
HB274

**Favorable with
Amendments**

TO: The Honorable Joseline Peña-Melnyk, Chair
House Health and Government Operations Committee

FROM: Dr. Peter Hill
Senior Vice President, Medical Affairs, Johns Hopkins Health System

DATE: February 16, 2023

RE: HB274 - TASK FORCE ON REDUCING EMERGENCY DEPARTMENT WAIT TIMES

Johns Hopkins supports with amendments **HB274 Task Force on Reducing Emergency Department Wait Times**. This bill establishes a Task Force on Reducing Emergency Department Wait Times to study best practices for reducing wait times and then make recommendations to the State to implement the best practices.

The review proposed under this bill is urgently needed, but in order to be most meaningful, Johns Hopkins respectfully requests that a root cause analysis is added as one of the goals of the Task Force. Additionally, we recommend the addition of members to the Task Force who have a thorough understanding of the hospital *throughput system*, not just the emergency department. Recommended amendments can be found at the end of this testimony.

Long emergency department wait time is an issue across the country. This has been a long term, complicated problem but the added complications resulting from the COVID-19 pandemic and dramatic rise in the staffing shortage has brought this issue to its tipping point. In a November 2022 letter to the White House the American College of Emergency Physicians and nearly three dozen other expert organizations stated that “boarding [in the ED] has become its own public health emergency.” Boarding is defined as a patient in an ED treatment space waiting for transfer to an open hospital bed. It can also apply to children and youth in the State’s care who are without a temporary or permanent placement due to capacity challenges as well as children who are awaiting support from social services in order to be safely reunited with their families. A recent study in the *New England Journal of Medicine* also explains that emergency department crowding has significant consequences leading to patient harm, morbidity and mortality for delays of treatment, increased adverse events and preventable error. These examples illustrate the urgency and importance of reducing the emergency department wait times in the State.

The same study in the *New England Journal of Medicine* stated that the proportion of emergency department patients boarding ≥ 8 hours rose from 7% to 16% (130% increase) from academic years 2012 to 2019. Johns Hopkins has, unfortunately, experienced similar increases in emergency department wait times. Studies over the past two decades have demonstrated a direct link between ED boarding times (along with the number of ED boarders taking up ED treatment slots) and prolonged ED wait times. In addition, studies over this same time frame have shown that ED boarding is largely caused by high hospital occupancy – i.e. hospital overcrowding. Therefore, while identifying and

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advocating for best practices within the ED is crucial, even more impactful is understanding the causes of hospital overcrowding, which causes ED overcrowding.

Accordingly, the need for a comprehensive thoughtful review is undeniable. Johns Hopkins appreciates the State's desire to dedicate resources to solving this problem; however, we urge that a review of the root causes of this problem is an essential component of the overall review. It is for this reason that we also want to ensure the right stakeholders are part of the discussion. Accordingly, Johns Hopkins respectfully requests a **FAVORABLE WITH AMENDMENTS** committee report on **HB274**.

Recommended amendments in coordination with the Maryland Hospital Association:

- Including a root cause analysis as a goal of the Task Force.
- The following individuals should be added to the Task Force:
 - Representative from MIEMSS, HSCRC, and MHCC
 - Representative from academic medical center
 - Representative from rural, suburban and urban hospital
 - Representative from pediatric emergency department
 - Representative from a specialty psychiatry provider
 - Clarify that the representative who is employed in the emergency department should serve in an administrative role and be expert in hospital throughput management