

# Maryland General Assembly Hospital Throughput Work Group Meeting Summary

Aug. 23, 2023

## Outcome

MHA convened the second General Assembly Hospital Throughput Work Group meeting by presenting members with baseline data and background information on hospital throughput to support member discussions and recommendations. That includes state agencies' research, analysis, and recommendations, a comparison of hospital and population demographic information from several analogous states, emergency department boarding, the certificate of need (CON) process, and the Emergency Department Dramatic Improvement Effort (EDDIE).

## Main Points of Discussion

- Work Group recommendations should include specifics on implementation, including which stakeholders will be responsible for each.
- ED overcrowding is indicative of larger systemic issues within Maryland's health care system, and all factors affecting hospital throughput should be considered—not just ED or hospital-centric metrics and data.
- Workforce challenges continue to affect hospital throughput.
- The state's medical liability climate causes providers to practice "defensive medicine" and limits locations (e.g. urgent cares) EMS personnel transport patients.
- All behavioral health patients are treated the same, and health care resources should be allocated based on individual patient needs.
- When deciding which states to compare to Maryland, the Work Group should consider that many of the states with the shortest ED wait times frequently have some of the worst overall health outcomes in the nation based on objective quality indicators.
- When analyzing data from other states, consider factors in addition to population size and demographics, including the number of beds per 1,000 residents, the number of ED beds per capita, percentage of the population enrolled in Medicaid, and CDC-level visit data.
- Consider ancillary data outside of hospitals like skilled nursing facility beds, home health, and other environmental factors.
- The Work Group will compare Maryland with four states: Washington, Minnesota, Indiana, and Wisconsin.
- Issues related to delays in ED boarding are substantively the result of factors outside of EDs. For example, analysis of delays in ED admissions should consider the availability of post-acute-care beds.
- Consider reviewing New York's CON program on improving health equity.
- HSCRC should consider measuring the number of boarders per licensed bed as they proceed with the EDDIE project.

## Next Steps

- The Work Group will meet Sept. 14 to review data comparing Maryland to Indiana, Minnesota, Washington, and Wisconsin.
- MHA will send all Work Group presentations and materials to members, including a link to the General Assembly Throughput Work Group's [web page](#).