July 14, 2022

Elizabeth Basnett, Acting Director
California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Submitted via email to Elizabeth Basnett (Elizabeth.Basnett@chhs.ca.gov)

RE: Ambulance Patient Offload Time Committee

Dear Ms. Basnett:

Thank you for your leadership with the Ambulance Patient Offload Time Committee and the opportunity to participate in these important discussions over the past several months.

While we support the committee's mission of reducing or eliminating offload delays, it's vital to recognize that, although delays ultimately manifest themselves in hospital emergency departments (EDs), there are multiple factors — many outside the control of hospitals — that result in higher ED volume and lead to delays.

Following the June 29 vote on the *Solutions-based recommendations for mitigation of Ambulance Patient Offload Delays (APOD),* we are writing to note significant concerns that will inhibit the practicality and achievability of many of the final recommendations. Before there are attempts to consider legislative or regulatory solutions, these concerns must be addressed. Specifically, we have fundamental concerns with three issues in the report:

Data Integrity and Reporting
The development of a cohesive and reliable statewide emergency medical services (EMS) data strategy is urgently needed to position EMS agencies in California to effectively meet the needs and increasing demands on hospitals and emergency services providers. This includes the development of a comprehensive and integrated approach to how we collect, analyze, report, and utilize data that are validated and consistent statewide. Currently, there are no data available that are consistent, accurate, and transparent throughout the state of California, which only complicates the identification of the problem and the development of solutions.

We are also concerned about the rationale for the 20-minute offload "standard" that appears to vary by agency (some local EMS agencies have a 30-minute standard). While there has not been substantive discussion on this fundamental issue, we believe it is critical to engage in a thoughtful exploration of why 20 minutes is the standard — beyond the declaration that the standard "has always been" 20 minutes. Additionally, it is clear that different LEMSAs use different recording parameters, with a variety of

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Sacramento, CA 95814
www.calhospital.org

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HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA
515 South Figueroa Street, Ste. 1300
Los Angeles, CA 90071
www.hasc.org

HOSPITAL ASSOCIATION of San Diego & Imperial Counties
5575 Ruffin Road, Ste. 225
San Diego, CA 92123
www.hasdic.org

software products, and apply different auditing procedures to track the "official" offload time. Consistency and accuracy on these critical data are foundational to the entire ambulance patient offload time issue.

Hospital Throughput Challenges (Pre/Post-Hospital Care)

Pre-hospital care – Hospitals are designed to provide acute levels of care and lifesaving treatment. But the inability of many patients to easily access primary care and other health services such as mental health and substance use care in non-hospital settings means people often turn to the ED for treatment. The use of the ED for non-urgent medical attention dramatically increases the strain on hospital emergency services.

Post-hospital care – A hospital's inability to discharge patients to lower levels of care, often due to health care network inadequacies, impacts the flow of patients from the ED into inpatient beds and exacerbates offload delays. As you advance these solutions-based recommendations, we must take into consideration both pre- and post-hospital care challenges.

Additionally, in both pre- and post-hospital settings, providers are dealing with unprecedented workforce shortages and caring for more patients with fewer health care workers — including physician specialists; nurses; radiology, laboratory and ancillary services staff; community primary care; and behavioral health providers.

Failure to Account for Factors Driving Hospital Volume (Demographic Changes, Coverage Expansion, and Increased Need)

The largest contributing factor to ambulance patient offload times is hospital volume, as we saw during the height of the recent Omicron surge, which placed incredible stress on the health care system. Once that surge subsided and hospital ED utilization leveled out, offload times decreased. California's hospital ED volume has also grown substantially over the past decade with 700,000 more cases in 2021 vs. 2011, totaling almost 12.8 million patient visits per year.

It is indisputable that California's health care delivery system is evolving, and the pre-hospital emergency system must continue to be able to function with high efficiency. All aspects of the health care system must work together, mutually reinforcing and supporting each other for the benefit of the patient. To do this effectively, each hospital and local or regional EMS agency must evaluate the changing health care landscape and plan accordingly. This should include the development and coordination of local services that take into account each community's individual needs, resources, shortages, and challenges. A one-size-fits-all approach will not work.

Hospitals are deeply committed to serving their patients in an efficient and effective manner and share the goal of improving the delivery of emergency care as expeditiously as possible. That goal demands meaningful work on our three concerns before these recommendations can be implemented successfully.

Ahead of the report's delivery to the EMSA Commission, we are asking for the opportunity to coordinate and schedule time for you and other members of the commission to visit hospital EDs to learn firsthand about hospital processes, the value of quality data, and the patients who rely on services.

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We look forward to connecting to discuss a process to coordinate these on-site learning opportunities.

Sincerely,

Sheree Lowe
Vice President, Policy
California Hospital Association

Bryan J. Bucklew
President & CEO
Hospital Council – Northern & Central California

George Green
President/CEO and Chairman
Hospital Association of Southern California

Dimitrios Alexiou
President & CEO
Hospital Association of San Diego and Imperial Counties