



Boarding of Patients in Emergency Departments is Harmful for Patients, Health Care Providers, and Hospitals

The practice of boarding patients in the emergency department while they await transfer to an inpatient hospital bed threatens access to care for all Illinois patients and has significant consequences for both patients and facilities.

- Boarding patients in the emergency department (the practice of patients waiting on stretchers in ED hallways for hours or even days until a room in the inpatient unit of the hospital becomes available for transfer) contributes to lower quality of care, decreased patient safety, reduced timeliness of care, and reduced patient satisfaction.
- Boarding is the No. 1 cause of emergency department overcrowding, a systemic problem with widespread ramifications:
 - Crowding substantially increases patients' waiting times and boarding times, resulting in a delay of care up to 35% higher than normal, even for patients with serious conditions.
 - The crowding problem is particularly acute for mental health patients due to a lack of inpatient psychiatric beds and outpatient facilities.
- Boarding is a system-wide problem that represents a failure of inpatient bed management:
 - Hospitals share the responsibility of ensuring the prompt transfer of admitted patients to inpatient units as soon as the decision by the treating emergency physician has been made.
 - In times of highest need, ED patients awaiting admissions should be allowed to be boarded on inpatient floors or other areas of the institutions in order to reduce the stress on the over-capacity emergency department.
 - In the event of ED boarding, hospitals must have established over-capacity contingency plans in place, with staffing to mobilize sufficient health care and support personnel to meet increased patient needs.
- The COVID – 19 has exacerbated the boarding problem with hospitals often at full capacity with many patients waiting for inpatient beds. Boarding is a quality of care and safety concern.
 - ED leadership, hospital administrators, EMS directors, community leaders, state and federal officials, hospital regulators and accrediting bodies must work together to find solutions.

Patient boarding inhibits the delivery of high-quality medical care, compromises patient safety, and leads to crowding, a critical threat to public safety. Collaborative strategies must be put in place to prevent this harmful practice.

The Illinois College of Emergency Physicians is the state medical specialty society representing more than 1,300 emergency physicians across Illinois. As the state chapter of the American College of Emergency Physicians, ICEP works to support quality emergency care.



Boarding of Psychiatric, Behavioral and Related Mental Health Patients in Emergency Departments Has Severe Ramifications for Patients, Health Care Providers and Hospitals in Illinois

The practice of boarding in recent months has brought our nation's emergency departments to a breaking point. ED boarding of patients with psychiatric complaints can have a marked negative impact on patients, on providers, and on the broader hospital and healthcare system.

- The most vulnerable patients are some of the most at risk, especially those struggling with mental health challenges.
- The emergency department is not ideal for long-term treatment of mental and behavioral health needs.
 - Patients who experience mental health emergencies wait for care on average three times longer than other patients.
 - Too many Americans, including those in Illinois, have limited options for mental health care outside of the emergency department.
 - Frequently children or adolescents, in a mental health emergency are boarded for months on end in emergency departments waiting for a psychiatric inpatient bed to open anywhere where they can receive more specialized care.
 - Multiple studies show that pediatric patients with mental health conditions are more likely to leave without being treated, and less likely to receive counseling or psychiatric medications.
 - According to the Centers for Disease Control and Prevention (CDC), during March–October 2020, among all ED visits, the proportion of mental health-related visits increased by 24 percent among U.S. children aged 5–11 years and 31 percent among adolescents aged 12–17 years, compared with 2019.
- Emergency departments across the country are at capacity and overflowing.
 - Care teams are sometimes forced to treat patients on stretchers in the middle of the hallway or even in the waiting room until beds become available.

Patient boarding of psychiatric, behavioral, and related mental health emergency patients negatively impacts the quality of patient care and providing the proper resources in which these patients may need longer term care. This also leads to compromising patient and health care provider safety. Collaborative strategies must be put in place to ensure that all patients, health care providers and hospitals are equipped with the proper resources and guidelines in place to ensure this threat is prevented.

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