

SUPPORT FOR SB411 AND HB 624

Hospitals – Clinical Staffing Committees and Plans – Establishment
(Safe Staffing Act of 2016)

To: Senate Finance Committee and House Health Committee:

I have been a practicing Emergency Medicine physician in Maryland for over 40 years, and I've done shifts at hospitals across the state, including Franklin Square, Sinai, Carroll County, Atlantic General, St. Agnes, and as a volunteer physician at a Baltimore homeless clinic and with Remote Area Medical.

The issue of extended ER wait times has always been a problem, but it has gotten significantly worse over the past 2 decades. There are many reasons for this, and the staffing issue is central.

Hospital work is not done by administrators or executives. The core work of operations is done by people who are too often overlooked, underpaid, underappreciated, and/or not involved in the decision-making process. These include nurses at all levels, housekeeping, transporters, security, dietary, unit clerks, laboratory and imaging staff, pharmacists, respiratory therapists, social workers, chaplains, phlebotomists, tech support, physician assistants, physicians, and the many others who are essential to day-to-day and minute-by-minute functions.

There's an image that comes to mind when doing ER shifts. It feels like being a small boat in the middle of the ocean buffeted by waves. When the waves are small, things are manageable. But when the waves start to amass and grow, the boat gets swamped. When a hospital room needs cleaning and there aren't enough housekeepers to clean it promptly, delays start. When a patient can't be moved because there aren't enough transporters, delays occur. When a phone rings without being answered because of too few unit clerks, more delays occur. And so on for every job listed above. Each delay builds until the hospital backs up, and the ER fills with admitted patients who can't get to a room.

The situation became so dire with risk of harm to patients and their families that there have been job actions here in Maryland by University of Maryland resident physicians who unionized¹ and St. Agnes Hospital nurses² because of on-going unsatisfactory working conditions. It should not have come to this. And there are many hospital staff now who are silently enduring those problems and not complaining because they need to continue to work.

SB411 and HB624 address this directly in a safe and responsible way. It brings the staff closest to the problems, who are typically not involved or consulted about hospital operations, to the table. This is a group that can identify action steps that would improve overall hospital function and thereby improve clinical outcomes.

There is no reason for hospitals to fear this process. Instead, hospitals should welcome this opportunity to engage those on frontlines as part of their quality care improvement process. An example of how well this can work is in the true story below*.

These comments are entirely my own and do not represent any other person, organization, or group.

Dan Morhaim, M.D.
Board Certified Emergency Medicine and Internal Medicine
Maryland State Delegate 1995-2019

¹ <https://md.aft.org/news/ummc-residents-fellows-vote-ratify-first-ever-union-contract>

² <https://www.nationalnursesunited.org/press/baltimore-nurses-to-rally-for-patient-safety-at-saint-agnes>

*At the first meeting of the ER Wait Time Reduction Commission, I shared the story of Zingerman's Roadhouse (a famous restaurant in Ann Arbor, MI.) and how their inclusion of all staff improved operations and saved money. That story is online, and it's below. It makes the case for SB411 and HB624.

Zingerman's Roadhouse Restaurant was facing skyrocketing food costs, and the management team – which includes all employees - met to brainstorm solutions. A dishwasher brought up a consistent pattern: a significant amount of uneaten French fries was coming back to the kitchen on customers' plates, something only a dishwasher might notice. After confirming that the fries tasted good, the team realized the issue wasn't quality, but quantity: the portions were simply too large for many guests to finish and that fries cooled on plate were not desirable to eat. A solution was identified.

The team decided to cut the regular portion in half but offer free extras to anyone who wanted more. The results were thousands of dollars saved annually by reducing food waste with customers enjoying the novelty of "free refills" on fries, appreciating smaller, fresher, hotter batches. This story serves as a powerful internal proof point that any person in any role, even a dishwasher, can provide ideas that significantly benefits the bottom line and customer satisfaction.