



# HOSPITAL THROUGHPUT CHALLENGES & OPPORTUNITIES

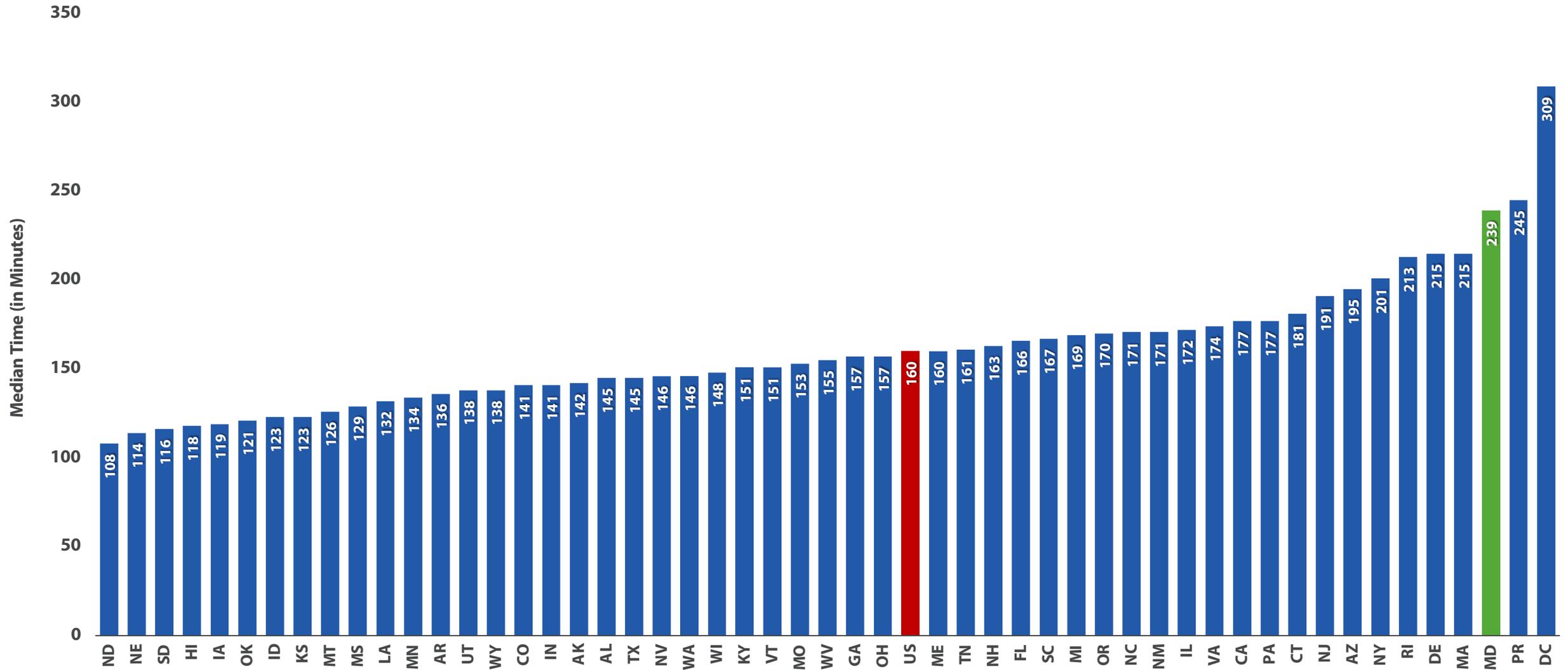
Brian Frazee

Vice President, Government Affairs



Maryland  
Hospital Association

# OP-18B - AVERAGE (MEDIAN) TIME PATIENTS SPENT IN THE EMERGENCY DEPARTMENT BEFORE LEAVING FROM THE VISIT (MINUTES)



Source: Centers for Medicare & Medicaid Services (CMS) Chronic Conditions Warehouse (CCW); Care Compare OP-18b Measure – 7/1/21 – 6/30/22



# EXTERNAL DRIVERS OF EMERGENCY DEPARTMENT WAIT TIMES

## ED INPUTS

- Patient boarding
- Multi-visit patients
- Low acuity visits
- Regular seasonal fluctuations (i.e. seasonal flu, RSV, etc.)
- Behavioral health needs

## STRUCTURAL/ REGULATORY FACTORS

- Capacity throughout the system
  - Certificate of Need
  - Licensure
  - Workforce
- Social and economic community needs



THE MARYLAND GENERAL ASSEMBLY  
ANNAPOLIS, MARYLAND 21401-1991

May 11, 2023

Ms. Meghan McClelland  
Chief Operating Officer  
Maryland Hospital Association

Dear Ms. McClelland:

During the 2023 legislative session, our committees considered Senate Bill 387, sponsored by Senator Lewis Young and House Bill 274, sponsored by Delegate Bhandari. The bills established the Task Force on Reducing Emergency Department Wait Times. The bills were in response to the State's very low ranking regarding the average time spent waiting in an emergency department in a Maryland hospital. Although the bills did not pass, we believe that this matter deserves immediate attention from the hospitals in the State.

In lieu of legislation we urge that the Maryland Hospital Association convene a workgroup to identify the root causes of wait times in emergency departments in the State, including:

- an analysis of health system capacity, including inpatient hospital, urgent care, inpatient and community behavioral health, primary care, and other health facility or community capacity considered necessary by the Task Force;
- an analysis of health care workforce supply and unmet need;
- an analysis of changes in acuity over time in hospitalizations and emergency department visits; and
- the availability of post-hospitalization care options and barriers to accessing those care options.

The workgroup should coordinate with the appropriate State commissions and agencies to examine issues relating to workforce shortage and behavioral health capacity, to review studies and recommendations on addressing workforce capacity issues, and to conduct an analysis of reimbursement policies and the effect of those policies on hospital reimbursement.

To effectively address this matter the workgroup should consist of the Senate and House sponsors of the bills, hospital representatives, including someone from a rural hospital, patient advocacy organization representatives, a specialty psychiatric provider, various emergency department personnel, a provider of behavioral services, and any other representatives from groups you think would add value to the workgroup.

We expect the workgroup to make recommendations, including legislative, regulatory, or other policy initiatives, regarding best practices for reducing emergency department wait times that should be implemented in the State. We look forward to hearing from the workgroup on or before January 1, 2024.

Thank you for your attention to the important matter.

Sincerely,

Melony G. Griffith  
Chair, Senate Finance Committee

Joseline A. Pena-Melnyk  
Chair, House Health and Government  
Operations Committee

# WORK GROUP MEMBERS

- State Agencies
  - MIEMSS (Co-Chair)
  - MDH
  - HSCRC
  - MHCC
- Hospitals
  - Greater Baltimore Medical Center
  - Johns Hopkins Health System
  - Luminis Health
  - MedStar Health
  - Sheppard Pratt
  - TidalHealth
- Provider Groups
  - Maryland Emergency Nurses Association
  - American College of Emergency Physicians Maryland Chapter
  - Lifespan
  - Community Behavioral Health Association
  - Montgomery County Fire and Rescue
  - MedChi
  - SEIU
- Consumer Groups
  - Health Care for All Maryland
  - Marylanders for Patient Rights\*

# HEALTH SERVICES COST REVIEW COMMISSION OVERSIGHT

- Emergency Department Dramatic Improvement Effort (EDDIE) Project
  - Goal: Induce improvement in ED wait times through public reporting of certain emergency department performance metrics.
  - HSCRC approved EDDIE project June 2023 Commission Meeting
  - Hospital reporting began July 7, 2023
  - MHA tasked with convening performance improvement collaborative