

FILE NO. 011158

RESOLUTION NO. 536-01

1 [Emergency Room Diversion Task Force.]

2  
3 **Establishing an Emergency Room Diversion Task Force to be comprised of three**  
4 **working committees with the charge of making recommendations to the Mayor and the**  
5 **Board of Supervisors and setting forth the membership and duties of the task force.**

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7 WHEREAS, Frequent use of the Emergency Department reflects the urban social  
8 problems of homelessness, poverty, alcohol abuse and chronic illness; and,

9 WHEREAS, Often times, hospital emergency departments because of their inability to  
10 serve all clients that are transported to the emergency room will go into what is known as  
11 diversion; and

12 WHEREAS, Diversion is the practice of redirecting an ambulance away from a  
13 hospital's emergency department and has become a well documented national phenomena;  
14 and,

15 WHEREAS, The underlying causes for diversion, and hospital and emergency  
16 department overcrowding include: Increased complexity and acuity of patients presenting to  
17 emergency departments; overall, increase in patient volume; lack of beds for patients  
18 admitted to hospitals; and shortage of physical plant space within the emergency department;  
19 and,

20 WHEREAS, Diversion prevents patients from reaching their hospital of choice, and  
21 slows the inflow of patients and redistributes them to hospitals of choice; and,

22 WHEREAS, Diversion may be one strategy to cope with the temporary mismatches of  
23 demand for emergency care and supply of emergency care treatment capacity, however, it  
24 does nothing to improve the outflow of patients from a hospital; and.

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1           WHEREAS, A total of 20.5% of all San Francisco General Hospital visits from 1993 to  
2 1998 were made by 3.9% of their patients and were more likely to be seen for alcohol  
3 dependence, intoxication and withdrawals; and

4           WHEREAS, Public emergency departments could refer large numbers of patients to  
5 appointments at primary care facilities if the availability and coordination of primary care  
6 services were enhanced for low-income populations, particularly the uninsured; and,

7           WHEREAS, The absence of a relationship with a regular doctor was correlated with the  
8 use of the Emergency Department for selected non-urgent conditions; maintaining a  
9 relationship with a regular physician may reduced non-urgent use of the Emergency  
10 Department;

11           WHEREAS, On May 22<sup>nd</sup>, 2001, the Public Health and Environment Committee held a  
12 hearing to discern the increase in emergency room admissions and what measures could be  
13 taken to accommodate need while reducing the number of admission if possible, and to  
14 explore the issue of diversion management; and,

15           WHEREAS, several key solutions were raised by members of the public concerning the  
16 health needs of San Francisco residents, specifically mitigating the practice of hospital  
17 emergency departments going into diversion; and,

18           WHEREAS, That the City and County of San Francisco Board of Supervisors  
19 encourages the establishment of public and private healthcare leadership to convene in order  
20 to discuss and develop short-term and long-term strategies to improve hospital capacity and  
21 utilization in order to meet the health needs of all San Francisco residents; now, therefore, be  
22 it

23           RESOLVED, That the Board of Supervisors of the City and County of San Francisco  
24 hereby creates an advisory task force which shall be called the Emergency Room Diversion  
25 Task Force; and, be it

1 FURTHER RESOLVED, That the Task Force shall include:

- 2 • One (1) Emergency Room Physician from a Non-Profit Health Maintenance ,
- 3 • One (1) Emergency Room Physician from the Emergency Physicians Association,
- 4 • One (1) Emergency Room Physician from the San Francisco General Hospital,
- 5 • Two (2) Nurse Managers from a Community Hospital,
- 6 • One (1) Primary Care Specialist Physician from the San Francisco General
- 7 Hospital,
- 8 • One (1) representative of the Hospital Council,
- 9 • One (1) representative of the San Francisco Medical Society,
- 10 • One (1) Director of the Population, Health and Prevention Unit in the Department of
- 11 Public Health,
- 12 • One (1) representative of the San Francisco Police Department,
- 13 • One (1) representative of the San Francisco Fire Department,
- 14 • Two (2) representatives of a Community Based Organization that serves the
- 15 homeless and/or uninsured population; and,
- 16 • One (1) representative of the Community Substance Abuse Services; and be it

Two representatives of labor

17 FURTHER RESOLVED, That the Task Force shall be charged with making policy  
18 recommendations that address the current emergency room diversion crisis, and will include  
19 the following three committees:

- 20 A. Intermediary Care Facilities
- 21 B. Diversion Policies
- 22 C. Primary Care needs of the Uninsured; and, be it

23 FURTHER RESOLVED, That the task force should address the following three areas  
24 of concern in addition to any further issues that may arise in the future:

- 25 A. Intermediary Care Facilities

5/25/01  
L.w.

1. What are the trends in the use of the City's Emergency Departments by intoxicated patients?
2. What current models are being used by the City or other Cities to mitigate the problem?
3. How , if at all, would the creation of an Intermediary Care Facility alleviate emergency department crowding?

B. Diversion Policies

1. What current policies are being implemented to address hospital diversion?
2. What have been some of the recent policy changes needed to address the escalation of diversion rates?
3. How do San Francisco's rates compare to similar cities across the state and national rates?
4. How have the diversion rates changed over the past five years? Ten years?

C. Primary Care Needs of the Uninsured

1. What is the City's stance on expanding primary care coverage as a method of lowering the impact of overcrowding in emergency departments?
2. What specifically is the City doing to ensure that every San Franciscan is linked to a primary care provider? and, be it

FURTHER RESOLVED, That the membership of each committees shall be comprised of three to four persons in each committee; and, be it

FURTHER RESOLVED, That each committee will convene for three months and issue a comprehensive set of policy recommendations detailing any progress in the three focus areas ninety days after its formation; and, be it

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FURTHER RESOLVED, That after the lapse of three months, the Board of Supervisors will determine whether to continue the Task Force for an additional period of time, or whether to sunset the Task Force.



# City and County of San Francisco

City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689

## Tails

## Resolution

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**File Number:** 011158

**Date Passed:**

Resolution establishing an Emergency Room Diversion Task Force to be comprised of three working committees with the charge of making recommendations to the Mayor and the Board of Supervisors and setting forth the membership and duties of the task force.

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June 25, 2001 Board of Supervisors — AMENDED

June 25, 2001 Board of Supervisors — ADOPTED AS AMENDED

Ayes: 8 - Ammiano, Daly, Gonzalez, Hall, Leno, Maxwell, McGoldrick, Peskin

Absent: 3 - Newsom, Sandoval, Yee

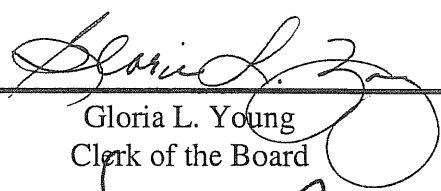
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I hereby certify that the foregoing Resolution was ADOPTED AS AMENDED on June 25, 2001 by the Board of Supervisors of the City and County of San Francisco.

JUL 06 2001

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Date Approved

  
Gloria L. Young  
Clerk of the Board

  
Mayor Willie L. Brown Jr.