



SCHNEIDER REGIONAL  
MEDICAL CENTER

ROY LESTER SCHNEIDER  
HOSPITAL

MYRAH KEATING SMITH  
COMMUNITY HEALTH CENTER

CHARLOTTE KIMELMAN  
CANCER INSTITUTE

Letter to Senator Ray Fonseca  
Chairman of Health, Hospitals and Human Services  
36<sup>th</sup> Legislature

March 31, 2025

Dear Senator Fonseca,

Patient care at Schneider Regional Medical Center has become more difficult to administer and safety to our patients has become more of an issue with funding as the main culprit. As clinicians we face the constant struggle of taking care of our patients with what little resources we have. With an average inpatient census of 68 and a medical staff of 42 physicians, we work tirelessly with very limited resources. Below are examples of what happens in our day-to-day operations.

The Emergency Department is the entryway to our hospital from the community. The lack of lab support, supplies, and staffing makes the ER very inefficient at caring for its patients. Due to multiple factors (supplies, quality control, biomedical equipment failures and staffing), the laboratory is running at a minimum. ER physicians are unable to get key basic albeit critical laboratory results to take care of their patients. Labs like “troponins” in patients with chest pain, “quant hcg’s” in pregnant patients, blood gases, blood chemistries on a whole are all critical and at any given time are not available. Staffing the emergency department with 4 nurses is feasible, 3 nurses is unsafe to adequately care for an emergency the size of ours. Finally, supplies are at an all-time low. No urinals, no bedpans, no diapers, flushes, or IV tubing. These are all basics that we need to care for our patients.



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Maternal Child Health cares for our expecting mothers and newborns. Midwives are

extremely short-staffed and are vital team members alongside the obstetrician. Without midwives present the obstetrician would have to stay in the hospital and cover the unit many times having to cancel their private office patients who ultimately would be patients that come to our hospital for care. Laboratory services, including blood bank are critical in the laboring patient. Postpartum hemorrhage, which can occur at any time throughout the day, needs to have 24/7 availability of the blood bank. Supplies have also been a challenge so that basic drapes, packs, and preferential sutures are not in stock. For patients that need to be transfused, blood tubing is not in stock. The OB/GYN service has decided to refer away any moderate or higher risk surgeries which they would have routinely done here before due to shortages of supplies and services. There has also been some consideration of cancelling elective surgeries, which is catastrophic for our institution because these surgeries are the ones that generate income. On the child health side, there are no pampers, wipes and IV tubing to name a few.

The Anesthesia Department is vital for the functioning of the operating room. They provide anesthesia/sedation for multiple providers (surgeons, ob/gyns, gastroenterology, radiology, pulmonology, cardiology) as well as providing pain management services for laboring patients with epidurals. Currently the anesthesia department is critically understaffed. We have 3 anesthesiologists of which 1 has resigned and will be leaving within a month. 1 has recently been onboarded and we wait to see his fit. We have no nurse anesthetists to cover the schedule. Along with the critical staff shortage comes a supply shortage with very limited supplies of endotracheal tubes and lma's (tubes used to put patients to sleep), nerve block needles and epidural kits to name some of the basics needed to run the department in a day-to-day fashion.

Internal Medicine Department treats the sickest patients in the hospital. They depend heavily on the lab for accurate, timely, and reliable results to appropriately treat their patients. Minutes to an hour can make an impactful difference in a patient's life. With equipment and supply problems in the lab as well as staffing issues in blood bank it presents a major patient safety issue. Patients with cardiac issues do not have ready access to a 2D Echo as the echo machine is currently down.



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The surgery Department is another high demand department as there are many specialties within it. Missing the day-to-day basics like sutures, drapes, plates, screws, implants, and lenses to name a few. There are a lot of equipment and instrumentation that need to be updated on the Capital Purchase List which we have not been able to afford to upgrade for some years due to financial constraints. Also, the lab is another critical component to the operating room especially in trauma cases where there may be a need for emergency transfusions. The lab and blood bank need to be available 24/7 to adequately serve the needs of this department.

As a medical staff we feel the crisis throughout. Despite this, we provide the best quality care that we can. We agree that we may need a few more medical staff members in certain areas, but what would be most beneficial to us all would be an infusion of dollars to the hospital that would pay vendors, get us supplies and equipment, allow us to get the appropriate staffing in critical shortage areas and repair or replace outdated equipment so that we can safely take care of our patients. We continue to carry a patient census of 80+ when the hospital is at capacity with overflows and carry an average of 65-70 patients. We also are referral hospital for Myrah Keating Health Center on St. John as well as a preferential port in the Eastern Caribbean for cruise ships to send patients for further evaluation and treatment that cannot be provided on board. We would greatly appreciate your financial support to SRMC as we work through this extremely difficult and desperate situation.

Sincerely,

Gilbert Comissiong, MD

President, SRMC Medical Staff

And SRMC Medical Staff

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