The Sobering Unit (SUN) at McMillan in Rethinking San Francisco's Ambulance Diversion Problem

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Each day in San Francisco, nearly 700 people make visits to emergency departments at ten different hospitals. The majority of those people arrive by car, bus, taxi or on foot. Twenty percent of those individuals, however---or about 140 ED patients every day----utilize the services of the "911" or EMS for their transport. When medically necessary, they are taken from the "field" to a specialty hospital (trauma) or the nearest appropriate hospital. In other, less life threatening instances, EMS attempts to transport them to the hospital where they are assigned to receive their care

The phenomenon of ambulance "diversion" occurs when a receiving ED becomes so congested with patients that it temporarily "closes" itself to any further ambulance traffic. Because diversion forces the transport of a patient to a hospital where they are completely unknown, everyone within the system suffers: The EMS, the ED staff, the hospital and most importantly, the patient.

Ambulance diversion is exploding across the nation, the state and the region. Some hospitals in San Francisco, for example, are on divert upwards of 40% of the time, while diversion in our city has grown at an astounding rate of 50% per year over the past five years or so. In the broadest sense, diversion is a complex system problem that can be best understood by analyzing supply and demand imbalances within three interrelated settings: the pre-hospital; the ED; and the hospital.

In May of 2002, the "EMS Section" of the DPH under the leadership of Dr. John Brown appeared before the Board of Supervisors asking San Francisco's public and private healthcare leadership to convene and develop short-term and long-term strategies around a number of key drivers of diversion, including:

An analysis of EMS system activity and its relationship to the health status of city residents

Support of DPH efforts to divert substance abuse patients from acute care service, including a more detailed study of the inebriated patient's use of citywide emergency department resources

Pursuit of short-term operational enhancements to the EMS system that may assist hospitals to manage short-term capacity issues

Responding directly to Dr. Brown's request, Supervisor Gavin Newsom authored legislation that created the "SF Ambulance Diversion Task Force", a group of 15 individuals representing all the stakeholders within San Francisco's diverse and complex emergency medical delivery system. Aided by an extensive pro-bono analytical effort from the global management consulting firm of McKinsey and Co., the task force began meeting in June of this year with the specific charter of addressing city policy on two key prehospital drivers of diversion:

1. Understand the changing nature of EMS demand and information flow within EMS operations

2. Address the rising emergency medical service burden of San Francisco's chronic public inebriate population

The task force will be making its formal recommendations public in a presentation to the Board in January of 2003. However, consensus has been achieved around the successful components of a solution to our City's chronic public inebriate problem:

1. **Better understand the epidemiology of this "at risk" population**
   - Almost 30% of EMS transports in SF involve an inebriated individual
   - 25% of amublance utilizers are deemed "alcoholic" by CAGE criteria
   - Inebriated ambulance patients are NINE times as likely to be the victim of assault
2. **Develop safe field triage and transport criteria**
   - Begin with paramedic/ambulance transport to McMillan
   - Move to expanded EMT manned MAP transport model (i.e., Phoenix, Seattle, etc)
3. **Establish a sobering unit (SUN) at McMillan**
   - Medically supervised
   - 25 beds; 24/7;
   - Based upon successful protocols (Seattle, Phoenix, Denver, Portland, etc)
   - Linkage to downstream social services including supportive housing, TAP and health care referral
4. **Public and private partnership**
   - Hospitals
   - DPH, EMS, SFFD, SFPD
   - Merchants Associations
   - Foundations