



# Samaritan Health Services

Lesley Ogden, MD, MBA, FACEP

Chief Executive Officer North Lincoln and Pacific Communities Hospitals

Joint Task Force on Hospital Discharge Challenges October 17, 2023

# Samaritan At-A-Glance

## Our People

- 5,800+ employees
- 500+ employed clinicians
  - From primary to highly specialized care

## Our System

- Non-profit
- Integrated Delivery System

## Our Facilities

- Five acute care hospitals
  - Tertiary hospital and Level II trauma center (at regional medical center)
  - Community-based hospital
  - Three critical access hospitals

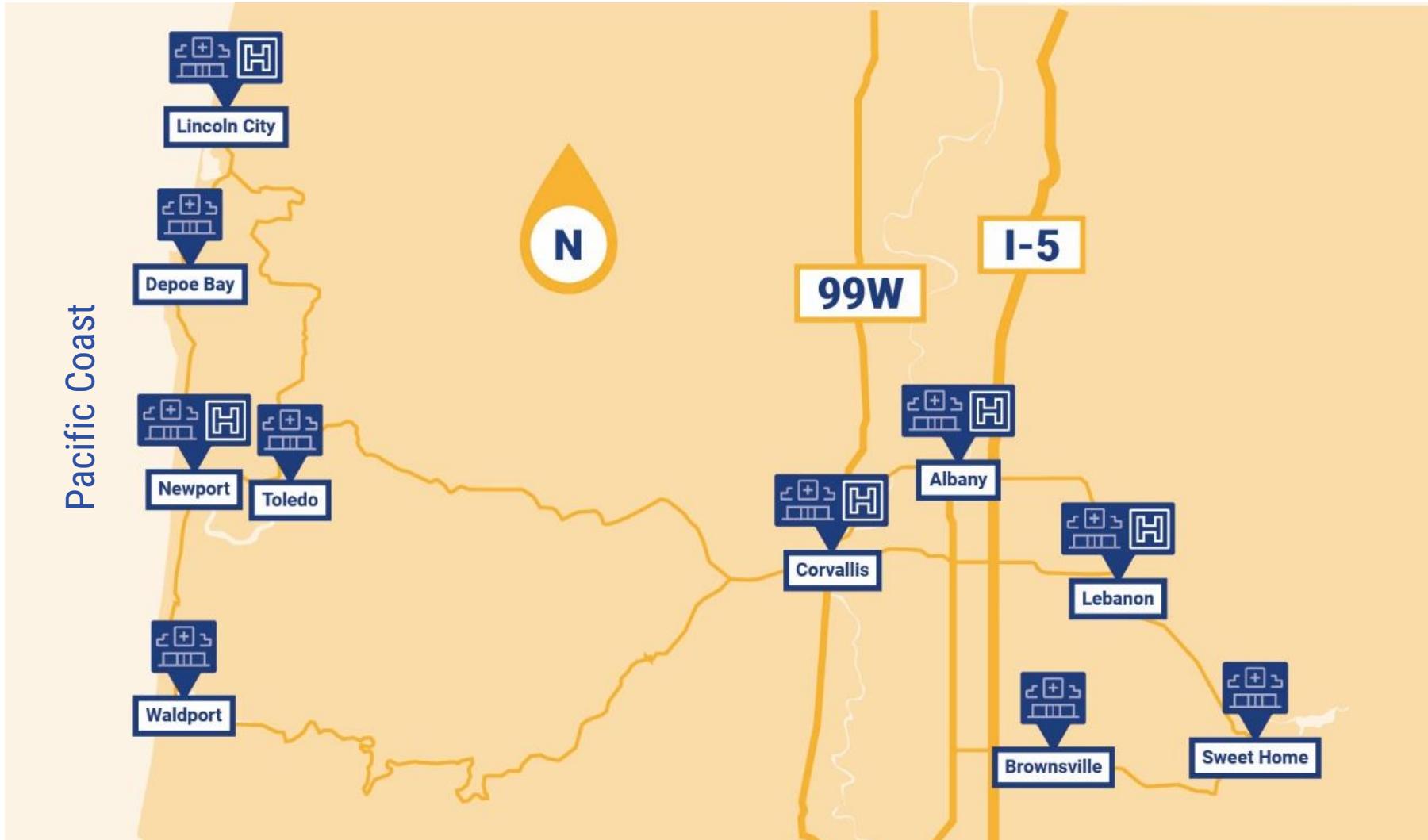
Over 80 clinic locations

6 urgent care / walk-in centers

3 SamCare Express/Mobile care clinics



# Samaritan's Service Area



# Lost Access to Hospital Services

Timeline: April 2022 to March 2023

Facility	80% of Avoidable Days	Avg. GMLOS	Patient Impact Estimate
Good Samaritan Regional Medical Center	12,564.8	3.8	3,307
Albany General Hospital	3,321.6	3.4	977
Lebanon Community Hospital	2,119.2	4	530
Pacific Communities Hospital	1,223.2	3.6	340
North Lincoln Hospital	1,092.8	3.7	295
<b>Samaritan Health Services</b>	<b>20,321.6</b>	<b>3.7</b>	<b>5,492</b>

# Rural Hospital Perspective on Discharge Delay

- The number of patients requiring post-acute care is growing, particularly those needing long-term placement.
- The number of referrals required for each patient is increasing.
- Social histories of patients are becoming more complex and affecting whether they will be placed; homelessness, substance use disorder, disengaged families, lack of funding sources.
- Increase in special needs patients and less facilities willing to accept them; dementia, physical assistance needs, bariatric, advanced wound care.

# Rural Hospital Perspective on Discharge Delay

- Increase in number of patients requiring Medicaid for placement.
- Medicaid process takes a long time. Facilities reluctant to review referrals, hold beds, or accept patients until Medicaid is established.
- OHP Skilled Nursing Facility benefit is limited to 20 days.
- Transportation to placement is delayed because of community need.
- Lack of discharge resources in rural communities.
- Every issue is amplified in a resource poor rural environment.

# Recommendations for Improvements

- Streamline the Medicaid eligibility process and approval process for Long Term Services and Support.
- Improve care coordination for patients with complex needs.
- Enhance reimbursement and investments to ensure post acute care is accessible for high acuity patients.
- Identify opportunities to increase transportation options in rural communities.

# Patient case examples

- Middle aged male who is homeless and has a substance use disorder.
- An elderly female with end stage dementia, requiring 2–3-person assistance with activities of daily living.
- Patients with good discharge plans and good family support regularly stay double or triple their acute care stay if post acute care is needed.