Boarding Quality Measures Subgroup

Emergency Department Working Group

January 11, 2024 | 9:00-10:00am

Meeting Minutes

Members present: Johnathan Bankoff, Barbara Cass, Lara Chepenik, Phil Davis, Dock Fox, Renee Malaro, Chris Moore, Anumeha Singh

Others: Melia Allan, June Kim

Introduction

- Chris had members introduce themselves with their association and role on the group
- June Kim MPH MSN student at Yale working with Sen. Anwar came to sit in on the meeting

General Discussion

General landscape of quality measures

- Chris briefed the group on the quality measure vote from last meeting, and expressed that there may be pushback
 - Several members of the group expressed that reporting is not usually taken up unless it is mandatory
- Barbara cautioned about collecting data for the sake of having data wants to make sure that the data collected is meaningful
- Rebekah anticipates CMS quality measures to be out for public comment (one month comment period) in the third week of January
 - Rebekah indicated that there is traction for these measures federally in response to the
 ED crisis nationwide it is significant that CMS is pushing this top-down

Refining Measure Specification

- The key measure talked about in previous meetings is people held in the ED for more than four hours
 - Have to look at the patients that were ultimately admitted, and which patients stayed for more than four hours after the admit decision time
- Anu asked about looking at the patients as individual n, versus the overall boarding hours
 - Rebekah added that hospitals are already collecting this data internally, but the quality measure mandate will mean figuring out what is publicly reported and what might be collected on the back end
- Rebekah brought up some thought points on comparing hospitals want to compare similar hospital types – should each individual hospital report, or should things be more grouped
 - o Chris hopes to do it by physical location rather than CCN given the small size of the state

- Chris asked members if they are willing to run the idea of a quality measure by the C-suite of their respective hospitals to see if it would be something they are willing to implement
 - Hoping to reach out to three different systems, to see if this would be feasible at various emergency departments across the state – a "proof of concept"
- The group commented that psychiatry needs to be segmented in the quality measure because admission is a very different process
 - Psych patients will skew the data as they are often boarded for days, especially given the transfer process
- Johnathan shared that CHA was lukewarm about the mandate piece of the ED working group quality measure report asked if there was anything he should share with the association
 - Barbara asked if there was any way to soften the language to avoid sharp opposition from CHA this early in the process, especially since the group still has so many questions about collecting a quality measure
 - Johnathan expressed that DPH is the lead and has the most sway, but he would still like to work with CHA
 - Chris suggested having CHA float alternative language to the mandate if they are opposed to it, subgroup members agreed this would be a good way forward

Closing

- The group intends to temporarily pause until national measures come out and the whole group report is submitted
- The meeting adjourned at 9:57am.