

Quality Measures Subgroup
Emergency Department Boarding and Crowding Working Group
June 11, 2024 | 8:00-9:00am
Meeting Minutes

Members present: John Brancato, Lara Chepnik ,Phil Davis, Rebekah Heckmann

Others: Melia Allan, Evan S. Dantos

Introduction

- Chris Moore called the meeting to order at 8:05
- Phil Davis moved to approve the April 5th minutes; Rebekah Heckmann seconded

Discuss Directions on Quality Measure

- Chris brought up the idea of having the quality measure data collected by hospitals be stewarded by the Department of Public Health
 - It would be difficult to sustain the data in the legislature
 - John Brancato also believes that DPH has to be the repository
- John Brancato suggested the group ask the legislature who will be marshalling and maintaining the data; Chris mentioned that this is something he is meeting with a few members of the Assembly on
- Lara asked about the expectations to take action on the data
- The group was unsure what will be required on the DPH end for collecting and maintaining the data, but agreed that the agency has a role to keep this data as the state department of public health, as opposed to an agency like the Connecticut Hospital Association (CHA)

Updates on Data Elements

- Chris shared a document with draft quality measure specifications
 - Several members recommended that the reporting period is monthly
 - With regards to the physical space and unit of reporting, Chris highlighted that different geographic locations should be reported separately. For example, each Yale ED should report separately, instead of as one Yale report.
 - Lara flagged that the group needs to be precise with language, as not to require separation between different wards within a given ED, as the electronic records may not be able to be broken down in this way
 - Number of visits and demographics
 - With demographics, considering insurance status is a lower priority to the group
- Alternate de-identified encounter level data
 - Chris brought up an alternate approach to reporting overall metrics, where hospitals would provide de-identified encounter level data, which could be potentially less work for hospitals to export from an electronic health record

- In the boarding and crowding metrics, namely, the length of stay, the Chris presented thresholds of greater than 4 hours, 12 hours, 24 hours, and 72 hours, as a way to show legislators and the public where different hospitals stand
 - On the psychiatric side of the metric, greater than 4 hours will not be very powerful, since overall length of stay is generally much longer, even if the time from admit to leaving the ED is relatively short
- Group members will take a look at the document Chris shared, and provide feedback

Updates on Progress from Various Systems

- Lara Chepnik put together some mock-up data for behavioral health
 - One question she asked was how many ER patients could have been seen if psychiatric patients were not occupying those beds
 - For the number of psychiatric patients seen on Yale's York Street campus, if they went to the CIU (dedicated psych ER service) and not the ER
- John Brancato is still working with his system to get quality metric data

Closing

- The meeting adjourned at 8:57