

3. **EMERGENCY AND OBSERVATION SERVICES** – emergency medical treatment that requires immediate and unscheduled care or observation services to determine whether a patient needs to be admitted or can be discharged.

***Assets:***

- My experience with BRRH was good - raised three boys. Treated well and never had a bad experience. HAB 1-31-19
- What I appreciate at Spruce Pine Hospital is such personal care. Also the continuity of personnel and care was better. There is good and bad wherever you go. PLA 2-10-19
- My mother was at Spruce Pine hospital and had a good experience. They saved a life in my family. PLA 2-10-19

***Challenges:***

***AVAILABILITY:***

- Lack of 24-7 local availability of orthopedic care means even simple broken bones require transport to Marion or Asheville after hours or ER visit. EMS 9-5-18
- My husband had blood clots removed from his legs - he has been in the hospital in Asheville and you have kids at home to care for. When it happened again my son had to be a week with my parents. This is a strain on low income people - the expense of gas to go back and forth to Asheville every day for a week. Would like to have him at SP hospital. I know we do not have specialists. FMM 9-28-18
- What would be nice is if we had more services at our hospital and at McDowell.- when they need to transfer the patient the patient can sit in the ER for over 24 hours in Asheville because Mission is full. HAB 1-31-19
- Transportation (Pensacola) – with heart disease and stroke you have to get to the hospital quickly and get care quickly. All of our first responders work and we are 15 minutes to town - they can't get here really quickly. First responders saved three relatives in this group. Encourage more first responders or have them train us for emergencies. Ambulance service as it is they may even be out in the county and have to come from farther away. PLA 2-10-19
- They say they are going to do away with the ambulance service in five years and that is the only health care we have around here. YFD 2-11-19

***COST:***

- EMS is often told - We can't afford to go with EMS,. We can't afford that bill. These are the ones that really need to go by ambulance. We know if we leave them there they could die. HAB 1-31-19
- \$700 for ambulance -and \$8,000 for a helicopter transport.

- Hospital and surgery closed - I had appendicitis. I was so worried about the bills and they wanted me to take an ambulance to Asheville - don't worry it will all be covered by your deductible. The doctors had listed it as a non-emergency transport and the insurance had me pay in full over \$1,000. My husband could have driven me. It was on the weekend. Two and a half years ago. They also told me that I'd be taken sooner if I arrived by ambulance. SPM 3-7-19

*MISCONCEPTIONS and MISUSE:*

- Some seniors believe that they get better care from the ER than from their primary care doctor. They believe if you go the ER, you will be seen quickly and find out what is wrong that day. If you go to your primary care doctor you may have to wait for tests and maybe go to see one or more specialists then have another appointment with your doctor and still may not have a definitive diagnosis. YSC 9-18-18
- People here don't care for their health until they are in dire straits and then they go to the emergency room. FBC 10-8-18
- My mom had a gall bladder attack and they did not even give her pain medication. We were left on our own and I had to go to the nurses station to get help or attention. It might require more people . They should ask: what is your greatest need right now while you have to wait. It was a very sterile experience checking in. First thing is how are you going to pay. SPM 3-7-19

*OTHER:*

- EMS needs new shock absorbers for their vehicles - that is confirmed by the provider. With a broken bone it is very painful to be transported. After about two months the vehicles shocks aren't so great. Our area is hard on the vehicles and they are on the road constantly. HAB1-31-19
- People who are in the hospital if they are close to their families they can visit more often and will get better faster and support them in their healing. SPM 3-7-19
- The hospital seems inaccessible - it needs to reach out to the community more. People don't know what is available there. It does not feel welcoming - and we're closing this and that and the workers are concerned their jobs will go away. Especially that all surgery will go away. SPM 3-7-19

*Needs:*

- Get a local CPR class out here. (Pensacola) PLA 2-10-19
- There are frustrations about not being able to get a First Responder and EMT program going at Mayland Tech. A program such as we propose will : 1) Help keep more young people from leaving the area; 2) Could upgrade the skills and therefore the services; 3) Might be able to do some of health maintenance and preventive care in people's homes or fire departments. SPF 2-25-19