

## ABSTRACT

THIS STUDY EXAMINES HOW PSYCHIATRIC PATIENT BOARDING CONTRIBUTES TO EMERGENCY DEPARTMENT (ED) OVERCROWDING AT MEMORIAL HERMANN SOUTHWEST. PSYCHIATRIC PATIENTS ARE OFTEN MEDICALLY CLEARED BUT REMAIN IN THE ED FOR EXTENDED PERIODS DUE TO LIMITED PSYCHIATRIC BEDS, INSURANCE BARRIERS, AND FREQUENT FACILITY REFUSALS. A CROSS-SECTIONAL SURVEY OF ED STAFF FOUND STRONG AGREEMENT THAT PSYCHIATRIC BOARDING REDUCES ROOM AVAILABILITY, SLOWS PATIENT FLOW, AND SIGNIFICANTLY INCREASES OVERCROWDING. STAFF TYPICALLY REPORTED FOUR TO FIVE PSYCHIATRIC BOARDERS PER SHIFT, OFTEN STAYING TWO TO THREE DAYS. OPEN-ENDED RESPONSES HIGHLIGHTED SAFETY CONCERNS, INCREASED WORKLOAD, AND RESOURCE STRAIN. OVERALL, THE FINDINGS SHOW THAT PSYCHIATRIC BOARDING IS A PERSISTENT OPERATIONAL CHALLENGE AND SUGGEST THAT EXPANDING PSYCHIATRIC CAPACITY AND IMPROVING PLACEMENT PROCESSES COULD MEANINGFULLY IMPROVE ED EFFICIENCY.



## INTRO & SUMMARY

EMERGENCY DEPARTMENTS ARE MEANT TO TREAT PATIENTS QUICKLY, BUT WHEN BEDS RUN OUT, PATIENTS STAY MUCH LONGER AND CREATE OVERFLOW. AT SOUTHWEST, I HAVE SEEN PSYCHIATRIC PATIENTS REMAIN IN THE ED BECAUSE PSYCHIATRIC FACILITIES HAVE NO BEDS, DECLINE PATIENTS, OR CANNOT ACCEPT THEM DUE TO INSURANCE OR ACUITY. THESE LONG STAYS TAKE UP ROOMS, SLOW PATIENT FLOW, AND ADD TO OVERCROWDING. STAFF ALSO REPORT LIMITED PSYCHIATRIC RESOURCES AND MIXED EXPERIENCES WITH IRIS TELEHEALTH. THIS STUDY FOCUSES ON HOW PSYCHIATRIC BOARDING CONTRIBUTES TO ED OVERFLOW. MANY PSYCHIATRIC PATIENTS ARE MEDICALLY CLEARED BUT CANNOT BE PLACED, LEADING TO EXTENDED STAYS THAT REDUCE ROOM AVAILABILITY AND SLOW THROUGHPUT. THE STUDY EXAMINES HOW SHORTAGES IN PSYCHIATRIC BEDS AND PLACEMENT BARRIERS WORSEN OVERCROWDING AND SUGGESTS THAT IMPROVING PSYCHIATRIC RESOURCES COULD HELP REDUCE DELAYS AND IMPROVE ED EFFICIENCY.

## METHODOLOGY

THIS STUDY USED A QUANTITATIVE, CROSS-SECTIONAL SURVEY OF ED STAFF WHO REGULARLY WORK WITH PSYCHIATRIC PATIENTS. PARTICIPATION WAS VOLUNTARY AND ANONYMOUS. THE SURVEY INCLUDED SIX LIKERT-SCALE ITEMS, TWO MCQS, AND TWO OPEN-ENDED QUESTIONS ABOUT PSYCHIATRIC BOARDING, ROOM AVAILABILITY, PATIENT FLOW, AND PLACEMENT BARRIERS. SURVEYS WERE DISTRIBUTED DURING ONE SHIFT WITH NO IDENTIFYING INFORMATION COLLECTED. QUANTITATIVE DATA WERE ANALYZED USING MEAN SCORES, AND QUALITATIVE RESPONSES WERE CODED FOR RECURRING THEMES SUCH AS LACK OF BEDS, INSURANCE ISSUES, AND WORKFLOW DISRUPTIONS.

## RESULTS

FIGURE 1 - "PSYCHIATRIC PATIENTS FREQUENTLY REMAIN IN THE ED DUE TO A LACK OF PLACEMENT. AGREEMENT PERCENT:

FIGURE 2 - "PSYCHIATRIC BOARDING SIGNIFICANTLY REDUCES ROOM AVAILABILITY IN THE ED. AGREEMENT PERCENT:

FIGURE 3 - "PSYCHIATRIC BOARDING SLOWS OVERALL PATIENT FLOW AND THROUGHPUT. AGREEMENT PERCENT:

FIGURE 4 - "PSYCHIATRIC RESOURCES (BEDS, FACILITIES, ACCEPTANCE RATES) ARE INADEQUATE. AGREEMENT PERCENT:

FIGURE 5 - "PSYCHIATRIC FACILITIES DECLINE PATIENTS OFTEN (INSURANCE, ACUITY, CAPACITY, ETC.) AGREEMENT PERCENT:

FIGURE 6 - "PSYCHIATRIC BOARDING IS A MAJOR CONTRIBUTOR TO ED OVERCROWDING. AGREEMENT PERCENT:

FIGURE 7 — NUMBER OF PSYCHIATRIC BOARDERS PER SHIFT: STAFF TYPICALLY REPORT SEEING 4-5 PSYCHIATRIC PATIENTS BOARDING IN THE ED DURING A NORMAL SHIFT.

FIGURE 8 — LENGTH OF ED STAY FOR PSYCHIATRIC PATIENTS: MOST PSYCHIATRIC PATIENTS REMAIN IN THE ED FOR 2-3 DAYS

FIGURE 9 — CAUSES OF PSYCHIATRIC PLACEMENT DELAYS: THE MOST COMMON CAUSES OF DELAYS INCLUDE NO AVAILABLE PSYCHIATRIC BEDS, INSURANCE BARRIERS, FACILITY REFUSALS, AND LIMITED STAFFING. THESE SYSTEMIC ISSUES PREVENT TIMELY PLACEMENT AND EXTEND ED STAYS.

FIGURE 10 — IMPACT OF PSYCHIATRIC BOARDING ON WORKFLOW: PSYCHIATRIC BOARDING INCREASES WORKLOAD, SLOWS THROUGHPUT, REDUCES ROOM AVAILABILITY, AND CREATES SAFETY CONCERNS. STAFF REPORTS THAT BOARDED PATIENTS STRAIN RESOURCES AND SOMETIMES REQUIRE 1:1 SITTERS.

## FINDINGS

THE FINDINGS SHOW THAT PSYCHIATRIC BOARDING IS A MAJOR AND PERSISTENT CAUSE OF ED OVERCROWDING AT SOUTHWEST. STAFF CONSISTENTLY REPORTED THAT PSYCHIATRIC PATIENTS REMAIN IN THE ED FAR LONGER THAN APPROPRIATE, OFTEN 2-3 DAYS, WHICH DIRECTLY REDUCES ROOM AVAILABILITY AND SLOWS PATIENT FLOW. THESE DELAYS ARE NOT RANDOM. THEY STEM FROM PREDICTABLE BARRIERS SUCH AS LIMITED PSYCHIATRIC BEDS, FREQUENT INSURANCE-BASED REFUSALS, AND INCONSISTENT ACCEPTANCE CRITERIA ACROSS FACILITIES. OPEN-ENDED RESPONSES EMPHASIZED THAT PSYCHIATRIC BOARDING PLACES A HEAVY STRAIN ON STAFF AND RESOURCES. MANY DESCRIBED THE SITUATION AS FRUSTRATING, UNSAFE, AND DISRUPTIVE TO NORMAL ED OPERATIONS. BOARDED PSYCHIATRIC PATIENTS OFTEN REQUIRE MORE MONITORING AND ATTENTION THAN THE ED IS DESIGNED TO PROVIDE, WHICH INCREASES WORKLOAD AND CONTRIBUTES TO BURNOUT. OVERALL, THE DATA STRONGLY SUGGEST THAT WITHOUT IMPROVED PSYCHIATRIC CAPACITY AND MORE RELIABLE PLACEMENT PATHWAYS, THE ED WILL CONTINUE TO FACE PREVENTABLE OVERCROWDING AND WORKFLOW CHALLENGES.

## DISCUSSION

THE FINDINGS SHOW THAT PSYCHIATRIC BOARDING IS A MAJOR FACTOR IN ED OVERCROWDING. STAFF CONSISTENTLY REPORTED LONG STAYS, LIMITED PLACEMENT OPTIONS, AND FREQUENT REFUSALS THAT SLOW PATIENT FLOW AND REDUCE ROOM AVAILABILITY. WHILE THE STUDY REFLECTS ONE SITE AND RELIES ON STAFF PERCEPTIONS, THE PATTERNS ARE CLEAR AND CONSISTENT. IMPROVING PSYCHIATRIC CAPACITY AND STREAMLINING PLACEMENT PROCESSES WOULD LIKELY REDUCE PREVENTABLE DELAYS AND EASE ED CONGESTION.

## REFERENCES

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