

July 21, 2022

Governor Kate Brown 900 Court Street, Suite 254 Salem, OR 97301-4047 Sent via electronic mail

RE: Health care system capacity crisis

Dear Governor Brown,

On behalf of the Oregon Association of Hospitals and Health Systems ("OAHHS") and its 62 member hospitals, I write to ask you to take action to address the health care system capacity crisis. COVID-19 hospitalizations are much lower than the peaks of the Omicron and Delta surges, yet hospital capacity is as strained as it was during those difficult periods. This trend has been worsening, even though we are in the summer when hospitals typically see fewer patients. Without action, this current crisis could turn into a disaster over the coming months, affecting the lives and health of Oregonians across the state.

Hospitals appreciate your actions that supported the care continuum in Oregon during COVID-19 surges. Those actions saved lives and supported our workforce. We ask you to now make critically important decisions to mitigate the current crisis.

Oregon's health care capacity crisis is driven by many factors including the health care system's reliance on hospitals to provide care to patients who no longer need hospital-level care and the workforce shortage experienced throughout the care continuum.

Today, there are 507 patients in Oregon hospitals who no longer need hospital-level care and are ready to be served in community settings, at home, or in other appropriate settings. Barriers stop these patients from moving to a safe place that meets their needs, which are often complex. The barriers that stand in the way for each patient vary. Barriers include workforce shortages in post-acute settings, inadequate payment rates for post-acute care, a lack of capacity in the appropriate care setting, that the patient has no home to return to, and the list goes on. When these barriers go up, hospitals are the link in the chain of the care continuum that serves these patients. And behind each of these numbers is an Oregonian.

When hospitals must care for patients who no longer need hospital-level care, there is less space and less staff available for patients who need to be in the hospital. Hospitals urgently need help with this capacity crisis to free up inpatient beds and staff for patients who need to be in a hospital following a car accident, a heart attack, a cancer diagnosis, or with many other needs that require hospital-level care. Today, there are 183 patients boarding in emergency departments in Oregon who are waiting on a bed.

Workforce shortages throughout the care continuum are an important component of the health care system capacity crisis. Said simply, there are not enough health care workers in Oregon.

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Hospitals in Oregon have thousands of open positions that are unable to be filled. Others on the care continuum see shortages, too. During the COVID-19 emergency period, hospitals and others were able to bring in out-of-state nursing staff and certified nursing assistants more easily through the use of emergency authorizations.

We request your urgent attention to the executive tools at your disposal to address the emergency facing our state, to ensure that all Oregonians receive the right care at the right time, and to advance our shared goals of health equity. We request that you take action to accomplish two objectives:

- 1. Support patients who are ready to move from a hospital setting to a new location.
- 2. Increase the number of people who can provide health care services in Oregon.

To assist you and your team we have compiled a non-exhaustive list of actions that may further the objectives above and mitigate the emergency we now face. Our list is enclosed with this letter. We request that you take action to build on what has worked and take new actions to address the current emergency.

Sincerely,

Becky Hultberg

cc: Pat Allen, director, Oregon Health Authority

Fariborz Pakseresht, director, Oregon Department of Human Services

OAHHS Requests

- 1. Take appropriate action to support adult foster home providers that admit new residents to their adult foster homes from the hospital. During the COVID-19 Omicron surge, an Adult Foster Home Incentive Program to Assist with Hospital Bed Shortage was put in place and we request that it be brought back or a program similar to it be put in place.
- 2. Establish state or state-contracted short-stay Decompression Units, staffed by the State, and ensure the Decompression Units have an equity focus.
- 3. Take appropriate action to support patients being treated in their community hospital after receiving specialized care in a hospital outside of their community. As context, some patients need to be transferred to a hospital outside of their community for a higher level of care, and many of those patients would like to return to their community hospital, when medically appropriate, to be closer to their friends and family and to be cared for in their community. Administrative and payment challenges should not stand in the way of this patient-centered solution to the capacity crisis.
- 4. Improve transportation capacity to address barriers to discharge due to transportation limitations:

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a. Expedite new ambulance and stretcher van licenses

- b. Offer grants for transportation providers to supplement hiring drivers and purchasing vehicles
- c. Donate or lease unused state vehicles to transportation providers
- d. Fund CNA and Medic training programs
- e. Provide grants to convert vans into wheelchair vans
- f. Request consistent alignment among county and city transportation regulations that optimize availability of car, wheelchair, and stretcher van transports
- 5. Appropriately fund hospitals so that they are fairly compensated for the services they provide to patients who no longer need to be there, but who have nowhere else to go.
- 6. Improve staffed capacity across long-term care facilities (e.g., adult foster homes, SNF/ICF facilities, assisted living facilities, memory care units). Work with long-term care facilities to identify and remove barriers.
- 7. Fund a per diem payment to hospitals for COVID-positive patients.
- 8. Take appropriate action to authorize emergency authorizations or a similar process that would allow out-of-state nursing staff and certified nursing assistants to work in Oregon immediately.
- 9. Direct the appropriate licensing boards to remove barriers to respiratory therapists, pharmacists, and pharmacy techs working in Oregon immediately.