



Title	Emergency Department Overcrowding in Canada: What are the Issues and What can be Done?
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Aim

To summarize the results of 5 studies covering different aspects of overcrowding in Canadian emergency departments (EDs).

Conclusions and results

Emergency department overcrowding is a frequent and significant occurrence across Canada. Among respondents to an ED director survey, 62% reported overcrowding as a major or severe problem in 2004 and 2005, and was more likely to occur in EDs with 50 000 or more visits annually, communities with a population of at least 150 000, university affiliated hospitals, trauma centers, and EDs with 30 or more treatment spaces.

A lack of beds may lead to overcrowding. Most respondents (85%) perceived a lack of admitting beds to be a major or serious cause of overcrowding.

Measures of ED overcrowding and their collection require consistency. Inconsistent methods of collecting, defining, and measuring information related to overcrowding, create a confusing picture of the issues facing EDs.

Electronic collection of data and contributions to a national data system should be considered. Electronic ED information systems are available in Canada, but only 39% of ED directors surveyed reported using them.

Fast track systems can reduce overcrowding. Evidence suggests that fast tracking patients with minor injuries or illnesses can reduce ED length of stay, waiting time, and the number of patients who leave without being seen.

Ambulance diversion strategies, short stay units, staffing changes, and system-wide complex interventions should also be further explored. Limited evidence suggests that these interventions to address overcrowding should be encouraged and monitored.

No evidence of effectiveness could be identified for many broadly adopted interventions in Canada. These include float nurse pools, senior ED physician flow shifts, home

or community care workers assigned on site to the ED, overcensus on wards, orphan clinics, “colored” codes to decongest ED, and “overload” units for in-patients.

Recommendations

Not applicable.

Methods

Five studies (surveys, systematic reviews, Delphi study), detailed in four reports, were conducted to examine the issues and explore solutions to the overcrowding in Canadian emergency departments. (See full report for details.)

Further research/reviews required

There is a need for more investigations of high methodological quality on the specific effects of these interventions and how they might affect quality of care and patient outcomes.