

# Emergency department crowding negatively influences outcomes for adults presenting with chronic obstructive pulmonary disease

Patients with COPD are especially vulnerable to crowding-related delays



Higher physician initial assessment and LOS metrics were associated with:



## 1. Delays in assessment

CTAS 1/2: 0.39 [95% CI 0.38, 0.41]  
CTAS 3: 0.88 [95% CI 0.86, 0.89]  
CTAS 4/5: 0.98 [95% CI 0.94, 1.02]



## 2. More premature departures

CTAS 1/2: OR 0.72 [95% CI 0.49, 1.05]  
CTAS 3: OR 1.25 [95% CI 0.91, 1.72]  
CTAS 4/5: ---



## 3. Longer individual length of stay

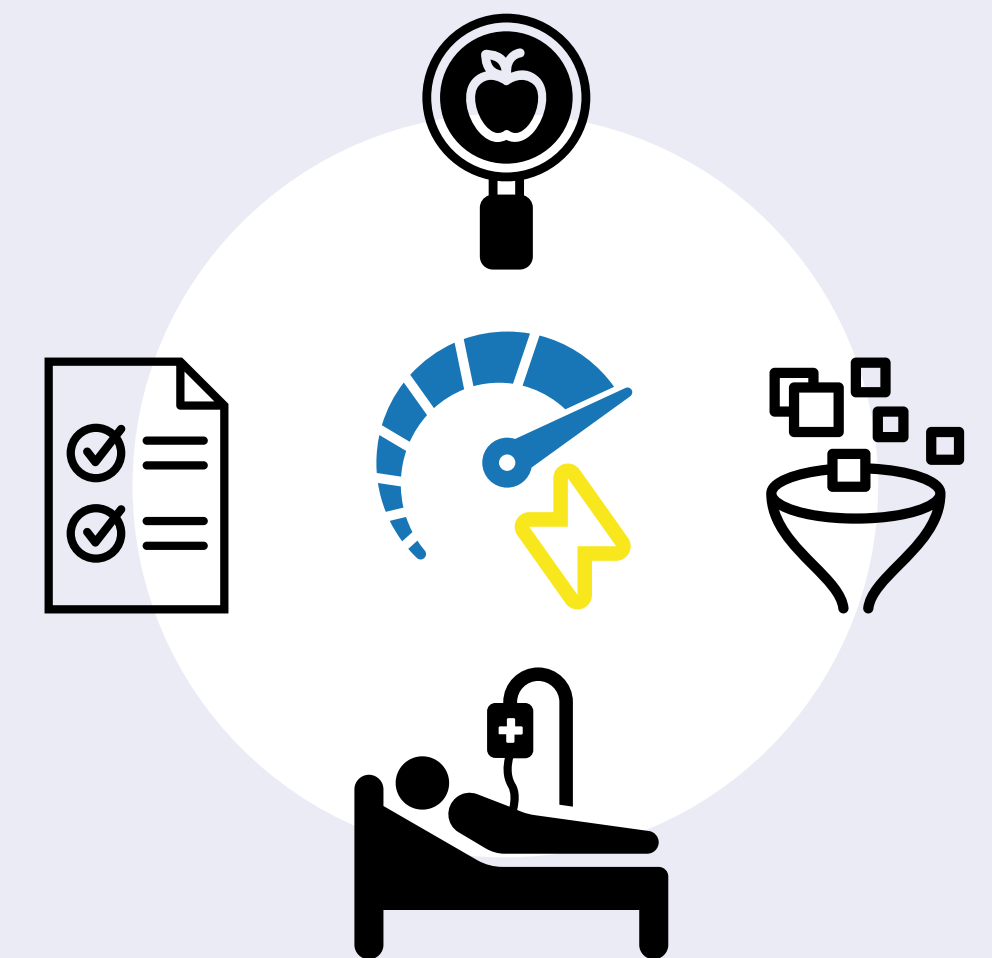
CTAS 1/2: 0.46 [95% CI 0.25, 0.67]  
CTAS 3: 1.27 [95% CI 1.08, 1.46]  
CTAS 4/5: 1.40 [95% CI 1.09, 1.71]



## 4. More hospital admissions

CTAS 1/2: OR 1.02 [95% CI 0.99, 1.05]  
CTAS 3: OR 1.02 [95% CI 0.99, 1.05]  
CTAS 4/5: OR 1.38 [95% CI 1.00, 1.90]

Strategies to address ED crowding and improve flow should be considered



The effectiveness of promising, yet unproven, interventions requires formal evaluation prior to implementation

**Take Home Message:** ED crowding mitigation efforts to provide timely care for patients with COPD are urgently needed

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