

INTRODUCTION

-Overcrowding in the Emergency Room is a problem that strikes almost every hospital in the US. Overcrowding is not just a hospital issue, however. There are many intricate factors that play into why each ER is overcrowded. Overcrowding has resulted by legislation that does not allow a hospital to refuse a patient treatment, poor staffing ratios, mass casualties, the need for specialized care, etc. Overcrowding can negatively impact patients by lengthening their stay in the hospital and even reducing their chances of survival (Melissa L. McCarthy, et. Al. 2009, p.496).

-To help alleviate the overcrowding problem, free standing ERs were introduced to help decrease the amount of patients in a hospital ER.

-A free-standing ER can most simply be defined as an Emergency Department that is open 24/7, offering the same care as a hospital Emergency room but can not admit a patient because it is not connected to a hospital (Alexander J. Alexander, 2019, p. 327).

SIGNIFICANCE

-In 2008, there were 123.8 million ER visits. In 2015 there were 136.9 million ER visits in the US alone. This was a 10.6% increase in 7 years. This number continues to grow (Yingying Xu, 2019).

-In 2016, a study suggested that wait times in Texas hospital ERs had less than a 30 second difference in wait times compared to freestanding ERs (Yingying Xu, 2019).

-In 2018 a study that compared academic free-standing ERs compared to hospital ERs suggested that there was less than a 2-minute wait difference (Dayton, 2018, p. 148).

-18 Percent of all patients seen in the ER require some kind of specialist care (Aaronson, 2019, p. 780).

POSITION STATEMENT

-Free Standing ERs are not the answer to the problem of overcrowded ERs.

-There are many factors that cause overcrowding in an ER.

-The type of ER that treats patients is not the only factor in decreasing overcrowded ERs.

SUPPORT FOR POSITION

-According to Alexander J. Alexander, who conducted a study on free standing ERs, suggested that the wait times in a free-standing ER compared to a Hospital ER are very similar.

-A study that observed academic free-standing ERs compared to the national average ER wait time suggested that there was less than 2 minutes in wait time difference (Dayton, 2018, p. 137).

-The problem of overcrowding is multifactorial. It is not a “hospital problem.” With a short supply and limited hours of primary care doctors, ERs are federally mandated to treat every patient (Barish, 2012, p. 308).



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IMPLICATIONS FOR PRACTICE

-According to the previous studies, it can be understood that Free standing ERs are not the answer to overcrowded ERs. Multiple studies have suggested that the wait times at a freestanding ER and the wait times at a hospital ER are almost identical. This means that other options should be explored to reduce overcrowding in the emergency department

-In a study by Emily L. Aaronson, 18% of patients seen and discharged from the ER needed to be seen by a specialist. This results to a large amount of patients in an emergency room that need further treatment. Nurses could help reduce over crowding by receiving training in specialty fields. Having adequate nurses and physicians who can treat patients more quickly can in theory reduce over crowding.

-In 2014, The University of Kansas Medical Center (KUMC) in Kansas City hired BSN accredited nurses in the ER to act as a flow coordinator. This reduced the average length of stay of each patient by 87.6 minutes. The implementation of a nurse coordinator suggests that nurses in a leadership position to help manage the flow of patient care can greatly reduce the length of stay of each patient in the ER (Wood, 2014, p. 1).

CONCLUSION

After researching the idea of overcrowding in the ER compared to overcrowding in a free-standing ER, it can be concluded that there is not much of a difference when it comes to wait times. Both hospital ERs and free-standing ERs both struggle with the same types of problems. Both receive critically ill patients and must treat them regardless of what kind of finances the patients have. The whole idea of overcrowding is a much larger problem than the type of ER that is treating the patients. Nurses could help alleviate the strain on ERs by specializing in different fields of expertise to help aid patients that need specialized care. The idea of a flow coordinator also has the potential to greatly reduce ER wait times. A nurse flow coordinator has the potential to direct people where they need to be. Nurses could also advocate for better staffing ratios, prepare for disaster situations, and work as a team to help as many patients as possible. Nurses are also leaders in advocating for patients. Nurses are trained in prioritization and should practice their skills to best help to community.

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