

Key Messages

Ambulance Patient Offload Times Improving, But Challenges Remain

Background

- On Dec. 11, the state Emergency Medical Services Authority Commission will hold a meeting where [commissioners will discuss updated data for ambulance patient offload times](#) (APOT).
- The data will include hospital-specific numbers, which could prompt additional inquiries to your organizations from your Local Emergency Medical Services Authority (LEMSA) or the media.
- This comes against the backdrop of the 2023 passage of two bills:
 - **AB 40**, which requires each LEMSA to establish — by July 1, 2024, an ambulance offload standard of up to 30 minutes 90% of the time AND that hospitals with emergency departments (EDs) — by Sept. 1, 2024 — develop an APOT reduction protocol that addresses several factors related to offload times
 - **SB 43**, which expands the definition of “gravely disabled” for purposes of placing a person on an involuntary psychiatric hold or establishing a conservatorship, a change that will likely lead to additional emergency department volume and backups
- CHA is here to help. Should you get inquiries that are related to state policy, please send them to Sheree Lowe at slowe@calhospital.org.
- If your organization would like to respond, please find below key messages for your use or modification.

State Landscape

- The statewide average for APOT is 39 minutes, above the 30-minute requirement in AB 40, but a marked improvement from 2023 when the average was 42 minutes.
- The challenges hospitals face in reducing APOT remain:
 - ED traffic continues to grow, up 25% since 2020.
 - Due to insurance company delays and a lack of post-acute providers, an estimated 4,500 patients every day remain in California hospitals and emergency rooms despite being medically cleared for discharge (9% of all patients face discharge delays of at least three days after medical clearance)
- At the heart of the APOT challenges are systemic problems that touch every aspect of California’s **health care delivery system**; correcting these issues will take more than a new time standard.
- Hospitals have demonstrated their deep commitment to working with partners in fire response, ambulance services, LEMSAs, and more to identify solutions and bring about a meaningful culture change and real improvement in current APOT times, as the data show.
- This issue cannot be solved by hospitals alone, and critical challenges remain not only on reduction strategies, but also on consistent, accurate measurement of APOT data. Specifically, hospitals:
 - Struggle to obtain timely data, including real-time data that could help improve patient experience and hospital operations/processes
 - Are forced to work with inaccurate and/or inconsistent data, creating confusion about improvement strategies

- Need partnerships to support reducing lengths-of-stay for patients with behavioral health diagnoses
- Need support to discharge medically-cleared patients to the most appropriate care setting in a timely manner

For Hospitals' Use

- **NAME OF HOSPITAL** shares the desire of our health care and EMS partners to expedite the transfer of care from ambulance providers. One challenge **NAME OF HOSPITAL** faces in this is a significant shift in patients presenting to our ED for care. **SHARE DETAILS HERE ABOUT INCREASED VOLUME, TYPES OF CARE NEEDED, CHALLENGES WITH DISCHARGE DESPITE MEDICAL CLEARANCE (LENGTH OF STAY).**
- Despite these challenges, **NAME OF HOSPITAL** has worked diligently to reduce APOT in **NAME OF COMMUNITY**. **SHARE DETAILS HERE ABOUT YOUR WORK IN THE PAST COUPLE OF YEARS ON THIS ISSUE.**