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HEALTH • HEALTHCARE

Hospitals Are So Crowded Patients Spend 24 Hours in the E.R. Hallways

Wait times for hospital beds are getting longer, clogging up emergency rooms, and doctors say it is only getting worse

By Peter Loftus
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In America's overcrowded hospitals, emergency rooms are increasingly turning into medical waiting rooms. MARIO TAMA/GETTY IMAGES

Quick Summary

- The practice of keeping admitted patients in the emergency room while they wait for a bed, known as boarding, is increasing in American hospitals.

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You are in the emergency room. You have been told you are being admitted. And then, you wait. And wait. Four, 12, maybe even 24 hours, still stuck in the E.R., waiting for a bed to open up.

This new normal in American hospitals is about to intensify.

The practice of keeping patients in the E.R., called "boarding," for hours or even days has been increasing over the past decade. One in four patients who were admitted through the E.R. spent at least four hours waiting in the E.R. before getting a bed in September 2024, compared with one in eight in September 2017, according to a paper in Health Affairs. The rate of people boarded in the E.R. for at least 24 hours tripled during that time.

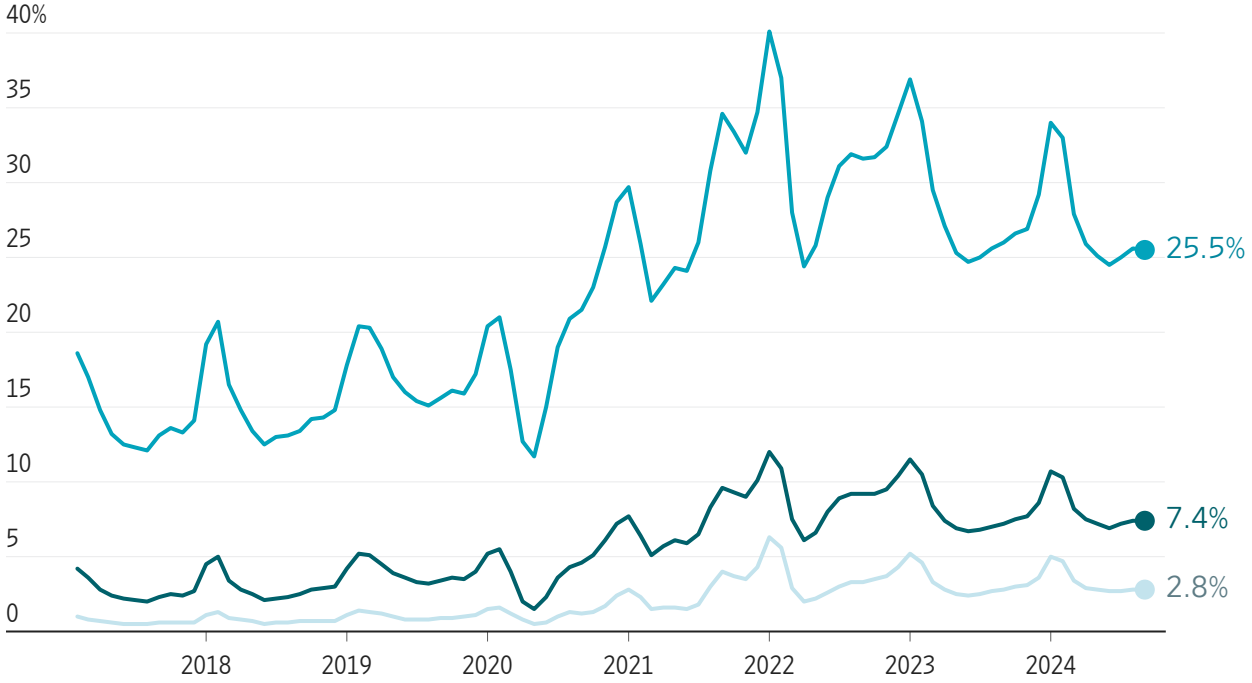
"It is, in fact, much worse than it has ever been, and only expected to get worse," said Dr. Alexander Janke, an emergency doctor and assistant professor at the University of Michigan Medical School who co-wrote the study.

E.R.'s are designed to be way stations where patients get assessed, admitted if necessary and then transferred into wards for specialized attention and care. Increasingly, in America's overcrowded hospitals, they are turning into medical waiting rooms, creating vulnerabilities for patients who aren't being seen by the right specialists.

From April through June of 2026, the median amount of time patients spent in the E.R. waiting for an inpatient hospital bed rose to five hours, up 25% from the year prior, according to Vizient, a consulting firm.

U.S. patients admitted and held in emergency departments, by time held

Boarded more than 4 hours More than 12 hours More than 24 hours



Note: Shows boarding among a sample of 46.2 million emergency department visits resulting in same-site hospitalization. Monthly data are reported as two-month rolling averages.
Source: Health Affairs

Staffing shortages have worsened in recent years, leaving fewer people to properly monitor and care for admitted inpatients. Hospital stays have gotten longer because of America's aging population. And a common way to discharge many patients, putting them in a rehab center or postacute-care facility, is increasingly delayed, leaving fewer beds for incoming patients.

One morning in August, Nancy Crockett of Holden, Mass., took her middle-aged son Adam Davis to the E.R. for abdominal pain. After six hours in the waiting room, he was brought to the ER, where they were told he would be admitted.

Davis, who is severely autistic, spent the entire night in the E.R., switching rooms several times—even getting stuck on a bed in the hallway at one point.

It wasn't until the following afternoon, more than 24 hours after he first showed up, that Davis actually got a room.



Adam Davis in the E.R. hallway before being assigned a room in August. NANCY CROCKETT

"It's frustrating. The staff is not really at fault," she said. "It's hospital management. It's the lack of rooms. There are people lying in beds out in the hallway in the E.R."

The hospital, UMass Memorial Health in Worcester, Mass., said it couldn't comment on a specific patient experience. The hospital said it is committed to working with healthcare leaders and state officials to reduce boarding.

Admitted patients like Davis can be seen by inpatient doctors even while waiting in the E.R. Yet patients who are stuck in the E.R. are at risk of worse care than if they had been moved to an inpatient room in a timely manner, several studies have shown. The longer someone boards, the more likely they are to miss a needed medication dose.

"I want to take good care of people when they hit the door," Janke said. "And I can't do that if there are no beds upstairs."

Each additional hour of excess boarding increased the risk that patients experienced early clinical deterioration, according to a study of E.R. data from the Johns Hopkins Health System in Maryland between 2018 to 2024, published in Annals of Emergency Medicine in June. And the death rate four weeks after hospital entry was higher for boarders who experienced early clinical deterioration.

"The whole setup of the operation is we take care of sick patients quickly" and decide whether they should be admitted or discharged, said Dr. Nicholas Rizer, a clinical instructor in emergency medicine at the University of Maryland School of Medicine and one of the paper's co-authors. "Inpatient

care is set up for frequent assessments and monitoring. We can do that. But that's not what the E.R. is designed for."

Ashley Thompson, a senior vice president for policy at the American Hospital Association, said E.R. boarding is caused by workforce shortages and insurance-coverage gaps that drive more people to seek care in the E.R.

Hospital operators are aware of the problem and are trying to fix it. Some have tried to free up beds by speeding up the transfer of patients out of the hospital to post-discharge facilities, said Brianna Motley, vice president of strategy intelligence at Vizient. Some have moved certain surgeries to nonhospital sites to avoid clogging up inpatient beds.



Staffing shortages have worsened in recent years, leaving fewer people to properly monitor and care for admitted inpatients. BRETT COOMER/HOUSTON CHRONICLE/GETTY IMAGES

Geisinger, which operates 10 hospitals in Pennsylvania, made changes starting in early 2025 to reduce boarding. One solution was to spread out scheduling of staff and services such as MRIs to include weekends. This helped cut the number of patients tying up beds all weekend, waiting for a scan on Monday.

Before these changes, the E.R. of one of Geisinger's hospitals in Scranton, Pa., "just looked busy all the time," said Geisinger Chief Medical Officer Jason Mitchell, who said boarding hours are down 40%. Now, "you don't see the hall stretchers, it just feels fine. There's not equipment everywhere."

The issue is so prevalent, it has made its way into pop culture. In the first season of the hit TV series "The Pitt," the chief E.R. doctor played by Noah Wyle argues with a hospital administrator about boarding, and he blames her for not hiring enough staff.

Patients who are stuck in the E.R. should bring medication lists and be candid with staff about what they are experiencing. They shouldn't be afraid to ask for care or for updates on when a bed will become available.

"It's OK to advocate for yourself, to put us on the spot,'" said Janke.

Peter Loftus is a reporter for The Wall Street Journal in Philadelphia covering the pharmaceutical and medical-device industries. He has written about Covid-19 vaccines, advances in cancer treatments, drug shortages and the use of mobile devices in healthcare. Peter is the author of "The Messenger:...

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