

March 11, 2021



Co-Chair Lieber, Co-Chair Nosse, members of the Human Services Subcommittee of Ways & Means,

My name is Susan Yoder. I'm the Director of Patient Relations at OHSU and testify today as the Patient Advocate. I'm here to speak to the critical role that public guardians play in our community.

At OHSU, we aspire to do everything we can to meet the needs of our patients. This can be extremely complex and requires a team of dedicated people working together with the patient to achieve the best outcome possible. As with all teams, each member plays a crucial role, and when one member is missing, the best outcome can be hard to attain.

At times, we receive patients who experience a constellation of symptoms commonly known as dementia. As you may know, dementia is complicated and ruthless. Among other challenges, it causes memory loss and difficulty reasoning or problem-solving. When severe, it renders a patient incapable of making the decisions necessary to meet their own basic needs and to be safe.

In health care we aspire to provide patients the right treatment at the right time in the right place. Hospitals are designed to treat and stabilize patients with acute medical needs. A long-term memory-care facility, on the other hand, can provide 24-hour care from specialized staff, trained in caring for people with dementia. It can provide a consistent, secure living environment which helps reduce confusion for people and improves their quality of life.

Many patients with dementia leave our care dependent on loved ones and family supports that will help them navigate the many difficult decisions ahead to find the best long-term setting. A few, however, are what are often referred to as 'unfriended,' meaning that there is not a family member or trusted social network capable or willing to provide the support needed for them to be safely discharged into memory care. In some of these cases, as a last resort, a public guardian may be needed to step up, when others cannot.

Unfortunately, right now, Oregon lacks the public guardians needed to help people in crisis. This has serious repercussions. It can result in excessively long hospital stays, when a person requires a very different care setting.

These extended stays are detrimental to the patient, who needs a forever home, familiar and safe for them. Long, unnecessary hospital stays are also detrimental to the community, limiting access for patients who need a type of care only available in hospitals, especially during a pandemic.

I'll briefly share the story of a patient, who I will call "Maria". Maria suffered from extreme dementia and spent 233 days in our hospital from June of 2020 through January of 2021: the height of the Covid pandemic. We worked for months with a care team that included our social workers, DHS Adult Protective Services and Aging and Disability Services, along with a third-party legal provider, funded by charity care.

Together, the team sought an alternative to public guardianship. The few family members Maria had in her life could not provide the support she needed. Demonstrating financial eligibility for Medicaid and authorizing legal authority for a patient to safely be admitted to a secure, long-term memory care facility are demanding and consuming tasks not everyone is capable of.

After spending months attempting to support Maria's remaining family, it became clear they simply could not rise to the challenge. When all other options had been exhausted, the care team collectively made the decision to enlist the aid of a public guardian.

Yet, none were available. This is not uncommon. About 7-9 times a year, patients in our hospital reach this point, and the lack of an available guardian is the rule, not the exception. Scarcity requires public guardians to pass over individuals in the relatively stable setting of a hospital. They must prioritize others who are houseless or in imminent physical danger. Maria had to live in our hospital for another two and a half months. During that time, we advocated persistently for her prioritization. Finally, a guardian was assigned, and she was safely discharged.

Maria's team was missing a member. As a result, our community let her down. Maria's crisis confined her to a hospital bed that others may have needed amidst a deadly pandemic. Seeing her daily struggles demoralized our nurses and doctors who are committed to addressing people's health needs. They knew she needed a type of care they could not provide. Most importantly, this systemic failure compounded Maria's confusion and fear at a time when she needed to feel safe and secure.

Guardians are an option of last resort. But when they are needed, it is critical that they be available. I ask you to please adequately fund Oregon's Public Guardianship program to prevent others in Oregon from experiencing what Maria experienced.