

**Boarding Quality Measures Subgroup**  
Emergency Department Working Group

**December 6, 2023 | 8:00-9:00am**

**Meeting Minutes**

**Members present:** Gregory Shangold, Chris Moore, Lara Chepenik, Phil Davis, Jonathan Bankoff, Renee Malaro

**Others:** Melia Allan, Evan Dantos

**Introductions and Last Meeting Review**

- Chris asked members who were not present last meeting to introduce themselves
  - Lara spoke about her background in psychology/the crisis intervention unit
  - Renee mentioned her background as a trauma program manager and also work with government affairs
- Review of the Minutes
  - The key conclusion from last meeting was the recommendation that the quality measures group recommend that DPH/the legislature develop mandated publicly reported measures on ED boarding, with necessary state resources to accomplish this
  - Members corrected a formatting/spelling error, and approved minutes

**Discussion – Quality Measures**

- Chris noted that the quality measures project has a parallel process of developing the details (what data will be reported, logistics) and implementing the process/getting others on board
- Chris spoke about the Emergency Department Working Group legislative report to the group
  - The report represents an opportunity to provide some preliminary background education on the issue
  - Chris asked the subgroup to look at the report draft when it is circulated
- Chris went over background from a [2007 act](#) concerning ED overcrowding
  - Act had joint favorable support, but it did not pass – however, the electronic health record has advanced a lot since this time
  - Given some of the discussion around this bill, Chris expressed that CHA may be concerned about the publicity and administrative burden of the ask for publicly reported data
- Boarding threshold – the group is defining this threshold as the percentage of boarding patients held for over four hours
  - Lara added that the hardest part of using a boarding threshold is getting people educated to use it, since you are just adding time stamps to the electronic medical record

- Gregory asked to define boarding; Chris and the group decided that boarding describes the time a patient remains in the emergency department after a disposition decision has been made
- The group discussed sample cases, such as social admits (Especially ED observation unit admits)
  - Lara added that psychiatric patients are in the same situation as other ED patients that are held overnight when the doctors need to consult with another specialist
  - Gregory commented that hospitals ideally should have parity with mental health patients, there is no reason psychiatric and other mental health patients should go through a different process
- Epic Systems technical hurdle: Gregory flagged that when you change a patient's status from admit to discharge, it goes away in the system – this is a logistical hurdle to work through later
- Jonathan mentioned that overcrowding is listed in the statutory language – an intertwined aspect with boarding
  - “advise the commissioner regarding methods to alleviate emergency department crowding”
- Gregory also cautioned that many people think ED overutilization is what is causing crowding issues, but the issue is really the fact that hospitals are keeping people in the ED that is taking away from their resources
- With measurements, there is a tension between simplicity and being comprehensive
  - With boarding threshold, there is a straightforward measure – what percentage of a cohort is over 4 hours
  - But could also look at mean and median in a given cohort for more information
- To get more accurate measures, Gregory recommended adding up the total boarding hours in a given ED, then pro-rate it based on the ED volume (to compensate for different sized EDs)
- The group expressed interest in also looking at the total length of stay
- Discussion of gaming the system
  - Group members are worried that hospitals will change their process to make their metrics look decent without making large changes
  - The group clarified that the boarding threshold should be defined as patients over four hours that end up being admitted or transferred

## Summary

- Chris summarized some of the main points from the meeting
  - The cohort of boarding is patients who are ultimately admitted or transferred
  - In future meetings, the group will drill down on the beginning time stamp on the electronic health record
- Members asked if the group should prepare anything to share with the main group – Chris expected there to be resistance from people more integrated with the hospitals, and believes that unanimous support from this subgroup on measuring boarding will be very useful
- The group agreed to determine the next meeting after the full ED working group meets on Monday December 11
- The meeting adjourned at 9:00am