among other things, records patient outcomes, such as discharge or death.

The outcome measure used was death. (Deaths were those deaths that occurred at any stage while the patient was in hospital, from the ED to the wards.)

In this retrospective data-linkage study, data were analysed using SAS version 9.1 (SAS Institute, Cary, NC, USA). A negative binomial model was used because it is equivalent to the Poisson model. However, the Poisson model assumes that the variance and means are the same, whereas the negative binomial model does not make that assumption. Fit was assessed using deviance and \( \chi^2 \) tests.

**RESULTS**

There were 297 episodes of ambulance diversion in 2003. Paradoxically, the results show a statistically significant 28% reduction in patient mortality for patients attending the ED during periods of ambulance diversion (Box).

**DISCUSSION**

Patient safety, as measured by eventual mortality, appears to be positively enhanced by ambulance diversion. That clinical staff are able to meet the clinical and safety needs of their patients during ambulance diversion has profound implications.

From my data, it is possible to calculate the number of lives saved by ambulance diversion. The difference in mortality (1.87% minus 1.34%) is 0.53%, which is equivalent to 29 of the 5445 patients; extrapolating this to an annual figure (0.53% of the 43% admissions of 51 885 annual attendances) means about 118 lives saved per year at our hospital alone. Nationally, there are about 4 million ED attendances per year. Assuming a national admission rate of 30%, there is potential for ambulance diversion to save 6360 lives a year in Australia.

It is recommended that, to realise these safety gains, health authorities should steadily increase the prevalence of ambulance diversion. Further research is needed to examine the effect on mortality of increasing access block. As there is an almost linear correlation between access block and ambulance diversion, it is likely that increasing access block to 100% might result in three times as many lives saved.

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**COMPETING INTERESTS**

I have prayed to St Jude, the patron saint of lost causes, for more hospital beds.

**REFERENCES**


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**SNAPSHOT**

A 25-year-old woman with clinical depression was referred with vague epigastric pain and early satiety after meals for 6 months. Abdominal examination revealed an indentable J-shaped mass in the epigastrium. A barium meal examination was subsequently carried out.

The image shows a whorled, stippled mass occupying the stomach, forming a ‘J’ shape. The most likely diagnosis was a trichobezoar. Bezoars are of different kinds and commonly include hair (trichobezoar), vegetable fibres (phytobezoar) or medications (pharmacobezoar). About 90% of bezoars are encountered in women, and about 10% of these patients have a psychiatric disorder.

The patient underwent exploratory laparotomy with gastrostomy and removal of a large hairball, which had an extension into the duodenum.

Guneesh Dadayal,* Dipesh D Duttaroy,† Sashidhar Yeluri‡

*House Officer in Surgery, †Associate Professor in Surgery, ‡Resident in Surgery, Department of General Surgery, SSG Hospital and Medical College, Baroda, Gujarat, India
doc_sashi@yahoo.co.uk