

Mitigating Emergency Department Overcrowding

Question: Are there means to lessen emergency department wait times that are a result of overcrowding?

Domains: Leadership and Organizational Management, Individual and Organizational Behavior, Performance Measures and Improvement

Method of Research/Model: Literature Review/ Donabedian Model and Kissick's Triangle

Assumptions:

Overview:

The cause of ED overcrowding in the United States can be seen as a two-fold issue: 1) the decreasing number of EDs and 2) the increasing number of visits per person. The combination of these two issues has contributed to widespread overcrowding reported as an issue by 90% of hospital directors in the United States. This statistic suggests that nearly every state, if not all states, deal with overcrowding as an issue (Lobachova, et al., 2014).

While the number of emergency visits has increased year over year, many emergency departments are closing and there is a decrease in the number of primary care providers available to patients. Mitigation methods discussed include: increasing both the facility and staff size of EDs, formalizing new roles for senior nurses - focusing on patient flow and treatment, utilizing bed space for flexible purposes, and the complete re-envisioning of ED processes. The results of the research show that while each method can lessen wait times, it will be a combination of several interventions that will really affect ED overcrowding, lessen patient wait and increase staff and patient satisfaction.

Proposed COA:

The understanding the causes of overcrowding is just the beginning, the next stage is exploring ways to mitigate. Fortunately, many studies have been conducted in methods to ease the problem of overcrowding and subsequent increased wait times. Many of these studies have also shown that while one change can help relieve the problem substantially, making several changes – or, in the case of one example, boldly re-envisioning ED care - will really solve the problem (Asha & Ajami, 2014).

Findings:

Emergency departments are a significant part of the hospital and its processes – producing 50% of all inpatient admissions, significantly contributing to revenue. However, overcrowding and excessive wait times inhibit an ED's ability to effectively and efficiently manage patient flow. To mitigate the increase in patients seeking care in the ED, the hospital's administrators and ED staff need to work together to find appropriate solutions to the unique challenges found at each

facility. The only common element among successful approaches appears to be a requirement to implement multifaceted approaches and perform continuous reassessment. Each method can bring positives to the table, such as more space, more flexibility, or more efficiency, but, each is only a small method for change. It will take more study and more evidence based practice to truly cure the problem of overcrowding. In addition, the causes behind the problem: lack of insurance, lack of primary care providers, and a decreasing number of EDs, will need to be addressed on a national basis.

Lessons Learned:

Applying the Donabedian Model of Structure-Process-Outcome, we saw that changing the structure of an emergency department can help mitigate overcrowding, by improving patient flow and developing new processes of team coordination and empowerment can also lessen waiting times. Measureable outcomes were seen in each new change with decreased waiting times and improved patient satisfaction.

When looking at Kissick's Triangle of cost, quality and access, we can see that the emergency department is a common source of access for both the insured and uninsured and with the implementation of the ACA, there may be a an increase in emergency department visits due to the lack of primary care providers in the country. This increases the cost of healthcare, since emergency department visits are some of the most expensive visits and and can therefore lead to lower quality healthcare.

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