A long wait

Many hospitals neglect practices that help to combat ER overcrowding, study finds

By Michelle Andrews

New study finds that many of the busiest facilities have yet to adopt several well-regarded measures to reduce the wait and minimize delays.

The study, published in the journal Health Affairs this month, measured overcrowding in emergency departments and then divided hospitals into quartiles from least to most crowded. In 2010, half of patients in the least crowded quartile of emergency departments spent less than 93 minutes there, while in the most crowded quartile of EDs half of patients had a length of stay of more than 160 minutes.

Overcrowding in the emergency department can lead to worse outcomes for patients, including more complications — especially for cardiovascular patients — and higher mortality rates.

The study examined hospital implementation of 17 practices to reduce crowding in emergency departments and counted how many of the practices hospitals adopted from 2007 to 2010.

The data came from the National Hospital Ambulatory Medical Care Survey, an annual survey that includes approximately 36,000 hospital-based emergency department visits.

The interventions included separating patients with minor problems from those more seriously harmed to improve workflow, computer-assisted triage systems and hospital protocols to move admitted patients out of the emergency department to inpatient areas to await room assignment rather than “boarding” them in the emergency department.

During the study period, the number of measures that hospitals put in place to reduce crowding grew by 25 percent, on average. In addition, more crowded emergency departments generally adopted more interventions than did less crowded ones. But among the emergency departments in the most crowded grouping, significant numbers didn’t adopt effective interventions, the study found.

Hospitals might balk at some of the measures that require an investment in technology, such as radio frequency identification that tags patients so they can be tracked through the emergency department, says Dr. Leah Honigman Warner, the study’s lead author and an attending emergency physician at Long Island Jewish Medical Center in New Hyde Park, New York. Another intervention — scheduling elective surgeries every day, including weekends, that can ease emergency department access to patient beds when necessary — requires a change in hospital operations, Warner says.

But those details don’t explain why the most crowded emergency departments adopted fewer than half of the interventions studied, Warner says. For example, in 2010 just 38 percent of the emergency departments in the most crowded quartile adopted “full-capacity protocols” in which admitted patients are boarded in inpatient areas rather than the emergency department.

Overall, 46 percent of all hospitals had those practices in place in 2010. “It’s much easier to implement (full-capacity protocols) than changing the surgical schedule,” she says.

It can be easy to overlook crowding in the emergency department, in part because it’s so common, Warner says. The study shows there’s a lot of work to be done.

“It is reassuring that a lot of these hospitals have a rise in adopting these interventions. But in the most crowded hospitals, they’re not even doing half of the things they could do to reduce overcrowding.”