



CRASH CART

Each week, EPM senior editors log on to epmonthly.com to comment on the top medical headlines to cross their desks. Here's a review of the best stories – and conversations – of the month. Read more of Crash Cart at www.epmonthly.com

This month, EPM contributors discuss "The Emerging State of Medical Care In Our Nation's Emergency Rooms," by Dr. Sudip Bose, published in the Huffington Post.



Nicholas Genes, MD

Dr. Bose advocates some reasonable solutions to boarding – better bed management systems and reports, discharge lounges, sync'd OR schedules – that we've been hearing for years. What I'm really looking for is how to convince the hospital that these investments are in their best interest, because HuffPo pieces and peer-reviewed articles haven't managed this yet. And I wish he *didn't* base his whole article on ACEP survey data regarding doctors' perceptions on rising ED volumes, which probably doesn't reflect reality as well as actually measuring ED volumes (we discussed this back in March – Seth and I noted that ED visits were rising well before ACA passed, and lately are not rising as much).



Jaime Hope, MD

None of these issues are newly emerging. Reducing boarding is well known to reduce poor outcomes. And anyone who works in an Emergency Dept knows this fact as well – patients don't like it!! They don't like being in a gown in a hallway discussing their personal health. They don't like waiting for hours to be seen. They don't like waiting around for their discharge paperwork because the nurses are busy acting as floor nurses. The voices of EM docs has not yet changed the problems of boarding and long wait times, perhaps the voice of the almighty dollar might.



Ryan McKennon, DO:

This article seems a little disjointed. It starts by talking about non-emergent patient. It then shifts to how volumes are increasing based on doc surveys (I agree with Nick, not that helpful). Finally, it talks about how to decrease ED boarding as a solution to the problem of overcrowding. They are all great ideas that have been discussed before but if the underlying problem is non-emergent visits, the solutions do not address that problem.



William Sullivan, DO, JD

Dr. Bose discusses boarding as a simple solution to reducing patient volumes, but I don't see that as an issue at any of the facilities in which I work, and reducing boarding improves throughput, it doesn't decrease volumes. Discharge lounges are a good idea to try – provided that there is a place to privately discuss discharge instructions and there is available staff to provide these services. In effect, Dr. Bose's article raises some valid issues, but I don't think it comes up with many workable solutions to those issues.

Read the full discussion online:
<http://bit.ly/2enb23i>