



Most Asked Questions For WA ACEP Report Card 2014

- 1) What is the Report Card all about?
 - A) A State-by-State Report Card in 2014 evaluating conditions under which Emergency Care is being delivered. **IT IS NOT THE QUALITY OF CARE PROVIDED AT THE BEDSIDE.** It looks at 136 measures in 5 Categories. In 2009 the National average was a C-, in 2014 the national grade average has dropped to a D+. This is a wake up call to action for all Community Leaders, Legislators, and everyone who touches or uses Health Care. We need to focus on measures to improve this environment.
- 2) What are the 5 Categories that were examined? Our 5 categories & talking points:
 - A) Access to Emergency Care- “The best medicine in the world can’t help you if you can’t get to it.” WA state ranks third WORST for number of psychiatric care beds in the country, leaving the ED’s & patients held for days in ED beds without access to the care they need (and removing those beds from use for other emergencies). WA has some of the lowest staffed inpatient & intensive care unit beds in the nation. “Throughput bottlenecks in the ED”.
 - B) Medical Liability Reform- Without meaningful medical liability reform, Specialists backing up ED’s are less likely to practice in this state, or take ED back-up call. Frivolous lawsuits drive up the cost of medicine, Period
 - C) Quality & Patient Safety Environment- Between quality metrics and our organization for trauma, stroke & cardiac care we are among the nation’s best. Our data sharing among institutions is among the best, but still needs improvement to save costs & coordinate care.
 - D) Public Health & Injury Prevention- Among the top 5 in the nation. Many eyes are on us as we legalize Marijuana and follow it’s Consequences.
 - E) Disaster Preparedness- Ranked 50th out of 50, LAST! Policy makers must focus on policy & funding to raise WA to the level set in Boston during the Marathon bombing. Our state budget for this is almost 50% lower then the national average, with no state funds, only Federal funding. We have no statewide, or Hospital mandated Surge Capacity Plans. It will happen... Will we be ready?
- 3) Why a D+... Are we that bad in WA State?
 - A) We ranked 35th in the Nation not because we lead in some categories like Quality, but because we FAILED in 3 categories. These speak

directly to the need for support from communities & legislators to help support funding, and decongest overcrowding.

- 4) Give me a few examples of how patients suffer from this “Environment of Care Failure”?
 - A) Pick 3 examples, here are mine:
 - A mental health patient judged to be a threat to others, only controlled by 4 point restraints. They lay tied to a gurney in the ED for 6 days, two beds down from a stroke patient, awaiting a certified psychiatric bed where their care can truly begin. EVERY ED has this story, some twelve beds deep today.
 - A patient with a broken jaw from an accident can only find a specialist to repair this, in 9 days, at a hospital 70 miles north, because no oral specialist chooses to risk practice backing up the local ED. Liability reform prevents our back-up for EMTALA mandated care.
 - A backpack filled with nails & explosives sits on a bench in Spokane, but is found prior to its detonation during a parade. Boston, 2 years before. Had it gone off, would the state have been able to rally to the needs of that community? An “F” would suggest we are at risk.
- 5) What is WA ACEP doing to improve our situation specifically?
 - A) First, trying to educate everyone on the crisis we are facing. Trying to speak on behalf of our patients tonight and in 2019. There are specific focuses we are highlighting that need immediate attention.
 - B) A solution to the unacceptable lack of access to inpatient psychiatric care for many of our most at risk patients, friends, & family members. We are dangerously at the bottom of the list of the care we are able to offer these people, and they languish, often congesting and overwhelming our ED’s. A statewide priority for this solution needs to have happened yesterday, and the courts have already stated it is unlawful.
 - C) We need a statewide mandated Surge Capacity Plan to be formulated at every Hospital and submitted for review. This prepares us for a Boston Marathon disaster, and the super busy Monday morning next week. Many ACEP members & brilliant individuals work at every level to try to solve this over & over every day. Lets Quantify & Formalize the process, and codify it statewide.
 - D) Working to find funding for the overlooked areas that we rank near or at the bottom of the national list.
- 6) What can our readers/ listeners do to help?
 - A) GET ENGAGED & INVOLVED! Let your legislators know that our health & wellbeing is at the top of our priority lists. Especially when we are the sickest and most in need of care. Support the factors that make it possible for our Heroes in the Emergency Departments to be successful, put lives back together, and save lives.
- 7) Isn’t this expensive? Aren’t Emergency Rooms the MOST expensive places to get care? Does getting an “A” mean bankrupting the rest of the system?

- A) Removing the financial barriers to accessing health care is a good thing. Practicing fiscally responsible medicine is mandatory moving forward in 2014. ACEP working through the “ER’s is for Emergencies Task Force” is leading the way toward getting the right people, to the right place, at the right time. This will mean cost savings if that right place is to primary care, BUT MUST support access to the ED when people need that. By working to coordinate care across all aspects of medicine, we saved the State Budget over \$32 million dollars last year. We don’t need to “break the bank”, we need to solve the bottlenecks and fund smart medicine, which actually saves dollars in the long run.
- 8) Doesn’t the ACA solve all of this?
- A) Removing financial obstacles to accessing health care is a good thing. With all its start up problems, the ACA is a first baby step in that direction. But “having insurance” in no way guarantees having access to health care. The most recent study published in Science, out of Oregon, shows getting some additional Medicaid coverage increases visits to both Primary Care & Emergency Departments for the first 18 months. The key moving forward is increasing access to the Primary Care portion of health maintenance, and coordination of the highest utilizer’s needs. The Report Card speaks directly to this need for access; an area WA state is trying to improve upon, but still faces a huge climb.
- 9) So... What’s an “A” state look like, and how do we get there?
- A) There was no “A” state; no one has all the answers. That’s why a national dialogue is needed, to find everyone’s best practices, and share those. Fore instance, the “WA State 7 Best Practices” is a landmark, national benchmark for coordinating the needs of our highest utilizers & most at risk patients in the ED’s of our state. So give us an A there. But to strive to become an “A” state overall, we have to use the Report Card as a map to show us our failures and direct us to role models. So, we can coordinate disaster responses like Massachusetts. So, we can adopt liability reform and benefit from the increased recruiting and engagement to hospital’s ED back up, like Texas. So, we can look at solutions in certain markets like San Antonio for care for chronic inebriation, or using Telemedicine to evaluate and hospitalize psychiatric patients (like Boston). All this needs to be done with the intent of decongesting the ED’s to allow them to focus on the sickest & most critically injured in our communities.

TAKE HOME QUOTE

The ACEP Report Card is an evaluation of the Environment of Health Care in our communities that support Emergency Medicine. It is not a grade on the quality of care at the bedside. With a D+ grade, it is a stark wake up call to action for everyone

who can influence Health Care Policy, or needs to access Emergency Care. That is pretty much everyone. In WA, the starting points are Mental Health Care, and creation of Surge Capacity Plans to decongest our EDs. The American College of Emergency Medicine is proud to take ownership of the things we can control, and offer leadership to all who seek to raise our Grade.