CHANGES IN PATIENT CARE FOLLOWING HCA'S PURCHASE OF MISSION HOSPITAL

A Preliminary Report

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As with prior portions of this larger research study,[1] this report is being released as a "working draft" in order to give interested parties a preliminary look at the initial analyses. Comments directed to the author (Prof. Mark Hall)[2] are welcome. Following revision, a final full report will be issued later this year.

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[1] https://hlp.law.wfu.edu/reports-and-issue-briefs/
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See also "About the Author" on the last page.
[3] https://www.arnoldventures.org/ . See also "About the Funder" on the last page.

BACKGROUND AND KEY POINTS

This preliminary report is one part of a larger study examining what lessons can be learned from the events leading up to, and following, HCA Healthcare's 2019 purchase of the Mission Health system based in Asheville, North Carolina (NC). Previous installments from the larger research study discuss Mission's decision to sell to HCA, as well as changes in financial performance, charity care, and quality ratings following HCA's acquisition.[4] Adding to that work, this report examines several ways in which patient care has changed under HCA. Connected with, and amplifying, this report is an extensive Appendix that collects, from a range of public sources, narrative accounts from many patients, physicians, nurses, and other clinical staff based on first-handed experiences at HCA Mission.[5]

As a summary of this report's key points:

- Many physicians from Asheville's esteemed medical community have left or have ceased using Mission Hospital regularly, due to dissatisfaction with either (or both) the quality of care at HCA Mission or with HCA's reduction in their financial support. Most replacement staff are less experienced, and several key specialty areas remain largely or almost entirely vacant.
- HCA has slashed staffing among nurses and other patient-care functions, leading to a host of complaints, from both patients and medical professionals, about patient care and safety. These complaints snowballed into a widespread reputation of HCA Mission being an undesirable place to work, making it more difficult to recruit well-qualified replacement staff, which tends to further exacerbate working conditions.
- Serious understaffing issues have caused a multi-faceted debacle in Mission's emergency room, resulting in an avalanche of complaints and a series of documented deaths and substantial injuries arising from delays or mistakes in medical treatment.

These adverse developments have been driven by HCA's financially-focused management decisions, which have been enabled by Mission's market position as the only hospital in the area's largest county and the only tertiary care hospital in western North Carolina.

METHODOLOGY

This research project as a whole is based on extensive document review,[6] data analysis, literature review (including media reports)[7], and interviews with four dozen "key informants." These interview sources are professionals, mostly from the area, well placed to have insightful knowledge about the questions studied. Seventeen are clinicians, sixteen were in management or on the board at Mission Hospital at some point, seven are government officials (former or current), and seven work in fields that in some fashion address health care public policy issues. Not all of the overall study's sources addressed the issues in this report, however.

[4] https://hlp.law.wfu.edu/reports-and-issue-briefs/

[5] https://hlp.law.wfu.edu/wp-content/uploads/sites/11/2024/08/Narrative-Appendix-HCA-Mission-WFU.pdf

[6] Documents filed by the Attorney General in his lawsuit against HCA Mission that this report references can be found in the "Combined Exhibits" folder here: https://ncdoj.sharefile.com/share/view/s9a1f854765ac4354aa6a549013687ae8/fo6b686e-516a-4e8f-9355-8475fecb8cbd

[7] For readability, this report uses mainly just website URL links (rather than full titles) to cite publicly available information.

Potential interview sources were identified in a variety of ways including their affiliations with key institutions,[8] and in a "snowball" fashion based on referrals by other sources. Unavoidably, this is somewhat of a "convenience sample" because a number of sources approached did not respond or agree to participate. However, recruitment of informed sources continued until reasonable "saturation" was reached, meaning that substantial new information was no longer emerging. Documentary and interview information was analyzed using qualitative methods that are standard for this type of research. "Triangulation" is one such method, by which information from one type of source (interview, documentary, or data) is cross-checked with information from other types to determine whether either confirmation or inconsistency exists.

Following an Executive Summary, the full report consists of the follow parts and sections:

[8] To avoid any possible appearance of bias, no sources were identified through the nurse's union or its representatives. For the same reason, no sources were contacted based on their connection with any litigation involving HCA.

EXECUTIVE SUMMARY

When a large, investor-owned company acquires a hospital that enjoys essentially unregulated monopoly status, operational changes can be expected that increase profits. Many would expect prices to increase. A previous report in this series shows that has occurred to some extent, but, to a much greater extent, Mission's profits have shot up primarily due to steep cuts in costs. On reflection, this makes sense because hospitals have much more direct and immediate control over their costs than over the prices paid by government programs and large managed care insurers.

This report builds on the financial impacts report by examining how HCA's cost-cutting has affected patient care at Mission, focusing first on physicians, then nurses and other patient-care staffing, and finally the emergency room.

1. Physician Departures. Prior to HCA's purchase of Mission Hospital, Asheville's medical community was known for its excellence. In significant part, this was due to the hospital supporting many components of the community. Mission Hospital formed and grew an esteemed group of hospitalists physicians, supported several large primary care practice groups, and either employed, contracted with, or managed a broad range of key specialists.

When HCA purchased Mission, it assumed a different relationship with local physicians. It closed its large primary care clinics outright, and renegotiated employment, contract, and management terms in a fashion that appeared to disfavor a range of less-remunerative medical specialties. Many of these specialists took their practices elsewhere, some largely for financial reasons, but others did so because they felt that patient care was severely degrading under HCA.

HCA was able to replace many of these departures with temporary "traveling" physicians or with more junior hires. However, some key specialties were, and still are, either seriously understaffed or effectively vacant. Examples include otolaryngology (ear, nose, and throat, or ENT), urology, rheumatology, orthopedics, and neurology. Most notably, essentially all of Mission's medical oncologists left, and its marquee cancer center is now practically deserted.

Active and previous clinicians say the net result has been utterly demoralizing, both for those who left and for some who remain. According to a range of observers, what was once an exemplary medical community with robust specialties is now struggling to adequately cover the basics of what is expected from a tertiary care hospital.

2. Nurse and other Patient Care Staffing. A prior report reveals that HCA's primary cost-saving strategy has been to trim patient-care staff. In addition to nurses, this includes a full range of staff that provide supervision, draw blood, assist nurses, perform tests, clean rooms, transport patients, sterilize instruments, provide meals, handle clerical tasks, watch troubled patients, provide counseling, ensure safety, and more. By all reports, staffing cuts have been steep. In many areas, knowledgeable sources said that nurse staffing has dropped by half and nursing assistants and supervision cut even more, making it all the more difficult to stretch nursing assignments so thinly.

These conditions caused a large number of the most experienced nurses to leave. The nurses who remained formed the only nursing union in the state. Many replacements are inexperienced or only temporary staff, which clinicians believe substantially increases the difficulty of coordination and communication. These conditions have also made it much more difficult to recruit and retain

replacements, because, under HCA, Mission has developed a distinctively negative reputation as a place of work.

Staffing shortages have meant that HCA Mission regularly is unable to keep all of its beds in operation. Shortages have also caused a host of patient-care problems such as cancelled surgeries, difficulties scheduling appointments, and extended delays in obtaining laboratory results, according to various accounts from area clinicians. Most notably, the patient experience at Mission has plummeted. Due to a lack of attentiveness from short-handed staff, patients routinely are not bathed, assisted with toileting, or attended to promptly when suffering – according to reports from patients, clinicians, and other Mission staff. Physicians also report a substantial increase in the number of "near miss" patient-safety events related to turnover and staffing shortages.

3. Emergency Room Debacle. A combination of management decisions by HCA have caused serious patient-safety problems in its emergency room (ER). Despite a 50 percent increase in the ER's capacity, it is seriously overcrowded due to Mission utilizing a good portion of the ER to "board" patients who are waiting on a hospital room to become available. As the previous section notes, this back-up is due in part to staffing shortages. Also contributing to the ER debacle are what appears to be profit maximizing strategies about how to allocate available beds and where to concentrate the burden of understaffing. For instance, HCA Mission now apparently requires *all* medical patients that area physicians admit to the hospital first be screened and evaluated through the ER and then held in the ER boarding area, even if they are not experiencing an emergency.

Due to ER crowding, many, and perhaps most, emergency patients have been treated in hallways, the ambulance bay, or the waiting room. The shortage of available staff to screen, treat and monitor these patients has also led to a number of well-documented patient harms and even death. Staffing shortages and hospital management have also forced ambulance medical technicians to remain with transported patients for extended time periods because EMTs must wait for hospital staff to accept and receive a patient before Mission assumes responsibility for patients, some of whom are experiencing serious emergencies.

Tying up emergency transport services in this manner led to two counties suspending normal transport service for a period of time. Other serious ER deficiencies also led to the attorney general suing Mission for breaching HCA's purchase agreement. And, most consequentially, following an intensive government investigation, regulators cited Mission with nine instances of placing ER patients in "immediate jeopardy."

On each of these fronts, various informed sources explained that HCA Mission has been able to sacrifice exemplary medical quality for reduced costs because of its market position. As the only hospital in the area's most populous county, and the only tertiary hospital in the entire region, many informed sources report that patients and physicians have little or no choice but to use the hospital if they want to remain in the region.

PART I: PHYSICIAN DEPARTURES FOLLOWING HCA'S ACQUISITION

Mission's Esteemed Medical Community

Well before HCA purchased Mission in 2019, the hospital had reached state-wide and national prominence for its excellent quality of care.[9] This success was due in large part to the breadth and depth of Mission's medical staff. As one observer noted recently, Mission had "a reputation for quality that once drew esteemed doctors from across the country."[10] Mission's former CEO explained to fellow hospital executives in 2010 that the close working relationship between the hospital and its first-rate medical staff "attracted me to Mission Health" and was "one reason why the region [had] ranked as among the nation's best for providing high quality, low cost care."[11]

Long-time members of Asheville's medical community have described the "really, really remarkable depth of specialists" who came to the area because of the hospital's marked reputation for quality, the depth of medical expertise, and the strength of connections within the medical professional community. One physician, for instance, who reflected on Mission's rise to prominence over the past fifty years, wrote that:

> We saw brilliant young doctors come. The cardiologists were as fine as any at the Mayo Clinic. Superb pathology and anesthesiology, ancillary internal medicine practices arrived. The quality and quantity, the variety of sub-specialties just blossomed. The most complicated diseases, which had been referred to university centers, now were beginning to be competently treated right here, right now. Early on there was no hand surgeon, no pediatric surgeon [but then they arrived]. Quickly, the beauty and meaning, this fine gem of Asheville, became known at academic medical centers. Specialists came for Asheville's beauty, peaceful forests and mountains. Asheville became a medical gem.[12]

Another medical professional who practiced in Asheville for 40 years, recently ruminated that, during the pre-HCA Mission era:

> Physicians from the most prestigious programs in the country wanted to come here…. We were building a medical community defined by trust, collegiality and excellence…. We were all committed to providing the best care possible. Our relationships supported that end. For members of the community, working at Mission or St. Joe's was something to aspire to, a place to have a career, a place to belong, to feel proud of. There was a sense of ownership for them as well.[13]

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[9] https://hlp.law.wfu.edu/wp-content/uploads/sites/11/2024/06/HCA-Mission-Lead-Up-To-HCA-Sale-working-draft-WFU.pdf

[10] https://www.statnews.com/2023/11/30/hca-mission-hospital-cost-cutting-appalachia/

[11] https://www.beckershospitalreview.com/hospital-executive-moves/hospital-industry-leader-to-know-dr-ronald-paulus-of-mission-health-system.html

[12] https://www.citizen-times.com/story/opinion/2024/06/23/asheville-mission-hospital-was-medical-gem-before-hca-took-over/74122574007/
Also reflecting on this past, see: https://www.citizen-times.com/story/opinion/2024/06/30/memorial-mission-hospital-lost-asheville-trust-with-mergers/74137618007/

[13] https://www.citizen-times.com/story/opinion/2024/05/26/opinion-physician-says-hca-mission-purchase-is-like-hostile-takeover/73775402007/

Mission's quality of care also garnered highly favorable attention from national research organizations and health policy experts. Twenty years ago, one research group specifically chose to study Mission Hospital because of its exemplary quality. The researchers reported that:[14]

> Because of its attractive location in the mountains, the local lifestyle, and the institution's good reputation, the health system has succeeded in attracting highly qualified physicians from top schools and other top-ranked institutions. Ninety-three percent of its physicians are board certified. Also, Mission's family practice residency enjoys the top match of any family practice residency in the country—a strong statement about the quality of the institution and its physicians. …. Mission's location in the mountains of North Carolina also seems to contribute to high quality, by creating a sequestered community of physicians who take a long-term view of the institution and its needs.

Physician Departures under HCA

Considering the long-standing strength and relative cohesiveness of Asheville's medical community, it is troubling that, relatively soon after HCA's purchase, a large number of established and well-regarded physicians severed their ties with the hospital. Yet, Mission's CEO at the time of the sale assured a community group that, under HCA, Mission would have "the exact same people and exact same doctors and exact same nurses providing all the care."[15] Even the hospital's FAQs webpage discussing the proposed sale reassured that, "We don't expect any changes for private practice primary care physicians."[16] Clearly, things have not played out as expected, which signals that all is not well with Mission Hospital under HCA.

Exact, or even approximate, counts of departing physicians are not obtainable (in part because HCA Mission will not provide them). It is clear, however, that, due to various forms of unhappiness with HCA, doctors have left Mission in droves. Well over one hundred—and by some estimates several hundred—doctors have either left Mission or have shifted some or most of their medical practice elsewhere. According to one count, 223 doctors fell entirely off the hospital's medical staff between August 2019 and February 2022.[17] A former senior administrator at Mission said that, prior to HCA's purchase, the hospital actively managed 750 physicians, but that number has dropped by two-thirds.[18] As summarized by the respected former head of Mission's hospitalist group:[19]

> "There were a host of unforced errors that resulted in the emergency department staff being put under stresses that caused them to leave, that caused [most hospitalists] to leave, that caused

[14] https://www.commonwealthfund.org/publications/fund-reports/2004/jul/hospital-quality-ingredients-success-case-study-mission

[15] https://www.citizen-times.com/story/news/local/2018/12/30/if-mission-health-sold-hca-what-happens-quality-care/2390200002/

[16] https://web.archive.org/web/20180724134555/https://missionhealthforward.org/faqs/

[17] https://www.northcarolinahealthnews.org/2022/03/26/how-many-doctors-have-left-mission-hca-wont-say/. This count would include doctors who retired or left the area for reasons unrelated to HCA, but it excludes doctors who retain only a reduced or residual status on the medical staff.

[18] Essentially confirming this, Mission recently said it operates fewer than 200 physician practices. https://www.beckersasc.com/leadership/its-been-devastating-where-a-physician-landed-after-hca-shuttered-practices.html

[19] https://avlwatchdog.org/i-was-beginning-to-feel-like-i-was-on-a-sinking-ship-says-former-mission-hospitalist/

> most of our psychiatrists to leave, that imploded our hospice and palliative care service, that caused all of our otolaryngologists to resign from the medical staff, that put stress on the cardiology group, and the pulmonary and critical care group …."

There are additional indications that, after several years under HCA, Mission continues to have significant physician departures. According to one active physician, "40 percent of the doctors and nurse practitioners and PAs left [Mission's] ER in 2023."[20] Another said that 18 emergency room physicians left over the space of a few months in 2023.

Key observers[21] have characterized this overall "slew of departures" as a "massive flight" in which physicians "fled Mission in droves" and "entire practices vaporized." They say this has amounted to a "HUGE, HUGE turnover" or "upheaval" constituting an "implosion" or "mass exodus" that "decimated," "dismantled," and "unwound" major parts of a "painstakingly assembled" medical community. And they exclaimed how "terrible," "horrible," and "distressing" it has been to witness the decline of what had become one of best medical communities in the country, one that (as a former board chair said) "we worked so damned hard" to build.

The breadth and depth of discontent that arose in the area's medical community following HCA's purchase is powerfully expressed in an extraordinary open letter in late 2023 that has now been signed by more than 250 area physicians,[22] including seven former board members and nine former clinical chiefs at Mission.[23] Additional portions of this remarkable missive are quoted below, but the core sentiment of this "open revolt"[24] is that: "Many of the for-profit-driven changes that HCA has wrought, despite advocacy and protests from multiple sectors, have gutted the heart and soul of our community healthcare system, … [which has been] a backbone of this community for decades."[25]

As discussed in the next two sections, physicians have been motivated to disassociate from HCA Mission for two sets of reasons: economic and medical professionalism.

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[20] https://avlwatchdog.org/this-is-a-four-level-problem-dr-clay-ballantines-full-statement-at-ashevilles-watchdogs-hca-mission-community-event/

[21] See, e.g.: https://www.medpagetoday.com/special-reports/exclusives/91263
https://avlwatchdog.org/missions-urology-services-loses-physicians-asheville-urological-associates-gives-up-privileges-there/
https://avlwatchdog.org/how-many-doctors-have-left-mission-hca-wont-say/
https://avlwatchdog.org/how-many-doctors-does-mission-hospital-have-they-wont-say/
https://www.transylvaniatimes.com/news/hca-sees-exodus-of-local-mds-transylvania-county-nc/article_caa88f2d-c3e8-52db-b207-b50b50590b24.html
https://www.medpagetoday.com/special-reports/exclusives/91263
https://www.statnews.com/2023/11/30/hca-mission-hospital-cost-cutting-appalachia/

[22] https://avlwatchdog.org/they-must-leave-coalition-launches-campaign-to-push-hca-to-relinquish-mission/

[23] https://www.northcarolinahealthnews.org/2023/10/22/50-doctors-including-a-former-board-member-publicly-decry-hcas-management-of-mission-hospital-system
https://www.medpagetoday.com/special-reports/features/107516

[24] https://www.statnews.com/2023/11/30/hca-mission-hospital-cost-cutting-appalachia/

[25] https://drive.google.com/file/d/1l2GEDz95cRhlFe2D1gDY5XrPMZDxjEMN/view

Economic Reasons

Economics is the primary basis for discontent among many former Mission physicians. Prior to HCA, Mission, recognizing the importance of a strong physician network, grew its stable of closely affiliated physicians by paying them well. When HCA took over, however, well-informed sources explained that HCA's business model does not prioritize integrated care and population health—goals that were pursued by Mission's previous leadership. Instead, HCA has a "different mindset" that values strong connections with only certain types of physicians, based entirely on a particular medical practice area's profitability to a hospital that is focused on high-reimbursement acute care services. One source commented that most other hospitals "want to control all the buckets" of medical practice, but HCA "only wants the buckets with [good profit] margins."

A physician who previously served on Mission's board underscored that HCA "cherry-picked" which services and programs to keep open based on profitability. By way of example, the physician stated that HCA closed the wheelchair seating clinic and the elder-care service that previously complimented Mission's rehabilitation unit because those services lacked profitability. Another community physician noted that HCA closed Mission's bariatric weight loss clinic despite continuing its bariatric surgical program because only surgery makes money.

In neurology, HCA reportedly attaches greater value to the surgical branch of the specialty than the medical branch, because much of the latter is done on an outpatient (non-hospital) basis. Neurosurgery is said to receive better treatment from HCA because that branch of the specialty is much more lucrative.[26] Several sources noted that neurology is an "extreme case" of HCA "running off" much-needed medical specialists that Mission had "painstakingly" recruited to the area in the past. According to one insider, most of the sizeable Mission-supported neurology group felt they had no choice but to cut ties and relocate when HCA insisted on "egregious" changes to their compensation. As a result, this has left "a gaping hole for Alzheimer's, Parkinson's, stroke care [and dementia care] in our aging population,"[27] as one physician said, which makes it much more difficult than before to arrange care for patients suffering from major impairments, according to several sources.

Several sources also pointed to the community's loss of several prominent cardiologists, even though cardiac surgery remains relatively strong. Others noted that this differential treatment is consistent with HCA's observed "playbook" nationally,[28] which focuses on "higher acuity" "interventional" or "procedure-oriented" practice areas that are more "money-making" than more routine medical care. Accordingly, in a range of medical practice areas, HCA was said to offer physicians a "take-it-or-leave-it" change in contract terms that drove many of them away.[29] The resulting loss of physicians has meant, according to one community leader, that the ability to get a doctor's appointment "changed dramatically," "like night and day," after HCA purchased Mission.

[26] Nevertheless, there is some indication their ranks also have diminished at Mission, but not nearly to the same extent as medical neurologists. https://avlwatchdog.org/how-many-doctors-have-left-mission-hca-wont-say/
[27] https://avlwatchdog.org/this-is-a-four-level-problem-dr-clay-ballantines-full-statement-at-ashevilles-watchdogs-hca-mission-community-event/
[28] https://www.pressreader.com/usa/modern-healthcare/20181008/281762745204037
[29] https://www.carolinacoastonline.com/regional/article_003a1ff8-4167-11ef-a880-0b4d180c2e81.html

Multiple sources said that HCA could afford to drop support for primary care doctors and community-based specialists because Mission is the only tertiary-care hospital in western NC, and the larger Mission system offers the only accessible hospitals in a significant portion of the region. Thus, as some sources have flatly posed, "where else are [these patients] going to go?" Even if Mission is at risk of losing patients who need less-complex hospital care, these patients are often less profitable. Ultimately, Mission can afford to focus on more profitable, complex medical care, all while "leaving the scraps for others."

Even for essential hospital physicians, HCA has recognized that certain market conditions allow it to substantially reduce their pay, increase work demands, or both.[30] A former financial adviser to Mission's board said that HCA now regards these core physicians as "cogs in a machine" that it can readily and repeatedly replace. For instance, internal medicine physicians who work as full-time "hospitalists" are considered the "backbone" of the hospital. Prior to HCA, Mission systematically built up a large core of more than 50 hospitalists, most of whom had practiced there for many years. Following HCA's purchase, almost "every single one" left – most by moving their practice elsewhere (although some by retiring or by changing their area of practice). When asked about the situation, one of the last hospitalists to leave Mission said "you're going to make me cry" having to think about it. This physician and several others described that, soon after HCA's purchase, members of this large and well-respected group "started peeling off," leaving fewer and fewer until none were left. As one physician emphasized, they were simply "GONE," which another stressed was "very sad."

Some hospitalists left because, as discussed below, they found that practice conditions under HCA became intolerable. Others left mainly because, "within a hot minute," HCA worsened their work and compensation terms by turning this practice area over to a national physician staffing firm (Team Health) that substantially cut their pay[31] and increased their workload. Full details were not available, but one physician described having to now care for roughly 30 patients a day, a level they said is "absurd."

In other practice areas, HCA outright terminated its physician support altogether, for financial reasons. Most visibly, HCA either greatly reduced or virtually eliminated support for family medicine and other common primary care practitioners. An experienced physician explained that "jettisoning" primary care is consistent with HCA's "pattern [elsewhere, which] is to shut down [support for] primary care wherever they're going and just assume other people are going to pick it up. They don't want it. It's not a big enough profit for them."[32] As one long-time member of the local medical community recounts, HCA's withdrawal of support affected a broad swath of important services beyond just physician care:[33]

> "[Under HCA] access to the outpatient rehabilitation clinics [was] greatly curtailed, essentially gone. The incontinence and bladder function clinic, GONE. The lymphedema clinic, GONE. The vertigo and balance clinic, GONE. The senior driving assessment program, GONE, … for these patients who've … had strokes, major orthopedic issues, and they're trying to rebuild their lives

[30] https://avlwatchdog.org/i-was-beginning-to-feel-like-i-was-on-a-sinking-ship-says-former-mission-hospitalist/

[31] Specifics were not provided, but in general, prior to HCA Mission was said to pay its hospitalists based on the services they provided, whereas under HCA hospitalists reportedly are now paid based primarily on time or salary, with only a small portion based on services.

[32] https://carolinapublicpress.org/47175/hca-takeover-reframing-primary-care-in-western-nc-could-threaten-regional-hospitals/

[33] https://avlwatchdog.org/this-is-a-four-level-problem-dr-clay-ballantines-full-statement-at-ashevilles-watchdogs-hca-mission-community-event/

> and get a grip on what's happened to them. The psychological services in the [rehab] facility, GONE. … They tried to get rid of the amputee clinic that takes care of the wounded appendages and make sure they have the right prosthetics and they tried to get rid of … an integrated outpatient program to keep people able to live at home or keep them out of nursing homes and out of the hospital."

For main-line primary care clinics, physician interviewees said that HCA's local chief executive initially assured them (in one physician's words), that "oh no, [HCA dropping support] will never happen. We have no intention of doing that." Yet, a few months later and reportedly with very little notice, HCA entirely "shuttered" two substantial primary care clinics, causing many thousands of patients to have to scramble to find new doctors.[34] As another physician lamented, "that's how they work:" at first, "flatly denying" any intent to pull support, but then suddenly rescinding that assurance by forcing a key clinic to close within one month.

Informed observers explained that HCA does not invest in primary care for business reasons. One reason, suggested by a local primary care physician, is that effective primary care actually hurts a hospital's business by keeping people healthy, explaining that: "Our job was set up by the previous hospital administration to keep folks out of the hospital and to keep costs down, and we did a really good job at it. We kept people healthy and we kept them out of the hospital."[35] A second business reason is that HCA realized, according to multiple physicians, that they "don't need a feeder network" when "they have a monopoly" on key hospital services. Physicians commented that, even without HCA's support, "where else will patients go" for hospital care? There is "nowhere else to send them," since "there just aren't that many [hospital] options for going elsewhere."

Quality of Care Concerns

Other established physicians have disengaged from Mission Hospital – either partly or entirely – based primarily on concerns about their ability to deliver quality care.[36] An orthopedic surgeon left his successful practice at Mission because"[p]art of the attraction of working at Mission was to be surrounded by high quality, very well-trained physician colleagues," but now, "[m]any of these people are leaving as they aren't willing to compromise patient care in Asheville."[37] A former clinical leader who HCA itself recruited ended up leaving because, he said, "I became completely demoralized by HCA's lack of willingness to try and improve [care] so we could effectively treat patients."[38] He also noted that, although he was able to recruit some replacements for previous physicians who left, "unfortunately their tenure at Mission was short due to the culture and work environment within the hospital …." One of those departing recruits

[34] https://wlos.com/news/local/clinics-closed-dozens-of-doctors-leave-mission-health-since-hca-takeover https://carolinapublicpress.org/47175/hca-takeover-reframing-primary-care-in-western-nc-could-threaten-regional-hospitals/

[35] https://www.beckersasc.com/leadership/its-been-devastating-where-a-physician-landed-after-hca-shuttered-practices.html

[36] https://www.statnews.com/2023/11/30/hca-mission-hospital-cost-cutting-appalachia/ https://avlwatchdog.org/i-was-beginning-to-feel-like-i-was-on-a-sinking-ship-says-former-mission-hospitalist/

[37] https://www.citizen-times.com/story/news/2021/05/14/mission-hospital-departures-concerns-doctors-leave-hca-healthcare-more-work-less-pay/5042082001/

[38] Note 6, Exhibit 2.

explained that "I left because I couldn't in good faith take care of patients somewhere that I didn't think was safe."[39]

The highly respected head of Mission's large hospitalist group also left after struggling through several years of frustration under HCA because serious quality problems were "not something that I was ever able to adequately get remediated." [40] Despite being very committed to remaining with the department that he built and led for two decades, this former Army doctor said it "came to a point for me that I just felt I couldn't deliver the care that I wanted to deliver," due to "there [being] just so much turnover and so much turmoil."[41] Also, he noted (in a sworn statement) that this "is the reason why many" of his physician colleagues who pre-departed him left. "They simply could not practice medicine under those circumstances."[42]

Collapse of Cancer Care

Cancer care is the most visible example of physicians reducing or severing ties with HCA Mission based in large part on concerns about the quality of care. The head of the cancer service and his entire oncology staff, who HCA recruited to build the cancer services at Mission, left over the space of just a couple of years[43] "due in large part to the maladaptive management style of hospital administrators and their fundamental lack of understanding of cancer services."[44] As a result of these departures, a leading industry news source described the SECU Cancer Center that was once a gem of Mission's medical campus as, essentially, a "ghost town."[45]

The head of oncology that HCA Mission recruited wrote (in a sworn affidavit) that issues causing this collapse included:

> 1. … inadequate [staff] support to successfully operate an outpatient oncology practice.[46] …
>
> 2. Support services needed for a comprehensive cancer program were largely eliminated (palliative care, nutrition services, and community engagement related to cancer screening, transportation, and education).
>
> 3. At times, due to staffing issues, administrative assistants were asked to complete work ordinarily done by a registered nurse. …

[39] https://www.statnews.com/2023/11/30/hca-mission-hospital-cost-cutting-appalachia/
[40] Note 6, Exhibit 8.
[41] https://www.statnews.com/2023/11/30/hca-mission-hospital-cost-cutting-appalachia/
[42] Note 6, Exhibit 8.
[43] https://www.citizen-times.com/story/opinion/2023/12/17/hca-mission-hospital-has-no-medical-oncologists-on-staff/71894784007/
[44] Note 6, Exhibit 2.
[45] https://www.oncologynewscentral.com/article/cancer-center-a-ghost-town-after-acquisition
[46] The doctor elaborates: "As example, this practice was to be staffed by two registered nurses, but for long periods there was only a single nurse and at one point the clinic had no nursing support for several months. [Also, there was] [i]nsufficient and inadequately trained administrative support staff to complete paperwork, answer phone calls, and to get patients properly scheduled for procedures and clinic appointments."

This edited list of concerns focuses on outpatient care. Addressing hospital care, this same clinical leader said (in his sworn affidavit):[47]

> "Our group also had concerns regarding patient safety and the administration of intensive chemotherapy regimens on the inpatient oncology unit due to inadequate, transient, and undertrained staff. The [hospital] lacked adequate [physician] coverage at night to address the urgent needs of complex oncology patients and there were limited hours during which oncology drugs could be prepared due to pharmacy staffing. Chemotherapy, particularly regimens for leukemia and lymphoma, are intensive regimens [requiring] round-the-clock monitoring. Because of short nursing staffing - particularly at night - I deemed that the inpatient oncology unit was unable to provide the monitoring to deliver leukemia care. As a result, the providers in our practice decided not to provide leukemia induction therapy at Mission."

The decision by HCA Mission's oncologists to cease leukemia treatment due to safety issues left leukemia treatment in the hands of a different medical oncology group in the community. However, in due course, that community practice also decided to send their leukemia patients elsewhere. According to the group's leader, who also heads the state's oncology association:

> "In September 2023, Messino Cancer Center determined it could no longer provide chemotherapy treatment to complex hematology patients at Mission Hospital. That decision … was based on concerns about understaffing of the inpatient oncology unit, issues with the supply of chemotherapy drugs (including an inadequate number of chemotherapy-trained pharmacists to mix the drugs), and delays in receiving laboratory results.[48] ... We were finding more and more cases of missed care and errors. ... We were catching them, but it was one of those things where it was just a matter of time before something was going to slip through the cracks and someone was going to get hurt."[49]

In sum, unresolved concerns about patient safety under HCA now mean that the very sick leukemia patients with the area's primary oncology group must now travel to hospitals outside of western NC to receive essential chemotherapy infusions.

HCA Mission's Response

HCA Mission claims this turmoil and its significance are overstated. It points, for instance, to the fact that, in response to the critical letter from physicians noted above, 82 clinicians currently on the staff wrote a letter in support saying that "there are many of us who do not feel that their [colleagues' critical] voice represents us as a whole."[50] HCA Mission also notes that it has been able to fill many or most of the vacancies created by various physician departures, and it claims that, on the whole, "we have about as many providers on our medical staff today as we did prior to the [HCA] acquisition."[51] These responses fail to adequately address core concerns for several reasons.

[47] Note 6, Exhibit 2.
[48] Note 6, Exhibit 10.
[49] https://www.statnews.com/2023/11/30/hca-mission-hospital-cost-cutting-appalachia/
[50] https://mountainx.com/blogwire/mission-health-physicians-letter-to-independent-monitor/
[51] https://www.statnews.com/2023/11/30/hca-mission-hospital-cost-cutting-appalachia/

Regarding the competing letters from area physicians, it is very possible that many more area physicians agree with the critical view, but, for obvious financial and professional reasons, they are reluctant to speak out publicly.[52] Regardless, even granting that views in the current medical community are somewhat divided, it should be a clear red flag that a few hundred well-respected physicians in the community openly say there are serious problems at HCA Mission. Not all canaries need to choke before realizing that the mine shaft isn't safe.

Moreover, it is misleading and disingenuous simply to point to Mission having retained roughly the same number of physicians on its medical staff. This fails to adequately address reported problems for at least three reasons. First, as noted above, many, and perhaps most, replacement physicians have substantially less experience or commitment to remain in the community. Second, a simple count of total names on the hospital's medical staff roster obscures whether there are concentrated pockets of key medical specialties that are too thinly populated. Third, simple medical staff membership does not convey how much of a physician's actual practice time occurs at a hospital. It is important to understand that hospital-physician affiliation takes two basic forms: full-time employment/contracting or simple medical staff membership.[53]

Full-time employment or contracting is typical for doctors who work exclusively in the hospital. Simple medical staff membership is the more conventional arrangement in which community-based physicians have hospital "admitting privileges," meaning that they have permission to treat their patients there. This critical distinction can be obscured by the fact that "staff" can describe either arrangement. When staff refers simply to being allowed to admit patients, counting the number of physicians on the medical staff says little about the extent to which these physicians are actually available to treat hospital patients or consult as specialists with other physicians.

Again, cancer care is a prime example. In 2010, the State Employees Credit Union (SECU) Foundation donated a substantial sum to open a cancer center with the goal of providing comprehensive, coordinated cancer care – both outpatient and hospital-based.[54] At the time of HCA's acquisition, it appears that the community's principal oncology group[55] was under contract negotiations with Mission to staff and run

[52] The October 2023 physician's letter, for instance, stated that "many physicians believe they cannot express their concerns publicly for fear of retribution from HCA. That fear and the overall sense of intimidation is widespread." https://www.northcarolinahealthnews.org/2023/10/22/50-doctors-including-a-former-board-member-publicly-decry-hcas-management-of-mission-hospital-system. Several physicians interviewed for this study also expressed a strong need for confidentiality out of concern for potential professional consequences.

[53] Adding further complexity, a variety of partial-service contracting arrangements exist, such as the hospital managing a physician's office practice, or an independent community physician agreeing to "take call" as a consulting doctor for hospital patients.

[54] As HCA describes the goal, a "comprehensive cancer program ... [is] committed to caring for patients throughout Western North Carolina [w]ith a robust team of oncology services in a range of specialties (breast, colorectal, hepatobiliary, gynecological, infusion, interventional, medical, orthopedic sarcoma, pediatric, plastics, radiation, surgical, urological and more), along with nurse navigators, pathologists, radiologists and reconstructive physicians, this highly skilled team offers care from diagnosis through survivorship." https://wlos.com/news/local/mission-health-cancer-center-claims-false-rumors-social-media-medical-oncology-practice-confusion-ask-13-answers
See also https://www.citizen-times.com/story/news/2020/11/03/mission-cancer-care-get-boost-partnership-sarah-cannon-officials-say/6126554002/

[55] It is now known as the Messino Cancer group, for its revered leader who subsequently retired.

this cancer center. Failing to reach satisfactory terms, that group left to practice independently in the community. Although those physicians remained on the medical staff, HCA Mission had to recruit a different, highly credentialed physician to build a Mission-based oncology group from scratch. Over the space of just a couple of years, that group's leader, and all of its members, left, "due to unresolved practice issues at Mission Hospital"[56] as described above.

As noted above,[57] these departures left Mission's marquee Cancer Center almost deserted. One outraged cancer patient summed things up by stating that, in her experience, "[t]here is absolutely no denying the degradation in [cancer center] services. … The amount of gas-lighting and lying [to the contrary] is astounding." [58] As she describes Mission's Cancer Center:

> "They shut the cafe down, so there are only vending machines now. Our pharmacy is gone, and every single oncologist. That is just THIS year [2023]. In 2019, we had outpatient triage in the cancer center with a thriving oncology practice and all pods open in infusions. All the offices were full. There was coffee available on every floor, a full-service cancer institute with RNs to offer massage, healing touch and aromatherapy to cancer patients. We never ran out of food. Now, if you develop blood cancer, you have to drive to Charlotte for treatment because HCA will not maintain safe staffing levels."

Although HCA Mission still has a "cancer center" building, it would appear to be a "center" in name only, since it lacks many or most of the complement of multidisciplinary physicians and technicians needed to provide what HCA Mission's CEO described as a "one-stop-shop" coordinated cancer service under one roof. [59] The head of the state's oncology association explains that:[60]

> To provide chemotherapy treatment to inpatients, you need medical oncologists, oncology trained nurses, chemotherapy trained pharmacists, consistent and timely access to chemotherapy drugs and laboratory testing, nutrition services, and round-the-clock physician and/or nurse practitioner support for patients. … Under HCA's leadership, some of these necessities have not been available at Mission Health.

HCA Mission's former head of oncology confirmed the same: "Cancer care is a 'team sport' that requires oncologists, registered nurses, pharmacists and support staff that work together to create and effective and safe treatment plan."[61] Counting nominal members of the medical staff falls far short of meeting these self-professed standards.[62]

[56] Note 6, Exhibit 2.
[57] Note 45.
[58] https://avlwatchdog.org/hca-lawyers-blast-ags-investigative-demand-as-legally-improper/
[59] https://ashvegas.com/mission-health-under-hca-leadership-looks-to-growth-hiring/
[60] Note 6, Exhibit 10.
[61] Note 6, Exhibit 2.
[62] See Note 54.

Effects on Patient Care

Beyond oncology, numerous sources pointed to a range of other important specialties where it is difficult, or "almost impossible," to get adequate "coverage" or consultation at Mission when needed. This list of "completely gutted" or thinly populated specialties includes otolaryngology (ear, nose, throat, or ENT), urology, rheumatology, orthopedics, and neurology.[63] Mission covers some of these specialties to a limited but diminished extent, but for some, there have been, and continue to be, times when certain specialties have simply not been available at all. Summarizing these views, one local physician emphasized that, not too long after HCA took over the specialists "I used to be able to call" for consultation or referral were "just GONE."[64] Several physicians related that, prior to HCA's acquisition, they "never had an issue" with coverage or consultation in most of these areas, but now, problems are chronic.

As a result, one Mission physician summarized that, although the hospital claims to provide "tertiary" care, it "isn't REALLY a tertiary hospital." Instead, it is "tertiary light," due to the "spotty coverage" in various key areas that is more like in smaller community hospitals. This physician and other colleagues explained that these shortages require them to send critically ill or injured patients elsewhere or convince more generalist physicians to take on difficult cases outside of their zone of experience and comfort. Several medical professionals mentioned hand surgery as a key example, pointing to the fact that the unavailability of a qualified surgeon to repair mangled fingers required either air lifting accident patients to another part of the state or prevailing on a less-experienced colleague to do the best they could in an emergency.

Many physician departures did not create permanent vacancies because HCA Mission eventually filled these vacant positions. Even so, physicians explained that widespread turnover does real harm. The first harm is simply the "huge brain drain" of highly skilled and experienced physicians from the area, many of whom are replaced with very junior practitioners "fresh out of residency." In other situations, HCA Mission relies heavily on temporary "traveling" physicians. Several sources commented that having to rely on less experienced physicians "can be scary" or "dangerous." One local physician summarized that "we've gone from providing amazing care to mediocre care."[65]

A former board chair at Mission explained that the "rotating door" of new and departing physicians makes caring for patients more difficult because "you don't know who is on the other end of phone" during a specialist consult. They also lamented that this "constant turnover" caused a "loss of trust" and the debasement of "social and institutional capital." A primary care physician noted that, back when they knew the hospitalists, their personal connection facilitated a "warm hand-off" in which they each understood what to expect of the other, but now that "good communication" is greatly diminished with community physicians following Mission's "100 percent turnover" in hospitalists under HCA.

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[63] Note 6, Exhibit 8.
https://avlwatchdog.org/this-is-a-four-level-problem-dr-clay-ballantines-full-statement-at-ashevilles-watchdogs-hca-mission-community-event/
https://avlwatchdog.org/missions-urology-services-loses-physicians-asheville-urological-associates-gives-up-privileges-there/
https://avlwatchdog.org/how-many-doctors-have-left-mission-hca-wont-say/

[64] Listen also to https://youtu.be/Tn74RQpaRws?t=453

[65] https://www.northcarolinahealthnews.org/2022/03/26/how-many-doctors-have-left-mission-hca-wont-say/

A former leader of Mission's hospitalist group commented that "when very important people ... were leaving, the administration's perspective was, 'Well, so what? We'll just have to replace them with somebody else.' There was no sense of loss when people were leaving, and it began to help me understand that they didn't really value those relationships as much as previous administrations had."[66] This physician, felt that "[d]estroying the institutional memory of the hospital makes it harder to practice medicine effectively ...." [67]

Physicians said that the general degradation in some specialties has made it more difficult for HCA Mission to recruit "the best and brightest," as Mission had been able to in the past, because promising early-career prospects are sensing that the area is losing what it needs to support "a more elite practice." One local physician complained angrily that HCA's "bad press is f***ing killing us in recruitment," pointing to the fact discussed in [another portion of this study study][68] that media stories "are 10:1 negative" about HCA, which potential recruits "are reading online." As a result, whereas it used to be easy for groups to recruit physicians who have the credentials to "go anywhere," now trying to do so is like "swimming upstream."

The second serious consequence of turnover, even among credentialed clinicians, is the disruption this causes to patients. One report recounted that HCA's closure of its principal primary care clinics, with only a month's notice, caused thousands of patients to have scramble to find new sources of care.[69] Some of these departing physicians opened "concierge" or "boutique" practices with restricted slots and higher costs. Thus, many displaced patients had to shift to low-income community health centers, which reported being "flooded" with a "wave of patients."

Treatment disruption is an even more pressing concern for patients with serious chronic conditions, such as cancer. As an oncologist explained:

> "Any time there's a serious health issue, whether it's cancer or heart issue or whatever, changing teams is one of the riskiest times for the patients, because that's been where there's the highest likelihood of errors happening."[70]

This is illustrated well by the experience one Asheville cancer patient described:[71]

> "When you found that the person that you've entrusted to get you through one of the most difficult times of your life is leaving because of hospital ineptitude, it is infuriating, it is scary, it's panicky, ... it's going to be very difficult to catch a new physician up on two years' worth of stuff, problems, hospitalizations, different things."

See also Appendix item 2.[72]

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[66] https://wlos.com/news/local/former-mission-health-doctor-describes-slow-speed-train-crash-led-state-attorney-general-lawsuit-asheville
[67] https://avlwatchdog.org/i-was-beginning-to-feel-like-i-was-on-a-sinking-ship-says-former-mission-hospitalist/
[68] https://hlp.law.wfu.edu/wp-content/uploads/sites/11/2024/06/HCA-Mission-Lead-Up-To-HCA-Sale-working-draft-WFU.pdf
[69] https://carolinapublicpress.org/47175/hca-takeover-reframing-primary-care-in-western-nc-could-threaten-regional-hospitals/
[70] https://avlwatchdog.org/attorney-generals-office-very-concerned-about-changes-at-mission-cancer-center/ .
[71] https://avlwatchdog.org/attorney-generals-office-very-concerned-about-changes-at-mission-cancer-center/
[72] Note 5.

Effects on Professional Morale and Esprit de Corps

Finally, an overriding insight conveyed in the October 2023 physician's letter quoted above is the long-lasting harm this disruption inflicts on professional morale and working relationships in the medical community. Looking back over the decades, these physicians wrote that:[73]

> " … our healthcare system has been a backbone of this community for decades. As contentious as it was, the 1998 merger of Mission and St. Joseph's was accomplished in good faith, with unified purpose, and with meaningful physician involvement. We were committed to honoring shared values. Collaborative relationships, despite disagreements, were maintained for the greater good. ... [T]here was no wavering in the support for the highest quality medical care possible for all residents of western North Carolina. It was what this community and our physician staff stood for. We were proud of our system and, despite its imperfections, we could defend it and advocate in meaningful ways for sustained, continued improvement. ... Relationships mattered, collegiality mattered, respect mattered. The culture built by thousands across all the hospital services mattered. It was a given that the value of a personal touch during a hospital stay or procedure mattered. ..."

These physicians said, however, that what has happened under HCA is "the gutting of what has mattered, [and] the loss of the heart and soul of our healthcare system. . . . We did not anticipate how devastating this transition would be to our community, nor the marked impact it would have on the foundational issue of quality care in our region."

These physicians said that "we have seen little to no interest on [HCA's] part in working with physicians or community leaders across multiple sectors to address quality-related problems." Similarly, HCA's former oncology leader commented:[74]

> "Through my daily interactions with clinic leadership and hospital administrators, it became clear to me and the other providers in the practice that they were not genuinely interested in physician input particularly if input did not align with their plans. Decisions were repeatedly made with inadequate input from stakeholders and without perceived understanding of the potential clinical ramifications of their decisions."

He explained that, when he was still with HCA Mission, his and colleagues' concerns "were repeated[ly] dismissed" and that, in general, the hospital administration "was seemingly incapable of addressing physician concerns …. Physicians were routinely left out of any of the decision-making processes. Although physicians were given titles of medical director, service line leaders, and committee chairs, they were frankly powerless and often ignored/sidelined in the decision-making process." A former administrator with a physician organization also noted that HCA removed or drove away most or virtually all the physicians who previously were in leadership roles at Mission.

[73] https://drive.google.com/file/d/1l2GEDz95cRhlFe2D1gDY5XrPMZDxjEMN/view
[74] Note 6, Exhibit 2.

Echoing these widely shared views, a long-time family physician in the community wrote that, prior to HCA:[75]

> "Physicians were in leadership roles across the board, working with hospital leadership to prepare for what was around the next corner.... For members of the community, working at Mission or St. Joe's was something to aspire to, a place to have a career, a place to belong, to feel proud of. There was a sense of ownership for them as well. … Mission defined who we were as a community. It was where we shared a sense of meaning, where we had history, a voice, and where we could all strive to be the best we could be."

But now, that has all changed:

> "There's a deep sense of loss so many of us feel since HCA has taken over. Their corporate-driven changes are not only antithetical to our way of being, they dismantled what we'd worked so hard for. They've erased our institutional memory. ... HCA brought with them a culture that has undermined trust, alienated many and harmed the collaboration and collegiality that's defined who we've been. Their manner has been marked by a lack of respect for the ethic and shared purpose that defined our health care community."

Summing up this profound and widespread sense of demoralization, a former chief of staff at Mission became so dejected by the way that HCA "destroyed the medical community that was Mission," that he left the state, saying that "I truly felt like it was a moral injury to be working for them."[76] A community member speaking at a public forum expressed the loss perhaps best of all, based on their observation as a patient:

> "It seems that it's a death by a thousand cuts. It's not anything you can point at and say, "Oh, they knocked that building down," or "Oh, they fired those people." It's more seeing people resigning, seeing the morale just dipping [lower and lower]. That is the lifeblood of this hospital system. You can have great facilities, and you have great machines, you have great people working for you, but if … the morale of the people that are working for [you] is terrible, it's not a healthy system."

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[75] https://www.citizen-times.com/story/opinion/2024/05/26/opinion-physician-says-hca-mission-purchase-is-like-hostile-takeover/73775402007/

[76] https://avlwatchdog.org/former-mission-chief-of-staff-i-truly-felt-like-it-was-a-moral-injury-to-work-for-hospital/ He concluded: "I was proud to be part of Mission Health for nearly nine years but could not bear the thought of working under HCA for the remainder of my career."

PART II: NURSING AND OTHER PATIENT CARE STAFFING UNDER HCA

Prior to HCA's purchase of Mission Hospital, a factor that helped attract a strong medical community to the Asheville area was that the hospital was well-staffed with experienced nurses and patient care service personnel. The superior working conditions for nurses resulted in Mission receiving the American Nurses Association's highest recognition[77] (called "Magnet" status).[78] Prior to that, a leading health policy research institute chose Mission to profile as one of the best hospitals in the country, in part because Mission's managers:

> "… clearly regard the quality of the nursing staff as one reason for the institution's high quality and low costs. . . . In a time when most hospitals are struggling with nursing shortages, Mission boasts a high registered nurse (RN) skill mix. ... The health system also enjoys a low nurse turnover rate of 12 percent, a low vacancy rate of 5 percent, and an average of 2.9 RNs per patient. Nurses appear to be respected and valued at Mission. They have a strong voice at the service line level and at the administrative level, where four of the vice presidents are nurses, and always attend physicians' meetings."[79]

This exemplary past stands in sharp contrast to what quickly transpired under HCA. A year after HCA's purchase, nurses' discontent with their deteriorating working conditions (described below) prompted a drive to unionize. Despite the fact that organized labor has very little private-sector presence in Western NC, this drive quickly succeeded, making Mission the only hospital in the state to have a nurse's union.[80] As one experienced observer commented, "When they've run it into the ground hard enough to make nurses UNIONIZE in *North Carolina*, you know it's bad." An additional sign that staff morale quickly plummeted under HCA is what many have called an "exodus" or "mass exodus" of long-time members and leaders of the nursing staff, soon after HCA's purchase.[81]

There are two core drivers of these nurses' discontent: reductions in nurse staffing and in supportive patient-care staff. Reducing nurse staffing levels obviously increases workload because each nurse must care for a greater number of patients. And the workload per patient becomes substantially more difficult

[77] Mission received this recognition in 2020, the year after HCA's purchase, but several key sources explained that the groundwork for this achievement was laid well before the purchase. As HCA Mission acknowledges, the "Hospital's journey to Magnet recognition began in September of 2015."
https://www.missionhealth.org/locations/mission-hospital/about-us/nurses

[78] https://health.ucdavis.edu/nurse/magnet/faq.html

[79] https://www.commonwealthfund.org/publications/fund-reports/2004/jul/hospital-quality-ingredients-success-case-study-mission

[80] https://www.northcarolinahealthnews.org/2020/09/20/asheville-hca-nurses-union-vote-unprecedented-in-nc/
https://www.carolinajournal.com/nurses-action-in-asheville-another-sign-unions-are-flexing-muscles/

[81] https://www.citizen-times.com/story/opinion/2020/02/11/hcas-management-mission-health-hospital-cause-deep-concern/4721205002/
https://avlwatchdog.org/conditions-at-ashevilles-mission-hospital-pose-immediate-jeopardy-to-patients-health-and-safety-state-investigators-report/
https://www.bpr.org/bpr-news/2024-02-16/patient-deaths-at-mission-report-details-failures-cms-accepts-hospitals-plan-for-correction
https://mountainx.com/news/patients-staff-challenge-quality-of-care-at-mission-hospital-under-hca-management/

with reduced support personnel across multiple assistive functions, such as patient hygiene, food service, room cleaning, patient transport, interpretive services, and various clerical positions.

Drivers of Discontent

Many indications from multiple kinds of sources show that reductions in both nurse staffing and supportive patient-care staff have occurred, and continue to occur, to a troubling (and sometimes very troubling) extent. Beyond nurses' discontent, these staffing cuts have led to a sustained and widespread "cascade of complaints from patients, … doctors, and other health care professionals,"[82] as well as the community at large. One previous hospital leader said that, prior to the purchase, there were many discussions of combining Mission's existing strengths with HCA's managerial efficiency, to achieve the "best of both." However, that did not occur because, "when HCA's teams came in, they said 'this is the way it's going to be.'" For instance, clerical staff were not needed "if nurses and doctors can do the necessary paperwork." As a result, nurses "were just working like dogs." Seeing that happen, this former leader recounted, "all of a sudden, I knew there were going to be problems."

Indeed, a year after HCA's purchase, a half dozen local municipal and government officials wrote:

> "There have been numerous, aggressive staff cuts over the past year, putting patient safety at risk. Certified Nurse Assistants and unit secretaries have been cut dramatically or eliminated altogether, putting new pressure on nurses. Patient to nursing staff ratios have also increased and some departments have seen an exodus of nurses, further stressing the remaining nurses. Anecdotal accounts abound from Mission physicians and nurses on how these cutbacks have affected patient care."[83]

One knowledgeable patient who spoke at a public meeting said:

> "It seems that it's a death by a thousand cuts. It's not anything you can point at and say, "Oh, they knocked that building down," or "Oh, they fired those people." It's more seeing people resigning, seeing the morale just dipping slower and slower, and steeper and steeper curve. That is the lifeblood of this hospital system. You can have great facilities, and you have great machines, you have great people working for you, but if it's all about the profit, the profit margin, and the bottom line, and the morale of the people that are working for is terrible, it's not a healthy system."

Various other sources interviewed for this study or quoted in credible reports over the past several years[84] confirm this assessment. According to one investigative report, "all of the [many current and former] health care professionals contacted ... cited staffing levels as the critical issue for quality of care at Mission." [85] Others refer, for instance, to being "shocked and horrified" when Mission's patient-care staff suffered "massive" and "debilitating" cuts from "HCA [coming] in with a hatchet" to "slash," "gut," and "decimate" staffing, both for nursing and for a broad range of supportive patient care services. A long-

[82] https://www.citizen-times.com/story/news/local/2021/05/31/quality-care-concerns-rise-mission-hospital-staffing-decline/5249489001/
[83] https://www.citizen-times.com/story/opinion/2020/02/11/hcas-management-mission-health-hospital-cause-deep-concern/4721205002/
[84] Cited throughout [this section of the report].
[85] https://www.citizen-times.com/story/news/local/2021/05/31/quality-care-concerns-rise-mission-hospital-staffing-decline/5249489001/

time Mission nurse stated at a public meeting that "[e]very single department in that hospital designed to help the patient is critically and unethically, inhumanely understaffed."[86] One public official interviewed said that, from an outside perspective, this all appeared to be "a complete collapse."

HCA Mission does not release detailed data about nurse or other staffing levels.[87] Therefore, it is difficult to quantify the extent of any staffing issues with precision.[88] However, a number of reliable indicators exist that, under HCA, Mission's staffing, both for nurses and for other patient care functions, has declined substantially, to levels lower, or perhaps much lower, than industry norms. These may not be perfect indicators, but HCA is in the best position to correct their imprecision if the general impression they give is inaccurate. We start with nurse staffing, and then turn to staffing conditions more generally.

Reduced Nurse Staffing

One indication that HCA Mission has very lean nurse staffing is from the competing applications that different hospitals filed with the state to Asheville's need for 67 more beds. Two other hospital chains (Advent and Novant) each proposed to build a new facility to meet this need. HCA, however, proposed to expand Mission hospital to meet the need.[89] These competing applications reveal how HCA's staffing model compares with these other reputable hospitals. As shown in Table 1, Mission's proposed nursing staff for the same number of additional patient beds was 60 percent lower than one competitor and 70 percent less than the other.[90]

Table 1: Projected Nursing Staff FTE's and Illness Severity for 67 Proposed Hospital Beds

	Mission	Advent	Novant
Nursing FTE	75.5	188	260
Acuity Index	2.0	1.7	1.2

Making this contrast even starker is the difference in "acuity level" between Mission and the other two hospitals. The adequacy of nurse staffing depends on how sick patients are. Thus, on average, 2 or 3 times more nurses are needed per patient in an intensive care unit (ICU) than in a normal medical unit. Mission's proposal allocated 22 of the 67 beds to intensive care, which require a good deal more nursing staff than

[86] https://avlwatchdog.org/pandemic-put-pause-on-missions-troubles/

[87] Instead, there is some indication the hospital may be taking steps to avoid the release of such information, in that Mission declined for the first time to respond to a survey administered by one of the leading hospital rating agencies (Leapfrog) the year (2023) that it first started to request specific numerical data about nurse staffing. Previously, Mission had self-reported a perfect staffing score of 100 based on self-assessed qualitative measures. Page 9 of https://hlp.law.wfu.edu/wp-content/uploads/sites/11/2024/02/HCA-Mission-Quality-Ratings-working-draft-WFU-1.pdf

[88] Doing so would require counts of "full-time equivalents" (FTEs) per job category, in order to account for those who work part-time, and to identify areas where staff changes may be more pronounced in size or effects.

[89] As discussed in [a forthcoming section], the state ultimately awarded the "certificate of need" to Advent, despite its new-hospital proposal entailing higher costs – in part in order to invite more competition.

[90] Mission argued that this much leaner staffing made it a superior choice to the other two hospitals. Page 44 of of: https://info.ncdhhs.gov/dhsr/coneed/comments/2022/june/Buncombe-Acute-Care-Beds-Project-ID-B-12233-22-AdventHealth-Asheville-Comments-by-Mission-Hospit.pdf

a normal unit, but the other hospitals proposed no ICU beds. Yet, HCA projected that, on average, its patients in these 67 beds would require substantially more medical care than what the other two hospitals projected while simultaneously estimating that it would need significantly less nursing staff than the other two hospitals proposals that lacked ICU beds.

Consistent with that representation, there are multiple indications that Mission employs much leaner nurse staffing than what is standard in the industry, but that this was not the case before HCA's purchase.[91] One long-time Mission nurse told the U.S. Federal Trade Commission that:

> "Before the sale to HCA, my unit . . . [had] a one-nurse-to-three patient ratio with a nursing supervisor having the ability to support our unit. Now, we have . . . a one-to-five ratio in the best of conditions. Unfortunately, the reality is often more like a one-to-seven ratio.[92]

A distinguished reporter[93] who investigated this issue described one hospital unit at Mission that "used to have one nurse for every three patients," but "[m]ost days now, . . . there is one for every six."[94] The Appendix (items 19-32) provides similar, confirming accounts from several additional nurses who have worked at HCA Mission.[95]

A physician currently working at Mission said that nurse staffing ratios are "thin across all levels of care," from critical care to "stepdown" to "ward level." Confirming what others reported, this physician said they have seen staffing in the ICU as low as one nurse for every four patients, whereas a 1-to-2 ratio is fairly standard in the industry. Another current Mission physician complained with great emphasis that nurse staffing is *"ridiculous, ridiculous,"* the ratios "stink," giving as an example a 1-to-6 nursing ratio in the "step-down" unit (which cares for patients whose needs fall between general wards and the ICU).

Several sources also noted that, unlike in other hospitals, HCA requires supervising "charge nurses" to take direct responsibility for a number of patients, even though their primary role is to oversee and assist the front-line nursing staff. For instance, one current physician described charge nurses that are responsible for overseeing nurses caring for 30-40 patients also having direct care responsibility for 6 patients. In a sworn affidavit, an experienced nurse explained that this practice "is never the standard of care" and "should not" happen, since the charge nurse needs to be free to respond to emergencies or issues more junior nurses are struggling to handle.[96]

Some of these examples may seem extreme, but according to multiple sources (including those in the Appendix), they are not rare. Instead, as one nurse reported, "[m]y unit is pretty much always short-staffed."[97] Another experienced nurse explained that "[w]e weren't concerned about staffing at all before HCA took over. ... There, of course, were times when a floor was understaffed for a shift here and there,

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[91] https://www.bpr.org/news/2021-12-16/have-staff-shortages-at-mission-meant-less-care-for-patients
https://avlwatchdog.org/quality-of-care-concerns-rise-at-mission-hospital/
Note 6, Exhibits 6, 11, 13.

[92] https://www.ftc.gov/system/files/ftc_gov/pdf/FTC-DOJ-Listening-Forum-%20Health-Care-Transcript.pdf

[93] Formerly she was a correspondent for the *Financial Times of London* and an editor for National Public Radio's *All Things Considered*.

[94] https://avlwatchdog.org/mission-nurses-overburdened-patients-suffer/

[95] Note 5.

[96] Note 6, Exhibit 6.

[97] https://avlwatchdog.org/mission-patients-endangered-by-emergency-department-transfer-procedures-nurses-say/

but [now] this is an ongoing, daily event."[98] Again, the Appendix (pp. 8-17) provides multiple other confirming specifics from numerous nurses and several physicians who have worked at HCA Mission.

Less Experienced Replacements

Compounding concerns about reduced nursing staff is that, due to the "mass exodus" of experienced nurses mentioned above, the remaining positions increasingly have been filled with either temporary or inexperienced nurses. According to one traveling nurse who worked at HCA Mission, '"90% of dayshift [nurses] on my unit were [temporary] travelers, including the manager." Another source reported that "roughly half of the hospital's nurses are now [temporary] travelers, and in some units, almost all are."[99] This is confirmed by reports from several other Mission nurses quoted in the Appendix (items 55-58). As a result, an experienced nurse said that "there's almost no continuity of care."[100] Troublingly, high turnover is also seen among former nursing leaders at the hospital. Within two years of HCA's purchase, "[s]ix of the 11 directors of nursing, who oversee three to five nursing units each, [had] resigned," according to one credible source.[101]

Several active physicians said that relying on temporary "traveling" nurses, as HCA does considerably, makes patient care more difficult because they are not familiar with the hospital's systems. A surgeon who left Mission in 2021 because of various aspects of HCA's "culture"[102] explained that "[c]onsistently excellent patient care flows from people working together over time versus [the] revolving door model" that arose under HCA. Several others wrote that, as a result of the churn in staff, nurses "may start a shift without having access to the [medical] charting system,"[103] and physicians' "orders get lost." A long-term Mission nurse agreed that "travel nurses have limited orientation, so they are not sure who to call, how to operate the phone and computers systems effectively, or the flow and institutional behavior of the hospital, which in tum negatively affects patient care."[104] Traveling nurses themselves report that it is difficult to quickly transition into HCA Mission's intense work environment. For instance, several quoted in the Appendix (items 52-54) expressed difficulty in contacting the appropriate physician for a patient.

Sources also stressed that real challenges arise from *permanent* nursing replacement hires, because many of HCA's new recruits are much less experienced than the career nurses who left Mission. A letter from a half dozen prominent area physicians to state inspectors emphasized that:

> In addition to not having enough staff, particularly nurses, another problem is staffing nurses with insufficient experience. … For example, pre-HCA, Mission required nurses in the ER to have several years of experience in other parts of the hospital before working in the ER. By contrast, under

[98] https://wlos.com/news/local/dozens-rally-outside-mission-hospital-concerned-about-unsafe-working-conditions-nurses-unite-in-protest-against-hcas-handling-of-mission-hospital-staffing-issues
[99] https://avlwatchdog.org/mission-nurses-overburdened-patients-suffer/
[100] Ibid.
[101] https://www.citizen-times.com/story/news/local/2021/05/31/quality-care-concerns-rise-mission-hospital-staffing-decline/5249489001/
[102] He said that, for a variety of reasons discussed in [the MD section], he "could not bear the thought of working under HCA for the remainder of my career" https://www.citizen-times.com/story/news/2021/05/14/mission-hospital-departures-concerns-doctors-leave-hca-healthcare-more-work-less-pay/5042082001/
[103] https://downloads.regulations.gov/FTC-2024-0022-1423/attachment_2.pdf
[104] Note 6, Exhibit 13.

> HCA, nurses in the [new nurse training] program can be placed in the ER as their first placement after graduation from nursing school.[105]

In a sworn affidavit, one experienced Mission nurse wrote of seeing "newly graduated nurses who have just finished orientation staff[ing the oncology unit] at patient-to-nurse ratios of 6 to 1," which is extremely high.[106] Another explained:

> "It is not safe to have all new nurses. Seasoned nurses provide a safety net by preventing new nurses from making mistakes in their provision of care. New nurses without this guidance are like doctors who have not gone through residency."[107]

New nurses at HCA Mission have written that they felt thrown into unsafe situations that their training and limited experiences did not prepare them to handle.[108]

Several physicians at Mission stressed that working with less experienced and entirely new nursing staff makes their work much more difficult. One said that, prior to "losing [most] of our seasoned nurses," the nursing staff had very good "clinical competency" and decisionmaking judgment, so I could "trust them to let me know when a patient needs immediate attention." But this is no longer the case. Newer nurses, many of whom are younger and "overworked," "don't necessarily know what they are doing. Another hospital physician said they have seen a lot more "safety incidents" for their patients than ever before, "probably one every shift." One reason for this "flood of near misses" is the absence of a more "senior nurse" to step in to help alleviate the recurring "pandemonium." The Appendix (pp.18-20) documents similar concerns with specific illustrations.[109]

Other Staffing Reductions

Cries of frustration or outrage have also been heard due to substantial cutbacks in other patient-care functions and support staff that cover the breadth of care and services at Mission Hospital. According to one public official, this amounts to "all the people that make the hospital work, and who let nurses be nurses." Various sources decry the cuts to: front-line clerical staff, nursing assistants, interpreters, housekeeping, patient transport, dietary services, phlebotomists, surgical instrument sterilization, speech and physical therapy, the hospital morgue and mortuary services, hospital chaplains, hospice grievance counselors, discharge planning, security guards, and various support functions for specialized clinical services such as chemotherapy transfusions. A letter to the Federal Trade Commission from a group of area medical professionals, elected officials, and others summarized that:

> "Signs of understaffing are everywhere. ... Patients do not receive regular hygiene services. Security guards are expected to transport corpses from the rooms where they died to the morgue, because morgue staff has been cut. There are not enough chaplains. Patients do not receive adequate supervision on behavioral health units, creating unsafe conditions. Units have been

[105] https://avlwatchdog.org/doctors-advocates-blast-missions-plan-to-correct-immediate-jeopardy-call-for-hospital-to-increase-staff/
[106] Note 6, Exhibit 11.
[107] Note 6, Exhibit 13.
[108] See Appendix, Note 5, items 23, 57, 99-103.
[109] Ibid.

> stripped of unit clerks and secretaries, leaving nurses to try to take up the slack. There are not enough nurses to provide basic care to patients, so patients are assigned to charge nurses, who should be coordinating and overseeing the overall work of the unit or floor."[110]

Numerous clinical professionals address these and other examples in the Appendix (pp. 11-17, 22-24).[111]

HCA's willingness to stretch support staff so thinly is reflected in the same comparison noted above between Mission and two competing hospitals' applications to staff 67 additional beds in the Asheville area. HCA Mission argued that much leaner staffing was a reason to favor its proposal to add those beds to its existing campus rather than allowing one of the competing proposals to build a new hospital. Specifically, HCA Mission said that adding 67 more beds would require no increase in medical technology or support staff, compared with the substantial number of such employees (169 and 202) the other hospitals said they would need for that same increase in service.[112]

Hampered Recruitment

Reduced staffing at Mission appears to have created a feedback amplification loop. The stress caused by reduced staffing has convinced more people to leave and makes it more difficult to fill vacant positions, further adding to the strain. One hospice nurse summarized that HCA's management has "essentially created a vicious cycle of downward spiraling care, demoralized staff, and patient and family dissatisfaction."[113]

HCA Mission has insisted that it works diligently to fill vacant positions. Still, there are ongoing reports of hundreds of unfilled positions.[114] As a result, Mission continues to rely on temporary contract workers substantially more than it did prior to HCA. But even those slots can be difficult to fill when these substitutes either hear about, or experience, the more stressful working conditions at Mission. Several sources noted that multiple internet sites warn potential workers about coming to Mission, [115] and that those who do arrive often leave before their contract expires because they find working conditions to be so much worse than expected, or than experienced elsewhere.[116] HCA Mission's reputation is bad enough that several independent recruiters for traveling nurse positions will not serve Mission or will warn against working there. Table 2 collects sample statements found on several websites used by traveling nurses which confirm Mission's worsening reputation. As one Mission nurse summed up, this "opens your eyes to how dire the situations and conditions are at the hospital."[117]

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[110] Others include religious leaders, patient advocates, and Western North Carolina residents. https://downloads.regulations.gov/FTC-2024-0022-1423/attachment_2.pdf

[111] Note 5.

[112] p. 48 of https://info.ncdhhs.gov/dhsr/coneed/comments/2022/june/Buncombe-Acute-Care-Beds-Project-ID-B-12230-22-Novant-Health-Asheville-Comments-by-Mission-Hospi.pdf

[113] https://avlwatchdog.org/quality-of-care-concerns-rise-at-mission-hospital/

[114] https://avlwatchdog.org/hca-owned-missions-failures-in-care-coincided-with-hundreds-of-empty-nurse-positions-data-show/

[115] https://avlwatchdog.org/mission-nurses-overburdened-patients-suffer/

[116] https://www.citizen-times.com/story/news/local/2021/05/31/quality-care-concerns-rise-mission-hospital-staffing-decline/5249489001/
https://avlwatchdog.org/overworked-nurses-say-patient-care-suffers/

[117] https://avlwatchdog.org/mission-nurses-overburdened-patients-suffer/

Table 2: Selected Comments about HCA Mission Hospital from Experienced Traveling Nurses[118]

"Just save your time and don't go to [Mission] .... I tried to give it a chance. … Long story short, just stay away. It's a dumpster fire from the top down. The place and people are awful and it's NOT worth the pay. I will never go back. They treat their travelers terribly and then have the audacity to wonder why they can't keep anyone there!"
"I've worked in 9 hospitals and this one made me question being a nurse. Unsafe, dirty, and all around terrible! … I'm tough and can handle a lot but this place is scary and dangerous for patients and your license."
"My recruiter swears against the facility. She actively avoids placing me there (me and my recruiter are from Charlotte NC for reference)."
"I didn't know about [Mission] but my recruiter said he wasn't comfortable submitting nurses there …"
"As a recruiter I always discuss Asheville with my travelers before we even submit. It will be very fast paced, will be high ratios, and heavy floating. I am happy to discuss hospitals that would be a good fit for you that would have safe ratios and a great experience!"
"I have ONLY ever heard really bad things about that place. I wouldn't go there. My recruiter flat out told me they are a shit show."
"I really want to go to Asheville but I have heard horror stories about the hospital. A shame because it sounds like an amazing town."
"Was just contacted by a recruiter [for an HCA Mission position] and I said … nope! Your reputation is too bad within the traveler's community …"
"[E]veryone [on this traveling nurse website] warns of how awful it is at Mission. It's enough people [who say this] that I'll never take an assignment there."
"This has been no secret in the [traveling nurse] world. Lots of people have wanted to [take a travel position in] Asheville, but DON'T because the hospital has a serious rep."
"Avoid Mission at all costs. Everything everyone has said is true. Only unionized because of bad management."
"[I've] been working in NC and have talked to plenty of other travelers who've worked there. Every single one has said it's awful."
"I think between [this website] and Facebook this hospital has thousands of horrific reviews from [people] who have worked there. My friend just quit a contract early after working there due to how badly they treated her and even the staff nurses."
"[HCA Mission] is by far the most negatively reviewed hospital on this [traveling nurse web] page."
"From what I've heard in this [traveling nurse] group among several posts is to AVOID Mission!!!! I haven't read one single positive about it. I have heard that Asheville is lovely! But not enough to make working at Mission worth it."
"NC native here, I've never taken a contract in Asheville but I have ONLY ever heard bad things about working there. Every experienced traveler I have met has cautioned me away."
"There are nothing but horrible reviews by [other] travelers. Most people I've met quit there on week one from how unsafe it is."
"This is easily the most hated hospital on any travel[ing nurse web] page."
"I was staff there. We had many travelers leave mid contract when the [wage] rates were sky high if that tells you anything."

[118] These are from the sources noted in the Appendix, Note 5. As explained there, because our focus is on problematic aspects, these do not represent more positive views that can be found about HCA Mission Hospital.

Mission rightly observes that other hospitals encounter recruitment problems, and that staffing problems worsened during and following the COVID pandemic.[119] However, at Mission, the problems appear to predate COVID[120] and have continued at substantially the same rate after COVID.[121] Mission's staffing problems arose, and continue, across a wide range of personnel beyond those--such as nursing--that were most directly affected by COVID. There are additional indications that, post-COVID, Mission's staffing woes have continued to a greater degree than at most other hospitals.[122] As the Attorney General's office wrote to Mission in March 2022, "health care systems across the state face the same issues without resulting in the same high number of complaints" received from Mission's patients.

Moreover, concerns about staffing do not relate primarily to *unfilled* positions. Instead, most appear to relate to HCA management decisions to substantially reduce staffing labor expenses across a broad range of positions. Labor is, by far, the largest controllable expense category for hospitals. Accordingly, HCA has a well-documented track record of keeping or cutting labor expense to what it considers an acceptable minimum. Multiple sources refer to substantially leaner staffing as a, or *the*, key element of HCA's "playbook" when it assumes ownership or management of a hospital.[123] A national publication (*Barron's*) studied changes in staffing at other hospitals HCA purchased in recent years, reporting "steep staffing declines soon after HCA bought them."[124] The study noted that this pattern "contrasts with statewide trends over the same period, where staffing remained relatively flat or increased" at other hospitals in these states.[125] An NBC reporting team interviewed 17 HCA employees in five states who said that "the company understaffs its hospitals as a practice, helping to keep profits high …."[126]

Impact on Timely Patient Care

These cutbacks affect patient care in pervasive ways -- some striking, and some more mundane. For instance, staffing cutbacks or turnover are blamed for errors and backlogs in routine preparation of sterilized surgical instruments, causing surgeons to delay or abruptly cancel procedures. A nurse wrote that the hospital "[r]outinely runs out of sterile surgical instruments, and numerous patients have had surgeries canceled or rescheduled,"[127] and a national reporter recounted that one Mission surgeon had

[119] https://businessnc.com/short-story-too-few-full-time-nurses-cause-severe-problems-at-n-c-hospitals/
[120] According to several sources, they began shortly after the Feb. 2019 sale. For example, one employee commented: "it was like the ball dropped and we started seeing staffing cuts, . . . we saw our nurse-patient ratios change." https://missouriindependent.com/2023/09/07/some-states-back-hospital-mergers-despite-record-of-service-cuts-price-hikes/ . The NC Attorney General wrote HCA Mission in Feb. 2020, just as the pandemic was starting, to say that he has received "a surge in complaints about quality of care," some of which were "harrowing to read." https://ncdoj.gov/wp-content/uploads/2020/02/Stein-Letter-to-HCA-_02252020.pdf
[121] https://avlwatchdog.org/overworked-nurses-say-patient-care-suffers/
[122] https://avlwatchdog.org/pandemic-put-pause-on-missions-troubles/
[123] https://www.citizen-times.com/story/news/2021/05/14/mission-hospital-departures-concerns-doctors-leave-hca-healthcare-more-work-less-pay/5042082001/
[124] https://www.barrons.com/articles/hca-stock-hospital-staffing-36ffa43b
[125] These findings confirm what the current study reports in [the section on financial performance]. https://hlp.law.wfu.edu/wp-content/uploads/sites/11/2024/04/HCA-Mission-Financial-Performance-working-draft-WFU.pdf
[126] https://www.nbcnews.com/health/health-news/workers-us-hospital-giant-hca-say-puts-profits-patient-care-rcna64122
[127] https://drive.google.com/file/d/17fwqww6QYqWIZH7lbI28TAMEhMmfRndC/view

"half his surgeries called off [one day] because there weren't enough clean instruments."[128] Even Mission's chief of staff during HCA's first two years complained that "I just don't really even trust that I'm getting sterile instruments up here to operate," so he had to consider cancelling surgeries to avoid "put[ting] my patients at risk."[129]

Due to staffing cutbacks, even simple, everyday matters such as scheduling an appointment or ordering a test are said to be infuriatingly difficult under HCA. Some doctors complained that they regularly find it difficult to reach other physicians on the phone because they are put on hold for extended periods and then repeatedly transferred to the wrong place. One doctor who spoke at a public forum said:[130]

> "Lack of staff has led to empty schedules because nobody was there to make the calls to get the patients in to see the doctors, so the doctors are sitting there with an empty schedule.... That lack of staff also means that [at] the main office, there are hundreds of [patient] phone calls weekly that go unanswered.
>
> The inpatient radiology, the CT scans, X-rays or MRIs, other imaging studies can have long delays, even for stat orders [that are needed right away]. I ordered a stat CT on a lady who had internal bleeding. Twenty-four hours later, I was still calling people in radiology, going "Get her down there." They just can't do it. They don't have the staff down there. The machines are sitting down there, but Mission has cut the staff.
>
> In the outpatient world where I'm working all the time, the labs and X-rays and consults that we have tried to get for patients and been able to get as quick as a snap in the past now require multiple attempts. We send these orders over and over again and we keep hearing back from radiology, from the lab, from the consultants we're trying to send it to, "Oh, it got lost." Which really means, "Oh we don't have any staff to take care of these requests as they come in." We spend hours of our day every day just advocating for patients trying to get things set up. At one point they were kicking mammograms down the road three months at a time, even [follow-up] diagnostic ones where women had problems [detected] …. They say, 'Oh, … we just can't do that today. Three months. Here's your next appointment.'"

Echoing these concerns, the group of medical professionals and others referenced above who wrote to the Federal Trade Commission said that:[131]

> "Laboratory services are now provided by contractors, resulting in long delays. One doctor described the difficulty in getting laboratory samples analyzed on a "stat," or immediate basis. "Stat lab is essentially a joke," he said, adding that it had recently taken eight days for the lab to return results for a patient who was battling an infection in the intensive care unit. Without those results, the patient's doctor did not know which antibiotic to prescribe. Similarly, delays are

[128] https://www.statnews.com/2023/11/30/hca-mission-hospital-cost-cutting-appalachia/
[129] https://avlwatchdog.org/former-mission-chief-of-staff-i-truly-felt-like-it-was-a-moral-injury-to-work-for-hospital/
[130] https://avlwatchdog.org/this-is-a-four-level-problem-dr-clay-ballantines-full-statement-at-ashevilles-watchdogs-hca-mission-community-event/
[131] https://downloads.regulations.gov/FTC-2024-0022-1423/attachment_2.pdf]

> common in obtaining imaging studies such as CT scans, X-rays or MRIs. A doctor told of waiting more than 24 hours to get a CT scan of a patient who had internal bleeding."

In a sworn affidavit, a leading cancer physician in the area said that he too has "experienced delays in processing laboratory results. Laboratory tests that should be completed in two or three days were instead taking five or six days" due to "HCA reducing the laboratory staff since the acquisition."[132] State inspectors who interviewed hospital staff in late 2023 about an emergency patient who died apparently from delayed diagnosis and treatment relayed the following account from an emergency room nurse:[133]

> "My concern is we have had trouble getting in contact with the phlebotomist [for urgent blood draws]. That morning they were not logged into to their [portable] device. I called the general lab number, and no one answered. I then contacted my house supervisor, and he told me "we don't have another option right now [for getting the urgent blood sample]."

The state inspector further reported that their interview "revealed not being able to reach a phlebotomist during [the] night shift had happened before. [This nurse] had called multiple times to reach the lab phlebotomist to draw [urgent] blood orders without reaching someone."

The Appendix (items 52-67)[134] quotes multiple different professional sources providing a range of other and confirming examples of staffing under HCA compromising the safety, quality and efficiency of patient care and supportive services. Included are several accounts of a nearly fatal suicide attempt by an unmonitored psychiatric patient (items 65-67).

Patients' Experience

While the effects of staffing cutbacks are felt "across the board" (in one physician's words), the effects are especially concentrated and visible in nurses' ability to care for patients. Various HCA critics consistently remark on the diligence and "heroic" dedication of those who continue to work at Mission, despite the escalating demands they face due to being stretched so thin. This appears especially true for nurses. As noted at the outset, cutbacks in nurse staffing, in which patient loads roughly doubled, were coupled with cutbacks in support staff such as nursing assistants, front-line clerical support, and various patient care supportive services, which further compounded nurses' feeling that they are not able to "do their jobs" the way they should.

Speaking to a reporter, a leading cancer physician said he was "horrified" that, on several occasions, he has found his hospital patients in "excruciating pain" because nurses were too overburdened to administer medications on time.[135] A former administrator with a physician organization relayed that one of their members was at "wits end" and "very angry" when we arrived at the hospital to find several of his "patients lying in their own shit." The Appendix (pp. 11-17) gathers additional examples from medical professionals, along with others reported by individual patients or family members.

[132] Note 6, Exhibit 10.
[133] https://drive.google.com/file/d/1oz_V4371DkaqET7123l57BOpjYCCWKtr/view
[134] Note 5.
[135] https://avlwatchdog.org/how-many-doctors-have-left-mission-hca-wont-say/

A national publication reported several Mission nurses recounting "that they often ended up delivering food and emptying trash bins after HCA outsourced the hospital's food service and janitorial functions."[136] A respected reporter described nurses having to assist with transporting dead patients to the morgue "because the unit that normally handles this work, the Office of Decedent Affairs, has been cut back by HCA."[137] An emergency room nurse explained (in a sworn statement) that, because HCA stopped staffing assistants in the ER:

> "A substantial portion of [ER] nurses' time is spent performing [personal care] tasks …. For instance, I often must spend time changing patients' clothing after they have soiled themselves, which impedes my ability to attend to the many other patients also under my care who are very sick. Other times, patients will sit in their feces or urine for hours."[138]

Physicians and other hospital personnel regularly have to help pick up the slack.[139] A former leader of the hospitalist physician group recalled that:

> "Because of [the] lack of other staff and ancillary staff members, … there are times where a patient's family member will come out and ask me, "My family member really needs to go to the bathroom, like, I need help in here." And they're asking the physicians because there's literally no one else around to help. The nurse is busy. There are no float nurses to help. There are no techs to help. There's none of the typical additional staff that would be in an emergency department who could say, "Oh, I'll come do that." … And so I do find myself, when I can, helping a patient to the commode or helping them on a bedpan with a family member because there's just not staff there to do it."[140]

During an extensive investigation in late 2023, state inspectors reviewed a sample of patient records to determine how regularly patients were offered routine bathing or linen changes. Although this sample was limited, it confirms a multitude of reports from patients and professionals, such as those collected in the Appendix (pp.3-4, 11-17).[141] State inspectors reported that basic linen or bathing services were not offered during hospital stays lasting one, two, and even three weeks.[142] A nursing assistant interviewed by government inspectors said she is often assigned to cover an entire hospital unit of 36 rooms by herself. Similar accounts from many others are documented in the Appendix (pp. 8-17).[143]

[136] https://fortune.com/longform/hca-hospital-chain-mission-health-care-north-carolina/
[137] https://avlwatchdog.org/quality-of-care-concerns-rise-at-mission-hospital/
[138] Note 6, Exhibit 12.
[139] For instance, a hospital chaplain said that, before she resigned, she and colleagues often had to help clean patients' rooms. https://avlwatchdog.org/former-mission-chaplain-the-moral-injury-that-is-happening-there-daily-is-staggering/
[140] https://avlwatchdog.org/in-unusual-email-mission-leaders-inform-medical-staff-that-they-are-expected-to-care-for-desperately-ill-patients-in-emergency-room/
[141] Note 5.
[142] https://drive.google.com/file/d/1oz_V4371DkaqET7123l57BOpjYCCWKtr/view
[143] Note 5.

It is no surprise, then, that reduced staffing is regarded as the primary driver of the plummet in patient experience ratings under HCA, discussed in [a previous section].[144] One well-respected journalist reported that:[145]

> "On one unit at Mission Hospital, with several dozen beds, nurses are assigned six or seven patients each — double their normal workload — and provided a single [nursing assistant], where protocols call for four. "Patients are lying in their own feces for up to an hour," [a nurse] said, 'and they are not getting their meds for hours.'"

This reporter recounted that, following the article just quoted, "I heard from many other patients who told of similar or worse experiences at Mission — long waits for care, patients stashed on gurneys in hallways, pain medicines administered late or not at all, patients waiting hours for assistance to get to the bathroom, and on and on."[146] The reporter was able to review patient-care alerts that Mission nurses had filed with their supervisors. Based on these:

> "One nurse on a surgical floor at Mission Hospital reported "patients lying in stool for an unknown amount of time," pain medications and insulin being administered late, and "irate family members." A nurse caring for the sickest patients on a surgical floor at Mission documented 'delayed and missed medications due to RNs having 7-8 patients … Inadequate staffing led to patient fall.'"[147]

The state's Attorney General also reports receiving a large number of disturbing complaints, both from patients and from HCA Mission's clinical staff. One Mission nurse wrote about patients "having to sit in their own excrement for hours because our floor is expecting one [nursing assistant] to look after 44 patients."[148] The "surge in complaints about quality of care" received by the Attorney General during HCA's first year of ownership prompted him to write the hospital an official letter requesting more information about staffing, noting that these complaints "frequently raise concerns about the impact of staffing cuts, especially for nurses" that are "harrowing to read."[149] So too are the similar reports from patients and professionals gathered in the Appendix (pp. pp.3-4, 11-17, 18-20).[150]

Diminished Patient Safety and Quality of Care

Stretching staff "razor thin" (in the words of one physician)[151] affects not only staff morale and patients' experiences; this also has demonstrable impacts on patient safety and the quality of care. As summarized

[144] https://hlp.law.wfu.edu/wp-content/uploads/sites/11/2024/02/HCA-Mission-Quality-Ratings-working-draft-WFU-1.pdf
[145] https://avlwatchdog.org/quality-of-care-concerns-rise-at-mission-hospital/
[146] https://avlwatchdog.org/overworked-nurses-say-patient-care-suffers/
[147] https://avlwatchdog.org/mission-nurses-overburdened-patients-suffer/
[148] https://www.citizen-times.com/story/news/2021/09/20/hundreds-complain-nc-attorney-general-ashevilles-hca-mission/8370318002/
[149] https://assets.documentcloud.org/documents/6786656/Stein-Letter-to-HCA-02252020.txt https://ncdoj.gov/wp-content/uploads/2020/02/Stein-Letter-to-HCA-_02252020.pdf
[150] Note 5.
[151] https://www.citizen-times.com/story/news/2021/05/14/mission-hospital-departures-concerns-doctors-leave-hca-healthcare-more-work-less-pay/5042082001/

in a letter to the Federal Trade Commission written by area medical professionals and other stakeholders:[152]

> "Patient safety is constantly compromised by inadequate staffing. Examples: Sitters must observe multiple patients at one time; people who monitor telemetry on gravely ill patients are overloaded and no longer located on site; no environmental services staff work the night shift in the emergency department, so rooms are not cleaned or sanitized appropriately (in many instances, nurses and even chaplains are left to try to remove blood and other bodily fluids). Short staffing in the sterile processing department means sterile equipment is not always available for the surgeons."

A national journalist who reviewed an extensive report from state inspectors summarized that:

> "It's nearly 60 pages describe[ing] a catastrophic state of dysfunction at Mission's flagship Asheville hospital. They contain stunning allegations of patients being treated in waiting areas within full view of other patients, nurses emptying trash bins and delivering food, and patients found dead in emergency room beds hours after they died."[153]

Confirming the severity of disarray, a sworn affidavit from a long-time nurse at Mission stated that the "number of [written] complaints related to events involving harm or death to patients" received by the nurses' committee charged with monitoring patient safety "have increased dramatically since HCA following."[154] The patient-safety committee member noted that "[t]his was not a concern of consequence prior to the purchase" and that the committee now "has reported events that rarely occurred under the old Mission management that now happen frequently under HCA." For instance, "since HCA purchased Mission there have been more patient falls, more mistakes, and more hospital-acquired conditions, such as central line bloodstream infections, catheter-associated urinary tract infections, and hospital acquired pressure injuries."[155]

Another nurse who serves on this patient-safety committee said "almost every day" the group receives complaints from multiple units in the hospital about short-staffing endangering patient safety. A non-Mission, but highly experienced hospital nurse reviewed the patient-safety committee's reports at the request of a journalist and exclaimed "she was shocked at what she read."[156]

A year after HCA's purchase of Mission, a collection of area civic leaders wrote that "[a]necdotal accounts abound from Mission physicians and nurses on how these cutbacks have affected patient care."[157] A former Mission physician wrote to state regulators that "I have heard from countless nurses about the degradation of quality of patient care. Understaffing has literally led to dangerous situations for patients." Two physicians reported alarm at finding patients with surgical wounds lying in excrement and then scrambling to clean them up to avoid an increased risk of a serious septic infection.

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[152] https://downloads.regulations.gov/FTC-2024-0022-1423/attachment_2.pdf
[153] https://www.statnews.com/2023/12/14/hca-mission-health-lawsuit/
[154] Note 6, Exhibit 13.
[155] Ibid.
[156] https://avlwatchdog.org/overworked-nurses-say-patient-care-suffers/
[157] https://www.citizen-times.com/story/opinion/2020/02/11/hcas-management-mission-health-hospital-cause-deep-concern/4721205002/

Summing up the general state of affairs, one doctor described that staffing shortages created a daily feeling of having to "juggle eggs" in order to avoid serious patient injury. The physician opined that HCA's staffing practices result in "throwing more at you all the time," forcing you to "have to catch them before just before they hit the floor." This physician continued that, "so far I have been able to do that, but, at some point …. , " leaving his thought unfinished. Another physician described having had a "flood of near misses" from almost daily incidents compromising their patients' safety.. A prominent cancer physician made the difficult decision for his group to entirely cease treating complex blood cancer patients at Mission because "[w]e were finding more and more cases of missed care and errors. … We were catching them, but it was one of those things where it was just a matter of time before something was going to slip through the cracks and someone was going to get hurt."[158]

The Appendix (pp. 18-20) documents similar concerns with specific illustrations.[159]

PART III: DYSFUNCTIONAL ASPECTS OF HCA MISSION'S EMERGENCY ROOM

Mission's emergency room (ER) became the most visible manifestation of the range of problems [the first two parts of this report] surveys. A combination of all elements – reduced staffing, physician and nursing departures, difficulties recruiting and retaining new clinical staff – combined to create serious and sustained problems with patient care in the ER. These problems have been of a magnitude that can fairly be called an outright debacle. Major deficiencies of patient care in Mission's ER under HCA have resulted in:

- Widespread public outcry at public forums, on social media, and elsewhere.[160]
- Emergency medical service agencies limiting their ambulance transports to Mission.
- Intensive state and federal inspections leading to multiple government findings of "immediate jeopardy," which threatened to entirely disqualify the hospital from the Medicare and Medicaid programs.
- A major legal challenge from the state's attorney general accusing HCA of violating the terms of their purchase agreement, by "providing woefully inadequate emergency and trauma services."[161]
- A determination by the "independent monitor" charged with enforcing HCA's purchase agreement that deficiencies in Mission's ER put it in "potential noncompliance" with the agreement.

At the core of this debacle is intense overcrowding of Mission's ER. Ironically, that level of extreme overcrowding emerged under HCA despite the fact that, within HCA's first year of ownership, Mission completed major[162] construction of a new tower that expanded its ER by almost 50 percent and replaced

[158] https://www.statnews.com/2023/11/30/hca-mission-hospital-cost-cutting-appalachia/
[159] Note 5.
[160] This is documented in the Appendix, Note 5, and in sources cited throughout [this section of the report].
[161] https://ncdoj.sharefile.com/share/view/s9a1f854765ac4354aa6a549013687ae8/fo6b686e-516a-4e8f-9355-8475fecb8cbd
[162] https://avlwatchdog.org/new-independent-monitor-finds-hca-in-potential-non-compliance-with-mission-asset-purchase-agreement/

200 in-patient rooms, touting various improvements to enhance efficiency.[163] Despite these improvements, the ER debacle ensued for a combination of these reasons, discussed below:

- HCA Mission has not been able to consistently staff many of the replacement patient rooms it brought on line.
- For rooms that are staffed, HCA's substantially leaner staffing model causes delays in how quickly rooms are cleared, cleaned, and made ready for the next patients.
- These bottlenecks have caused HCA to "board" a greater number of newly admitted patients in the ER for longer periods of time while they await transfer to a patient room.
- All of this causes backup in the ER, which is exacerbated by HCA's new policy that virtually all hospital patients other than scheduled surgeries must go through the ER first before being placed in a patient room, even if they do not have an emergency condition.[164]
- These management policies result in many ER rooms being occupied by "boarded" patients who aren't currently in an actual emergency.
- This extensive boarding requires that many (and sometimes most) true emergency patients be cared for either in hallways, the ambulance bay, or the ER waiting room.

Summing up this array of interconnected management decisions and consequences, the highly respected former head of Mission's largest physician group explained (in a sworn affidavit) how this state of affairs came about under HCA:[165]

> "… [T]he existing nursing staff continued to atrophy and go [elsewhere] where the pay scales are better. HCA would continue to [increase the] empty beds within the hospital which would aggravate the backup problems in the ER department with patients that were either overflowing into these [ER boarding] pods or being flowed back into the waiting room to wait for a bed to become available. ...
>
> It turned into a real 'goat rodeo' of empty beds in the hospital, inadequate nursing staff, the ER department getting overwhelmed, patients being boarded in the ER who were unable to get adequate care, and patients backing up into the waiting room."

Extensive ER Boarding[166]

Increased patient boarding leading to a more crowded ER is not a problem unique to HCA or Mission.[167] HCA notes that many hospitals nationally experience these problems to some extent. But, by all accounts,

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[163] https://www.hdrinc.com/portfolio/mission-hospital-north-tower
https://www.citizen-times.com/picture-gallery/news/local/2019/09/23/photos-tour-mission-hospitals-new-north-tower/2421307001/

[164] Note 6, Exhibit 13.
https://avlwatchdog.org/this-is-a-four-level-problem-dr-clay-ballantines-full-statement-at-ashevilles-watchdogs-hca-mission-community-event/

[165] Note 6, Exhibit 8.

[166] ER "boarding" refers to holding patients in the ER while they wait for a hospital room to become available. Such patients can either arrive through the ER or be referred from a community physician or another hospital. As discussed below, boarding patients are regarded as "admitted" for billing purposes even though they are not yet in a regular hospital room.

[167] See, e.g.: https://www.citizen-times.com/story/news/local/2015/03/28/mission-er-saving-lives-losing-millions/70548612/

these problems arose at Mission only after HCA's purchase, due to the combined elements of its different management approach. Notably, the severity of these problems at HCA Mission appears to be much greater than what is typical at hospitals elsewhere.[168] A highly respected physician leader related that on a typical day when he worked at HCA Mission "only 25 or 30 of [Mission's 97 ER] beds would be staffed" for emergency patients. "The remaining 70 to 75 beds were either unoccupied or used as overflow beds for patients awaiting a bed on an inpatient floor in the hospital for patients to come to the floor."[169] Other physicians quoted below relay that, due to devoting most of its ER beds to boarding, HCA Mission is forced to treat not just some, but most of its emergency patients in the ER hallways or waiting room.

Unfortunately, HCA has not provided useful data, nor is detailed data publicly available, regarding Mission's current ER boarding practices.[170] According to an industry source, however, summary data indicate that the national average time for a patient to remain in the ER while waiting for a hospital room to become available—"boarding time"—was 3 hours in 2022, up from 2 hours in 2020.[171] Based on more comprehensive data, the average boarding time nationally was 101 minutes in 2019, with fewer than 1 percent of hospitals reporting more than six hours.[172] In the two years prior to HCA's 2019 purchase, Mission reported an average boarding time of two and a half hours.[173]

At least anecdotally, boarding times at Mission are now regularly a great deal longer than these averages. Various sources describe ER patients regularly being boarded for much of the day, and often for several days. An active hospital physician explained that, prior to HCA, emergency patients were almost always either released or moved to an in-patient room within a day. But "now it's the norm" for patients to remain in the ER for more than a day. A former chief of the medical staff said they were personally aware of a few patients who spent four days in the ER. A physician formerly on the board described regularly holding patients two to three days waiting for a hospital bed. A county EMS director also wrote (in a sworn affidavit) of patients "sometimes stuck in the emergency department for days,"[174] as did an experienced nurse.[175]

HCA Mission partly blames its crowded ER on legal challenges brought by its competitors, which have held up the state's approval for Mission to build two new "free-standing" emergency facilities in the community. Those facilities, however, would not address the extensive patient boarding that is at the core

https://www.wect.com/2022/08/24/report-feds-details-many-problems-nhrmc-emergency-room-that-put-patients-immediate-jeopardy/

[168] Mission's experience may, however, typify other HCA hospitals. One sophisticated academic analysis found that "HCA hospitals reduce[d] their ED physician staffing by approximately 25% by the second year [following the company's switch to] private equity ownership." https://www.rand.org/pubs/working_papers/WRA2844-1-v2.html

[169] Note 6, Exhibit 8.

[170] For a few years, the federal government collected information about average ER boarding times, but it ceased doing so in 2019, the year HCA purchased Mission. https://www.healthaffairs.org/content/forefront/despite-cms-reporting-policies-emergency-department-boarding-still-big-problem-right

[171] These data are based on a self-selected sample of hospitals that report voluntarily. https://www.acepnow.com/article/a-sobering-year-for-emergency-departments-and-their-patients

[172] https://www.healthaffairs.org/content/forefront/despite-cms-reporting-policies-emergency-department-boarding-still-big-problem-right

[173] https://data.cms.gov/provider-data/archived-data/hospitals

[174] Note 6, Exhibit 17.

[175] https://drive.google.com/file/d/17fwqww6QYqWIZH7lbI28TAMEhMmfRndC/view

of Mission's ER problems because, as the hospital explained in its "certificate of need" application to the state, "a very low percentage of [patients who come to free-standing ERs] typically require admission to inpatient care (2% to 4%)."

Also, multiple sources stress that extensive and extended boarding is not due primarily to Mission's hospital beds all being filled. Instead, they stress that, typically Mission has empty beds; it's just that it doesn't have enough nurses to staff all of the beds (even at its much leaner staffing ratios), or that its depleted cleaning staff is behind in preparing rooms for patients. As one Mission physician emphasized, "the irony is that Mission just built a MASSIVE new hospital wing, but they don't have the staffing they need for these brand new beds."

According to a physician formerly on the board, the hospital will say that it has no beds available, "but, really, it's that it has no nurses available to staff the beds." Another physician verified that "Mission's inability to maintain nursing staff leads to lots of empty beds up in the hospital."[176] The experienced nurse quoted above agreed that "prolonged stays in the [ER] ... are not due to a lack of actual beds. Mission has empty beds, they do not have nursing staff."[177] A county EMS director's affidavit states that ER overcrowding is due to "not enough staffed beds on patient floors at Mission Hospital, and because of this there are open beds that are left empty." [178] He also relays that EMS staff in Mission's home county "has reported that some lower acuity beds have been closed due to a lack of staff." A respected former leader of the hospital's largest physician group described the situation most extensively, as follows:[179]

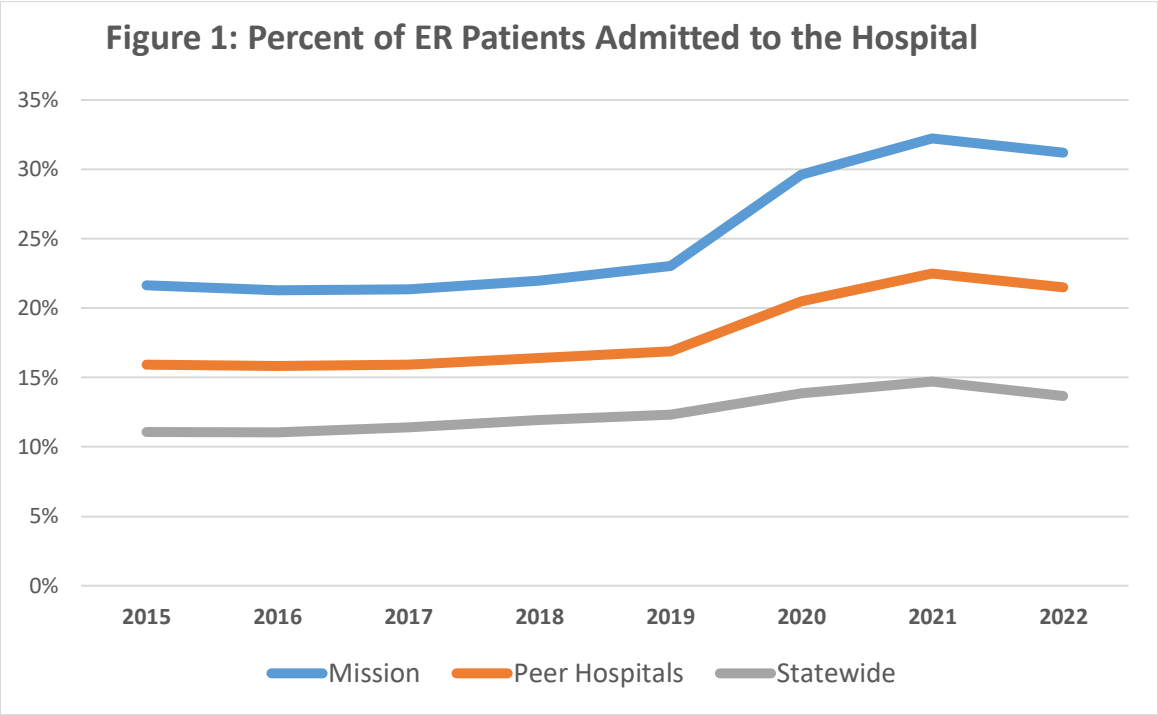
> "Although Mission has approximately 800 inpatient beds, often times we effectively only had 600 or 650 beds [when I worked there prior to 2024] because we did not have the nursing staff to be able to staff the balance of the beds that we had. So, at a time when we would be boarding, my [hospitalist] practice alone may be boarding 40 to 60 patients in the ED, we might have 100 empty beds up on the floor that were simply unoccupied because we did not have nurses that could staff those beds for us. ... [B]efore HCA acquired Mission, I do not remember any time where a similarly substantial number of beds in the hospital remained unstaffed. …"

As noted above, ER boarding at Mission is exacerbated by HCA's new policy that virtually all hospital patients other than scheduled surgeries must go through the ER first before being placed in a patient room.[180] In other words, physicians may no longer directly admit their patients for medical care. A clear explanation for this unusual policy has yet to emerge. This footnote[181] provides several speculative

[176] https://avlwatchdog.org/this-is-a-four-level-problem-dr-clay-ballantines-full-statement-at-ashevilles-watchdogs-hca-mission-community-event/
[177] Note 175.
[178] Note 6, Exhibit 15.
[179] Note 6, Exhibit 8.
[180] See Note 164.
[181] One possibility is that since most community physicians no longer practice in the hospital, going through the ER (even when there is no actual emergency) could be seen as a sensible way to assign a hospital-based physician. A second possibility is that requiring all admitted medical patients to be screened and evaluated through the ER, even though they have already been seen by the doctor that referred them, generates more billing for the hospital. A third possibility is that, if other patients are already waiting for a room via ER boarding, it is more fair to require all medical patients to be boarded so that they receive their room in turn, or according to which patients' needs are most urgent at the moment. Fourth, it may be more efficient to run a battery of necessary tests on a newly received patient in the ER than in a regular hospital unit. Finally, collecting referred patients in the ER for "boarding" avoids

reasons, some of which are purely financial rather than medical. Among financial reasons, one that ER experts point to is that scheduled surgical patients often are much more profitable for a hospital than are medical patients; therefore, a hospital focused on "the financial benefits of ED boarding" has a reason to "hold[] admitted patients in the ED [in order to] to bring in and dedicate [more] beds to elective admissions."[182] This explanation is consistent with what others observe to be HCA's "playbook" (discussed above) of focusing hospital management strategies on maximizing revenue from elective surgeries.[183]

Regardless of the reason(s), it is clear that requiring non-emergency medical patients to be processed through the ER prior to admission has had a marked impact on patient flow in its ER. As shown in Figure 1, the percentage of Mission's emergency patients that are admitted to the hospital has increased by almost 50 percent following HCA's acquisition.[184]



the possibility that a referring physician might send them elsewhere if a bed is not readily available. Pointing to this last explanation, one physician at an outlying hospital wrote (in a source from the Appendix, Note 5.):

> "I can attest … [that] prior to HCA, Mission would [sometimes not have the capacity to accept] certain [referrals], so we would have to hold patients in our ER until there was an available bed at Mission. In many cases, we would find other facilities to take our patients because it isn't appropriate to hold patients in our ER waiting, in some cases, days for a bed at Mission. [Under HCA], Mission started accepting 90%+ of our transfers as ER to ER, just to keep us (and probably other outlying hospitals too) from transferring our patients elsewhere. Now, Mission ER staff get slammed holding direct admits, on top of all their normal patient volume."

[182] https://www.healthaffairs.org/content/forefront/despite-cms-reporting-policies-emergency-department-boarding-still-big-problem-right
See also https://www.ena.org/press-room/articles/detail/2023/04/25/ena-joins-letter-to-white-house-urging-solutions-to-boarding-crisis

[183] See text at note 28.

[184] These data are collected by the state and available at:
https://www.shepscenter.unc.edu/?s=NC+Emergency+Room+Discharge+Data

Much of that increase coincided with COVID-19, but it has not diminished much following the pandemic, and the increase has been substantially greater at HCA Mission than at peer hospitals in the state.[185] In 2022, Mission admitted almost 50 percent more of its ER patients to the hospital than did peer NC hospitals. It is implausible that this wide of a disparity is due to a major difference in the severity of these patients' conditions. Instead, from all indications, it is much more likely that this increase reflects a large number of patients now being processed through Mission's ER that, previously, had been directly admitted. Unavoidably, this increased flow of admitted patients through the ER exacerbates the crowding conditions caused by the number of patients Mission boards prior to admission.

Financial Considerations

Before proceeding further into the details, one might ask why HCA would choose to manage its ER in this fashion – one that might appear more akin to an intake kennel for hospital admissions than a true ER. Economically, boarding patients prior to room assignment does not obviously disadvantage HCA because boarded patients are regarded as "admitted" for billing purposes even though they are not yet in a regular hospital room.

In fact, using the ER to board admitted patients might be *more* profitable, considering that (as discussed below) the nurse staffing ratio in most of these ER holding pods is even leaner than the already-reduced staffing levels in the hospital's regular medical units. A highly respected former physician leader at Mission wrote (in a sworn affidavit) that, in most of the ER, "at best the nurse-to-patient ratio in the pods would be 12 patients to one nurse."[186] Staffing in some other areas of the ER is even lower, as discussed more below. In addition to leaner staffing, ER boarding offers the potential financial advantage, noted above,[187] that it facilitates prioritizing available hospital beds for more profitable patients (often, those with scheduled surgeries).

Obviously, an over-crowded ER has negative consequences, but a key aspect (noted by several informed sources) that prevents a troubled ER from hurting HCA Mission's finances is simply the fact that, for many people in the region, there simply is no other place to go. Mission is the only Level II trauma facility in western NC. Other ERs in the region serve only less severe injuries and ailments, and they are farther away from the largest population center (Asheville). In contrast with scheduled medical care, patients needing urgent attention do not have the option of considering whether to travel outside the region. Moreover, because the primary emergency service in the area is county-based, ambulances normally will transport only to Mission. Thus, poor service has little impact on Mission's ER business.

Underscoring how trapped patients sometimes feel in Mission's ER, two sources related that they considered calling 911 *from the ER* because they became so desperate from the lack of response from ER

[185] The peer hospitals chosen for comparison are the same seven NC hospitals that Mission and state regulators agreed were appropriate for benchmarking Mission's performance when it was subject to antitrust oversight prior to 2016. See https://hlp.law.wfu.edu/wp-content/uploads/sites/11/2024/04/HCA-Mission-Financial-Performance-working-draft-WFU.pdf
[186] Note 6, Exhibit 8.
[187] Text at Note 195.

staff.[188] A community physician recounted that a colleague called a taxi to take him to an ER in a different county after waiting at Mission's ER for such an extended time.

A physician expert on hospital ERs explained that a poorly run ER is not likely to significantly hurt a hospital by driving away physicians. Although most of Mission's established ER doctors left due to HCA's approach to management and ER staffing continues to experience much turmoil, HCA has been able to quickly replace departures through a national physician staffing agency (Team Health). This expert explained that an easy-to-replace approach to medical staffing gives hospital management much more leeway to run the ER however it sees fit, since these contract physicians, who often are assigned only temporarily, typically do not have influential leadership positions at the hospital, and their contract terms make them vulnerable to quick transfer elsewhere. According to one former insider, this set of factors permits HCA Mission to regard its core hospital-based physicians as essentially "cogs in a machine."

Finally, a somewhat cynical, but still possible, explanation for a hospital to tolerate a level of ER dysfunction is that prominent hospital assessment measures do not focus as directly on the ER as they do on inpatient care. For instance, the national rating agency that gives Mission the highest marks (Healthgrades) excludes data on ER patients.[189] Accordingly, it stands to reason that it would not be illogical for a hospital facing staffing challenges to divert more of its available resources away from the ER, or if it were to concentrate as much as possible of its under-staffed patient load in the ER. However, whether that explanation factors into HCA's management approach is speculative.

HCA Mission's Responsiveness

In any event, this ER debacle did not occur due to HCA Mission's lack of awareness or inadvertent neglect. Instead, several key clinicians said they repeatedly raised these various problems with hospital leaders and recommended improvements. A current ER physician at Mission wrote that "I made a patient safety report about the incident [of an unmonitored withdrawal patient who had a seizure and suffered a head injury in the waiting room,] and no one ever contacted me for additional information. ... When I have brought up concerns about safety in the waiting room, I have been ignored." Likewise, the respected leader of Mission's largest physician group, who recently left the hospital due to unresolved patient safety concerns in the ER, wrote (in a sworn affidavit) that:[190]

> "I brought [my] concerns formally to the chief medical officer who concurred with me that [sending a patient back to the waiting room after the doctor ordered prompt treatment] was an issue but did not take steps to prevent [unsafe conditions] from happening. ... It was not something that I was ever able to adequately get remediated .... There was nothing I could do to convince HCA administration that they needed to review the hospital's ... policy and to better address the needs of the nurses. Despite these issues being brought to the administration's attention, HCA was completely blind to any input from the nursing staff, and to the medical staff which had provided similar feedback."

[188] https://www.citizen-times.com/story/life/2020/02/20/nancy-williams-asheville-mission-hospital-er-may-call-911-help/4760392002/; Appendix Note 5., item 95.
[189] https://avlwatchdog.org/mission-hospitals-leapfrog-healthgrade-scores-and-rankings-dont-tell-the-whole-story-draft-report-says/
https://carolinapublicpress.org/63283/hca-mission-hospital-asheville-cms-jeopardy-rankings-dubious/
[190] Note 6, Exhibit 8.

County EMS directors also became exasperated over HCA Mission's repeated failures to remedy serious problems. One wrote (in an official letter to the hospital) that "Time and time again we have been promised that [conditions] would improve . . . . Sadly, things continue to get worse without any visible action from HCA."[191] Reportedly, conditions finally improved somewhat in the first part of 2024. But, as noted below,[192] it appears these improvements are likely in response to the EMS directors suspending normal ambulance service at Mission, combined with an array of serious legal problems the hospital was facing, more so than from the hospital's own standards of safety and quality.

Treating Patients in the Waiting Room

Perhaps the most remarkable indication of how extreme conditions became in Mission's ER is its decision sometime in 2022 to begin treating patients in the ER waiting room on a regular basis. HCA Mission began this systematic practice by creating what it terms an Intake Patient [or patient] Assessment (IPA) area.[193] A current ER physician at Mission wrote that HCA Mission has "moved the vast majority of providers to the waiting room to see patients. We now see 72% of all [emergency] patients through the waiting room." Another physician who left recently gave the following--even more startling--account:

> "Currently at Mission ER, roughly 50% of the MD shifts and 80% of the PA/NP shifts are in ... the waiting room. You are literally seated in and seeing patients in the waiting room for the entirety of the shift. ... The waiting room will often reach 60+ patients. Seeing patients in a waiting room environment makes it impossible to obtain an appropriate history and exam. Patients are hesitant to be honest with their history (especially related to drug/alcohol/sexual history) since they are being evaluated in a public setting. Patients are fully dressed during exams, again in a public setting. ... Even patients with critical illness can be in the waiting room for hours. ... Patients will spend hours in the waiting room with critical conditions (e.g. [heart attack], PE [pulmonary embolism], AFib RVR [very rapid heart arrhythmia], anaphylaxis [severe allergic reaction])."

The first physician quoted emphasized that "[i]f we try to say a patient in the waiting room needs a room acutely (for [a life-threatening condition) we are often ignored."

An experienced nurse confirmed regularly "running IVs and life support medication in the waiting room."[194] Another wrote (in a sworn affidavit) that "I have seen patients with life-threatening illnesses left unattended in hallway beds for days without being hooked to a monitor."[195] Even more worrisome is how poorly staffed this waiting room area is, considering how serious these patients' conditions can be. This same nurse stated that, sometimes there are only two nurses working in this large holding area, such that the "patient-to-nurse ratio can get as bad as 30 to 1." Under those conditions, "patients do not have an assigned nurse [and so] there is no one responsible for directly monitoring" them. State inspectors who interviewed Mission clinicians reported this account from one nurse practitioner:[196]

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[191] https://www.citizen-times.com/story/news/local/2023/11/02/mcdowell-ems-says-hca-fails-to-correct-emergency-department-issues/71419332007/

[192] Text at notes 215, 237.

[193] Another source says that IPA stands for "internal processing area." https://avlwatchdog.org/as-state-inspects-mission-for-cms-hospital-makes-changes-to-emergency-department.

[194] https://drive.google.com/file/d/17fwqww6QYqWIZH7lbI28TAMEhMmfRndC/view

[195] Note 6, Exhibit 6.

[196] https://drive.google.com/file/d/1oz_V4371DkaqET7123l57BOpjYCCWKtr/view

> "One hundred percent, patients [placed in waiting room] are not safe, orders are not completed, and staffing is a concern. There is one nurse with a line out the door, I can put orders in, but it is not going to get done because of the volume of patients and minimal staff."

Shifting much of emergency treatment out of patient rooms and into the waiting room and hallways has created a chaotic scene vividly described by many who experience it (either as patients or as staff). According to medical professionals, one staff member said it is regularly "like a zoo," and "people were screaming, yelling, and crying."[197] A physician leader in the community said their ER colleagues describe it "like a combat zone." A former chief of the medical staff agreed it's "a horrible mess." A retired distinguished physician described having an "awful experience" based on the "horrendous" conditions. The Appendix (pp. 25-28) collects similar accounts from patients.[198]

Patients also provide deeply disturbing accounts. One mother wrote that when she brought her son in for a broken foot:

"What I witnessed during those hours was horrifying. All the waiting room chairs and floor were filled with people crying out in pain, receiving IVs, …. Paramedics brought in people on gurneys and had to fit them into the waiting area."[199]Another patient said it "was like being in the Twilight zone," and a third that it "was like being in a horror movie. I can't even describe it all. People were lined along the walls screaming and moaning with no one tending to them."[200] Perhaps most vividly of all, a distinguished reporter gave this account from his personal experience:[201]

> "There were people throwing up in the hallways. There were meth addicts tweaking out on the floors. It was really a Hieronymus Bosch kind of painting.[202] And, ... in the article that I wrote [about this] on Halloween [I said] it was like Halloween in the emergency room."

Long Delays in Accepting Patients Arriving by Ambulance

Another highly visible consequence of ER dysfunction under HCA is the decision by several area EMS directors in late 2023 (during the holiday season) to restrict ambulance transports to Mission. These fairly startling decisions were made because ER understaffing was causing far too great a delay in the hospital accepting responsibility for ambulance patients. When an ambulance arrives, it cannot leave until hospital staff assume responsibility for the transported patient. Normally, that happens fairly quickly, especially when the patient needs immediate attention, so that the ambulance can promptly return to servicing the community elsewhere.

[197] Note 6, Exhibit 4.
[198] Note 5.
[199] https://avlwatchdog.org/conditions-at-ashevilles-mission-hospital-pose-immediate-jeopardy-to-patients-health-and-safety-state-investigators-report/
[200] These are from sources cited in the Appendix. Note 5.
[201] https://www.podavl.com/theoverlook/ev2og7ibkkkfxvuyeh3d2wd0rv02vb
[202] See, e.g.: https://www.ranker.com/list/scary-hieronymus-bosch-paintings/lea-rose-emery https://www.artspace.com/magazine/interviews_features/lists/the-10-worst-ways-to-die-in-a-hieronymous-bosch-painting-53872

Under HCA, however, ER understaffing has caused the hospital to delay taking ambulance patient handoffs for extended periods of time.[203] During these "wall times," EMS personnel are forced to continue attending to their patients on their ambulance gurneys parked against a wall in the ambulance bay, even if the patient needs urgent medical attention. One county EMS director recounted several patients with wall times of 2 hours each that had arrived as "code red" 911 emergencies.[204]

Prior to HCA's purchase, a paramedic for one area EMS service reported that the average turnaround "wall time" at Mission was 24 minutes, with only one percent of transports experiencing more than an hour delay. By 2023, however, the average wall time for this EMS service had risen by one-third, to over 32 minutes, with a 7-fold increase in the percent of transports experiencing more than an hour delay.[205] This experienced paramedic wrote (in a sworn affidavit) that extended delay "has become a common occurrence at Mission Hospital, but one that we do not experience at any other hospital. ... [T]he Emergency Department at Mission Hospital is much worse under HCA than it was prior to the purchase in 2019. Additionally, the awful conditions at Mission Hospital are not typical of other tertiary hospitals in similar areas."[206]

The contrast is even more extreme for transports from the hospital's home county (Buncombe). According to its EMS data, only 4 transports in this sizeable county had more than an hour delay in the year prior to HCA's purchase, but, by 2023, the annualized rate was over 400 transports with more than an hour delay in the hospital taking responsibility for a patient arriving by ambulance[207] – which is a 100-fold (or 10,000%) increase.

Area EMS services reported these extended wall times even when they are transporting a patient from another, outlying Mission hospital from which the Asheville hospital has verbally accepted a transfer request and so has had advance notice of one-and-a-half to two hours.[208] As one EMS director paints the picture, when bringing a "code red" patient to Mission from a rural hospital "we're responding lights and sirens, moving that patient as quickly as possible only to wait on the wall at Mission" even though the hospital had ample advance notice.[209] Painting a less flashy picture, directors of two area EMS departments wrote that hospital staff shortages prompted their ambulance drives to help clean beds and

[203] https://www.citizen-times.com/story/news/local/2023/07/25/mission-hospital-ambulance-patients-wait-hours-for-care/70401738007/
https://www.citizen-times.com/story/news/local/2023/11/13/buncombe-may-change-mission-emergency-dept-patient-handoff-policy/71530048007/
https://www.citizen-times.com/story/news/local/2023/11/02/mcdowell-ems-says-hca-fails-to-correct-emergency-department-issues/71419332007/
[204] Note 6, Exhibit 15.
[205] Note 6, Exhibit 9.
[206] Ibid.
[207] https://www.citizen-times.com/story/news/local/2023/11/13/buncombe-may-change-mission-emergency-dept-patient-handoff-policy/71530048007/ The 2023 yearly number is estimated based on 309 such cases in the first 8 months of the year.
[208] https://www.citizen-times.com/story/news/local/2023/07/25/mission-hospital-ambulance-patients-wait-hours-for-care/70401738007/
[209] https://wlos.com/news/local/mcdowell-county-emergency-services-voices-concerns-over-wait-times-at-mission-hospital

rooms and assist with moving patients in order to facilitate the ERs ability to accept responsibility for newly transported patients.[210]

Area EMS directors express deep frustration over Mission's continuing failure to correct this situation. According to one, "time and time again we have been promised that wait times would improve . . . . Sadly, things continue to get worse without any visible action from HCA."[211] Of more than passing note, two EMS directors wrote that hospital staff shortages prompted their ambulance drives to help clean beds and rooms and assist with moving patients in order to facilitate the ERs ability to accept responsibility for newly transported patients.[212] The hospital's home county (Buncombe) and one other became so exasperated that, toward the end of 2023 (during the holiday season), one county suspended non-emergency transports and the other instituted a policy of simply leaving patients at the ER even if hospital staff say they are not yet ready to accept them.[213] Mission's home county even sued the hospital to recoup expenses incurred over several years from these extraordinary delays.[214]

In early 2024, Mission finally took steps to improve this long-standing situation, and so these counties reinstated normal transport service.[215] But it took extreme measures to bring about this improvement. In addition to the counties' suspension of normal service, Mission Hospital had been sued by the attorney general for "providing woefully inadequate emergency and trauma services," and was under intensive investigation by state and federal regulators who threatened to suspend or terminate the hospital's participation in Medicare and Medicaid.

Prohibiting "Warm Hand-offs" Between Hospital Units

A less obvious consequence of understaffing in Mission's ER is how it handles patient transfers from the ER to inpatient units. Prior to HCA's purchase, ER nurses at Mission would speak with a "floor" nurse receiving a patient before sending a patient up to the unit, so that the unit would know the patient's condition and what was needed. These "warm handoffs" were viewed as especially important for more acutely ill patients requiring immediate care.

HCA, however, adopted a policy essentially prohibiting warm handoffs between the ER and hospital units other than the ICU. Instead, floor staff were expected to review the patient's medical record and ER staff

[210] https://www.citizen-times.com/story/news/local/2023/11/02/mcdowell-ems-says-hca-fails-to-correct-emergency-department-issues/71419332007
https://www.citizen-times.com/story/news/local/2023/11/13/buncombe-may-change-mission-emergency-dept-patient-handoff-policy/71530048007/
[211] https://www.citizen-times.com/story/news/local/2023/11/02/mcdowell-ems-says-hca-fails-to-correct-emergency-department-issues/71419332007/
[212] Note 210.
[213] https://www.citizen-times.com/story/news/local/2023/11/02/mcdowell-ems-says-hca-fails-to-correct-emergency-department-issues/71419332007/
https://www.citizen-times.com/story/news/local/2023/11/13/buncombe-may-change-mission-emergency-dept-patient-handoff-policy/71530048007/
https://www.citizen-times.com/story/news/local/2023/12/19/buncombe-ems-implements-mission-handoff-policy-for-ambulance-patients/71964670007/
[214] https://carolinapublicpress.org/63740/buncombe-proposal-join-nc-ag-stein-lawsuit-hca-mission/
[215] https://www.citizen-times.com/story/news/local/2024/01/24/mission-hospital-er-improvements-lead-to-shorter-ambulance-wait-times/72327813007/

were told they may only *fax* rather than *call* with a report.[216] According to one physician at Mission, prior to HCA they had a "brilliant" system for patient hand-offs from the ER – one that "everyone liked" as a good way "to handle a stressful situation" of moving an unstable patient. However, "HCA scuttled it right off the bat."

An explanation has not been given for HCA's unusual and seemingly counterproductive policy, but three possible reasons come to mind. The first is that its ER staff now have more pressing things to attend to than patient-care conversations with colleagues in other units. The second might be simply that, often, it may be difficult to reach the right person on the relevant hospital units. As discussed [in the staffing section],[217] HCA has eliminated most of the "secretarial" positions in the hospital units and has substantially reduced nursing assistants, resulting in phones simply not being answered many times. Although other communication routes may exist, a number of nurses at HCA Mission have noted how difficult it can be to reach physicians when they need them.[218] Relatedly, supervising "charge" nurses are now being assigned many more of their own patients to care for directly, which restricts their capacity to manage a unit.

A third possible reason for HCA's policy is that ER staff who know about a patient's condition often may be unavailable to relay relevant information when a room opens up. This is a likelihood due to the duration and frequency that admitted patients are boarded in the ER while awaiting a staffed inpatient room to become available. Thus, a "cold" record made earlier, at the time an admission decision is reached, may be the only feasible means for a handoff report, when the handoff occurs several or many hours (or, sometimes, days) later.

Underscoring this third possible explanation for barring warm handoffs, Mission nurses assigned to the ER's boarding area state that they usually have very little, and sometimes no, information about the patients they are boarding. It is unclear why this occurs, but possibly it is because these boarding nurses are often temporary "travelers" who are "floated" from their normal assignments in regular hospital units. According to one such nurse:[219]

> "I've been floated to the ED hold area and it was a nightmare to say the least. Very unsafe practices as patients are put in your room without anybody saying anything. They also don't give [nurses] any report or hook the pt up to the monitor. … Without [a] report it's hard to figure out why [patients] are on the drips they are on as you scramble to dig through the charts."

Another traveler wrote that, at Mission:

> "Your job is really and truly just to babysit these patients until they get a room. … Help is minimal. … As soon as your people get a room, someone "cleans" the room very swiftly and sticks another patient in there, with no information given to you - you just have to keep up with it. … [H]onestly, that ER hold area is a real purgatory for patients - I have witnessed a lot of unsafe shit because these patients are just shuffled around with no word to anyone about what's going on, and I've

[216] https://avlwatchdog.org/mission-patients-endangered-by-emergency-department-transfer-procedures-nurses-say/
[217] Text at notes 82-86 and 110-111.
[218] See Appendix Note 5, items 52-54.
[219] These accounts are from the sources indicated in the Appendix. Note 5.

> often walked into a room where I've got minimal time to figure out WTF is wrong with my patient - I'm not an ER nurse so I'm used to at least having SOME info to go off of."

Regardless of HCA's reasons for prohibiting warm handoffs, a number of Mission nurses believe this policy creates a serious patient-safety risk. One travel nurse, for instance, wrote that the "ER doesn't call [to] report [when patients are being sent to a room] and I've had a few [patients] come up in bad shape. Getting ahold of a MD is a struggle … so in a pinch you have to go through the chart and figure out who to call and then see who is actually on call." Two other nurses recounted suicidal patients being dropped off with no notice and no attendant.[220] Other nurses report patients being taken to hospital units unable to handle the care required because no one spoke with the nursing unit first. According to one nurse:[221]

> "Every day patients are transferred from the ER with no report and often to areas that are not the appropriate level of care, which then requires the resources of our rapid response nurse to care for these patients until they can be transferred to ICU."

This happens, they say, because the supervising "charge" nurse is often too busy with other patients to "have adequate time to look up incoming patients to ensure they are safe and appropriate to come to our floor. This often results in patients coming to us who are on medications and IV drips that we are not educated or certified to take care of."[222]

Concerned for patient safety, and frustrated that the hospital would not change its policy, Mission's nursing committee charged with monitoring patient safety filed a formal complaint with state regulators, stating: "We have documented numerous incidents where patients were likely harmed or experienced significant and avoidable delays in treatment because of this process."[223] Over a year-and-a-half later, and while the hospital was under intense investigation, HCA Mission reportedly relented by rescinding its ban on warm handoffs.[224] The underlying problem may still exist, however, if the ER staff is simply too busy to have these conversations, or if patients needing a hospital room are being held in the ER too long for the clinicians who know their condition to be still available at the time of transfer.

Patient Injuries and Death

It is obvious that overcrowding and understaffing conditions in Mission's ER create substantial concern for patient safety. Adding to what has been recounted so far, one highly respected former physician leader wrote (in a sworn affidavit) that, due to lean staffing, ER nurses often "simply did not have the bandwidth to provide the care that I was ordering."[225] But, more than just increased risk of patient harm, medical professionals pointed to actual harm occurring. Elaborating on one of those instances mentioned above, an ER physician wrote:

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[220] Ibid. items 60, 61.
[221] https://avlwatchdog.org/mission-patients-endangered-by-emergency-department-transfer-procedures-nurses-say/
[222] Ibid.
[223] Ibid.
[224] https://avlwatchdog.org/mission-changes-patient-transfer-process-following-watchdog-report-on-nurses-complaints/
[225] Note 6, Exhibit 8.

> "I have had several bad cases in the waiting room. One in particular was a patient that was seen by another provider, diagnosed with [alcohol] withdrawal, [a withdrawal] protocol was ordered, and the patient was admitted. He did not receive any medications for 9 hours in the waiting room. He then had a withdrawal seizure and fell, striking his head on the ground. I saw the patient after the seizure and head injury."

Most disturbing, of course, are reports of Mission patients dying or suffering serious harm while unattended in ER hallways or understaffed ER "pods" (groups of patient rooms). The physician leader quoted several previous times, for instance, told a court that:[226]

> "I had patients who had been admitted to the hospital with active, time-sensitive orders but those orders would not be executed. The patients would be placed in hold areas where there was inadequate staffing for the nurses to be able to retrieve medications or blood products from the pharmacy to provide care. ... I had the experience of a patient being brought to the floor who had died in the orange pod, and they did not even recognize that the patient had died during the night.
>
> That subsequently evolved into worsening problems with patients I had admitted from the ED that instead of being sent to a hold area or to the floor were actually returned to the ED's waiting rooms. I had an 18-year-old patient admitted with status asthmaticus who went in respiratory arrest with his mother in the waiting room. I admitted a patient in diabetic ketoacidosis who had orders for intravenous fluids and intravenous insulin who instead was disconnected from their drips and, unbeknownst to me, was returned to the waiting room where they lapsed into a coma. I am aware of numerous examples of patients with decompensated acute medical conditions who were returned to the waiting room."

Tragic results like these, along with other serious mishaps, prompted a number of official complaints to government officials, which then prompted an extensive, multi-week investigation near the end of 2023 by state and federal authorities. That investigation resulted in a 384-page report detailing a range of disturbing dysfunctional elements connected with patient deaths or serious injuries, or that exposed patients to substantial risk.[227] As summarized in a letter to the Federal Trade Commission from a group of area medical professionals, elected officials, and others:[228]

> "The evidence, gathered by the state Department of Health and Human Services (DHHS), included patients who died parked in hallways, spent agonizing hours waiting to be triaged or receive diagnostic procedures or treatment that had been ordered, were not adequately monitored even when their condition was extremely perilous, or were held for extended periods in the overcrowded Emergency Department because there was insufficient staff to care for them in other areas of the hospital."

[226] Note 6, Exhibit 8.
[227] https://drive.google.com/file/d/1oz_V4371DkaqET7123l57BOpjYCCWKtr/view
[228] https://downloads.regulations.gov/FTC-2024-0022-1423/attachment_2.pdf

News reports summarize this investigative report in greater detail, including four cases where ER patients died.[229] One summary, for instance, says that the investigation painted "a dismal scene" of[230]:

> "[H]ours-long delays in critical tests, patients piled in hallways instead of rooms, families pleading for attention, overworked nurses, and doctors' orders ignored. The 384-page report ... provides an almost microscopic analysis of the serious medical, staffing and management issues that local nurses and patients have been decrying ever since HCA ... took over the Mission Health system in 2019. Beyond the headlines — four patients dead and dozens of others victimized in 2022 and 2023 by delays in care, neglect, long waits for lab work, unapproved and expired medications, and a litany of other failures by HCA and Mission management."

Based on this investigation, the federal government found that, in 11 of 35 cases reviewed, the hospital:[231]

> " … failed to provide a safe environment for patients presenting to the emergency department (ED) by failing to accept patients on arrival, resulting in a lack of or delays with triage, assessments, monitoring and implementation of orders, including labs and telemetry. ED nursing staff failed to assess, monitor and evaluate patients to identify and respond to changes in patient conditions. The hospital staff failed to ensure qualified staff were available to provide care and treatment for patients who arrived in the ED. The cumulative effects of these practices resulted in an unsafe environment for ED patients."

These findings led the government to cite the hospital with nine instances of placing patients in "immediate jeopardy," which is when noncompliance with federal rules "has placed the health and safety of [patients] at risk for serious injury, serious harm, serious impairment or death."[232] Immediate jeopardy "is the most serious deficiency type, and carries the most serious [government] sanctions."[233] These citations are fairly rare, but not unheard of, at other hospitals. But, finding this many instances in a single round of hospital inspections is exceedingly rare.[234] When this occurs, it is usually at a hospital that is struggling to stay afloat or that soon closes[235] – rather than a hospital of Mission's stature.

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[229] https://avlwatchdog.org/cms-details-fifth-patient-death-at-mission-accepts-hospitals-plan-to-fix-emergency-care-issues/
https://avlwatchdog.org/cms-immediate-jeopardy-report-on-mission-details-deaths-of-patients-significant-delays-in-care/
[230] https://avlwatchdog.org/cms-report-dissects-widespread-failures-at-mission-hospital/
[231] https://dogwoodhealthtrust.org/wp-content/uploads/2024/07/IM-Annual-Report-Compliance-Evaluation-2023_FINAL.pdf
[232] https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-09-ALL.pdf
[233] Ibid.
[234] See https://www.beckershospitalreview.com/hospital-physician-relationships/5-hospitals-hit-with-immediate-jeopardy-citations-in-2024.html
[235] See, e.g., https://www.beckershospitalreview.com/legal-regulatory-issues/shuttered-california-hospital-had-history-of-patient-safety-issues.html

CODA: Looking ahead

As described above, HCA did not respond to repeated, insistent efforts by clinicians to address patient-safety issues throughout the hospital. However, signs of possible improvement have emerged very recently, in response to a serious threat of Mission being suspended from the Medicare and Medicaid programs, and the NC Attorney General's lawsuit for HCA's breach of the hospital purchase agreement.[236] It remains to be seen how meaningful, and lasting, these improvements will be,[237] in light of the fact that the basic market conditions and corporate priorities that gave rise to these issues remain essentially the same.

About the Author and Funder

Mark A. Hall is one of the nation's leading scholars of health law and public policy, with three decades of experience leading social science studies funded by competitive research grants from the federal government and a range of major national foundations and respected "think tanks." An elected member of the prestigious National Academy of Medicine, he regularly publishes in, and conducts peer review for, leading medical and health policy academic journals. Prof. Hall regularly consults with public policy and government officials, including federal and state lawmakers and regulators.

In its efforts to improve health care markets, the funder, Arnold Ventures, supports a certain amount of "impact litigation," as do other public policy groups. Some of that support goes to a public interest law firm that is currently suing HCA Mission on antitrust issues. This research team and Wake Forest University have no connection with that litigation. Also, Arnold Ventures has no control over, or even input into, how this research is conducted or how information gleaned is analyzed or reported. Instead, this is entirely independent academic research, conducted using accepted social science methods.

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[236] The Independent Monitor charged with overseeing compliance of this agreement also has found "potential noncompliance." It is noteworthy that, although HCA Mission did not challenge the state and federal governments' findings that it had place patients in "immediate jeopardy," it has denied the core of the Attorney General's allegations and insisted that it remains in compliance with the purchase agreement, suggesting that many elements of degradation this report surveys are acceptable. Also, now that the regulators have accepted Mission's "plan of correction," placing the hospital back in good standing with Medicare and Medicaid, HCA Mission may feel that it is no longer under as much pressure to make substantial improvements.

[237] Expressing some skepticism, see, e.g.: https://www.medpagetoday.com/special-reports/features/108924 https://www.medpagetoday.com/special-reports/features/108924 https://www.northcarolinahealthnews.org/2024/03/22/staffing-issues-hca-mission-hospital-nurses-say-its-not-happening/