October 14, 2015

Ruth W. Leslie, Director  e-mail: ruth.leslie@health.ny.gov
Division of Hospitals and Diagnostic & Treatment Centers
New York State Department of Health
Empire State Plaza, Corning Tower
Albany, NY 12237

Dear Ms. Leslie:

On behalf of the membership of the New York American College of Emergency Physicians (New York ACEP) I want to thank you for your letter of August 25, 2015 and for your willingness to consider reissuing the "Dear CEO" letter.

As you are likely aware, the epidemic of continued boarding of hospital inpatients within emergency departments has continued to increase over the years. Over that time, we have also observed a growing body of literature that demonstrates that this practice causes deleterious effects on patient care. We have taken the liberty to include some references should you want to review the literature.

We appreciate the opportunity you afforded New York ACEP to provide comments on the Guidance Document for Hospitals: Overcrowding / Emergency Preparedness - Hospital Obligations and Responsibilities initially issued by the Department of Health in April 2002 and updated in October 2003. New York ACEP's recommended revisions to the Guidance Document for Hospitals are attached.

Thank you for all your work and assistance in promoting quality care and safety of patients throughout New York State. If you have any questions, please do not hesitate to contact us.

Sincerely,

Louise A. Prince, MD FACEP
President


Hospitals must meet the needs of the communities they serve on an ongoing basis. It is the responsibility of the hospital's Governing Body and Senior Management to review the following guidelines and to take corrective action, as appropriate.

- Emergency preparedness and readiness is not an episodic response, but is an ongoing commitment to maintaining a hospital's capacity and capabilities to respond to emergencies. Emergency Departments (EDs) need to remain open and fully operational to ensure that each hospital is able to maintain the capacity to respond, not only to episodic events, but to long term or seasonal periods of overcrowding.

- Maintaining admitted patients within the emergency department is not acceptable on multiple levels. Hospital administration must be proactive in identifying and utilizing inpatient beds for admissions from the emergency department. All hospital beds and inpatient areas should be identified and considered in determining bed assignments. During peak periods of overcrowding, as a temporary emergency measure, the use of beds in solariums and hallways near nursing stations should be utilized consistent with a facility-wide plan to alleviate hospital overcrowding and provide capacity. In the event that the number of patients needing evaluation or treatment in an ED is equal to or exceeds the EDs treatment space capacity, admitted patients should be promptly distributed to inpatient units regardless of inpatient bed availability.

- Ambulance diversion is an emergency response to overcrowding that is to be used sparingly and only upon the direction of the hospital's key administrative staff. Hospital administration is responsible to document and monitor all diversion practices and decisions. As hospitals proceed with emergency preparedness planning, all trauma centers, hospitals, counties, and Regional Emergency Medical Advisory Committees, are advised to meet and collectively establish and/or assess the effectiveness of and negative impact on countywide or system wide diversion policies and practices.

- Hospitals are expected to have in place effective ongoing monitoring protocols to track and identify length of stay patterns and deviations, both for inpatients and for patients in the emergency department. Priority attention should be given to initiating inpatient and emergency department discharge planning activities to ensure the prompt and safe discharge of patients. Efforts to coordinate and partner with community resources, nursing homes and other patient support services should be in place and functioning at all times. Hospitals should develop appropriate mechanisms to facilitate availability of inpatient beds.

- Hospitals should ensure that patient discharges occur early during the day to provide the required support to newly admitted surgical and emergency department patients. It is well known that the afternoon time period has a higher inpatient and emergency department patient census. The hospital must take steps to minimize this period of potentially significant lack of capacity that occurs on a daily basis.
• Hospitals should work with available resources to support the care of patients presenting with psychiatric/behavioral health concerns to minimize the treatment delays that occur when these patients are waiting for transfer to an admitting facility. In the event that there is a delay to transfer due to lack of bed availability, hospitals are expected to provide appropriate care for these patients while they are awaiting admission placement.

• Ambulances and As an essential community resource, EMS personnel should not be detained in the emergency department due to lack of capacity and should be placed promptly back into service. To ensure that patient care needs are met by hospital staff, ambulance patients must be transferred promptly to emergency department staff.

• Hospitals should evaluate hospital-wide staffing levels on a hospital-wide basis. Cross training and coordination among programs and services is necessary to ensure adequate staffing levels during peak periods of need. In the event that hospital patients are boarding in the emergency department, the patients should receive the nurse (and support staff) staffing ratio that is at the level of their expected inpatient care requirements. Staffing patterns applicable to other specialized areas/units of the hospital should apply equally to the Emergency Department to ensure that patients receive a consistent standard of care, appropriate for the acuity of their condition.

• Hospitals must ensure appropriate physician staff availability for hospitalized patients. In the event that a hospitalized patient is boarding in the emergency department, the emergency department physician staff should not be responsible for the patient’s ongoing care except in the case of emergency. The emergency department physician staff should be engaged in the care of active emergency department patients.

• Hospitals must assume responsibility for the quality and appropriateness of all patient care services, regardless of a patient’s location within the facility. This includes staffing, services, privacy, infection control and confidentiality protections must be consistently in place.

• Hospitals must make available to Emergency Departments staff the ancillary services which permit the prompt disposition of admitted patients care needs. The 24-hour availability of transport services is necessary to meet patient needs and to allow for the timely transfer of admitted patients.

• Hospitals are 24/7 operations and they should also ensure that ancillary services are available for hospital admitted patients over the weekend and after hours to minimize delays in patient discharge.
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