

**Hospital Name:**  
University of Rochester Medical  
Center

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2005 ED Volume: 92,994  
Growth from 2004: unknown  
Total Staffed Hospital Beds: 750  
Acute ED Beds: 40  
Fast Track: Yes  
Clinical Decision Unit: Yes

**Problem to be Resolved:**  
Excessive ED boarding

**Key Words:**

- ED boarding
- Observation unit

**Lessons Learned:**  
URMC learned that by increasing  
capacity in their observation unit,  
they could continue to improve  
patient flow through the ED.

**Reason for Change:**

The University of Rochester Medical Center (URMC) is a large Level I trauma center that sees around 95,000 ED visits each year. Unfortunately, URMC was suffering from congestion and inefficiency in the ED; patients were being boarded in the ED for long periods of time. In the worst of times, up to 20 or 30 patients might be boarded in the ED overnight while awaiting an inpatient bed. URMC's management sought to identify the source of this problem, to ultimately improve patient flow.

**Implementation:**

URMC found that its problem of ED boarding and congestions stemmed in part from observation patients taking up valuable inpatient space for admissions that often lasted less than 24 hours.

URMC already had an observation unit in place, however the capacity was not enough to make a big impact on ED crowding. URMC expanded both the capacity and scope of service for the observation unit, and now has one of the largest units in the country. The unit increased initially from 8 to 24 beds, and again to 36 beds. The observation unit also will admit patients for up to 72 hours, compared with the usual 24 hours.

**Results/Impact:**

By expanding the observation unit from 8 to 24 beds, URMC gained 8,000 inpatient bed days over the next two years, which helped to greatly reduce boarding and improve patient flow.