County of Santa Cruz

HEALTH SERVICES AGENCY

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HEALTH SERVICES AGENCY
ADMINISTRATION

January 11,2008 **AGENDA: February 12,2008**

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

Subject: Report on Ambulance Diversions and Hospital Restricted Status

Dear Members of the Board:

On February 27,2007, your Board received a report on access to local hospital emergency departments. As your Board knows, emergency departments across the country are challenged to manage overcrowding. Our local hospitals have also been forced to divert or restrict ambulances from delivering patients to their emergency departments but the situation is improving. The purpose of this letter is to provide your Board with the most current information on local hospital diversions.

When hospital emergency departments are overwhelmed they declare themselves in restricted status within the EMS system in order to provide for the care and safety of all their patients. Code Red status reflects a temporary condition in which the Emergency Department is so busy that delivery of an additional critical patient might adversely affect the care of patients already being treated.

The Emergency Medical Care Commission regularly reviews the Hospital Restricted Status Report prepared by the Health Services Agency's Emergency Medical Services Program. The report tracks the numbers of hours during which the two local emergency departments place themselves in restricted status and the number of patients who are diverted away from the closer hospital. For 2007, the two hospitals were on Code Red for a total of 314 hours. This represents an average of three hours a week for each facility. For 2006, they were on Code Red for a total of 687 hours. The figure for 2005 was 688 hours. The number of patients diverted for 2007 was 159 or an average of three patients each week, 2006 was 242, and for 2005 it was 232. This indicates that both the hospitals are becoming very successful at managing patient flow, staffing and equipment needs, greatly reducing the impact on patients and reducing the time and distance that ambulances must travel to deliver patients to a facility.

As your Board is aware, there is still more that needs to be done to preserve local Emergency Department access. Many solutions are beyond the control of local authorities and are likely to be worsened by the State's budget crisis. Emergency Department access would be improved with increased numbers of critical care nurses,

increased specialty physician coverage, and better trauma and emergency reimbursement. Locally there are initiatives to improve access to outpatient care for patients, improve coverage for the under-insured and uninsured and to preserve hospital after-care resources such as convalescent hospitals.

It is, therefore, RECOMMENDED that your Board accept and file this report and request the HSA Director to return with an annual report on this subject in February 2009.

Sincerely,

Rama Khalsa, Ph.D.
Health Services Agency Director

RK:CB:pb

Attachment: Hospital Diversion Statistics

RECOMMENDED:

Susan A. Mauriello
County Administrative Officer

CC: County Administrative Office
County Counsel
Auditor-Controller
HSA Administration
EMCC
HIP Council

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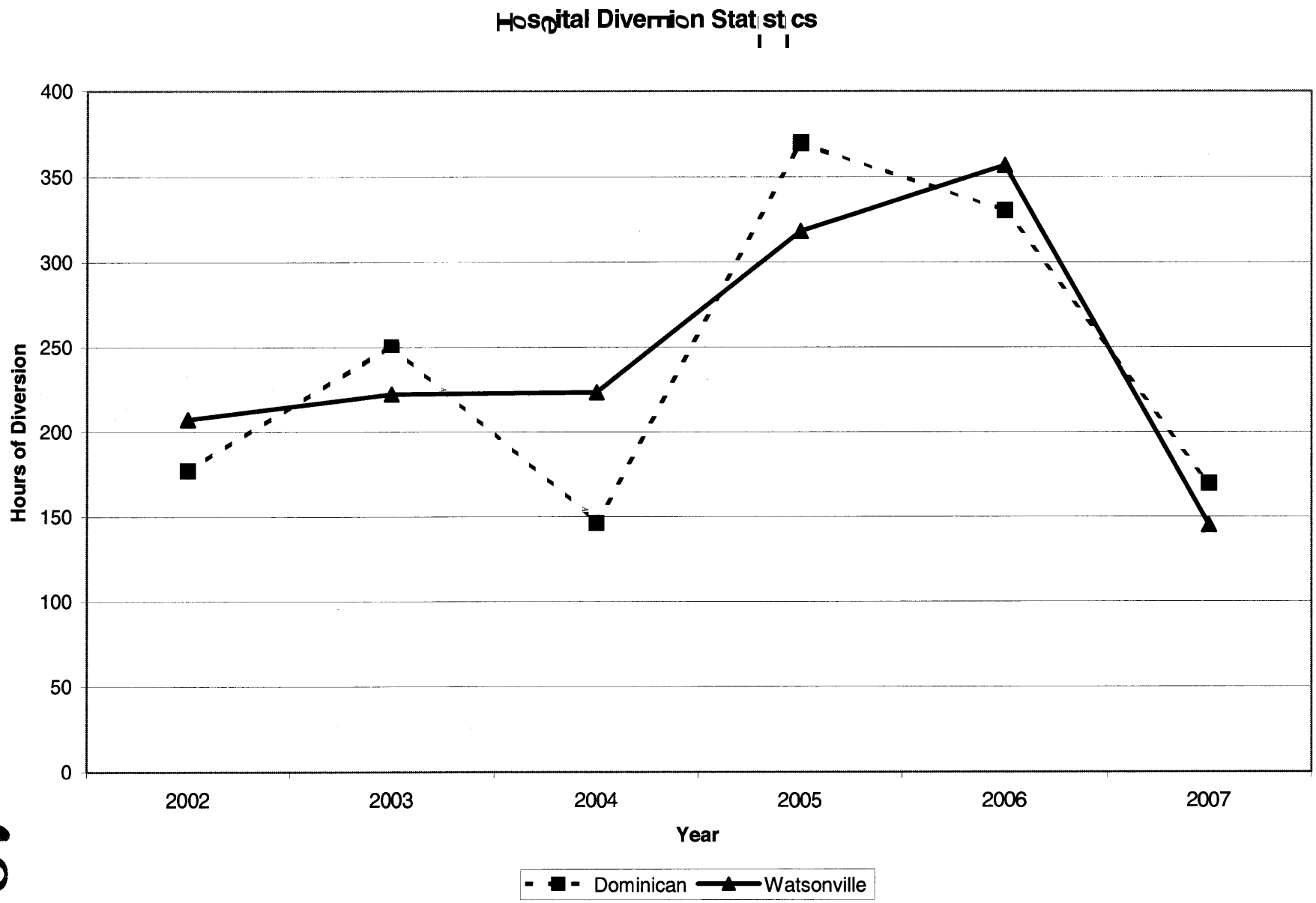
Hospital Diversion Statistics
Hours of Diversion
400
350
300
250
200
150
100
50
0
2002
2003
2004
2005
2006
2007
Year
Dominican
Watsonville