

Reducing Ambulance Offload Times Will Take a Local Approach

Significant gaps in data collection and analysis must be bridged to address delays in ambulance patient offload times (APOT).



The safety of patients is hospitals' highest priority but establishing a *statewide* standard that doesn't account for geographic disparities, localized health system capacity, and more will not eliminate APOT delays. APOT is a complex issue, exacerbated by the pandemic, resulting from systemic challenges across the entire health care delivery system. Any legislation to reduce APOT delays must ensure local flexibility in strategies for improvement.

In addition to accurate data collection, prerequisites for reducing APOT include:

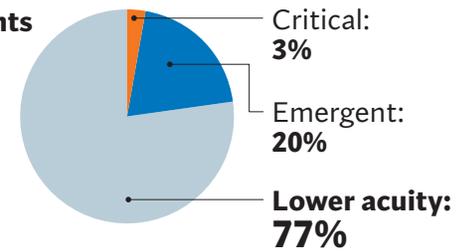
-  Local analysis to identify bottlenecks and form solutions
-  A public education campaign on the proper use of 911
-  Reliable and coordinated statewide and local surge planning
-  Increased community-based behavioral health resources
-  Ensuring the right number and types of ambulances are available to meet the response needs of the community
-  An updated toolkit that reflects clinical best practices and lessons learned from COVID-19

Inappropriate use of the 911 system

Many 911 calls are for lower-acuity issues such as back pain, a sore throat, or minor cuts. Inappropriate use of the 911 system presents challenges in caring for patients who truly need emergency care.

Acuity of patients who arrive by ambulance:

Source: The National Emergency Medical Services Information System, *EMS Data Cube*.
Extracted 10/20/2022



How do patients get to the ED?



EDs are facing unprecedented patient volume

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. This higher volume comes at the same time that hospitals nationwide are facing severe health care staffing shortages.

A BETTER APPROACH

Hospitals, fire departments, ambulance providers, and LEMSAs should collaborate and determine their APOT thresholds *locally*. This would allow them to factor in the unique needs of the varying patient populations, community resources, demand, EMS configuration, and more.