

# Long ED Waits Tied to Extended Hospital Stays

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CHICAGO — Extended emergency department waiting times significantly elevated hospital costs and, for the large subset of patients with congestive heart failure, extended hospital stays, according to a single-hospital study led by Dr. Bram Dolcourt.

"If a patient waits in our emergency room for 8 hours or longer, that person

will end up with an additional \$6,000 in total hospital charges," said Dr. Dolcourt, of Henry Ford Hospital in Detroit.

Based on that finding, Dr. Dolcourt estimated that extended ED waits cost Henry Ford Hospital nearly \$2 million annually.

Although length of stay for the top 20 admitting diagnoses combined was not significantly affected by ED waits of more than 8 hours, congestive heart failure (CHF) by itself stood out.

"Interestingly, for CHF—which is the

No. 1 admitting diagnosis in our ED—patients who stayed longer than 8 hours stayed in the hospital 3 additional days," Dr. Dolcourt said. Causation is unclear, he added, and may reflect other factors associated with long bed waits.

This retrospective study included 1,747 patients aged 18 years or older admitted through the ED with one of the top 20 admitting diagnoses to a general practice unit from July to December 2005. It was presented as a poster at the annual meet-

ing of the Society for Academic Emergency Medicine. Patients were assessed for time spent waiting for a bed after a bed re-



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DR. DOLCOURT

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quest was made, hospital length of stay, and total hospital charges.

Prolonged ED lengths of stay were based on an a priori cutoff of 4 hours; however, after data analysis, 8 hours represented 1 standard deviation above the mean (which was approximately 4 hours).

"Although our results may not apply to other hospitals, these findings underscore the importance of looking at our processes and finding areas where we can speed aspects of admission and discharge so that, hopefully, we can reduce costs and lengths of stay," Dr. Dolcourt said. Waiting times most likely are more of a symptom than a cause, he concluded. ■

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