



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved September
2018

Standards for Measuring and Reporting Emergency Department Wait Times

Reaffirmed September 2018

Originally approved October
2012

The American College of Emergency Physicians (ACEP) recommends that the reporting of emergency department (ED) patient waiting times for initial evaluation should be standardized.

As such, ACEP recommends that:

- ED patient “wait time” should be defined as “door to provider contact time.”^{1,2}
- Provider is defined as physician (MD, DO), advanced practice nurse, or physician assistant (PA).
- Measurement of the “door to provider contact time” should be the sole metric used in public advertising to describe ED patient “wait time.”
- Provider contact time is defined by either the face-to-face evaluation of the patient by the provider or the initiation by the provider of specific diagnostic and/or therapeutic orders.
- The calculation of wait time should be the longest amount of time that a patient is currently waiting to see a provider.
- Public advertising of ED patient “wait time” should include a time stamp of the last moment the metric was updated or refreshed.
- Ideally, advertised times should be accurate and reflect real-time waits. However, posted wait times should be updated at least hourly to be meaningful to patients.

1. Welch SJ, Asplin BR, Stone-Griffith S, Davidson SJ, Augustine J, Schuur J; Emergency Department Benchmarking Alliance. Emergency Department Operational Metrics, Measures and Definitions: Results of the Second Performance Measures and Benchmarking Summit. *Ann Emerg Med.* 2011 Jul;58(1):33-40
2. Welch SJ, Stone-Griffith S, Asplin B, Davidson SJ, Augustine J, Schuur JD, et al. Emergency Department Operations Dictionary: Results of the Second Performance Measures and Benchmarking Summit. *Acad Emerg Med.* 2011 May;18(5):539-44

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