exceeded. Hospitals have already submitted their APOT reduction protocols to EMSA and, as of last fall, EMSA began mandating implementation of the protocols and initiating bi-weekly calls with hospitals. EMSA is still ramping up its work related to AB 40, and the entire field would benefit from seeing that work come to fruition before preemptively creating new processes.

To avoid duplication and ensure AB 40's requirements can be implemented effectively, the hospital responsibilities, reporting requirements and corrective action plans set forth in Section V(A) of the proposed policy should be modified to align with EMSA's emergency regulations implementing AB 40.

Proposed Escalation Measures Jeopardize Patient Care

> Hospitals strongly oppose the escalation measures for continued non-compliance with Alameda County's APOT standard, as outlined in Section VI of the proposed policy.
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> Limiting or suspending 911 transports to a hospital as a corrective action does not resolve ambulance patient offload delays — instead, it delays treatment for patients with time-sensitive, life-threatening conditions. Likewise, removing specialty care designations punishes the most medically vulnerable patients who need immediate care from the closest specialty care hospital.
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> In addition, removing or suspending specialty care designations directly undermines systems of care that are designed to route patients to the nearest appropriate facility and introduces new, unnecessary risk for patients who, ultimately, could see worse clinical outcomes.

Lengthy APOT must be improved, but not at the expense of our patients. Hospitals cannot support drastic options that would severely disrupt our EMS system and fail to put patients' well-being first.

Thank you for considering these comments and concerns. Please do not hesitate to contact me with questions.

Sincerely,

Rebecca Rozen
Regional Vice President
Hospital Council – Northern & Central California