

The Effect of an Ambulance Diversion Ban on Emergency Department Length of Stay and Ambulance Turnaround Time

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- 1. Why is this topic important?** In 2003, 45% of ED's went on diversion; this resulted in approximately 501,000 ambulances being turned away. According to the Institute of Medicine [The Future of Emergency Care in the United States Health System - Institute of Medicine](#), this can make "catastrophic" delays in hospital treatments and intervention for patients. ED diversion can also increase ambulance "turnaround times" which delay ambulances from returning to "in service status." Both problems can delay treatment and jeopardize patient care.
- 2. What does this study attempt to show?** The authors hypothesized that ambulance diversion would not have a negative effect on ambulance turnaround times or increase emergency department [crowding](#) or "boarding" of patients in the ED. Nine ED's were selected from Boston accounting for 77% of all ED volume in Boston and nearby Cambridge. These nine agreed to cease any ambulance divert process beginning in January 2009 through December 2009. These hospitals were segregated into high divert time EDs and low divert time EDs. An in-house or internal process had also been prepared and developed in 2008 that would smooth the implementation of this no-divert policy in the participating hospitals.
- 3. What are key findings?** Monthly ED patient volumes increased 3.6% at participating EDs, lengths of stay decreased, meaning there was no increase in patient "boarding" in the ED despite the increase in patient volume. Ambulance turnaround times also decreased, indicating that stopping ED divert would not hinder EMS from returning units to service. This finding may contribute to better patient care by generating better communication between EMS providers and ED staff. Preventing misunderstandings about EMS patient destinations and necessity to return to service as soon as possible will engender better cooperation between caregivers.
- 4. How is patient care impacted?** Patient care would improve as the likelihood of every patient receiving appropriate treatment at the appropriate facility would increase. Delays in definitive care at the receiving facility would be minimized. Due to the internal processes developed for patient management for the hospitals, the patient would not experience as much delay in arriving at correct hospital departments. And, communication between EMS provider and ED staff would improve, preventing errors.

Study; retrieved from [California ACEP](#)
<http://californiaacep.org/wp-content/uploads/The-Effect-of-An-Ambulance-Diversion-Ban-on-Emergency-Department-Length-of-Stay-and-Ambulance-Turnaround-Time.pdf>

Abstract:

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