ED Boarding Reduction Sprint

90 DAYS FIXED-FEE ENGAGEMENT PAIRS WITH DISCHARGE SPRINT

Cut emergency department boarding hours by 30 to 50 percent without expanding the ED footprint. A3HCS installs the active bed management cell, the ED-to-inpatient handoff protocol, and the surge tripwires that resolve boarding upstream, where the problem actually lives.

30 to 50%	1 to 2 pts	8 to 12%
BOARDING HOURS, REDUCTION	LWBS RATE, TARGET DROP	ED THROUGHPUT LIFT

Engagement benchmarks. Actual outcomes vary by ED volume, hospital size, and inpatient discharge baseline.

THE PROBLEM

Boarding is a downstream symptom. Roughly 70 to 80 percent of ED boarding traces back to inpatient discharge friction. Treating boarding only at the ED misses the root cause and produces temporary fixes.

Bed turn is not actively managed. Most hospitals run bed assignment as a reactive process. By the time the inpatient bed clears, the ED has already lost the turn and the next patient is boarding.

Surge plans activate too late. Surge tripwires are usually defined but rarely fire on time. By the time they activate, the boarding queue is already 4 to 8 hours deep and patient safety risk is rising.

THE A3HCS SOLUTION

A 90-day sprint that resolves boarding upstream. Same operating philosophy as the Discharge Throughput Sprint, deeper integration of ED, inpatient, and post-acute flow into a single throughput system.

- **Diagnose.** Two weeks. Boarding pattern analysis by hour, by day, by unit. Inpatient discharge audit. Bed turn timing review. ED-to-inpatient handoff interview series with charge nurses and bed management.
- **Install.** Six weeks. Active bed management cell stood up. ED-to-inpatient handoff protocol live. Surge activation tripwires recalibrated. Daily capacity huddle protocol installed and trained.
- **Stabilize.** Final four weeks. Real-time boarding dashboard, weekly executive review, refinement, and a transition memo. By day 90 the cell runs without A3HCS.

THE 4-LEVER BOARDING REDUCTION MODEL

Boarding is reduced by pulling four levers in sequence. A3HCS installs ownership and discipline at each lever.

DOMAIN	NAMED OWNER	WHAT WE REVIEW
1. Inpatient Discharge Lift	Hospitalist & Case Management	Earlier discharge orders, before-noon discharge targets, the 4-domain readiness framework feeding upstream.
2. Active Bed Turn	Bed Management & EVS	Predictive bed assignment, EVS turn-time targets, real-time bed visibility across the house.
3. ED-Inpatient Handoff	ED Charge & Inpatient Charge	Structured handoff protocol, single escalation point, no rebound calls, accountability for time-to-bed.
4. Surge Activation	House Supervisor & Operations	Tripwires recalibrated, surge-bed unlock procedure, OR and PACU buffer capacity protocol.

THE 90-DAY ENGAGEMENT

Phase 1, Diagnose

DAYS 1 TO 14

Boarding pattern analysis. Inpatient audit. Handoff interviews. Quantified opportunity report.

Phase 2, Install

DAYS 15 TO 56

Bed management cell stood up. Handoff protocol live. Surge tripwires recalibrated. Capacity huddle trained.

Phase 3, Stabilize

DAYS 57 TO 90

Dashboard, weekly executive review, transition memo. Cell runs without A3HCS by day 90.

ENGAGEMENT & WHY A3HCS

Engagement Structure

Fixed-fee, scoped per ED volume and hospital complexity. Three-phase delivery over 90 days.

DELIVERABLES

Boarding diagnostic, bed-management cell standup, ED-to-inpatient handoff protocol, surge tripwire recalibration, dashboard build, weekly executive coaching, transition memo.

Best paired with the Discharge Throughput Sprint for a complete throughput operating system across ED, inpatient, and post-acute flow.

Why A3HCS

Treats the root cause. Boarding is downstream of discharge. A3HCS treats both as one system, not two projects.

Inside-the-hospital fluency. Built from operating experience, not a top-tier consulting deck.

Outcome-tied delivery. Fee is tied to deliverables and benchmark outcomes, not billable hours.

Built to outlast us. The cell runs without A3HCS by day 90. The dashboard and protocol stay with you.

Schedule a Strategy Consultation

30-minute call to assess fit, baseline opportunity, and engagement scoping. No obligation. • **a3hcs.org** •

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