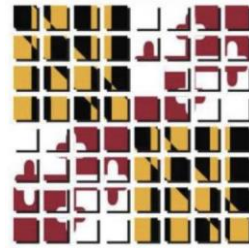




UNIVERSITY *of* MARYLAND
SCHOOL OF MEDICINE



Maryland Chapter

AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS

Michael Bond, MD

- Professor of Emergency Medicine
- Chief of Emergency Medicine at UM-Midtown
- Board Certified in Internal Medicine/Emergency Medicine
- Former Residency Program Director
- President Elect Maryland ACEP





My Lens

- Access to Care
- Safety Net
- Health Equity
- EMTALA
- Education





Boarders

- As Boarders Increase there is a direct correlation with
 - Admit to Depart ED times
 - Length of Stay
 - Waiting Room Times
 - LWOT

7/18/23																				
For corrections, send Tiger to "UMMS Access Center Physician (ACP)"																				
Representative	UMMC	Peds	STC	MTC	UMROI	St Joseph	UCMC	HMH	Cap MC	Laurel	Bowie	Easton	Cambridge	Queenstown	Hestertown	BWMC	Charles R	Mt. Wash	Total	Average
	Camille/Mary		Kathy	Lana	Lashawna	Stacey	Cindy	Barb		Rosalind			Anne		Anne	Mary	Rachel	Heather		
<u>ED</u>																				
ED Waiting Room	21	1		3		5	6	1	25	0	2	1	0	0	0	27	5			
ED Census	57	15	11	14		38	38	9	49	9	10	23	7	5	8	70	28		391	24.44
ED Admits	21	9	6	6		19	26	1	14	3	2	15	4	2	2	29	0		158	10.53
Peds ED Admits		9	0	0		0	0	0	0	0	0	0	0	0	0	0	0		9	0.64
CSC ED Status	62%					51%	54%													
<u>Available Staffed Beds (after known needs)</u>																				
MS/Tele	0	0	2	0	1	0	0	4	0			0			1	0	2	8	18	1.29
IMC	0	0	1	0		0	0	1	0							0			2	0.22
ICU	2	0	0	0		0	0	1	0			1				0	0		4	0.36
Peds		0				5	5					1				3	0	8	22	3.14

SnapShot

	UMMC
Representative	Camille
<u>ED</u>	
ED Waiting Room	21
ED Census	57
ED Admits	21
Peds ED Admits	
CSC ED Status	62%

34 ED Beds

21/34 Filled with Admitted Patients. (62%)

Snapshot

11/10/20

MROI	St Joseph	UCMC	HM
hawna	Stacey	Cindy	Ba
	5	6	1
	38	38	9
	19	26	1
	0	0	0
	51%	54%	4%

St Joseph 37 ED Beds

19/37 Filled with Admitted Patients. (51%)

Upper Chesapeake 48 ED Beds

26/48 Filled with Admitted Patients. (54%)

Snapshot

Reg	Mt. Wash	Total
Neil	Heather	
		97
		391
		158
		9
		34%

Waiting Room

ED Census

Admitted patients

Pediatric Admissions

33% of all ED beds with Boarders

Why?



Global Budget Revenue

Hospital Closures

Laurel Regional Hospital to close

Share



Updated: 5:18 PM EDT Jul 31, 2015

Infinite Scroll Enabled



Financial Management

Maryland hospital to close by spring 2024

Alan Condon - Wednesday, February 1st, 2023



Havre de Grace, Md.-based Harford Memorial Hospital, part of the University of Maryland Upper Chesapeake Health, is expected to close in late 2023 or early 2024, *The Baltimore Sun* reported Jan. 31.

The hospital closure is dependent on the opening of a new bed tower at the health system's Bel Air campus. Once the tower opens, Harford Memorial will begin to be decommissioned — a process that will take up to four months, according to the report.

Harford Memorial has transferred many of its outpatient services to Aberdeen (Md.) Health and Wellness Center, which opened in November 2021, according to the report.

The health system is also building a medical center in Aberdeen and an ASC in Bel Air.

Nursing Shortages



Bed Closures



Things We Can Not Do?

- Penalize Emergency Departments for seeing ESI 3, 4, 5
- Refuse to pay providers for seeing ED patients
- Set Goals that do not hold the whole system accountable, the ED is not isolated.



Things We Can Not Do?

- Penalize Emergency Departments for seeing ESI 3, 4, 5
- Refuse to pay providers for seeing ED patients
- Set Goals that do not hold the whole system accountable, the ED is not isolated.



Things We Can Do?

- Set standards that Emergency Departments have coverage for
 - Radiology
 - Laboratory
 - Nuclear Medicine
- Set standards that patients will be ensured timely follow-up with PCP/Specialists



Things We Can Do?

- Set standards for time to Depart ED after admission orders placed
- Develop Standards/Best Practices for
 - Boarders
 - “Hallway” patients
- Increase hospital capacity (stop closing beds)
- Include Boarders in budgeting analysis





SUCCESS

Success

- Improvements in:
 - Admit Decision to Depart Emergency Department times
 - Decrease in LWOTs
 - Decrease in ED Waiting Times

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