



FINDINGS OF THE COMMUNITY ENGAGEMENT COUNCIL FOR TRANSYLVANIA REGIONAL HOSPITAL

April 2023

Findings of a 10-month community-wide information gathering effort to document Transylvania County, N.C.'s concerns regarding health care at Transylvania Regional Hospital

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INTRODUCTION

On May 5, 2022, Hospital Corporation of America (HCA) CEO Sam Hazen along with several members of HCA's regional and local leadership team met with members of the Transylvania community, including two former Transylvania Regional Hospital (TRH) Board members, to discuss growing concerns about the services and care being provided at the Transylvania Regional Hospital. That meeting was positive in tone, and those present were encouraged to believe that Mr. Hazen heard the message from the community and had an interest in working collaboratively to restore trust in the new ownership of the hospital. Mr. Hazen confirmed this by remarking that 'the headwinds are behind us, and we can work together to create tailwinds;' and that recovery of this broken relationship and the restoration of public trust were indeed 'doable.'

At that May meeting, it was agreed that a Community Engagement Council would be created, to include members from HCA -namely, TRH's administrator and Emergency Room director. HCA's representatives soon thereafter chose to resign, stating a conflict with the City of Brevard's recently filed lawsuit against HCA. Despite assurances that the Council was not involved in the lawsuit, representatives from HCA declined to continue participation. The Council continued to meet in furtherance of its stated mission – to reach out and obtain feedback from a wide number of Transylvania residents about their encounters with the hospital. The findings of this investigation were always intended to inform HCA and enable it to make responsive changes for the better. That mission has not changed. This report is prepared with the goal of ensuring that TRH meets the needs of, and remains the center of healthcare for the Transylvania community.

Over the last several months, the Council held nine (9) public "Listening Sessions" in diverse areas of the County, with one conducted in Spanish, and one in a local retirement home, with meeting times scheduled to accommodate work schedules. Over 200 residents attended in person. Others followed up later by contacting one or another of the Council members with their concerns and experiences. All remarks were recorded as accurately as possible, in confidence and without name attribution. These sessions were eye-opening and confirmatory. In speaking about whether or not they thought the community's concerns would be heard, one frustrated resident blurted out: "We are the mice." He did not believe that the community's tiny voice would be heard by HCA, the largest hospital system in the US. Hopefully, that is not true. But it is unfortunate that HCA representatives were not there to hear from this gentleman as well as all the others from the community it serves, to directly hear the emotion behind these words and many of the other comments.

The most frequently voiced sentiment was that TRH/HCA has breached the trust of the public. This community -- never a wealthy one -- single-handedly raised the funds and built its healthcare system over decades, based on community input and need. When the hospital was initially sold to the Mission system some years back, the community believed it to be a matter of financial necessity, although it is now unclear as to the truth of that. When HCA purchased the Transylvania Regional Hospital in 2019 (as part of the Mission system) and brought it into its own network, residents still largely believed that it was for the best; that their cherished hospital was being sold to a company that would act responsibly and continue to provide the services and care this community needed and had come to rely on. Now there is

a sense that HCA has broken that trust and lost the confidence of this community through policies, procedures, and decisions that appear disconnected from the needs of our people. Our community leaders voiced this concern to local and regional HCA leadership long before the community echoed it in their Listening Sessions. In truth, there has been a continuing lack of transparency and information sharing, coming, notably, from these local and regional administrators. Indeed, efforts to ‘improve’ public relations by communicating on a variety of topics – most recently that of billing – only further demonstrate a tone-deafness and defensiveness that does nothing to solve real problems.

After receiving community feedback, the Council felt it necessary to look further at some of the issues raised, and to engage in additional discussions with professionals and others who had worked closely with the hospital, as well as with nationally recognized healthcare quality experts. Some of these discussions are also reflected in the attached report. We ask that HCA top leadership sincerely and carefully review this report, as we believe it identifies the very real and dangerous consequences of HCA’s changes, and the resulting problems with access, quality of care and cost which this community is presently facing.

We want it to be abundantly clear that this Council in no way lays blame on the employees and staff of the Transylvania Regional Hospital, or Mission Hospital. They also appear to be having a hard time as they diligently work to provide care, given limited resources and support. We see this as a local and regional HCA leadership issue. While we have identified problems, we will also say that there are people who have expressed positive experiences within the hospital system; particularly with outpatient surgery, and often with the TRH Emergency Room. However, the concern is that it is becoming increasingly difficult to obtain consistent patient access and timely patient care; either here or when transferred to Mission Asheville. This is unacceptable.

With the Listening Sessions and this Report, we have taken an important step to voice our concerns and share our experiences with HCA leadership. Now it is HCA’s turn to look into those identified deficits, demonstrate good faith, and make some very needed improvements to our hospital. We submit this report in the hope and expectation that HCA leadership hears and acts on what is in this Report; both what has been said, and what has been implied – and begins the hard work that will be required to adequately serve this community’s health care needs and restore its trust.

Members of the Community Engagement Council:

Mr. Jake Dalton	Ms. Shelly Webb	Ms. Barbara Lubin	Mr. Parker Platt
Mr. Chip Brown	Mr. Mark Weinstein	Ms. Maureen Copelof	Dr. Ora Wells

BACKGROUND

Hospital Corporation of America (HCA) purchased the Transylvania Regional Hospital (TRH) in 2019. Since that time there has been growing community concern regarding the health care available to Transylvania County residents at TRH.

Growing issues were identified to HCA leadership in 2020 after a Community Input Session and again in 2022, culminating in the May 2022 meeting between HCA leadership and community leaders. That meeting resulted in the formation of the Community Engagement Council. The following sections of this report document what was heard by the Community Engagement Council over a 10-month period in 2022 as well as solutions that the Council believes are necessary to ensure adequate healthcare in this community.

PROPOSED SOLUTIONS

The Community Council sought to listen to the concerns and problems people are experiencing to better understand the underlying causes of the dissatisfaction they are currently feeling. Clearly, for decades, Transylvania County had a local and regional healthcare system that not only worked and provided an acceptable level of care, but was also highly rated beyond our region. Four years after the HCA acquisition, service and care have deteriorated to the point that we now have an untenable, dangerous situation, with reported experiences that are shocking and disturbing. The public is concerned, worried, and fearful about what will happen if they need immediate emergency care at TRH or referral to Asheville Mission Hospital.

The Community Engagement Council understands and has taken into consideration that the entire US healthcare system is under stress and facing major labor shortage issues. However, we firmly believe that HCA's actions from 2019 on, with the elimination of over 220 physicians in the WNC system, including here at TRH, major other staff cuts, and massive turnover due to an unsustainable work environment, have made this region even more vulnerable than national trends would suggest.

It is imperative that HCA, as owners and managers of the local healthcare delivery system, develop solutions that immediately focus on patient access, quality of care, and patient costs; particularly for those who are low income and uninsured. Everything described in the report below is a symptom of these problems.

OPTIONS

1. The best, most obvious approach, would be for HCA to accept the validity of this report, understand what has been said, take accountability, and initiate immediate and specific actions to restore our system to its original standard. This would require addressing the identified problems of access, quality, cost and billing. Solutions would include a detailed plan of action with specified, time bound milestones in mutual

agreement with this council. This would require very direct communications, full transparency, and expediency on HCA's part and would demonstrate HCA/TRH's willingness to change in fact and in tone.

2. If HCA cannot do this or agree to an acceptable timeframe within which to act, we offer a second option. This would entail engaging a mutually agreed upon, nationally recognized health care consultant (such as Bain & Co. or Deloitte Consulting, LLP) to conduct a performance audit and develop workable solutions which HCA would commit to implementing. Preliminarily, the consultant would be asked to address the following issues:

- a) What level of care, types of services, staffing and affiliations are needed to adequately serve this community, given its unique demographic profile?
- b) Why are costs for identified services higher at TRH than at neighboring hospitals?
- c) What are the risks to the TRH population if HCA continues its' exclusive admission and transfer policies?

3. If neither of the first two solutions are acceptable to HCA, then we (again) offer a third solution: Agree to sell the Transylvania Regional Hospital back to the community or to a consortium established by the community.

We propose these approaches as viable resolutions of the problems caused by the HCA acquisition and management of our healthcare system.

PROBLEMS WITH THE CURRENT SITUATION

In February 2019, HCA's purchase of the WNC Mission System changed the structure of healthcare delivery in this region, as it included the purchase of several small, rural hospitals, significant clinical practices and numerous outpatient services such as diagnostics and physical therapy. For a short period after the purchase, the TRH Board of Directors continued in its very active role of decision making, retention, recruitment, capital investments, etc. But that began to change as HCA launched an integration and centralization program. At that point, the Board's role was essentially reduced to rubber-stamping quality statistics and credentialing. Local decision making was eliminated, with the final say coming from leadership at the regional and national levels.

The evisceration of the TRH Board also coincided with HCA's consolidation and streamlining of the larger system. It is important to note that this began in 2019 and 2020, prior to the Covid pandemic. These changes, many of which began in 2019 and 2020, created the "perfect storm" for our community, leaving it more vulnerable and fragile than other similar systems.

Below are listed many of the critical problem areas that citizens of this county have experienced or witnessed; experiences that have eroded their trust in HCA.

The examples below represent only a small sampling of their stories. When asked, many confirmed that they would be willing to "talk further with regulators." Please realize that in this small community, every experience that has left a bad impression on a patient has left it on their many relatives, friends and neighbors, as well.

Removal of Primary Care and Specialty Practices

HCA essentially restructured the existing systems approach to primary care and clinical specialty practices outside of the hospital setting. Previously, Transylvania Regional Hospital had a robust and successful set of policies and programs for recruitment and retention to support the community's primary care physicians. This program provided much needed incentives to physicians for their commitment to practicing in this rural setting. After the acquisition, HCA indicated that it would no longer allow (or legally could not accept) those policies previously in place by the hospital to foster a desirable work environment for its physicians. Instead, HCA presented a single contract to its formerly employed physicians, stating that this was a uniform contract which it used for all of its physicians. The new contracts represented an almost **25% reduction in income** for many of the local physicians and was presented as a 'take it or leave it' proposition. Most, if not all, chose to leave it, with the result that our community physicians had to find new affiliations and are often referring to other local hospitals.

In Transylvania County during 2019 and 2020, HCA 'released' more than 15 primary care and specialist physicians from their contracts, including orthopedists and OB-Gynecologists. Across the entire Western North Carolina HCA system, over 220 physicians were let go. Thankfully, several of those physicians were able to stay in the community by joining UNC Pardee or Advent Hospital. To date, no one, including board members, understands why HCA would take this approach, as these primary care physicians were the main source of hospital admissions. It seemed short sighted, but HCA was not willing to listen to clinicians

or board members and explain this approach, other than stating that “their lawyers told them they had to.” We do not accept this, as other local hospitals appear to have legal advice to the contrary.

Treatment of the physicians left many other providers and healthcare professionals feeling that HCA did not value its physicians, instead finding nurse practitioners and physician assistants to be sufficient in many settings.

Elimination of Services

Over the last four years, several services that the hospital had offered directly or through affiliations with other community providers were reduced through staffing cuts or eliminated altogether. Additionally, TRH has struggled with staffing some foundational services, such as general surgery, to provide an appropriate level of coverage. Some examples include:

- ❖ Elimination of Adult Day Care
- ❖ Drastic reduction in Rehabilitation Services (TRH says they are currently renovating that system)
- ❖ Longer waits for Radiology diagnostic services such as MRI, Imaging, and echocardiography
- ❖ Inadequate staffing coverage for acute care beds, affecting TRH’s ability to serve patients requiring (e.g.) general surgery, orthopedics and gynecology
- ❖ Staff turnover resulting in the Lake Toxaway Clinic being shut down for 6 months, until a community outcry (HCA then re-staffed and reopened the facility)
- ❖ ENT Services/Staffing drastically reduced
- ❖ Loss of Messino Cancer Care relationship

On a positive note, the system in place for certain scheduled, outpatient services seems to be working well, and patients often have positive experiences. Elsewhere however, there is a community sense that the system is contracting and struggling to run efficiently.

Major Staffing Cuts, Significant Turnover, and Toxic Work Environment

Significant staffing cuts began almost immediately in 2019 as part of HCA’s integration plan. Real numbers are not available to the public, but it is estimated from input we received from various past and present staff, that the staffing at the hospital may have been reduced by as much as 50%. NBC’s recent report by Lester Holt reported that HCA cut staff by 37% in the Mission Asheville system, and that on a nationwide basis, HCA is, on average, 20% below national averages.

This small, rural hospital has been a gem of our community for years, with many people, from entry level positions to physicians, investing decades of their lives working there; some families had worked there for generations. People who work at TRH are proud, appreciated, and valued by this community. But the impression now is that TRH/HCA no longer values longevity or loyalty, does not invest in strong relationships with staff and does not understand gratitude or motivation. This was reflected in HCA’s approach to its original consolidation plans. As these plans were rolled out and employees were identified for staff reductions, they were sent messages directing them to a website listing job openings rather than having the opportunity to discuss where their experience and background could be utilized elsewhere in the system.

This practice has resulted in a large percentage of staff departures, many of whom are being replaced with contract employees and non-resident traveling technicians, nurses and physicians. While this is a national trend, the impression is that TRH/HCA has created such a toxic work environment and culture that they have more than the usual difficulty in recruiting quality professionals. In so doing, TRH/HCA has lost an important asset which affects care, namely a sense of continuity or routine within the hospital.

A great deal of concerns and criticisms we heard related to whether there is an appropriate level of staffing throughout TRH. This staffing problem is clearly impacting patient care as nurses struggle with patient ratios that can be as high as 1 to 7 (as reported by NBC). Additionally, there is concern that one of the methods of reducing costs in emergency rooms is substituting nurses for activities that doctors previously performed. We do not have specific information regarding the level of certifications of “practitioners” in the ER. However, we question what health care workers, nurses and nurse practitioners are being utilized in place of physicians, and whether doing so is always appropriate or best practice. Are nurse practitioners doing unsupervised care in the ER and are they seeing high acuity cases beyond their training? Are patients getting appropriate evaluation and management by emergency physicians? Are ER physicians adequately supported? How often is the surgery center being utilized compared to prior years? Do some of these staffing shortages or substitutions result in forced hospital transfers to Mission and other HCA hospitals?

We have been told that in the past, TRH had in place an almost 1 to 1 ratio of Certified Nursing Assistants to Registered Nurses. What is that ratio today? What is the current ratio of nurses to patients? We have been told that nurses are expected to manage patients in settings that are unsustainable and dangerous. Input from the community included people reporting having trouble getting pain medications on time after surgery, and not being provided the physical therapy assistance they need to get up and move around. Basic needs are often not being met, meals not being provided in a timely manner, and assistance with feeding not happening.

This severe staffing shortage seems to have been exacerbated since January of this year, when a reported four hospital employees in major leadership/management positions left, including:

- ✓ Director of Nursing
- ✓ Manager of Behavioral Health
- ✓ Assistant CFO Office Administrator
- ✓ IT Manager

We have heard that due to staff shortages, supervisors are now being used to provide basic services such as cleaning rooms and serving meals. This has further reduced bed availability. We have also received many comments from residents that the facility is not clean, with trash on floors and in bathrooms.

It would appear that TRH/HCA/s reported toxic work environment makes it difficult to fill even key and desirable positions.

Below are actual situations/circumstances reported by the community to the Council:

- Over the 4th of July 2021, the mother of a Lake Toxaway resident had heart issues. She was taken by ambulance to TRH. She was told she needed to have a pacemaker implanted. While she received good care at TRH while awaiting transfer, she waited 6 hours for a helicopter to transport her to a hospital in Charlotte. She was told there were no electro cardiologists available in WNC to do the procedure.
- A local woman reported that she drove herself to TRH in the middle of the night when she was having severe abdominal pain. The doors to the ER were locked and although she banged on the doors and windows no one answered. She ended up calling 911 and about 5 minutes later someone appeared. She was then transported to Mission Asheville for surgery.
- An area resident, who is a retired physician, suffered a bad fall and went to the TRH ER. He had previously had a heart attack and a quadruple bypass, so cardiac monitoring was vital. They put him in a room in the ER and put him on a heart monitor. After waiting an hour no one came to check on him. So, he and his wife, a retired nurse, believing that no one was paying any attention, disconnected the monitor to see how long it would take anyone to respond. After waiting 30 additional minutes, without response, they gave up and left TRH. His wife drove him to the emergency room at UNC Pardee where he received good care and treatment.
- On a Friday, in the Fall of 2021, a Lake Toxaway resident suffered what appeared to be symptoms of a stroke; weakness and loss of muscle control on the left side of his face and torso. His wife drove him to TRH ED. On arrival the staff immediately did a dye test on his heart/brain and confirmed he was suffering from a stroke. He was given a blood thinner, and the Nurse Practitioner recommended an immediate Echo test and MRI to check for damage. He spent the night, but on Saturday there was still no staff available to conduct those tests. He asked to be transferred to Mission Ashville but was told there were no doctors available there. Finally, Monday, at 1:30 pm, TRH was able to complete the tests and confirm the stroke diagnosis and damage. He was discharged at 3:30 that day. It took 72 hours for the diagnosis. It took several weeks for him to recover.

- A Transylvania resident reported that in July 2022 she went to the TRH ED with extreme back pain and unable to urinate. She lay on a gurney in the ER from that afternoon until 8 am the next morning. No one provided her any care. She wasn't even provided water. At 8 am she was moved to a room for observation. Due to the severe backpain she was unable to lie on the bed and asked if there was some way to make the bed firmer. She was told there was nothing that could be done. She ended up lying on the floor, the only way she could get relief. She requested a catheter as she was unable to urinate, but no one aided. Finally, a nurse was able to get an MRI and saw there were 600cc in her bladder and did a catheterization. The patient, who at this point had not seen a doctor, demanded to see a physician and she received the needed care.
- At 9:30am, on a Sunday morning, in August, a local citizen took her husband to the TRH ED. He had been having severe abdominal pain off and on since Friday night and had developed a slight fever. A CT scan was performed and by 12:30pm, it was determined he was showing signs of acute appendicitis with a small bowel obstruction. Additionally, he has heart issues, including a defibrillator. The doctor told them this would require surgery that day, it could not wait until tomorrow.

He was told that they were trying to locate a hospital that could take him. Around 3:30 pm they were notified that he was being transferred to Catawba Valley Hospital in Hickory, NC. The ambulance arrived at 6:45 pm and he was transported on a two-hour trip to Hickory. At 12:15 am the surgeon called his wife to let her know he had done well in surgery; however, from the time of the morning CT scan and the time of his surgery, his appendix had ruptured. He was discharged early Tuesday afternoon but, with no family present, arrangements had to be made through an independent service to bring him back to Brevard.

- One resident reported that he broke his leg in October of 2022. He went to the TRH and was seen and diagnosed with a fractured fibula. He was told that this fracture would require a brace to immobilize the knee. The attending physician was very apologetic and felt badly that they did not have any leg braces. All they could offer was ace bandages. He thanked them, went home on crutches, and ordered the brace from Amazon.

Emergency Care and Discharge

Transfer Issues - Mission Asheville Crisis in Staffing and Cutting off Access/At Capacity

One of the biggest concerns of community members is consistent quality care in the Emergency Department. The head physician has been there for many years and is highly respected, as is much of the nursing staff. However, with the contract staffing issues, these remain the following areas of major concern:

- *Does one get a consistent level of care when accessing the TRH emergency system?*
- *Is there adequate support staff to meet patients' needs?*
- *How does the Emergency Department manage transfers to other facilities for services they can't provide?*
- *What happens when Asheville Mission cannot accept transfer patients due to capacity issues?*
- *If transferred, will the access and quality of care in Asheville Mission be appropriate/timely?*

This is where we received feedback that was most concerning. As mentioned above in the Major Staffing Cuts Section, there are many examples of people not being attended to in a timely way and not receiving an appropriate level of access and care. There were many examples of people being taken by ambulance to TRH and waiting in the Emergency Room, in some cases for days, only to be transferred to another hospital for care. In many cases, these were emergency surgical situations. What is most disturbing in these reports are stories of people waiting for hours or days and then transferred to facilities miles; sometimes hundreds of miles away. We were given specific examples of people needing emergency surgery for gall bladder attacks, and appendicitis. but waiting a dangerous amount of time to be transferred to Hickory, Marion, Charlotte or even Georgia for emergency procedures. In at least one case, the delay caused by the unavailability of local care and the lengthy travel time resulted in a burst appendix.

From what was reported, there have been too many instances in which inpatient beds were unavailable at Mission-Asheville. Mission-Asheville often seems to be "at capacity." But it is our belief that this just means that Mission is without adequate staff to support its beds. We have heard that Mission-Asheville has had hundreds of nursing positions open at one time. This is a dangerous circumstance, since Transylvania residents rely on Mission-Asheville, both to provide acute inpatient care when TRH cannot, and to provide specialty care (e.g., cardiac services) appropriate for a regional hospital. This cuts off the major facility for our community to get to a higher level of care.

Sadly, as shown on the attached summary sheet of actual patient experiences, people with severe injuries, such as multiple fractures, are being sent home by TRH or Mission Asheville because they don't have the capacity to handle the situation. Patients report being discharged from the TRH with multiple fractures and told to "call their doctors," or that they will "get a call later" to provide care.

Below are actual situations/circumstances reported by the community to the Council:

- December 2022, a Transylvania resident fell in his bathroom and hit his face and jaw. The ambulance took him to TRH. They told him he had 3 fractures, under each ear and his lower teeth bone. They told him needed surgery. They did over twenty stitches and he was then transported to Mission Asheville. He was told there that he would have surgery. After 22 hours in the ER, they informed him that they were too busy and it would be 2 to 3 weeks before they could do surgery. They gave him a few days of pain medication and sent him home and told him to call his doctor.

The next morning, in a panic, his partner called a friend and asked what they should do. She suggested they drive to Greenville Memorial in South Carolina. They drove there and the ER immediately admitted him, began IV's, as he was dehydrating, and moved him to their Oral Trauma Unit. The next day they did surgery to repair the multiple fractures in his jaw.

The staff and doctors at Greenville Memorial Hospital were in disbelief of what Mission Asheville had done.

- The Saturday of Labor Day holiday weekend, 2022, a local resident arrived at TRH with severe leg pain and was barely able to walk. He was seen by the ER physician, and she told him that she did not 'think' it was a blood clot. She gave him the name and phone number of an Asheville Mission neurologist and told him to follow up on the Monday after the holiday. He called on Monday and, fortunately, they had an opening that day. He went in and they immediately sent him in for 10 hours of surgery for a severe blood clot. He was in the hospital for 5 days recovering.
- In June of 2021, at 3 pm on a Thursday afternoon, a Lake Toxaway resident with a long history of heart issues, including having a pacemaker defibrillator, had chest pains while at a doctor's office in Brevard. The ambulance was called. After they loaded him, they called TRH and were told that the ED was not accepting any patients; they were diverting all patients to local hospitals. The paramedics drove him to Mission in Asheville. He arrived around 4 pm. The hospitalist told him that he would be admitted. He asked if his cardiologists, HCA Asheville Cardiology Associates, had been contacted and they said yes. At 10 pm he was taken to a room. At 11 am the next morning the cardiologist came in to see him. His wife asked how it was possible to wait 18 hours to see his cardiologist. The young doctor looked straight at them and said, "It's not like you can expect us to see every heart patient that walks through the door."

She then said they would do an echocardiogram that day and try to see when they might do a catheterization. Finally, Saturday, around 1 pm, he was scheduled for the catheterization. The same doctor walked in and asked him if the staff had done the echo. He said yes and she said "ok, I'll go look at it". They then, almost 72 hours from when he was picked up, did the cath procedure and he was released that afternoon.

- A Transylvania resident reported that her neighbor had a heart attack and was taken to TRH. There were no cardiologists on staff to assist in diagnosing his condition. He remained in the ER for approximately 12 hours before he was taken 82 miles away to another HCA hospital, Blue Ridge Regional Hospital in Morganton, NC.
- December 2022, a county resident was taken to TRH because of appendicitis. He was in the ER for 23 hours before they could arrange a transfer, 109 miles away, to Boone NC. Enroute, his appendix burst. The Boone hospital was able to do the emergency surgery and he survived, but delay in care clearly caused an extreme, potentially deadly event.
- Labor Day weekend of 2022 an incident was reported by an individual whose friend had a bad fall on Friday, hurting a leg and hitting her head. She already was having severe problems with her other ankle and this fall hurt her good leg. They called the TRH to see if they had an orthopedist that could see her, or could they have an ambulance take them to another facility where they could see a specialist. The doctor said they had to come to TRH and could not bypass it. The ambulance took her to TRH.

They did a CT scan and MRI and found that she had 3 fractures of the tibia. They then told her that Mission Asheville could not take her. She and her spouse were extremely upset when they told her that they were sending her home and that they would call her, after the holiday, to get surgery in Asheville. TRH helped get her in the car and then called EMT's to meet them at their house to get her in the house. After five frightening, agonizing days, they got friends to load her up and get to Asheville. The Mission Asheville surgeon, who did surgery to put a rod in her leg, was in disbelief that TRH had sent her home in that condition.

- A local resident reported that she arrived at TRH and was diagnosed with a very large kidney stone. Since TRH does not have a urologist, they would have to transfer her to Mission Asheville hospital. She waited 3 hours for an ambulance. When she finally was seen by an ER attending physician at Mission Asheville, he said he was waiting on a call from the urologist and would get back with her. About half an hour later, he came back and said the urologist said it wasn't an emergency. She should call his office and make an appointment. This left her very confused, upset, and stranded in Asheville. There was no apology, and she was billed for all this.
- A county resident went to TRH on a Wednesday due to potential heart problems. The ER staff put him on blood thinners and did an EKG. He was told he needed to see a cardiologist, possibly for a catheterization. The staff told him that they had tried over 40 different places and the only one that could take him was Piedmont Regional Hospital in Athens, Georgia, and, additionally, he could not be transported until the next day. At 11 am Thursday, he was transported 2 ½ hours, 122 miles to Athens. Friday morning, the cardiologist did a catheterization and put three stents in his arteries.

He was sent home the next day with instructions to follow-up with a cardiologist in the area where he lived. He made an appointment with Dr Moore at UNC Pardee in Hendersonville. Dr Moore informed him that they had never been contacted by TRH to treat him and would have been able to take him had TRH requested it.

Billing Issues

Many people in the feedback sessions said they were having major issues with HCA's billing systems. There appear to be considerable overlap and confusion regarding billing, resulting in incorrect billing followed by demanding calls from collection agencies. Examples of billing issues include duplicate billing, incorrect assumptions regarding Medicare and private insurance coverage, and patients receiving bills before their insurance has been accessed. Too often, at the end of dealing with these frustrating problems, patients are told it was HCA's issue and it's been 'taken care of.' No big deal. Yet patients spend hours and hours (sometimes weeks and months) trying to straighten out incorrect bills. This puts inordinate stress on many county residents, especially those unfamiliar with navigating the medical/insurance bureaucracy. In the past, Transylvania Hospital worked directly with its patients, particularly those who are low income or uninsured, to work out payment options. According to many, that is no longer the case.

Currently on LeapFrog Survey Data, under Billing Ethics, HCA only received 2 out of 4 bars, with the notation of "NO" to the question of whether the Hospital provides a detailed bill within 30 days of receiving insurance payments.

Below are actual situations/circumstances reported by the community to the Council:

- Following an accident, a resident reported that he was transported to the hospital. He saw a "good" ER doctor, and was admitted for overnight observation. He received what he described as minimal attention, not even provided with a hospital gown. He then received a \$24,000 bill for "observation," not covered by Medicare. The amount was subsequently reduced to \$4,000.

At many community meetings patients reported the following:

- Overbilling for services they never received
- Dunning letters being received before they ever got a bill from TRH
- Lack of coordination with insurance companies
- Duplicate bills
- Lack of responsiveness to billing questions

Dramatic Increase in Cost of Services

Another major issue is that the cost of health care at TRH/Mission has risen dramatically. Our community is paying drastically higher prices for healthcare than at surrounding hospitals, this despite cost and staffing reductions at TRH/Mission.

Participants in the feedback sessions made many references to their frustration with costs at TRH that are higher than in surrounding hospitals. They specifically complained about having to travel outside the area to get diagnostics tests as well as medical procedures at more reasonable rates than at TRH/Mission.

Significant Percentage of County Residents Seeking Healthcare Outside of HCA

Over 90% of the people in the community feedback sessions indicated that, given the choice for a non-emergency medical procedure, they would seek healthcare outside of TRH.

There was a real sense of frustration and disappointment that this is, in fact, now the case, and that they have been forced to change their providers, often after long-term relationships, and forced to travel a much greater distance to get quality care. They often referenced how much they used to trust TRH and knew and respected the people providing that care. Those relationships and memories of excellent care have been severed.

This is concerning for a number of reasons. This shift in local citizens seeking care outside of TRH may well result in lower revenues for TRH, thereby further lowering profitability and creating additional problems in supporting HCA's operations. In addition to the concern about impact to the hospital there is the fact that not everyone has the means to travel for medical care. As one community member said "Many of us are lucky to be able to travel to better medical care, whether it's to Pardee, or if really serious, to Duke, Johns Hopkins, or the Mayo Clinic, all of which we have used. That is not feasible for a lot of other, less fortunate people in the county."

Another element of community feedback was that many were fearful, even if they got providers outside of TRH/HCA, of what might happen if they had an emergency and were forced back to the HCA system. They also expressed confusion about how to get to emergency care outside of HCA via ambulance or helicopter. The fact is clear that TRH has suffered severe reputational damage.

Below is an actual situation/circumstance reported by the community to the Council:

In January of this year, at noon on a Thursday, a Lake Toxaway resident went to the TRH ED complaining of chest pain. After two enzyme tests, one which was normal and one slightly elevated, the ED Doctor said that he needed an echocardiogram, but the technician that did those tests was not available. He suggested the man stay overnight in the hospital and have the test completed the next day. The Hospitalist then added that he doubted they could get it done on Friday and recommended he stay until Monday. 4 nights of hospitalization for one diagnostic test. The man asked if they could call and talk with his HCA Asheville Cardiologists? The ED Doctor said he could call them but Mission Asheville was at capacity, not accepting patients, and had 135 people in the ER waiting for beds.

The man said he didn't want to stay. The doctors said he could go but should come back if he had any additional pains. He left, and the next morning he had some chest pain. His spouse drove him to UNC Pardee where he was immediately admitted and within 6 hours had seen two cardiologists and had a catheterization procedure. He was released the next day. He said he will not return to HCA.

Report Summary

Trust goes to perception and is an essential element in every successful business and personal relationship. In this community, trust in our health care system has been lost as a direct result of the many unwelcome changes that have occurred at TRH/HCA since the acquisition. In large measure, this community believes that quality care at TRH has deteriorated and that the community's values, concerns and needs are being ignored. This lack of trust and the pervasive sense that we Transylvanians don't matter has been fueled and validated by the decrease of services and staff available at TRH. Too many stories in the community, many of which are presented in this report, further fuels the fire. Behind every negative story, there are relatives and neighbors who talk to each other in this small community. This reputational loss is greatly furthered by a local and regional HCA management that is consistently defensive and deflecting of scrutiny.

HCA is a publicly traded, for-profit corporate entity engaged in the business of providing hospital and healthcare services. Due to the experiences of many in the community who met with us over the last many months, the question has arisen whether HCA can successfully operate TRH combining both excellent quality care and delivering an acceptable rate of return to its shareholders.

To its credit, HCA, through CEO Sam Hazen, has acknowledged that trust has been broken. With this report, we are again asking HCA to work with us to demonstrate that high quality, responsive patient care is not in a losing competition with profits; that the community's values can be respected; and that the unique health care needs of our diverse and growing community can be met. We well understand that a small rural community hospital cannot meet every need for health care services. However, we believe an excellent level of care is possible as we had just that before the acquisition, first by Mission and then by HCA. With an adequately staffed community hospital, appropriate contractual and good-will relationships in place, and a change in attitude by local and regional HCA management, we believe that HCA could seamlessly provide the range and levels of services needed to ensure that Transylvania County remains a safe place for all to live and thrive.

We are not privy to HCA's internal patient statistics, staffing practices or ratios. Although we have requested and been denied such data, simply having it will not resolve our concerns or change the way care is delivered. Neither do we have the clout of the Joint Commission, the authority of state and federal lawmaking and regulatory authorities or the influence of the press, to effect the changes we believe are needed to restore good patient care and trust. We are merely the people behind these stories, with the collective conviction and moral authority of a community that feels betrayed, disappointed, and scared to use its own hospital.

Appendix

This appendix is offered to provide support for references made in the Cover Letter and Proposals. The ***Demographics and Geographics*** Section demonstrate the real picture of the demands on our healthcare system. In a passing look, one would simply see this county as a rural region with 34,000 residents. When you take a closer look at the actual analytics you will understand the challenges and possibilities of a vast mountainous area with numerous water characteristics. Layer over that the level of tourism, with hundreds of thousands of people coming here each year, including thousands of children at summer camps, and you now see an environment with large populations and outdoor adventures that creates a seasonal, unique, and often precarious setting that can create exceptional demands on the healthcare system.

The ***Our Town's Neighborhood Values*** Section demonstrates the many ways in which beliefs of this County are reflected in how it works together for the better. We believe that many communities across the state and country often struggle to achieve what Transylvania has in the way of commitment to health and wellness. A support system that includes local governments, not-for-profits, and neighborhoods working together is how this is achieved.

The third Section, ***Investments This Community Has Made to Build and Sustain a Quality Healthcare System*** demonstrates how fully dedicated the citizens of Transylvania County have been over the last 90 years. From the ground up, this community single handedly built its healthcare system, investing well beyond \$32,000,000. Each time the County residents were asked to step up and contribute, they did it again and again. Now after all that investment and care, the system seems to be failing its citizens and may well be completely gone in just a few years.

Lastly, the ***Data that Demonstrate Origins of HCA's Loss of Trust*** are exhibited in a following graphic that reflects the way in which Mission Asheville is failing expectations. The metrics here show that the backbone of the system in Asheville is significantly below the state and national average in delivering quality care. Much of the feedback, in the actual stories reported to the Council, demonstrates a real sense of worry and fear that when a higher level of care will be needed, particularly given staff reductions at TRH, the care in Asheville will be completely unavailable or problematic. The fact that 90% of respondents to the Council indicated that they would look for healthcare outside of the HCA system is an obvious result of this lack of trust.

TRANSYLVANIA DEMOGRAPHICS & GEOGRAPHICS

Our community, part of the expansive Blue Ridge Mountain Region of Western North Carolina, is an exceptionally beautiful and diverse area. The rural geographics and demographics of Transylvania County are important because they significantly impact the way in which healthcare systems need to be accessed and operated. Here are critical elements of this setting:

- ❖ Our mountain community has a population of approximately 34,000, with 8,000 of these residents living in the County seat of Brevard, 1000 in the Rosman area, and 2,000 further up the Highland Plateau in Lake Toxaway. The remaining population is spread across the 381 square miles of numerous smaller rural settings.
- ❖ The County is also home to Brevard College, a not-for-profit college, with 730 students and 270 employees.
- ❖ A significant majority of the land is protected status via national, state, or local parks, including Nantahala National Park, Pisgah National Park, Gorges, and DuPont State Parks. We are called the “Land of Waterfalls” with over 250 waterfalls in the county, as well as many lakes. There are also two major rivers, the French Broad and Davidson, that traverse through our area. In periods of significant storms and rainfall, we experience flooding issues, temporarily cutting off outlining communities.
- ❖ Transylvania has evolved over the last decade from being a predominantly manufacturing economic center to an international travel destination for outdoor recreation and adventure, tourism, and the renown Brevard Music Center, which welcomes over 800 students and 40,000 visitors per year from around the world. Additionally, there are several summer camps across the county, with some hosting as many as 1,000 children per week. Short term rentals for the area have expanded to a current level of 1,645 units.
- ❖ Transylvania County now hosts hundreds of thousands of tourists each year (DuPont State Park hosted 450,000 in 2021 alone). This is a seasonal phenomenon which greatly influences and increases the demand on the healthcare system during the spring, summer, and fall, with a significant drop in demand during winter. By its very nature of outdoor adventure activities and the mountain, waterfall, and river topography, there are often critical emergency care circumstances that require an immediate response, special rescue efforts and equipment such as helicopters or boats.
- ❖ While the average unemployment rate remains low, around 3%, there remain large areas of persistent poverty, with 14.4% of families and 20% of children living in hardship, resulting in approximately 13,000 at-risk residents. Approximately 15%, or 5,700 members of the population, are without health insurance.

❖ The population in Transylvania County is also getting older. Between 2000 and 2019, the median age of the population increased from 45 to 52, making it demographically one of the counties in NC with the oldest population.

❖ The healthcare systems that are present in this WNC region include HCA's Asheville Mission; a Trauma Level II tertiary care Hospital which is 30 miles from TRH. UNC Pardee Hospital in Hendersonville, a Level III is 19 miles from TRH, and Advent Health in Arden is a Level III and is 20 miles from TRH.

OUR TOWN'S NEIGHBORHOOD VALUES

Community ♦ Caring ♦ Connection

Transylvania has a proud heritage. The county seat, Brevard, is a small town where people know one another and look out and take care of each other. It has a vibrant downtown comprised of independently owned shops, local artists, restaurants, and music venues. The entire Transylvania area is a great family-oriented community where people are involved and take pride and participate in civic life. Examples of the core values of the community include:

- * A culture committed to health and wellness. People of all ages come together through a physical connection with the natural assets of the woods and water and take advantage of the area's outdoor adventures. The city of Brevard is the first Blue Zone certified community in North Carolina and the 50th in the USA.
- * Government, commercial, and non-profit organizations that work closely together.
- * Lake Toxaway, a resort community, with many second homeowners, demonstrates each year their commitment to taking care of their neighbors by raising hundreds of thousands of dollars to provide grants to over 50 area nonprofit agencies providing services to those in need.
- * Connestee Falls, a large residential community just outside of Brevard, also raises hundreds of thousands of dollars for local scholarships and community support.
- * Numerous non-profit and faith organizations form a core network for supporting the underserved.
- * Collaborative efforts during times of need frequently occur, such as when the initial phases of the COVID pandemic forced many local businesses to close, the community raised over \$250,000 to give small business owners assistance to keep them going.

INVESTMENTS THIS COMMUNITY HAS MADE TO BUILD AND SUSTAIN A QUALITY HEALTHCARE SYSTEM

For the past 90 years Transylvania Regional Hospital has been an important partner in this community. Located in Brevard, the center of the county, it was the trusted focal point for medical services for everyone in the county regardless of where they lived or how much money they made. Residents in the community knew and depended on their physicians and health care workers. Doctors spent their entire careers serving in this healthcare system. Hundreds of local citizens volunteered their time to provide additional support. Below is the timeline for the over \$32,000,000 raised and invested in the creation of TRH and the investments that the citizens of Transylvania County have made to build, expand, enhance, and support the population's healthcare system:

- * The community hospital was created in 1933 when two local physicians saw a need and, on their own initiative, opened the Lyday Memorial Hospital as a not-for-profit.
- * In 1939, the community realized that it needed to expand the hospital. A local fundraising campaign was started and reached its goal of establishing the 25 bed Transylvania Community Hospital, in June 1942. Funding for this \$110,000 capital project (over \$600k in present dollar value) included \$25,000 from the largest local manufacturer and employer, Ecusta Paper, as well as Ecusta employee's monthly salary donations which were matched by owner Harry Straus. A \$34,000 grant from Duke Endowment was also provided and the balance came from individual citizen contributions.
- * In 1947 donations from the community, as well as state and federal funds, helped to again increase the size of the hospital. In 1952 the Harry H. Straus wing of the hospital was opened. This \$251,000 addition (\$3,372,645 present dollar value equivalent) was made possible by the work of the community. A statement from the Transylvania Medical Association, at the time of the opening, stated, "We of the medical profession, your doctors, pledge our full service to you, and with the cooperation of the Board of Trustees, upon whom continued responsibility for the operation of the hospital rests...that this, our hospital, will maintain the highest medical standards, and grow in its ability to serve, as our community grows."
- * Continued growth of the community necessitated the additional expansion of the hospital. Another fund-raising campaign was started in 1970 which raised over \$1,000,000 from local contributions. The new hospital opened in 1973.
- * In 2017, \$6,000,000 was raised in the community; 90% by local donors, to complete a full renovation of the Emergency Department

* In 2017 a \$1,900,000 Women's Imaging 3D Center was opened after funds were raised from the community and hospital foundation.

* In the period 2004 to 2008, capital campaigns raised \$14,000,000. This money achieved the following results:

☞ A completely new state-of-the-art Acute Care wing with all private rooms and six ICU rooms.

☞ Executive Administrative Center was renovated.

☞ New food service center and cafeteria constructed.

☞ Entrance to the hospital was completely modernized to be more functional and appealing.

☞ Aging Acute Care Building remodeled with a modern theater and set of conference rooms.

☞ Chapel and the Chaplain's office was renovated.

☞ Pharmacy reconstructed.

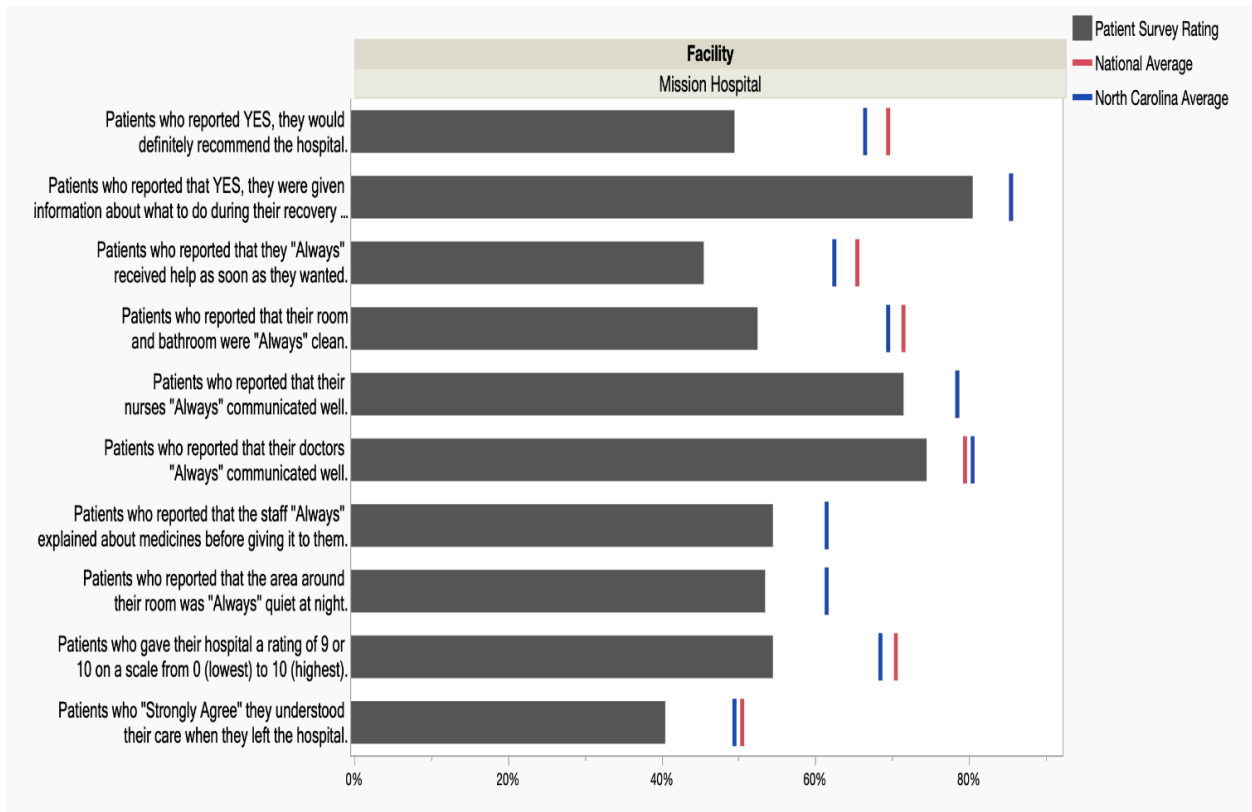
☞ All patient beds were replaced.

* In 2002 the residents of the Lake Toxaway community started a campaign which eventually raised approximately \$2,300,000 to support the Lake Toxaway Clinic. This provided \$60,000 per year to supplement providers' salaries and to ensure that the clinic stayed open and continued to provide healthcare to the Lake Toxaway community.

BELOW IS A CUSTOMER SURVEY RATINGS CHART FOR MISSION HOSPITAL OF MEDICARE PATIENTS

INFORMATION PROVIDED FROM THE MEDICARE COMPARE DATA BASE

Mission Asheville is the backbone of the healthcare system in this region. Medicare patients, of which Transylvania has a large percentage, clearly have an issue with HCA Asheville. The chart below shows how much lower Mission Hospital scores in Medicare patient ranking compared to both the North Carolina Average and the National Average.



There are, in addition, many measures provided through Medicare’s reporting system or LeapFrog Healthcare Surveys that HCA does not provide. Our concern is the full reporting and accuracy of the data. The chart below demonstrates that HCA’s reporting is questionable. Out of 97,376 people who presented themselves at the Mission Hospital E.R. HCA reported that 0% of those people left without being seen. The national average is 3% and North Carolina averages is 4% but HCA reports that out of almost 100,000 people 0% left the E.R. without being seen.

Emergency department care

Timely and effective care in hospital emergency departments is essential for good patient outcomes. Delays before getting care in the emergency department can reduce the quality of care and increase risks and discomfort for patients with serious illnesses or injuries. Waiting times at different hospitals can vary widely, depending on the number of patients seen, staffing levels, efficiency, admitting procedures, or the availability of inpatient beds.

The information below shows how quickly the hospitals you selected treat patients who come to the hospital emergency department, compared to the average for all hospitals in the U. S.

[Read less](#)

Percentage of patients who left the emergency department before being seen

↓ *Lower percentages are better*

0%

of 97376 patients

National average:
3% 25.26

North Carolina
average: 4% 25.26

There have also been assertions of other incorrect or inaccurate data e.g., Fierce Healthcare article, September 15, 2022, "*Congressman asks HHS to Investigate HCA Healthcare's ED Admissions Practices*"

We are looking for transparency and accurate information.