



Update on Emergency Department Utilization

Briefing Before the Joint Committee on Health Care Delivery and Financing by the Maryland Health Care Commission

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Update on Emergency Department Utilization

Use of Maryland Hospital Emergency Departments:

An Update and Recommended Strategies to Address Crowding



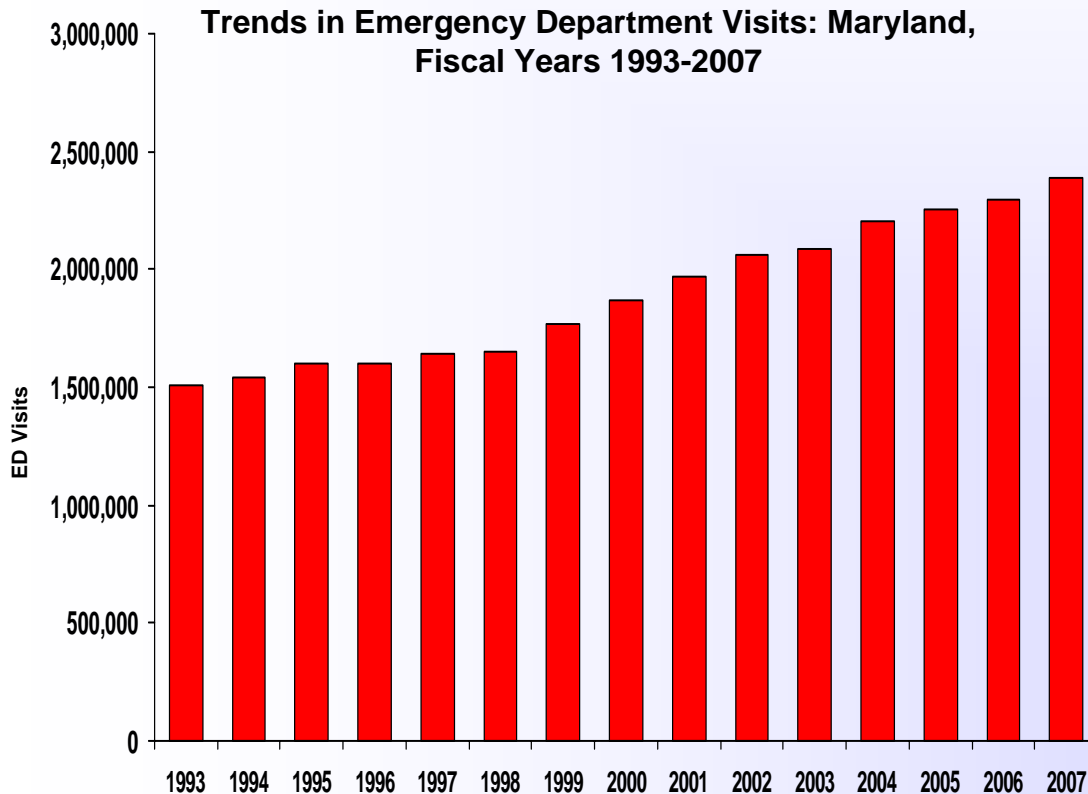
Maryland Health Care Commission

January 1, 2007

- ***Use of Maryland Hospital Emergency Departments: An Update and Recommended Strategies to Address Crowding (issued January 2007 in response to the 2006 Joint Chairmen's Report)***
 - Trends in ED Use and Capacity
 - Key Indicators of Crowding
 - How Maryland Compares to U.S.
 - Profile of ED Patients
 - Innovative Approaches by Maryland Hospitals to Address Crowding
- **Update on ED Utilization**
 - What do current data tell us about ED utilization trends?
 - What is the status of the Recommendations included in the report?



Emergency Department Utilization



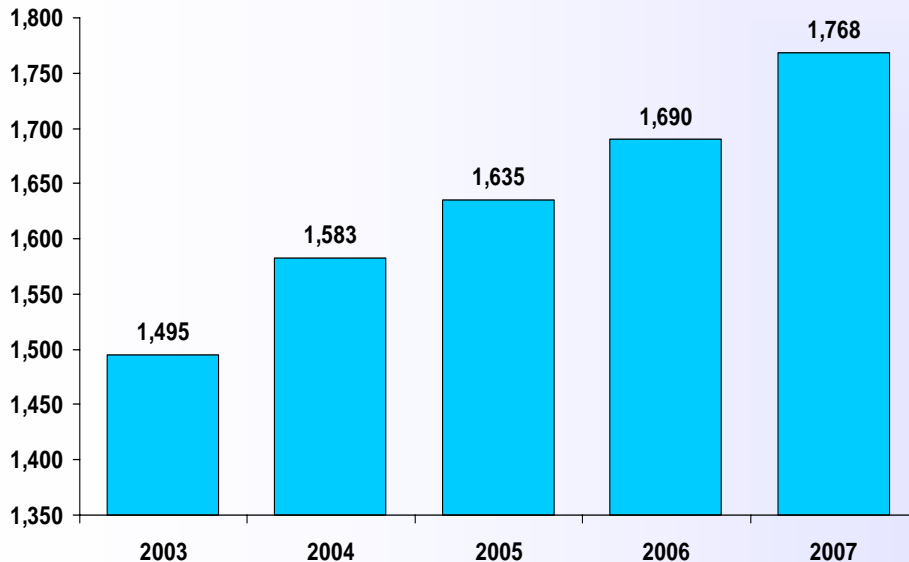
- In fiscal year 2007, there were about 2.4 million ED visits in Maryland.
- Between 2006 and 2007, ED visits increased by 4.1% (+93,800 visits)
- Average annual change in ED visits over time:
 - 1993-1997 +1.8%
 - 1998-2002 +5.0%
 - 2003-2007 +2.9%

Source: Maryland Health Care Commission, Health Services Cost Review Commission, Financial Data Base, Fiscal Years 1993-2007 (Data reported includes the Bowie Health Center and Germantown Emergency Center.)



Emergency Department Treatment Capacity

**Emergency Department Treatment Spaces:
Maryland, 2003-2007**



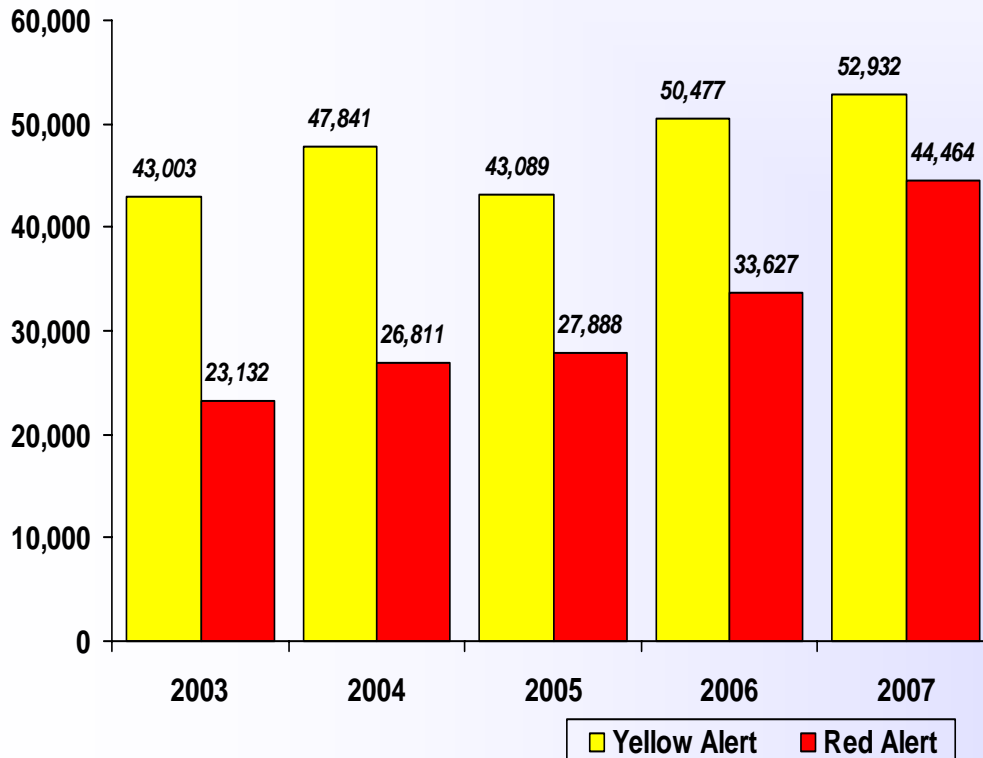
Source: Maryland Health Care Commission, Supplemental Survey of Emergency Department Treatment Capacity, 2003-2007 (data reported includes Bowie Health Center and Germantown Emergency Center).

- **In 2007, there were 1,768 ED treatment spaces.**
 - 46 of 47 acute general hospitals have EDs
 - Two freestanding medical facilities affiliated with hospitals
- **Between 2003-2007, ED treatment spaces increased by 18.3% (273 spaces).**
 - ED visits per treatment space decreased from 1,395 to 1,352
- **Additional ED treatment capacity will come on line as part of hospital replacement and expansion projects approved by the Commission.**



Ambulance Diversion

Hours on Ambulance Diversion: Maryland,
Fiscal Years 2003-2007



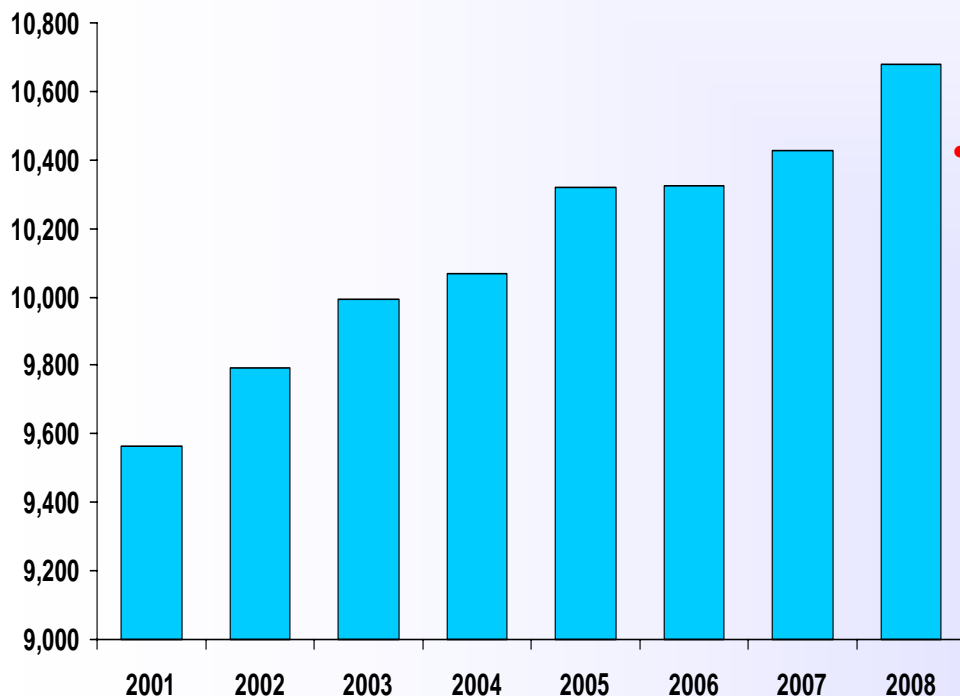
- Of the 46 hospital EDs in Maryland, only 3 had no alerts in 2007.
- 18 hospitals—located in Baltimore City/County and Metro Washington were each on Yellow Alert status for more than 1,440 hours—equivalent to more than 60 days.
- 9 hospitals were each on Red Alert status for more than 60 days.

Source: Maryland Health Care Commission (Data reported is from the County Alert Tracking System (CHATS) maintained by MIEMSS for fiscal years 2003-2007.)



Hospital Inpatient Capacity

**Total Licensed Acute Care Beds:
Maryland, Fiscal Years 2001-2008**



Source: Maryland Health Care Commission, Annual Report on Maryland Acute Care Hospital Services and Licensed Bed Capacity, Fiscal Year 2008.

- **Effective July 1, 2007, there were 10,681 licensed acute care beds in Maryland—an increase of 2.4% (255 beds) over 2006.**
 - The automatic licensure provision (140% rule) has added 1,119 beds to the system since 2001.
- **2010 Bed Need Forecast**
 - The Commission projected need for additional medical-surgical beds (including ICU and CCU beds). No need for additional pediatric beds
 - Over 440 additional medical-surgical beds have been approved in recent CON projects in 12 jurisdictions: Anne Arundel, Baltimore, Calvert, Carroll, Cecil, Charles, Frederick, Harford, Howard, Montgomery, Prince George's, and Washington.
 - Conversion of semi-private to private rooms is increasing “effective” medical-surgical capacity in many Maryland jurisdictions.
 - Shelled-in space authorized for future expansion of capacity at hospitals in Baltimore City and Anne Arundel, Harford, and Montgomery Counties.



Progress: Input Recommendations

INPUT

Demographics
Health Status
Insurance Status
Availability of Alternatives
Perceptions of Quality
Physician Practice

- **Improving Access to Primary Care**
 - The *Maryland Community Health Resources Commission* awarded three grants in January 2007 to divert non-urgent care from hospital emergency departments. Six additional grants awarded to expand access to primary care.
- **Freestanding Medical Facility Pilot Project**
 - During the 2005 session of the General Assembly, House Bill 426 (Chapters 549 and 550, Acts of 2005) was passed creating a pilot project.
 - The pilot project facility, the Germantown Emergency Center, began serving patients in August 2006.
 - In 2007, the General Assembly adopted legislation modifying the pilot Freestanding Medical Facility project to include a second site in Queen Anne's County.
 - *COMAR 10.24.06 Data Reporting by Freestanding Medical Facilities* implemented in October 2006.
 - Commission Report Due to the General Assembly in December 2007.



Progress: Throughput Recommendations

***Emergency
Department***
THROUGHPUT

Triage, Registration Processes
Care Processes
Staffing
Specialist Availability
Diagnostic Services Availability
IT Systems

- **Innovations to Improve Patient Flow**
 - Maryland Patient Safety Center completed a year-long ED Collaborative with 27 participating Maryland hospitals.
- **Strengthen Data Sets**
 - The Maryland Ambulance Information System Task Force, a joint effort of MIEMSS, MHA, HSCRC, and MHCC, is working to strengthen the collection of data linking ambulance service to the hospital ED data set.
 - Commission's Annual Report on Hospital Services and Licensed Bed Capacity has been expanded to include data on the number of monitored beds in Maryland hospitals.
 - The Commission is in the process of developing an Annual Report on ED Utilization.
- **Standardized Measures of ED Utilization and Patient Flow**
 - The Commission will establish a Technical Advisory Committee in the Fall to identify and pilot test a set of standardized ED performance measures.
- **Standards to Guide Development of ED Treatment Space**
 - The Commission will propose a State Health Plan standard that reflects ACEP recommendations regarding ED treatment space necessary to serve different volume levels, developed with the assistance of its Acute Care Work Group.



Progress: Output Recommendations

Death

Hospital Admission

OUTPUT

OR/ICU/CCU/MedSurg Capacity

Bed Availability/Tracking

ED/Floor Interaction

Transport Services

Community Discharge

OUTPUT

Availability of Post-Acute Care,
Community Mental Health, Other
Services, Primary and Specialty
Care

- **Future Hospital Bed Need: 2016**
 - The Commission is updating its medical-surgical and pediatric bed need projections with the assistance of its Acute Care Work Group.
- **Mental Health System Capacity Plan**
 - The Commission is developing a plan for mental health services with the assistance of the Mental Hygiene Administration and a Task Force, as required by the 2007 Joint Chairmen’s Report.
 - The Plan will include a statewide mental health needs assessment of the demand for:
 - Inpatient hospital psychiatric services (in State-run psychiatric, private psychiatric and acute general hospitals); and
 - Community-based services and programs needed to prevent or divert patients from requiring inpatient mental health services, including services provided in hospital emergency departments.