

# What Keeps Us Up at Night: Access to care (or lack thereof)

Kinsman Conference  
James Clements MD,  
OHSU Mission Control Transfer Center Medical Director

## Disclosures

- I am employed by Oregon Health & Science University
- My life and background leave me with a biased perspective
  - Grew up in the Midwest
  - Currently work as OHSU Transfer Center Medical Director
- No other financial disclosures
- All thoughts and opinions are my own

# Objectives

1) Review

Basics of Oregon's Acute Care Capacity: Rural/Urban Inequity

2) Unpack

ED Boarding and Overcrowding

3) Discuss

Capacity constraints and transfer delays

4) Prepare

Financial Uncertainty

4) Hope

Reason for optimism, during the sleepless nights



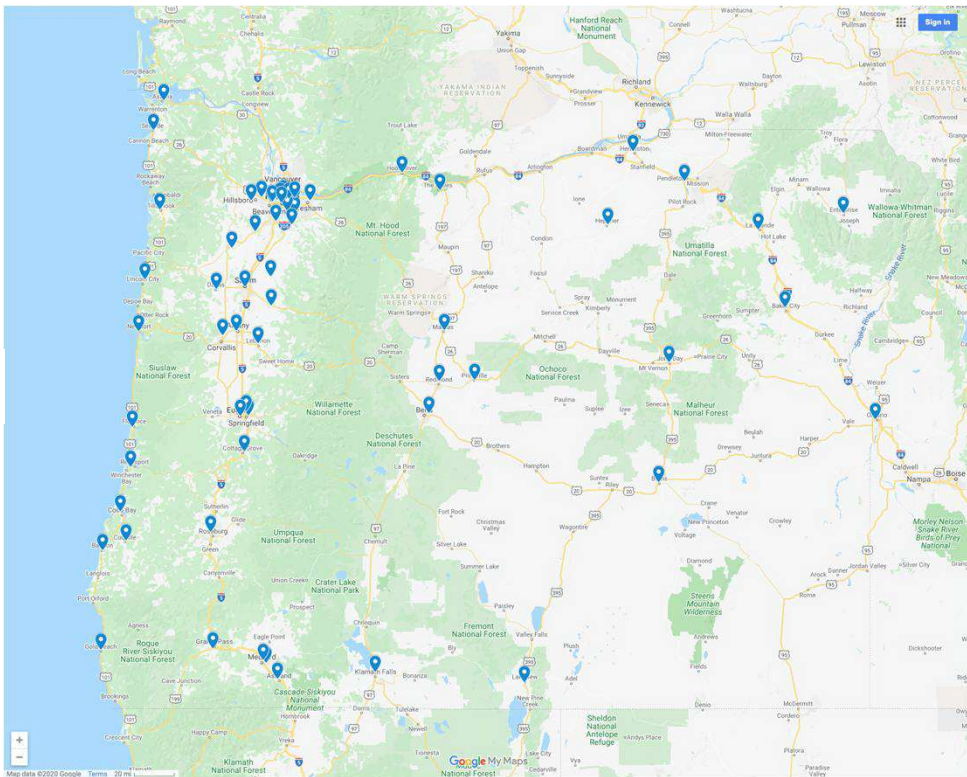
# Oregon Medical Landscape:

*Ranks 50/50 (tied with WA) for hospital beds per capita: 1.66 per 1,000 (need >2000 beds for median)*

*Nebraska is 6<sup>th</sup>: 3.4 per 1,000*

← 636 km (395 mi) →

↑ 475 km  
(295 mi)  
↓



- 62 Hospitals
- 25 Critical Access Hospitals (25 or less beds, 24/7 ER)
- 8 Multi-Hospital Health Systems
- Regional Resource Hospitals:
  - R1&6: OHSU, Portland
  - R2: SalemHealth, Salem
  - R3: PeaceHealth Riverbend MC, Eugene
  - R5: Asante Roque Valley MC, Medford
  - R7: St Charles MC, Bend
  - R9: Grande Ronde Hospital, La Grande

<https://www.kff.org/other/state-indicator/beds-by-ownership/?currentTimeframe=0&sortModel=%7B%22cold%22:%22Total%22,%22sort%22:%22desc%22%7D>

# Rural/Urban Inequity: 33% of Oregonians live in Rural Areas

National Rural Health Snapshot	Rural	Urban
Percentage of population	19.3%	80.7%
Number of physicians per 10,000 people	13.1	31.2
Number of specialists per 100,000 people	30	263
Population aged 65 and older	18%	12%
Average per capita income	\$45,482	\$53,657

Percentage of dual-eligible Medicare beneficiaries	30%	70%
Medicare beneficiaries without drug coverage	43%	27%
Percentage covered by Medicaid	16%	13%

*All information in this table is from the Health Resources and Services Administration and Rural Health Information Hub.*

[National Rural Health Association](#)

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# ED Boarding is a big problem in OR

- In 2024, 46,911 Oregonians were in an ED for at least 24 hours, while 7,837 were in an ED for at least 72 hours.
- Vulnerable patient populations are much more likely to board for days.
  - Those experiencing homelessness: 2.3 times\* more likely
  - Mental health patients: 4.4 times\* more likely
  - 65 years and older: 2.8 times\* more likely

Oregon Health Authority, 2024

\*unadjusted risk ratio





# OR ED boarding volume on a “good day”

OREGON CAPACITY SYSTEM

MSA

Region

County

State

Sub-Region 1

B

P

D

M

Search by Hospital Name or Location

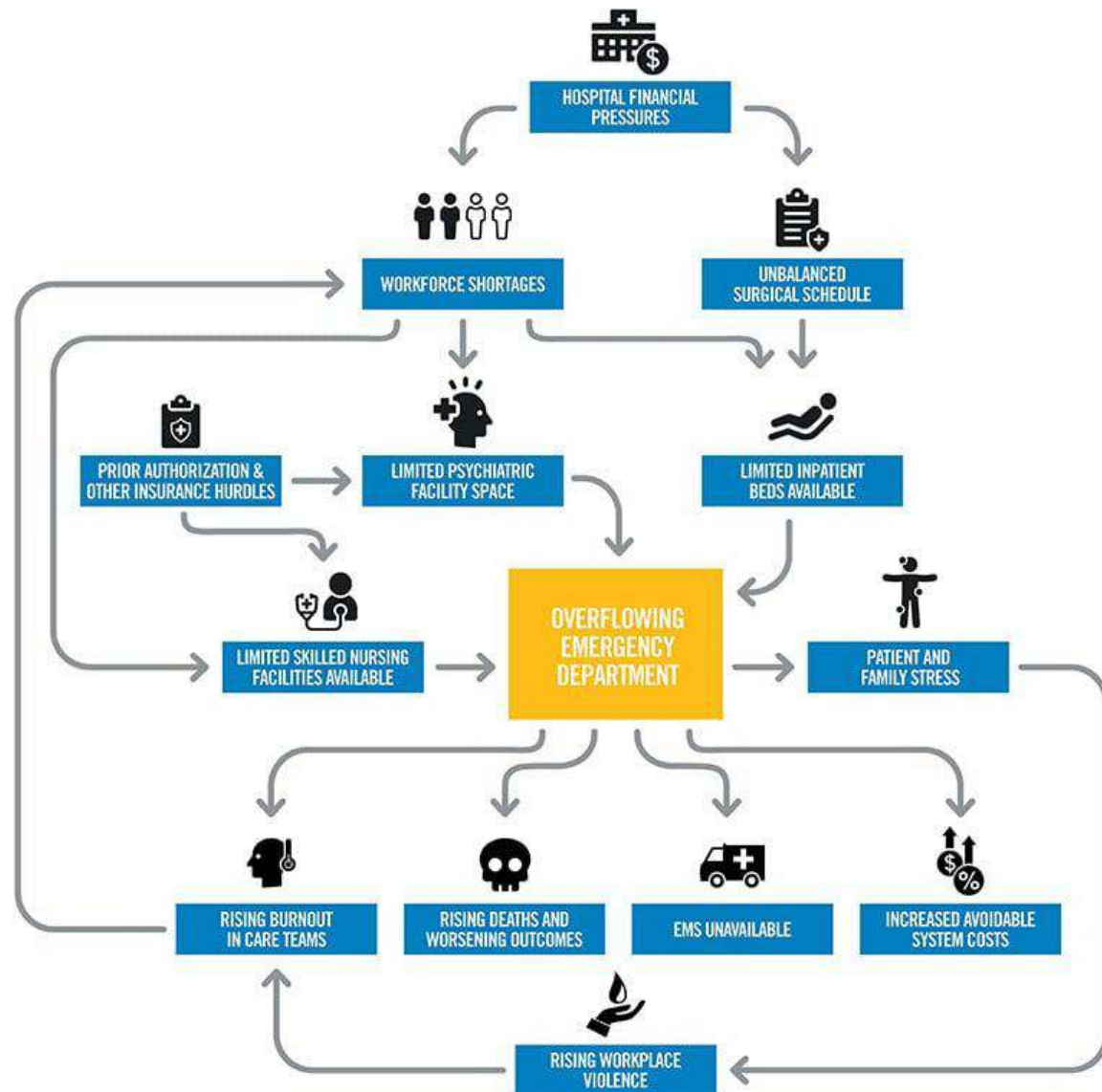
OREGON			DIVERT	ALL BEDS	ED TOTAL			ED: ADULT		ED: PEDS	
Census	Unocc	Capacity			CENSUS	ADMITTED CENSUS	MD ASSIGNED	CENSUS	MD ASSIGNED	CENSUS	ADMITTED CENSUS
Total				7313 78%	1424 101%	180	864 78%	1402 102%	849 78%	22 59%	1
(6) (6)	Non-Region1		6 Alert(s)	3282 72%	677 102%	69	444 78%	677 102%	444 78%	0 0%	0
(1) (1)	R1: Central		2 Alert(s)	1263 84%	158 84%	22	130 82%	136 89%	115 85%	22 63%	1
	R1: Western		1 Alert(s)	816 91%	168 125%	24	93 73%	168 125%	93 73%	0	0
	R1: Eastern		2 Alert(s)	747 77%	135 104%	27	114 84%	135 104%	114 84%	0	0
	R1: North		2 Alert(s)	555 82%	114 74%	24	40 63%	114 74%	40 63%	0	0
	R1: South			423 85%	108 119%	10	30 70%	108 119%	30 70%	0	0
(1) (1)	R1: Shore/WA		1 Alert(s)	227 51%	64 121%	4	13 100%	64 121%	13 100%	0	0

Screen shot from March 22<sup>nd</sup>, 2025



# ED Boarding Cascade

- 90% of Hospitals experience to varying degrees nationally
- Credit ACEP





Prolonged ED  
Boarding:

Adverse  
outcomes

Moral Distress

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# OHSU - Oregon Capacity Crisis

- “The status quo — 100%-plus capacity at OHSU Hospital and 85%-plus statewide — is not only unsustainable but also is significantly impacting the health and well-being of people in Oregon.”
- <https://news.ohsu.edu/2025/03/14/ohsu-roundtable-understanding-addressing-oregons-hospital-capacity-crisis#:~:text=The%20status%20quo%20%E2%80%94%20100%25%2D,being%20of%20people%20in%20Oregon.&text=OHSU%20hosted%20a%20roundtable%20discussion%20Wednesday%2C%20March.>



# Adult Acute Care Problems

## Supply Demand Mismatch for Adult Acute Care Beds



- Deficit of AAC beds
  - Scheduled procedures, ED Boarders, ICU Step down, Direct Admits, TC, Staffing
  - ED boarding hours, ED capacity
- Transfer Center Patients are not the only priority on a given day. Long Wait Lists



## Transfer Center AAC Waitlist “Compete” for Similar Beds

- Struggled to get AAC patients placed

# Where Do We Feel the Pressure?      Need 124 beds

BOARDERS FACILITY VIEW					Hospitals OHSU				
1 Filter(s) Applied. Hospitals: [ OHSU ]					Displaying 112 of 112 patient(s) CLEAR FILTERS				
ED 32					EXPECTED ADMISSIONS 56				
TIME	PATIENT	LOC	SERVICE	BED STATUS	TIME	PATIENT	LOC	SERVICE	BED STATUS
3d 18h	G. [REDACTED] 080	AC2929	Internal Med	0	12h 41m	A. [REDACTED] 007		Hem/Onc	1
3d 12h	B. [REDACTED] 14	AC0606	Fam Med	3	12h 41m	J. [REDACTED] 4127	11PP10	Cardiology	2
3d 3h	P. [REDACTED] 06	6B46B4	Gen Med	2	12h 41m	P. [REDACTED]	11C101	Cardiology	11K111
3d 2h	E. [REDACTED] 01	6B56B5	Gen Med	3					
3d 1h	W. [REDACTED] 216	5B85B8	MICU	0					
2d 19h	W. [REDACTED] 61	AC1010	Gen Med	3					
PACU HOLDS 4					OVERFLOW 4				
TIME	PATIENT	LOC	SERVICE	BED STATUS	TIME	PATIENT	LOC	SERVICE	BED STATUS
39m	M. [REDACTED] 37	6APL32		0	20h 41m	J. [REDACTED] 7	6A		0
26m	D. [REDACTED] 05	6APL10	Card Surg	13K071	18h 36m	M. [REDACTED]	6A	ENT	9K2501
26m	E. [REDACTED] 220		Urology	9S1201	18h 21m	S. [REDACTED] 9	6A		0
11m	A. [REDACTED] 32	6APL05	EGS	14A461	16h 44m	L. [REDACTED] 14	6A		0
ICU STEP DOWN HOLDS 16									
TIME	PATIENT	LOC	SERVICE	BED STATUS					
8d 6h	T. [REDACTED] 12	7A0601		0					
4d 4h	R. [REDACTED] 05	8C1501	TSICU	1					
3d 2h	J. [REDACTED] 29	8C0201	TSICU	1					

14 +12 on TC Waitlist      6/2/2024 @ 12:53pm Screenshot

# OHSU: People We Couldn't Bring In



## Explore Graph

Displaying data from 09/30/2023 to 03/29/2025

Date Option

Request Date

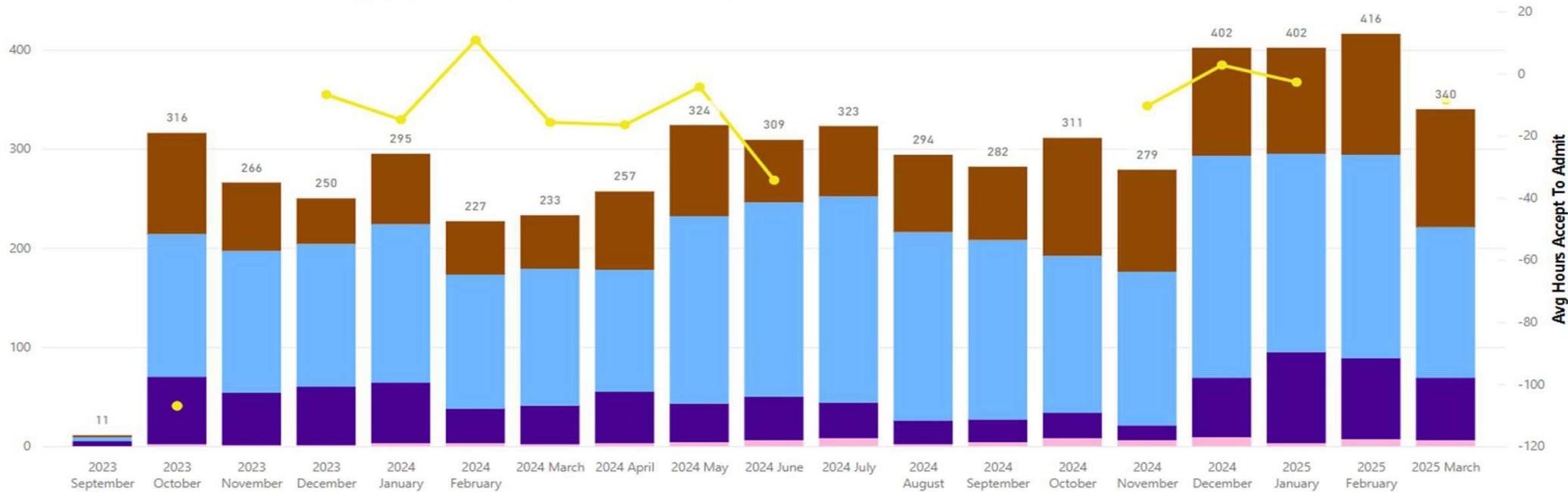
Show Me

Total TransferCenter Requests

By

Request Outcome

Request Outcome Decline (Administrative) Decline (Capacity) Referring Facility Canceled Telemedicine Consult Avg Hours Accept To Admit





Overview

Activation  
Duration

Activations  
Report

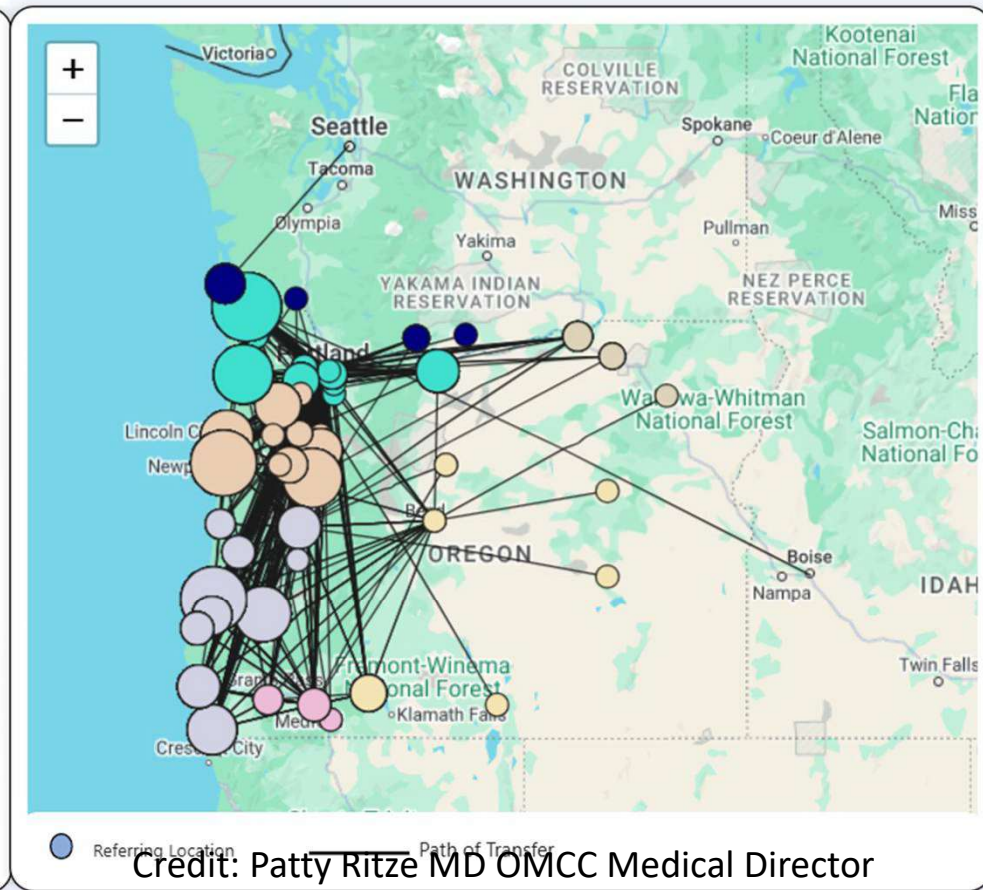
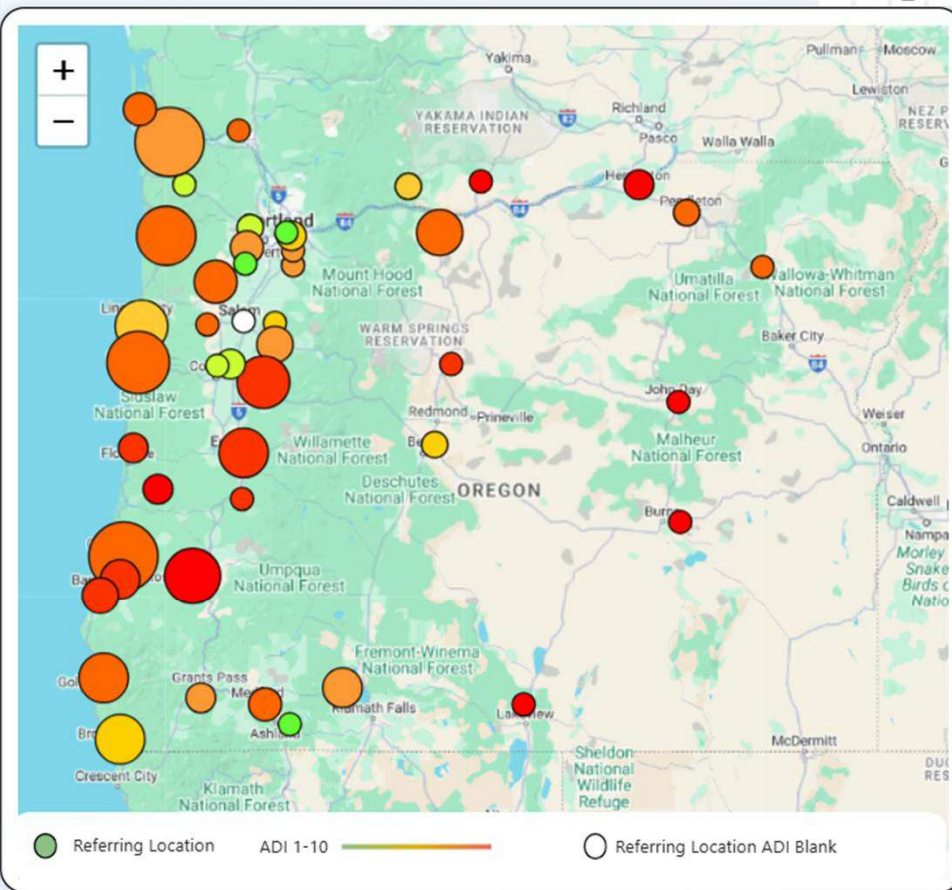
Facility  
Overview

Attempts  
Overview

Maps



Region	Level of Care	Medical Service	Reason For Transfer	Case Explanation	Referring ADI Score	Date
All	All	All	All	All	All	3/30/2024
						3/29/2025
8	1,327	499	291	790	6705	08:37:23
Referring ADI	Total Activations	Accepted Outside Region	Accepted Same Region	Accepted Transfers	Attempts	Avg Activation Duration
						Avg. Distance (mi)



Credit: Patty Ritze MD OMCC Medical Director



# Transfer Delays Moral Distress



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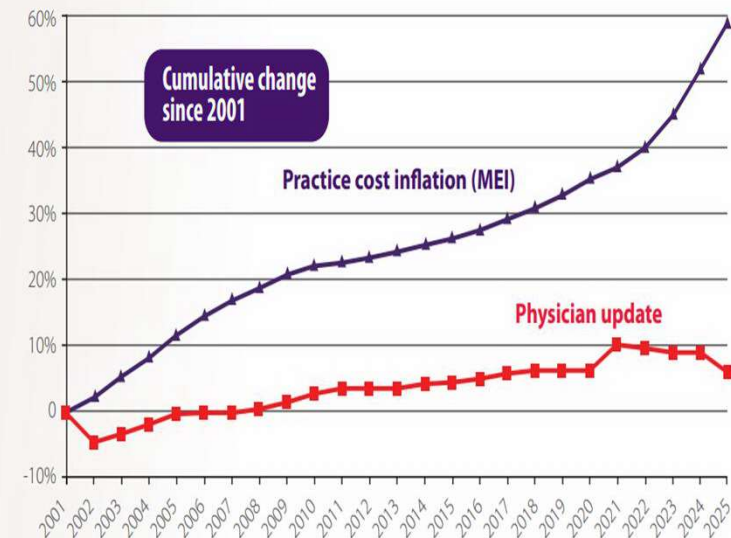
# Hospital Finance

- CMS/Medicaid not keeping up with inflation much less increase costs in healthcare
  - Staffing
  - Equipment
  - Supplies
  - Physical space overhead
- Access to inpatient bed growth will be challenged by financial landscape
- Federal executive order uncertainty

## Medicare physician payment continues to fall further behind practice cost inflation.

### Medicare updates compared to inflation in practice costs (2001–2025)

Adjusted for inflation in practice costs, Medicare physician payment declined 33% from 2001 to 2025.



Sources: Federal Register, Medicare Trustees' Reports, Bureau of Labor Statistics, Congressional Budget Office.

Updated Jan. 2025

# Hospital Finance

- CMS/Medicaid not keeping up with inflation much less increase costs in healthcare
  - Staffing
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  - Physical space overhead
- Basic Equity Question
- Access to inpatient bed growth will be challenged by financial landscape
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20

## Low Payment Levels Threaten Access to Care



Hospitals received payment of only

**82 cents** for every dollar spent by hospitals caring for Medicare patients in 2022.



**67%** of hospitals had negative Medicare margins in 2022.



In 2022, Medicare underpayments totaled

**\$99.2 billion.**

## Key Takeaways

*Medicare's consistent underpayment for the care of our seniors is leaving hospitals and health systems, which depend on public payers like Medicare and Medicaid, in an untenable position. Ninety-four percent of hospitals have half or more of their inpatient days paid by these public payers.<sup>4</sup> Without action from policymakers to address this crisis of government underpayment to hospitals and health systems, access to care for patients and communities will be severely threatened.*



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## Health Care Workers in Oregon

- Shared Mission and Purpose
- Regional Hospital System
- OHA staff
- Oregon Medical Coordination Center
- Good people just doing the best we can





Thank you!  
(OHSU Mission Control Leaders)





# Workplace Violence Committee at OHSU

Keren McCord, LCSW

Co-Chair OHSU

Workplace Violence Committee







## Who are we?

- ▶ Interprofessional experts at OHSU that voluntarily make up the Workplace Violence committee. We are MDs, Public Safety Officers, Social Workers, RNs, Occupational Health, patient experience experts, Patient Advocates, etc.



# Purpose Statement

- ▶ Safe, effective health care is based on a relationship that is therapeutic, collaborative and relies on the mutual trust, honesty and respect between the healthcare provider and the patient and parent/caregiver/guardian. This committee provides guidance to OHSU healthcare leaders in supporting and responding to individuals who engage in behaviors which may be disruptive to their own or others' care in the healthcare setting or breach their own or others' sense of safety.

# Our scope

Review incidents of patient and/or visitor escalation and violence to determine appropriate mitigating strategies, including recommending patient flags, restricting care or visitation, requiring searches and/or other safety procedures, identifying specific staff or staffing requirements, and recommending administrative discharge and/or exclusion from OHSU. Trauma-informed care (TIC) will be included in the decision-making process.

The WPVC provides advocacy through the adoption of any suggested changes to policy, practice or training as deemed worthy by the committee, wherever practicable.

# OHSU's Workplace Violence Committee: How do we make decisions?



## **Decision-making Authority**



Decisions for patient dismissals or exclusions are made in partnership with referring department.



# Supporting our teams

Honoring	Honoring the trauma that the team has experienced
Utilizing	Utilizing a WPVC meeting as an opportunity to guide towards recommendations, but also as a therapeutic space to debrief the impact to the staff involved
Remaining	Remaining available for consultation
Offering	Offering resources
Making	Making time to debrief the WPVC members - vicarious trauma is real!
Tracking	Tracking data and using it to impact change



# Trauma-Informed Guidance and Managing Bias