



LOS ANGELES FIRE DEPARTMENT

JAMES G. FEATHERSTONE
INTERIM FIRE CHIEF

April 1, 2014

BOARD OF FIRE COMMISSIONERS
FILE NO. 14-033

TO: Board of Fire Commissioners

FROM: James G. Featherstone, Interim Fire Chief 

SUBJECT: AMBULANCE OFFLOAD DELAYS AT RECEIVING HOSPITALS

FINAL ACTION:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Corrections	<input type="checkbox"/> Withdrawn
	<input type="checkbox"/> Denied	<input type="checkbox"/> Received & Filed	<input type="checkbox"/> Other

SUMMARY

At the February 18, 2014, Board of Fire Commissioners Meeting, the Board directed the Department to provide information relative to offload delays experienced by the Department when ambulance personnel attempt to transfer patient care to a hospital and no hospital beds are available. This report is intended to provide information regarding the impact of hospital "wait time" and efforts being made to address this issue with hospital partners and other stakeholders.

RECOMMENDATION

That the Board:
Receive and file.

FISCAL IMPACT

During calendar year 2013, Department ambulance crews documented their inability to transfer patient care within the allotted twenty minutes of arrival at the hospital due to no open emergency department beds for a total of 36,627 hours. The Revenue Management Section has determined the associated cost of this time to be approximately \$6M (the hourly rate for an Los Angeles Fire Department (LAFD) ambulance during FY 12/13 was \$165/hour).

DISCUSSION

The issue of extended patient transfer times experienced by ambulance providers upon arrival at hospital Emergency Departments (EDs) is not a new issue but has become increasingly significant for many Emergency Medical Services (EMS) providers, both locally and within the state.

On March 5, 2013, the California Emergency Medical Services Authority, the California Hospital Association, the LAFD and other stakeholders met in Sacramento to explore the problem of ambulance offload delays when transferring patient care from ambulance personnel to receiving hospital staff. These delays, frequently referred to as paramedic “wall time” or hospital “wait time” prevent EMS personnel from promptly returning to service to respond to other emergency calls and delays the effective transition of care to hospital medical staff.

The Department has been monitoring this issue and has made efforts to reduce the impact of hospital offload delays with various levels of success for at least ten years. Part of this effort has included the capture of data on the occurrence of our Rescue Ambulances (RAs) being unable to transfer patient care due to the unavailability of ED beds. This issue creates a significant impact on our City’s EMS delivery system, as RAs are unavailable to respond to additional 911 calls while waiting at EDs to transfer patient care for extended periods.

The methodology used to capture this data utilizes both software programming within the computer aided dispatch (CAD) system and verbal communication by RA personnel to the dispatch center. Upon arrival at the hospital ED, RA crews may be delayed due to various issues (e.g., no ED beds available, decontamination of emergency equipment, or extended patient documentation). When this occurs our members inform the dispatch center of the reason for the offload delay and the RA is then considered “not available.” The LAFD has identified the time specifically delayed in EDs due to no hospital beds available.

Currently, the LAFD transports patients to 57 receiving hospitals within the region. The following data represents the additional time (i.e., in excess of the initial 20 minute hospital arrival timer¹) for patient offload delays created specifically as a result of no beds being available at EDs during calendar years 2012 and 2013:

CALENDAR YEAR	TOTAL EMS INCIDENTS (+/-%)	TOTAL RA TRANSPORTS (+/-%)	TOTAL HOURS NO ED BEDS AVAILABLE (+/-%)	AVG HOURS PER DAY NO ED BEDS AVAILABLE
2012	333,333	204,735	28,239	77
2013	339,379 (+1.8%)	208,553 (+1.9%)	36,627 (+29.7%)	100

During calendar year 2013, RA crews were in hospital EDs with patients, and documented their inability to transfer patient care due to “no available beds” for a combined 36,627 hours. This represents almost a 30% increase in the time spent in hospital EDs for this reason compared to the previous year. To better illustrate the impact of this problem the accumulated hours are equivalent to parking in excess of four ambulances at one hospital every day during 2013.

¹ Upon hospital arrival, LAFD personnel communicate their status using a mobile data terminal. The change in ambulance status from “Transporting” to “Hospital” begins a 20 minute timer at the dispatch center. Upon expiration of the 20 minute timer the status of the RA is automatically changed by CAD programming to “Available.”

Department policy is in place for the response of an EMS Battalion Captain to assist RA crews in mitigating prolonged ED waiting times and to expedite patient transfer at area hospitals when necessary.

The Department has initiated new efforts to educate hospital partners and other stakeholders to help mitigate the incidence of hospital offload delays including:

- On February 19, 2014, the Department made a presentation to representatives of the Hospital Association of Southern California regarding this matter. The presentation was delivered by Dr. Eckstein and Assistant Chief Reynar.
- On February 26, 2014, Assistant Chief Reynar met with Kaiser Permanente officials to discuss offload delays at Kaiser Permanente EDs.
- On February 27, 2014, Dr. Eckstein and Assistant Chief Reynar met with Councilman Englander and provided him a briefing on the impact of hospital offload delays.
- On March 10, 2014, the Department sent letters to the Chief Executive Officers of hospitals having the greatest number of offload delay hours due to no ED beds being available. These facilities accounted for 18,021 hours in 2013 (or 49% of all no beds delays).
- On March 19, 2014, Dr. Eckstein and Assistant Chief Reynar delivered a presentation to the Los Angeles County EMS Commission on the impact of hospital offload delays.

The Department has been informed that a multitude of hospital factors lead to ED overcrowding and can result in ED patient offload delays. Some of the contributing factors include an increase in ED visits by patients, a decrease in the number of EDs in the region, the limited number of licensed mental health beds within the county, limited hospital staffing levels and other hospital throughput factors, including delays in patient discharge.

CONCLUSION

The ED overcrowding and the resulting patient offload delays continue to have a significant and negative impact on our EMS delivery system. The Department will continue to monitor the impact of hospital offload delays, will meet with local hospital officials interested in partnering to reduce offload delays and continue to support the efforts of the coalition created by the California EMS Authority and California Hospital Association. Recently, this coalition sent surveys to hospitals and local EMS agencies throughout the state to identify best practices to mitigate the issue of patient offload delays. Survey results and a "Resource Tool Kit" for use by hospital and ambulance providers is forthcoming and expected to be published by the coalition in the next several months.

Board report prepared by Gregory Reynar, Assistant Chief, EMS Division.