



AB 911 (Lieu) – Emergency Department Overcrowding

What is the Problem?

Emergency departments are routinely overcrowded threatening the health and safety of patients in need of care. According to a 2007 Institute of Medicine report, the most common cause of ED overcrowding is the boarding of admitted patients in the Emergency Department. Study after study looking at outcomes from heart patients to the elderly, repeatedly show that boarding leads to increased mortality and complications as well as an increase in the overall length and cost of hospitalization for patients. Regardless of insurance, regardless of geography, ED overcrowding threatens the health and safety of everyone who goes to the ED.

What does AB 911 do?

- Requires hospitals to assess and calculate, using NEDOCS (National Emergency Department Overcrowding scale), how crowded the emergency department is every three hours. Hospitals may use the following NEDOCS calculator at no software cost found at http://hsc.unm.edu/emersed/nedocs_fin.shtml
- Requires hospitals, by 2011, to develop and implement a full capacity protocol for each of the categories of the overcrowding scale.
- Requires hospitals to file its full capacity protocols with the Office of Statewide Health Planning and Development and annually file any revisions.

How does AB 911 help the problem?

- Hospitals that have implemented NEDOCS and full capacity protocols have seen a decrease in boarding, lower wait times, decreased patient length of stays, and increased patient satisfaction.
- LA County-USC hospital uses NEDOCS and has implemented a full capacity protocol and has seen a dramatic drop in boarded patients and wait times.
- Full capacity protocols not only help with the regular overcrowding situations but are also very important to prepare a hospital for a major disaster. Hospitals won't be ready for a disaster if they aren't prepared to handle even regular overcrowding situations.
- Decreased boarding and crowding saves money. Studies show the overall length and cost of hospitalization are increased for patients boarded in the ED.

What AB 911 does not do:

- Tell hospitals how to deal with crowding. Each hospital is a different size, has different staffing structures, different physical plant space and different needs. Each hospital needs the flexibility to design its own full capacity protocol to respond to crowding conditions.
- Require any particular personnel to input data to determine NEDOCS score. Hospitals that use NEDOCS use existing staff to calculate the score, typically using staff that is not responsible for patient care.
- Require hospital to purchase technology or change their current systems. Hospitals may use the following NEDOCS calculator at no software cost found at http://hsc.unm.edu/emersed/nedocs_fin.shtml USC County calculates NEDOCS and has developed and implemented a full capacity protocol at no additional cost.