

Discharge Subgroup

Emergency Department Working Group

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

Meeting Minutes

Members present: Greg Allard, Matt Barrett, Barbara Cass, Charles Dike, Daniel Frees, Beth Liebhardt, Christopher Moore, Mairead Painter, Anumeha Singh

Others: Melia Allan

Introductions

- Anumeha called the meeting to order and had members introduce themselves and their association

Review of Charter Document

- Beth introduced the charter document developed by the co-chairs. The document included the chairs and committee membership, a statement of purpose, project goals, metrics, deliverables, and a timeline for getting the group off the ground and running in 2024. Group members then went over each section and gave feedback.

Below are the categories of the charter document with notes on things group members helped brainstorm:

- Committee membership: identifying gaps, and ways to engage all relevant stakeholders
 - The group suggested including a hospitalist, insurance representation, as potential ad hoc members
- Problem statement/purpose: gaps and delays in inpatient/observation discharges from hospitals can contribute to overcrowding in EGs, resulting in compromised patient care, increased wait times and inefficient resource utilization
 - Members largely agreed with the proposed statement
- Project goals, the group wishes to evaluate the following:
 1. patient placement to skilled nursing/rehab facilities
 2. patient placement for patients with behavioral health needs\
 3. conserved patients – improve flow
 - a. The group identified the problem that conserved patients are staying in the ED because of communication issues
 4. Ambulant transports wither to another location or back to the community
 5. Impact of late discharges, including weekends and holidays
 6. discharge lounge – usage and best practice
 7. home hospital – usage and best practice – utilization rate and how well the system is working

- Metrics:
 - Skilled nursing facility patient and LOS, staffing shortages, capacity
 - Dialysis number of patients, and number of days
 - Behavioral health patient population and LOS, staffing shortages, capacity
 - Substance use disorder and LOS
 - Boarding percentage of total admit time
 - Data on ambulance company capacity
 - Dispatch to arrival metric (ambulance)
 - Medicab and WeShareVans
 - LOS for conserved patients, especially for after hours and weekends
 - Discharge lounge - Which organizations have these and what is the utilization
- Group members had two ideas that will likely be shared with the solutions subgroup:
 - Mobile integrated healthcare
 - Case management within long-term care settings (home and community health)
- Resource needs:
 - The group intends to partner with CHA to get some data / understand what metrics are already available
 - Partnership with major insurance providers to understand the requirements around many of these issues (especially SNF and rehab)
 - Legal representation to understand conserved patients
 - Center for Medicare advocacy – good resource on Medicare especially for patients who are sent home for a short stay and end up in the ER shortly after
 - Probate court
 - Dept of Social Services could play a role re: the intersection with Medicaid
 - The state fiscal intermediary
- Deliverables:
 - The co-chairs thought about doing a needs assessment where they survey hospitals
 - Discreet, feasible, actionable state items for working group by Sept 2024
 - The group will review the brainstormed list and highlight the most important priorities to work through in 2024
 - Barbara Cass pointed out that in addition to recommendations to the government, this group can also work to make connections between major players identified in the emergency department/healthcare scene

Next Steps

- The co-chairs will clean up the charter and send out the main goals for members to put in their input on them --> plan is to identify three top priorities

Closing

- The meeting adjourned at 1pm