

Terry M. Carson, Chief Executive Officer Harrison Community Hospital

PRESENTATION TO: House and Senate Committee on Veterans' Affairs

DATE: May 29, 2007 10:00 a.m.

PRESENTER: Mr. Terry M. Carson, Chief Executive Officer  
Harrison Community Hospital  
951 East Market Street  
Cadiz, OH 43907

The Harrison Community Hospital is a Critical Access Hospital serving a population of approximately 15,000 citizens in Southeast Ohio. Included in our service are our Veterans that require various levels of care.

The problem that we experience has to do with treating initial emergency/urgent situations and having little success in being able to transfer Veterans to the appropriate Veterans' Hospital Center.

Often, we wait days to receive transfer approval, and it is not uncommon for those approvals to be withdrawn during the actual transfer, and change of direction mid-stream.

These delays do not serve patients well, and often puts the hospital in the position of proceeding with treatment because the care needs to be provided. We even have to find alternative facilities to accept the patients, knowing that they too will have difficulty receiving reimbursement for the care.

The simple solution would be for facilities such as ours to be given approval to treat patients in our community and have the local doctors render the necessary care. To be mandated to send patients 65 to 100 miles away during their crisis really doesn't make that patient a priority, just a convenience for the VA Center.

To offer a coordinated system seems to require better access, local treatment or a combination of both.

Thank you for your interest and the opportunity to discuss this important gap in the system.

Attachment

Patient, 85, was brought to the ER on 02/23/07. Patient had fallen at home and was brought in by ambulance. X-ray showed a fracture of the femoral neck left leg. He had only VA insurance.

The VA Hospital in Pittsburgh was called and we were told it was full. Cleveland VA Hospital was also contacted regarding bed availability. They referred him to Pittsburgh since he is a patient of this area. We also called the VA office in St. Clairsville, Ohio, and they stated that he was a patient of theirs and Pittsburgh. Dr. Sandhu, our ER Physician, spoke with an ER physician, Dr. Ruhl, at the Pittsburgh VA, who advised him to send the patient to that hospital's ER and he would see him. While transporting the patient, we received a call from Pittsburgh VA refusing to accept him, so we had to turn the squad around and bring him back. Dr. Modi accepted the patient and he was admitted here. We were told to call in the morning to see if there was a bed available. The VA hospital was called each day regarding bed availability. On 02/25/07, a comment was made to Pat Worrell (Nurse Manager) by Mr. Anderson, AOD, Admission's Director, that "possible transfer on Monday, transfer may cause further damage to fracture". He also said that "they are using too much of the OR time on bones, this is a regional center for kidney and liver and they are getting bones from everywhere in the region". Dr. Modi attempted to get another orthopedic physician to accept the patient. He finally got in touch with one at UPMC who agreed to accept the patient, but the hospital wanted the patient to be counseled and sign a form, witnessed, stating that he may be responsible for the bill before accepting the patient. After speaking with Administration at the VA Hospital and again to the St. Clairsville VA Clinic, we were notified that the Pittsburgh VA Hospital had a bed and the patient was transferred on 02/26/07.

Patient, 75, came to the ER on 02/28/07. Found unresponsive at home with a blood sugar of 22 and respiratory problems. He was diagnosed with sepsis, hypotension, dehydration, hypoglycemic reaction and acute pyelonephritis. He required large amounts of IV fluids to maintain BP. Attempted to transfer the patient to the two VA hospitals but both did not have any beds. Also attempted to transfer the patient to several local hospitals with East Ohio Regional Medical Center agreeing to take the patient.

Patient, 35, came to the ER with suicide ideation. He did not have any insurance and his mother stated that he had been at the VA Hospital in Pittsburgh before. We called that hospital and they put his name on the list, they did not have a bed and we were to call every day to see if a bed was available. Pam Parrish (Social Services) contacted Chuck at the Cadiz VA Office requesting assistance to find a bed. He called the VA Hospital, and also was told the same thing, no bed available, his name was on the list, and they would try to get him in as soon as possible. We also tried the Cleveland VA hospital and left a voice mail, but no one called back. The patient was eventually transferred to Belmont Community Hospital's Mental Health Unit.