MORNING CONSULT

Public Perspectives on Boarding in the Emergency Department

American College of Emergency Physicians

— OCTOBER 2023



Key Findings

Adults express high levels of concern about the boarding crisis.

- Four-in-five adults (80%) are concerned about the boarding crisis and two-in-five adults (43%) would delay or avoid going to the ED if they knew that they, or a loved one, could face a long wait in an ED before being admitted to the hospital or transferred to another facility.
- Nearly half of adults (44%) said that they, or a loved one, experienced a long wait time after receiving care in an ED. Of those, 16% indicated that they, or a loved one, waited 13 or more hours after being seen in the ED but before being admitted to another part of the hospital or transferred to another facility.

Adults overwhelmingly agree that emergency medical services are essential and that supplemental funding for essential services should be a priority.

- Nearly all adults (93%) say emergency medical services, such as emergency departments, paramedics, and emergency medical treatment are essential.
- Furthermore, nine-in-ten adults (89%) believe additional or supplemental government funding for these essential services should be a priority.

Methodology

Additional Information Provided to Respondents

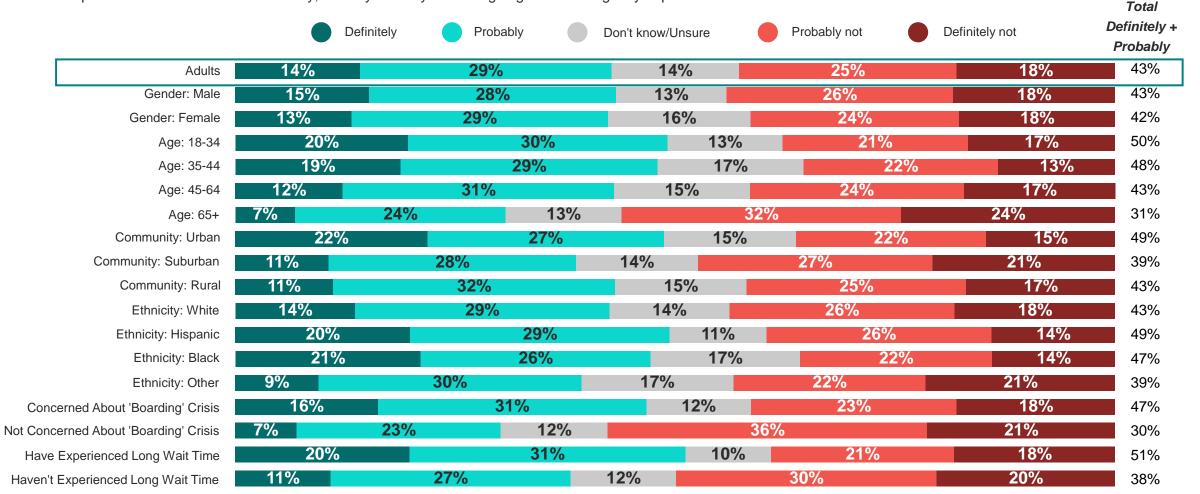
This poll was conducted between September 9-11, 2023 among a sample of 2,164 adults. The interviews were conducted online and the data were weighted to approximate a target sample of adults based on age, gender, race, educational attainment, region, gender by age, and race by educational attainment. Results from the full survey have a margin of error of plus or minus 2 percentage points.

When you wait in the emergency department, it's not just in the waiting room. After a patient is initially seen by an emergency physician, they could wait for hours, days, or even weeks to be admitted into the hospital for more care, or for a spot in a nursing home or psychiatric facility to open so they can be transferred. This problem is called 'boarding' and it has reached crisis levels.

One side-effect of 'boarding' in emergency departments is delayed ambulance response. When a hospital is not ready to receive a patient who arrives via ambulance, the ambulance crew must wait in the emergency department, often for hours, with the patient until the hospital staff is able to receive and care for them. A parked ambulance cannot respond to other emergencies in the community.

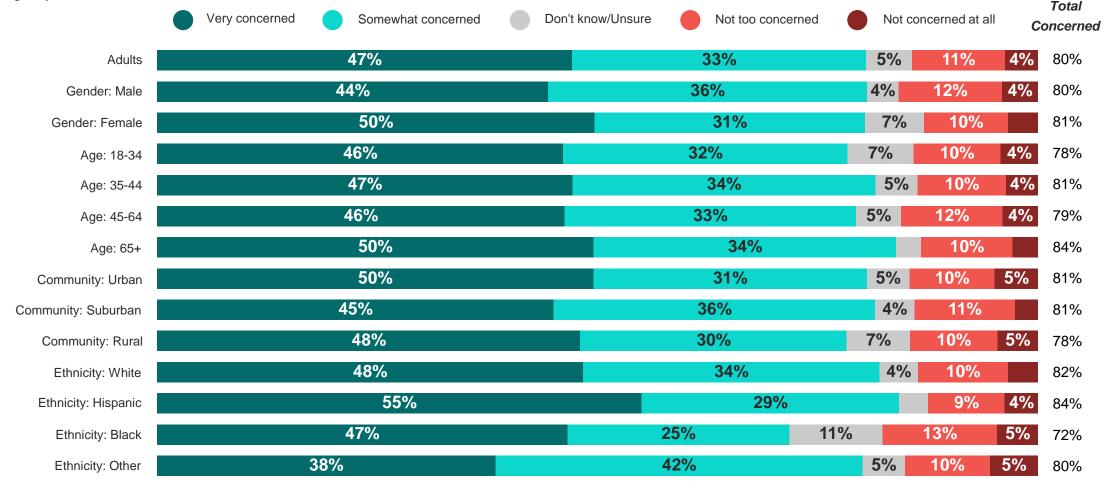
More than two in five adults (43%) would delay or avoid going to the emergency department if they knew that they, or a loved one, could face a long wait after receiving care, but before being admitted or transferred.

If you knew that you, or your loved one, with a severe illness or injury could face a long wait after receiving care in an emergency department before being admitted to the hospital or transferred to another facility, would you delay or avoid going to the emergency department?



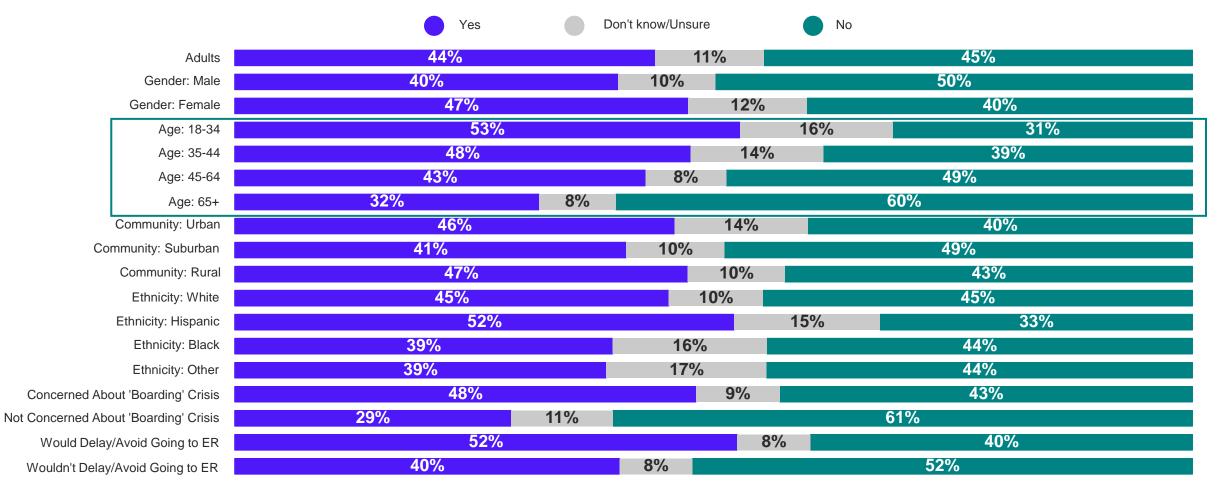
After additional information, majorities of adults across all key demographic groups are concerned they may have to wait longer for an ambulance during an emergency.

Knowing more about the current 'boarding' crisis, how concerned are you, if at all, that you might have to wait longer for an ambulance to respond if you or a loved one have an emergency?



Nearly half of adults (44%) said that *they, or a loved one*, experienced a long wait time after receiving care in an emergency department.

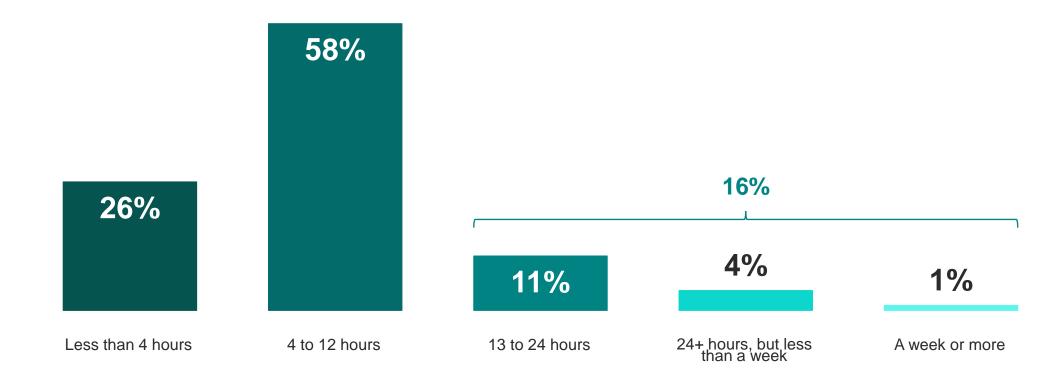
Have you, or a loved one, ever experienced a long wait after receiving care in an emergency department before being admitted to the hospital or transferred to another facility?



Sixteen percent of adults who have experienced a long wait time report their wait time was 13 hours or more.

You mentioned you, or a loved one, have experienced a long wait after receiving care in an emergency department before being admitted to the hospital or transferred to another facility. Roughly how long was the wait time? If you are thinking of multiple experiences, please use the average wait time.

N = 950 Adults Who Have Experienced A Long Wait Time



Adults who have experienced a long wait time after receiving care in an emergency department express their *discomfort*, *extreme wait times*, and *negative impact on their medical care*.

You mentioned you, or a loved one, have experienced a long wait after receiving care in an emergency department before being admitted to the hospital or transferred to another facility. In a few words, can you explain what this experience was like?

N = 950 Adults Who Have Experienced A Long Wait Time

Uncomfortable/Exhausting



Very uncomfortable, waiting on a stretcher in the hallway. Getting little to no information for house, waiting through the middle of the night, no food, just to get basic healthcare.

Extreme Wait Times



A close family friend was admitted into the hospital. However, it took over 5-7 days before a bed upstairs opened up. She had to stay in the Emergency Room area for 5-7 days, which is loud, chaotic and full of people, including people with psychiatric issues. No one should have to wait that long to get a bed.



Exhausting. My son was in a room strapped down waiting for a bed in psychiatric unit for over 20 hours when he was only 9 years old. It caused major trauma to him emotionally and shifted our relationship.



Bad. I waited 14 hours just to be seen by a doctor, and then waited another 12 hours just to be admitted.

Negative Impact on Medical Care



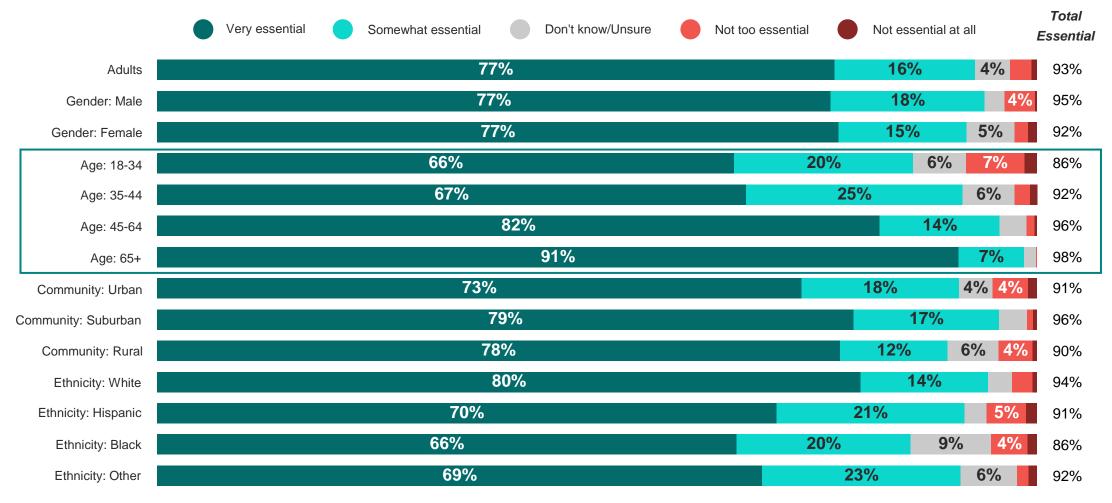
I fell and hurt my neck. I ended up sitting for 5 hours to see a doctor to find out I broke my c2-c3-c4 and needed emergency surgery. Now my legs don't move like they should and if believe if I would have been seen as soon as I got to the ER my outcome would have been different.



I had pancreatitis. I was in severe pain. The gurney bed in the ER didn't help that any. Not to mention the different shifts not being fully aware of my condition, so care was different.

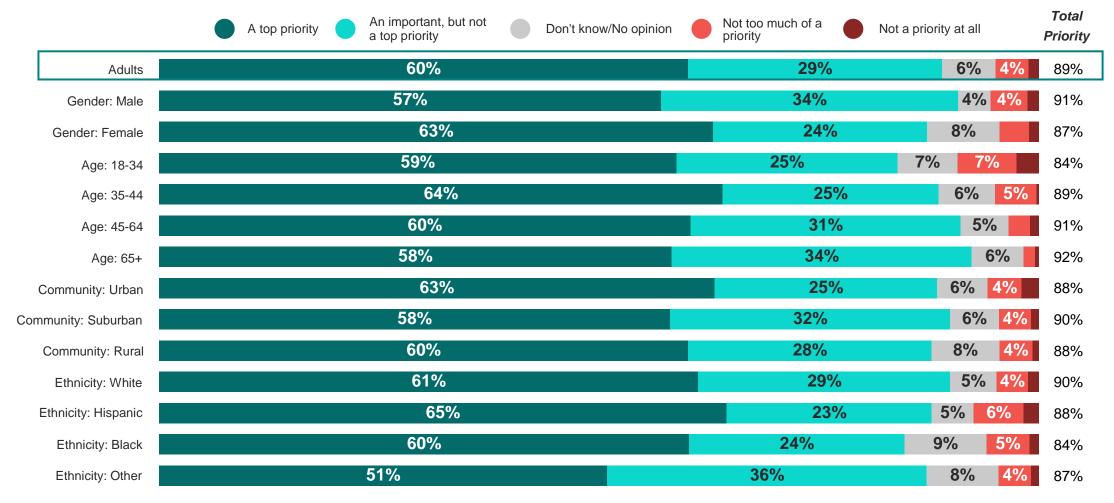
Nine-in-ten adults (93%) express emergency medical services are essential, with older adults being more likely than younger adults to express emergency medical services are very essential.

How essential, if at all, are emergency medical services such as emergency departments, paramedics, emergency medical treatment, etc.?



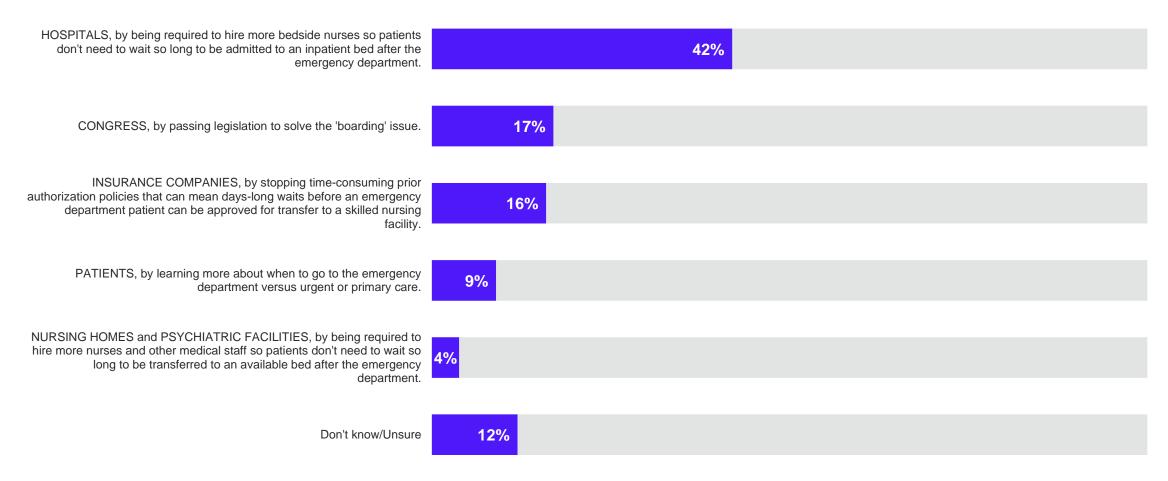
A majority of adults across key demographic groups believe additional or supplemental government funding for essential services should be *a top priority*.

How much of a priority, if at all, should additional or supplemental government funding for essential services be?



The largest share of adults (42%) believe *hospitals* should be primarily responsible for improving boarding and shortening wait times.

In your opinion, who should be primarily responsible for improving 'boarding' and shortening the time patients spend waiting for care after being treated in the emergency department? Please select only one option.



APPENDIX



APPENDIX

Key demographic breakdown of respondents.

