Remarks for Human Services Committee

Thank you all for your time this morning. My name is Amanda Meltsner, and I am a Patient Access Navigator in the Emergency Department and a chief steward for UVMMC Support Staff United. For those who aren't familiar, I check in patients at the front desk, arrive ambulances, and collect demographic and insurance information at bedside. I will probably be the first person you talk to when you come to the ED, and I see basically everything that happens there on a shift. I have been working the night shift in Registration for five years, and this year, the waiting room situation has changed drastically, specifically because of the lack of shelter space available to folks in the area.

The Emergency Department is not designed to be a shelter. We do not have beds for people who are not patients, and sometimes we don't even have beds for people who are patients. When it gets busy, especially overnight, and we have eight or ten people sleeping in the waiting room, pulling chairs together to try and make themselves comfortable, there is very little space left for patients with medical complaints. It falls to us (Registration), sometimes only a single triage nurse, and the single security officer who can't really leave the magnetometer to manage any situation in the waiting room that may arise from this mix of people. We have had to break up fights. We have had to call the police to remove people from the building due to abusive behavior, after nursing staff bent over backwards to try and work with people so they wouldn't have to be outdoors in ten degree weather. We have had to deal with people staying the night coming up to our check in window, or triage, or security, and causing a delay for patients who are trying to enter the department for medical care. We have to say no to providing a sandwich or juice once people are discharged because we are not a shelter and we have limited resources that we have to stretch for our patients who remain under medical supervision. Our hardworking Environmental Services staff have had to add extra cleaning duties each morning to deal with the disarray left by people who have been allowed to sleep in the waiting room. No one's job is made easier or safer by us being the only option for people with no medical complaints who are just looking for a safe and warm place to sleep so they don't freeze to death.

Additionally, I have an insight into insurance and billing due to my role in the ED -- a large majority of these folks are on Medicaid, Medicare, VA insurance, or are uninsured. In order for us to allow people to access our waiting room, they must check in as a patient. As a patient, they must be screened by triage, handed off to a department nurse, and then assessed by a doctor. This essentially means people are billing insurance for the privilege of spending a night in our waiting room. Those dollars should not be spent paying doctors and nurses to provide a place for people to sleep. It is an inappropriate use of our resources, an improper use of healthcare dollars, and an inefficient use of the physical space of the hospital. Our tax dollars would be better spent making sure that vulnerable people have a dedicated, low barrier, warm place to stay instead of forcing them to seek shelter in one of the only places that is open to the public 24/7. None of us want to see these folks as hypothermia patients, which is why we have opened our doors when no one else will, but we also should not have to stretch our already stretched resources and staff to pick up the slack where there was once more robust state

support. We need to invest more money in emergency housing and extreme cold weather shelter programs and take the weight off of the Emergency Department as a way to fill the gap.