



LOS ANGELES FIRE DEPARTMENT

RALPH M. TERRAZAS
FIRE CHIEF

October 5, 2015

BOARD OF FIRE COMMISSIONERS
FILE NO. 15-113

TO: Board of Fire Commissioners

FROM:  Ralph M. Terrazas, Fire Chief

SUBJECT: BRIEFING ON WALL TIME

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 Withdrawn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

When Paramedics and Emergency Medical Technicians (EMTs) arrive at the hospital Emergency Department (ED), they must transfer their patient from the ambulance stretcher to a gurney and provide a report to the nurse. When there are no open beds in the ED the ambulance goes out of service ("Not available" – NAV) and it is not able to respond to the next incident. This is a very common occurrence, with multiple ambulances NAV at particular hospitals sometimes for extended periods. This phenomenon is commonly referred to as "wall time". Wall time has become a very serious issue as it precludes ambulances from responding to emergencies, thereby increasing response times and potentially adversely impacting patient care. This problem is not unique to Los Angeles, as it has been reported across most major cities across the nation.

There are several causes of wall time, including a steadily increasing volume of ambulance transports, busier EDs with fewer in-patient hospital beds, an increased number of admitted patients "boarding" in EDs, and an increasing number of psychiatric patients "boarding" in EDs awaiting transfer to a shrinking number of in-patient psychiatric beds.

The Department began collecting wall time data in 2001. Whenever our members are not available in an ED awaiting an open bed to transfer care of their patient, they go out of service/not available ("NAV-Beds"). This code is intended to be used only when the transfer time exceeds the allotted 20 minutes.

Since the data has shown that wall time has increased each year, the Department has been working on several strategies to mitigate this growing problem.

Los Angeles Fire Department (LAFD) Emergency Medical Services (EMS) leadership has met with leadership from the hospitals which account for the majority of our wall time. In addition, we have met with EMS leadership at the County and State level to discuss this problem and work together to develop solutions.

During these meetings, we discussed various “best practices” to minimize wall time and enable our paramedics and EMTs to transfer care as quickly as possible and go available for the next call. Patients who are stable should be triaged off the ambulance stretcher and be sent to the triage area or ED waiting room. The ED should clear a bed for patients who require urgent evaluation or ongoing monitoring. EDs should have a process to allow patients with acute mental health issues to be transferred from EMS providers to a secure area, and finally, ED staff should actively work to release our ambulances in real time whenever this situation arises.

RECOMMENDATION

That the Board:
Receive and file.

DISCUSSION

Wall time is a growing problem for our Department, which results in decreased ambulance availability and increased response times. When the Department began to measure this metric in 2001, there was a total of 48 hours of cumulative daily wall time, which is the equivalent of 2 ambulances out of service per day. In 2012, this increased to an average of 3.2 ambulances out of service per day, and over 4 ambulances out of service per day this year (equivalent to approximately \$1.7M annually in salary and indirect costs).

The Department is currently taking the following measures to address this issue:

1. An Ambulance Control Officer (ACO) position has been created as a one-month trial program to determine the accuracy of our NAV beds data and determine which hospitals account for the majority of these hours.
2. The ACO works with the floor Captains at Metro Fire Communications to dispatch EMS Captains to area hospitals where ambulances are NAV-beds for an extended period of time and/or there are multiple ambulances out of service at a particular hospital simultaneously. The EMS Captains work with ED staff to facilitate patient transfer of care to release our ambulances back in service.
3. The Department is developing a plan to allow stable patients who are not able to be transferred off a gurney to be transferred to portable stretchers that will be delivered by EMS Captains. This will allow one ambulance team (two EMTs) to monitor up to 5 (non-ambulatory) patients in an ED and allow 4 ambulances to be released back in service. This plan is being finalized and discussed with leadership of area hospitals and the Los Angeles County EMS Agency.

FISCAL IMPACT

The annual cost of four ALS ambulances out of service per day is approximately \$1.7 million (\$1.13M salary + \$568,000 indirect costs).

CONCLUSION

Wall time for LAFD ambulances has increased each year as our EMS call load has increased, the number of ambulance transports increase, and local ED volumes increase. The Department is continuing to work with our hospital partners and regulatory agencies to mitigate this growing threat to our ability to provide timely ambulance response.

Board Report prepared by Marc Eckstein, MD, LAFD Medical Director.