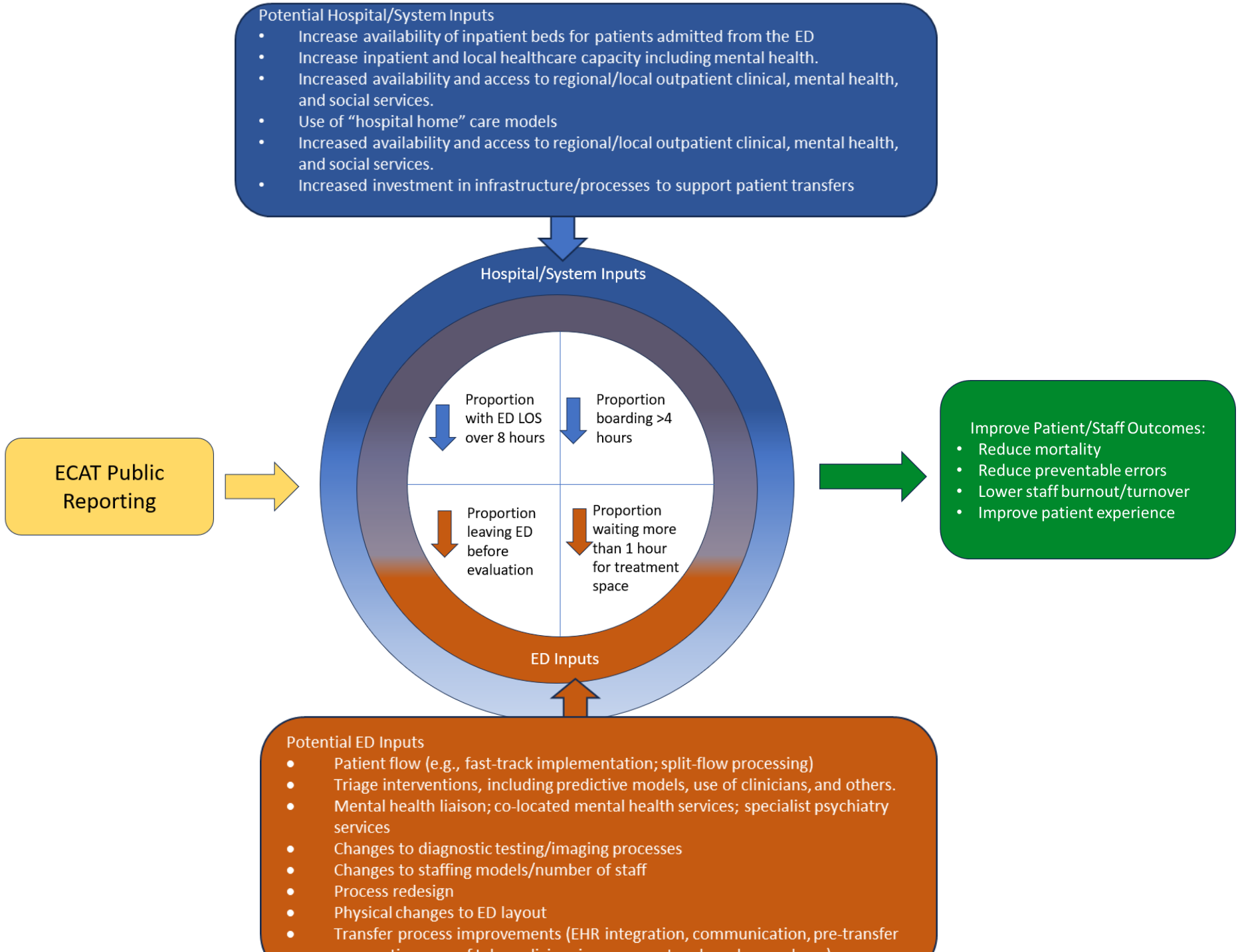
Potential Hospital/System Inputs
• Increase availability of inpatient beds for patients admitted from the ED
• Increase inpatient and local healthcare capacity including mental health.
• Increased availability and access to regional/local outpatient clinical, mental health, and social services.
• Use of "hospital home" care models
• Increased availability and access to regional/local outpatient clinical, mental health, and social services.
• Increased investment in infrastructure/processes to support patient transfers
Hospital/System Inputs
ECAT Public Reporting
Proportion with ED LOS over 8 hours
Proportion boarding >4 hours
Proportion leaving ED before evaluation
Proportion waiting more than 1 hour for treatment space
ED Inputs
Improve Patient/Staff Outcomes:
• Reduce mortality
• Reduce preventable errors
• Lower staff burnout/turnover
• Improve patient experience
Potential ED Inputs
• Patient flow (e.g., fast-track implementation; split-flow processing)
• Triage interventions, including predictive models, use of clinicians, and others.
• Mental health liaison; co-located mental health services; specialist psychiatry services
• Changes to diagnostic testing/imaging processes
• Changes to staffing models/number of staff
• Process redesign
• Physical changes to ED layout
• Transfer process improvements (EHR integration, communication, pre-transfer