



Rx: Health Care FYI #44

Subject: *Improving Emergency Care*

From: *Rep. Tim Murphy (PA-18)*

The problem: Half a million times a year -- about once every minute -- ambulances carrying sick patients are turned away from full emergency rooms (ERs) due to overcrowding and sent to others farther away endangering patient safety.¹

Emergency rooms are at the breaking point:

- Only 6% of emergency departments have all the supplies needed -- such as child-sized equipment -- to treat pediatric emergencies.²
- In 2003, the total number of U.S. hospitals decreased by 703 eliminating 198,000 hospital beds and decreasing the total number of ERs by 425. Meanwhile, hospital emergency room visits have increased 24 million over the last 10 years.³
- The average wait-time for care in U.S. ERs is 3.7 hours and 42 minutes and varies by state. A sample of ER wait times includes:
 - Iowa: 2 hours and 18 minutes.
 - Nebraska: 2 hours and 26 minutes
 - South Dakota: 2 hours and 29 minutes.
 - Utah: 4 hours and 5 minutes
 - Maryland: 4 hours and 7 minutes
 - Arizona: 4 hours and 57 minutes.⁴
- Nationwide annual non-emergency care in ERs is at least \$4 billion. Nearly 11 percent of ER visits were for non-urgent care however, the numbers vary by hospital and region.⁵
- Based on four areas: Access to Emergency Care, Quality and Patient Safety, Public Health and Injury Prevention, and Medical Liability Environment the emergency medicine system of the United States as a whole has earned a grade of C.⁶

¹ Institute of Medicine. Hospital Based Emergency Care: At the Breaking Point. National Academy of Sciences. June 14, 2006.

² Ibid.

³ Ibid.

⁴ Press Ganey Associates Inc. Patient Safety Survey of Nation's Emergency Rooms. May 2006

⁵ National Center for Health Statistics. National Hospital Ambulatory Medical Survey: 2000. April 2002.

⁶ Gore, Laura. Eighty Percent of the Country Earned Mediocre or Near-Failing Grades in First Ever 'Report Card' on State of Emergency Medicine. January 10, 2006.

Hospitals are working to improve ER care:

- In Hamilton, N.J, the Robert Wood Johnson University Hospital's "15-30" program that promises ER patients will see a nurse in 15 minutes or a doctor in 30 minutes. If not, the ER portion of their bill is waived.⁷
- In Atlanta, GA, a patient care management program of 1,325 patients for chest pain, asthma, heart failure, or hyperglycemia successfully discharged 87% of patients, reducing hospital admissions by 1,147.⁸

The federal government:

- The Emergency Medical Treatment and Labor Act (EMTALA): Requires that patients in ERs be treated and stabilized whether or not they have health insurance.
- The Deficit Reduction Act (P.L. 109-171): Allows states to establish programs for patients to choose between a copayment for non-emergency care in ERs or transportation to an affordable non-ER health care provider.
- H.R. 4157, the Health Information Technology Promotion Act: Will remove legal barriers to allow hospitals to provide electronic medical records to their doctors and patients. This technology will allow ERs to improve patient flow, reduce ER overcrowding and coordinate care.

Recommendations:

- States and Hospitals can expand their communication systems to regionally coordinate emergency departments for managing patient flow and avoiding overcrowding. Networks could direct ambulances to the closest or available ERs as well as to appropriately equipped ERs to treat a patient's individual condition (strokes, cardiac arrest, labor, pediatrics, etc.).
- Increase the availability of volunteer doctors and practitioners to expand the availability of care at Community Health Centers to provide services to non-emergency cases, reduce ER overcrowding, lower health care costs and improve primary and preventive care among the uninsured and underinsured.
- Support private-public partnerships for patient care management programs and rapid response teams in our nation's ERs to improve care and reduce patient waiting times.

⁷ Press Ganey. Robert Wood Johnson University Hospital: "The 15/30 Guarantee." The Satisfaction Monitor. July/Aug. 2000.

⁸ Boshcert, Sherry. Care Management Unit Reduced Emergency Department Overcrowding. American College of Emergency Physicians. June 14, 2006.