THE LEAPFROG GROUP
Giant Leaps for Patient Safety



The Leapfrog Group's October Market Insights Report

The practice of boarding Emergency Department (ED) patients after the decision to admit them to an inpatient bed is a long-standing yet increasingly common quality and safety issue. Studies suggest hospital boarding in the ED is associated with delayed and missed care, medication errors, higher morbidity, in-hospital mortality, extended hospital length of stay, and poor patient satisfaction. According to the Association of Academic Chairs of Emergency Medicine, boarding rose nearly 130% from 2012 to 2019 and further increased after COVID-19.

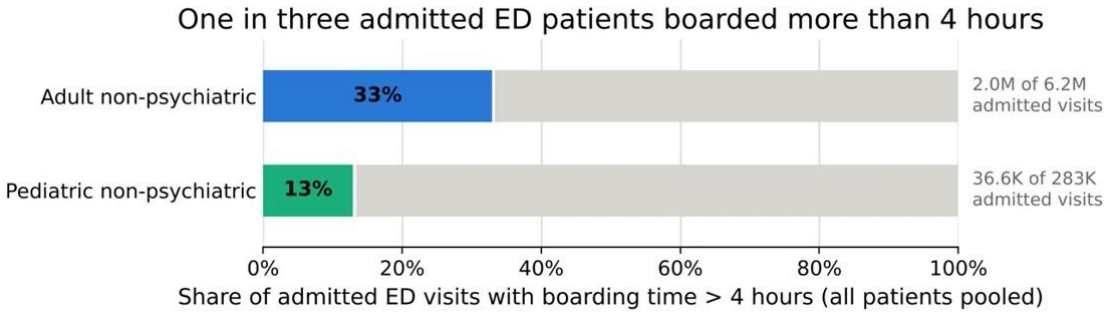
We recognize that this problem is complex and often difficult for hospitals to address. But for patients and payors, the risk of hospital boarding in the ED is a critical factor in evaluating the safety of a hospital.

For the past two years, Leapfrog has collected fact-finding data on the percentage of patients who boarded more than 4 hours and ED length of stay. Next month, we will publish our Proposed Changes to the 2027 Leapfrog Hospital Survey with a proposal to begin scoring and publicly reporting hospital performance in this area and hold a 30-day public comment period.

This month we are highlighting aggregated preliminary data from 2026 Leapfrog Hospital Surveys submitted through August 31, 2026. The analysis includes 662 hospitals. The reporting period for these data was January 1, 2025 to December 31, 2025.

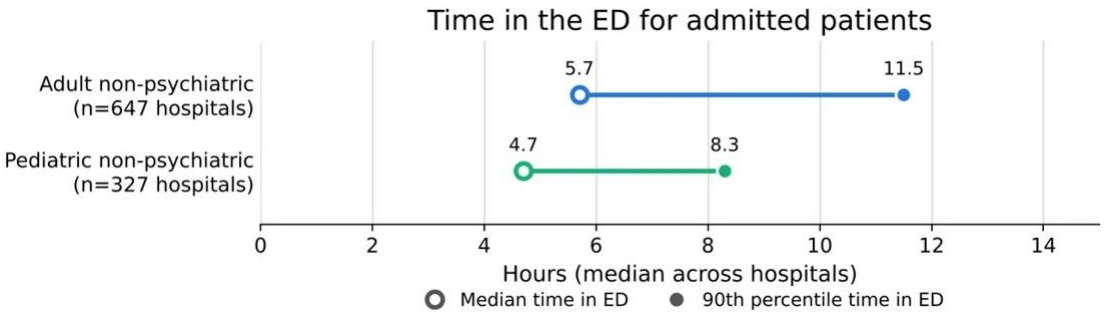
Preliminary National Snapshot

Share of Admitted ED Patients Boarded More Than Four Hours
Preliminary analysis indicates that 33% of adults boarded longer than four hours after the decision to admit them to an inpatient unit or for hospital observation was made. While the percentage of pediatric patients is lower (13%), there is still opportunity for improvement.



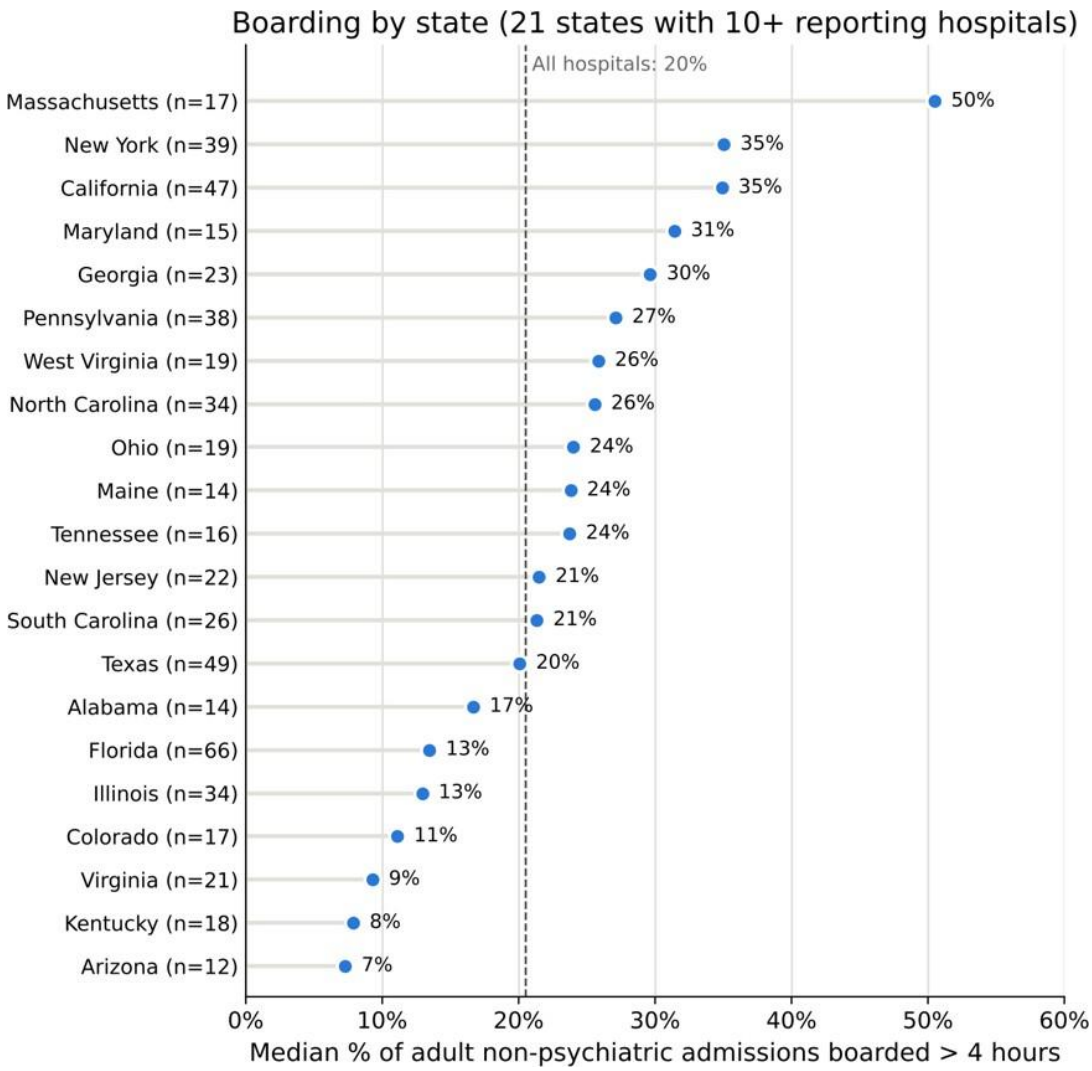
Time in the ED: Median vs. 90th Percentile Patient

Our preliminary analysis also revealed that some patients wait far longer than others in the ED. The median ED length of stay (LOS) for an adult, non-psychiatric patient was 5.7 hours, while the 90th percentile for ED LOS was 11.5 hours, twice as long. Pediatric non-psychiatric patients spent less time in the ED (median: 4.7 hours), there is still significant opportunity for improvement.



Boarding by State

Among the 21 states with at least 10 reporting hospitals, the share of adult non-psychiatric admissions that boarded more than four hours varied widely. The median hospital in Massachusetts boarded 50% of these patients for more than four hours, followed by New York and California (35%). Arizona (7%), Kentucky (8%), and Virginia (9%) had the lowest percentages of adult non-psychiatric admissions that boarded more than four hours. (*As a reminder, not all states are represented in this preliminary analysis*).



Explore Full Results

To view the complete 2026 Leapfrog Hospital Survey results, visit Leapfrog's ratings website:

Leapfrog Ratings Website

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The Hopper



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