

# 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 ED to assume responsibility for care of the patient — is complex. While the offloads happen in the ED, broader problems in the health care delivery system contribute 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 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 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.

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## What's contributing to patient offload delays?

- Lack of available primary care
- Requirement to pay for care in non-hospital settings
- Challenges discharging patients from the hospital to nursing homes and other post-acute settings
- Dramatic increase in behavioral health needs and limited other care options for those individuals, with EDs as a last resort
- Increasing numbers of individuals experiencing homelessness who seek refuge in hospital EDs
- Inappropriate use of EDs for non-urgent care
- Required nurse-to-patient staffing ratios that slow the admission of ED patients

42% ↑

California hospital ED volume during COVID-19 **increased twice as fast** as the entire 7 years preceding the pandemic, when it was rising an average of 20% per year.



## How do patients get to the ED?

15% of patients enter EDs by ambulance. The other 85% are walk-ins.



## Voices from the front lines



EMS and hospitals all have one thing in common in that we want to provide great, safe patient care. There are myriad issues that have affected the transfer of care of the patient to gurney, chair, or other acceptable location: decreased ED and inpatient capacity, mandated nurse-to-patient ratios, increased patient acuity, volume of mental health patients, and a shortage of primary care clinics/providers. Ambulance patient offload delays have become a public health crisis.”

– Hospital Director of Emergency Services, RN