



## Ambulance Diversion and Emergency Department Offload Delay

National Association of EMS Physicians

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# AMBULANCE DIVERSION AND EMERGENCY DEPARTMENT OFFLOAD DELAY

National Association of EMS Physicians

## ABSTRACT

The National Association of EMS Physicians (NAEMSP) believes that health care systems need to collectively work to minimize ambulance offload delay. This paper is the official position of the National Association of EMS Physicians.

**Key words:** ambulance; offload delay; diversion; EMS; position statement; NAEMSP

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The National Association of EMS Physicians believes that:

- Emergency medical services (EMS) systems, and their patients, are significantly impacted by emergency department (ED) crowding.
- Despite previous statements, no data support the idea that there is direct patient harm from organized systems of ambulance diversion in a modern EMS system. In addition, ambulance diversion has not been shown to improve ED patient throughput.
- Protocols designed to limit diversion may lead to increases in ED offload delay, the interval between hospital arrival and transfer of the patient from the ambulance stretcher, and the time to assumption of care by ED staff.
- ED and hospital leadership should work with the EMS agencies and system leadership to limit the time that ambulances are out of service because of diversion or offload delay.
- Overall improvement of ED crowding by hospital throughput initiatives will likely decrease both ED offload delay and hours on diversion.
- Surveillance and communication of ED offload delay, diversion status, and other factors related to ED crowding should be employed throughout the EMS system.
- Regular review of benchmarks should be used to guide local system and institutional initiatives.
- Regulators, accrediting bodies, and quality improvement organizations should track ED crowding benchmarks.

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The resource document on which this position statement is based appears in this issue on pages 555–561.

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