# Length of Stay for ED Overdose Visits

**September 2026**

In 2025, Vermont's 14 emergency departments (EDs) spent a combined 34,620 hours (about four years) caring for people visiting for an overdose. Length of stay in the ED is the time from a patient's arrival to discharge.

Emergency department length of stay reflects both access to healthcare and resource needs. A longer length of stay may reflect the person's overall health or access to substance use services. For example, a longer stay may also include the time a person is connected to social work, recovery coaches, or recovery programs. Understanding patterns in this data can help inform overdose prevention, emergency care planning and overdose response.

ED data comes from the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), a syndromic surveillance system that tracks real-time healthcare visit data. Overdose-related visits are defined as suspected poisonings from non-suicide-related consumption or use of a drug.

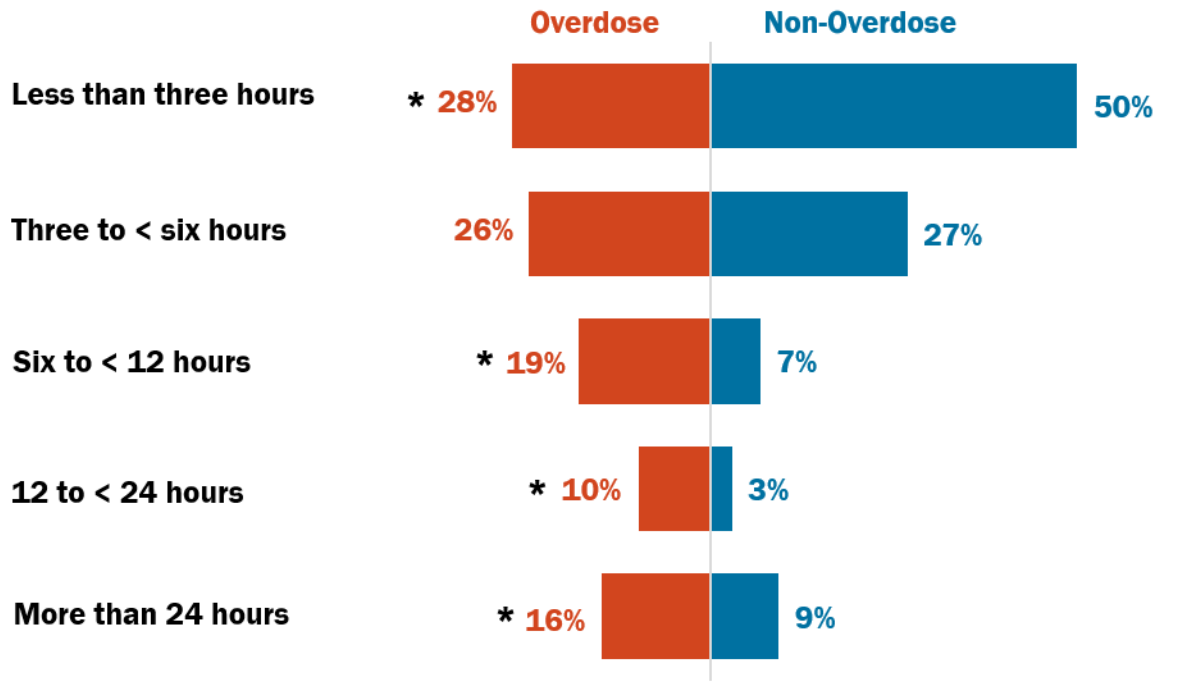
If you need help accessing or understanding this information, contact AHS.VDHOverdoseDataVT@vermont.gov.

## How does length of stay differ between people visiting the ED for an overdose and people visiting for non-overdose reasons?

**In 2025, people visiting the ED for an overdose spent about two hours longer than people visiting the ED for non-overdose reasons.**


- The literature defines a long length of stay as more than 4-6 hours[1].
- People visiting the ED for an overdose are more likely to have a longer length of stay compared to people visiting for non-overdose reasons, specifically in the 6 to 12, 12 to 24, and 24+ hour categories.
- One in five people who visit the ED for non-overdose reasons stay longer than six hours.

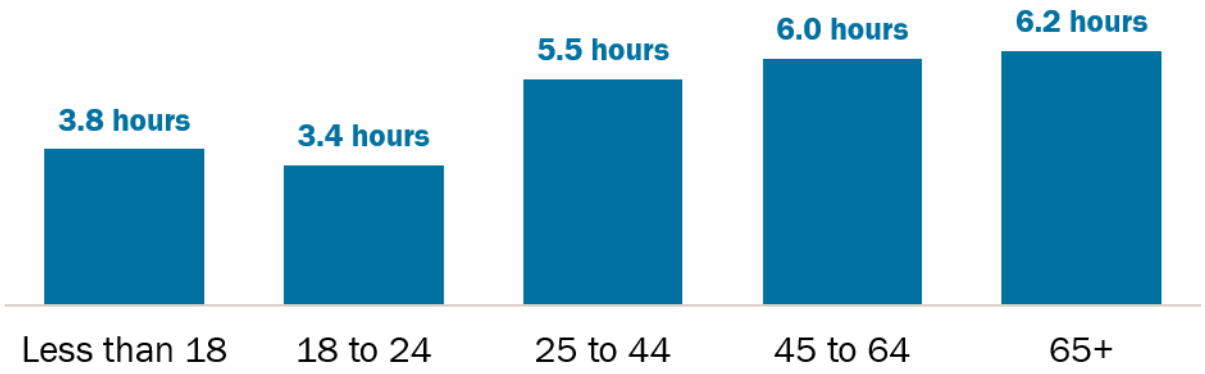
**About two in five people who visit the ED for an overdose stay longer than six hours.**




* Statistical Difference

## What factors are related to people staying in the ED longer?

**The longest length of stay for an overdose was among people ages 45 to 64 and 65+.**




Length of stay generally increases as the age group increases, though the length of stay for those less than 18 is slightly higher than for those 18 to 24. There are no statistical differences in length of stay between age groups or sex.



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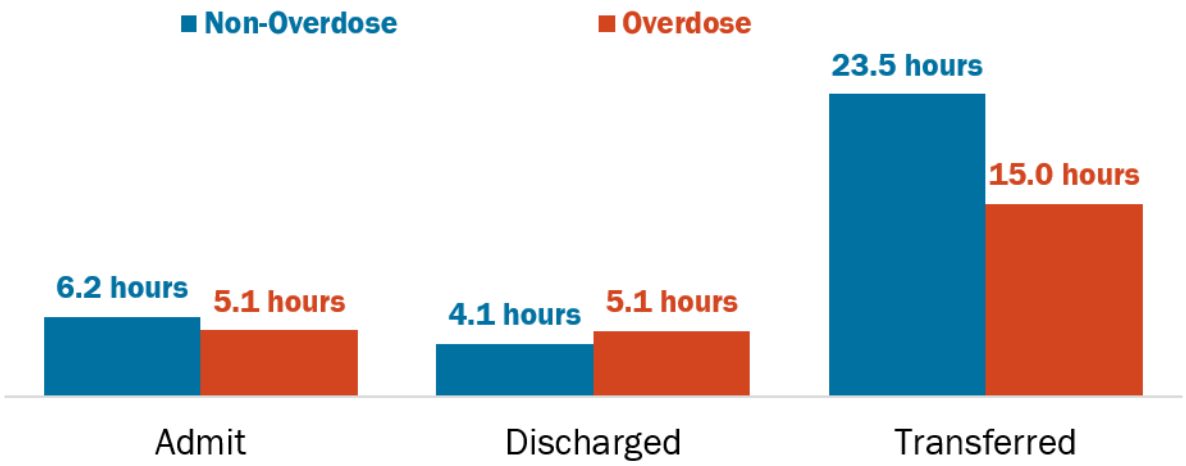
**Among patients who were transferred, people visiting the ED for non-overdose reasons had the longest median length of stay. Those who visited the ED for non-overdose reasons stayed about eight hours more than people who visited the ED for an overdose.**




Among people visiting the ED for an overdose, 73 (5%) patients were transferred to inpatient care, a nursing facility, home care, psychiatric hospital, or a tertiary center. Five percent of people visiting for non-overdose reasons were also transferred to similar facilities. Among overdose-related patients who died in the hospital, the median length of stay was 77 hours, but they were excluded from the graph above because they represented less than one percent of all visits.

Following discharge, some people returned to the same ED for a repeat visit within 90 days of their initial ED visit. In this analysis, people who returned to the ED for overdose followed an initial overdose visit, while all people who returned to the ED for non-overdose reasons followed an initial non-overdose visit.

**The length of stay for repeat overdoses increased by number of visits.**

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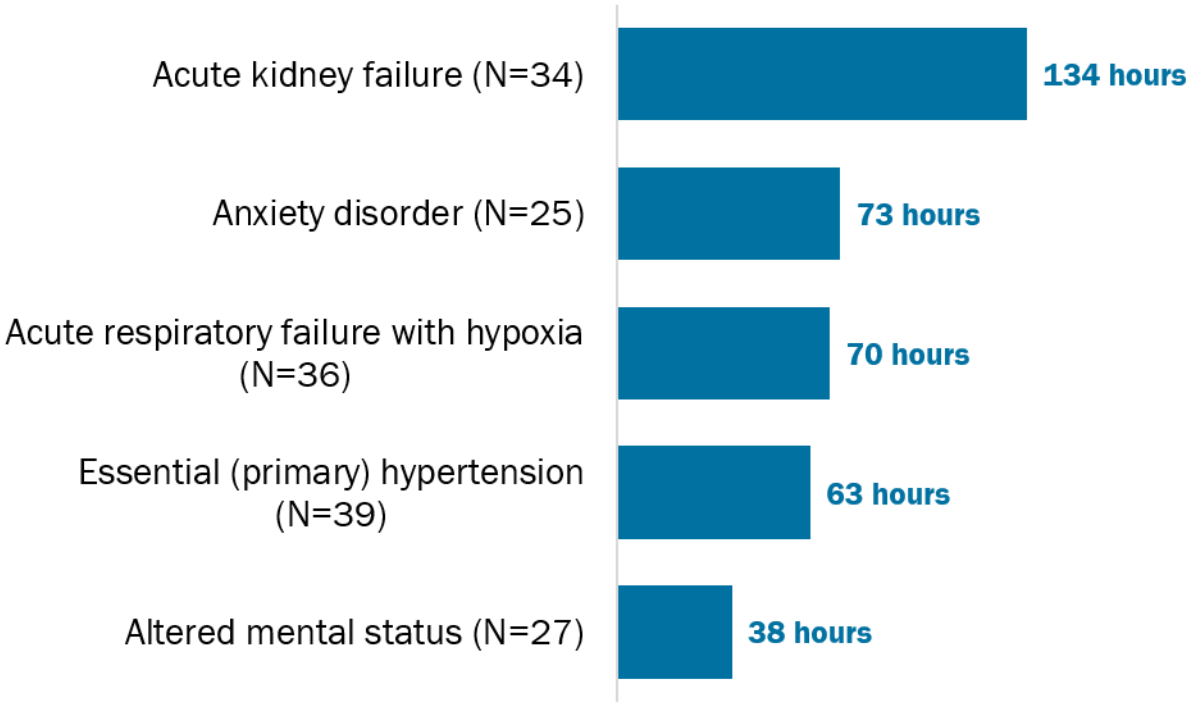
People visiting the ED for an overdose with four or more repeat ED visits had a longer length of stay compared to those with one to three visits. The length of stay among people in the ED for an overdose was at least two times longer than for those who visited for non-overdose reasons, across all number of visits.

## Among people who stayed more than 12 hours for an overdose, acute kidney failure was the most common discharge diagnosis with the longest median length of stay.

The five most common discharge diagnoses were essential hypertension, acute respiratory failure with hypoxia, acute kidney failure, altered mental status, and anxiety disorder.

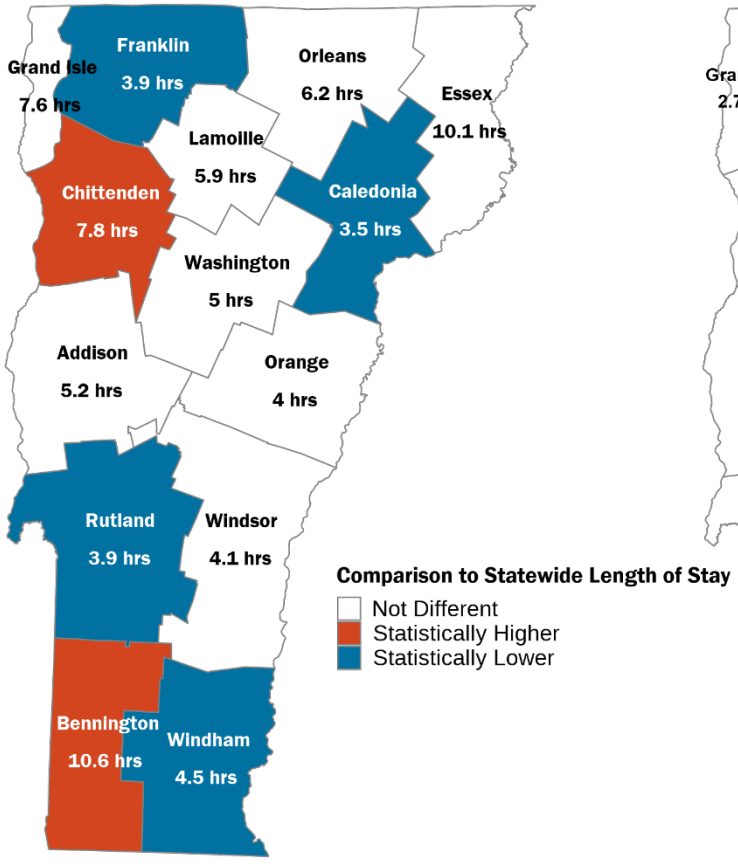



A single patient may have multiple discharge diagnoses, so diagnosis categories are not mutually exclusive.

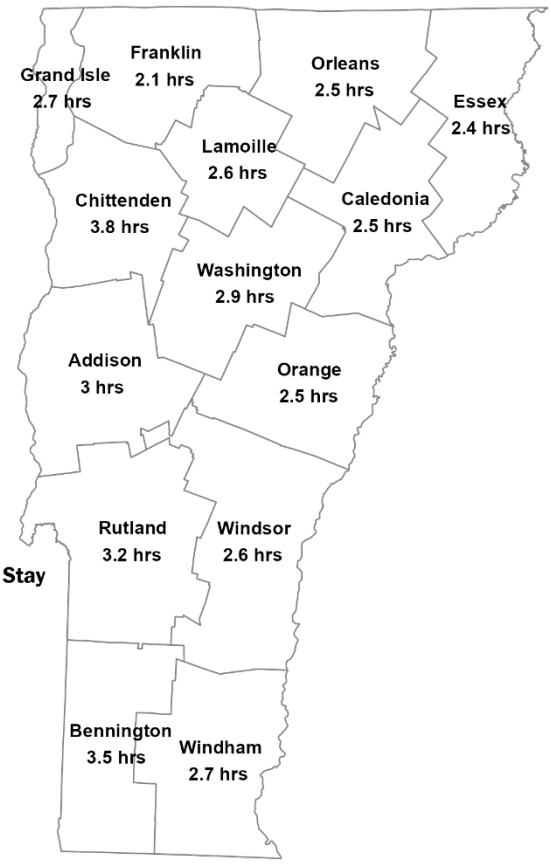
While there are various factors that may be related to a longer length of stay, it may also indicate opportunities for patients to access services. Depending on interest, patients with an overdose visit in 2025 engaged with recovery coaches at bedside or received overdose prevention kits. Interested patients were also connected to mental health services, rehabilitation programs, and medications for opioid use disorder.

**People visiting the ED for an overdose and living in Chittenden and Bennington counties had the longest lengths of stay compared to all other counties in the state.**

Median length of stay by patient county of residence for people visiting the ED for an overdose




Median length of stay by patient county of residence for people visiting the ED for non-overdose reasons




## Acknowledgements

Thank you to our healthcare providers in the EDs who care for people who experience overdose. Your commitment and compassion make a difference, especially seeing each person, their story, and circumstances, behind an overdose.

## References

1 Long length of stay at the emergency department



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