



**TESTIMONY OF
GRIFFIN HOSPITAL
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 11, 2011**

HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care To Hospital Patients

I am Dr. Gregory Boris, Chairman of Emergency Medicine at Griffin Hospital and submitting testimony on HB 6545, An Act Concerning the Provision of Prophylactic and Emergency Care to Hospital Patients. Griffin Hospital appreciates the opportunity to submit testimony in support of this bill.

Griffin Hospital is a full service acute care community hospital serving a primary service area that includes Ansonia, Beacon Falls, Derby, Oxford, Seymour and Shelton with a combined population of 105,000. Griffin employs 1,357 with 282 active and courtesy members of its medical staff. In the 2010 fiscal year Griffin served 7,719 inpatients and close to 40,000 Emergency Department patients.

Protocols and policies also known as “standing orders” delegate to nurses certain actions usually preserved to physicians. In the Emergency Department standing orders, after mandated training and certification, are a routine part of every nurse’s practice. The purpose is to not only hasten patient care but also to offer in some cases immediate symptomatic relief, and ultimately speed up patient disposition.

CMS has recently clarified its endorsement of the use of standing orders in a communication to the American Academy of Pediatrics (AAP). The communication was in response to an AAP request that CMS clarify the rule on standing orders because many in the provider community, and many state oversight agencies, were under the mistaken impression that standing orders were not permitted.

HB 6545 would allow hospitals to utilize protocols and policies, sometimes known as “standing orders”, after an assessment for contraindications. Such orders would need to be in accordance with a physician-approved hospital policy; used for care that is emergent, timely and necessary or to advance patient care, and; only as permitted by 42 CFR Part 482, the CMS Medicare Conditions of Participation for hospitals.

One of the primary concerns of the Emergency Department care team as well as patients and their family members is responding to the presenting patient promptly. Standing orders developed in accordance with a physician approved hospital policy will expedite care and benefit the patient without resulting in unnecessary care or putting the patient at risk. The value of standing orders was recently documented in the Annals of Emergency Medicine, Volume 57, No. 2, Feb. 2011, pgs 89-99, The Effect of Triage Diagnostic Standing Orders on Emergency Department Treatment Time. This study which looked at over 15,000 patients concluded that “diagnostic testing at Triage was associated with a substantial reduction in Emergency Department treatment time”.

HB 6545 will remove any confusion for providers, and for DPH, as to whether Connecticut supports standing orders, and in so doing, move us forward to achieving better care outcomes.

Griffin Hospital strongly urges the members of the Public Health Committee to approve HB 6545.

Respectfully yours,

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Chairman, Dept. of Emergency Medicine