

Iranian emergency department overcrowding

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To the Editor

Today, overcrowding in emergencies has turned out to be one of the biggest problems in health systems around the world. In this case, a short and an accessible solution could not be reached. In fact, several basic reasons play a role in such a problem, and eliminating each of them would require long-term planning. This issue not only has a negative effect on the quality of services presented to the patients, but also produces both psychological and physical effects on the emergency staff such as physicians and nurses. In addition, it also causes increased dissatisfaction among referees as well as imposing excessive exhaustion on medical staff (1,2).

An increase in the number of unnecessary referees in non-emergency cases is one of the major factors for overcrowding, leading to the distraction of physicians from critical and emergency patients during their visiting time toward the noises of non-emergency referees. Providing low-cost or even free services to all referees and fair calculation of costs between emergency and non-emergency cases are considered as some of the factors that increase the expectation level of referees and overcrowding in state emergency centers (3,4). Some solutions to eliminate this prominent problem include performing accurate and timely triage, presence of law enforcement and security, difference in the costs of non-emergency cases, and implementing some programs to improve the level of medical culture in the society.

Another recognized factor responsible for overcrowding in emergencies is the lack of timely hospitalization, disposition, and discharge of patients. Unfortunately, most of the emergencies suffer from the shortage of personnel with enough skills, experience, and proficiency in knowl-

edge as well as decision-making authority (1). Indeed, General Practitioners (GPs), first-year medical residents, or interns are usually present in emergencies without adequate knowledge and authority to make a decision. They also waste the valuable time by requesting unnecessary paraclinical procedures and unrelated consultations. Of course, increasing demands from referees to perform time-consuming procedures such as CT scan and MRI are not ineffective in this area. The presence of emergency medicine specialists and well-timed answering of other nonresidents and Specialists On Call (SOC), or even their residency beside emergency medicine specialists, would have a great effect on training the residents and medical students. In addition, this could also lead to a decrease in the time-consuming, expensive, and unnecessary paraclinical procedures, and most importantly, timely discharge of patients.

Unnecessary utilization of critical and limited beds in the ICU of state hospitals by patients with poor prognosis or who do not benefit from hospitalization delays the treatment of emergency patients who actually requires ICU. This wastes the energy and time of the emergency staff, blocking the required services in the emergency department for critical and emergency patients (3).

Ethical issues

Not applicable.

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