

# EMERGENCY DEPARTMENT THROUGHPUT AND EQUITY



# DOMAINS OF HEALTHCARE QUALITY

Safe:

- Avoiding harm to patients from the care that is intended to help them.

Effective:

- Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

Patient-centered:

- Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

Timely:

- Reducing waits and sometimes harmful delays for both those who receive and those who give care.

Efficient:

- Avoiding waste, including waste of equipment, supplies, ideas, and energy.

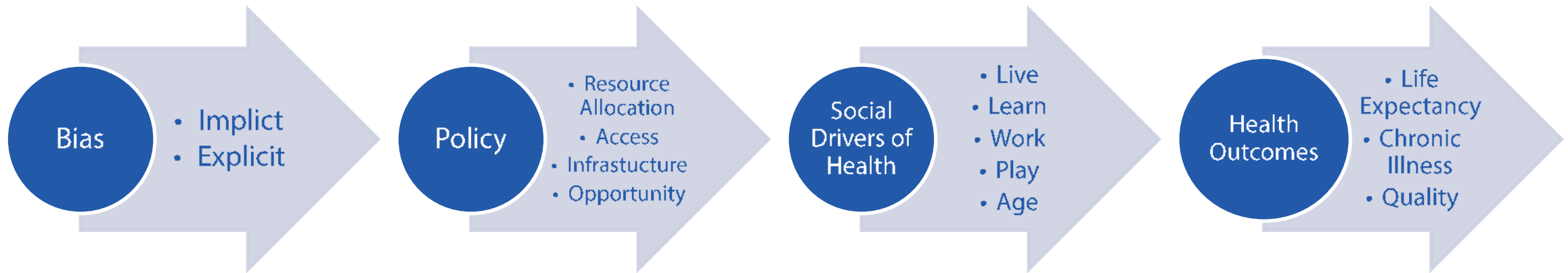
Equitable:

- Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

# DEFINITION OF EQUITY

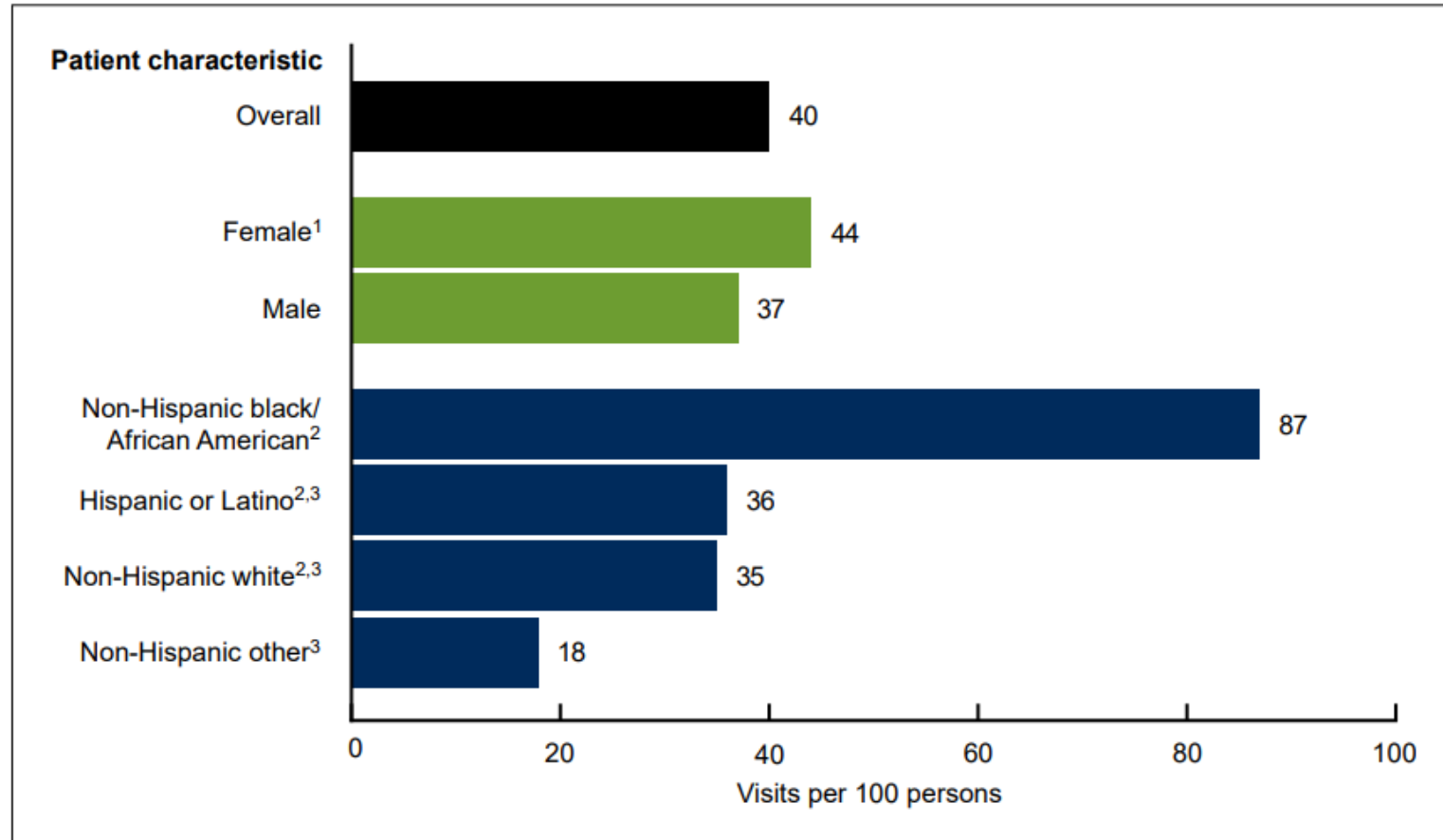
The principle that all individuals have the same access to quality emergency treatment and receive the same standard of care regardless of race, age (children, elders), sex, ethnicity, income, insurance, geographic location, barriers to communication or mobility, or any other demographic detail.

# POLICY DECISIONS CAN DRIVE INEQUITIES



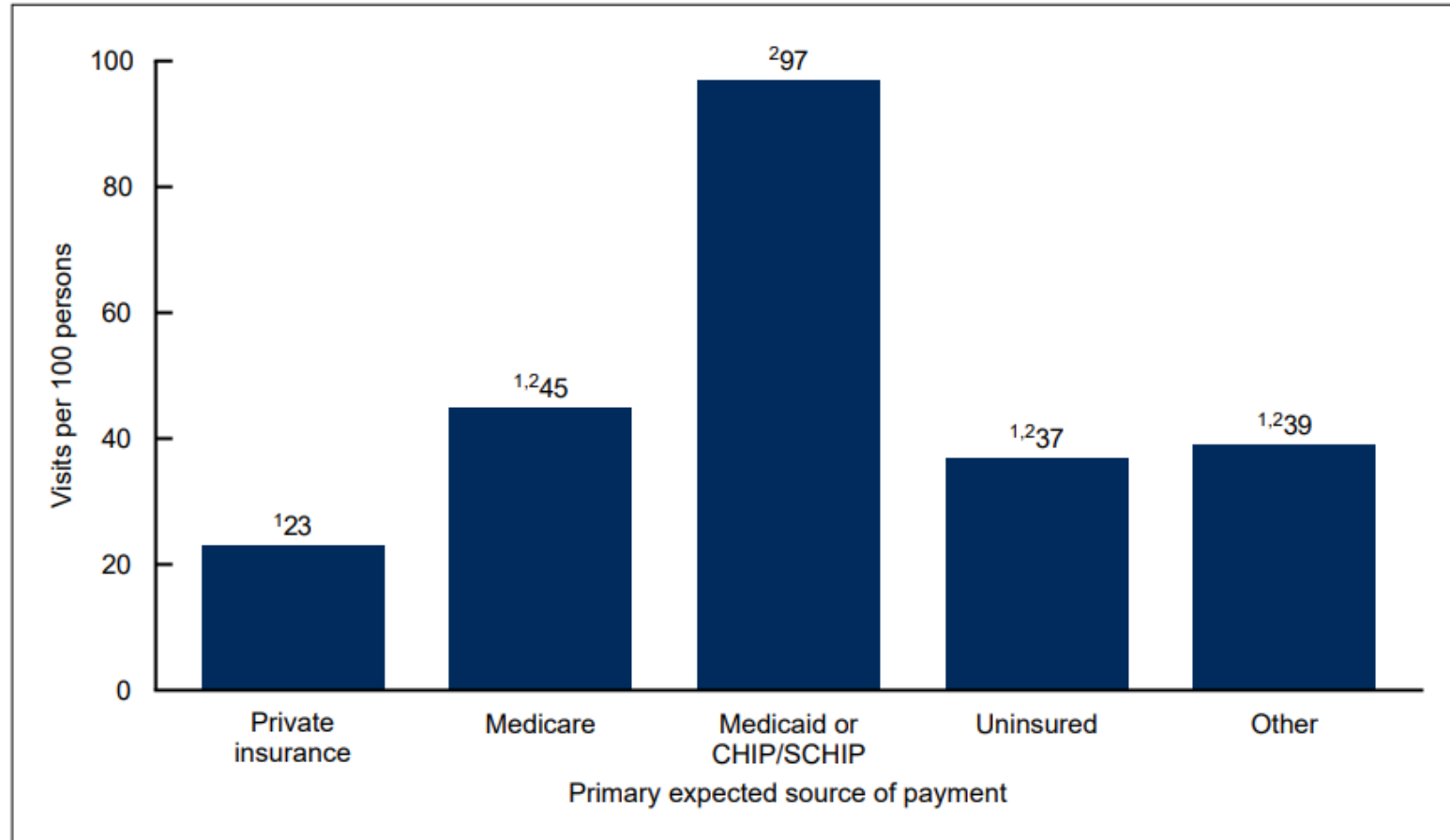
# NATIONAL ED VOLUME BY RACE AND ETHNICITY

Figure 3. Emergency department visit rates, by sex and race and ethnicity: United States, 2018



# NATIONAL ED VOLUME BY PAYER

Figure 4. Emergency department visit rates, by primary expected source of payment: United States, 2018



# WHAT DOES THE LITERATURE SAY?

Racial and Ethnic Differences in Emergency Department Wait Times for Patients with Substance Use Disorder (2023)<sup>1</sup>

- “The findings showed that Black patients with substance use disorder are waiting 35% longer, on average, than White patients with the same condition.”

People of Color Wait Significantly Longer for Less Acute ED Visits (2021)<sup>2</sup>

- “Black, Hispanic, and Asian patients are more likely than white patients to wait to be seen in the emergency department for non-emergent, lower acuity conditions, where there isn't an obvious, urgent driver to be seen as soon as possible. The wait is significantly longer even when controlled for demographic, hospital, and health systems variables.”

Sociodemographic Disparities in Queue Jumping for Emergency Department Care (2023)<sup>3</sup>

- “In this cross-sectional study of ED patients in triage, there were consistent disparities among marginalized populations being more likely to experience a UQJ, hallway placement, and leaving without receiving treatment despite being assigned the same triage acuity as others.”

# EQUITY ASSESSMENT

What is the issue under consideration?

What are the racial and other equity impacts of the policy?

Who will benefit from or be burdened by the decision?

Have affected community members or leaders been engaged in the development or vetting of the proposal?

Can the policy be successfully implemented and evaluated for impact?



# POSSIBLE INTERVENTIONS THAT MAY MITIGATE BIAS OR STIGMA

Cultural  
competency  
education and  
self-assessment

Evidence-based  
guidelines and  
treatment  
pathways

Use of a “crowding  
time-out

Physical  
modifications to  
the treatment  
environment

Community  
engagement

# DISCUSSION QUESTIONS

1. What unintended consequences can you anticipate based on solutions we may consider?
2. Which factors should be considered when assessing whether recommendations are equitable?

# REFERENCES

1. Goldfarb, S. S., Graves, K., Geletko, K., Hansen, M. D., Kinsell, H., & Harman, J. (2023). Racial and ethnic differences in emergency department wait times for patients with substance use disorder. *The Journal of Emergency Medicine*, 64(4), 481–487. <https://doi.org/10.1016/j.jemermed.2023.02.015>
2. Lu FQ, Hanchate AD, and Paasche-Orlow MK. (2021.) "Racial/ethnic disparities in emergency department wait times in the United States, 2013" American Journal of Emergency Medicine.
3. Sangal, R. B., Su, H., Khidir, H., Parwani, V., Liebhardt, B., Pinker, E. J., Meng, L., Venkatesh, A. K., & Ulrich, A. (2023). Sociodemographic disparities in queue jumping for emergency department care. *JAMA Network Open*, 6(7). <https://doi.org/10.1001/jamanetworkopen.2023.26338>