APPENDIX

NARRATIVE ACCOUNTS OF PATIENT CARE AT HCA MISSION FROM PROFESSIONALS AND PATIENTS

This Appendix gathers, from a range of public sources, a wide array of narratives from staff, patients, and professionals that document and illustrate various points in the accompaning report,[1] providing more depth and perspective. The sources for these excerpts are:

- Community meetings held in January and February of 2020 by the "Independent Monitor," who reports to the Dogwood Health Trust and the Attorney General: https://web.archive.org/web/20230924064347/https://www.independentmonitormhs.com/community-events-archive

- Complaints submitted to the Attorney General: https://ncdoj.gov/wp-content/uploads/2023/12/HCA-personal-impact-narratives.pdf

- "Mountain Maladies," a 15,000-member Facebook group created as a forum for the public, and Mission Hospital employees, to share perspectives and experiences, and express opinions about, Mission Hospital under HCA: https://www.facebook.com/groups/mountainmaladies

- Google reviews. Two Facebook groups and a "sub-reddit" for traveling nurses to share experiences and views about working in different hospitals: https://www.facebook.com/groups/1826228814370841 https://www.facebook.com/groups/TheGypsyNurseNetwork/ https://www.reddit.com/r/TravelNursing/

- Readers' comments posted in response to various articles about HCA Mission published by the Asheville Watchdog: https://avlwatchdog.org/?s=mission%20hospital

Because these excerpts are selected to address specific points, they do not represent the full range of views that can be found about HCA Mission Hospital. The excerpts here focus on problematic aspects. Other views can be found from these same sources that provide positive perspectives. Nevertheless, negative perspectives predominate in all of these sources, and excerpts were selected that represent experiences shared by others. Idiosyncratic views are not included, nor are experiences related to or during the height of COVID-19.

The excerpts are edited to focus on factual elements of comments, and to minimize expressions of pure opinion. Also, they are edited for readability, and sometimes for grammar and spelling. Excerpts are grouped by broad topics, and separated according to those from patients, and those from professionals and staff who have worked, or are working, at or with the hospital.

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[1] https://hlp.law.wfu.edu/wp-content/uploads/sites/11/2024/08/HCA-Mission-Changes-in-Patient-Care-Following-HCAs-Purchase-working-draft-WFU.pdf

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I. Physicians, Staffing and Services

A. From Patients

1. Here is my experience with Mission since the HCA purchase. About 6 weeks ago I experienced a cardiac issue that could lead to a stroke. My primary care physician sent me to the Mission ER. That was an eye opener. After about 6 hours and some miscommunication, I was sent on my way and told to see a cardiologist. The earliest appointment I could get with Asheville Cardiology (read Mission) was [2-3 months later]. I was able to see a cardiologist [in about two weeks] by driving two hours away. ... Relying on Mission/Asheville Cardiology I would still be waiting for another 2 months to begin the diagnosis process … if I was still above ground. Up close and personal proof that HCA is not providing the medical service that Asheville needs.

2. I am type one diabetic and pregnant with my second child. Last year I gave birth in March at Mission [prior to HCA]. I had a great experience and after the birth my endocrinologist team came and checked on me and got my insulin back to pre-pregnancy levels and made sure I had everything I needed to go home healthy. Fast forward to now… I asked them if I would see them again after my birth and they said sadly no. They aren't going to the hospital at all anymore due to issues with HCA. …

That afternoon I went to my OB doctor for my weekly checkup. I mentioned this to him and he said sadly it's true and it is affecting patients. He said of course he could treat me if I go into [diabetic ketoacidosis] or have diabetes related issues during and after delivery (but this isn't his job and certainly not his field of expertise). He also said he has had [labor and delivery] patients recently waiting 2-3 hours for their epidural after the request had been submitted and [nursing staff] didn't even inform the doctor of the long wait. Communication is starting to lack it seems and it makes me sad because I thought I could feel 100% safe giving birth there this time again like last [time before HCA] but now there will be some worry in my mind regarding these issues. Hopefully I have nothing to worry about and won't have any complications that would require my endocrinologist.

3. It took forever to get someone to help me once I was placed on the floor [after] waiting hours in the emergency room. Once admitted, my IV ran out of fluid and for hours the machine was beeping, the nursing staff actually showed me how to cut the machine off because they didn't have enough staff to cover the patient load on the floor. The IV had dislodged and I had blood all over my bed, gown, and the floor. I pushed the call button time and time again only to have zero response from staff. Once someone finally came to my room, I asked multiple times to please change my sheets and gown only to be told they had no clean linens to give me. I spent two days in a soiled bed and gown. I am thankful I am able to ambulate because no staff was available to assist me for anything. The two nurses I encountered on my stay were both travel nurses and they told me they had 45 patients to cover alone on a single shift.

4. [W]hen I landed in the North Tower, I was appalled by the lack of nursing help. The doctors were great. The nurses were overworked. There was no cleaning staff. We did not have time or access to the cleaning material so that my projectile vomiting from major GI issues stayed on the

bathroom floor for three days. This was a surgery ward with people screaming and no help anywhere. I could not believe I was a patient and had to fight for getting transferred to rehab. I'll not go into [other] issues. Enough has been said about that, but the vomit remaining, granted it was my own vomit, but in the bathroom for three days with no cleaning help and no staff was pathetic.

5. My husband was there in February of 2023 and although the nurses were running, they were short staffed and their equipment was constantly breaking down. The food ... was inedible. After a week of him not being bathed I asked the [nursing assistant] when he would be bathed and she told me "they don't do that anymore because they don't have time." The only place I felt OK to leave him for any length of time was when he was in the ICU where there was better staffing. ... And finally, when he was eventually admitted to HCA Care Partners Hospice, we couldn't get the in-home care we were promised and that we sorely needed to keep him comfortable at home. The entire experience was horrifying and I have not even scratched the surface of all that was wrong.

6. I recently stayed overnight with a friend on a post-op floor. That night there were 44 patients being cared for by two nurses and one [nursing assistant]. Vital signs are usually done twice per shift, there are routine meds to pass, post-op patients need assistance getting to the bathroom, charting has to be done, pain meds may need to be administered, etc. That's just the minimum. Staff needs some break time, maybe even a meal break. What about a lonely, scared, depressed patient who just needs some comforting? These staffing levels are just wrong.

7. The [cardiac catheterization] procedure went well … until the little imbecile who was putting the [IV bands] on my wrist. She misses the first one and says oh we have a hematoma and proceeds to add another [IV band]. … So they take me back to my room. And as I had told numerous people the [medicine?] they had me on had given me diarrhea something terrible. I had told them when I ring and say I need to go to the bathroom someone had better be on the way. .... Well this was a little while after I got back to my room and I knew I had better go. So I rang and said what I needed. Well no one showed up for five minutes and I knew I had to go. So I got up and in trying to get to the bathroom I had an accident. So when the guy got there I told him just unhook so I could go finish. So he did. Well I fainted sitting on the john. When I came to with about 5 people standing around my bed one of the male nurses said, these bands are too tight, her hand is turning black. Get that girl who did this up here. Well it got worse, for twelve hours I was in pain in my arm and hand and the feeling was gone in my fingers. …

Now to your housekeeping. I laid in my bed for two mornings and watched with my own eyes [housekeeping do a cursory job]. … I made sure to go back in the bathroom before I was released and the feces was still on the door facing, shower edge and kick board on the bathroom wall. …

I have had two children, a miscarriage, an aorta bypass and 6 [catheterizations] and I will say this is the most traumatic, horrifying experience I have ever had in my life.

8. [I saw] in person in a friend's room [what others have been writing about]. Poop everywhere in the bathroom. If a guest needed to use the restroom, well I wouldn't because it's so vile. [My shoes are] sticking to the floor it's so nasty. You can see the nasty bed table rust/filth dripping off

yuck onto/near sutures. I was … at the Humane Society earlier in the week and some of the dog kennels were cleaner. The nursing staff have however been SO KIND—-just stretched too far. We were told that case managers are responsible for multiple floors as of late —often with over a hundred cases. This can't continue.

9. Anyone that has experienced being a patient at HCA/Mission or staying with a patient at Mission knows it's a horror show. One doctor shows up and prescribes xyz and the next day another doctor takes it away and prescribes abc. The next day some new traveling doctor takes everything away to evaluate. Meanwhile, patients can't get help to the bathroom, no food is provided or it's awful slop, no pain meds given.

10. They brought [my husband a box with a cardiac monitor to take home], put it on the bed and said make sure when you go to the device clinic ... that you bring this box with you. Nobody gave us any instructions. We come home, we have the box, he's at home. Two weeks goes by and we had the appointment .... We go in there and the technician says, "Oh, have they been checking it for you?" and we said, "No, we came here because we thought you were supposed to." And she said, "Nobody gave him any instructions?" … I said "No." So, she said, "Well let me go ahead and check this." So, she put on this portable thing and she goes, "Oh my God," … he had four and a half hours of atrial fib, which probably caused his stroke.

So, when I went to the cardiologist, … I said to him, "So, what's happening …?" He said, "Well, I'm really sorry about this." [My husband] was on the neuro floor, and [the] Dr. said they used to have a private group come in that works with these monitors and they would instruct the patient and tell us how it works, but he said the hospital has let that go, and they depend on the nurses to do that. Well a neuro nurse didn't know how to do that. So, then we come home, and … to this day it's still not working. … [When I called] they go, "Oh well, go ahead and call again." And when I did, they said, "Oh, well our phones aren't working. We have a private outside group that will be in touch with you." To this day, I've still not heard from them.

11. Mission HCA in Asheville has announced that as of the beginning of March, the Mission Cancer Center will no longer have a retail pharmacy. This shows a blatant disregard for patient care and continuity of services. It is the only one of its kind in western North Carolina, seeing patients from all over the region. Integrative health, cafe, gift shop, and now the pharmacy, have all been taken away from patients, families, staff, and providers enduring or participating in difficult and EXPENSIVE medical treatment. Mission still doesn't see the need to keep these important services that help those of us being treated on one of the five floors. Our pharmacists here know all us [cancer patients] and can easily message upstairs for anything we need. They catch mistakes, advise us, and even courier our medication to us when we are too sick to come back for a delayed medication. I am deeply sorry for all of the wonderful, dedicated staff members this negatively impacts. This is a tremendous loss for so many who are reliant on this vital service in what Mission HCA still refers to as their cancer institute.

12. I'm greatly concerned about the closing of the ... wheelchair seating clinic [at the rehab facility]. As a person born with cerebral palsy, the wheelchair clinic has been an invaluable, necessary resource for me. The clinic is where I've been properly fitted by a specialized physical therapist for each wheelchair I have used since I was five years old. I'm now 28 years old. Each particular part of my chair, footrest, back, back seats, etc. have been fitted and customized to my individual body alignment in order to provide proper positioning, minimize scoliosis, prevent pressure sores, and maximize my independence as a human being. … With the closing of [the] wheelchair clinic in Asheville, I have to find someone to drive me round trip to Charlotte or Greenville, South Carolina. This is an incredible inconvenience to me and all disabled people who rely on wheelchairs for independence. What is the rationale for this closure? I know we are a really small minority group, but we are part of this community and therefore expect our hospital system to value us as consumers of healthcare.

B. From Professionals and Staff

1. Loss of Physicians

13. [From a Mission nurse]: Talked with a friend today who had gone to Mission ED with amputated fingers from accident. No hand surgeon available or on call that day. No surgeon available to reattach fingers! Told to wait until surgeon available the next day or go to another hospital. Took ambulance ride to Charlotte for immediate surgery. Mission is supposed to be a trauma hospital!

14. [In response to a] post early this morning about the lack of hand surgeons on call at Mission. I have first-hand knowledge of exactly what is going on down there. I want to merely let the community know the facts, of what a pit of despair … Mission has become. Mission hand trauma call [service] … used to have 24/7 coverage until about [a year prior to HCA's purchase]. Since then, a couple providers have retired, and a few have [stopped] participating in call coverage due to the way administration has been running the hospital, frequency of call that the hospital "requires", etc. … There have been [only two] hand surgeons taking call from the community … almost exclusively for the past 2 years. This was not sustainable for them to shoulder the burden of call themselves.

The hospital's answer was to hire locum tenens [temporary traveling] docs to cover the call on a "majority" of days that the two local hand surgeons were unavailable. There were still uncovered days without any hand trauma coverage. Most recently, the administration has been absent from any communication involving problems those surgeons experienced with the hospital, so after the declining cooperation of HCA, and the increased problems regarding to locum coverage, lack of proper hand-offs and follow-up care from [the] out-of-town providers hired to take call, these local surgeons terminated their relationship with Mission.

After numerous attempts to improve the hand call situation to try to help the community, HCA showed no interest in improving the situation, or working with the surgeons who were working hard to hold this hospital together. I have even heard that they emailed one [surgeon] this weekend on Saturday at 3pm, demanding that surgeon take call on the 4th without any prior

communication or notice of such need to cover call …. I have heard they have done this multiple times to multiple providers, and this is why the surgeons don't want to be there. HCA has dug themselves into a big hole, and it will be difficult for them to recruit new hand surgeons into this toxic work environment. The surgeons that have not retired are all still in the [general area], they have just run far far away from Mission.

15. The hospitalists, as have been mentioned, are the backbone [at Mission]. … Well, guess what? Those hospitalists are leaving in droves. Their contracts had been renegotiated. Their salaries have been cut in half, and they've been asked to do more work. Anybody who doesn't have to be here can elect to leave.

… I came here from Stanford University, and when I came here, they were doing procedures here that we weren't even doing at Stanford yet. I was very proud to be a member of this [medical] community. …. Asheville's been a place that has always recruited the best, but now it's just a warm body. They're [starting] a residency of internal medicine residents. Well, guess what? Residents are people that are just out of med school. They need guidance. Who do you think is going to be guiding them when there's nobody available for them to talk with who has more experience? …

What makes people in this [medical] community want to stay here? … It's not just about money. This is a place where every caretaker used to be proud to work and now they're running out of here in droves. The smart ones got out early. The dedicated ones are having to seek psychiatric services because they're being asked to do things that really just aren't ethical…. I feel like what's happened is a travesty.

16. I would like to confirm the recent anonymous post concerning the loss of neonatologists, nurse practitioners, and seasoned nurses in the NICU at Mission. Many other nurses have cut down to part time or prn [as needed]. We also had one of our managers suddenly retire. There are so many days I don't know the nurses, practitioners, or doctor I am working with. Not only are we overrun with travel nurses in the NICU, but we have travel practitioners and travel doctors as well (called "locums"). We no longer have interdisciplinary rounds, where we sit down as a team with the parents and discuss patients. The providers just whiz through the unit to tell you what changes they made and if you have any questions. Protocols that decrease infection rates, chronic lung disease, or improve outcomes are not followed, because there are too many travelers who don't know what they are. It is common to find mistakes in doctors' orders or daily progress notes. The permanent staff are burnt out picking up the slack and trying to watch out for everyone else. …

The environment feels unstable and more and more unsafe, causing distress to those of us who care. NICU nurses are known for their fierce advocacy and protection of their patients. It is morally distressing when we feel unable to do that. I have spent the vast majority of my nursing career as a NICU nurse, but I question how much longer I can go on like this.

17. This is an anonymous message I received from a trusted healthcare provider regarding the decline in staffing in maternity services at Mission in NICU. I hope this opens a conversation about why so many people are walking away. Of all the things we talk about here, the most damning evidence showing HCA's decimation of this community is when our respected physicians and nurses walk away to protect their integrity and their license. Those folks don't just grow on trees. From a provider:

> "There's always a lot to any story and I could say so much about our NICU at Mission, but the big thing for people to know is that in the span of about 12 months, there has been a loss of 4 neonatologists (and 5 neonatal nurse practitioners) …. In addition to these losses there have been countless, very experienced nurses that have chosen to move on (I do not have these numbers). This is common knowledge for anyone working in the NICU but I'm not sure that many outside of our unit understand the implications."

18. [HCA's] answer is to take locum tenens [temporary traveling physicians]. Locum tenens are not people who are invested in their community. They're not here to stay. They don't have the connections. And truthfully, they're just clocking in and clocking out to fill a void. … Is that what you want for your family member? When you have cancer and you're in the middle of a treatment or your family is? To be taken care of [by] somebody who's just coming in the community to step in for a couple of weeks or a month who knows nothing about your care, and unfortunately, they may be one of only a few people that are available for you.

2. Nurse Staffing Ratios

19. [A nurse wrote to provide these examples of] what is currently happening: …:

A charge nurse is there to help other nurses and help navigate and lead the current shift. If a code blue happens or another medical emergency, a charge nurse is an extra hand to jump in and help. A charge nurse cannot fulfill their duties safely as a charge if they have a patient [load] assigned to them.

NTICU (neuro trauma ICU) is supposed to be [a nurse-to-patient ratio of] 1:2, (sometimes 1:1 if certain interventions are being done) and one charge nurse [without patients. What is] currently happening [is] 1:3 [ratio] and charge nurse … has patients.

MSICU (medsurg ICU) is supposed to be 1:2, (sometimes 1:1 if certain interventions are being done) one charge nurse [without patients. What is] currently happening [is] 1:3 [ratio] and charge nurse … has patients.

CICU (cardiac ICU) is supposed to be 1:2, (sometimes 1:1 if certain interventions are being done), one charge nurse [without patients. What is] currently happening [is] 1:3 [ratio] and charge nurse … has patients.

CVICU (cardiovascular ICU) is supposed to be 1:1 [ratio] or even sometimes 2 nurses per one patient or [2:1], one charge nurse [without patients. What is] currently happening [is] patients [who are] are supposed to get 1:1 [are] being doubled or tripled [up] and charge nurse … has patients.

[C]ardiovascular progressive care: [Is] supposed to be 1:3 [ratio], one charge nurse [without patients. What is], currently happening is 1:5 [ratio] and charge [nurse has patients].

RENAL floor- supposed to be 1:4 (ratio), one charge nurse [without patients. What is] currently happening [is] 1:7 [ratio], and charge nurse [has patients].

20. Day Shift: Intermediate care was 1:5, med-surge 1:7 or 1:8. Charge nurses were no resource as they also were assigned heavy pt. loads. [Nursing assistants were] called out [to other units] or were rarely seen. No [clerical staff], no dietary either. Nurses [handed out] and retrieved trays. The nurses did [the jobs of], the [nursing assistants], the secretary and dietary. … Working conditions so trying a Union was formed by their staff in a Right-to-Work State, please let that speak volumes. It's really a shame as I heard they were this amazing hospital before purchased by HCA. Majority of nurses are travelers. Still I met some amazing and talented (with grace under extreme pressure) nurses.

21. [From a] former mission employee. … PCUs [progressive care units, which are 1 step below an ICU] run 1 to 5 [nurse:patient ratio], but have taken as many as 7, including for charge [nurses]. Med surg is 1 to 6 but can run up to 8. Usually no techs or just one tech for whole floor.

22. The nursing staff was promised at the very beginning of this take over that our nurse-to-patient ratios would not change. That remained true for only about 3 months. ... [Then], I noticed that our staffing grid had changed. …. We used to care for no more than 6 patients at a time. In recent days our nurses are caring for as many as 10 patients at a time. This is absolutely unsafe and has led to our nurses and unit staff feeling burnt out and defeated. We are taking on heavier patient loads, have less support staff, and have new tasks regularly being added to our list of things to do. So, as you would probably expect, our nurses … are quitting, and we have fewer and fewer nurses to staff our unit. The Mother-Baby Unit has experienced a loss of over 18 nurses in a span of about 6 months.

23. Go to Asheville to visit. Never work or be hospitalized there. Mission hospital … used to be a wonderful facility about 3 years ago before a sketchy deal happened and it became for-profit HCA. Apparently, a lot of their wonderful staff left at that point. When offered the position I was told that I would get ratios of 1:5 on the oncology floor, breaks, and be working in the newer part of the hospital. However … [it's not] worth the trauma I experienced at all.

The first week they had me up to 6 patients, floated me to a spine unit I was not competent in with no direction, leadership, or support from the staff. Of my assignment on the spine unit, I had 3 [of] 6 patients actively confused jumpers spaced throughout the entire hallway. I met a new grad [on the] night shift[] who had told me they flex her to 7-9 patients overnight. My second week I had worked multiple shifts without any breaks (food/potty/water), another traveler who had started with me was made charge [nurse] with 5-6 patients (we both did not have any charge experience).

I did talk to my manager about this and how I was scared I'd lose my license but … after that meeting, nothing changed. I [gave] my two weeks [notice] the day they assigned me 7 patients on day shift. … We were expected to take care of 7 patients with no [nursing assistant], no charge [nurse], and the 3rd nurse we were expecting never came. We were left on the floor with 2 nurses and 22 patients. … Mission hospital was the absolute worst assignment I ever took.

I met some of the best travel nurse buddies there but I wasn't getting paid enough to try to ride that out. Good luck, for the love of God, please don't work there unless you absolutely need to.

24. My daughter formerly worked at HCA-Mission as an RN on a Med-Surg floor. Per the nurses' contract, staffing should be 4 patients per nurse. Actually, it is 5-6 patients per nurse on day shift with night shift having up to 8 patients per nurse. There are to be 2 [nursing assistants] per floor per the contract, which rarely happens. Charge nurses usually do not have a patient load but at HCA they do. Grievances are filed constantly but go unaddressed or disappear like nothing is wrong.

25. I am currently under contract [at Mission] and have literally floated to every single unit in the entire hospital except OR. … The assignments are heavy and hardly have [any nursing assistants. Patient ratios per nurse are]: ICU:3 pts. PCU [a step down from ICU]: 5 pts. Medsurg: 6-8 pts. [Emergency room] holding is an absolute nightmare, you get 6 rooms with around 20 pts throughout the night.

26. Nurses were so pushed to the limit that on [a] 36ish (I can't remember the exact number) bed unit, the ratios were 8-10:1. [Ratios were] 5-6:1 in stepdown [unit] and 8-10:1 in medsurg.

27. The floor ratios here are pretty unsafe. I almost always had good safe ratios in ICU, but SDU [the step-down unit] is usually 1:4 or 1:5 (6 if you're ER hold!) and the problem with that is they allow high acuity patients on SDU. And frankly, a lot of the time they end up with the 1:5 ratio on that. [An unstable diabetic patient needing blood sugar checks every 15 min.] ends up on SDU...which is totally appropriate when ratios are 1:3 or sometimes 1:4 (if all your other patients are stable and not needy) but I have had many SDU assignments where most of my patients are slightly unstable and [needing frequent attention]. Really unsafe if you ask me. …

28. Worked on an Ortho floor, 7:1 ratio pushing 8-9 at times. Often no tech. Floated every other day. Last straw is when they floated me to a trauma unit with no experience even after expressing my discomfort. I quit the next day.

29. Just found out that one of the med surg units will be taking 8 patients per nurse. While our ratios are sometimes not great, this is just so unbelievably unsafe. Staffing [management] does not care at all. … [I'm] a new grad nurse and even though I would owe HCA money if I broke my 2-year contract, I'm tempted to look elsewhere as many other new hires are. We are defeated because at times the patient care is atrocious, [so] we are set up to fail.

30. Just finished [a traveling stint] in Asheville. Area is fantastic, hospital is awful. Can't get ahold of doctors and hardly any staff -- no techs some days and they [definitely] don't follow 1:6 ratio. Some days I had 7 and some nights nurses took up to 8 patients.

31. I was staff there. A lot of days were 1:7 and 1 [nursing assistant] for a 44 bed unit so - you're the nurse and [the assistant] for 7.

32. Pros [of HCA Mission]: none. Cons: understaffed. Floated often. Rarely [nursing assistants]. No [clerical staff]. High acuity patients on [the regular] medsurg floors. [Detoxing patients] with high scores, insulin drips, fall risks patients. Can have up to 6 or 7 on night shift. … Unhappy staff. Granted. I was there 3 years ago, so maybe things have changed. But it was my worst assignment in 6 years.

3. General Conditions

33. [Advice from a travel nurse]: Be prepared to clean your own patient rooms and empty trash, draw your own labs, page multiple doctors in order to find the right one, do your own vitals and blood sugars, because every single facet of that hospital is purposely short staffed to maximize profit. 5-6 [progressive care] patients per nurse.

34. 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. 100 [out of] 10, [I] would not recommend!

35. So, here's a few things you can share with [others]:

1) we received notice at 5am this morning that there was ONE phlebotomist in the ENTIRE hospital due to the other 3 calling out sick. All nurses were therefore responsible for drawing their own labs. For the nurses that had 5, 6, 7 patients, this became a very timely task, not to mention if there were an emergency. Obviously, the phlebotomy department is not to blame- who could blame them? They are already extremely short as it is and tasked with meeting demands for the entire hospital far beyond the capacity of the department.

2) Courier services are no longer. When blood was needed for a patient [in another building] the other night, the charge nurse had to leave the floor and take her own private vehicle across the street to retrieve the blood. The tube system was down.....yet again. …

3) A patient had to be transported to Mission [from Mission's long-term acute care facility] for a procedure. The nurse had to accompany the patient (for high level monitoring) in addition to the EMS transport team. The nurse had to leave her other patients in the care of another nurse. After the procedure was completed, it took transport FOUR HOURS to be able to retrieve the patient and nurse to bring them back to [the long-term acute care facility] via ambulance. That means for 4+hours, one nurse assumed the care of her own patients as well as the other patients that nurse had to leave in order to accompany said patient to the procedure. Absolutely unsafe staffing practices for the staff to monitor several more (very ill, ventilated) patients while another nurse had to leave the floor. Absolutely unsafe for the patients who were under the care of one nurse where a safe ratio is far fewer.

36. I work in the behavioral health unit over there in Mission and just in the time that I've worked there, they have cut staff drastically. The first thing they did when they took over is [to get] rid of the [unit secretaries] and they told behavioral health techs you got to do that job too …. [A]s a behavioral health tech I'm not a CNA [nursing assistant]. Now they have behavioral health techs do CNA work and quite frankly it's terrifying that I'm afraid that I'm going to hurt somebody,

whether it's in the geri[atrics] department or on my unit because we have medical patients on my [psychiatric] floor. They don't train us, and if we say, "I don't know how to do that," I get yelled at. That is a really scary position. I tell my patients, "I'm not a CNA but I'll help you, can you tell me what I need to do?" That makes them feel *real* confident, [I'm] telling you right now.

And, additionally in my unit, they don't even supply enough stuff for what we have to do. In one week, the entire laundry department quit and there was no one. And now we have to go find our own linens and bring [them] up to the unit. So now we deliver our linens, we do the [secretarial] duties or CNAs [nursing assistant work], and they gave us more patient load and they're short on staff cause everybody's leaving.

I don't know what's going to, what it's going to take to make changes for the positive, because I've [gone] up my chain of command all the way to HR about this and … I was told by my [supervisor] that I shouldn't have done that, that I should have kept it in-house. [But] that's supposed to be reported, so that patients are safe.

Something is really wrong here. It's really wrong. I mean I hope I don't get fired for saying something, but at the same time, the patients I take care of are some of the most vulnerable population, whether it be because … they're mentally ill, they are suffering with an addiction, they're old.

37. Yes it is very true that close to 9 Phlebotomists left Mission at the same time. There are so few phlebotomists on staff that they are just overwhelmed. In fact just a few weekends ago there were only three phlebotomists for the entire hospital, the fourth was in the ER.
… I think it's important to know that the direction forward appears [to be less and less] phlebotomy and this duty will be pushed to the floors for [nurses to do] timed, [urgent], and stat [blood] collections. I wouldn't put it past them to simply make this a full responsibility of the floor [nurses], only sending a phlebotomist once [two] unsuccessful sticks by two different staff had been attempted.

38. [H]ere are a few staffing issues we have faced since the HCA takeover:
… If a patient has to be transported [from the long-term acute care unit] for a procedure in [interventional radiology], for instance, the nurse must go to monitor the patient on telemetry. Sometimes one of two respiratory therapists [RT] must accompany the patient as well. It has been noted that the patient along with the [therapist] and nurse can be gone as long as 5 hours for a procedure that usually takes less than 1 hour. This leaves the other [therapist] to cover the floor of approximately 28-30 patients and another nurse to then assume care of the patients for the nurse currently off the floor. This leaves 1 nurse with 5 patients- on ventilators, vasoactive drips, telemetry monitoring, etc. . … Medications are then often given late as a result, not to mention other dangers faced by patients due to the temporary decrease in adequate staffing.

39. [From someone working in patient transport]:
The nurses in the ER have been extremely helpful in helping us with moving patients and getting them up to rooms accordingly. Something they shouldn't have to do, but do. Unfortunately like everyone else in the hospital, we are stretched so thin staff-wise we cannot keep up with the rate that [patients] need to be moved. This results in some patients sitting for VERY long periods of time in the [ER]. I've witnessed patients being left sitting in [ER] rooms for prolonged periods of

time (sometimes hours) laying in their own mess while they wait for us to get them up to their room.

I will say since the HCA rollover the transport department has been cut in half. We have half the staff and double the job load and we cannot keep up with high demands of the hospital. Like everyone else, we have sacrificed quality patient care for profits and ratios.

40. To Whom This May Concern,

I, [_____], RN, am officially giving my 2-week notice of resignation to the Mother-Baby Unit of Mission Health, [due to dissatisfaction with the terms of the new work contract HCA offered]. I would like to share some background as to why I have made this decision. …

Mission Hospital was once such a beacon for our community [through various volunteer activities.] … My co-workers and I truly felt cared for by the hospital management and the community. We were a community. … I was always so impressed with how clean and nice our hospital was. We were blessed to have the equipment replaced when needed and in a timely manner. The rooms, hallways, nursing stations, and lounge areas were always comfortable and clean. … I was proud to be an employee of Mission Hospital ….

I can't deny that society has been changing, the economy has been changing, politics are changing and therefore healthcare is changing. Mission has not been able to escape this …, but to experience a nonprofit hospital being taken over by an enormous money-making corporation has been devastating. …

HCA started by taking [away] our support staff. Our unit secretaries were removed from the units and .... [our nursing assistants] were either moved to other areas of the hospital, let go or placed in the secretary position so they could now take on both the role of the secretary and nursing assistant. … Our [Mother-Baby] unit requires having a secretary at the desk at all times as their role is a very busy one. Letting patients and visitors in and out of our locked unit, answering phone calls, answering call bells for 34 rooms, making charts for all of our new patients, breaking down charts for all of our discharged patients, retrieving items from our tube system, making sure the right nurse receives the items sent, sending off important lab work to the state, entering information into our computer system, and answering the questions of countless people approaching the front desk as the secretary is the first smiling face you see as you enter our unit.

These are just some of the extremely important tasks our secretaries are responsible for. So unfortunately now, our [nursing assistants] can no longer do the many important and time-consuming tasks they previously helped with on our unit. [They] helped us bathe our tiny newborn patients, draw labs, and helped watch them when a mother or family member was unable to. They helped mothers to the restroom, set up rooms for new patients, stocked the unit with necessary equipment, they wheeled patients out to their cars at the time of discharge, and helped with many other tasks. Not having their vital support has definitely added strain to the workload of our nurses. ...

Not only is the nursing staff suffering. It appears the ancillary staff throughout the hospital are suffering as well. The hospital has never been as filthy and unkempt as it is now. Trash runs over and onto the floors in the patient rooms, nurses' stations, and lounges. Hazardous materials disposal containers have IV fluid bags and tubing pouring out into the medication room floor. Laundry bags pile up and run over onto the floors of our soiled utility rooms. Meal trays are

constantly left behind in the patient rooms. Sinks and toilets aren't being kept clean, and, most concerning, leftover items from previous patients are being left in "clean" rooms and baby bassinets. So, why is this? Every time I ask what is going on I receive the same response "We are short staffed. We are doing the best we can." I know this is true and very unfortunate. Yet again, guess who gets to pick up the slack and take out the trays, empty the trash, and reclean the baby bassinets? The already overstretched and overly stressed nursing staff … do it ourselves. …

I am truly sad to be leaving my unit [due to dissatisfaction with a new compensation model]. I know my fellow coworkers and work family are hurting as they work through the most trying times we have ever experienced. … I am praying for all of the staff of Mission Health. I am also praying for the community served by Mission Health. HCA is not who we are.

41. I know patients are getting sicker because we are short-staffed. There's just less staff on the floor to be where we are needed. Being one of two [nursing assistants] on a 44 bed unit (well, the only [one] for the past month) we can't walk people, reposition [patients who require] total care or patients with bed sores, provide requested hygiene, let alone make it to all the bathroom calls and bed alarms when confused patients might jump the rails. It makes me feel helpless seeing patients get sicker and lie in their own feces for upwards of an hour. It also makes me feel guilty whenever I start to lose my patience with a dying patient who has anxiety and OCD and wants me to arrange her flowers a certain way. Then I feel overwhelmed when trying to balance the stress of not finishing my responsibilities which is every day now. These frustrations are not the patients' burden to bear.

When I spoke to my manager, she asked if the problem was nurses not helping. I responded, "no, the problem is that the nurses can't help!" Our nurses have 6-7 patients [as does] the charge nurse and there is literally no physical way we can be everywhere. I have worked several shifts where nurses have broken down sobbing, stretched beyond their breaking point, asking me, [just a nursing assistant], "what should I do? I can't do this anymore.…

There needs to be change. I'm sure all the other floors are going through the same thing. My question is, who do I talk to? … I will be attending nursing school in the Fall and I understand this might sound naïve of me, but I want to make that change happen myself. Whose boss do I need to become to make this happen? Please tell me because I will work from the bottom up until it is done."

42. I'm a nurse on the neuro floor …. Most nights I come home weary and sad that I haven't taken care of my patients like a nurse should or would. … Doctors on our floor ask us why are we still working on the floor. The [nurse practitioners] help you get people to the toilet, and some have even helped pass out food trays. I mean they know how hard the neuro floor is. Our patients [require] total care. That means sometimes they have to be fed completely. They urinate and have BM's in bed. When we have time and remember, we know they need to be turned every two hours. At shift change when you have 5 or 6 patients, you have to get them all cleaned and it's just you.

Vitals, meals, incontinence and [glucose monitoring] are on you when the [nursing assistants] are floated [to other units]. … I don't have patients for primadonas on my floor and I'm quick to tell them all You have is me today, and oh by the way you're not my sickest patient

so please hang on. Sometimes, patients have BM's in their beds but at least they didn't fall, hit their head and have to do a MRI for concussion.

43. There are so many issues and reasons for the long wait times in the ER. Lack of staff is definitely the main issue. Now imagine you're already short staffed, now you have several techs and nurses transporting patients across the hospital to other floors. That could take at LEAST 10 mins to get there. Most of the time even when you get to the room you have to rearrange the room to get your patient in the room AFTER you wait for floor staff to assist you. …. Meanwhile the rooms that were discharged are dirty and [carts] are lined up. Everyone's radio is going off with "we need urine now, discharge now, trauma alert, we need extra hands for a code, can someone take a patient to labor and delivery, we need a tech for a change out, we need a tech for EKG, why hasn't urine been collected. You gave 2 mins to get this patient to the room" from someone SITTING at a desk! We can only do what we can do and we're doing our best but the focus is on time and metrics and not how to better assist the little bit of staff that is left. WE ARE TIRED! WE ARE STRESSED! WE ARE UNDERVALUED! And that goes for nurses, [cleaning staff], techs, physicians, registration, psych clinicians, [respiratory therapists], cafeteria workers, floor nurses, lab, pharmacy, phlebotomy and ALL! We're all getting burnt out.

44. I wanna start by saying we have some amazing nurses, but I want to focus on the [nursing assistants] for a moment. Someone mentioned that [they all go] through several weeks of telemetry training before they can monitor the patients on telemetry. Well did you know that the [ER] techs had [just] two and a half hours to go over [how to monitor heart] rhythms, take a test, and then boom... go monitor? On top of that, they were eventually forced to do telemetry whether they wanted to or not, with the threat of their pay being cut. The nurses are extremely over worked, but imagine being the only tech with 24 patients, 6 to 8 nurses asking you to do something, transporting patients from the new ER to the old part of the hospital, taking patients to labor & delivery, take visitors back, cleaning rooms, stocking the rooms, doing EKGs, change outs, participating in [dealing with unruly patients], walking things to the lab when the tube stations are down, and any and everything else that comes through the radio or phone. Before moving into the new ER, some techs were forced to go from night shift to day shift because of the lack of techs on day shift. This resulted in techs [quitting], causing both shifts to be short. With that being said, the techs are drowning too.

45. I've been [a physician in] this community since [the mid-1990s]. … I'm currently retired and disabled. I have been a patient here as well as a member of the community, and I have grave concerns over what's happened since HCA has bought our hospital. ...

The trash: Not only does the trash not get taken out, it doesn't get taken out in the ICUs. Patients are having to clean their own rooms or family members are. … Patients have been admitted to rooms where there is urine from other patients on the toilet seat, including trash that hasn't been taken out from a previous patient. We are not in a third world country.

There are patients, because of the ratio of lack of nursing which you continually keep hearing, that are at risk and some have died because there was nobody to take care of them because the nursing staff was taking care of another critical care patient. … Patients are screaming into the hallway, please help, help. They're not in a nursing care facility. They're at a hospital

where they're supposed to have assigned nurses, but these nurses are so overworked they can't come to get patients out of their bed to take them to the bathroom. … So, guess what? People don't want to crap or pee on themselves, they attempt to get out of bed, they fall over their oxygen tubing and then they fracture their tibia and fibula. True story.

46. [From an experienced travel nurse]: [Housekeeping] no longer cleans patients' rooms on many of the units unless they are discharged because they are so short staffed. Trash overflowing, the most disgusting floors I've ever seen in a healthcare facility.

47. 6 patients on medsurg is the norm and most units have no [assistants] or only 1 for the whole floor. The whole hospital is short staffed. Labs are taking hours to be drawn past when they're due, pharmacy often takes hours to send up a medication… Hardly anything is stocked in the nutrition room. Like I spend so much time just searching for a spoon or cup. Hardly any snacks for the patients half the time. … A couple days ago I heard they want to start putting patients in beds in the hallways outside of dirty rooms while they wait to be cleaned.

48. I'm here now on [a] PCU [progressive care unit, which is one step below an ICU]]. … I get 5 patients every freaking night. We float at least 1 shift a week and it's usually to the med surg floors where we have you take up to 7 total-care patients. Every unit in the hospital is understaffed. They float the techs every shift so you're pretty much getting your own vitals and doing pt [personal] care on your own. … The doctors don't seem to care about their patients either and are just probably too overloaded to care. The ED sends you patients with no report and half the time don't tell anyone that they've dropped a patient off in a room so its very possible for your patient to be in the room for hours without you knowing. I've stayed as long as I have because of the other fellow travelers but a lot of them aren't renewing so its sad to see them leave. The hospital itself is beautiful and Asheville is beautiful but I wouldn't send my worst enemy here to get care. I feel like my license is on the line every time I clock in. They put you in dangerous situations and I just really feel bad for the patients. I do the best I can to get through the nights. … I'm never coming back.

49. Hi, I'm Dr. ____. I can't give patients' stories because of a HIPAA violation. I do have one patient story that happened to my own husband. … I've worked in an ER, I've had patients, I've admitted patients through an ER, I know how an ER should work. My husband went to Mission Hospital with a [high] heart rate and didn't receive his medication for an hour, not because of the lack of excellent staff, not because of the lack of excellent nurses, but because those nurses were also being asked to transport people. I was actually told by an administrator once who said we're cutting -- this is true, all these things that you're hearing are true – [we've] cut housekeeping staff, transport staff, respiratory therapy staff, CNA [nursing assistant] staff, food service staff. And then I have patients, I've come to see them, and they haven't had a bath in six days. They'd been in the hospital for six days without a bath. And, of course, the patient would be upset about that. I brought this up once and I was told, "Well, anyone can give a bath," ... "a nurse can give a bath." Okay well, if the nurse is giving a bath, when are they supposed to give the medications?

50. As an RN Patient Advocate, I receive multiple complaints each week about the quality of care at HCA. This past weekend a patient and family member called to report that the room was filthy and trashcans have never been emptied, and the nursing staff were understaffed and were not appropriately medicating a patient with narcotics for exquisite pain. She also stated they only had one Certified Nursing Assistant for the entire 40 bed unit for the last two days. Also, the physical therapist scheduled to work with the patient did not show up one day because they were short staffed, and breakfast comes at 10:00am because there are not enough staff to deliver meals on time.

51. As a Vietnam veteran, I receive all of my medical care at the VA hospital here in Ashville. I recently had a procedure that necessitated an overnight stay at the VA hospital. During that time, I encountered two doctors and four nurses. Each and every one of them said they had transferred to the VA from Mission Hospital. As an old newspaper reporter I had to ask why they'd moved. Almost unanimously they responded, "patient care" and "working conditions", particularly "understaffing."

4. Communication Difficulties

52. Communication between [doctors and nurses] is poor. You will page or text a doctor when they just put a note [in the chart] and orders in on a patient and they will respond that it's not their patient. Trying to find the doctor involves looking at multiple long lists, and they're not always logged into their phones. Some specialties you have to call their office and wait on hold.

53. 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. Super frustrating place to work but the [geographic] area is absolutely beautiful.

54. it can sometimes be very difficult to figure out who the primary MD is for your patient. literally have had days where I had no idea who to call, because they don't update the attending in [the computer records], and the hospitalist team changes daily. … I will also say that I get a LOT of passing the buck with doctors here. I'm not sure why this is such a big problem here but nobody wants to order [even simple Tylenol as needed] if they can pass it off to another team. … I have never encountered so much of this anywhere else. Literally every day stuff like this happens for me. I had an ortho trauma doc yesterday tell me they felt more comfortable letting the hospitalist manage the pain meds… [That can't be true], you [just] don't feel like getting on the computer and would rather pass it off to someone else. To be fair, I think all the docs here are just as short staffed as nurses are. Literally every department here is short staffed, from food services, to secretaries, to RNs, to docs.

5. Heavy Reliance on Traveling or Less-Experienced Clinical Staff

55. This hospital has A LOT of traveler [nurses], its pretty much all travelers and older RNs who have literally been working at this place for decades. HCA bought the hospital a few years ago. Apparently, this used to be an incredible hospital. …. [T]there are a LOT of CNA [nursing assistant] travelers here lately, and this is not meant to diss them, but the quality really varies quite a lot. Unfortunately most of the traveling CNAs I have worked with here are a bit subpar …. [H]alf the time they haven't a clue how to use [the hospital's computer system] - to be fair they get like one day orientation just like the rest of us, and they get pulled to be sitters quite often (the hospital doesn't seem to hire straight sitters except for maybe the BHU, they just use CNAs to be sitters).

56. It has gotten increasingly more short-staffed since just 3 months ago. It's literally 70-80% travel nurses.

57. I am new to [my current nursing assistant assignment but] worked on a different floor before. … I [now] work[] on [a cardiac unit] for the first time. No training, I know absolutely nothing about heart patients. They gave me 20 patients, … [but] the other [nursing assistant] on the floor had all 40 patients and was also the [clerical worker]. [S]he said that that had become the new normal for [cardiac units] for one [nursing assistant] to take on 40 patients. .... I got off 2 hours late. I had to do things I had never been trained to do and hope I was doing it right.

58. [The clinical staff who remain] are trying so hard. These are good people. They're people that really want to do a good job for Mission. They're working with a lot of people they don't know that come in and out because they're travelers, and it's pretty well known in the nursing community – particularly in the OR nursing community and I am an OR nurse – that most of the hospitals in our country that have to use lots and lots of travelers are a bad place to work. And that's why they have to be travelers.

6. Patient Safety Impacts

59. Mission had to close one of the cardiac units due to short staffing, it was closed most of the time I was there. Transport dropped an ER patient off in the unit, all lights off, not a single employee there and left the patient. The patient was finally able to get ahold of the operator on the phone to find some help. You think that would be a [serious] never event [as defined by regulators], but Mission was just getting started. They put signs up on the doors that the unit was closed and transport dropped off a SECOND patient, abandoning them to a very clearly closed unit. They dropped off 2 dead patients on one of the medical floors. The last one according to staff was just left on the stretcher in the hallway with a note on their chest that said "needs blood," and nobody noticed at first because they were in the middle of a code. One patient went down [to another floor] for a scan and then got put in a random hallway while waiting for transport and was left there for about 8 hours until family started raising hell asking where the f*** their family member was at.

60. You get [sent] patients from ER with no report most of the time, [and] the ER nurses are lucky if they know what the pt is there for. I walked out of a room and found a suicide patient sitting in [another room], dropped off, no sitter, [ER] didn't tell anyone they brought them.

61. [I'm working at Mission] now and would say 10 [out of] 10, not recommend [for other travel nurses]. … Poor staffing ratios. No help, pts dumped in ICU without reports given, suicide pts dumped in rooms and no one alerting staff and no sitter came with [them]. The list goes on and on! I've been traveling for 3 years and never wanted to quit a contract more!

62. Mission was my worst [nursing assignment] in my seven years of traveling. Ratios are now 1:7/8 sooo short staffed. A patient did commit suicide and it was the charge nurse's patient …. We had a patient arrive from [the ER] dead. [ER] said he was alive. No one was notified he had arrived. No support from upper staff members

63. I am an internal medicine physician who has been on staff at Mission for 19 years. Yesterday, I admitted an 88-year-old woman from her home. She was acutely confused without obvious cause. Among other orders was an order for IV fluids, as she was obviously dehydrated. It took 28 hours for this order to be accomplished. I spoke directly with her overburdened RN regarding this oversight. She informed me that she had called pharmacy three times today to fulfill the order. This is shameful care. I am astounded and horrified!

64. [From a retired physician]: Patients are being put on floors with nurses who have no idea how to care for them. Instead of being in an ICU setting, they're put up on a cardiac ward, their bowels eviscerate, they have a surgical life-threatening emergency, and the nurse doesn't know how to find the surgeon. … People come in with a routine ruptured [appendix] and ended up leaving two months later, 15 surgeries later, losing their bowel, having a colostomy bag, being intubated, trached, and then have a lifetime worth of surgeries that they continue to have because somebody didn't recognize that something had gone wrong. Things go wrong. I'm a surgeon, things happen. That's not the problem. It's recognizing it. We are not in a third world country….

7. A Near-Fatal Suicide Attempt

65. The event surrounding the [near-fatal] suicide [attempt] happened in the late afternoon and the rounder [a behavioral health tech. checking on patients] was 1hr behind. … This particular rounder tries hard to do their job, and I would not say anything bad about the rounder, as this individual is dedicated to their job. The patient that attempted to hang themself is actually not expected to survive, though we are praying the patient recovers.

[This happened in] the largest unit with 23 beds, [which] has a lower staff-to-patient ratio. Management says it is an easier milieu, but [the unit] routinely cares for patients that have a higher acuity level, medical psych, etc. Initially when [the unit] opened there were to be 4 RNs and 4 techs on days, 4 RNs and 3 techs at night. HCA changed that … by taking away an RN and tech from each shift. … Staff has consistently asked for additional staffing. Rounders are routinely

having to do extra tasks while rounding, not to mention [the unit] has the largest physical space of all the units, and when rounders have to do extra tasks while they round, it is hard to stay on time with rounds.

After this incident, management decided to give [the unit] an extra rounder so that 2 staff are rounding when patients are awake. After the patients are asleep, it goes back to 1 rounder. That sounds great, right? Staff had been saying that something terrible would have to happen before adequate staffing was supplied. And it would appear to be true, right? But that is not so. Management told staff it was only for the weekend. The state was going to come and inspect our unit. Apparently, they just wanted to make it seem as if they would have corrected the issue.

Also, when the patient hung themself and a code blue was called, the code team couldn't immediately find a ride from [the main hospital] across the street. [The psychiatric] campus does not have a code team physically located there. It was an extended time period before a code team could arrive.

66. The [almost successful] suicide [attempt] at [Mission's psychiatric facility] has left the staff traumatized. Several nurses and BHT's [behavioral health tech's] told management that a second person was needed for keeping account of patient safety and whereabouts on the unit. [That request] was ignored. … [Afterwards, the] BHT who was tracking the patients that day was fired, and there is talk of more action against staff who were working that day. … The staff caring for patients all over Mission Hospital, in every department need relief from being held responsible for the dangerous decisions of management. This relief is needed now.

67. BHT's [Behavioral health technicians] on [my psychiatric unit] have had their job description updated to reflect that they also do what state certified [nursing assistants] on other medical floors and facilities do, such as cleaning patients if they soil themselves, shower patients, turn bed-bound patients to prevent bed sores, etc. …

[The recent] event [where a patient almost committed suicide during a thinly-staffed shift] has not brought about extra staff, but management [now] wants 2 [out of 3] BHTs to round [check on patients] from 715 am to 11pm, with no change to the daily tasks, group [sessions], or patient care (including caring for total-care patients). This effectively leaves 1 BHT to run group [sessions] and visitation, feed, ensure physical needs of patients (including patients [that require total care due to medical condition]) are seen to, and manage the psychological needs (de-escalation of patients that are escalating their problem behaviors), as well as cleaning the unit.

Staff morale is at an all-time low because the unit was operating on a shoestring before, and now it is significantly worse. [Psychiatric] staff work here because we truly feel a calling to care for a part of society that is incredibly vulnerable. We try to do our jobs to the best of our ability, but sadly many of us are looking for other positions due to the lack of safety for patients as well as staff.

8. Morale and Administrative Responsiveness

68. I have been an RN for over 40 years … in various hospitals [including] Mission for 14 years. I am retired basically now. … When I first … started working for Mission, I had just come out of some pretty nice hospitals, but I was very impressed with Mission when I came here. The staff was wonderful. We all really got along well. We cared. We were proud of where we worked, and I was happy that I had moved to a beautiful place like this, like Asheville, and it just happened to have a fabulous hospital and wonderful providers, and I just -- it breaks my heart to see what's happened. I no longer work for Mission, but boy do I hear the stories. I have lots and lots of friends that work for Mission. They are miserable. I'm speaking for them and the patients as well. The staff is miserable. They are.

69. This week has been just the tip of iceberg of how overwhelmed and inundated the ER and, by association, the rest of the hospital can become. It happens all the time but mid to late summer is typically the worst. I don't know why but it is. We warned them. We told them with data. But still they chose to decrease staff and close critical areas. And now they are being reactionary when all they had to do was listen to those who know our [geographic] area better than anyone. But they aren't suffering. They aren't the ones … who are trying to provide the best possible care in what feels like war zone conditions. Staff are suffering. Patients are suffering more. I'm heartsick.

70. [The psychiatric] unit has been unsafe since its opening last March. All staff have reported their concerns of the units' lack of safety for patients and staff. For so long we have begged for more staff only to be given less, and more responsibilities. We always said something tragic would happen and unfortunately it did [when a patient hung themselves and almost died]. It's not one person's fault, it's not the staff on shift fault. It's the management and HCA for not listening to the staff who work the unit day in and day out. … Our hearts ache because we feel as if we let so many of those we care for down. Many of us are looking for different jobs since this [near-suicide] event. … We are tired of working in an environment where our voices and those we care for aren't being listened to.

71. It is heartbreaking [what has happened to Mission Hospital], and the thing is, as several people have said here, I don't know how this can get fixed. How? Because it's Hospital Corporation of America and it is for profit and the first thing they do – they did it in the hospital down in Atlanta [where I worked] and they're doing it here – they get rid of as much staff as possible because that's the quickest way to help your bottom line. … [T]hey can get some of their medical supplies cheaper cause it's a huge corporation, but corporations, once again, they are not people. They're corporations. They don't really... they don't see the individual, whether they be the patient or the person working there. And so, I don't know the answer. I don't know how we can make a corporation accountable. Not really. So that's what scares me.

9. Supply Shortages

72. Add to [everything else that is wrong] the constant lack of supplies. Just this last week [in early 2023] we were out of IV medication tubing and 60 mL feeding syringes. Finding substitutes and work arounds for the lack of supplies is the norm. In the past year we have rewashed disposable bottles and nipples, rewashed feeding extension tubing, and split bottles of sterile water between patients. I have contacted other NICU nurses I know throughout the US and no one is having the supply chain issues we are.

73. [From a nurse]:
No linen available to make ER beds
No isolation carts, i.e. gowns, supplies for Covid patient care
No critical patient supplies in Omnicell (supply room)
No patient care carts stocked [with] basic, critical supplies for immediate patient care
No beverages/ basic nutrition stocked in nutrition rooms ([due to] short-staffed nutrition department)
No commonplace meds stocked in pyxis (locked medication "dispensary")

10. Delays in Test Results and Scheduling

74. Sad to say my experience as a physician in the community is a very noticeable general decline in quality of care and functioning of the Mission Hospital System since HCA took over. Some care continues to be great, but I have many complaints and fears expressed by my patients and generally the quality of service is lower. This includes very dysfunctional communication from Mission related medical offices, totally unacceptable waits for appointments for specialty care and most alarmingly the hospital refusing to arrange follow up care for new urgent medical conditions before discharging patients. That was always a critical part of good medical care. We cannot settle for a 'Treat them and street them' (get them out of here ASAP) mentality.

75. I work at a pediatric office that serves 12,000 patients in [neighboring] counties. And ... [one of the] things that the providers that I work for are concerned about is … when we don't get records back from [Mission for] abnormal MRIs of the brain for 10 days, that not only puts our children at risk, but that further delays their treatment because there's very few pediatric neurologists that we can refer them to.

76. I work for a primary care provider who is not associated with Mission. I schedule testing, radiology, labs. We have to go through Mission now. They have eliminated the entire scheduling department at [the local community hospital]. They have eliminated the bookkeeping department. They have eliminated everybody. I had a stat radiology that I needed done [right away]. Five days, it took me to schedule it, five days. That is a shame.

77. I'm actually a practice manager of a medical office here in town…. I do agree with a lot of the people here …. There are scheduling issues. … We have patients who visit the ER, follow up with your PCP within five to seven days, we get no reports. We have no idea why they were in the ER. You have no idea what medicines were changed. We have no idea what medicines were given, what they were treated with, nothing. You call for medical records, forget it. 10 to 20 days at [a] minimum that it's going to take you to get those reports. I have spent hours on the phone with Mission … trying to get [the same] access [t]hat we have with [non-Mission hospitals]. … Nobody calls you back. If you do get ahold of somebody, they say "we don't know how to help you. We're just going to transfer you to somebody else."

11. Other Services and Functions

78. HCA is ruining the Solace Hospice facility. The pressure to keep cutting staff and other reasons has resulted in the physician, [nurse practitioner], clinical manager, 3 RNs and 2 [nursing assistants] to resign within the last 2 weeks. Since Mission acquisition and the HCA takeover so many seasoned caring dedicated Hospice team members have resigned yet [our] management has supported every cut and loss to this very valuable community service. All in the name of profit.

79. I'm a retired social worker. I'm also a licensed sign language interpreter, and I'm coming tonight with information that I've gleaned from conversations in the deaf community in western North Carolina about the changes at Mission Hospital in the past year since HCA took over. Primarily the use of video remote interpreting equipment rather than live, onsite interpreters. They use small [tablet] screens. … These are supposed to be on dedicated internet lines but often are not. At least 30 to 40% of the time, the equipment malfunctions, is blurry. The view of the deaf person is blocked so they cannot see the interpreter and participate in their medical treatment. HCA's unwritten policy of primarily using video remote interpreting equipment and their lack of staff training means if staff don't know how to use the equipment, it results in inappropriate, ineffective communication with deaf patients, endangering their lives.

80. I'm the assistant director [or an organization the provides] services for victims and survivors of domestic violence, sexual assault and human trafficking. … [U]ntil the mergers happened, we actually never had an issue with obtaining forensic nurses to provide forensic rape kits and forensic examinations for strangulation victims [at a rural Mission hospital]. Since the merger, I would say that 99% of the time we are responsible for transporting victims who have been violently sexually assaulted, trafficked sexually, or who have been strangled and physically assaulted all the way to Asheville to have an examination, which is unconscionable and inhumane.

In addition to that, if [Mission] does the transport, for example, the amount of time that the victim must wait to receive the medical transport by ambulance, again, is unconscionable. The last rape kit that I did, where I took a victim to Mission, we were there for 13 hours. That is only one of many examples. In addition, prior to the merger, we never had an issue with rape victims being charged for the use of the emergency room. We now are being billed, victims are being billed for the use of the emergency room at Mission. Again, that is unconscionable. … The

last victim that I took over received a bill for $1,000s. The only services that she received in the emergency room was to have the rape kit performed. When we try to reach out to, again, resolve these issues, I will go back to what [someone else] said [about] the ability to access [anyone], because it is this entity that's just out there somewhere, to resolve those issues is impossible. When the services were localized, the ability to reach someone to actually resolve if there was a billing issue or billing question was much easier.

81. I feel that with all the lack of professionals, they've also lacked ancillary people like social services. So, mother/baby and pediatrics used to have four social workers. You have people coming in, they have babies that are premature, there's a ton of babies that are coming off of drugs because their parents are heroin or meth addicts. And there's nobody here to transition them to make it out in the community.

82. I have seen all of the posts others have been posting about Security and what is going on with them. Each one has bits and pieces which are all true but I wanted to make one that includes everything already mentioned plus some.

Before HCA took over Mission, we had an AMAZING Security Team. We typically had 12 Officers per shift …. We had hours upon hours of training every year …. We even had "extra" trainings on different types of things yearly such as gang knowledge, crime scene control, etc. … When it was Mission Security we didn't just hire every person who applied, you had to make the cut. You had to be a team player and a hard, dedicated worker who wasn't afraid to get hurt, because you would, period. We also had great insurance, a great retirement plan, and were paid at not only a decent base pay but also great shift differentials.

Now fast forward to HCA taking over… . Mission Security was given the run around when we first learned of the buyout on what was going to happen to our department. We were eventually notified we would be contracted out but that nothing would change. We would even get to keep our pay. WRONG! … From there it all went downhill. We lost our insurance, our retirement, and our shift differentials. ... On top of that we lost our training. Now when you are hired the only training you receive is [crisis prevention]. That is it. Nothing else. … They also now will hire anyone with a pulse. No background, no nothing.

[The new security company] was contracted to provide 12 Officers per shift (4 shifts) but has yet to even fulfill their contract. They didn't have enough people when the contract started (only about 15 stayed from the original Mission Security out of about 40) and they have yet to fill the shifts like they were supposed to. Why? Because the pay sucks, the benefits suck ….

A little over a week ago we were brought into four meetings, one for each squad advising us that HCA was cutting us back. They wanted us to go from 12 Officers a shift to 5! They only wanted 1 Officer at [the psychiatric facility] and 3 at Mission and 1 Supervisor to go between the two campuses and also handle outside calls. We were advised [the contractor] was hopeful they had gotten HCA talked back up to 7 Officers a shift but we have yet to hear. If so this would [still] mean [only] 3 Officers at Mission, [with] 3 at [the psychiatric facility], and 1 Outside. Anyone that works here though knows, that it can take up to 4 people and sometimes even 6 or more to handle a combative patient…

If you aren't familiar with what all "jobs" Security has, here is a short list: perform interior and exterior rounds, assist in behavioral health change outs and take possession of patient property, inventory it, log it in and store it, deal with contraband, return patient property, deal with lost and found, perform room searches, door locks and unlocks, respond to Staff Duress, Panic Alarms, HUGS (Pediatric) Alarms, Code Berts (Behavioral Emergency Response Team), respond to Fire Alarms, Code Blues, escort patients, staff and visitors to multiple locations, monitor cameras, take theft reports, visitor/crowd control especially during shootings, deal with the homeless and suspicious people and vehicles, assist with Shuttle and Valet, deal with irate patients, visitors and sometimes even staff, go hands on with behavioral health patients, people strung out on drugs, people who are intoxicated, people with [traumatic brain injuries], etc. You get the point... Also, now we assist with [decedent affairs] duties of pickup[ing up] the deceased, paperwork, and releasing of them. We also cover three lobbies … at night where we used to make visitor passes (pre-COVID) and now perform screenings. We are told this is going away but who knows. There is no way we will be able to cover [this] with such short staffing anyway.

It's not if but when … medical staff gets hurt [by an unruly patient]. ... We just thought our numbers were high now for people getting hurt, we haven't seen nothing yet. It is about to get bad. Real bad. Patients even get hurt by other patients and that will continue as well. … I've said all this to say, things were bad, things are bad, but things are about to get real bad. … Stay Safe.

II. Emergency Room

A. From Patients

83. I'm here to tell you about the most unreal, horrific, traumatizing four days of my 74 years of living. On Feb 24 I was taken to Mission (HCA) by ambulance. I had asked if they transported to another hospital and of course was told no because they have contracts with Mission. So I arrived at the ER with heart problems at around 8:00 PM. I was rolled into a hole in the wall and then it began. I was on a gurney and that is where I was left. It was worse than pulling teeth to get any answers. I laid there for 24 hours, my back killing me and no one could give me a reasonable answer. … My daughter finally came in and in less than 20 minutes I was taken to the heart tower. My daughter stayed with me for about 15 minutes, until visiting hours were over. … Just as she sat down in her car her cell phone rang. She … answered and a young lady said "this is Victoria in ER, … could you tell me where your mom is." Needless to say my daughter's response was not nice. But we should have picked up on [the fact that] the nurse [did not seem to know anything about my case] when I got to the room.

84. I drove myself to Mission when I experienced unusual heart symptoms. … and went into the lobby at just before 10:00PM. I announced that I might be having a heart attack and was immediately steered to the screening nurse who gave me an EKG and took my blood pressure which was [high, as were heart enzymes and heart rate]. … After I was screened, I was directed to the crowded [ER] lobby …. [A]n hour after that I was called into the back for a chest X-ray. 5 hours and 35 minutes after I arrived at Mission, I was taken from the lobby into the ER and put in

a room. I was hooked up to a monitor by someone who identified themselves as my nurse and who told me that the ER doctor would see me soon. It was now just before 4:00AM.

An hour later the ER nurse, stuck her head in and told me that the doctor was very busy but would get to me, she also told me that they would give me another enzyme blood test at about 6:00AM. Judging by his constant paging, there was only one doctor on duty in the overflowing ER that night. At 5:35AM a man showed up and told me he was moving me. Neither he nor anyone else ever told me why I was being moved. I was moved to [another ER room] and pushed into the room, the monitoring equipment was disconnected and [taken somewhere else] and I was never monitored again. No [blood pressure], no [heart enzymes], both of which had still been high in the ER. …

[By morning] I had yet to see a doctor. At about 8:00 I buzzed my nurse and asked for water and said I had to urinate. 15+ minutes later she brought me a urination bottle but no water. I explained I was very thirsty, not having had anything to drink for more than 13 hours. … At 11:00AM. I again asked for water on the intercom, I was denied it again. I literally pleaded and explained that I was dizzy from dehydration but again I was denied until I had a doctor's permission. I asked when I was going to see a doctor and the nurse told me a hospitalist wouldn't be available until after 4:00PM or even later. …

It's now 11:30AM. I call my primary care doctor and get him on the phone, he tells me to check myself out of Mission and come directly to his office. … Before I can leave, the still unmasked nurse asks me to remove my jacket so she can take out my IV. I explain that no IV was ever inserted. The nurse says "OMG, that's unbelievable" and still makes me take off my jacket so she can see for herself. I have no IV. At a few minutes after 1:00PM, I leave Mission Hospital. I've been there for a little more than 15 hours and have never seen a doctor or been evaluated. [After further evaluation by his personal physician, this patient arranged to go to Duke the same day, where he immediately received a heart operation.]

85. Over more than 40 years in the medical device industry, I ran the three most prominent ultrasound cardiac imaging companies of their eras, all three are now owned by large international companies (GE, Siemens and Phillips). I've had countless interactions with cardiologists, radiologists and hospitals all over the world. Hospitals in third world countries handle their ER's and standard ER protocols better than Mission did that night in April. Mission violated many standard ER protocols in my case. I was there for over 15 hours and was never evaluated by or even seen by a doctor …. I sat in the outer waiting room for more than five and a half hours while exhibiting significant cardiac symptoms. I never had an IV inserted and I was there for a cardiac issue. I was never given the second enzyme blood test I should have received. I was not properly monitored during my stay and I had no nursing care, no one would have known if I'd had a heart attack. I was just warehoused and left sweating behind a closed door with no nursing or physician services. I was never even given a glass of water in 15 hours, though I begged for one. I believe I only survived because of my own stamina, strong will and because I finally signed myself out of Mission after 15 hours. I should have done so earlier, but I was ill and I kept assuming someone was going to help me. Wrong!

86. My 74-year-old husband was in the Mission Health ER [on a Friday night]. He has had multiple concussions since 1997 and can have seizures from that. ... He was treated massively abusively.

He was strapped to a table so tightly in six places it restricted blood flow, and he could hardly move at all. He had no access to any kind of bathroom, and ended up wetting the bed, and was left in the wet bed. The next morning, he managed to get the straps off, and get dressed. I was talking on the phone with a doctor who was to give me an update, and the doctor said he's in holding in the ER, then looked around and said, "He's gone! We'll have to try and find him!" My husband began to walk around Asheville, and being a lifelong athlete, literally walked 30 or 40 miles trying to get to our home. He was finally able to reach me with a borrowed phone, and had had NO food in the ER, so he was hypoglycemic.

87. My husband had a stroke over a year ago and still cannot walk. The past month he can't stand or walk at all [since] he's paralyzed from the waist down and he finally was worse Friday and I called 911 for an ambulance. I arrived at Mission about 45 minutes later to get a pass to go in the back to him and they said he's in the waiting room. I could not believe it when I found him sitting in a chair and he can hardly sit up; he said, "I fell out of the chair here a while ago." They had helped him back up. I went straight to the front desk to ask what was going on they said there are no beds in the back and patients are being brought in from the ambulances to the waiting room. After being in there about an hour I did see them bringing patients in on a stretcher and helping them off to chairs. How is this possible when they are brought in an ambulance. Then it took us 17 hours later [until] he finally got to a room [in the ER].

88. I am not one to go to the emergency room but, recently circumstances came about that landed me there. ... Nobody seemed to know what was going on and the lack of communication is insane. I understand that things happen and I'm aware that you aren't seen as soon as you walk in the door. I'm not being unrealistic. There were people wheeling around their computers, to check patients in and get insurance information as well as to have them sign consent to treat AFTER being there for hours and hours or already receiving some form of care. I witnessed a woman in a wheelchair, with an IV in, slumped over the side of her wheelchair with her head and arm dangling for over an hour. I saw people with decent lacerations having to wait way too long to be triaged. ... Everything I experienced that trip was like being in the Twilight zone. This hospital isn't a pop-up store, it's a hospital that's been operating for a long time, regardless of changing ownership. It was as though it was day 1 of opening and everybody was trying to figure out what their role was.

89. Upon admission we spent some time in the ER, which 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. Our nurse kept apologizing she was not there for my husband, who had suffered a debilitating stroke. He didn't even receive the medication he needed to stop the bleed until many hours after admission.

90. At 2 am, I went to the ER with elevated blood pressure – 210/116. After seeing a nurse behind a curtain in the lobby, I was told to wait in the waiting room for a blood draw to check for heart enzymes to see if I was having a heart attack. An hour and a half later, a nurse came to draw blood. I got the results on [my smartphone through my patient internet portal] – no one came to tell me. I asked when I would see a doctor and was told "change of shift", which was 3 hours away. Around

5 am, I was given a blood pressure pill. At 7:30, a doctor appeared and I asked him if I could go home, and he released me. This level of care is unacceptable. And I was not alone. Others were being sent to wait, unattended and unmonitored in the waiting room.

91. I will no longer go anywhere near Mission Hospital and it used to be so wonderful. I personally have had to sign myself out without receiving treatment because I was left sitting for over 5 hours in the ER and was far too sick to sit any longer. A friend with a potentially fatal, serious, heart disorder, had to do the same and luckily made it to Hendersonville the next day without dying.

92. I was taken by ambulance to Mission Hospital emergency room. I never got into the ER because the paramedics literally couldn't get my gurney in the door. The entrance and hallways were jammed with gurneys...elderly people having trouble breathing, people bleeding, and no one helping them. I was dumped into a folding wheelchair in the triage area. I never saw an RN. I was not physically examined by the doctor who saw me for three minutes and ordered tests.

93. Mission Hospital is a real mess. My 87-year-old dad just spent two weeks there for a broken hip. The staff begged us to call, write and share our horrific experiences from sitting in an ER room with the floor covered in someone’s blood to having him languish a week in the hospital after being medically discharged to enter a Rehab. The staff is begging for someone to shine a light on what is happening here.

94. My now deceased husband was in the ER over 12 hours. He had cancer and heart issues. After he was finally stabilized there were no beds for hours to admit him. The floor they finally placed him on (he was moved 3 times) had a whole wing not being used, literally just empty of anything or anyone. Ridiculous.

95. I was, unfortunately, a patient in Mission Hospital system for two months through six emergency room visits, three hospitalizations. I had no complaints about the staff that was providing me with care. I felt so sorry for them. Most of them were in fear of their jobs for complaining about anything, so they didn't. But it showed, I was in the hospital in Mission twice and came to almost the point of calling 911 to get care in a hospital. It is ridiculous.

B. From Nurses

1. Staffing Ratios

96. I'm working on the ER now and our ratios are consistently 5:1. When I first started and was given the 5 patients I questioned it. They stated that "the 5th patient will always be low acuity." Not at all the case. Oftentimes would have a sepsis work up or cardiac work up needing monitoring. Like this every shift. Last week it was so bad they were asking nurses to take 6 patients. It's so awful. I fear that scenario again.

97. A [travel nurse] friend took on the "it can't be that bad" mentality & didn't even finish his orientation last week. And he's worked many big city & county ER trenches. 1:6 is considered an easy load but 2 of those will be ICU; ED ratios are typically 1:8-10 but easily 1:20+ when you're triage. Inpatient holds for days. Patients "bedded" wherever there's a chair in the hallway. Staff will take traumas (to make sure all the reimbursement boxes are checked) but then dump them on travelers once resus [resuscitation attempt?] end time is charted. Burned out docs & providers with major communication breakdown.

2. Boarding Patients

98. I just [arrived at] work at the ER and … [w]e are holding 39 patients in the ER for admission. HCA doesn't have enough nurses to open the necessary floor beds so these patients end up sitting in the ER for hours and hours and hours.

99. I want to share a warning for anyone considering [a nursing job at] Mission Hospital in Asheville, NC. A traveler [I worked with] … went the first time they were floated to the ED, was left with zero resources. Not one person came when he called and this includes the charge, house supervisor, respiratory, lab, etc. No one came until day shift. On top of that, in the ED there you are not given a [nursing assistant], you have to clean your own rooms, like you are 100% on your own and often even providers takes hours to return calls and messages.
Well, they voiced their complaints and concerns to their hiring manager who took it up the chain. … Because [the hospital] said they corrected the issues and they would have access to help if needed, they accepted being floated to the ED for a second time. This was worse than the first time. This nurse had a total of 6 patients with [3 on IV medication requiring close monitoring], 4 [patients needing] total care, 4 severely AMS [altered mental state?], 1 [alcohol] withdrawal, 1 [congestive heart failure] exacerbation. They dropped off [one of the patients needing close monitoring], never told them there was a new patient and didn't discover that patient in the room for over an hour while in another room. No [nursing assistant] assignment to that area. Called for assistance several times. Around 0300 the house sup[ervisor finally] came down ….

Well, they attempted to send them to ED to float again and they refused until they had a [nursing assistant] float there too for extra hands and to see when new patients got dropped off.

The charge never requested [one] and told the hirer-ups that this nurse and another full out refused, never mentioning they would accept the assignment with help.
Well they were both released from their contracts and blacklisted. …

Apparently from other travelers, this is very common at this facility and it's not unusual to have 4 ICU patients and 2 step-down [patients] at one time in the ED. We have heard the complaints from numerous nurses there and this is the result.

100. [From a travel nurse]: [In the ER boarding area nurses] will be expected to do everything including [drawing blood] and cleaning the rooms. If you don't clean the rooms within 5 minutes of the patient leaving they will start to yell at you, or just dump another patient in the dirty room. The ER doesn't see it as part of their unit, so it is a free-for-all and they will dump anything and everything. Insulin drips, Heparin drips, [blood pressure in the] 220s, brain bleeds, LVADs [heart pumps], critical patients with zero report[ed information about what they need] and sometimes not even an IV. …

[For patients in hallway beds], they have no way to monitor patients on tele[metry], they say they won't put any tele[metry] patients in the hallway and then [they] dump tele[metry] patients every ~ damn ~ time. Also check every patient on oxygen because they like to leave them hooked up to oxygen tanks, which of course run empty fast.

101. [From a travel nurse]: 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. Had a pt need to be intubated as I happen to walk by the room and notice they were there and not breathing.

102. [From an experienced travel nurse working at Mission]: If you're not used to an ER environment it will be really stressful - 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 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. …

103. I along with four other staffing pool nurses were pulled to work in the ED on Wednesday…. Our job is to take care of patients waiting on beds. Patients are moved around so quickly and these nurses are assigned so many patients throughout their 12 hour shift that we can't provide adequate care for these patients. This is totally unsafe for all involved.