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Name

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Topic

Hospital Budgets

Comment

I've just seen Stewart Ledbetter's presentation regarding the requested rate increases by RRMC and UVMHC. I've also read the comment by Tom Rees in the comment section of your website.

While I don't have Mr. Rees' qualifications, I am a lifelong resident of Rutland and Addison counties, providing lifelong experience with the medical industry here in Vermont.

I was struck by Mr. Rees' reference to a health care monopoly. It should be obvious to everyone that with the alliances of the major hospitals of western Vermont, and the assimilation of private practice offices, options and choices for care in western Vermont are very limited. This clearly presents an advantage for the medical industry in setting higher price rates. That should be the first issue in consideration.

In Mr. Ledbetter's presentation, the hospital operating officer cited the decrease in existing nursing staff and the increased need for "traveling nurses." He used that to justify increasing the wages for an Emergency position from \$70/hr to \$180/hr

and an ICU position from \$120 to \$200/hr. I'm presuming he has had to do the same for the existing nursing positions, since it would seem necessary for peaceful coexistence. The stated hourly wages literally take my breath away, working all my life in Vermont with college degrees and management experience without ever coming close to that rate. How can Vermont's workforce support that for long? In addition, I am truly perplexed. During the Covid crisis, Vermont was viewed as the safest place to be in the Union. Just ask any realtor about the influx from other states. Yet, the hospital administrators are telling us that in this safe harbor, Vermont hospitals lost so much staffing that they are in dire straights. That justifies more than doubling hourly rates. I would ask, how many staff did each hospital lose? What were the hourly rates paid to the exiting staff? What were the recruiting efforts to replace them? In reading Mr. Rees' comments, he states that UVMHC could have reduced staff by hundreds of position, just to reach an average level of staffing.

At least one hospital is using this labor situation as an excuse to invest in real estate development and housing. Each hospital is reported to have large reserve funds which should and could be used to mitigate temporary operating demands.

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Yes