SB 181 An Act Concerning Emergency Department Crowding

Senator Anwar, Representative McCarthy Vahey, Senator Somers, Representative Klarides-Ditria and distinguished members of the Public Health Committee, my name is Dr. Ken Robinson, and I thank you for the opportunity to testify in opposition to SB 181.

Emergency Departments play a vital role in the delivery of healthcare in Connecticut; in fact, they are a safety net resource for many. EDs care for and accept all patients. Although an understanding of the magnitude of the problem may be helpful, the act of publicly reporting boarding times is not the appropriate means by which to effectively address ED crowding. This proposal has the potential to adversely affect patients and cause significant harm to the specialty of Emergency Medicine and hospitals in general.

ED crowding is a result of many factors including, but not limited to, lack of access to Primary Care, higher acuity patients, lack of adequate inpatient capacity, requirements for pre-authorizations, inefficiency or lack of adequate capacity in the medical transport system and inefficiency in admission to or lack of adequate capacity in the post-acute health care facilities (nursing homes and rehabilitation facilities).

ED crowding is not a result of inattention to this issue. There are significant efforts taken in ED’s statewide, every minute of every day, to enhance patient care and efficient operations. This bill will not assist in that work but instead will create greater inefficiencies by only focusing on the reporting aspect instead of considering real solutions.

Metrics based on, among other data points, 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 nor can they. Indeed, publicly reporting these measurements may adversely impact optimal patient care. Based on a DPH website metric of historic data, a patient, who is suffering an acute heart attack or stroke may erroneously seek care at a distant facility with a shorter reported boarding time but without the optimal resources to treat the emergency in the most effective and timely
manner. Patients need to seek care at the closest emergency department if they feel they are suffering an emergency condition, or call 911. Placing uninformed decision making or destination guidance on the patient having an emergency is not appropriate.

Furthermore, this proposal has the potential of creating a lack of public trust of ED’s based on measurements that do not demonstrate the quality of care being provided. An increased negative perception of the medical specialty with the highest rate of physician burnout, is only going to worsen the situation and has the potential to create greater workforce challenges.

It must also be noted that recent proposals denote a trend of layering upon ED’s additional public health reporting requirements. It is a misalignment of policy to be acknowledging ED crowding while imposing new and significant administrative burdens that detract from the ability of our statewide EDs to provide life-saving care.

Publicly reporting ED boarding times is not the appropriate means by which to solve the problem of ED crowding. Collecting this data may be helpful to document the magnitude of the problem and track changes after proposed solutions are enacted. Data collection and reporting alone is unnecessary work to demonstrate a problem that is already known to exist. It is more important, and effective, to work on solutions to this problem, such as

- eliminating delayed authorization for skilled nursing facility placement
- increasing rates paid to EMS to bolster EMS service line expansion and improve transition capacity
- supporting outpatient Behavioral Health and Addiction services
- increasing public funding for shelters and detox facilities to receive patients from EDs for appropriate care once medical screening is complete
- enhancing support for senior service and homecare services
- expanding Mobile Integrated Health services program funding
- eliminating non-ED care focused requirements like HIV testing and other public health interests

Because of the inevitable adverse effects of this bill on patients, ED staff and hospitals, I oppose this bill.

Thank you for your consideration.

For additional information, please contact Melissa Riley at Melissa.Riley@hhchealth.org

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