



Reducing ER Diversion



By Robert C. Midgley, MD

Early results show a dramatic improvement in diversion hours, but much remains to be done.

AS YOU ARE ALL WELL AWARE, emergency rooms across the country have been facing problems with overcrowding, long waits for patients to see a doctor, and large numbers of non-emergent patients coming to ERs for care because they have no other means to access health care. Some cities with rapid growth rates, such as Las Vegas, have clearly outgrown their fixed health care resources. All of these issues have contributed to diversion: ERs close down to non-urgent ambulance traffic until the overcrowding subsides.

Sacramento County's ERs were no exception to the national norm, and the problem was growing, as clearly shown by statistics prepared monthly by the Hospital Council. Sacramento County EMS services had a policy called "Round Robin," under which ambulance traffic would be directed to the next open ER, regardless of the patient's health care provider.

As a result, Sutter patients were going to Mercy ERs, Mercy patients to Kaiser ERs, and so on. This led to serious breaks in continuity of care. Patients would then need a second ambulance in some cases, to get back to their health care system of choice, adding additional costs and delays to health care.

This problem was thoroughly discussed by ER physician representatives at meetings of our Medical Society's Emergency Care Committee. Concerns of the Committee were voiced in written reports and correspondence to Sacramento County EMS services and others.

Under direction of the Hospital Council and its regional vice president, Robert David, roundtable meetings were convened to discuss the issues. The first meeting was held on June 22, 2001. I was fortunate, as SSVMS President, to be one of the participants. Here, at the same table, were ER Physicians practicing at all of the major health care systems in Sacramento, meeting with CEOs from the large hospital organizations: Kaiser, Mercy, Sutter and UCD.

The first reaction from some participants was that diversion was absolutely necessary to protect the ERs, and had to continue. Others wanted diversion and round robin abolished, and offered a simple solution - all ERs open all the time. Still others wanted extensive study of the problem before any changes.

Despite their initial anxiety, the participants contracted for a report on the problem by the Abaris Group from Walnut Creek. That group had helped Santa Clara County to greatly reduce diversion hours and to implement a new policy for the Santa Clara County EMS agency.

Its Sacramento County report was released on January 29, 2002, outlining the scope of the problem and offering possible solutions. A Diversion Monitoring Committee was formed,

which met monthly under the supervision of the Abaris Group. Subcommittees also met on a variety of topics. New software was chosen to monitor ER closures. New policies were adopted.

The result: By May, 2002, there was a 51 percent reduction in diversion hours across the county compared to May, 2001. By June, this figure had improved to an 80 percent reduction in diversion hours compared to June, 2001. Even more remarkable, these reductions occurred with no increase in the number of ER beds available!

Those of us at your Medical Society, and there were many of us involved in the general discussions and working on committees and subcommittees, are all proud of being part of this accomplishment.

Many times physicians wonder about the purpose of the Medical Society in today's world. One of its functions is to act as convener of physicians and other health care providers to work on common issues. And that is exactly what happened with the ER diversion problem in Sacramento County.

Had the Medical Society not been as strong as it was in creating pressure and influencing public opinion, this reduction in ER diversion hours was unlikely to have occurred. Many other communities continue to face ever increasing concerns and problems.

Do problems remain? Of course. Our Emergency Care Committee continues to meet and to pressure the health care system to improve its provision of emergency care. We realize that more needs to be done to provide alternatives to "going to the ER." And if Sacramento continues to grow, as every prediction says it will, then we could easily outstrip our resources and have recurring problems. All the more reason to be a member of the Medical Society, participate in committee meetings, and thus provide service to your fellow physicians and to the community.

Kudos to the members of the Emergency Care Committee for a job well done!

robert.midgley@kp.org

Sierra Sacramento Valley Medical Society
5380 Elvas Avenue #100 • Sacramento, CA 95819
916.452.2671 PH • 916.452.2690 FX • Email: info@ssvms.org

Copyright © 2000-2008 Sierra Sacramento Valley Medical Society - All Right's Reserved