National Perspectives on Emergency Department Crowding

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Disclaimer:
These views do not necessarily represent those of the RAND Corp. or my previous employer, Emory University
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
- \( \downarrow \) 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 ½ million ambulances
Demand vs. Supply: 1993 - 2003

Population ↑12%
Admissions ↑13%
ED visits ↑26%

Hospitals ↓703
EDs ↓425
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
Nine Years Later...