American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

POLICY STATEMENT

Approved June 2017

Boarding of Admitted and Intensive Care Patients in the Emergency Department

Revised June 2017, April 2011, April 2008, January 2007.

Originally approved October 2000

Optimal utilization of the emergency department (ED) includes the timely evaluation, management, and stabilization of all patients. Once admitted, patient care is most effectively and safely delivered on inpatient units. Boarding of admitted patients in the ED represents a failure of inpatient bed management and contributes to lower quality of care, decreased patient safety, reduced timeliness of care, and reduced patient satisfaction. Additionally, it directly contributes to ED crowding due to the resultant loss of bed and resource capacity. As ED boarding is a hospital-wide problem, ED leadership, hospital administrators, EMS directors, community leaders, state and federal officials, hospital regulators and accrediting bodies must work together to find solutions to this problem. In order for the ED to continue to provide accessible and high quality patient care, the American College of Emergency Physicians (ACEP) believes that:

- Hospitals bear the responsibility of ensuring the prompt transfer of admitted patients to inpatient units as soon as the disposition decision by the treating emergency physician has been made. Additionally, in the event of ED boarding, hospitals must have established over-capacity contingency plans in place.

- If transfer of admitted patients to inpatient units is delayed, the hospital must provide the supplemental nursing staff necessary to care for the patients boarded in the ED.

- The care of patients boarding in the ED should be governed by the principles outlined in the ACEP policy statement 'Responsibility for Admitted Patients' (https://www.acep.org/Clinical-Practice-Management/Responsibility-for-for-Admitted-Patients/).

- In the event that the number of patients needing evaluation or treatment in an ED is equal to or exceeds the ED's treatment space capacity, admitted patients should be promptly distributed to inpatient units regardless of inpatient bed availability, for example, to inpatient hallways.

- Hospitals should have staffing plans in place that can mobilize sufficient health care and support personnel to meet increased patient needs.

- Hospitals should develop appropriate mechanisms to facilitate availability of inpatient beds, nursing staff, and support personnel to meet the increased patient needs in the event of ED boarding.

- Emergency physicians and emergency medicine leadership should be involved in the hospital-wide efforts aimed at monitoring and improving inpatient resource utilization.

- Nurse staffing patterns applicable to other specialized areas/units of the hospital should apply equally to the boarded ED patients to assure that there is a consistent standard of care within the organization. These staffing patterns must not degrade the ability of the ED staff to provide emergency care and must be consistent with established guidelines, such as the Emergency Nurses Association (ENA) position statement 'Staffing and Productivity in the Emergency Department' (https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/staffingandproductivityemergencydepartment.pdf?sfvrsn=c57dcf13_6)

- Hospital diversion, as a temporary solution to ED boarding, should only be instituted if internal resources have been exhausted and outside community facilities have resources available to meet the needs of diverted patients. Additionally, all mechanisms for diversion must be consistent with ACEP policy on ambulance diversion.

- Hospital regulatory and accrediting bodies should mandate standards for prompt transfer of admitted patients from the ED to inpatient units.

- Hospitals should have established protocols and procedures related to the expeditious transfer of boarded patients to in-network facilities with acceptable, available inpatient beds when none are available at the hospital of origin.