

Emergency Department Boarding

Aligning incentives and designing for resilience









Background and level-setting (10 minutes)

Roundtable discussion (35 minutes)



"Boarding" is:

...the practice of **holding or physically keeping an admitted patient in the ED** after the decision is made to admit the individual,¹ usually because there are no hospital beds available.

This definition is shared by:













Key point:

The clock starts when the decision is made to admit.

(Not after an arbitrary timeframe, such as 2 hours or 4 hours)

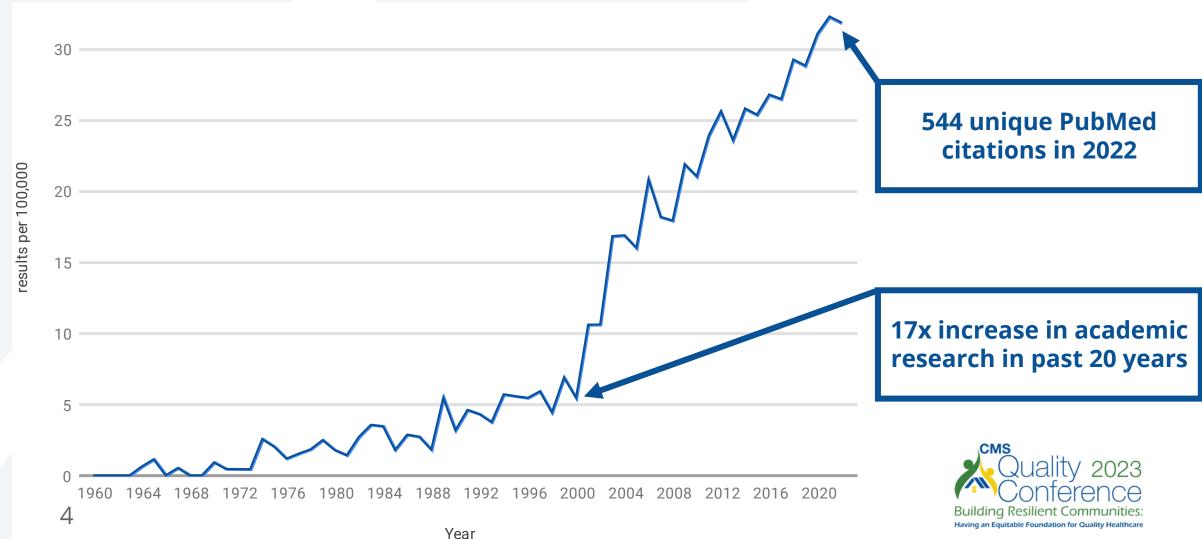
(Not after the admitting physician has seen the patient or provided orders)





A subject of academic research for 30+ years

Citations for "emergency (boarding OR crowding OR "access block" OR diversion)" per 100,000 total PubMed citations⁷



Multiple authoritative reports with calls to action for 15+ years

- 2007: National Academies/Institute of Medicine⁸
- **2009**: Government Accountability Office⁶
- 2018: Agency for Healthcare Research and Quality⁴







Still a burning platform today

- November 7, 2022: Letter to The President and Secretaries of HHS and DHS⁹ signed by 35 organizations with call to action, including:
 - American Medical Association
 - American Nurses Association
 - American College of Emergency Physicians
 - International Association of Fire Chiefs
 - National Association of EMS Physicians
- **November 14, 2022**: Highlighted as a critical patient safety concern at Secretary Becerra's listening session including by:
 - American Hospital Association¹⁰
 - Health system executives

November 7, 2022

The President
The White House
1600 Pennsylvania Avenue NV
Washington, D.C. 20500

Mr. President:

There is no question that Americans hav the past 32 months due to the COVIDphysically and emotionally demanding

Yet, in recent months, hospital emerge problem – rather, from a decades-long, in the ED when there are no inpatient and rising staffing shortages throughout spiraling the stress and burnout driv professionals.

EDs are gridlocked and overwhelmed w in the hospital; waiting to be transferred return to their nursing home. And thi physicians, nurses, and other ED staff d

Any emergency patient can find them geographic area. Patients in need of int need. Those in mental health crises, of psychiatric inpatient bed to open anyw ED beds are already filled with boarded waiting rooms during their tenth, elever potrete² about a nurse in Washington and boarders is not unique – it is happe

"At peak times which occur up to 5 d have included last week when our 22 h room. In addition, we have patients we were entirely due to boarding. Our boa increasing surgical volumes and decreasa

To illustrate the stark reality of this of members to share examples of the life departments. Excepts of the responses included in this letter to summarize a appendix, paint a picture of an emerge COVID-19 surges, and pediatric respir hereby urge the Administration to cimmediate and long-term solutions to how will emergency departments be al mass causually truffic event, or disease constitutions of the control of the contr

patients, and their health and safety will depend on your immediate action to address a system that is heading towards collapse.

> American College of Emergency Physicians Academy of General Dentistry Allergy & Asthma Network American Academy of Child and Adolescent Psychiat American Academy of Emergency Medicine (AAEM) American Academy of Family Physicians American Academy of Physical Medicine and Rehabilitation American Academy of Physician Associates American Association of Oral and Maxillofacial Surgeons American College of Allergy, Asthma & Immunology (ACAAI) American College of Osteopathic Emergency Physicians (ACOEP) American College of Radiology American Foundation for Suicide Preventior American Medical Association American Nurses Association American Osteopathic Association

American Psychiatric Association
American Society of Anesthesiologists
Association of Academic Chairs of Emergency Medicine
Association of State and Terntorial Health Officials (ASTHO)
Brain Injury Association of America

Council of Medical Specialty Societies
Council of Residency Directors in Emergency Medicine (CORD)
Emergency Medicine Residents' Association
Emergency Nurses Association
Family Voices
Infectious Diseases Society of America

International Association of Fire Chiefs National Alliance on Mental Illness National Association of EMS Physicians National Health Care for the Homeless Council National Partnership for Women & Families Society for Academic Emergency Medicine

Society for Academic Emergency Medicine Society of Emergency Medicine Physician Assistants (SEMPA) The National Alliance to Advance Adolescent Health

cc: The Honorable Xavier Becerra, Secretary, U.S. Department of Health and Human Services The Honorable Alejandro Mayorkas, Secretary, U.S. Department of Horneland Security





Andrulis DP, Kellermann A, Hintz EA, Hackr Ann Emerg Med. 1991 Sep;20(9):980-6. doi "Silverdale hospital short on staff calls 911 fo

Harms of boarding are well-documented

- Increased in-hospital **mortality**¹¹⁻²⁴ (14 studies)
- Longer in-hospital length of stay,²⁵⁻³⁰
 further exacerbating hospital capacity problems (5 studies)
- Decreased **patient experience** and satisfaction³¹⁻³⁷ (7 studies)
- Increased risk-adjusted hospital spending³⁸
- Increased incidence of **serious adverse events**³⁹ (40 studies)
 - Medication errors and misdiagnosis errors
 - Readmission and ICU upgrades
 - Hospital acquired infections
 - Care nonadherent to evidence-based guidelines
 - Violence against healthcare workers and burnout



Boarding directly ties to every CMS strategic pillar

ADVANCE EQUITY

Advance
health equity
by addressing
the health
disparities that
underlie our
health system



EXPAND ACCESS

Build on the
Affordable Care
Act and expand
access to quality,
affordable
health coverage
and care



ENGAGE PARTNERS

Engage our
partners and the
communities
we serve
throughout the
policymaking
and
implementation
process



DRIVE INNOVATION

Drive Innovation to tackle our health system challenges and promote valuebased, personcentered care



PROTECT PROGRAMS

Protect our programs' sustainability for future generations by serving as a responsible steward of public funds



FOSTER EXCELLENCE

Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS' operations







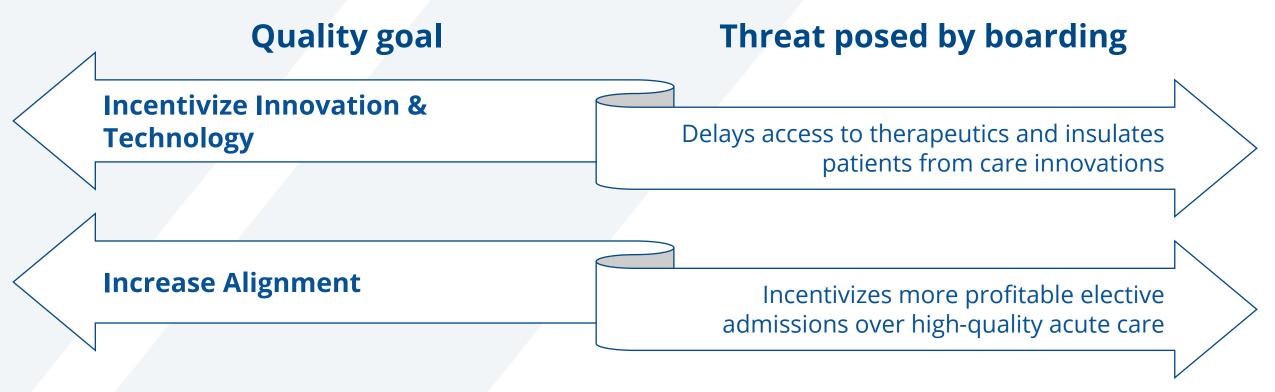
Boarding intersects with every element of the CMS National Quality Strategy (1 of 3)



Boarding intersects with every element of the CMS National Quality Strategy (2 of 3)

Quality goal Threat posed by boarding **Foster Engagement** Fragments care teams, breeds patient mistrust and dissatisfaction **Strengthen Resilience** Reduces ED surge capacity and decreases EMS community availability **Embrace the Digital Age** Silos health information across IT systems and obfuscates quality data

Boarding intersects with every element of the CMS National Quality Strategy (3 of 3)







Boarding continues primarily because of economic incentives⁴⁰

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Lower revenue from ED admissions

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Higher revenue from elective procedural admissions⁴¹

Perception of low incremental cost of inpatient care in ED





Key points: (1 of 2)

1. Systems are **designed** to produce these **adverse outcomes**.

2. The tools exist to redesign systems to incentivize quality, patient safety, resilience, and health equity.





Key points: (2 of 2)

3. Boarding is an **operational choice** (i.e. a management tactic) exercised in response to economic incentives.

4. Patients are harmed **not out of malice**, but as a **predictable consequence** of how a complex system responds to those incentives.







Panelists and invited experts





Invited experts



Ula Hwang, MD, MPH



Shari Ling, MD

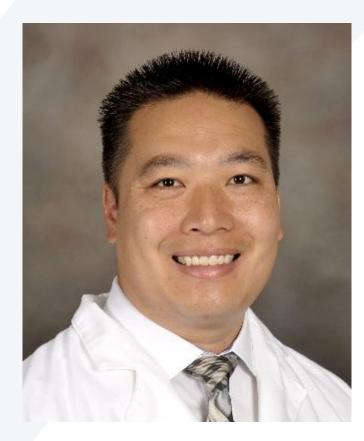




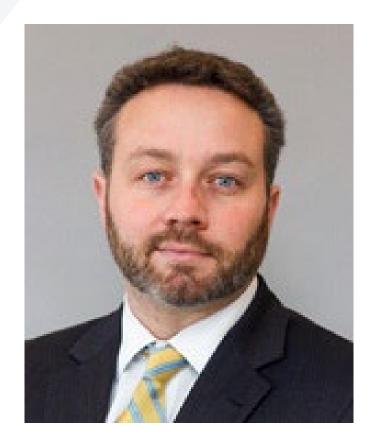
Roundtable panelists



Arjun Venkatesh, MD, MBA, MHS



Eric Wei, MD, MBA



Martin Reznek, MD, MBA





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