

Senate Interim Committee on Health Care – Hospital Capacity Panel

Good morning, my name is Cheryl Wolfe. I'm a registered nurse and the President and CEO of Salem Health Hospitals and Clinics. Thank you for the opportunity to share some of Salem Health's story over the last few months, and what it means for our community and our state.

Let me be very blunt: access to health care in our state is not what it used to be and not what it should be. The capacity challenges across Oregon are having a direct impact on patients. Oregon's health care system is flirting with crisis, and action must be taken.

This change to access has appeared in a lot of different forms for patients: longer wait times, shared occupancy rooms and delayed care. But let me share the most striking example from Salem Health: for the first time since 2008, we have diverted ambulances away from our emergency room.

Salem Health is the busiest emergency room on the west coast between San Francisco and Canada, with more than 100,000 emergency room visits each year. We are a level II trauma center and are the resource hospital for six counties and smaller hospitals who refer complex cases to us.

Salem Health has long prided ourselves that we are here for our community, and that has meant we never go on divert. We take care of everyone, even when we are pushed to our limits. This has stayed true through the events of the last two years. It has been incredibly challenging and demanded a lot of our caregivers, but we have been able to manage it. We've cared for our community through truly the worst of times.

However, this work has taken a toll and the problems in our state's health care system have continued to compound. Salem Health has been over 100% capacity nearly every day for the last two years. Hospitals are considered full at about 80% because of the normal movement of patients through different levels of care in the hospital. Maintaining care at this high volume of patients has required extraordinary efforts. Among other things, we've been forced to employ over 330 full time equivalents of contract labor.

Even with the extra hands, my staff simply reached the breaking point this summer. The volume and required pace of work was unsustainable. So we developed policies to use the only tool that we had left, which is to try to divert any non-critical ambulances away from our emergency room. This was a decision reached in agreement with our nurses and physicians, but it has been painful for all involved.

We have seen a small reduction in the volume of patients after we implemented a divert policy, but we continue to see high volumes as we get ready for our busiest months.

At best, a health system that is beyond capacity means long wait times in the emergency department, waiting for a hospital bed, or transferring sick patients out of the community or out of state for care. At worse, it can mean poor outcomes or loss of life.

There are many causes of this capacity crisis: patients who are sicker and staying in the hospital longer, discharge delays, limited access to post-acute care, workforce shortages and intense financial pressure. Each of these have nuanced root causes, but each must be addressed if access to health care is going to be protected in this state.

Hospitals serve as a backstop in the continuum of care, and we are pleased and proud to do so. But there are limits to the weight that can be shouldered, imposed by the laws of physics, finances and human capacity.

Like you, we want our patients to have ready access to the highest levels of compassionate care, whenever they need it. I hope we can partner with you in the coming session to pass policy that will preserve accessible care in Oregon.