

Key Messages

Ambulance Patient Offload Times — Accurate Data and Local Solutions are Needed

There is no greater priority for California’s hospitals than the safety of their patients.

- Every hospital in the state uses a clinically driven process to evaluate, triage, and deliver appropriate care to anyone who seeks help. This includes making sure those with the greatest needs are treated first, as well as treating all patients as quickly as possible.
- Still, improvements can be made, including reducing the time it takes to treat patients arriving at hospitals via ambulance. To do this, it is critical for all involved — hospitals, fire departments, ambulance providers, local emergency medical services agencies (LEMSAs), skilled-nursing facilities, and more — to examine and address all the issues that contribute to delays in ambulance patient offload times (APOT) before an arbitrary, *statewide* standard is established, as proposed in Assembly Bill (AB) 40.

A significant gap in data collection and analysis must be bridged to address delays in APOT.

- There are currently no accurate, uniform, and audited data to track the transfer of care. The state’s Emergency Medical Services Authority (EMSA) receives offload data from ambulances only and hospitals have no opportunity to review or validate the data. While conducting their own audits, hospitals have frequently found that the offload times that EMSA collects from ambulances are significantly different from the transfer of care data tracked by hospitals.
- When considering strategies to reduce offload times, information about the amount of time it takes to transfer care of a patient from an ambulance to a hospital is inadequate. Factors like differences in hospital layout, when the clock starts (ambulance arrival) and stops (transfer of care) must be analyzed, and geographic differences must be understood.

Many factors that contribute to APOT delays are outside hospitals’ control.

- Although offload delays ultimately manifest on hospital campuses, multiple factors — many outside hospitals’ control — result in higher emergency department (ED) volume and contribute to delays.
- Offload delays are the result of broader issues in the health care delivery system, including increased ED use for non-emergency needs, delayed primary care that results in sicker patients, increased use of EDs for patients in a behavioral health crisis, a lack of community care discharge options, shortages of health care professionals, and inadequate primary care clinics and providers.
- Hospital ED volume over the last seven years has increased by 42% and hospitals are battling unprecedented cases of RSV in children, flu, mpox, and COVID-19. At the same time, hospitals are facing severe staffing shortages as COVID-19 has depleted the nation’s health care workforce.

A one-size-fits-all approach to delays in APOT is not the solution.

- One-size-fits-all, arbitrary time limits put patients at risk. The needs of every patient are different and there must be appropriate staff and space available before the safe transfer of care can occur.

- While CHA supports the goal of reducing APOT, AB 40 — which would establish a *statewide* 20-minute standard 90% of the time — fails to account for the many factors contributing to delays in offload times and rejects the clear need for a more accurate process for data collection and analysis. This should be the immediate focus.
- Hospitals and LEMSAs should continue to collaborate to determine APOT thresholds *locally*, factoring in community resources, demand, EMS configuration, and other variables, rather than implementing a one-size-fits-all solution. In 2014, the widely respected CHA/EMSA/APOT collaborative provided LEMSAs a flexible window of **15 to 30 minutes at the 90th percentile** to set their own standard based on local factors.
- Hospitals are eager to be a part of the solution and support many of the proposed initiatives in AB 40, such as a public education campaign on the use of the 911 system, updating of the toolkit to reduce ambulance patient offload delays, and development of a joint LEMSA hospital surge plan.