

Alisha Simon  
Health Economics Program  
Minnesota Department of Health  
P.O. Box 64882  
St. Paul, MN 55164-0882

April 3, 2018

Dear Ms. Simon,

My name is Kurt Isenberger. I am the Medical Director of Emergency Medicine at Regions Hospital. I have been a clinician at Regions Hospital for 17 years.

I am writing in support of Regions Hospital's proposal for 100 additional inpatient bed licenses. Regions serves a unique role in the east metro as safety-net, level 1 adult and pediatric trauma center, and burn center. We also serve as the treatment facility for our community's most ill mental health patients.

Emergency Medicine is a specialty of preparation and readiness. Our team is constantly preparing for the next high acuity arrival. We do this through researching, acknowledging, and educating best practice in clinical and operational care of emergency patients. I am privileged to work in a team environment with tremendously skilled staff. We have several projects ongoing to reduce transfers, ED visits, and dependency on hospital beds. Examples are low risk chest pain protocol in our ED to avoid admissions, use of telemedicine in community hospitals to improve care locally, expanded use of partial hospitalization centers in mental health and innovative use of community paramedics for high risk readmissions. Unfortunately, despite our best efforts the demand for resources outstrips our ability to hospitalize our patients in a timely manner.

Once a decision to admit has been made for a patient if we have no capacity, our team calls other hospitals to see if they may have a bed available. What I find frequently is the surrounding East Metro hospitals either don't offer the specialized service needed or doesn't have capacity. We then spend consider amounts of time finding temporary spaces for patients in the Emergency Department, the Post-operative recovery area and sometimes even hallways in the Emergency Department. This process is formally called Boarding. Research has shown boarding is a public health crisis, places patients at high risk for adverse events, and interferes with ability to function properly in the event of a disaster.

Once we are out of capacity to see patients due to boarding we have no choice but to close to ambulance arrivals. Historically (2011-2014) Regions averages 18 events for a total of 31 hours per year (2011-2014); in 2017 we had 138 closure events totaling 242 hours (10 days!). This dramatic increase occurred despite escalation protocols to mitigate the events. My biggest fear is we will not have capacity in our Level 1 trauma center's emergency department when our community needs us the most. Please help keep our emergency department open to the community we serve.

For these reasons I urge you to find Regions proposal for 100 additional inpatient (general and mental health) beds in the public interest.

Sincerely,

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