

February 13, 2024

Subject: Support for SB 1591

Committee: Senate Committee On Human Services

Submitter:

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Dear Senator Gelser and Committee Members,

As a medical scribe in the Salem Health Emergency Department, I've had the opportunity to witness firsthand the compassionate dedication of nurses, physician assistants, and physicians as they administer top-tier care to some of the most critically ill individuals. In the fast-paced environment of emergency medicine, the primary objective is to stabilize patients upon their arrival and facilitate their transition into inpatient care for further evaluation and treatment, as necessary.

With our population's advancing age, the Emergency Department is experiencing a notable uptick in elderly patients grappling with a myriad of complex conditions, including dementia, Alzheimer's, congestive heart failure, diabetes mellitus, and COPD, among others. These individuals often present with acute issues such as stroke, syncopal episodes, and falls. Following stabilization, a significant number of these patients require immediate admission for specialized care, fulfilling our mandate within the ED.

However, the surge in elderly admissions often strains the capacity of our ICU and inpatient facilities. Many of these patients, especially those who have suffered traumatic events like cerebrovascular accidents, require ongoing, intensive care and are unable to return home due to their new impaired baseline state. Consequently, our ED finds itself holding patients longer, diverting resources that could benefit other critically ill individuals. This not only leads to care being administered in hallway beds but also limits availability for patients with diverse medical needs, including those with significant injuries and mental health crises.

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This is why I strongly support SB 1591. The shortage of available beds impedes the ED's ability to discharge patients promptly, resulting in delays in transitioning them to the ICU and inpatient care. SB 1591 offers a viable solution by expanding bed capacity and ensuring timely transfers to more suitable living arrangements. Drawing from my experiences with adult care homes, I can personally attest to the exceptional level of care provided in such settings. The individualized attention and personalized care offered often surpass the generalized approach seen in hospitals, leading to better patient outcomes and enhanced longevity. This is the level of support that our elderly patients truly need and deserve.

Thank you,
Allen Donovan