

To: Senate Finance Committee  
Miller Senate Office Building  
Annapolis, MD 21401

Re: **SB 387 Task Force on Reducing Emergency Department Wait Times**

Date: February 23, 2023

Dear Chairwoman Griffith, Vice-Chairwoman Klausmeier, and Committee members,

I am a nurse in two adult emergency departments in Baltimore City that serve as level 1 and 2 trauma centers. We frequently have wait times exceeding 24 hours to be seen in a room for a full evaluation by an attending physician. In my experience, much of the high volume and long wait time can be attributed to three primary causes.

The first is **lack of adequate safe and affordable housing available in the city**. This leads to more people who have complications related to chronic disease requiring emergent care as they lack the resources to maintain health as well as people who utilize the department as a place to seek shelter and food.

Housing contributes to the second cause, which is **high rates of violence**. Every single time a person sustains a violent injury that requires trauma team activation, they become a resource-heavy priority above those who have been waiting for the better part of a day. In Baltimore City we are really working in war zone triage on some nights. Shock Trauma conducted a study on individuals who had been victims of violence more than once and found unstable housing was significantly linked to a person's risk of experiencing violence (Richardson et al., 2016).

Lastly, I feel sequelae of Covid 19, including years where people forwent primary care has created a **sicker population**. In combination with the state of housing in the city, it not only brings patients in, but it makes it much more unsafe to discharge them and much more likely that they will soon return.

I cannot speak to the rest of the state, as I only practice in Baltimore. However, I do know that our 39-hour waiting room wait time while holding 22 people for admission who have been there for 40+ hours already (which happened just this week) weigh heavily on state averages.

People sitting in the waiting room are often so uncomfortable in the chairs, and they miss taking their home medications. While we do our best to provide everyone the medication they need when they need it, it does take time to find a physician to write the order when there are often over 100 patients being taken care of by approximately three to four attending physicians.

As we frequently experience crisis needs for staffing, the work environment these wait times creates for the staff who are there is extremely stressful. The nurses and nursing technicians and assistants who interact with waiting room patients often become the face of a broken system and the only outlet for the patients to voice their frustrations.,

Something must be done to address these wait times, and forming the task force is the first step in developing the solution. Any solution to address emergency wait times must address housing, which should in turn also address levels of violence.

I am requesting your **favorable review** of this much needed task force on ED wait times, and ask that emergency nurses and physicians from different geographic areas of the State be part of the task force.

Sincerely,

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References: Richardson, J.B., Vil, C. S., Sharpe, T., Wagner, M. & Cooper, C. (2016). Risk factors for recurrent violent injury among Black men. *Journal of Surgical Research*, (204): 261-266. <https://doi.org/10.1016/j.jss.2016.04.027>