Healthcare Trustees of New York State

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The worsening ED boarding issue for trustees

Emergency department boarding is a critical issue that demands attention from healthcare trustees. The number of patients waiting hours or days in emergency departments for a bed to be available has grown over the past four years, *Becker's Hospital Review* reported, based on a *Health Affairs* study.

ED boarding is worsening

National hospital standards indicate a patient should not board for more than four hours for safety and care quality reasons. This issue was already a concern before the pandemic and has worsened ever since.
The *Health Affairs* study reported the following statistics on ED boarding:

- In the last three years, more than 25% of patients who appeared at an ED during a non-peak month waited four hours or more for a bed. During the winter months, that number rose to 35%.
- Waiting 24 hours or longer for a bed used to be rare, but by 2024, nearly 5% of all patients admitted to the hospital during peak months waited 24 hours for a bed. In off-peak months, that number was 2.6%.
- In 2024, even in months with the lowest rates of boarding patients, the percentage of patients who waited four or more hours for a bed was higher than during the worst times pre-pandemic (2017 to 2019).
- Before the pandemic, fewer than 5% of patients waited more than 12 hours for a bed even during peak times; now this number rarely goes below 5% even at the lowest times of year.
- January 2022 had the worst boarding times: 40% of patients boarded in the ED for more than four hours and 6% boarded for 24 hours or longer.
- The Northeast had the highest rate of boarding for 24 hours or more.
- Boarding during peak months rose quickly for patients ages 65 and older, Black patients and people whose primary language was something other than English or Spanish.

How ED boarding impacts healthcare

ED boarding significantly impacts:

- **Patients:** It contributes to increased mortality, medical errors, prolonged hospital stays and dissatisfaction with care. Vulnerable populations face higher risks, including worsened health outcomes.
- **Clinicians and staff:** It increases the risk that clinicians are subject to physical violence, burnout and poor morale, and results in EDs struggling to recruit and retain clinicians and staff.
- **Cost:** Hospitalization costs are higher for patients who are boarded in the ED before receiving inpatient care.

- **Public safety:** Ambulance delays from ED congestion impair emergency response times, thus endangering lives, and create the risk of exacerbating crises during mass public health events or disasters.

What is driving the ED boarding trend

The study's authors found that key drivers of ED boarding include:

- **Capacity mismatch:** Shifting the U.S. healthcare system toward outpatient care has reduced the number of available inpatient beds, while the number of ED visits requiring admission has increased.
- **Financial incentives:** To ensure their financial well-being, hospitals need higher-revenue patients, such as those needing elective surgery, in addition to lower-revenue patients, such as those admitted through the ED.
- **Administrative issues:** Inpatient discharge delays, including delays resulting from prior authorization and other administrative requirements, prevent inpatient beds from being readily available.

Trustees have a vital role in addressing ED boarding

ED boarding is a complex problem with serious consequences that requires a dedicated and coordinated effort to resolve. Trustees play a vital role in ensuring hospitals prioritize patient safety, quality of care and financial stability by addressing this critical issue effectively.

The Agency for Healthcare Research and Quality held a "Summit to Address Emergency Department Boarding" in October 2024 that engaged several experts and stakeholders. Read AHRQ's report for actionable hospital-level and health system-level solutions and opportunities to lead efforts moving forward.

Did you know that the emergency department is one of the leading sources of professional liability claims against hospitals and healthcare providers? Join us at the HTNYS Trustee Conference, Sept. 11 - 13 in Saratoga Springs, as MLMIC Insurance Company presents data on the leading causes of emergency medicine claims and offers strategies to mitigate the risk of these claims within your organization.

Information for this article was obtained from:

- ED boarding times worsen: 7 notes, *Becker's Hospital Review*
- AHRQ Summit to Address Emergency Department Boarding, AHRQ

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