Title
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The Increasing frequency of Diversion in Los Angeles County

Steele R

Introduction: Overcrowding is a reflection of the status of the safety net, and diversion is a reflection of overcrowding. As core safety net providers it is our job to try and ensure the integrity of the safety net. In order to define the problem of overcrowding we must have objective data. The objective of this study was to analyze yearly diversion hours in a large metropolitan city and to determine if the diversion times in Los Angeles (LA) County are increasing.

Methods: This was a retrospective observational review of diversion data obtained from Redinet. Redinet is the central computer link in the LA county area used to negotiate ambulance traffic, and all diversions must be documented in Redinet. Six years of diversion data (collected on a monthly basis) were reviewed. The data collected included hours on diversion for each month, county versus private hospital and total hours on diversion/year.

Results: Diversion totals for each year (in hours) were 577 in '95, 651 in '96, 740 in '97, 883 in '98, 1,130 in '99, 1,624 in '00 out of 8,760 total hours available. The average rate of increase was 17%. There was a 281% increase in the amount of diversion time over a 6-year period. Private hospitals show an increase each year in diversion of 14%. County hospitals show an increase in diversion per year of 19%. Currently, County hospitals in LA are on Diversion 35% of the time. In the year 2000, hospitals across the board in LA County were on diversion all day 1 out every 5.4 days.

Conclusion: In LA County the "Safety Net" is progressively Unraveling with diversion times trending up each year. County Hospitals in LA are especially being affected by emergency department overcrowding with dramatically increasing diversion times. This may have substantial consequences unless measures to halt and reverse this trend are initiated.

Time, Compassion/Respect, and Thoroughness Are Important Predictors of Overall Patient Satisfaction at an Urban County ER

Braun R

Objective: To determine predictors of overall patient satisfaction (PtSat) at an urban County Emergency Department (ER) with emphasis on three specific components of medical care (Timing, Thoroughness, and Compassion/Respect).

Methods: Cross-sectional prospective study of patients (Pts) who completed treatment over six consecutive days in August 2000. Overall PtSat (a 5 question composite variable accounting for acquiescence bias) was assessed using a multilingual (English, Spanish, or Chinese) questionnaire.373 Pts completed the survey: - 55% female, mean age 42, avg. medical acuity 1.6 (3-pt scale), avg. health status 2.9 (5-pt scale), mean LOS 9.4 (+/-7.3) hours, 64% uninsured.

Results: Our findings demonstrate overall very favorable PtSat: 88% indicated that they "would recommend this ED." On a 5-pt scale, mean Overall PtSat, was 3.5 (between "good" and "very good"). Questions on "length of time" (wait, treatment, and time spent with provider) had a mean of 3.2. Questions on thoroughness/quality of care had a mean of 3.7. Finally, patients were especially pleased on avg. with their interactions with staff & providers, at a mean score of 3.9. Multivariate regression on all three components of care demonstrated significant positive correlation with Overall PtSat and a reasonably good fit, explaining just over half the variance (Adj. $R2 = .51$). A larger modeladding demographic, health, and economic factors improved fit (Adj. $R2 = .64$) and satisfaction with the three medical care components remained the strongest significant predictors (Time, B=.25, Respect, B=.20, Thoroughness, B=.17). Other positive and significant predictors included Health Status, and Age. Female gender and the Number of Previous ER Visits reduced PtSat.

Conclusions: Patients were very satisfied with patient/provider interactions in this urban emergency department and patient satisfaction did not suffer from prejudicial disparities. Satisfaction with Time is the most important predictor of ER PtSat. PtSat was only minimally affected by demographic & socioeconomic factors.