PRINCE GEORGE'S COUNTY COUNCIL
EMERGENCY ROOM WAIT TIME TASK FORCE
June 26, 2025

- Members Present

Wala Blegay, Council Member, Chair
Marina Anwuri, Community Member
Karmen Brown, Hospital Representative, Adventist Healthcare
Jeffrey Cooper, Community Member
Laura Ogle, DNP, CENP, CNE, CEN, Hospital Representative, MedStar Southern Maryland Hospital Center
Terrell Buckson, Assistant Fire Chief
Erica Turner, Special Assistant to DCAO Health, Human Services & Education, Office of County Executive
Dr. Erin Smith, Hospital Representative, Kaiser Permanente

- Members Absent:

Dr. Reginald Brown, Hospital Representative, Luminis Health Department
Delegate Ashanti Martinez, State Delegate, Maryland General Assembly
Dr. Tomeka Archinard, Emergency Room Physician, Capital Region Medical Center
Bill Miller, Urgent Care
Jibran Eubanks, SEIU 1199
Caroline "Caro" Williams-Pierce, Community Member
Augustin Amara, Service Employee, SEIU 1199
Zynab Faye, Union Nurse, SEIU 1199
Tiffany Green, Fire Chief
Travis Rickert, Major, PGPD
John Carr, Sheriff
Donalyn Holloway, Executive Assistant, Greater Baden Medical Services
Dr. Chris DeMarco, CEO, Greater Baden Medical Services
Angela Jones Jackson, COO, Greater Baden Medical Services

- Others Present

Daffodil Baez, President, Adventist Fort Washington Medical Center

- Staff Present

Sandra Eubanks, Director, HHSPS
Rhonda Riddick, Committee Assistant, HHSPS
Eddie Brown, Committee Assistant, General Assembly
Leroy Maddox, Legislative Attorney
Anaya Crawford, Chief of Staff to Council Member Blegay
Anya Makarova, Board of Health

- **Welcome & Opening Remarks**

Chair Blegay opened the meeting by welcoming everyone and inviting participants to introduce themselves. She noted that binders containing all of the presentations from the tours were available at the back of the room and mentioned that this was technically the Task Force's first in-person meeting, as the first year was dedicated to touring emergency rooms.

The first meeting included a virtual presentation on the Huron Report by Dr. Areola, which highlighted key healthcare concerns in the county. An electronic version of the report will be made available to members.

Following that, the Task Force visited nearly all emergency rooms in the county, including Kaiser Permanente, which Chair Blegay emphasized as important for informing potential resolutions.

- **Approval of Minutes**

The March 31st meeting minutes were approved as presented.

- **Review of Recommendations**

Chair Bley emphasized that the Task Force has now reached the stage where it must begin drafting recommendations. Today's in-person meeting was held to discuss the process, after which future meetings will be conducted virtually. Members were asked to begin developing initial recommendations during the meeting. The goal is to create a foundational outline, or skeleton, of recommendations that can be expanded upon for drafting the final report. She stressed the importance of having this framework in place as the group moves forward. The group will then shift focus to forming subgroups to further support the work.

Ms. Anya Makarova, Senior Advisor to the Board of Health, was introduced as the individual responsible for compiling the final report, based on the recommendations submitted by Task Force members. She emphasized that her role is to organize and format the content, while members are expected to contribute the substantive recommendations.

It was noted that Ms. Sandra Eubanks and Ms. Rhonda Riddick will now provide administrative support and may be in contact with members going forward.

Members were directed to the initial resolution, which outlines six core objectives of the Task Force.

Ms. Makarova presented two options for moving forward:

Option 1: Address all six components of the resolution, summarizing the work completed and identifying areas needing further input.

Option 2: Focus exclusively on developing targeted recommendations for reducing emergency room wait times, and later define the methodology.

Ms. Makarova suggested that the group discuss both approaches and determine the preferred path forward.

Chair Blegay recommended that the group focus primarily on developing recommendations and link each one to a specific root cause. This approach would provide a strong foundation, allowing other sections, such as the regulatory environment, to be filled in later using existing information gathered from the state. She emphasized that the recommendations will be the most impactful part of the final report.

Chair Blegay asked all members to submit written versions of their recommendations to Ms. Eubanks by next week. Ms. Makarova will compile these into the final report. Monthly virtual follow-up meetings will be held to review progress and develop the final work product.

Suggested Recommendations:

Incentive Primary Care Physicians: Develop tools and initiatives to attract more primary care providers to the county. A significant portion of emergency room visits could be addressed in primary care settings, but the current provider-to-resident ratio is too low, approximately 1:2,200 in Prince George's County compared to 1:700 in Montgomery County.

Establish Advanced Urgent Care Centers: Expand access to 24-hour advanced urgent care facilities similar to Kaiser Permanente, especially for those without insurance. These centers can alleviate pressure on emergency departments by treating non-emergency, but still urgent, conditions.

Increase Trauma-Capable Emergency Rooms: Expand the number of trauma-level emergency departments. Currently, Capital Region Medical Center handles most high-trauma cases, contributing to its long wait times. More trauma centers would help distribute the burden and improve response time.

Improve Nurse-to-Patient Ratio: Address emergency room staffing by ensuring safe and adequate nurse-to-patient ratios at all times, which is critical to patient care and emergency room efficiency.

Urgent Care Strategy: Emphasizing the need to increase the use of urgent care centers as alternative destinations for low-acuity EMS patients. It was noted that while protocols require EMS to offer this option, patients often decline and choose emergency departments instead, believing they will receive better care. To address this, community education on the differences between emergency departments and urgent care centers is needed to encourage appropriate utilization and reduce unnecessary ED visits.

Implement Primary Care Referrals from the ED: Drawing from military protocols, it was recommended that emergency departments allow non-urgent patients to be referred to in-network primary care providers after a medical screening exam rather than keeping them in the ED. This could help reduce overcrowding and educate patients about accessible primary care options.

Expand Access to Advanced Urgent Care: Recommend having advanced urgent care centers near hospitals, noting their potential to handle low-acuity cases and relieve pressure on emergency departments. Educating the community about their availability would also be essential.

Increase Inpatient and Critical Care Bed Capacity: Emphasized the urgent need for more inpatient, particularly critical care, beds across the county. Boarding critically ill patients in the ED strains staffing and limits the ability to care for other patients, contributing significantly to long wait times.

Launch a Coordinated Public Education Campaign: Develop a countywide communications initiative to educate residents on how to appropriately use emergency resources, including when to seek care at urgent care centers versus emergency departments or trauma centers.

Promote Preventive Health Education: Encourage the Health Department to increase public outreach on the importance of vaccinations and the role of primary care providers for non-emergency health needs.

Improve Frontline Staff Training and Communication: Ensure frontline hospital staff are well informed about hospital procedures and visitor policies to improve patient satisfaction and reduce confusion, particularly when nurses are unavailable to clarify protocols.

Increase Emergency Department Capacity: Agreed with previous recommendations to add more trauma-capable ERs. Stressed the need for additional hospitals and inpatient beds, noting that while standalone ERs serve a purpose, they often require patient transfers due to limited capacity, which contributes to emergency department bottlenecks. Disparities in hospital-to-population ratios between Prince George's County and Montgomery County provide evidence of the need for expanded healthcare infrastructure.

Use Demographic and Health Data to Guide Services: Emphasize understanding the community's demographics and health profiles to better align healthcare services with residents' needs.

Build a Local Healthcare Ecosystem: Develop strategies to integrate local healthcare providers, many of whom live in the county but work elsewhere, into the county's healthcare system to strengthen local capacity.

Leverage Medicaid Funding for Innovative Solutions: In light of state healthcare funding cuts, create a strategic, hybrid plan to connect residents and providers using Medicaid funding to ensure access to essential health services.

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State-level Advocacy: Address systemic capacity issues, the county cannot expand hospital beds or facilities without state approval and funding. Elected officials and residents must elevate their voices and push for change with state entities such as the Governor's Office, the Maryland Health Care Commission, and the HSCRC.

Advocate for Increased Hospital Capacity and Funding: Push the state to approve and fund additional hospital beds and facilities, including behavioral health and senior care centers, to alleviate emergency department overcrowding and reduce pediatric overstays in hospitals.

Use Task Force Findings as an Advocacy Tool: Leverage the final report and recommendations to engage with county and state leaders, including the General Assembly, to demonstrate documented community healthcare needs and inform legislative priorities.

Expand Certificates of Need for Behavioral Health Centers: Advocate for more state-approved behavioral health facilities to address the growing demand and reduce the burden on emergency rooms.

Investigate the Primary Care Physician Shortage: Continue examining the factors behind the county's low ratio of primary care providers and explore county-level solutions to address the gap.

Encourage Strategic Location of Medical Offices: Identify and promote commercial spaces near hospitals for primary care providers to establish practices, improving access and integration with hospital services. Council Members and developers should consider this when planning developments.

Community Infrastructure Challenges: Traffic congestion and school system quality are key factors deterring physicians from living and working in Prince George's County. The Task Force should consider broader community factors when discussing strategies to attract and retain healthcare providers, emphasizing the need for a holistic, community-based approach to building the local healthcare workforce.

Ensure Feasibility and Hospital Buy-In: Emphasized the need for recommendations to consider hospital perspectives and avoid unfunded mandates. Recommendations should outline not only what needs to happen but also how it can realistically be implemented, including necessary external support or resources.

Importance of Care Navigation: Address the social drivers of health that often impact emergency department use.

Create an Access Helpline: Modeled after D.C.'s system: This would allow residents to call and be connected in real time to available providers. It would help redirect people from emergency rooms by offering clear alternatives for non-emergency care.

Establish urgent appointment Access Agreements: With primary care providers, similar to existing behavioral health initiatives in the county. Through memoranda of understanding (MOUs), participating providers would commit to seeing patients within 72 hours of referral. This would require county-level incentives but could significantly improve timely access to care and reduce reliance on emergency departments.

Expand community paramedicine programs: EMS currently runs a mobile integrated healthcare initiative, conducting in-home assessments for enrolled patients. This includes providing meals, HVAC installations, and risk assessments. A Challenge remains in securing nursing support for medication reconciliation. There's a call for renewed focus and support for such programs.

Integrate EMS with Hospital Systems: Referencing the federal EMS Agenda 2050, EMS should be better integrated with healthcare systems to address social determinants of health more effectively, particularly through collaborations with hospitals and public health entities.

Use EMS for Preventive Outreach: Beyond emergency response, EMS could proactively monitor high-utilizer patients, especially those frequently calling 911, and provide early interventions, potentially involving nurse practitioners or care coordinators to connect patients with community-based services.

Support Cost-Effective Diversion Strategies: Similar to behavioral health 911-to-988 diversions, EMS could help divert on-acute patients to more appropriate, less resource-intensive care, helping reduce unnecessary ED visits and associated costs.

Reduce Readmission Rates: These community-focused EMS interventions are already showing results by preventing emergency room visits and hospital readmissions through direct, in-home support.

It was confirmed that the program addressing frequent 911 utilizers currently has limited staffing, just three paramedics and one social worker, underscoring the imbalance between reactive response capacity and the need for greater investment in preventative services within emergency medical systems.

Chair Blegay concluded by encouraging the Task Force to view this work as foundational for long-term policy change. She encouraged the group to maintain a collaborative, practical approach to ensure that the final recommendations are actionable and well-received by healthcare providers and policymakers. Chair Blegay emphasized that the final report will serve as a critical resource for upcoming legislative and funding discussions.

A suggestion was made to identify “low-hanging fruit”, recommendations that could be implemented more quickly at the county level. It was agreed that once the full set of recommendations is finalized, the
Task Force can begin prioritizing and coordinating with stakeholders to act on feasible items in phases.

Ms. Makarova summarized the recommendations and outlined the Task Force's next steps. She emphasized a structured approach that begins with a background section summarizing the root causes of ER wait times, existing efforts, and the roles of other commissions and entities. She highlighted the importance of distinguishing who is responsible for what, whether it’s the state, the county, the Health Department, or the Board of Health, to ensure the recommendations are actionable.

Key systemic challenges were noted, such as low reimbursement rates, which discourage providers from operating in the county. Ms. Makarova stressed the need for collaborative advocacy, both among county agencies and across all Prince George’s County hospitals, to present a unified message and strategy to the state.

Ms. Makarova also proposed including additional topics such as telehealth and staffing challenges in the final report to broaden the scope of solutions.

A question was raised about receiving academic input related to emergency room issues and wait times. Ms. Makarova welcomed research, whether local, statewide, or national, that could help inform the Task Force's work. While preference was noted for materials coming from members of the Task Force, they emphasized that all relevant studies, especially those highlighting best or promising practices, would be considered to ensure a comprehensive and informed approach.

- **Identify Next Steps**

- All members are expected to submit written recommendations to Ms. Eubanks by Monday. She will also send out a reminder email.
- By the next meeting, a draft report will include the recommendations and introductory content.
- Members are encouraged to review all past presentations and include any additional reflections or ideas in their written submissions.
- Submissions should be concise and well-formulated, but exploratory ideas and suggestions are also welcome.
- Members are asked to provide supporting data or materials to strengthen recommendations and contextualize their importance for readers unfamiliar with the background.
- If there's relevant data that would underscore urgency or enhance the report, members should recommend its inclusion, even if they don't have it readily available.

- Next Meeting Date

The next meeting will be virtual and scheduled on July 28th at 6:00 p.m.

- Adjournment

The meeting adjourned at 7:20 PM.