

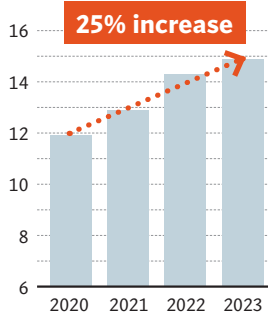


Emergency Departments' Overcrowding Crisis

California's emergency departments (EDs) are facing record-high patient volumes. Hospitals, first responders, and emergency medical services must work together to find system-wide solutions to preserve timely access to life-saving services.

ED visits are surging

EDs have seen a **25% increase** in total volume from 2020-2023, from 11.9 million to 14.9 million annually.



ED boarding is at crisis levels

Boarding occurs when patients must remain in the ED even after the decision has been made to admit or transfer the patient. This is often caused by insurance company delays or denials of further care. Some patients must wait hours, days or weeks to move to their next level of care. Average length of stay has **increased by 10%** since 2019.

What this means for patients and providers



Longer wait times for emergency care and longer ambulance patient offload times



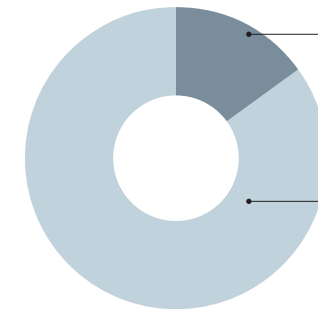
More time spent diverting ambulances to other locations



Increased stress on patients and staff

EDucation: DID YOU KNOW?

- **All patients, regardless of how they arrive at the ED, are screened by a triage nurse to ensure that the sickest patients are seen first.** Many believe that arriving by ambulance gives patients priority access, which is untrue. Only 11% of ED patients arrive by ambulance; 89% arrive on their own.
- **Many 911 calls occur due to lack of access to primary care;** conditions like sore throats and back pain could be treated in more appropriate settings.
- **Most ED patients don't require admission** — in 2023, 86% of ED encounters (totaling 12.9 million visits) were treated and discharged without ever being admitted.



15% of transports are "emergent"

85% are "lower acuity"

Why are emergency departments fuller than ever?

Key factors leading to the crisis

1. HIGH PATIENT VOLUME

- In 2023 there were nearly 15 million visits to California EDs.

2. BOTTLENECKS IN PROVIDING CARE

- Lack of community resources cause more patients in need of care to visit the ED.
- Patients ready for discharge remain at the ED due to limited post-hospital care options and insurance approval delays.
- Hospitals struggle to find appropriate places for the patients awaiting discharge.
- Known as ED boarding, patients wait hours or days to move to their next level of care, making it difficult for EDs to bring in new patients.

3. BEHAVIORAL HEALTH CRISIS

- 26% of inpatient stays now include a behavioral health diagnosis, with chemical dependency cases nearly tripling (192% increase for those with Medi-Cal insurance).
- Patients with behavioral health conditions require specialized services and experience more difficulty accessing the appropriate care, resulting in longer stays in the ED.

4. WORKFORCE CHALLENGES

- 44% of nurses report being subject to physical violence in the ED.
- Highly skilled and trained ED staff are treating patients for “non emergency” health concerns. Not only is this an expensive and inefficient use of resources, it also leads to overcrowding.
- These incidents of violence coupled with ED overcrowding are causing staff burnout.



WHAT NEEDS TO CHANGE:



Increase access to primary care and community-based behavioral health resources



Share real-time, accurate data of ambulance transports between hospitals and prehospital providers to inform process improvements



Improve access to alternate destinations, community paramedicine programs, and treat-in-place options for prehospital providers



Educate the public on resources available to them other than 911, such as the 988 Suicide and Crisis Lifeline and 211