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Elderly Individuals Left at Hospitals, Called Boarders, are Causing Long ER Wait Times and Costing JFL Much-Needed Revenue, Officials Say

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Wait times at the Juan F. Luis Hospital ER is compounded by the presence of boarders, who take up between 8 to 10 beds that would otherwise be utilized by new patients, JFL officials said during a Senate hearing on Friday, Sept. 30, 2022. By. V.I. CONSORTIUM

For decades the Juan F. Luis Hospital and Medical Center has housed handfuls of elderly boarders – a practice hospital officials told lawmakers on Friday could not continue when the transition to the new, temporary facility on St. Croix called JFL North is completed.

JFL CEO Douglas Koch said the hospital accommodates about 8 to 10 boarders daily who do not necessarily have a medical condition that requires them to be admitted. These patients, however,

continue to occupy approximately 35-40 percent of the hospital's adult medical and surgical beds which contributes to long wait times in the emergency room for others coming to seek care.

Mr. Koch said their presence was “compromising” the hospital's ability to serve other patients, explaining, “This causes a backlog and the patients that are being admitted to the hospital are now occupying rooms in the emergency room. This is why we have extremely long waits in our emergency room. On most days we operate our Emergency Room with only 4 or 5 rooms when we should have at least 12 available for emergency services.”

Christopher Finch, chairman of the V.I. Government Hospitals & Health Facilities Cooperation and member of the St. Croix District Governing Board for JFL, said the boarder problem is directly related to the shortage of long-term care services in the territory which would alternatively provide both medical care and assisted living beds 24-hours a day in a non-medical setting. This comprises facility-based nursing and assisted living beds as well as home and community-based services.

If the boarder situation is not properly addressed, Mr. Finch feared that it would cause “great difficulty” for the move into JFL North.

“We do not have the bed capacity in JFL North to handle several boarders like this. Presently, the boarders are mostly housed in the VI Cardiac Center. Our immediate plan as JFL is demolished and a new hospital built is to use the VICC for all the outpatient services of JFL that will not fit in the temporary hospital. We cannot do that if the rooms of the VICC are filled with boarders, explained Mr. Finch.

Presently, JFL has 9 boarders under its care, most of whom are categorized as being “very frail seniors” who live at the hospital because they have nowhere else to be placed and cannot live alone and take care of themselves.

But Mr. Finch said while they receive physical and health care, the hospital is not set up to provide the social and emotional and recreational services they would receive at an appropriate senior facility, noting that a hospital bed is far more expensive than any nursing home.

According to the findings of a research paper [published in May 2020](#) by Journal of the American College of Emergency Physicians Open, boarding leads to increased patient morbidity and mortality for both intensive care and non-intensive care units, longer lengths of stay, and higher costs for the hospital. Insufficient availability of inpatient beds can also lead to loss of Emergency Department revenue.

Mr. Finch explained that the hospital cannot charge any of the third-party payers like insurance, Medicare or Medicaid for boarder care since they are not properly hospital patients. “In other words, there are no medical reasons for the person to be hospitalized. The hospital loses the revenue that would otherwise be provided from that bed being used for its proper hospital patient purpose. For the public, the phenomena that our limited beds are thus occupied may mean a delay in scheduling surgery or spending days in the Emergency Room waiting for a bed opening.”

Presently, both hospitals – JFL and the Schneider Regional Medical Center — are working closely with the V.I. Department of Health, the V.I. Department of Human Services and the V.I. Office of Management and Budget to find alternative placements for the 18 boarders currently at both medical facilities.

At the invitation of D.H.S., a team from a Puerto Rico long-term care facility that has agreed to take six boarders came to the territory this week to meet and assess the care needs of the potential patients, Mr. Finch said.

DHS is also planning for additional boarder placements in the Herbert Grigg Home and Queen Louise Home for the Aged and potentially other on and off-island facilities.

Upon visiting the Herbert Grigg Home, Senator Novelle Francis, who chairs the Senate Committee on Health, Hospitals & Human Services agreed that there is an opportunity to retrofit a wing to accommodate these boarders. "Of course, we have to manage the 18 boarders with the waiting list," he noted as a concern.

Mr. Francis also spoke about considerations to place some boarders off island and tabling legislation to address the placement and financial sponsors of boarders, and who would be considered a ward of the state. "I would prefer for us to at least get them housed here, locally," he insisted.

"We really going to take a look at how the individuals that's ultimately responsible for them [or] if in fact the state has become the ward of these individuals, then the funding and everything else associated with their maintenance need to also come to the facilities that will be taking care of them. So, we're looking at legislation to address that," the senator said.

"You can't continue to receive the social security benefits, disability benefits and utilize them for your own aggrandizement while your family members remain at the hospital and is really being taken care of by the government of the Virgin Islands," he warned.

While boarders were named as the number one challenge in the transition of the hospital, not far behind, Mr. Koch highlighted the need for additional staffing. He said just like the rest of the country, JFL is dealing with the effects of an aging workforce, retirements, burnout and the increasing cost of traveler or agency staff.

"The current nursing staff plan reflects a need of a 140 bedside staff RNs. presently, there are a total of 73 bedside staff RN vacancies, an approximate 52 percent vacancy rate. JFL is currently being supported by multiple staffing agencies to assist with critical clinical vacancies," he reminded, [similarly to the Schneider Regional Medical Center](#).