



MedStar Health

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Prince George's County Council Board of Health  
Emergency Room Wait Times Discussion

**MedStar Southern Maryland Hospital Center**

July 17, 2023

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# MedStar Southern Maryland Hospital Center



- Located in Prince George's County (Clinton), is an acute care hospital serving the Southern Maryland and Washington, D.C. metro area with 197 licensed medical-surgical, intensive care, obstetric and behavioral health beds.

#### Key Statistics:

- 13,900 annual inpatient and observation cases
- 54,700 days of patient care
- 45,000 annual emergency department visits
- Over 7,300 surgical cases annually

- The hospital is focused on caring for patients and their loved ones utilizing advanced technology under the guidance of expert clinicians.
- Quality, Safety, Wellness, and Patient Satisfaction are achieved through a spirit of patient-centered services that connect us to the community we serve.



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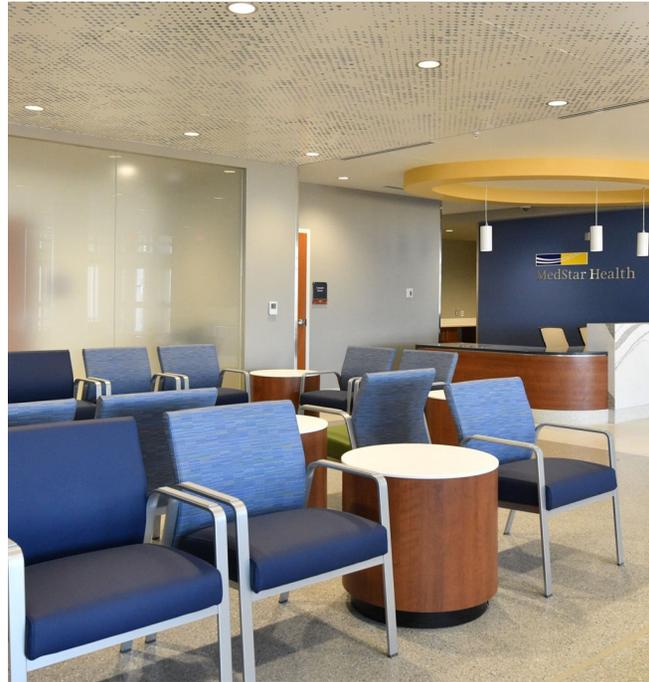
# New Emergency Department Opened in April 2021

## \$41.0 Million Investment in Prince George's County

Behavioral Health Space



ED Waiting Area



Resuscitation Room



Behavioral Health Space



Patient Room



Treatment rooms increased from 28 to 40 and provides 50% more clinical space in the New Emergency Department.



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# About our Emergency Department

## Facts:

- ~45,000 visits per year
  - 50% of patients insured by Medicare or Medicaid
- 3 Triage Rooms
- 40 Treatment Rooms, including 2 resuscitation rooms
- Includes 27 Negative Pressure Capable rooms
- 8 Treatment Chairs
- Dedicated Behavioral Health space
- Special Pathogen Treatment Center
  - 1 of 5 in the state

## Services Provided:

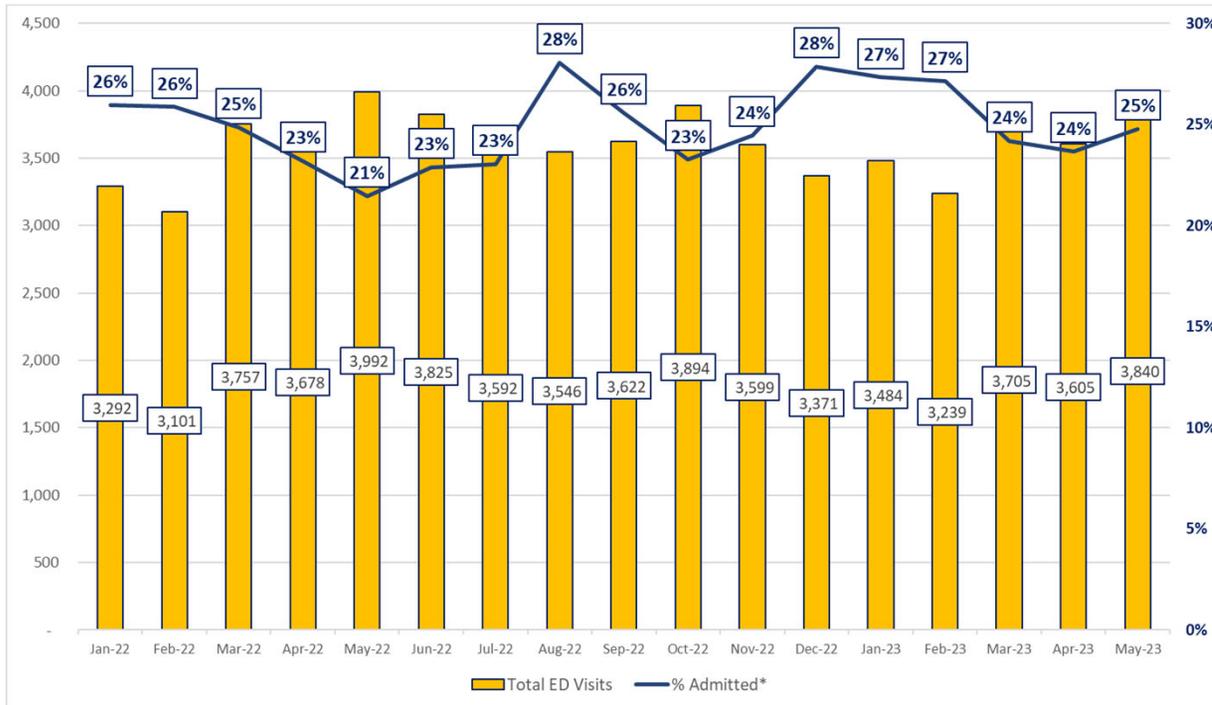
- Adult and Pediatric\* services
- Tele-triage
- Primary Stroke Center
- Cardiac Intervention Center (CIC)
- 24/7 Diagnostic Imaging (CT, MRI, Ultrasound, X-Ray)
- Cardiac Cath Lab
- Electrophysiology Lab
- Interventional Radiology

*\*Depending on age and condition, transfer to nearby children's hospitals may be necessary*



# Emergency Department Statistics

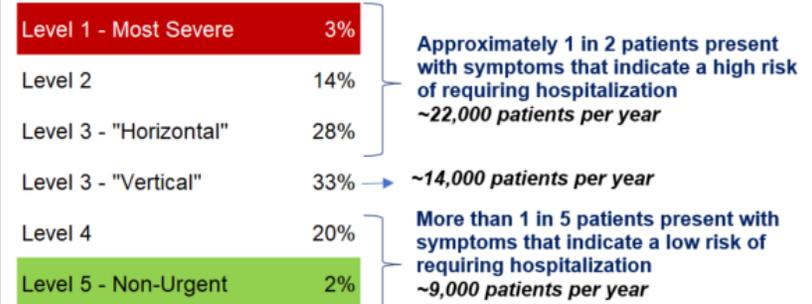
## Emergency Visit Trends



\*Admitted includes Inpatient and Observation cases

On average, ~125 patients per day

## Emergency Severity Index (ESI) Levels



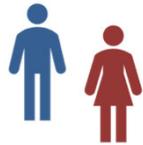
## EMS Transport Statistics

- #1 recipient of Prince George's County total EMS transports in 2022 with ~10,800 patients; 17.1%

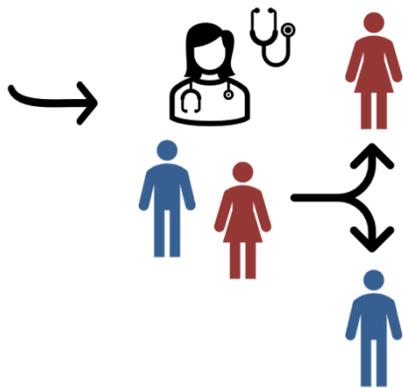
Source: Prince George's County Fire & EMS Department 'Transportation by Destination Report' for 2022

# Patient Flow in the Emergency Department

1. Patient Arrival & Quick Registration  
*Non-EMS*



2. RN Triage – Assess Severity Level



3a. Treatment

ESI 1 - Highest Severity  
Directly to treatment room



3b. Tele-Triage

ESI 2-5 – Receive Tele-triage evaluation by Physician or PA. And **Orders Placed**

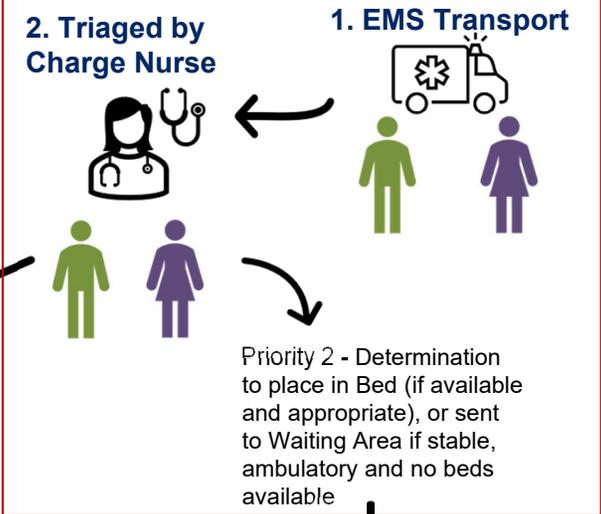


Priority 1 - Highest Severity Directly to treatment room

Unstable → Directly to treatment room or Chair

Stable → Waiting Area until treatment room or chair becomes available.

Patients arriving by EMS Transport



Priority 2 - Determination to place in Bed (if available and appropriate), or sent to Waiting Area if stable, ambulatory and no beds available



**Patients in Waiting Area receive repeat vital checks, and may receive labs/imaging services as ordered by the provider(s)**



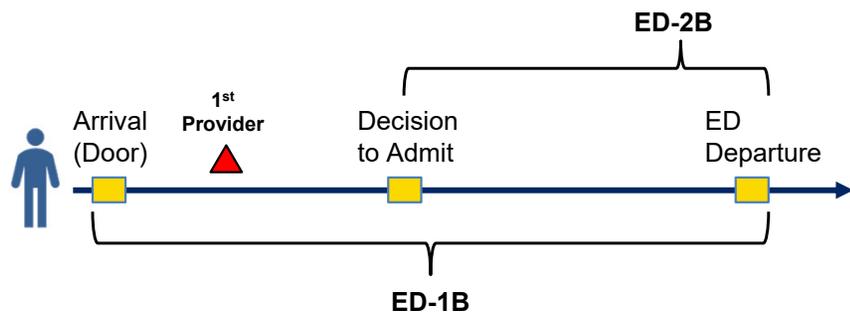
# Emergency Department Wait Times

## Approximate wait times, FY2023 (July'22-June'23)

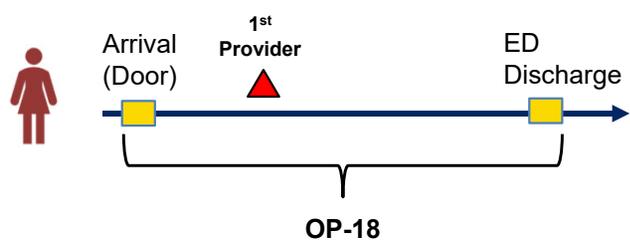
Metric	Time (min)
Door to First Provider	33
Door to ED Departure for Inpatient Admissions (ED-1B)	615
Decision to Admit to ED Departure (ED-2B)	300
Length of Stay for Discharged Patients (OP-18)	338

 Patients that are waiting have been triaged by a nurse and evaluated by a Provider (Physician/PA); often receiving lab or imaging services.

### ED Times for Admitted Patients (Inpatient)



### ED Times for Discharged Patients



# Clinical Staffing Trends

- **Health Care Clinician Shortages**
  - National Council of State Boards of Nursing estimates that 800,000 nurses will leave the nursing profession in the next 5 years.
  - Prince George's County hospitals have a current collective need for 1,000-1,500 RN's. With only approximately 100 registered nurses graduating per year locally, there is a 10 plus year timeframe to fill the current need.
  - Nursing Technicians, Respiratory Therapists, Lab Technicians, Imaging Technicians, etc.
- **Focused efforts to maintain appropriate clinical staffing**
  - During the COVID-19 Pandemic, MSMHC invested over \$20.0 million in Emergency Department resources via enhanced compensation models, to retain existing associates, and to secure agency contracts in support of patient care needs.
  - Developed new care models that incorporate Licensed Practical Nurses (LPN) and other qualified care givers
  - Graduate Nurse Program, Bridge Nurse Program, Nurse Extern Program, Nurse Residency Program
  - Post pandemic maintained enhanced compensation models to remain competitive locally and nationally
- **The Emergency Department utilizes an interdisciplinary model of care to meet patient care needs including:**
  - Physicians and Advanced Practice Providers
  - Registered Nurses/Licensed Practical Nurses
  - Patient Care Technicians
  - Other allied health providers (Imaging, Respiratory, Laboratory)
  - Non-clinical support associates
- **Patient Care Staffing**
  - Advanced planning based on historical averages and Emergency Nurses Association guidelines
  - Continuous monitoring of patient care needs
  - Real time adjustments to meet patient requirements
  - Augmentation of staffing occurs via overtime, float pool and agency



# Initiatives to Improve Patient Care & Throughput

- **MedStar Health Initiatives:**
  - Invested \$41.0 million in new Emergency Department, providing additional ED capacity and dedicated Behavioral Health treatment
  - “Connected Transitional Care Program” provides nurse practitioner post discharge follow up to reduce ED utilization and readmissions.
  - MedStar Urgent Care Center in Hyattsville, MD
  - Multiple primary care practices established throughout Prince George’s County
  - Expansion of tele-health options for patients
- **Focused efforts to enhance clinical staffing (*see prior slide*)**
- **Created a “Green Pod” area of the ED, which includes 10 treatment rooms and an additional 8 chairs to accommodate rapid treatment of lower-acuity patients not requiring hospitalization (primarily ESI 4-5 and many Vertical 3’s).**
- **Developed patient education materials to aid to understanding and expectations of the ED process and how patient care is delivered**
- **Established a patient experience liaison position that rounds in the ED, providing updates and comfort items to patients in waiting area.**



# Opportunities for Collaboration

- **Significant Healthcare Career Opportunities Exist**

- Workforce training programs
- Investing in education and outreach to high school students
- Investing in academic practice partnerships



To expand workforce pipeline

- **Opportunities to Facilitate Timely Discharges**

- Reduce time to appoint guardians (or other medical decision makers)
- Availability of post-acute care beds

- **Opportunities to Educate Community**

- Understanding when hospital care is needed vs. available non-hospital settings (e.g. Urgent Care)
- Promoting preventative care and wellness while supporting access to Primary Care
- Encouraging the use of Telehealth resources



**Thank you**

**It's how we **treat people.****



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