

Freestanding ERs: The Answer to Overcrowding

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INTRODUCTION

In recent years, Emergency Rooms in the United States have been facing an overwhelming number of patients. The demand for emergency services exceeds the abilities of the healthcare professionals available in hospital ERs. This flood of patients in ER waiting rooms can lead to increased waiting times, longer hospital stays, and a higher incidence of medical errors, among many other negative affects.

“A freestanding emergency department (FSED) is a licensed facility that is structurally separate and distinct from a hospital and provides emergency care” (American College of Emergency Physicians, 2020).

“There are two types of freestanding ERs: a hospital outpatient department (HOPD), also referred to as an off-site hospital-based or satellite emergency department (ED), and independent freestanding emergency centers (IFECs)” (American College of Emergency Physicians, 2020).

SIGNIFICANCE

- “Traffic through the emergency room has been growing at twice the rate projected by United States population growth and has been for almost 20 straight years” (Bauman and Chakrabarti, 2020).
- “Americans visit the E.R. more than 140 million times a year – 43 visits for every 100 Americans –” (Bauman and Chakrabarti, 2020).
- “The frantic pace [of the overcrowded ER] leaves little time for deliberating over the diagnosis or for counseling patients” (Bauman and Chakrabarti, 2020).

POSITION STATEMENT

Freestanding Emergency Rooms are a solution to the overcrowding of hospital ERs. They can alleviate the overwhelming demand of emergency services in hospitals by providing the same high quality emergency care at a non-hospital location. Reducing the flood of patients in waiting rooms across the United States will ensure that the ERs have adequate time and resources to provide the best care possible for every patient.

SUPPORT FOR POSITION

- Freestanding ERs are often more accessible to the public, since without the need to be attached to a large hospital, freestanding facilities are located closer to home (McCrimmon 2019).
- A patient will “receive the same high quality care [that is available] in a hospital,” since freestanding ERs can “stabilize and treat any condition” (McCrimmon 2019).
- Freestanding ERs can provide lab testing, conduct ultrasounds, and complete CT scans just as a hospital ER can. They are also staffed with the same high-quality medical personnel, including doctors “board-certified in emergency medicine” and nurses “specially [trained] in emergency care” (McCrimmon 2019).
- “Freestanding EDs are similar in price to hospital-based EDs” for the patient and therefore bring no additional financial stress to patients (Alexander and Dark, 2019, p. 328).

IMPLICATIONS FOR PRACTICE

- Nurses staffed at a freestanding ER should meet the “minimum requirement of current certification in advanced cardiac life support and pediatric advanced life support” (American College of Emergency Physicians, 2020).
- Freestanding ERs should “be available to the public 24 hours a day, seven days a week, 365 days a year” (American College of Emergency Physicians, 2020).
- Nurses must educate patients on the difference between an urgent issue and an actual medical emergency. Minor injuries, coughs, colds, and flu symptoms are minor issues that can be treated at an urgent care center. Freestanding ERs are not urgent care centers and should only be used in the event of a true medical emergency (McCrimmon 2019).
- Freestanding ERs should “have policy agreements and procedures in place to provide effective and efficient transfer to a higher level of care if needed (ie, cath labs, surgery, ICU)” (American College of Emergency Physicians, 2020).



(McAfee, 2020)

CONCLUSION

Freestanding ERs provide an option to solve the crisis of overcrowded hospital-based ERs in the United States. They provide the same emergency treatment that a patient would receive at a hospital-based ER at a similar price. Freestanding ERs are often more convenient for patient and have shorter wait times.

The increased use of Freestanding ERs would disperse the demand of emergency medical care appropriately so that hospital-based ER waiting rooms would not be flooded with too many patients.

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