

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 8
(I-24)

Introduced by: Nita Wall Shumaker, MD

Subject: Addressing and Reducing Patient Boarding in Emergency Departments

Referred to: OMSS Reference Committee
(xxxx, MD, Chair)

1 Whereas, patient boarding, defined as the practice of holding patients in the emergency
2 department (ED) after they have been admitted to the hospital due to lack of inpatient beds, has
3 become a widespread and persistent problem in healthcare facilities across the United States;
4 and

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6 Whereas, in a new ACEP poll of 2,164 U.S. adults, 44 percent said they or a loved one
7 experienced long waits in emergency departments with 16 percent waiting 13 or more hours
8 before being admitted or transferred; and

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10 Whereas, prolonged ED boarding is associated with poorer patient outcomes, increased length
11 of stay, higher mortality rates, and decreased patient satisfaction; and

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13 Whereas, ED boarding contributes to ED overcrowding, leading to increased wait times,
14 delayed care for incoming patients, and potential compromises in patient safety; and

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16 Whereas, boarding places additional stress on ED staff, contributing to burnout among
17 physicians, nurses, and other healthcare workers; and

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19 Whereas, the practice of boarding disrupts the primary mission of the ED to provide timely
20 emergency care and hampers the ED's ability to respond effectively to surges in patient volume;
21 and

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23 Whereas, addressing ED boarding requires a system-wide approach involving hospital
24 administration, inpatient services, and community healthcare resources; therefore be it

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26 RESOLVED, that our American Medical Association strongly advocate that hospitals and health
27 systems prioritize strategies to reduce emergency department boarding through hospital-wide
28 protocols for expedited discharge processes, use of predictive analytics to anticipate and
29 manage patient volume, development and use of flexible staffing models to respond to patient
30 surges, and creation of dedicated teams to manage boarders outside of emergency
31 departments (Directive to Take Action); and be it further

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33 RESOLVED, that our AMA advocate for increased state and federal funding to address the
34 underlying causes of emergency department boarding, including increasing inpatient and long-
35 term care bed capacity, remediating workforce shortages, and improving coordination between
36 hospitals and post-acute care facilities (Directive to Take Action); and be it further

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1 RESOLVED, that our AMA support research into best practices for reducing emergency
2 department boarding and disseminate any findings to healthcare facilities nationwide (Directive
3 to Take Action); and be it further
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5 RESOLVED, that our AMA collaborate with other medical societies, hospital associations, and
6 patient advocacy groups to raise awareness about the negative impacts of emergency
7 department boarding and propose solutions (Directive to Take Action); and be it further
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9 RESOLVED, that our AMA support and encourage the development and implementation of
10 alternative care models to expand access to primary and urgent care services, including
11 telemedicine, community paramedicine, and mobile integrated healthcare programs (New HOD
12 Policy); and be it further
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14 RESOLVED, that our AMA encourage the inclusion of emergency department boarding metrics
15 in hospital quality measures and accreditation standards (New HOD Policy); and be it further
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17 RESOLVED, that our AMA promote education for medical students, residents, and practicing
18 physicians on efficient patient flow processes and the importance of timely patient disposition
19 (Directive to Take Action); and be it further
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21 RESOLVED, that our AMA will report back to the House of Delegates at the 2025 Annual
22 Meeting on progress made in reducing emergency department boarding and recommendations
23 for further action (Directive to Take Action).
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Fiscal Note: (Assigned by HOD)

Received: 9/16/2024

RELEVANT AMA POLICY

Emergency Department Boarding and Crowding H-130.940

Our AMA:

1. congratulates the American College of Emergency Physicians for developing and promulgating solutions to the problem of emergency department boarding and crowding;
2. supports collaboration between organized medical staff and emergency department staff to reduce emergency department boarding and crowding;
3. supports dissemination of best practices in reducing emergency department boarding and crowding;
4. continues to encourage entities engaged in measuring emergency department performance (e.g., payers, licensing bodies, health systems) to use evidence-based, clinical performance measures that enable clinical quality improvement and capture variation such as those developed by the profession through the Physician Consortium for Performance Improvement;
5. continues to support physician and hospital use and reporting of emergency medicine performance measures developed by the Physician Consortium for Performance Improvement; and
6. continues to support the harmonization of individual physician, team-based, and facility emergency medicine performance metrics so there is consistency in evaluation, methodology, and limited burden associated with measurement.

Citation: CMS Rep. 3, A-09; Reaffirmed: CMS Rep. 01, A-19; Reaffirmed: BOAT Rep. 16, A-19