



Testimony on HB274/SB387
Task Force on Reducing Emergency Department Wait Times
Position: Favorable with Amendment¹

To Chair Pena-Melnyk and Members of the House Health & Government Operations Committee;
To Chair Griffith and Members of the Senate Finance Committee:

My name is Lauren Reichard, and I am a Registered Nurse in an Intensive Care Unit in Maryland. I'm a member of 1199SEIU United Healthcare Workers East, the largest healthcare workers union in the nation. We represent over 10,000 members in Maryland/DC. Our union urges a **favorable** report, with an **amendment**, on HB274/SB387: Task Force on Reducing Emergency Department Wait Times.

The short staffing crisis healthcare workers continue to endure in Maryland has led to poor patient outcomes, and moral distress for patients, their support systems, and staff. When any unit in the hospital is short-staffed, we are all impacted. Short staffing also impacts processes like patient throughput and maintaining a safe and clean environment. We are short-staffed in nearly every department at the hospital where I work, from nursing, to pharmacy, to dietary, to environmental services. Fewer members of our care team means fewer opportunities for patients to receive the high-quality care they deserve.

Recently, a patient was brought in by ambulance to our Emergency Department that met ICU criteria. As the ICU Charge Nurse, I was informed that the patient required an ICU admission. To make this possible, there must be both an ICU bed available and an ICU nurse that can safely care for the patient, 1-2 patients per ICU Nurse. That night, we did not have enough ICU nurses to care safely for all the patients already on the unit and or for any possible emergencies within the hospital. This ICU patient unfortunately boarded or waited in the Emergency Department for about 2 days, utilizing ED resources and personnel. If an ED now must board and provide care for a patient who should be transferred safely to another unit, this will prevent a potential patient in the waiting room from being seen.

¹Requested Amendment to Line 19: One Registered Nurse employed in an Emergency Department who is a member of an employee organization that is the exclusive bargaining representative of health care workers; and One Service Employee employed in an Emergency Department who is a member of an employee organization that is the exclusive bargaining representative of health care workers.

While in the ED, the patient's condition appeared to have improved and was transferred to a lower-acuity level unit. However, shortly after this transfer, the ICU physician was called to assess this patient for worsening respiratory status. The patient was immediately transferred to ICU and urgently intubated. The patient's family member at the bedside was frustrated, upset, and distraught because all of this could have been avoided, had the patient just been transferred to the ICU when they were supposed to. Not to mention the patient was anxious and struggling to breathe.

This type of unwarranted distress is one of many examples of patients, staff, and family members being affected by short staffing and long ED wait times. Our hospital management would rather keep our hospital understaffed than adhere to evidence-based practice regarding nurse-to-patient ratios, utilize only one environmental service worker and one supervisor to clean and turn-over all units overnight, and provide half the patient care technicians that a unit is budgeted for. In order to decrease ED wait times, we need to find ways to retain current staff with better pay and better benefits including tuition assistance, fill all vacant positions with a diverse population of both experienced and new to practice staff, keep our hospital staffed appropriately throughout all departments, and look to other states and jurisdictions who have proven that there is a way to keep ED wait times down and improve patient outcomes.

Maryland has the longest hospital wait times in the United States. Healthcare workers in short-staffed hospitals are overburdened, and patients deserve to be treated in a timely manner. We healthcare workers are the experts on what is happening inside our Emergency Departments and the solutions we need, so we urge an amendment that will ensure two healthcare workers have seats on the Task Force. Please vote yes on this bill and proposed amendment.

Sincerely,
Lauren Reichard, BSN, RN
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