Buncombe County Board of Commissioners

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August 20, 2025

Heather Majernik, BSBA, RN
NC Trauma Systems Manager
North Carolina Office of Emergency Medical Services
Division of Health Service Regulation
2707 Mail Service Center
Raleigh, NC 27699-2707

Re: Mission Hospital Application for Level I Trauma Center Designation

Dear Ms. Majernik:

Buncombe County fully supports the availability of the highest quality trauma care for western North Carolina. However, based on current conditions at Mission Hospital, the Board must express concerns about whether the hospital can safely or sustainably meet the responsibilities of a Level I Trauma Center. Mission Health and HCA Healthcare have had numerous, well-documented operational and staffing issues in recent years. We urge OEMS to fully scrutinize whether Mission's ER staffing, care culture, and recent performance align with Level I standards, and whether a new status designation might exacerbate ongoing issues. Our most significant concerns center around potential impacts to patient quality of care, cost to patients, and access to services.

Quality of Care Concerns

While a Level I trauma center could be a reputational boost for Asheville and the region, the central question is whether it would actually expand resources and improve the care delivered in Mission's emergency department. Because the hospital's application has not been made available, we cannot evaluate what HCA is committing to do differently; this is an important question that must be answered clearly.

Trauma activations necessarily draw upon emergency department staff. Many of Mission's most serious problems over the last two years, including severe staffing shortages, excessive patient-to-nurse ratios, and unsafe delays in treatment, have occurred in the ER. Due to a series of incidents occurring between April 2022 and November 2023, the Centers for Medicare & Medicaid Services cited the hospital with "immediate jeopardy" findings after patient deaths were linked to understaffing and delayed care. Mission has experienced significant turnover among nurses, physicians, and specialists. The North Carolina Attorney General's lawsuit against HCA alleges that Mission has not consistently operated at even its current Level II designation. This raises fundamental doubts about whether the hospital can meet the higher, more rigorous standards of Level I care, which depend on immediate, coordinated response across the ER and specialty teams.

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Cost and Access Concerns

We also note troubling financial implications. While it remains unclear whether a Level I designation at Mission would expand resources or improve outcomes, it is clear that such a designation substantially increases revenue for HCA in other markets. Independent studies show that HCA trauma centers charge dramatically higher "activation" and inpatient fees than nonprofit hospitals.

For example, a 2023 national study found a median trauma activation fee of $9,500; at HCA hospitals, the median was $30,000—three times higher. In Florida, HCA's average inpatient trauma fee was nearly $27,000 compared to about $9,900 at nonprofit facilities. Overall, trauma cases at HCA hospitals averaged $282,600 in charges versus $139,000 elsewhere. Analysts also report that once HCA facilities receive trauma designation, the number of cases classified as "trauma" rises sharply, often including relatively minor injuries, resulting in steeply higher patient bills.

For patients and families in Buncombe County, these trends could mean thousands of dollars in additional medical debt without any assurance of better care. If a Level I designation at Mission were to demonstrably expand resources and improve quality, some additional costs might be justified. However, if services remain at their current compromised level, the designation would serve primarily to increase costs to patients and revenue to HCA, not to improve outcomes.

Conclusion

The decision on this application will have far-reaching consequences for **patient safety, access, system reliability, and affordability** in western North Carolina. At present, it appears that Mission Hospital has not demonstrated the staffing stability, operational reliability, or patient safety culture required for Level I trauma designation. Our purpose is not to oppose or endorse, but to ensure that OEMS has all pertinent information to make a well-informed decision.

We urge OEMS to:

1. Scrutinize whether Mission's ER staffing, care culture, and recent performance align with Level I standards.
2. Fully evaluate any commitments Mission is making to address these deficiencies.
3. Consider the potential impact on patients' costs, care, and access.

We appreciate OEMS's careful oversight of trauma system designations statewide. We respectfully request that our comments be accepted and fully considered as part of the upcoming review. Commissioners have taken recent weeks to gather feedback in preparing this response, and as a legislative body that must deliberate in public session, we have had limited opportunities to do so since being notified about the opportunity to share comments.

Thank you for your thoughtful consideration and for your stewardship of North Carolina's trauma care system.

Sincerely,

Amanda Edwards
Chair, Buncombe County Board of Commissioners

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