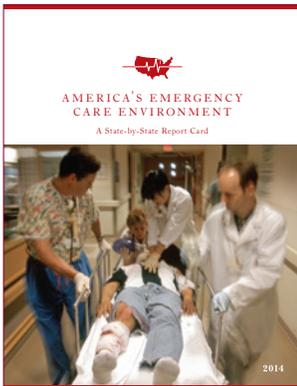


## National Emergency Physicians' Group Issues Report Card for Nation



WASHINGTON – Emergency physicians on January 16 sounded a warning that the continuing failure of state and national policies is endangering emergency patients, citing as proof a grade of D+ for the nation in the 2014 American College of Emergency Physicians' (ACEP) state-by-state report card on America's emergency care environment ("Report Card").

The District of Columbia ranked first in the nation with a B-, surpassing Massachusetts, which held the top spot in the 2009 Report Card. Wyoming ranked dead last, receiving an F overall.

### The top ranked states were:

- The District of Columbia (1st, B-),
- Massachusetts (2nd, B-),
- Maine (3rd, B-),
- Nebraska (4th, B-) and
- Colorado (5th, C+).

Rhode Island received an overall C- grade.

The Report Card forecasts an expanding role for emergency departments under Obamacare and describes the harmful effects of the competing pressures of shrinking resources and increasing demands.

The report also evaluates conditions under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers. It has 136 measures in five categories:

1. Access to Emergency Care (30% of grade)
2. Quality and Patient Safety (20%)
3. Medical Liability Environment (20%)
4. Public Health and Injury Prevention (15%)
5. Disaster Preparedness (15%)

"Rhode Island continues to have strong public health and disaster preparedness policies, but its rankings have dropped significantly in the category of Quality and Patient Safety," said **DR. ACHYUT KAMAT**, president of the Rhode Island Chapter of ACEP. "We have the 7th longest emergency department wait times in the nation, and our medical liability environment received a failing grade. Policymakers need to make emergency care a top priority in our state."

*The report evaluates conditions under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers.*

### RI strengths noted in report card

- Ranks first in the nation with:
  - Proportion of hospitals developing a diversity strategy or plan (62.5%)
  - Proportion of patients with acute myocardial infarction given percutaneous coronary intervention within 90 minutes of arrival (98%).
- Ranks second in the nation by dramatically increasing its burn center capacity; and the state also requires that all emergency medical services (EMS) personnel be trained in disaster management and response.
- The state supports the second largest emergency medicine resident population, with 70.5 per 1 million people.
- Continues to benefit from low rates of traffic fatalities, fatal occupational injuries, homicides, and suicides. The proportion of traffic fatalities due to alcohol has fallen significantly in the past 5 years. The state also has banned smoking in restaurants, bars, and worksites.

<http://www.emreportcard.org>

[http://www.emreportcard.org/uploadedFiles/States/Rhode\\_Island/RhodeIsland.pdf](http://www.emreportcard.org/uploadedFiles/States/Rhode_Island/RhodeIsland.pdf)

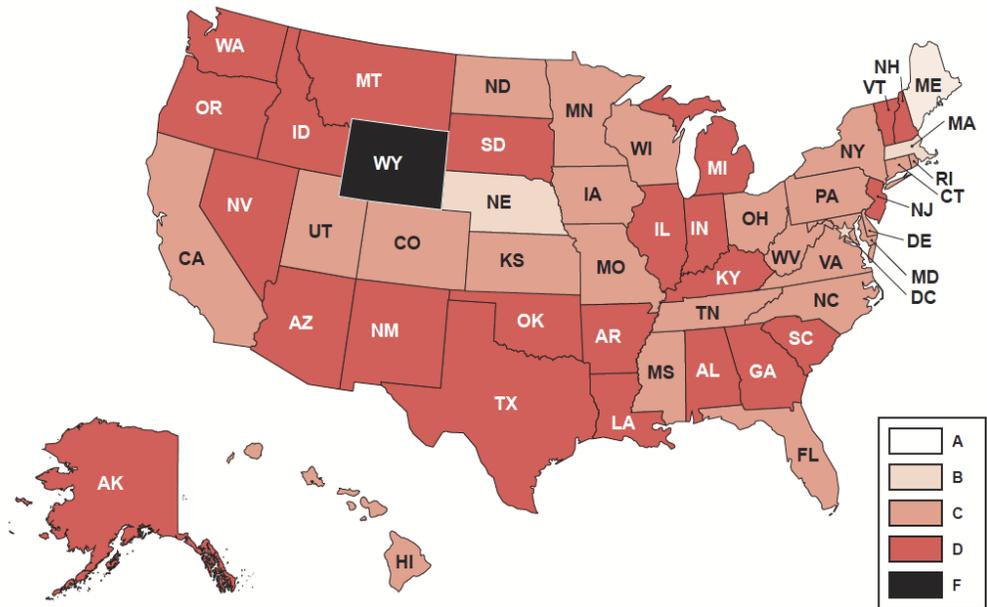
### RI results

- In the category of Access to Emergency Care, Rhode Island received a C, dropping from the B- grade it received in 2009. According to the Report Card, Rhode Island has a low rate of emergency departments for its population and a high hospital occupancy rate (72.5 per 100 staffed beds). The state also has suffered a severe decrease in the availability of psychiatric care beds since 2009 (from 37.2 to 25.9 per 100,000 people). These factors all likely contribute to the seventh longest ER wait times in the nation (343 minutes from arrival to departure for admitted patients).
- The state received a D+ in category of Quality and Patient Safety, ranking 35th in the country — compared with an A grade and 7th place ranking in 2009. According to the Report Card, Rhode Island does not fund quality improvements of the EMS system and no longer has a funded

state EMS director. The state also lacks a uniform system for providing pre-arrival instructions, field trauma triage protocols or guidelines and a statewide trauma registry.

- Rhode Island received an F in the category of Medical Liability Environment, ranking it 46th in the nation. According to the Report Card, the state has not passed any meaningful liability reforms, and the average malpractice award payments are increasing, which reduces the number of medical specialists who are willing to care for emergency patients. Average medical liability insurance premiums for primary care physicians and specialists are well above the average across the states. Insurance premiums for specialists (\$82,426) are a particular concern at more than 43% above the national average (\$57,459). At the same time, the average malpractice award payment has increased markedly from \$260,388 in the 2009 Report Card to \$355,199.

**OVERALL STATE GRADES**



- While Rhode Island’s B grade in Public Health and Injury Prevention worsened somewhat, the state continues to benefit from low rates of traffic fatalities, fatal occupational injuries, homicides, and suicides. The proportion of traffic fatalities due to alcohol has fallen significantly in the past 5 years. The state also has banned smoking in restaurants, bars, and worksites. Rhode Island has strengthened its adult seatbelt laws to include primary enforcement of the law.
- Rhode Island received a B- in the category of Disaster Preparedness. The state has dramatically increased its burn center capacity, currently making it second in the nation, and the state also requires that all emergency medical services (EMS) personnel be trained in disaster management and response.

RHODE ISLAND REPORT CARD				
	2009		2014	
	Rank	Grade	Rank	Grade
Access to Emergency Care	10	B-	10	C
Quality & Patient Safety Environment	7	A	35	D+
Medical Liability Environment	49	F	46	F
Public Health & Injury Prevention	8	B+	15	B
Disaster Preparedness	13	B+	9	B-
<b>OVERALL</b>	2	B-	18	C-

**Recommendations**

The Report Card’s recommendations for Rhode Island improvement included:

- Increase the availability and accessibility of hospital inpatient beds and psychiatric care beds.
- Enact medical liability reform to encourage specialists to provide on-call services for emergency patients; recommended reforms include strengthening expert witness rules to include case certification and requiring expert witnesses to be licensed to practice medicine in the state.
- Decrease emergency department wait times.
- Increase access to substance abuse treatment and outpatient mental health services. ❖