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Boarding and the Geriatric ED

Monday, May 11, 2026
3–4 pm EST

Moderated by:



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Emergency Physician
AdventHealth
Tampa, Florida

What is “Boarding”

- Known as:
 - “boarding”
 - “overcrowding”
- Hospital Capacity Crisis
- Too many patients/too many inpatients

Current State:

Living longer + medical complexity + effective medical interventions =



Stony Brook Medicine



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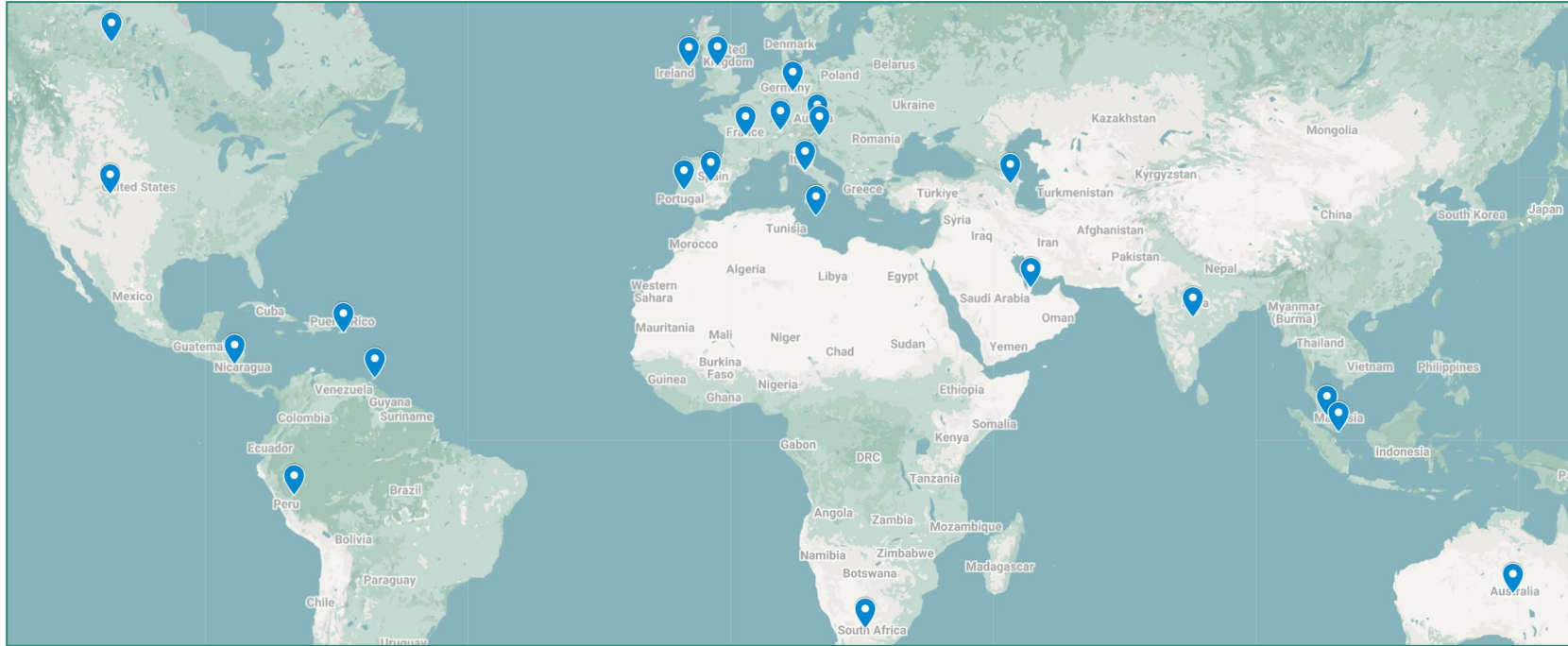


Emily Simmons, MSN, RN, CNL
Director of Program Development



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Professor/Assistant Program Director
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Global attendance joining us today:



1. United Arab Emirates
2. Austria
3. Australia
4. Azerbaijan
5. Canada
6. Switzerland
7. Germany
8. Spain
9. France
10. Great Britain
11. Ireland
12. India
13. Italy
14. Malta
15. Malaysia
16. Nicaragua
17. New Zealand
18. Peru
19. Puerto Rico
20. Portugal
21. Qatar
22. South Africa
23. Singapore
24. Slovenia
25. Trinidad and Tobago
26. United States

490 Registrants across 26 Countries

At what point does ED boarding shift from a throughput problem to a patient-safety event for older adults?

Not sure / unknown

2 h / 4 h / 8 h / 10 h / 24 h

Immediately / always

Unstable patient

High-risk for delirium / falls

Patients with dementia

When the care they are receiving in the ED does not meet their needs.

The more frail they are

After meds are due

When their care is affected

ED nurses caring for both ED and admitted

Skin breakdown

I want to know!

Anytime it disrupts sleep

When it affects nutrition



ACEP
GERIATRIC ED
ACCREDITATION PROGRAM

Geriatric ED Accreditation: The Geriatric ED Accreditation program helps emergency departments provide well coordinated, high-quality care for older adults at every ED encounter.

Accredited Geriatric EDs Demonstrate:

- Geriatric focused education and interdisciplinary staffing
- Standardized approaches to common geriatric issues
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- Quality improvement and age friendly care processes



Level 1 (Gold): The highest standard of geriatric care



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GEDC Free Membership

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- Support for GEDA Accreditation
- Track your Team's Progress
- Learn about ED Leadership Engagement

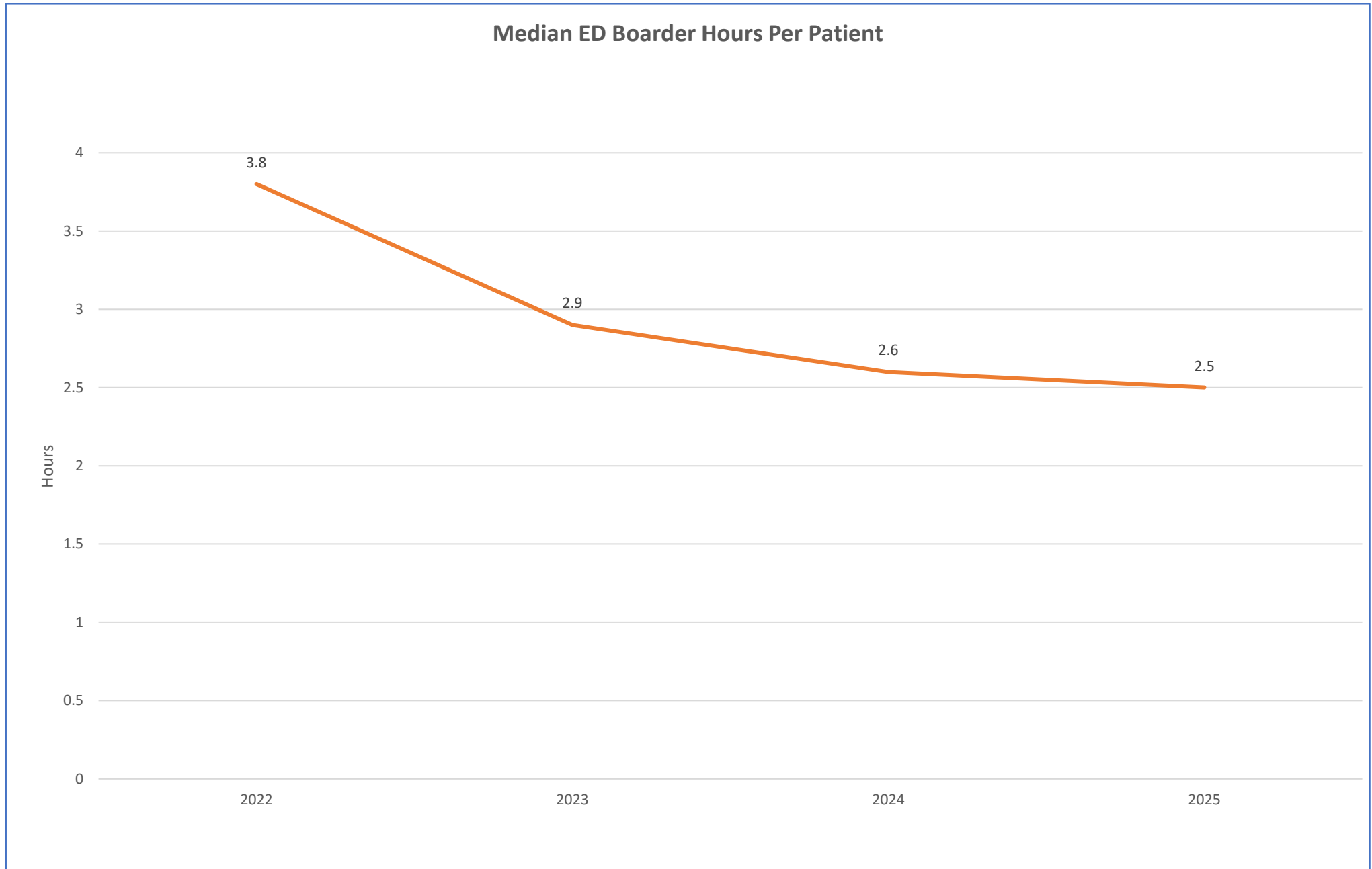
[Gedcollaborative.com](https://www.gedcollaborative.com)

Transforming Emergency Care for Older Adults

Join the GEDC



Stony Brook Medicine



Stony Brook Medicine

Acute 8-3600		Critical Care 8-3700		Pediatrics 8-3500		Green 8-3900		Clinical Decision 8-3400		Dental		Triage Waiting		Triage Waiting Pediatrics		Ambulance Triage Waiting		ED Overflow 8-0860		ED Over		
Patient: SDOH, COMMENTS 3 Avg LOS: 745:58 Median LOS: 745:58 Total: 1 WR: 0 Filter: ED Overflow 2																						
RM	S	P	LOS	RmLOS	Visitor	A	Name	All	Iso	Age	Pain	RFV	Fall	Events	SE	RN	Mid	Att	LPN	SW	CM	
EDOF2,01			745:58	0:19		1	SDOH, COMMENTS 3			86 years				A								

		05/07/2026 17:02 EDT
Transfer Information		
Transfer Information Sending Unit		
Inpatient Transfer Readiness	Inpatient Transfer Readiness	
Nurse Receiving Report	Yes - No Transporter Required	
Pt's Transfer Condition Sending Unit	Yes - One Transporter Required - Bed	
Patient Transferred to	Yes - One Transporter Required - Crib	
Mode of Transportation	Yes - One Transporter Required - Stretcher	
Transferred with Equipment	Yes - One Transporter Required - Wheelchair	
Transfer Attendants	Yes - Two Transporters Required - Bed	
Outstanding Items Sending Unit	Yes - RN and One Transporter Required - Bed	
Transfer Notification Sending Unit	Yes - RN and One Transporter Required - Stretcher	
Date/Time Patient Departed Floor/Unit	No - Report Attempted	
Transfer Information Receiving Unit		
Date/Time Patient Arrived to Floor/Unit	No - Off the Unit	
Pt's Transfer Condition Receiving Unit	No - Procedure In Progress	
Patient Transferred From	No - Room/ Bed Not Ready	
Outstanding Items Receiving Unit		

Stony Brook Medicine Key Takeaways

1. Reducing boarding/ED overcrowding requires a coordinated, multidisciplinary hospital-wide approach.
2. Meaningful improvement requires examining the entire patient journey, from ED arrival through inpatient disposition, to identify bottlenecks and streamline processes. Regular operational huddles can help identify barriers in real time and drive continuous improvement opportunities.

Capacity Strategies – Transfers

TRANSFER BACK

Returning to Sending Hospital

CURRENT HOSPITAL

ADMITTED PATIENT

SENDING HOSPITAL



Patient has received care at our facility



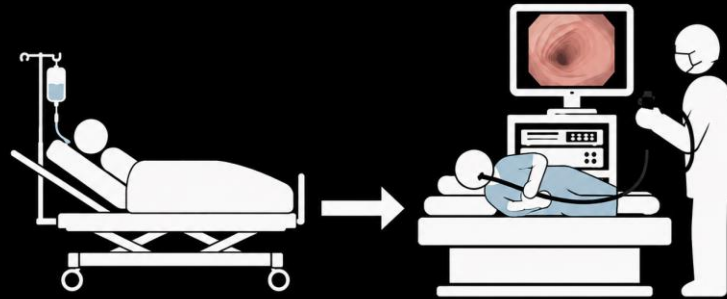
Patient is medically stable for transfer back to the sending hospital.



Care will continue at the sending hospital



Continuity of care.
Safe transfer. Seamless transition.



TRANSFER FOR PROCEDURE
GI ERCP



Small ICH
does not need
to be admitted



DISCHARGE HOME



Emergency
Physicians
OF TIDEWATER



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EVMS
Emergency Medicine
AT OLD DOMINION UNIVERSITY

Tools to Decompress Inpatient Capacity

- Transfer patients back to sending hospitals
- Keep patients locally until procedure is performed
 - Transfer only for procedure
 - GI (eg ERCP), IR (eg Feeding Tubes), Cardiology (cath/EP)
- Safely prevent transfer of “low-risk” diagnosis



Emergency
Physicians
OF TIDEWATER



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Process for Boarding

UAB Highlands Emergency Department utilizes Geriatric Emergency Nurse Intervention Expert (GENIE) to complete additional Age-Friendly Assessments and Care Coordination.

Assess any patients from overnight who flagged GENIE consult



Reevaluate GENIE patients seen the previous day



Round on any other boarding patients 65 & up (any ESI level)



Prioritize quality audits/education/etc as needed



UAB Key Takeaways

1. Boarding geriatric patients are still admitted patients and should receive inpatient-level care while in the ED.
2. The focus has been on creating a culture where geriatric care continues despite boarding delays.
3. Small interventions in communication, mobility, nutrition, and delirium prevention have made a meaningful difference.

Leapfrog Survey - 2025



SECTION 6E: HOSPITAL BOARDING IN THE EMERGENCY DEPARTMENT (ED) (OPTIONAL – NOT SCORED OR PUBLICLY REPORTED IN 2025)

- The percentage of ED patients that are admitted to the hospital that had a boarding time in the ED of more than 4 hours (where lower percentages are desirable)
- The median length of stay in the ED for patients admitted to the hospital (where lower values are desirable)
- The 90th percentile length of stay in the ED for patients admitted to the hospital (where lower values are desirable)

Emergency Care Access & Timeliness (ECAT) eCQM

For the Hospital OQR + REHQR programs

Encounter-level eCQM

4 “quality gap” outcomes

Lower is better

What the ECAT Captures

- Time to treatment space > 60 minutes
- Left without being evaluated (LWBS)
- Boarding > 4 hours (admit/transfer decision → ED departure)
- ED length of stay (LOS) > 8 hours (arrival → physical departure)

ECAT score = (# ED visits with ≥ 1 gap) \div (all ED visits)

NOTE: Observation stays are excluded from the boarding and LOS components because ED vs obs not reliably distinguishable in standardized EHR data.

Trigger A: Wait > 60 min

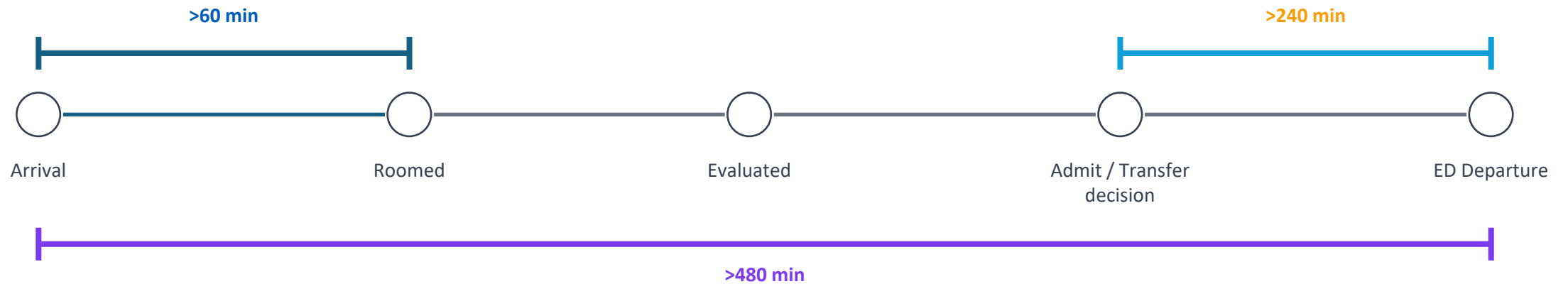
Arrival → Roomed
Flag if >60 minutes

Trigger B: LWBS

Leaves before evaluation
Disposition indicates LWBS

Trigger C: Boarding > 4 hr

HOQR: Admit decision → Departure
REHQR: Transfer decision → Departure
Flag if >240 minutes (no observation)



Trigger D: ED LOS > 8 hr

Arrival → physical departure
Flag if >480 minutes (no observation)

ECAT Implementation Timeline

Hospital OQR Program

2027 Reporting Period
Voluntary

2028 Reporting Period
Mandatory

2030 Payment Determination
ECAT replaces OP-18 & OP-22
(CMS removes OP-18/OP-22)

CY 2027

CY 2028

CY 2029

CY 2030

REHQR Program
(Rural Emergency Hospitals)

2027 Reporting Period
Optional
(Alternative to OP-18)

2029 Program Determination

The Ask

Cosponsor HR 2936 / S 1974, the **Addressing Boarding and Crowding in the Emergency Department Act, or ABC-ED Act**, introduced by Reps. John Joyce, MD (R-PA) and Debbie Dingell (D-MI) and Sens. Chris Coons (D-DE) and Dave McCormick (R-PA)

1

Helps expand implementation of real-time bed tracking and capacity management systems to address ED boarding – using existing grants!

2

Creates 2 new CMMI models: one for improving geriatric care (like ACEP's GEDA program), and one for improving psychiatric emergency care

3

Requires GAO study to determine best practices for these systems and analyze effectiveness on ED boarding, wait times, EMS wall time, etc.



Q & A

Ask your questions
in the chat!

We will try to get to everyone

New Resource: GEDC Boarding Toolkit



TOOLKIT

DECEMBER 18, 2025

Addressing Boarding in the Geriatric ED

BOARDING TRANSITIONS OF CARE
VALUE-BASED CARE

<https://gedcollaborative.com/resource/boarding/addressing-boarding-in-the-geriatric-ed/>



OUR NEXT GEDC
EXPERT PANEL WEBINAR

Resource-Limited Settings and the Geriatric ED

August 10, 2026
3pm EST

Register Now

<https://gedcollaborative.com/resource/rural/resource-limited-settings-and-the-geriatric-ed/>



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