Navigating the Challenges of Patient Flow and Boarding in Hospitals

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Description: The background, requirements, and challenges of meeting the expanded patient flow and boarding standards and how they can help your organization improve patient safety and the quality of care provided to the vulnerable patient populations you serve are addressed by The Joint Commission.

Aim: To assist organizations in making the most of their patient flow initiatives.

Actions Taken/Summary of Results: Patient flow issues persist in hospitals across the country. The Joint Commission standards related to patient flow have been in place since 2005, but needed to be enhanced to further assist hospitals in focusing on those aspects that can improve the effectiveness and efficiency of care while improving patient safety and outcomes. The following areas are addressed: 1) collection and utilization of data to improve the management of patient flow; 2) provision of safe care to those patients being boarded; 3) safety of those patients presenting to the emergency department with psychiatric emergencies who may need to be boarded.

Background

Patient flow standard became effective January 2005 to address patient flow issues in hospitals. Although the emergency departments are frequently singled out for this issue, it is clear through the literature that the emergency department throughput is a symptom of a systemic issue that goes across all patient care areas and involves support services as well. The Joint Commission standards were enhanced in 2013 with two additional changes going into effect in January of 2014. The standards impacted are LD.04.03.11 and PC.01.01.01.

Areas of Focus:

1. Collection and Utilization of Data to Improve the Management of Patient Flow
   - Data provides objectivity in determining the causes of patient flow or throughput issues in your organization and in assessing your successes after the implementation of strategies.
   - Begin with baseline measurements in order to set goals for your program.
   - Identify the metrics to be collected across all patient care areas that play a role in patient throughput including waiting, diagnostic and procedural areas as well as support services.

Some examples of metrics:
- ED: 1) door-to-door time; time from admission order to arrival in inpatient room; number of patients leaving before being seen by the physician or licensed independent practitioner
- Nursing units: ALLO; time from discharge order received until the patient leaves; time patient leaves the room until housekeeping is notified to clean the room; time patient leaves the room until it is cleaned and ready for use.
- Diagnostic areas: time to test is ordered until it is completed and reported.

Support services: Percentage of discharges that had a case manager or social worker involved

Analysis: data looking for patterns and trends that identify opportunities for improvement especially crossing over departments and processes as there are few situations that only have one root cause. What is having a negative impact on overall performance?

It is likely that this data analysis may trigger other metrics for collection and review.

Where are the bottlenecks? When do they occur? What is jumping out at you?

Set Goals once you have identified areas for improvement based on your baseline evaluation.

Develop Strategies to improve performance where needed.

2. The Provision of Safe Care to Those Patients Being Boarded

The Joint Commission defines Boarding as “the practice of holding patients in the emergency department or any other temporary location after the decision to admit or transfer has been made. The hospital should set its goals with attention to patient acuity and best practice; it is recommended that boarding time frames not exceed 4 hours in the interest of patient safety and quality of care.”

Some things to consider:
- How often does boarding occur in your organization? When does it occur? A specific time of day? Certain days of the week? Is it seasonal? Are there certain times of the year when boarding becomes more of an issue? What types of patients do you find your organization is boarding? General medical/surgical patients? Critical Care patients? Geriatric patients? Patients with psychiatric disorders? How long do these boarding episodes last? Are they different for different populations?

Utilize data to help you set goals for length of boarding episodes.

The data can also help you determine the most appropriate location and care for patients in a boarding status.

- You may need different types of locations for different populations of patients—is the area safe for your type of patient?
- You may need staff with different expertise and skills for different populations—what type of care do these patients need? Do they have any special needs? How much monitoring? Kind of equipment?
- Will these patients remain in the hospital or will they need to be transferred out to another facility?
- If they will be transferred, are there agreements or contracts in place with other facilities and services?

Develop your plan for the location of boarded patients along with staffing needs, type of staff, where they will come from and the specific skill sets, etc., prior to actually needing to implement the plan.

- Staff who will be responsible for the care and treatment of boarded patients need to be identified ahead of time to ensure they have the training and skill sets needed.
- Locations need to be identified ahead of time so that they can be appropriately tailored to the needs of the patients who will eventually be boarded when needed.

3. The Safety of Those Patients Presenting to the Emergency Department With Psychiatric Emergencies Who May Need to Be Boarded

The Three Impetatives of a Patient Safety Culture

The Source for Joint Commission Compliance Strategies
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R3 Report: Patient flow through the emergency department. Issue 4
December 19, 2012.

Location, Location, Location!
- What is the most appropriate place for a patient with a psychiatric emergency to be boarded when there is no bed available?
- Consider that the ED proper may not be the best place.
- Consider the ED layout and the kind of monitoring and the kind of documentation required.
- What is your goal for the length of time a patient is boarded?
- What is your current length of time for boarding episodes, specifically for the psychiatric patient? The longer the time the patient is boarded the higher the risk to the patient.
- Consider deferring the staff and leaders after boarding episodes to determine lessons learned that could be incorporated into the plan for the future particularly as they relate to the challenges of providing care to this vulnerable patient population in less than ideal circumstances.

Staffing Challenges:
- Staff who will be providing care for the boarded psychiatric patients must have the appropriate skill set and experience due to the special needs of this vulnerable population. Assessment of your current resources should be conducted prior to needlessly accessing the resources. Staff need to be identified and trained ahead of time.
- Do you have internal staff with the appropriate training and skill set who can staff the boarded patients when needed? And have they been oriented to the policies, procedures, location, etc.

If not, do you have staff who can be drafted? If so, do you have the internal resources to complete that training and ensure competency?
- If there are no internal resources, identify external resources that could provide training to selected staff in your organization. Are there other hospitals nearby with the expertise to conduct training and competency assessment?
- Perhaps there are community resources that provide behavioral health services or a local college that has clinical instructors who could provide training for your organization.

Skills needed include but are not limited to: de-escalation techniques, medication protocols, and communication strategies.
- The availability of those staff should be planned for in advance so it is important to have enough staff to provide care to those boarded patients.
- Policies and procedures need to be developed, approved and implemented for boarded patients in regards to the type of care needed, the frequency of monitoring and the kind of documentation required.

Limiting the length of time the patient is boarded is key to patient safety and quality of care.

Resources:
- www.jointcommission.org/patientflow_resources.aspx
- www.jointcommission.com/patientflow.aspx
- www.jointcommission.org/doc/588055

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