

Emergency Department Boarding

Aligning incentives and
designing for resilience





AGENDA

- 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.

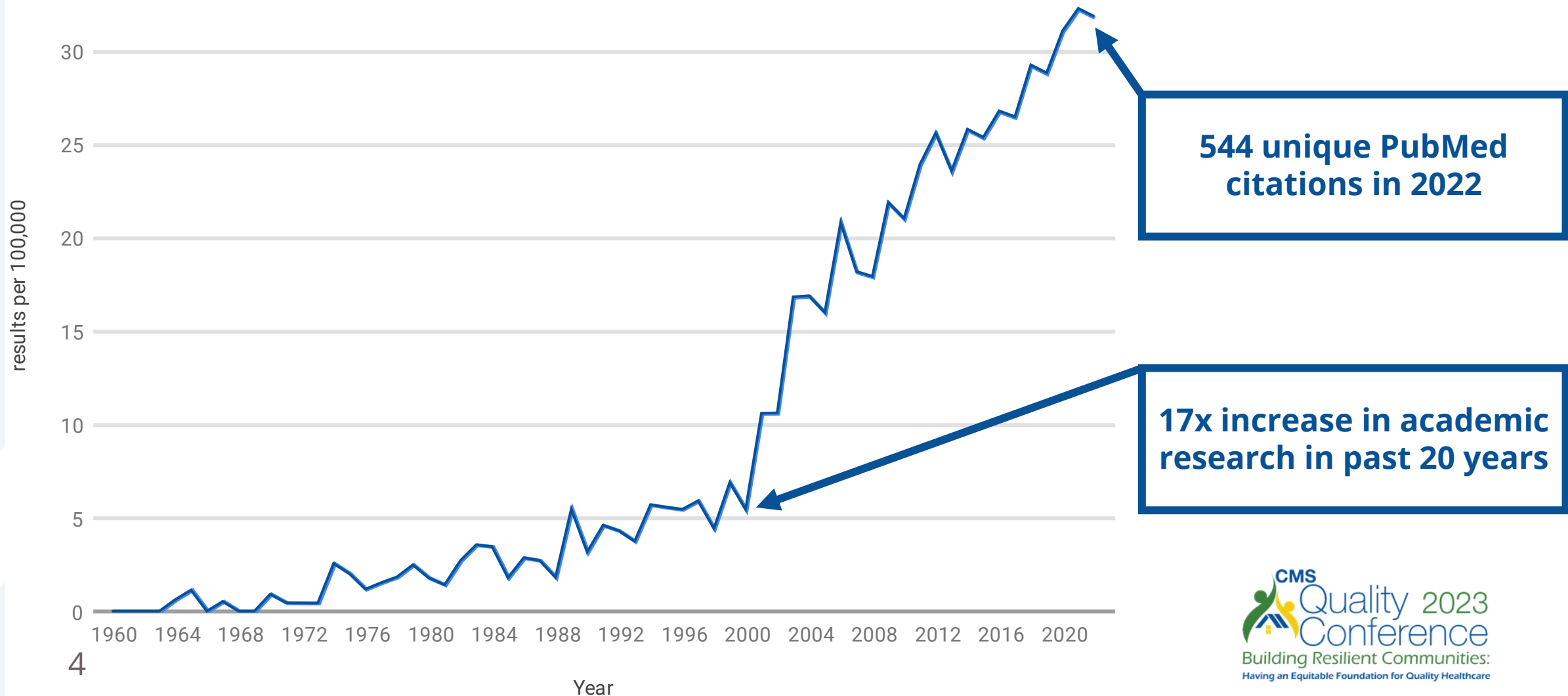
(Not after an arbitrary timeframe, such as 2 hours or 4 hours)

(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



544 unique PubMed citations in 2022

17x increase in academic research in past 20 years

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



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 spending**³⁸
- 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 value-based, person-centered 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)

Quality goal

Threat posed by boarding

Embed Quality into the Care Journey

Systematically drives suboptimal care and adverse outcomes

Advance Health Equity

Disproportionate impacts by race/ethnicity, language, financial status

Promote Safety

Strong association with harm and excess mortality

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)

Quality goal

Threat posed by boarding

Incentivize Innovation & Technology

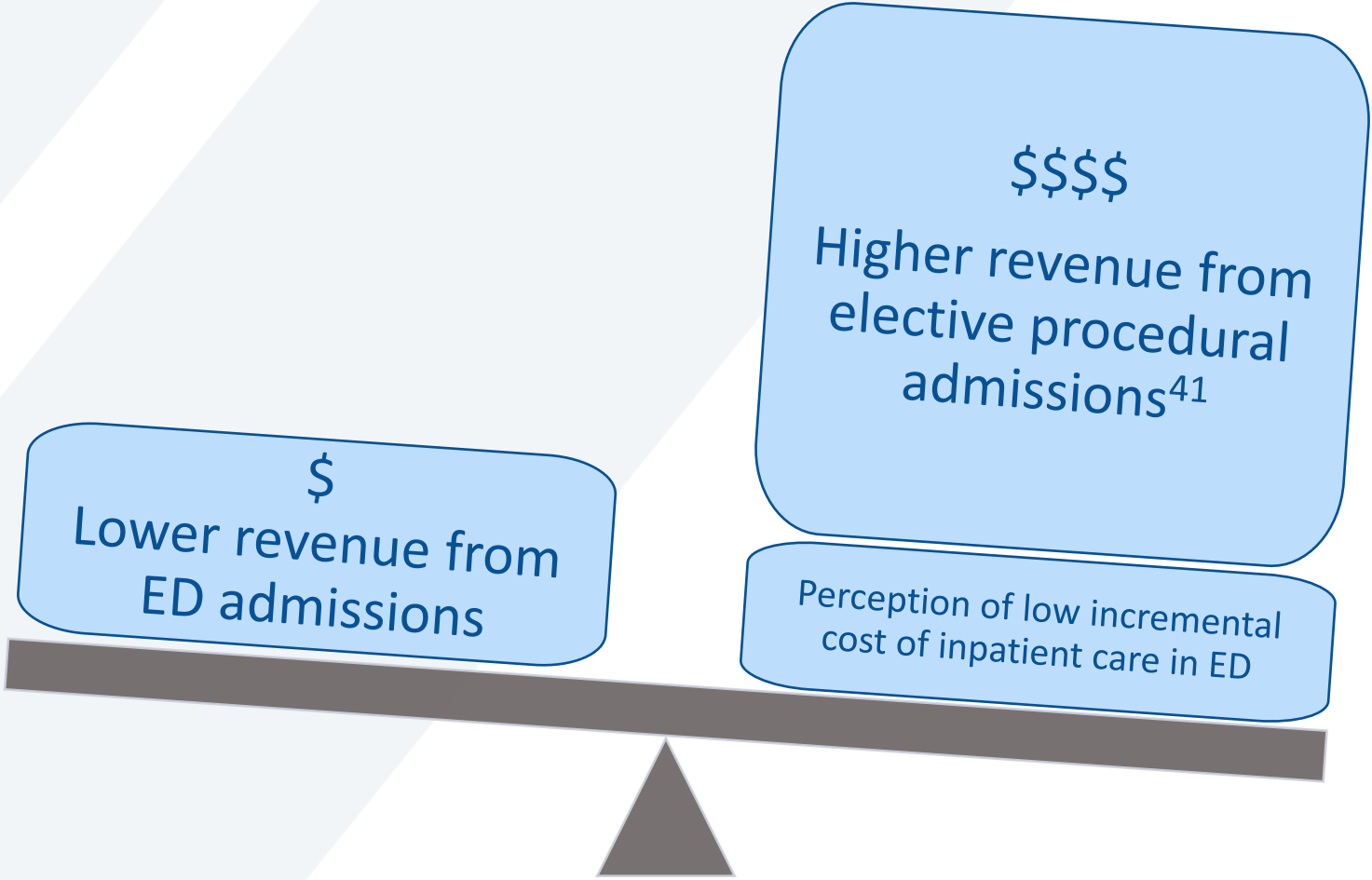
Delays access to therapeutics and insulates patients from care innovations

Increase Alignment

Incentivizes more profitable elective admissions over high-quality acute care



Boarding continues primarily because of economic incentives⁴⁰



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.



Roundtable discussion

Panelists and invited experts



Invited experts



Ula Hwang, MD, MPH

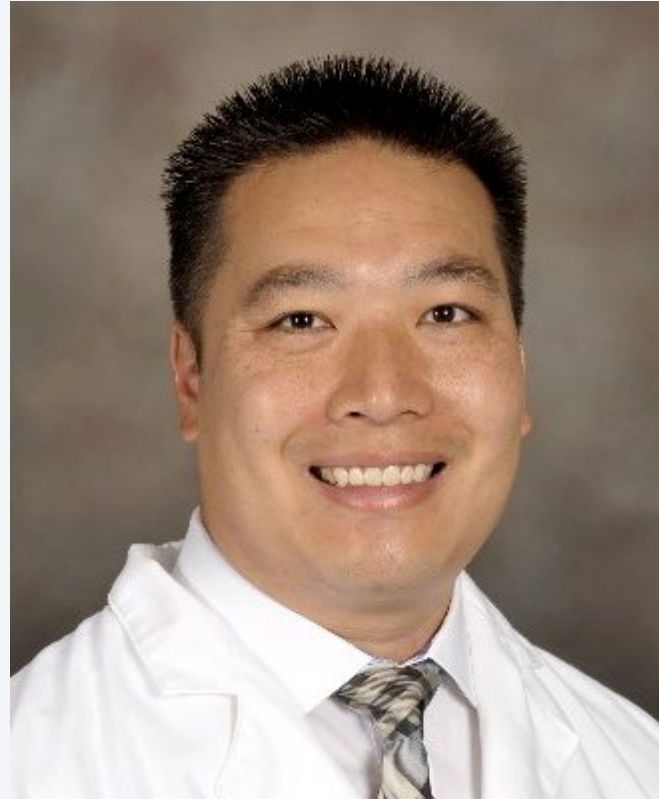


Shari Ling, MD

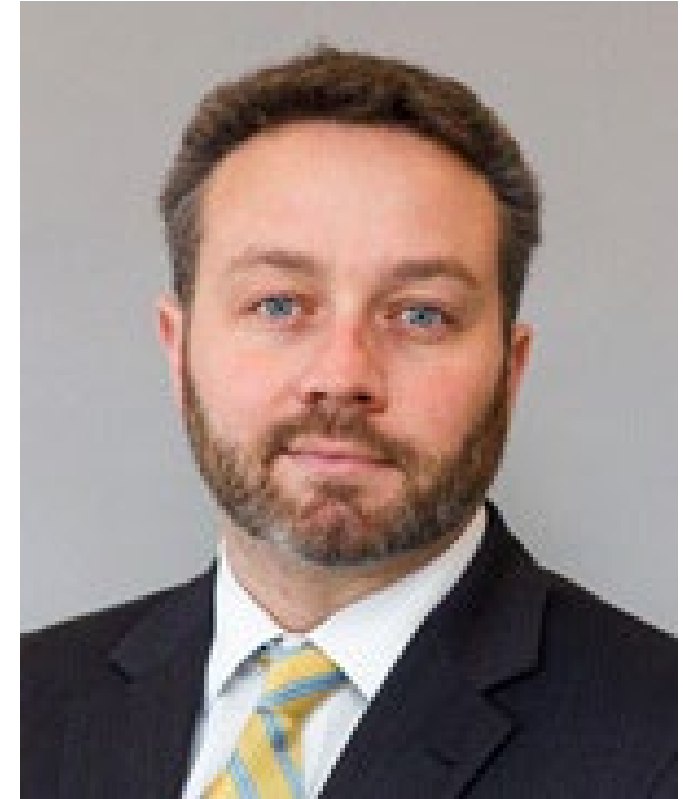
Roundtable panelists



Arjun Venkatesh, MD, MBA, MHS



Eric Wei, MD, MBA



Martin Reznek, MD, MBA

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