RESULTS
- The total number of patients seen in the rural ED was 21,167; 34% were ≥65 years old; 99% were white.
- In the urban ED 23,814 patients were seen; 28% were ≥65 years old; 96% were white.
- The rural ED had a slightly higher (lower complexity) mean acuity score (2.83) compared to the urban ED (2.62).
- As seen in the figures, the rural ED had a proportionately higher number of boarders compared to urban ED (8% vs 2% of all patients).
- A much higher percentage of ED boarders in the rural ED were aged ≥65 compared to the urban ED (42% vs 28%).
- The most common reasons for ED visits for older adults were shortness of breath, fall, and weakness.

METHODS
- In a retrospective study (1/21 to 6/22) we compared a rural and an urban community hospital in our health care system.
- Boarding was defined as a patient waiting ≥8 hours in the ED for disposition. The rural hospital (99 beds) was chosen as it was identified by the health care system as having a much higher percentage of boarders, particularly older adults.
- The urban hospital (275 beds) was chosen for comparison due to a similarity in age demographics.
- Both hospitals have geriatric ED accreditation.
- Deidentified, aggregate data was obtained for patients ≥65 years.
- Lower acuity scores indicate higher complexity.

PROBLEM
- ED boarding is a prevalent problem in the USA and affects many older adults.

BACKGROUND
- Emergency department (ED) boarding is the practice of holding admitted patients in the ED due to a lack of inpatient beds.
- ED boarding has been shown to be associated with longer inpatient length of stay and higher mortality.
- It is also associated with more patients leaving AMA or without being seen as well as longer time to treatment for certain conditions, such as pneumonia.
- ED length of stay is also correlated with delirium rate.
- We identified one rural hospital in our health system with a high rate of boarding.

OBJECTIVE
- We sought to identify factors associated with ED boarding in this rural hospital by comparing it to a similar urban hospital.

METHODS
- In a retrospective study (1/21 to 6/22) we compared a rural and an urban community hospital in our health care system.
- Boarding was defined as a patient waiting ≥8 hours in the ED for disposition. The rural hospital (99 beds) was chosen as it was identified by the health care system as having a much higher percentage of boarders, particularly older adults.
- The urban hospital (275 beds) was chosen for comparison due to a similarity in age demographics.
- Both hospitals have geriatric ED accreditation.
- Deidentified, aggregate data was obtained for patients ≥65 years.
- Lower acuity scores indicate higher complexity.

RESULTS
- The total number of patients seen in the rural ED was 21,167; 34% were ≥65 years old; 99% were white.
- In the urban ED 23,814 patients were seen; 28% were ≥65 years old; 96% were white.
- The rural ED had a slightly higher (lower complexity) mean acuity score (2.83) compared to the urban ED (2.62).
- As seen in the figures, the rural ED had a proportionately higher number of boarders compared to urban ED (8% vs 2% of all patients).
- A much higher percentage of ED boarders in the rural ED were aged ≥65 compared to the urban ED (42% vs 28%).
- The most common reasons for ED visits for older adults were shortness of breath, fall, and weakness.

CONCLUSIONS
- When compared with the urban ED, the rural ED had a larger proportion of boarders, particularly older adults.
- ED boarding does not appear to be related to patient characteristics but may instead be influenced by system and community factors like number of inpatient and nursing home beds.
- There are typically more nursing home beds and inpatient beds available in urban communities.

REFERENCES