



# SEXUAL ASSAULT HOSPITAL SERVICES IN EUGENE & LANE COUNTY

Assessing options following the closure of PeaceHealth University District Emergency Department  
December 2023

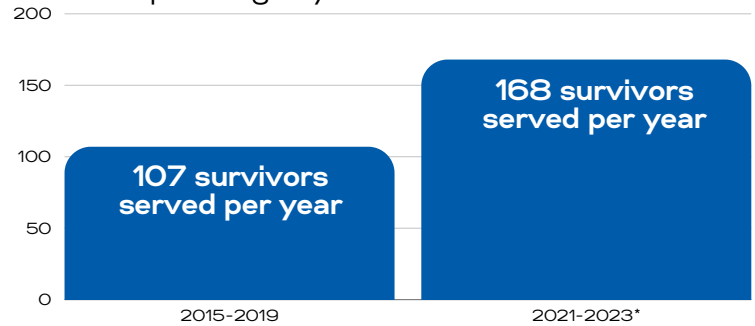
## Executive Summary

In the acute aftermath of sexual violence, many survivors go to emergency departments for medical care, forensic evidence collection, and/or advocacy. In the Eugene-Springfield region, there have been 3 ED options: McKenzie-Willamette (MW), PeaceHealth University District (UD), and PeaceHealth RiverBend (RB). Historically, Sexual Assault Support Services (SASS) has provided survivor advocacy at all three facilities while Rapid SAVE Investigations (RSI) provides forensic nursing.

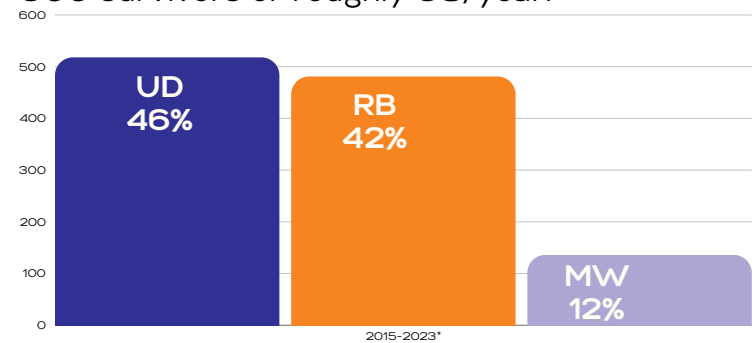
**On Dec 1, 2023, PeaceHealth closed the University District location.** This will negatively impact survivors of sexual violence. For many years, UD has been where most sexual assault (SA) services take place: **UD hosted 46% of all emergency medical advocacy from Jan 1, 2015 to Nov 30, 2023.** UD was also disproportionately utilized by the most vulnerable populations, such as the unhoused, people experiencing mental health crisis, and people experiencing disability. **As the remaining two EDs absorb UD's patients, we anticipate crowding, longer wait times, and ultimately a reduction in service quality.**

There are, however, solutions. These include short-term strategies for mitigating impact, such as developing transportation between the former UD site and RB. Long-term, **opening a Lane County standalone forensic clinic to provide SA services outside of the EDs would be more cost effective, supportive, and safe for survivors and the community at large.** Standalone centers are the nationally-recognized best practice. The Lane Co. Sexual Assault Response Team (SART) has formed a subcommittee to explore potential options and we are hopeful that this collaboration will result in better services for all of Lane County's survivors.

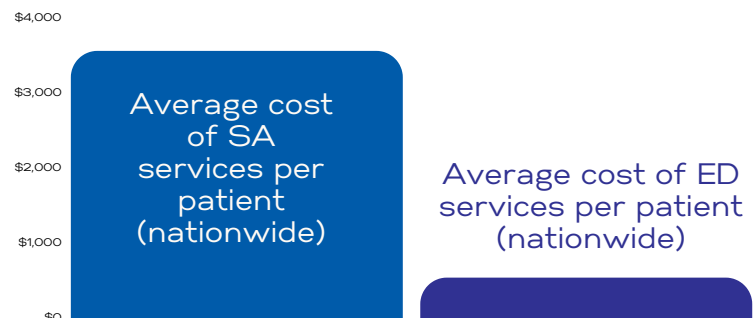
**The need for SA services is rising.**<sup>s</sup> Annual average requests for emergency medical advocacy have increased by nearly 60% over the past eight years across all EDs.



**Requests for emergency medical advocacy are not spread evenly amongst the three EDs.**<sup>s</sup> From 2015-2023, 46% of all SA services took place at UD. This percentage represents over 500 survivors or roughly 58/year.



**Providing SA services in EDs is expensive.** Nationwide, the average cost of providing ED services is \$530/patient.<sup>‡</sup> SA services in the ED cost an average of \$3,551 per patient.<sup>†</sup>

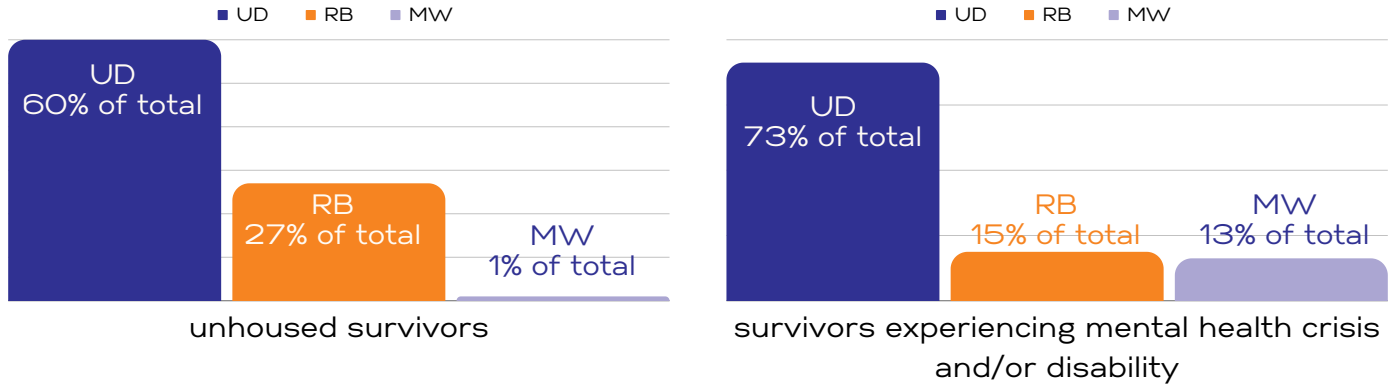


\*data for 2023 covers January 1 through November 30



## In Lane County, the most vulnerable survivors have disproportionately sought SA services at the University District Emergency Department.

2021-2023 averages



### Standalone SANE Centers

benefits of community-based programs include:

Cost of patient care is lower than in the ED and patients are less likely to be mistakenly billed for out-of-pocket expenses.

Patient care can be provided in a confidential, trauma-informed space.

Prevention programming, outreach and awareness raising, and professional training can be provided to the community.

Culturally-responsive care, including having bilingual/bicultural service providers and gender-inclusive practices, can be prioritized, reducing disparities for marginalized populations.

Patient care will not be delayed by the presence of more emergent medical cases, as in the ED.

Forensic nursing and advocacy can be provided by dedicated staff located on-site, rather than on-call contractors.

Coordination of care between different agencies (including law enforcement, healthcare, and other community organizations) can be streamlined, reducing the number of times that survivors have to retell their story to service providers.

#### Notes

§ Service provision statistics gathered by Sexual Assault Support Services.

#### Citations

‡ Moore and Liang. "Costs of Emergency Department Visits in the United States, 2017." Dec. 2020. *Agency for Healthcare Research and Quality*. [www.hcup-us.ahrq.gov/reports/statbriefs/sb268-ED-Costs-2017.pdf](http://www.hcup-us.ahrq.gov/reports/statbriefs/sb268-ED-Costs-2017.pdf).

† Dickman, et. al. "Uncovered medical bills after sexual assault." Sep. 2022. *New England Journal of Medicine*. <https://doi.org/10.1056/nejmc2207644>