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AB-2961 Emergency medical services. (2017-2018)

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Assembly Bill No. 2961

CHAPTER 656

An act to add Sections 1797.123 and 1797.228 to the Health and Safety Code, relating to public health.

[Approved by Governor September 21, 2018. Filed with Secretary of State September 21, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2961, O'Donnell. Emergency medical services.

Existing law creates the Commission on Emergency Medical Services, within the California Health and Human Services Agency, to, among other things, advise the Emergency Medical Services Authority on the development of an emergency medical data collection system. Existing law requires the Emergency Medical Services Authority to develop a statewide standard methodology for the calculation and reporting of ambulance patient offload time, as defined, by a local emergency medical services (EMS) agency. Existing law authorizes a county to develop an emergency medical services program, and authorizes a local EMS agency to adopt policies and procedures to calculate and report ambulance patient offload time.

This bill would require a local EMS agency to submit quarterly data to the authority that, among other things, is sufficient for the authority to calculate ambulance patient offload time by local EMS agency jurisdiction and by each facility in a local EMS agency jurisdiction. The bill would require the authority to calculate ambulance patient offload time and report it twice per year to the Commission on Emergency Medical Services. The bill would also require the authority, in collaboration with local EMS agencies, on or before December 1, 2020, to submit a report to the Legislature on ambulance patient offload time and recommendations to reduce or eliminate ambulance patient offload time.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares the following:

(a) In 2015, the Legislature directed the Emergency Medical Services Authority (EMSA) to develop a methodology to measure and report ambulance patient offload time.

(b) Ambulance patient offload time is the interval between the arrival via ambulance of a patient at an emergency department and the time the patient is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for the care of the patient.

(c) Patients who are experiencing an emergency and are transported to the hospital must get rapid, efficient transfer and attention at an emergency care facility. Ensuring immediate transfer of patient care at emergency rooms will not only benefit the patient

under direct care, but also ensure that emergency medical services (EMS) professionals can reenter the field to help others in need.

(d) Significant delays in ambulance patient offload time unacceptably prevent a patient from receiving appropriate and immediate care, and pose a public safety risk by having fewer qualified EMS personnel available to respond to other emergencies.

(e) Chapter 379 of the Statutes of 2015 required the EMSA to create a common definition of ambulance patient offload time and charged the EMSA with establishing a standard way of measuring the problem across the state, while allowing for the collection of data needed to measure ambulance patient offload time and address issues.

(f) While the EMSA has established the methodology, reporting by local EMS agencies has been intermittent. Some local EMS agencies reported ambulance patient offload time quarterly during 2017, some local EMS agencies reported incomplete data, and more than a dozen local EMS agencies have not reported any data.

(g) Chapter 377 of the Statutes of 2015 directs EMS providers to utilize an electronic patient care record system to track patient care records and to submit that data to local EMS agencies. An electronic system allows for better data collection, better data sharing between agencies, and better coordination between the EMS system and emergency departments.

(h) Electronic patient care records include data tracking for each emergency response call that includes transferring a patient to an emergency department. Currently, electronic patient care record data is not shared consistently or completely with EMSA.

(i) It is imperative that local EMS agencies report this data to EMSA to inform EMSA and EMS system stakeholders in considering or adopting reasonable policy solutions to reduce or eliminate ambulance patient offload time.

SEC. 2. Section 1797.123 is added to the Health and Safety Code, immediately following Section 1797.122, to read:

1797.123. (a) Upon receipt of data reported by a local EMS agency to the authority pursuant to Section 1797.228, the authority shall calculate ambulance patient offload time by local EMS agency jurisdiction and by each facility in a local EMS agency jurisdiction.

(b) The authority shall report twice per year to the Commission on Emergency Medical Services the ambulance patient offload time by local EMS agency jurisdiction and by each facility in a local EMS agency jurisdiction.

(c) On or before December 1, 2020, the authority, in collaboration with local EMS agencies, shall submit a report to the Legislature on ambulance patient offload time and recommendations to reduce or eliminate ambulance patient offload time. The report shall be submitted in compliance with Section 9795 of the Government Code.

SEC. 3. Section 1797.228 is added to the Health and Safety Code, immediately following Section 1797.227, to read:

1797.228. (a) (1) On or before July 1, 2019, a local EMS agency shall transmit ambulance patient offload time data quarterly to the authority, consistent with the policies and procedures developed pursuant to Section 1797.225.

(2) The data must be sufficient for the authority to calculate ambulance patient offload time, as defined in subdivision (b) of Section 1797.120, by local EMS agency jurisdiction and by each facility in a local EMS agency jurisdiction.

(b) Notwithstanding Section 1797.122, the local EMS agency shall ensure that personally identifying patient data is not included in the submission of data to calculate patient offload time.