Oregon Chapter
American College of
Emergency Physicians

May 23, 2024

Joint Task Force on Hospital Discharge Challenges
Oregon State Legislature

Chair Jones, Vice-Chair Burns and Members of the Task Force:

My name is Dr. Craig Rudy and I'm submitting public comment on behalf of OR-ACEP, the Oregon Chapter of the American College of Emergency Physicians. OR-ACEP is a medical society that has represented physicians specializing in emergency medicine since 1971 and its members share a commitment to improve emergency healthcare for all Oregonians. I am writing to you with a sense of urgency regarding the critical situation currently facing our emergency departments. As a member of the healthcare community working on the front lines, I write to explain the challenges that we face on a daily basis.

As you likely well know from your work, the boarding in our emergency departments reflects an overall lack of capacity within our hospitals. As the beds in the hospitals fill, a traffic jam forms which backs into the emergency department. Boarding within hospitals is not a new problem. This is a well-documented problem which was amplified by the COVID pandemic. However, as the pandemic recedes, boarding persists in this amplified state.

Boarding has many downstream consequences. First, the functional capacity of the emergency department decreases as patients board. The only way to compensate for this loss of capacity is to utilize non-traditional areas of care. This includes the hallway, triage rooms, and the waiting room. At best, this results in a loss of privacy and at worse jeopardizes the health of our patients. From the patient experiencing a miscarriage in a hallway bed to the confused adult with dementia developing progressively worsening environmental delirium, I can say with confidence this is not the type of care I would want for my family.

The patient that concerns me most while I am on shift is the patient that I have not yet had a chance to see and treat. Emergency department wait times grow ever

longer as boarding progressively worsens. This leads to delayed interventions on emergent medical conditions which may require a higher level of care within the hospital or even long-term health consequences. A patient with alcohol withdrawal in the waiting room may have been able to be treated and discharged or admitted to the floor of the hospital but instead due to a long wait time experiences frank delirium requiring an ICU admission. Even worse, the patient who leaves without being seen due to the wait time returns two days later acutely decompensated with overwhelming sepsis. If only we had the space to see the patient, we may have been able to avoid a disastrous outcome.

Fundamentally, this is an equity issue. The emergency department is the safety net of our community and it is being ripped apart. The most vulnerable of our state are losing access to timely healthcare. This is most apparent for those who need care at tertiary care hospitals but are unable to accept transfers for emergency care due to capacity. I personally have had to transfer multiple patients out of state in order to receive lifesaving care. As the cliché goes, the emergency department is the canary in the coal mine. The story does not end well for the canary.

I have been following your work and urge you to help us find solutions on discharge planning and coordination. We do not need perfection. Even small improvements will make a massive difference for our patients. Three more available beds leads to an exponential increase in capacity. An emergency department bed utilized by an emergency department patient can be used several times per day. Each subsequent bed without a boarder leads to exponential gains. Thank you for your time and attention to this matter.

Sincerely,

Craig Rudy, MD, FACEP
President of the Oregon Chapter of the American College of Emergency Physicians