



Oregon Medical Coordination Center (OMCC)

Support for Interhospital Transfers

Patricia Ritze, MD

OMCC Medical Director

Associate Professor of Medicine, OHSU Health

Carl Eriksson, MD

OHSU Doernbecher Medical Capacity Officer

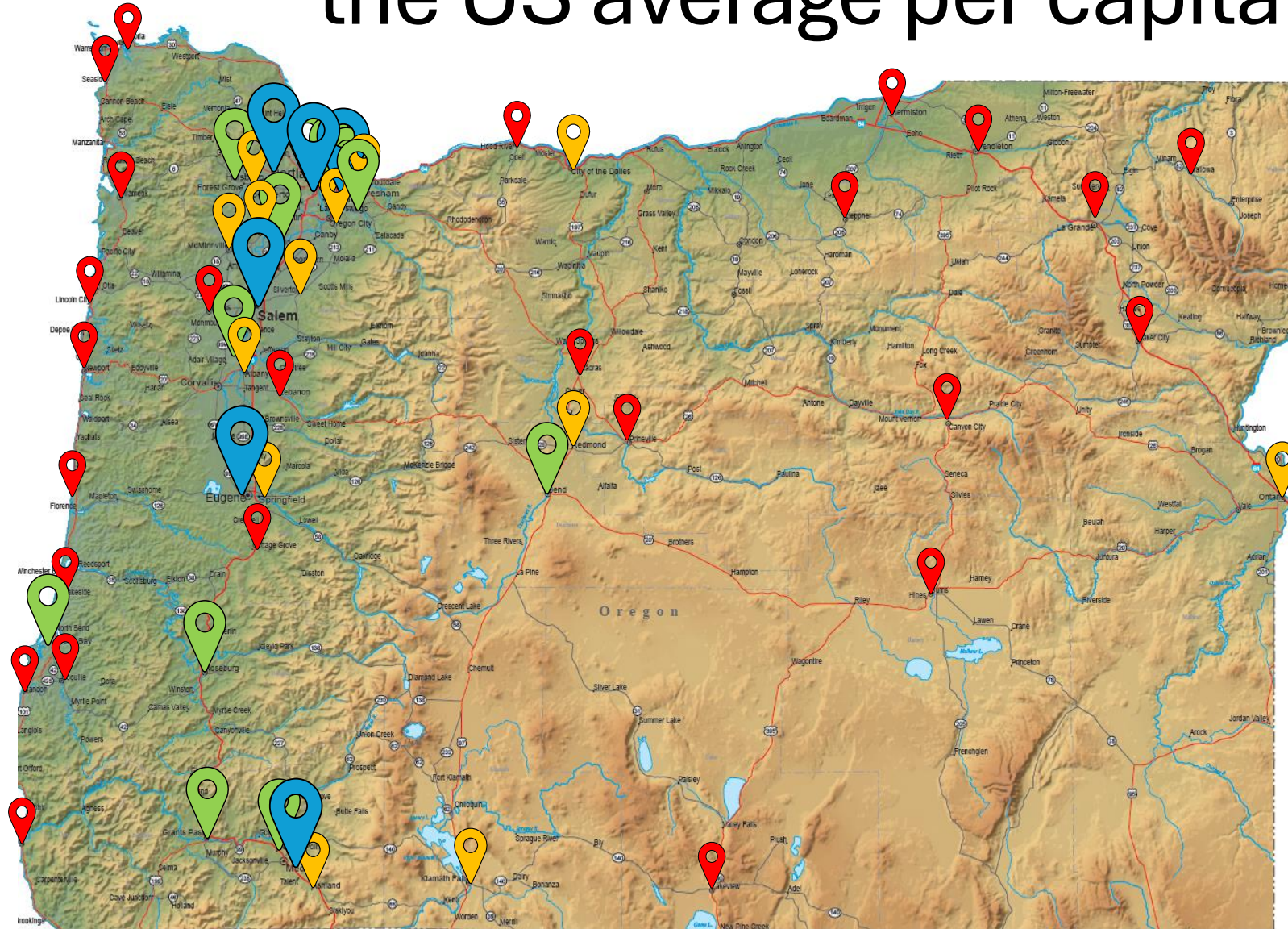
Professor of Medicine, OHSU Health







Agenda

- OMCC History
- Who we serve and what we do
- How to engage OMCC to overcome transfer and capacity barriers

Oregon needs 2,900 more hospital beds to reach the US average per capita



-  **Large Hospital**
400+ beds
-  **Medium Hospital**
100 - 399 beds
-  **Small Hospital**
26-99 beds
-  **Critical Access**
≤25 bed

OMCC History

Feb 28
2020

First
reported
COVID-19
in Oregon

The New York Times

One Hospital Was Besieged by the Virus. Nearby Was 'Plenty of Space.'

Even as Elmhurst faced “apocalyptic” conditions, 3,500 beds were free in other New York hospitals, some no more than 20 minutes away.

Share full article



In late March people stood in long lines outside Elmhurst Hospital Center to be tested for the coronavirus. Dave Sanders for The New York Times.

OMCC History

Feb 28
2020

April
2020

First
prototype
of Oregon
Capacity
System

First
reported
COVID-19
in Oregon

R1: Portland		R2: Salem		R3: Eugene		R5: Medford		R6: North		R7
UNOCC CAP	CENSUS	UNOCC CAP	CENSUS	UNOCC CAP	CENSUS	UNOCC CAP	CENSUS	UNOCC CAP	CENSUS	UNOCC CAP
NP	OCC	NP	OCC	NP	OCC	NP	OCC	NP	OCC	NP
2467 4697	2291	273 540	267	418 841	433	887 1200	313	21 29	8	690 914
243/440	48%	19/36	49%	20/46	51%	25/57	26%	1/1	28%	46/82
291 495	204	16 53	37	27 74	47	95 137	42	3 4	1	59 75
65/108	41%	3/7	70%	1/7	64%	7/13	31%	1/1	25%	4/11
125 288	163	101 225	124	11 11	0	8 18	10	- -	-	90 118
20/32	57%	8/16	55%	0/0	0%	1/2	56%	- -	-	6/9
1154 2362	1268	50 115	65	276 566	296	548 749	201	8 14	6	439 554
95/212	52%	1/2	57%	13/32	52%	12/36	27%	0/0	43%	28/54
25 48	23	19 29	10	- -	-	- -	-	- -	-	- -
5/9	48%	3/4	34%	- -	-	- -	-	- -	-	- -
- -	-	10 12	2	- -	-	- -	-	- -	-	- -
- -	-	0/0	17%	- -	-	- -	-	- -	-	- -
118 195	78	- -	-	14 17	3	13 17	4	- -	-	14 16
18/20	40%	- -	-	1/2	18%	0/1	24%	- -	-	3/3
538 716	178	77 106	29	63 68	5	145 173	28	10 11	1	65 94
31/37	25%	4/7	27%	3/3	7%	2/2	16%	0/0	9%	3/3
136 260	124	- -	-	15 36	21	38 52	14	- -	-	9 24
9/10	48%	- -	-	2/2	58%	3/3	27%	- -	-	2/2
43 243	200	- -	-	2 41	42	26 26	0	- -	-	10 20
0/12	82%	- -	-	0/0	95%	0/0	0%	- -	-	0/0
26 70	44	- -	-	7 17	11	14 28	14	- -	-	4 13
0/0	63%	- -	-	0/0	61%	0/0	50%	- -	-	0/0
11 20	9	- -	-	3 11	8	- -	-	- -	-	- -
0/0	45%	- -	-	0/0	73%	- -	-	- -	-	- -
243 440	201	19 36	17	20 46	27	25 57	32	1 1	0	46 82
243/440	45%	19/36	47%	20/46	57%	25/57	56%	1/1	0%	46/82
420 516	96	109 109	0	0 0	0	53 66	13	4 4	0	68 71
0/0	19%	109/109	0%	0/0	0%	53/66	20%	4/4	0%	68/71

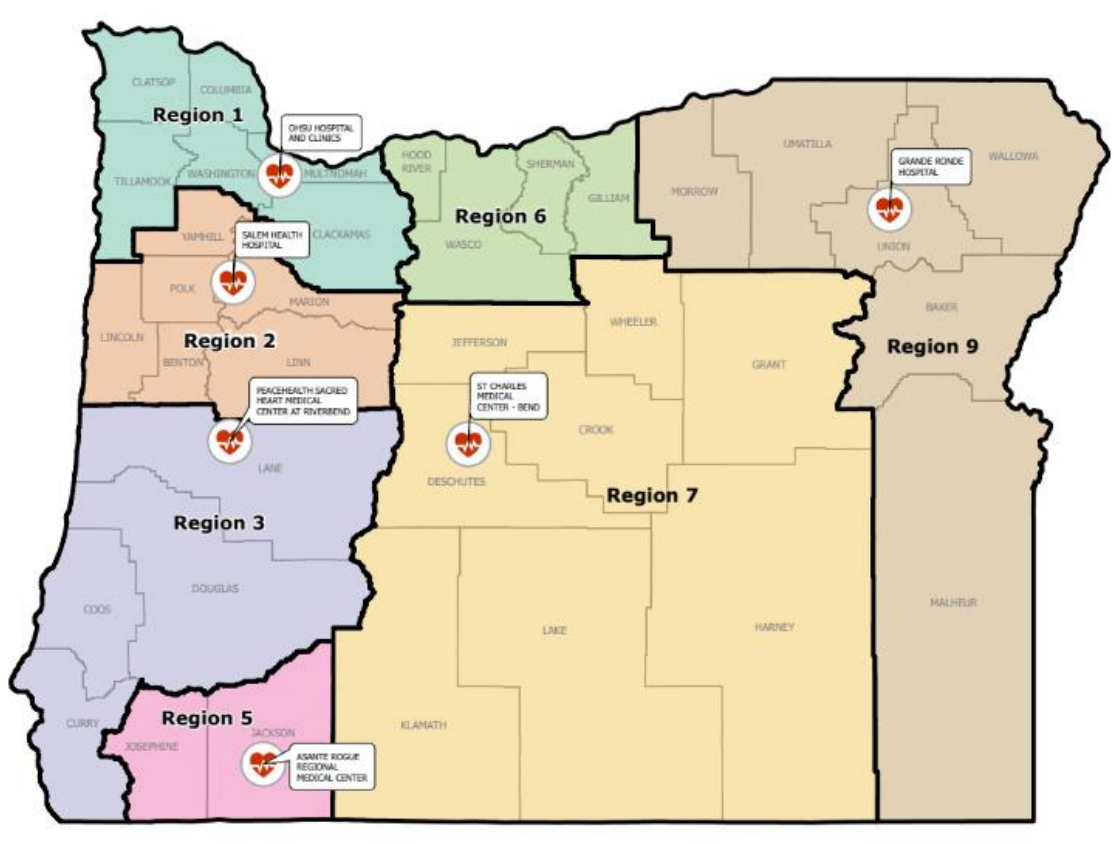
OMCC History



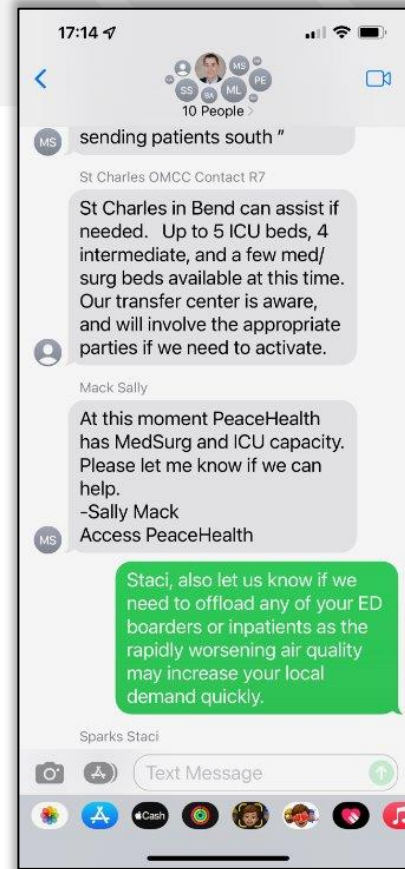
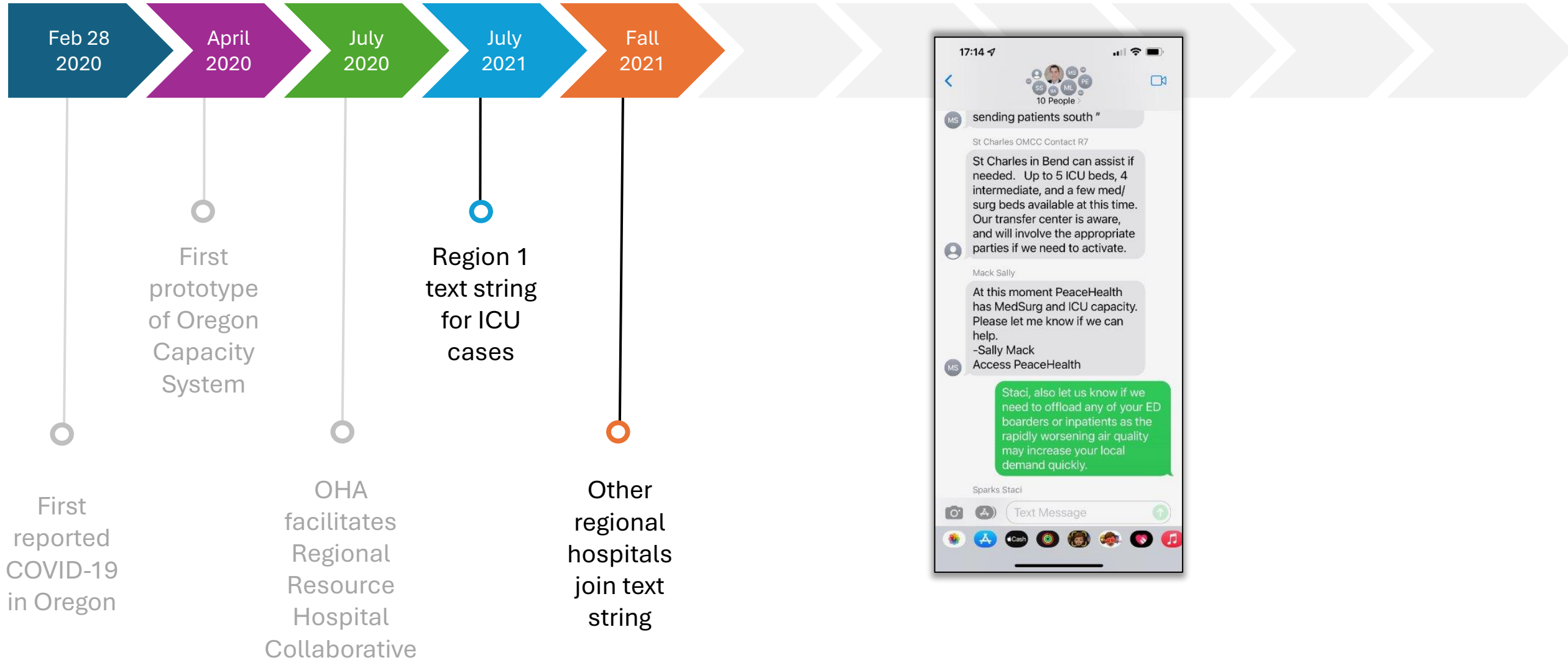
First prototype of Oregon Capacity System

First reported COVID-19 in Oregon

OHA facilitates Regional Resource Hospital Collaborative



OMCC History



OMCC History



○ First reported COVID-19 in Oregon

○ First prototype of Oregon Capacity System

○ OHA facilitates Regional Resource Hospital Collaborative

○ Region 1 text string for ICU cases

○ Other regional hospitals join text string

○ First OMCC Summit

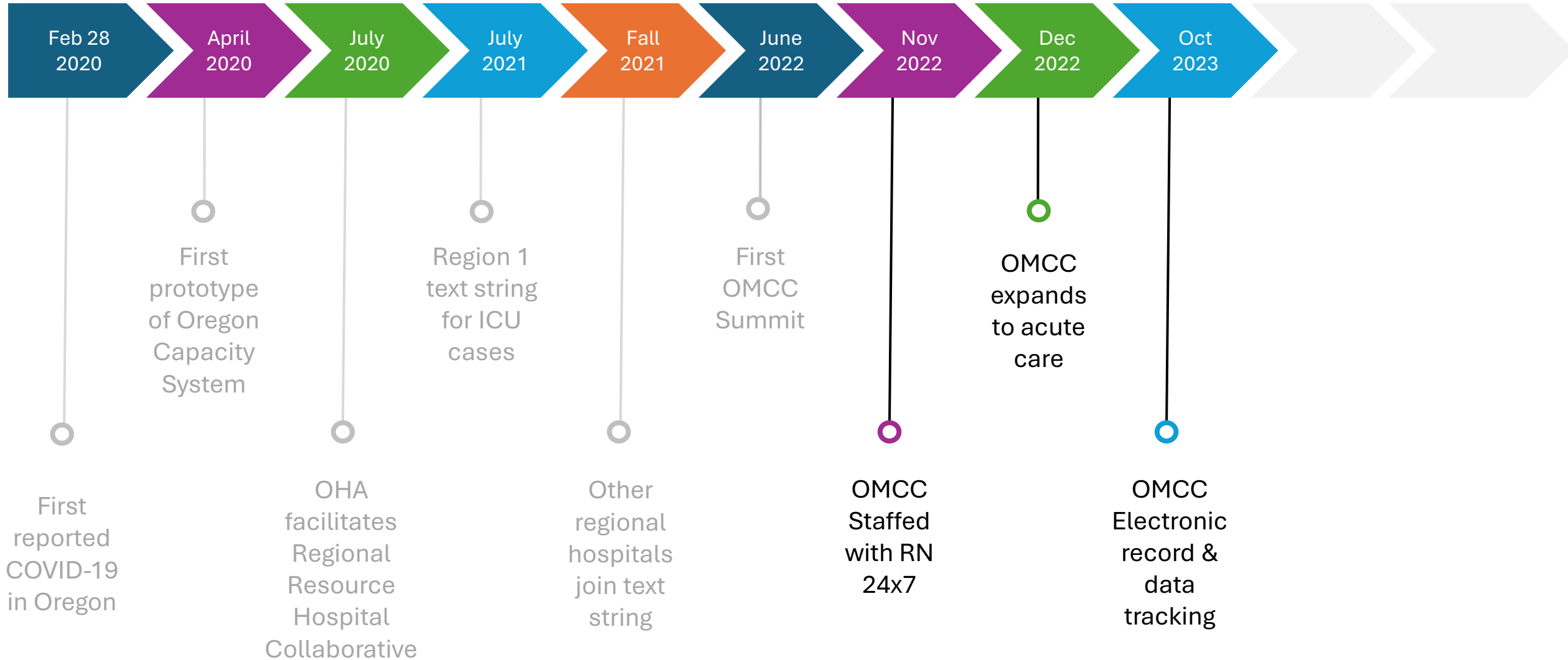


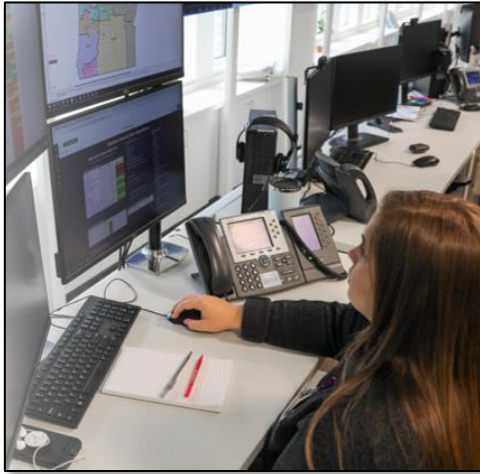


OMCC Principles

- 24x7 resource for healthcare providers in Oregon who need to transfer a patient between hospitals
- Find the closest available hospital bed with the needed services
- Let rural healthcare teams focus on patient care, not phone calls
- Preserve referral patterns

OMCC History





24x7 Call Center

Staffed with experienced transfer center RN

Date	Case ID Search	Main Queue	Medical	Active Cl
2025	3/17/2025			
	Patient Name	Referring Location	Primary Diagnosis	Requested LOC
7/2025 5:21 PM	TEST, TEST	25 yr	Providence St Vincent Medical Center	Tele/PCU
7/2025 5:14 PM	XXXX, XXXX	25 yr	Legacy Randall Children's Hospital	PCU
7/2025 5:20 PM	TELEPHONIC, TOM T	25 yr	Providence Centralia Hospital	Tele/PCU
7/2025 5:24 PM	FINKLE, TINK	38 yr	St. Luke's Children's Hospital	ICU
4/2025 5:20 PM	LAST, FIRST	25 yr	Asante Ashland Community Hospital	ICU
4/2025 5:24 AM	ABO DEEN, NARZAN N	28 yr	Columbia Memorial Hospital	Tele/PCU
3/2025 4:25 PM	TESTLAST, TESTFIRST M	40 yr	Adventist Health/Portland	ICU
7/2025 5:21 PM	XXXX, XXXXX	25 yr	Asante Three Rivers Medical Center	Med Surg
7/2025 4:22 PM	LAST, JOHN DOE	100 yr		PCU
7/2025 5:24 PM	LAST, FIRAS	24 yr		
7/2025 5:20 PM	ANONYMOUS, ALAN WILL	21 yr	ref loc example	prin diag ni
7/2025 11:51 AM	WED, RED R	25 yr	Shriners Hospital for Children	Med Surg

EMR

HIPAA compliant platform manages referrals and tracks data

REGION 1 OMCC Group Chat Chat Share

Current level of care: ED
 Reason why referring cannot keep patient: Higher
 Requested medical service: GI - Gen
 Any special needs or isolation: No
 Waitlist: Yes Asante Rouge and Prov Portland

Can you accommodate? Thank you.

Taylor, Beth A (Guest) 7/9 11:24 AM
 Providence will likely be able to accommodate late

Jeff Hintz (Guest) 7/9 11:35 AM
 Legacy could accommodate

Real-time chats with referral centers

Transfer Center leaders receive requests

CRITICAL RESOURCES STATE VIEW			
Grouping	Oregon	R1: Portland	
	UNOCC : OCC	UNOCC : CAP	CENSUS : OCC
Total	4818 : 43%	2467 / 4697	2291
Adult ICU	497 : 41%	291 / 495	204
Adult PCU	335 : 49%	125 / 288	163
Adult MT/MS	2491 : 44%	1154 / 2362	1268
Peds ICU	44 : 43%	25 / 48	23
Peds PCU	10 : 17%	- / -	-
Peds MT/MS	159 : 35%	118 / 195	78
OB	918 : 22%	538 / 716	178

Hospital capabilities

Access to specialty capabilities & capacity data



What to expect when calling OMCC

- **Call duration?** 5 minutes or less
- **Who can call?** Provider, nurse, or any member of healthcare team
- **What info to provide?**
 - Demographics
 - Diagnosis & urgency
 - Level of care needed
 - Specialties or services needed



What happens next?

- OMCC will reach out to hospitals based on geographic distance
- We will continue trying until the patient is placed
- We will notify you immediately when we hear of an available bed or an open waitlist that is a match for your patients.
- Once a bed is found, you will call the transfer center directly to do the usual steps

REGION 2 OMCC Group Chat Chat Shared

Hannah Mallada (Guest) 11/26/2024 2:33 PM

HM OMCC Activation ICU

- Name: [REDACTED]
- Hospital Location: [REDACTED]
- Current level of care: [REDACTED]
- Diagnosis: **ruptured AAA**
- Service line(s)/procedure(s) required: [REDACTED]
- Reason why referring cannot keep patient (e.g., lack of services, capacity): [REDACTED]
- Any special needs or isolation: [REDACTED]
- Is the patient waitlisted anywhere? [REDACTED]

REGION 7 OMCC Group Chat Chat Shared

Hannah Mallada (Guest) 11/26/2024 2:32 PM

HM OMCC Activation ICU

Region 5 OMCC Group Chat Chat Shared

Hannah Mallada (Guest) 11/26/2024 2:32 PM

HM OMCC Activation ICU

- Name: [REDACTED]
- Hospital Location: [REDACTED]
- Current level of care: ED
- Diagnosis: **ruptured AAA**
- Service line(s)/procedure(s) required: **ICU, cardiac/vascular surgery depending on facility**
- Reason why referring cannot keep patient (e.g., lack of services, capacity): lack of services
- Any special needs or isolation: None
- Is the patient waitlisted anywhere? OHSU, anticipated long delay for beds

👍

Markey, Kelly (Guest) 11/26/2024 2:34 PM

KM Hello from R5 Asante Rogue Regional. Please have [REDACTED] call us as we have critical care capacity to accept.

👍

REGION 3 OMCC Group Chat Chat Shared

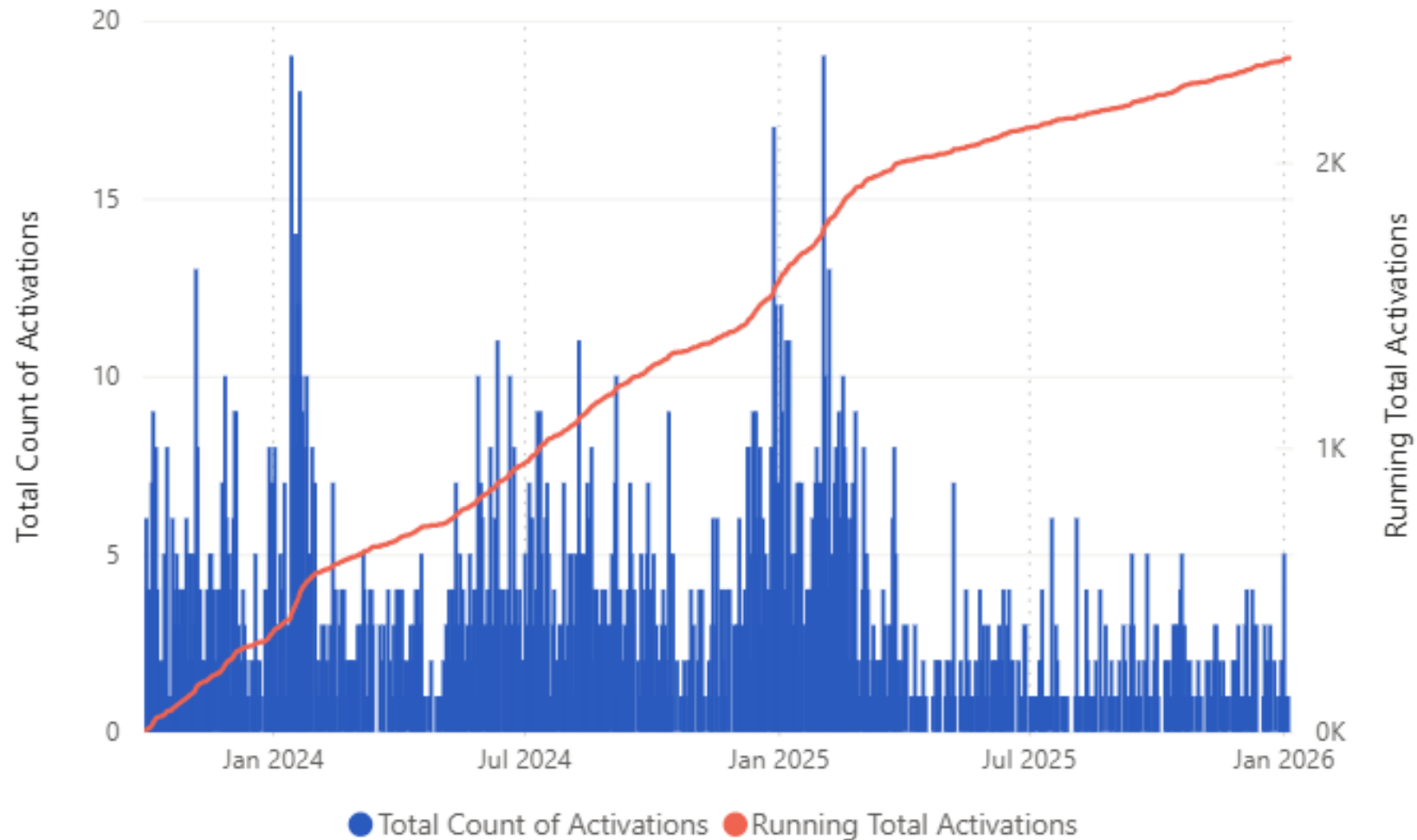
Hannah Mallada (Guest) 11/26/2024 2:33 PM

HM OMCC Activation ICU

- Name: [REDACTED]
- Hospital Location: [REDACTED]
- Current level of care: [REDACTED]
- Diagnosis: [REDACTED]
- Service line(s)/procedure(s) required: [REDACTED]
- Reason why referring cannot keep patient (e.g., lack of services, capacity): [REDACTED]
- Any special needs or isolation: [REDACTED]
- Is the patient waitlisted anywhere? [REDACTED]

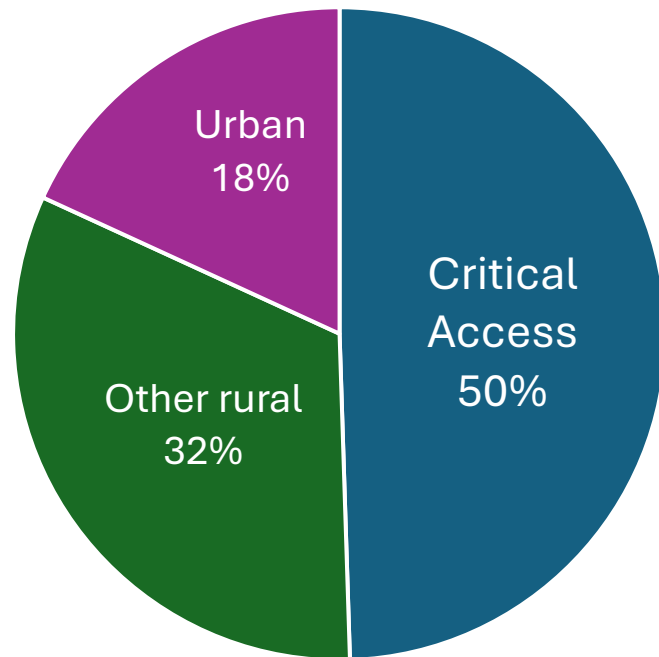
AAA Rupture

Total referrals over time

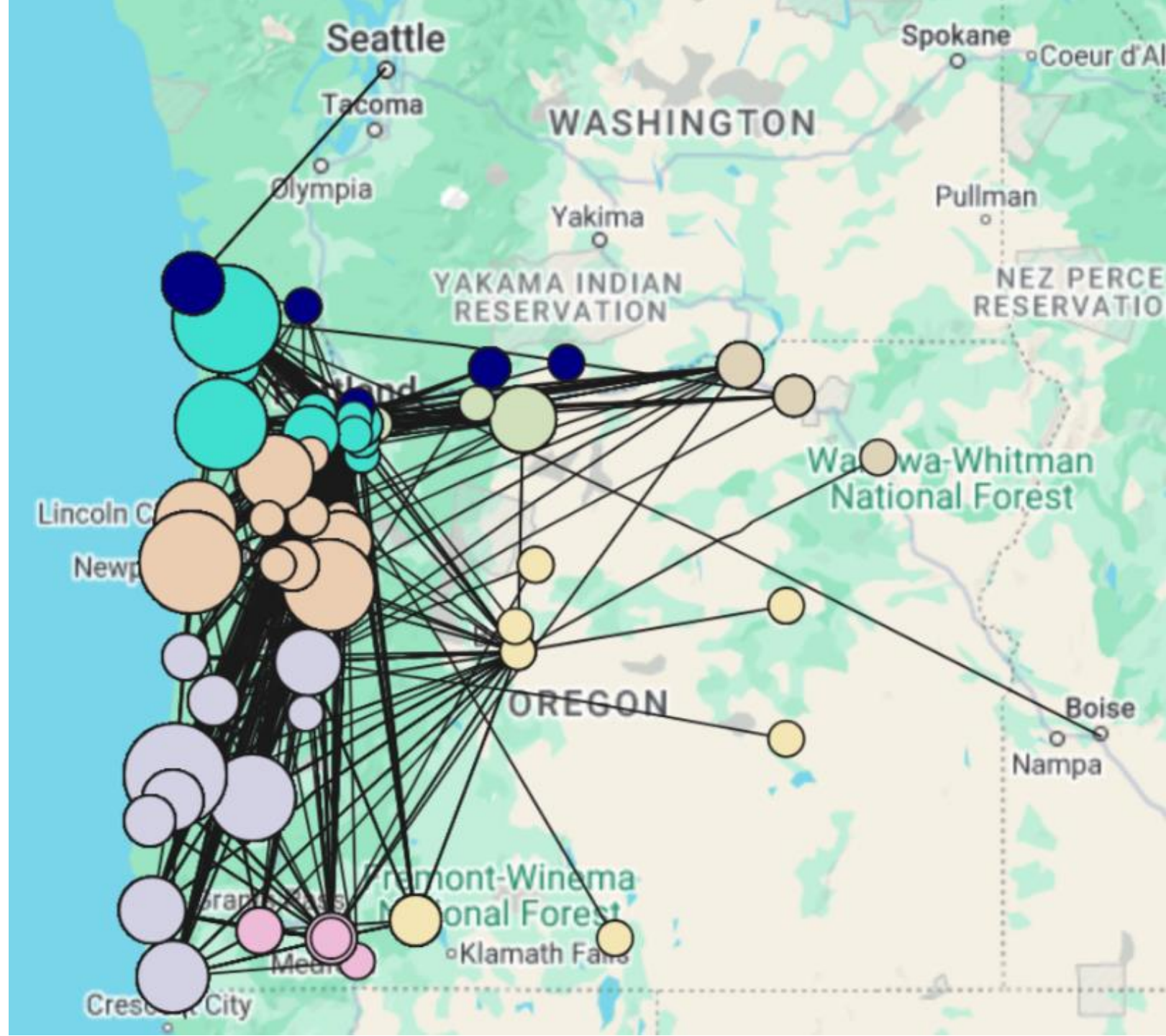


Who we serve

- Oregon hospitals
- SW Washington hospitals

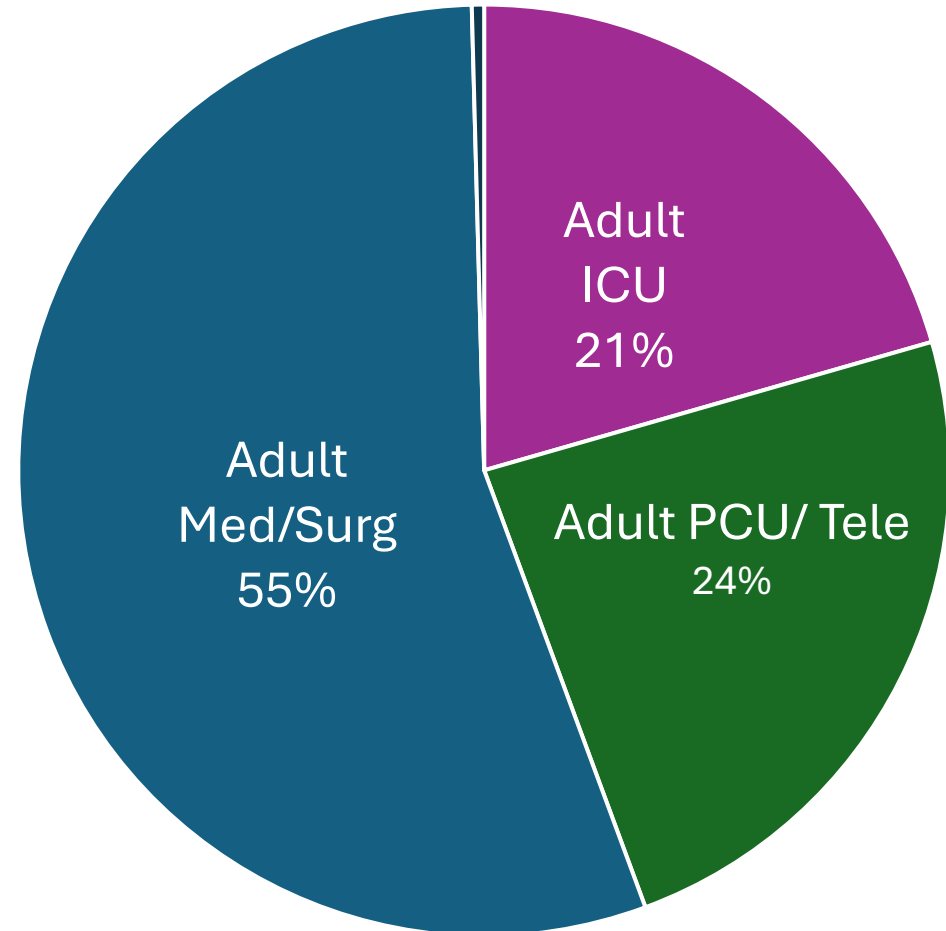


OMCC HighMor data 10/2/23 to 1/6/26



All levels of inpatient care

- Adult Acute Care
- Adult ICU
- **Pediatric Acute Care**
- **PICU**
- **NICU**
- **L&D**



OMCC Numbers

2.3 hours

Median time for ICU bed

4.3 hours

Median time for Tele/PCU bed

4.9 hours

Median time for Med/Surg bed

78%

OMCC referrals ultimately transferred

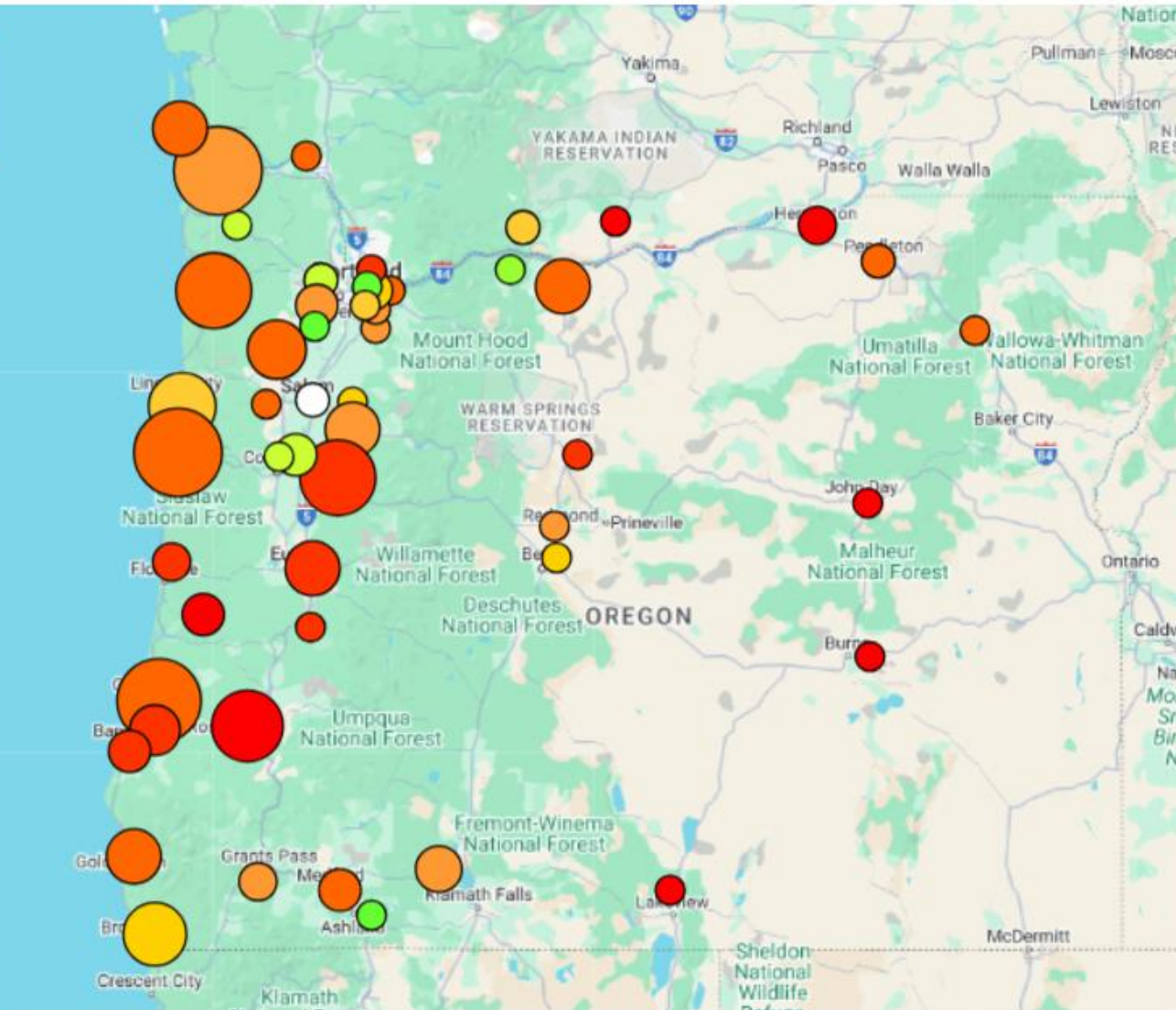
1

Number of transfer calls to make before calling OMCC. Please start with your usual referral hospital, then call us if that option is unavailable. This helps preserve normal referral patterns in the state of Oregon.

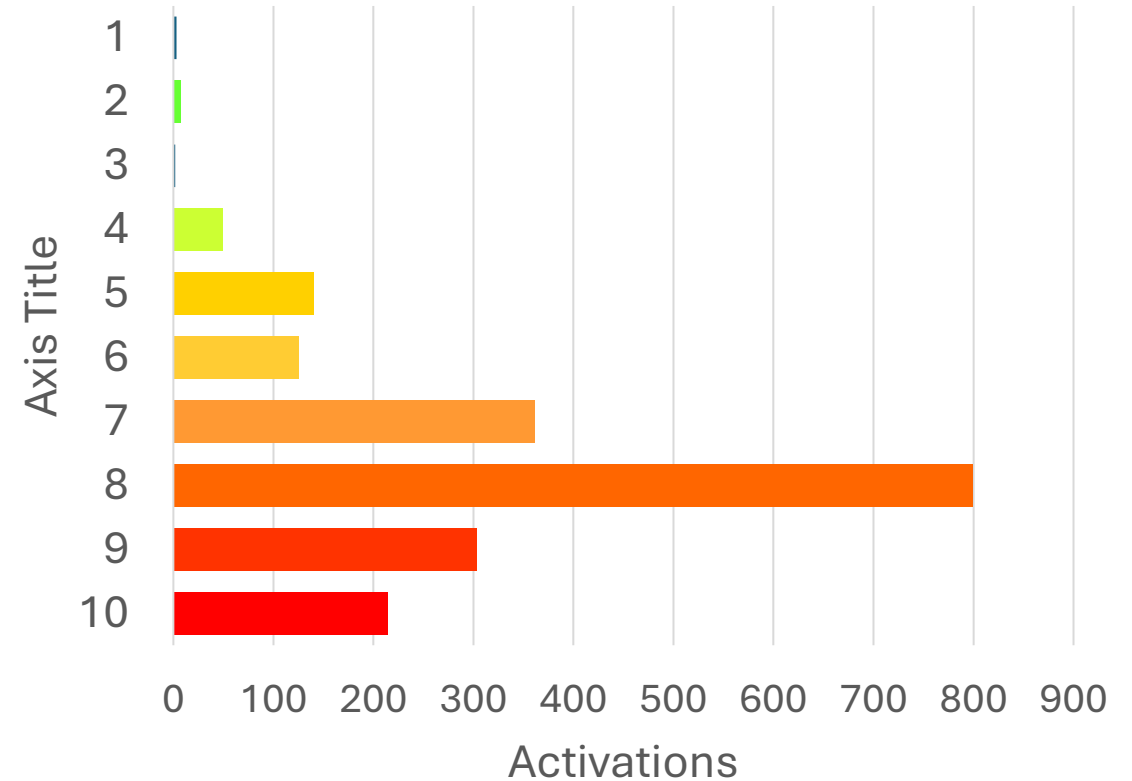
OMCC Limitations

- Acute Stroke, STEMI, Trauma – use established pathways
- Limited capabilities (PICU, liver transplant, BMT, etc.)
- Time sensitivity

OMCC by Socioeconomics



OMCC Activations by Area Deprivation Index (ADI)



1 = More Socioeconomic Advantage

10 = More Socioeconomic Disadvantage

Medical Operations Coordination Center (MOCC)

- Interfacility transfer coordination
- System capacity monitoring
- Load balancing across larger geographic regions to reduce stress on individual systems





833-449-OMCC (6622)

24x7 help with
**Interhospital
Transfer**
coordination



Oregon Behavioral Health Coordination Center (OBCC)

Helps find beds for pediatric and adult patients who need **behavioral health, psychiatric, and substance use disorder** facility placement

844-440-OBCC (6222)

7:30am – 7:30pm M-F



Thank you!

Patty Ritze
OMCC Medical Director
ritze@ohsu.edu



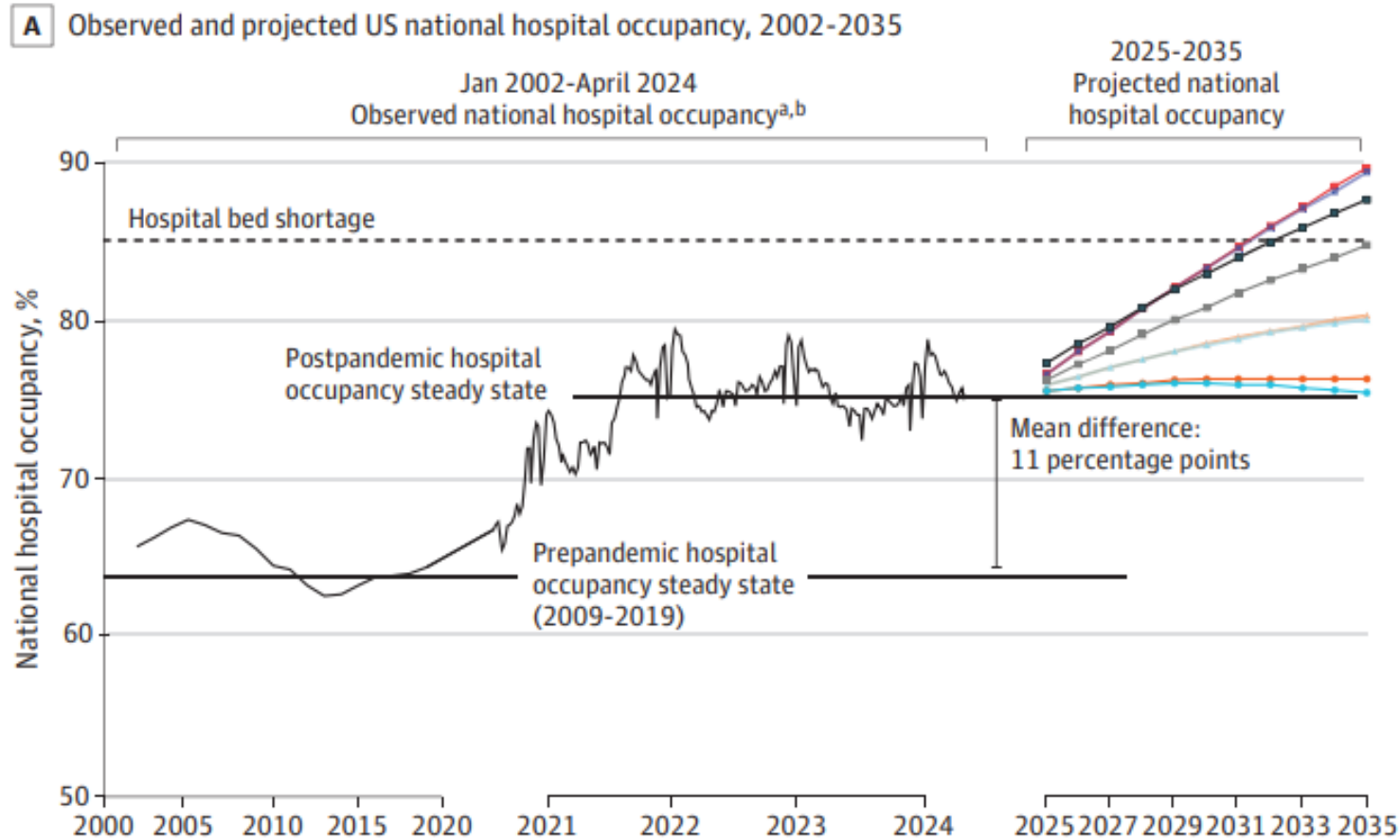
*We want your OMCC
feedback!*

Supplemental slides

Health Care Staffing Shortages and Potential National Hospital Bed Shortage

Richard K. Leuchter, MD; Benjo A. Delarmente, MD, PhD, MPP; Sitaram Vangala, MS; Yusuke Tsugawa, MD, PhD, MPH; Catherine A. Sarkisian, MD, MSHS

Figure 1. Observed and Projected US National Hospital Occupancy, and Observed US Staffed Hospital Beds and Mean Daily Census



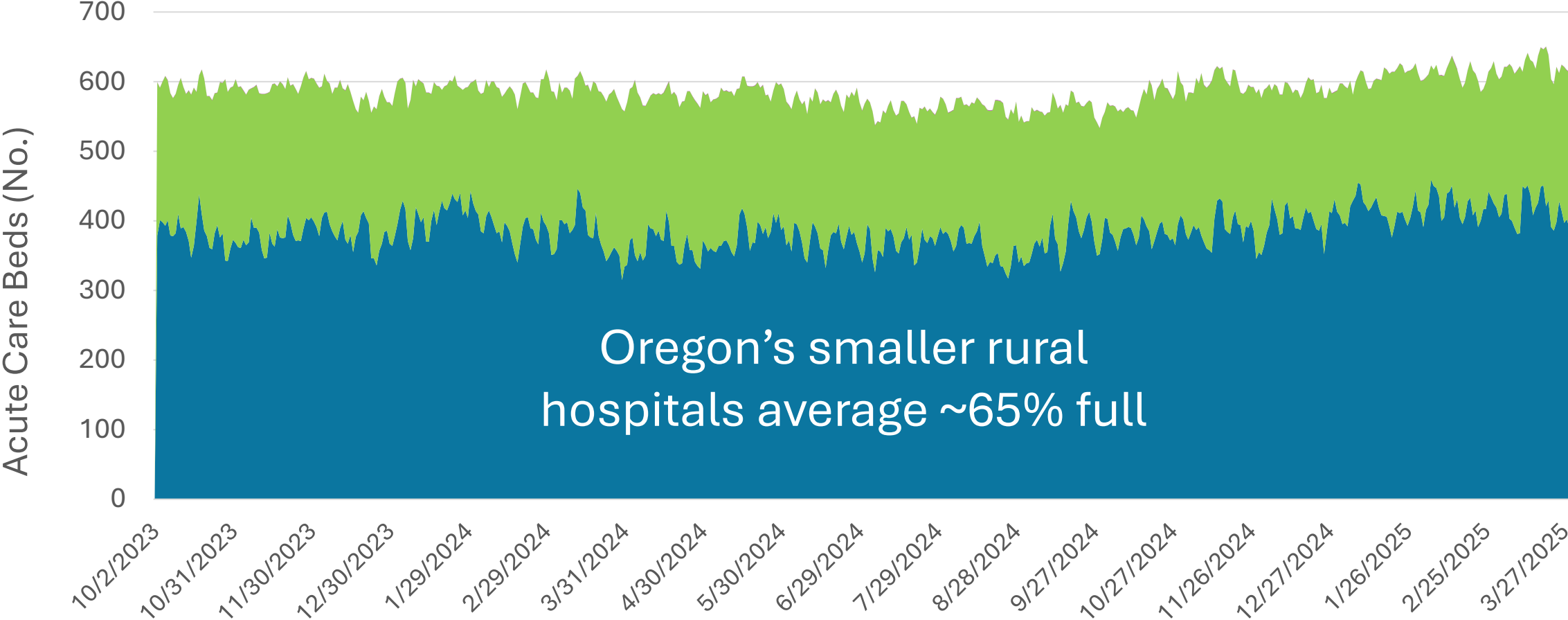
>85% occupancy
is considered a
hospital bed shortage.

It is associated with
increased ED boarding
and worse patient
outcomes

Oregon Rural Hospitals <100 beds

Acute Care Beds

(daily @ 12am)



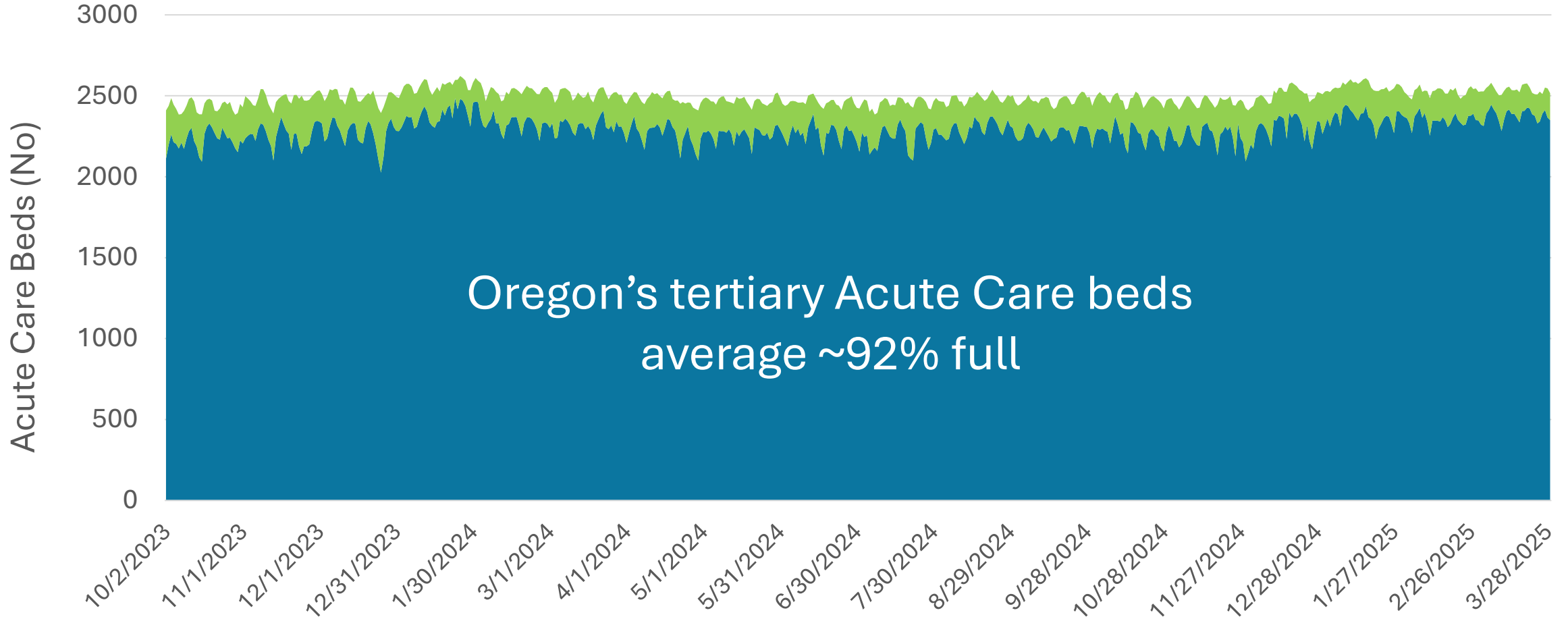
■ Occupied beds

■ Available beds

Data from OCS /
Apprise

Oregon Tertiary Referral Hospitals Acute Care Beds

(daily @ 12am)



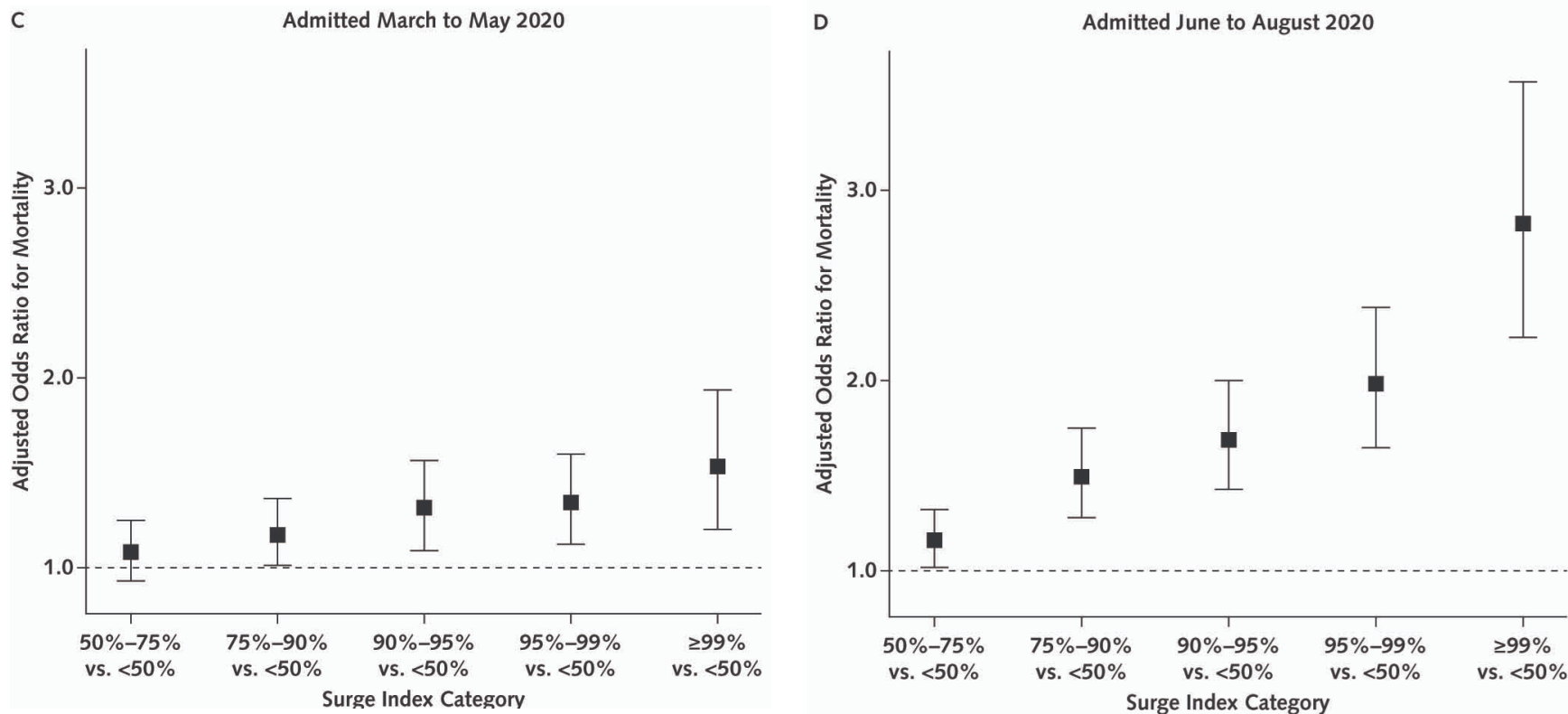
■ Occupied beds

■ Available beds

Association Between Caseload Surge and COVID-19 Survival in 558 U.S. Hospitals, March to August 2020

Sameer S. Kadri, MD, MS; Junfeng Sun, PhD; Alexander Lawandi, MDCM, MSc; Jeffrey R. Strich, MD, MHS; Lindsay M. Busch, MD; Michael Keller, MD; Ahmed Babiker, MBBS; Christina Yek, MD; Seidu Malik, PhD; Janell Krack, PharmD; John P. Dekker, MD, PhD; Alicen B. Spaulding, PhD, MPH; Emily Ricotta, PhD, ScM; John H. Powers III, MD; Chanu Rhee, MD, MPH; Michael Klompas, MD, MPH; Janhavi Athale, MD; Tegan K. Boehmer, PhD; Adi V. Gundlapalli, MD, PhD; William Bentley, MS; S. Deblina Datta, MD; Robert L. Danner, MD; Cumhur Y. Demirkale, PhD*; and Sarah Warner, MPH*

Figure 3. Adjusted odds of mortality for categorical parameterizations of the surge index, 558 U.S. hospitals, March to August 2020.



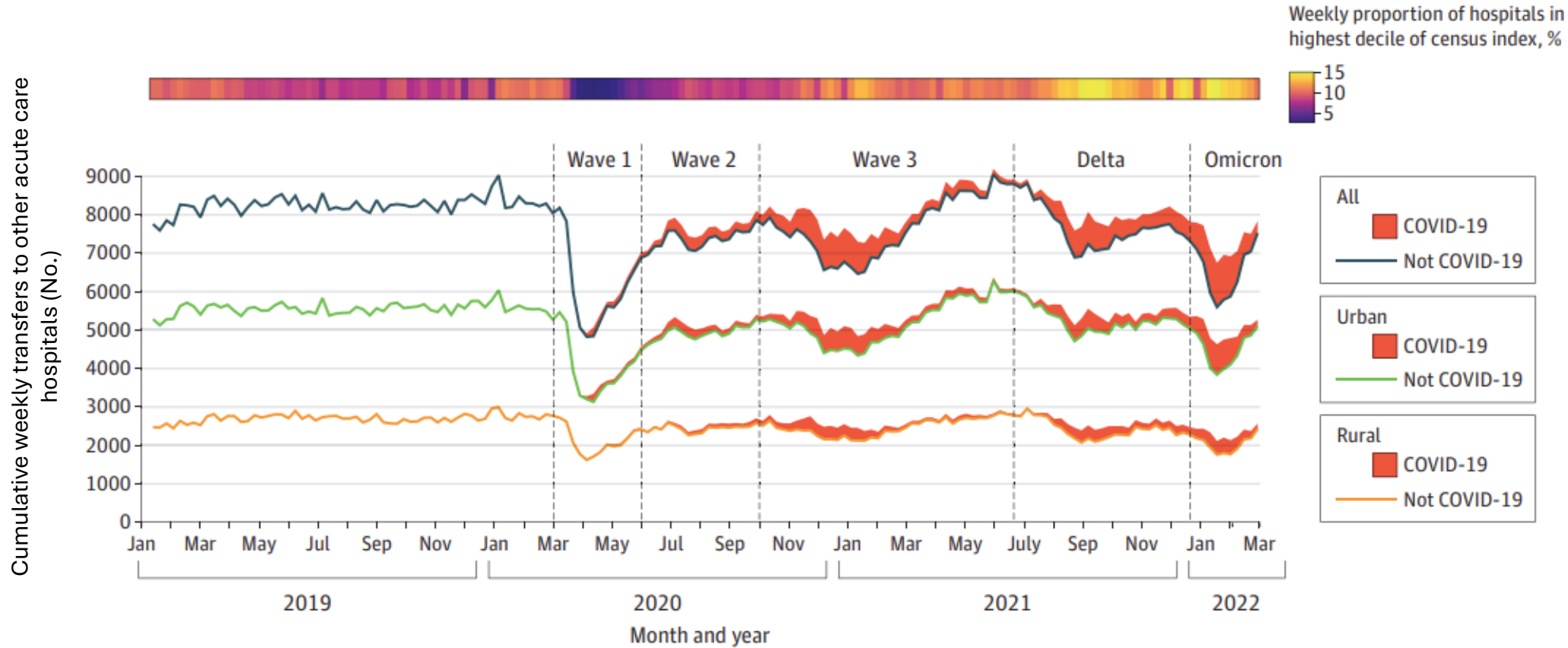
Bottom line:
Hospital Surge
can be lethal
1 in 4 COVID-19
deaths were
attributed to
hospital surge

Trends in Patient Transfers From Overall and Caseload-Strained US Hospitals During the COVID-19 Pandemic

Sadia H. Sarzynski, MD, MHS; Alex G. Mancera, MS; Christina Yek, MD, MHS; Ning An Rosenthal, MD, PhD, MPH; Alex Kartashov, PhD; John L. Hick, MD; Steven H. Mitchell, MD; Maniraj Neupane, MD, MHS; Sarah Warner, MPH; Junfeng Sun, PhD; Cumhur Y. Demirkale, PhD; Bruce Swihart, PhD; Sameer S. Kadri, MD, MS

Figure 2. Trends in Cumulative Weekly Transfers to Other Acute Care Hospitals by Urbanicity and COVID-19 Status for 681 US Hospitals

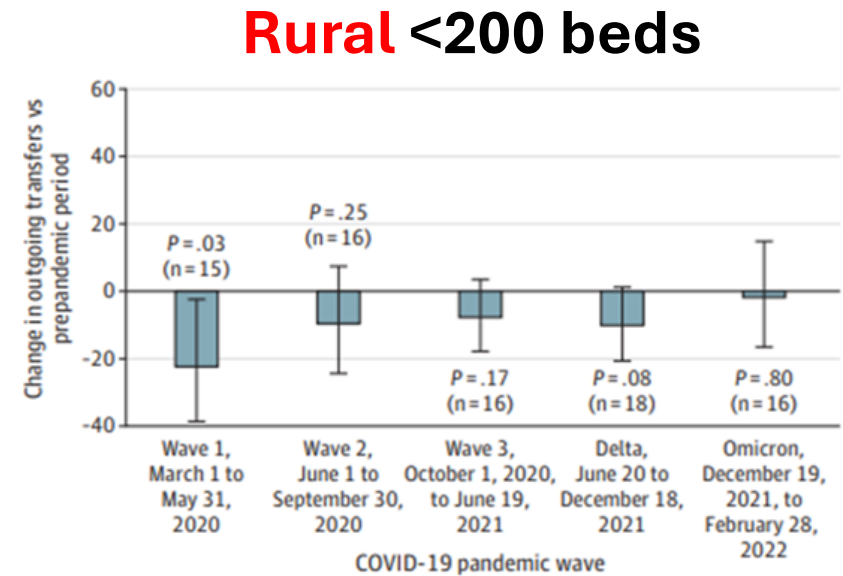
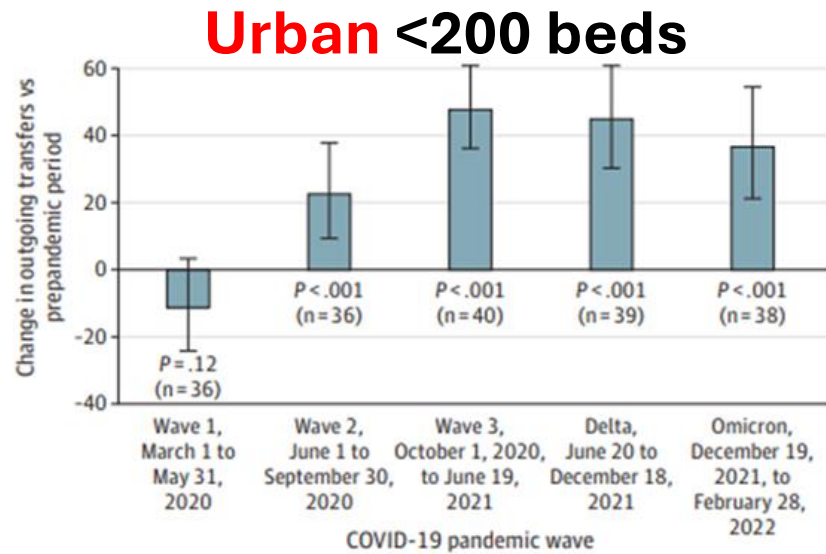
Bottom line:
Transfers drop when hospitals are strained



Trends in Patient Transfers From Overall and Caseload-Strained US Hospitals During the COVID-19 Pandemic

Sadia H. Sarzynski, MD, MHS; Alex G. Mancera, MS; Christina Yek, MD, MHS; Ning An Rosenthal, MD, PhD, MPH; Alex Kartashov, PhD; John L. Hick, MD; Steven H. Mitchell, MD; Maniraj Neupane, MD, MHS; Sarah Warner, MPH; Junfeng Sun, PhD; Cumhur Y. Demirkale, PhD; Bruce Swihart, PhD; Sameer S. Kadri, MD, MS

Figure 4. Percentage Change in Outgoing Acute Care Transfers During Each Pandemic Wave Compared With the Prepandemic Baseline for 99 US Surging Hospitals, Showing Overall and Further Stratified by Urbanicity and Hospital Bed Size



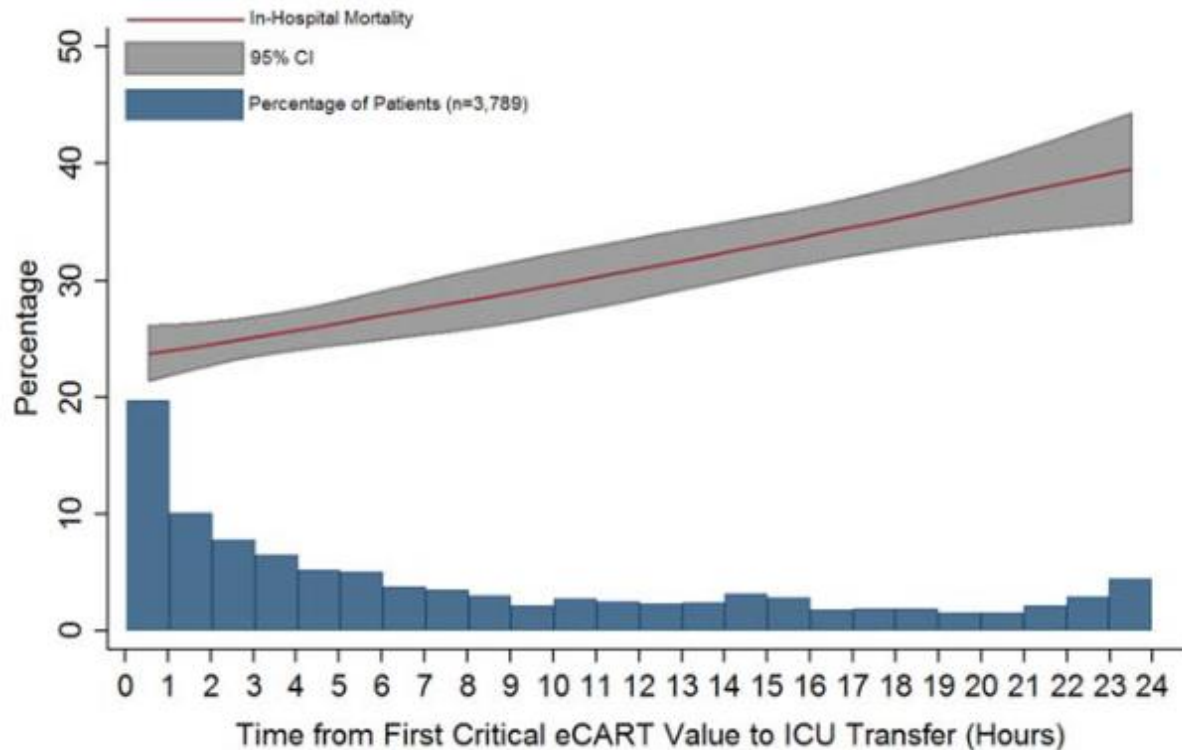
Bottom line:

Rural hospitals disproportionately **lose access to transfers** during surges

ORIGINAL RESEARCH

Association Between Intensive Care Unit Transfer Delay and Hospital Mortality: A Multicenter Investigation

Matthew M. Churpek, MD, MPH, PhD^{1*}, Blair Wendlandt, MD¹, Frank J. Zadavec, MPH¹, Richa Adhikari, MPH¹, Christopher Winslow, MD², Dana P. Edelson, MD, MS¹



Bottom line:
Transfers delays are associated with higher **mortality** and **length of stay**