American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

January 19, 2012

Mark R. Chassin, MD, MPP, MPH
President
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Re: Revised Standards Related to Patient Flow in ED

Dear Dr. Chassin:

The American College of Emergency Physicians representing over 30,000 emergency physicians, appreciates the opportunity to provide input on the proposed revisions to the standards related to Patient Flow in the Emergency Department. Attached is the completed field review questionnaire from the College on the proposed standards.

The Joint Commission is to be congratulated for continuing their efforts to address this very important leadership and operational issue that impacts hospitals across the country. The proposed standard requires hospitals to define measures, collect and report data on flow processes as an initial step in the implementation of the standard allowing for phased implementation. This allows hospitals to develop measures to address issues specific to their facility. While ACEP supports the proposed definition including the four hour timeframe opinions among members are varied. Some voiced concern that including the four hour timeframe may result in a four hour delay for all admitted patients.

The College also supports the focus on the needs of patients requiring mental health care, as this population is a significant proportion of the patients boarded in many EDs. There was concern that the elements of performance, as written, imply that EDs should be able to meet all the needs of mental health patient's in the ED. Patients requiring mental health services are being boarded in the ED due to the lack of available resources in the community. The physical layout and the operating conditions of most EDs preclude creating a therapeutic environment for boarding mental health patients consistent with their identified needs. Moving patients to the appropriate care environment should be the focus of the elements of performance not providing mental health services in the ED.

If you have any questions about the input provided please contact Margaret Montgomery, RN, MSN, at (972) 550-0911, ext. 3230.

Sincerely,

David C. Seaberg, MD, CPE, FACEP
President

HEADQUARTERS
Post Office Box 619911
Dallas, Texas 75261-9911

1125 Executive Circle
Irving, Texas 75038-2522

972-550-0911
800-798-1822
972-580-2816 (FAX)
www.acep.org

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The Joint Commission
Patient Flow in the Emergency Department Field Review

Patient flow issues related to emergency department (ED) overcrowding and patient boarding continue as persistent problems in many US hospitals. In response, The Joint Commission has developed proposed revisions to standards related to patient flow and the safe care of patients awaiting admission or transfer, including patients with psychiatric emergencies. The proposed standard revisions guide hospitals to take a system-wide approach to better mitigate and manage the risk of ED patients who are boarded in the ED or on other units. A phased implementation is recommended for some of the revised expectations to provide hospitals additional time to develop and refine their operational improvements.

Proposed standards revisions in the "Leadership" and the "Provision of Care, Treatment, and Services" chapters are as follows:

- **Standard LD.04.03.11 is revised to better address the management of ED throughput as a system-wide issue, and the use of data and metrics by hospital leaders to monitor patient flow. The revisions will also support awareness of and attention to potential safety risks related to patient boarding.**
- **Standard PC.01.01.01 is revised to support safe and quality care for patients in emergency departments experiencing long waits for placement in a specialized psychiatric service or facility.**

We are providing you the following document to use as a reference while completing the survey. *Note: Prior to submitting your comments, download and print the document below. This document requires Adobe Reader:*

Patient Flow in the Emergency Department Standards

Thank you in advance for your time and thoughtful responses.

Please select the response below that best describes your organization.

_X__ Professional association, please specify: **American College of Emergency Physicians**

Please indicate your level of agreement with the following statement:

The concept of boarding should be applied both to patients who are admitted, and to those who are awaiting transfer to a different facility or program.

_X_ Strongly agree

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Please review the draft definition of boarding proposed at Standard LD.04.03.11, EP 6 and answer the questions that follow.

"Boarding is the practice of holding patients in the emergency department or a temporary location for four hours or more after the decision to admit or transfer has been made."

I agree that The Joint Commission standard should specify a timeframe for boarding.

_X_ Yes

Revisions at LD.04.03.11 require that goals be set for patient flow, and that hospital leaders review and take action on performance relative to these goals. Please respond to the following questions on patient flow metrics:

Does your hospital participate in systems, associations, collaboratives, or research projects that require the use of defined measure sets (other than the mandated CMS performance measures) to monitor patient flow?

_X_ Yes

Please identify the metrics that are currently reviewed by your leadership in managing patient flow as it relates to the emergency department: (multiple responses accepted)

_X__ Length of stay for all patients, and for the subgroup of admitted patients
_X__ Length of stay for emergency department patients with psychiatric and substance abuse emergencies
_X__ Length of time from presentation until provider evaluation (aka, door to doctor, door to nurse)
_X__ Patients waiting for bed placement (e.g., Pediatrics, ICU, etc.)
_X__ Boarding time specifically for patients with psychiatric and substance abuse emergencies
_X__ Left without being seen (aka, left before treatment complete)
_X__ Emergency department annual census
_X__ Emergency department diversions (in hours)

PC.01.01.01, EP 50 requires the hospital to coordinate with community resources to help expedite the transfer of patients with psychiatric and/or substance abuse emergencies.

What significant challenges, if any, might hospitals in your community encounter in complying with this EP? (multiple responses accepted)

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_X_ Inadequate supply of inpatient beds
_X_ Inadequate outpatient services in the community
_X_ Shortage of trained personnel to facilitate assessment and placement
_X_ Shortage of trained personnel for treatment
_X_ Inadequate insurance
_X_ Other, please describe: Psychiatric hospitals require extensive lab and will not accept intoxicated patients etc. resulting in delays.

The revised and new elements of performance were drafted with the objective of supporting a more effective hospital-wide approach to improving the flow of patients through the emergency department.

In your opinion, will compliance with these proposed changes support that objective in hospitals?

_X_ Yes

Please click on this document Patient Flow in the Emergency Department Standards as a reference when answering the following questions:

Please indicate your level of agreement with the following statements:

	Substantially	**Moderately**	Minimally	Does not contribute at all	I am not sure
The changes proposed in Standard LD.040311 would contribute to my hospital's achievement of quality care and patient safety.		**X**			
The changes proposed in Standard PD.01.01.01 would contribute to my hospital's achievement of quality care and patient safety.		**X**			

Please click on this document Patient Flow in the Emergency Department Standards as a reference when answering the following questions:

Please indicate your level of agreement with the following statements:

	Strongly Agree	**Agree**	Neither Agree nor Disagree	Disagree	Strongly Disagree
My hospital can implement PC.010101, EP 49 by January 1, 2013		**X**			
My hospital can implement PC.010101, EP 50by January 1, 2014		**X**			

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Please click on this document Patient Flow in the Emergency Department Standards as a reference when answering the following questions:

Please indicate your level of agreement with the following statement:

There are significant barriers to complying with these requirements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
LD.04.03.11, EP5			**X**		
LD.04.03.11, EP6			**X**		
LD.04.03.11, EP7			**X**		
LD.04.03.11, EP8		**X**			
PC.01.01.01, EP 49			**X**		
PC.01.01.01, EP 50		**X**			

Standard PC.01.01.01 EP 49 applies to patients who come to the emergency department for care for emotional illness and/or the effects of alcoholism or substance abuse. It requires the hospital to provide for a location that is safe, monitored and clear of items that a patient could use to harm himself or herself or others.

What solutions to space limitations have you seen hospitals implement that help them serve these patients in a safe environment until they are moved to an inpatient bed or transferred to a provider in the community?

- **RN staffed holding unit adjacent to ED**
- **Floor or ICU/IMU nurses in ED to care for boarded patients**
- **Sitters for psychiatric patients.**
- **Provide safe rooms for psychiatric patients.**
- **Use inpatient beds as a holding unit**
- **Holding area for psych patient**
- **Develop fast track area for lower acuity patients**
- **Establish clearly identified turn-around-times (TAT) for admitted and discharged patients and commit to identifying and correcting obstacles**
- **Use of scribes for documentation**
- **Decrease TAT for ancillary services**
- **Develop discharges lounges for patients awaiting discharge**
- **Relocate admitted patients to inpatient unit hallways (full capacity protocol)**

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Please provide any additional comments you may have regarding Patient Flow and the Emergency Department:

Admitting mental health patients to the hospital until placement can be found as the process for admission to a psychiatric facility can be long and the ED is not the environment to provide the care these patients require. Work ups for mental health admissions are often unnecessarily cumbersome and slow the process in addition to the scarcity of available inpatient psychiatric beds.

The proposed standard requires hospitals to define measures, collect and report data on flow processes as an initial step in the implementation of the standard allowing for phased implementation. This allows hospitals to develop measures to address issues specific to their facility. While ACEP supports the proposed definition including the four hour timeframe opinions among members are varied. Some voiced concern that including the four hour timeframe may result in a four hour delay for all admitted patients.

The College also supports the focus on the needs of patients requiring mental health care, as this population is a significant proportion of the patients boarded in many EDs. There was concern that the elements of performance, as written, imply that EDs should be able to meet all the needs of mental health patient's in the ED. Patients requiring mental health services are being boarded in the ED due to the lack of available resources in the community. The physical layout and the operating conditions of most EDs preclude creating a therapeutic environment for boarding mental health patients consistent with their identified needs. Moving patients to the appropriate care environment should be the focus of the elements of performance not providing mental health services in the ED.

If needed, may we contact you about your responses to the survey questions?

_X__ Yes, I would be willing to provide further assistance or input