

THE CONNECTICUT COLLEGE OF EMERGENCY PHYSICIANS SUPPORTS SECTIONS 6 & 7 OF
HB 7293:

“AN ACT CONCERNING EMERGENCY DEPARTMENT OVERCROWDING”

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Chair, Government Relations Committee,
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We would like to thank the Public Health Committee, especially Representative Sayers, for raising 7293 and for the opportunity to present our organization's position as regards certain aspects of this bill. As the language above indicates, we endorse the premise of the bill, which is to reduce overcrowding in our state's emergency departments, but we have serious reservations about sections of the bill which address, in our opinion, issues that are only peripherally related to overcrowding.

The Connecticut College of Emergency Physicians represents the more than 400 Board Certified Specialists in Emergency Medicine who make our state safer by providing expert, compassionate care for victims of acute injury and illness 24/7/365 at over thirty acute care hospitals and their satellite emergency departments. We love the opportunity to serve our communities but our ability to provide top quality care in a medically appropriate and safe environment is increasingly challenged by overcrowding.

Treating emergency patients consists of doing the interviews, exams, and tests necessary to make a diagnosis and treat their illness or injury, and finally making a decision as to discharge, admission, or transfer to another facility. By Federal law, any patient who arrives at our door is considered an emergency until proven otherwise. We are trained to work effectively in the often chaotic environment of the Emergency Department and indeed we thrive on this unique atmosphere, or at least we used to before overcrowding became an overwhelming obstacle which prevents us from providing the kind of care our patients need and deserve.

We fill up the hallways and waiting rooms because there are more patients than places to put them. Getting from A to B becomes a challenge. Several patients must be moved just to get one through the tangle on their way to x-ray and back. Noise levels frequently exceed OSHA standards. Standing in a hallway devoid of privacy, we discretely ask intimate questions and perform limited physical exams. Anyone who thinks the old open medical wards with twenty or forty patients are a thing of the past should visit a crowded emergency department on a Friday evening. We are often practicing 21st century medicine in 19th century conditions.

What causes overcrowding?

The primary cause is the practice of boarding inpatients. A high percentage of emergency patients need admission to the hospital. Far too often, their admission does not result in their going upstairs to their inpatient bed until many hours have passed. They are not only stuck in the emergency department, they are taking up space that is needed to take care of new emergency patients. Somebody has to move out into the hall, the new open ward. A forty bed emergency department thus loses half or more of its rooms to a de facto inpatient

area. The ambulances and walking wounded just keep coming in, but now there are only ten or fewer beds to accommodate them.

Do uninsured patients and patients using the ER for primary care cause overcrowding?

No. They increase the volume but they typically have problems that we can diagnose and treat in fifteen minutes or less and then discharge them. But too often we can't get them into a treatment room because it is occupied by a boarding inpatient. The pile up begins but the obstruction causing it is the admitted inpatient waiting for a bed upstairs.

Let's take a quick tour of Bill 7293.

Section 1. This is based on the erroneous assumptions about patients with minor complaints. It is also in violation of the prudent layperson standard and should be deleted. Other speakers from our organization will go into detail on this issue.

Section 2. This correctly, in our view, recognizes the special place of behavioral health issues in the fabric of ED overcrowding and also respects the prudent layperson standard and should be retained.

Section 3. We welcome the availability of resources for upgrading and expanding emergency departments as long as it is recognized ED expansion is no a substitute for the timely transfer of admitted patients from the ED to inpatient units. There is an implicit danger of actually making the problem worse by expanding the ED.

Section 4. No comment.

Section 5. We welcome the additional income for Medicaid patients, especially in view of current reimbursement rate which does not even cover our costs in caring for this population, but we again caution that providing non-urgent care is a routine part of what we do and is NOT the cause of overcrowding.

Sections 6&7. We are in complete agreement with the premises and substance of these two sections:

- The language would offer great flexibility by allowing each hospital to develop the protocols it deems appropriate to solve overcrowding yet holds them accountable for the effectiveness of the programs they do develop and implement.
- Pooling data from all of the hospitals will result in the emergence of policies that are especially effective and take us to the next step of best practices in solving overcrowding.
- Creating an overcrowding advisory board will ensure that the hospitals move forward and will also help keep the commissioner fully advised of how the program is progressing.

In summary, the Connecticut College of Emergency Physicians supports 7293 because it establishes in law that emergency department overcrowding is a serious public health problem that must not be accepted as the status quo. We strongly recommend the deletion of Section 1 and all subsequent references that imply that care for minor problems has any significant impact on overcrowding.