## **Emergency Department Operations**

Boarding
Bed Utilization
Occupancy
Crowding
Hospital Operations







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On behalf of the
AAAEM Benchmark Committee
May 2019





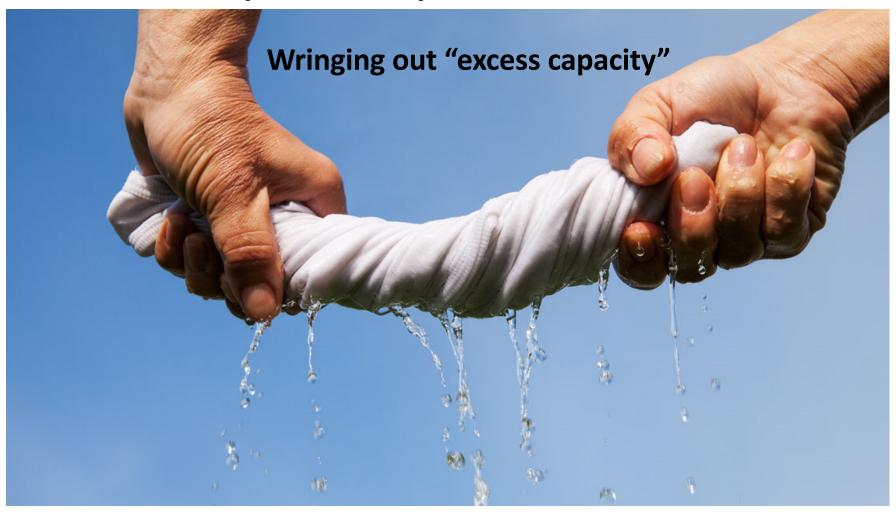
## Boarding is...

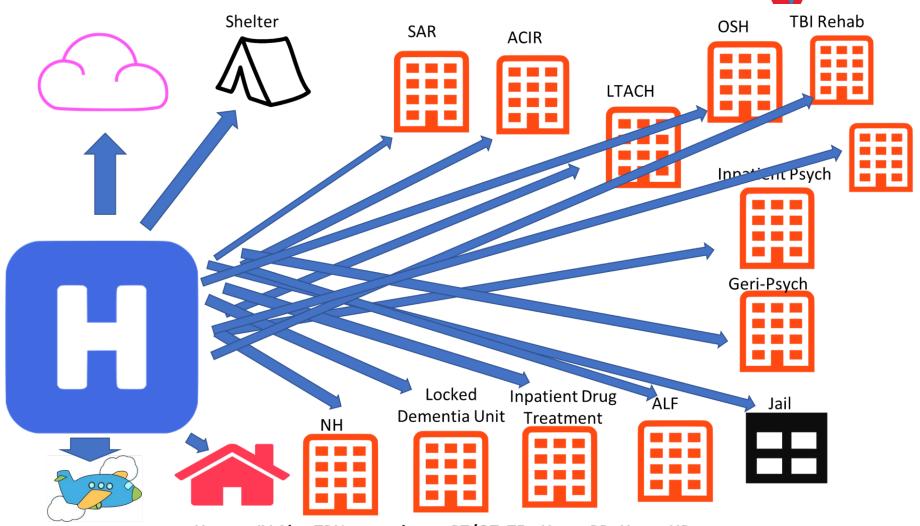
- A primary cause of ED crowding
- A major contributor to extended LOS for all
- A safety issue
- A nearly universal issue
- A natural consequence
  - Directly related to inpatient occupancy
  - Downsizing the hospital industry
  - Health care trends—our patient population



### The fundamental issue

**Hospital and Inpatient Bed Closures** 



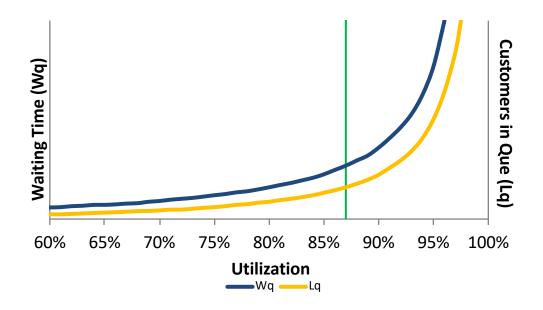


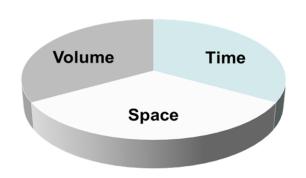
Home + IV Abx, TPN, wound care, PT/OT, TFs, Home PD, Home HD, etc...



#### **High Demand for Fixed Resources**







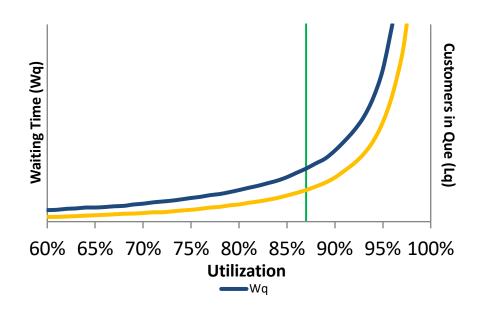


#### **High Demand for Fixed Resources**













Throughput: 182,500 annually

Stations: 8

Cycle time: 26 minutes

Utilization: 99%

No variation in arrivals
No variation in process
Low cycle time
Cycle time variation is minutes



#### Hospital

Throughput: 50,368 annually

Stations: 1,059
Cycle time: 6.2 days
Utilization: 85%

Arrivals not fully controlled Complexity not controlled High cycle time Cycle time variation is days



## Our Boarding Experience

#### Information Sources

- Benchmark Survey
- Focused survey from subset of AMCs
  - Cognitive load
  - Patient flow information
  - Boarding in real time

#### High Level Statements

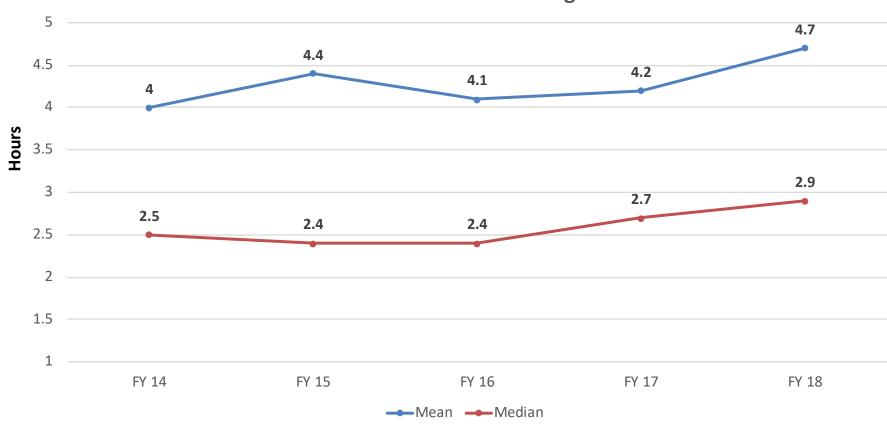
- Boarding distributions vs Mean
- Cohorts are important
- Consider resource utilization
  - Boarding Hours and Bed Hour Utilization
- We have a healthcare "system" issue





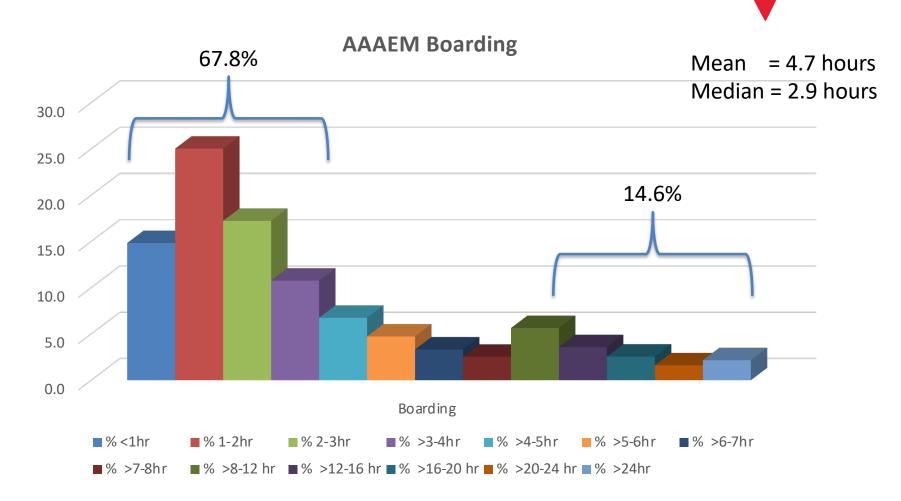
## Benchmark Survey Boarding Time

#### **Mean and Median Boarding Times**



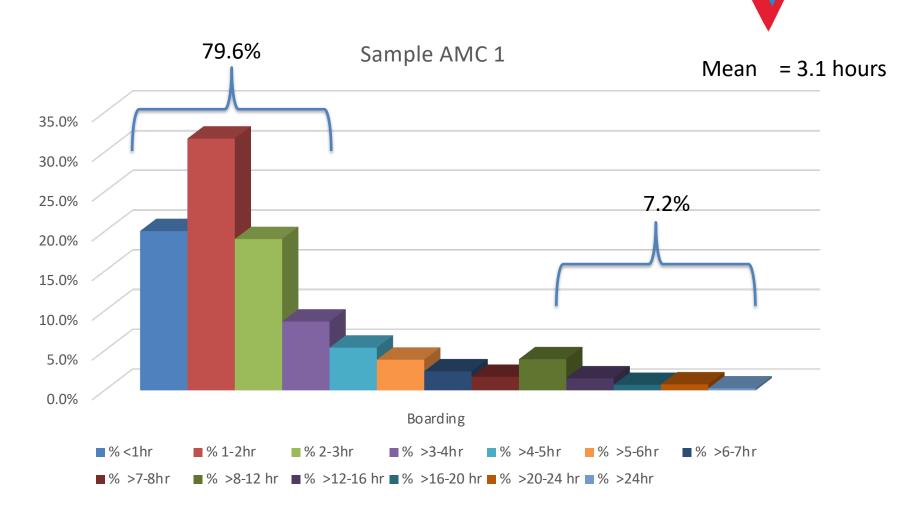


# **Boarding distribution**



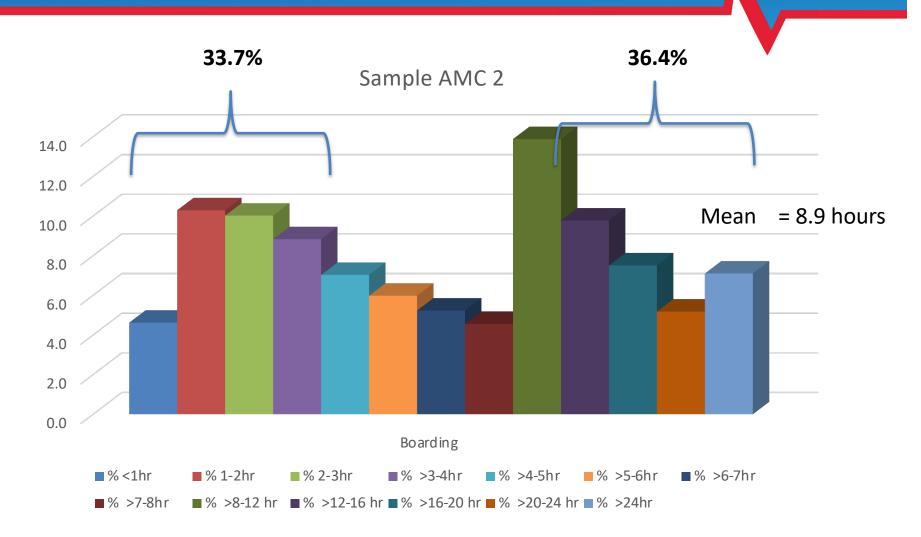


# Boarding distribution





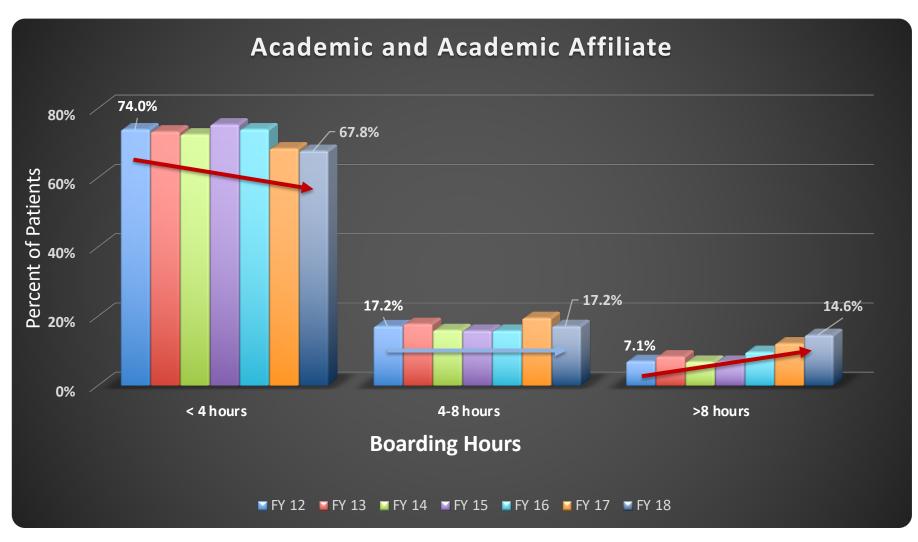
# **Boarding distribution**



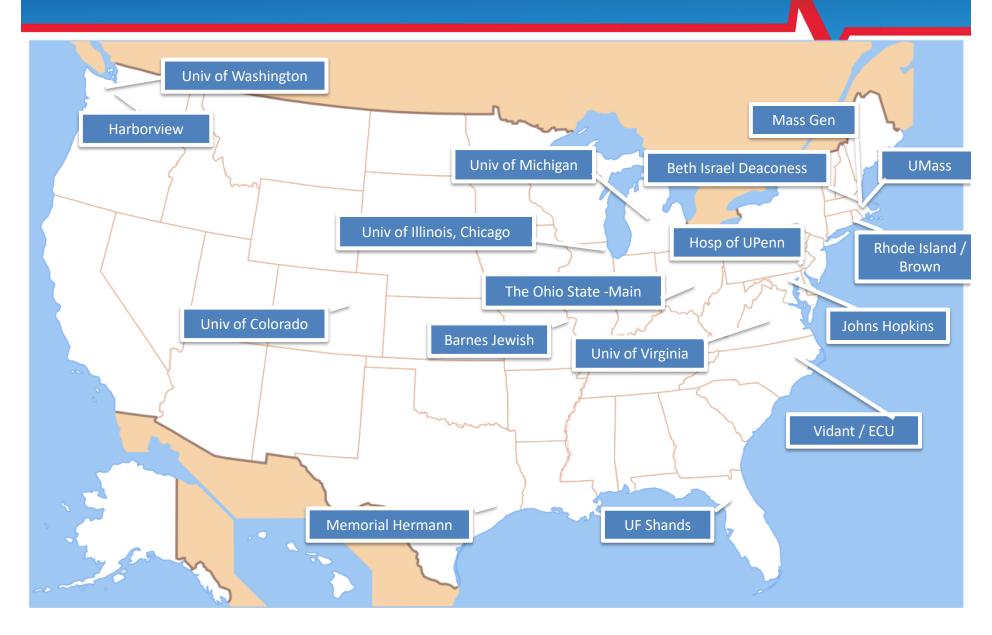


#### **Boarding Distribution**

#### FY 2012 vs FY 2018



# Monthly Survey Participants



## Our Boarding Experience

# Care for the boarding patient in the Emergency Department?

Benchmark Survey (n=90)

- 47% EM
- 27% Nursing support
- 11% Financial support

Monthly Sample (n=16)

- 67% EM
- 33% Nursing support
- 15% Financial support



## Survey Patient Population

	Mean	Median
Total Arrivals	5,855	5,318
Number of Boarders	1,738	1,728
% Arrivals Boarding	28.9%	28.0%
Total Boarding Hours	9,830	11,141
Boarding per Patient	6.4 hours	6.55 hours
% of patients waiting > 45 minutes	36.4%	35.9%

**% Boarding < 4 hours = 57.9% vs AAAEM 67.8%** 

**% Boarding > 8 hours = 22.3% vs AAAEM 14.6%** 



# Impact of Boarding

- LWBS
- Length of Stay (All patients)
- Revenue
- ED Bed Utilization

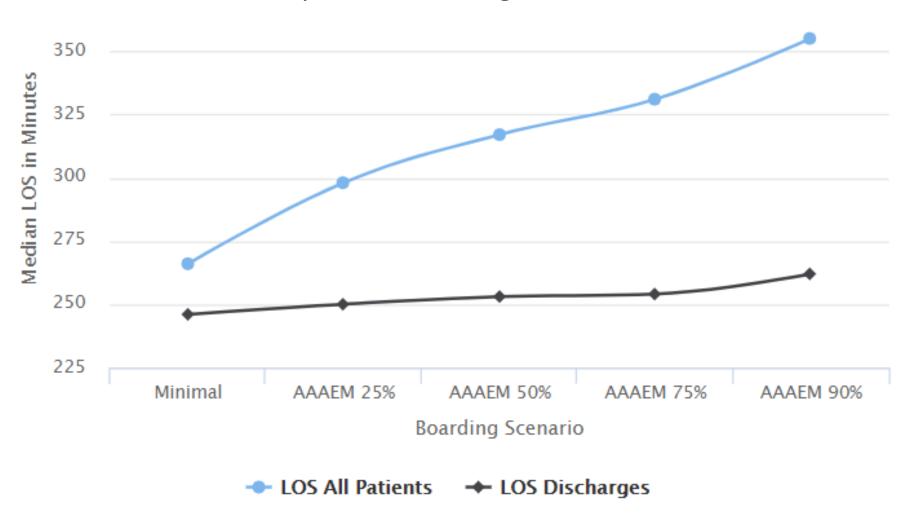
ED volume of 200 patients per day
Hold all operations the same
Vary Boarding time



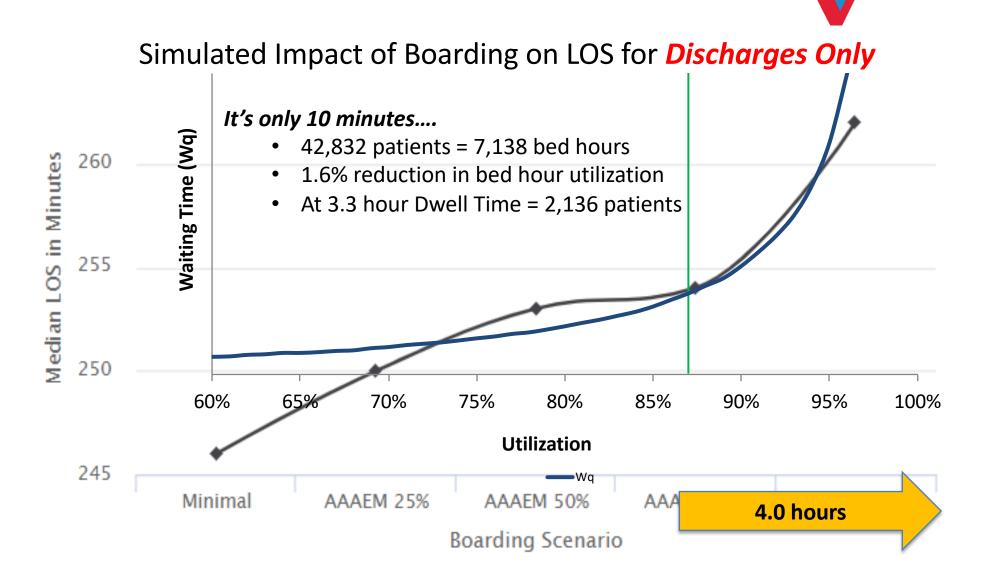


# Impact of Boarding

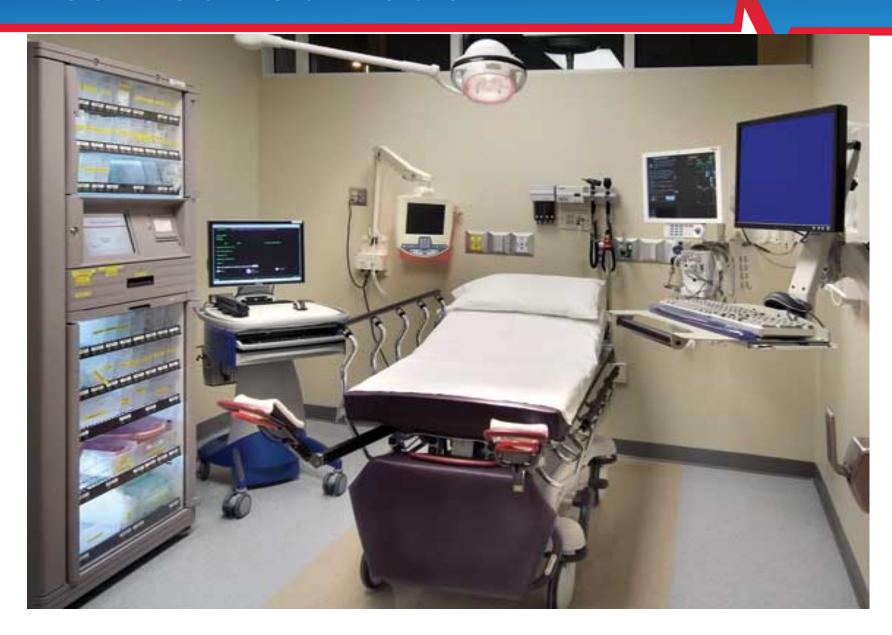
#### Simulated Impact of Boarding on LOS for All Patients



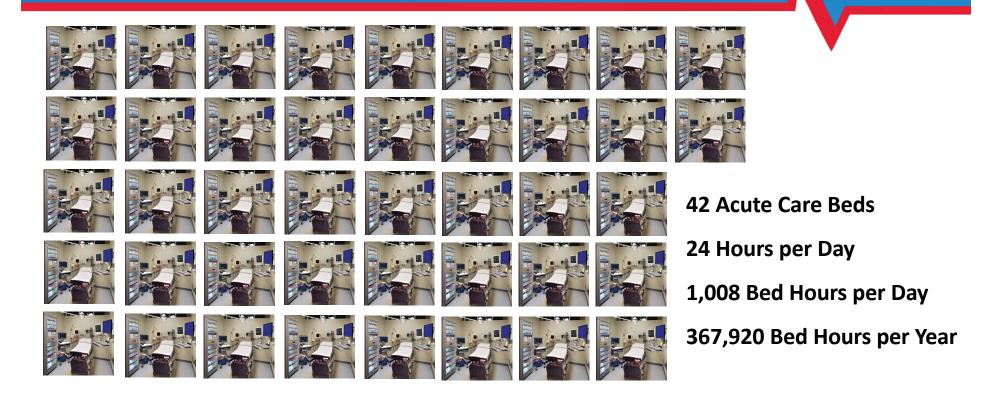
# Impact of Boarding



## **Bed Hour Utilization**



#### **Bed Hour Utilization**



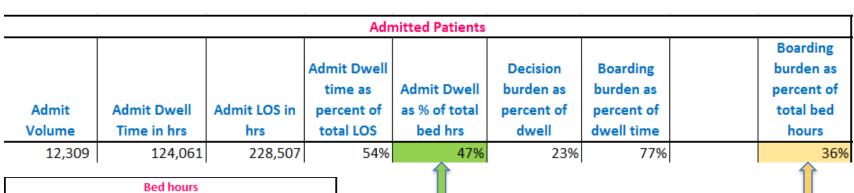
#### Consider demand for bed hours (Dwell time) with supply of bed hours

- What percentage of your bed hours are used in the course of a year?
- How do you use your beds?
- Designing and Sizing the Emergency Department



# Impact of Boarding Bed Hour Utilization (JHH)

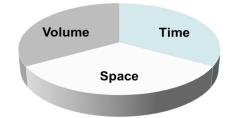
Overall 25% of population (Admits) uses 47% of bed hours Boarding alone uses 36% of all available bed hours in this part of the ED



Bed hours				
Total available bed hrs a year	Available bed capacity excl br hrs	Total beds	Bed occupied by boarders (after decision is taken)	
262,800	17	29	12	
131,400	10	15	ſ	

262,800	17	29	12	
131,400	10	15	0	
262,800	16	29	13	
131,400	10	15	5	

Same volume of patients
Seen in 17 beds—not 29



# Impact of Boarding Bed Hour Utilization (AAAEM)

	Report	Annual
Total Boarding Hours	11,141	133,692
Total Main ED Bed Hours	28,470	341,640
% Boarding Hours		39.1%
# Main ED Beds	48	48
# Boarders in Main ED	17	17
% Boarders in Main ED		35.4%

BOARDING alone consumes 18 Emergency Department beds

This ED has only 30 beds or 63% of bed hours available for emergency care

Overall ED bed utilization > 91%



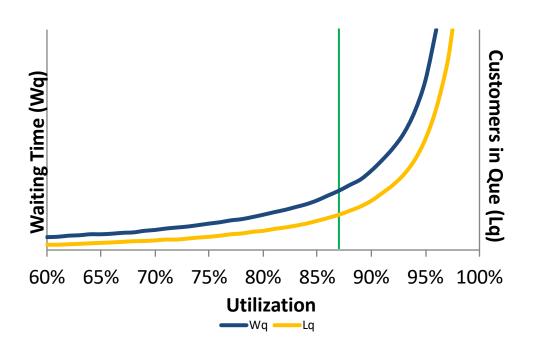
# Boarding A Natural Consequence

#### **High Demand for Fixed Resources**



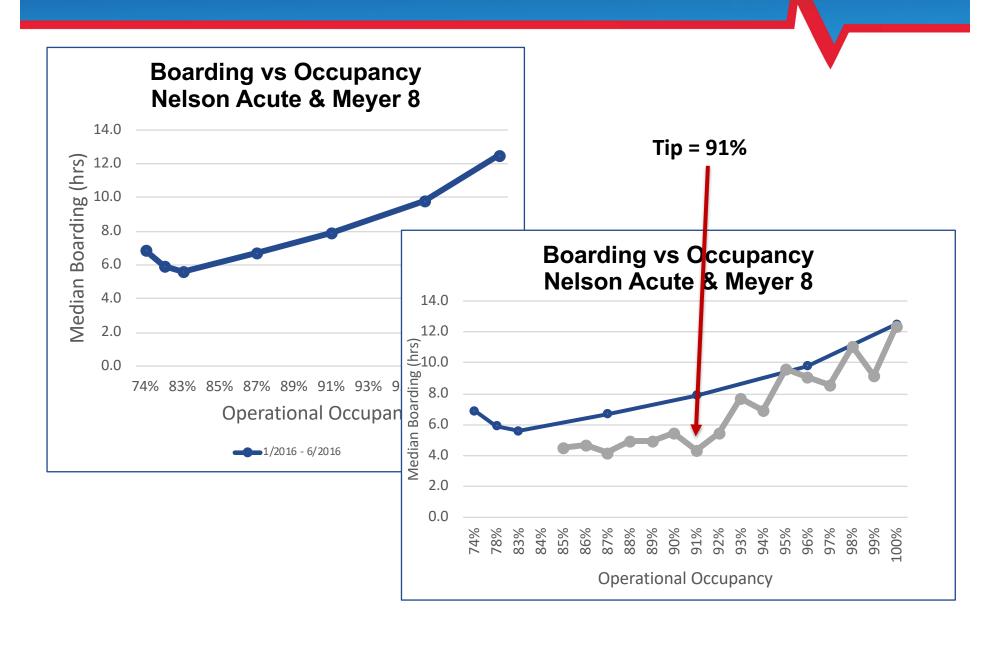




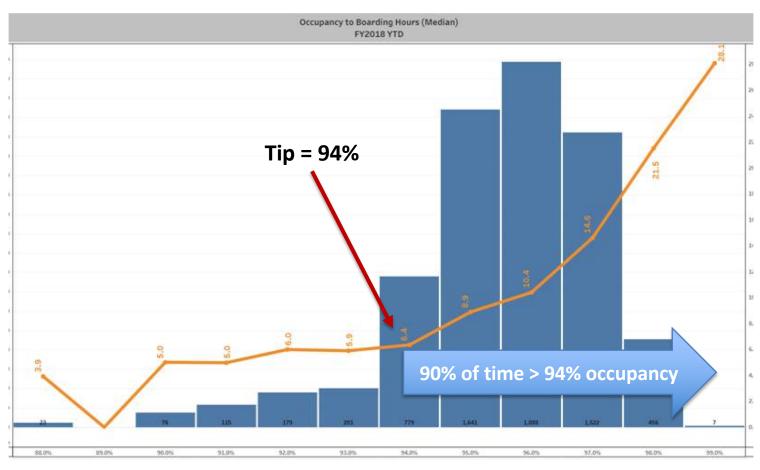




## Is this Queuing Curve Real??



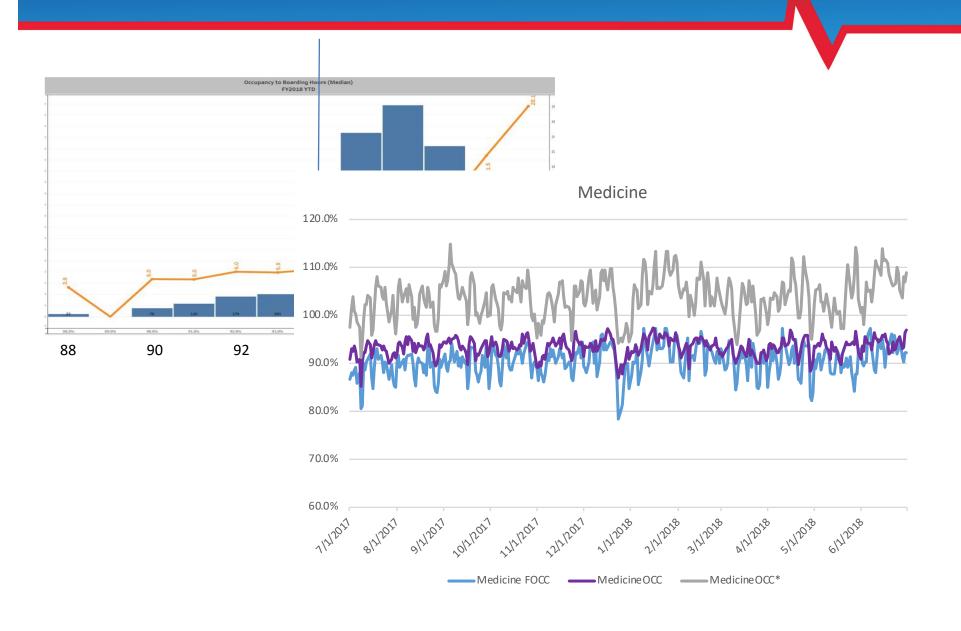
# A natural consequence of Inpatient Occupancy



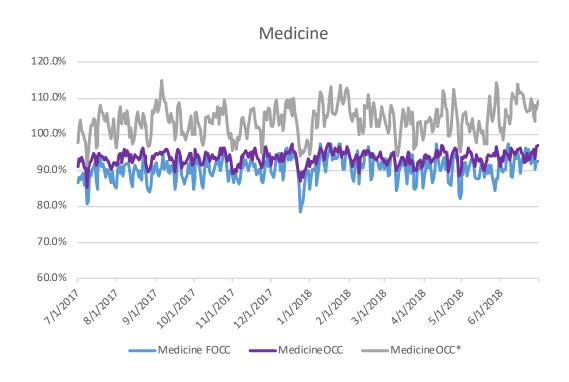


# A natural consequence of Inpatient Occupancy

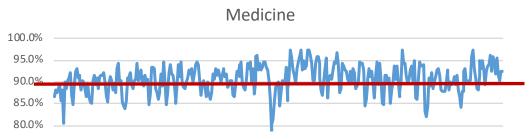




- Midnight occupancy is not a good measure of activity
- "Whole house" occupancy is not a meaningful measure for operations
- Inpatient operations are driven by the same 3 variables as the ED:
  - # patients
  - # beds
  - Time = Length of Stay

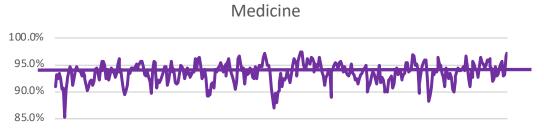






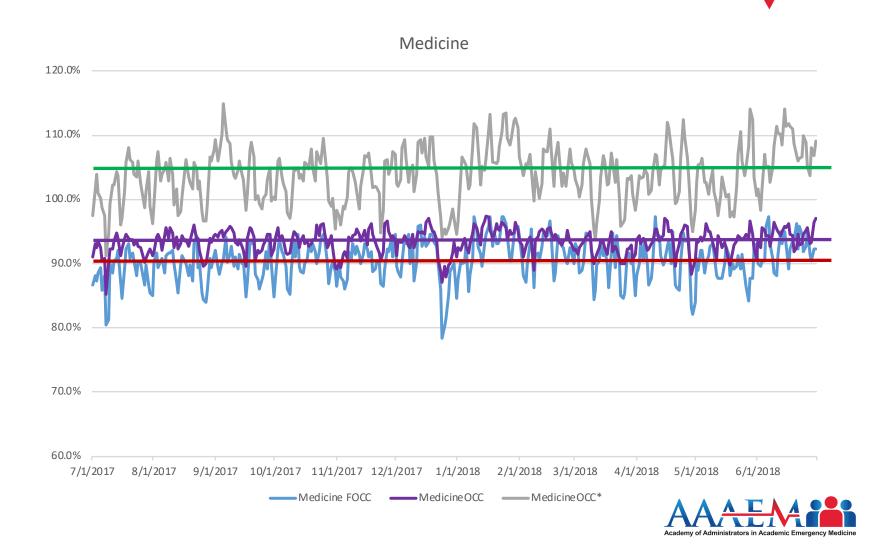
Midnight occupancy = All licensed beds status at midnight

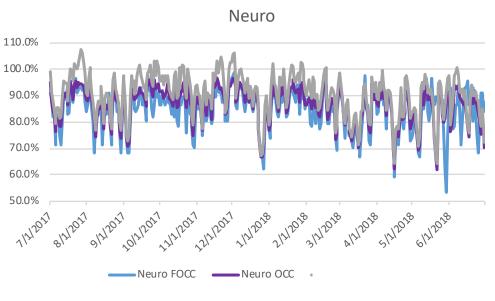
Substantial variability around a mean of 90%

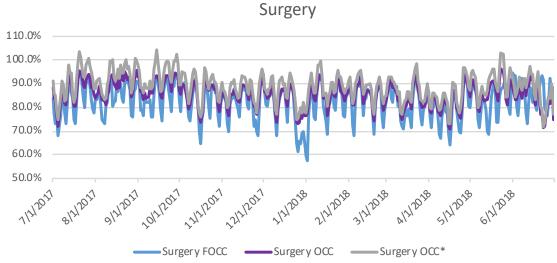


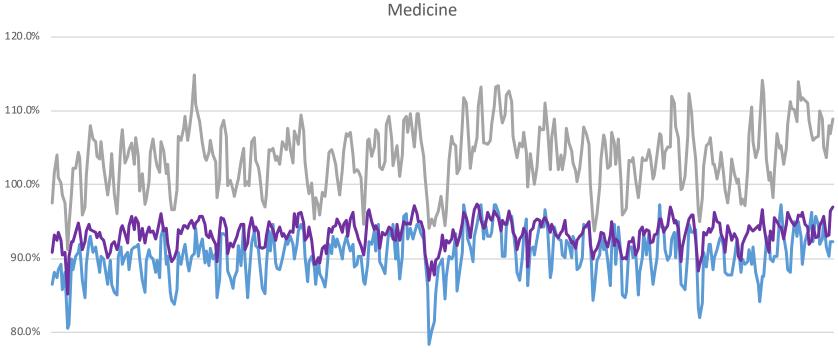
**Operational occupancy** = Open/Staffed beds in real time

- Minimum variability around a mean of 94%
- Beds are full all the time....













#### Boarding, Crowding, Occupancy

- Boarding is a key operational issue for most hospitals and emergency departments
- Boarding is a consequence of inpatient occupancy
- Inpatient occupancy is best measured by service and in real time
- Policies that have led to the reduction of "excess hospital capacity" have led to excessively high inpatient occupancy

