CHAPTER 1

The State of the Modern Emergency Department

The emergency department (ED) has always been a place of urgency, resilience, and adaptation, but perhaps no hospital department was as profoundly impacted during the COVID-19 pandemic. As the front door to care, the ED carried the weight of the crisis while also absorbing broader pressures reshaping healthcare today—new regulations and payer models, shifting demographics, rising consumer expectations, workforce shortages, and the acceleration of AI and digital solutions. Each of these forces converges at the ED, making it not just a clinical setting but a proving ground for the future of healthcare delivery.

The challenge before us is unmistakable: We must rewire how our emergency departments operate. While the pace and complexity of these shifts can feel daunting, they also open the door to possibility. This book is about seizing that opportunity—transforming EDs into spaces where patients receive not only timely, efficient care, but also compassionate, human-centered experiences, and where hospitals can achieve clinical, operational, and financial strength. To begin, we will

first explore how the role of the ED has evolved over the years, setting the stage for what comes next.

The Evolving Role of the ED

Emergency care has transformed from a largely reactive, trauma-focused service into a highly complex, specialized system shaped by advances in medicine, demographic shifts, and rising chronic disease. Early emergency departments operated with limited resources, and pre-hospital care was less efficient, constrained by the tools and training available. Today, EDs manage a far broader spectrum—from mental health crises to complex medical emergencies—requiring seamless integration with EMS, primary care, and hospital systems. Rising patient expectations and increasing complexity demand stronger coordination, innovation, and resilience. Yet no change has been as abrupt or defining as COVID-19, when the ED became the nation's front line, stretched beyond capacity and permanently reshaped in its purpose and identity.

How COVID-19 Reshaped the ED Landscape

The COVID-19 pandemic marked one of the most profound turning points in modern U.S. healthcare, and no hospital department was more deeply reshaped than the emergency department (ED). As the nation's front line, EDs carried the weight of an unprecedented surge of critically ill patients while adapting overnight to new safety protocols and shifting demands. The crisis exposed vulnerabilities in capacity, staffing, and supply chains but also highlighted the resilience and ingenuity of emergency care teams.[1]

In the earliest months, EDs restructured operations almost overnight. Hospitals created separate treatment zones for suspected COVID-19 cases, established outdoor triage stations, and converted

spaces into negative-pressure rooms. Persistent personal protective equipment (PPE) shortages and overwhelming patient volumes forced leaders to reallocate staff and resources while sustaining essential services.[2]

A defining legacy of the pandemic was the rapid expansion of telehealth. To minimize exposure, many EDs adopted virtual consultations, remote triage, and digital follow-up care—innovations that preserved capacity and introduced sustainable new models of emergency care.[3] At the same time, data analytics became central in tracking patient trends and anticipating surges.

Paradoxically, EDs also saw steep declines in non-COVID visits, as patients delayed care for strokes, heart attacks, and other critical conditions. Public health campaigns worked to reassure Americans that emergency care remained both safe and essential.[4] As the crisis subsided, EDs began embedding these lessons into long-term strategy. Telemedicine, redesigned layouts, surge preparedness, cross-training, and stronger supply chains remain central features. Equally important, hospitals now prioritize staff wellness and mental health, recognizing the toll of burnout during the pandemic.[5]

COVID-19 did not simply disrupt emergency medicine—it accelerated change and redefined the role of the ED. The task now is to carry these lessons forward and build departments that are more resilient, innovative, and prepared for the future of emergency healthcare.

Challenges and Changes

Today's emergency departments face numerous challenges, many of which stem from the growing demand for care coupled with the limitations of existing resources.

Overcrowding. ED crowding remains one of the most persistent challenges in U.S. emergency care. Boarding of admitted patients—exacerbated by inpatient bed shortages—continues to clog throughput and drive longer wait times. Staffing shortages compound these pressures, as hospitals contend with high nursing turnover, greater reliance on travel staff, and intense competition for experienced clinicians. These operational strains translate directly into patient experience, reflected in rising left without being seen (LWBS) rates and lengthening door-to-provider times. National data suggest an average door-to-doctor time of around 20 minutes, though this can be much longer in overcrowded facilities, and every additional delay increases the risk of patients leaving before evaluation.

The data illustrates a concerning trend. In 2017, the median LWBS rate across U.S. emergency departments was approximately 1.1 percent, but by the end of 2021 it had nearly doubled to 2.1 percent.[6] More recent analyses show wide variability: While a large 2023 dataset of over 1,500 hospitals reported a national average LWBS rate of 1.1 percent, some hospitals have experienced rates exceeding 10 percent in high-volume, resource-strained conditions.[7,8] Such disparities highlight how systemic pressures such as boarding, staffing shortages, and uneven resource distribution drive patient behavior and outcomes. Rising LWBS rates and prolonged waits not only undermine patient satisfaction but also delay care for time-sensitive conditions, compounding the risks to safety and public trust in the emergency care system.

Staff Shortages. The demanding nature of emergency care, long shifts, and high-stress situations contribute to high turnover rates and difficulty in recruiting both physician and nursing staff. COVID-19 exacerbated these issues, with many healthcare workers leaving the field due to burnout or safety concerns. This shortage of skilled professionals has made it difficult to maintain efficient patient flow,

resulting in increased wait times and diminished patient outcomes. The increased reliance on temporary or less experienced staff further strains the capacity of EDs, especially during times of crisis or high patient volume.

High Levels of Burnout. Relentless patient volumes, high-acuity cases, long waits, and chronic staffing shortages create a pressure-cooker environment in the ED. The result is exhaustion, moral distress, and turnover that harm both staff and patient care. Unless hospitals confront burnout directly—with adequate staffing, well-being support, and sustainable workflows—the ED risks losing its most vital resource: its people.

Lots of Complex Patients. With an aging population and rising rates of chronic illness, EDs increasingly manage patients with complex needs. Nearly 60 percent of adult ED visits involve at least one chronic condition, and almost 20 percent involve three or more.[9] Hypertension, diabetes, depression, and heart disease are among the most common. Mental health demand has also surged, with over 5,100 mental health–related visits per 100,000 ED encounters in 2025 and a growing share of psychiatric and substance-related cases.[10] These trends shift the ED's role toward chronic disease complications and behavioral health crises.

Higher Patient Expectations. Consumerism has reshaped what patients expect from emergency care. Many demand rapid service, personalized attention, and hospitality-driven interactions, which often clash with triage realities and acuity-based prioritization. Providers must balance lifesaving interventions with the pressure of patient experience, creating ethical tensions and burnout. While consumerism risks commodifying care—reducing it to speed or amenities—the ED cannot ignore these expectations. The challenge is to deliver both: service that feels responsive and human-centered while

safeguarding empathy, clinical judgment, and safety. By blending hospitality with healing, the ED can meet modern demands without losing its core purpose.

Realities of the Digital Age. COVID-19 accelerated telehealth's shift from niche to mainstream, prompting regulatory changes in reimbursement, licensure, and access. While its role in the ED remains targeted—such as virtual triage and telepsychiatry—the broader impact of digital health is clear. Advances in electronic health records, interoperability, artificial intelligence, and remote monitoring have improved accuracy, efficiency, and chronic disease management. Yet these gains come with challenges: cybersecurity risks, privacy concerns, steep learning curves, and costly implementation. For resource-strained EDs, adopting and sustaining these technologies requires balancing innovation with practicality and safeguarding both patient safety and workforce capacity.

Financial Pressures. EDs are the hospital safety net, treating all comers regardless of ability to pay. Yet reimbursement often falls below cost—especially for Medicaid and self-pay/uninsured—while hospitals face uncertainty from shifting payment models, state and federal funding, and programs like 340B.

Since 2014, the Affordable Care Act (ACA) Medicaid expansion increased the Medicaid share of ED visits and reduced uninsured/self-pay. By 2014–2021, Medicaid became the most common primary expected payer for ED patients under 65. Post-pandemic redeterminations (2023–2025) have partially unwound those gains in some markets—e.g., Missouri saw roughly a four-point drop in Medicaid's ED share, with similar pediatric shifts reported in Texas. The result since 2023: a more volatile payer mix that varies by state policy, straining ED finances and access.

Rewiring for a New Era in Emergency Care

COVID-19 didn't just stress the ED—it revealed what must change. We can no longer rely on heroics and workaround culture. Rewiring means moving from reactive fixes to intentional system design that delivers timely, compassionate care every day, not just on our best day.

The ED now manages chronic disease flares, behavioral health crises, and social needs alongside trauma. That reality demands tighter links with EMS, primary care, specialty clinics, and community services. Rewiring connects these touchpoints, so patients experience one coordinated path, not a series of handoffs.

Payer mix is changing, too, which further strains resources and reimbursement models. These shifts directly affect patient experience. Lower-acuity patients still coming to the ED often experience long waits while higher-acuity cases are prioritized. And when admitted patients start their hospital stay through the ED, their perception of the entire inpatient experience is influenced—sometimes dragging down overall scores.

The implications are clear: Fixing the ED isn't just about improving throughput or calming a crowded waiting room. It's about elevating the hospital's entire reputation, improving inpatient satisfaction, and creating a foundation for sustainable success in value-based care. Hospitals that rewire their EDs—strengthening flow, improving communication, retaining staff, and investing in follow-up care—see ripple effects across the care continuum.

We can't control payer policies or keep every patient out of the ED, but we *can c*ontrol what happens once patients arrive. We *can* provide compassionate, respectful, and patient-centered care. We *can* develop great leaders and create cultures that attract the right talent and make them want to stay. We *can* streamline operations and flow.

We *can* take steps to make sure patients get the care they need after they leave us—just calling discharged patients to confirm follow-up appointments, or embedding a discharge planner within the ED, can significantly reduce readmissions and improve outcomes.

Rewiring is our mandate: aligning people, processes, and technology so the right care happens the first time, every time. Do this well, and the ED becomes the hospital's engine—safer flow, fewer avoidable returns, stronger outcomes, and sustainable margins. Above all, we will measure success by the experience of patients and the well-being of those who care for them—because that is the emergency department where our employees want to work, physicians want to practice, and patients want to receive their care.