

January 28, 2019

Oregon State Legislature
House Committee on Health Care
900 Court St. NE
Salem Oregon 97301

Re: House Bill 2624 – Emergency Department Boarding Prevention Pilot Funding and Task Force

Chair Representative Mitch Greenlick and Members of the House Committee on Health Care:

My name is David Stone and I am former Director of Emergency Services at Mid-Columbia Medical Center (MCMC) in The Dalles, OR. MCMC supports HB 2624 which would allow hospitals and communities to be innovative at finding solutions for patients who board in an emergency department because there is no place for them to be safely released.

In January and February of 2017 there was a psychiatric patient who was boarded in the MCMC ED for 32 consecutive days. The patient was placed on a 180 day commitment on 1/13/17 but was not transferred to a psychiatric facility (Unity) in Portland until 2/8/17. Between the time the commitment document was signed by the judge and the time the patient was transferred to Unity, there were multiple meetings with hospital managers, administration, Community Mental Health Professionals (CMHP), DHS and others attempting to resolve this. During that same time period, CMHP made multiple daily calls to inpatient psychiatric facilities throughout the state to try and place this patient. On 2/7/17, John Huffman, state representative for this district was contacted by the ED director. The next day the patient was transferred to Unity. At the same time that this patient was here there were other psychiatric patients boarded in the ED. The average ED length of stay for those boarded psychiatric patients was 145.02 hours. The longest non-psychiatric ED length of stay during that same time period was 16.2 hours. ED physicians and nurses are not equipped to provide the kind of care that these patients need. The patient spent 32 days receiving only basic care (e.g. food, lodging, medications etc). Additionally, these patients often need closer observation due to disruptive behavior. The additional resources that these patients need stretches staff thin. It also poses the potential to negatively impact overall patient safety and satisfaction.

In 2016, Oregon Health Authority (OHA) commissioned a comprehensive report called, ED Boarding of Psychiatric Patients in Oregon that addresses this issue. Please refer to that report. It cites statistics, possible causes and solutions to this problem (attached).

Currently, CMHPs spend many hours communicating with psychiatric facilities to try and get placement for boarded ED psychiatric patients. One possible approach might be to have one central place that would track psychiatric beds throughout the state. The CMHPs would then make only

one call to try and obtain placement. While we do not have the answer for all communities statewide we know that given the resources and fostering community partnerships hospitals and their communities can be innovative and can share best practices across Oregon.

Beyond innovation we feel that convening a task force to provide recommendations to the legislature would not only highlight areas of concern but would be a safe table to produce recommendations for regional and statewide solutions. I would be happy to discuss this with other community stakeholders and provide other potential solution to this problem to the task force.

Respectfully,

David Stone, RN CEN
Credentialed Epic Trainer
Mid-Columbia Medical Center