Highlights of GAO-09-347, a report to the Chairman, Committee on Finance, U.S. Senate

April 2009

HOSPITAL EMERGENCY DEPARTMENTS

Crowding Continues to Occur, and Some Patients Wait Longer than Recommended Time Frames

Why GAO Did This Study

Hospital emergency departments are a major part of the nation's health care safety net. Of the estimated 119 million visits to U.S. emergency departments in 2006, over 40 percent were paid for by federally-supported programs. These programs—Medicare, Medicaid, and the State Children's Health Insurance Program—are administered by the Department of Health and Human Services (HHS). There have been reports of crowded conditions in emergency departments, often associated with adverse effects on patient quality of care. In 2003, GAO reported that most emergency departments in metropolitan areas experienced some degree of crowding (*Hospital Emergency Departments: Crowded Conditions Vary among Hospitals and Communities*, GAO-03-460). For example, two out of every three metropolitan hospitals reported going on ambulance diversion—asking ambulances to bypass their emergency departments and instead transport patients to other facilities.

GAO was asked to examine information made available since 2003 on emergency department crowding. GAO examined three indicators of emergency department crowding—ambulance diversion, wait times, and patient boarding—and factors that contribute to crowding. To conduct this work, GAO reviewed national data; conducted a literature review of 197 articles; and interviewed officials from HHS and professional and research organizations, and individual subject-matter experts.

View GAO-09-347 or key components. To view the e-supplement to this report online, click on GAO-09-348SP. For more information, contact Marcia Crosse at (202) 512-7114 or crossem@gao.gov.

What GAO Found

Emergency department crowding continues to occur in hospital emergency departments according to national data, articles we reviewed, and officials we interviewed. National data show that hospitals continue to divert ambulances, with about one-fourth of hospitals reporting going on diversion at least once in 2006. National data also indicate that wait times in the emergency department increased, and in some cases exceeded recommended time frames. For example, the average wait time to see a physician for emergent patients—those patients who should be seen in 1 to 14 minutes—was 37 minutes in 2006, more than twice as long as recommended for their level of urgency. Boarding of patients in the emergency department who are awaiting transfer to an inpatient bed or another facility continues to be reported as a problem in articles we reviewed and by officials we interviewed, but national data on the extent to which this occurs are limited. Moreover, some of the articles we reviewed discussed strategies to address crowding, but these strategies have not been assessed on a state or national level.

Average Wait Time to See a Physician and Percentage of Visits in Which Wait Time to See a Physician Exceeded Recommended Time Frames by Acuity Level, 2006

Patient acuity level[a] (recommended time frame)	Average wait time in minutes	Percentage of visits in which wait time exceeded recommended time frames
Immediate (less than 1 minute)	28	73.9
Emergent (1 to 14 minutes)	37	50.4
Urgent (15 to 60 minutes)	50	20.7
Semiurgent (greater than 1 to 2 hours)	68	13.3
Nonurgent (greater than 2 to 24 hours)	76	—[b]

Source: GAO analysis of data from HHS's National Center for Health Statistics (NCHS).

Notes: Information on the standard error associated with estimates of averages is found in the report.

[a]Acuity levels describe the recommended time a patient should wait to be seen by a physician. NCHS developed acuity levels based on a five-level emergency severity index recommended by the Emergency Nurses Association.

[b]In 2006, no emergency departments reported visits with wait times in excess of 24 hours.

Articles we reviewed and individual subject-matter experts we interviewed reported that a lack of access to inpatient beds continues to be the main factor contributing to emergency department crowding, although additional factors may contribute. One reason for a lack of access to inpatient beds is competition between hospital admissions from the emergency department and scheduled admissions—for example, for elective surgeries, which may be more profitable for the hospital. Additional factors may contribute to emergency department crowding, including patients' lack of access to primary care services or a shortage of available on-call specialists.

In commenting on a draft of this report, HHS noted that the report demonstrates that emergency department wait times are continuing to increase and frequently exceed national standards. HHS also provided technical comments, which we incorporated as appropriate.