# Ambulance Offload Times Are a Complex Issue

**The safety of patients is hospitals' highest priority but establishing a standard that doesn't account for challenges across the entire health care system won't solve the problem. APOT is a complex issue, resulting from a lack of primary care providers, workforce shortages, and more. Any legislation to reduce APOT delays must address all the challenges that are leading to delays. Hospitals cannot solve the problem on their own.**

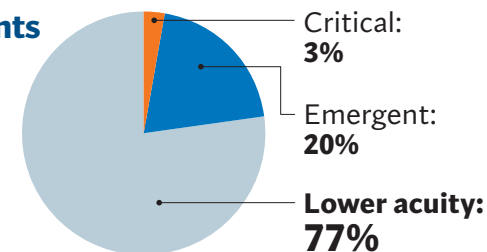## In addition to accurate data collection, prerequisites for reducing APOT include:

- 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

- Critical: **3%**
- Emergent: **20%**
- **Lower acuity: 77%**

## How do patients get to the ED?

**15%** enter EDs by ambulance.

The other **85%** are walk-ins.

## 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 to reduce their APOT. This would allow them to factor in the unique needs of the varying patient populations, community resources, demand, EMS configuration, and more.**

California Hospital Association

Hospital Council Northern & Central California

HOSPITAL ASSOCIATION of Southern California

HOSPITAL ASSOCIATION of San Diego & Imperial Counties