COLORADO CHAPTER
American College of Emergency Physicians
ADVANCING EMERGENCY CARE

From the Perspective of Colorado's Emergency Medicine Physicians

As our health care system continues to struggle with multiple stressors on the system, we are at a breaking point. Emergency Departments (EDs) are the front-door to most hospital care and an access point for those with acute illness, and we are currently dealing with conditions that have never been seen before in our state. In addition, we are always the safety net for those who are uninsured, disenfranchised and without other options for their healthcare.

Nursing shortages decrease the number of physical beds a hospital can staff which leads to significant downstream problems. As patients arrive in our EDs requiring life-saving treatments and subsequent admissions, there are often no inpatient beds available and we are forced to "board" them in the ED. In this situation, we effectively shrink the number of beds for new ED patients as they are now occupied by inpatients. In addition, these boarders are being managed by ED nurses who are not as skilled in managing these patients as would an inpatient nurse. This leads to erosion of the quality of care for all of our patients. Of course, this also limits our ability to care for patients brought in by our EMS partners due to staffing and space shortages. This delays care and leads to clinicians and nurses assessing and treating patients where they are able, often in triage or the waiting room. This creates further inefficiencies in care and subsequently jeopardizes our patient's care. Patients boarding in the ED often results in hospitals going on divert, straining our already fragile EMS system as they are unsure where to take their ill patients. On top of this, as our COVID volumes grow exponentially, we lose the ability to separate potential COVID patients from patients who are there for other reasons such as cancer related illnesses, thus exposing vulnerable patient populations to COVID.

This situation is only going to worsen over the next few weeks and many of these problems will persist even after we see the COVID wave crest. We humbly ask Governor Polis and the State Legislature to seriously consider the following issues as our health care system and ED care are on the brink of collapse. We need your help ASAP!

1) There is a lack of access to rapid testing. Many patients who are not ill or minimally ill are coming to ED which further stresses EDs but also potentially exposes other non-COVID patients to a potentially lethal disease. In addition, testing supplies are running low and often hospitals do not have the supplies or resources to test these patients.

2) With Colorado hospitals at capacity, there are significant liability risks for clinicians and hospitals caring for patients currently. ED physicians are assessing, treating and managing their patients in sub-optimal spaces which are not designed to care for our sickest Coloradans. This includes hospital waiting rooms, hallways and triage areas. This can lead to delays in care, delays in medication administration and the creation of high risk situations. Further, on a daily basis, we are discharging patients who normally would be admitted due to a lack of beds. Without the Crisis Standards of Care in place, this imposes a huge burden and risk on clinicians. Additionally, individual clinicians are forced to decide how to allocate scarce resources – deciding who gets admitted or boarded in the ED and discharging many patients that would typically be admitted under usual standards of care. We need the activation of crisis standards of care or legislative action similar to Utah which protects clinicians for all care during the COVID crisis. See legislation here: https://le.utah.gov/xcode/Title58/Chapter13/C58-13_1800010118000101.pdf

3) In the coming weeks and months, there will be additional availability of oral medications that can be used to treat COVID to minimize further deaths. It is likely Emergency Departments will see an increased number of patients seeking these treatments. We need assistance from the state in educating our fellow Coloradoans regarding who is eligible and how to obtain these treatments. In several states local health departments serve as the gatekeepers for which patients qualify for IV or oral monoclonal antibody therapy. In other words, clinicians refer patients to the health department who they believe qualify and should receive the therapy, and local health department which keeps track of limited therapy availability. Subsequently, patients are quickly assigned to receive said therapy if they qualify. Many health departments in Colorado have insufficient staffing to perform this time-critical triage function seven days per week.

4) Nursing shortage decreases beds throughout all systems which then leads to boarding as inpatient beds are unavailable and the hospital is unable to staff those beds. This causes increased wait times and forces clinicians to see most all patients in triage area currently. More nurses via FEMA or the National Guard would be helpful in the short term. This means nurses who are skilled in the area of acute care and management of the acutely ill.

5) In 2020 Governor Polis issued an order halting elective surgeries. Currently, some hospital systems are tiering their surgeries and limiting or delaying surgeries that can safely be delayed. There is no mechanism of ensuring all hospital systems are limiting non-emergent surgeries equally and therefore some hospitals are bearing the brunt of increased patient loads from EMS since they have more beds available. We need a mechanism of transparency to ensure all hospitals are playing by the same rules in order to provide the best care to the greatest number of patients.

6) Colorado is lacking the ability for any hospital across the state to transfer patient to higher level of care hospitals or another hospital when they are full. The statewide

system EMResource is good for EMS, but has not been fully disseminated to providers as a tool. Further, the state transfer center has not performed optimally. In many instances, calls go unanswered and the transfers center's information is not up to date. Fully staffing the call center so rural and urban hospitals alike can call and get assistance with locating a bed would then offload already busy clinicians from spending hours doing this on their own. Further, the EMS system is already stretched thin and unable to provide transport services and are also not getting reimbursed for many of these transports, thus disincentivizing them to provide transportation in a timely fashion.

7) Even while our ED clinicians are placing themselves and their families at risk every day and are providing life-saving care, insurance companies continue to deny payments for care in our EDs. This further exacerbates the decline in ED clinician's mental health and increases burnout. Remember, these physicians are already stretched thin, both from a personal and financial standpoint from the initial 2020 COVID disruption. ED groups are spending more and more time attempting to get proper reimbursement for the life-saving care being provided in our EDs. This has been getting progressively worse as the administration and legislature continue to support policies giving insurance companies even more leverage and the lack of oversight of their predatory practices. All the while, those same insurers continue to have soaring profit margins with executives being paid millions of dollars and patient premiums inexplicably rising.

CO ACEP wants to be at the table to resolve the above identified issues and offers the following suggestions:

1) Communication
    - The State of Colorado needs to communicate with its citizens as to when to seek care in the ED related to COVID or other illnesses or injuries; where to seek care versus where to go for testing; and who is eligible for the different treatment modalities, when and where an eligible patient may access monoclonal antibodies and which form of the monoclonal antibodies are best suited for which patients.
    - Colorado needs more transparency on hospital reporting of staffed bed availability. We support a tiered system to limit or delay non-emergent surgeries similar to that implemented by UCHealth. Currently, each hospital is taking a different approach. A unified system with transparency and oversight of reporting would help reduce ED boarding and extended wait times. Further, when a hospital proceeds with a surgery, that facility needs to be available for post-operative complications and hospitalizations and should be required to take back patient if further intervention is needed.

2) Crisis Standards of Care (CSC) for hospitals
    - At a time when most hospitals are either at or near capacity the physicians therein practice a different type of medicine and those physicians need the protections that come with activating the CSC.

- Activating the CSC also bring federal money to Colorado which could be used to bolster the workforce

3) Workforce
    - There is a vastly inadequate number of nurses and clinicians available to care for Coloradoans at this time. The healthcare workforce needs incentivized to come to Colorado and stay in Colorado. Currently, traveling nurses come to Colorado on a short-term basis and make upwards of $10,000 per week while working alongside our dedicated Colorado nurses who are making a fraction of that salary. Financial incentives should be in place for nurses who train here or have already been here (student loan forgiveness) or financial bonuses for those who are recruited to Colorado and remain in the state a defined number of months or a year.
    - Our clinicians and nurses who are already working in the state are getting sick which makes staffing ED's and hospitals untenable. The state needs to have a clear set of guidelines on when sick clinicians and nurses can come back to work. Unfortunately, this may mean them even working when sick if possible.

4) Solutions for the rural hospitals
    - Rural hospitals are struggling with the ability to transfer patients. They are working blind. Colorado needs a centralized, real-time hospital capacity availability tool. When all hospitals are at or near capacity, patient swapping might help alleviate the struggle. Let hospitals transfer high acuity patients to a high level facility more capable of providing necessary care while sending a lower acuity patient to the facility capable of meeting the patient's needs.
    - Further, the state call center needs to be staffed appropriately with those working there tasked with finding beds for those requesting transfers. This will offload clinicians to actually care for patients rather then spending hours on the phone trying to find a facility to take their transfers.
    - Often ,when a physician at rural hospital is able to find a facility than can receive the patient, transportation is unavailable. Our EMS system is overextended and are not always available to transfer patients between hospitals. Then when they are available, they are not reimbursed for the transfer. This needs to be corrected.

5) Support the health of the healthcare workers
    - Your healthcare team members are not doing well. This crisis is taking its toll. Physicians are burning out, being threatened, harassed and assaulted in the ED, and many are leaving the profession. Physicians do not feel supported by the legislature nor the administration. The attacks on the medical profession feel personal. These attacks come in the form of inappropriate expansions of non-physicians' scopes of practice, decreasing emergency medicine physicians' ability to effectively negotiate fair compensation from insurance carriers for their hard

work and expertise, and not standing up and making the tough policy decisions that are necessary to enable Colorado's healthcare system to battle this health care crisis. Let us help you remedy this situation.

CO ACEP stands ready to help you help us get our arms around our unraveling healthcare crisis.

Sincerely,

Ramnik Dhaliwal, MD,JD
President, CO ACEP
Rdhaliwal.md@gmail.com
303-884-1043