HELLO AND THANK YOU FOR INCLUDING ME IN YOUR HEARINGS

MY NAME IS SALLY SCRIVO. I AM THE PRESIDENT OF BRADFORD AREA TRANSPORT SERVICE. WE ARE A TRANSPORT AMBULANCE AND WHEEL CHAIR SERVICE THAT DOES INTERFACILITY TRANSPORTS IN MCKEAN COUNTY. WE HAVE BEEN IN EXISTENCE SINCE 2009. I PERSONALLY HAVE A BACKGROUND AS An LPN, EMT AND VOLUNTEER FIREMAN.

I WOULD LIKE TO START BY SAYING RURAL HEALTH CARE EMERGENCIES USUALLY START WITH EMS. MANY CITIZENS LIVE FAR ENOUGH FROM THE HOSPITAL THAT EMS IS VITAL IN THEIR SAFE DELIVERY TO AN ER. CURRENTLY OUR EMS IS LESS STAFFED WHICH MEANS LESS AMBULANCES AVAILABLE TO RESPOND. WE HAVE SEEN A DROP IN VOLUNTEER AMBULANCES. THE VOLUNTEER SERVICES THAT REMAIN ACTIVE RELY ON PAID DEPARTMENTS TO COVER THEIR AREAS WHEN THEY DON'T HAVE STAFF TO RESPOND. PAID DEPARTMENTS ARE COVERING MORE AREAS WITH LESS TRUCKS. THE PAID ARE ALSO INCREASING THEIR AREAS DUE TO THE CLOSING OF THE VOLUNTEER AMBULANCE SERVICES.

PAID DEPARTMENTS GET MOST OF THEIR EMPLOYEES FROM THE VOLUNTEERS. WITH THE DROP IN VOLUNTEERS THERE ARE LESS CERTIFIED PERSONNEL. GETTING CLASSES IS DIFFICULT IN OUR AREA. COST OF CLASSESS AND REQUIREMENTS HAVE INCREASED GREATLY. RESTRICTED TIMES FOR CLASSES MAKE IT DIFFICULT FOR A PERSON TO MAINTAIN THEIR CURRENT EMPLOYMENT AND ATTEND THE SCHEDULED CLASSES.

THE LESSENING OF SERVICES TO RURAL HOSPTIALS AND THE COMBINATION OF SERVICES BETWEEN HOSPITALS HAS NOW BECOME A HEALTHCARE EMERGENCY. CURRENTLY MANY OF OUR RURAL HOSPITALS NO LONGER HAVE ICU'S, SURGERY, ORTHOPEDIC CARE, CARDIOLOGY, LABOR AND DELIVERY, INTERVENTIONAL RADIOLOGY, DIALYSIS AND ANETHESIOLOGY.

WHEN MULTIPLE HOSPITALS FORM CAMPUSES WITH ONE CAMPUS BEING THE MAIN ONE TO HOUSE PATIENTS REQUIRING THESE SERVICES, IT IS NOT WORKING. THE MAIN CAMPUS IS OVERWHELMED WITH PATIENTS, THE SECOND CAMPUS CAN'T KEEP PATIENTS. SEVERAL THINGS ARE OCCURING DUE TO THESE SITUATIONS

ONE OF THE SITUATIONS WE SEE IS THAT THE MAIN CAMPUS IS OVERWHELMED AND THEIR ER IS FREQUENTLY ON DELAY OR DIVERSION. THIS CAUSES SEVERAL PROBLEMS. ONE IS THE AMBULANCE SERVICES ARE LEFT SITTING OUTSIDE WITH THEIR PATIENT OR INSIDE FOR HOURS. PATIENT REMAINS ON THE COT NOT SEEN BY HOSPITAL STAFF. IF THE HOSPITAL DOES NOT EVALUATE THE PATIENT WITHIN A SHORT PERIOD OF TIME IT IS AN EMTALA VIOLATION, THIS IS IGNORED.

ONCE AGAIN AMBULANCES THAT NEED TO BE AVAILABLE ARE NOT DUE TO WAIT TIMES. ALSO, MANY OF THE AMBULANCES DIVERT TO THE OTHER CAMPUS WHICH DOES NOT OFFER SERVICES THAT SOME PATIENTS NEED. REMEMBER THESE SERVICES WERE MOVED TO THE MAIN CAMPUS WHICH IS NOW ON DIVERSION BECAUSE IT IS OVERWHELMED. NOW THESE PATIENTS NEED TRANSFERRED AGAIN TO ANOTHER HOSPITAL WHERE THE SERVICES ARE

AVAILABLE. MANY PATIENTS HAVE DEDUCTIBLES FOR AMBULANCE TRANSPORT. PATIENT IS NOW PAYING TWICE. MANY OF THESE PATIENTS ARE WAITING IN THE ER FOR HOURS TO DAYS WAITNG FOR A HOSPITAL TO ACCEPT THEM. DUE TO RURAL HOSPITALS CUTTING SERVICES, LARGER HOSPITALS ARE ALSO GETTING OVERWHELMED. MANY PATIENTS ARE GOING LONG DISTANCES TO HOSPITALS THAT OFFER THE SERVICES THEY NEED, SERVICES THAT USED TO BE AVAILABLE AT THE RURAL HOSPITALS. HOSPITALS ARE CUTTING TO 10 ADMISSION BEDS. MANY SIMPLE SERVICES SUCH AS A 3 DAY HOSPITAL STAY FOR NURSING HOME ADMISSION ARE REQUIRING TRANSFER LONG DISTANCE DUE TO NO BEDS AVAILABLE FOR ADMISSION. MANY TIMES, THESE PATIENTS ARE RESPONSIBLE TO PAY THEIR OWN TRANSPORT BACK.

ONCE A PATIENT IS AT AN ER THAT PATIENT CAN NOT BE TRANSFERRED UNTIL THEY HAVE A RECEIVING DOCTOR AND A BED ASSIGNMENT. WITH THE HEALTH CARE SYSTEM BEING OVERWHELMED, AGAIN LET ME STATE THAT MANY PATIENTS LAY THERE FOR DAYS, THIS IS A BIG PROBLEM TO THE OUTCOME OF THAT PATIENT. PATIENT LAYING IN THE HOSPITAL WITHOUT SERVICES AND NEEDS SURGEON FOR BOWEL OBSTRUCTION, NOW HIS BOWEL PERFERATES BECAUSE THEY COULD NOT FIND PLACEMENT SOON ENOUGH. JUST SO YOU KNOW THIS DID HAPPEN AND IS NOT JUST WHAT COULD HAPPEN. ALSO, THESE PATIENTS WAITING DAYS FOR PLACEMENT TAKES UP AN ER BED. PT'S COMING INTO THE ER ARE BEING MADE TO WAIT LONGER PERIODS FOR CARE DUE TO NO BED AVAILABILITY IN THE ER.

PATIENTS ADMITTED TO THE HOSPITAL WITHOUT SERVICES AND THEIR CONDITION DETERIORATES. PATIENT CAN NOT BE TREATED ON THE ADMISSION FLOOR IF THEY NEED INTUBATED. THAT PATIENT THEN NEEDS TO BECOME AN ER PATIENT AGAIN. PT HAS TO BE MOVED TO THE ER AND INTUBATED AND CARED FOR IN THE ER. THIS IS OVERWHELMING TO THE ER STAFF AND THE ER DOCTOR. THIS PATIENT ALSO CAN NOT GET THE CARE THEY NEED AS THE STAFF IN THE ER HAS MANY PATIENTS TO CARE FOR. IF WE HAD AN ICU PATIENT COULD BE GETTING THE PROPER CARE THEY NEED.

HOSPITALS ARE ACCEPTING PATIENTS THAT THEY CAN NOT HANDLE. MANY OF THESE PATIENTS ARE BEING TRANSFERRED TO LARGER HOSPITALS THAT UPON ARRIVAL WITH THE PATIENT THEY DO NOT HAVE A BED FOR THEM. PATIENTS ARE BEING LEFT IN HALLWAYS OUTSIDE OF THE ER. WE ARE BEING TOLD TO TAKE THE CARDIAC MONITOR OFF, SHUT THE IV FLUIDS OFF AND PUT THE PAPERWORK UNDER THE MATTRESS. THIS IS NOT SAFE FOR THE PATIENT AND RESULTING IN A LOSS OF EMS WORKERS.

MANY OF THE SMALLER RURAL HOSPITALS ARE MADE THE RECEIVING HOSPITAL TO SEVERAL OTHER RURAL HOSPITALS. PLANNING THIS ON PAPER WAS GREAT. THEY DID NOT SEE THAT THERE WAS NOT ENOUGH STAFF OR ROOMS TO ACCOMADATE THE NUMBER OF PATIENTS THAT NEED ADMITTED. THERE WAS OBVIOUSLY NO TRAINING TO THE STAFF ON NEEDS OF THE PATIENT UPON ARRIVAL. UPON ARRIVAL AT THESE HOSPITALS, WE FREQUENTLY FIND THAT THE ROOMS DON'T HAVE O2 REGULATORS, THERE IS NO TELE MONITOR PRESENT TO PLACE ON OUR PATIENTS. EVEN THE ACUTE MI'S ARE NOT IMMEDIATELY PLACED ON MONITORS. FREQUENTLY WE CAN NOT EVEN FIND THE RECEIVING NURSE TO GIVE REPORT TO OR THE

NURSE IS BUSY AND TELLS US SHE DOESN'T HAVE TIME. AGAIN, BIG SAFETY ISSUE FOR THE PATIENTS AND RESULTS IN A LOSS OF EMS WORKERS.

I COULD GO ON AND ON BUT THE BOTTOM LINE IS PATIENTS ARE NOT GETTING THE CARE THEY DESERVE. IT IS A TOTAL SHAME THAT PEOPLE WHO LIVE IN RURAL AMERICA ARE SUFFERING FROM LACK OF HEALTH CARE.

CURRENTLY MANY OF THE RURAL HOSPITALS DO NOT HAVE RESOURCES TO HELP THEIR NURSES OR THEIR PATIENTS. MANY POSITIONS HAVE NOT BEEN FILLED SUCH AS: CASE MANAGEMENT, SOCIAL WORKER, AND DEPARTMENTS HEADS. THIS LEAVES SHORT STAFFED, ALREADY OVERWHELMED NURSES TO TRY TO DO THESE JOBS AND MAKE SURE THEIR PATIENTS ARE RECEIVING ALL THE SERVICES AVAILABLE TO THEM. THIS MEANS THAT PATIENTS ARE NOT ALWAYS GOING TO GET THE SERVICES THEY NEED. IT ALSO MEANS THAT MORE NURSES ARE GOING TO LEAVE BECAUSE THEY KNOW THAT THEY CAN NOT MEET THE NEEDS OF THEIR PATIENTS GIVEN THE SITUATION THEY ARE IN.

MANY OF THE COMBINED HOSPITALS USE THEIR MANAGERS FROM THE "MOTHER" HOSPITAL. OVER THE YEARS THERE HAS BEEN A HUGH DROP IN MIDDLE MANAGEMENT. THIS MAY SAVE MONEY BUT IT COMES AT A COST. MIDDLE MANAGERS ALWAYS KNEW WHAT WAS GOING ON IN THEIR DEPARTMENTS. THEY KNEW WHAT THE NEEDS WERE, WERE THERE TO HELP WHEN THEIR STAFF BECAME OVERWHELMED. NOW STAFF IS ON THEIR OWN TO DO FOR THEMSELVES. THESE MANAGERS FROM THE "MOTHER" HOSPITAL HAVE NO CLUE WHAT THE STAFF IN THEIR OTHER HOSPITALS ARE GOING THROUGH. AGAIN, THE END RESULT IS A LOSS OF EMPLOYEES.

ANOTHER THING THAT MANY RURAL HOSPITALS HAVE DONE AWAY WITH IS THE PEOPLE WHO WOULD READ THE CHARTS AND MAKE SURE DOCUMENTATION WAS CORRECT FOR REIMBURSEMENT. THAT PERSON WOULD MAKE SURE IF NURSES AND DOCTORS WERE NOT DOCUMENTING PROPERLY FOR INSURANCE REIMBURSMENT THAT THEY WERE TRAINED. I HAVE TO QUESTION HOW MUCH REIMBURSEMENT HAS BEEN LOST DUE TO DOING AWAY WITH THOSE POSITIONS. I KNOW THAT THERE ARE INSURANCE PERSONNEL AT A SITE THAT HANDLES MULTIPLE HOSPITALS THAT HAVE COMBINED, BUT NO ONE IS TRAINING THE NURSES. HOW MUCH REIMBURSMENT IS BEING LOST. WOULD RESTORING THESE POSITIONS NOT ALLOW THESE HOSPITALS RECEIVE MORE MONIES.

I CAN SPEAK FOR OUR SITUATION. WE ARE CURRENTY A PA HOSPITAL OWNED BY A NY STATE HOSPITAL. BILLING IS MANY TIMES NOT BEING CODED CORRECTLY. AS THE OWNER OF THE AMBULANCE SERVICE THAT MEANS THAT THERE ARE CASES THAT I CAN NOT GET PAID FOR BECAUSE THE BILLING NEEDS CORRECTED ON THE HOSPITAL SIDE. DEALING WITH ANOTHER FACILITY THAT DOES THAT BILLING AND ASKING THEM TO CORRECT THE PROBLEMS USUALLY FALLS ON DEATH EARS. PART OF THE PROBLEM IS IMPROPER TRAINING TO THE PERSONEL DOING THE JOB. THEY ADMIT THEY DON'T KNOW HOW TO CORRECT IT. THERE IS NOT SUPPORT OR THEY WON'T FIND THE SUPPORT THEY NEED TO CORRECT IT. THERE IS FREQUENTLY A PERSON WHO STEPS FORWARD AND SAYS THEY WILL HELP BUT THE TRUTH IS THIS PERSON IS

TRYING TO HANDLE SO MUCH WITHIN THE HOSPITAL THAT THEY DON'T EVEN HAVE TIME TO HELP. SO, THIS IS ALSO AFFECTING MY REIMBURSEMENT. THIS WILL EVENTUALLY RESULT IN THE CLOSING OF OUR SERVICE AND MORE ISSUES GETTING PATIENTS TRANSFERRED.
A FEW QUESTIONS I HAVE TO OUR SITUATION IS SINCE WE ARE OWNED BY A NEW YORK STATE HOSPITAL AND NO LONGER HAVE OUR OWN TAX ID NUMBER DOES THIS AFFECT OUR FUNDING FROM THE STATE OF PA? ARE OUR PATIENTS FURTHER PUNISHED BECAUSE OF THE DECISION OF OUR ADMINISTRATION TO DO THIS? IS THIS SOMETHING THAT STATE NEEDS TO LOOK INTO AND ADVISE THE CITIZENS OF WHAT THE SITUATION IS.

AS WITH ANYONE POINTING OUT THE PROBLEMS, I BELIEVE WE NEED TO OFFER SOME SOLUTIONS. NOW I AM NOT A HOSPITAL ADMINISTRATOR BUT I SEE MANY THINGS THAT CAN BE CHANGED.

IN OUR AREA THERE ARE 6 RURAL HOSPITALS WITHIN 50 MILES OF EACH OTHER. ONE OF COURSE BEING OLEAN GENERAL (OGH), WHICH WAS SET UP TO BE OUR HOSPITAL TO ACCEPT PATIENTS WITH NEEDS SUCH AS SURGICAL, ORTHOPEDIC, DIALYSIS AND ICU. WHEN THEY WERE PLANNING TO CUT SERVICES AT BRADFORD REGIONAL MEDICAL CENTER (BRMC) AND MOVE THEM TO OGH THEY HAD ASKED IF WE COULD HANDLE 5 MORE TRANSPORTS A DAY TO OGH. UNFORTUALEY THAT RARELY HAPPENS AS OGH DOES NOT ACCEPT MANY OF OUR PATIENTS.
THE OTHER 4 HOSPITALS INCLUDE UPMC COLE, UPMC KANE, PENN HIGHLANDS ELK AND WARREN GENERAL.

MY SUGGESTION IS THAT WE QUIT AUTOMATICALLY SENDING SIMPLE PATIENTS TO BUFFALO (IN THIS CASE OUR AFFILIATE HOSPITAL) AND WORK WITH THE OTHER RURAL HOSPITALS IN THE AREA. THERE ARE ER DOCTORS THAT CALL THESE HOSPITALS BUT MANY THINK THAT BECAUSE WE ARE AFFILICATED WITH KAILEDA THAT OUR PATIENTS NEED TO GO THERE. THIS IS NOT THE CASE. IT SHOULD BE ABOUT THE PATIENT AND NOT ABOUT OUR AFFILICATION. I BELIEVE THAT BRMC AND THESE RURAL HOSPITALS IN THE AREA NEED TO BE IN COMMUNICATION WITH EACH OTHER DAILY ON THE SERVICES AVAILABLE THAT DAY AND THE ADMISSION BED CAPABILITIES. LET'S GET THE FOCUS OFF THE BOTTOM DOLLAR FOR OUR MOTHER HOSPITAL AND WHERE IT BELONGS, GOOD QUALITY PATIENT CARE.

THE STATE NEEDS TO MAKE SURE THAT HOSPITALS ARE STAFFING THE PROPER PERSONNEL TO HANDLE ALL PATIENT NEEDS. A HOSPITAL SHOULD NOT BE ALLOWED TO NOT HAVE A CASE MANAGER OR SOCIAL WORKER. THESE ARE THE PEOPLE WHO MAKE SURE PATIENTS ARE OFFERED THE SERVICES THEY NEED. DISCHARING A PATIENT HOME WITHOUT WHAT THEY NEED FOR THEIR SAFETY IS A CRIME.

WE NEED TO MAKE SURE OUR NURSES AND DOCTORS HAVE THE SUPPORT STAFF THEY NEED. EQUIPMENT IS ALSO A PROBLEM. IF WE ARE NOT GOING TO HAVE A LABOR AND DELVIERY UNIT WE NEED TO HAVE EVERYTHING NEEDED IN A ROOM AT THE ER. YES, SINCE CLOSING OUR OB UNIT WAS HAVE HAD 2 BIRTHS IN THE ER. WE ALSO NEED TO MAKE SURE THEY HAVE THE TRAINING THEY NEED. THE LOSS OF NURSES RELATES DIRECTLY TO THE LOSS OF SUPPORT BY

MANAGEMENT OF THE HOSPITAL. NURSES FEEL LIKE THEY ARE DROWNING, FEEL LIKE THEY NEED TO LEAVE BECAUSE THEY ARE AFRAID OF LOSSING THEIR LISCENSE. NURSE ARE THERE TO DO A JOB AND CARE FOR THEIR PATIENTS. WHEN THEY CAN'T THEY LEAVE.

I AM NOT SURE ANYONE WHO IS NOT DIRECTLY INVOLVED IN HEALTHCARE UNDERSTANDS THE CRISIS RURAL HEALTHCARE IS IN. BEING INVOLVED AS LONG AS I HAVE BEEN I CAN TELL YOU THIS IS NOT ALL BECAUSE OF COVID. WE HAVE SEEN MANY OF THESE THINGS GO ON FOR YEARS. WHAT HAS CREATED MUCH OF OUR CRISIS IS THE CLOSING OF SERVICES TO OUR RURAL HOSPITAL. WE ARE TOO BIG A POPULATED AREA TO NOT HAVE THESE SERVICES. OUR AREA IS A SAD SITUATION. WE HAVE LOST SERVICES TO PUSH SERVICES TO OUR "MOTHER" HOSPITAL. WE ARE ONLY STILL HERE FOR THAT PURPOSE AND REMAIN OPEN TO AVOID ANY COMPETIION MOVING IN. THE RESIDENTS OF OUR AREA ARE SUFFERING GREATLY. WE ARE NOT SECOND-CLASS CITIZENS AND DESERVE QUALITY HEALTHCARE.

I WOULD LIKE TO THANK THE STATE FOR FORCING KAILIDA TO KEEP 10 BEDS OPEN AT BRMC TO KEEP HOSPITAL STATUS. I DON'T KNOW WHERE WE WOULD BE IF THAT DID NOT HAPPEN. WE NEED TO OPEN OUR EYES AND LOOK AT WHAT THESE DECISIONS ARE COSTING THE PEOPLE WHO LIVE IN RURAL AREAS. NOT JUST THE COST THEY ARE PAYING TO GO TO OTHER HOSPITALS BUT THE COST TO THEIR FAMILIES FOR STAYS IN MOTELS, THE COST OF RETURNING THE PATIENT BACK HOME. THE STRESS THEY PUT ON FAMILY AND PATIENTS TO MOVE PEOPLE TO A HOSPITAL 100 MILES AWAY FOR ADMISSION FOR SIMPLE THINGS THAT USED TO STAY AT BRMC.

UNTIL SOMEONE STEPS IN AND MAKES THESE HOSPITALS FIX THEIR PROBLEMS, THERE IS NOT GOING TO BE ENOUGH STAFF. HOSPITAL ADMINISTRATION HAS CREATED THESE ISSUES. THE DIFFERENCE BETWEEN HOSPITAL STAFF AND ADMINISTRATORS IS THE ADMINISTRATORS GO HOME AT NIGHT WITH A CLEAR HEAD, HOSPITAL STAFF GOES HOME WONDERING HOW THEY COULD HAVE DONE BETTER FOR THEIR PATIENT. UNFORTUNALTEY, THEY DID ALL THEY COULD DO WITH THE TOOLS THE ADMINISTRATORS OFFERED TO THEM.

UNTIL THE STATE OPENS THEIR EYES TO THIS CRISIS AND ACTUALLY STEPS IN AND MAKES POLICIES TO CORRECT THESE ISSUES, WE ARE GOING TO SEE A BIGGER CRISIS. MORE NURSES ARE GOING TO QUIT. MORE PATIENTS ARE GOING TO DIE. HEALTHCARE AS WE KNOW IT IS GOING TO CRASH. HEALTCARE HAS BECOME TOO MUCH ABOUT PROFIT AND HIGH PAYING ADMINISTRATIVE JOBS AND NOT ENOUGH ABOUT CARE OF THE PEOPLE.

THANK YOU AGAIN FOR LETTING ME SPEAK. I KNOW THAT I CAN GO ON AND ON BUT IT IS ONLY BECAUSE I AM VERY PASSIONATE ABOUT WHAT IS HAPPENING AND HOW THIS CRISIS IS AFFECTING THE OUTCOME OF PATIENT HEALTH. I AM SADDENED FOR WHAT OUR LOVING CARING NURSES AND STAFF ARE GOING THROUGH. SAD AT THE LOSE OF GREAT NURSES DUE TO THE SYSTEM. PLEASE DON'T IGNORE OUR NEEDS FOR RURAL HEALTHCARE REFORM.