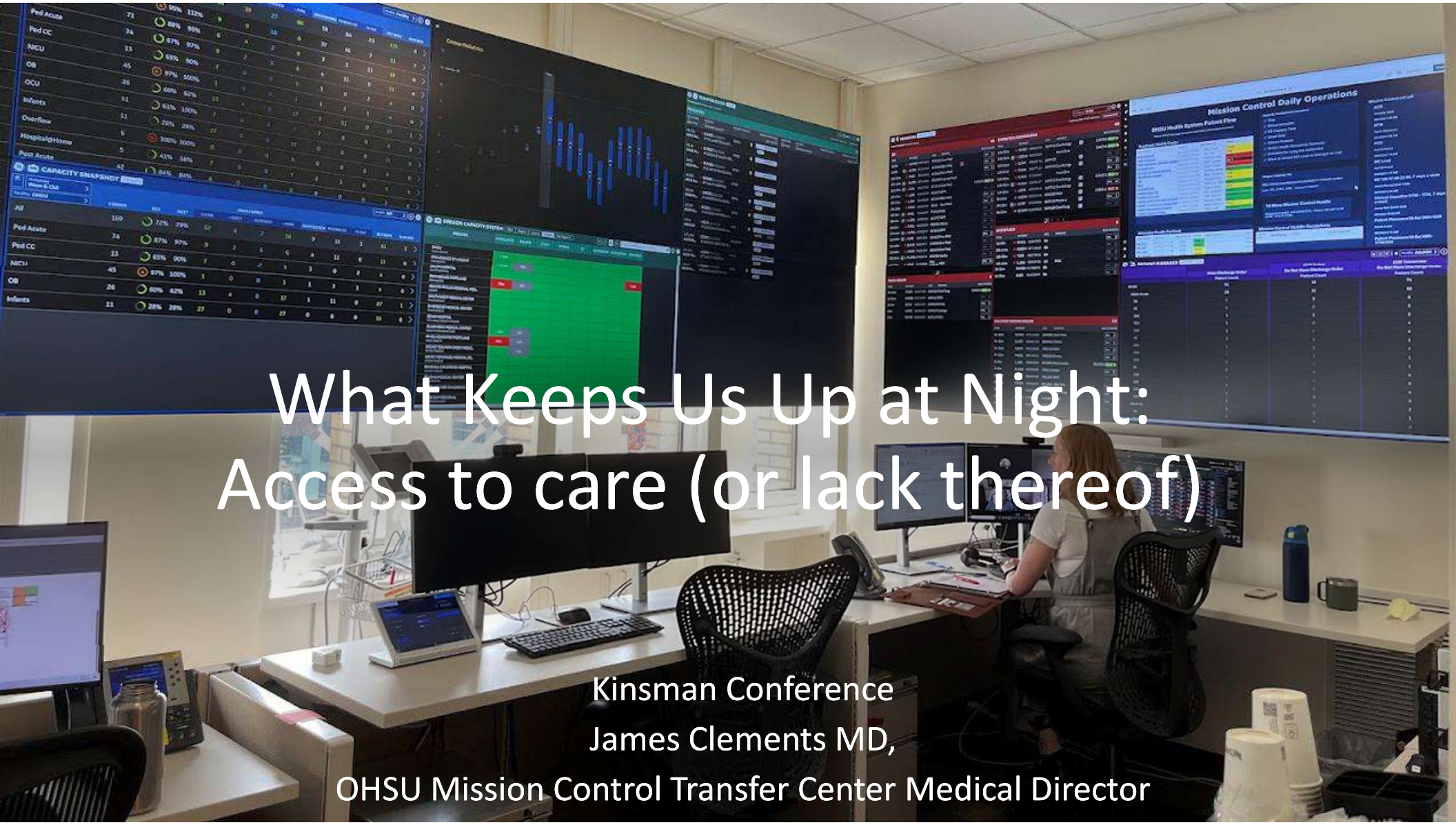


What Keeps Us Up at Night: Access to care (or lack thereof)

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

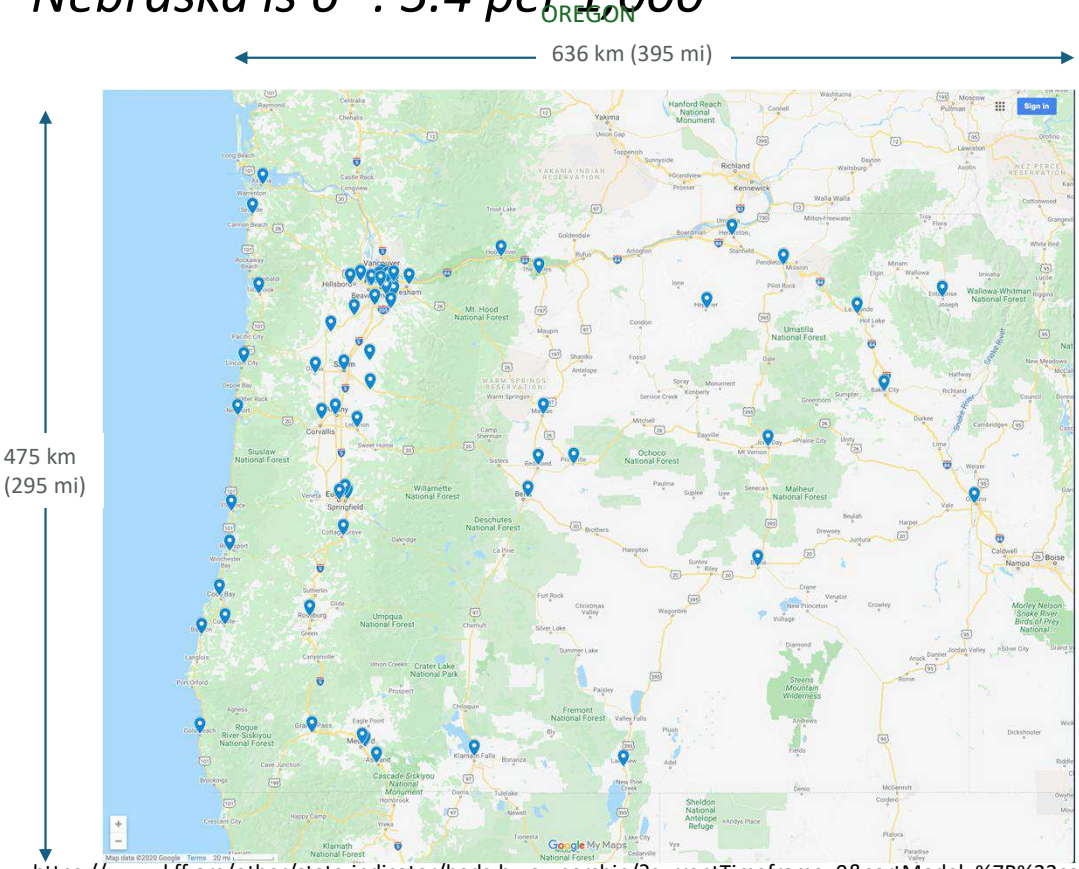
Objectives

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 6th: 3.4 per 1,000



- 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%22colId%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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1) Review	Basics of Oregon's Acute Care Capacity
2) Unpack	**ED Boarding and Overcrowding**
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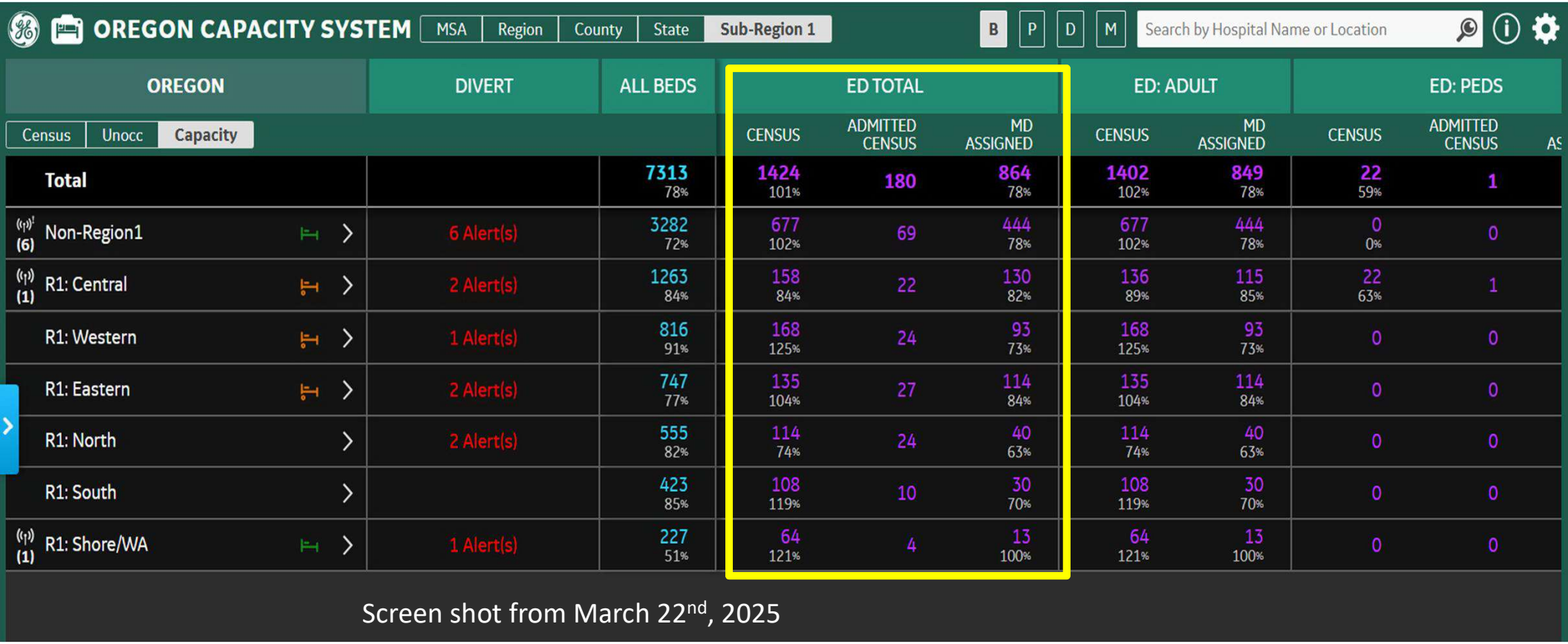
ED Boarding is a big problem in OR

- 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

Census | Unocc | Capacity

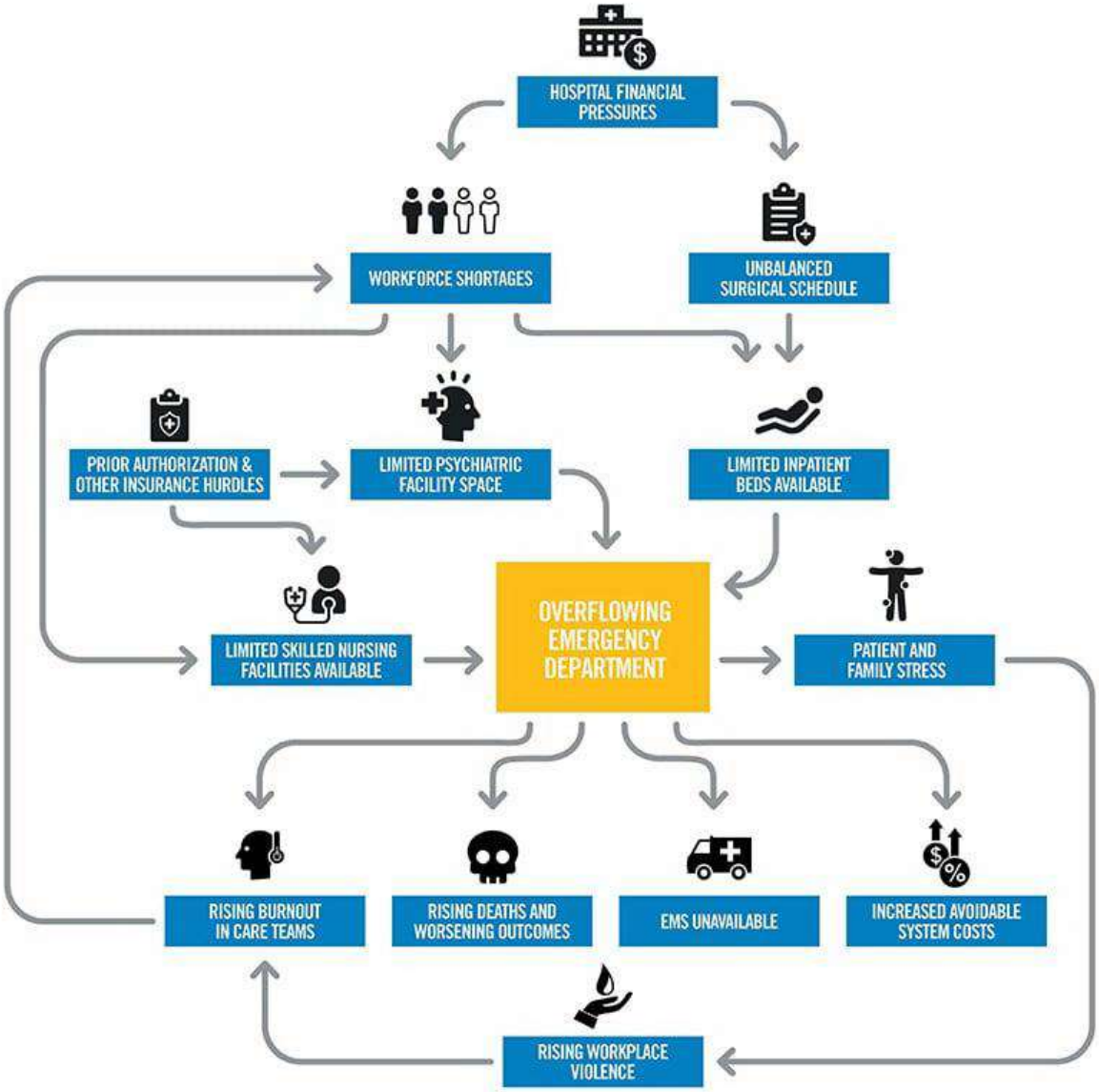
OREGON	DIVERT	ALL BEDS	ED TOTAL			ED: ADULT		ED: PEDS		
			CENSUS	ADMITTED CENSUS	MD ASSIGNED	CENSUS	MD ASSIGNED	CENSUS	ADMITTED CENSUS	AS
Total		7313 78%	1424 101%	180	864 78%	1402 102%	849 78%	22 59%	1	
(6) Non-Region1	6 Alert(s)	3282 72%	677 102%	69	444 78%	677 102%	444 78%	0 0%	0	
(1) R1: Central	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) R1: Shore/WA	1 Alert(s)	227 51%	64 121%	4	13 100%	64 121%	13 100%	0	0	

Screen shot from March 22nd, 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

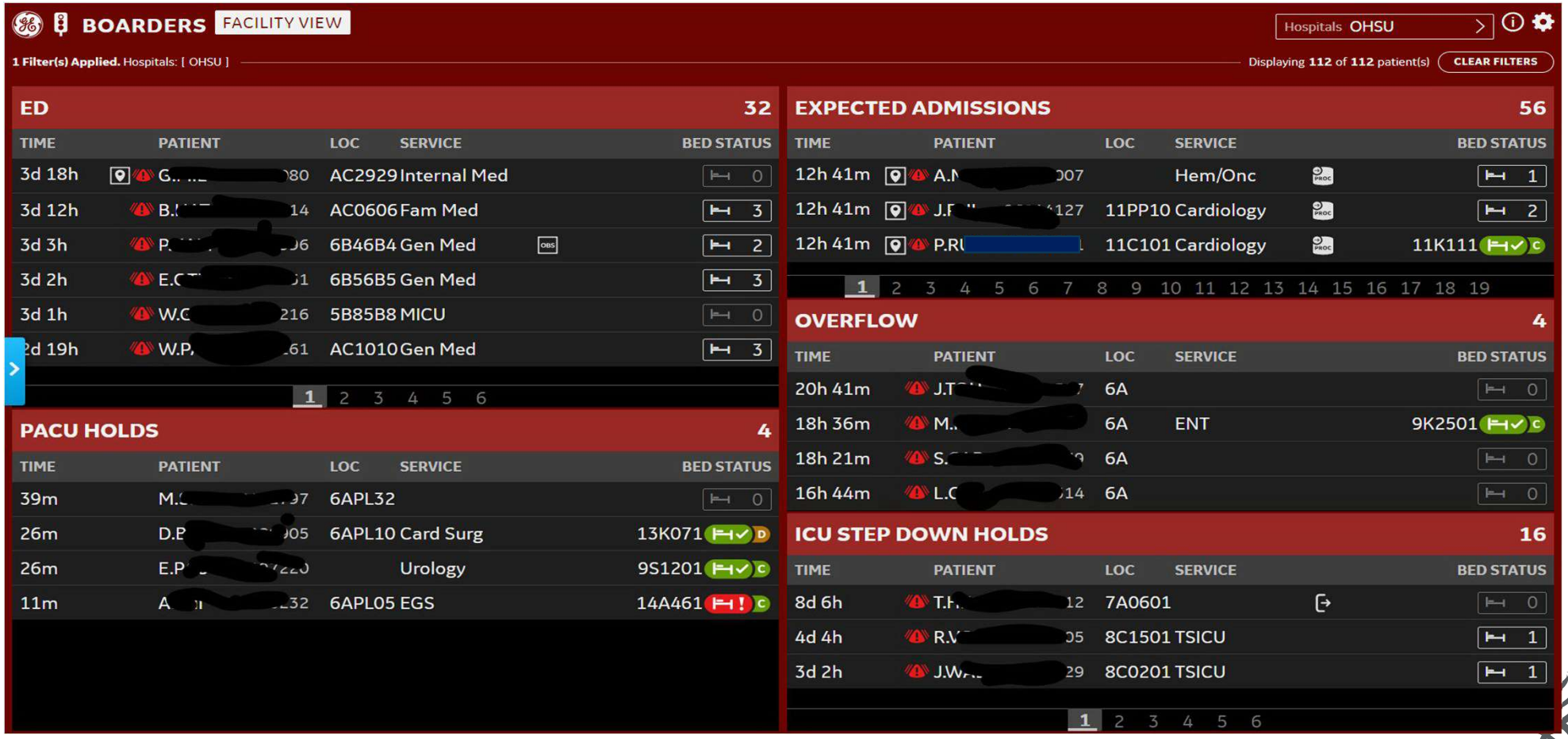
Supply Demand Mismatch for Adult Acute Care Beds

- 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

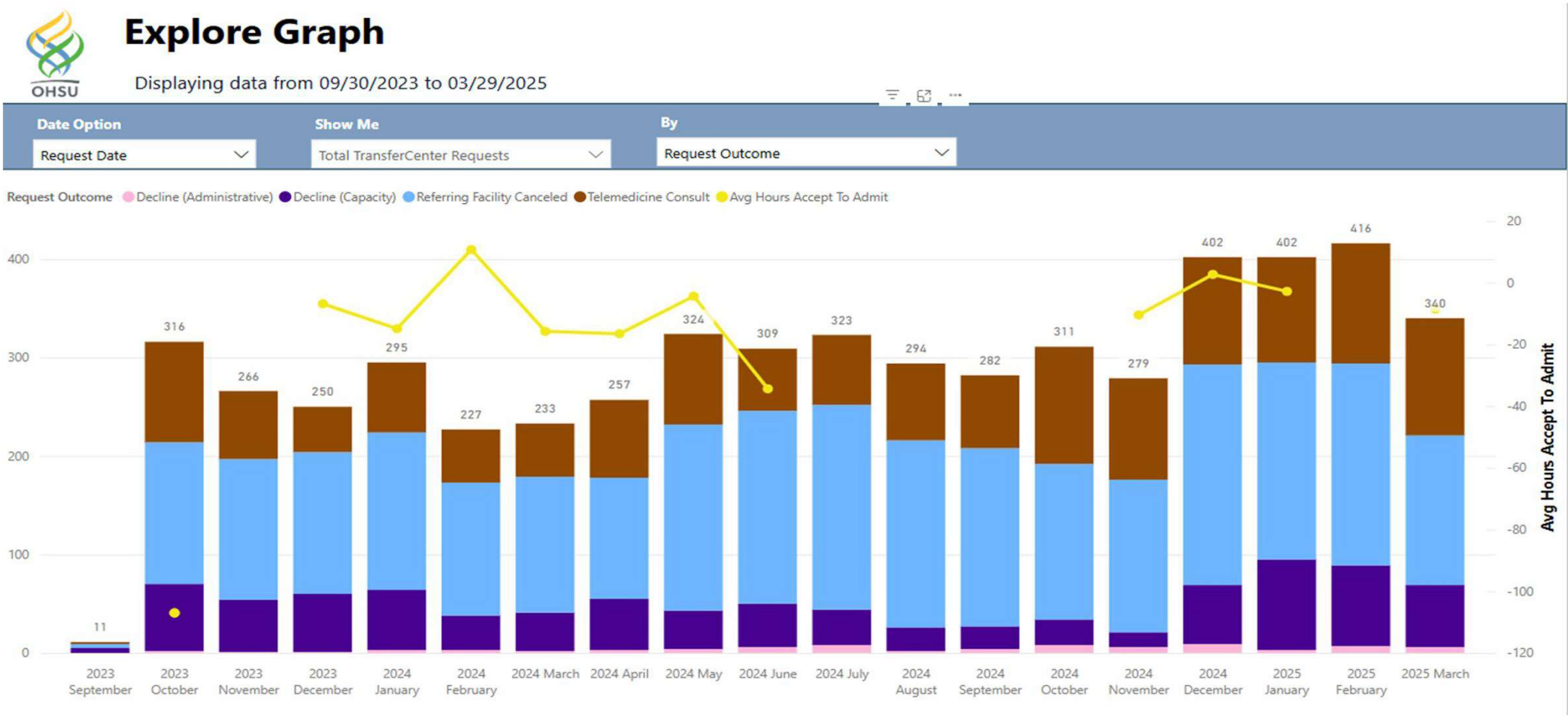
Where Do We Feel the Pressure? Need 124 beds

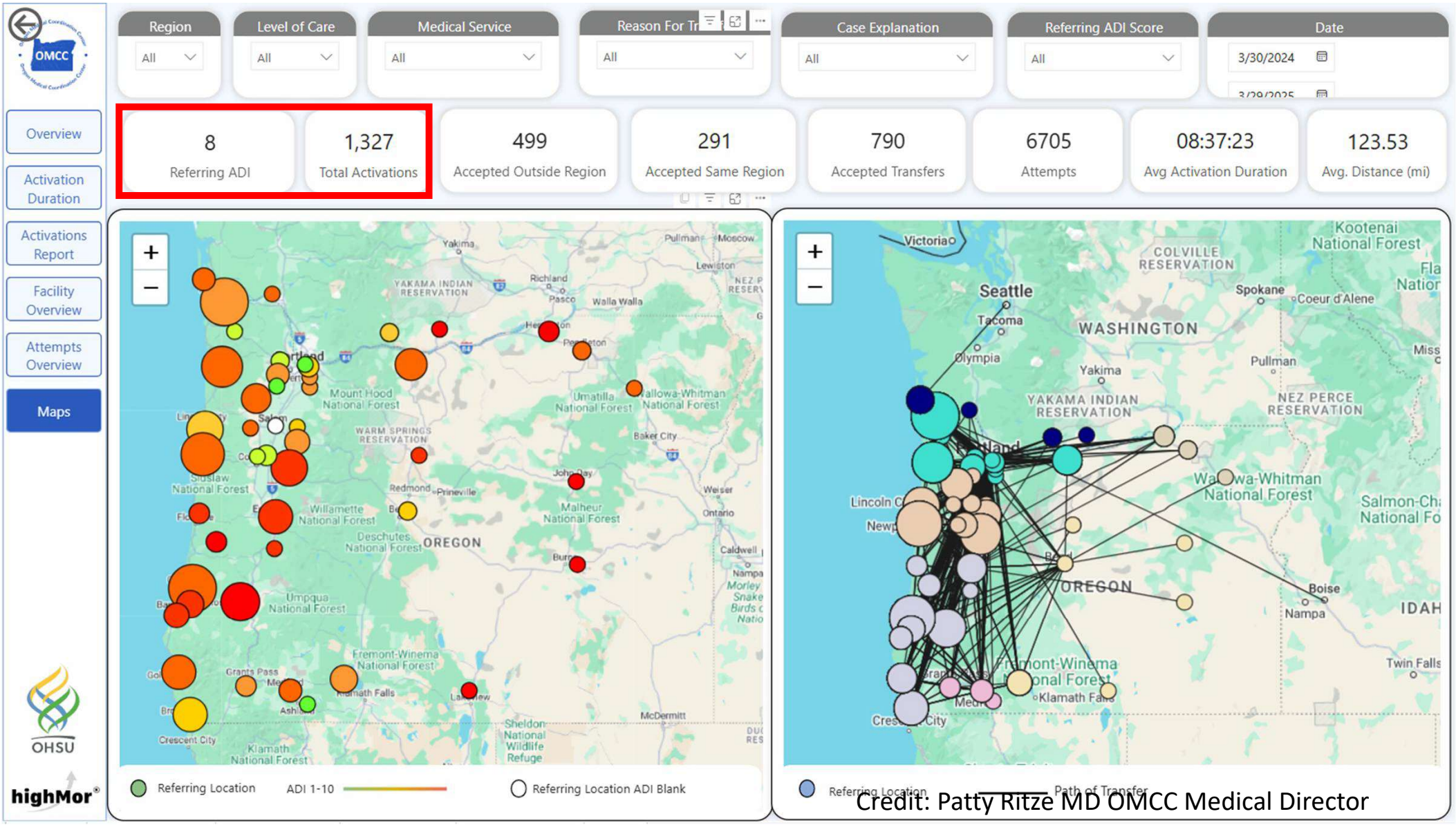


14 +12 on TC Waitlist 6/2/2024 @ 12:53pm Screenshot

OHSU

OHSU: People We Couldn’t Bring In





Credit: Patty Ritze MD OMCC Medical Director


Transfer Delays
Moral Distress

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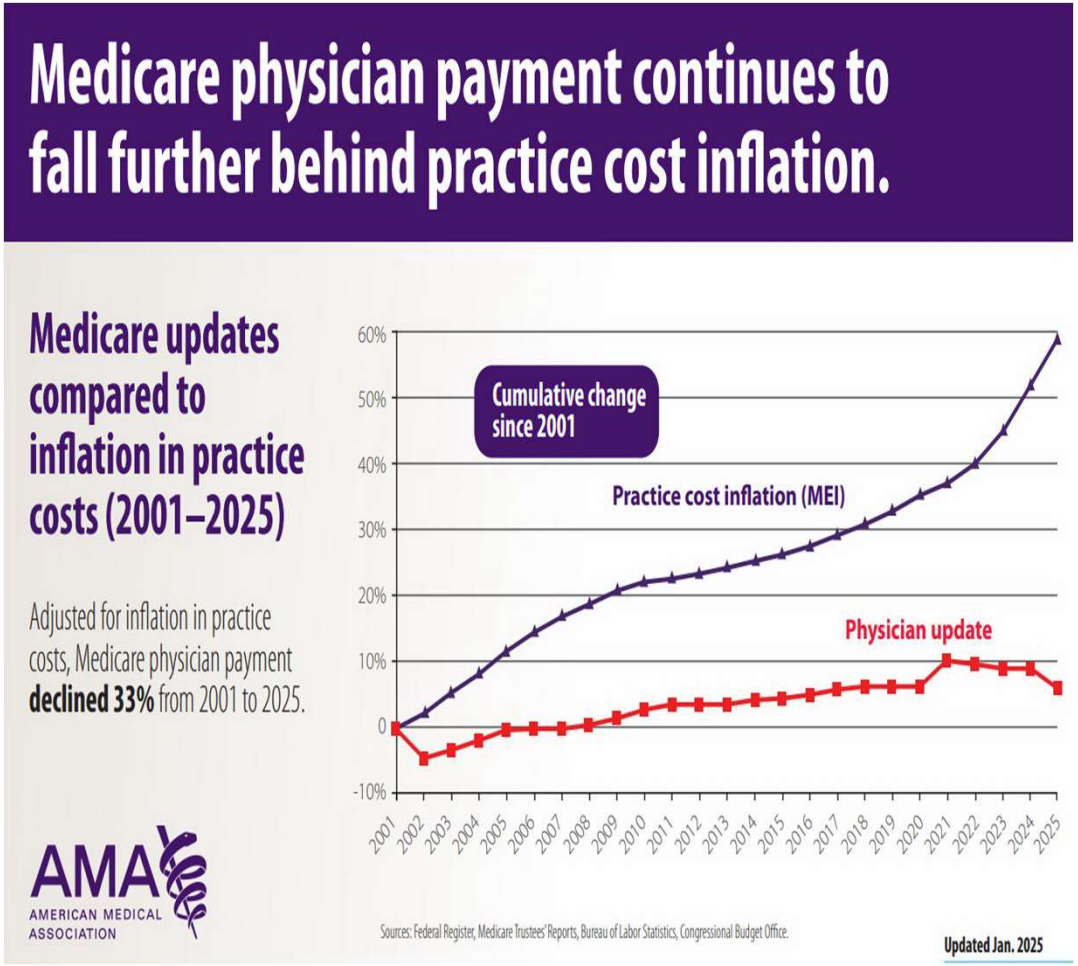
Hospital Finance

- 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



Hospital Finance

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

Objectives

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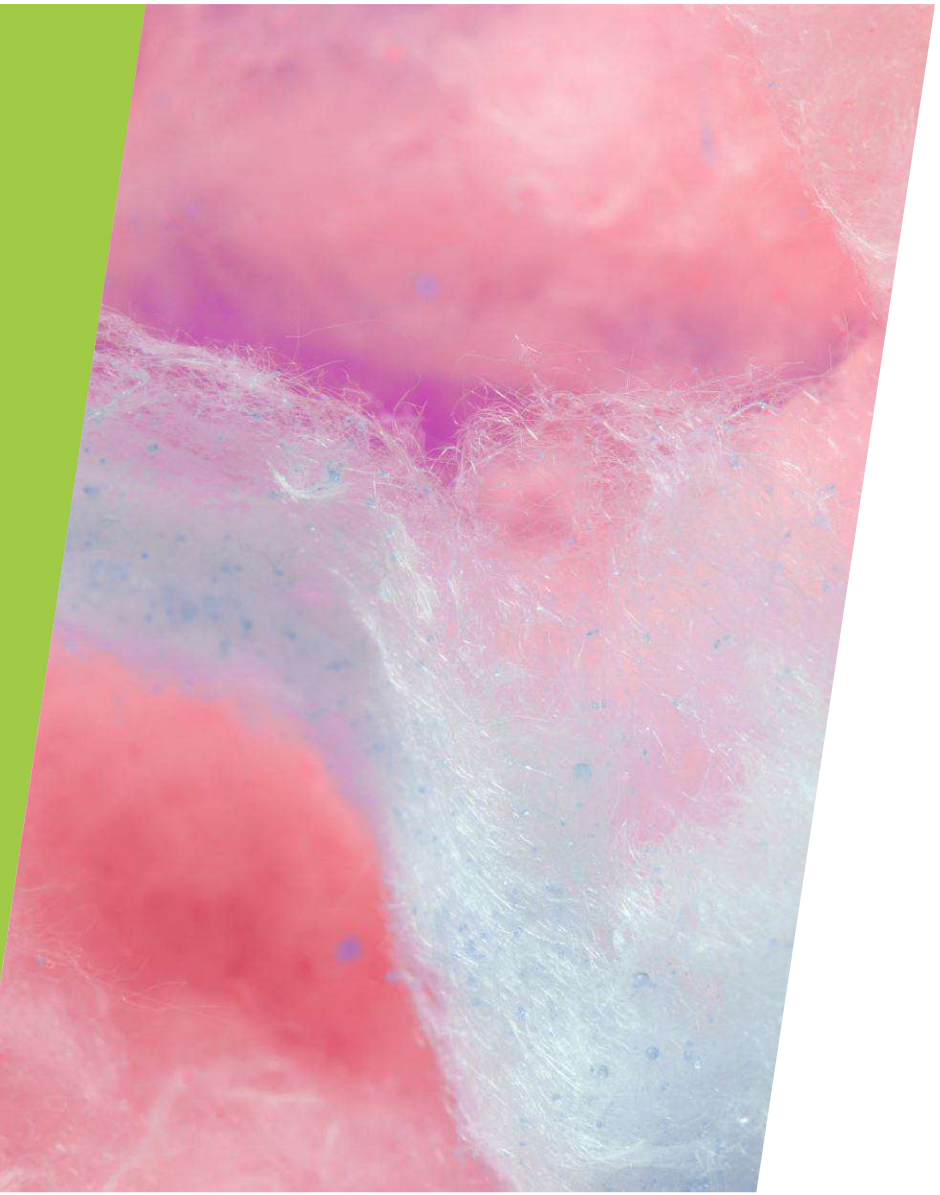
Health Care Workers in Oregon

- 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

Worplace 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