



MARYLAND EMERGENCY CARE MAKES THE GRADE NATIONALLY

Report Card findings reflect Maryland's relentless commitment to Quality and Patient Safety Environment

BALTIMORE, MD — Maryland Emergency Departments rank #1 nationally, earning a description as a “statewide model of emergency care” in the American College of Emergency Physicians’ (ACEP) state-by-state Report Card on America’s emergency care environment (Report Card). With high scores in three out of five categories and an overall “C” grade, Maryland ranks tenth in the nation, slipping from its fourth place ranking in 2009, with low grades in the categories of Access to Emergency Care and Medical Liability Environment.

The Report Card measures state support for emergency patients (NOT the quality of care at specific emergency departments or hospitals), with 136 measures in five categories: access to emergency care (30%), quality and patient safety (20%), medical liability environment (20%), public health and injury prevention (15%) and disaster preparedness (15%).

The Report Card credits “multiple policies and procedures to ensure that patients receive swift and effective care, including triage and destination policies for trauma and stroke patients for Maryland’s highest grade of ‘A’ in the category of Quality and Patient Safety Environment.” Maryland also did well in the categories of Disaster Preparedness and Public Health and Injury Prevention, making up 50% of the overall grade.

“Maryland has strong commitments to public health, patient safety and disaster preparedness, which are reflected in this report card,” said Dr. David Hexter, president of the Maryland Chapter of ACEP. “However, our state has one of the highest average medical liability insurance premiums for emergency medicine professionals and specialists and has not kept pace with advances in medical liability reform and faces hospital capacity shortages which is reflected in our marks for access to emergency care and medical liability environment.”

Maryland’s “D” in the category of Access to Emergency Care cites long emergency department wait times (367 minutes from arrival to departure for admitted patients), a high hospital occupancy rate (74.7 per 100 staffed beds) and few emergency departments per capita (8.3 per 1 million people), despite a relatively high rate of emergency physicians.

The Report Card recommendations for Maryland include:

- Enact medical liability reforms to lower Maryland’s high medical liability insurance rates and maintain the current liability protectors in place for emergency care providers.
- Strengthen Maryland’s weak apology law to prevent physician apologies from being admissible in court liability cases.
- Increase capacity for emergency care to reduce patient crowding in emergency departments.
- Reduce alcohol-related traffic fatalities and high rates of bicyclist and pedestrian fatalities.

Overall, the country (50 states, District of Columbia, Puerto Rico and Military Emergency Medicine) received a near-failing grade of D+, down from an overall mediocre grade of C- on the Report Card issued in 2009, because of the failure of the nation’s policies to support emergency patients.

Dr. Hexter, with the ACEP Maryland Chapter Board of Directors, is now charged to promote the Report Card recommendations by informing the general public of emergency issues to garner their support in challenging legislative branches of local and state government to enact policies that supports the unwavering commitment of the emergency medicine provider community as the Affordable Care Act forces an expanded role for emergency departments as demand increases with the competing pressures of shrinking resources.

For more information about the ACEP Maryland Chapter, visit www.mdacep.org.

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