CJEM *Debate Series*

CJEM Debate Series: #EDRedirection – Redirecting low acuity patients away from the emergency department: Time to act or a dangerous direction?

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INTRODUCTION

Paul Atkinson (@eccucourse)

The #CJEMDebate series of editorials provides CJEM readers with an opportunity to hear differing perspectives on topics pertinent to the practice of emergency medicine. The debaters have been allocated opposing arguments on topics where there is some controversy or perhaps scientific equipoise. Until now, we have combined both sides of each argument into a single publication. For this debate, on the topic of emergency department (ED) redirection for low acuity patients, we are providing each group of authors with the independence of separate articles, although they have been able to review each other's arguments before publication.

As our emergency departments fill to the point of overflowing, many physicians and administrators have made calls for low acuity or nonemergency patients to be diverted away from the ED to "more appropriate" locations and services. Is such proposed diversion safe? Is it ethical? And will it actually result in decreased pressure on overcrowded EDs? Or provide better outcomes for this group of patients?

Simon Berthelot, an emergency physician and researcher at the Université Laval, Quebec, leads the argument that redirection from the ED is essential and safe for selected patients,[1] while the team led by Dr. Brian Rowe of the University of Alberta, argues that redirection is not the answer we are looking for to solve our crowding issues, or to provide better care for ED patients.

Perhaps the optimal solution embraces principles outlined in each side of the debate? We have a responsibility to provide care for those who present to our EDs, while at the same time advocating for system changes and action from our community and inpatient partners to enable the provision of non-emergency unscheduled care in an appropriate setting. Utilizing the lessons learned from COVID-19 around community clinics, partnerships with other healthcare professionals, and increased use of telemedicine may all play a part in the solution. Until these are in place, the debate will continue. *Readers can follow the debate on Twitter and vote for either perspective, by going to @CJEMonline or by searching #CJEMdebate and #EDRedirection.*

Keywords: Crowding, diversion, emergency medicine

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REFERENCES

1. Berthelot S, Lang E, Messier A. #EDRedirection – Redirecting low acuity patients away from the emergency department: an imperative for appropriateness and integration. *CJEM* 2020;22(5):638–640.
2. Rowe B, Ovens H, Schull M. #EDRedirection – Efforts to divert patients from the emergency department – stop blaming the patients! An argument against redirection. *CJEM* 2020;22 (5):641–643.

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