

ED patient acuity largely unchanged by COVID (at least so far)

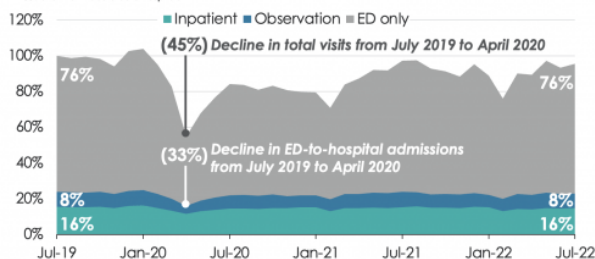
Many health systems are wondering if consumers are now leveraging new access points, including telemedicine, for low-acuity urgent care instead of going to the emergency department (ED), something which many experts are [forecasting](#). For the graphic below, we partnered with healthcare software and analytics firm [Strata Decision Technology](#) to try to answer this question. Using their national StrataSphere dataset for short-term acute care hospitals, we found that **ED patient acuity levels in July 2022 were virtually identical to those in July 2019, though 2022 volumes were down by four percent. Admission and observation decisions across the two groups were also largely the same.** We'll be keeping our eye on the data to see if the story changes, as individuals who have delayed care over the last two and a half years now return, presenting to the ED with more advanced disease. While current ED patients may not be more acute than before, **the ongoing shortage of clinical labor may explain why some hospitals tell us that their EDs feel busier than ever.** Measured by total worked hours of ED employees per adjusted patient day, **the amount of labor dedicated to each patient requiring an overnight ED stay is down around forty percent from 2019** across hospital EDs of all staffing levels. With fewer labor hours to go around, each team member on the floor now has more to do.

Emergency Department Visit Acuity Largely Unchanged by COVID

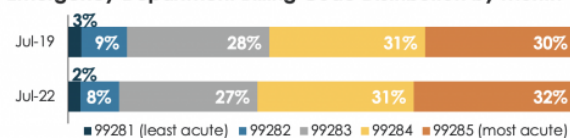
However Reduced Labor Supply Generating More Intense Workloads

Monthly ED¹ Visits by Admission Decision, Compared to July 2019 Levels

n = 309 short-term acute care hospitals

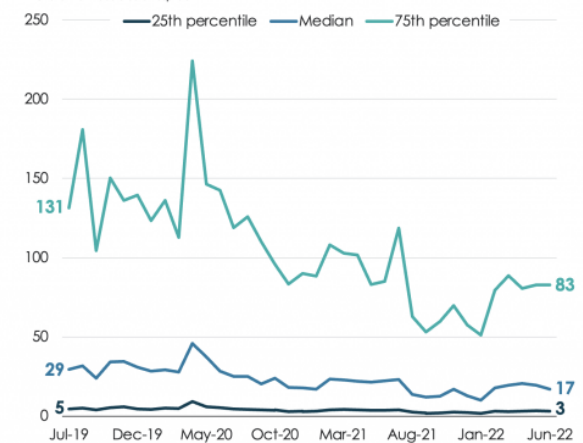


Emergency Department Billing Code Distribution by Month²



ED Staff Worked Hours³ Per Adjusted Patient Day⁴, Monthly by Percentile⁵

n = 162 short-term acute care hospitals



1. Emergency department.
 2. Graphs do not sum to 100% because of rounding.
 3. Includes nurses, clinical support, environmental services, administration, transport, registration, etc.; may or may not include physicians based on the employment model of specific organization; excludes training, meeting, and orientation as non-productive.
 4. Patient days represent patients that stayed over night, excludes patients released the same day.
 5. Percentile by hospital's ED worked hours per adj. patient day.

Source: Strata Decision Technology, StrataSphere Dataset, Aug. 2022; Gist Healthcare and Strata analysis.