

Joint Commission on Accreditation of Healthcare Organizations  
**Emergency Department Overcrowding Standards**

Noted below is the proposed new Emergency Department Overcrowding Standard, Rationale, and Elements of Performance as they will appear in the Leadership chapter of the 2004 Hospital Accreditation Manual. Please reference this text when responding to the standard specific questions that appear below.

**LD.3.4**

The leaders develop and implement plans to identify and mitigate situations that result in Emergency Department overcrowding.

**Rationale for LD.3.4**

Patients in overcrowded Emergency Departments are at a high risk of experiencing treatment delays or inadequate care. Because this patient population is particularly vulnerable to the effects of overcrowding, it is incumbent on hospital leadership to engage in the level and scope of planning needed to prevent overcrowding when possible, and to minimize its impact when it is unavoidable.

Throughout the country, many causes interact to create overcrowded emergency department conditions. They include:

- Increased scarcity of available inpatient and long term care beds and alternate care settings,
- Increased competition for services within the organization, thus intensifying overall demand for ancillary services and increasing service response time,
- Shortage of nurses and other clinical personnel,
- Decreased number of Emergency Departments, and
- Saturation of the primary care network for both insured and uninsured patients.

**Elements of Performance for LD.3.4**

1. Leadership engages in planning that assesses the scope and impact of Emergency Department overcrowding and seeks to resolve identified issues.
2. Planning encompasses the delivery of care to patients who must be placed in temporary bed locations. These temporary locations must be outside of the Emergency Department and in an appropriate patient care area.
3. Planning includes coordination with community resources, (e.g., long term care facilities, home health agencies, and other hospitals) for the purpose of expediting discharges from the Emergency Department.
4. Specific performance indicators are measured that monitor the capacity of support services and patient care and treatment areas that receive Emergency Department patients.
5. The organization's handling of Emergency Department overcrowding is integrated into organization-wide Performance Improvement activities.
6. The organization develops performance measures that monitor the effectiveness of the plan's implementation.
7. Planning includes methods to minimize diversion through coordination with community resources such as Emergency Medicine Services, air ambulances, or fire departments.