

Retrospective Review of Ambulance Transport Data from Lehigh Valley Sites

Rachael E. Broder

Ryan M. Hay

Lehigh Valley Health Network, ryan_m.hay@lvhn.org

Daryl George

Lehigh Valley Health Network, daryl_r.george@lvhn.org

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Published In/Presented At

Broder, R., Hay, R., George, D., (2018, 3, August) *Retrospective Review of Ambulance Transport Data from Lehigh Valley Sites*. Poster presented at LVHN Research Scholars Program Poster Session, Lehigh Valley Health Network, Allentown, PA.

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Rachael E. Broder, Ryan M. Hay RN, Daryl George
Lehigh Valley Health Network, Allentown, Pennsylvania

Introduction

- The ability to transport patients is key in providing quality patient care and ensuring efficient flow through the healthcare system
- Lehigh Valley Health Network provides transportation for patients requiring medical and/or wheelchair assistance through Cetronia Ambulance Corps Inc.
- **Purpose:** By understanding ambulance transport demand, we can better ensure efficient patient transportation and avoid delays in patient discharge and thus patient care, especially in the Emergency Department (ED)

Methods

Call volume reports were provided by Cetronia for January-March, July-December 2017, and January-June 2018 excluding February

Reports were broken down by month, ordering facility, day and time the call was placed, and the type of call

All day and time reports and all call type reports were summed together using Microsoft Excel to create two master sheets including all data from the 14-month period

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Results

- Call volume is highest on weekdays, especially Wednesdays, Thursdays, & Fridays
- Call volume is significantly lower on weekends
- Peak call time occurs between 12:00 and 16:00 with low call volume between 20:00 and 9:00
- Most calls are Basic Life Support (BLS) or wheelchair calls with significantly fewer Advanced Life Support (ALS) and ambulette calls

Discussion

- Delay in patient transportation/discharge can be avoided by having more vehicles available during peak demand times
- Discharging patients earlier in the morning when call volume is lower will decrease patient wait time and free up inpatient beds
- Increasing available inpatient beds will help decrease overcrowding in the ED
- Limitations:
 - Data from April - June 2017 and February 2018 were unavailable

References: 1. Olshaker, J. S., MD, & Rathlev, N. K. (2006). Emergency department overcrowding and ambulance diversion: the impact and potential solutions of extended boarding of admitted patients in the emergency department. *The Journal of Emergency Medicine*, 30 (3). 351-356.

