



maryland  
**health services**  
cost review commission

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ED-Hospital Best Practices Subgroup Meeting

October 11, 2024

# Agenda

- Review Subgroup Purpose and Key Deliverables
- Discuss Suggested Interventions discussed in AHRQ Webinar
- Discuss “Top Recommendations” and select final measures to move forward
  - All “top” recommendations shared in separate word doc
- Begin definition of measures, outline parameters and evaluate targets
- Begin Revenue at Risk Discussion, “ramp up” model

# ED Best Practices Incentive Policy Development

Draft Policy November 2024  
Final Policy January 2025

**Commission leadership directive:** Identify 3-5 best practice measures that will constitute a +/- 1% revenue at risk program for CY 2025 performance.

## Policy Goal:

- Develop structural or process measures that will address systematically longer ED length of stay (LOS) in the State.
- Promote adoption of hospital best practices by providing GBR financial incentives.
- Align hospital initiatives with the goals of the ED Wait Time Reduction Commission.

## Subgroup Purpose:

1. **Develop a set of hospital best practices and scoring criteria to improve overall hospital throughput and reduce ED length of stay**
2. Advise on revenue at-risk and scaled financial incentives
3. Provide input on data collection and auditing

# Real Opportunity for Paradigm Shift

## ED Commission State Initiatives

Primary Care

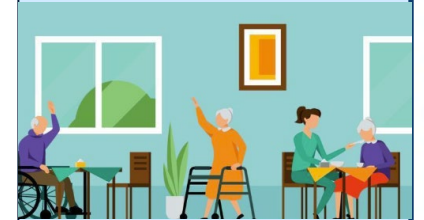
Post-Acute Care

### Hospital Initiatives

Reducing the number of people who need the ED

Improving throughput within the hospital

Improving the hospital discharge process and post-ED community resources



Access

Structure + Process = Outcomes

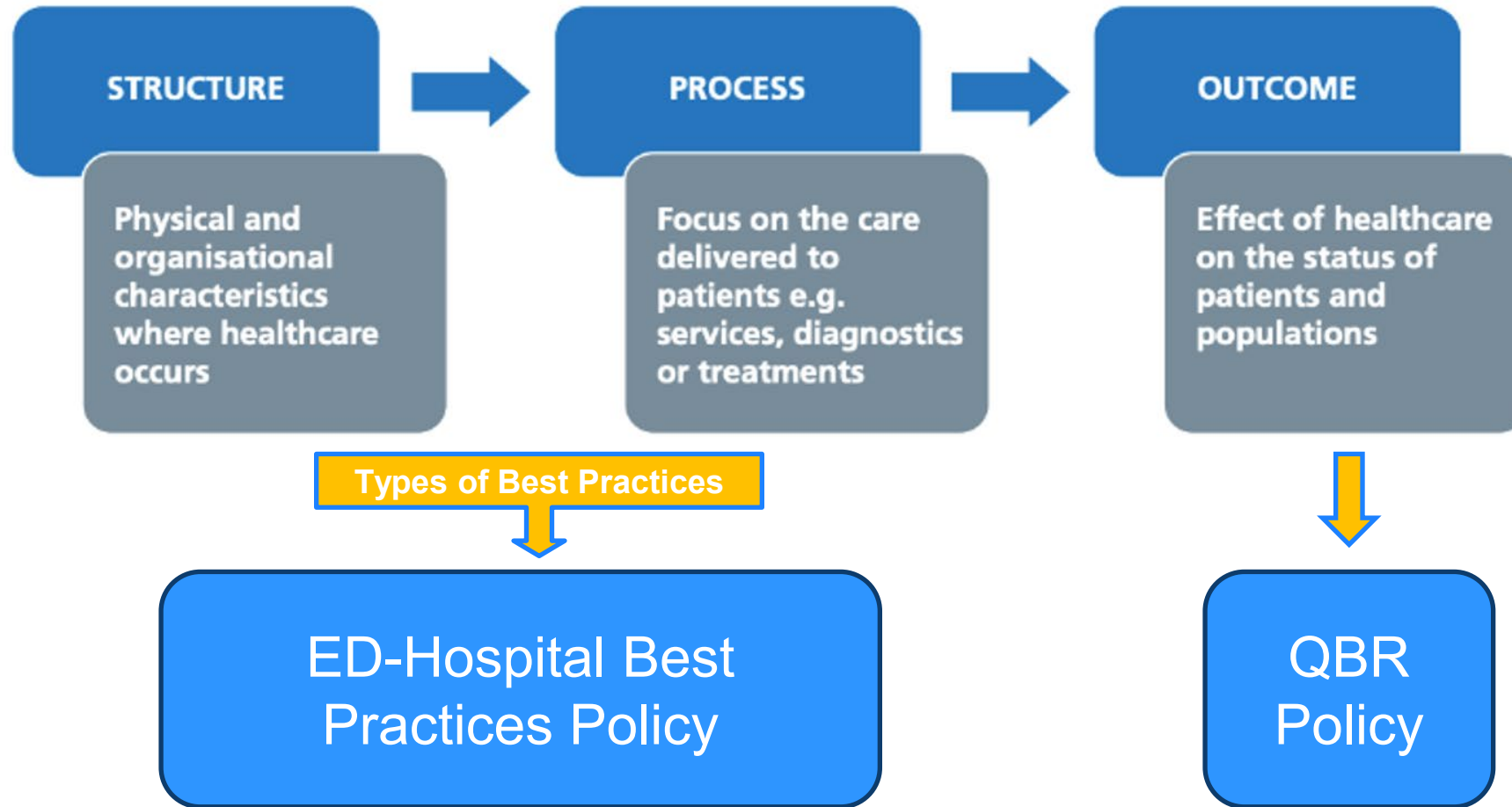
Capacity

Behavioral Health

Population Health

Health Equity

# The Donabedian Model for Quality of Care



# ED-Hospital Best Practices Summary of Progress to Date

- **Subgroup 2 Members submitted Best Practice recommendations prior to 9/27 meeting**
- **9/27 Meeting**
  - Discussed a model with a drop-down menu of measures, each hospital selects a certain number
  - Recommendation list reviewed
  - Discussed the need for clear definitions, parameters and targets
- **Subgroup 2 Members were asked to send their “Top Recommendations” from the complete list by 10/4**
- **Top Recommendation List compiled and shared with Subgroup for further discussion**
  - 5 top recommendations were selected by the majority of the 8 system respondents, an additional 5 recommendations were selected by multiple system respondents
  - HSCRC and Hospital Members attended AHRQ Webinar on ED Boarding on 10/8

# Top 5 Recommendations

- *Top 5 recommendations overall (responses received from 8 health systems)*

1. Patient Flow/Throughout Performance Improvement Council— all 8 systems selected
2. Optimized Capacity Alert Process—recommended by 7 of 8
3. Optimized Interdisciplinary Rounds—recommended by 6 of 8
4. Care management/Care Transition Interventions—recommended by 6 of 8
5. Standardized Daily/Shift Huddles-recommended by 5 of 8

# Additional Recommendations

- ***Below were recommended by 3 of the 8***

1. Discharge lounge
2. Discharge by noon metric (with parameters)
3. Implement/optimize observation patient management process
4. \*\*If we combine Expediting team, rapid medical eval, and rapid eval unit as a group, then these would have a greater number of recommendations

- ***Recommended by 2 of 8***

1. System focus on appropriate utilization and best practices (including clinical pathways)
2. Measure and communicate admission rate by ED provider



# Next Steps

- Measure definitions and targets
- Revenue at Risk
- Next meeting—Friday 10/25, 0900-1100?