

HI-224 Health Care Data Analysis & Statistics

Article Response Week 2

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### **Bed use in Emergency admissions**

I would just like to start out by saying, this article talks in circles and the authors offer no relative information as it pertains to actual cases. As someone who worked in a hospital setting for twenty years, patients are most often sacrificed for a bottom line. As far as occupancy data for emergency admissions, if the hospital census is down and there are no projected increase of those potentially occupied beds, ie., elective surgical cases, then you see in an increase in emergency department admissions. Unfortunately we cannot accurately predict when a population is going to require emergency treatment. Trends can be identified, such as within the past decade with the rise of opioid deaths and overdoses requiring such emergency treatment. Because of this, most often our aging population go untreated or sent home with family members to care for them.

I also feel the lack of basic quality healthcare has added to this crisis. Relevant diagnostic tests are not being performed with efficiency, thus causing an increase in co-morbidity conditions that may be avoided altogether with proper attention and treatment. Worsening or untreated conditions are driving people to flood emergency rooms in hopes of receiving adequate care at best.

I would also like to touch on early discharges as this effects our general population health care delivery system. What the article does not mention is the re-admission rate increase due to the need of vacant beds for elective occupancy. There is a high rate of re-admission, largely due to infection rates, along with improper, inaccurate and even incomplete diagnostic testing. For these reasons this is why Medicare has fined facilities for re-admissions and refusal to pay if a patient is re-admitted within a 30 day period. Most often facilities ignore this by documenting palliative treatment for certain age groups and conditions, and are sent home with families to be cared for. Rarely now do you see nursing home patients being admitted into the hospital particularly through the emergency department.

If we start providing better healthcare in the offices, the emergency room crisis' can be better dealt with, with the exception of catastrophic events.