Emergency department overcrowding in Canada: what are the issues and what can be done?

Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
This overview summarizes four CADTH reports that together provide a comprehensive picture of the state of overcrowding in Canadian emergency departments (EDs), the capability of EDs and health regions to measure and document ED overcrowding, and the existing evidence for effective interventions to alleviate it. The four reports are:

Authors' conclusions
Implications for Decision Making
Overcrowding is a frequent and significant occurrence across Canada. Among respondents to an ED director survey, 62% reported overcrowding as a major or severe problem in 2004 and 2005. Major or severe overcrowding is more likely to occur in an ED with 50,000 or more visits annually, communities with a population of at least 150,000, university affiliated hospitals, trauma centres, and EDs with 30 or more treatment spaces.

Lack of beds may lead to overcrowding. Most respondents (85%) perceived a lack of admitting beds to be a major or serious cause of overcrowding.

Measures of ED overcrowding and their collection require consistency. Inconsistent methods of collecting, defining, and measuring information related to overcrowding, create a confusing picture of the issues facing EDs. The percentage of patients in the ED who have been admitted, but have not been transferred to a hospital ward because of a lack of bed availability, is perceived as the most important measure of overcrowding, but is infrequently collected.

Electronic collection of data and contributions to a national data system should be considered. Electronic ED information systems are available in Canada, but only 39% of ED directors surveyed reported using them. Contributions to an established national data system are limited, and if improved, would be valuable for policy makers.

Fast track systems can reduce overcrowding. Evidence suggests that fast tracking patients with minor injuries or illnesses can reduce ED length of stay, waiting time, and the number of patients who leave without being seen.

Ambulance diversion strategies, short stay units, staffing changes, and system-wide complex interventions should also be further explored. Limited evidence suggests that these interventions to address overcrowding should be encouraged and monitored.

No evidence of effectiveness could be identified for many broadly adopted interventions in Canada. These include float...
nurse pools, senior ED physician flow shifts, home or community care workers assigned on site to the ED, overcensus on wards, orphan clinics, "coloured" codes to decongest ED, and "overload" units for in-patients.

Project page URL
http://www.cadth.ca/media/pdf/422_overcrowding_to_e.pdf

INAHTA brief and checklist

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