

Conclusion: This study identified the increased demand placed on a tertiary referral public hospital emergency department during extreme heat events and the potential for overcrowding.

Prehosp Disaster Med 2017;32(Suppl. 1):s35–s36
doi:10.1017/S1049023X17001108

Impact of Evaluating Patients in Chairs on Emergency Department Length of Stay

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Study/Objective: Determine if evaluating low acuity Emergency Department (ED) patients in chairs can decrease Patient Length of Stay (LOS) and if it impacts other low acuity patients' LOS.

Background: EDs can utilize an urgent care area to create space for sicker patients. Despite this, overcrowding still results and leads to increased patient LOS. One potential solution is to evaluate patients in chairs as opposed to stretchers.

Methods: This prospective case-control study took place in an inner-city ED with an annual census of 95,000. From January 6 to February 9, 2016, patients with low acuity complaints with anticipated short LOS were placed in chairs for their entire stay. Over 15 complaints were included. A specific nurse and care provider were assigned to these patients. Each study patient was matched with a case control with the same complaint from one year prior. Independent-samples Welch's t-test was used to analyze the data.

Results: Overall, 258 patients were included in the study. There were no statistical differences in age, gender, race, or resource utilization between cohorts. Patients seen in chairs had an average LOS of 101 minutes compared to the case control cohort of 138 minutes ($p < 0.001$). Patients seen in chairs with complaints of extremity injury, cough, dental pain, otalgia, ocular complaints, and genitourinary complaints had an improvement in LOS compared to their cohorts ($p < 0.05$). Also, during the study period 2,369 patients were seen in the fast track area with an average LOS of 172 minutes. This compares favorably with the year prior which saw 2,022 patients with an average LOS of 178 minutes. Average fast track LOS was decreased despite a 17% increase in total number of patients seen.

Conclusion: Treating certain low acuity patients in chairs can decrease patients' LOS and potentially improve throughput of all patients in the urgent care area.

Prehosp Disaster Med 2017;32(Suppl. 1):s36
doi:10.1017/S1049023X1700111X

Stakeholder Views on Emergency Department Operational Challenges: Causes and Potential Remedies

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Study/Objective: To assess Emergency Department (ED) and hospital management views regarding major ED operational challenges, factors causing them and ways of overcoming them.

Background: The ED is the main hospital gateway and the initial site for diagnosis and emergency medical care. In recent years, ED overcrowding has worsened in Israel and worldwide. Overcrowding has been shown to adversely affect patient service and care, fostering patient and caregiver dissatisfaction as well as lowering quality of care metrics, such as: time to pain control and time to antibiotic care and even increasing mortality.

Methods: Stakeholder views on ED operational challenges can provide insights to the major challenges, their causes and ways of overcoming those challenges. Additionally, differences in perceptions between the stakeholders may themselves present a challenge. Face to face semi-structured interviews were conducted with 51 ED head nurses, ED directors and hospital directors of the 17 busiest EDs in Israel.

Results: "Overcrowding" was assessed by interviewees to be the most prevalent and acute operational problem, followed by prolonged waits and lengths of stay. Interviewees considered overcrowding a symptom of other operational difficulties, but also a cause of additional operational and clinical difficulties. While few interviewees attributed operational difficulties to suboptimal process management and decision making, many suggested improving operations management, within the ED and in its hospital interactions as promising interventions. Despite agreement on most topics, a major view difference between ED and hospital managers concerned the importance of interventions to minimize ED boarding.

Conclusion: All three interviewee groups mostly agreed with each other and with the recent literature regarding operational challenges and their causes. Disagreement was noted regarding minimizing ED boarding. Most interviewees suggested improving operations management within the ED and in its interfaces with the hospital.

Prehosp Disaster Med 2017;32(Suppl. 1):s36
doi:10.1017/S1049023X17001121

The Affordable Care Act and Changes in Emergency

Department Usage between Two Michigan Hospitals

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Study/Objective: This study's objective is to evaluate how the Affordable Care Act (ACA) has affected Emergency Department (ED) admissions, rates, and total annual visits.

Background: The ACA has provided individuals the ability to obtain health insurance. If the ACA has an impact on ED utilization is unknown.

Methods: This retrospective observational study occurred at two hospitals in Michigan. One hospital is urban-based in Detroit, Michigan with an ED annual census of 95,000. The other is a suburban hospital in Grosse Pointe, Michigan with an