

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: SB-181

Title: AN ACT CONCERNING EMERGENCY DEPARTMENT CROWDING.

Vote Date: 3/4/2024

Vote Action: Joint Favorable Substitute

PH Date: 2/26/2024

File No.: 19

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

The issue of emergency room overcrowding has increased dramatically in recent years and is an area of great concern. This bill will require the commissioner of the Department of Public Health (DPH), in collaboration with the Emergency Department (ED) Crowding Working Group chairpersons, and a representative of an in-state hospital association, to annually evaluate certain data about in-state emergency departments and post the data online. The data must include the bed capacity, the number of patients treated in the department, the average wait time from first entering the ED until admission, and how long a patient had to wait in the ED for an available bed in the appropriate hospital.

RESPONSE FROM ADMINISTRATION/AGENCY:

Christine Cohen, Senator (12th District), Connecticut General Assembly:

This bill will require the commissioner of the DPH to report data for each ED on the department's website and that this data be reviewed yearly by the Connecticut Emergency Department Boarding and Crowding Workgroup. The working group began their task this past summer to determine the root causes of overcrowding and advise on how to ease this serious issue and address safety concerns. The workgroup has identified a path to collect and evaluate data from all emergency departments throughout the state. The hope is that this information will help them identify trends, allocate resources more efficiently, and develop targeted interventions to address systemic issues contributing to crowding and bed shortages in emergency departments. This data will help to increase transparency in healthcare and ensure that all patients are receiving the level of healthcare they deserve. This bill will allow the working group to continue this valuable work.

Manisha Juthani, Commissioner, Department of Public Health:

Public Act 23-97, which passed last legislative session, allowed the Department of Public Health (DPH) to convene a working group to advise the commissioner on methods to alleviate emergency department overcrowding and the lack of available emergency department beds in the state. At this point, the working group believes it has much more work to do regarding defining the problems and recommending the solutions. The commissioner recommends that the working group use this next year to develop a comprehensive set of recommendations before pursuing other ideas. Recently, the state has been successful in alleviating ED overcrowding related to children's behavioral health needs. The commissioner recommends that we take lessons from the Urgent Crisis Centers' experience where policymakers were able to clearly define a specific factor in overcrowding and design an appropriate alternative setting to best fill this unmet need. She points out that DPH does not have the data the bill specifies needs to be collected. DPH will need significant staffing and IT resources. Currently, DPH does not have this type of analytical capacity or funding for a data infrastructure that would support a publicly reported dashboard like this. Funding was not included in the Governor's proposed budget for these staffing and IT resources.

NATURE AND SOURCES OF SUPPORT:

Gregory Shangold, MD, Past President, Connecticut College of Emergency Physicians and Connecticut State Medical Society (CSMS):

SB 181 reflects the recommendations of the current boarding task force. Each hospital already collects these, or similar boarding metrics, and the figures are reported internally. In addition to those patients waiting to move to an inpatient bed, the ED beds are also occupied by patients waiting for a mental health evaluation, as well as elderly patients awaiting transfer to nursing homes. These patients often occupy ED treatment beds for days waiting for pre-authorization approvals. In the past three years, ED's have dealt with all the Covid-19 issues significantly encumbering emergency department staff. Every day, our state's EDs care for 3800 patients. A 2021 American Medical Association (AMA) survey estimated 63% of physicians reported burnout symptoms. The latest survey from Medscape estimated 68% of emergency medicine physicians are currently burned out. The entire ED staff experiences this ever-increasing stress. Nurses and staff are deciding to leave emergency departments resulting in even more strain on the remaining personnel.

Jennifer Martin, MD, Emergency Medicine Department Chair, Saint Francis Hospital:

Saint Francis' emergency department provides care to 200-300 patients per day. Our ED serves the community as a level 1 trauma center for patients with the most severe type of heart attack referred to as STEMI, a stroke center, and a tertiary care center, representing a complexity in the patient population that is like some larger hospitals across the state. The ED is the sole point of access for some patients seeking medical care especially in many urban areas. Boarding contributes to longer wait times resulting in more patients leaving waiting rooms without completing care. Working in Eds filled with inpatients awaiting beds impedes the ability to provide timely care to new patients who have yet to be evaluated.

NATURE AND SOURCES OF OPPOSITION:

Ken Robinson MD, Vice President of Academic Affairs, Hartford Healthcare:

ED crowding plagues our state and is the result of many factors. These include the lack of access to primary care, patients with acute issues, lack of adequate inpatient capacity, requirements for pre-authorizations, inefficiency, lack of adequate capacity in the medical transport system and inefficient admission or lack of adequate capacity in the post-acute health care facilities. This bill will create greater inefficiencies by only focusing on the reporting aspect. Data like the number of patients seen yearly at an ED, length of time in the ED, time to admission and bed capacity do not begin to address the underlying factors contributing to ED crowding. Dr. Robinson says that based on a DPH website metric of historic data, patients who are suffering an acute heart attack or stroke may seek care at a distant facility with a shorter reported boarding time but without the optimal resources for treatment. This proposal also creates another layer of additional reporting requirements regarding EDs. Collecting this data may be helpful to document the magnitude of the problem and track changes but only after proposed solutions are enacted.

Connecticut Hospital Association (CHA):

CHA is concerned that this bill may not consider all the reasons that contribute to ED overcrowding and will not differentiate patients based upon condition, age, insurance coverage, income, and place of residence. Additionally, recent circumstances in the delivery of healthcare due to COVID and a shortage of staff have brought our Eds to a crisis point in our ability to meet demand for patient care with available staff. CHA urges the committee to give the working group the opportunity to address the issues as a whole and not proceed in stages.

Kathleen Silard, President, Stamford Health:

The working group from Public Act 23-97 was tasked with looking at quality measures for timely transfers of an ED patient being admitted to a hospital, establishing ED discharge units to expedite ED discharges, and evaluating the number of ED patients who are in an ED area waiting to be admitted to the hospital. Stamford Health urged the Committee to wait for the full review from the working group and not proceed with a "slice of data" that will further burden ED professional staff from providing quality care to patients.

Reported by: Piotr Kolakowski

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