



Public Health
Preparedness

A RAND HEALTH INITIATIVE

National Perspectives on Emergency Department Crowding

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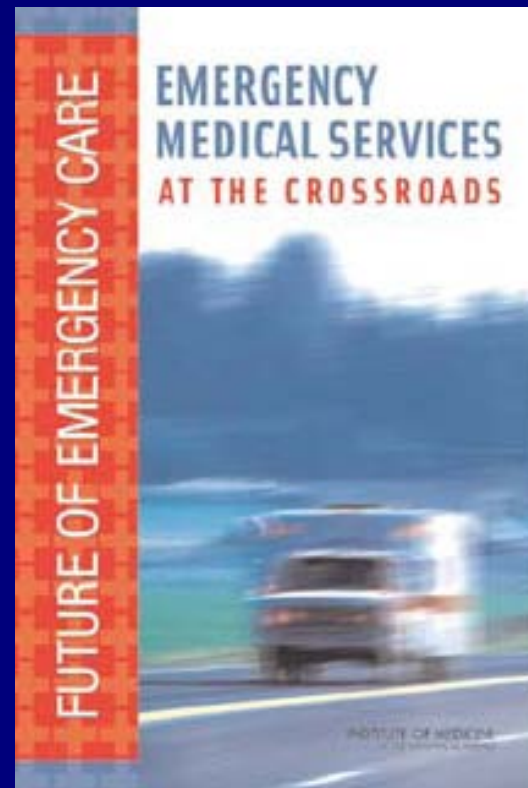
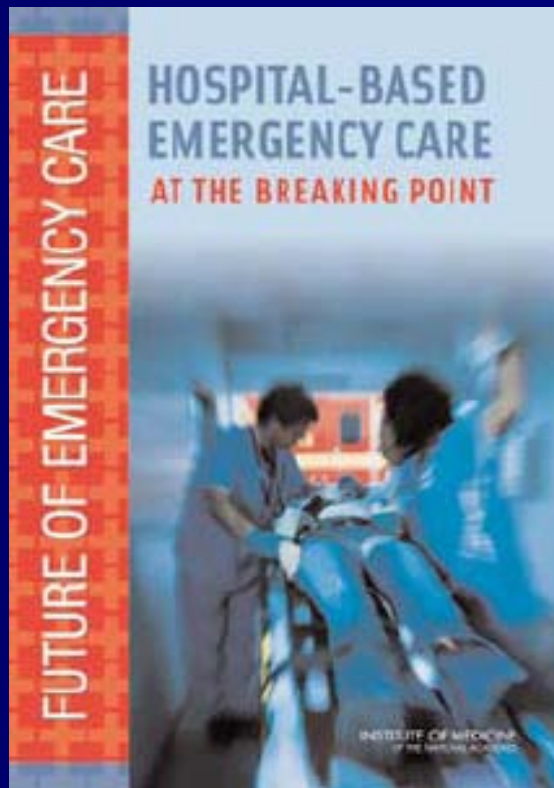
Paul O'Neill Professor in Policy Analysis

Disclaimer:

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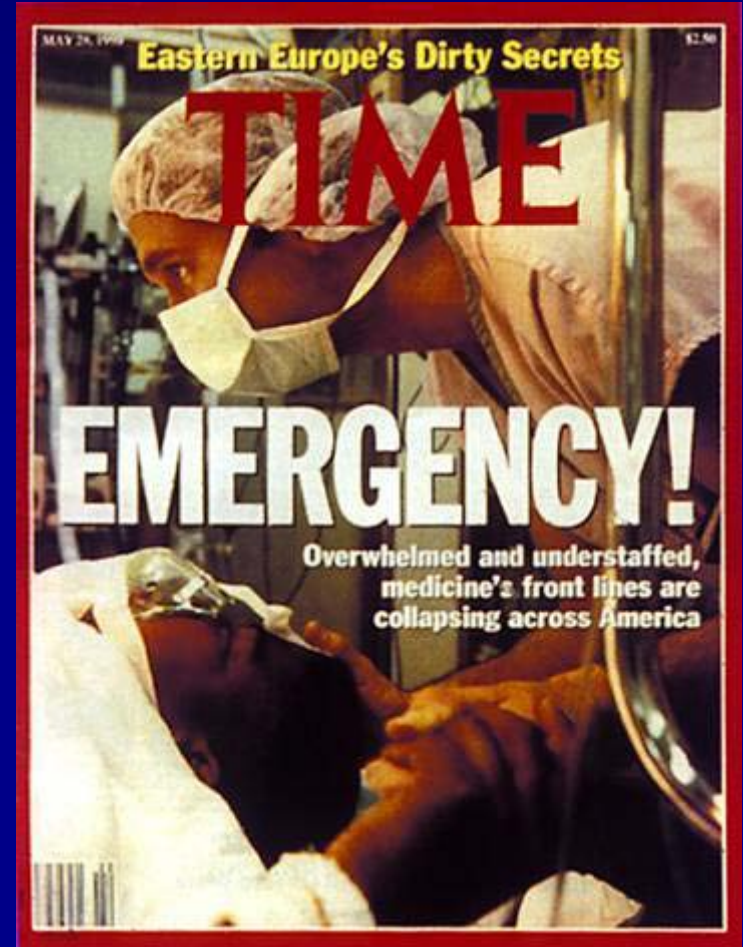


IOM Reports: The Future of Emergency Care



An Essential Community Service

- ERs are the “front lines” of our health care system
- Key components
 - EMS
 - Trauma Centers
 - Poison control
 - Disaster response
 - Public health



A Key Access Point to Care

- ERs handle:
 - 10% of all outpatient encounters
 - 38% of all acute-care visits
 - Nearly all after-hours and weekend visits
 - Entry point for half of all hospital admissions
- Use growing at twice population growth



Emergency Care System

EMS Care:

- Initial stabilization
- Transport



ER Care:

- Triage
- Stabilization
- Disposition



Hospital-based Care:

- General
- Pediatric
- Trauma



“Access Block”

- ED parking
- Rolling blackouts
- No unit available



- ED boarding
- ED crowding
- EMS diverts



- On-call crisis
- ICUs at capacity
- ↓ Nurses



Hospital Challenges

- 1/2 of U.S. hospitals are severely crowded; 2/3rds in urban areas
- Growing # of specialists unwilling to take ER call
- Many ER admits face long waits for a bed
- Hospitals annually divert 1/2 million ambulances



Demand vs. Supply: 1993 - 2003

Population
↑12%

Hospitals
↓703

Admissions
↑13%

EDs
↓425

ED visits
↑26%

Inpt Beds
↓198,000

Form Follows Finance

- Elective admits get priority, because they pay higher margins and keeps referring MDs happy
- OR “Block time” keeps surgeons happy
- “Boarding admissions keeps ward nurses happy
- “2 admissions for the price of one” keeps administrators happy



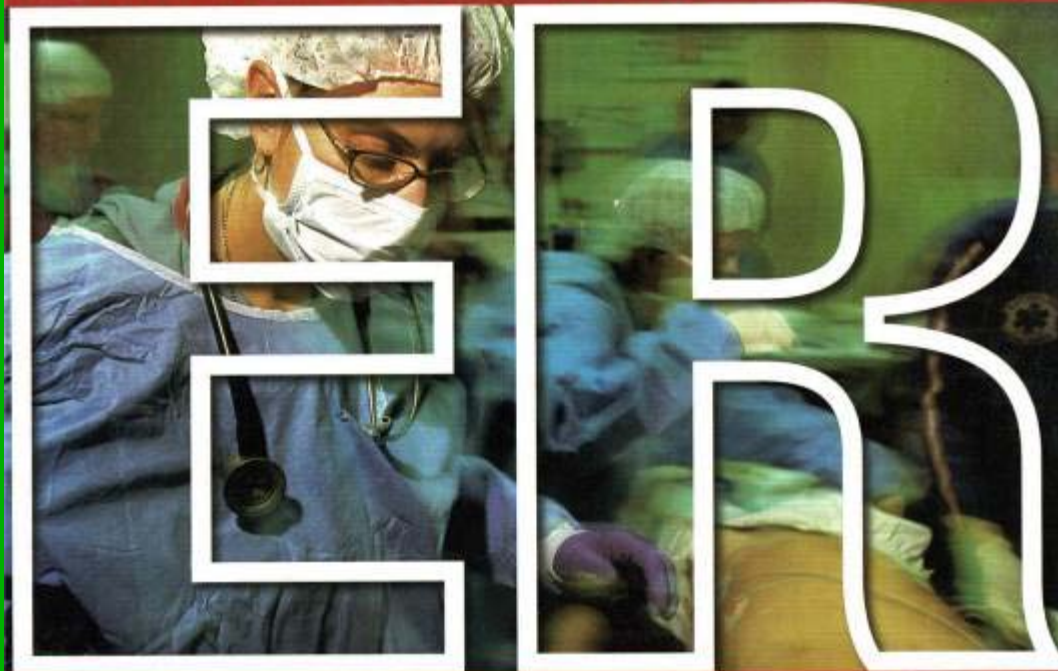


U.S. News & WORLD REPORT

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CRISIS IN THE



**Turnaways and huge
delays are a surefire
recipe for disaster.
What you can do**



Nine Years Later...





HEALTH