

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

Good afternoon. Thank you for allowing me to speak. I am Gail Lemay, an emergency nurse at TidalHealth Peninsula Regional.

The Maryland Emergency Nurses Association fully supports a task force to study and resolve the problem of long wait times for patients seeking emergency care.

As an Emergency Nurse, I know nothing good happens in a packed waiting room. Triage nurses, the gatekeepers of that waiting room are under tremendous pressure to ensure patients get the care they need, when they need it. In an ideal world no one would wait, and indeed best practice supported by ENA is “door to bed, no waiting” if there is a bed. Here is the problem, no beds.

What is the impact of long wait times on the patient, the nurse, the provider, and every other member of the ED team?

- Remember when I said nothing good happens in the waiting room, triage nurses are very good at discerning who needs care first, who is sickest, but not 100%. Long wait times mean that even if the triage nurse gets it correct, conditions can change, and the patient deteriorates.
- Patients also leave when they must wait. Sometimes they seek care elsewhere. Many may just go home where their condition can deteriorate and the level of their emergency escalates.
- No one likes to wait. I sure don't. The longer the wait times, the higher tensions and tempers rise, and who is the target of their frustrations? Verbal and physical abuse directed at healthcare workers can be directly correlated with long wait times.

There is a myriad of reasons for long wait times, and no one solution. The formation of a Task Force to study the problems, and I emphasize PROBLEMS is a good first step. Long wait times in the ED is not an ED problem, it is a healthcare access problem. The ED is the canary in the coal mine. The solutions will only be effective by looking at the entire healthcare delivery system.

Thank you,

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