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May 14th, 12:00 PM - 12:15 PM

Institutional Pilot Changes Lead to a Reduction in Emergency Department Boarding Patients

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Akhouri, Rohan; Watts, Jennifer; Kennedy, Christopher S.; Sinclair, Kelly A.; Bolt, Bethany; and Daly, Ashley, "Institutional Pilot Changes Lead to a Reduction in Emergency Department Boarding Patients" (2024). *Research Days*. 1.

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Institutional Pilot Changes Lead to a Reduction in Emergency Department Boarding Patients

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No conflicts of interest

Background



Emergency Department (ED) crowding is a major problem across the country



Rises from a mismatch of resources and patients



ED boarding leads to increased safety events and a decrease in quality of care

Aim

- Evaluate the effect of hospital-based strategies on ED boarding times

Discharge Expediter

- HUB Staff works with patient progression on discharging patients

Ready to Move

- Notification on ED & PACU board

Patient Progression Interventi ons

June 2022 – December 2022

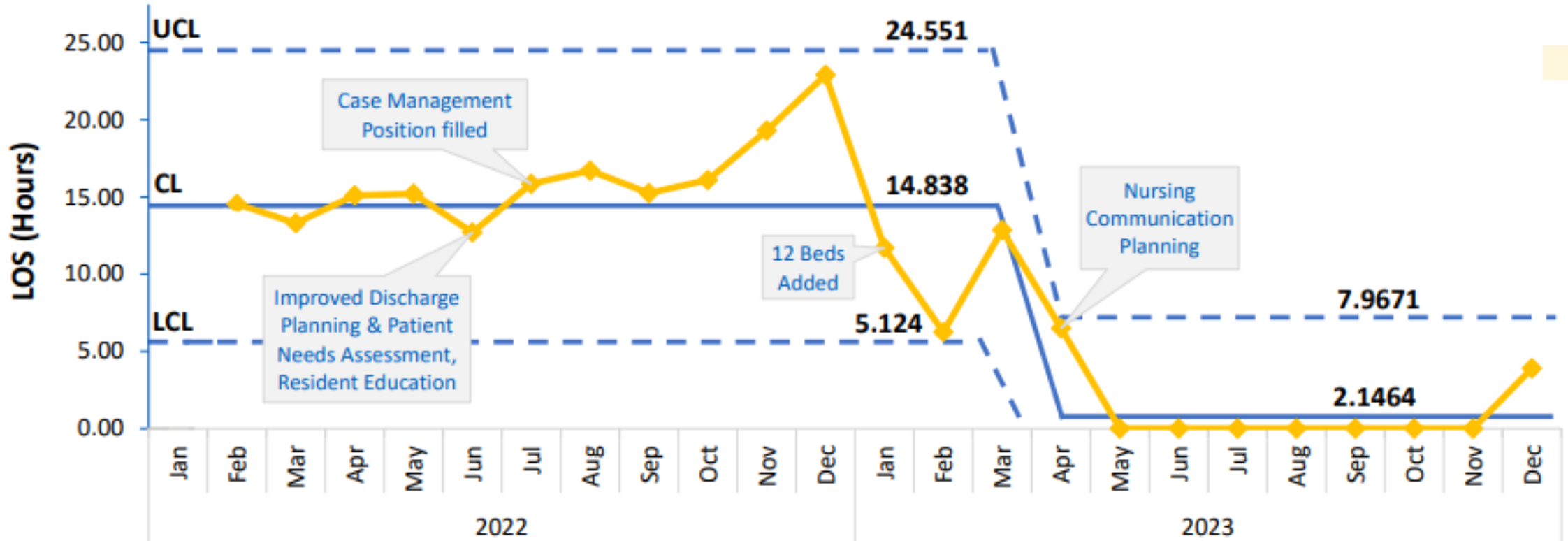
Lightning Rounds & Projected Discharge

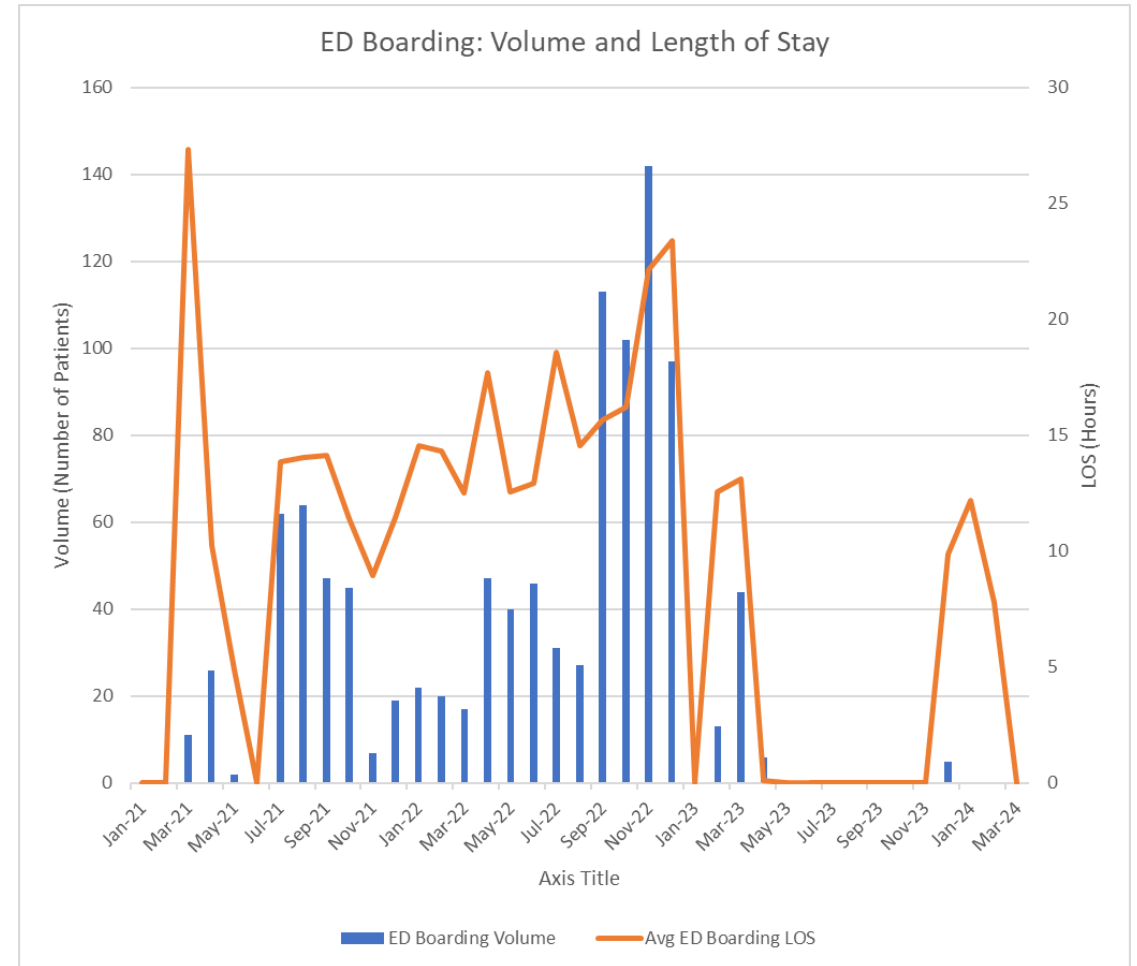
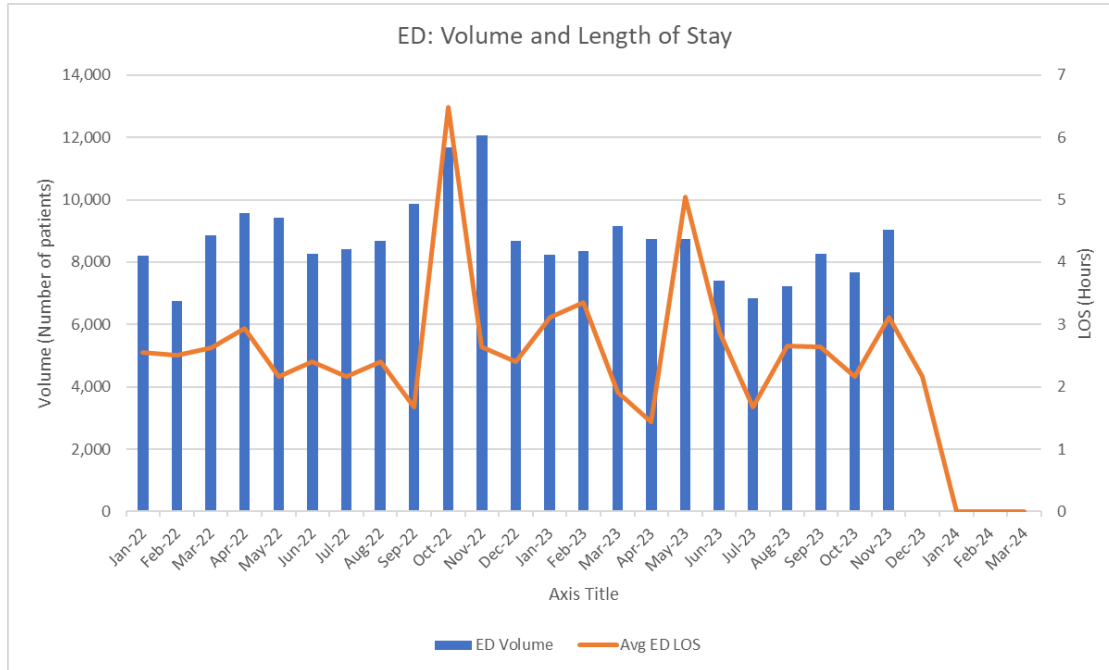
- Team discusses needs for patient discharge
- Establish potential discharge dates

Care Manager & Charge RN Rounds

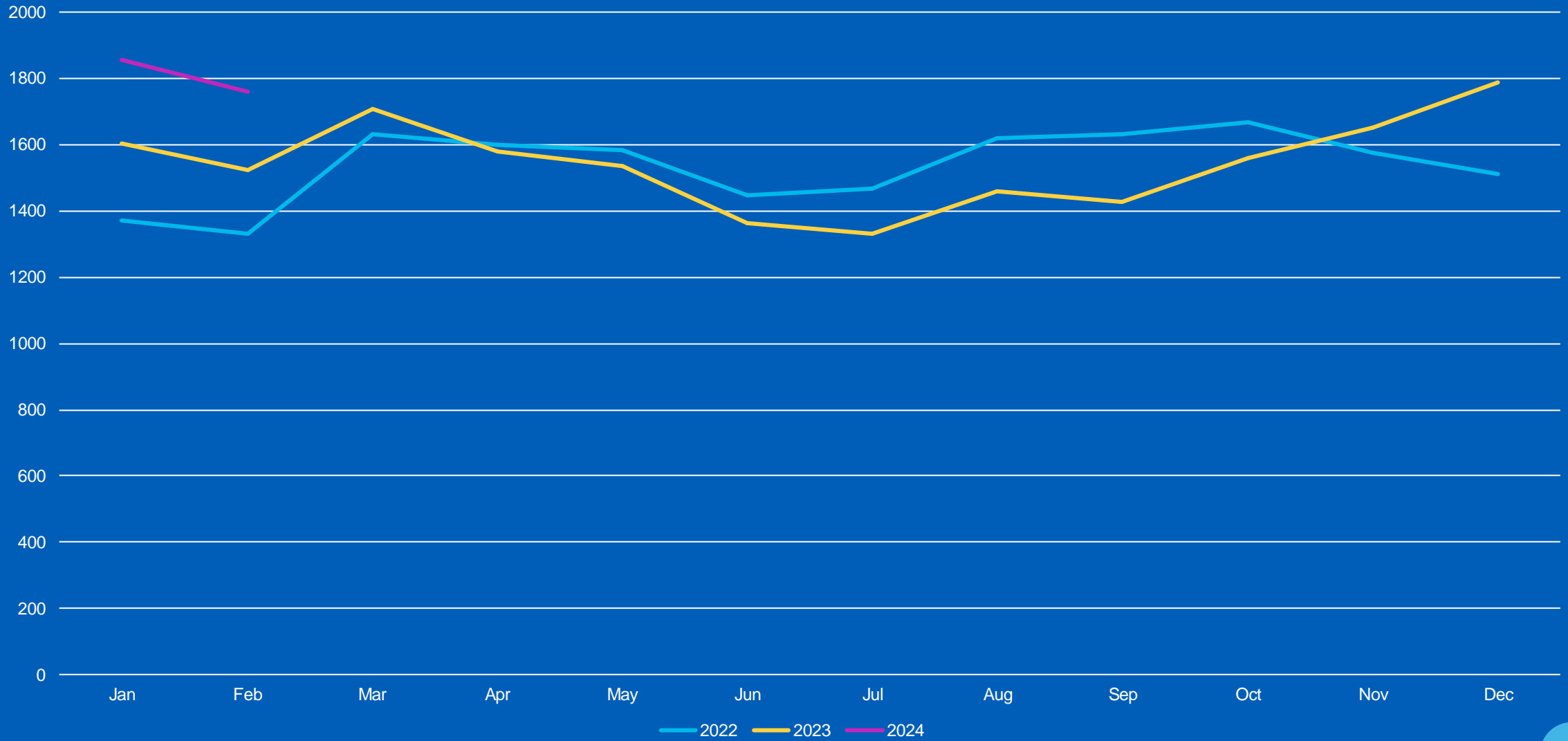
- Discussed patient needs for discharge within the next 24 hours

Figure 2. Average ED Boarding Length of Stay - X Chart





Total AH Admissions 2022-2024



Conclusion



ED boarding can be reduced with achievable hospital wide changes



The interventions have a continued impact on boarding volume



