Waiting for ward boarding in the emergency department

Suffering and Expectation of Patients Waiting for Ward Boarding in the Emergency Department When Hospitals are at Full Capacity

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ABSTRACT

Objective: Increasingly, admitted patients are boarded in the Emergency Department (ED) when wards are full. It compromises quality of care and paralyzes the emergency services. We evaluated our patients about their preference of boarding site and care team when there were no inpatient beds available. We also asked about their suffering and expectation in ED boarding.

Methods: This prospective study was undertaken in the two worst crowded EDs in the Chiayi area in 2008. Patients were eligible when they had previous experience of hospital admission and boarded in the ED overnight and over 8 hours. A questionnaire was administered by research assistants and the patient, or the care provider when the patient was incoherent. Collected data were analyzed by descriptive statistics, chi-square tests and Mann-Whitney U test.

Results: Two hundred and sixty patients successfully completed the questions. ED observation unit (57.7%) remained the most favored site to board; however, 17.7% preferred boarding in the admitted hallway. With regard to the care provider of ongoing care, 32.7% chose the admitted specialty and 29.2% chose the ED team. Most participants thought 24 hours to be the longest, tolerable time of waiting. Patients educated to college level or above could not tolerate prolonged boarding in the ED. Over 50% of boarders suffered from a noisy environment, no bath/shower facilities, poor sleep at night, and the fear of nosocomial infection. A curtained space, convenient toilet and shower, turning off or dimming the light during sleep time were the top-three expectations. However, 36.5% of them expected to stay in an individual cubicle in the ED. Sixty-three percent of participants thought the current medical expenditure acceptable, 21.2% liked to pay more for a better service, and 15.4% wanted to pay less.

Conclusion: Blocks in transferring admitted patients to inpatient beds is the single most important factor contributing to ED boarding and crowding. Before time-consuming reform of our insurance and health care systems, we can do something to improve their treatment, based on their suffering. Moving the boarder to a quiet ward hallway of the admitted specialty, rather than in the noisy ED, has been successfully adopted in China, India, and increasing numbers of hospitals in the United States. It could be a considerable alternative when hospitals are at full capacity.

Keywords: ED boarding, crowding, admission, hallway, suffering, expectation

INTRODUCTION

Crowding is an increasingly common problem in Emergency Departments (EDs) across the globe. It has become a major public health issue, not only in Taiwan but also in the United States (US), Canada and Australia.¹⁴ ED crowding and long waits compromise health care quality that prolongs pain and suffering, leads to poor patient outcome from delayed management for time-sensitive conditions, increased ambulance diversion and mortality, especially in critically ill patients.¹³ This also increases patient dissatisfaction, frustration among medical staff, violence, decreased physician productivity, hospital revenue and reputation.¹⁰¹⁴ Ambulance diversion is also increased when the number of admitted patients in the ED increases.¹⁵¹⁷ Most of our hospitals board the admitted patients in the ED when