Emergency Department Boarding
Care Processes and Outcomes

Approved June 30, 2023
Goes into effect January 1, 2024

In recognition of the adverse effects of prolonged ED boarding for older adults, including delirium and functional decline, the Geriatric ED Accreditation program proposes to introduce the following initiatives related to boarding of older adults in EDs seeking Geriatric ED accreditation or re-accreditation:

1. New optional care processes designed to mitigate prolonged ED boarding in older adults or the adverse effects associated with prolonged ED boarding
2. New requirement that Level 1 and Level 2 geriatric EDs monitor ED boarding times for geriatric patients as an additional outcome (in addition to current outcome metric of tracking number of older adults with total length of stay over 8 hours.)

Additional details are below.

Care Processes:

Care process descriptions	Options to demonstrate implementation, adherence or impact*
Care process to minimize ED boarding for geriatric patients or sub-group of geriatric patients at particularly high risk for harm due with prolonged ED stay (e.g. with delirium).	Recommended metrics are as follows; please note comparison data to non-geriatric patients and/or geriatric patients who are not identified as high risk should be provided. In addition to reporting these metrics, we recommend setting a threshold or goal for your metric (for instance 90% have transitioned out of the main ED within 4 hours after an admission decision). ● median boarding time in ED after admission decision for geriatric patients (or sub-group of geriatric patients identified as at particularly high risk for harm) in comparison to non-geriatric patients and/or geriatric patients who do are not identified as high risk ● % of geriatric patients (or sub-group of geriatric patients identified as at particularly high risk for harm) who board in ED for a prolonged period (≥4 hours) after admission decision in comparison to non-geriatric patients and/or geriatric patients who do are not identified as high risk ● % of geriatric patients (or sub-group of geriatric patients identified as at particularly high risk for harm) who board in ED for a very prolonged period (≥8 hours) after admission decision in comparison to non-geriatric patients and/or geriatric patients who do are not identified as high risk ● % of geriatric patients (or sub-group of geriatric patients identified as at particularly high risk for harm) who board in ED for an extremely prolonged period (≥12 hours) after admission decision in comparison to non-geriatric patients and/or geriatric patients who do are not identified as high risk
Care process to optimize care of geriatric patients or sub-group of geriatric patients at particularly high risk for harm due with prolonged ED stay (e.g. with delirium) who are boarding in ED for extended period after admission decision.	● Track percentage of eligible patients who receive interventions (e.g. private room in ED, hospital bed, prioritization of assignment of admitting team, prioritization of movement to transitional / initiation care area, quality improvement case review for patients with extreme boarding times – i.e. ≥12 hours)

Care Process Considerations:

- Care process to minimize ED boarding for geriatric patients or sub-group of geriatric patients at particularly high risk for harm due with prolonged ED stay
    - The GEDA board will need to ensure that there is evidence that this care process is being adhered to by reviewing:
        - comparison data to non-geriatric patients and/or geriatric patients who do are not identified as high risk
        - historical comparisons (e.g. demonstrating improvement over time)
        - site targets/goals and site plan for improvement, as needed
- Care process to optimize care while boarding in the ED of geriatric patients or sub-group of geriatric patients at particularly high risk for harm due with prolonged ED stay
    - To ensure that this care process is substantive, it must include at least one specific action item to optimize the care of geriatric ED boarders in each of following three domains:
        - Environment (e.g. moving patient to private room in ED, obtaining hospital bed or bed with pressure reducing mattress)
        - Normalization of function (e.g. mobilization, normalizing sleep/wake cycle, cognitive engagement, ensuring hydration and nutrition, toileting rounds)
        - Progression of care (e.g. prioritization for assignment of admitting team, prioritization for movement to transitional / initiation care area, ensuring that patient continues to receive at appropriate times medications to treat acute condition and that critical home/outpatient medications that the older adult regularly takes are given, reviewing all medications with a pharmacist)
    - Rescreening for delirium is recommended for patients boarding in the ED for ≥12 hours
    - Additional measures to increase the safety and/or comfort of geriatric ED boarders may also be included
    - Care process may also include plan to conduct quality improvement case review for patients with extreme boarding times – i.e. ≥12 hours
    - Plan to have GEDA nurse champion review this care process and incorporate their recommendations given critical role that ED nurses play in management of geriatric ED boarders

Required outcome-metric for level 1 and level 2 GEDs:

Level 1 and 2 GEDs are required to monitor how long older adults (65 and older) board in the ED while awaiting transfer to an inpatient unit after admission decision is made. For purposes of comparison, GEDs must also monitor boarding for non-geriatric adult patients (age 18-64).

Specific required metrics are:
● median boarding time in ED after admission decision for geriatric patients and comparison to non-geriatric patients
● % of geriatric patients who board in ED for a prolonged period (≥4 hours) after admission decision and comparison to non-geriatric patients
● % of geriatric patients who board in ED for a very prolonged period (≥8 hours) after admission decision in comparison to non-geriatric patients
● % of geriatric patients who board in ED for an extremely prolonged period (≥12 hours) after admission decision in comparison to non-geriatric patients

The time at which boarding starts, or the time-zero, is the time at which the decision has been made to admit or place the patient into observation status. Boarding ends when the patient is physically transferred from the ED to another unit within the hospital or, in the case of free-standing EDs and/or critical access hospitals, physically departs the ED for the admitting hospital.