maryland
health services
cost review commission

Emergency Department Wait Time Reduction Commission

Meeting #3

March 26, 2025

Agenda

- State of the State - Jon Kromm
- Subgroup Updates - Tina Simmons
  - Access to Non-Hospital Care
  - Best Practices
  - Data subgroup
  - Capacity, Operations and Staffing
- Site Visit Overview - Tina Simmons & Attendees
- Baltimore Crisis Site Visit - Dr. Morhaim and Jonathan Davis
- Open Forum - All Commissioners
- Next Steps - Tina Simmons

State of the State

- Transition to the AHEAD Model in 2026
- Current Hospital Challenges
- How ED Wait Times fit into the overall strategic plan

Subgroup Updates

ED WTR Commission Subgroups

Access to Non-Hospital Care

- Integrate and optimize best practices and data analytics for advanced primary care, specialty care, home health, post-acute care, and ancillary services in an effort to reduce avoidable ED and hospital utilization and improve care transition workflows throughout the continuum of care.
- Initial priorities are focused on Post Acute Care
- Meetings every six to eight weeks.

Data Subcommittee

- Identify and develop different data sources across healthcare platforms to include ambulatory, acute care, post-acute care, and third-party data.
- Meetings every six to eight weeks.

ED-Hospital Best Practices

- Develop a set of hospital best practices and scoring criteria to improve overall hospital throughput and reduce ED length of stay, advise on revenue at-risk and scaled financial incentives, and provide input on data collection and auditing.
- Meetings every four to six weeks.

Hospital Capacity, Operations & Staffing

- Subgroup will convene in April 2025.
- Planned focus of the subgroup is to assess access and capacity across the State, collaborate with commercial payers, Medicare, and Medicaid, and optimize workforce development opportunities.
- Meetings every four to six weeks.

Subgroup Meetings

- Access to Non-Hospital Care
  - Next Meeting: May 8
- ED Hospital “ Throughput” Best Practices
  - Next meeting May 1
- Data Subcommittee
  - Next meeting April 23
- Hospital, Capacity, Operations & Staffing
  - Plans to convene April 30 - Membership in review

Access to Non-Hospital Care Subgroup

Access to Non-Hospital Care Members

*****Additional members will be added from MHCC, BHA, Medicaid and Hilltop**

Name	Organization
Austin Rozario	CRISP
Brent Reitz	Adventist Healthcare
Grace Kaeding	CRISP
Kai Shea	Bayview
Kate Stradar	Adventist Healthcare
Katie Ryder	Kaiser Permanente
Krishnaj Gourab	UMMS
Lafe Bauer	UMMS
Manir Takhar	True Health Now
Nicci Steck-Waitt	Sterling SR
Reza Sanai	Picasso MD
Sandeep Sankineni	Kaiser Permanente
Traci Anderson	Medstar
Valerie Williamson	Suburban Hospital
Amanda Bauer (C0-Chair)	Kaiser Permanente

Name	Organization
Elena Balovenkov	Tenacity Solutions
Lisa Tompkins-Brown	Tenacity Solutions
Mary Kim (Co-Chair)	Adventist Healthcare
Andrew Nicklas	MHA
Alyson Schuster	HSCRC
Dianne Feeney	HSCRC
Tina Simmons	HSCRC
Damaria Smith	HSCRC
Lisa Lagana	Johns Hopkins Hospital
Malinda Johnson	Medstar
Holly D'Amico	Kaiser Permanente
Megan Stefano-Jack	BRG
Kristen Geissler	BRG
Shelly Boggs	Frederick Health
Angela Michael	Frederick Health
KC Suneksha	Netrin Health

Focus of Access to Non-Hospital Care Subgroup

- **Purpose:** Support the work of the newly appointed ED Wait Time Reduction Commission.
- **Specific Focus:** To discuss opportunities to integrate and optimize best practices and data analytics for advanced primary care, specialty care, home health, post-acute care, and ancillary services in an effort to reduce avoidable ED and hospital utilization and improve care transition workflows throughout the continuum of care.
- **Priority Focus:**
  - 1. Post-acute access, capacity, and function
  - 2. Palliative Care

Initial Priorities of Access to Non-Hospital Care Subgroup

- Determine capacity and analyze number of existing post-acute beds compared to optimal number of post-acute beds
  - In progress
- Identify and define complex care population that drives delays in care transition
  - Will begin in April
- Create a small group of subject matter experts to design a proposal for optimal post acute infrastructure for complex patients (chronic care beds, LTAC's, hybrid SNF, expanded home health protocols, etc.)
  - Members identified, meeting to be scheduled in April
- Explore collaboration with PointClickCare-In progress
  - First meeting has occurred, second meeting with HSCRC leadership scheduled for 3/26
- Identify opportunities for increased, earlier palliative care-In progress
  - Legislative report on Palliative Care presented to this group on 3/6
  - Exploring reports available in CRISP
- Identify and facilitate Palliative Care education opportunities across the continuum (primary care, ED, acute care, post-acute)
  - HSCRC team has engaged with Gilchrest who is very interested in expanding palliative care education across the state

Best Practice Subgroup

Best Practice Recommendations Approved for RY 2027 (CY 2025)

- **1. The HSCRC Commission will implement the specifications of the Best Practices policy including a set of six Hospital Best Practices that are designed to improve the emergency department (ED) and hospital throughput and reduce ED length of stay (LOS).**
  - For each best practice identified, three weighted tiers were developed with corresponding measures that reflect the fidelity and intensity of each best practice.
- **2. Hospitals will select two Best Practices to implement and report on for RY 2027.**
  - The target date for data submission is October 1, 2025. Any hospitals with justifiable reporting delays must notify HSCRC prior to October 1st. Failure to report data to the Commission by December 2025 will result in a 0.1 percent penalty on all-payer, inpatient revenue to be assessed in January 2026.
  - HSCRC will follow the extraordinary circumstances exception policy for any unforeseen events (i.e., cyberattack, natural disaster, etc.).
  - The Best Practice subgroup will continue to meet and develop data reporting templates.
  - The subgroup will also analyze the impact of the best practices on length of stay and develop a recommendation for subsequent rate years related to pay for performance.
  - Each hospital will submit the selection of two best practices to HSCRC using the SurveyMonkey submission form by April 18, 2025.
- **3. We propose that subsequent rate years will have a +/- 0.25 percent inpatient hospital revenue at risk tied to performance on these best practice metrics BUT intend to evaluate the impact of the best practices and make a final recommendation for subsequent rate years after the Year 1 Best Practice program impact is assessed.**

Best Practice Subgroup Members

Name	Organization
Teresa Brown	MHCC
Brittany Lyons	Calvert Health
Anene Onyeabo	MHA
Claudine Williams	HSCRC
David Hager	Medstar
Gai Cole	JHHS
Elise Cleary	BRG
Nitza Santiago	Lifebridge Health
Elena Balovenkov	Tenacity Solutions
Elise Aikin	Calvert Health
Iris Xu	Hmetrix
James Mcgarvey	Frederick Health
Laura Fleming Fortman	JHMI
Lisa Tompkins Brown	Tenacity Solutions
Gregory Corcoran	Lifebridge Health
Laura Wieber	GBMC
Lonny Yarmus	Bayview
Shivani Bhatt	Hmetrix

Name	Organization
Maria Manavalan	Hmetrix
Christina Martin	UPMC
Neel Vibhakar	UMMS
Susan Mathers	Tidal Health
Yvette Hicks	JHHS
Brenda Watson	Advanta
Christina Staten	JHH
Jonathan Hansen	Bayview
Kai-Ing Duh	HSCRC
Katie Koestler	GBMC
Kari Mimnaugh	Luminis Health
Leah Chinnaswamy	Tenacity Solutions
Rebecca Dezube	JHH
Sophia Batallas	Adventist Health
Alyson Schuster	HSCRC
Dianne Feeney	HSCRC
Amy Johnson	UMMS

Best Practice Subgroup Members Continued

Alia Khan	JHHS	Ruth Coby	Lifebridge Health
Alex Yazaji	Medstar	Tina Simmons	HSCRC
Aneena Patel	JHHS	Amanda Shrout	Lifebridge
Sofia Liarakos	Lifebridge	Ronald Langlotz	Howard County
Amanda Wright	Lifebridge	Patsy McNeil	Adventist Healthcare
Beth Greskovich	BRG	Nicci Domanski	Bayview
Carrie Adams	Meritus Health	Atul Rohatgi	Suburban
Courtney Cornell	Suburban	Grace Kaeding	CRISP
Andi West-McCabe	Atlantic General	Geeta Sood	JHMI
Charlene Faku	Suburban	Jamie White	Frederick Health
Barton Leonard	Suburban	Jessica Dell	Lifebridge Health
Barbara Maliszewski	JHH/Bayview	Jacob Emery	BRG
Dan Lauth	Medstar	John Moxley	Luminus Health
Daniele Balsano	UMMS	Jeanette Nazarian	Howard County
Jonathan Patrick	Medstar	Katie Eckert	Adventist Healthcare
Subha Chari	UMMS	Kenneth Barnes	Johns Hopkins Medicine

Best Practice Subgroup Members Continued

Kai Shea	Bayview
Lauren Small	Frederick Health
Lisa Teel	Luminus Health
Michael Staley	Meritus
Michael Ward	UMMS
Mallory McCloskey	Adventist Healthcare
Margarita Noel	GBMC
Michele Patchett	GBMC
Mustapha Saheed	JHHS
Michael Sokolow	UMMS
Maulik Thaker	Lifebridge
Revathi Jyothindran	Lifebridge
Shara Becker	Lifebridge

Randy Komenski	Bayview
Eunice D'Augostine	Suburban
Dave Goodmanson	Frederick
Nicole Hedderich	Calvert Health
Peter Hill	JHHS
Ryan Curran	GBMC
Sara Burchill	Lifebridge
Taneisha Laume	CRISP
Tochi Korie	BRG
Tony Calabria	Medstar
Zachery Horton	Meritus
Tequila Terry	MHA
Zahid Butt	Medisolv

Best Practice Selections

Interdisciplinary Rounds & Early Discharge Planning

Interdisciplinary Rounds & Early Discharge Planning - Required Elements

Definition: Interdisciplinary Rounds, IDR, are formal mechanism of daily communication to advance the comprehensive patient centric plan of care where healthcare professionals from a variety of relevant health disciplines gather, informed by their clinical expertise, review, discuss, coordinate patient care, determine care priorities, establish daily goals, and *plan for transfer or discharge*. Below are elements of IDR care progression to ensure timely and safe discharge:

- 1. Early and effective discharge planning discussed in IDR can ensure a quality patient centered transition, significantly decrease length of stay, LOS and readmission risk. Hospitals will submit evidence of early inpatient discharge planning based on documentation and process used by health system.
- 2. Discharges from hospitalization are based on being medically ready and having a safe discharge plan. A barrier to a safe discharge planning and follow-up may be due to health-related social need, HRSN. By screening Social Determinants of Health, SDOH, prior to discharge, hospitals will be able to identify barriers to a supported and safe discharge. Hospitals will submit evidence from the inpatient discharge planning cohort described in element 1 that have been offered screening for one or more of the SDOH categories.
  - a. Food insecurity
  - b. Housing instability
  - c. Transportation needs
  - d. Utility difficulties
  - e. Interpersonal safety
- 3. Screening to identify and understand SDOH barriers is important. Addressing the identified barrier through referrals and community connection develops a successful and supported plan of discharge. Hospitals will submit evidence from the inpatient discharge planning cohort described in element 1 that screened positive for one or more of the SDOH categories in element 2 and addressed through a referral or community connection.

	Tier One	Tier Two	Tier Three
Criteria	• Discharge Planning Adult General Medical and Surgical Inpatient Admissions	• Adult inpatients offered screening for the 5 HRSN prior to discharge	• Adult inpatients that have screened positive for HRSN are given referrals to community resources prior to discharge
Accountable measure or outcome	✓ Documentation within 48 hours of admission discharge plan, example estimated discharge date (EDD) and/or disposition ✓ **KPI:** 70% of inpatient admissions have documented discharge planning or 10% improvement from baseline.	✓ Documentation of food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety screenings for inpatients who are screened ✓ **KPI:** 50% or 10% improvement from baseline of all inpatients identified in tier one offered screening for HRSN	✓ Documentation of community resource access or referral for patients screening positive for 1 or more of HRSN ✓ **KPI:** 75% or 10% improvement from baseline of all positive screens for HRSN are given referral prior to discharge identified from tier two.

Effective IDR of established patient centric goal of discharge date, disposition and health related social needs to address potential care progression delays.

- ✓ Improve patient outcomes through enhanced facilitated communication and collaboration in coordinating care among disciplines
- ✓ Engage patient and/or natural supports to be involved in continuum of care and discharge planning process
- ✓ Reduces LOS and improves capacity

Standard Daily/Shift Huddles

Standard Daily/Shift Huddles

The AHRQ defines a huddle as a short, standing meeting that is typically used in clinical settings to quickly share important information and touch base with a team, typically held at the beginning of each workday or shift.

- **Tier 1:** Implementation of, at minimum, daily huddles utilizing a multidisciplinary team approach with a focus on throughput and discharges.

KPI: Multidisciplinary daily huddles are being completed at X frequency as defined by each organization.

- **Tier 2:** Tier 1 requirements with the addition of a standardized infrastructure (standard scripting, documentation, and/or use of huddle boards). Tier 2 would also include an escalation process for addressing clinical and/or non-clinical barriers to discharge or throughput.
- **Tier 3:** Tier 1 and Tier 2 requirements, with the addition of monitoring and reporting of key performance indicators (KPIs) as drivers of process improvement r/t throughput. Example KPIs could include but are not limited to, percent of discharge orders written by noon, or percent patients leaving the facility by a designated time as determined by each facility.

Bed Capacity Alert

Bed Capacity Alerts

Tier 1 -- Organization establishes one or more capacity metrics, examples could include: total number of patients in hospital, % hospital beds occupied, % of ED boarder c/w overall ED beds, NEDOC score, other hospital defined metrics.

Tier 2-- Organization establishes a bed capacity alert process (aka surge plan) driven by capacity metrics that triggers defined actions to achieve expedited throughput. Actions could include: Enhanced inpatient huddles to expedite discharges, rapid admission order turnarounds, hospitalist care in the ED, executive escalation, opening surge units, etc

Tier 3 – Organization quantitatively demonstrates consistent activation of surge plan in response to bed capacity triggers. Internal metrics to be hospital defined and specific to hospital surge protocol. Examples could include: #/% of protocol activations, % discharges by specific time- maybe 1 p.m. and/or 3 p.m, etc.

Expedited Care Bucket

Expedited Care Bucket

Many best practices are proven to reduce Hospital Length of Stay and Boarding. Select one or more of the expediting practices listed below:

- ❑ Nurse Expediter
- ❑ Discharge Lounge
- ❑ Observation Unit (ED or Hospital based)
- ❑ Provider Screening in Triage / Early Provider Screening Process
- ❑ Dedicated CM and/or SW Resources in the ED

Tier 1: Implement/Expand one (1) expedited care practice from the list above and report KPI as determined by hospital. For example, LWBS, Inpatient LOS, Door to Provider Time, etc.

Tier 2: Implement/Expand two (2) expedited care practices from the list above and report KPI for each practice as determined by hospital.

Tier 3: Implement/Expand three (3) expedited care practices from the list above and report KPI as determined by hospital.

Expedited Care Bucket – Definitions

- Nurse Expediter: A dedicated nurse to expedite components of the care process (i.e., admissions, discharges, transfers, etc.).
- Discharge Lounge: A dedicated area for discharged patients from the ED or Inpatient areas to expedite room turnover.
- Observation Unit (ED or Hospital based): A dedicated patient unit for observation status patients to expedite care and minimize inpatient hospital admission.
- Provider Screening in Triage / Early Provider Screening Process: A provider assigned to the intake/triage area to expedite diagnostic testing and therapeutic interventions after triage.
- Dedicated CM and/or SW Resources in the ED: CM/SW resources accessible to ED patients to facilitate discharge and coordinate outpatient management.

For this best practice, reporting will include an attestation that “x” best practices are implemented, with best practices identified and hospital-specific KPI reported.

Clinical Pathways/Observation Management

Clinical Pathways/Observation Management

- Clinical pathways are designed to improve the quality of care primarily through evidence-based standardization in the ambulatory setting while reducing ED visits and hospital admissions.
- Examples of the effectiveness of clinical pathways:
  - Diabetes Management: Implementation of diabetes pathways reduced ED visits by 28% over 18 months (Peterson et al., Journal of General Internal Medicine, 2020)
  - COPD Care: COPD Clinical pathway implementation reduced 30-day readmission rates from 21.4% to 13.6% and decreased average length of stay by 1.7 days (Lemoigne et al., Chest, 2017)
  - Stroke Recovery: Integrate stroke pathways increased timely rehabilitation assessments from 62% to 91% of patients (Wang et al., Stroke, 2020) and standardized stroke care pathways reduced post-stroke pneumonia by 23% (Rodriguez-Pardo et al., Neurology, 2019)

Clinical Pathways

Tier 1: Design and Implement Intervention

Hospitals will select and implement a clinical pathway tailored to a specific patient population. This clinical pathway should be based on the facility's unique patient needs and can incorporate existing pathways if already in place.

Tier 2: Develop Data Infrastructure

Hospitals will establish robust data collection and analysis systems to monitor and evaluate outcomes. These systems should emphasize comparing the effectiveness of inpatient and ambulatory management strategies for the selected patient population, enabling data-driven decision-making and continuous improvement.

Tier 3: Demonstrate Improvement

Hospitals will demonstrate a measurable decrease in unwarranted clinical variation and/or measurable improvement in outcomes in specific to their chosen intervention.

Patient Flow Throughput Council

Patient Flow/Throughput Council

Definition: Multi-disciplinary council of leaders, including CMO or other Executive, meets every month or more frequently, to evaluate patient flow, mitigate or eliminate barriers, and track progress of patients as needed. The council also shares data and KPIs with front-line staff. The PI Council oversees PI initiatives throughout the hospital, including throughput huddles, staffing for surge, discharge lounges, and other flow-related or capacity-building initiatives. The PI council should include executive leadership, nursing leaders, ED leadership, EVS, transport services, patient access, intensive care and hospitalist leadership.

	Tier One	Tier Two	Tier Three
Criteria	• **Create Structure:** create a multidisciplinary team, identify an executive sponsor, form a committee charter, and report KPI as determined by hospital.	• **Establish Accountability:** Conduct monthly meetings with key stakeholders across the organization to review capacity & throughput related projects & metrics	• **Change Culture:** Cascade capacity-related goals to all nursing units to ensure front line staff awareness & engagement.
Accountable measure	✓ Committee/council scheduled monthly at minimum ✓ Team develops and works on capacity and throughput projects that align with institutional priorities.	✓ Committee meetings include regular "report outs" on relevant KPIs and data. ✓ The report outs include participation from at least one hospital executive. ✓ KPIs are evidence-based and shown to improve capacity or throughput or enhance patient care.	✓ KPIs are reported for key units or service lines as determined by the hospital. ✓ The committee ensures routine capacity/throughput huddles to drive patient flow and reduce delays. ✓ The committee ensures that any observation patients have built-in efficiencies & protocols that promote discharge within two midnights. Observation LOS is tracked, data is shared, and OBS PI processes are implemented on units with OBS patients.

Data Subgroup

Data Subgroup Members

Data Subgroup

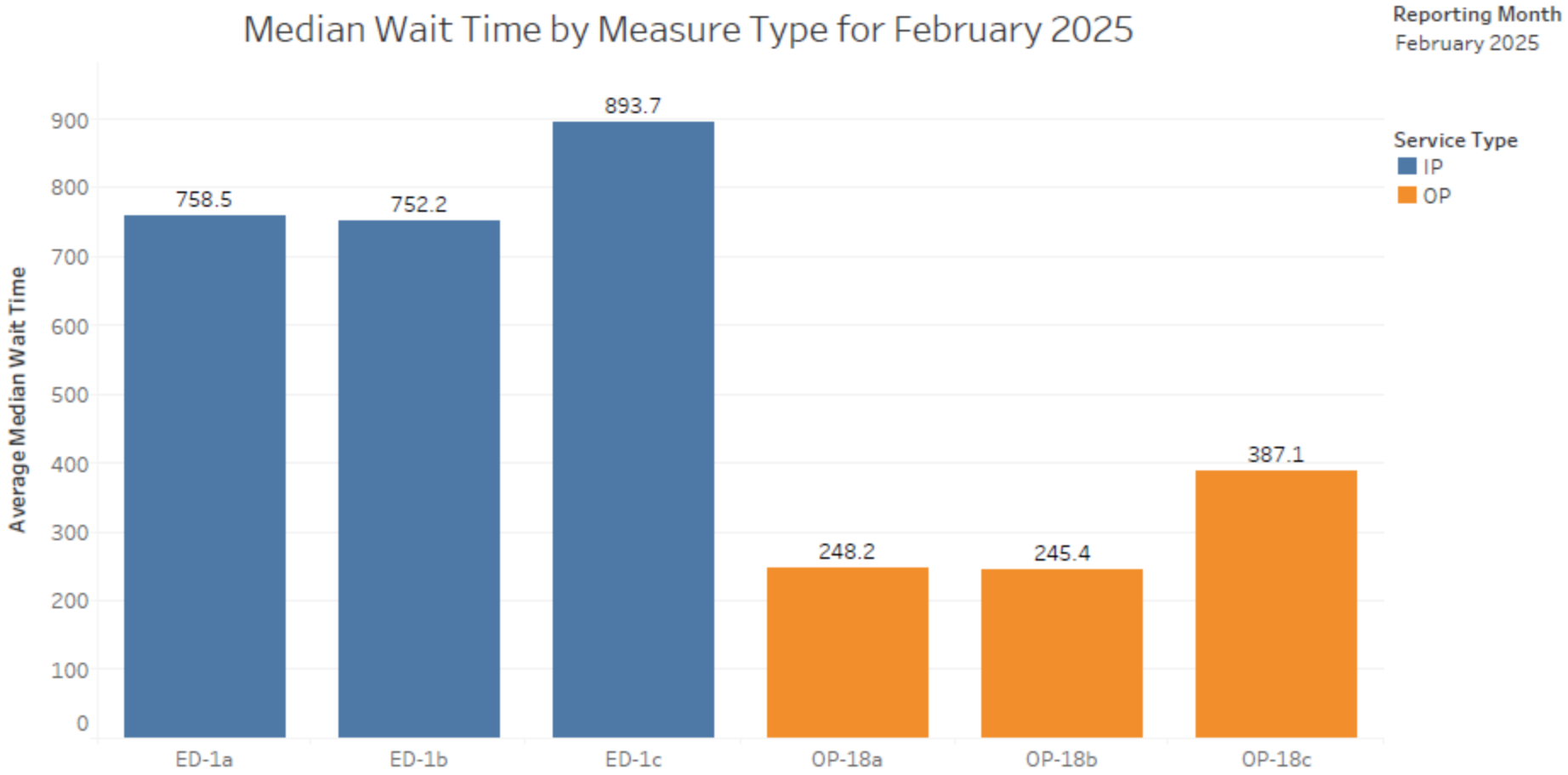
Name	Organization
Michael Sokolow	UMMS
Neel Vibhakar	UMMS
Jenna Swann	JHHS
Cody Jett	JHH
Sue Mannion	Howard County
Jay Weiner	Medstar
Anthony Austin	Mathematica
Wendy Qi	Mathematica
Grace Kaeding	CRISP
Austin Rozario	CRISP
Elena Balovlenkov	Tenacity Solutions
Ryan Curran	GBMC
Megan Stefano-Joseck	BRG
Kristen Geissler	BRG
Teresa Brown	MHCC
Brenda Watson	Advanta
Maria Manavalan	hMetrix
Alyson Schuster	HSCRC
Tina Simmons	HSCRC
Damaria Smith	HSCRC
Oseizame Emasealu	HSCRC
Geoff Dougherty	HSCRC
William Henderson	HSCRC
Allan Pack	HSCRC

Data Subgroup Goals

- Identify and develop data sources across healthcare platforms including ambulatory, acute care, post-acute care, and third-party data that can be used to identify and quantify opportunities related to capacity, operations and inter-facility care transition
- **Current Priorities:**
  - Analysis of ED LOS data for trends (both EDDIE and Casemix data)-data to be shared mid-April
  - Capacity/Occupancy Report-In progress
    - Combines MIEMMS Occupancy report/dashboards (slides 15-18) with Casemix data on LOS, payors etc.
  - Capacity Calculator-In progress
    - Expansion of UMMS-designed Capacity Calculator, currently being validated against casemix data; potential use to be validated by Data Subgroup (slide 20)
  - Post-Acute Analysis of Complex Patients-In Discussion
  - Avoidable Days (Prior auths & Denials)-In Discussion

EDDIE DATA (ED Length of Stay)

Latest EDDIE data



Latest EDDIE data

**Note the impact of respiratory illness volume surge throughout the state in Jan/Feb

Average Median Wait Time All Hospitals for ED-1b

Measure
ED-1b

Change from Base
-668 822

Hospital Name	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025
AAMC	488	527	536	529	565	597	623	591	528	539	495	471	528	508	486	502	430	421	508	591	536
ASCENSION SAINT AGNES	599	563	541	573	641	576	755	772	683	694	741			525	515	503	495	457	491	626	617
ATLANTIC GENERAL	209	203	222	212	195	189	216		190	190	199	199	199	210	202	201	214	197	194	208	223
CALVERT		386	403	420	390	408	484	443	404	395	369	391	407	392	353	332	324	341	358	523	597
CARROLL	441	520	470	623	603	158	653	837	648	648	782	500	480	487	574	479	574	487	769	663	1,107
CHARLES REGIONAL	526	484	499	449	489	456	507	656	634	551	474	516	544	526	516	596	588	515	687	868	847
CHRISTIANACARE, UNION	372	351	370	343	356	450	640	627	669	588	795	530	493	445	510	491	488	509	620	641	640
DOCTORS	541	503	525	499	559	523	547	543	510	509	489	491	429	493	453	449	415	431	447	505	664
FREDERICK	388	376	378	391	410	427	458	546	472	375	379	397	390	381	394	423	431	380	409	457	
FT WASHINGTON	503	434	488	493	550	539	611	469	476	556	524	435	536	553	510	398	514	516	576	482	472
GARRETT			244		246	244	277	255	227	236	206	229	223	256	246	231	264	227	209	253	265
GBMC	438	467	455	475	481	417	476	558	496	475	454	455	429	427	480	459	444	405	424	468	593
HOLY CROSS	524	482	540	513	544	518	546	557	495	524		496	499	500	523	527	491	460	481	638	674
HOLY CROSS GERMANTOWN	435	396	427	365	487	414	568	677	498	436		533	398	488	441	453	400	392	582	831	1,021
HOWARD	722	734	729	776	871	839	836	785	676	785	741	699	855	964	813	816	771	758	918	999	1,223
JH BAYVIEW	895	951	1,107	885	1,097	1,250	1,179	1,270	1,307	973	1,059	815	1,117	1,085	1,109	1,349	1,072	1,383	1,080	1,374	1,349
JOHNS HOPKINS	746	631	613	650	672	652	617	744	732	667	623	626	581	722	734	726	790	760	706	919	871
MEDSTAR FRANKLIN SQUA..	445	471	492	484	516	471	570	585	538	492	522	512	437	516	547	546	483	499	568	590	665
MEDSTAR GOOD SAMARITA..	440	474	512	449	556	494	654	965	761	664	442	430	450	594	571	556	592	497	487	618	689
MEDSTAR HARBOR	407	506	424	454	391	357	399	447	416	432	415	406	436	445	415	445	489	505	453	587	470
MEDSTAR MONTGOMERY	520	459	478	477	525	438	490	540	495	454	448	404	398	402	460	442	508	433	456	619	553
MEDSTAR SOUTHERN MAR..	584	542	536	525	540	533	654	735	691	668	720	622	604	652	616	537	546	597	645	794	725
MEDSTAR ST. MARY'S	368	350	362	356	362	385	436	443	361	366	390	369	385	344	367	380	437	349	379	405	490
MEDSTAR UNION MEMORIAL	367	442	397	321	398	389	498	503	434	413	425	342	410	435	419	638	522	367	441	642	578
MERCY	523	576	574	404	450	421	464	490	461	476	462	469	416	417	458	474	434	436	423	461	521
MERITUS	404	371	357	386	377	341	368	430	364	352	347	334	339	320	322	337	360	341	395	427	543
NORTHWEST	595	676	613	558	575	561	600	883	624	549	609	551	600	559	518	526	628	506	498	752	867
SHADY GROVE	408	424	446	434	546	493	427	437	397	468	395	419	465	468	472	474	524	429	433	471	489
SINAI	638	636	759	699	675	765	737	1,110	945	852	814	819	1,018	834	1,072	777	666	622	693	1,147	1,270
SUBURBAN	510	441	445	457	516	455	485	506	474	429	456	534	457	472	493	507	466	479	918	588	528
TIDALHEALTH PENINSULA		452	446	447	429	430	447	448	437	405	423	383	429	440	434	406	429	458	480	533	515
UM BWMC	684	704	681	683	699	635	740	893	747	721	698	734	813	855	764	654	606	565	664	874	909
UM CAPITAL REGION	859	752	781	714	809	683	793	981	882	821	679	721	632	740	730	627	658	536	666	943	1,068
UM SHORE EASTON	1,452	941	1,468	1,428	1,182	784	1,634	1,867	1,089	1,132	823	832	878	875	843	1,042	1,297	1,083	1,182	1,727	1,659
UM ST. JOSEPH	598	562	641	656	640	494	607	771	583	550	669	650	715	694	517	608	735	520	577	692	705
UMMC DOWNTOWN	658	610	625	669	636	622	651	747	662	742	707	758	697	928	787	825	786	846	827	822	894
UMMC MIDTOWN	647	792	735	614	742	547	676	664	726	640	617	509	493	716	581	590	603	624	588	820	711
UPMC WESTERN MD	373	417	411	473	599	503	430	722	520	394	360	585	536	655	641	659	473	396	837	848	1,062
UPPER CHESAPEAKE	599	662	598	831	789	956	1,074	1,421	717	739	826	809	803	747	738	498	514	523	669	1,064	898
WHITE OAK	1,251	865	1,142	855	1,328	1,212	795	825	677	1,233	1,138	932	914	817	1,018	631	770	784	856	987	826

Latest EDDIE data

Average Median Wait Time All Hospitals for OP-18b

Measure
OP-18b

Change from Base
-166.0 660.0

Hospital Name	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025
AAMC	254.0	251.0	257.0	248.0	256.0	260.0	268.0	266.0	254.0	259.0	251.0	237.0	914.0	254.0	234.0	235.0	223.0	215.0	239.0	255.0	234.0
ASCENSION SAINT AGNES	258.0	235.0	232.0	241.0	216.0	225.0	225.0	234.0	228.0	224.0	230.0			235.0	208.0	217.0	219.0	211.0	214.0	236.0	228.0
ATLANTIC GENERAL	123.0	126.0	130.0	132.0	127.0	122.0	134.0		124.0	121.0	127.0	132.0	125.0	128.0	127.0	130.0	137.0	127.0	128.0	134.0	136.0
CALVERT		229.0	237.0	231.0	251.0	233.0	265.0	216.0	212.0	212.0	218.0	224.0	209.0	216.0	218.0	204.0	197.0	184.0	209.0	220.0	202.0
CARROLL	193.0	201.0	200.0	201.0	220.0	27.0	210.0	207.0	209.0	207.0	209.0	202.0	202.0	212.0	213.0	214.0	203.0	197.0	210.0	293.0	220.0
CHARLES REGIONAL	250.0	247.0	230.0	213.0	226.0	232.0	255.0	259.0	247.0	253.0	250.0	264.0	295.0	287.0	287.0	256.0	240.0	242.0	271.0	292.0	282.0
CHRISTIANACARE, UNION	230.0	234.0	222.0	211.0	211.0	234.0	272.0	265.0	272.0	257.0	260.0	265.0	272.0	243.0	257.0	240.0	239.0	249.0	229.0	241.0	241.0
DOCTORS	302.0	272.0	274.0	260.0	285.0	280.0	301.0	291.0	280.0	251.0	263.0	280.0	264.0	266.0	258.0	268.0	218.0	227.0	258.0	280.0	294.0
FREDERICK		246.0	245.0	232.0	235.0	239.0	256.0	261.0	251.0	229.0	234.0	233.0	235.0	229.0	244.0	239.0	232.0	218.0	227.0	232.0	
FT WASHINGTON	268.0	238.0	261.0	247.0	260.0	259.0	299.0	280.0	265.0	259.0	250.0	240.0	224.0	237.0	235.0	207.0	224.0	217.0	228.0	228.0	209.0
GARRETT			138.0		145.0	144.0	156.0	133.0	132.0	137.0	123.0	134.0	134.0	130.0	131.0	122.0	127.0	120.0	113.0	118.0	128.0
GBMC	262.0	248.0	255.0	265.0	273.0	259.0	282.0	269.0	287.0	286.0	257.0	240.0	230.0	235.0	243.0	248.0	227.0	226.0	225.0	230.0	246.0
GERMANTOWN EMERGENC..	162.0	156.0	159.0	150.0	167.0				190.0	175.0	178.0	165.0	171.0	161.0	173.0		173.0	167.0	185.0	188.0	193.0
GRACE	220.0	243.0	218.0	209.0	212.0	199.0	223.0	215.0	200.0	203.0	197.0	210.0	185.0	185.0	197.0	198.0	168.0	169.0	182.0	198.0	173.0
HOLY CROSS	315.0	298.0	330.0	328.0	324.0	309.0	326.0	334.0	322.0	313.0		320.0	333.0	318.0	321.0	300.0	308.0	294.0	301.0	304.0	309.0
HOLY CROSS GERMANTOWN	237.0	224.0	248.0	232.0	232.0	225.0	242.0	230.0	223.0	226.0		220.0	219.0	215.0	227.0	220.0	225.0	217.0	218.0	223.0	239.0
HOWARD	284.0	287.0	297.0	247.0	268.0	259.0	289.0	275.0	264.0	265.0	275.0	273.0	277.0	276.0	254.0	245.0	265.0	254.0	282.0	277.0	274.0
JH BAYVIEW	290.0	290.0	288.0	268.0	272.0	252.0	250.0	285.0	259.0	286.0	306.0	281.0	289.0	288.0	322.0	319.0	311.0	317.0	308.0	290.0	293.0
JOHNS HOPKINS	320.0	312.0	308.0	299.0	304.0	297.0	298.0	302.0	304.0	302.0	313.0	305.0	318.0	300.0	308.0	305.0	294.0	287.0	289.0	303.0	292.0
MEDSTAR FRANKLIN SQUA..	357.0	373.0	384.0	369.0	376.0	387.0	417.0	416.0	331.0	349.0	354.0	363.0	367.0	393.0	373.0	360.0	346.0	340.0	400.0	421.0	425.0
MEDSTAR GOOD SAMARITA..	234.0	231.0	239.0	225.0	234.0	202.0	237.0	238.0	210.0	208.0	198.0	188.0	190.0	200.0	220.0	580.0	579.0	207.0	223.0	243.0	259.0
MEDSTAR HARBOR	204.0	204.0	201.0	190.0	203.0	176.0	189.0	193.0	178.0	193.0	198.0	201.0	206.0	213.0	204.0	194.0	186.0	187.0	196.0	218.0	224.0
MEDSTAR MONTGOMERY	230.0	224.0	245.0	233.0	256.0	243.0	258.0	265.0	246.0	240.0	228.0	246.0	244.0	244.0	239.0	240.0	230.0	255.0	253.0	268.0	280.0
MEDSTAR SOUTHERN MAR..	366.0	342.0	328.0	324.0	335.0	325.0	384.0	377.0	356.0	359.0	372.0	343.0	343.0	346.0	382.0	531.0	551.0	338.0	381.0	413.0	405.0
MEDSTAR ST. MARY'S	283.0	268.0	271.0	250.0	251.0	247.0	263.0	263.0	250.0	231.0	245.0	231.0	242.0	231.0	236.0	242.0	252.0	225.0	245.0	258.0	287.0
MEDSTAR UNION MEMORIAL	211.0	221.0	226.0	218.0	235.0	215.0	237.0	232.0	225.0	212.0	230.0	205.0	203.0	214.0	210.0	216.0	214.0	208.0	211.0	239.0	253.0
MERCY	230.0	238.0	229.0	217.0	215.0	219.0	233.0	247.0	233.0	236.0	222.0	251.0	233.0	231.0	239.0	230.0	224.0	221.0	222.0	260.0	256.0
MERITUS	223.0	205.0	205.0	219.0	209.0	200.0	224.0	229.0	220.0	216.0	219.0	215.0	216.0	212.0	219.0	226.0	244.0	228.0	266.0	269.0	274.0
NORTHWEST	280.0	282.0	293.0	270.0	284.0	283.0	293.0	266.0	263.0	266.0	270.0	266.0	267.0	253.0	246.0	245.0	232.0	214.0	233.0	245.0	246.0
SHADY GROVE	282.0	256.0	252.0	241.0	247.0	245.0	238.0	217.0	203.0	206.0	227.0	234.0	222.0	217.0	234.0	231.0	223.0	220.0	232.0	240.0	231.0
SINAI	226.0	236.0	245.0	226.0	228.0	230.0	240.0	232.0	225.0	228.0	223.0	226.0	219.0	225.0	222.0	233.0	234.0	241.0	240.0	243.0	249.0
SUBURBAN	226.0	214.0	224.0	214.0	217.0	207.0	207.0	211.0	211.0	204.0	205.0	215.0	200.0	207.0	206.0	211.0	204.0	203.0	282.0	215.0	210.0
TIDALHEALTH MCCREADY			62.0	73.0	83.0	66.0	75.0	67.0	73.0	70.0	68.0	74.0	72.0	60.0	72.0	62.0	63.0	71.0	72.0	67.0	59.0
TIDALHEALTH PENINSULA		184.0	190.0	195.0	196.0	190.0	191.0	183.0	190.0	181.0	182.0	176.0	184.0	182.0	189.0	177.0	168.0	178.0	188.0	180.0	182.0
UM BWMC	312.0	315.0	282.0	279.0	271.0	277.0	274.0	269.0	264.0	273.0	274.0	277.0	263.0	278.0	253.0	251.0	258.0	249.0	278.0	262.0	267.0
UM CAPITAL REGION	261.0	273.0	267.0	260.0	264.0	256.0	283.0	270.0	259.0	253.0	254.0	267.0	263.0	253.0	260.0	241.0	241.0	228.0	248.0	262.0	261.0
UM SHORE CHESTERTOWN	166.0	171.0	160.0	176.0	184.0	147.0	185.0	196.0	177.0	161.0	167.0	167.0	162.0	170.0	159.0	164.0	160.0	157.0	177.0	208.0	179.0
UM SHORE EASTON	176.0	162.0	169.0	171.0	161.0	159.0	175.0	192.0	161.0	169.0	162.0	169.0	164.0	170.0	173.0	171.0	162.0	157.0	162.0	177.0	169.0
UM ST. JOSEPH	308.0	296.0	309.0	314.0	313.0	289.0	317.0	298.0	290.0	281.0	279.0	293.0	291.0	286.0	263.0	264.0	262.0	251.0	272.0	297.0	280.0
UMMC DOWNTOWN	301.0	306.0	298.0	293.0	289.0	290.0	299.0	311.0	319.0	294.0	297.0	292.0	285.0	294.0	287.0	307.0	293.0	292.0	297.0	295.0	292.0
UMMC MIDTOWN	254.0	276.0	267.0	265.0	262.0	231.0	289.0	300.0	271.0	263.0	243.0	251.0	218.0	262.0	239.0	254.0	229.0	225.0	229.0	274.0	271.0
UPMC WESTERN MD	229.0	232.0	246.0	244.0	268.0	249.0	251.0	249.0	247.0	244.0	227.0	234.0	222.0	248.0	247.0	256.0	231.0	232.0	241.0	251.0	268.0
UPPER CHESAPEAKE	269.0	275.0	272.0	265.0	275.0	276.0	304.0	296.0	285.0	269.0	279.0	290.0	283.0	257.0	273.0	244.0	230.0	219.0	257.0	266.0	229.0
WHITE OAK	455.0	403.0	419.0	395.0	452.0	402.0	426.0	444.0	438.0	396.0	386.0	443.0	429.0	425.0	366.0	382.0	383.0	344.0	295.0	307.0	305.0

EMS Turnaround Times: February 2025 Performance

90th Percentile: 0-35 Minutes

Atlantic General Hospital
Cambridge Free-Standing ED
Chestertown
Frederick Health Hospital
Garrett Regional Medical Center
Germantown Emergency Center
Holy Cross Germantown Hospital
Holy Cross Hospital
Johns Hopkins Hospital PEDIATRIC
McCready Health Pavilion
Meritus Medical Center
Peninsula Regional
Queenstown Emergency Center
R Adams Cowley Shock Trauma Center
Shady Grove Medical Center
Walter Reed National Military Medical Center
Western Maryland

>35 Minutes

Anne Arundel Medical Center
Bowie Health Center
CalvertHealth Medical Center-
Easton
Fort Washington Medical Center
Franklin Square
Good Samaritan Hospital
Grace Medical Center
Greater Baltimore Medical Center
Harbor Hospital +
Johns Hopkins Bayview
Johns Hopkins Hospital ADULT
Laurel Medical Center
Mercy Medical Center
Midtown
Montgomery Medical Center -
St. Joseph Medical Center
St. Mary's Hospital -
Suburban Hospital
Union Hospital
Union Memorial Hospital
University of Maryland Medical Center
Upper Chesapeake Health Aberdeen
Upper Chesapeake Medical Center
White Oak Medical Center +

>60 Minutes

Baltimore Washington Medical Center
Capital Region Medical Center
Carroll Hospital Center -
Charles Regional
Doctors Community Medical Center
Howard County Medical Center
Northwest Hospital
Sinai Hospital
Southern Maryland Hospital
St. Agnes Hospital

(+): Hospital improved by one or more categories; **(-)**: Hospital declined by one or more categories

Occupancy Reports

Hospitals with Adult Capacity Concerns

Data for March 20, 2025

Hospitals with 90% or Higher Occupancy in Acute Care and/or ICU Staffed Beds

Hospitals with Occupancy 90%+		Occupancy Staffed Beds		Total Census		Available Staffed		Available Physical	
Region	Hospital	M/S	ICU	M/S	ICU	M/S	ICU	M/S	ICU
Region I	Garrett Memorial Hospital (WVU)	54%	100%	22	4	19	0	19	0
	Western Maryland Medical Center (UPMC)	83%	67%	123	12	25	6	51	6
Region II	Frederick Memorial Hospital	87%	94%	192	15	28	1	28	5
	Meritus Medical Center	100%	95%	228	19	0	1	9	5
Region III	Anne Arundel Medical Center	94%	90%	374	27	24	3	24	3
	Baltimore Washington Medical Center	100%	86%	199	37	0	6	108	30
	Carroll Hospital Center	100%	100%	163	8	0	0	23	2
	Franklin Square (MedStar)	100%	90%	262	38	0	4	0	4
	Good Samaritan Hospital (MedStar)	99%	86%	163	12	1	2	14	4
	Grace Medical Center	50%		5	0	5	0	5	0
	Greater Baltimore Medical Center	71%	38%	142	9	58	15	58	15
	Harbor Hospital (MedStar)	86%	93%	67	13	11	1	11	11
	Harford Memorial Hospital (UMUCH)	70%		7	0	3	0	10	0
	Howard County General Hospital (JHM)	100%	67%	157	18	0	9	48	17
	Johns Hopkins Bayview Medical Center	98%	98%	232	51	5	1	47	1
	Johns Hopkins Hospital	96%	89%	584	98	22	12	31	22
	Mercy Medical Center	87%	91%	135	10	20	1	79	22
	Midtown (UM)	100%	100%	55	15	0	0	0	3
	Northwest Hospital	94%	88%	103	7	7	1	35	9
	Sinai Hospital of Baltimore	89%	86%	248	30	31	5	35	5
	St. Agnes Hospital	90%	69%	205	11	24	5	24	5
	St. Joseph's (UM)	100%	84%	151	16	0	3	23	30
	Union Memorial Hospital (MedStar)	100%	92%	151	22	0	2	31	10
	University of Maryland Medical Center	99%	95%	365	147	5	8	24	21
	Upper Chesapeake Medical Center (UMUCH)	100%	93%	214	13	0	1	0	1
Region IV	Atlantic General Hospital	73%	0%	37	0	14	8	14	8
	Chestertown (UMSRH)	67%		8	0	4	0	7	0
	Dorchester (UMSRH)			0	0	0	0	0	0
	Easton (UMSRH)	87%	100%	101	10	15	0	23	0
	Peninsula Regional Medical Center	71%	78%	192	28	77	8	77	8
	Union Hospital of Cecil County	71%	78%	64	7	26	2	31	5
Region V	Calvert Memorial Hospital	96%	83%	64	5	3	1	9	3
	Charles Regional (UM)	87%	100%	90	6	13	0	14	4
	Doctors Community Hospital	97%	100%	188	19	5	0	19	0
	Fort Washington Hospital	90%	67%	27	4	3	2	6	4
	Ft. Washington ACS			0	0	0	0	0	0
	Holy Cross Germantown	100%	80%	68	12	0	3	0	3
	Holy Cross Hospital	100%	100%	265	49	0	0	0	1
	Montgomery Medical Center (MedStar)	99%	67%	92	4	1	2	28	8
	Prince George's Hospital Center	100%	100%	129	31	0	0	0	9
	Shady Grove Adventist Hospital	94%	91%	183	20	11	2	11	6
	Southern Maryland Hospital (MedStar)	97%	93%	144	28	5	2	5	2
	St. Mary's Hospital	100%	100%	96	12	0	0	35	0
	Suburban Hospital	75%	78%	201	18	67	5	82	6
	White Oak Medical Center	100%	91%	165	21	0	2	12	4
Alternative Care Sites	Washington Adventist ACS			0	0	0	0	0	0

Red Hospitals

33 Red Hospitals (**2** difference from previous day)
26 M/S (**1** difference from previous day)
22 ICU (**0** difference from previous day)
16 Both (**-1** difference from previous day)

Red Hospitals for 20+ Days

19 M/S or ICU
19 M/S
5 ICU
5 Both

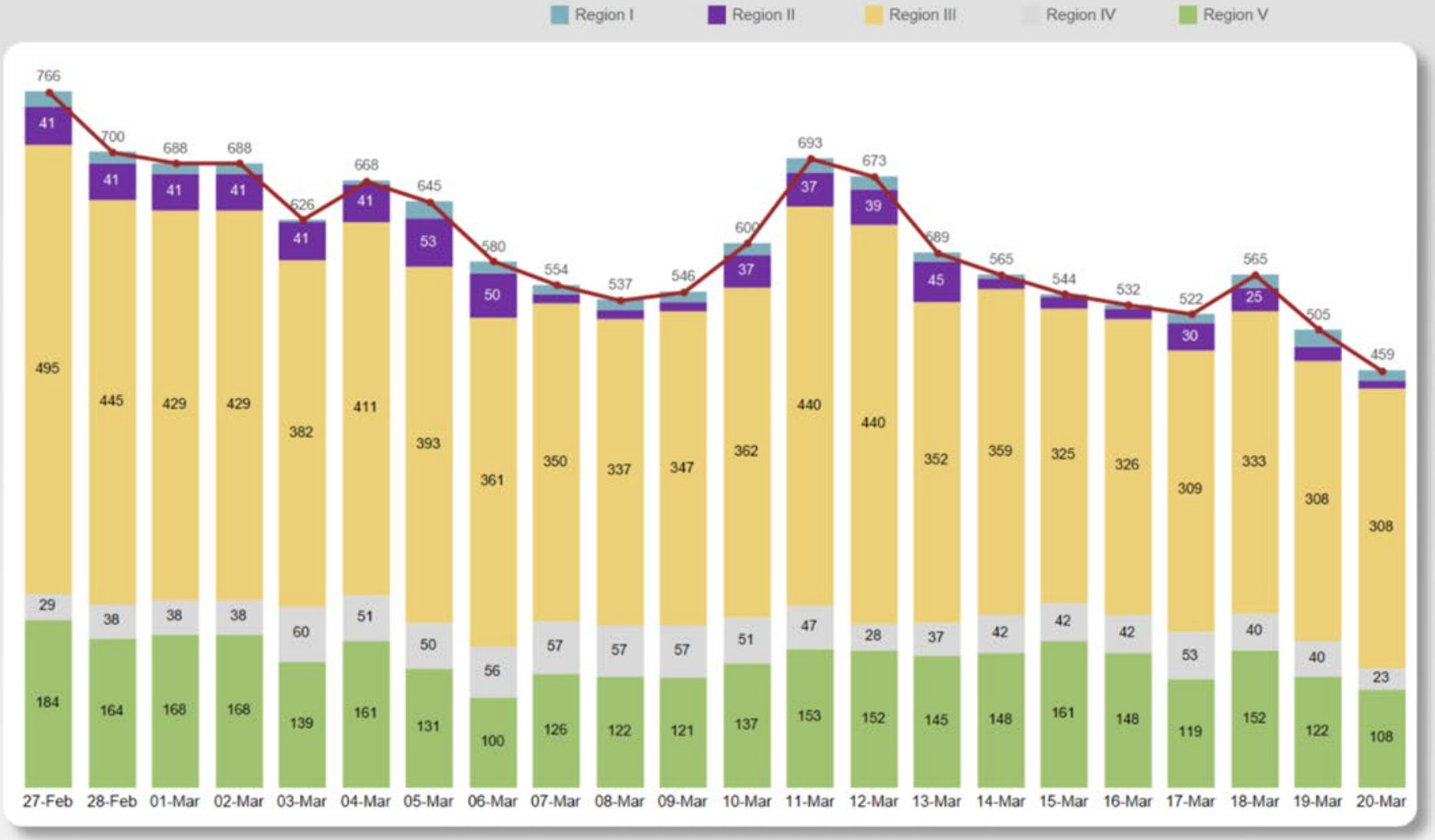
Hospitals New To List

M/S	ICU
Calvert Memorial Hospital	Frederick Memorial Hospital
Carroll Hospital Center	Harbor Hospital (MedStar)
Fort Washington Hospital	Mercy Medical Center
Northwest Hospital	Midtown (UM)
Shady Grove Adventist Hospital	Union Memorial Hospital (MedStar)

Hospitals Dropping Off List

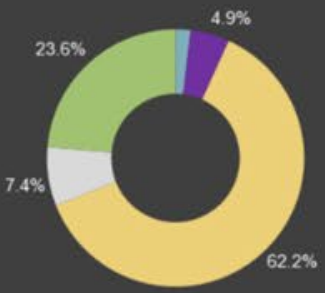
M/S	ICU
Charles Regional (UM)	Baltimore Washington Medical Center
Easton (UMSRH)	Calvert Memorial Hospital
Harbor Hospital (MedStar)	Fort Washington Hospital
Sinai Hospital of Baltimore	Johns Hopkins Hospital
	Montgomery Medical Center (MedStar)

21-Day Overview - Emergency Department Patient Boarding



	27-Feb	28-Feb	01-Mar	02-Mar	03-Mar	04-Mar	05-Mar	06-Mar	07-Mar	08-Mar	09-Mar	10-Mar	11-Mar	12-Mar	13-Mar	14-Mar	15-Mar	16-Mar	17-Mar	18-Mar	19-Mar	20-Mar
Region I	17	12	12	12	4	4	18	13	11	11	11	13	16	14	10	4	4	4	11	15	20	11
Region II	41	41	41	41	41	41	53	50	10	10	10	37	37	39	45	12	12	12	30	25	15	9
Region III	495	445	429	429	382	411	393	361	350	337	347	362	440	440	352	359	325	326	309	333	308	308
Region IV	29	38	38	38	60	51	50	56	57	57	57	51	47	28	37	42	42	42	53	40	40	23
Region V	184	164	168	168	139	161	131	100	126	122	121	137	153	152	145	148	161	148	119	152	122	108
Grand Total	766	700	688	688	626	668	645	580	554	537	546	600	693	673	589	565	544	532	522	565	505	459

ED Patient Boarding by Region in a 21 Day Period



Difference of total ED patient boarding at a state level

Prior Day: **-9.1%**
7 Days Ago: **-22.1%**
14 Days Ago: **-20.9%**
21 Days Ago: **-40.1%**

Detail by Region:

Region	Facility Name	Today
Region III	University of Maryland Medical Center	42
	Upper Chesapeake Medical Center (UMUCH)	42
	Baltimore Washington Medical Center	26
Region V	Holy Cross Hospital	21
	Prince George's Hospital Center	19
	Suburban Hospital	16

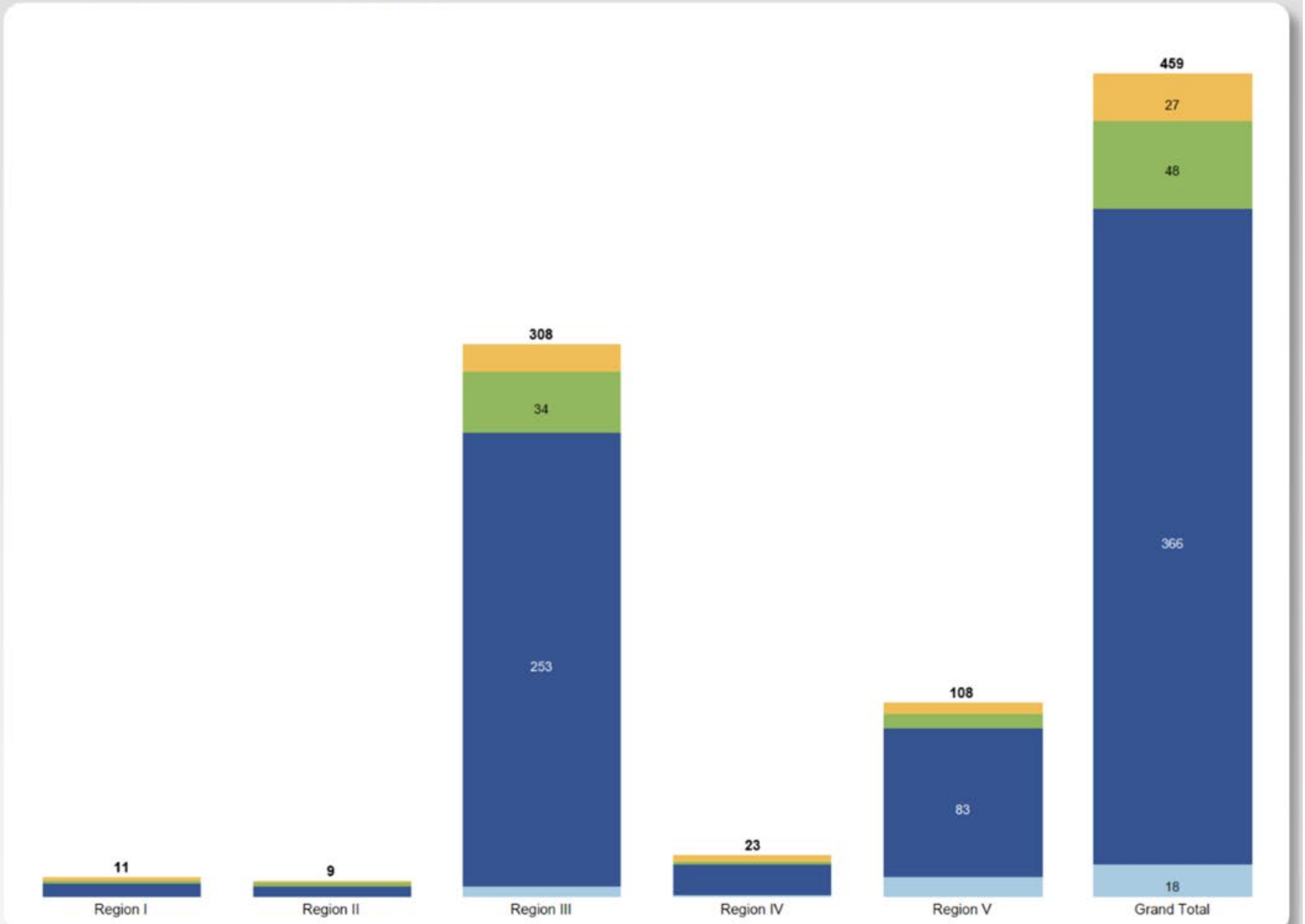
		21 Days
Region III	University of Maryland Medical Center	860
	Johns Hopkins Hospital	790
	Baltimore Washington Medical Center	730
Region V	Prince George's Hospital Center	474
	Holy Cross Hospital	436
	Suburban Hospital	389

Emergency Room Boarding and Census by Region

ED Census

	3/20/2025				
	ICU	M/S	Psychiatric	Awaiting Transfer	Total
Region I	0	7	2	2	11
Region II	0	6	2	1	9
Region III	6	253	34	15	308
Region IV	1	17	2	3	23
Region V	11	83	8	6	108
Grand Total	**18**	**366**	**48**	**27**	**459**

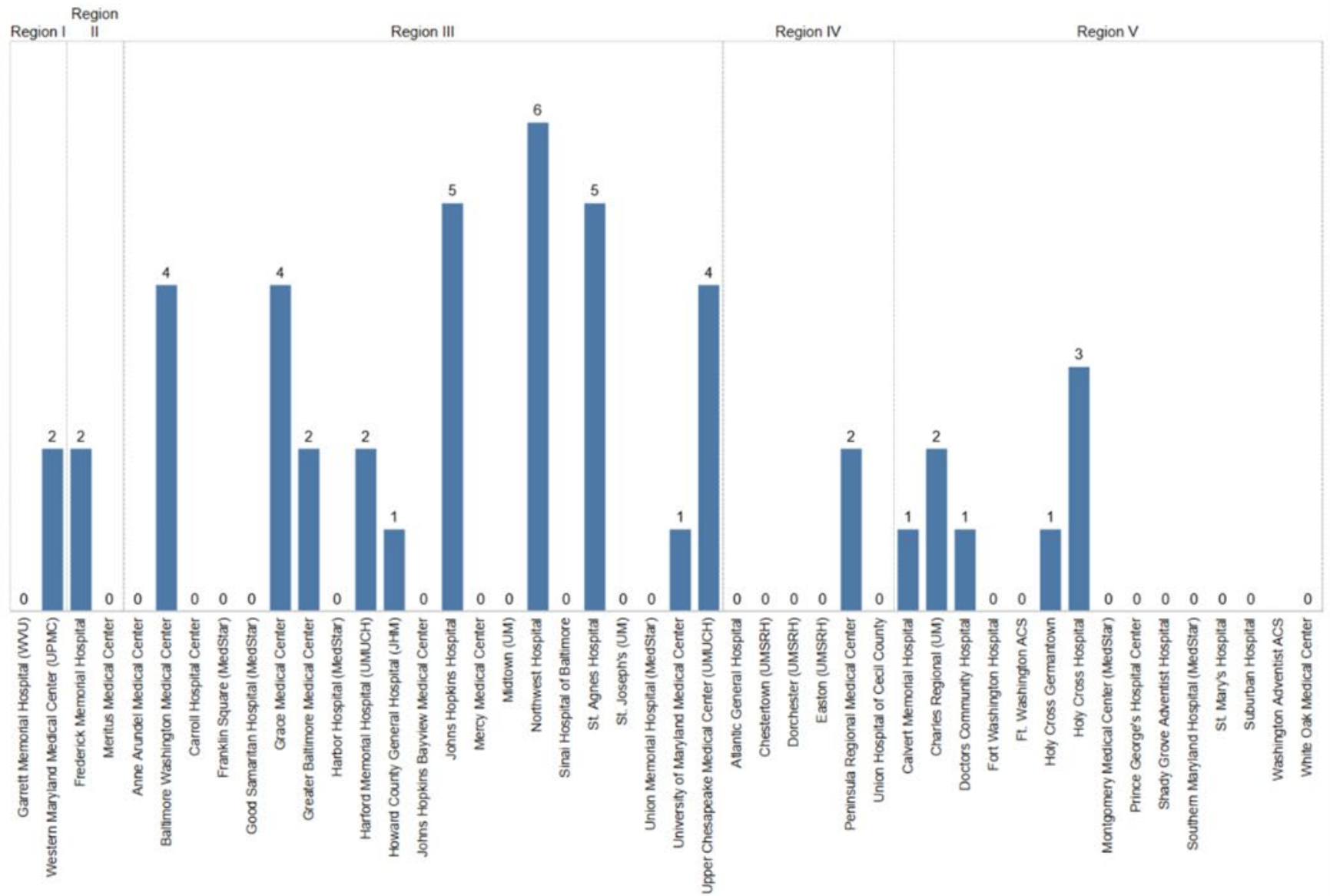
Emergency Room Boarding by Region



ED Boarders Waiting for a Psychiatric Bed or Transfer

Region I	Garrett Memorial Hospital (WVU)	0
	Western Maryland Medical Center (UPMC)	2
	Total	2
Region II	Frederick Memorial Hospital	2
	Meritus Medical Center	0
	Total	2
Region III	Anne Arundel Medical Center	0
	Baltimore Washington Medical Center	4
	Carroll Hospital Center	0
	Franklin Square (MedStar)	0
	Good Samaritan Hospital (MedStar)	0
	Grace Medical Center	4
	Greater Baltimore Medical Center	2
	Harbor Hospital (MedStar)	0
	Harford Memorial Hospital (UMUCH)	2
	Howard County General Hospital (JHM)	1
	Johns Hopkins Bayview Medical Center	0
	Johns Hopkins Hospital	5
	Mercy Medical Center	0
	Midtown (UM)	0
	Northwest Hospital	6
	Sinai Hospital of Baltimore	0
	St. Agnes Hospital	5
	St. Joseph's (UM)	0
	Union Memorial Hospital (MedStar)	0
	University of Maryland Medical Center	1
	Upper Chesapeake Medical Center (UMUCH)	4
	Total	34
Region IV	Atlantic General Hospital	0
	Chestertown (UMSRH)	0
	Dorchester (UMSRH)	0
	Easton (UMSRH)	0
	Peninsula Regional Medical Center	2
	Union Hospital of Cecil County	0
	Total	2
Region V	Calvert Memorial Hospital	1
	Charles Regional (UM)	2
	Doctors Community Hospital	1
	Fort Washington Hospital	0
	Ft. Washington ACS	0
	Holy Cross Germantown	1
	Holy Cross Hospital	3
	Montgomery Medical Center (MedStar)	0
	Prince George's Hospital Center	0
	Shady Grove Adventist Hospital	0
	Southern Maryland Hospital (MedStar)	0
	St. Mary's Hospital	0
	Suburban Hospital	0
	Washington Adventist ACS	
	White Oak Medical Center	0
	Total	8
Grand Total		48

Note: A boarder is defined as someone who reqires an admission but no bed is available.



Capacity/Occupancy Report Draft

Draft Capacity Report

Note: For illustrative purposes only; some data fields are incorrect, Mathematica is reviewing how to pull the data; additional data fields to be added; will combine MIEMMS reports from previous slides with case mix data as noted

Row Labels	Average ED LOS (minutes)	ED Visits	Total IP Admissions	% IP with ED	Census Beds M/S	IP/Beds	IP Average LOS (days)	IP Average LOS - HOME (days)	IP Average LOS- Post-acute (days)	Patients discharged to home (%)	Patients discharged to Post-acute facility (%)	APR DRG SOI adjusted IP Average LOS (days)	Patients with an observation stay (%)	Occupancy rate - physical beds (%)	Occupancy rate -staffed beds (%)	Adjusted occupancy rate - physical beds (%)	Adjusted occupancy rate - staffed beds (%)
Adventist White Oak	382	39,289	12,377	60.6%	151	81.97	5.47	3.51	9.45	66.6%	29.6%	4.56	18.6%	93.5%	94.5%	78.0%	78.8%
Anne Arundel	269	93,900	28,438	52.3%	377	75.43	4.02	2.78	7.30	71.4%	25.4%	4.40	15.5%	68.5%	68.5%	75.0%	75.0%
Ascension Saint Agnes	235	66,848	11,535	66.9%	217	53.16	4.37	3.11	7.81	69.3%	26.5%	5.09	21.6%	55.6%	55.6%	64.9%	64.9%
Atlantic General	154	33,246	2,828	93.0%	13	217.54	4.02	3.11	5.02	50.4%	44.4%	5.11	11.9%	51.7%	51.7%	65.7%	65.7%
Calvert	236	35,681	5,805	75.1%	60	96.75	3.73	3.07	5.19	67.9%	28.9%	5.05	6.0%	73.4%	82.6%	99.5%	112.0%
Carroll	207	47,399	9,989	81.3%	148	67.49	4.43	3.31	6.39	61.3%	35.4%	5.05	49.1%	59.8%	71.7%	68.2%	81.8%
ChristianaCare, Union	237	33,873	6,495	85.7%	65	99.92	4.13	3.14	5.78	57.8%	36.1%	4.81	14.1%	67.0%	72.5%	78.0%	84.3%
Doctors	292	46,938	9,540	90.8%	188	50.74	5.87	4.32	8.54	62.7%	32.2%	5.58	12.0%	67.3%	71.4%	64.0%	67.9%
Frederick	228	74,591	16,877	66.5%	189	89.30	4.57	3.45	6.73	62.8%	33.2%	4.71	7.8%	84.2%	85.6%	86.7%	88.1%
Ft. Washington	275	23,706	1,931	96.0%	15	128.73	4.80	3.59	6.23	49.3%	46.1%	4.96	21.0%	61.5%	74.2%	63.5%	76.6%
Garrett	157	15,790	1,986	65.0%	9	220.67	3.16	2.39	4.26	57.5%	40.6%	4.41	38.6%	33.7%	33.7%	47.0%	47.0%
GBMC	264	55,213	16,200	49.8%	162	100.00	4.12	2.99	7.41	73.2%	24.9%	4.24	54.5%	79.3%	79.3%	81.7%	81.7%
HC-Germantown and Germantown ED	244	55,310	7,069	55.4%	68	103.96	4.42	3.19	7.46	70.2%	26.5%	4.44	38.1%	109.4%	109.4%	110.1%	110.1%
Holy Cross	338	64,794	28,591	33.2%	265	107.89	4.69	3.62	8.72	79.2%	18.3%	4.30	17.3%	113.0%	118.5%	103.5%	108.6%
Howard County	297	69,588	17,769	68.9%	158	112.46	4.23	3.08	6.40	65.0%	31.9%	4.70	24.2%	81.9%	105.0%	91.0%	116.6%
JH Bayview	305	50,804	17,592	66.8%	223	78.89	6.76	4.15	10.46	54.0%	39.8%	5.89	9.4%	90.4%	103.5%	78.8%	90.2%
Johns Hopkins	330	88,586	43,216	45.8%	557	77.59	7.65	5.11	13.11	67.5%	28.8%	6.71	14.7%	99.2%	103.5%	87.1%	90.9%
MedStar Fr Square	346	64,303	19,876	64.1%	262	75.86	5.25	3.85	8.44	68.2%	28.4%	5.67	36.1%	91.3%	91.3%	98.5%	98.5%
MedStar Good Sam	232	38,490	8,051	80.1%	157	51.28	6.36	4.16	8.33	44.3%	51.6%	7.23	43.9%	68.7%	79.9%	78.2%	90.8%
MedStar Harbor	192	40,730	7,717	68.4%	76	101.54	4.67	3.85	6.66	67.6%	28.4%	5.24	38.5%	89.9%	97.5%	100.8%	109.4%
MedStar Montgomery	238	35,059	6,173	74.4%	100	61.73	4.92	3.42	6.53	51.5%	44.9%	5.66	40.0%	58.6%	69.5%	67.4%	79.9%
MedStar Southern MD	331	45,361	10,336	71.4%	138	74.90	4.85	3.51	7.98	68.4%	26.5%	5.51	17.3%	81.3%	81.3%	92.5%	92.5%
MedStar St. Mary's	269	42,546	6,915	60.6%	96	72.03	3.76	2.93	6.31	72.9%	24.2%	4.36	12.9%	55.2%	67.5%	64.0%	78.2%
MedStar Union Mem	218	43,641	8,706	69.6%	156	55.81	5.58	3.75	8.20	54.8%	39.5%	5.76	24.8%	61.9%	72.0%	63.9%	74.3%
Mercy	243	42,225	12,150	32.8%	140	86.79	4.15	3.11	7.28	73.4%	23.7%	4.29	10.3%	54.2%	78.9%	56.1%	81.7%
Meritus	217	72,686	17,260	70.4%	218	79.17	4.17	2.91	6.67	63.4%	32.2%	4.98	10.5%	68.0%	72.3%	81.1%	86.3%
Northwest	291	44,378	7,793	85.7%	118	66.04	6.59	5.35	8.20	51.3%	42.9%	6.29	52.8%	94.2%	94.2%	89.9%	89.9%
Peninsula	192	78,954	17,785	65.7%	202	88.04	4.17	2.88	6.30	61.1%	34.7%	4.90	14.9%	75.1%	75.1%	88.3%	88.3%
Shady Grove	235	65,073	21,264	53.4%	200	106.32	5.10	3.99	8.28	73.2%	23.3%	4.58	14.5%	121.0%	128.0%	108.6%	114.8%
Sinai	176	63,117	16,905	64.9%	263	64.28	7.57	5.32	12.39	65.2%	30.1%	6.27	36.0%	96.3%	98.6%	79.7%	81.6%
Suburban	228	54,308	12,034	84.6%	190	63.34	5.56	3.63	6.86	42.0%	53.2%	5.98	21.2%	58.0%	73.9%	62.4%	79.5%
UM-Capital Region Med	271	37,773	12,570	59.4%	164	76.65	5.19	3.68	9.81	73.9%	22.1%	5.61	7.9%	105.5%	114.3%	113.9%	123.4%
UM-Charles Regional	234	45,888	5,487	77.5%	91	60.30	4.94	3.14	7.29	55.7%	40.3%	5.26	8.4%	65.1%	79.5%	69.4%	84.7%
UM-Chestertown	158	10,806	378	87.3%	91	4.15	4.80	3.73	5.40	32.3%	63.1%	5.08	30.8%	24.7%	24.7%	26.2%	26.2%
UM-Easton	177	26,575	7,338	65.0%	105	69.89	5.01	3.26	7.53	57.4%	39.1%	5.46	18.2%	67.7%	70.3%	73.8%	76.6%
UMMC	293	49,399	22,002	40.4%	358	61.46	7.80	4.80	13.86	64.4%	30.6%	7.73	5.3%	80.3%	83.3%	79.5%	82.5%
UMMC Midtown	291	17,371	3,942	66.9%	55	71.67	9.21	6.35	14.67	57.6%	35.7%	7.20	8.4%	134.0%	141.8%	104.7%	110.8%
UM-St. Joe	296	38,983	15,915	55.1%	151	105.40	4.14	3.02	6.51	67.7%	30.4%	5.09	17.0%	77.8%	102.0%	95.8%	125.5%
UM-Upper Chesapeake	178	48,209	13,564	73.3%	204	66.49	4.52	3.08	6.50	57.5%	38.9%	4.93	15.3%	67.3%	68.5%	73.5%	74.8%
Western Maryland	244	32,363	10,142	73.6%	140	72.44	5.11	3.75	7.27	58.3%	34.9%	5.73	12.6%	78.0%	81.5%	87.4%	91.4%

Capacity calculator

Capacity Calculator Draft-for demonstration only

		Volume and LOS (Current State)	Predictive Modeling	
Volume	Number of Critical Care Admissions Annually (Dispo: Home)	1,300	1,300	
	Number of Critical Care Admissions Annually (Dispo: Post Acute/Transfer)	500	500	
	Number of Critical Care Admissions Annually (Dispo: Deceased)	250	250	
	Number of Acute Care Admissions Annually (Dispo: Home/Deceased)	8,000	7,900	Could change depending on readmission patterns
	Number of Acute Care Admissions Annually (Dispo: Post-Acute/Transfer)	2,000	2,000	
	Number of Observation Cases Annually	5,000	4,900	Could change if more patients discharged from ED
LOS	Average LOS *in Critical Care* (Dispo: Home)	3.1	3.1	
	Average LOS *in Critical Care* (Dispo: Post Acute/Transfer)	5.2	5.2	
	Average LOS *in Critical Care* (Dispo: Deceased)	4.3	4.3	
	Average LOS for CC Admissions *on the floor* (Dispo: Home)	5.2	5.2	
	Average LOS for CC Admissions *on the floor* (Dispo: Post Acute/Transfer)	12.7	12.0	Could change with improvements in transitions to post acute
	Average LOS for Acute Care Admissions (Dispo: Home/deceased)	4.6	4.4	Could change if hospital has opportunity to improve processes to reduce LOS
	Average LOS for Acute Care Admissions (Dispo: post acute/transfer)	8.6	8.2	Could change with improvements in transitions to post acute
	Average LOS for Observation Cases	1.4	1.2	Improved Obs processes
Bed Days	Bed Days Needed in the ICU annually	7,705	7705	
	Bed Days Needed on Floor for CC patients annually	13,110	12760	
	Bed Days Needed for Acute Care Admissions annually	54,000	51160	
	Bed Days Needed for Observation patients annually	7,000	5880	

		Actual capacity @ 100% occupied	Predicted need at @100% capacity	Actual capacity @ 95% occupied	Predicted need at @95% capacity	Actual capacity @ 90% occupied	Predicted need at @90% capacity	Actual capacity @ 85% occupied	Predicted need at @85% capacity
Capacity	ICU Beds	21.11	21.11	22.22	22.22	23.46	23.46	24.83	24.83
	Acute Care Beds for CC patients	35.92	34.96	37.81	36.80	39.91	38.84	42.26	41.13
	Acute Care Beds for Acute Care patients	147.95	140.16	155.73	147.54	164.38	155.74	174.05	164.90
	Total Acute Care Beds Needed	183.86	175.12	193.54	184.34	204.29	194.58	216.31	206.03
	Observation Beds	19.18	16.11	20.19	16.96	21.31	17.90	22.56	18.95
	Acute Care + Observation	203.04	191.23	213.73	201.30	225.60	212.48	238.87	224.98
	Acute Care + Observation + Critical Care	224.15	212.34	235.95	223.52	249.06	235.94	263.71	249.81

Capacity, Operations & Staffing Subgroup

Capacity, Operations & Staffing Subgroup Updates

- First meeting tentative date-April 30, 2025
- Membership in review
- Work in progress includes:
  - Access study
  - ED Bed Analysis, all Maryland hospitals
  - Capacity/Occupancy Report in development with Data Subgroup

Site Visits

Site Visit Updates

- Successful Site Visit to Suburban on 2/28-attendees to share

- Upper Chesapeake Medical Center site visit in Bel Air has been scheduled for Tuesday, April 15, 11a-2p. Invitation sent out, additional instructions for building location and parking will be provided when received

- Johns Hopkins Hospital Site Visit in Baltimore is being scheduled for Mid-May. Invitation will be sent once the date is confirmed

Baltimore Crisis Site Visit

Dr. Morhaim and Jonathan Davis Verbal Update

Open Forum

Open Forum

- Pediatric Emergency Department Representation on ED WTR Commission and/or subgroups
- https://www.forbes.com/sites/jessepines/2025/03/19/americas-emergency-department-boarding-crisis-finally-theres-a-bit-of-action/
- ED Commissioner Dialogue
- Symposium: Promoting Medical and Psychiatric Advance Directives (flyer on the next slide)

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Hosted by The University of Maryland's Evidence-Based Practice Center with funding through the MDH Behavioral Health Administration.

SYMPOSIUM:
PROMOTING MEDICAL AND PSYCHIATRIC ADVANCE DIRECTIVES

Please join us for a live & virtual webinar focused on traditional Advance Directives and Psychiatric Advance Directives.
For Maryland Public Behavioral Health Providers Serving Teams: Assertive Community Treatment, Coordinated Specialty Care / First Episode Psychosis, EBP Supported Employment, & Transition Age Youth

This is open to ALL team members and we encourage everyone to join!

WEDNESDAY
APRIL 23, 2025

10:00am - 1:00pm

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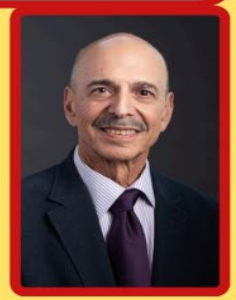
DR. DAN MORHAIM, MD



Advocate for Advance Directives; Career ED physician, Maryland State legislature for 24 years, author of "The Better End".

KAELY WHITTINGTON, CPRS

Training Coordinator at On Our Own of Maryland. Nationally recognized expert in the area of Psychiatric Advance Directives

Agenda with full CEU information will be available soon in the registration system.
1.5 Maryland CPRS CEUs will be available only for the PAD presentation.
2.75 CEUs for Maryland social workers, psychologists, professional counselors & therapists; alcohol and drug counselors.

Next Steps

- Next Meeting: scheduled for May 21, 2025, need to reschedule. Propose June 4?
- Please visit the ED Wait Time Reduction Commission Webpage for all materials.