

# Ambulance Patient Offload Times

**MYTH: Hospitals have unlimited capacity and an infinite number of resources to care for patients.**

**FACT:** A hospital’s capacity is limited by both physical space and staffing. In addition, different patients may require specialized beds as well as specialized staffing that increases the complexity of meeting their mission to care for all.

**MYTH: Hospitals are responsible for ambulances waiting so long to offload patients.**

**FACT:** While offload delays take place at a hospital, this is a complex issue with a wide range of contributing factors that have nothing to do with the site of patient transfer. The emergency department (ED) is often the bottleneck of health care, in part because the number of patients is unpredictable and rising annually, and the ability to transfer patients to appropriate care settings hinges on a web of slow regulatory processes. An increase in patients may be due to limited capacity of physical outpatient clinics, appointments, delays in seeking medical care because of the pandemic, or more patients who require substance use disorder and mental health care. A decreased ability to discharge patients from the ED may be due to lack of inpatient beds, limited skilled-nursing facility and mental health capacity, or social services requirements. Despite the strain on EDs, hospitals are committed to their role as health care’s safety net and will always remain open to all — 24/7/365 — regardless of a patient’s ability to pay.

**MYTH: Hospitals should just hire more staff to speed up ambulance offload times.**

**FACT:** Unfortunately, it’s not that simple. An increase in staff does not increase space in other care settings where patients who do not need emergency services should be transferred. Many hospitals are already using hallways, waiting rooms, disaster tents, and other areas to increase capacity. In addition, COVID-19 has taken a toll on the health care workforce — not just in California but across the country — and hospitals are facing the worst staffing shortage in recent memory. In other words, there are many tools that must be employed to address this challenge, and “more staff” is not the silver bullet some make it out to be.

**MYTH: The delays in ambulance patient offload times are a new problem brought on by COVID-19.**

**FACT:** This is a longstanding issue that has been exacerbated by COVID-19. The inability of many individuals to easily access primary care and other health services in non-hospital settings means that many are turning to hospital EDs for medical attention — even though they do not have emergency needs. This has dramatically increased ED volume (20% annual growth statewide from 2012-19). Though there was a dip in 2020, data suggest the trend has continued and volume has rebounded, with an over 40% increase between Q2 of 2020 and Q2 of 2021 in outpatient visits (which includes ED visits).



**MYTH: Arriving at the ED in an ambulance means patients will receive faster treatment.**

**FACT:** All patients who arrive at an emergency department (no matter their mode of transportation) are assessed to determine the extent of their injuries or illness. Hospitals must care for patients with severe, life-threatening conditions first. Most hospitals use a triage process that assigns a severity score to help care for the sickest patients first, ensuring those with the greatest needs are tended to before those with less acute needs. This means that patients who arrive by ambulance may still need to wait in the lobby.