

Free case study on hospital er overcrowding

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Hospital ER overcrowding

Overcrowding is an aspect that is characteristic of a majority of emergency departments (ED) around the world. The factors that contribute to this problem, the potential solutions to the same and the means of evaluating the success of emergency department congestion reducing programs as per the Mckinskey article by Carrus, Corbett & Khandelwal (n. d.) will be described below.

Body

The etiology of overcrowding in the emergency department cannot be attributed to the physicians working in the department alone; it results from the interplay of a host of factors. Unavailability of free inpatient beds, lengthy and often complex admission processes, hurdles in getting timely non-ED physician consultations and difficulties in scheduling diagnostic procedures and obtaining results are the four factors that largely contribute to congestion in the ED.

Staff in the inpatient department can help minimize overcrowding in the ED by expediting discharge of patients from the wards and thus creating room for the admission of patients who would otherwise spend lengthy periods in the ED awaiting transfer to the ward. Implementation of streamlining principles would on the other hand enhance the capacity of the radiology and other diagnostic departments such as labs, minimize non-ED physician consultation times and simplify the admission process. An organizational-wide cultural paradigm shift particularly in the attitudes and beliefs of health workers towards the issue would additionally help to ensure that the changes

implemented are sustained. Enhancing the capabilities of staff in other departments to identify problems in their departments that contribute to overcrowding in the ED and implement appropriate, timely solutions to such problems through education also helps to alleviate ED overcrowding.

The number of admitted patients in the ED awaiting transfer to the wards, ED volume, time between patient registration and initial assessment by a physician and the percentage of ED visits that last longer than the designated threshold duration are the four variables I would use to evaluate the success or lack of it of an ED relief program.

Conclusion

In summary thus, congestion in the ED is not merely a problem of emergency physicians alone, other factors such as lack of inpatient space contribute to this problem. Streamlining of procedures in other departments would thus help reduce ED overcrowding. I would use a number of parameters such as the ED volume to evaluate the success of an ED relief program. And finally, to study the value of such a program, I would create a study by engaging all staffs, collecting and analyzing data on designated parameters.

Reference

Carrus, B., Corbett, S., & Khandelwal, D. (n. d.). A hospital wide-strategy for fixing emergency-department overcrowding. Mckinskey Quartely, 1-12.