The Impact of Suspension of Diversion on an EMS System

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OBJECTIVES

Many EMS systems use diversion, a policy of temporarily redirecting ambulance traffic away from over-burdened hospitals, even though the benefits of this process have not been well studied. In February of 2004, the Fresno-Kings-Modesto (FKM) EMS agency suspended its diversion policy. The purpose of this study is to describe the impact of this change on the EMS system and local hospitals.

METHODS

We conducted an observational study looking at hospital and ambulance data before and after the cessation of diversion. Variables at the three major area hospitals (designated A, B, and C) included: Daily emergency department (ED) census; patients leaving without being seen; patients leaving against medical advice; patients boarded in the ED; ED deaths; general hospital census; and ED wait times. Information was also collected on the amount of time that mobile intensive care nurses (MICNs) spent on prehospital radio calls. Ambulance data included the following times: Ambulance arrival on scene, arrival at the hospital, and return to service.

RESULTS

All three hospitals average daily ED census increased after the cessation of diversion; however, the median number of admitted patients being held in the ED decreased at all the hospitals. The median time to admission also decreased at all hospitals. MICNs spent less time on radio calls following the cessation of diversion (180 seconds versus 60 seconds) and all ambulance response and return to services times improved.

CONCLUSIONS

Hospitals coped well with the cessation of diversion and pre-hospital efficiency improved, suggesting that diversion is not a useful policy.