

The Arizona Department of Health Services (ADHS) has been holding workgroup sessions for several months regarding ground ambulance rule revisions. The Notice of Rulemaking Docket Opening is available [here](#).

ADHS is currently requesting feedback on a specific proposed change; accordingly, we would like to request your input. In the most recent [draft rules](#), at R9-25-901(#), ADHS has proposed the following definition of “arrival time” with respect to interfacility transfers: “the hour and minute an ambulance attendant is at a patient’s side in a healthcare institution to initiate the interfacility transport of the patient.” ADHS has provided information displaying the difference between [dispatch to scene](#) and [dispatch to patient bedside](#) response times for emergency interfacility transfers.

This proposed definition of arrival time for interfacility transfers has prompted significant stakeholder concerns, including a strong preference for arrival time being measured at the point when ambulance attendants arrive at a facility’s parking lot and not including the transit time from the ambulance to the patient’s bedside. These stakeholders assert the individual providing dispatch for the transport may not know how long it would take to get from the parking lot to the patient’s bedside, the time may vary greatly depending on the facility and the patient’s location within the facility, and it may take a considerable amount of time to receive the patient care information necessary for the transfer of care.

ADHS has responded to these concerns, stating ambulance attendants generally need to go inside the facility to complete an interfacility transfer and do not remain in a parking lot, and most interfacility transports occur from healthcare institutions with which an ambulance service is familiar. ADHS has also pointed out the available data shows the time difference for interfacility transport response between scene and patient is approximately 5-6 minutes, which can be built into the arrival time estimate given to the healthcare institution when arranging the transport. Nevertheless, ADHS is offering two alternate definitions with the intent of addressing the stakeholder concerns and is requesting prompt feedback. The two options provided by ADHS for defining arrival time for interfacility transfers are as follows:

Alternative #1: “Arrival time” means the hour and minute that an ambulance attendant of a ground ambulance service is in a healthcare institution and available for the healthcare institution to transfer a patient’s care to the ground ambulance service.

Alternative #2: “Arrival time” means the hour and minute that an ambulance attendant of a ground ambulance service first enters information about a patient, upon transfer of the patient’s care, into the ground ambulance service’s patient record system.

We are requesting your feedback on which definition of arrival time for interfacility transfers you believe is the most appropriate and any suggested changes you may have to the language. Please submit your comments to ADHS directly via this [survey](#) and send a copy or summary of your comments to [Liz Lorenz](#), director of policy by **June 10, 2021**. AzHHA will compile comments and reiterate any consensus position to ADHS on behalf of AzHHA members at the next workgroup meeting.