



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

TO: Hospital CEOs

FROM: Alice Bonner, PhD, RN, Director
Bureau of Health Care Safety and Quality

DATE: December 10, 2009

RE: Results of the Emergency Department Diversion and Boarding Data Collection

On January 1, 2009, the Massachusetts Department of Public Health (MDPH) instituted the first statewide ban on ambulance diversion in the country. Ambulance services may now honor diversion requests only when a hospital's status is "code black". "Code black" indicates that the emergency department (ED) is closed to all patients due to internal emergencies (examples would include fires, chemical or other hazards or flooding due to broken water mains). The Department also has a 24-hour phone number (800) 424-4666 that providers may use to discuss with MDPH whether a situation meets the definition for a "code black."

In addition to developing guidance and communicating regularly with hospitals and local EMS providers, the Department and the Boarding and Patient Flow Task Force developed and began to collect some basic data measures to help show any significant changes in ED volume and length of stay due to the no diversion policy. Another important goal of the data collection is to monitor trends over time and see if the data would be able to provide any reasons for fluctuations in ED volume over time. It is important to note that *this data does not provide comparisons between hospitals*. The data set is being used only to evaluate statewide trends and to identify potential areas of concern.

Beginning in February 2009, the Department collects three data elements from acute care hospitals on a monthly basis:

- Number of ED visits per month
- Median time from ED arrival to ED departure for admitted ED patients, in minutes
- Median time from ED arrival to ED departure for discharged ED patients, in minutes

These measures are reported to the Department on a monthly basis by acute care hospitals. The hospitals log in to the hospital capacity website to submit data. Data is due to the Department by the 15th of each month for the preceding month's data. Nearly all hospitals have been reporting regularly.

Hospitals may use either the ED registration time or the triage time (or a combination of the two) as the starting point for their data elements, as long as the individual hospital is consistent from month to month. This variation was allowed because the processes and times tracked in individual EDs vary, and the goal of the data collection is to examine aggregate trends over time, not to compare hospitals to one another.

The ED visit measure is a raw number, reflecting the total number of ED visits by hospital. These numbers show differences among hospitals strictly from a volume perspective. However, the ED size and capacity of each hospital is not reflected; meaningful conclusions cannot be drawn beyond the raw numbers.

Both of the time measures collected are median numbers, reported in minutes. Since the raw data is not submitted to the Department, statistical analyses of these measures are limited. Again, the report was not designed to compare individual hospitals, but rather to track trends in the length of stay times and identify the potential need for further examination of cause for any significant changes over time.

There are many reasons for the variation in times among hospitals and the specific factors involved cannot be determined from this data set. Hospitals have different patient populations which may impact visit times. There is no distinction between medical/surgical patients and behavioral health patients, whose time to disposition is traditionally very different. This data is not case mix adjusted.

The Department will be publishing this data on a monthly basis on its website.