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Are Freestanding "E.R.'s" the answer to overcrowded E.R.'s?

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INTRODUCTION

A freestanding Emergency Room (E.R.) can be defined as an Emergency Department (E.D.) in a stand-alone facility, not physically connected to a hospital to perform emergency medical care (McCrimmon, 2019). From 2008 to 2015, E.D. visits increased from 123 million to almost 137 million, leading to extremely overcrowded Emergency rooms (Alexander, 2019). A lack of Hospital E.R.’s in a community leads to all patients needing to go to the same hospital, thus increasing wait times.

SIGNIFICANCE

- Over the years, patients admitted to Hospital E.R.’s continue to steadily rise, up nearly 15% (Salway et al, 2017).
- Admitted patients are left in the E.D. when there is no proper space on other floors of the hospital, leading to overcrowding (Salway et al, 2017).
- Only 10% of “critical” patients are seen by a physician within the recommended time frame in hospital Emergency Departments (Salway et al, 2017).

Consequences of Overcrowded E.R.’s:

- Increased wait time for sick people who need the care greatly reduces the quality of care by increases medical errors and increasing Mortality Rates (Salway et al, 2017).

POSITION STATEMENT

Freestanding E.R.’s are a great answer to minimizing the issue of overcrowded E.R.’s. Freestanding E.R.’s will help lower wait times, lengths of stays, and improve patient outcomes overall. Freestanding E.R.’s ensure those in need will get the proper care in a timely manner.

SUPPORT FOR POSITION

- Freestanding E.R.’s help create more convenient access to a hospital-based E.D. (Alexander, 2019).
- From 2007 to 2013, there has been an 121% increase in Freestanding E.R.’s (Dayton et al, 2017)
- Length of stay is 46% shorter overall in freestanding E.R.’s as opposed to a Hospital E.R. (Pines, 2018).
- Long lengths of stay are a common patient complaint, and length of stay is a common measure of E.D. quality.
- Freestanding E.R.’s have an average waiting room time of 10 minutes, compared to Hospital-based E.R.’s time of 16 minutes (Dayton et al, 2017).
- % of patients who left without being seen in freestanding E.R. was 0.4%, as opposed to hospital-based E.R.’s rate of 1.6% (Dayton et al, 2017).

IMPLICATIONS FOR PRACTICE

- Performing patient registration at the bedside rather than in the front of the E.D. can help decrease wait times (Salway et al, 2017).
- A hospitalist can be hired to focus on bed management of the E.D., thus decreasing movement time of admissions by 100 minutes and decreases ambulance diversion (Salway et al, 2017).
- Ensuring the E.D. is optimally staffed and appropriately resourced, especially at times when patient flow is highest. (Salway et al, 2017)
- Early discharge of patients would decrease boarding by over 96%, increasing the number of available beds in the E.D. (Salway et al, 2017).



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CONCLUSION

It can be concluded that freestanding E.R.’s can be very effective in preventing the hospitals from exceeding capacity. Not only do freestanding E.R.’s help alleviate pressure off of Hospital-based E.R. staff, they can also provide patients with more convenient access to medical care in an emergency. Freestanding E.R.’s have also been shown to decrease waiting room time for patients and decrease the frequency of patients leaving without being seen by a medical professional.

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