

# AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

## POSITION STATEMENT

### Measures to Deal with Emergency Department Overcrowding

Many Americans face a crisis in health care. Their access to timely emergency care and the quality of that care are severely limited in many parts of the country because of emergency department (ED) overcrowding. Overcrowding in the ED occurs when there are no available inpatient beds for patients admitted from the ED. This situation leads to ambulance diversions and significant delays for emergency patients awaiting hospital inpatient beds.

Because the causes of hospital and emergency department overcrowding are multiple and complex, solutions to the problem must be equally broad based. The American College of Emergency Physicians recommends the following:

1. **Provide a basic level of health insurance for all citizens.** In the face of steadily growing numbers of uninsured patients, society cannot expect our hospitals and health care providers to continue to provide substantial amounts of uncompensated care without dire financial consequences. Accelerating levels of health care competition and the increasing reluctance of third-party payers to cover the costs of charity care have led some hospitals to restrict or eliminate their provision of emergency services. ACEP recognizes that institutions and practitioners committed to treating all in need must be reimbursed sufficiently for emergency, primary, preventive, and catastrophic care in order to preserve the basic financial integrity of the health care system. Until all members of society have universal access to health care, none can be guaranteed speedy access to the quality of emergency care that they expect and deserve.
2. **Remove financial disincentives to hospitals for providing emergency care.** Studies by the Health Care Financing Administration have shown that, on

average, patients admitted through the emergency department are sicker and incur higher health care costs than those admitted on an elective basis. Currently, payment mechanisms fail to recognize or compensate for this reality. ACEP recommends a careful evaluation of the current methodology for compensating hospitals, and the identification of ways to reimburse hospitals adequately for the higher costs associated with emergency admissions and care.

3. **Where needed, increase the capacity to provide critical care, inpatient, and nursing home services.** Bed occupancy rates at some hospitals may be relatively low, while in other cases, public hospitals, regional referral centers, and other institutions are severely overcrowded. Insufficient numbers of nursing home and other "alternative level of care" beds worsen this problem by forcing acute care hospitals to keep many patients for longer periods than medically necessary. ACEP is committed to working with regulatory agencies and regional health planners to devise strategies to measure more accurately current inpatient and critical care bed needs and to predict future trends. Bed occupancy targets, certificates of need, and other regulatory mechanisms should be revised to recognize the impact of large numbers of emergency admissions, permitting institutions the flexibility required to meet these needs.
  
4. **Expand the supply of nurses.** The number of clinically active nurses continues to fall far short of demand. The shortage of in-hospital critical care nurses is particularly severe, and is a major contributor to the problem of ED overcrowding. ACEP recognizes that nurses play a crucial role in the delivery of health services and stands ready to work with the Emergency Nurses Association and the American Nurses Association to enhance the desirability and stature of a career in nursing. ACEP agrees that incentives and compensation to nurses must be commensurate with those paid in other fields with comparable levels of responsibility.

5. **Support access to primary care services and encourage initiatives designed to prevent serious illnesses and injuries.** Effective provision of primary care can prevent the progression of many illnesses to the point that they become serious or life-threatening. ACEP recognizes that often the most cost-effective approach to controlling serious illnesses and injuries is to prevent their occurring in the first place. Efforts to devise programs to limit the incidence and severity of preventable illnesses and injuries must be encouraged and supported.

Until measures are taken to reverse the trend toward increasing emergency department overcrowding, maximally efficient use of existing resources will be necessary to minimize the impact of overcrowding on patients seeking emergency care. ACEP is actively working with other concerned organizations to establish priority status for emergency admissions, to develop appropriate staffing guidelines for emergency departments, and to implement procedures to ensure that quality emergency care can continue to be provided in the face of spiraling demand. Every effort must be made to eliminate, or at least minimize, patient "holding" in the ED. Unfortunately, no "quick-fix" solutions to the problem of emergency department overcrowding exist.

The American College of Emergency Physicians acknowledges that the cost of the initiatives suggested will be high, but warns that the consequences of inactivity will be far more costly. In many communities, the capacity of the emergency care system to meet the needs of patients is being stretched to the breaking point. Hospital emergency departments function as society's health care "safety net" 24 hours a day, seven days a week. No one can predict when or where they will need emergency treatment. ACEP is committed to the principle that emergency care, whenever needed, should be readily available and of the highest possible quality for all members of our society.