

Boarding

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How can we solve the issue of boarding and overcrowding?

1. Consequence on the hospital
2. Credit to the ED
3. Assoc. make statements on boarding and solutions
4. More EM physicians in c-suite
5. Predictive modeling tools to see surge trends and interventions
6. Appeal to CMS for performance measure (some are already measured but weighted low)
7. Appeal to nation-wide reporting agencies to indicate “good hospitals”
8. Explore alternatives to hospitalization – admit less patients
9. Identify best practices and disseminate information to decision makers
10. Get real time data to research what drives boarding
11. Incentivize hospitals to reduce boarding
12. Get the public on our side – deprived of bed of comfort and of quality
13. Separate CMS metric; VIPs don’t get boarded; problem disappears when the Joint Commission comes.
14. Think through ramifications (patients not being seen)
15. Define boarding (ACEP definition) with timeframe (2 hrs?) and what is acceptable vs. unacceptable boarding
16. Length of stay vs. boarding should both be measured
17. CAEP physician statement and proposed legislation that docks CEO pay
18. Accountability – financial penalties
19. Advocate for attending physician level consultations from other specialties
20. Psych evaluations in the ED need higher level of coverage
21. Late discharge
22. 4 hr roll

23. Disaster preparedness allows a way to find rooms for patients – that should happen all the time
24. Admit vs. Discharge: Better idea of what happens after admission – hospitalists role should include home treatment/testing
25. Position papers and send to chairs/decision makers
26. Medicare DRG problem needs to be addressed
27. Hospitalists in the ED
28. Loss of designation (Trauma)