# Emergency Department Overcrowding Diversion Inversion

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## How Do You Deal With Hospital Overcrowding?

#### Increased EMS Volumes

Nationally – anywhere from 3 to 8% annually NYC – approximately 6% over the last year

#### NYC 911

3-Tiered System

Firefighters – CFR

**EMTs** 

**Paramedics** 

#### **NYC Statistics**

Consistently 4,000+ calls per day 1.4 million EMS calls per year Nearly 1 million transports 63 participating 911-receiving EDs

- -16 Trauma Centers
- -4 Burn Centers
- -Specialty Referral Centers
  Hyperbaric
  Replant
  Venomous Bite Center

#### **Hospital Diversion**

Request by hospitals (overcrowded, CT down, no beds)
Usually time increments (2 hours, 4 hours with
re-requests as necessary)
Courtesy – EMS decision to honor or not
Multiple area hospital diversion requests – everyone
re-opened

#### **Hospital Redirection**

2011 – EMS places hospital EDs on Diversion 3 or more ambulances at the hospital for  $\geq$  30 minutes

Often crews stuck in the triage line Supervisor is sent to the ED to evaluate and request the Redirection

ED Administration quick to remedy the cause of redirection

#### **Protocol Tweak**

2014 – the algorithm was tweaked

A general protocol of 3 ambulances did not fit every facility due to ED size/volume

A more specific, hospital-based, formula is now in place

### So How Do we Deal With Emergency Department Overcrowding?

#### Questions?

Thank you Stay Safe!