CONNECTICUT HOSPITAL ASSOCIATION

TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, February 22, 2023

SB 960, An Act Establishing A Working Group To Evaluate Emergency Department Overcrowding

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 960, An Act Establishing A Working Group To Evaluate Emergency Department Overcrowding.** CHA supports efforts to address emergency department overcrowding. We offer several suggestions below regarding this proposal to establish a working group to identify immediate and long-term solutions to this urgent problem.

Connecticut hospitals continue to meet the challenges posed by the COVID-19 pandemic and are now facing new challenges of treating sicker patients than they saw before the pandemic, with a dedicated but smaller workforce who are exemplary but exhausted. They are also experiencing significant financial hardships brought on by record inflation. Through it all, hospitals have been steadfast, providing high-quality care for everyone who walks through their doors, regardless of ability to pay.

In recent years, frontline healthcare workers in hospital emergency departments (EDs) risked their lives providing care during the most physically and emotionally demanding situations in a generation. EDs were the first stop for patients suffering from COVID-19, and often the only available option for patients suffering from other medical and behavioral health conditions who did not otherwise have access to primary or clinical care. As the number of acute COVID-19 cases plateaus, many patients are now presenting with higher acuity medical conditions, meaning they require more care for longer periods of time. To further compound the problem, the exodus of physicians, nurses, and other healthcare professionals from direct patient care has resulted in staffing shortages throughout the healthcare system.

These circumstances have brought our EDs to a crisis point, in terms of their ability to meet the demand for patient care with available staff. Connecticut's healthcare safety net is on the verge of breaking, as EDs are often gridlocked with patients waiting to be seen by an ED clinician or specialist, waiting for admission to an inpatient bed in a hospital, or waiting to be transferred to a psychiatric, skilled nursing, or other facility.

ED overcrowding is not a cause, but rather a symptom of current challenges and deficiencies in the healthcare continuum. The reasons why EDs are overcrowded is multifactorial, and do not differentiate among patients based on their condition, age, insurance coverage, income, or place of residence. CHA supports the establishment of a working group to make recommendations on how the state may help hospitals take steps to relieve this situation. We offer the following suggestions relating to the composition of the working group and the scope of its work.

As to the composition of the working group, we urge you to make explicit in the bill that the working group shall include emergency medicine clinicians, including physicians, nurses, and social workers, who are currently practicing in a Connecticut ED. This approach has been utilized before with respect to other appointed bodies such as the Connecticut Alcohol and Drug Policy Council established under Connecticut General Statutes Section 17a-667. Moreover, since this working group will be focusing on EDs, it is imperative that the appointees to this group consist of other clinicians such as psychiatrists, pediatricians, and primary care physicians who currently interact with one or more Connecticut EDs.

CHA recommends that the working group include members based on their specific role and function in the emergency medicine continuum of care, in order to establish membership that is comprehensive and generally representative of care providers and other stakeholders. The following individuals may supplement the existing list of appointees, including at least:

- One emergency medicine physician currently employed as a director of an ED working in a larger hospital system ED and one emergency medicine physician currently working as a director of an ED in an independent community hospital;

- One emergency medicine nurse currently employed as a nurse director of an ED working in a larger hospital system ED and one emergency medicine nurse currently employed as a nurse director of an ED in an independent community hospital;

- One patient care navigator or social work leader who works as a transition of care coordinator currently employed in a larger hospital system and one who works in an independent community hospital;

- One member representing a provider of emergency medical transportation services;

- One primary care physician;

- One clinician currently working in a Connecticut urgent care center;

- A representative of the Connecticut Office of Emergency Medical Services, given the important role to be played in the oversight of patient transport and emergency medical services, and in exploring the possibilities for mobile integrated healthcare;

- A representative from the Department of Public Health's Facilities Licensing and Investigations Section, which is the primary regulator of EDs, and oversees in Connecticut the enforcement of the federal Emergency Medical Treatment and Labor Act (EMTALA);

- The Commissioner of the Department of Children and Families (DCF), or the Commissioner's designee, given DCF's role in the children's healthcare system, and the recent establishment of behavioral health urgent crisis centers and crisis stabilization units to treat children and adolescents with behavioral health needs, and

- A representative of patients.

SB 960 identifies four potential areas for focus for the working group. We offer the following comments on each of these items, as well as other areas of focus.

(1) The establishment of a quality measure for the timeliness of the transfer of an ED patient who will be admitted to the hospital out of the hospital's ED

This is an inpatient measure based on inpatient bed availability. As the working group undertakes its analysis of this and other quality measures, we recommend that it focus on existing national measures. Specifically the working group should look into national measures that: consider the time from a decision to discharge to the actual discharge for non-admitted patients. Such a measure would address the common complaint from patients who are ready for discharge but must wait for someone to actually discharge them, consider the time from arrival to the decision to admit. This may address the delay in care caused by factors such as a large volume of patients or a shortage of available staff, and consider national measures regarding emergency department length of stay.

(2) The establishment of ED discharge units to expedite the discharge of patients from EDs

Many hospitals in Connecticut are exploring ways to free-up beds while patients await discharge such as discharge units. A companion concept worthy of exploration would be partnerships with mobile integrated health to allow for alternative destination ambulance transports or efforts to treat-at-home. These efforts would likely be carried out by paramedics in the field with oversight from a medical director in an ED.

(3) (A) An evaluation of the percentage of ED patients who are held in an ED after being admitted to the hospital and while waiting for an inpatient bed to become available, and (B) the development of a plan to decrease such percentage

The evaluation of the percentage of admitted patients waiting in the ED for inpatient beds will be a measure related to a lack of available **inpatient** beds. Plans to decrease the percentage would focus primarily on inpatient initiatives such as eliminating barriers to discharge.

(4) The reduction in liability for hospitals and their emergency physicians when patient crowding of a hospital's ED has reached the point of causing significant wait times for patients seeking ED services

We endorse the importance of considering the professional liability environment for providers of emergency medicine services.

As mentioned above, we believe that evaluating initiatives to address what may be considered avoidable, or inappropriate ED utilization would be a valuable area of focus to reduce the burden on EDs.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.