

# Virginia Department of Health

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## **Guidance for Hospitals Boarding Patients Admitted through the Emergency Department When an Inpatient Bed is Not Immediately Available**

### **Introduction**

Keeping admitted patients in either the emergency department or some other location of the hospital while awaiting an inpatient bed is often referred to as “boarding.” Boarding begins when an Emergency Physician makes the decision to admit and ends when the patient is placed in an appropriate inpatient unit bed or is delivered to surgical or procedural services.

There is research addressing the boarding of admitted patients in other areas of the hospital as compared to in the emergency department with respect to improving patient safety by reducing crowded conditions, improving staff to patient ratios, and avoiding ambulance diversion.

Hospitals are required by The Joint Commission’s Accreditation Standards LD.04.03.11 and LD.04.03.07 to have processes that support the flow of patients throughout the hospital. These include plans for the care of admitted patients who are in temporary bed locations and plans for care of patients placed in overflow locations. The hospital must measure the available supply of beds, the safety of patient care areas and access to support services. These measurement results must be provided to individuals who manage patient flow processes, who then must report results to organization leaders. Measurement results are used to guide improvement of patient flow processes. The Joint Commission also requires that maintenance of different care settings not result in different standards of care.

While the Virginia Department of Health does not currently regulate or track boarding, hospitals are encouraged to develop policies and procedures to mitigate boarding admitted patients in the Emergency Department. These Guidelines are intended to assist hospitals wishing to develop policies and procedures for boarding admitted patients.

### **Issues for Consideration in Developing Policies and Procedures for the Boarding of Admitted Patients.**

Some hospitals have developed strategies to manage boarded patients. These include:

- A. Coordinating with local fire and building officials when developing boarding policies and procedures to ensure compliance with the Virginia Uniform

Statewide Building Code (USBC) and the State Fire Prevention Code (SFPC), and the requirements of the US Centers for Medicare and Medicaid Services Life Safety Code. The Virginia Department of Health cannot grant waivers to the USBC, the SFPC, or CMS Life Safety Code.

- B. Examining proximity to nursing stations, medical and privacy needs, accommodations for patients to summon staff for assistance, and medical records privacy and security when identifying areas, including corridors, within the hospital to be used for boarding.
- C. Determining the maximum number of patients who may safely board in each unit or other specified area of the hospital.
- D. Identification of areas of the hospital where boarding may be prohibited and patients who should not be boarded, considering such issues as acuity of patients' conditions, intensity of monitoring they require, and infection control issues in those units.
- E. Optimizing communications between the emergency department and the boarding area to ensure that relevant patient information is conveyed to appropriate staff in the boarding area.
- F. Training and orientation of emergency department staff and inpatient unit staff in policies and procedures for boarding, including policies and protocols for transporting and holding admitted patients.