



February 7, 2022

Dr. Mark Ghaly
Secretary, Health and Human Services Agency
Sacramento, California 95914

Elizabeth Basnett
Acting Director, Emergency Medical Services Authority
Sacramento, California 95814

Re: Ambulance Patient Offload Delay

Dear Dr. Ghaly and Acting Director Basnett,

On behalf of the California Professional Firefighters and the California Hospital Association, we write today with urgency to move forward solutions to mitigate the extreme strain that is being placed on the emergency medical services (EMS) system because of severe ambulance patient offload delays (APOD). As you know, the California Professional Firefighters (CPF), state council of the International Association of Fire Fighters, represents over 30,000 career firefighting and emergency medical service personnel statewide. The California Hospital Association (CHA) represents more than 400 hospitals throughout California and advocates for better, more accessible health care for all Californians.

Efficient and timely transfer of care between EMS providers and hospital emergency departments is imperative. A delay in the transfer of care creates stress on EMS system participants and their response times but most concerningly, delays care for the patient.

The problems with ambulance patient offload delay have persisted for more than a decade but the recent surge in Omicron has placed incredible stress on the system that now rests at its breaking point. This crisis requires **immediate, short-term interventions** to address the next 4-6 weeks of extreme challenge. Due to a variety of factors, ambulance resources, in increasing instances, are waiting hours to transfer patient care to emergency department staff, delaying patient care and delaying firefighter paramedics and other EMS personnel's return to the field to respond to the next 911 call.

At the same time, California's hospitals are caring for an unprecedented number of people with some 20 percent fewer health care workers, and many existing workers are calling out sick themselves or to care for family due to COVID. At this moment, we simply have more people in California in need of care than we have people to take care of them. Without being able to staff more hospital beds immediately, patients must wait to be admitted in the emergency room and surrounding area until a bed becomes available. Without being able to discharge patients to skilled nursing facilities and other community-based settings, patients ready for discharge are still in hospital beds, increasing the number of patients in the emergency room and surrounding area waiting to be admitted.

We applaud your focus on these challenges to date, including EMSA's work through the Ambulance Patient Offload Time Committee and the more immediate interventions authorized by this administration. However, as two key participants in the State's emergency medical system we write to propose short-term interventions that we believe are necessary to reduce stress on the EMS system

caused by ambulance patient offload delays. We propose these actions in the context that both our organizations are concerned about the impacts these challenges will have on patients in California who are attempting to access emergency care. We may not agree on all solutions, particularly regarding the long-term policies needed to solve APOD, but we firmly believe collaboration is critical in addressing the short-term immense strain that the pre-hospital care system is under.

We are prepared to collaborate on the following solutions and believe that CalHHS, EMSA, CPF and CHA collaboration will put us on a path to achieve immediate reductions in ambulance patient offload delays to protect patients from unnecessary and life-threatening impacts to their overall health outcomes. While implementation of these solutions will require more discussion, we propose the following concepts that can be implemented immediately to reduce system stress and improve patient care.

1. Collaborate on a communication program to help educate the public on the usage of the emergency medical services system. This can come in the form of advertising focused on helping Californians understand that they can access COVID testing, vaccines, and other primary care non-emergency services without contacting 911. We are certainly cognizant that this messaging will need to be precise and in no way suggest that Californians in need should hesitate to utilize 911/emergency medical services or access hospital emergency rooms.
2. Support for wall medic staffing. State budget resources for CDPH are currently funding limited numbers of APOT teams in about 5% of hospitals and should be augmented to support short term additional staffing (4-6 weeks) for paramedics or higher medical authorities who can receive patients at the hospital, allowing EMS resources to get back in the field. We also, recommend the following policy considerations to the State.
 - a. Clear EMSA guidelines to direct the ability for one wall medic to provide care for up to 4 patients who meet clear acuity protocols established by EMSA.
 - b. The budget should include additional resources for physical assets (hospital appropriate gurneys/oxygen for example) that are necessary to care for patients awaiting acceptance to the emergency department and augmentation of hospital staff to care for those patients.
 - c. Clear state policies and directions to LEMSAs and hospitals that support efficient triage and transfer of care from EMS personnel to hospital personnel.
3. Alternate Destination. The Governor's Proclamation of Emergency dated March 4, 2020 (paragraph 13) authorized EMSA to allow paramedics to transport patients to facilities other than acute care hospitals ("alternate destinations"). This authority terminated on June 30, 2021, pursuant to Executive Order N-08-21 (paragraph 1d). We request that you work with the Governor's office to reinstate this authority and direct EMSA to create an expedited mechanism for a LEMSA to obtain approval to implement alternate destination policies. Moreover, we recommend that EMSA educate LEMSAs about this flexibility and direct LEMSAs to work with fire departments in the delivery of these services.
4. COVID surge designated urgent care overflow facilities
 - a. California has identified certain hospitals as COVID surge designated facilities and allocated additional resources to these locations. We recommend this be done for strategically located urgent care centers across the state to allow for safe and efficient EMS transport of low acuity patients to these locations. This should be coupled with

clear EMSA developed medical protocols that allow EMS to triage a patient and transport them to the covid surge urgent care locations.

5. Institute policies to facilitate use of available fire department resources throughout the State.
 - a. Create an allowance for fire departments with mobile integrated health services to be imbedded within the 911 system for response to be dispatched.
 - b. Identify fire departments that can provide additional EMS resources and develop systems to temporarily permit the departments to provide transport in local jurisdictions.
 - c. Establish policies and systems to facilitate increased use of telemedicine in the field.
 - d. Establish a clear statewide EMSA policy and protocol for paramedic-initiated refusal to allow for enhanced field decision making.
 - e. Establish a statewide EMSA assess and refer policy that jurisdictions can implement.

6. Implement proven strategies to facilitate transfer of patients from hospitals to long term care facilities and other community levels of care.
 - a. Currently, there are challenges in getting patients released from hospitals and transferred to nursing homes, stressing emergency department resources. The State can facilitate implementation policies to allow for the safe and efficient transfer of patients from emergency departments to non-hospital facilities. This can include CDPH and local health department engagement with skilled nursing facilities, DHCS and community behavioral health providers and Mental Health Plans, and DMHC suspension or streamlining of prior authorization requirements by health plans for patients in need of post-hospital care.

In sum, these are firm, actionable policies that we can implement in the short term to alleviate the challenge we are facing in the pre-hospital care system for the next 4-6 weeks. Without intervention, the risk to patient care continues to increase and we are deeply concerned about the consequences to the patients that we are sworn to protect.

We look forward to discussing these proposals with you in more depth and quickly supporting implementation of these solutions.

Sincerely,



Brian K. Rice, President
California Professional Firefighters



Carmela Coyle, CEO
California Hospital Association

Cc: Rhys Williams, Office of Governor Newsom
Richard Figueroa, Office of Governor Newsom