

BOARDING IN THE EMERGENCY DEPARTMENT

What is Boarding? Patient boarding is where admitted patients wait for an inpatient bed or appropriate care transfer which can happen in three categories:

- Behavioral health patients waiting for an inpatient bed
- Admitted patients waiting for a bed in the hospital
- Patients being “dropped off” by social services, families and others who are a danger to themselves or others

The American College of Emergency Physicians has compiled data from 70 separate studies confirming the consequences from prolonged ED boarding:

- **Worse health outcomes**
- **Increased medical errors**
- **Privacy compromises**
- **Avoidable deaths**

Boarding in the ED contributes to burnout and adds to staffing shortages.

- A Medscape survey conducted in 2022 revealed that 65% of Emergency physicians said they were burned out.
- A Beckers report from 2022 reported a national average staff RN’s turnover rate at 27.1% with more than 60% of hospitals reported RN vacancy rate over 15%

The Joint Commission recommends that boarding time stay below four hours to avoid delays in care and safety issues. Since beds in the emergency departments are filled with boarders, patients are seen in hallways, closets, and waiting room chairs – this is **NOT** the optimum way to treat patients. The ones being “boarded” are also not receiving needed treatment.

THIS IS HAPPENING RIGHT NOW IN NORTH CAROLINA

Emergency Physicians throughout North Carolina are reporting that:

- “boarders in our ED’s are there for not just hours, but days, some 4-5 days”
- “In our largest ED we are holding over 80 admitted patients on a daily basis”
- “The patient needs to be the focus and they are the ones suffering, not getting the quality care they deserve and waiting much longer than needed to be seen”
- “we see no end in sight to the boarding/nursing shortage issues which are causing significant patient safety and provider morale issues”
- “the situation is more dire than any of us could have predicted”

Boarding is a complicated issue – here are some things that will help

- **More nurses and other support staff**
- **More behavioral health resources and beds**
- **Operating room schedule flattening by hospitals**
- **EMTALA waivers to allow more transfers from Hospitals to other care centers**

1. Talking Points in Boarding in the ED: <https://www.acep.org/acep-media-hub/media-hub-articles/november-2022/boarding-crowding-talking-points/>
2. Medscape: Physician Burnout and Depression Report: Burnout Worsening, Depression Increasing: <https://www.medscape.com/slideshow/2023-lifestyle-burnout-6016058?faf=1#1>
3. Beckers Hospital Review: The cost of nurse turnover in 23 numbers: https://www.beckershospitalreview.com/finance/the-cost-of-nurse-turnover-in-23-numbers.html?utm_medium=email&utm_content=newsletter

Currently, ED boarding times in North Carolina for one system are:

- Average ED LOS (length of stay) for all patients is 1619 minutes, or ~27 hours, Median is 1083 minutes or ~18 hours.
- For patients requiring transfer to another facility, average ED LOS is 3745 minutes or 62.4 hours/2.6 days (median 2503 min/41.7 hrs/1.7 days). **Issue is compounded by patients needing transfer for definitive care. These patients often do not have the services they need at the transferring hospital and wait days to get to the facility with the correct services they need**
- Boarding times
 - Average time from ED admit decision to movement to inpatient bed is 581 minutes or 9.7 hours (median: 241 or 4 hours).
 - Average time from ED admission orders (placed by admitting team) to inpatient bed is 299 minutes or ~5 hours (median: 178 or ~3 hours)
 - Delays are driven by bed capacity issues as well as capacity of admitting physicians, who are delayed to admit ED patients because of full inpatient services
- Average ED LOS for behavioral health patients currently ~2700 minutes, which is ~1.9 days.
- Anecdotes from a hospital in that system
 - Adult ED has 45 acute treatment beds for medical patients. Twenty of these beds have now been reserved for boarders (we cannot see acute patients there) due to inpatient capacity. We have had to move to seeing ~1/3 of ED patient volume in chairs.
 - 38 of our 105 total beds designated for behavioral health patients who are awaiting evaluation or placement into an inpatient psychiatric facility. Average ED LOS is 2.3 days, but there are several patients who have been in a locked unit for >3 months because there are no facilities to take them.

Another health system in North Carolina:

- Average ED LOS for all admitted patients is 1235 minutes, or ~20.5 hours, Median is 735 minutes or ~12 hours.
- For patients requiring transfer to another facility, average ED LOS is 1059 minutes or 17.5 hrs.
- Boarding times
 - Median time from ED admit decision to movement to inpatient bed is 415 minutes or 7 hours.
- Average ED LOS for behavioral health patients currently 2430 minutes, which is ~1.7 days.
- Anecdotes
 - The main ED has 73 acute treatment rooms for medical patients and 12 psychiatric observation unit beds. Utilizing intake, hallway beds, and a lobby annex the department increased to ~115 treatment spaces.
 - On an average day 30-40 beds are taken by inpatient boarders. In the last year that number has gone above 80. Psychiatric boarders average 10-30 per day.

