Emergency department (ED) overcrowding hinders the delivery of emergent care in ED’s across the nation. For example, 90 percent of California’s emergency facilities experience overcrowding.

An ED’s overcrowding can create a myriad of problems — from an increase in wait times to a decline in the quality of care being given to patients in need. In a recent e-survey from the Healthcare Intelligence Network (HIN), 73 healthcare professionals told us how they are responding to ED overcrowding and its effect on their organizations.

Nearly three-fourths — 71.2 percent — of the respondents to HIN’s e-survey said that ED overcrowding does present a problem for their organizations, and to that end, 43 respondents said their organizations have specific programs in place to reduce ED overcrowding. Of those that do not have specific programs in place, 44 percent plan to implement such programs over the next 12 months.

Among responding organizations who have not implemented programs to reduce ED overcrowding, nor have no plans to do so in the near future, cost and time were noted as the greatest barriers to doing so.

What factors account for the overcrowding that EDs are currently experiencing?

Among the top factors are:

✓ More care requests for non-emergent medical issues (19 respondents)
✓ Insufficient access to primary care services (17 respondents)
✓ Growing numbers of uninsured patients (14 respondents)
✓ Patient wait times (14 respondents)

Strategies That Work

According to survey results, a streamlined evaluation or registration process ranked as the number one strategy responding organizations — 58.1 percent — have implemented to reduce ED overcrowding. Other strategies included creating “non-urgent” fast tracks for ED visits where appropriate (45.2 percent), patient flow teams (38.7 percent), electronic health records (EHR) use (38.7 percent) and opening alternative facilities such as urgent care or walk-in centers. (For a complete listing of programs and strategies implemented to reduce ED overcrowding, see Figure 1 on page 2.)

Of these programs implemented to reduce ED overcrowding, patient flow teams was reported to be the most effective strategy by 24.1 percent of the 29 organizations who responded to this question.
Challenges Created by Overcrowding
The biggest challenge ED overcrowding created for responding organizations was capacity issues, as noted by 16 respondents. Other reported challenges related to overcrowding include:

- Admission/discharge processes (13 respondents);
- Triage processes (12 respondents);
- Patient safety (10 respondents); and
- Reimbursement (9 respondents).

Organizations who did implement programs to tackle ED overcrowding also faced their share of challenges. One physician organization noted that they faced resistance to change from the nursing staff, while a responding hospital similarly notes that the influence of doctors and nurses was a challenge as well; and still another responding hospital noted “resistance by doctors to bringing patients to a room when they do not have time to see them at the moment” as the greatest challenge their organization faced.

Cost concerns also created challenges for many responding organizations, specifically for one healthcare provider, who said their greatest challenge was getting the “funds to recruit, hire and train extra staff to perform ‘concierge’ services, marketing them and attempting to stay ‘budget-neutral’ in the process.”

Overcoming Obstacles
While some organizations are still struggling with these challenges, others

![How Respondents Are Reducing ED Overcrowding](image_url)

Source: January 2009 HIN e-survey on ED overcrowding

Disclaimer: HIN survey results are not based on a scientific sampling but on the number of responses to the HIN monthly online survey at [http://www.hin.com](http://www.hin.com).
are taking action to overcome them. To influence doctors and nurses, the hospital respondent is literally showing them the money — the financial impact ED revenue would have on the hospital.

The funding-challenged healthcare provider overcame its organization’s challenges and noted that, “Providers and managers, led by a staff organizational psychologist, created an enhanced “Throughput Improvement Process” that evaluated all aspects of the treatment process and made modifications to it — and a ‘budget-neutral’ caveat was placed on hiring additional individuals in most instances.”

One responding hospital said that for them, overcrowding is a question of timing:

“Overcrowding is a timing issue. For large parts of the day the staff is adequate to the demand. It is not financially feasible, however, to add more staff just for the peak periods. You try to staff so that your slow periods are not too financially burdensome and your peak periods are not unworkable. Inevitably you get long waits. We are trying to organize to make the waiting periods as short as possible. Different M.D. skills also enter the picture. Some doctors are just faster than others.”

A consultant on the board of regional coalition of insurers and employers calls for consumer guidelines for ED use, and, in light of the current economic situation, a case management organization wisely notes that “this problem is only going to become more challenging with the increase in unemployment.”
Hospital & ED Overcrowding

Of the 14 hospital organizations that responded to this e-survey, 85.7 percent see ED overcrowding as a problem, and 100 percent have implemented programs or strategies to reduce overcrowding and its effects on their organization. The programs they have implemented have had positive effects on these organizations, among them reducing “door to doc” times, beginning evaluation and treatment earlier and using space and time more efficiently.

One hospital respondent noted that enlisting primary care providers (PCPs) in education efforts was key in combating their issue of ED overcrowding.

“Encouraging primary care providers to see their own patients and establish rapport makes the trust increase, and if they are addressing routine issues, the patients are not as likely to be in the ER for non-emergent issues.”

Related Resources

With 6 percent of all ED visits related to mental health issues and wait times for these patients ranging from eight to 24 hours, a dedicated psychiatric ED would appear to be the ideal solution. But as two ED veterans relate in *Emergency Room Triage of the Mental Health Patient: Pilot Projects in Reducing ER Diversion*, backup plans are necessary to manage the flow of behavioral health patients in the ED.

In this 35-page special report, Julie Szempruch, associate vice president and chief nursing officer for the Midtown Mental Health Center, part of Wishard Health Services in Indiana, describes how Midtown’s dedicated seven-bed psychiatric ED initially was sufficient to handle patients presenting with mental health issues. But when regional developments caused patient demand to exceed the unit’s capacity, further triage strategies were required. Szempruch explains how the community mental health center’s system-wide daily conference call helps to balance work and patient flow across 23 programs, encourages creative problem-solving and dramatically reduces staff time spent on diversion of psychiatric ED patients to other facilities from more than a week each month to just over a day.

East Jefferson General Hospital in Louisiana had plans for a separate psychiatric ED. But when the ROI analysis for the non-profit community hospital’s separate facility didn’t hold up, the multidisciplinary team at the state’s first magnet hospital went back to the drawing board. Plan B was the placement of a psychiatric nurse in Jefferson’s ED. Joe Eppling, assistant vice president of post acute and behavioral health services at East Jefferson, describes the objectives of the pilot program, its impact on hospital admits, discharges and resource allocation, and its effect on ED staff satisfaction and morale. For more information, please visit: [http://store.hin.com/product.asp?itemid=3849](http://store.hin.com/product.asp?itemid=3849).