

ED WTR Commission Access & Capacity Subgroup

February 6, 2026

Agenda

- Introductions
- Review of Top 4 Priorities Identified by ED WTR Commission & Joint Subgroup Focus
- ED LOS Preliminary Data and Analysis Plan
- UMMS Statistical Analysis
- Update on ED-Hospital Modeling for Testing Interventions
- Open Forum

Top Priorities Identified By ED WTR Commission

Top 4 Priorities Identified By ED Wait Time Reduction Commission

1. **Leverage statistical modeling and simulation to test the impact of hospital interventions, performance measures, and guide future HSCRC pay-for-performance programs.**

1. **Continue expansion of ED-Hospital Best Practices**



1. **Create and validate patient capacity reporting system for acute and post- acute care settings.**

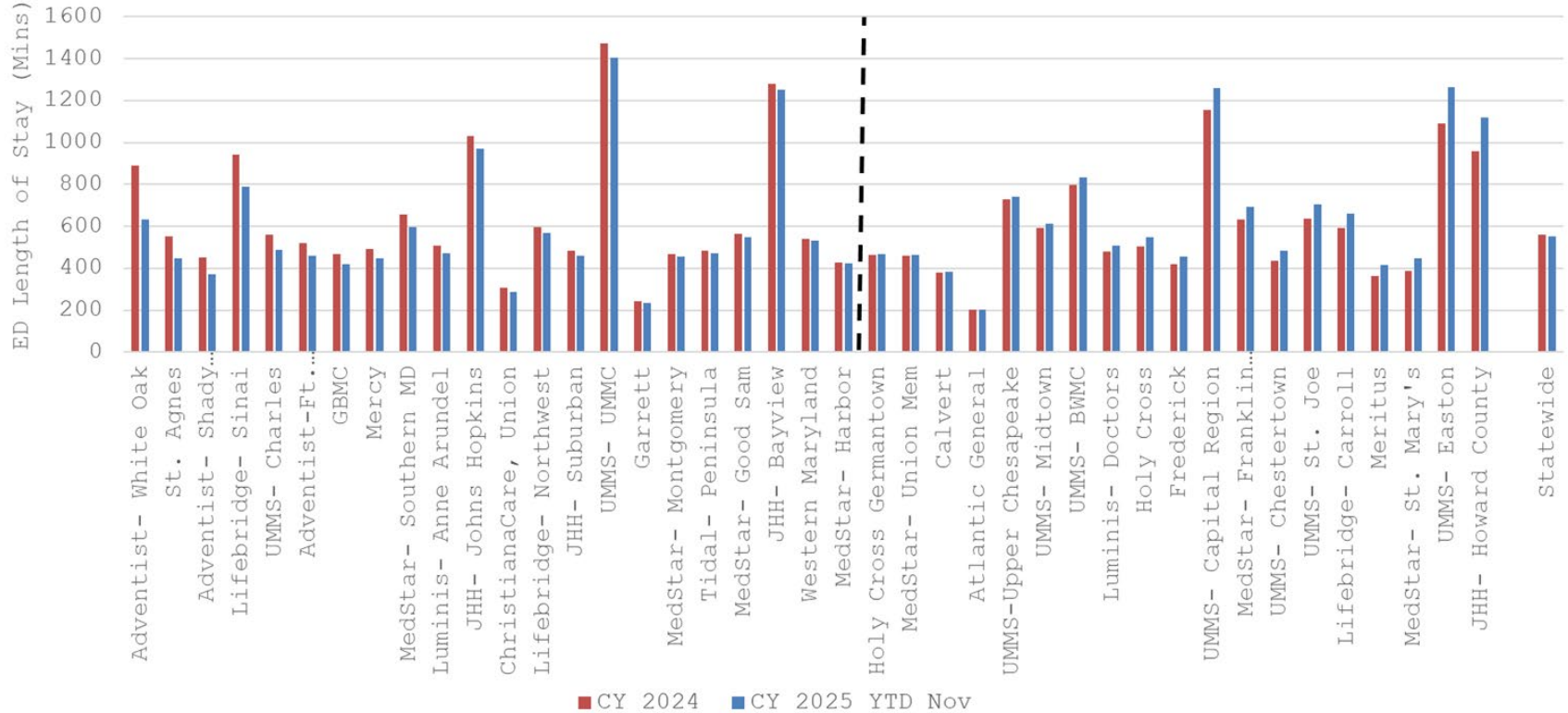


1. **Develop a formal post-acute care proposal with regional capacity targets and infrastructure recommendations for complex patient populations.**

ED LOS Preliminary Data and Analysis Plan

HSCRC Median ED Length of Stay for Admitted Patients by Hospital and Statewide

Sorted by Percent Change (largest decreases to largest increases)



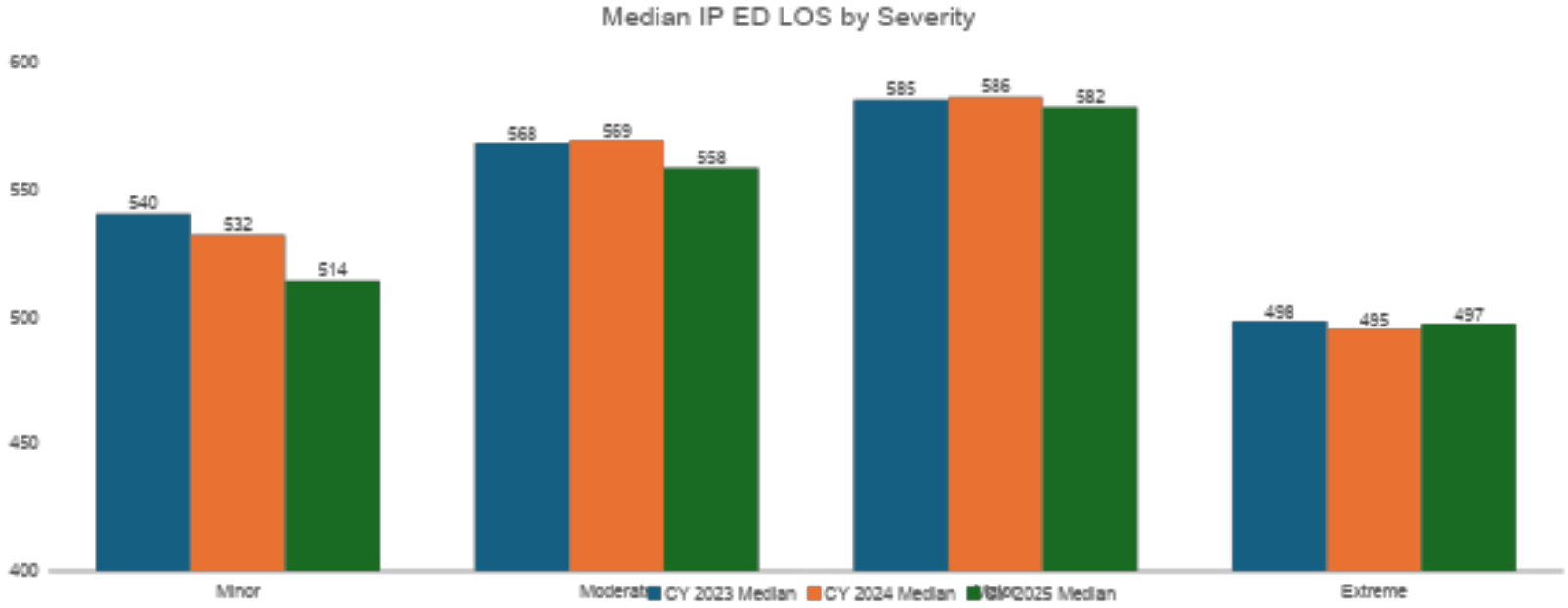
Preliminary data through November 2025 indicates that **22 of 41 Maryland hospitals (54%)** have had some improvements compared to CY 2024.

Hospital	CY 2025 Median (min)	CY 2024 Median (min)	% Change CY2024 to CY2025
Adventist- White Oak	634.0	889	-28.68%
St. Agnes	446.0	553	-19.35%
Adventist- Shady Grove	373.0	454	-17.84%
Lifebridge- Sinai	791.0	941	-15.94%
UMMS- Charles	490.0	562	-12.81%
Adventist-Ft. Washington	461.0	519.5	-11.26%
GBMC	420.0	467	-10.06%
Mercy	447.0	492	-9.15%
MedStar- Southern MD	597.0	657	-9.13%
Luminis- Anne Arundel	472.0	509	-7.27%
JHH- Johns Hopkins	970.0	1032	-6.01%
ChristianaCare, Union	289.0	306	-5.56%
Lifebridge- Northwest	568.0	598	-5.02%
JHH- Suburban	461.0	484	-4.75%
UMMS- UMMC	1405.0	1474	-4.68%
Garrett	233.0	244	-4.51%
MedStar- Montgomery	456.5	470	-2.87%
Tidal- Peninsula	472.0	485	-2.68%
MedStar- Good Sam	550.0	565	-2.65%
JHH- Bayview	1252.0	1281	-2.26%
Western Maryland	532.0	539	-1.30%
MedStar- Harbor	423.0	427	-0.94%
Holy Cross Germantown	468.5	466	0.54%
MedStar- Union Mem	465.0	462	0.65%
Calvert	383.0	380	0.79%
Atlantic General	204.0	201	1.49%
UMMS-Upper Chesapeake	740.0	728	1.65%
UMMS- Midtown	613.5	594	3.28%
UMMS- BWMC	835.0	799	4.51%
Luminis- Doctors	507.0	481	5.41%
Holy Cross	548.0	505	8.51%
Frederick	457.0	421	8.55%
UMMS- Capital Region	1259.0	1156	8.91%
MedStar- Franklin Square	694.0	632	9.81%
UMMS- Chestertown	485.0	437	10.98%
UMMS- St. Joe	707.0	635	11.34%
Lifebridge- Carroll	663.0	592	11.99%
Meritus	416.0	365	13.97%
MedStar- St. Mary's	448.0	389	15.17%
UMMS- Easton	1265.0	1091.5	15.90%
JHH- Howard County	1121.0	958	17.01%
Statewide	553	562	-1.60%



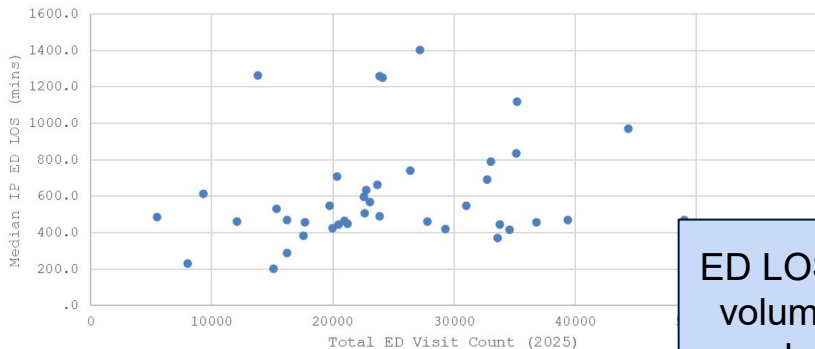
Median IP ED LOS by Severity

○ Decreases in Median IP ED LOS from CY 2023 to CY 2025 YTD are concentrated on minor and moderate severity cases

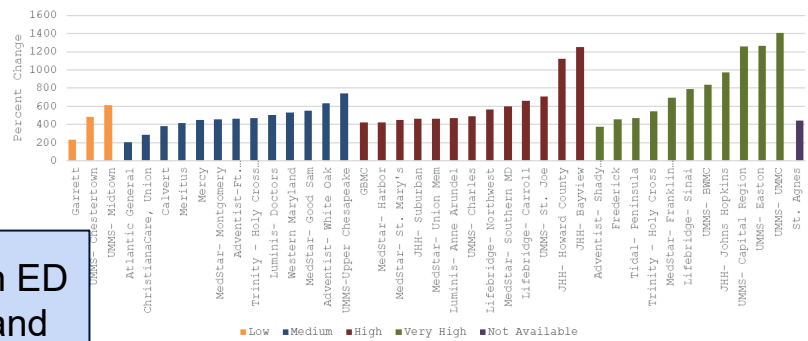


Example Stratifications: CMS ED Volume Category and ED Visit Count

Median IP ED LOS CY 2025 YTD by Total ED Visit Count

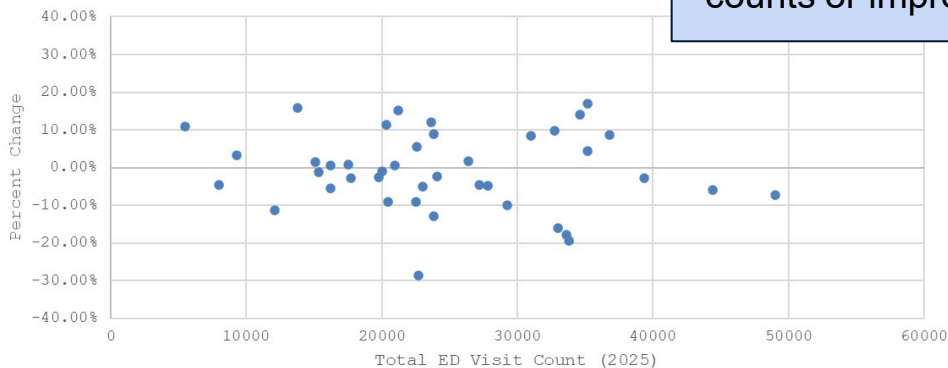


Median IP ED LOS CY 2025 YTD by CMS ED Volume Category

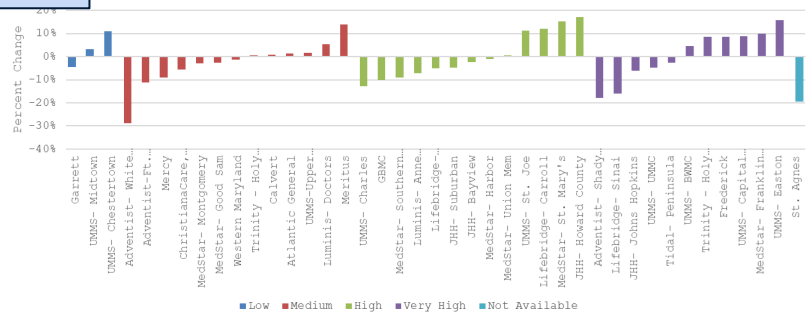


ED LOS varies within ED volume categories and does not appear associated with visit counts or improvement.

Percent Change in Median IP ED LOS CY 2025 YTD by Total ED Visit Count



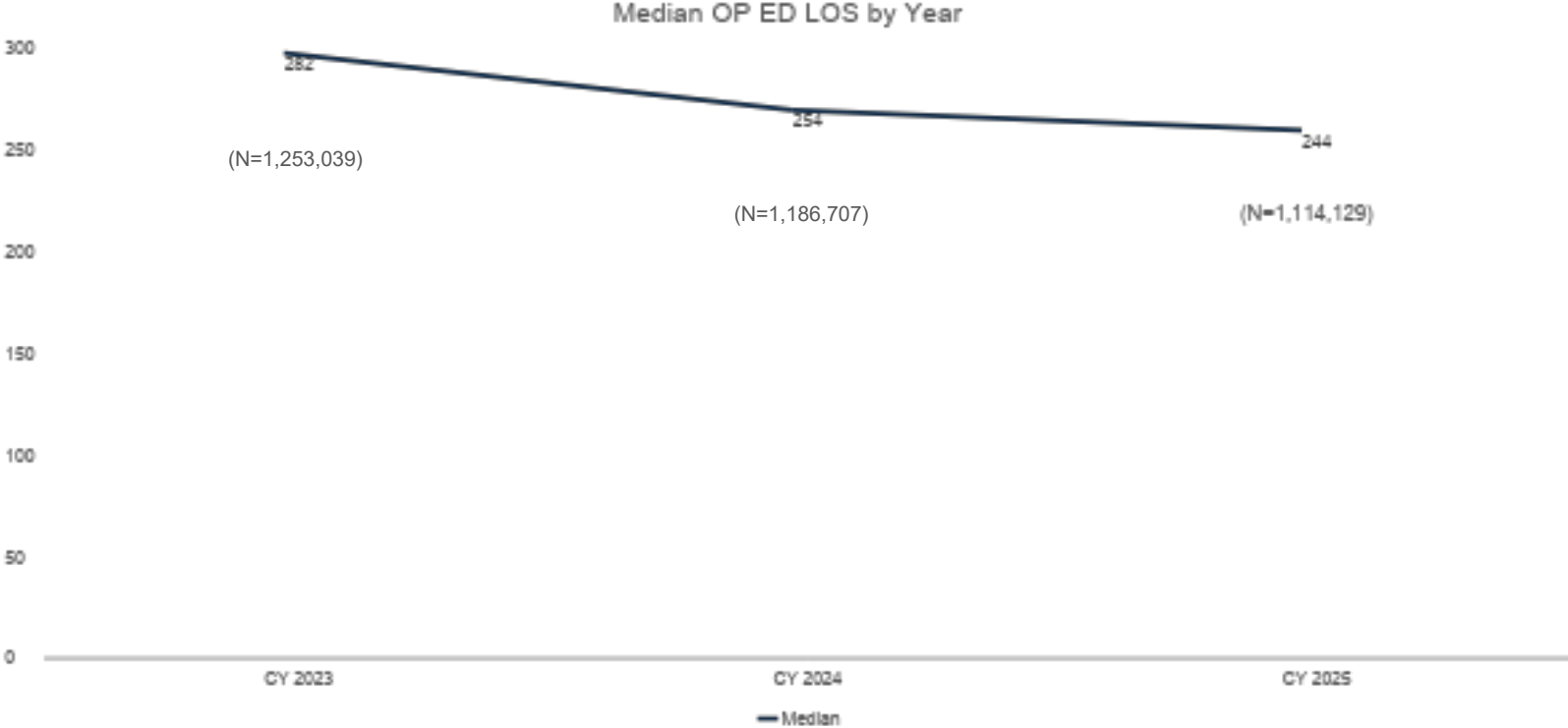
Percent Change in Median IP ED LOS CY 2024 to CY 2025 YTD by CMS ED Volume Category





Median OP ED LOS

○ Median OP ED LOS has decreased from CY 2023 to CY 2025 YTD (January 2025 – November 2025)



Current Analysis Plan

Assess ED LOS for admitted and discharged patients.

Impact of:

- Region
- Size
- ED volume
- % Inpatient Admissions
- **IP LOS**
- **IP LOS by Discharge Disposition**

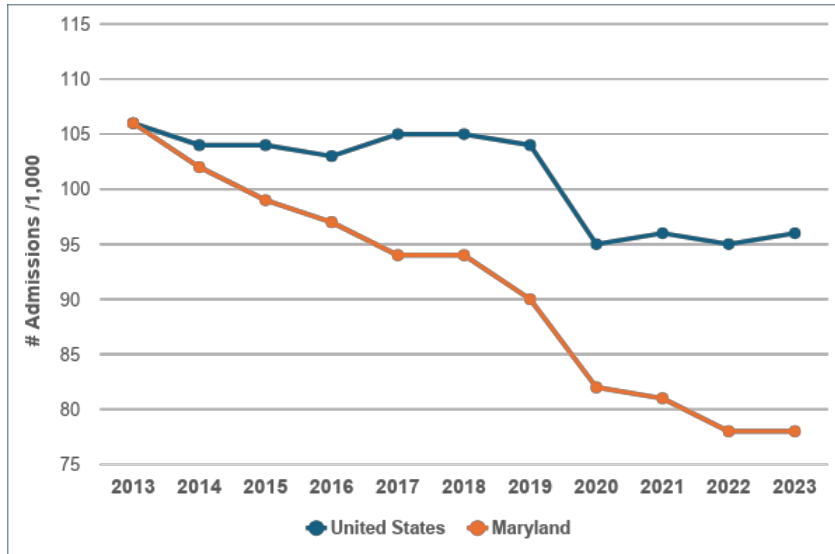


Future Analysis could include:

- Boarding, Census and Occupancy, Access parameters as determined by data additional work led by MHCC

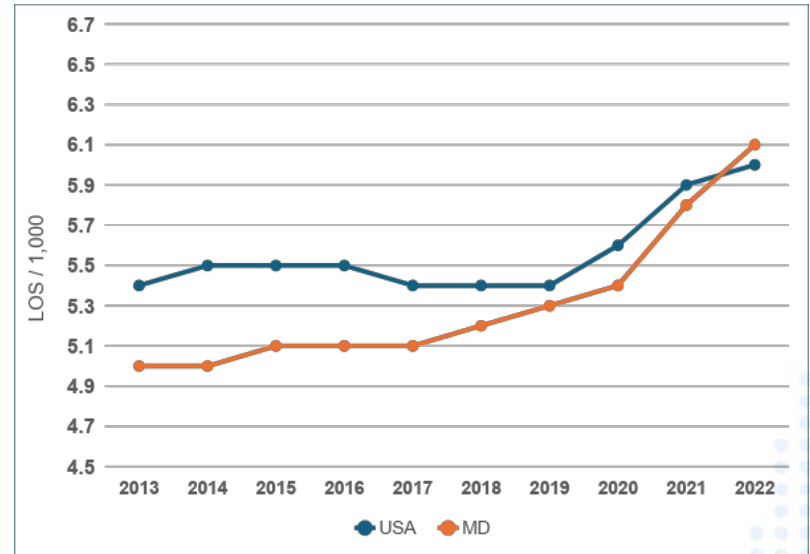
Hospital Admissions and LOS, MD vs National, 2013 - 2023

Hospital Admissions per 1,000 Population, 2013-2023



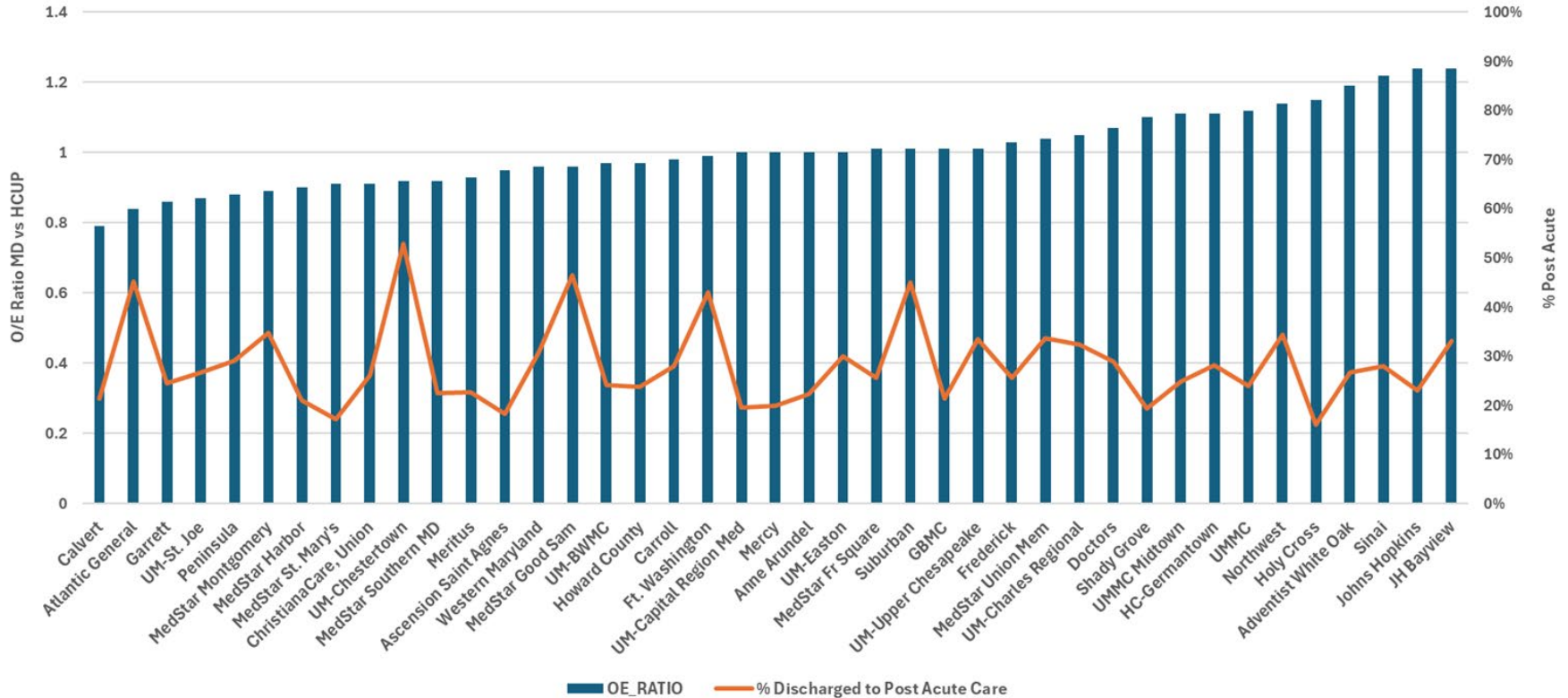
Source: <https://www.kff.org/state-category/providers-service-use/hospital-utilization/>

Mean Hospital IP LOS, 2013-2023



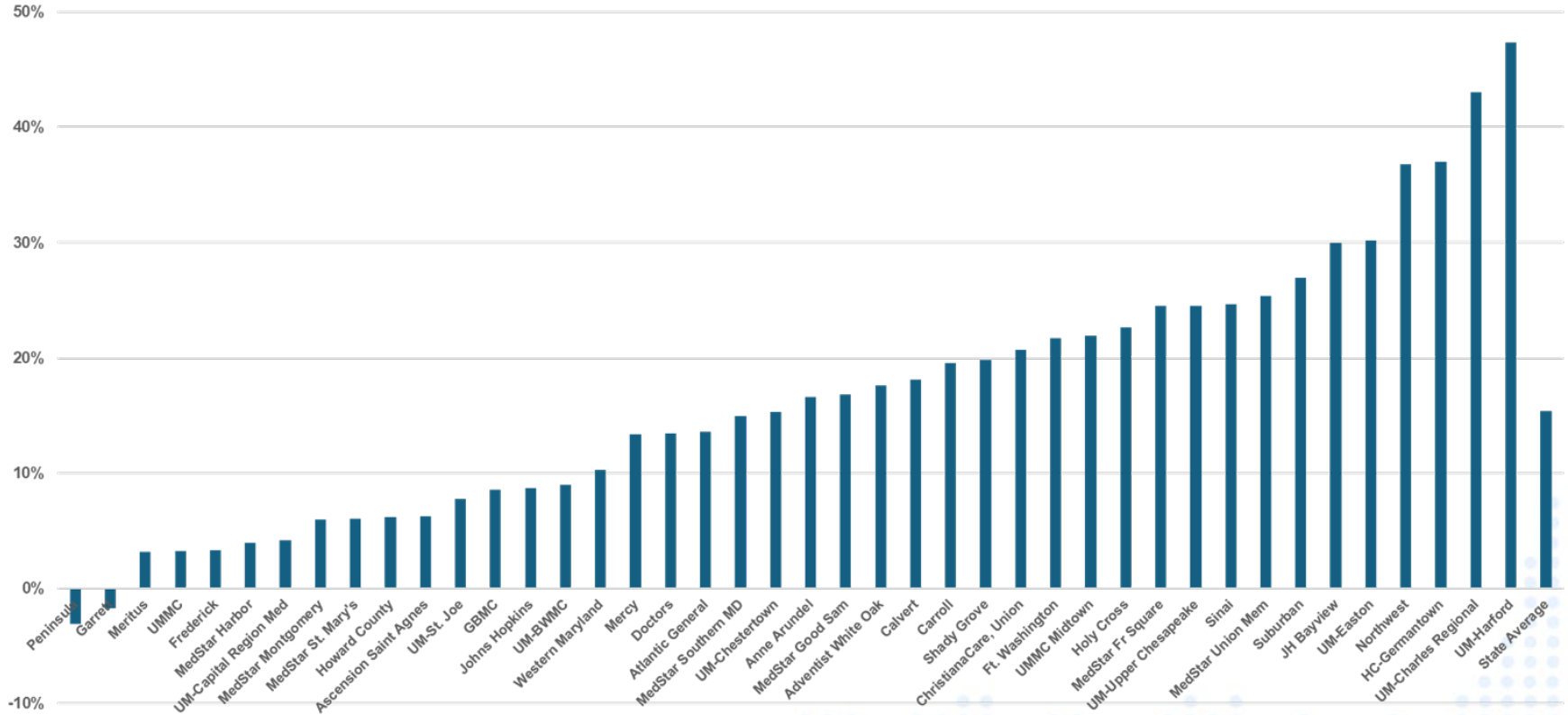
- Admission rates have dropped in recent years while IP LOS increased

One Third of MD Hospitals Have LOS Higher Than US Average



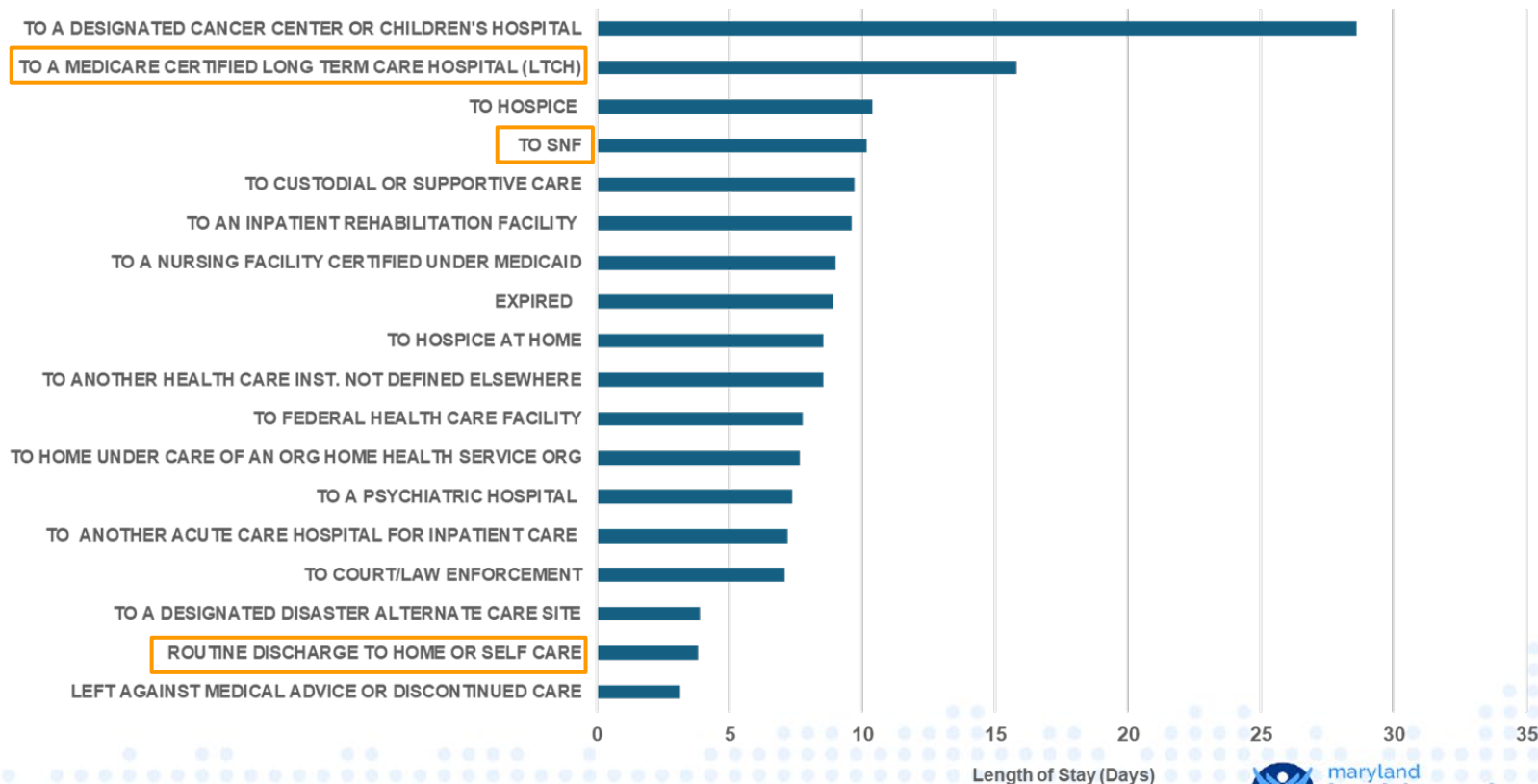
Source: HSCRC 2025 FY Inpatient Casemix vs HCUP National Dataset 2021 Norms

From 2018-2024, IP LOS Increased at Most Hospitals

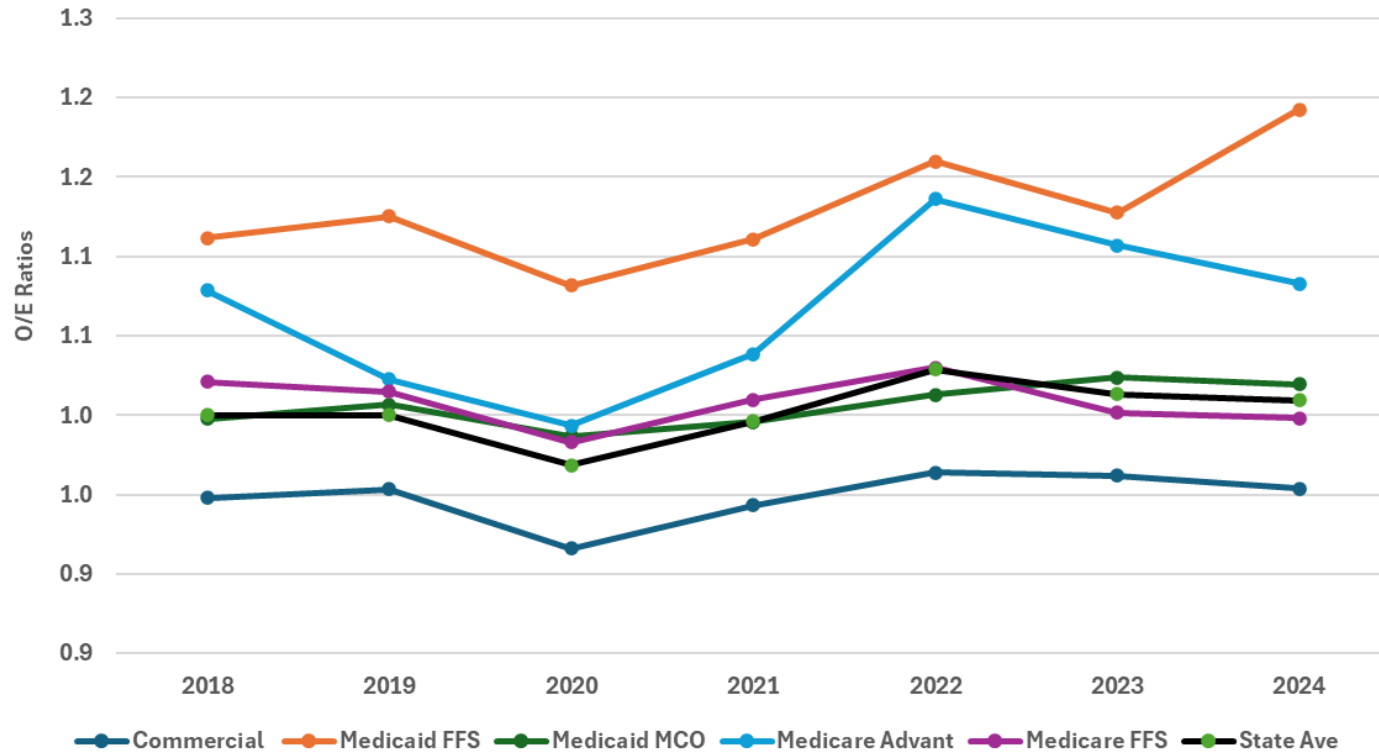


Source: HSCRC Casemix. Chart reflects percentage change in crude IP LOS

IP LOS is Elevated for Patients Discharged to Post-Acute Facilities

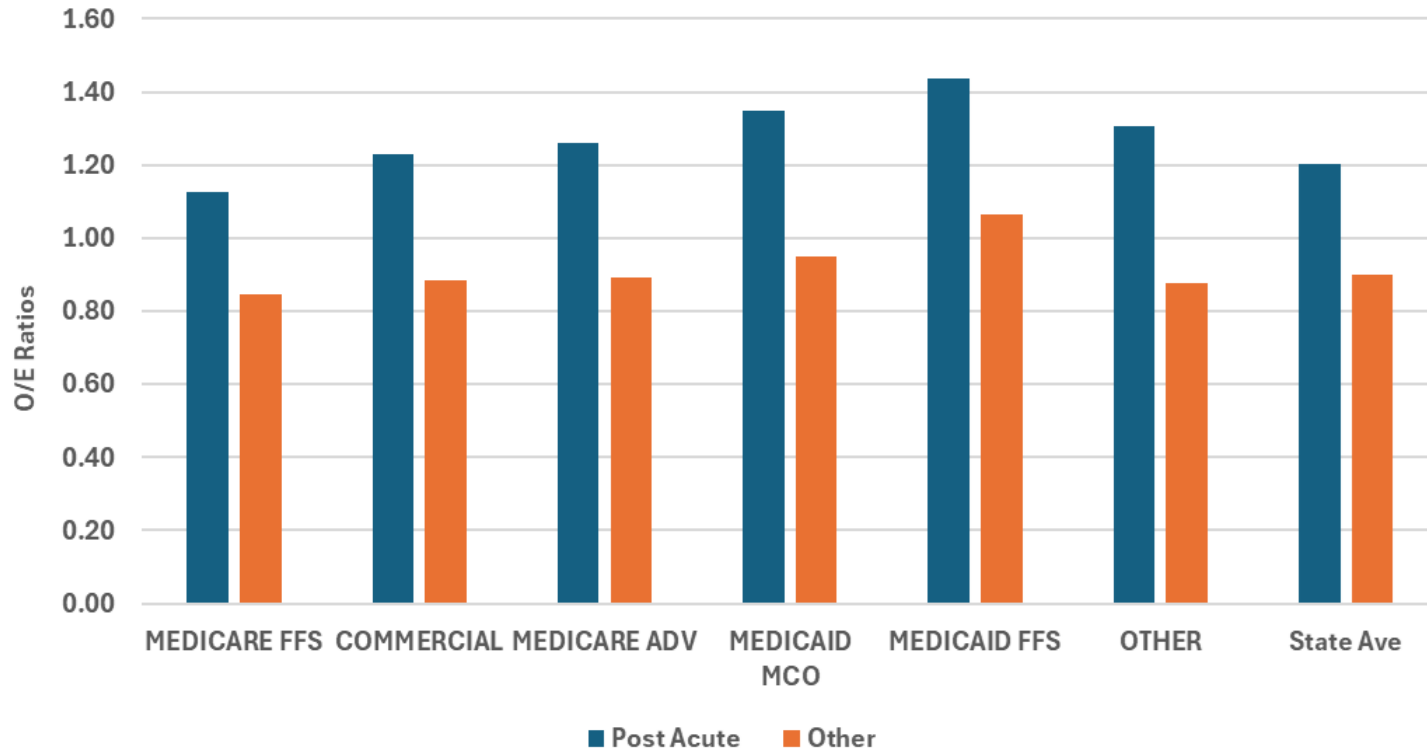


LOS Increase is Concentrated in Non-Commercial Benes



Note: Based on HSCRC Casemix Inpatient Data, adjusted for severity of illness and APR_DRG using 2018 norms

Post-Acute Discharges Are a Major Driver of LOS



Source: HSCRC Casemix All Payer Inpatient data

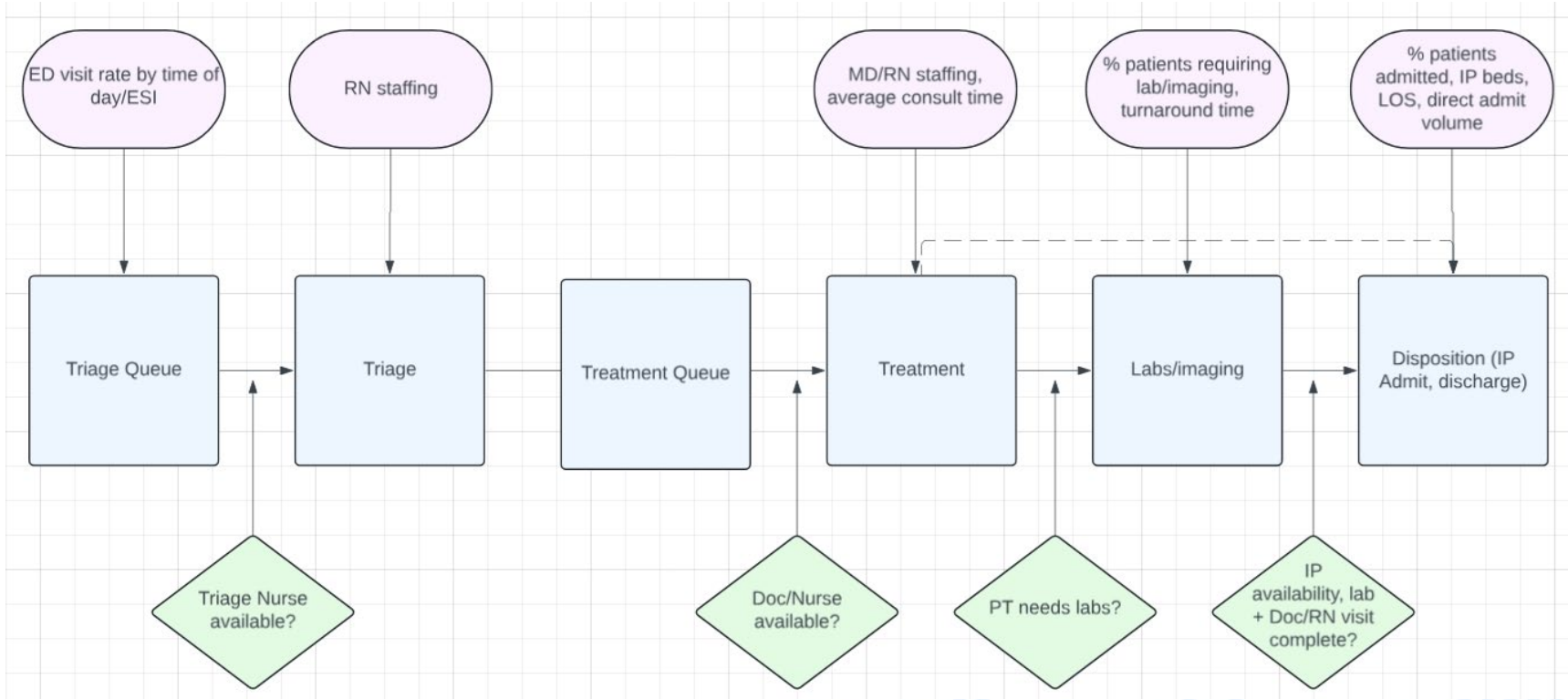
Next Steps

- Analysis of ED LOS for both admitted and discharged patients with stratifications to answer questions from stakeholders
- Summarize Best Practice report submissions to HSCRC & discuss trends related to ED LOS changes
 - Meet with hospitals with significant changes in ED LOS (improvements and declining performance) and present findings to ED WTR and/or HSCRC Commissions regarding successful interventions, opportunities, barriers
- Discuss key Clinical Operations Metrics that are in use by hospitals (Ex. LWBS, ED Boarding Time, Daily Discharges, Others?)

UMMS Statistical Analysis

ED-Hospital Modeling Update

Model Basics



Model Outcomes

These are model outputs that reflect how interventions affect ED performance.

Measure	Definition	Data Source
ED 1 change (intervention vs. control)	Time from ED arrival to inpatient admission	Model estimate
OP 18 change (intervention vs. control)	Time from ED arrival to discharge	Model estimate

Core Validity Metrics

These are model outputs that reflect whether the model inputs and logic reproduce historically observed ED conditions.

Measure	Definition	Data Source
ED 1 (historical)	Time from ED arrival to inpatient admission	CMS Hospital Compare 2019
OP 18 (historical)	Time from ED arrival to discharge	CMS Hospital Compare 2023

Secondary Validity Metrics

These metrics assess whether the model is internally consistent. They indicate whether the model produces summary values that are in line with the model inputs. For example, if we are modeling a hospital with mean inpatient LOS of 4 days, we would expect the model to produce a similar LOS value.

Measure	Definition	Data Source
IP LOS	Time from admission to discharge	HSCRC casemix
ED Volume	Number of patients arriving in ED during the model period	HSCRC casemix
Percent of ED patients admitted		HSCRC casemix
Percent of ED patients that leave against medical advice		HSCRC casemix

Secondary Validity Metrics 2

These metrics assess whether the model is internally consistent. They indicate whether the model produces summary values that are in line with the model inputs. For example, if we are modeling a hospital with mean inpatient LOS of 4 days, we would expect the model to produce a similar LOS value.

Measure	Definition	Data Source
Percent of ED patients that are transferred out prior to admission		HSCRC casemix
Number of IP direct admits for model period	Patients admitted to IP service without ED rate center charges	HSCRC casemix
Average number of RNs working		Staffing data provided by hospitals
Average number of physicians/APPs working		Staffing data provided by hospitals

Ancillary Metrics

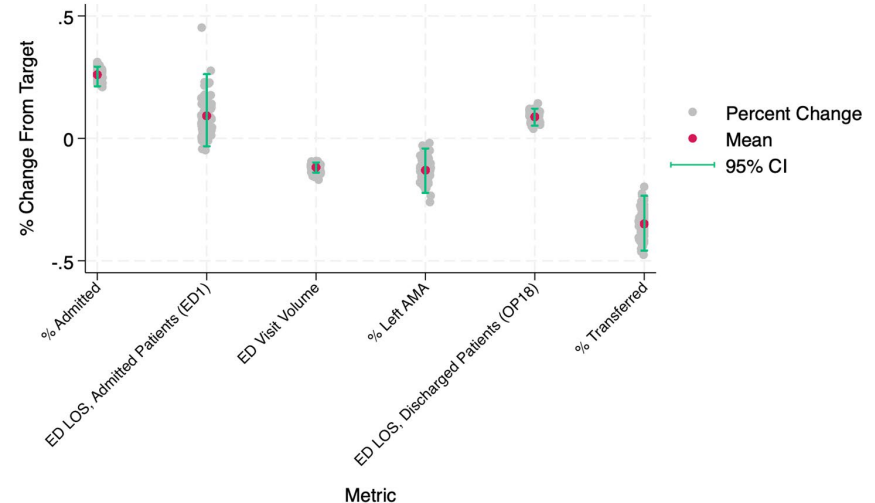
These provide additional information on face validity. HSCRC lacks historical data for direct comparison, so they may be compared to peer-reviewed studies and other sources. All values are model estimates.

Measures	Definition
Average number of MD/APP available	Count of providers who are not with a patient at each model time interval
Average number of RNs available	Count of providers who are not with a patient at each model time interval
Average duration of MD/APP contact per ED patient	Total provider time with patients / # of ED visits
Average duration of RN contact per ED patient	Total RN time with patients / # of ED visits
Time to provider	Interval from patient arrival in ED to first MD/APP contact

Sample Validity Display

Distributions of most metrics are not consistent with historical values. These include percent admitted, ED volume, and percent transferred. This indicates the model could benefit from some additional tuning.

Values for ED1 are consistent with historical values. This indicates the model is accurately reproducing observed ED1 conditions in the ED. To infer overall validity, we would want most other metrics to perform similarly.



Evaluating Interventions

Potential Interventions	Effect on Model Inputs
Improved SNF prior authorization	Reduces variability in IP LOS and/or mean IP LOS
Reduce ED visits for multi-visit patients	Reduction in ED volume
Reduce IP LOS for long length of stay patients	Cap IP LOS at 30/60/90 days
Expanded IP discharge window	Allow patients to leave 24/7, increasing IP capacity
Prioritizing IP bed availability for ED patients	Increased variability in direct admit volume
ED budget increase	Increased RN/MD staffing

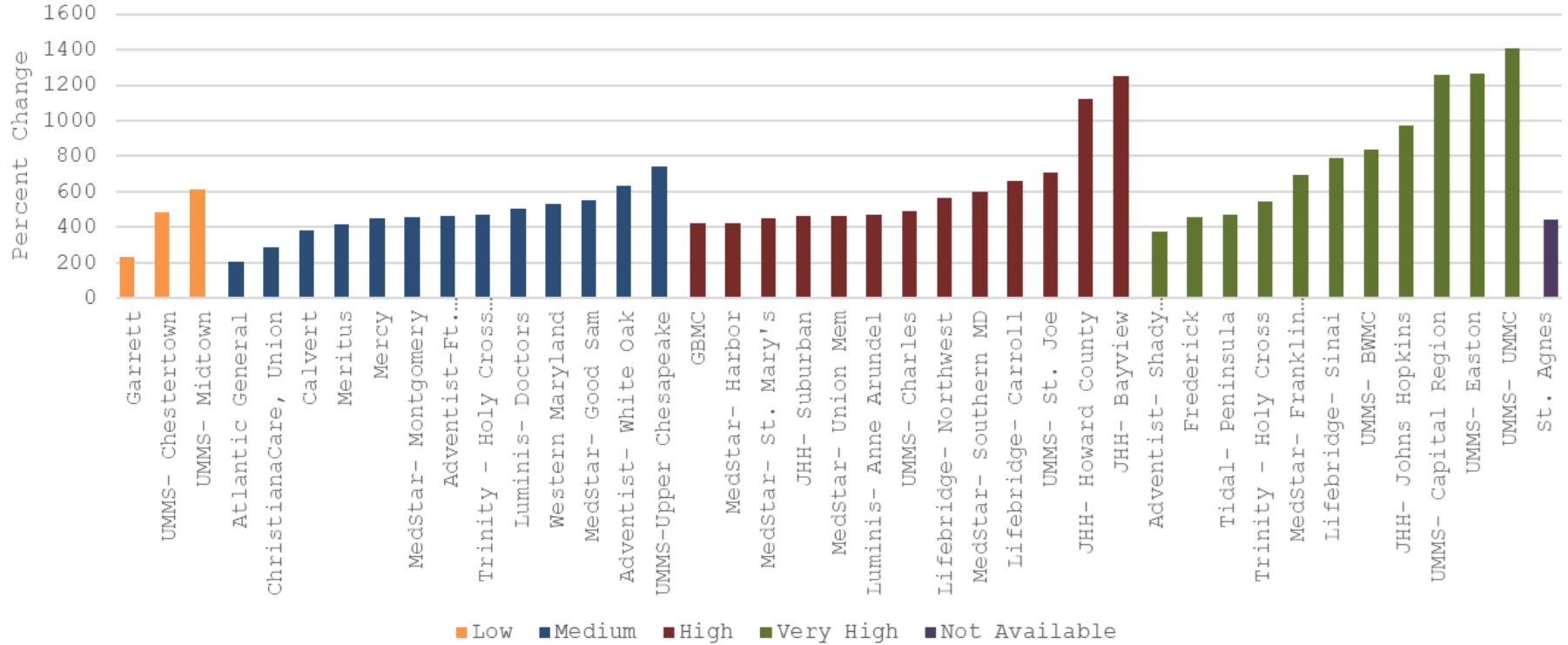
Appendix

Links

- [ED Wait Time Reduction Commission Webpage](#)
- [2026 ED WTR Commission and Subgroup Meetings Calendar](#)
- [2025 Interim Report](#)

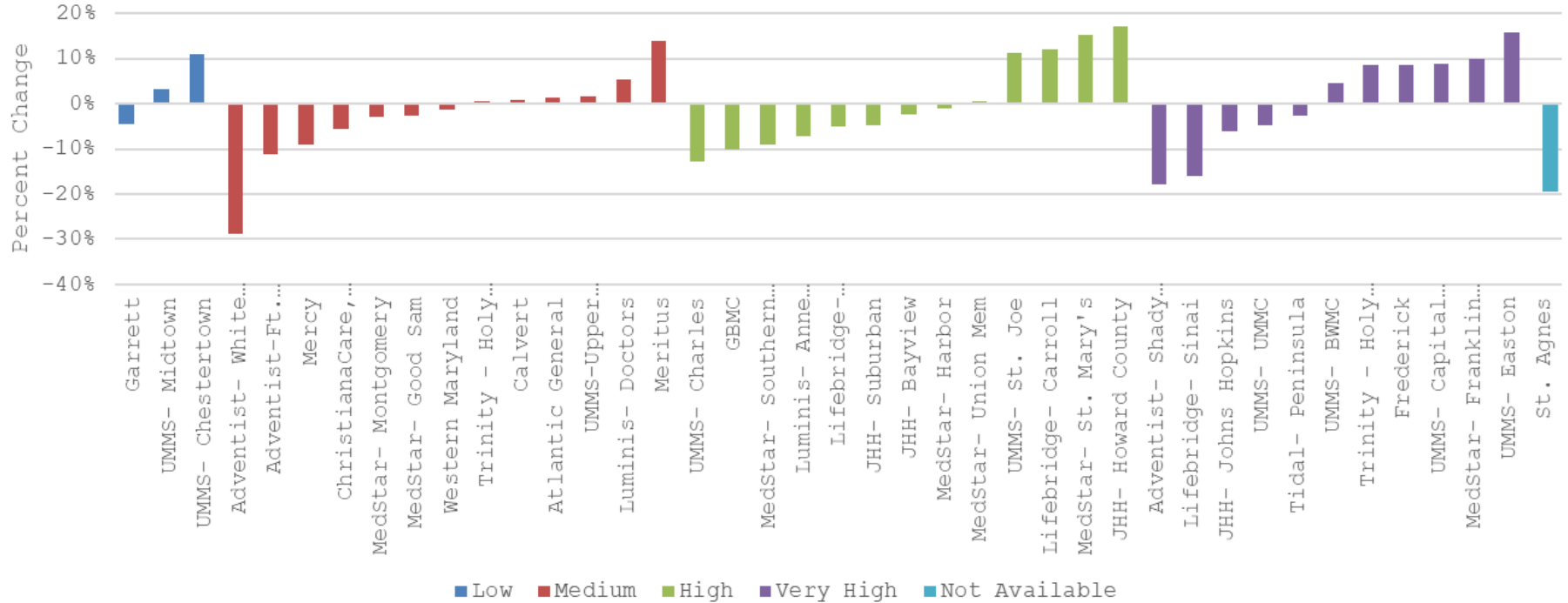
IP ED LOS Median CY 2025 YTD by CMS Volume Category

Median IP ED LOS CY 2025 YTD by CMS ED Volume Category

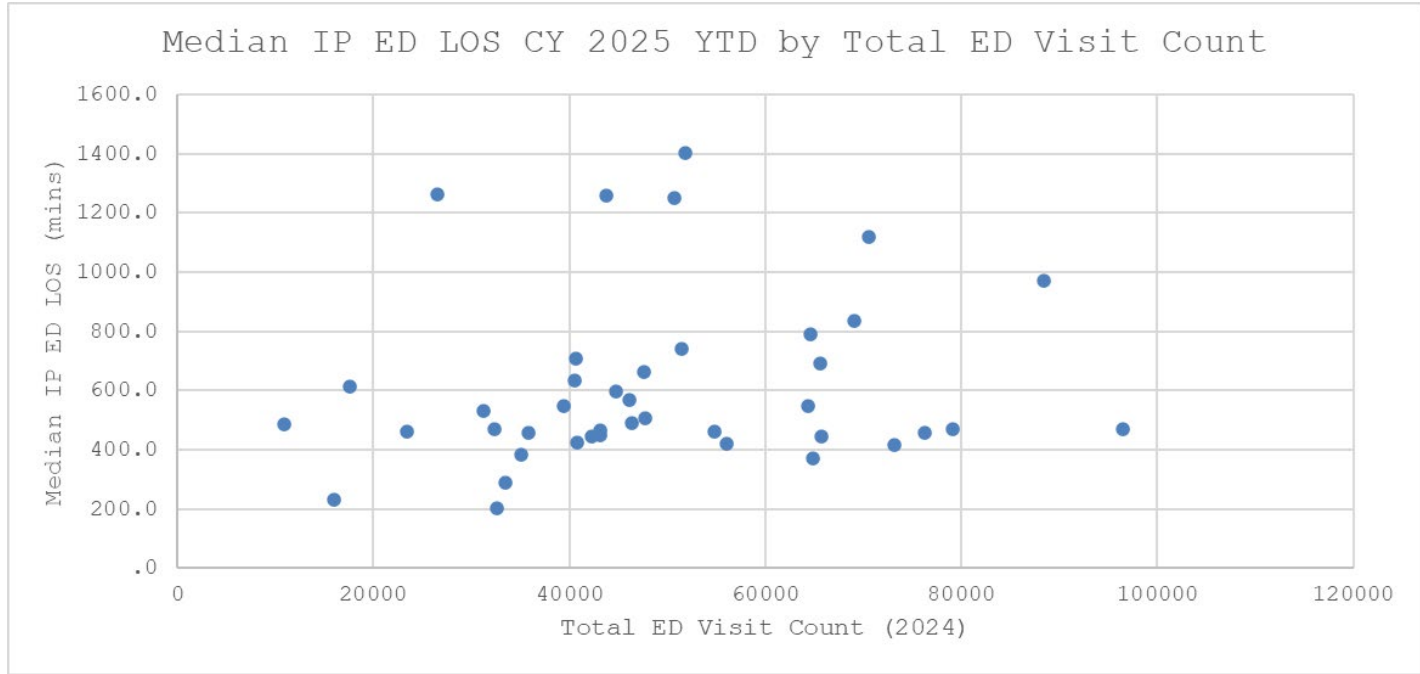


Percent Change CY 2024 to CY 2025 YTD by CMS Volume Category

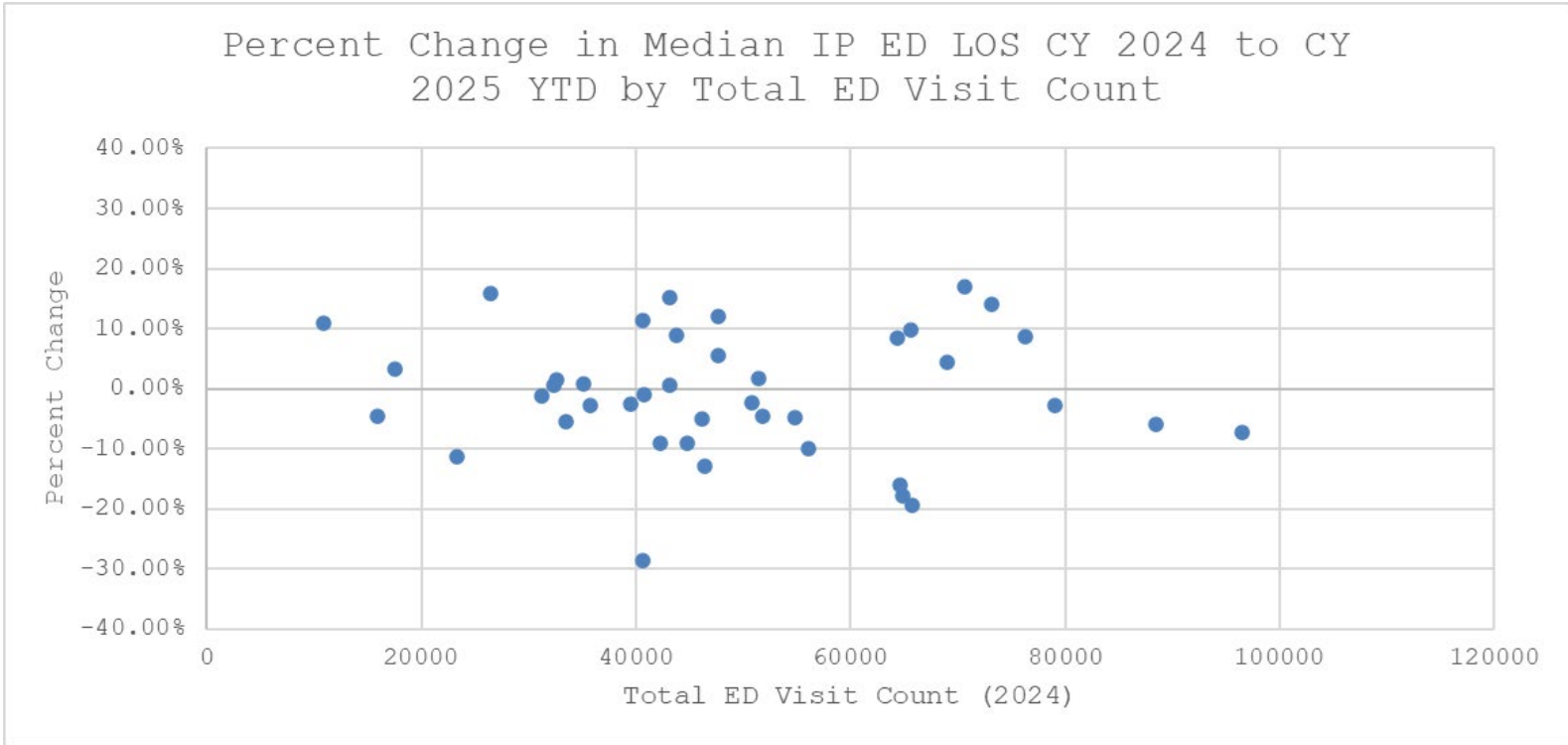
Percent Change in Median IP ED LOS CY 2024 to CY 2025 YTD by CMS ED Volume Category



2024 ED Visits

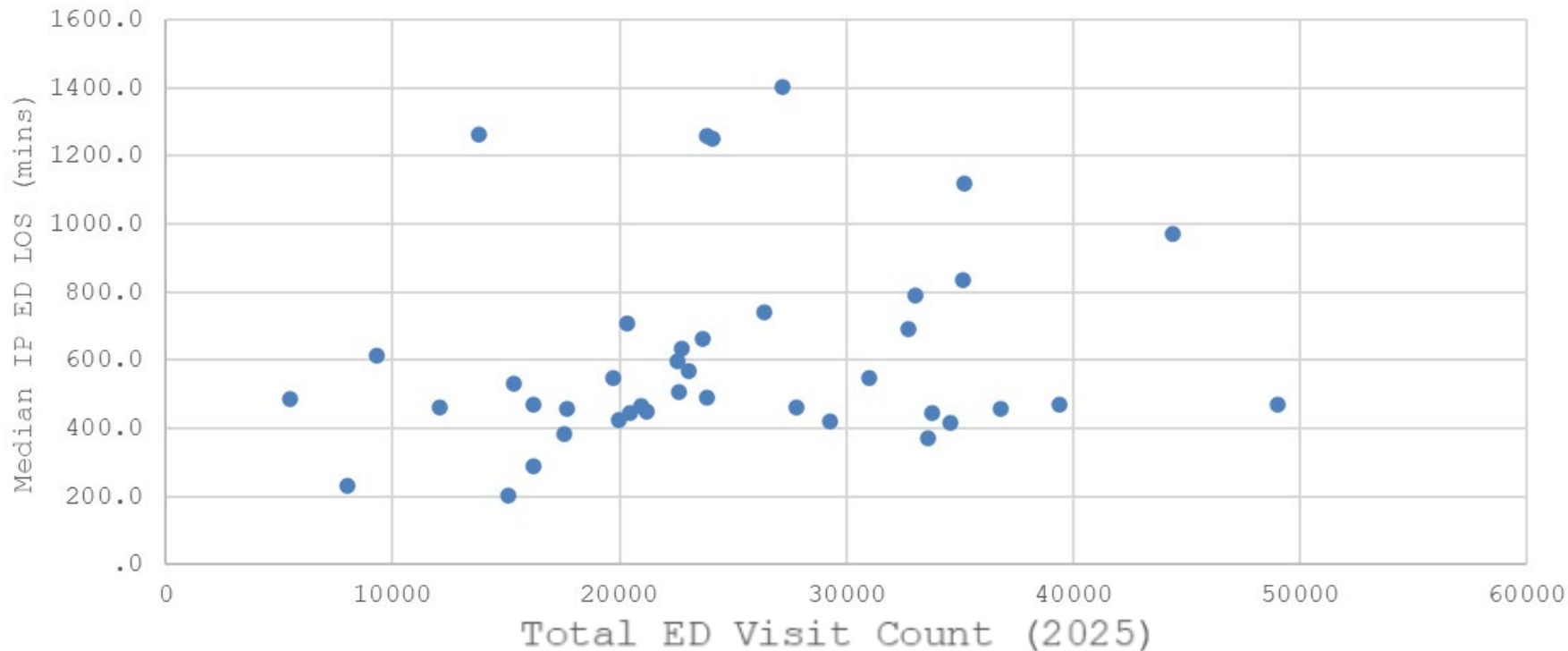


2024 ED Visits



2025 ED Visits (Jan-June)

Median IP ED LOS CY 2025 YTD by Total ED Visit Count



2025 ED Visits (Jan-June)

Median IP ED LOS CY 2025 YTD by Total ED Visit Count

