

# A COMMUNITY OF CARING

## STORIES OF CARING AND COMPASSION AT UNC HEALTH NASH



## The Distance Between Hospitals— *and the Team That Bridges It*

When patients require transfer from one hospital to another—sometimes across counties or regions—the journey can be filled with uncertainty. Whether the need is for advanced diagnostics, surgery, or a specialized intervention, the time between facilities can create a vulnerable gap in care.

At UNC Health Nash, that gap is bridged by more than a vehicle. It's bridged by a team—skilled, steady, and quietly transformative.

Launched in May 2024, the Specialty Care Transport (SCT) Team delivers advanced, hospital-level care during transports for patients with complex needs. Unlike 911 EMS, which responds to emergencies in the field, SCT supports stabilized patients who still require monitoring, IV infusions, cardiac support, or ventilator management while on the road.

They step in during one of the most emotionally delicate phases of a patient's journey: after care has begun, but before it's complete. Whether transferring someone to or from UNC Health Nash, the mission is the same: safe, compassionate, and humanized care.

One year in, the SCT team has become a vital part of UNC Nash's care network—expanding access across North Carolina and helping patients reach the right care, right when it matters most.

"We tend to meet people on their worst day," said Dana Edwards, MSN, RN, EMT, and the program's Assistant Nurse Manager. "Patients don't expect to be hospitalized or need transport—and that uncertainty can be frightening. In those moments, one of the best forms of medicine we can offer is a calm, steady presence. I love that my team understands this and cares for our patients as whole people—not just for their clinical needs, but for their peace of mind too."

Before every transport, the crew conducts a thorough equipment check—oxygen levels, monitors, IV pumps, and even the transport vehicle itself, from oil levels to tire pressure—to make sure everything is ready. But their preparation goes beyond the gear. The team calls the referring facility to gather not just the clinical report, but a broader understanding of the patient's story.

"When I walk into the room to initially meet the patient, I already have a basic idea of what's going on. That builds trust," said Jerri Ridenhour, SCT Paramedic. "They can tell I've taken the time to know who they are, not just what's wrong."

That trust becomes the foundation for everything that follows.

Once a patient is carefully loaded into the ambulance, which carries more sophisticated equipment than a 911 EMS ambulance, crew members aren't just monitoring vitals or managing IV lines. They have time to ease the patient into the transition, offer reassurance, and truly connect. That kind of presence makes the difference for Ridenhour, who returned to the field after a previous career in the fast pace of EMS to take on a role where one-on-one connection is not only possible, but essential.

For Kylie Tye, SCT EMT, also a former EMS professional,

it's the slower, more deliberate pace that enables deeper care.

"Spending three or more hours with a patient gives me time to connect—not just about their illness, but about their life," said Tye. "Unlike the pace of EMS, this role allows me to ask where they're from, how they're feeling, and how I can help them stay comfortable. Some feel better by the time we arrive. And when they say thank you just for being there—that stays with you."

That kind of attentiveness is also central to Ridenhour's role.

"Our job is to keep them stable, of course—but I see myself as a patient advocate first," said Ridenhour. "If they can talk to me and be honest about how they're feeling, or even be calm and relaxed enough to fall asleep, that means they feel safe with me. That's success for me."

Many patients have already endured a difficult hospital stay by the time they meet crew members. That's why emotional steadiness matters as much as clinical skill.

"For us, it's routine, but for them, it might be the scariest thing they've ever been through," Ridenhour said.

"You have to read them, stay calm, and be the one who has it under control, even when you feel just as uncertain," she added. "That sense of calm doesn't come from knowing exactly what's next. It comes from the commitment to handle whatever happens. That's the job I signed up for."

And the responsibility doesn't stop with the patient. Often, worried loved ones are nearby, searching for equal reassurance.

"They're afraid. Sometimes the family also looks to us for answers. We have to earn their confidence because they're about to put their loved one in our hands."

That commitment to the bigger picture of care doesn't end when the ride does. With more time at the patient's side, crew members are able to foster clearer communication and deeper understanding between them and incoming care teams. By the time they arrive, the receiving team has a clear, real-time report—making it easier to step in and continue care without missing a beat.

This entire, delicate process doesn't go unnoticed—or unappreciated—by the patients being transported. Paul Leonard Roberts III, who has twice made the journey from the Outer Banks to UNC Health Nash, described the experience as one of ease, kindness, and genuine connection.

"They walked in my room all smiles, asking me how I was

doing," he said. "They were so nice to me and treated me with respect through the whole trip, which I enjoyed. When I arrived at Nash, the care just continued. The nurses and the doctors were always smiling, always coming through the door to check on me. I felt taken care of every minute there."

Behind that care is a team that's rapidly grown. What began with occasional calls now includes multiple transports a day—some covering long distances to Greenville, Jacksonville, Virginia, or the Outer Banks.

And still, the team remains grounded—in their mission and in each other.

"We're six very different people on two crews," said Ridenhour. "Different ages, different experiences—but we learn from each other. We've built dependence."

That trust shows during high-pressure moments. Edwards recalled a case involving a critically ill patient where all team members came together.

"No one needed instructions. We talked through the patient's needs, and without hesitation, each team member jumped in—instinctively, confidently, as if they'd been doing this for years. Proud, impressed, and deeply grateful are the words that come to mind when I think about that transport."

With every mile traveled, the SCT team delivers more than medical care. They deliver support, comfort, and the promise of what comes next.

"We're showing up," Ridenhour said. "Even as a small crew, we arrive early, stay late, and we're consistent. The nurses at other hospitals know us by name now. And that matters."

For Tye, watching the team grow from a hopeful idea to a reliable lifeline has been a meaningful journey.

"It's been incredible to watch this team grow over the past year," said Tye. "What makes it truly rewarding, though, is seeing patients doing better—and knowing we helped them get there."

And at the heart of it all is a deep sense of shared purpose.

"Every patient has a story," Edwards added. "And every time we transport, we become a part of it. That's a responsibility we don't take lightly."



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- Jerri Ridenhour, SCT Paramedic

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