

## **ED Wait Times: Don't Just "Go With the Flow," Improve It!**

It's no surprise that crowding and long waits in the emergency department (ED) are associated with decreased patient satisfaction, patients leaving without being seen, delays in treatment, and even increased rates of patient mortality. Triage systems are well established in most facilities, and staff members are trained to identify urgent cases as quickly as possible. However, in a high-pressure setting, such as the ED, these systems need to be working at their finest to ensure safe, efficient patient care.

The ECRI Institute PSO has seen hundreds of events in which ED patient flow is a factor. This is not only a problem in large facilities—smaller organizations may also experience such issues. Patients who leave without being seen or whose treatment is delayed may be at risk for additional complications, so it makes sense to examine the facility's ED patient flow and determine ways, if necessary, to improve it.

The Centers for Medicare and Medicaid Services (CMS) has included ED patient flow in its 2012 reporting requirements. Two of the measures focus on the time spent in the ED, from ED arrival until departure or hospital admission, and from the decision to admit until the actual departure from the ED.

In order to keep the ED running smoothly, several steps can be taken to streamline the patient's door-to-doctor time without reducing the quality of care. Everything begins, however, with recording and analyzing current ED data to identify potential areas for closer examination.

Factors to be considered when reviewing existing ED protocols include Joint Commission standard LD 04.03.11 and evidenced-based strategies found in the literature. The Joint Commission requires that patient flow throughout the entire facility be maintained; that the hospital has a plan for the care of patients in temporary beds or overflow locations; and that available beds, efficiency of care, safety of care areas, and support services should be taken into consideration during a review of the facility's patient flow.

The literature offers several strategies to support efficient patient care in the ED. These include:

- ▶ Restructuring and streamlining registration and triage to minimize triage wait time (e.g., bedside registration).
- ▶ Creating a fast-track system within the ED where non-acute patients can be seen, treated, and discharged promptly.
- ▶ Stationing midlevel (or higher) practitioners in triage.
- ▶ Ensuring that ED staff can visually monitor and track waiting patients.
- ▶ Communicating to patients during the wait period regarding their wait and needs.

Though wait times in the ED should be reduced as much as possible, it is unrealistic to believe that they can be eliminated. However, clear, actionable policies and protocols aimed at decreasing unnecessary waits in the ED can benefit both patients and practitioners.

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## How Can We Help You?

Whether you have questions about the final rule or want to learn more about ECRI Institute PSO and/or support for other PSOs, we would be happy to hear from you. Please contact ECRI Institute at [pso@ecri.org](mailto:pso@ecri.org) or call (610) 825-6000, ext. 5558.