

Ambulance Patient Offload Times

MYTH: Hospitals have unlimited capacity and can easily expand as needed to alleviate delays in ambulance patient offload times.

FACT: A hospital's capacity is limited by physical space. Many hospitals are already using hallways, waiting rooms, disaster tents, and other areas to increase capacity. Some flexibility was provided during California's state of emergency via "space waivers." These allowed hospitals to repurpose resources, providing relief to strained emergency departments. However, the state of emergency ends on Feb. 28, 2023, which will constrain the space available for care. For hospitals that have the capacity to expand their physical space, it is a lengthy process to receive the appropriate approvals and can take years before capacity can actually be increased.

MYTH: Ambulance patient offload delays occur in the emergency department (ED), so it must be solely an ED issue.

FACT: While offload delays take place at a hospital, there are multiple systemic factors both before and after the transfer of care takes place which contribute to the resulting delay in the ED. Compounding the issue is a hospital's inability, once the patient is admitted and stable, to transfer to the next appropriate level of care, known as an inter-facility transfer. A decreased ability to discharge patients from the ED may be due to lack of inpatient beds, limited skilled-nursing facilities, or the behavioral health crisis. Slowed ability to discharge means there are fewer beds available for incoming patients.

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

FACT: COVID-19 has taken a toll on the health care workforce — not just in California but across the country — and hospitals are facing severe staffing shortages. To stay afloat, hospitals are working intentionally to retain and attract staff. Hospitals would like to be fully staffed to offer communities the best care possible, and yet even with some successes, hospitals and partners such as ambulance/fire continue to experience workforce shortages.

MYTH: Emergency department volume is stable.

FACT: ED volume has dramatically increased (20% annual growth statewide from 2012-19). An increase in patient volume 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. Additionally, 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 when they do not have emergency needs.

MYTH: Hospitals are not addressing the ambulance patient offload delay issue.

FACT: Hospitals agree that ambulance patient offload delays are a serious issue. Hospital leadership, doctors, nurses, and staff alike are collaborating with agencies such as ambulance and fire partners to admit patients as quickly as possible. Factors like increasing volume, staffing shortages, limited capacity, and throughput delays are well beyond the control of hospital staffers — yet, they continue to serve their communities 24 hours a day, 365 days a year.



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. Patients experiencing heart attack (STEMI), stroke, trauma, and other acute health issues receive accelerated access to care.