
Two Studies Examine ED Timeliness



Two studies which examined timeliness and lengths of stay in emergency departments (ED) found potential for improvement. Furthermore, variability across EDs was found to depend on factors such as hospital size, urban vs. rural location, ownership and teaching status, as well as rates of inpatient admissions.

ED Timeliness

A study conducted by Sidney T. Le, BA and Renee Y. Hsia, MD, MSc, of the University of California, San Francisco examined quality measures of emergency department timeliness. The study was supported by an American Heart Association National Clinical Research Program Award.

During the study, the authors examined ED measurements of timely care and investigated whether hospital characteristics or patient populations were associated with poor timeliness of ED care. The study sample was comprised of 3,692 hospitals, a majority of which were non-teaching, private, non-profit hospitals in urban areas.

The findings from the study revealed that the median wait time to see a healthcare professional for patients who were ultimately discharged from the ED was around thirty minutes. The length of their stay was just over two hours. The median length of stay in the ED for patients who were admitted to the hospital was more than four hours, one-third of which accounted for waiting for an inpatient bed.

For patients who were discharged from the ED, lengths of stay were longer at large hospitals (158.2 minutes) as compared to hospitals of other sizes and urban hospitals (149.2 minutes). The length of stay for discharged patients was 149.5 minutes in public hospitals and 172.6 minutes in major teaching hospitals.

The study thus concluded that variability exists in ED timeliness based on four variables which include hospital size, rural vs. urban location, ownership and teaching status. The results suggest that there is a potential for improvement in ED timeliness.

Length of Stay and Admission Rates

A second study, supported by the University of California, San Francisco, was conducted to examine the association of ED length of stay (LOS) and inpatient admission rates. The study, led by Emily Carrier, MD, MSc, formerly of Mathematica Policy Research, Princeton, NJ and now of the Centers for Medicare & Medicaid Services in Baltimore, found that length of stay in the ED appears to be associated with rates of inpatient admission.

The study authors analysed 24,879 ED visits in order to determine whether ED LOS targets were associated with rates of admission. The targets were four hours for discharged patients and eight hours for admitted patients. The hospitals were classified on the basis of whether 90 percent achievement of their visits met LOS targets.

51.9 percent of visits that resulted in admission were to hospitals that met their eight hour target for 90 percent of admissions. 22.5 percent of visits that resulted in discharge were in hospitals that met their four hour target. Overall, it was observed that ED visits to hospitals that met their eight hour targets for admitted patients had higher odds of inpatient admission as compared to those that met their four hour target.

According to Jeremiah D. Schuur, MD, MHS, of Brigham & Women's Hospital and Harvard Medical School, Boston, "We need to refocus hospitals on the everyday crisis of lengthy ED waiting and boarding time and discourage them from putting the sickest patients at the back of the line. The studies by Le and Hsia and Carrier et al. bring important attention to ED and hospital crowding – critical barriers to high quality care of acute medical conditions – and raise important concerns around the use of performance measures."

Source: JAMA

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