



National Association of EMS Physicians®

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Position Statement: Ambulance Diversion and Emergency Department Offload Delay

The National Association of EMS Physicians® believes that:

- EMS systems, and their patients, are significantly impacted by emergency department (ED) crowding.
- Despite previous statements, no data support 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 an increase in ED offload delay, the interval between hospital arrival and transfer of the patient from the ambulance stretcher and 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 due to 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.

Approved by the NAEMSP® Board of Directors on February 15, 2011