May 2012

Volume, Flow, and Safety Issues in the ED

By Joe Cantlupe

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TIME FOR INNOVATION TO MEET THE EMERGENCY DEPARTMENT

Where's your hospital’s front door? Probably it has shifted over the years to the emergency department entrance with all the associated flow issues, long wait times, and security concerns. More of your neighbors’ word-of-mouth stories center around their experiences in the ED than their time in the front lobby.

Indeed, the HealthLeaders Media Intelligence Report survey shows that emergency departments across the nation are challenged to improve patient flow, with 43% of respondents saying that is their greatest strategic challenge. Another 46% said their EDs were overcrowded, with most of them worried about patient safety.

With so much activity, rising acuity levels, and overcrowding, what set of management tools and methodologies should you use to improve performance and create a better patient experience? Most of today’s leaders would first think of queuing theory, general systems theory, and Lean and Six Sigma methodologies, techniques cited in the HealthLeaders Media survey.

All of these do help and can make a real difference, but have you thought about using the methodologies and tools of innovation to come up with radically uncommon and different solutions?

Innovation is the hottest topic in American business today and is showing up at every meeting of healthcare leadership as well. Although the word innovation is often too loosely applied to anything new and somewhat improved, it represents the most important competency for today’s leaders who are looking for breakthrough solutions to our most difficult and vexing problems. Innovation will demand that today’s leader become more ambidextrous, juggling different approaches, whether it’s Lean–Six Sigma or other programs. All of us who lead organizations must spend the next several years beginning to master this new competency if we really want to transform everything from the ED experience to how patients access urgent and critical medical services.

We need to examine how we look at the ED, and try to find ways to relieve pressure from it that cascades through the hospital systems. Innovative solutions, such as express care or around-the-clock urgent care services, will continually be needed to deliver different levels of care so the ED can truly serve only those in need. Hospitals should be ready to serve younger patients who will be checking out ED waiting times on their mobile devices. All changes will focus on improving patient experience.

There is no better time than now, when so much is changing in healthcare delivery, to begin the innovation journey so that our patients and their families end up with the best results and a wonderful experience. Enjoy the journey!

Philip A. Newbold  
President and CEO  
Memorial Hospital & Health System and  
Elkhart General Healthcare System  
South Bend, Ind.  
Lead Advisor for this Intelligence Report
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Methodology

The 2012 ED Trends and Strategies Survey was conducted by the HealthLeaders Media Intelligence Unit, powered by the HealthLeaders Media Council. It is part of a monthly series of Thought Leadership studies. In February 2012, an online survey was sent to the HealthLeaders Media Council and select members of the HealthLeaders Media audience. A total of 298 completed surveys are included in the analysis. The margin of error for a sample size of 298 is +/- 5.7% at the 95% confidence interval.

ADVISORS FOR THIS INTELLIGENCE REPORT

The following healthcare leaders graciously provided guidance and insight in the creation of this report.

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President and CEO  
Memorial Hospital & Health System, South Bend, Ind., and Elkhart (Ind.) General Hospital

Gary Tiller  
CEO  
Ninnescah Valley Health Systems  
Kingman, Kan.

About The HealthLeaders Media Intelligence Unit

The HealthLeaders Media Intelligence Unit, a division of HealthLeaders Media, is the premier source for executive healthcare business research. It provides analysis and forecasts through digital platforms, printed publications, custom reports, white papers, conferences, roundtables, peer networking opportunities, and presentations for senior management.

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Respondent Profile

Respondents represent titles from across the various functional areas including senior leaders, operations leaders, clinical leaders, financial leaders, and information leaders. They are from hospitals and health systems.

<table>
<thead>
<tr>
<th>Title</th>
</tr>
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<tbody>
<tr>
<td>Base = 298</td>
</tr>
</tbody>
</table>

Senior Leaders | CEO, Administrator, Chief Operations Officer, Chief Medical Officer, Chief Financial Officer, Executive Dir., Partner, Board Member, Principal Owner, President, Chief of Staff, Chief Information Officer
Clinical Leaders | Chief of Orthopedics, Chief of Radiology, Chief Nursing Officer, Dir. of Ambulatory Services, Dir. of Clinical Services, Dir. of Emergency Services, Dir. of Nursing, Dir. of Rehabilitation Services, Service Line Director, Dir. of Surgical/Perioperative Services, Medical Director, VP Clinical Informatics, VP Clinical Quality, VP Clinical Services, VP Medical Affairs (Physician Mgmt/MD)
Operations Leaders | Chief Compliance Officer, Asst. Administrator, Dir. of Patient Safety, Dir. of Quality, Dir. of Safety, VP/Dir. Compliance, VP/Dir. Human Resources, VP/Dir. Operations/Administration, Other VP
Financial Leaders | VP/Dir. Finance, HIM Director, Director of Case Management, Director of Revenue Cycle
Information Leaders | Chief Medical Information Officer, Chief Technology Officer, VP/Dir. Technology/MIS/IT

<table>
<thead>
<tr>
<th>Type of Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base = 298</td>
</tr>
</tbody>
</table>

| Hospital | 77% |
| Health system (IDN/IDS) | 23% |

<table>
<thead>
<tr>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base = 230 (Hospitals)</td>
</tr>
</tbody>
</table>

| 1–199 | 50% |
| 200–499 | 39% |
| 500+ | 11% |

<table>
<thead>
<tr>
<th>Number of Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base = 68 (Health systems)</td>
</tr>
</tbody>
</table>

| 1–5 | 34% |
| 6–20 | 22% |
| 21+ | 44% |
Among the greatest challenges in the emergency department is to improve patient flow, and this comes with a sense of urgency amid deep concerns about patient safety due to overcrowding. In addition, this HealthLeaders Media Intelligence Report reveals that healthcare leaders expect worsening ED revenue margins and increasing volume of uninsured patients.

Hospitals are trying to reduce ED congestion and wait times by creating systems to care for patients with lower acuity in one area, and freeing up beds for those with more serious illnesses. In the process, they are also improving coordination among nurses and physicians to ensure the sickest of patients are seen quickly.

But while many healthcare leaders have identified patient flow as their main challenge, many continue to deal with overcrowded EDs and concerns about patient safety. When asked about their greatest strategic challenge involving the ED, 43% said patient flow. Another 46% described their EDs as overcrowded and of that group, 93% expressed concern about patient safety as a result of overcrowding. That represents about 43% of all respondents expressing patient safety concerns as a result of overcrowding in the ED.

What Healthcare Leaders Are Saying

“The ED can get backed up with patients needing inpatient beds, leaving us working out of three or four rooms when we have a 25-bed capacity and 10 stretchers in the halls.”
—Director of emergency services for a large hospital

“We have had an ongoing challenge with patient flow and improving patient wait times and throughput.”
—Assistant administrator for a small health system

“Increasing numbers of adults are being removed from Medicaid coverage and despite efforts to implement Medicaid managed care or medical homes, more people are uninsured now than three years ago.”
—Administrator for a small hospital

“We have urgent care patients who arrive at night that could easily and appropriately be treated in our clinic the next morning, but who insist on being seen in the ER.”
—CEO of a small hospital

“Level of care determinations has become a greater challenge, specifically identification of patients who should be referred to a PCP or other provider rather than placed into observation status or admitted. Patients who are discharged are called the next day for follow-up. Inpatients are called regarding patient satisfaction.”
—CFO for a medium-size health system

“The agency we are currently using for physician coverage has had difficulty in recruiting physicians to the rural setting and maintaining full-time coverage. Many are part-time with limited or no allegiance to the mission or vision of our facility.”
—Chief nursing officer for a medium-size hospital
“You have multiple things going on, the wave of baby boomers about to hit retirement age, being Medicare eligible,” says Randy Davis, senior vice president and CIO of 72-bed Northcrest Medical Center in Springfield, Tenn. “Across the United States, there is a huge access issue with the shortage of primary care physicians and with anticipated higher volume in the ED. Access to a primary care physician may be limited, leaving people to go to the ED as their only choice.”

It was no surprise to Philip A. Newbold—president and CEO of the 350-staffed-bed Memorial Hospital & Health System in South Bend, Ind., and the 260-staffed-bed Elkhard (Ind.) General Hospital—that more than four in 10 respondents were concerned about patient safety as a result of overcrowding in the ED. “I think safety is a big concern as more older people with medical problems will be sicker and showing up in the ED, and all this means everyone is going to take longer to go through the system,” says Newbold.

As health systems try to improve their EDs, healthcare leaders are watching the financial framework with caution. About 80% say they expect their ED revenue margins will worsen as a result of healthcare reform and 78% say their reimbursement also will get worse. Those factors, coupled with an expected increase in the uninsured patient population, create a formula for uncertainty for administrators running an ED, according to Gary Tiller, CEO of Ninnescah Valley Health Systems, which operates the 25-staffed-bed Kingman Community Hospital, 35 miles west of Wichita, Kan.

“We are going to get overrun,” Tiller says, predicting an influx of patients who want to use the ED in the wake of healthcare reform. “I don’t know if we are going to be able to handle it, truth be known. It’s going to be a mess, honest to God. The thing is we, like everyone else, don’t have enough primary care doctors, so we’re looking at beefing up on our mid-level physician assistants and other providers to assist. We have our waiting times now in the ED at 54 minutes,
but we may be seeing them at two or three hours again, so we’re recruiting more doctors for the ED.”

Waiting is still a given for the ED, though health systems are working to reduce the times, with some posting their schedules on websites as marketing tools to show they may be faster than another facility. According to the survey, 41% of healthcare leaders said the average ED wait time for patients to be seen by a clinical provider is from 0–30 minutes, while 35% said it’s from 31–60 minutes, and another 23% put it at more than an hour.

Most healthcare leaders, 56%, reported an increase of ED inpatient admissions over the past two years, with just 13% noting a decrease. Among hospitals that indicated an increase, 55% reported growth of 1%–10%.

Davis attributes the higher ED volumes, in part, to “patients utilizing the ED as their primary care physician office instead of using the ED as it should be.”

Stress on the nation’s EDs could grow, as 27% of respondents expect a significant increase in the number of the uninsured in their ED in the coming year, and 58% expect a slight increase. The Patient Protection and Affordable Care Act also mandates expanded access to insurance to more than 20 million Americans. The reform law is being deliberated by the U.S. Supreme Court, and “if healthcare reform goes through, millions of Americans will have an insurance card, and will be on the inside as opposed to the outside,” Newbold says, further straining EDs. “I think the concern with healthcare reform is that many of the emergency departments in the country will be undersized, and many in the public will have to understand they should be going to an urgent care setting or community-based programs for certain conditions instead of the ED.”

Indeed, an overwhelming share of hospital leaders—95%—said they have current or ongoing efforts to improve throughput in the ED.
Health systems have little choice but to improve patient flow in the ED, and are constantly tinkering with plans for improvement, according to Davis. Health systems are imposing a variety of programs to improve patient flow and decrease wait times. “Some patients won’t be going to primary care physicians and see the ED as their only choice,” Davis says.

Among the most effective techniques cited to increase ED efficiency are: a fast-track area for less severe illnesses or injuries, 65%; a triage medical evaluation process, 56%; and coordination with inpatient floor nurses, 55%.

The healthcare leaders’ concerns are reflected in the evolving nature of healthcare from fee-for-service to value-based care, Davis adds. That’s why it has become important for health systems to invest in electronic medical records in the ED registration areas, where patient information automatically pops up on a screen “so everyone in the labs, radiology, and providers are seeing what’s going on in real time” to improve efficiencies, Davis says.

Only one third of healthcare leaders said they have programs in the ED focusing on specific conditions to divert patients from the ED. Among those with programs, 42% focus on psychiatric health issues, 33% target prescription drug abuse, and 22% fix attention on alcohol-related issues.

Such programs may become more important for ED efficiency as hospital officials handle increasing patient volume, Davis says.

“As unemployment rises, as economies tighten, flexible spending goes down; as divorce rates go up, people are under more stress, and there’s more psychiatric visits. But small community hospitals don’t have dedicated psychiatric services and psychiatric beds,” he says.

More hospitals are operating or attempting to get involved in running urgent care centers.
ANALYSIS (continued)

Some 51% operate urgent care centers or have formal or informal relationships with them. An overwhelming 78%, however, said a freestanding ED is not in their plans.

Outpatient programs will be continually crucial as health systems try to relieve the pressure on the ED, and innovation is needed, says Newbold. “The ED is so complex, and you have different levels of care needed,” he says. “We have big gaps that we have to close as an industry.” Newbold says his system and others need to be innovative and “start setting up EDs in areas that will take the load off the current EDs with 24-hour urgent care centers and convenience express care centers.”

And while most healthcare leaders said they have programs or initiatives specifically aimed at addressing patient experience in the ED, nearly one in five does not.

“It is time to think fundamentally about better experiences for the patients,” Newbold says. “Over time, people will be shopping for lower waiting times and compare satisfaction scores, like a retail experience.”

Joe Cantlupe is senior editor for physicians and service lines for HealthLeaders Media. He may be contacted at jcantlupe@healthleadersmedia.com.

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### Survey Results

**FIGURE 1 | Average ED Wait Time**

**Q** What is your average ED wait time for all of your ED patients to be seen by a clinical provider?

![Bar chart showing ED wait time distribution](chart1)

0–30 minutes: 41%
31–60 minutes: 35%
61–90 minutes: 12%
91–120 minutes: 5%
More than 2 hours: 6%

Base = 298

**FIGURE 2 | Average Wait Time for Inpatient Bed**

**Q** For ED patients who are admitted, what is the average wait time for an inpatient bed?

![Bar chart showing inpatient bed wait time distribution](chart2)

Less than an hour: 25%
Between 1–3 hours: 44%
Between 4–6 hours: 27%
More than 6 hours: 5%

Base = 298
Survey Results (continued)

**FIGURE 3** | Percentage of ED Visits Resulting in Inpatient Admissions

**Q** | How many of your ED patient visits result in inpatient admissions?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>% of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1%–10%</td>
<td>14%</td>
</tr>
<tr>
<td>11%–20%</td>
<td>35%</td>
</tr>
<tr>
<td>21%–30%</td>
<td>29%</td>
</tr>
<tr>
<td>31%–40%</td>
<td>13%</td>
</tr>
<tr>
<td>More than 40%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Base = 298

**FIGURE 4** | ED Inpatient Admissions in Past Two Years

**Q** | Describe your ED inpatient admissions over the past two years.

- 30% No change
- 56% Increased
- 13% Decreased

Base = 298
Survey Results (continued)

**FIGURE 5 | Percent Increase in Inpatient Admissions in Past Two Years**

Q | Please indicate the percent increase.

<table>
<thead>
<tr>
<th>Percent Increase</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1%–10%</td>
<td>55%</td>
</tr>
<tr>
<td>11%–20%</td>
<td>32%</td>
</tr>
<tr>
<td>21%–30%</td>
<td>10%</td>
</tr>
<tr>
<td>31%–40%</td>
<td>2%</td>
</tr>
<tr>
<td>More than 40%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Base = 298

**FIGURE 6 | Percent Decrease in Inpatient Admissions in Past Two Years**

Q | Please indicate the percent decrease.

<table>
<thead>
<tr>
<th>Percent Decrease</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1%–10%</td>
<td>55%</td>
</tr>
<tr>
<td>11%–20%</td>
<td>38%</td>
</tr>
<tr>
<td>21%–30%</td>
<td>5%</td>
</tr>
<tr>
<td>31%–40%</td>
<td>2%</td>
</tr>
<tr>
<td>More than 40%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Base = 298
Survey Results (continued)

FIGURE 7 | Greatest Strategic ED Challenge

Q | What is the greatest strategic challenge regarding your ED?

- Patient flow: 43%
- Reimbursement: 13%
- Physician alignment, adherence to quality goals: 13%
- Physician staffing: 7%
- Nurse staffing: 6%
- Internal interaction with other departments: 5%
- External competition: 3%
- Patient diversion: 3%
- Other: 7%

Base = 298

TAKEAWAYS

- Size matters: While 43% overall identify patient flow as their ED’s greatest strategic challenge, patient flow is seen as a challenge by more healthcare leaders in medium-sized and large hospitals than in small hospitals.

- There is a tie for second-most-frequently mentioned strategic challenge, with 13% mentioning physician alignment and 13% mentioning concerns with reimbursement. More small hospitals than medium and large are inclined to mention these two items. The big difference in level of response between the top-mentioned challenge and the second-most-frequently mentioned (43% vs. 13%) is another indication of industry focus on patient flow.

- Adding staff does not seem to be the answer. Both here and elsewhere in the survey results, there is not a lot of support for adding staff in order to address ED challenges. Only 7% identify physician staffing as the greatest strategic challenge. Similarly, only 6% see staff nurse staffing as their top strategic challenge.

WHAT DOES IT MEAN?

As seen elsewhere in the survey, just about half (46%) say that their emergency department is overcrowded. But patient flow is less about the number of patients at a given time and more about the movement of ED patients through the system. Look at it this way: when 43% of respondents cite patient flow as their ED’s No. 1 strategic problem, the implication is that if they were able to resolve the patient-flow problem, other problems might be resolved, as well. By their very nature, emergency departments get busy. Therefore, since the patient population is dynamic, the tactics for addressing patient flow have to be dynamic as well. And our survey results indicate that medium- and large-sized hospitals and health systems may need a broader set of solutions than smaller establishments.
Survey Results (continued)

**FIGURE 8** Impact of Healthcare Reform on ED

**Q** What impact will healthcare reform have on your ED?

<table>
<thead>
<tr>
<th></th>
<th>Improve</th>
<th>Worsen</th>
<th>No change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient volume</td>
<td>23%</td>
<td>42%</td>
<td>35%</td>
</tr>
<tr>
<td>Reimbursement</td>
<td>8%</td>
<td>78%</td>
<td>13%</td>
</tr>
<tr>
<td>Revenue margin</td>
<td>12%</td>
<td>80%</td>
<td>8%</td>
</tr>
<tr>
<td>Quality outcomes</td>
<td>52%</td>
<td>17%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Base = 298

**FIGURE 9** Overcrowded ED

**Q** Is your ED overcrowded?

- 46% Yes
- 54% No

Base = 298
Survey Results (continued)

**FIGURE 10 | Concern About Patient Safety in the ED**

Q | How concerned are you about patient safety in the ED as a result of overcrowding?

- Very concerned: 51%
- Concerned: 42%
- Not at all concerned: 7%

Base = 136

Among those respondents who have an overcrowded ED

**FIGURE 11 | Efforts to Improve Throughput Efficiency in ED**

Q | Do you have current or ongoing efforts to improve throughput efficiency in your ED?

- Yes: 95%
- No: 5%

Base = 298
Survey Results (continued)

FIGURE 12 | Techniques Used to Increase ED Efficiency

Q | Please describe the most effective techniques used to increase your ED efficiency.

<table>
<thead>
<tr>
<th>Technique</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fast-track area for less severe illnesses or injuries</td>
<td>65%</td>
</tr>
<tr>
<td>A triage medical evaluation process</td>
<td>56%</td>
</tr>
<tr>
<td>Coordination with inpatient floor nurses</td>
<td>55%</td>
</tr>
<tr>
<td>A streamlined registration process</td>
<td>54%</td>
</tr>
<tr>
<td>Staffing enhancements</td>
<td>33%</td>
</tr>
<tr>
<td>Coordination with imaging</td>
<td>30%</td>
</tr>
<tr>
<td>A nurse facilitator designated for patient flow</td>
<td>20%</td>
</tr>
<tr>
<td>Enlarge the ED</td>
<td>25%</td>
</tr>
<tr>
<td>Diverting nonemergent patients to urgent or primary care</td>
<td>23%</td>
</tr>
<tr>
<td>Increased reliance on staff physicians rather than on-call physicians</td>
<td>18%</td>
</tr>
<tr>
<td>Initiate policy to discharge patients by noon</td>
<td>17%</td>
</tr>
<tr>
<td>A special after-hours program for the ED</td>
<td>7%</td>
</tr>
<tr>
<td>Outsource to ED management company</td>
<td>4%</td>
</tr>
</tbody>
</table>

Base = 282
Multi-response Among those respondents who have current or ongoing efforts to improve throughput efficiency

FIGURE 13 | ED’s Contribution Margin

Q | What is your ED’s contribution margin to the organization?

<table>
<thead>
<tr>
<th>Contribution Margin</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 0%</td>
<td>6%</td>
</tr>
<tr>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>1%–5%</td>
<td>20%</td>
</tr>
<tr>
<td>6%–10%</td>
<td>17%</td>
</tr>
<tr>
<td>More than 10%</td>
<td>16%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>37%</td>
</tr>
</tbody>
</table>

Base = 298
Survey Results (continued)

**FIGURE 14 | Program Focusing on Specific Conditions to Divert Patients From ED**

**Q** Do you have a program focusing on specific conditions to divert patients from ED to urgent or primary care?

- Psychiatric health issues: 42%
- Prescription drug abuse issues: 33%
- Alcohol-related illness: 22%
- Pediatric illnesses: 22%
- Diabetes: 22%
- Asthma: 16%
- Illegal drug abuse issues: 16%
- Chronic obstructive pulmonary disease: 12%
- Obesity: 10%
- Renal failure: 4%
- Other: 4%

Base = 298

Among respondents who have a program.

**FIGURE 15 | ED for Geriatric and Pediatric Patients**

**Q** Do you have a special ED for geriatric patients? Do you have a special ED for pediatric patients?

- Geriatric patients: 2% Yes, 98% No
- Pediatric patients: 17% Yes, 83% No

Base = 298
Survey Results (continued)

**FIGURE 16** | Expectation of Uninsured Patients for ED Next Year

**Q** | What is your expectation for the number of uninsured patients for your ED in the coming year?

<table>
<thead>
<tr>
<th>Expectation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant increase</td>
<td>58%</td>
</tr>
<tr>
<td>Slight increase</td>
<td>27%</td>
</tr>
<tr>
<td>No change</td>
<td>11%</td>
</tr>
<tr>
<td>Slight decrease</td>
<td>4%</td>
</tr>
<tr>
<td>Significant decrease</td>
<td>1%</td>
</tr>
</tbody>
</table>

Base = 298

**FIGURE 17** | Patient Experience Programs in ED

**Q** | Does your organization have programs or initiatives specifically aimed at addressing patient experience in the ED?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>82%</td>
</tr>
<tr>
<td>No</td>
<td>18%</td>
</tr>
</tbody>
</table>

Base = 298
### Survey Results (continued)

#### FIGURE 18 | Status of Urgent Care Centers and Freestanding EDs

**Q** Describe your organization’s status regarding urgent care centers and freestanding EDs.

<table>
<thead>
<tr>
<th></th>
<th>Operate one</th>
<th>Have a formal relationship with</th>
<th>Have an informal relationship with</th>
<th>Plan to develop or open one</th>
<th>No plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent care center</td>
<td>37%</td>
<td>6%</td>
<td>8%</td>
<td>11%</td>
<td>41%</td>
</tr>
<tr>
<td>Freestanding ED</td>
<td>12%</td>
<td>1%</td>
<td>2%</td>
<td>7%</td>
<td>78%</td>
</tr>
</tbody>
</table>

*Base = 298*