EMS Delays in Transferring Patients from Ambulances to Hospital Emergency Departments

Talking Points

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California’s Emergency Medical System (EMS) ambulance providers and hospital emergency departments (ED) are fundamental components of the state’s health care delivery network. Together they provide 24/7 access to health care services and are considered the safety net for health care of the uninsured. Each year Californians average more than 11 million ED visits, resulting in more than 1.7 million admissions. Thus, the availability and effective functioning of the EMS system and EDs are of vital importance to all Californians.

The emergency medical system and hospital emergency departments operate as separate, distinct entities, but are linked through policies, procedures and regulations to provide effective patient care, from the initial notification of an emergency and response in the field to the time the EMS provider drops off the patient at the emergency department and returns to the community. The efficiency and effectiveness of each component in the chain of treatment are imperative for efficient and effective care. EMS ambulance patient offload times are a critical element in the chain of treatment.

Definition

- EMS ambulance patient offload time is defined as the interval between the arrival of an ambulance patient at the ED, and when the EMS and ED personnel transfer the patient to an ED stretcher and the ED staff assumes the responsibility for care of the patient.

- Delays in the transfer process occur when the patient remains on the ambulance gurney for an extended period of time, preventing ambulance crews from returning to service in a timely manner. These delays are commonly referred to as “offload delay,” “drop time,” “wait time,” “patient parking,” “handover delay” or “wall time.”
Scope of the Problem

- The problem is not unique to California. Other states and countries have documented and reported on this issue.

- The problem in California is not uniform or consistent, and varies disproportionately across the state. Many health care systems and local EMS agencies have never routinely had a problem, or they have resolved it. In some jurisdictions, ambulance offload delays are not measured and/or the evidence is anecdotal.

- A national study of 200 cities, which included several jurisdictions in California, indicated that the average delay in ambulance offload times had doubled since 2006, from 20 minutes to over 45 minutes.

Challenges

- Offload delays are a symptom of a myriad of problems, including decreased ED and inpatient bed capacity, mandated nurse-to-patient ratios, state and federal regulations, increased patient acuity, increased usage of the ED by mental health patients, delays in ancillary services such as laboratory and radiology, shortage of specialists, shortages of primary care clinics and providers, lack of physical plant space, lack of inpatient discharge options, and surge in patient admissions due to seasonal illnesses and disasters.

- Because local EMS agencies and hospitals operate as distinct, separate entities, collaborative problem solving can be a challenge. All members of the system must work together to ensure an adequate response.

- A 2009 study on ambulance diversion in California found that when hospitals and their local EMS agencies employed a collaborative process and were united through continuous quality improvement and sharing of best practices, patient flow difficulties improved and ambulance diversions were reduced.

Patient Care Impact

- Ensuring patient safety and quality of care is the core mission of every hospital. Hospitals are complex environments where multiple components must be in place in order to safely transfer a patient from the care of the EMS professionals to hospital personnel. These components include everything from the availability of ED beds to compliance with California’s nurse staffing ratios. Additionally, because ED patients are treated based on the severity of their illness or injury, there are sometimes delays in transferring less sick patients from the care of EMS personnel to hospital staff.
Solutions

- CHA, along with the California Emergency Medical Services Authority (EMSA), the state oversight committee for all of the local area emergency services agencies, has developed a statewide collaborative to convene stakeholders, assess the problem of offload delays, and explore successful and promising approaches to improving ambulance patient offload delays.

- The collaborative consists of 50 statewide stakeholders from CHA, the Regional Associations, EMSA, individual LEMSA agencies, local hospitals, ambulance and fire providers, and CDPH. Best practices will be distributed in a manual this spring to hospitals and their local ambulance providers for ongoing process improvement measures in this area. Hospitals are working with LEMSA’s to collect, monitor and analyze delay data for proactive problem solving.

- Many hospitals have deployed successful strategies such as implementing bedside registration, use of a mid-level or physician provider at triage, physical plant changes, and technology upgrades. Hospitals are deploying methods to quantify their emergency department activity and proactively address patient placement in a timely manner.