Dear members of the Connecticut Public Health committee,

I am writing in support of SB 181, “An Act Concerning Emergency Department Crowding”.

As an emergency medicine (EM) resident physician at Yale, I have the privilege of working across several emergency departments (ED) including at Yale-New Haven Hospital, Bridgeport Hospital, and St. Raphael Hospital. I have never worked in an ED that does not struggle with crowding and boarding. Overcrowded EDs face operational challenges when managing boarded patients. Crowding reduces ED capacity, stretches resources, and delays treatment. Boarded patients are put in a holding pattern as they wait for an inpatient bed or transfer after their initial care in the ED. The issue of crowding and boarding in the ED is a complex and multifaceted problem that threatens patients’ safety and negatively impacts the quality of care that can be provided to patients.

Inpatient hospital bed shortages mean delays to admission from the ED that can last hours or days, and as both current research and my personal experience shows, increases a patients risk for adverse events, increased length of stay, in-hospital mortality, and poorer patient outcomes. I recently cared for an older adult patient with a history of dementia who presented to the ED with concern for an infectious process. After initial assessment the decision was made to admit the patient for further diagnosis and treatment of the infection. 30 hours later while still waiting in the ED for an inpatient bed, the patient attempted to get out of bed, fell and struck their head causing intracranial bleeding and requiring immediate surgical intervention. If the patient had been transferred upstairs sooner, closer monitoring would have been possible, and the patient may have been able to avoid the fall and resulting injury altogether.

The ED is a fast-paced environment responsible for managing large volumes of patients with varied acuity. As such, ED providers are tasked with rapidly obtaining a complete history and physical exam in order to facilitate prompt treatment. However, due to the challenges of ED crowding and boarding a lot of resources are needed to coordinate physical exams for patients waiting in the hallways to preserve privacy and dignity. There have been numerous occasions where I have needed to do rectal exams, pelvic exams, testicular exams, or other invasive assessments of patients who are waiting in the hallways. To complete these assessments precious time is spent mobilizing human resources to identify and coordinate a private environment where the patient can be examined. These delays in assessment result in testing delays and delays in treatment of the presenting problem. Ultimately, patients’ rights to dignified and high quality emergency medical care is greatly diminished by these delays. As a EM physician, this is greatly distressing to me as this problem affects my ability to provide my patients with the prompt care and treatment they deserve.

I hope you can understand and appreciate how urgent a problem this is for patients and ED providers alike. I applaud you for forming the ED Boarding and Crowding Workgroup at the state level to provide guidance on solutions which I know they are working on.

A first step to solving any problem is to measure it, and that is what this bill proposes to do. At this point this is a public health issue, and public reporting is warranted. Transparent and accurate data collection, curation, and dissemination is important for informing the healthcare
consumer and building public trust in healthcare systems, especially when trying to address identified, specific problems through quality improvement. Quantifying ED crowding and boarding will show the reality and extent of this problem across the state and will translate into the identification of solutions to address the problem.

There will undoubtedly be some who will complain that gathering and reporting this data will be overly burdensome. However, most of this data is now readily available to individual hospitals in current electronic health records (EHRs) which can be set up to provide nearly automatic reports (dashboards) that can be shared with de-identified data to provide a view of what is happening around the state.

I urge you to pass this bill as a first step to understanding and addressing this issue at the state level.

Thank you for your service,

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