A Newsletter for the Members of the Maryland ACEP Chapter - August 2023
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EMinMD
Chapter Newsletter

In this Edition

President's Message
Michael A. Silverman, MD, FACEP

I hope each of you are finding time this summer to get away and recharge. For me, it's been time at the beach with family and friends.

I was in a meeting recently with Washington, DC EMS leaders and they reported that their volume of calls was up over 25% in recent weeks. I'm sure the hospitals along the DC boarder are feeling that affect. Certainly, from my own experience and from what I'm hearing from colleagues, is that ED volume (and boarding) have been up across the region.

While I usually subscribe to the philosophy that all publicity is good publicity, that's not necessarily the case when Maryland EDs are making headlines for all the wrong reasons. With that said, let's back up a few months to the 2023 legislative session.

Following recent articles regarding excessive wait times in Maryland emergency departments, Senator Karen Lewis Young and Delegate Harry Bhandari introduced Senate Bill 387/House Bill 274: Task Force on Reducing Emergency Department Wait Times during the 2023 Session. This bill would have established the Task Force on Reducing Emergency Department Wait Times and required the task force, by January 1, 2024, to study the issue and report its findings and recommendations to the

Governor and the General Assembly. On the last day of the Session, the bill failed to pass. However, given the importance of the issue, the Chairs of the House Health and Government Operations (HGO) Committee and the Senate Finance Committee sent a letter to the Maryland Hospital Association (MHA) requesting that it examine the issue over the interim. Complying with this request, MHA has convened a workgroup and held the first of six scheduled workgroups at the end of July.

Dr. Ted Delbridge, Executive Director at the Maryland Institute for Emergency Medical Services Systems is chairing the workgroup, which consists of twenty-six members. Dr. Michael Bond, President-Elect for MDACEP, is a member of the workgroup along with a strong representation from emergency physicians and nurses, including Dr. Steve Schenkel (a MedChi member and former MDACEP president). The goal of the workgroup is to examine the issue and recommend actionable items for addressing wait times. While this won’t surprise any of you, at the first meeting, it was noted that the root causes of wait times result from forces outside of the emergency department, such as lack of acute care beds and behavioral health placements. For more details on the committee and the meeting, please see the article written by Dr Bond below.

In addition to the above workgroup, at the June meeting of the Health Services Cost Review Commission (HSCRC), Chair Adam Kane requested HSCRC staff to examine the reasons for emergency department wait times and to develop recommendations this Fall to address the wait times. As part of this effort, HSCRC released a memo requesting certain data from hospitals/emergency departments.

Lastly, the MHA convened an internal workgroup of its members, with emergency department physicians represented, at the beginning of the summer to look at the issue. MHA has contracted with Dr. Amy Boutwell who is known for her work on high utilization to examine strategies to address wait times.

As kids in the state return to school, Maryland ACEP turns our attention to the upcoming ACEP Council. Emergency physicians are busy working on resolutions and Maryland ACEP will have our Pre-Council Summit in mid-September. This will be our chance to individually review, discuss, and decide on a position for each resolution. We also use this opportunity to have zoom interviews with each candidate running for a national position at ACEP. Thank you in advance to Dr Jonathan Hansen for organizing this day long event.

Emergency Medicine is on the front lines of health care. We are certainly a patient safety net while also performing lifesaving interventions on a daily basis in each of our EDs. Maryland ACEP is here to advocate on your behalf. If you’re interested in learning more about MD ACEP or getting involved so you can impact your future, please do not hesitate to reach out to me.

Chapter Membership
We currently have 660 primary members which means we get 7-seats at ACEP's Council Meeting. There has been a general small decline in membership in state chapters throughout the country over the last several years. Our voice is an important one in the House of Medicine within Maryland, yet we are always looking for ways to bring more value to our members at the state level.

Open Committee Positions

Are you looking to get more involved in Maryland ACEP or looking to enhance your administrative skills? Maryland ACEP is looking to fill two important committee Chair positions--**Public Policy Committee** and **Membership Committee**. Both of these positions can result in a positive impact to our emergency medicine community.

Our Chapter Bylaws state the following:
ARTICLE IX, COMMITTEES: The President may appoint such other committees and committee chairs, unless they serve ex officio, as he or she deem necessary. All committee chairs are voting committee members.

If you are interested or would like to learn more, please contact our Executive Director here.

Emergency Department Throughput State Workgroup Update
Michael C. Bond, MD, FAAEM, FACEP
President-Elect

Last session, a Senate Bill 387/House Bill 274 was introduced that would have made the state look at ED Wait Times. Maryland has the worst ED waiting times of any state in the union.

The bill ultimately could not get out of the Senate and House before the crossover deadline; however, it had such universal support that a workgroup has been created and is meeting monthly.

The first meeting was at the Maryland Hospital Association headquarters in July. The workgroup consists of several Senators, Delegates, HSCRC, Maryland Hospital Association, MIEMSS, and representatives from MedStar, Sheppard Pratt, University of Maryland, Johns Hopkins, Good Samaritan, MedChi, Maryland ACEP, and several patient advocacy organizations.he bill ultimately could not get out of the Senate and House before the crossover deadline; however, it had such universal support that a workgroup has been created and is meeting monthly. The first meeting was at the Maryland Hospital Association headquarters in July. The workgroup consists of several Senators, Delegates, HSCRC, Maryland Hospital Association, MIEMSS, and representatives from MedStar, Sheppard Pratt, University of Maryland, Johns Hopkins, Good Samaritan, MedChi, Maryland ACEP, and several patient advocacy organizations.

The first meeting essentially consisted of introductions of the members of the workgroup, and everybody was given time to introduce themselves and explain what “lens” we see ED Throughput through and what our take on the ED waiting times is. Almost universally, all agreed that the problem lies with inpatient borders and staffing issues. Many spoke to the Global Budget as a potential cause to disincentivize patient admission and care in the Emergency Department. I discussed how ESI levels 3, 4, and 5 patients are not causing long wait times. These patients can be seen quickly when we are not overwhelmed with boarders and have the space to see them. We should not penalize people who come to the Emergency Department as this would cause even more health inequities. Several people talked about the lack of inpatient psychiatric services and how some of our children linger in Emergency Departments for weeks and months, waiting for placement by social services. Ultimately, everybody portrayed the Emergency Department as the safety net of our inadequately funded social services and health system.

I felt that we set the right tone for the real issues and that it is not just an Emergency Department problem. We must look at and fix the entire system for the Emergency Department to function correctly. The workgroup will meet monthly for the next six months, and I hope we will start addressing the problems. This workgroup is an excellent adjunct to the new HSCRC EDDIE (Emergency Department Dramatic Improvement Effort) efforts that are benchmarking hospitals on the following three metrics:

- ED1 Inpatient arrival to admission time
- OP18 Outpatient ED arrival to discharge time
- EMS turnaround time (data from MIEMSS)

Ultimately, if the HSCRC is involved this will be turned into performance metrics that could result in potential lost revenue for hospitals that do not meet the metrics. I think the EDDIE measurements will get the attention of your C-Suite and CFO and, hopefully, result in additional funding and resources for our Emergency Departments.

If you have any specific suggestions, comments, or questions, please contact me at and let me know your thoughts.

News Pediatric EM Committee
Suzanna Martin, MD, PhD, FACEP
Chair

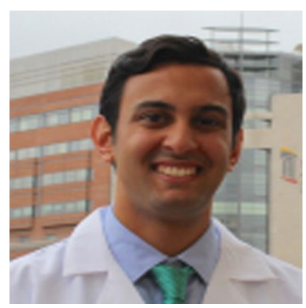
Everyone in Peds World is holding their breath to see if we will have another "triple-demic" this fall. Last year, EDs and PICUs and inpatient beds were stretched beyond capacity treating Covid, RSV, Influenza, and Rhinoenterovirus.

A quick refresher: RSV tends to peak at 3-5 days, so let the family know that things may get worse before they get better. Steroids are rarely beneficial outside of a strong history of asthma/RAD. Suction frequently! Hypoxia <90% or sustained tachypnea required either simple nasal cannula or high flow (start HFNC at 1.5L/kg). Escalate to BIPAP/CPAP if the former is not sufficient. Red flags include apnea, unprovoked cyanosis, and increasing somnolence. For kids who don't fit the classic timeline, consider sepsis, pneumonia, and myocarditis. If you need help with finding a bed, consider calling MIEMMSS Critical Care Coordination Center (C4) at 410-706-7797, option 2.

And for all we focus on respiratory illnesses in pediatrics, the most common cause of death in children ages 1-17y is now firearms. Beginning in 2020, death by firearms surpassed motor vehicle accidents as the leading cause of death in children. Provisional data from the CDC shows that firearms will continue to be the leading cause of pediatric death in 2022 as well. This is a uniquely American issue. The rate of death by firearms in 9.5 time the rate of Canada, the country that has the second highest rate of firearm deaths of wealthy/developed nations in the world. Most of the pediatric firearm deaths are due to assault, followed by suicide, and then by accidental or undetermined intent. States with stricter gun laws tend to have fewer pediatric gun deaths, but even states with the most stringent gun control laws have three times the rate of gun deaths of Canada. And the statistics for firearm violence focuses only on death, not injuries. Approximately 5000 children are injured or killed annually in the US, and non-fatal injuries are twice as common. Gun violence disproportionately affects children of color and children who live in areas of poverty. And exposure to gun violence is also associated with an increase in PTSD and anxiety and other mental health conditions. There is no one single solution to gun violence in the US. Some studies are in progress that investigate the epidemiology and risk factors of firearm injuries and to examine gun violence as if it was a disease.

In October 2019, before firearm deaths surpassed motor vehicle accidents as the leading cause of pediatric death, ACEP released a revised statement on Firearm Safety and Injury Prevention. " As emergency physicians, we witness the toll firearm injuries take on our patients each day across the United States. We support the need for funding, research, and protocols to help address this public health issue."

News **EMPACt Committee**
Gregory N. Jasani, MD
EMPACt Treasurer



The Emergency Medicine PAC continues to be well positioned to help advance our specialty’s interests across the state.

We had strong contributions this summer which will allow us to utilize our PAC resources to help our advocacy team. Often, the donations we give allow members of Maryland ACEP to attend events where state legislators are present. Being at these events allows us to get invaluable facetime with our state leaders and to help inform them about the issues that matter to our specialty. Our chapter leadership, in close coordination with our lobbyists, will determine how the PAC will use its funds. If you have a legislator, you would like us to consider donating to, please reach out to our lobbyist, Ms. Danna Kaufman, to discuss.

Additionally, our PAC is exploring the possibility of streamlining PAC contributions. Currently, you can only donate to our PAC through your national ACEP renewal form. We hope to find a way to allow you to directly donate to the PAC and we are currently exploring options with different banks that would allow us to do this. More to come on this matter so stay tuned!

From Former Maryland ACEP Member & Public Policy Committee Chair Theresa (Reese) Tassey, MD, MPH

Dear Maryland ACEP,

Thank you so much for the opportunity to serve as your Public Policy Chair over the last few years.

Since I started in the role in 2019, emergency physicians have faced surprise billing, boarding, reduced reimbursement rates, mid-level scope creep and battled on the front lines of a global pandemic. I am grateful to have been able to have a seat at the table on these issues and to represent our ACEP members and all emergency physicians in Maryland and at the national level.

Unfortunately, I am moving away from Maryland and therefore will no longer be able to serve as your public policy chair. I plan to stay engaged at the national ACEP level and hope to see some of you at the October ACEP conference in Philadelphia. I have learned so much from all of you, enjoyed serving in the role and working with the Maryland ACEP board on important legislative and regulatory issues. I know that you are all in excellent hands and that Maryland ACEP will continue to advocate for emergency physicians and our patients.

Would you like to be a Fellow? Do you know the requirements? More information on how to achieve Fellow status with ACEP can be found here.

Follow us on Social Media!

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