

MEMO

TO: The Honorable Joseline Pena-Melnyk, Chair
The Honorable Ariana Kelly, Vice Chair
Members
Health & Government Operations

FROM: Kristin Jones Bryce
Chief External Affairs Officer

DATE: February 17, 2023

RE: HB 274 Task Force on Reducing Emergency Department Wait Times

The University of Maryland Medical System (UMMS) supports as favorable with amendments **HB274 Task Force on Reducing Emergency Department Wait Times**.

The Task Force creation and subsequent review proposed under this bill could be valuable to improving care delivery throughout the entire continuum of healthcare in Maryland. To understand the Emergency Department's wait times most effectively, the study must expand to review hospital inpatient barriers and whole of health system barriers for discharge and post-acute care. The task force membership should increase to include broader healthcare system representation, as proposed in the Maryland Hospital Association proposed amendments.

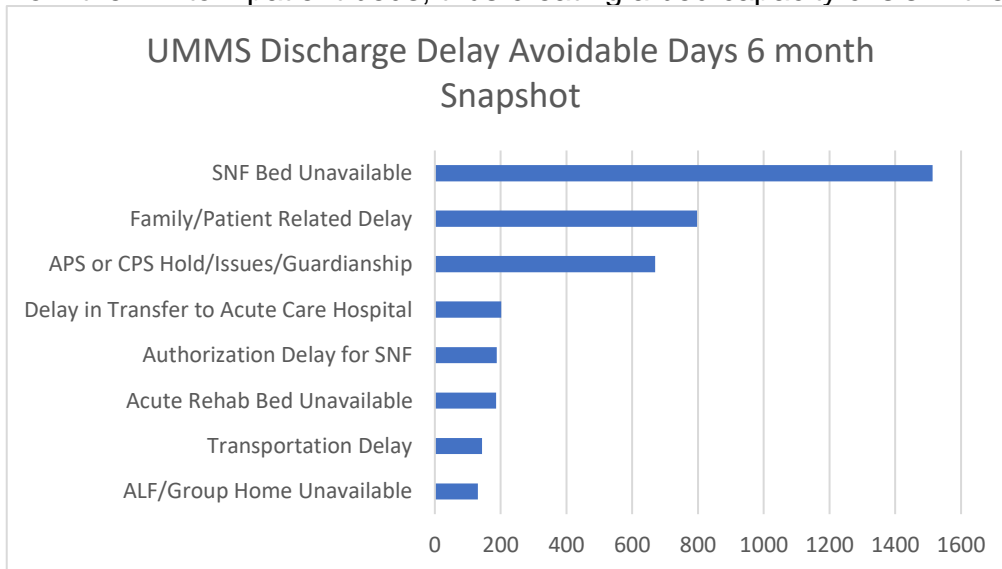
UMMS has recognized the urgency and criticality of our ED surge and wait times and has formed an ED Crisis Capacity Management Team with administrative and clinical leaders from across our system. We have identified a number of variables affecting ED wait times and are working to improve our whole of hospital approach to patient throughput. Efforts include optimizing care delivery, including the development of an ED Surge Response Plan, but external factors will continue to challenge Maryland's ED's and hospitals.

- 1) ED wait times are not a solely ED problem and cannot be solved with ED-only focused solutions
- 2) ED wait times are not solely a whole of hospital problem and do need a larger whole of health system review

MEMO

- 3) The internal challenges facing UMMS include a higher acuity of admitted patients, longer overall length of stays, increased need for post-acute care, and ongoing staffing challenges.
- 4) The external challenges include a lack of available skilled nursing and rehabilitation beds, lengthy authorization processes for post-acute care, guardianship (adult and children) issues preventing discharge, lack of available pediatric and complex behavioral health inpatient capacity, an insufficient amount of commercial ambulance capacity to handle interfacility transfers and movement of patients, and a cumbersome process for ambulance transport authorization.

In a snapshot of the past 6 months of Discharge Delays occurring across our system, we identified these barriers as the most significant factors impacting our patient throughout. When we can't discharge inpatients, we can't move admitted patients from the ED to inpatient beds, thus creating a bed capacity crisis in the ED.



The need for a health system-wide assessment of root causes and factors impacting ED wait times is critical and we appreciate the legislature's attention to this issue. In order to best assess these factors, we would urge expanding the focus and membership of the task force as proposed in the Maryland Hospital Association proposed amendments.

