

# How an Emergency Department Works

The issue of ambulance patient offload times — the time it takes for a patient arriving via ambulance to be transferred and the emergency department (ED) to assume responsibility for care of the patient — is complex. While delays ultimately manifest themselves in hospital emergency departments, broader problems in the health care delivery system — outside of the hospitals' control — result in higher volume and lead to delays. From the time a patient arrives at the ED, whether via walk-in or ambulance, there's a process that is set into motion — one designed to treat those who require emergency care.



## Patients who walk into the hospital



- The first contact is with a registered nurse (RN) who triages and prioritizes patients based on a clinical assessment and symptoms.

## Patients who arrive by ambulance



- An RN receives a report from EMS and, based on the patient's chief complaint, a decision is made as to whether the patient should be sent to the lobby or placed in a treatment room.
- If the patient has acute needs, such as CPR/stroke/heart attack/trauma, appropriate staff will be prepared for arrival and a bed will be made available.

## Triage

**Based on clinical assessment, vital signs, and symptoms, patients are assigned an Emergency Severity Index (ESI) score, which is used in most California EDs. This score ranges from 1-5, with 1 being the most urgent and 5 being the least urgent.**



### Why do some patients get seen before others?

Hospitals must care for patients with severe, life-threatening conditions first. The triage process helps hospitals efficiently see the sickest patients first, ensuring those in need receive the appropriate care at the appropriate time.