

February 10, 2025

The Honorable Deb Patterson, Chair
Senate Committee on Health Care

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Chair Patterson, Members of the Committee:

As a member of the Task Force on Hospital Discharge Challenges, I am honored to write in support of the Task Force's recommendations.

I would like to take this opportunity to express my sincere gratitude to Senator Patterson, the Chair, Vice Chair, and all Task Force members for their unwavering commitment to studying this issue and developing thoughtful, well-considered solutions. I believe the recommendations presented are sound and warrant serious consideration.

In their May 2024 presentation, ATI Advisory highlighted a concerning trend: from 2017 to 2022, the average length of stay in Oregon hospitals increased by 27 percent. At Salem Health's two hospitals, this extended length of stay means we are keeping patients in the hospital who no longer require hospital-level care. This not only negatively impacts the care of those patients but also limits bed availability for other patients—particularly those seeking emergency care in our increasingly crowded emergency departments.

The financial ramifications of this issue are significant. Oregon hospitals, including Salem Health, are paid based on diagnosis codes. When patients remain in the hospital beyond the typical duration associated with their diagnosis code, hospitals bear 100% of the cost for their extended stay. As many are aware, Oregon's hospitals are already under financial strain, and this situation is a major contributing factor.

As of last Friday, 16 patients at Salem Health were awaiting long-term care placements, and 13 patients were waiting for skilled nursing placements—both of which are especially difficult to secure during the winter months. I ask you to keep these patients in mind as you consider the potential solutions. The most prolonged delays are for patients requiring long-term care and Medicaid funding. For instance, a typical long-term care patient, without significant behavioral or high acuity needs, remains hospitalized for an average of 25 days. Currently, 10 patients are awaiting placement in long-term care, with their combined length of stay totaling 143 days. While we continue to seek solutions within the limits of available resources, this issue persists.

In 2023, Salem Health took steps to address some of these challenges by expanding West Valley Hospital in Dallas, adding 25 “swing beds” that can be used for either post-acute patients or as regular hospital beds, depending on patient needs. While this expansion in Polk County helped alleviate some capacity issues, it is only a partial solution to a broader, statewide problem. Finding safe, appropriate, and state-approved care for these patients is an incredibly complex and time-consuming process. The delays mean patients remain in hospital settings when they would be better served at another level of care, while hospitals continue to bear the financial burden of unreimbursed costs.

These discharge challenges are part of a larger set of structural issues facing the healthcare system. However, if we remain focused on what is best for patients, I am confident we can make significant strides in resolving this issue.

I appreciate your attention to this multifaceted challenge and respectfully urge you to support the Task Force’s recommendations as an essential step toward improving patient care and addressing the financial challenges facing Oregon’s hospitals.

Sincerely,



Leah Mitchell, MSN, BS, RN
Executive Vice President of Operations & Chief Integration Officer