

FORM **NHAMCS-904**
(9-26-2003)U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics**NOTICE** - Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDA/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0278).**EMERGENCY SERVICE AREA (ESA)
AMBULANCE DIVERSION LOG
National Hospital Ambulatory
Medical Care Survey
2004 Panel****Assurance of confidentiality** - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).**BACKGROUND INFORMATION - To be Completed by Field Representative**

1. Hospital name		2. Hospital number	
<i>IF MORE THAN ONE ESA, THEN ENTER -</i>			
3. ESA name		4. Ambulatory Unit number _____ of _____	
5. ESA contact name		6. ESA contact telephone	Area code Number

CENSUS CONTACT

1. Name		2. Telephone	Area code Number
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**FR
VERIFY**

- 1 No diversion occurred during reporting period
 2 Log maintained for entire reporting period
 3 Log **NOT** maintained for entire reporting period

Total number of diversions **INTRODUCTION**

In order to formulate health policy on ED overcrowding, it is important to collect national data on ambulance diversion.

U S C E N S U S B U R E A U

AMBULANCE DIVERSION LOG

Hospital Number

Ambulatory Unit Number

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- For WHO ORDERED THE DIVERSION - Mark (X) all numbers from the list that apply.

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Start <input type="text"/> / <input type="text"/> End <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/> 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM 3 <input type="checkbox"/> Military	<input type="text"/> : <input type="text"/> : <input type="text"/> 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM 3 <input type="checkbox"/> Military	1 <input type="checkbox"/> High number of ED patients 2 <input type="checkbox"/> Complexity of ED cases 3 <input type="checkbox"/> No appropriate in-patient beds 7 <input type="checkbox"/> Other – <i>Specify</i> _____	4 <input type="checkbox"/> ED staffing shortage 5 <input type="checkbox"/> Hospital staffing shortage 6 <input type="checkbox"/> Equipment failure	1 <input type="checkbox"/> ED or ESA nursing staff 2 <input type="checkbox"/> ED or ESA medical director 3 <input type="checkbox"/> Hospital administrator 4 <input type="checkbox"/> Other
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AMBULANCE DIVERSION LOG

Hospital Number

Ambulatory Unit Number

INSTRUCTION - For the reporting period / / 01 to / / 04, record the following information for EACH time that your emergency department (ED) or emergency services area (ESA) is less than fully open to receive ambulance patients.

- For REASON - Mark (X) all numbers from the list that apply.
- For WHO ORDERED THE DIVERSION - Mark (X) all numbers from the list that apply.

Date Month/Day (1)	Time for diversion		Reason for diversion Mark (X) all that apply. (4)		Who ordered diversion Mark (X) all that apply. (5)
	Starting (2)	Ending (3)			
Start <input type="text"/> / <input type="text"/> End <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <ul style="list-style-type: none"> <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Military 	<input type="text"/> : <input type="text"/> <ul style="list-style-type: none"> <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Military 	1 <input type="checkbox"/> High number of ED patients 2 <input type="checkbox"/> Complexity of ED cases 3 <input type="checkbox"/> No appropriate in-patient beds 7 <input type="checkbox"/> Other - Specify _____ _____	4 <input type="checkbox"/> ED staffing shortage 5 <input type="checkbox"/> Hospital staffing shortage 6 <input type="checkbox"/> Equipment failure	1 <input type="checkbox"/> ED or ESA nursing staff 2 <input type="checkbox"/> ED or ESA medical director 3 <input type="checkbox"/> Hospital administrator 4 <input type="checkbox"/> Other
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AMBULANCE DIVERSION LOG

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Start <input type="text"/> / <input type="text"/> End <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/> 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM 3 <input type="checkbox"/> Military	<input type="text"/> : <input type="text"/> : <input type="text"/> 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM 3 <input type="checkbox"/> Military	1 <input type="checkbox"/> High number of ED patients 2 <input type="checkbox"/> Complexity of ED cases 3 <input type="checkbox"/> No appropriate in-patient beds 7 <input type="checkbox"/> Other – Specify _____	4 <input type="checkbox"/> ED staffing shortage 5 <input type="checkbox"/> Hospital staffing shortage 6 <input type="checkbox"/> Equipment failure	1 <input type="checkbox"/> ED or ESA nursing staff 2 <input type="checkbox"/> ED or ESA medical director 3 <input type="checkbox"/> Hospital administrator 4 <input type="checkbox"/> Other
Start <input type="text"/> / <input type="text"/> End <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/> 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM 3 <input type="checkbox"/> Military	<input type="text"/> : <input type="text"/> : <input type="text"/> 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM 3 <input type="checkbox"/> Military	1 <input type="checkbox"/> High number of ED patients 2 <input type="checkbox"/> Complexity of ED cases 3 <input type="checkbox"/> No appropriate in-patient beds 7 <input type="checkbox"/> Other – Specify _____	4 <input type="checkbox"/> ED staffing shortage 5 <input type="checkbox"/> Hospital staffing shortage 6 <input type="checkbox"/> Equipment failure	1 <input type="checkbox"/> ED or ESA nursing staff 2 <input type="checkbox"/> ED or ESA medical director 3 <input type="checkbox"/> Hospital administrator 4 <input type="checkbox"/> Other