2024 Council Resolution 26: Ensuring Hospitals Consider Contributions of Boarding and Crowding to Safety Events

Council Action: **AMENDED AND ADOPTED**

Board Action: **ADOPTED**

Status: **In Progress**

SUBMITTED BY: New York Chapter ACEP
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Purpose:

1) Advocate for and support the development of policies that take ED boarding and overcrowding into consideration when analyzing adverse patient safety events and patient safety procedures;

2) Commit resources for establishing best practices for hospitals to consider ED boarding/overcrowding in developing corrective action plans in response to medical errors;

3) Work with stakeholders to require that Root Cause Analyses performed in response to adverse patient safety events specifically list boarding and/or overcrowding as benchmarks in analysis questions and root cause types.

Fiscal Impact:

Budgeted staff resources for advocacy initiatives and potential unbudgeted expenses of $5,000-$10,000 if an in-person meeting (depending on the number of participants) is necessary or for third-party development and dissemination of best practices materials.

WHEREAS, Inpatient boarding in emergency departments and hospital crowding was declared a national epidemic in 2007 by the Institute of Medicine1; and

WHEREAS, The issue has not been resolved and likely worsened after COVID2; and

WHEREAS, Boarding and crowding have been demonstrated to compromise patient safety, with dire effects on morbidity and mortality3; and

WHEREAS, The Joint Commission mandates that hospitals employ a Root Cause Analysis (RCA) process or similar activity to identify and address systemic contributors to patient safety issues4; and

WHEREAS, RCAs often deliberately focus only on the care of one patient without consideration of other activity in a department at the time, thus by design not necessarily accounting for contributions of boarding and crowding to any adverse events; and

WHEREAS, There is no widely accepted, universal approach to performing an RCA used by health systems to account for boarding in Emergency Departments and hospital crowding; and

WHEREAS, Federal data often fails to capture a comprehensive review of resource limitations inclusive of ED strain, staffing variability, and local outbreak burden; therefore be it

RESOLVED, That ACEP advocate for and support the development of policies that will ensure appropriate consideration of context of contemporaneous boarding and overcrowding during Root Cause Analysis and related patient safety processes in hospitals; and be it further

RESOLVED, That ACEP commit resources for establishing best practices and assisting hospitals with considering relevant corrective actions for medical errors committed as a result of ED overcrowding; and be it further

RESOLVED, That ACEP work with other organizations to require that Root Cause Analysis and corrective actions include hospital capacity constraints and overcrowding as benchmarks in “analysis questions” and “root cause types” when analyzing an event and organizing next steps.

Background:

This resolution calls for the College to work with other organizations to add emergency department (ED) boarding and crowding as a factor when conducting Root Causes Analysis (RCA) and determining corrective action plans in response to medical errors and adverse patient safety events. Additionally, the resolution asks the College to create resources to establish best practices in engaging and assisting hospitals in consideration of ED boarding and crowding when those hospitals conduct analyses of such incidents.

The resolution also asks the College to advocate for requiring that RCA include ED boarding and/or overcrowding as benchmarks in “analysis questions” and “root cause types” but does not specifically mention TJC. the College would need to engage with TJC, state regulatory bodies, the Centers for Medicare & Medicaid Services (CMS), and/or other appropriate policymaking bodies that can enforce a requirement to include these benchmarks,

RCA is a structured method used to analyze serious adverse events and is the method mandated by The Joint Commission (TJC) when hospitals experience and report a sentinel event. Though hospitals and accredited organizations are not required to report sentinel events – a patient safety event (not primarily related to the natural course of a patient’s illness or underlying condition) that reaches a patient and results in death, severe harm (regardless of duration of harm), or permanent harm (regardless of severity of harm) – TJC encourages self-reporting of such events for health care organizations. Self-reporting allows hospitals and health care organizations to identify opportunities to change their culture, systems, and processes to prevent unintended harm; help health care organizations that have experienced a sentinel event determine and understand contributing factors (including underlying causes, latent conditions, and active failures) and develop strategies to prevent or reduce such events in the future; and maintain the confidence of the public, clinical staff, and health care organizations in the priority of patient safety in TJC–accredited health care organizations. Though specifically mandated by TJC in response to a sentinel event, RCA is also widely used internally as a response to medical errors and adverse patient safety incidents.

In TJC’s Framework for Root Cause Analysis and Action Plan, which provides a template for analyzing an event and helps to organize the steps and information in an RCA in preparation for submitting an analysis to TJC (but can be used to guide analysis of non-TJC-reported events), boarding and/or overcrowding is not listed as one of the root cause types or referenced as a causal factor. However, multiple studies have shown that boarding and/or overcrowding is associated with a reduction in quality of care, resulting in unfavorable clinical outcomes and adverse events (Rocha et al.; Loke et al.).

In June 2024, ACEP leadership and staff engaged in a discussion with TJC in which we advocated for the consideration of boarding and/or overcrowding-related adverse incidents as sentinel events. Further, in July 2024, ACEP leadership and staff met with CMS asking them to potentially modify the Emergency Services Condition of Participation (CoP) as a lever to help address boarding. There is a recent precedence for this, as in the Calendar Year 2025 Outpatient Prospective Payment System (OPPS) proposed rule, CMS proposes to revise the Emergency Services CoP related to emergency readiness for hospitals and CAHs that provide emergency services and create a new CoP for obstetrical services.

Addressing boarding and crowding has been a longstanding priority of the College, with continuing federal legislative and regulatory advocacy efforts. In September 2023, ACEP organized and led a summit of stakeholders across health care to discuss the factors contributing to the boarding crisis and strategies to pursue collaborative solutions. ACEP has reached out to both CMS and The Joint Commission to determine what

federal action can be taken to address the issue. Addressing boarding and crowding has also been key priorities in ACEP's advocacy to Congress. Specifically, ACEP's Boarding Policy Recommendations include several recommendations for hospital contributions:

- Creation of reimbursement incentives for hospital systems to transfer patients outside of their system in limited cases of extreme boarding.
- Tie additional financial incentives and penalties to measures of crowding and boarding such as CMS measure OP-18 (Median Time from ED Arrival to ED Departure for Discharged ED Patients) and ED-2 (Admit Decision Time to ED Departure Time for Admitted Patients).
- Creation of "holding for discharge rooms" elsewhere in hospital that allow patients who are near discharge to receive final discharge instructions—thereby freeing up ED beds.
- New CMS Condition of Participation requiring hospitals to develop contingency plans when inpatient occupancy exceeds 85 percent [or similar threshold], including a load balancing plan and an identification and utilization plan of alternative space and staffing for inpatients when greater than a certain percentage of ED licensed bed capacity is occupied.
- Expansion of surgical and procedural schedules to seven days, thereby spreading out elective procedures and smoothing out the availability of inpatient beds within hospitals.

Boarding was a key issue that ACEP member advocates brought to Congressional offices during the last two Leadership & Advocacy Conferences. ACEP staff continue to work on developing legislative proposals and it is hoped the proposals will be introduced this fall in both chambers of Congress. Lastly, boarding is also part of ACEP's recess toolkit for ACEP members to advocate to their Congressional leaders during the August break while legislators are back in their home districts.

Stragegic Plan Reference:

Advocacy – Members believe that they can rely on ACEP to fight for emergency physicians across all landscapes and levels, including federal, state, and local.

Practice Innovation – Members work with ACEP to revolutionize the management of acute, unscheduled care, by anticipating emerging trends in clinical and business practices and developing new career opportunities for emergency physicians.

Prior Council Action:

The Council has discussed and adopted many resolutions related to boarding in the ED, but none that are specific to adding ED boarding and crowding as a factor when conducting Root Causes Analysis (RCA) and determining corrective action plans in response to medical errors and adverse patient safety events.

Amended Resolution 38(22) Focus on Emergency Department Patient Boarding as a Health Equity Issue adopted. It directed the College to use legislative and regulatory venues to establish a reasonable matrix of standards including acceptable boarding times and handoff of clinical responsibility for boarding patients; publish best-practice action plans for hospitals to improve emergency department capacity; and define criteria to determine when an emergency department is considered over capacity and hospital action plans are triggered to activate.

Amended Resolution 13(16) ED Boarding and Overcrowding is a Public Health Emergency adopted. It directed the College to work with regulatory agencies and the Joint Commission to determine the next action steps to be taken to reduce emergency department crowding and boarding with a report back to the ACEP Council at the Council's next scheduled meeting.

Amended Resolution 42(15) Prolonged Emergency Department Boarding adopted. Directed ACEP to work with other organizations and stakeholders to develop multi□society policies that establish clear definitions for boarding and crowding and limit the number of hours and volume of boarders to allow for continued patient access and patient safety. Also directed that ACEP promote to other organizations and stakeholders known solutions to mitigate boarding and crowding, including but not limited to smoothing of elective admissions, increasing weekend discharges, discharge of patients before noon, full availability of ancillary services seven days a week, and implementation of a full-capacity protocol and promote legislation at the state and national level that limits and discourages the practice of emergency department boarding as a solution to hospital crowding.

Substitute Resolution 25(08) State Department of Health Crowding Surveys adopted. Directed ACEP to investigate options to collect data from individual hospitals throughout the states regarding boarding and crowding, encourage members to work with their state medical associations and/or state health departments to develop appropriate mechanisms to facilitate the availability of inpatient beds and use of inpatient hallways for admitted ED patients, identify and develop a speakers bureau of individuals who have successfully implemented high-impact, low-cost solutions to boarding and crowding.

Amended Resolution 27(07) Hospital Leadership Actions to Ameliorate Crowding adopted. The resolution directed ACEP to develop a position paper on the systematic changes in hospital operations that are necessary to ameliorate crowding and treatment delays affecting ED and other hospital patients.

Amended Resolution 26(07) Hallway Beds adopted. The resolution directed ACEP to revise the policy statement "Boarding of Admitted and Intensive Care Patients in the ED," work with state and national organizations to promote the adoption of such policies, and to distribute information to the membership and other organizations related to patient safety outcomes caused by the boarding of admitted patients in the ED.

Resolution 39(05) Hospital Emergency Department Throughput Performance Measure referred to the Board of Directors. Called for ACEP to work with CMS and other stakeholders to develop measures of ED throughput that will reduce ED crowding by placing the burden on hospitals to manage their resources more effectively.

Amended Resolution 33(01) ED Overcrowding: Support in Seeking Local Solutions adopted. Directed ACEP to develop a specific strategy to coordinate all activities related to emergency department and hospital crowding to support state efforts, analyze information and experiences to develop a resource tool to assist chapters in efforts to seek solutions to emergency department and hospital crowding at the local level.

Amended Substitute Resolution 15(01) JCAHO Mandate for Inpatients adopted. The resolution called for ACEP to meet with appropriate regulatory agencies, including the AMA, JCAHO, and the American Hospital Association and other interested parties to establish monitoring criteria and standards that are consistent with ACEP's policy "Boarding of Admitted and Intensive Care Patients in the Emergency Department."

Prior Board Action:

February 2023, approved the revised policy statement "Boarding of Admitted and Intensive Care Patients in the Emergency Department;" revised and approved June 2017, April 2011, April 2008, January 2007; originally approved October 2000.

Amended Resolution 38(22) Focus on Emergency Department Patient Boarding as a Health Equity Issue adopted.

April 2019, approved the revised policy statement "Crowding;" revised and approved February 2013; originally approved January 2006.

Amended Resolution 42(15) Prolonged Emergency Department Boarding adopted.

April 2017, approved the revised policy statement "Disclosure of Medical Errors;" revised and approved April 2010; originally approved September 2003.

Amended Resolution 13(16) ED Crowding and Boarding is a Public Health Emergency adopted.

Substitute Resolution 25(08) State Department of Health Crowding Surveys adopted.

Amended Resolution 27(07) Hospital Leadership Actions to Ameliorate Crowding adopted.

Amended Resolution 26(07) Hallway Beds adopted.

April 2007, reviewed the information paper "Crowding and Surge Capacity Resources for EDs."

Amended Resolution 33(01) ED Overcrowding: Support in Seeking Local Solutions adopted.

Amended Substitute Resolution 15(01) JCAHO Mandate for Inpatients adopted.

Council Action:

Reference Committee B recommended that Amended Resolution 26(24) be adopted.

RESOLVED, That ACEP advocate for and support the development of policies that will ensure appropriate consideration of context of contemporaneous boarding and overcrowding during Root Cause Analysis and related patient safety processes in hospitals; and be it further

RESOLVED, That ACEP commit resources for establishing best practices and assisting hospitals with considering relevant corrective actions for medical errors committed as a result of ED overcrowding; and be it further

RESOLVED, That ACEP ~~work with other organizations require that Root Cause Analysis and corrective actions~~ **provide a written proposal to the Joint Commission and other relevant accrediting organizations suggesting a revision to the framework for Root Cause Analysis and corrective actions that** include**s emergency department and** hospital capacity constraints and overcrowding as ~~benchmarks in "analysis questions" and "root cause types" when analyzing an event and organizing next steps~~ **a "Root Cause Type" and "Causal Factor" as part of the root cause analysis**.

The Council adopted Amended Resolution 26(24) on September 28, 2024.

Testimony:

Asynchronous testimony was unanimously in support. One comment suggested an amendment to make the resolution more specific as to who the College should work with, and this amendment was acknowledged and agreed to by the author of the resolution. Live testimony expressed concern that explicit and exclusive mention of the Joint Commission may limit the College's ability to advocate for appropriate consideration of context of contemporaneous boarding and overcrowding during Root Cause Analysis to other accrediting organizations.

Board Action:

The Board adopted Amended Resolution 26(24) on October 2, 2024.

RESOLVED, That ACEP advocate for and support the development of policies that will ensure appropriate consideration of context of contemporaneous boarding and overcrowding during Root Cause Analysis and related patient safety processes in hospitals; and be it further

RESOLVED, That ACEP commit resources for establishing best practices and assisting hospitals with considering relevant corrective actions for medical errors committed as a result of ED overcrowding; and be it further

RESOLVED, That ACEP provide a written proposal to the Joint Commission and other relevant accrediting organizations suggesting a revision to the framework for Root Cause Analysis and corrective actions that includes emergency department and hospital capacity constraints and overcrowding as a “Root Cause Type” and “Causal Factor” as part of the root cause analysis.

References:

References

1. Institute of Medicine. 2007. *Hospital-Based Emergency Care: At the Breaking Point*. Washington, DC: The National Academies Press. https://doi.org/10.17226/11621.
2. Janke AT, Melnick ER, Venkatesh AK. Hospital Occupancy and Emergency Department Boarding During the COVID-19 Pandemic. JAMA Netw Open. 2022 Sep 1;5(9):e2233964. doi: 10.1001/jamanetworkopen.2022.33964. PMID: 36178691; PMCID: PMC9526134
3. Kelen GD, Wolfe R, D’Onofrio G, et al. Emergency Department Crowding: the canary in the healthcare system. NEJM Catalyst. September 28, 2021.
4. https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/camh_se_20230906_155314.pdf. Accessed June 24, 2024.

Implementation Action:

Assigned to the Quality & Patient Safety Committee to develop a policy statement and other resources to address the first and second resolves. Assigned third resolved to Advocacy & Practice Affairs staff to work with the Quality & Patient Safety Committee to develop the proposal to submit to The Joint Commission and other relevant accrediting organizations.

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