



# 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

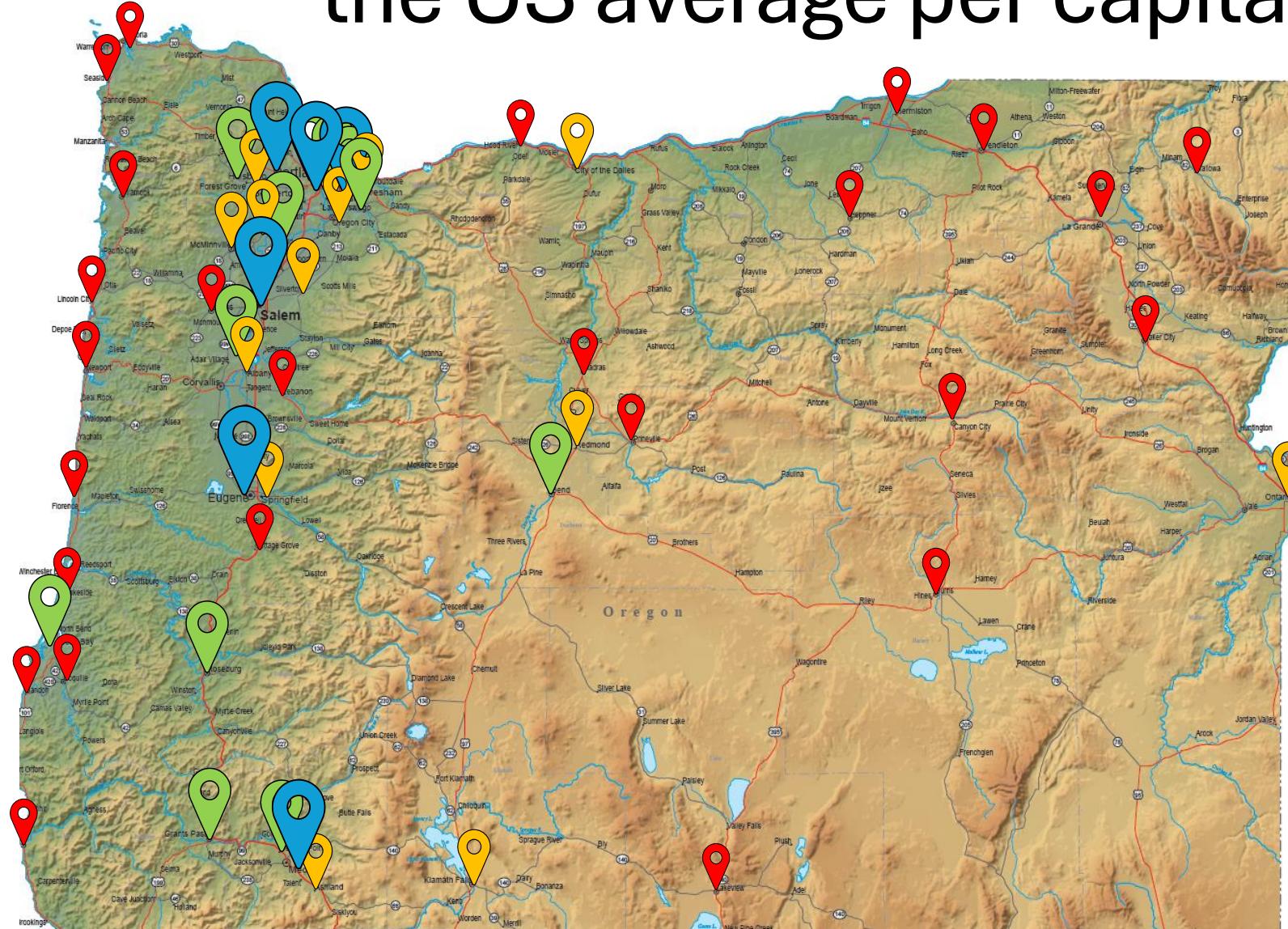
Professor of Medicine, OHSU Health



# Agenda

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

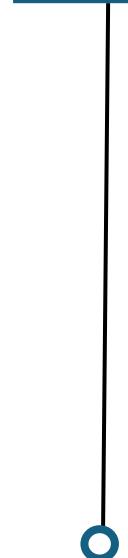
# Oregon needs 2,900 more hospital beds to reach the US average per capita



-  **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

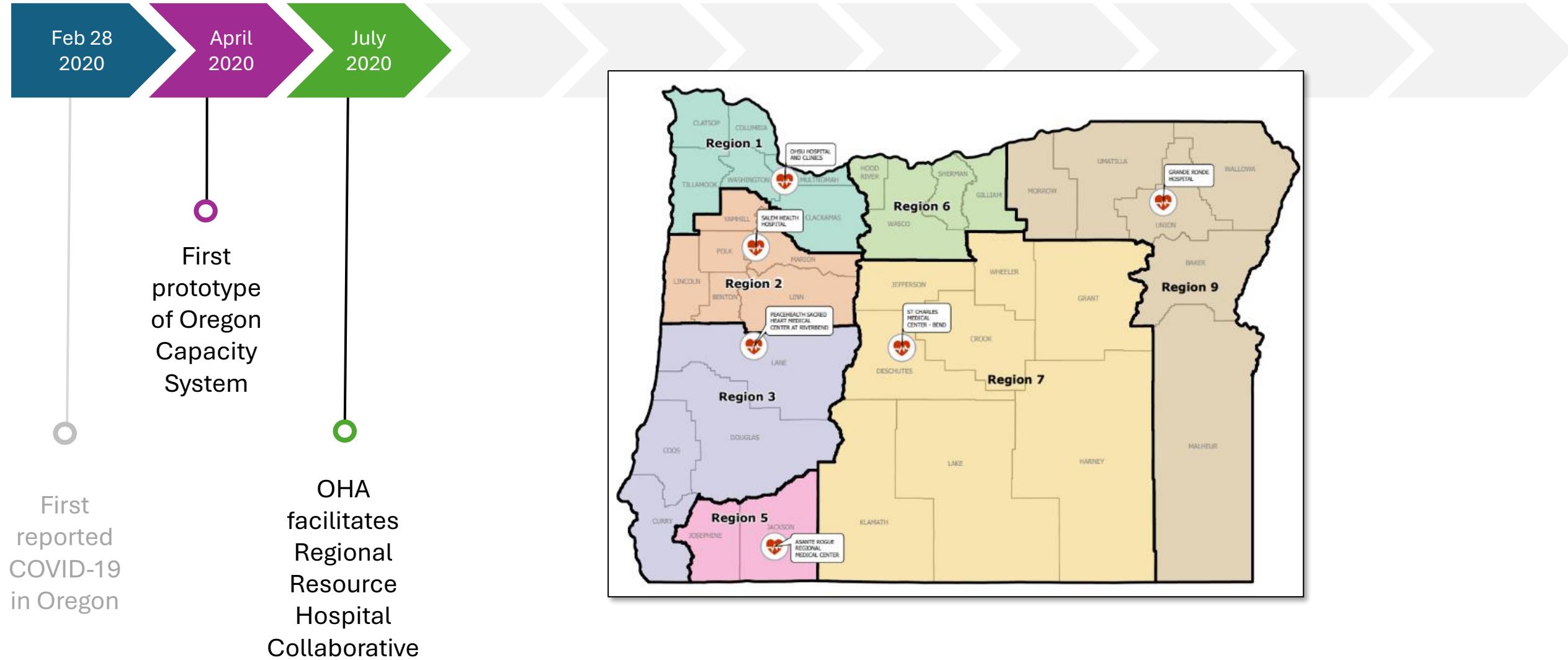
April  
2020

First  
prototype  
of Oregon  
Capacity  
System

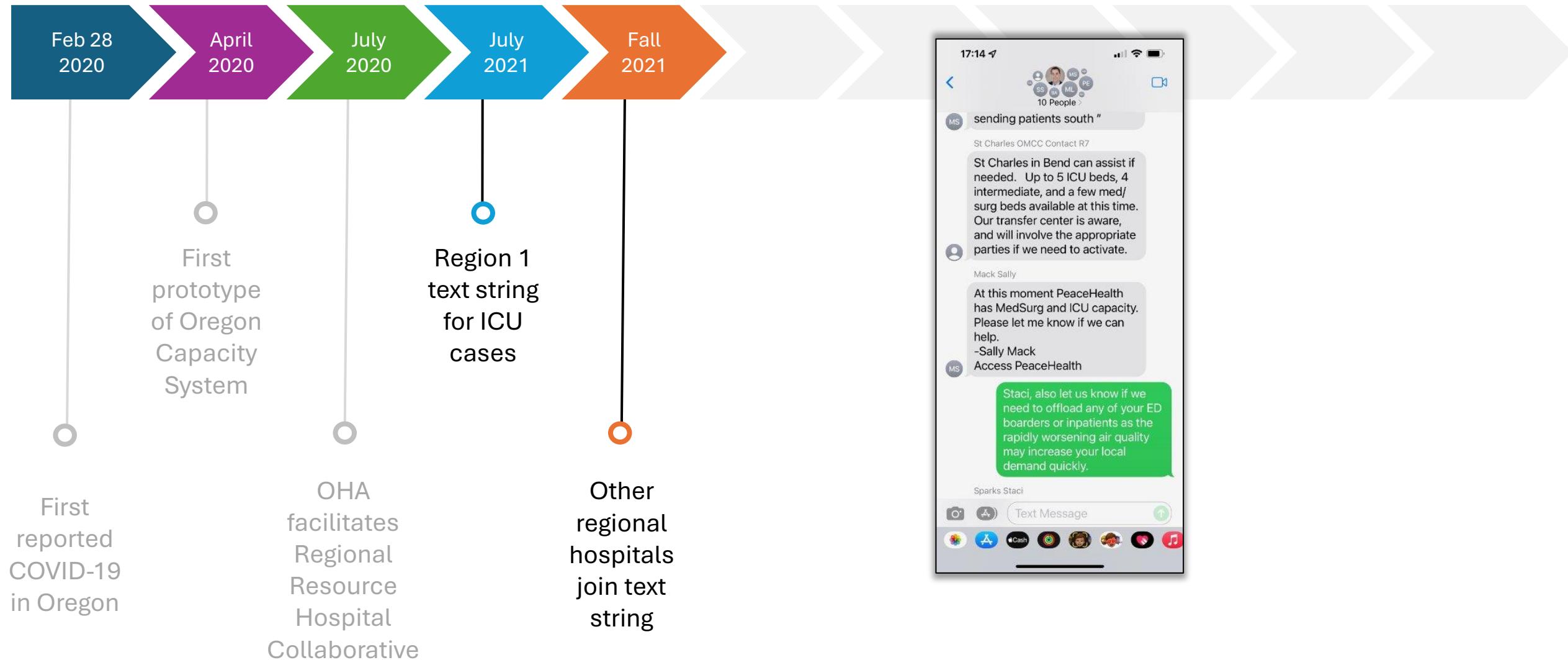
First  
reported  
COVID-19  
in Oregon

R1: Portland		R2: Salem		R3: Eugene		R4: Medford		R5: North		R6	R7
UNOCC CAP NP	CENSUS OCC										
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	
	19%	-	-	0%	-	20%	-	-	-	-	

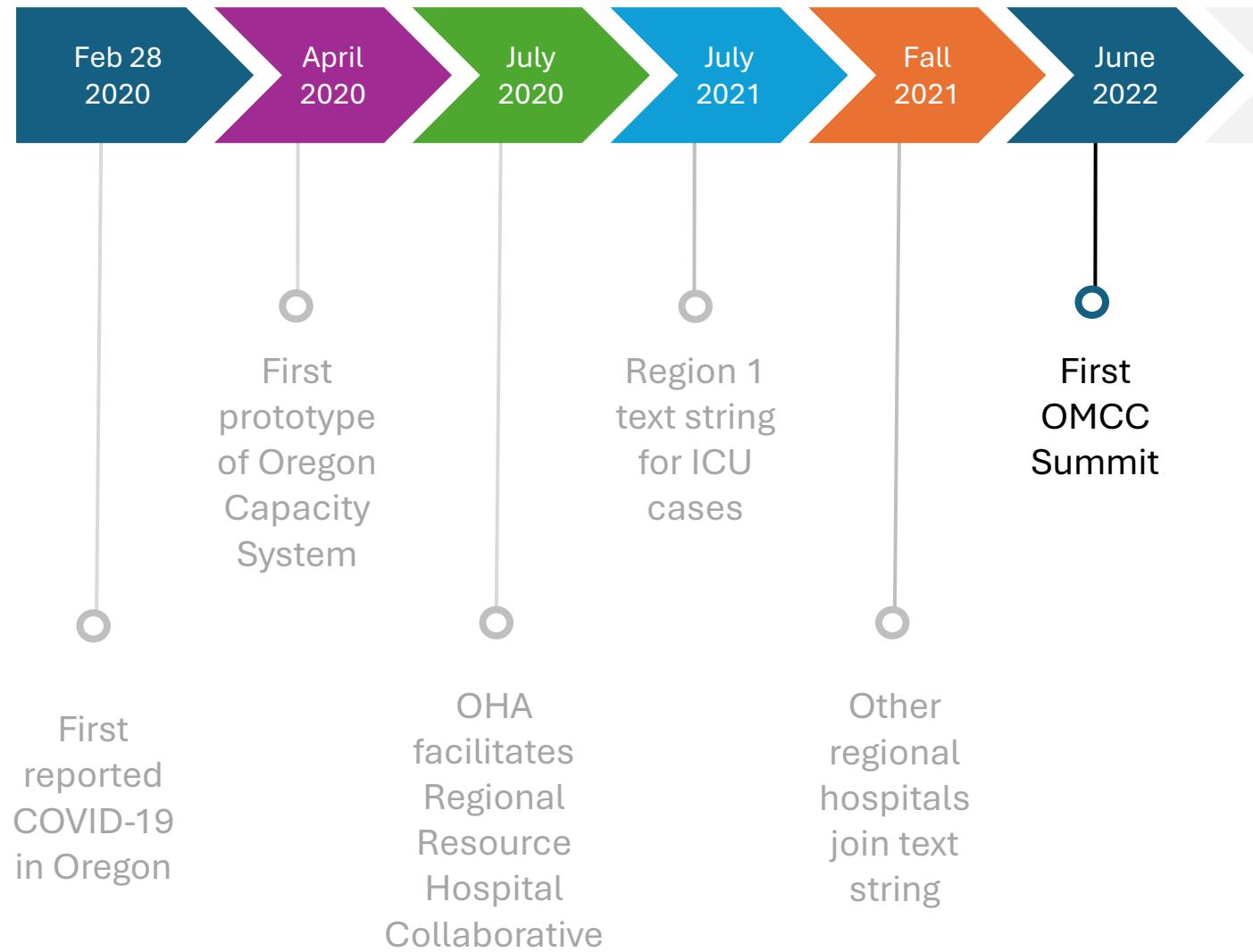
# OMCC History



# OMCC History



# OMCC History

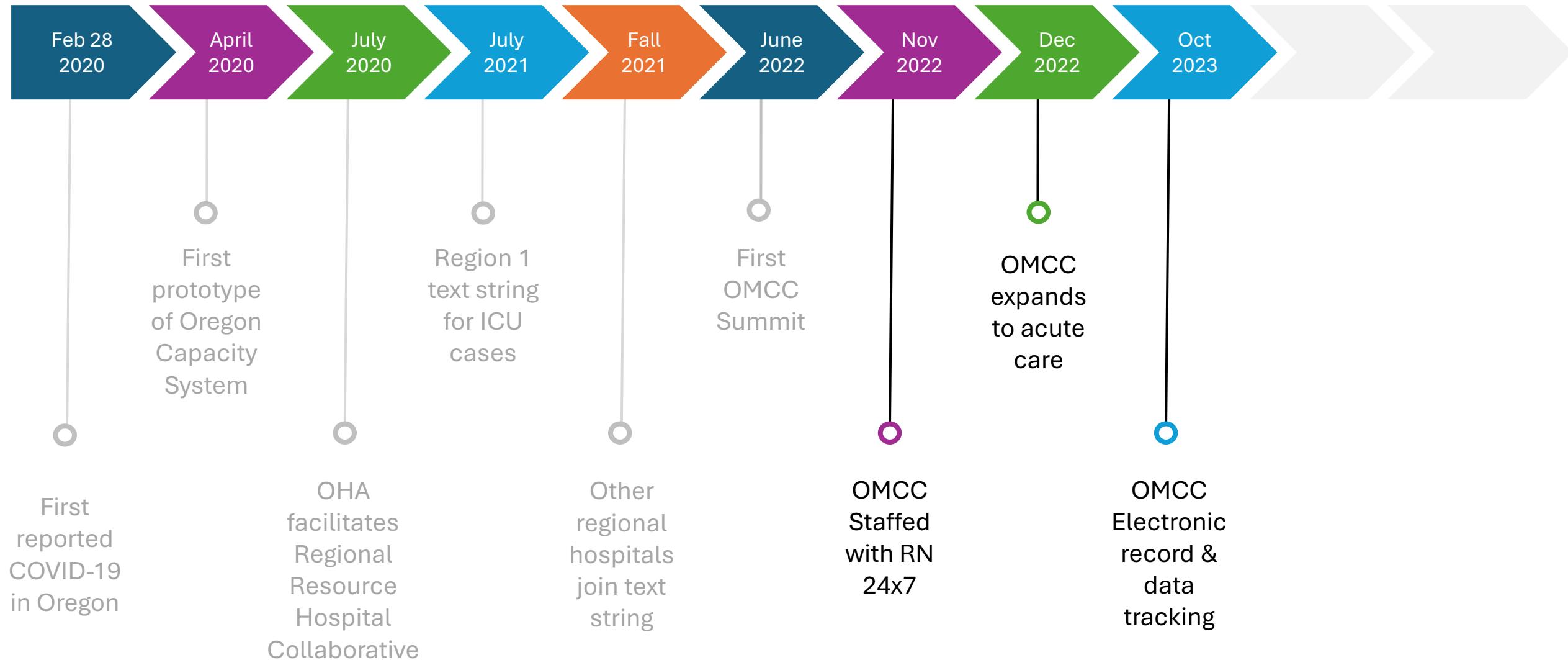


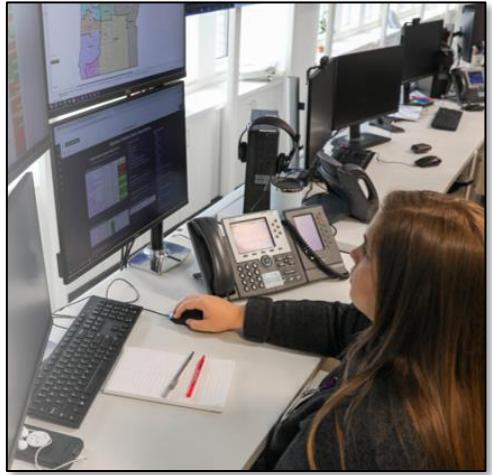


## OMCC Principles

- 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*

Time	Patient Name	Referring Location	Primary Diagnosis	Requested Loc
7/2025 3:24 PM	TEST, TEST	25 yr	Providence St Vincent Medical Center	Tele/PCU
7/2025 3:14 PM	X0000, XXXX	25 yr	Legacy Emanuel Children's Hospital	Acute coronary syndrome
7/2025 3:14 PM	TELEPHONIC, TOM T	25 yr	Providence Centralia Hospital	Brain aneurysm
7/2025 3:20 PM	FINKLE, TINK	25 yr	St. Luke's Childrens Hospital	Abdominal pain
4/2025 12:45 PM	LAST, FIRST	25 yr	Asante Ashland Community Hospital	Cardiomyopathy, Angina (chest pain)
4/2025 3:54 AM	ABO DEEN, NARZAN N	25 yr	Columbia Memorial Hospital	Bile leak
7/2025 4:05 PM	TESTLAST, TESTFIRST M	25 yr	Adventist Health Portland	Abdominal pain, Acute bronchitis
7/2025 11:51 PM	X000, XXXXX	25 yr	Asante Three Rivers Medical Center	Abdominal pain
7/2025 11:22 PM	LASTL, JOHN DOE	18-24 yr		PICU
7/2025 3:36 PM	LAST, FIRAS	25 yr		
7/2025 5:30 PM	ANONYMOUS, ALAN WILL	272 yr	ref loc example	prim diag nl
7/2025 11:15 AM	WED, RED R	25 yr	Shriners Hospital for Children	Abdominal pain
				Med Surg

## EMR

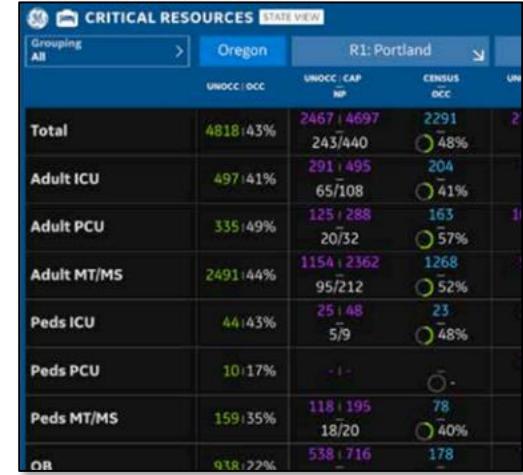
*HIPAA compliant platform manages referrals and tracks data*

A 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

BT Can you accommodate? Thank you.

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

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



## Real-time chats with referral centers

*Transfer Center leaders receive requests*

## 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: **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

**REGION 3 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

**REGION 5 OMCC Group Chat** Chat Shared +

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

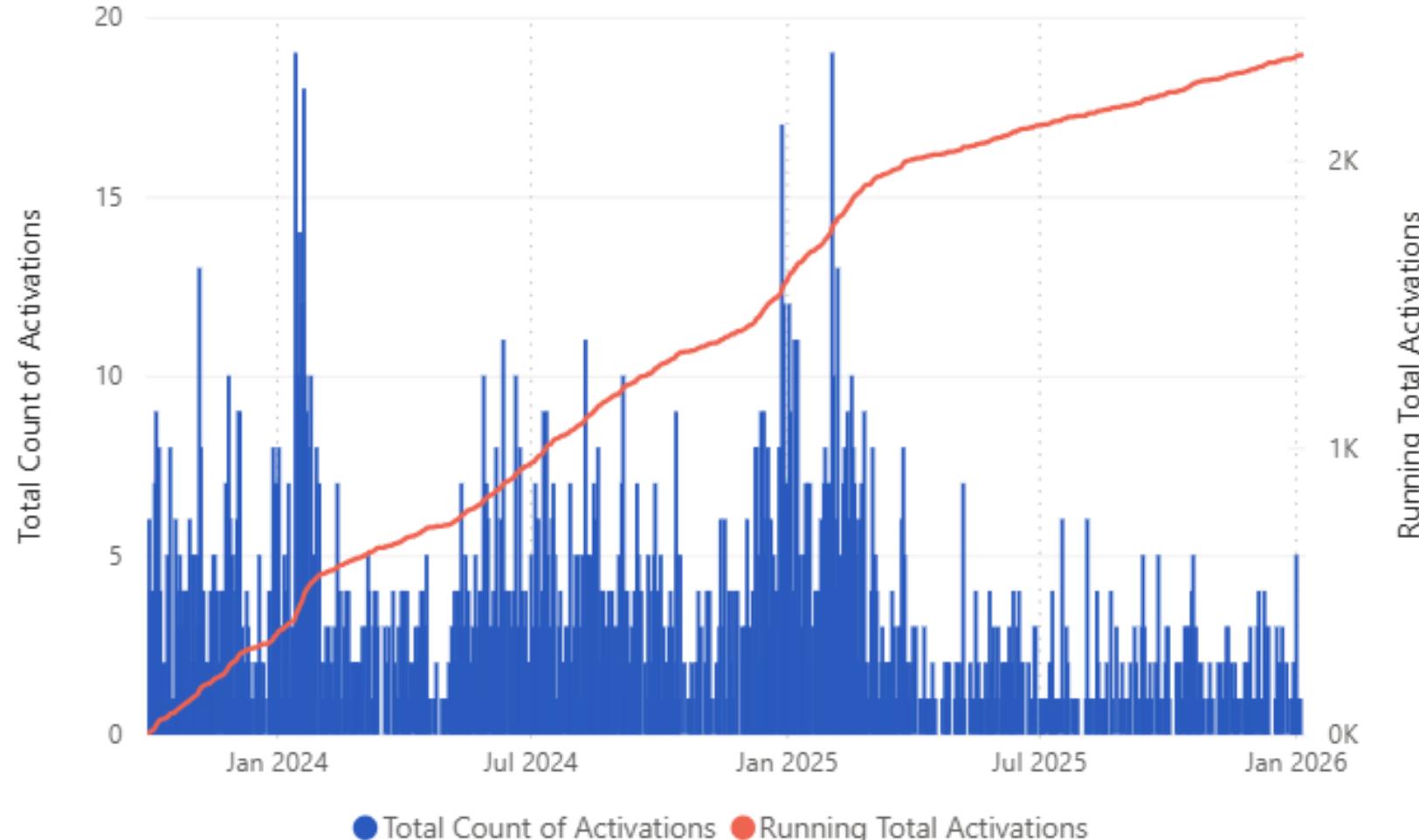
**HM** OMCC Activation ICU

- 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

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

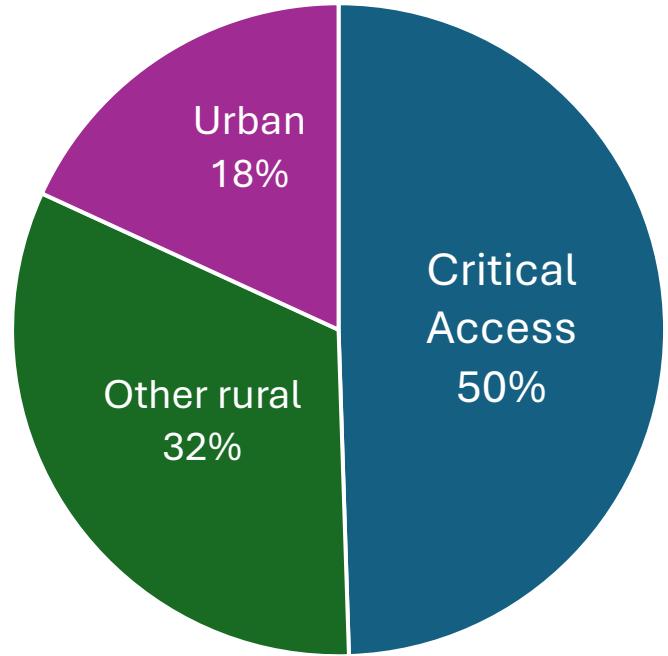
**AAA Rupture**

# Total referrals over time

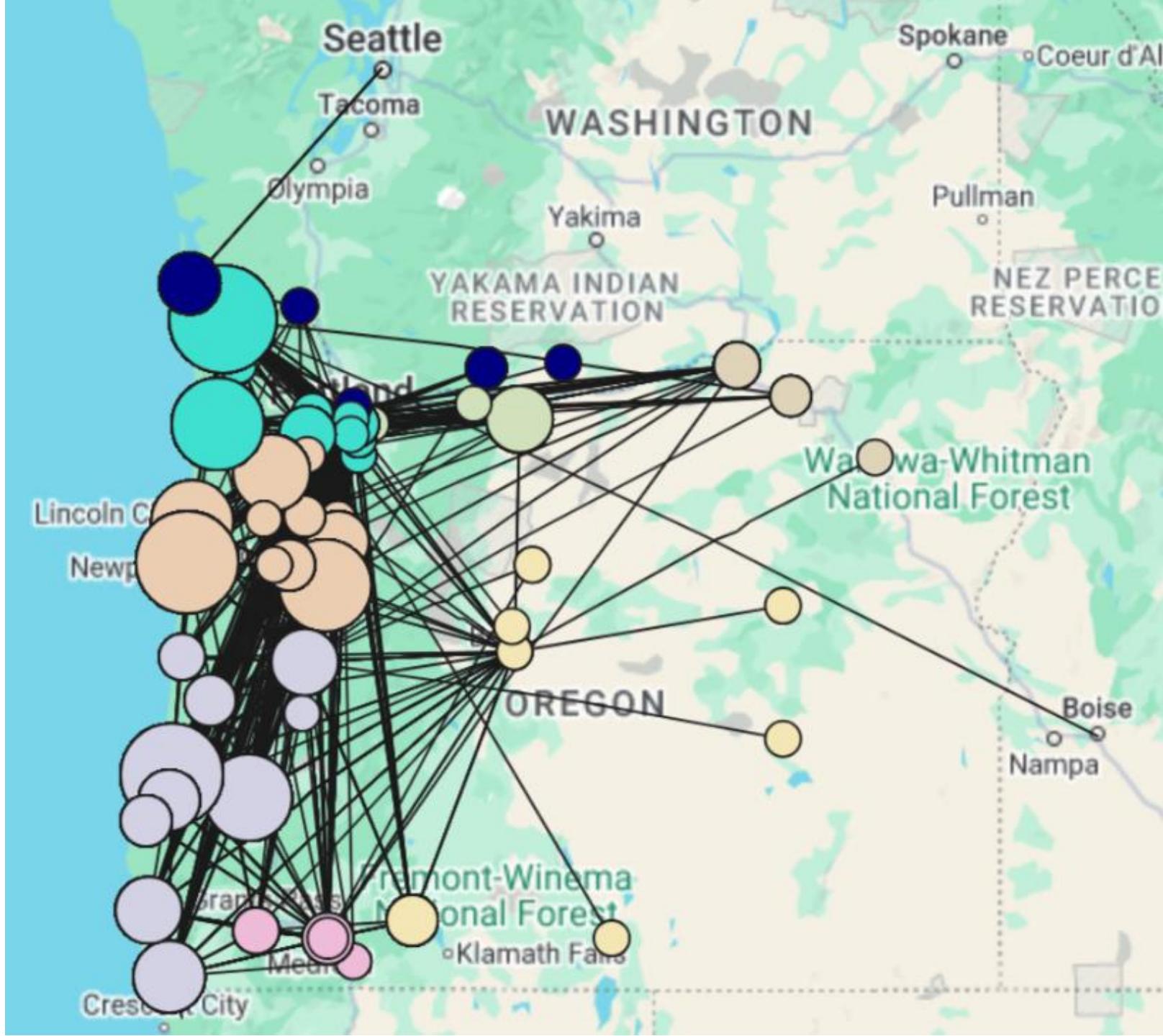


# Who we serve

- Oregon hospitals
- SW Washington hospitals

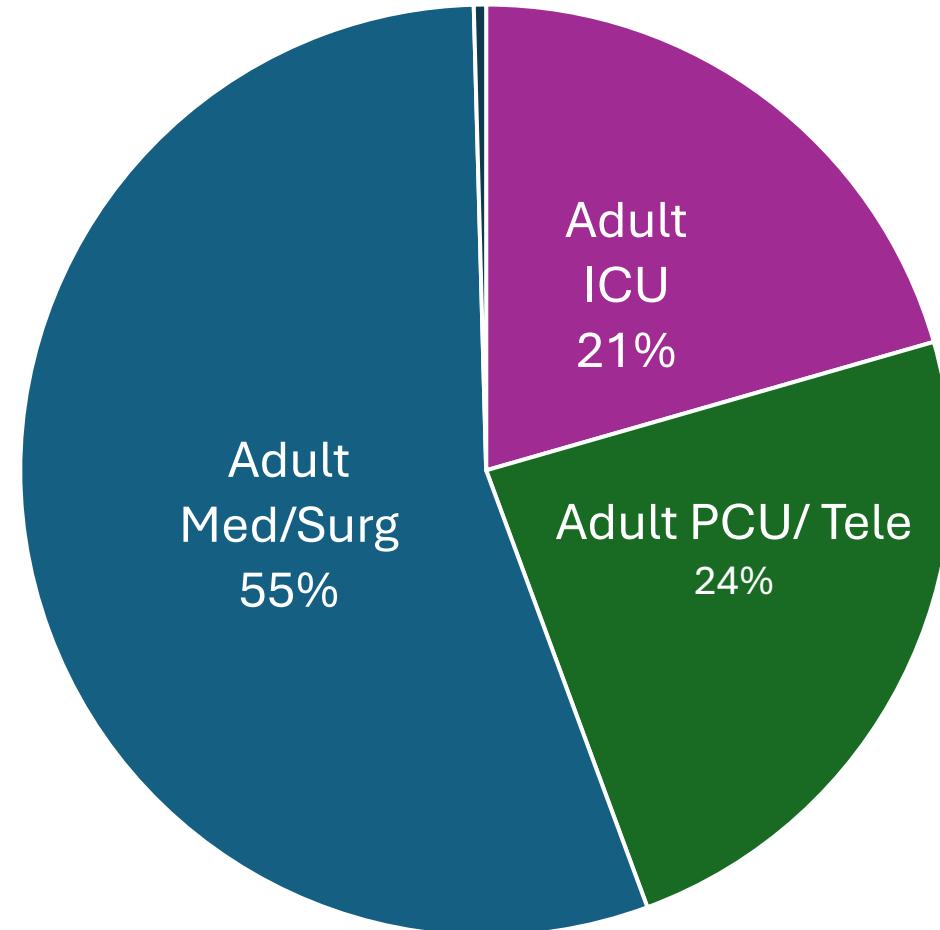


OMCC HighMor data 10/2/23 to 1/6/26



# 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

**78%**

OMCC referrals ultimately transferred

**4.3 hours**

Median time for **Tele/PCU** bed

**4.9 hours**

Median time for **Med/Surg** bed

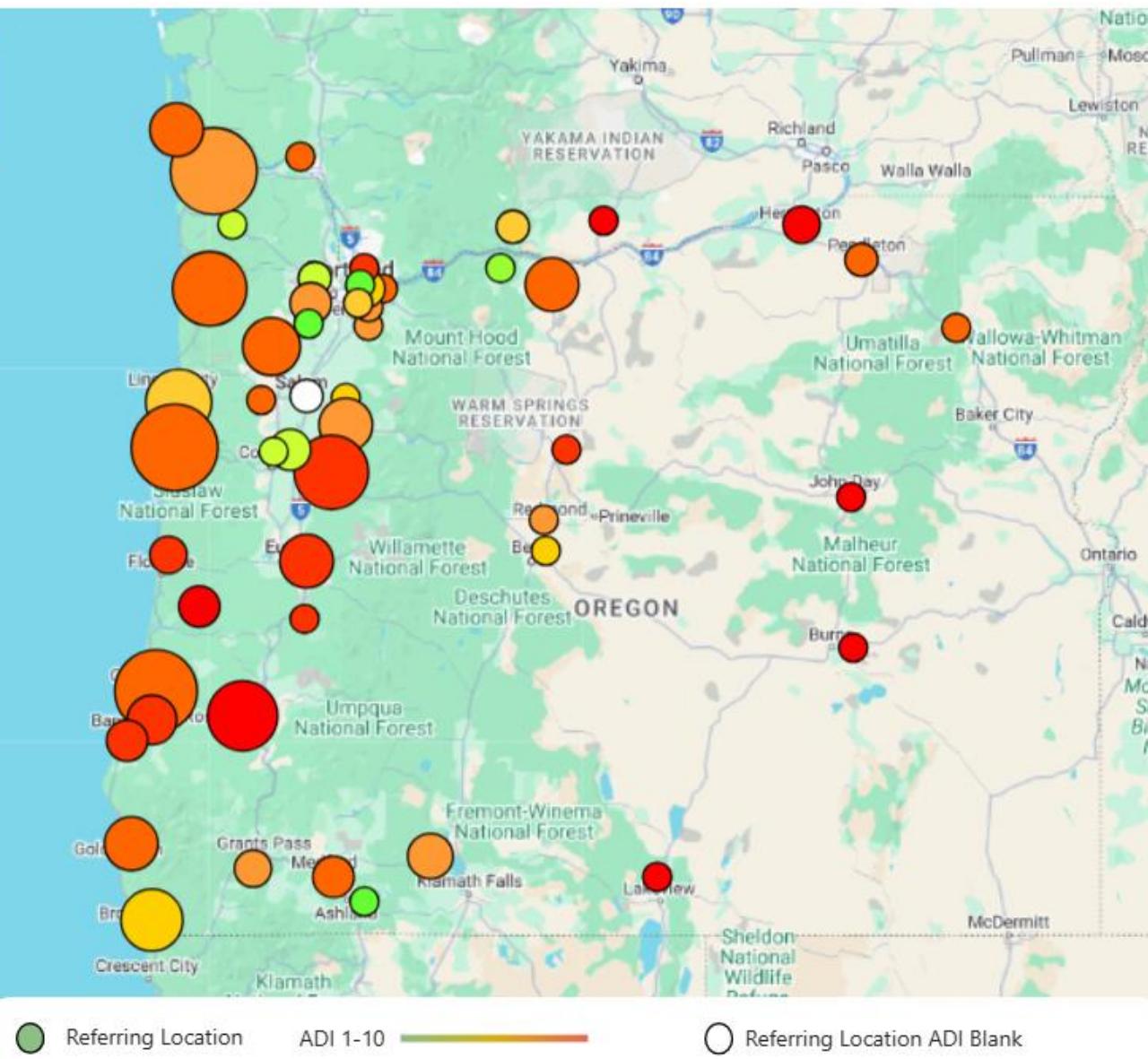
**1**

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.

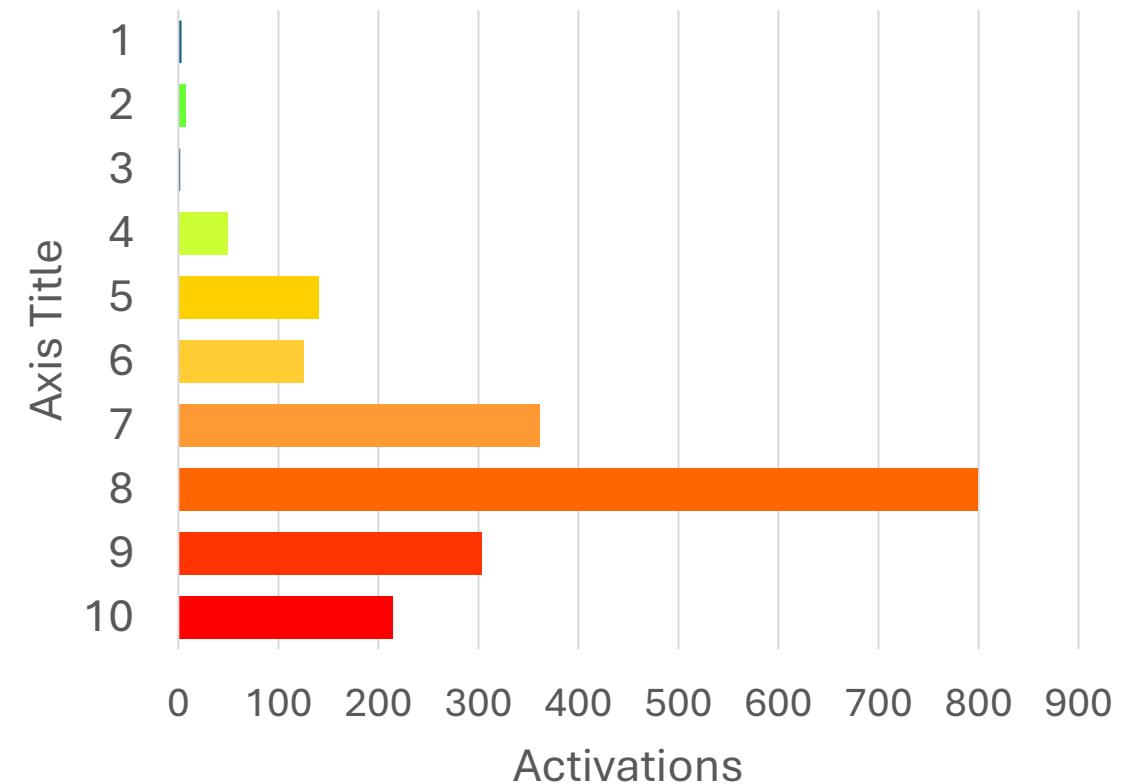
# OMCC Limitations

- 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



1. <https://files.asprtracie.hhs.gov/documents/fema-mocc-toolkit.pdf>
2. <https://catalyst.nejm.org/doi/full/10.1056/CAT.23.0205>



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](mailto:ritze@ohsu.edu)



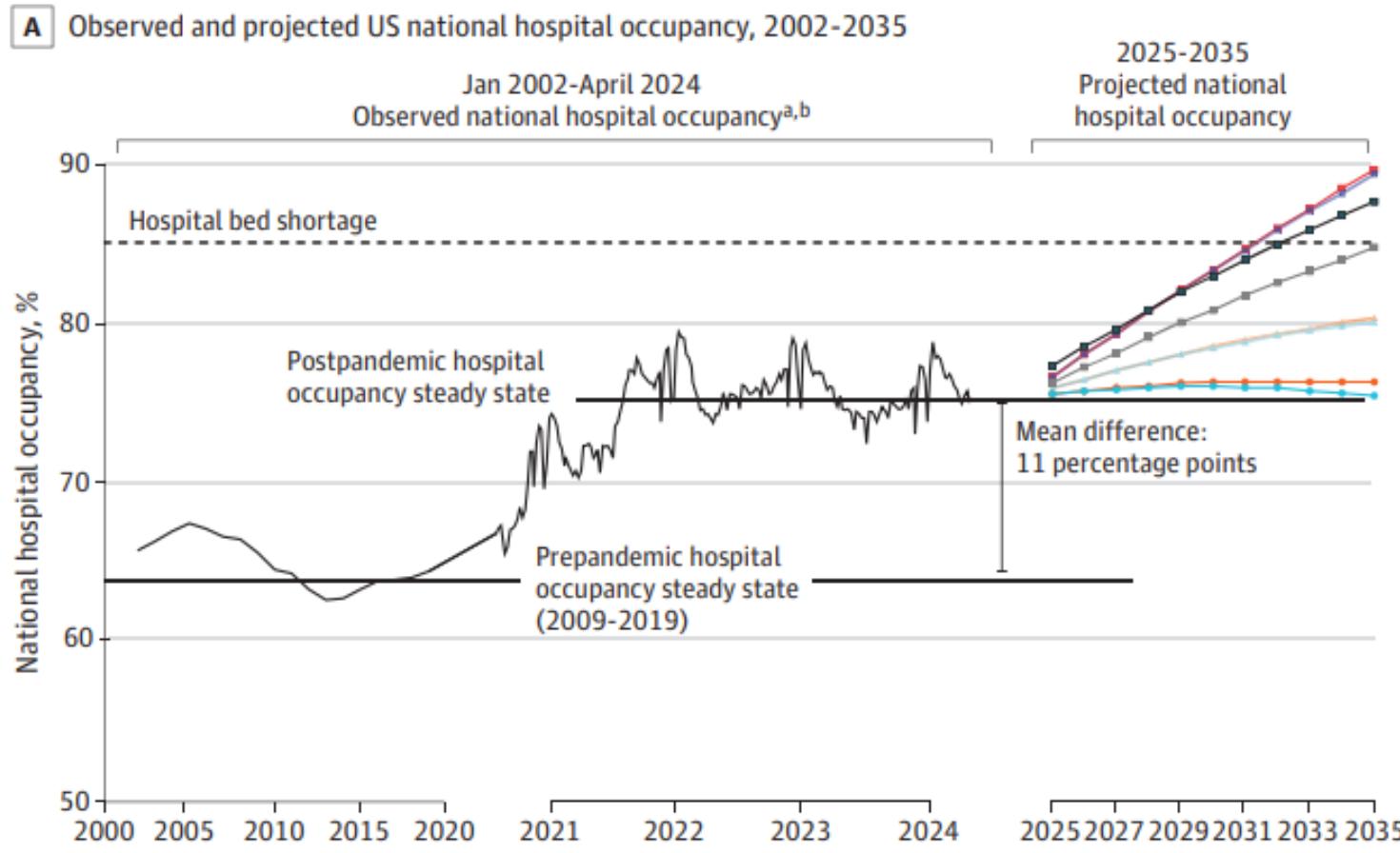
*We want your OMCC  
feedback!*

# 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

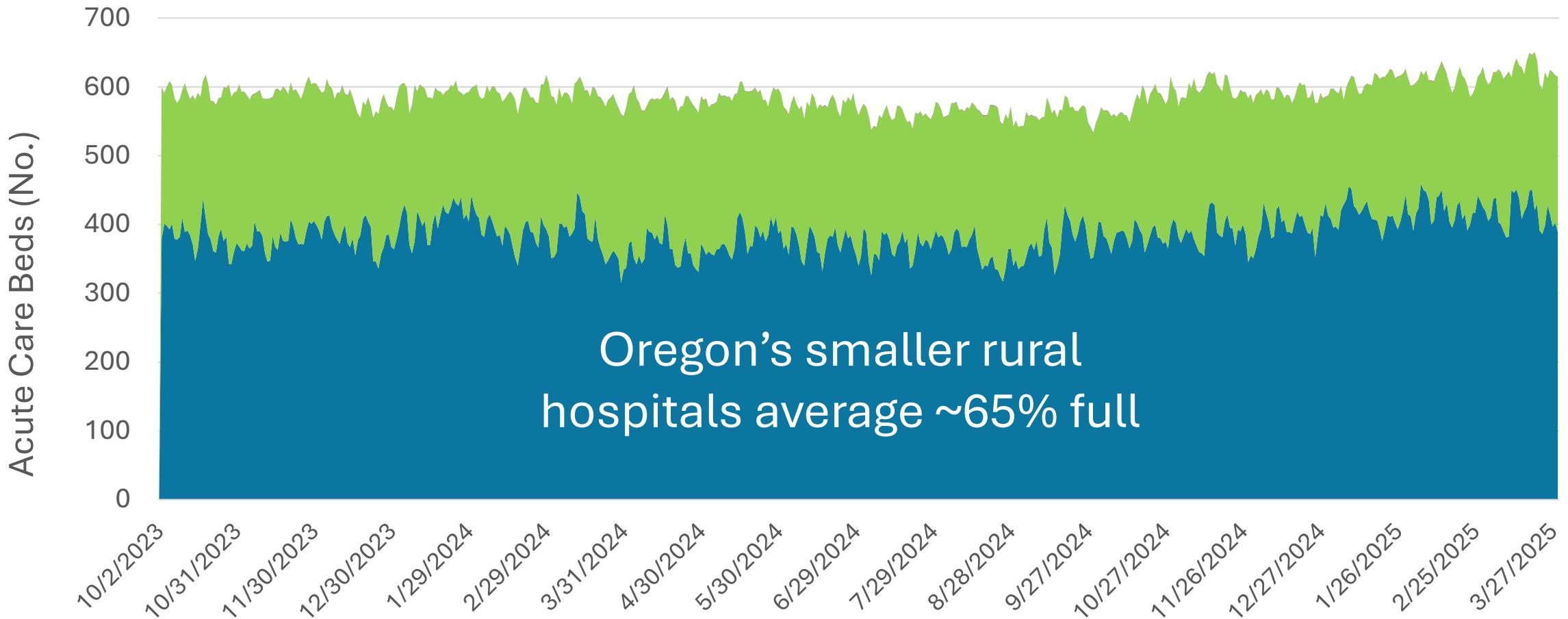


**>85% occupancy**  
is considered a  
hospital bed shortage.  
  
It is associated with  
increased ED boarding  
and worse patient  
outcomes

# Oregon Rural Hospitals <100 beds

## Acute Care Beds

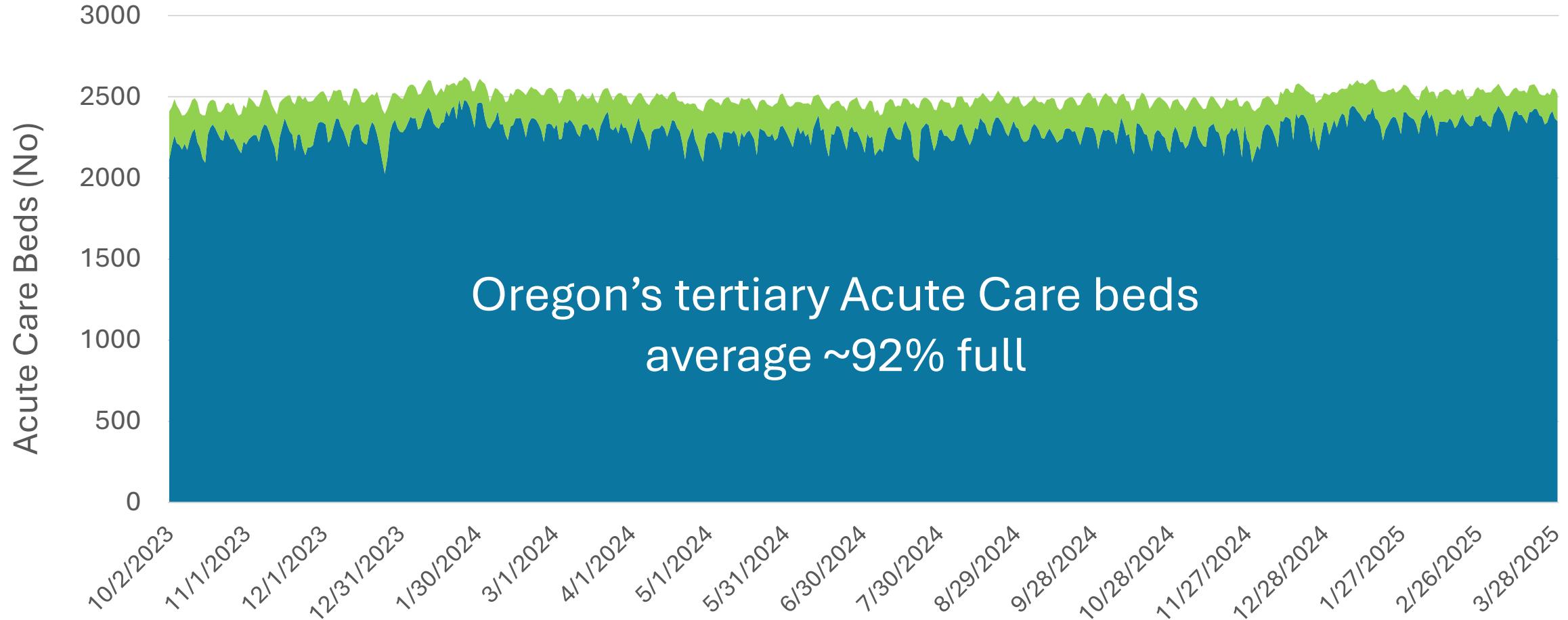
(daily @ 12am)



# Oregon Tertiary Referral Hospitals

## Acute Care Beds

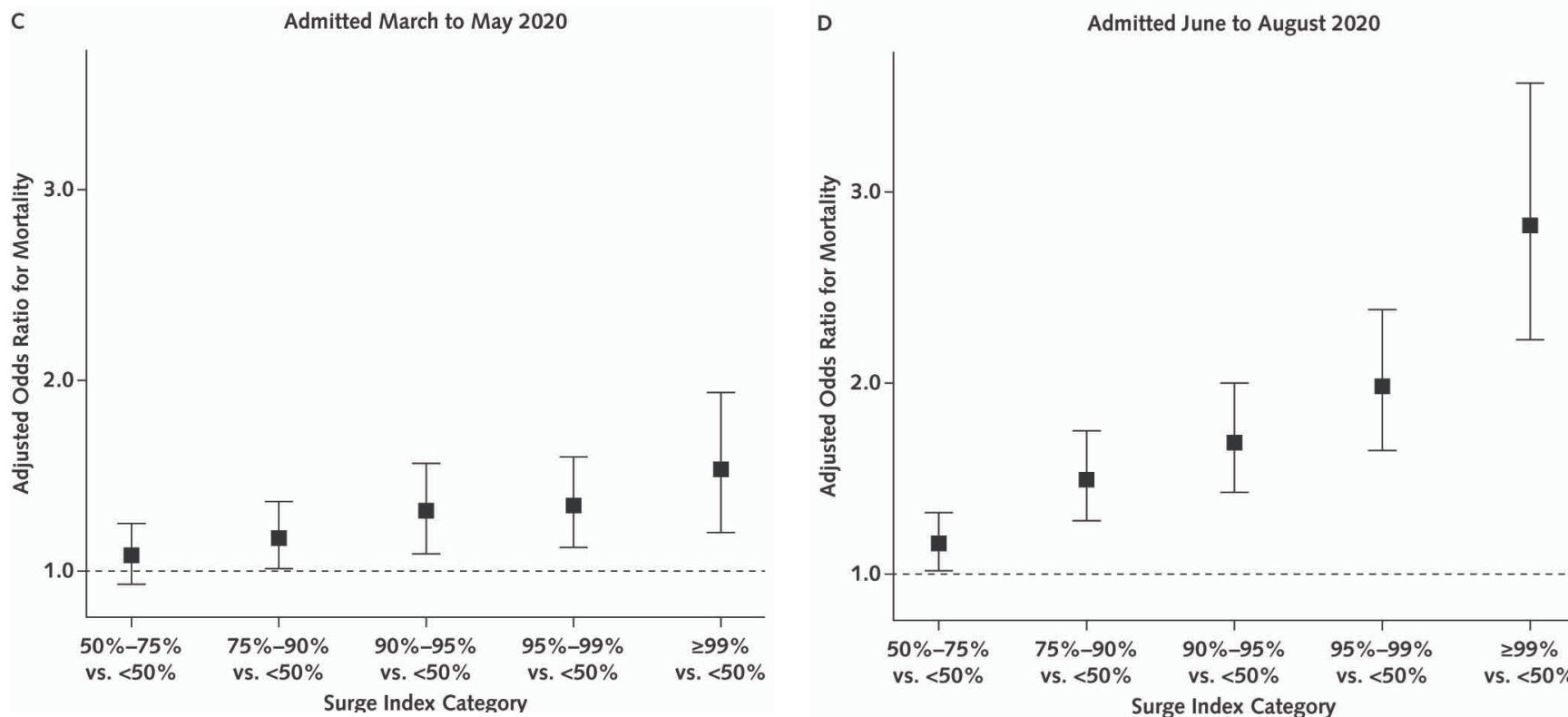
(daily @ 12am)



# 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

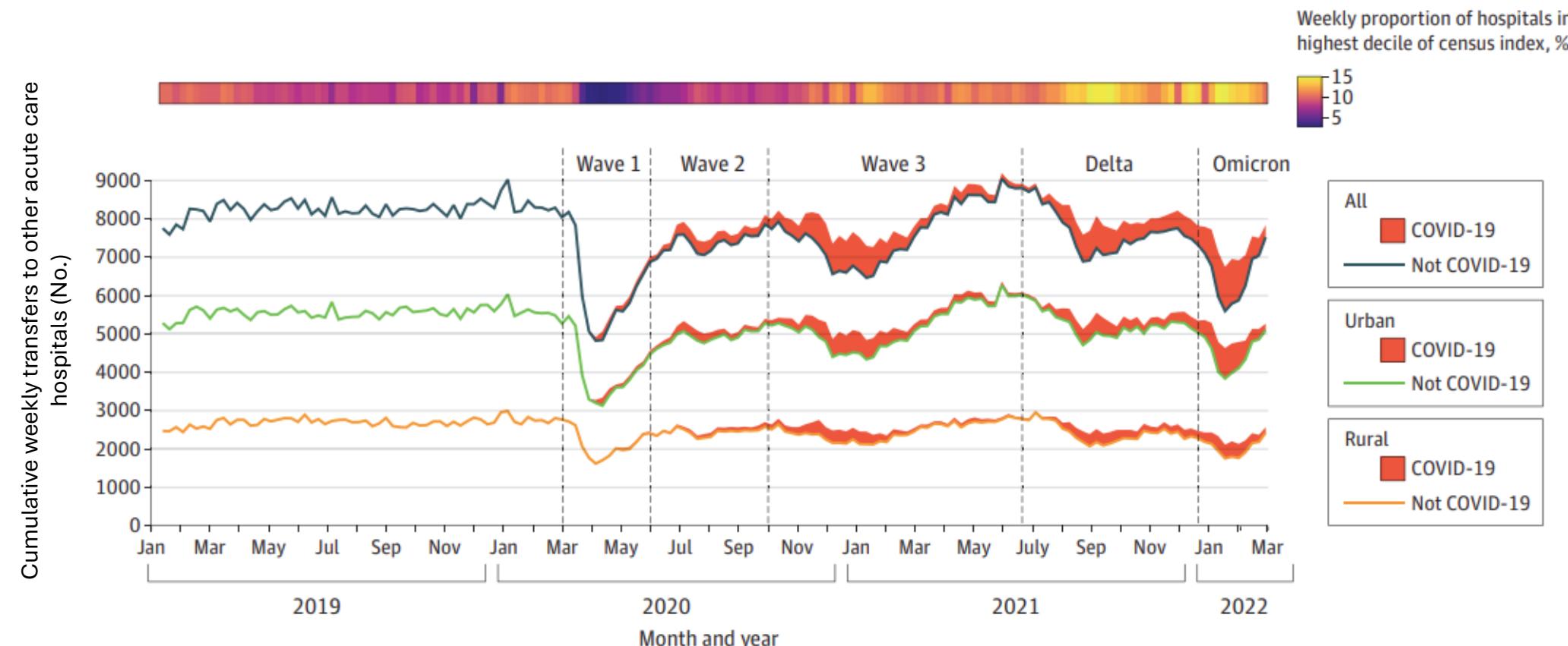
1 in 4 COVID-19  
deaths were  
attributed to  
hospital surge

# 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

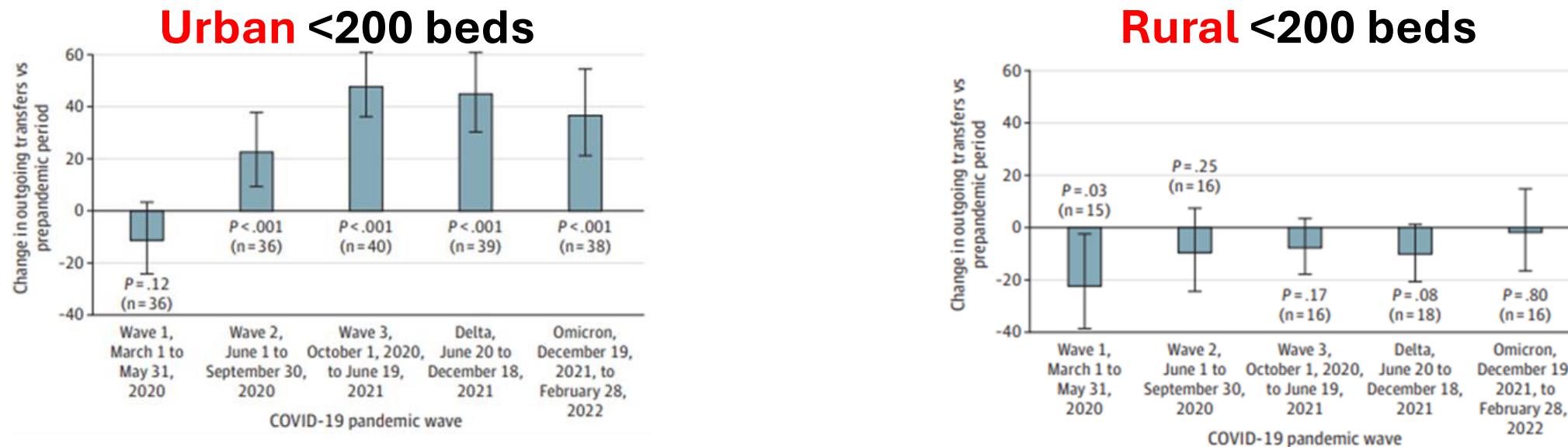
**Bottom line:**  
Transfers drop when  
hospitals  
are  
strained



## 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



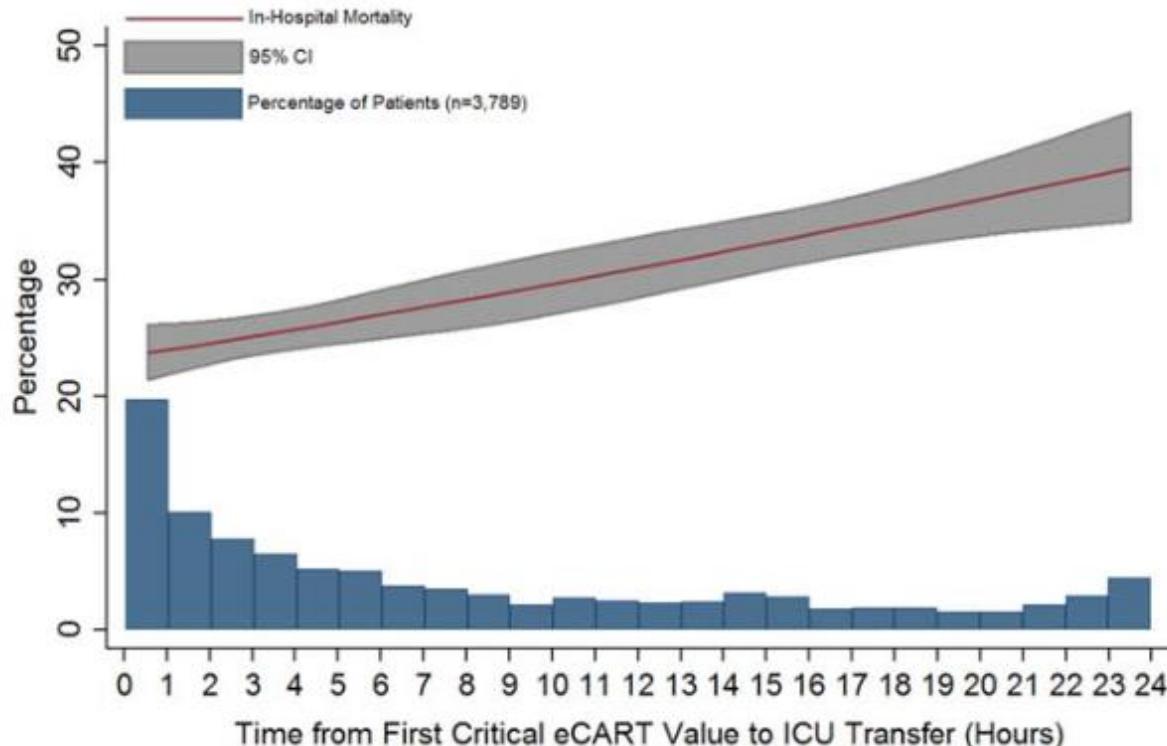
**Bottom line:**

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<sup>1\*</sup>, Blair Wendlandt, MD<sup>1</sup>, Frank J. Zadravecz, MPH<sup>1</sup>, Richa Adhikari, MPH<sup>1</sup>, Christopher Winslow, MD<sup>2</sup>, Dana P. Edelson, MD, MS<sup>1</sup>



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