

Example of essay on research question

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Literature Review: Overcrowding in Hospital Emergency Departments

Does reducing access block have a role in reducing overcrowding in emergency departments?

Literature review

Emergency department (ED) overcrowding is a serious problem currently facing hospitals in nearly all the states in the United States. It is one of the most common causes of ED dysfunction. Overcrowded EDs tend to exhibit longer waiting times, increased chances of transmission of communicable diseases, and increased delays in hospital admission (Richardson, 2006). The problem continues to grow in the US healthcare systems and poses a serious threat to the US healthcare system. Studies have shown that overcrowding in emergency departments is associated with high mortality rate among the American citizens. For instance, a study conducted by Richardson (2006) that sought to quantify the relationship between emergency department overcrowding and 10-day patient mortality found that high ED occupancy is associated with increased mortality in the hospital at 10 days (Richardson, 2006). Besides, it leads to a significant reduction in job satisfaction and burnout among health care personnel.

Overcrowding also leads to frustration of patients as a result of being forced to undergo long waiting time. In this sense, it leads to dissatisfaction among the patients. Some of the causes of ED overcrowding are; inadequate access to beds and staff shortages. Limited access to ancillary services such as laboratory services, home care, diagnostic imagery, and specialist care also exhibits high influence on ED overcrowding. Addressing such causes would

help ease congestion in emergency departments. Consequently, it would help reduce health risks associated with the problem in the US healthcare system.

Addressing ED overcrowding requires a multifactorial approach that seeks to reduce or possibly eliminate all the factors contributing to the problem.

Several options have been proposed to help reduce the problem. Some of such solutions include among others increasing specialization, increasing incentives to facilitate quick transfer of patients from the EDs to the inpatient floors, and partnering with urgent care centers to facilitate transfer of patients who are out of danger to the centers. Appropriate approaches of reducing ED congestion should take into consideration the need to improve the efficiency of health care processes that contribute to longer wait times.

In addition, reducing access blocks would be very crucial in easing the problem. Access blocks are situations that prevent patients in the emergency departments from gaining access to the appropriate beds within the appropriate time frame (Fatovich, Nagree, and Sprivulis, 2005). It is important to note that efforts required in reducing access blocks greatly rely on other approaches.

Studies reveal that access block is highly linked to overcrowding in emergency departments. As a matter of fact, several studies point out that access block is the main factor attributing to the problem. In a retrospective study carried out in Perth, Western Australia, of the Emergency Department Information System for three main central metropolitan EDs, the correlation between access block and ED overcrowding ($r= 0.96$) was found to be the highest of all the correlations between access block and other variables

(Fatovich, Nagree, and Sprivulis, 2005). In this case, the correlation between coefficient between access block and ambulance diversion was found to be 0.75 while that between access block and ED waiting times for care was found to be 0.83 (Fatovich, Nagree, and Sprivulis, 2005). The study employed a retrospective design in which data for calendar years 2001 to 2002 from the Emergency Department Information System for the three main metropolitan EDs in Perth, Western Australia were analyzed (Fatovich, Nagree, and Sprivulis, 2005). Bivariate analyses of a range of variables were performed with an aim of determining the relationship between them. The study is highly valid since research questions are well formulated and appropriate method was used in the data analysis. The method is highly suitable to answer the research question.

Another study carried out by Forero et al. (2010) also established that there is close association between access block and overcrowding in EDs. The study involved a review of prospective and retrospective intervention studies published in the period from 1998 to 2008. The study also reviewed documents reported in Medline. Data for other studies were retrieved from The State of our Public Hospitals Reports. Findings from the study show that access block reduced from 1998-1999 to 2002-2007. Over the same period, the number of ED patients and ED admissions increased (Forero et al., 2010). The findings made from this study agree with the findings made from the study by Fatovich, Nagree, and Sprivulis (2005) mentioned above in the sense that they both find access block to be a significant cause of ED overcrowding. The study has a well-structured research question. In addition, the research question is also clear and precise. Furthermore, the study

method is highly appropriate for the research questions formulated.

Consequently, this study is valid, hence, its findings are reliable.

Studies have also been carried out to assess the prevalence of access block in relation to ED overcrowding. Presently, many healthcare systems are experiencing access block globally. This fact implies that healthcare systems are not meeting the demands of healthcare systems. For instance, a study by Richardson, Kelly, and Kerr (2009) found that nearly one-third of the study participants had experienced access block during the period of the study. The study sought to determine changes in the prevalence of access block in New South Wales.

Other studies have also been conducted to investigate possible interventions to access block. According to a study by Gómez-Vaquero and colleagues (2009), Holding Units (HU) can significantly help reduce the prevalence of access block. The study sought to investigate the efficacy of Holding Units in reducing access block in the EDs. In the study, HUs with a capacity of 16 beds were opened. The number of patients visiting the EDs, length of stay in the EDs, number of patients waiting for inpatient admission in the EDs, and length of stay in the EDs were analysed for the years following the opening of the HUs and for the period years preceding the opening of the HUs. The study found that patients waiting for beds in the EDs decreased by 55.6% (Gómez-Vaquero et al., 2009). The study finds that HU can significantly contribute to the improving of access block in EDs. Findings from this study are reliable and provide the basis on which interventions aimed at reducing cases of access block can be made. In this case, the research question is clear and can be investigated. The method used is also suitable to address

the research question.

Access block is a serious problem facing EDs in various health facilities of various health care systems. However, possible interventions are available to help address the problem. Many studies have sought to investigate various aspects of the problem. However, little research has been conducted to determine the efficacy of Holding Units in addressing the problem.

Consequently, more research on this area are needed.

References

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