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SISTER (system implementation of select transfers in emergency room) model to reduce ED boarding

This study describes a novel transfer model implemented between an academic, level 1 trauma center (Hospital A) and a nearby affiliate community hospital (Hospital B). Primary outcome is change in boarding hours and percentage of boarders in the Hospital A emergency department. Secondary objectives of this study include how improved flow in the emergency department to reduce boarding improves length of stay, prevents patients from escalating to more acute acuity levels of care, reduces patient morbidity and mortality and therefore improves health care costs as well. A retrospective chart review was conducted over a consecutive 14-months period of all patients that presented to main hospital emergency department who were transferred to the Hospital B for inpatient admission. This included analysis of patient cohort characteristics, hospital LOS, return rate to the Hospital A (boomerang), rates of against medical advice (AMA) dispositions, post-discharge recidivism, in addition to enterprise data on total number of boarders, percent of boarders, and total boarding hours. There was a total of 718 transfer encounters during the study period. Percent boarding decreased from 70.6% in the pre-period to 63.8% in the post-period ($p < 0.001$). Total boarding hours decreased at both the main hospital and the sister hospital with this transfer process. The median length of stay at the sister hospital was 74 h, with 9 upgrades to ICU admissions. Five patients were dispositioned back to the hospital A after admission to hospital B. A distributive model was useful in transferring admissions within a healthcare system, reducing number of boarders, percent of boarders, and boarding hours in Hospital A emergency department. Furthermore, the Hospital B was an appropriate location for transfers, based on the low number of ICU transfers and dispositions back to the main hospital

Keywords: load balancing, ED overcrowding, boarding, hospital capacity, against medical advice

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Biography

Dr. Alan R. Cherney, MD, MSc, is an Assistant Professor of Emergency Medicine at Sidney Kimmel Medical College, Thomas Jefferson University, and serves as the Associate Director of Undergraduate Medical Education in the Department of Emergency Medicine. He also holds the position of Assistant Medical Director at Thomas Jefferson University Hospital. Dr. Cherney earned his medical degree from SUNY Downstate Medical Center and completed his residency in Emergency Medicine at Lehigh Valley Health Network. His academic interests focus on enhancing clinical teaching skills among emergency medicine residents and medical students. He has co-authored several peer-reviewed publications exploring topics such as gender differences in resident self-assessment of clinical teaching and the utilization of diagnostic imaging in emergency settings. In his administrative role, Dr. Cherney is dedicated to optimizing emergency department operations and implementing evidence-based practices. He leads initiatives like the Care Coordination Extenders (CCE) Project, which aims to expedite outpatient imaging and follow-up care for emergency department patients. Through his combined efforts in clinical practice, education, and research, Dr. Cherney contributes significantly to the advancement of emergency medicine at Thomas Jefferson University Hospital.