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Steward Nashoba Valley Medical Center
Testimony Before HELP Committee
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My name is Audra Sprague, and I was a registered nurse in the ER at Nashoba Valley Medical Center for 17 years. Steward Health Care systematically extracted every possible dollar from our facility, leading directly to its closure 12 days ago on August 31, 2024. Nashoba Valley Medical Center was vital to the health of residents in our region.

Since Steward took ownership, I've witnessed and experienced firsthand the devastating effects of the company's practices of reducing overhead to financially benefit the stakeholders. Under Steward, essential resources began to dwindle. Repairs that once would have been immediate were significantly delayed, if addressed at all. For example, when we were unable to gain IV access quickly on a critically ill patient, best practice is to use a mechanically powered drill that inserts a needle into bone marrow, allowing us to administer medications and fluids. When the battery died on our drill, Steward failed to pay the vendor, leaving us without a functioning drill. They eventually replaced it with a subpar hand-pump manual drill, which was technically compliant but woefully inadequate for the needs of critically ill patients.

As beds broke, they were not repaired. When the census increased, we would rent beds, until the vendors put us on "credit hold" because bills were not paid. We were forced to transfer patients to other hospitals for care because we didn't have a physical bed to put them in. Our hospital was licensed for 57 medical beds, but at the time of our closure, we had approximately 18 working medical beds.

Working under these conditions was overwhelming. Basic nursing tasks were challenging due to chronic understaffing and lack of supplies. The nurses and doctors shouldered the burden of maintaining the standard of patient care. We became very adept at doing more with less, but it made an already demanding job nearly impossible.

On July 5, 2023, I brought my then 18-year-old son to the ER at Nashoba. He was diagnosed with new-onset Type 1 diabetes and was in diabetic ketoacidosis, which is a life-threatening complication. He was admitted as an ICU patient, but due to a lack of staffing in the ICU, my son was forced to stay in the ER as an ICU boarder. That night, there were 18 patients in the ER. In Massachusetts, an ICU patient on an insulin drip, by law, should have 1:1 nursing care. His nurse in the ER had 8 other patients to care for. I had to provide his care myself, as the two ER nurses could not possibly meet the critical and emergent needs of all 18 patients. The lack of overnight nursing staff in the ER was an ongoing patient safety issue. Despite local administration's support for more nursing staff on the overnight shift, repeated requests were dismissed during contract negotiations by Steward's corporate executives. To ensure my son received the critical,

time-sensitive care he needed, I had to act as his nurse that night instead of his mother. He deserved to have his mother and a 1:1 nurse. Steward's abrupt closure of Nashoba, with barely 30 days' notice, has left our region without critical healthcare services.

Transport times have doubled or tripled one way. Our local EMS systems will not be able to consistently meet the demand, which is made worse by the lack of public transportation. The closure has resulted in longer wait times for emergency care and essential screening tests, such as mammograms and colonoscopies, at hospitals farther away. Moreover, with Nashoba's closure, local primary care physicians and specialists have lost the ability to obtain diagnostic services like MRIs, CTs, ultrasounds, and simple X-rays. Steward has shown a pathological lack of concern for anyone but themselves.

Steward repeatedly misrepresented or outright falsified information to state regulators, intending to downplay the closure's impact. For instance, when the DPH inquired about transportation options for residents after the hospital's closure, Steward cited a company called "Here to There" Transport LLC that supposedly provides 24/7 transportation. This was presented as if it solved the problem of no public transportation or ride-sharing services in the region. In reality, "Here to There" transport is one woman named Joanne who primarily provides airport transfers—not the solution to our community's healthcare access issues.

Steward portrayed Nashoba as a failing hospital with a declining patient census to justify the closure to the state. However, this narrative conceals the fact that Steward's corporate executives systematically deprived the hospital of essential resources for years, including specialty physicians such as gastroenterologists, general surgeons, urologists, and anesthesiologists. As a result, Nashoba was forced to transfer patients to other hospitals, such as St. Elizabeth's, for care that could no longer be provided locally. What appeared to be a hospital in decline was, in fact, the result of Steward's calculated neglect.

The closure was not because the hospital was failing; it was Steward's failure to support it. Steward's greed is putting lives at risk, and their actions—or lack thereof—will kill people. They have systematically dismantled healthcare in our community, leaving us without the resources to save lives in critical moments. Despite repeated warnings and desperate pleas from healthcare professionals, no one has stepped in to stop them. Steward's unchecked greed has created a healthcare crisis, and if nothing is done, people will die as a result. This is not just a business failure—it's a human tragedy waiting to happen.