

House of Representatives Testimony
Rural Health
Jan 19, 2022

Thank you, Representative Causer, and colleagues for the opportunity to speak on the challenges of rural healthcare. This is a complex issue and while my time here will not do it justice, I hope the example of what is occurring in my community will underscore the need to urgently address these issues and better protect the 3.4 million citizens of Pennsylvania's rural communities.

My name is Anne Hardy. I am a retired registered nurse with 35 years' experience, who in 2020, decided to prematurely leave active nursing and my role as the Director, ED at BRMC in McKean County. The largest driving factor for my retirement was the decision by BRMC's parent hospital to further reduce BRMC services during a pandemic to a level that violated all reasonable standards of healthcare. The consequences that I feared have indeed come to fruition. My goals today are to share the impact to this community so that it serves as a warning to other rural areas in the state; to seek support from the State and assistance for our community in crisis; and to suggest solutions to mitigating these risks in the future.

Rural communities often have declining and aging populations, a large reliance on government payers for medical services, and limited local healthcare alternatives outside the regional hospital. To address these challenges, a trend has emerged wherein regional hospitals affiliate with larger health systems, with the goal to provide increased access to quality services and improved financial viability. When implemented thoughtfully, and with a strong affiliate partner, this can be an effective solution. When not, as in the case of BRMC and its affiliation with Kaleida and Olean General, the following consequences can and did occur:

- Insufficient bed capacity to support the needs of the community
- Poorly staffed clinical and nursing leadership roles, that struggle to meet the expected standard of care, even with the daily heroics of a dedicated and exhausted staff
- Removal of an on-site physician hospitalist and CCU required to care for the unanticipated "sicker" admitted patients.

- Challenges transporting these “sicker” patients due to a lack of transportation and/or beds at the expected affiliate hospitals, and elsewhere. This results in the ED being used as a critical care unit, limiting support for incoming patients, and once again risking poorer health outcomes for all patients
- Elimination of minor surgical services and anesthesia.
- Elimination of highly coveted nursing, nursing support and nursing leadership positions, which has now created an inability to attract and retain these positions, based on an inability to provide sufficient. Managerial presence and assurance of job stability.

Citizens living in McKean County have measured health outcomes below the national average. Our affiliate hospital 25 miles away had demonstrated challenges in meeting the needs of our community even before the pandemic fully hit the region, frequently refusing patients except “hearts” and “brains”. It is important to understand that the pandemic did not cause these issues; it simply exacerbated the already known challenges.

I am providing this information as context only, as we can’t change the past and I want us to move forward.

My ask of you today is threefold:

1) Can you **Help us find alternatives for addressing the healthcare challenges in our community?**

- Rural hospitals provide required health services and are also critical to the economy; they provide employment opportunities as well as serve to attract and retain businesses in the community. The decline of BRMC erodes this ability, fosters decline of the local economy, in addition to posing health risks.
- What tools are available through the state and nationally to partner with us to address the public health gaps we are experiencing?
- Can you offer us resources and assistance to seek out additional affiliate options to turn this around or to hold the current health system accountable to ensure our community’s healthcare needs are being met?

- Can you assist with tactical issues such as lack of transportation to move critically ill patients to other hospitals that have the resources to address their needs?

2) Secondly, can you **prevent the problems that resulted from a reduction in our services from occurring in other rural communities by ensuring** the PA. Dept. of Health (DOH) is **properly staffed** to conduct the necessary due diligence? Also, can you ensure interdepartmental communication within the Dept of Health depicts the challenges/changes a region is experiencing?

There are many hard questions, facts, and statistics to be considered and a review of OGH patient satisfaction rates, nurse patient ratios, Bed occupancy rates and staff satisfaction and retention rates would have indicated the proposed plan could be seriously detrimental for the Bradford region. If the request is proposed during a pandemic, should that not be a red flag that both on-site investigations and a longer time-frame for reducing services and staff? Can you implement DoH checkpoints along the way to ensure critical healthcare metrics are being met and the proposed plan is viable **before** proceeding to the next level of service and staff reductions?

In short, can you ensure vital services are not cut without **evidence** of a suitable and realistic alternative plan that all those impacted acknowledge is viable? The knowledge existed to show that Olean General was already understaffed and struggling to provide appropriate medical care *prior* to the BRMC reductions, and yet the plan was still approved *when it clearly was not realistic nor feasible*. We cannot fail our communities in this way.

Third and lastly, if **local/regional public health services are reduced by the State, can you proactively identify gaps and provide alternative support for the community.**

Over the years, DOH has reduced the services to the region down to one registered nurse. Through the years the DoH has also approved reduction in services and staffing at BRMC. Also as a result, access to Covid testing, lack of public health info and education and vaccine clinics fell to the already taxed and reduced BRMC staff. When there are gaps in public health, the State and the

community hospital must proactively consider and plan for who is responsible for meeting the public health needs of the community. In this instance, had a stronger system been in place, we might not have the lower vaccination rates that are putting increased demand on a diminished healthcare system.

I thank you for your time, and while I hope this results in assistance from the State and your team for my community in crisis, I am also advocating for the approx 25% of PA citizens that live in rural communities throughout our state. I implore you to work with our communities to address these challenges before the consequences become irreparable.

Thank you.

Bio:

Anne Hardy, BSN, RN, CEN, currently retired, is former director of the Emergency Department at Bradford Regional Medical Center, eight years, Director of Nursing - one year and held various positions over her career as staff and charge nurse in ED, Clinical IT, Imaging Services and Nursing Supervision, held the role of Personal Health Nurse at Conifer Health Solutions - 2015 -2018 and started her career as an Acute Med-Surg Nurse at Boston's Beth Israel Hospital, 1986-1988. Anne is also a member of Emergency Nurses Association.