



## The most common problem in emergency departments: A long-term stay

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Emergency department (ED) overcrowding is a global problem and it is important as can reduce the quality of care. Over the past few years, this problem was reported in the media of Europe, North America and Australia.<sup>1-3</sup>

Heads of emergency departments in America have repeatedly warned bustle of emergency.<sup>4,5</sup> This notification in emergency medicine journals often been proposed as a "national crisis", as the time and quality of medical care are severely affected.<sup>6-9</sup>

Overcrowding is the most cause of dysfunction of emergency department; thus, it can increase the duration of hospital stay, and length of waiting for hospital admissions and the most important, increase the likelihood of transmission of infectious diseases [such as what happened for severe acute respiratory syndrome (SARS) in Canada].<sup>10-12</sup>

Delay in transferring the patient from the emergency department is directly related with increasing the length of stay in hospital;<sup>13,14</sup> but there is a few studies on the relationship with human bustle outcomes.

For improving the quality of health and care in recent years, the comprehensive program, quality assurance (QA) and quality improvement (QI) are defined, and apparently

used in the United States.<sup>15</sup>

Schull et al. concluded that the occupation of wards bed in Toronto, Canada, is the main reason of overcrowding of emergency departments.<sup>16</sup>

Lack of access to inpatient beds can affect the emergency department in several ways; when entrance of hospital is more than hospital potential then admission through the emergency department cannot be done on an urgent basis. Patients are imposed to wait in the emergency department; thus, a block is created in the process of emergency. In addition, although there is no documentation, but it seems that when specialist in emergency medicine faced with overcrowded emergency, he/she tries to clear and send the patients home with that in normal conditions require hospitalization, trying to overcome the emergency overcrowding.<sup>17</sup>

In a study conducted in Imam Reza Hospital, Tabriz, Iran, in 2008, the average length of stay in the emergency department was 183.6 minutes.<sup>18</sup>

In 2015, in the same hospital, as a referral hospital, from 8177 patients came to emergency department in July, 5592 had the experience time of less than 6 hours; but, 3511 patients left the emergency department in less than 6 hours. In August, from 8565 patients came to emergency department, 5369

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had less-than-6-hour experience time but 3343 patients left the emergency department in less than 6 hours; In September, from 7821 patients came to emergency department, 4918 patients had experience time of less than 6 hours but 2564 left the emergency department in less than 6 hours..

The numbers of outpatient visits in July, August and September were 1196, 1256 and 1228, respectively.

The numbers of patients with disposition and lasting more than 12 hours in the emergency department for transferring to ward were 1288, 1711 and 2021 in July, August and September, respectively.

That all these patients, due to lack of inpatients beds in the wards, imposed to wait in emergency department; therefore, it seems that waiting in emergency department for transferring to inpatient beds is the main reason of overcrowding of emergency

department in Imam Reza hospital.

Instead of increasing pressure on emergency workflow, it is better to design a possible and relevant program for all wards in such referral hospitals. A large and comprehensive regional planning can reduce the amount of input and referring of patients; and on the other hand, a good policy to place the patients in inpatient wards of the other hospitals is needed to be managed by a bed manager.

### Conflict of Interests

Authors have no conflict of interest.

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