

Emergency Department Working Group

January 17, 2023 | 3:00-4:00pm

Meeting Minutes

Members present: Greg Allard, Jonathan Bankoff, Matt Barrett, John Brancato, Barbara Cass, Lara Chepenik, Phil Davis, Charles Dike, Dock Fox, Daniel Freess, Michael Holmes, Jennifer Martin, Craig Mittleman, Chris Moore, Mag Morelli, Mairead Painter, Phil Roland, Anumeha Singh

Members absent: Sue Halpin, Rebekah Heckman, Beth Liebhardt, Renee Malaro

DPH staff: Miriam Miller, Melia Allan

Others: Adam Skowera, Christina Divigard, Nick Chiara, Robert Reed

Introduction/Approval of Minutes

- Johnathan Brancato motioned to approve December 13 minutes; Craig Mittleman seconded the motion.
- The minutes were approved by the group without revisions.

Discussion of the Group's Proposed Name

- In the working group's draft report, the name was listed as "The Connecticut Emergency Department Crowding and Boarding Workgroup," Chris asked the group for feedback on this name.
- Greg Shangold expressed that boarding was especially important to have in the title, because the last time this group was held (2007) it mostly focused on diverting patients from the ED.
 - Because of this, he suggested putting boarding first to make it more prominent.
- Craig Mittleman moved to approve the group as is, Greg Shangold seconded; there was no opposition to this motion.
 - The group will call itself the ED Boarding and Crowding Working Group.

Discussion of Quality Measure Language in the Interim Report

- Chris Moore introduced the agenda item to revisit the measure on which the group voted in December:
 - "We recommend to the Commissioner of the Department of Public Health that the Connecticut Department of Public Health should collaborate with this workgroup to develop mandated, publicly reported quality measure(s) on emergency department boarding, requesting necessary resources from the state to accomplish this."
- Members shared thoughtful and nuanced discussion points for either softening the language of this measure or submitting the report with the language above.

Comments in favor of amending or changing the language, against using the term "mandate"

- Michael shared concerns with the word mandate, because it could mean the group is an unfunded mandate for the state of Connecticut.
 - Michael expressed that he wants to make sure there is an opportunity for collaboration, and sometimes moving slow is necessary.
 - He thought that the group could soften the language but move towards the same outcome and had received feedback from various individuals about softening the measure.
- Chris noted that this year it is unlikely they would get funding through the legislature due to the two-year budget cycle in CT.
 - He suggested adding qualifying language saying the group is not putting a timeline on this measure, and acknowledging in the report that resources may not be available this year.
- Johnathan Bankoff brought up the potential concern that the word mandate could interfere with the group's collaboration with CHA.
 - He did not have concerns on the resources or funding portion in the request, but CHA had raised concerns in conversations with him about the mandate language.
- Craig Mittleman was happy to go either way but shared that he does not like the idea of the mandate and thinks the work will get done anyway - not sure if the group gets any strength from this language.
- John Brancato shared that taking out the word mandate or the resources portion of the measure does not take away the ability from the group to make the same recommendation further down the line – if softening the language allows things to proceed in a calmer atmosphere he is not opposed.
- Mag Morelli offered a recommendation for a two-step plan: determine what the quality measure(s) are first, then mandate that the hospitals do reporting once the group has a better definition of the measurements.
 - Dr. Mittleman seconded the two-step process brought forth by Mag
 - Barbara Cass agreed with Mag's thinking and added that CMS is also developing a quality measure – maybe this group should take more time to make sure that their work aligns with CMS.
- Mag Morelli added potential revised language for a two-step plan to the chat:
 - “The workgroup recommends that DPH collaborate with this workgroup to identify and/or develop quality measures(s) on emergency department boarding. The workgroup would then consider whether such reporting should be mandated and what resources should be allocated.”
- Miriam Miller added information from DPH's perspective on Barbara's behalf:
 - The word mandate not only impacts the hospitals, but also impacts DPH on the data collection and analysis side.
 - DPH wants a better idea of how the group intends to use the data, they do not want data to be collected and not utilized.
 - DPH feels there are still a lot of questions that need to be answered before implementing a mandate.

Comments in favor of keeping the language of measure as-is

- Daniel Freess recommended keeping the language as is, because a measure like this needs teeth. He made the point that emergency departments already have an unfunded mandate through EMTALA, which requires them to provide public access to emergency services without additional funding to do so.
- Greg Shangold expressed that this measure was also already voted on by the group, and the legislature needs to have some ownership to fix the problem. Thus, he did not think the group needed to soften it.
- Jennifer Martin leaned towards keeping the word mandate, especially as hospitals already collect these data in their systems already.
 - She did not believe the word mandate connotes the lack of collaboration.
- Phil Davis agreed with Jennifer: he acknowledged the concerns that the group does not want to get off on the wrong footing but brought up the opposite concern that this recommendation will not be taken seriously without teeth. Thus, he leaned towards the language as it stands now.

Continuing Discussion, Qualifying Language

- Chris Moore drafted a qualifying statement:
 - “We are committed to working with DPH, the Connecticut Hospital Association, participating hospitals, and other relevant parties to ensure that such a measure is developed over a sufficient time period and in a manner to minimize unnecessary burdens.”
 - Jennifer, Dock, and Phil Davis expressed support.
- The group motioned to vote on two things (Chris brought forward the motion and John Brancato seconded)
- Items voted on:
 - 1) Changing the title to Boarding and Crowding (listing boarding before crowding)
 - 2) Adding qualifying language underneath the mandate that was voted on during the December meeting

Record of vote:

In favor	1. Anumeha Singh	9. John Brancato
	2. Christopher Moore	10. Johnathan Bankoff
	3. Craig Mittleman	11. Dock Fox
	4. Daniel Freess	12. Mag Morelli
	5. Greg Allard	13. Mairead Painter
	6. Greg Shangold	14. Matt Barrett
	7. Phil Davis	15. Michael Holmes
	8. Jennifer Martin	16. Phil Roland
Opposed	1. Barbara Cass (DPH)	
Abstained	1. Charles Dike (DHMAS)	

Introduction and Discussion of Subgroups for Actions in 2024

- Chris introduced the two subgroups that are launching in 2024:

- The discharge subgroup will largely be examining the questions: how do we get patients out of the ED into the hospital, and out of the hospital to where they need to be to open up space, and what levers might be available for that
- The solutions subgroup will largely work on brainstorming anything else that does not fall into the discharge subgroup.

Discharge Subgroup, Co-chairs Anumeha Singh and Beth Liebhardt

- Anu let the group know that the first subgroup meeting is scheduled for next week, where the co-chairs plan to introduce their own ideas for the group as well as flesh out the purpose and major points of concentration.
- Anu invited members to reach out with topics that could be explored during this subgroup.
- Since subgroup members do not need to be appointed members of the working group, Chris invited members to think of additional individuals that may be good additions to the subgroups, for example, hospitalists are not well represented.
- Craig added in the chat that the group could look into the impact of skilled nursing facilities (SNF) certification.

Solutions Subgroup, Co-chairs Dock Fox and Johnathan Bankoff

- Johnathan Bankoff framed this group as working to take the metric(s) selected to measure crowding and boarding and look at how to reduce that number.
- The co-chairs invited members to reach out to them with any ideas they wanted to see discussed, noting that membership and the first meeting of this subgroup has yet to be set up, but is forthcoming.
- Dr Mittleman suggested that subgroups advertise their meetings to the entire group in case members hope to attend ad hoc.

Action Items/Wrap Up

- In the next months, Chris is hoping subgroups can meet and report back to the whole group.
- The chairs noted that members should bring up any agenda items for the next meeting to Chris and Michael, the group can have presentations or speakers if desired.
 - Chris noted he was interested in exploring whether there is a hospital capacity issue.
- Michael and Chris thanked everyone for their rich discussion and their continued support of the group.
- Chris motioned to adjourn, John Brancato seconded; the meeting adjourned at 3:58pm.