



EMERGENCY NURSES  
ASSOCIATION

Maryland State Council

Safe Practice, Safe Care.

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

From: Maryland State Council of the Emergency Nurses Association

Date: February 23, 2023

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

Good day Chairman Griffith, Vice Chair Klausmeier, Committee members, and bill sponsors,

The Maryland Emergency Nurses Association urges a favorable vote on SB 387, which will form a task force to address the long wait times in Maryland's emergency departments. Maryland has the longest ER wait times to see a physician/provider in the nation. On average, patients wait 228 minutes, or 3 hours 48 minutes.<sup>1</sup> Some days, patients wait 8-12 hours.

Any Maryland ER nurse or ER doctor will tell you that these long waits are not new. They have been getting worse each year. They will tell you that the staff is exhausted and that the patients and families are upset. They will tell you that Maryland does not have enough skilled nursing facilities for the Baby Boomers, or inpatient acute care beds, or inpatient pediatric and adult psychiatric beds. Maryland lacks outpatient behavioral health treatment resources. There are staffing shortages in all departments and specialties.<sup>3</sup>

An ER doc recently told me about one of his shifts. It is a good example of how Maryland emergency departments are having to care for patients using "Waiting Room Medicine."

"When I came on duty at 4 p.m. to my 33 bed, level III community hospital, there were a total of 103 patients in the ER. All 33 beds were filled with patients who needed to be admitted to inpatient beds, and of those:

- Five were ICU boarders.
- Fourteen were step-down bed boarders.
- Two were on-call to the Operating Room (OR).
- One had just arrived with a heart attack and was being worked up and was soon to be rushed to the cardiac cath lab.
- Eleven were involuntary or voluntary mental health boarders who were waiting to be transferred to an inpatient psychiatric facility somewhere. Three of those were pediatric

neuro-psych patients who had been in the ER waiting for beds: one had been there for 9 weeks, one for 30 days, and one for 2 days. The boy who had been with us for 9 weeks had already destroyed one of our ER rooms and injured four staff members. Two staff were still out on workers' compensation leave.

- Two more ambulances had just pulled in and were waiting for the charge nurse.
- Ten other patients were on stretchers in the hallway. Three of them were waiting for private ambulances to take them back to nursing homes. The other seven had come in by county ambulances and were too sick to go to the waiting room. They were being worked up by the staff.
- The other 59 patients were in the waiting room; some were outside of the hospital. Fifty of those had already been triaged and 28 of those already had physician preapproved order sets begun by the nurses and they were awaiting results. The triage team was working on getting the other 31 patients who had been triaged, started on protocol orders, taking care of them in the order of their symptom severity and vital signs.
- I went straight to the waiting room and visually assessed everyone who was waiting. Then I reviewed their triage notes and spoke with the triage team about the patients. I didn't like the way a one man looked. He had come in with sudden onset non-traumatic back pain, but his EKG was fine. I examined him in a small hallway and within 45 minutes he was on his way to the OR for the repair of a dissecting aortic aneurysm, which is a surgical emergency.

Waiting room medicine is when patients never get a bed. They are examined and then either admitted, transferred, or discharged from the waiting room. Some patients elect to leave without receiving any care. We can and should do better.<sup>2</sup> This task force is an urgent necessity. Long ER waits are not an ER problem. They are a health system problem. We ask that the task force include members from MD ENA, MD ACEP, Med-Chi, MNA, MIEMSS, MHA, HSCRC, MHCC.

Sincerely,

Lisa Tenney, BSN, RN, CEN, CPHRM, FAEN  
Chair, Government Affairs Committee  
Maryland State Council Emergency Nurses Association  
[lctenney@gmail.com](mailto:lctenney@gmail.com)  
240-731-2736

Resources:

1. Maryland Matters. December 8, 2022. Opinion: How can we reduce ER wait times in Maryland hospitals? <https://www.marylandmatters.org/2022/12/08/opinion-how-can-we-reduce-er-wait-times-in-maryland-hospitals/#:~:text=According%20to%20recent%20data%20from,time%20greater%20than%20200%20minutes.>
2. The Centers for Medicare and Medicaid Services. Timely and effective care. Retrieved February 16, 2023. <https://data.cms.gov/provider-data/topics/hospitals/timely-effective-care#emergency-department-care>
3. Maryland Hospital Association. 2022 State of Maryland's Health Care Workforce Report. <https://www.mhaonline.org/docs/default-source/default-document-library/2022-state-of-maryland-s-health-care-workforce-report.pdf>