



**Court Boice, Commissioner**

94235 Moore Street, Ste. 122

Gold Beach, OR 97444

Ph.: (541) 247.3229, (541) 661-6150

Date: April 2, 2019

To: The Oregon Senate Health Care Committee

SB 941

Re: Appropriations for the Benefit of Curry Health District and the South County Emergency Room Facility

I write with great concern for the safety and welfare of the citizens of Curry County and our second largest employer, Curry Health Network. While Curry County is proud of our new hospital, we do need support to implement the long-planned Emergency Room at the CHN facility in the City of Brookings. The Highway 101 slide of 2019, on top of other natural disasters in the last decade have highlighted the urgency to secure a county-wide infrastructure for emergency health care services, beyond what is currently available with the Hospital in Gold Beach and the Urgent Care Clinic at Curry Medical Center in Brookings.

For example, in 2011 a tsunami hit the Brookings Harbor Port; in 2015, a massive sinkhole formed and crossed Highway 101 in Harbor, impairing travel access to the Sutter Coast Hospital to the south; and in 2017, the Chetco Bar Fire created a health care crisis for many and further limited access. In late February, the Curry County Highway 101 collapse disabled the medical and emergency transportation services available between the southern part of the county and the main hospital. With a median age of 56, this left a critical emergency medical void for citizens unable to reach the hospitals in Gold Beach or Crescent City for emergency conditions. May I remind the Committee, no city or county in Oregon has been subjected to more infrastructure damage, and therefore, impaired access to emergency services.

Someone suggested that, "as Curry Health Network moves forward to open the South County Emergency Room Facility, maybe they don't need the additional funding." This is false. Our communities simply have no choice but to do everything they can in attempt to move forward—every minute counts when the nearest emergency room is 26 miles away. To get that done, every dollar counts.

I urge you to appropriate funds from the General Fund to the Oregon Department of Administrative Services for distribution to the Curry Health District for purposes of acquiring ambulance services and opening an emergency room in the Curry Medical Center in Brookings.

Thank You,

**Court Boice**  
**Curry County, Oregon Commissioner**

## Brookings Emergency Room Need

### Stroke Care

**Scenario Today:** Patient calls 911, they are having trouble talking and slurring their words. They are transported 30 minutes north or south to the closest ED. They are taken directly to the CT scanner to determine if a stroke is occurring. Important medication that can stop the stroke and preserve brain function is given to the patient, typically **more than 60 minutes** from the time the ambulance was first called – due to transportation times. It is determined that the patient needs to go to a higher level of care, and a larger hospital with neurologists on staff is identified to receive the patient. The patient is ultimately transferred, but often significant delays face these patients, compounded by the initial transport times.

**Scenario Tomorrow:** Patient calls 911, they are having trouble talking and slurring their words. They are transported 5 minutes to the closest ED on 5<sup>th</sup> Street in Brookings. They are taken directly to the CT scanner to determine if a stroke is occurring. Important medication that can stop the stroke and preserve brain function is given to the patient, **within 30 minutes** from the time the ambulance was first called. It is determined that the patient needs to go to a higher level of care, and a larger hospital with neurologists on staff is identified to receive the patient. The patient is transferred, directly from Brookings to the hospital where the higher level of care can be provided.

### Heart Attack Care

**Scenario Today:** Patient walks in to the Urgent Care/Same Day Clinic. They are having chest pain and struggling to take a deep breath. The staff responds to them quickly and assists them on to a gurney. 911 is called. Report is given to the Paramedics, and Cal Ore will transport them 30 minutes north or south to the closest ED. There the patient will receive many tests, and if they are determined to be having a heart attack, important medication, that can stop the heart attack and preserve heart function is given to the patient, typically **more than 60 minutes** from the time the ambulance was first called – due to transportation times. It is determined that the patient needs to go to a higher level of care, and a larger hospital with Interventional Cardiologists on staff is identified to receive the patient. The patient is ultimately transferred, but often significant delays face these patients, compounded by the initial transport times.

**Scenario Tomorrow:** Patient walks in to the CMC Emergency Care. They are having chest pain and struggling to take a deep breath. The staff responds to them quickly and assists them into an ED room. The Board-Certified ED Physicians **sees them within 5 minutes** of arrival. A Respiratory Therapist performs an EKG immediately. The RN begins obtaining IV access, drawing blood, and administering important medications. Within 30 minutes of arrival, the patient is stabilized, the heart attack is being

treated, and the patient is being prepared to transfer directly to a cardiac cath lab in Medford. The patient is transferred, directly from Brookings to the cardiac center in Medford for definitive care and cardiac stents.

## **Pneumonia Care**

**Scenario Today:** Patient walks in to the Urgent Care/Same Day Clinic. They are struggling to take a deep breath, and they have a bad cough. The staff responds to them quickly and assists them on to a gurney. 911 is called. Report is given to the Paramedics, and Cal Ore transports them 30 minutes north or south to the closest ED. There the patient receives many tests, and if they are determined to have pneumonia, antibiotics are given to the patient, typically **more than 90 minutes** from the time the ambulance was first called – due to transportation times. If it is determined that the patient needs to go to a higher level of care, a larger hospital with specialists on staff is identified to receive the patient. If the patient is deemed safe to stay in the local area with internal medicine and hospitalists providing care for the patient, they are admitted to the local hospital.

**Scenario Tomorrow:** **Scenario Today:** Patient walks in to the CMC Emergency Care. They are struggling to take a deep breath, and they have a bad cough. The staff responds to them quickly and assists them on to a gurney. The patient receives many tests, and the Emergency Physician sees them. Results are back within 30-45 minutes, and initial antibiotics are given to the patient, typically **less than 60 minutes** from the time the patient arrived seeking care. If it is determined that the patient needs to go to a higher level of care, a larger hospital with specialists on staff is identified to receive the patient. If the patient is deemed safe to stay in the local area with internal medicine and hospitalists providing care for the patient, they are admitted to the local hospital. In this situation, this local area admit will require a 30-minute transport to the hospital for admission.

## **Pediatric Emergency Care**

**Scenario Today:** Parent calls 911 as their child is having a medical emergency. They are transported **30 minutes** north or south to the closest ED. There the child will receive many tests, and lifesaving interventions will be performed as quickly as possible. If it is determined that the patient needs to go to a higher level of care, and a larger hospital with a Pediatric ICU is identified to receive the patient. The patient is ultimately transferred, but often significant delays face these patients, compounded by the initial transport times.

**Scenario Tomorrow:** Parent calls 911 as their child is having a medical emergency. They are transported to CMC Emergency Care, where they receive immediate evaluation by a Emergency Room Physician. There the child will receive many tests, and lifesaving interventions will be performed as quickly as possible. If it is determined that the patient needs to go to a higher level of care, and a larger hospital

with a Pediatric ICU is identified to receive the patient. The patient is ultimately transferred, but often significant delays face these patients, compounded by the initial transport times.

### **Minor Healthcare Needs**

Examples may include: Sore Throat evaluation, Medication Refill needs, minor burns, lacerations, dental pain:

**Scenario Today:** Patient walks in to the Urgent Care/Same Day Clinic. They are registered, and they wait until a room is available. Once in a room, the staff obtains their information and tests are ordered (if necessary). The Physician Assistant evaluates them, and determines what care is needed. Often a prescription is provided, or follow-up care is ordered. The patient is ultimately discharged.

### **Scenario Tomorrow:**

#### *Option 1: Presenting to the ED for care*

Patient walks in to the Emergency Care, seeking treatment. They are registered, triaged, and they wait until a room is available. Once in a room, the staff obtains their information and tests are ordered (if necessary). The ED Physician or Physician Assistant evaluates them, and determines what care is needed. Often a prescription is provided, or follow-up care is ordered. The patient is ultimately discharged.

#### *Option 2: Calling CMC to learn about care options*

Patient calls CMC, seeking a same-day appointment for care with a clinic provider. The receptionist evaluates schedules and attempts to find an open appointment for the patient. When the patient arrives for their clinic appointment at the designated time, the staff obtains their information and basic tests are ordered (if necessary). The clinic provider evaluates them, and determines what care is needed. Often a prescription is provided, or follow-up care is ordered. The patient is ultimately discharged.

### **The Motivation Behind CHN Opening CMC Emergency Care:**

Today, the community of Brookings Harbor has no Emergency Care – other than calling 911. When loved ones are having significant medical emergencies, the 30-minute trip to the nearest ED can be the difference between life and death.

When inclement weather and unstable road conditions occur, these transport times can increase exponentially – placing the community of Brookings Harbor in even greater risk of becoming isolated from Emergency Care and Treatment.

CMC Emergency Care will bring stabilizing Emergency Care and Treatment to the Community. Highly competent, Board Certified Emergency Physicians will staff the Emergency Department, 24/7/365. Trauma trained, advanced life-support Registered Nurses will be staffed, ready to respond to medical emergencies as they present. Registered Respiratory Therapists will be on staff, ready and able to assist with life-saving interventions. Life-saving Pharmaceuticals, overseen by Hospital Pharmacists will be available, ready to support immediate interventions, designed to stabilize patients as effectively and efficiently as possible. Transfer agreements are in place to support rapid transport of critically ill patients directly to major medical centers along the I5 corridor.

While CHN is bringing a new level of service to the community, CHN Primary Care will still respond to low-acuity medical needs as well. Bringing Emergency Services to Brookings is not designed to replace primary care – but rather support those who are experiencing an Emergency, bringing life-saving care to them expeditiously. If our patients can wait for a same-day appointment, they are encouraged to call our Primary Care team, and every effort will be made to work them into the same-day schedule.

For those who cannot wait, and for whom time is of the essence, Emergency Care is there to support them.

#### **Key Statistics:**

7% of Emergency Department patients require Admission or Observation in a Hospital

3% of Emergency Department patients require Emergent Transportation to a Higher Level of Care

90% of Emergency Department patients are treated and discharged from the Emergency Department

By bringing Emergency Care to Brookings/Harbor, 100% of patients experiencing an emergency will have access to timelier, life-saving emergency care. 93% will receive definitive care to the greatest extent of the Oregon Coast region (they will either discharge home or require transfer to a larger medical center – most likely along the I5 corridor). 7% will require transfer to the local hospital for continued monitoring and treatment.