maryland
health services
cost review commission

ED Hospital Throughput Best Practices Subgroup Meeting

May 1, 2025

Agenda

QBR ED LOS Measure Review

- Specifications
- Outliers
- Exclusions
- Validation Process

Best Practice Selections

Next Steps

RY2026 QBR:

ED Length of Stay Measure Validation Discussion

QBR ED LOS Incentive RY2026

Incentive assesses percent improvement from CY 2023 to CY 2024

- **Measure:** Percent change in the median time from ED arrival to physical departure from the ED for patients admitted to the hospital
- **Population:** All non-psychiatric ED patients who are admitted to Inpatient bed and discharged from hospital during reporting period
- **Scoring:** Use attainment calculation for percent change to convert improvement into a 0 to 10 point score
  - Hospitals with CY2023 Median that is lower (better) than statewide median have Threshold of 0 percent and benchmark of -5 percent.
  - Hospitals with CY2023 Median that is higher (worse) than statewide median have Threshold of 0 percent and benchmark of -10 percent.

RY 2026 ED LOS Hospital Validation Process

- Memo sent to hospitals via email that provides ED LOS measure specifications and results by hospital for CY2023
- ED LOS Summary file and patient level results available through CRS portal (due to small cell sizes, this file is considered PHI)
  - If you do not have access to the CRS Portal please reach out to your CRS hospital PoC for access, please refer to the ED LOS Validation memo Appendix D for more details
- **The HSCRC requests that hospitals review these files and provide input on the ED LOS measure by Thursday May 8, 2025**
  - Feedback can be on codes used for current inclusion and exclusion criteria or how outliers are handled
  - Feedback on additional criteria for measure can be submitted using Survey Monkey form: https://www.surveymonkey.com/r/VSLZKWW
  - Feedback must be submitted by May 8th for RY 2026
  - Hospitals can apply filters in patient level file to replicate hospital median calculation

Current Measure Specifications

- Discharges in the inpatient case mix dataset with a rate center charge for ED services (i.e., charge to indicate the patient was admitted through the ED).
  - Rate Center 28 and 34 correspond to ED charges
- Exclude pediatric cases (age < 18)
- Exclude Shock Trauma (Hospid: 218992)
- Exclude psychiatric discharges using The Joint Commission list of primary diagnoses and APR-DRGs*
- Exclude discharges related to deliveries using APR-DRGs*
- Exclude rehabilitation discharges (Daily Service = rehab (08))
- Exclude Chronic discharges (Major Service = chronic)
- Missing or invalid ED arrival or departure date or timestamps

*Memo sent on 4/24 noted that there were several APR-DRGs missing. The data shown today has added these APR-DRGs (hospital median is same for majority of hospitals)

Outliers: Winsorization

Winsorization: statistical technique used to mitigate the impact of outliers in a dataset by replacing extreme values with values closer to the rest of the data. Instead of removing outliers, as in trimming, winsorization replaces them with the nearest non-outlier value.

- HSCRC proposes to use the 95th percentile statewide for winsorization. Patient level file provides original ED LOS and ED LOS after winsorization.
- Impacts hospital mean but not median since cases are not removed.

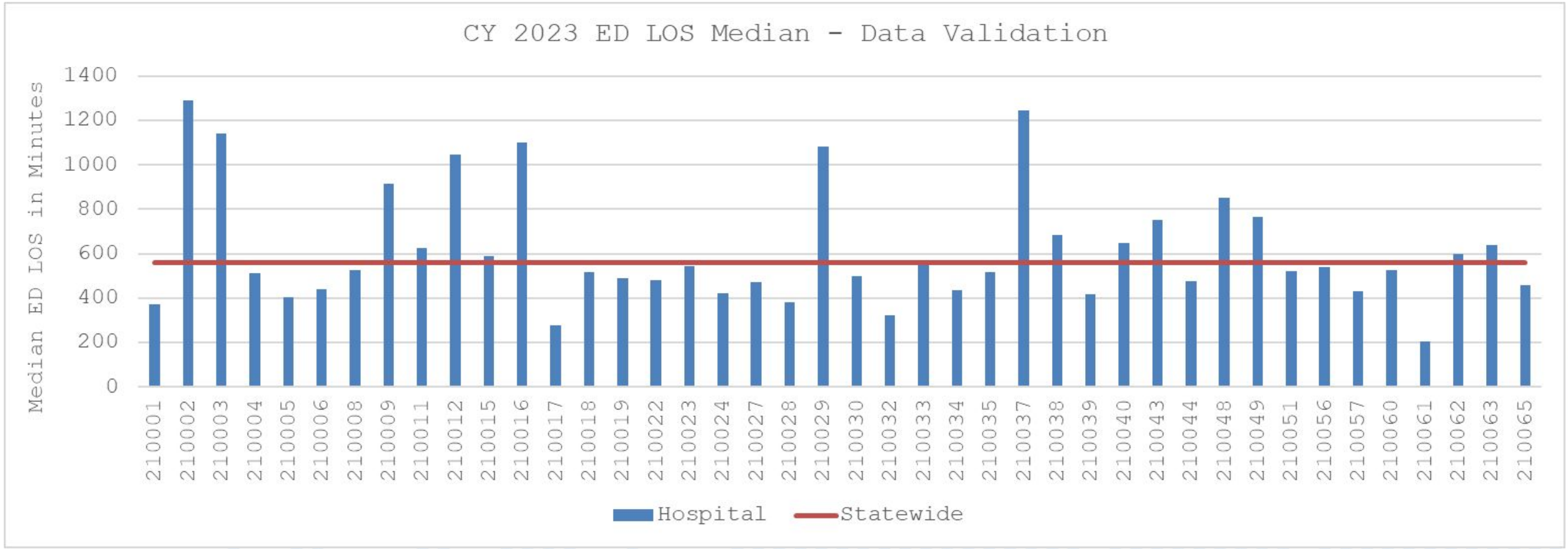
Figure 1: CY2023 Statewide Discharge Level Results for ED LOS (minutes)

Winsorization	Discharges	Median	Mean	Min	Max
Before	272963	560	803.998	1	81149
After	272963	560	751.317	1	2073

Note: Statewide median of 560 minutes = 9.33 hours. The statewide median will be used for the determination of the thresholds and benchmarks. Impact of winsorization is seen in the reduction of the mean ED LOS and the max ED LOS. The 95th percentile was 2073 minutes (34.55 hours); after winsorization this is the maximum value statewide.

CY 2023 ED LOS Median by Hospital

Statewide CY 2023				
Eligible Count	Median	Mean	Max	Min
272545	560	751.590	2073	1



ED LOS Summary Excel

Statewide Stratifications for CY 2023

For reference, the Summary File has crosstabs that show the ED LOS median for specific variables:

- Sex
- Age
- Age group
- Marital Status
- Race
- Ethnicity
- Preferred language
- Payer
- 3M Product Line
- Severity
- Nature/Type of admission
- Source of Admission
- Major Service
- Patient Disposition
- Weekday vs. Weekend
- Resident Status
- County of residence

Statewide Crosstab: Examples

Payer	n	mean	median
CHARITY/SELF PAY	5157	738.8	561
COMMERCIAL	46532	710.6	537
MEDICAID	44546	803.4	596
MEDICARE	168605	750.5	559
OTHER	8123	724.3	532

RACE	n	mean	median
1: White	152519	709.6	526
2: African American or Black	96736	815.1	614
3: Asian	6282	748.7	565
4: American Indian or Alaska Nati	510	786.8	596
5: Other	12615	785.4	592
6: Two or More Races	2024	721.1	543
7: Native Hawaiian or Other Pacif	276	793.5	581
8: Declined to Answer	1471	688.6	528
9: Unknown	530	581.8	451

PRODLINE_DESC	n	mean	median
General Medicine	49098	789.0	587
Infectious Disease	42665	736.5	548
Pulmonary	35169	768.9	561
Cardiology	32713	768.3	564
Gastroenterology	30200	791.5	603
Neurology	21837	736.0	535
General Surgery	17297	698.8	542
Orthopedic Surgery	10463	667.8	506
Invasive Cardiology	7780	561.0	399
Oncology	6253	848.0	633
Hematology	5729	819.5	609
Trauma	2008	605.9	447
Vascular Surgery	1894	695.1	527
Neurological Surgery	1646	535.3	362
Injuries/complic. of prior care	1373	706.7	538
Urology	1148	771.3	615
Cardiothoracic Surgery	957	649.6	482
OB/GYN	867	710.6	562
Ventilator Support	821	504.8	359
Urological Surgery	789	705.8	539

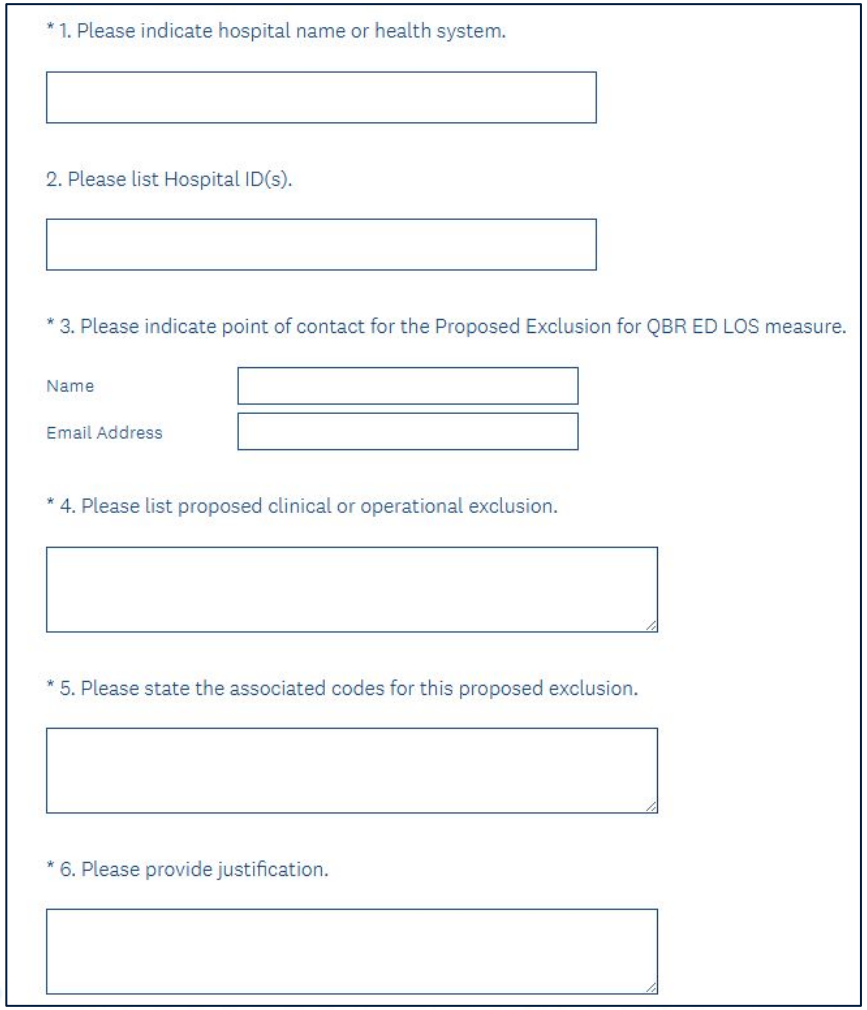
Top 20 Product Lines by Volume; data not updated with APR-DRG changes

Measure Specification Discussion

Specification suggestions must be formally submitted through Survey Monkey

What other exclusions should be considered?

- Patient Disposition: Left Against Medical Advice (after IP admit)
- Handling of Outliers?
- Concerns on identification on admissions through ED?
- Visits requiring specialty service line consults–Dental, ophthalmology, etc.?



* 1. Please indicate hospital name or health system.

2. Please list Hospital ID(s).

* 3. Please indicate point of contact for the Proposed Exclusion for QBR ED LOS measure.

Name

Email Address

* 4. Please list proposed clinical or operational exclusion.

* 5. Please state the associated codes for this proposed exclusion.

* 6. Please provide justification.

Next Steps

- Assess stakeholder input on measure specifications; implement changes as needed.
- Run CY 2023 and CY 2024 results for hospitals for RY 2026 QBR
  - Review at May Performance Measurement Workgroup
  - Calculate preliminary QBR scores for July rate orders
- Discuss RY2027 QBR ED LOS:
  - Improvement Goal
  - Risk-Adjusted Attainment Rates
  - Observation cases
- Analyze ED LOS for other populations: discharged patients, psychiatric patients, pediatrics, etc

Best Practices Update

Best Practices Selection Summary

- All hospitals submitted two best practices by April 18
- Summary of Selections:
  - Interdisciplinary Rounds and Early Discharge Planning: 32.50%
  - Bed Capacity Alert System: 25%
  - Standardized Daily/Shift Huddles: 45%
  - Expedited Care Intervention: 40%
  - Patient Flow Throughput Performance Council: 45%
  - Clinical Pathways and Observation Management: 12.50%

Interdisciplinary Rounds & Discharge Planning

1. Adventist White Oak
2. Mercy Medical Center
3. Medstar Union Memorial
4. Medstar Good Samaritan
5. Medstar St. Mary's
6. Medstar Montgomery
7. Johns Hopkins Bayview
8. Ascension St. Agnes
9. UMMC-Midtown
10. UMMC-Downtown
11. UM St. Joseph
12. UM Charles Regional
13. Medstar Harbor
14. Atlantic General

Bed Capacity Alert System

1. Carroll Hospital Center
2. Johns Hopkins Howard County
3. Medstar Southern Maryland
4. Tidal Health
5. Johns Hopkins Hospital
6. Suburban
7. UPMC Western Maryland
8. Luminis Health-Doctors
9. Medstar Harbor

Standardized Daily/Shift Huddles

1. Northwest
2. Sinai
3. Medstar Southern Maryland
4. Medstar Franklin Square
5. Johns Hopkins Hospital
6. Suburban
7. UMMC Downtown
8. UMMC Midtown
9. UM Upper Chesapeake
10. UM Shore Regional
11. UM St Joseph Medical Center
12. UM Charles Regional
13. UM Capital Region Medical Center
14. Holy Cross Silver Spring
15. Holy Cross Germantown
16. Garrett Regional
17. Atlantic General
18. Calvert Health
19. Christiana Care-Union Hospital

Expedited Care Intervention

1. Adventist White Oak
2. Shady Grove
3. Medstar Montgomery
4. Medstar Franklin Square
5. Medstar Union Memorial
6. Medstar Good Samaritan
7. Mercy
8. Fort Washington
9. UM Upper Chesapeake
10. Frederick Health
11. Johns Hopkins Howard County
12. Luminis Anne Arundel Medical Ctr
13. Meritus
14. GBMC
15. Calvert Health
16. Christiana Care-Union Hospital

Patient Flow Throughput Performance Council

1. Northwest
2. Sinai
3. Medstar St. Mary's
4. Fort Washington
5. Johns Hopkins Bayview
6. Ascension St. Agnes
7. Carroll Hospital Center
8. Frederick Health
9. UM Shore Regional
10. Luminis Health-Doctors
11. UM BWMC
12. UM Capital Region Medical Center
13. Holy Cross Silver Spring
14. Holy Cross Germantown
15. Garrett Regional
16. Luminis Anne Arundel Medical Ctr
17. Meritus
18. GBMC

Clinical Pathways & Observation Management

1. Shady Grove
2. UM BWMC
3. UPMC Western Maryland
4. Tidal Health

Next Steps

- Develop Reporting Template
- Ongoing Collaboration on Best Practices
- Separate Spreadsheet contains contact info for each hospital so you can connect and collaborate as you implement selected best practices
- Begin discussing recommendations for CY 2026 Best Practices Policy
- Next Meeting Check-in Mid-June
    - Discuss Best Practices reporting template
    - Recommendations for CY 2025 QBR ED LOS