**Emergency Department Working Group**

**April 17, 2024 | 3:00-4:000pm**

**Meeting Minutes**

**Members present:** Jonathan Bankoff, John Brancato, Barbara Cass, Lara Chepenik, Phil Davis, Charles Dike, Dock Fox, Daniel Freess, Michael Holmes, Jennifer Martin, Miriam Miller, Chris Moore, Mairead Painter, Greg Shangold

**Members absent:** Greg Allard, Matt Barrett, Beth Liebhardt, Renee Malaro, Mag Morelli, Phillip Roland, Anumeha Singh

**Introduction**

* Chris called the meeting to order at 3:02 am
* Approve 3/20/24 minutes: Charles Dike motioned, Greg Shangold seconded, the minutes passed without revisions

**Discussion on the Quality Measure, Example Data**

* Chris updated the group on the quality measure
  + He shared a spreadsheet with mock-up data from some of the Yale EDs
* Key metrics to be collected with this quality measure:
  + percent of patients that are admitted that end up boarding for more than 4 hours
  + percent of patients that stay overall in the ED for a certain threshold (currently broken into 6 hours, 12 hours, 24 hours)
  + mean, median, and overall length of stay
* Members gave input on the measure’s current iteration
* Factors that the quality measure group is still hoping to capture include transfers and ED observation

**Presentation: Todd Taylor, MD, FACEP, Arizona College of Emergency Physicians**

* Dr. Taylor presented on his background in Arizona, his work on emergency department crowding dating back to the 1990s, and the multifaceted challenge facing emergency care
* He shared data showing the ED length of stay nationally over the past 19 years
* Dr. Taylor spoke about the importance of data to create motivation for change, as well as the current technology that exists compared to 20 years ago – EMR data can be relied on to help relieve ED crowding
* Technology he spoke about included:
  + Command center medicine
  + Emergency medicine data institute: diverse patient population – captures around one in every seven ED visits, Dr. Taylor believes this is a good source for data
    - Sufficient, regular, and accurate data collection is key to reduce crowding

Q&A

* He sees the problem as an in-patient resource problem, and offered several ideas for how to mitigate ED crowding
* Smoothing of surgical scheduling
  + For example, surgeons prefer to schedule their procedures on Mondays and Tuesdays, in order to get patients out by Friday
  + Dr. Taylor shared hospitals can increase the functional capacity of their ED by as much as 30% just by changing patterns of staffing using data/AI
* One of the biggest issues in Arizona (an urban rural state) is transfers
  + Dr. Taylor expressed that a transfer is the most dangerous procedure put upon a patient, and he hopes to be able to track and monitor transfers
* Partnerships with industry can help lower the resource load/cost of solutions
* Contact: Ttaylor@acep.org

**Subgroup updates and future directions**

Discharge subgroup

* Anu and Beth were not able to make the meeting, no updates here

Solutions subgroup

* The solutions subgroup is tentatively meeting next week to dive into the concept of a best practices manual – more updates coming at the May meeting
* Jonathan Bankoff asked for an update on MIH – an update will be coming in the summer after legislative session

Mental health subgroup

* Lara highlighted that the main sticking points for behavior health is that the psychiatric health evaluation is a subset of the main ED evaluation, how do we come up with a metric that is consistent across hospital systems
* Lara shared that the subgroup is interested in capturing data that uses the length of stay for a psych patient to estimate how many other patients could have been served in that bed

“Best practices” manual

* Subgroups have discussed putting together materials for best practices that emergency departments across the state can adopt to help alleviate crowding and boarding
* Barbara shared that DPH can provide technical assistance with regards to compliance with the laws, but cannot “vet” or endorse proposed best practices

Future directions

* Miriam expressed that the group should work to define what the quality metric looks like and how it would be used, but also the group needs to look at the rest of the group’s legislative charge
  + A lot of time has been spent on the quality measure portion of the charge comparatively
* Subgroups have the ability to dig into issues deeper than the main group – Miriam encouraged subgroups to work to come up with recommendations that will be shared with the main group
* Miriam also let the group know that the financial situation of the state will be in a similar place, and flagged that lower cost solutions will be more palatable to the legislature

**Closing**

* Chris adjourned the meeting at 4:00pm