

DELIVERED VIA EMAIL

March 30, 2022

Ms. Micheala Mitchell, Chief
Mr. Mike McKillip, Project Analyst
Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
809 Ruggles Drive
Raleigh, North Carolina 27603
Dhsr.con.comments@dhhs.nc.gov
Mike.Mckillip@dhhs.nc.gov

**Re: Comments on Applications for a Certificate of Need for Freestanding Emergency Rooms in Buncombe County, Health Service Area I; CON Project ID Numbers:
B- 12191-22 Mission– Arden
B-12192-22 Mission West- Candler**

Dear Mr. McKillip and Ms. Mitchell:

On behalf of Haywood Regional Medical Center, its staff, and the people we serve, thank you for the opportunity to comment on the above referenced applications to add two freestanding emergency centers in Buncombe County. We are particularly concerned about Mission West, which is near the border of Haywood County, and which proposes to rely on residents of Haywood County for its viability

We recognize that the Agency's Certificate of Need (CON) review will be based upon the Statutory Review Criteria in G.S. 131E-183]. Thus, I have attached comments in the context of criteria that represent our concerns.

As you review these applications, please consider that both represent a significant capital investment a significant drain on a scarce health care workforce. Haywood is a rural county, and we work hard to maintain a full-service hospital with a 24/7 emergency room, psychiatric services, and a network of primary and urgent care clinics in this service area.

The Mission West project would have a negative impact on Haywood Regional Medical Center, and it will not meet the real health care needs of the population the application proposes to serve. Please deny Project ID B-12192-22.

Mission Arden will have a similar negative impact on facilities in Henderson County and a negative impact on workforce supply for all health care providers in this rural area. Please deny it as well.

Thank you for the time that you and the staff if the Agency devote to these reviews and to helping us to maintain an accessible health care delivery system in North Carolina. Please do not hesitate to contact me should you have any questions.

Sincerely,



Gregory Caples
Chief Executive Officer

Attachments

Haywood Regional Medical Center Detailed Comments on Project ID# B-12192-22..... A
Additional Letters of Opposition to Project ID# B-12192-22 B
News Articles HCA Mission Primary Care and Staffing C
Mission Hospital 2018-2022 Hospital License Renewal Applications, Excerpts D

Attachment A

Haywood Regional Medical Center Comments Regarding Mission West Candler Freestanding Emergency Department Project ID #B-1292-22

Overview

The application filed by MH Mission Hospital, LLLP for a freestanding emergency room (“FSER”) describes a \$14m capital investment to create Mission West - Candler, a 10,820 square foot satellite licensed as a satellite of Mission Hospital’s Emergency Department. The application proposes to provide for 10,528 annual visits involving conditions that are **85** percent low acuity. The project targets a service area that includes Haywood Regional Medical Center, approximately ten urgent care centers, and the main campus of Mission Hospital. The proposed capital investment would represent unnecessary duplication of existing resources and is not a cost-effective solution for delivery of health care in this rural region. The following paragraphs detail reasons why the Agency should deny the project, finding it non-conforming to Statutory Review Criteria 3, 3a, 4, 5, 6, 7, 8, 12, 13(b) and 18a.

Statutory Review Criteria

- 3. The applicant shall identify the population to be served by the proposed project and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low-income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.**

Need of Population to be Served

Geography

The application provides little discussion of needs of the service area population for the proposed project. A summary on page 38 generically mentions people 65+ and traffic congestion in Asheville. Otherwise, the project justification describes relief of operational problems at Mission Hospital main campus. The project presents a complex forecast of future use that assumes increases in the use patterns of Mission Hospital. Calculations are based on a service area that includes, without mentioning it, Haywood Regional Medical Center (“HRMC”), a 153-bed full-service acute care hospital that has psychiatric inpatient beds.

The proposed project service area is not reasonable. The zip code-defined service area in Figure 2, page 44 and map, Figure 3 on page 45, is not functional relative to the proposed location of Mission West - Candler.

The road system that serves those zip codes does not connect directly to Candler. Even the most granular level available on Google Maps shows that roads in the proposed north and west zip codes feed -- not to Candler -- but to Asheville, and specifically to the new Mission Trauma Center Tower. See Figure 3 map on

page 45, or Google Maps.¹ The application states that increases in Mission Hospital’s ED visits have come from zip codes north and west of Asheville. The road system supports this. The road system does not support those north and west zip codes’ use of a FSER in Candler. Nor does it support use from most of the proposed service area zip codes. The following Table 1 identifies proximity of each proposed service area zip code to HRMC (“H”) or Mission Hospital Trauma Center (“M”). The table marks the zip code if it is closer or more accessible by road to one of the two hospitals than to the proposed FSER. Only two zip codes are more accessible to the proposed Mission West Candler site. Half of the 15 zip codes are closer or more accessible to HRMC. Zip code 27816 is only four miles to HRMC versus 8.5 miles to the proposed Mission West Candler. HRMC is a full-service acute hospital with a 24/7 Emergency Department. Mission West Candler would have only an Emergency Department without back up beds, surgery, or psychiatric coverage on site.

The map on page 45 does not show location of existing urgent care centers. HRMC has two urgent care centers in this service area, one in Canton and one in Waynesville.

Table 1: Proposed Mission West Service Area Zip Codes’ Proximity to Existing Hospital ED’s

	<i>Primary Service Area</i>
M	28806 - Buncombe
	28715 - Buncombe
	28748 – Buncombe
	<i>Secondary Service Area</i>
M	28801 - Buncombe
M	28787 - Buncombe
M	28805 – Buncombe
M	28804 – Buncombe
H	28753 – Madison
H	28716 – Haywood
M	28701 - Buncombe
	<i>Tertiary Service Area</i>
H	28786 - Haywood
H	28721 - Haywood
H	28743 - Madison
H	28785 - Haywood
H	28745 - Haywood

Source: Application page 45. M is closer to Mission Trauma Center; H is closer to Haywood Regional Medical Center; only the two highlighted zip codes are closer to the proposed Mission West FSER.

Application Figure 27 on page 74, shows that the only two zip codes highlighted in Table 1 above (28715 and 28748) would have, not the proposed 10,000+ visits, but about half that, 4,922 visits by project year 3.

¹ <https://www.google.com/maps/place/Candler,+NC+28715/@35.5548865,-82.7654134,12z/data=!4m5!3m4!1s0x88598fcb67b4cbf7:0x58892a499497bff3!8m2!3d35.5360973!4d-82.6927363?hl=en>

1. The application does not explain why out-of-area use of the proposed FSER should mirror the full-service ED at Mission Hospital. All forecasts are based on assumed market shares of inflated visit estimates.
2. The proposed Mission West Candler site is 19 minutes from HRMC and 17 minutes from Mission Hospital Trauma Center. The few minutes saved for small population of the two Candler area zip codes hardly justify the level of fixed and operational capital investment associated with this project.
3. Trauma Centers by design should serve a large geography. Urgent care centers are less expensive solutions for smaller geographies and low acuity visits that go to emergency rooms when other options are not available. Candler has an urgent care center. See additional discussion under National Trends on page 3 of this document.
4. This application identifies the primary need as low acuity visits but proposes a solution to address high acuity patients. The proposed Mission West will not have the resources to completely serve high acuity patients. The application admits that high acuity patients will face transfers to Mission Hospital main campus.

Consumer Cost

Current literature is full of studies showing that consumers of health care services are increasingly cost-conscious. West Health Gallup reports that 30 percent of Americans did not seek treatment in the prior three months of 2020 due – not to the pandemic, but to cost.² The Commonwealth Fund notes that, **“Among services of comparable quality, patients will choose the lowest-cost option.”**³

Age

The application cites high use rates among people over age 65. However, in 2027, application Figure 4 shows only 9,321 persons over age 65 in the two key Primary Service Area zip codes 28715 and 28748. The Primary Service Area is dominated by young people in their 20’s and 30’s.

Care Requirements

The application does not mention the primary care clinic that HCA Mission closed in Candler two years ago or the adverse impact of that action on the community. See ABC 13 News report in **Attachment C**.

The proposed facility would be an expensive and inappropriate replacement for that closed clinic. Mission West will not offer primary care. It will not have mental health or psychiatric staff to address the mental health ED visits. It will not have Mission’s specialty physicians. Physician staff will be limited to contract emergency room physicians.

² West Health-Gallup 2021 Healthcare in America Report. <https://www.gallup.com/analytics/357932/healthcare-in-america-2021.aspx>

³ Sinaiko, Anna D, E. Bambury, A Chien, Consumer Choice in U.S. Health Care: Using Insights from the Past to Inform the Way Forward, The Commonwealth Fund, November 30, 2021 <https://www.commonwealthfund.org/publications/fund-reports/2021/nov/consumer-choice-us-health-care-using-insights-from-past>

Utilization Forecasts

National Trends

ED visit rates dropped nationwide during pandemic years 2020 and 2021, and most policy groups do not expect them to return to pre-pandemic levels. The following excerpts from national studies show reasons why other alternative solutions are more effective for the proposed ED visits.

- A study from the US Secretary for Health Office describes. Potential overuse or inappropriate use of emergency departments (EDs) for non-emergent care has been a concern for years. EDs are a large and key component of the health care system in the United States, both in terms of number of patients served and spending. Although treat-and-release visits make up the majority of ED visits, they are less expensive on average. The estimated average cost of a visit (not adjusted for complexity of care) to the ED in the United States was \$530 in 2017, although this was higher for patients with Medicare as an expected payer (\$660 per visit), and those with private insurance as an expected payer (\$560 per visit) and lower for patients with Medicaid as expected payer.⁴ [Note the 10-fold increase in charge between 2017 national averages and proposed charges at the proposed facility]
- CMS Center for Medicare & Medicaid Innovation models implemented in recent years aim to decrease ED utilization; most of these models have had a much broader overall focus such as on transforming primary care delivery.⁵
- Overall outpatient ED visits declined from mid-March to August 2020, particularly for non-medically urgent conditions. Our findings also have implications for insurers, policymakers, and other stakeholders seeking to assist patients in choosing more appropriate setting for their care during and after the pandemic.⁶
- Emergency department visits have been one of the areas that have not rebounded as much as other areas of healthcare after steep drops due to the pandemic. Vizient projects that emergency department visits are going to decline by 5% (4.8 million people) by 2029. Part of the reason is that lower acuity emergency department visits will shift towards urgent care clinics and doctors' offices.⁷
- The largest group of patients in the emergency department have Medicaid or CHIP insurance, at 41.3 percent of ED visits. Private insurance covers about 30.8 percent of ED visits, Medicare covers 19.3 percent, and people with no insurance account for 8.5percent.⁸
- There are growing numbers of patient visits related to primary mental health issues.⁹

⁴ USDHHS/ ASPE, Trends in the utilization of Emergency Department Services, 2009-2018, March 2, 2021, Washington DC; <https://aspe.hhs.gov/sites/default/files/private/pdf/265086/ED-report-to-Congress.pdf>

⁵ Ibid

⁶ Giannouchos, T V, et al Trends in outpatient emergency department visits during the COVID-10 pandemic at large, urban, academic hospital System, Elsevier, 2020

⁷ King, Robert Vizient report expects patient volumes to fully rebound in 2022 after COVID-19 losses, Fierce Healthcare January 8, 2021

⁸ Augustine, James, J, MD, FACEP Where will Emergency Department Volumes Go Post pandemic, ACEP Now, August 23, 2021

⁹ Ibid

Mission Trends

Page 54 claims that Mission Hospital ED visits increased at a Compound Annual Growth Rate (“CAGR”) of 3 percent pre-COVID. In fact, data from Mission NC License Renewal applications show the CAGR from 2017 to 2019 was not 3 percent. It was lower, 1.4 percent; and from 2017 to 2021, the visit CAGR dropped to minus 1.1%.

Table 1: Mission Hospital Emergency Room Visits Reported on Hospital License Renewal Form

FY 2017	FY2018	FY2019	FY 2020	FY 2021	CAGR '17-'19	CAGR '17-'21
101,629	102,245	104,401	95,085	98,818	1.4%	-1.1%

Source: Mission Hospital License Renewal Application forms 2018 – 2022;
 $CAGR = ((last/first)^{(1/number\ of\ years)}) - 1.$

To achieve its visit forecasts, Mission West inserted unsupported growth factors.

- Forecast visits are for calendar years. **There is a variance between the application and the License Renewal Form filed by Mission Hospital.** The Mission West application adds 2,683 extra visits to translate from Fiscal Year 2021 (October 2020 to September 2021) to Calendar 2021 visits. Trends illustrated in Table 2 above do not support the sudden increase. On page 63, the application explains the extra visits during these three-months as an “11.9% catch up” factor to “fill in unavailable data.” The boosted visits form a new baseline for the application’s future projections. Historic trends illustrated in Table 2 above do not support these growth factors.
- Then, as illustrated in Table 3 below, the application forecasts other unexplained visit boosts ---- 2.7 and 2.9 percent visit increases in Calendar 2022 and 2023, before the project comes online. Clearly, forecasts are built on inflated numbers.

Table 2: Mission Hospital ED Visits, Actual and Forecasts

Notes	Source	a	b	c	c	d	PY 1 (e)	PY2 (e)	PY3 (e)
	Year	FY 2021	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027
a-e	ED visits	98,818	101,501	104,401	105,815	107,316	108,987	110,665	112,369
f	increase		2,683	2,900	1,414	1,501	1,671	1,678	1,704
g	% Increase		2.7%	2.9%	1.4%	1.4%	1.6%	1.5%	1.5%

- FY 2021 from License Renewal Applications Mission H0036,
- Application page 39
- Form C.4 a p 136
- Sum Interim Partial Year Form C.4.a p 136 and Partial 1st Full Year p137 Form C.4.b
- Form C.4.b p137, PY = Project Year
- Current year less prior
- e for current year divided by ED Visits from prior year

- For the service area, the application based forecast visits on internal Mission data and NCHA-HIDI data, not included in the application.
- The application splits forecast Mission ED visits in the proposed service area into low- and high-acuity, based on annual growth in all Mission ED visits, all acuities. At Step 4, It increases market share of every primary service area zip code every year from the date of opening. By project year 3, low-acuity market share in zip code 28478 increases by 4 percent and high-acuity increases by 2.45 percent. (Amounts are sums of annual market share increments in application Figure 23). Starting on p 67, the methodology asserts the increases are reasonable because of zip code proximity to Mission Candler. As noted in Table 1 above. The statement is incorrect.

The proposed FSER is not a full-service Trauma Center with the specialist medical staff of Mission Hospital. It is a satellite ED staffed only by contract ED physicians. (See Assumptions to Form F.2). Yet the application alternately suggests that the satellite and the main campus can treat the same types of patients.

On page 119, the application indicates that patients will access the facility, primarily “through voluntary admission.”... physicians on the medical staff at Mission Hospital, as well as other Mission Health facilities...are expected to refer patients to the proposed FSER.” Referrals could be difficult. If a patient first arrives on the Mission main campus, Mission staff cannot redirect patients to the satellite. EMTALA rules are clear. Once a patient arrives on a campus that serves Medicare patients, the certified Medicare provider must stabilize the patient before releasing them. As noted in Table 1, most of the service area is closer to either the main Mission campus or HRMC emergency department.

Acuity Mix Justification

On page 60, the application notes that nationwide, most HCA FSER patients are low acuity – 84 to 93 percent. Forecasts in Figure 26, page 73 indicate that proposed Mission West -Candler visits will be 85 percent low acuity -- CPT codes 99281, (evaluation and management) 99282 (evaluation expanded, low complexity) and 99283 (evaluation and management of moderate complexity) (Codes identified on page 58). Urgent care centers can treat these types of patients.

North Carolina and Regional ED Use Rates

NC DETECT, North Carolina’s Emergency Department database confirms that ED use rates in 2021 did not recover to 2019 rates; in 2022, they have not yet recovered to 2019 levels. See month to month comparisons for Buncombe County in Table 4 below. Buncombe population increased between 2019 and 2022, but residents’ ED visits dropped.

Table 3: ED Visits by Month Buncombe County Residents

Month	Year				As Percent of 2019	
	2019	2020	2021	2022	2021	2022
Jan	7,423	7,619	5,918	6,915	80%	93%
Feb	6,868	6,546	5,357	6,011	78%	88%
Mar	7,180	5,627	6,282		87%	
Apr	7,074	4,052	6,468		91%	
May	7,568	5,414	6,904		91%	
Jun	7,405	5,607	6,820		92%	
Jul	7,660	6,060	7,066		92%	
Aug	7,678	6,255	7,025		91%	
Sep	7,590	6,010	6,699		88%	
Oct	7,436	6,351	6,587		89%	
Nov	6,847	5,787	6,565		96%	
Dec	7,083	5,883	6,958		98%	
Annual	87,812	71,211	78,649		90%	

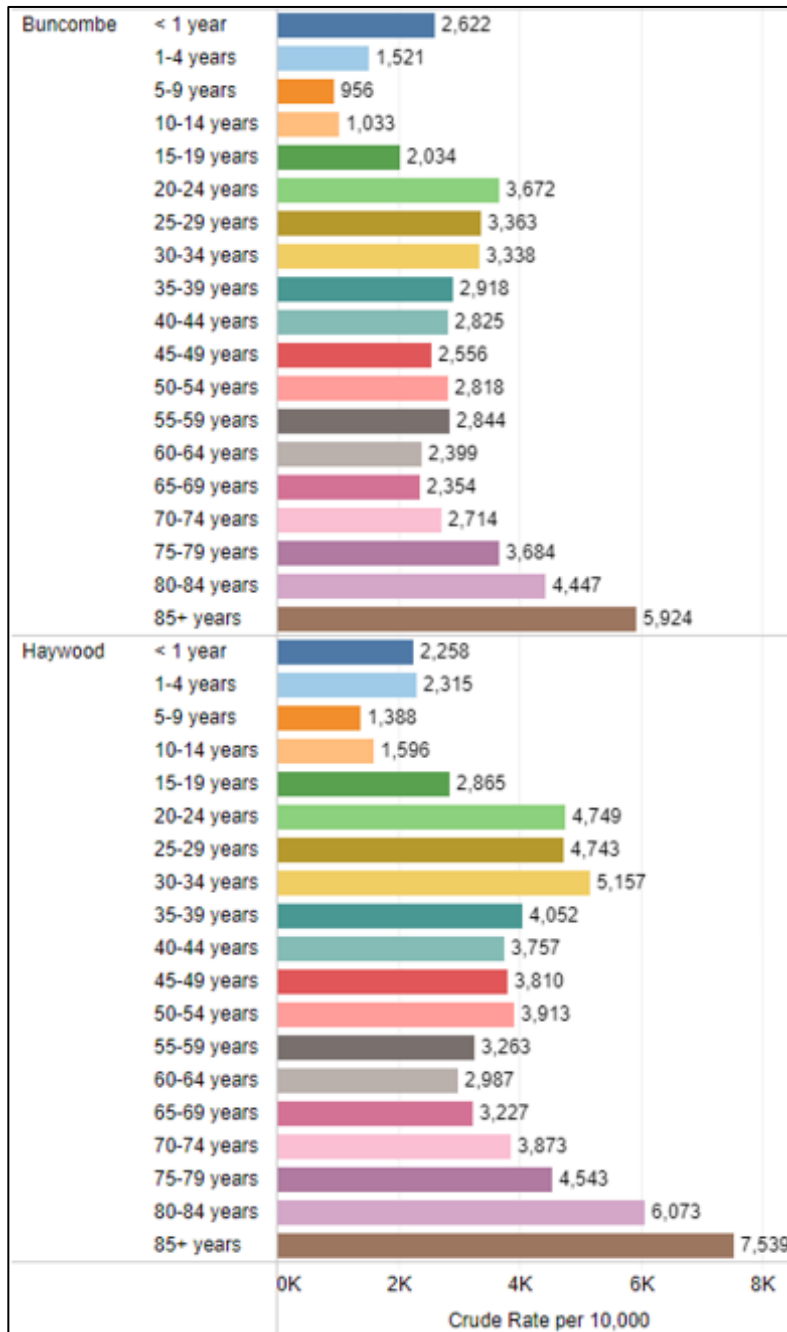
Source: <https://ncdetect.org/nc-detect-ed-visit-data-quality/>

As illustrated below, even among comparable age groups, Haywood County residents were higher users of ED services.

Even in 2019 Buncombe County ED use rates were low relative to the state, Buncombe was 3,407 per 10,000 dropping to 2,730 in 2020. The state was 4,706. Haywood County resident ED use rates were higher than Buncombe: 4,658 and 3,714, respectively.¹⁰

¹⁰ <https://ncdetect.org/nc-detect-ed-visit-data-quality/>

Figure 1: Haywood and Buncombe County Resident Emergency Department Use Rates by Age



Source NC DETECT County Level Use Rates by Age, 2020

Other Unsupported Assumptions

1. Application Figure 3 attempts to justify the project with the percent of transfers from area hospitals. Historically, HRMC transfers were for specialty services that are not available at HRMC. A major reason for transfers prior to 2022 was HRMC's lack of kidney dialysis services. HRMC solved that problem and received DHSR Licensure Section approval to begin offering dialysis on March 22, 2022. HRMC expects to have a fully certified program in April 2022. HRMC has recruited additional orthopedic surgeons, who will offset the next major reason for transfers to Mission Trauma Center.
2. Time delays at Mission Hospital Trauma Center, caused by patients waiting for beds in 2020 and 2021 are not likely to sustain. Unusual demand for beds in the peak of the pandemic should not be a primary basis for large capital investments that will come online post pandemic. The application claims that by redirecting less acute patients to the FSER, those patients will have shorter wait times. As noted above, EMTALA severely limits Mission Hospital's ability to redirect emergency patients.
3. The proposed Mission West FSER will have no inpatient acute or psychiatric beds. Patients awaiting inpatient admissions will tie up exam rooms. This is equally unsatisfactory for patients; it will only delay the time to initiation of needed care and will replicate at the FSER, the problems associated with the main campus.

For these reasons, the application has not demonstrated the need of the population to be served for the proposed project and should be found non-conforming to Criterion 3.

- 3a. In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care.**

The applicant proposes that patients would choose to relocate from a well-resourced Trauma Center ED to a less-resourced FSER. As such, the application proposes relocation of a service. The application provides no information regarding Mission's capacity to recruit the scarce professionals required to staff - not only for this FSER, but also for the second identical FSER proposed in a companion CON application for Arden, North Carolina. As discussed in Criterion 3, the proposed Mission West - Candler facility is not more convenient to residents it proposes to serve. For most, it represents an inconvenient destination.

Staff required to operate the proposed Mission West Candler may create staffing constraints at Mission Hospital and add to waits and delays for all persons seeking care there. Because of the staff shortage and the geographic distances described in Criterion 3, medically underserved patients may find health care services less accessible if this project becomes operational.

For these reasons, the application should be found non-conforming to Criterion 3a.

4. Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

This is not the least costly or most effective means to meet the needs of the population.

By the application's admission, **85** percent of patients will be low acuity and the application provides no discussion of alternatives for these patients other than Mission Hospital. It fails to acknowledge the ten urgent care centers located in the service area¹¹ or Haywood Medical Center, which is located inside the service area and has a full-service emergency room. (See Legend in Figure 3.). The application does not explore the lower cost option of locating alternative primary care and mental health services closer to the lower income populations, who are most likely to use the ED because they lack access to other health care resources.

Urgent care charges in the area averaged less than \$800 per visit. Urgent care centers in the area are open 7 days a week and cover the peak hours of the proposed FSER.

The CON application does not consider the alternative of increased use of telemedicine on demand for ED visits. Nor does the application discuss the less costly Mission Candler primary care clinic that HCA closed in 2020. A news article describing this primary care clinic closure is included as **Attachment C**. As quoted in the article, Dr. Timothy Plaut, whose contract was terminated as a result of the sudden closure, estimated that 7,000 patients in the Candler and surrounding area were left without healthcare providers, many with no insurance. Mission Health already had an alternative to this project in place in the form of the busy primary care clinic and decided to close it in favor of this unnecessary and expensive alternative of a freestanding ER.

For these reasons, the application should be found non-conforming to Criterion 4.

5. Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs, as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

As noted, the applicant significantly overstated utilization forecasts and proposes unreasonably high costs per visit for a case mix that is **85** percent low acuity services. The application does not fully explain capital costs assumptions, making it impossible to determine their reasonableness. For example, on the one hand, the application says the project will have no interest cost. On the other, it shows interest costs on Form F.1a. Medical equipment in Form F.1.a on page 142 does not match Medical Equipment cost in the Financial Assumptions on page 147.

See additional discussion in Criterion 12. Because utilization forecasts are unreliable, the financial and operational projections based on that utilization are unreliable.

For these reasons, the application should be found non-conforming to Criterion 5.

¹¹ https://www.yelp.com/search?cflt=urgent_care&find_loc=Candler%2C+NC+28715

6. The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

The proposed project will unnecessarily duplicate HRMC, Mission, and other health service facilities in the area. The application provides no information to demonstrate patient need for 24-hour coverage at the proposed site.

Haywood Regional Medical Center

On page 100 the application claims the proposed Mission West Candler FSER “will provide more timely access to critical care services in the west Buncombe, east Haywood and Madison County areas.” This is not true. See discussion in Criterion 3. HRMC is in the proposed service area and is closer to these zip codes. HRMC is a full-service hospital with acute and psychiatric inpatient beds, specialty physicians, surgery, obstetrics, and psychiatric services. The discussion in Section G of the application completely ignores this reality.

Moreover, HRMC has capacity to absorb more visits in its emergency room and its urgent care facilities. The proposed Mission West-Candler project will require more nurses and imaging techs, which will in turn place additional demands on the limited regional staffing pool and make it difficult for both HRMC and the proposed FSER to attract and retain staff.

Haywood County has only 70,000 residents. Even in the tourist season, the resident population is small; 96 percent of the land is rural. Duplicating the emergency services of the only hospital in the county would potentially jeopardize health care delivery for the county. A close examination of Section C methodology tables shows that the biggest demand growth in the proposed service area is in the proposed “Tertiary Service Area.”

HRMC has capacity to absorb more emergency room visits. It has 17 ED rooms. In the past two years the maximum average visits in its ED rooms was 1,340 compared to the American College of Emergency Physicians recommended average of 1600 annual visits per room. Table 5 below shows peak Emergency Room Visits at HRMC occurred in 2018. HRMC has introduced urgent care in its service area and the centers are having the desired impact on low-acuity emergency room visits.

Table 4: HRMC Emergency Visit History

	FY 2017	FY2018	FY2019	FY 2020	FY 2021
Total Visits	27,572	28,444	27,814	22,778	22,567
Total Exam Rooms	17	17	17	17	17
ED Visits per ED Room	1,622	1,673	1,636	1,340	1,327

Per HRMC License Renewal Forms

Mission

Mission opened its \$400 million New Tower and Expanded Emergency Department on October 6, 2019, the start of FY 2020¹². With that project Mission expanded the number of Emergency Department exam and trauma rooms from 74 to 98, a 25 percent increase. The proposed FSER project would add 12 more exam rooms in 2025. According to data in Mission License Renewal forms, Mission has not reached capacity in its ED. In 2017, Mission’s use rate was 1,412 per ED room, still less than the 1,600-visit ACEP standard. Even the inflated forecasts show Mission will not reach the standard. It will have only 1,022 ED visits per room in the proposed project’s third year.

Form C.4.b p 123 =112,369 Visits with FSER West
Divide by 110 Total ED Rooms = 1,022 per room

Mission Hospital reports having no urgent care on its License Renewal forms,

Table 5 Mission Emergency Visit History

	FY 2017	FY2018	FY2019	FY 2020	FY 2021
Total Visits	101,629	102,245	104,401	95,085	98,818
Total Exam Rooms	65	65	65	94	94
Total Trauma Rooms	4	6	6	4	4
Fast Track Rooms	3	3	3	0	0
Total rooms	72	74	74	98	98
Visits per Room	1412	1382	1411	970	1008

Source: NC License Renewal Applications See *Attachment D*

For critical care trauma patients, the proposed Mission West Candler FSER will be inefficient; patients will make two stops before reaching the level of care they need. The application is not clear. If patients transfer to the main campus by ambulance, will they receive two bills for ED visits for the same episode of care?

Because North Carolina Construction rules require the new FSER to meet FGI Construction guidelines, the project must duplicate specialty exam rooms, CT, and x-ray available at the main campus for what even the application’s overstated projections indicate will be only 10,850 visits by 2027. As noted in discussion of Criterion 3, actual visit counts may be only half of the forecast. Proposed services do not justify the duplicate investment required for this proposed FSER.

The application does not demonstrate that the proposed project will not result in unnecessary duplication of existing health services capabilities. It should be found non-conforming to Criterion 6.

¹² <https://www.citizen-times.com/story/news/local/2019/10/05/mission-hospital-er-emergency-entrance-moving-october-6/3866417002/> Mission was first awarded a CON for that project in 2001. That was followed by an Overrun Project B-7914-07.

7. The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.

There is a national shortage of nurses¹³. In 2021, Mission notified surrounding hospitals that it could not staff its existing 98 ED rooms. Mission nurses complained to the media about short staffing in the ED and Mission leadership acknowledged the staffing problem. Like many hospitals, Mission too depends on travelling nurses to fill positions. (See articles and references in [Attachment C](#)). Staffing issues pushed Mission dangerously close to losing CMS Medicare Certification in late 2020.¹⁴ Mission West CON application does not mention these workforce issues. The application contains no information about how Mission will both maintain its existing ED staffing at par and add sufficient staff to increase its total ED room capacity by 25 percent (12 rooms at each of two FSERs on top of the 98 rooms in operation at Mission Trauma Center). These calculations include the additional burden of the second proposed FSER in Arden (CON Project ID B-12191-22).

These realities contradict the Mission West application statement that it “does not anticipate any difficulties...” hiring the needed staff. The application contains no supporting letters from nursing or other critical staff.

Form H shows that the Mission West FSER alone will need nine more nurses; Mission Arden proposes another nine nurses. In the Scope in Section C, both applications indicate that nurses will be “specialized in critical care and emergency care.” This specialization will add another level of difficulty to staff recruitment.

Neither the Mission West nor the Mission Arden application shows evidence of the availability of resources including essential health workforce required to staff the project. For this reason, both should be found non-conforming to Criterion 7.

8. The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing health care system.

The application focuses on Mission Health and its needs. It does not consider existing emergency departments in and serving the proposed target population. The application assumes the 4.3 percent of transfers from HRMC will sustain. But the application provides no supporting evidence.

On the other hand, the application indicates that patients who require admissions would transfer from the FSER only to Mission Health and not to HRMC or to Henderson County hospitals, which may be closer to the patients’ homes and support groups.

¹³ American Association of Colleges of Nursing on line 2022 <https://www.aacnnursing.org/news-information/fact-sheets/nursing-shortage>

¹⁴ News 13 investigates what changes have been made since medicare threatened to cut mission hospitals contract, 2021 <https://wlos.com/news/local/news-13-investigates-what-changes-have-been-made-since-medicare-threatened-to-cut-mission-hospitals-contract>

Because the application does not demonstrate coordination with the health care system in its proposed service area, the application should be found non-conforming to Criterion 8.

12. Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.

Proposed capital costs are incomplete and not supported with any documented evidence. In fact, the certified capital cost estimate, signed by William E Hereford III, provides no documentation or justification for any of the projected capital cost line items

Assumptions for Form F.1 refer to Exhibits Tab 3. Tab 3 provides a copy of a signed statement of capital costs from architect, Hereford, but that statement includes no supporting documentation of his assumptions.

Mr. Hereford's letter follows a quote for a CT scanner, and a lengthy list of equipment and furnishings identified as "HCA Working Equipment List." (See pdf page 27) The list has no estimated costs; it provides only estimated quantities. The CT quote on pp 68-78 has no price. An affidavit signed by HCA AVP Capital Deployment-Construction and Equipment, Ted Bennet, indicates that no single item of equipment will cost more than \$2.0 million, but the application contains no documentation to support the detailed projected equipment cost of \$1,639,101 listed on Exhibit pdf page 22. A single CT scanner could cost that much. The application indicates that the laboratory will have the same capability as the Mission Hospital Trauma Center ED. The list mentions auto analyzers but provides no price. This makes it impossible for a reviewer to evaluate the reasonableness of costs. The last Mission ED CON took almost 18 years to complete and required an Overrun CON because capital costs were understated.

Section F of the application indicates there will be no interest cost or borrowing, but the capital cost on pdf page 22 shows \$188,000 in interest cost during construction. This suggests that the parent company may need to borrow funds for the project.

Mission Hospital just recently completed a \$400 million expansion of its trauma center. As illustrated on its recent license renewal report forms, with that project, Mission increased its Emergency Exam rooms from 64 to 94 and its total ED rooms from 98 to 110. At the same time, License renewal forms summarized in Table 6 above show total ED visits in FY 2020 and FY 2021 were less than in FY 2019. The downward trend is in part associated with the pandemic. However, other forces causing downward trends in ED visits are at play nationwide. Insurers and consumers are instituting programs aimed at reducing ED visits. Particularly for urgent care (Level 5 and some Level 4), the Emergency Department is a costly, and often unnecessary alternative. Telemedicine also reduced ED visits during the pandemic and policy makers are working to continue that alternative. A recent survey of the literature cites a matched cohort study showing that telemedicine can decrease ED visits among older adults in senior living communities by 34

percent.¹⁵ The same study showed that telemedicine in rural community hospitals reduced length of stay and costs in trauma centers.

The proposed floor plan meets FGI guidelines, but the application provides no justification for the number of proposed rooms. Even if the facility achieved the proposed 10,578 visits in its third operating year, the American College of Emergency Physicians standard of 1600 visits per ED room per year would require only seven rooms ($10,578 / 1600 = 6.4$ rounded up). The extra sizing of the proposed facility is a function of FGI requirements for specialized rooms in an Emergency Department, Bariatric Room, Pelvic Room, Trauma Bay. These FGI requirements are irrespective of the visit count. And FGI rules require that they be on site, not shared with the main campus Mission ED. Thus, an FSER is no longer a lower cost alternative to full emergency rooms. They start out with high fixed costs.

In this case, the applicant proposes to invest \$14m in fixed capital and \$4+ million in recurring new operating cost in a facility that will not have acute care beds or surgical capability.

The project is oversized for the need and has more equipment than justified for low acuity visits. For this reason, it should be found non-conforming to Criterion 12.

13. The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and handicapped persons, which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:

(b) Its past performance in meeting its obligation, if any, under any applicable regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal assistance, including the existence of any civil rights access complaints against the applicant.

HCA has an Asset Purchase Agreement with the State of North Carolina that includes 15 obligations to the community. Continuing charity care is one of the obligations. The application does not mention this in its required response to CON Question L.2. HCA has been reporting its response in charge value of Charity Care financial assistance. As noted in articles in **Attachment C**, residents have complained to the Attorney General about HCA's high charges for services at Mission. Several times, the Attorney General has been asked to revisit the terms of the Asset Purchase Agreement. See **Attachment C**.

Failure to mention the Asset Purchase Agreement obligations and local complaints should make the Agency question the application's conformity to Criterion 13(b).

¹⁵ Todd, Nicholas, The Impact of Telemedicine on ED Costs and Utilization: Literature and Strategies Review, Emergency Physician Staffing Solutions, 12/17/20 <https://www.emra.org/emresident/article/lit-review-telemedicine/#:~:text=The%20authors%20found%20that%20telemedicine,by%2031%25%20compared%20to%20average> accessed March 29, 2022.

- 18 a. The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for the service for which competition will not have a favorable impact.**

Competition

The application claims it will provide a competitive alternative. However, it does not demonstrate that the competition will have a positive impact on cost effectiveness. If anything, it will drive salaries and customer costs higher.

Cost Effectiveness

The project will not represent a cost-effective alternative; the proposed project's low acuity charges will far exceed the charges of urgent care centers.

See Discussion in Criterion 6. Competition for limited staff will drive staffing costs up.

Access

The project will not improve access. As demonstrated in the discussion in Criterion 3, the road system in this mountainous service area, does feed directly to Candler. Many residents of proposed service area zip codes would have to drive past Mission Main Campus or HRMC to reach the proposed FSER

For these reasons, the proposed project is non-conforming to Criterion 18.

Attachment B

March 24, 2022

Ms. Micheala Mitchell, Chief
Certificate of Need and Health Planning Section
Division of Health Services Regulation
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Letter of Opposition to Mission West Freestanding Emergency Room Certificate of Need Application B-12192-22, Candler, Buncombe County, NC

Dear Ms. Mitchell:

As the Board of Trustees of Haywood Regional Medical Center, we have shared governance authority for furthering our mission of "Making Communities Healthier." HRMC is essential to our community and we believe that this organization is providing high quality healthcare services to our rural community in Haywood County and neighboring counties. HRMC is a full service hospital with a full service emergency room that is committed to caring for patients regardless of their ability to pay.

We believe that Mission Health's proposed Candler Freestanding Emergency Room would represent unnecessary duplication of services in our region. Mission Hospital currently operates an emergency room with a reported number of 94 available exam rooms, which provides them with sufficient physical space to accommodate much more than their current or historical volumes.

All hospitals, but particularly rural hospitals, have been affected by the Covid-19 pandemic. The proposed Freestanding Emergency Room project application utilizes several assumptions that are not reasonable to justify such a big and expensive addition to the capacity of Mission, and these issues are addressed in management's comments on the project. One of the most significant challenges facing hospitals during the pandemic has been workforce shortages. We believe there is a high likelihood that this project would exacerbate that problem by establishing a separate site of care, requiring 24/7 staffing in a less efficient setting than the hospital ERs in the region.

In the interest of the hospital and the community that we represent, we urge you to deny approval of the Mission Freestanding Emergency Room project.

Respectfully,



Diana Laursen, Chair

Al Mina, M.D., Vice Chair

Greg Caples, CEO

Dr. Shelley White

William Miller, M.D.

Mitch Babb

Steven Gore, M.D.

Ryan Richardson

Charles Thomas, M.D.

Joy Garland

Brittainy Crawford

March 22, 2022

Ms. Micheala Mitchell, Chief
Certificate of Need and Health Planning Section
Division of Health Services Regulation
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

**RE: Letter of Opposition to Mission West Freestanding Emergency Room Certificate of Need
Application B-12192-22, Candler, Buncombe County, NC**

Dear Ms. Mitchell:

As the Medical Executive Committee of Haywood Regional Medical Center, we have medical staff level oversight of the clinical quality and patient experience of the hospital. HRMC is essential to the health status of our community as the only hospital in Haywood County, which is a rural community of < 70,000 people. HRMC is a full service hospital with a full service emergency room that is committed to caring for patients regardless of their ability to pay.

We believe that Mission Health's proposed Candler Freestanding Emergency Room would represent unnecessary duplication of services. Mission Hospital currently operates an emergency room with 94 available exam rooms, equating to utilization of slightly more than 1,000 patients per room per year. This utilization is significantly less than the national average of approximately 1,600 visits per room per year, and does not justify a further expensive expansion since there is already ample physical space to accommodate Mission's patient population.

All hospitals, but particularly rural hospitals, have been affected by the Covid-19 pandemic. Certain service lines, including emergency services, have not yet returned to pre-pandemic levels of demand. The proposed Freestanding Emergency Room project is too big to operate successfully without pulling patients away from Haywood County. One of the most significant challenges facing hospitals during the pandemic has been workforce shortages. We believe there is a high likelihood that this project would exacerbate that problem by establishing a separate site of care, requiring 24/7 staffing in a less efficient setting than the hospital ERs in the region.

We urge you to deny approval of the Mission Freestanding Emergency Room project proposed in Application B-12192-22.

Respectfully,



Mark Kinter, M.D.
Chief of Staff on behalf of the Medical Executive Committee
Haywood Regional Medical Center
Clyde, NC

MIDWAY MEDICAL CENTER
Family Medicine

6750 Carolina Blvd
Clyde, NC 28721
828-627-2211



138 North Main St
Canton, NC 28716
828-646-0080

Fax 828-627-2216

03-21-22

Ms. Micheala Mitchell, Chief
Certificate of Need and Health Planning Section
Division of Health Services Regulation
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Letter of Opposition to Mission West Freestanding Emergency Room
Certificate of Need Application B-12192-22, Candler, Buncombe County, NC

Dear Ms. Mitchell,

This letter is to express our grave concerns about the above-referenced CON request for a Freestanding Emergency Room in our area. As a private, primary care practice, we are independent of any corporate entity so we can speak without undue influence about the area's medical needs and circumstances.

First, an emergency room in Candler would be an unnecessary duplication of existing services. There are already ample emergency room services at both Mission in Asheville and Haywood Regional Medical Center in Clyde.

Second, such a facility will increase the staffing shortages for both Midway Medical Center and our county hospital, Haywood Regional Medical Center. An exacerbation of staffing shortages could impair our ability to care for our patients.

Third, we are concerned that a new free-standing ER would weaken Haywood Regional Medical Center by taking patient volume away. Haywood Regional is our county's only hospital. That facility is vital to the health and well-being of our county citizens. We very much need for our Haywood Regional to continue to succeed in providing local care to our patients. If a duplicative ER is built, it will erode the patient base of HRMC and endanger Haywood Regional's future.

We ask that you deny Mission's Freestanding ER project under Application B-12192-22.

Very sincerely,

Mark Kinter, MD

Marjorie Levreau, MD

Carolyn Ramsey, DO

Rhianna Ritter, MD

Julia Hartley, DO

Stephen Kinser, MD

Christopher Porter, MD

Thane Campbell, MD

Attachement C

Clinics closed, dozens of doctors leave Mission Health since HCA takeover

13 News

<https://wlos.com/news/local/clinics-closed-dozens-of-doctors-leave-mission-health-since-hca-takeover>

by Karen Zatkulak

Tuesday, February 23rd 2021

ASHEVILLE, N.C. (WLOS) — It's been two years since the Hospital Corporation of America (HCA) took over Mission Health in Western North Carolina.

For the first time, News 13 is hearing from several doctors about how they've been treated and how your health care could be affected.

0 seconds of 0 seconds Volume 90%

Clinics closed, dozens of doctors leave Mission Health since HCA takeover

News 13 has also confirmed that at least 55 doctors have left or plan to leave Mission Health.

"DRASTIC, FUNDAMENTAL CHANGE"

Dr. Kate Rasche worked at Mission Health for five years. She was a regional clinic lead for primary care at Mission's office in Haywood County.

She tells us she loved her job but saw things change drastically when HCA Healthcare took over.

"Before HCA came in, I feel like Mission recognized that it's very difficult to be in the black running a primary care office, but also take care of all insurance types and all payers," Dr. Rasche said. "And HCA was more focused on seeing financial data from the clinics rather than seeing it as part of the big picture of keeping the region healthy."

She talked to News 13 because she says it's time to share the truth about what's happened at Mission.

Unfortunately, the change in ownership has shifted this system's priority away from the health of Western North Carolina to the health of the stockholders.

Dr. Rasche says over the last two years, she watched as positions meant to support doctors, like mental health experts, were cut.

She says at the same time pressure was added to increase patient load.

0 seconds of 0 seconds Volume 90%

Dr. Kate Rasche, who worked with Mission Health for five years, says the philosophy shifted at Mission after HCA took over.

MISSION HEALTH SIGNS AGREEMENT TO BE ACQUIRED BY FOR-PROFIT HCA HEALTHCARE

So about four months ago, she made the decision to leave - right as HCA started sending out new contracts for all primary care doctors.

"It was a shock to see that it would be a pay cut for so many," said Dr. Rasche.

Dr. Rasche tells us the contracts were clear - see more patients or get less pay.

"Restructuring physician contracts to where it's fully based on how many patients you see and how high of a level you bill them versus focusing some on quality outcomes and some on productivity." She goes on to say, "my understanding is that the portion of pay that was for quality metrics and things like that was significantly decreased and the focus on how many patients you were seeing was increased."

She says doctors weren't happy, some even hired lawyers.

"The marching orders they are being given right now are very different from what we're used to being given, and that may result in changes in the patient experience or changes in how fulfilled the providers are in their jobs," said Dr. Rasche.

CLINICS CLOSED

The very same week, Dr. Rasche says HCA announced that it was **shutting down two primary care clinics** - one in Biltmore Park and the other in Candler.

Dr. Tim Plaut was a doctor at the office in Candler. He says at the time he was shocked to learn that the clinic he loved and his job would be gone in just 45 days.

"I'm sad that our clinic was closed in Candler," Dr. Plaut said. "It created a lot of hardship for our patients." He estimates that more than 7,000 patients total, many without insurance, were treated at the two clinics.



Dr. Tim Plaut was a doctor at Mission Health's primary care clinic in Candler before it was shut down. He says he worries about patients who may have had difficulty transitioning to another primary care clinic. (Photo credit: WLOS Staff)

At the time, Mission Health told us the patients were being contacted about transitioning their care to other nearby providers.

But Dr. Plaut worries that some fell through the cracks.

He says when doctors offices close, often times it means patients have a hard time finding transportation to travel farther to another clinic.

Our practice in Candler was one of the original safety nets through Mission and we took care of a lot of Medicaid and Medicare; we had homeless folks and severe mental illness.

Dr. Plaut was offered another position within Mission Health but instead chose a job at Appalachian Mountain Community Health Centers. He now sees patients at the Leicester Community Health Center and believes in the work he's doing.

"I feel good about where I am now. I realize HCA made a business decision and although I may not agree with the way they went about it, it's up to us the providers, and the organizations that provide care to step up and continue to provide care for the people in this area," said Dr. Plaut.

CHANGE IN PRIMARY CARE FOCUS

Dr. Ben Aiken also parted ways with HCA recently.

In 2018, he helped Mission Health create a new, innovative clinic, a direct primary care model, where patients pay a monthly fee instead of insurance and are given much more access to their doctor.

But about a year ago, HCA decided against the project, and Dr. Aiken bought it to run himself.



Dr. Ben Aiken now runs Lantern Health, a direct primary care clinic in Asheville, North Carolina. (Photo credit: WLOS Staff)

HCA RESPONDS TO ATTORNEY GENERAL'S CONCERNS REGARDING HCA-MISSION COMPLAINTS

"Ultimately, at the end of the day I felt like it wasn't an area that they wanted to focus," said Dr. Aiken. "So when that became clear, we shifted the conversation because our core team here felt very passionate about continuing what we had started."

He tells us that Mission Health had become a regional leader in primary care as the foundation of a strong healthcare system. But he believes HCA is moving in a different direction.

I don't sense anybody wants HCA not to succeed, we want an incredibly high functioning hospital in our community. But if in fact they aren't going to be focused on the primary care piece, because we all know that foundation is critical, everyone is putting their heads together and saying we want this to exist, how do we make this happen? If you look at the large footprint of HCA nationally they don't do a lot of primary care, they're not operating a lot of primary care practices so in the acquisition here it was kind of a new territory for them.

We asked Dr. Aiken if he's surprised by how many doctors are leaving Mission Health.

"Not really, you know frankly, at this point, as with any transition, transitions are difficult," said Dr. Aiken.

DOZENS OF DOCTORS LEAVING

Over the last few months, News 13 has had conversations with several former and current Mission Health doctors who want to remain anonymous.

Those doctors have confirmed that 29 hospitalists have left since the HCA takeover was announced.

In addition, at least 16 out of 21 doctors at Transylvania Regional Hospital plan to leave after being offered contracts with 10-25 percent pay cuts.

When you include the primary care doctors we've learned about, it totals 55. Those are just the doctors we've confirmed.



Mission Health won't provide workforce data about how many doctors have left or been hired since HCA took over. News 13 has confirmed that dozens of doctors are choosing to leave. (Photo credit: WLOS)

We wanted to sit down with Mission Health to discuss the doctor turnover and new contracts, but they refused an interview. Mission Health also wouldn't provide the workforce data we requested two months ago.

A spokesperson for Mission Health did give us the following statement:

As with any organization, employee contracts are confidential. Through our contracts with our employed physicians, Mission Health seeks to support our focus on patient care while compensating our physicians at Fair Market Value. While most Mission Health physicians were offered new employment contracts, some have chosen to pursue other options. We are actively recruiting to fill any vacancies that we anticipate, for instance, just this week we signed contracts with three new providers. All of our primary care locations continue to be available to the community for their care needs.

"I WAS IN PANIC MODE"

When doctors leave, patients are impacted.

"I was shocked and totally upset because he has been my doctor since May of 2004 when I moved here," said Mike Martinelli.

Martinelli recently got a letter from his doctor at Mission. It said all six of the physicians at Vista Family Health were leaving to start a new practice, Pardee Primary Care.

He knows my history; I have to see him every two or three months for medical issues and I don't want to start with another doctor. One of the reasons I've never actually moved out of Asheville, he's too valuable to me.

"Some doctors have already left our community and there is a loss there for sure," said Dr. Aiken.



Mike Martinelli told News 13 he was shocked and upset when he received a letter from his Mission Health doctor saying he was leaving and starting a new practice with five other doctors. Martinelli said his doctor knows his medical history and that he's stayed in Asheville because his doctor is "too valuable." (Photo credit: WLOS Staff)

But despite all the changes and uncertainty, those meant to protect us are still trying to do just that.

"The HCA takeover has been spun in a lot of different ways, positive and negative, but it's up to us to make it what it's going to be and we are choosing to make it as good as it can possibly be for our patients," said Dr. Tim Plaut.

This is one of three segments investigating what's changed with Mission Health since HCA took over.

Two years after sale to HCA, care and cost concerns raised with Mission Hospital

<https://wlos.com/news/local/two-years-after-sale-to-hca-care-and-cost-concerns-raised-with-mission-hospital>

by Jennifer Emert
Wednesday, February 24th 2021



0 seconds of 0 seconds Volume 90%



JAN. 27, 2021 - Nurses and community members in Asheville join a national rally demanding hospital employers put patients first above profit motives. (Photo Credit: WLOS Staff)

ASHEVILLE, N.C. (WLOS) — “You have to make money, you have to cover expenses, but for the bottom line to be profit over patient care, I just don’t think is right,” said Mission Hospital Pediatric ICU Nurse Amy Waters, RN.

Some Mission Hospital staff say it’s not just doctors forced out or clinics closing that’s affecting patient care, as News 13 previously reported.

Two years after sale to HCA, care and cost concerns raised with Mission Hospital

[CLINICS CLOSED, DOZENS OF DOCTORS LEAVE MISSION HEALTH SINCE HCA TAKEOVER](#)

News 13's Investigative Team is looking into care standards and cost two years after Hospital Corporation of America (HCA) took over Mission Health. HCA reported \$3.75 billion in systemwide 2020 profits, attributing the increase to solid cost management and highly acute inpatient volumes. While some health reviews give Mission Hospital in Asheville high marks, News 13 talks with nurses and doctors who cut financial ties, saying patient care at Mission Hospital isn't what it should be.

NURSES SOUND THE ALARM

Signals of support and concern surrounded Mission Hospital in early 2021. Ambulance drivers sounded sirens for the 1,600 unionizing nurses, taking to street corners to raise issues.

"Our duty as nurses are to be patient advocates above all else," said one Mission Hospital nurse.

Nurses recently demanded HCA do more to put patients first.

[MISSION HOSPITAL NURSES UNION JOINS IN ON NATIONAL EVENT TO 'PUT PATIENTS FIRST'](#)



JAN. 27, 2021 - Nurses and community members in Asheville join a national rally demanding hospital employers put patients first above profit motives. (Photo Credit: WLOS Staff)

"When you take care of more patients than you can physically take care of, obviously the care suffers," said ICU nurse Waters.

Waters said she sees the impact on her young patients.

We've noticed a massive turnover in housekeeping, the cafeteria, the workers that bring food to the patients. I have to often clean the room and empty the trash. So, that's time that I should be spending with my patient and their family.

Waters also raised concerns with staffing care ratios.

"In the adult medical surgical floors, those nurses are taking seven patients, sometimes eight in the adult ICU's the nurses are taking three ventilated patients, COVID patients that are very sick and require a lot of care," Waters said.

HOSPITAL STAFFING AND RATINGS

Staffing isn't public record and North Carolina has no mandated ratios. We asked Mission Health for hospital staffing levels before the purchase by HCA and currently to compare. The hospital wouldn't provide numbers and denied our request for an interview.

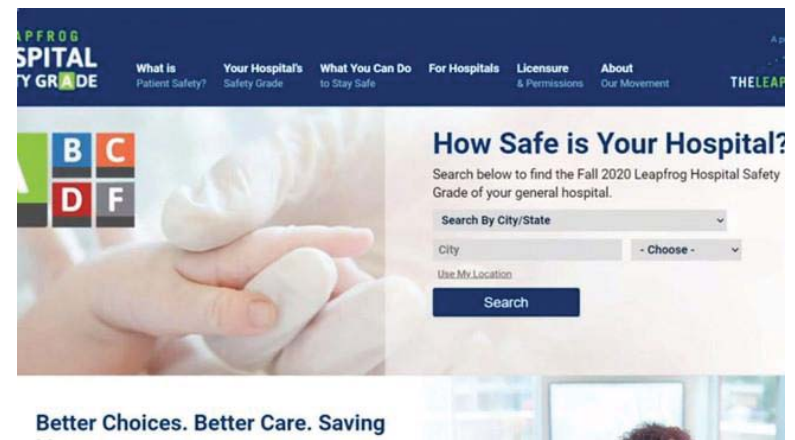
In a statement, HCA points to the nationwide nursing shortage. Mission Hospital held a 200 RN's in 90 days recruitment effort in 2020. The VP of Human Resources explained in December, Mission has hired over 162 RN's and have filled openings with traveling nurses.

"So if we don't have kind of our incumbents, our team members that are here, we do bring in travelers because we do want to make sure that our communities are cared for," said Nyema Sayed, Mission Hospital vice president of Human Resources.

When News 13 asked, HCA also wouldn't provide how many traveling nurses are temporarily in full-time nursing positions at Mission. A Mission Health, HCA spokesperson said Asheville's Mission Hospital has hired 40 new physicians and more than 55 other advanced providers, but have nursing support openings for 50 Certified Nursing Assistants and Patient Care Technicians. When News 13 checked openings posted at Mission there were more than 300 posted.

The hospital offers the following incentives for recruiting employees: student loan repayment, tuition reimbursement/assistance programs, paid personal leave, 401K and insurance. Mission Health also has a minimum wage of \$12.50 per hour. According to their statement, Mission partners "with local schools, offer on the job training and clinical rotations

along with partnering with our local Chamber and Workforce Development Board."



Leapfrog's Hospital Safety Survey in the fall gave Mission an "A" with high scores in preventing errors, qualified nurses, and effective leadership. (Photo Credit: WLOS Staff)

HEALTHCARE WATCHDOG GROUP GIVES 3 AREA HOSPITALS 'A' SAFETY GRADE IN MIDST OF PANDEMIC

According to HCA's statement they, "continue to provide quality care to the communities they serve", pointing to Healthgrades, which scores hospitals on patient outcomes from Medicare. Healthgrades rated Mission Hospital the best 50 hospitals for the last three years, with a 77- just above the national average. The Leapfrog's Hospital Safety Survey in the fall of 2020 gave Mission an "A" with high scores in preventing errors, qualified nurses and effective leadership. Attorney General Josh Stein raised concern when [Mission scored a "C" in 2019's fall](#) and "B"s in the last two spring ratings.

PHYSICIANS CUT FINANCIAL TIES

Those ratings mean little to doctors at Messino Cancer Center in Asheville.

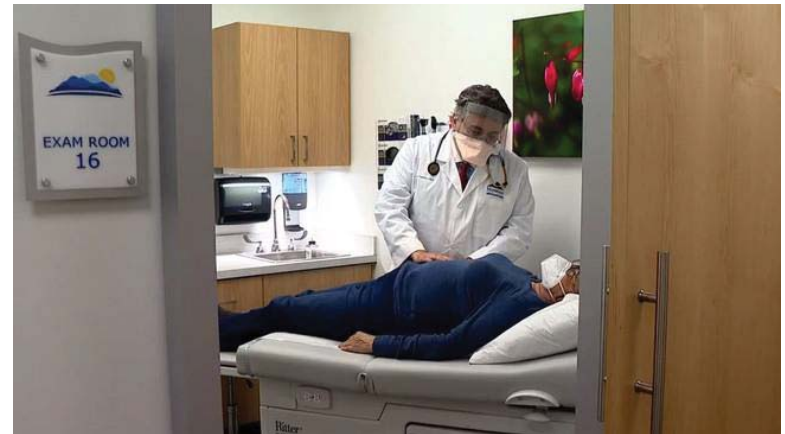
"Hospitals often define quality in terms of ER through-put time, catheter related infections and a lot of times for cancer patients that doesn't define quality," said Dr. Martin Palmeri, a partner at Messino Cancer Center.

The group of 150 employees was among the first to cut financial ties with HCA in late 2019.

"When I think this transition occurred, you all of a sudden had a very different corporate philosophy," Dr. Palmeri said. "Now I can't really speak to what that corporate philosophy is, but it was palpable that something was changing and in that particular setting everyone has to ask themselves, what's best for my patients?"

Messino doctors still have a clinical partnership with Mission. Dr. Palmeri says he's found that less corporate oversight and a new tie to [the American Oncology Network](#) made it easier to get a newly approved FDA treatment.

"They were able to build me a regimen templet with safety protocols; they were able to procure the drug," said Dr. Palmeri.



"...something was changing and in that particular setting, everyone has to ask themselves, what's best for my patients?" said Dr. Palmeri, partner at Messino Cancer Center. (Photo Credit: WLOS Staff)

The process unfolded within 48 hours and Dr. Palmeri's patient had the medication within a week.

"Compared to institutions that are not necessarily purely cancer focused. In my experience it would have taken weeks to get that to work out," said Dr. Palmeri.

Then, there's prices.

"Hospital-based costs are rising dramatically and practice-based costs are either stagnant or going down," said Dr. Palmeri.

Messino's own area rate study found a savings for insurers and patients.

"This transition should lower costs by about 30% compared to sort of hospital-based costs," said Dr. Palmeri.

[In a 2020 response to North Carolina Attorney General Josh Stein,](#)

HCA reported a 10% charge increase in October of 2019, compared with Mission's previous average annual 6.8% increases prior to the sale of the hospital. When News 13 asked Mission about rate increases for patients in 2020, in Mission's statement, they stated they expect to release more on their finances in an upcoming Community Impact Report.

15 COMMITMENTS

HCA in 2019 provided over \$261 million in financial assistance for Charity Care, over \$42 million more than Mission during the 12 months prior to the sale.

Continuing Charity Care is one of the 15 commitments HCA agreed to with the sale and they must maintain. Both an Independent Monitor and North Carolina's Attorney General are watching regularly to ensure HCA maintains the standards laid out in those 15 commitments listed below. News 13 reached out to the Independent Monitor, Gibbins Advisors, LLC which heard complaints in town hall meetings a year ago and Attorney General Stein.

Patients who were reluctant to speak on camera because of future care raised these issues with News 13: An emergency patient in November witnessed and reported areas not cleaned between patients and a lack of routine restroom cleaning. A recent inpatient told us of long waits for their IV changes and no nursing assistants. In December, staff who didn't want to quit called Mission "unbearable and unsafe," understaffed and overwhelmed. Both told News 13 their scope of accountability is limited to the 15 specific commitments, but AG Stein encouraged those with

concerns to report them. "So that if HCA needs to be held accountable it will be," said Stein.

Here are the 15 commitments.

RETAIN SERVICES AND HOSPITALS	1	Keeping material facilities open for at least 10 years (until 2029)
	2	Continuing specified services for 10 years
	3	Local hospital advisory boards and Dogwood Health Trust have first right to bid if hospitals are closed or sold
	4	Continue Long Term Acute Care services at St. Joseph campus for 2 years
INVEST IN FACILITIES	5	Complete the new Mission Hospital North Tower, which opened in late 2019
	6	Build a new 120-bed behavioral health hospital in Asheville
	7	Build a new replacement hospital for Angel Medical Center
	8	Spend \$232 million in general capital expenditure within five years

(Photo Credit: Gibbins Advisors)

[INDEPENDENT WATCHDOG GROUP CO-FOUNDER RESPONDS TO CONCERNS ABOUT HCA-MISSION DEAL](#)

INVEST IN COMMUNITY HEALTH AND WELLBEING	9	Provide \$25 million over five years for an innovation / investment fund
	10	Spend \$750,000 per year in Community Contributions in years 2 through 10
	11	Continue certain community activities, services and programs for at least 12 months
	12	For at least ten years, maintain the improved Uninsured and Charity Care policy
OTHER COMMITMENTS	13	Private graduate medical education for at least ten years at no less than current levels
	14	Participate in Medicare and Medicaid programs for at least ten years
	15	Provide an Annual Report and Capex Report that summarize compliance

(Photo Credit: Gibbins Advisors)

News 13 questioned the Attorney General and the Independent Monitor if either could hold Mission accountable for consumer complaints or staffing levels, which prompted the following response from AG Stein:

Most of the commitments had to do with maintaining the hospitals in western (North Carolina) and in outlying counties and an assurance they would continue to provide a level of charity care.

Unionizing nurses hope they can further patient protections as part of upcoming negotiations.

"If we can get the hospital to agree to certain staffing levels and then we hold them accountable to those levels, patient care will improve," said nurse Waters.

The negotiations are underway with the nurses union and will continue through early summer.

North Carolina's Division of Health Service Regulation surveys hospitals and investigates complaints on behalf of CMS. News 13 is looking into those complaints.

If you've got a complaint about services at Mission Hospital, they tell News 13 you can reach out to Mission's Quality and Safety Team at 828-213-1210

HOSPITAL RATINGS

You can find Healthgrades ratings for Mission Hospital [HERE](#)

You can find Leapfrog's Hospital Safety ratings for Mission Hospital [HERE](#).

You can find CMS's ratings for Mission Hospital [HERE](#).

Just this week, HCA Healthcare also announced that, " it has been recognized for the 11th time by Ethisphere, a global leader in defining and advancing the standards of ethical business practices, as one of the 2021 World's Most Ethical Companies." HCA Healthcare is one of only seven honorees in the Healthcare Providers category.

We are honored to again be recognized as a World's Most Ethical Company and owe it all to our incredible colleagues, especially those working on the front lines," said Sam Hazen, chief executive officer of HCA Healthcare. "This acknowledgement underscores that, even when faced with a threat to public health and safety like that of a

pandemic, we are committed to doing what's right for our people, our patients, our communities and other stakeholders.

INDEPENDENT MONITOR, GIBBINS ADVISORS, LLC

"As Independent Monitor our scope is generally limited to [15 specific commitments](#) by HCA," said Ronald Winters, principal of Gibbins Advisors, LLC, the independent monitor of Mission Health. "While we regularly revisit the Asset Purchase Agreement to confirm our interpretation, aspects such as staffing levels, patient safety conditions and cleanliness are not specifically outlined as obligations in the APA or under the scope of the Independent Monitor and may alternately be in the purview of healthcare regulators to ensure standards are met. As part of our work, we do consider and evaluate whether such issues may indirectly impact compliance with HCA's commitments but to date we have not found HCA has breached its obligations."

"Any individual with concerns around HCA's compliance may submit information to us at our [website](#) or by email (independentmonitor@gibbinsadvisors.com). We evaluate each submission to determine whether the issues raised fall under the scope of the Independent Monitor, and we will speak to the individuals submitting comments if they request or if it helps inform our work. We provide HCA with an anonymized log of comments we receive from the public, so that HCA is kept apprised of concerns," added Winters.

For a link to Independent Monitor click [HERE](#).

ATTORNEY GENERAL JOSH STEIN

The North Carolina Attorney General's office continues to offer Consumer Protections. You can file a [complaint](#) with them and they'll work to resolve it. AG Stein's office responds on average to 20,000 consumer complaints each year. If they find a pattern of illegal business practices, they can enforce the law on behalf of all North Carolina consumers. The AG's office can't represent consumers in a private legal case, but they may be able to help if you didn't get what you paid for.

In a News 13 investigation in 2020, the Attorney General submitted a number of questions on behalf of Mission patients who were incorrectly billed and charged for services. You can find that letter and the questions asked [HERE](#).

Here's the response the Attorney General received from HCA, which includes some of the information shared in this story.

[Mission Charity Care Response April 30, 2020](#) by [Jennifer Emert](#) on Scribd

MISSION ANSWERS

While Mission Hospital and HCA would not agree to an interview, they provided News 13 with the following statement to some of the questions News 13 raised. They're detailed below:

The topics of greatest interest are the Leapfrog report, Mission's scores recently improved to an "A" from a "C" in fall 2019, what changes occurred to accomplish that?

Mission Response: *"Despite the extra effort required from the Mission Hospital team during the COVID pandemic, the team did not waiver in their commitment to providing exceptional patient safety and quality. The 2020 Survey Improvements included: Bar Code Medication Administration (BCMA) and Nursing Workforce Quality, along with Process and Outcome Metrics contributing to the improved performance."*

What does the Magnet Designation mean to a facility like Mission?

Mission Response: *"Mission Hospital's journey to Magnet designation began in September of 2015, continued through the transition to HCA Healthcare, and culminated in a final site visit in September of 2020. The Magnet Model provides a framework for nurse engagement, a voice in practice, and processes for measuring and improving the quality and delivery of care. Magnet designation is the international gold standard for nursing excellence; less than 10 percent of U.S. hospitals have achieved Magnet recognition and Mission Hospital is the only one in Western North Carolina."*

Staff tell us ratios even in department not dealing with Covid patients are stressed and support personnel CNA's or PCT's, clerical have been eliminated, housekeeping is also short, are these concerns seen nationwide, unique to Mission? What are the hospital's recruitment efforts to increase staffing, improve care?

Mission Response: *"While the nation as a whole is experiencing a national nursing shortage, Mission Hospital recently held a 200 RNs in 90 days campaign; while that effort was successful, we are still actively recruiting RNs and RN support positions. . Also, over the course of the year we have recruited 40 new physicians and more than 55 other advanced providers. Currently there are almost 50 open positions for CNA/PCT positions at Mission Hospital. We are committed to providing our employees with the support they need. At*

Mission Health, HCA Healthcare, we offer an array of medical, dental, and vision packages. Some of our unique benefits we offer include: Student Loan Repayment, Tuition Reimbursement/Assistance Programs, Paid Personal Leave, 401k, Insurance. Mission Health also has a minimum wage of \$12.50 per hour. We additionally partner with local schools, offer on the job training and clinical rotations along with partnering with our local Chamber and Work Force Development Board."

If patients don't have a good experience, notice conditions needing to be addressed where should they reach out, who should they alert?

Mission Response: *"Mission Health continues to provide quality care to the communities we serve, exemplified by our recent recognition as a Top 50 Cardiovascular Hospital - the 15th time Mission has received this honor. Mission Hospital also received a Grade A in the fall of 2020 Leapfrog Hospital Safety Grade and has a 5-star rating from CMS, the highest rating offered. Additionally, our nursing team was honored in November with Magnet recognition as a reflection of its nursing professionalism, teamwork and superiority in patient care. The American Nurses Credentialing Center's Magnet Recognition Program distinguishes organizations that meet rigorous standards for nursing excellence - a recognition given to fewer than 10% of hospitals in the United States. We are proud of our dedicated hospital teams that are facing the many challenges of this pandemic, including an ongoing nationwide nursing shortage, and the exceptional care they have provided to our patients. Our quality and safety team is always available if anyone has a concern at 828-213-1210."*

In a letter to the AG, Greg Lowe mentioned that costs had increased 10- percent in the first 12 months since HCA assumed control, while Mission previously had increased costs primarily 6-percent. Were there additional increases in 2020, why were those needed?

Mission Response: "In the letter you are referencing, the data mentions that Mission's charges for the four years prior to its sale AVERAGED 6.8 percent. Just as those earlier charge increases fluctuated given market drivers, so likely will ours. Please stay tuned for the Community Impact Report, which will be released later this year and may answer some of your additional questions."



FILE - Mission Hospital in Asheville, North Carolina. (Photo credit: WLOS staff)

Additional information provided by a Mission Hospital spokesperson:

Beginning March 20, 2020 with our first COVID-19 patient, Mission Health has seen hundreds of patients infected with this terrible virus. Every team member at Mission Health has been provided with appropriate PPE in accordance with CDC guidelines. Mission was very fortunate, as part of HCA Healthcare, to avoid pandemic-related furloughs and layoffs thanks to HCA Healthcare's pandemic pay programs.

In the last several months we have been recognized for many elements of outstanding patient care including:

Magnet Designation, Leapfrog Grade A, CMS 5-star, HealthGrades Top 50 Hospital, Society of Thoracic Surgeons 3 Star, Top 50 Cardio Hospital for the 15th time, Baby-friendly designation

Investments in the community, provided by Mission Hospital:

- Invested \$280 million in capital funding to support the delivery of care through state-of-the-art technology.
- Purchased land for new 120 bed Behavioral Health Hospital
- Purchased new MAMA helicopter
- Purchased land for building our new Angel Medical Center facility
- Purchased minimally invasive, state-of-the-art technology to enhance the caliber of services provided to our patients, including two da Vinci Xi robots, an upgraded Mako Robot, an O-arm surgical imaging system and six Stealth Stations
- Upgrades in imaging equipment, including new MRI and CT machines, and new Mammography Units
- Investments in our sister facilities to expand surgical and imaging capabilities throughout Western North Carolina

This is the second of three segments investigating what's changed with Mission Health since HCA took over. The next piece airs Thursday, Feb. 25, at 6 p.m.

Other Follow Up by ABC 13

<https://wlos.com/news/local/news-13-investigates-what-changes-have-been-made-since-medicare-threatened-to-cut-mission-hospitals-contract>

BPR News

All Things Considered

All Streams

[Subscribe to BPR's Weekly Update](#)

[News](#)

Have staff shortages at Mission meant less care for patients?

<https://www.bpr.org/news/2021-12-16/have-staff-shortages-at-mission-meant-less-care-for-patients>

BPR | By [Lilly Knoepp](#)

Published December 16, 2021 at 1:37 PM EST



Lilly Knoepp

/

Mission Health system has about 600 jobs open online. The hospital says its part of the national labor and nursing shortage while some others say it is management.

Nurses at Mission Hospital have been calling out dangerous levels of staffing shortages since HCA purchased Mission Health System in 2019. Mission says there is a nationwide nursing shortage.

BPR dug into both sides of the story.

Since the nurses joined the [National Nurses United Union in September 2020](#) calls about unsafe staffing levels have become louder in the form on community actions, federal and state complaints and more.

[In October](#), dozens of nurses gathered outside of Mission Hospital calling for solutions to staffing problems. A Mission Health spokesperson said at the time she was unaware of any documentation to support any of the union's staffing shortage claims and said that these claims haven't been reported to Mission leadership beyond the [almost 600 nurses positions](#) open across the hospital system.

Lori Hedrick has been a nurse at Mission Hospital since 2014. In October, Hedrick posted a photo of a bed covered in Assignment Despite Objection Forms.



Credit Lori Hedrick

Lori Hedrick is a member of the union's professional practice committee. She posted this photo of ADOs in October.

"Basically, that means I'm accepting this assignment but it is unsafe. What the nurse has to do to fill out the form is verbally to a supervisor or manager object to the assignment," said Hedrick.

Hedrick says the 40 forms in the photo were from July to August from one ward. She has the forms because of her position on the union's professional practice committee.

National Nurses United Union can't share the details of the forms with BPR because of federal HIPPA regulations. The union claims from September to mid-November nurses at Mission filed 103 ADO forms and that all were related to short staffing.

Hedrick explains that when nurses are responsible for too many patients the quality of care drops.

"I can't tell you how many times I've had nurses tell me that they've gotten a patient that didn't eat their breakfast because there was no one available to feed the patients. Along with that, there's the whole problem of patients who are incontinent. And there's nothing pretty about this," said Hedrick. "There's no pretty way to say this, but when patients are lying in their own feces or urine. That is a pretty undignified for the patient and it doesn't make any caregiver...it just doesn't make anyone feel good."

In response, Mission points to [a recent report from non-profit Leapfrog](#) which gave them a 100 percent score on nurse staffing. They also said they have been working to recruit more nurses.

In an official statement Mission said, "While Mission Hospital recently received a Grade A from Leapfrog, which included the best possible score of 100 for having enough qualified nurses, we know there is more work to be done. At Mission Health, we are keenly aware of the growing shortage of healthcare workers across our country that has increased through the COVID-19 pandemic. The country's critical nursing shortage reaches beyond Asheville, as estimates indicate that last year more nurses retired than ever before with an additional 500,000 retirements anticipated by 2022."

The Leapfrog scores are based on voluntary surveys that is then verified by Leapfrog and federal data.

Erica Mobley is vice president of administration at [Leapfrog](#). She explains the nursing employee score is not based on patient to nurse ratios.

"We are not looking at the number of nurses as it relates to the number of patients," said Mobley.

Instead, it is based on the nursing qualifications of leadership in a hospital and on training provided to staff.

"For example, is there a nursing leader in the C-suite which signifies that the hospital has really placed a priority on nursing," said Mobley.

Overall Mobley says that there isn't good federal data on what patient to nurse ratios are or should be.

"It is not addressed largely because there is not a good national data source on that," said Mobley.

Mission Health would not confirm its patient to nurse staffing ratios.

Hannah Drummond, chief nurse representative at Mission Hospital, says Mission agreed to safe staffing ratios for all different wards.

"It's different for every floor across the hospital but the general rule is like on a med surg floor 5 patients per nurse. On step down floors 3 to 4 patients per nurse depending on the area that they are in. In ICU it's 2:1 or sometimes 1:1," said Drummond.

But she claims those grids aren't being upheld during day-to-day operations.

"I have a friend who works on the trauma floor and they've been taking seven patients at night. And the grid that trauma care has says that they should have no more than 5 [patients]," said Drummond.

These unsafe conditions are why nurses file ADO forms, says Drummond.

In November, National Nurses United said they didn't know if Mission had a process to review the ADO complaints. Hedrick and Drummond say that the ADO forms were given to management and discussed as part of the staffing committee which was created in September.

According to National Nurses Union in September and October Mission said in a staffing meeting with management that they did not have a system in place to review the ADOs.

Mission told BPR in December that the staffing forms such as ADOs are reviewed by the advisory staffing committee.

Beyond internal complaints, official complaints have also been filed.

There were complaints filed with the North Carolina Department of Health and Human Services, which found no rule violations. There were also complaints filed with [the state Department of Labor](#). That investigation is still on-going. All complaints are confidential so the topics of the complaints cannot be shared.

Mission also points to [The Joint Commission's accreditation](#) as proof of acceptable staffing. None of the private company's measures were below the target value/range for safety in 2019 or 2020.

Most recently, The Joint Commission was on-site at Mission Hospital on October 22, 2021. This survey is currently under review.

For Lori Hedrick, short staffing and the nursing shortage are related – but not in the way that you might think.

“When nurses cannot provide quality care to their patients, they want to get out of nursing because it's demoralizing to us, as well as, the patients,” said Hedrick. “There's plenty of nurses out there. We could get them back in the field if we improved the entire nurse patient ratio.”

The National Nurses United Union has been working on a federal law for staffing ratios for [a long time](#). The Union is [currently working on a federal mandate](#).

Lilly Knoepp serves as BPR's first fulltime reporter covering Western North Carolina. She is a native of Franklin, NC who returns to WNC after serving as the assistant editor of Women@Forbes and digital producer of the Forbes podcast network. She holds a master's degree in international journalism from the City University of New York and earned a double major from UNC-Chapel Hill in religious studies and political science.

Attachement D

All responses should pertain to **October 1, 2016 through September 30, 2017.**

3. Emergency Department Services

a. Total Number of ED Exam Rooms: 65

Of this total, how many are:

a.1. # Trauma Rooms 4

a.2 # Fast Track Rooms 3

a.3 # Urgent Care Rooms 0

b. Total Number of ED visits for reporting period: 101,629

c. Total Number of admits from the ED for reporting period: 21,000

d. Total Number of Urgent Care visits for reporting period: _____

e. Does your ED provide services 24 hours a day 7 days per week? Yes No

If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No

If no, specify days/hours physician is on duty:

4. Medical Air Transport: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? Yes No

b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary	<u>2</u>	<u>2</u>	<u>0</u>	<u>845</u>
Fixed Wing	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

5. Pathology and Medical Lab (Check whether or not service is provided)

a. Blood Bank/Transfusion Services Yes No

b. Histopathology Laboratory Yes No

c. HIV Laboratory Testing Yes No

Number during reporting period

HIV Serology 9,409

HIV Culture 0

d. Organ Bank Yes No

e. Pap Smear Screening Yes No

All responses should pertain to **October 1, 2017 through September 30, 2018.**

3. Emergency Department Services

a. Total Number of ED Exam Rooms: 65

Of this total, how many are:

a.1. # Trauma Rooms 6

a.2. # Fast Track Rooms 3

a.3. # Urgent Care Rooms 0

b. Total Number of ED visits for reporting period: 102,245

c. Total Number of admits from the ED for reporting period: 21,443 19,869 acute

d. Total Number of Urgent Care visits for reporting period: 0

e. Does your ED provide services 24 hours a day 7 days per week? Yes No

If no, specify days/hours of operation: _____

f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty: _____

4. Medical Air Transport: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? Yes No

b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary	<u>2</u>	<u>2</u>	<u>0</u>	<u>744</u>
Fixed Wing	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

5. Pathology and Medical Lab (Check whether or not service is provided)

a. Blood Bank/Transfusion Services Yes No

b. Histopathology Laboratory Yes No

c. HIV Laboratory Testing Yes No

Number during reporting period

HIV Serology 9632

HIV Culture 0

d. Organ Bank Yes No

e. Pap Smear Screening Yes No

All responses should pertain to **October 1, 2018 through September 30, 2019.**

3. Emergency Department Services

- a. Total Number of ED Exam Rooms: 65
 Of this total, how many are:
- a.1. # Trauma Rooms 6
 - a.2. # Fast Track Rooms 3
 - a.3. # Urgent Care Rooms 0
- b. Total Number of ED visits for reporting period: 104,401
- c. Total Number of admits from the ED for reporting period: 23,280 21,650
 (awte, nopsych)
- d. Total Number of Urgent Care visits for reporting period: 0
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation: _____
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty: _____

4. Medical Air Transport: Owned or leased air ambulance service:

- a. Does the facility operate an air ambulance service? Yes No
- b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary	<u>2</u>	<u>2</u>	<u>0</u>	<u>768</u>
Fixed Wing	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

5. Pathology and Medical Lab (Check whether or not service is provided)

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory Yes No
- c. HIV Laboratory Testing Yes No
 Number during reporting period
 HIV Serology 1590
 HIV Culture _____
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

All responses should pertain to **October 1, 2019 through September 30, 2020.**

3. Emergency Department Services

- a. Total Number of ED Exam Rooms: 94
 Of this total, how many are:
- a.1. # Trauma Rooms 4
 - a.2. # Fast Track Rooms 0
 - a.3. # Urgent Care Rooms 0
- b. Total Number of ED visits for reporting period: 95,085
- c. Total Number of admits from the ED for reporting period: 20,476
- d. Total Number of Urgent Care visits for reporting period: 0
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation: _____
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty: _____

4. Medical Air Transport: Owned or leased air ambulance service:

- a. Does the facility operate an air ambulance service? Yes No
- b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary	<u>2</u>	<u>2</u>	<u>0</u>	<u>714</u>
Fixed Wing	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

5. Pathology and Medical Lab (Check whether or not service is provided)

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory Yes No
- c. HIV Laboratory Testing Yes No
 Number during reporting period
 HIV Serology 11,439
 HIV Culture 0
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

All responses should pertain to October 1, 2020 through September 30, 2021.

3. Emergency Department Services

a. Total Number of ED Exam Rooms: 94

Of this total, how many are:

a.1. # Trauma Rooms 4

a.2. # Fast Track Rooms 0

a.3. # Urgent Care Rooms 0

b. Total Number of ED visits for reporting period: 98,818

c. Total Number of admits from the ED for reporting period: 32,060

d. Total Number of Urgent Care visits for reporting period: 0

e. Does your ED provide services 24 hours a day 7 days per week? Yes No

If no, specify days/hours of operation: _____

f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No

If no, specify days/hours physician is on duty: _____

4. Medical Air Transport: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? Yes No

b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary	<u>3</u>	<u>3</u>	<u>0</u>	<u>866</u>
Fixed Wing	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

5. Pathology and Medical Lab (Check whether or not service is provided)

a. Blood Bank/Transfusion Services Yes No

b. Histopathology Laboratory Yes No

c. HIV Laboratory Testing Yes No

Number during reporting period

HIV Serology 7,700

HIV Culture _____

d. Organ Bank Yes No

e. Pap Smear Screening Yes No