

Summary of the “Future of Emergency Care: Hospital-Based Emergency Care at the Breaking Point” Recommendations

Enhanced Operational Efficiency

Hospital chief executive offices adopt enterprise-wide operations management and related strategies to improve the quality and efficiency of emergency care.

CMS should remove current restrictions on the medical conditions that are eligible for separate clinical decision units payments.

Incentives to reduce crowding and boarding

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) should reinstate strong standards that directly address ED crowding, boarding, and diversion.

Hospitals should end the practices of boarding patients in the ED and ambulance diversion, except in the most extreme cases, such as community mass casualty event. CMS should convene a working group that includes experts in emergency care, inpatient critical care, hospital operations management, nursing and other relevant disciplines to will develop boarding and diversion standards, as well as guidelines, measures and incentives for implementation, monitoring and enforcement of these standards.

Leadership in Improving Hospital Efficiency

Training in operations management and related approaches should be promoted by professional associations; accrediting organizations such as JCAHO and the National Committee for Quality Assurance (NCQA); and educational institutions that provide training in clinical, health care management and public health disciplines.

Use of Information Technology

Hospitals adopt robust information and communications systems to improve the systems to improve the safety and quality of emergency care and enhance hospital efficiency.

The Burden of Uncompensated Care

Congress should establish dedicated funding, separate from SH payments, to reimburse hospitals that provide significant amounts of uncompensated emergency and trauma care for the financial losses incurred by providing those services.

Congress immediately appropriate \$50 million for this purpose, to be administered by CMS. CMS should establish a working group to determine the allocation of these funds, which should be targeted to providers and localities at greatest risk; the working group should then determine funding needs for subsequent years.

Approaches to Improve Disaster Preparedness

Congress should significantly increase total disaster preparedness funding in FY 2007 for hospital emergency preparedness in the following areas: strengthening and sustaining trauma care systems; enhancing ED, trauma center and inpatient surge capacity; improving EMS response to explosives; designing evidence-based training programs; enhancing the availability of decontamination showers, standby ICU capacity; negative pressure rooms, and appropriate personal protective equipment; conducting international collaborative research on the civilian consequences of conventional weapons (CW) terrorism.

All institutions responsible for the training, continuing education and credentialing and certification of professionals involved in emergency care (including medicine, nursing, EMS, allied health, public health and hospital administration) should incorporate disaster preparedness training into their curricula and competency criteria.

On-Call Specialists

Hospitals, physician organizations and public health agencies should collaborate to regionalize critical specialty care on-call services.

Exposure of Emergency Providers to Medical Malpractice Claims

Congress should appoint a commission to examine the impact of medical malpractice lawsuits on the declining availability of providers in high-risk emergency and trauma care specialties and to recommend appropriate state and federal actions to mitigate the adverse impact of these lawsuits and ensure quality of care.

The Rural Workforce

The committee recommends that states link rural hospitals with academic health centers to enhance opportunities for professional consultation, telemedicine, patient referral and transport and continuing professional education.

Need for Emergency Care Research

The Secretary of the Department of HHS should conduct a study to examine the gaps and opportunities in emergency and trauma care research and recommend a strategy for the optimal organization and funding of the research effort. This study should include consideration of training of new investigators, development of multi-center research networks, funding of General Clinical Research Centers that specifically include an emergency and trauma care component, involvement of emergency and trauma care researchers in the grant review and research institute. Congress and federal agencies involved in emergency and trauma care research (including the DoT, HHS, the DHS and DoD) should implement the study's recommendations.

Regionalization

HHS and NHTSA, in partnership with professional organizations, convene a panel of individuals with multidisciplinary expertise to develop an evidence-based categorization system for EMS, EDs and trauma centers based on adult and pediatric services capabilities.

In addition, NHTSA, in partnership with professional organizations, convene a panel of individuals with multidisciplinary expertise to develop evidence-based model pre-hospital care protocols for the treatment, triage and transport of patients.

Accountability

HHS should convene a panel of individuals with emergency and trauma care expertise to develop evidence-based indicators of emergency care system performance.