

Regina Hospital Relocation of Labor and Delivery Services Public Hearing Transcript

NOVEMBER 18, 2021

Meeting Information

The Minnesota Department of Health hosted a public hearing for the relocation of labor and delivery services from Regina Hospital in Hastings to The Mother Baby Center at United Hospital and Children's Minnesota in St. Paul, effective Feb. 3, 2022.

Pre- and post-natal care and gynecology surgery services for patients will continue to be provided by the OB/GYN and family physicians at Regina Hospital, Allina Health Hastings Clinic and Allina Health Nininger Road Clinic.

The hearing was held on November 18, 2021. More information can be found on the [Allina Health Regina Hospital Public Hearing page \(https://www.health.state.mn.us/about/org/hrd/hearing/regina.html\)](https://www.health.state.mn.us/about/org/hrd/hearing/regina.html) of the MDH website.

Meeting Transcript

>> Stacy Sjogren (moderator): And let's begin.

Good evening, everyone. Welcome to the public meeting to share about Regina Hospital's plans to discuss the relocation of Labor and Delivery Services from Regina Hospital in Hastings to The Mother Baby Center at United Hospital and Children's Minnesota in St. Paul, effective February 3rd, 2022.

My name is Stacy Sjogren, management and analysis consultant serving as the moderator for the meeting. This evening's meeting is being hosted virtually through WebEx. If you have any technical issues, please visit the WebEx help page or email at Sarah.Holmberg@state.mn.us. You can see in the chat her email address. To view the captions for this event, follow the link also put into the chat. I will read it as well. www.streamtext.net/player?event=Regina. There they are on the screen. For this meeting, participants will be muted until the public portion comment. At that time participants will be selected in order with a reminder to the person on deck and the next person scheduled to speak. If you wish not to speak, you can ask your question in the chat box and Minnesota Department of health staff person will ask the question on your behalf. The chat feature will be used to provide information for the session and to ask questions during the meeting. To get to the chat, click on the chat bubble to ask a question and for meeting prompts.

The Minnesota Department of Health, I will sometimes refer to it as MDH, is hosting this public meeting which is required by state law. The intention of this public meeting is to provide an opportunity for the public to express their opinions, comments, and ask questions about the relocation of Labor and Delivery Services by Regina. The Minnesota Department of health announced this meeting through a statewide news release and notified Hastings area community leaders of the meeting. The following, the Minnesota Department of health is hosting this public meeting to inform the public as required by law. Your comments, questions, and image which may be private data may be visible during this event. You are not required to provide this data, and there is no consequence for declining to do so. The virtual presentation may be accessible to anyone who has

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a business or legal right to access it. By participating, you are authorizing the data collected during this presentation to be maintained by MDH. MDH will be posting a transcript of this meeting to the MDH website within ten days of this meeting. To opt out of this presentation, please exit now. Here is today's agenda. We are going to start with some introductions. A welcome from a representative from MDH, an overview, a presentation by the Regina Hospital staff, public comments and questions, and a conclusion. We have some speakers today. They include Martha Burton Santibáñez, MDH Health Regulations Director. Helen Strike, president of Regina Hospital, and Dr. Melody McKenzie, Regina Director of Medical Affairs. Now I'd like to welcome from the Minnesota Department of Health, Martha Burton Santibáñez, who serves as the Health Regulation Division director. Martha.

>> Martha Burton Santibáñez: Thank you, Stacy. Can everyone hear me, okay? Welcome to the greater Hastings community. We appreciate the time you're taking to learn more about the changes at your community hospital and it's a pleasure to be here tonight. This is the first public hearing under a new law that offers the community and opportunity to learn about the hospital's plans and for the community to share its comments and questions with the hospital.

In June of this year, the Minnesota legislature passed legislation requiring a public notice and a public hearing before closure of a hospital or hospital campus, relocation of services, or cessation in offering services. And the statute is Minnesota statutes section 144.555. It's an opportunity for the public to engage with hospital leadership and to understand the reasons why hospital leadership made the decision to close, change, or relocate services. It also gives the community an opportunity to learn from their health care providers about how the community can continue to access health care services after the closure, change, or new location occurs.

In September, the MDH's health regulation division received notice of Regina Hospital's plans to relocate its Labor and Delivery Services in Hastings to The Mother Baby Center at United Hospital and Children's Hospital in St. Paul, Minnesota, effective February 3, 2022. The health regulation division was tasked with implementing this new law. We are providing a forum for hospital representative to share information about the changes and services and for the public to engage with the hospital by asking questions and providing comments about the changes. We will facilitate the meeting as outlined in the new law. Our role at MDH is to ensure the meeting occurs, the community's views are heard and presented, and people's questions are answered. This statute gives MDH the authority to hold the meeting and to inform the public but not to change, delay, or present the proposed changes, closures, or relocation. Importantly, this meeting provides an opportunity for us as your state health department to offer a forum for transparency, listening, and understanding the differing opinions and perspectives surrounding such important decisions such as this one that will affect health care services in your community.

I welcome you to share your perspectives, comments, and questions with Regina Hospital leadership, and I look forward to listening to tonight's discussion. First of all, we will hear from Regina Hospital leaders who will provide information about the following: what services they plan to curtail and when, and explanation of the reasons for curtailing services, a description of the action they'll take to ensure residents in the hospitals or campuses service area have continued access to the health services being curtailed. Please welcome Regina Hospital representatives Dr. Helen Strike and Dr. Melody McKenzie.

>> Helen Strike: Thank you. I am Helen Strike. I'm not a doctor, I'm afraid. That would make my parents very happy. However, I'm a registered nurse and I have been the President here at Regina Hospital since June of

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2019. I've been in executive leadership positions at Allina Health since 2013 and three other health systems in Minnesota since 2004. Dr. McKenzie, would you introduce yourself?

>> Dr. Melody McKenzie: Thanks, Helen. Hi, Martha. My name is Dr. Melody McKenzie. I moved here to Hastings on most 25 years ago when I have been actively providing care in Hastings for 25 years. 21 plus of those delivering babies here in Hastings. Those who are on the meeting will know that I have been there 21 years at Regina delivering babies. I am currently the director of medical affairs at Regina, and I am also the Allina Hastings clinic.

>> Helen Strike: Thank you. I think we can start the presentation. Thank you very much. Today we will be -- we are thankful for the opportunity to join this evening and provide you information about our decision to close the Regina Hospital Family Birth Center in February of 2022. Our goal today is to provide you with a background in information as was stated about the change we are making and how we have and will continue to invest in the communities that Regina Hospital serves. Today we'll discuss the background, what's changing, and what's not, ensuring access to obstetrical and women's health services in our community, connecting transitions of our patients, and our commitment to care in Hastings.

For almost 68 years the caregivers at Regina Hospital's Family Birth Center have celebrated with families during some of the best moments of their lives, and we have supported them through some of the most difficult too. Our dedicated team of team members has delivered thousands of babies with care, compassion, and love. Over the last several weeks, we have been touched to hear about how important the history and staff at Regina Hospital's family birth center are to the Hastings community, and we thank everyone tonight who is interested Regina Hospital with their care. We are grateful for the dedication and recognize that this is a very difficult time for each and every one of our caregivers, and we thank our team members for their commitment to our patients and each other.

Tonight's informational hearing is focused on the changes and ensuring that we are serving our community that will be effective February 3 next year. Allina Health is committed to the Hastings community, and while we have reached out to our community partners about the changes that Regina Hospital, we appreciate the opportunity to continue the conversation to inform our community during tonight's hearing. The decision to move our inpatient labor and delivery service to The Mother Baby Center United Hospital comes after countless decisions about how to deliver the best care for our whole community. We have focused on our providers to support the obstetric service line. We have committed staffing to our volumes, and we have done much to market the birth center to our community as other similar birth centers have within the Allina system. We have held focus groups to better understand health care needs that are most important of the women and our local community and what we learned is that the majority of women and their families were looking for birth centers that offer a broader array of services such as access to neonatal intensive care units and integrative medicine. Those conversations are reflected in what we know about the changing landscape of obstetric services. Women are delaying their pregnancies to later in life. Smaller family sizes are prevalent. Forecasts single higher percentage of medically complex patients than in the past, and patient preferences are changing.

Regina has never had a huge volume program. We have needed to provide as many support resources as possible, such as our relationship with Children's Hospital's newborn intensive care unit and our newborn resuscitation program to improve the real and perceptions of safety for our families. Obstetric programs can develop into high-risk situations quickly. Staff and physicians at Regina Hospital work extremely hard to keep

their skills sharp and ready and our low-volume environment. There are many mothers who are not able to deliver at Regina because of that niche program that we offer. However, families are already choosing to deliver outside of our community, including many that she was to deliver at The Mother Baby Center United to support their birth plan.

At Regina, births have declined 30% in the last three years and are projected to continue to decline over the next ten years. A stronger partnership among United and Regina Hospital's allows us to provide the broad menu of inpatient obstetrical services that we know are important to family such as on-site perinatology, neonatology, and integrative medicine at United Hospital while maintaining seamless and connected care locally for prenatal, postpartum, and women's health needs.

This fall, United and Regina Hospitals will begin discussions about working more closely together to strengthen care in the East Metro and providing more seamlessly connected experienced in our communities we serve. We are building off areas where we already provide outstanding shared programs like Regina's Cancer Center, integrating with United to become a department of United's Virginia Piper Cancer Center. Other clinical programs successes we have built with United over the years include cardiovascular, emergency and surgery physician groups and services. One of our first steps in this work is to increase our primary care providers and specialists and our partnership with The Mother Baby Center leaders and staff at Regina United Hospital to form the one obstetric program serving the East Metro. I'm going to turn it over to Dr. McKenzie now for a few more minutes.

>> Dr. Melody McKenzie: Thanks, Helen. As Helen stated, our close relationship between our primary care and specialty service has been well established. We have amazing relationships between our primary care and our hospital and the services that are not available here, such as high-level cardiology, neurology, and OB care. This is something we have already done for years with Mother Baby, and this will be an extension of this. The plan for us is to not decrease services here in Hastings. The change will be decreasing the ability to deliver here. Prenatal care, postpartum care and other services here in Hastings will continue. As I said, prenatal, postnatal care, OB-GYN services. We have a strong group that provides these services. We have added doctors recently. Our plan is to continue. Also, with our relationship with Mother Baby to see if we can improve some of the services we can provide. Our ED is also looking at how do we provide emergency care. We've already had plans in place as we always have, and we will just make sure they are continuing and that we have access to emergency care if a woman does deliver in our emergency room.

As you can see by this slide, one of the difficulties of the benefits of living in Hastings' memo wide service of OB care or nearby within 25 miles. We have Regions. We have Woodwinds. We have Fairview. We have Mayo and Hudson. These are services women are choosing and are available. Right now, our biggest concern obviously is for our patients. Our patients have entrusted us with their care. They want to deliver with the providers that they know so, we had direct contact. Providers are spending time with each of these patients and taking time to discuss with them the changes and help them navigate this change. Obviously, this is something our patients didn't plan for. We are spending time talking to them about what choices they have and options. We are putting phone calls out to expectant mothers and sending letters to them so we can ensure we are not missing anyone in this transition. Website updates will happen. Just to make sure that women who are choosing Hastings know that we are still here. There's been some question that we won't be providing services and that is not our intent. We want to take care of our patients here in Hastings. There are virtual tours for Mother Baby. Unfortunately, because of COVID, they are not in person right now. Hopefully

that will change one day soon. I'm sure we are hopeful. Now there are virtual tours available and there's opportunity for them to speak to people at the Mother Baby Center United so that they can get information so that they can decide and make the decision regarding their care moving forward.

Helen, I can talk about this. One of the things we are going to be looking at in terms of what is the highest demand here in Hastings, one of the things we have heard over and over again in Hastings is that we need mental health services, that has been the highest priority. We are looking at what we can do in terms of the intensive addiction and mental health program and that's where we hope to be providing a lot of care in the future. We have recently hired several specialists. We have a new ENT physician who started. New sports medicine, orthopedic surgeon, sports medicine. We also have a new P.A. helping with urology services. That was a demand. We know that G.I. services is something we have been proud to be able to offer our patients here in Hastings, but it's been difficult to meet demand and we are also looking at expanding that. With COVID, we have a wonderful intensivist program that allows us to keep patients that are sicker that we weren't able to keep a year ago here in Hastings to provide them with care, not only COVID patients but other patients. We have stroke, neurology, until February 3 we also have NICU. We are hoping we can spend money and time with the services that are the greatest need here in the community.

>> Helen Strike: Thank you, Melody. I think it's important to share with the community that we have over 50 different specialties. Cardiology, ophthalmology, women's health. 30 different specialists serve our community. We are thankful and grateful for all the care that we are able to deliver and keep local here for our communities that we serve.

Allina has launched on an ambitious transformative initiative to challenge health care status quo on multiple fronts. We are looking at new ways to deliver and fund care. We have been pioneering financial models such as value-based care to ensure that we can improve health rather than simply treat illness. Over the last couple of years, we have had great success in ensuring that we are meeting people where they are. Whether it's online, in the community, at the clinic, Allina Health knows that health care lives beyond our walls. We have certainly learned that through COVID. The many other factors that matter greatly including social determinants of employment, housing, transportation and safety. It's important to all of us and we are taking steps to ensure that our system work in coordination to create an effortless way to deliver the expense for our patients as we have done at Regina for many, many years. As we have transferred patients to United Hospital in St. Paul.

Making care more equitable and inclusive is extremely important to us. We are partnering with others who share our vision for creating a more accessible and affordable care while co-leading an effort to eliminate structural inequities in health care. Allina Health is proud of this work and proud of what services and what commitment and programs we bring to all of the communities that we serve. In closing, I would like to share with you a glimpse into the love and compassion that Allina Health employees have our communities we serve. We are grateful to all of you who entrust your care with us. We are grateful for our caregivers who give their all and then some, especially through this long pandemic. To our Family Birth Center staff and providers, we are grateful for you, especially during this difficult time of change. To the communities that we serve, Regina Hospital is an important community asset that needs to be loved and nourished by all of us. Martha and others, we thank you for the opportunity to share with you tonight and our communities what our plans are and our vision for the future. Thank you.

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>> Stacy Sjogren (moderator): Helen, and Dr. McKenzie, thank you. Thank you for sharing this important information tonight. We appreciate it. Now it's time for the public comment portion of the meeting. This is your turn to participate by asking questions, providing comments, or sharing your perspective.

And this is how it's going to work. Each person will have up to 3 minutes to ask a question or to provide public comment. Please remember that the information that you are sharing is being virtually shared in a public forum. That means remember that any information you share is public. Think carefully about sharing private medical information. After each comment, Regina Hospital will have up to 3 minutes to respond to those questions. It's going to be back and forth process today.

Participants will be muted until it's their turn to share public comment or ask a question. There are two ways to ask a question or provide a comment. First, you can raise your virtual hand and you will be unmuted to ask a question or provide comments. You can find the raised hand feature by clicking on the hand icon. Secondly, you can click on the chat bubble to open the chat area on your screen. Then select "everyone" in the "to" field and type your question into the checkbox and an MDH representative will ask your question on your behalf. We will select participants in order and add questions from the chat throughout the public comment period. Please remember to share your name and your city, the city where you live, before you ask your question or share a comment.

When participants are selected, a reminder will be given to the next person who is on deck to speak as well as the following person. Finally, please be respectful. Abusive comments, comments meant to discredit or malign someone, or vulgar language will not be tolerated. People who use language that is threatening, makes false accusations meant to damage someone's reputation or offensive or inappropriate language that creates an intimidating environment will also be muted. People who display these behaviors will be muted and the next person in line will be given an opportunity to provide comments.

A reminder if you wish not to speak, you can ask your question in the chat box and an MDH person will ask your question on your behalf. Remember to click the chat bubble to open the chat and ask the question that way. So, let's begin. I'll be working with my partner, Christine. Christine, I will turn to you and see if we have got any questions that have been posed in the chat first maybe and then give folks listening in that may want to speak a little bit more time to maybe find their virtual hand to raise. What do you have for us?

>> Christine (MDH staff): Siobhain, can you start with our first question?

>> Siobhain (MDH staff): Hi. Yes, I can. Can you hear me, okay? Okay. The first question that we have was submitted. How many babies does Regina deliver each year on average? And there's a second part of the question. I apologize. And on average how many babies are transferred from Regina to another facility for NICU care?

>> Helen Strike: Thanks for asking. What we have seen is a gradual decline. The last couple of years we are looking at a number around 200. That's where we will end up this year, approximately 200 deliveries. Average transfer of babies that are born at Regina is probably about 1% to 2% per year. What that doesn't take into account is women who start prenatal care here and then have to change their prenatal care to a higher level of care during their pregnancy or in labor are transferred to a higher level of care during their pregnancy. Many of the women that may want to deliver here sometimes don't deliver and aren't included in that 2% that are transferred to NICU. If someone comes in and they are 28 weeks pregnant, we transfer them before the baby is born that isn't included in that transfer number.

>> Stacy Sjogren (moderator): Thank you. Christine, next question.

>> Christine (MDH staff): I am not seeing any hands at the moment. Siobhain?

>> Siobhain (MDH staff): Sure. The next question that we received was how does closing the family birthing center at Regina benefit the local and surrounding communities?

>> Dr. Melody McKenzie: Do you want me to take that, Helen? The way it's going to improve care in the community is to strengthen the other services that we can focus on. Being able to improve the mental health services in Hastings. We will do prenatal care and postnatal care and I hope this will strengthen this and maybe actually have more women come to CS for their prenatal care knowing that they can deliver at United. We know there are women in our community that are already traveling to United and getting their services outside of Hastings. So, I'm hoping it will actually improve the ability for them to be seen locally and not have to travel to see prenatal care when they want to deliver at United.

>> Stacy Sjogren (moderator): Christine, still waiting for hands raised?

>> Christine (MDH staff): I do have someone who would like to speak. We have Lesley Atwood, I believe. Lesley, I will be unmuting you. You should be able to speak and ask your question.

>> Dr. Lesley Atwood: Thank you. Can you hear me?

>> Stacy Sjogren (moderator): Just fine. Go ahead.

>> Dr. Lesley Atwood: Great. I have been a family physician in Hastings for the last almost 38 years and have been delivering babies for 38 of almost 68 years. I am not sure if I have quite delivered 2,000 babies but probably pretty close. So, I think one of the things that I feel left out of the equation is that 200 is not a tiny number. When our River Falls Hospital closed their OB unit, they were under 100. They also did not have a stable group of obstetricians or family physicians committed to delivering at their hospital. That is absolutely not the case at Regina. There is an excellent, young group of OB-GYNs and some younger folks than me who are family physicians. Physicians committed, family physicians and pediatricians who are committed to making sure that babies are doing well at birth and have the necessary resuscitation. I think the advertisement for Regina that is very different than being in the city is the incredibly personalized care you get. You don't get everything on a video. You're very personal attention. That's what my patients tell me that is different. The United Mother Baby center is in fact wonderful. And they do have some services that we don't have. We have always sent our high-risk patients there. So, this is very unfortunate.

I have the opportunity to go to the Crosby Hospital which has a vibrant OB unit with a little over 200 deliveries. I feel strongly that the advertising that perhaps we have tried to do has not been apparent to some of the providers. In many fields of the unit has been allowed to languish. There is extremely worn-out carpeting. Although it has excellent bones, it really hasn't been updated. Services that women would be interested in, such as water birth and integrative service we have provided in the past has not been added back. So, I find this is an extremely unfortunate decision. Given that the town of Hastings is just opening up 650 units of housing that's mainly geared toward the elderly but with the idea of families, housing for families to open up in the community. One would have hoped that we could've had more -- I have always delivered babies at United as well but usually in my practice, if I was going to be delivering 40 babies, maybe four would have been at United. So that is just really all my comments. We have an excellent group of nurses right now.

Incredibly stable nurse manager. That is something that has definitely become stable and improved over the last five to six years as there was turnover of staffing. Thank you. That's it.

>> Stacy Sjogren (moderator): Dr. Atwood, thank you very much. Helen, Dr. McKenzie? Any response or comment that either of you would like to give?

>> Dr. Melody McKenzie: I think this is the advantage of a public forum. Dr. Atwood obvious he feels very strongly, and I think if you talk to any of our OB nurses in any of our providers providing services, obviously they are very upset and very devastated, as am I. I think the hardest thing for us is that people have already been choosing to go outside of Hastings. With the projection of decreased birth throughout Minnesota, it's hard to figure out how do we keep an OB department going with the numbers are decreasing in people and Hastings are already choosing to leave? I think about this meeting, the things that was hardest for me is the people that are on this meeting are the ones that feel passionate about this. They are here because they know what we are losing. The people who are probably not on this meeting are people who have chosen to go elsewhere for a variety of reasons. It's hard. If we thought that in three years there was going to be a big baby boomer there would be a bunch of babies, I think we would make a different plan but when the projection is decreased birth. It makes the decision difficult but needed. it's hard for all of us in Hastings Center affected.

>> Stacy Sjogren (moderator): Christine.

>> Christine (MDH staff): The next person is Heidi. I will be unmuting Heidi.

>> Stacy Sjogren (moderator): You have 3 minutes and that I think we will pull another written comment. That is who is up next.

>> Heidi: My name is Heidi. I am an OB nurse at the birth center. My question is regarding the level to care that some infants require that on occasion we transfer them. When I was hired, the plan was to make Regina capable of level to care so that we could keep our babies that needed antibiotics, are babies that were having troubles with sugars, which I thought was great because that's another reason people feel confident about having their babies with us and that sort of got dropped. So, I guess I'm kind of wondering about that. And then I'm going to circle around to the marketing piece. I guess I totally missed the marketing about the birthplace. I know there's a Facebook page that Regina Hospital has. But other than that, I guess I am curious about what other marketing was done to try to promote us is the amazing place to have a baby that we are. And that's it for me.

>> Stacy Sjogren (moderator): Thank you so much, Heidi. Helen, Dr. McKenzie, would you like to respond?

>> Helen Strike: Thank you, Heidi, for asking and giving us your comment. We know how difficult this is for all of us. There are many things that we wish we could have done, could have done, should have done. We are here where we are here today. The marketing has been an issue for many years in health care. We have done the same amount of marketing and other community centers and just more recently been marketing for our new Mother Baby centers at our metro sites. It's a difficult time to think about what marketing is. But I do believe that for our birth center, it's word-of-mouth and it is the wonderful care that others receive that make a difference too. Bringing people to our birth center and I do believe you have all done a yeoman's job trying to ensure that our moms and our families have the best care ever. I think for level two, it's very difficult to make decisions. It's very difficult to change levels of care and our niche program that we have fallen into a very comfortable place for our very difficult to add additional services to for the volumes that we have. It's difficult to run a level two nursery and thus we have a very strong group of patients who are continuing to

come. It's important to remember, as you know, Heidi, our birth experience is individual moments in life. They are not consistent care that a mom comes for every day or every week or every year. It's a difficult one to try to increase volume and to make sure that we can increase and continue to deliver safely, as you've all been doing.

>> Stacy Sjogren (moderator): Thank you.

Christine, I see we have some chats being posted. Lesley and Heidi, if you might put your hands down, your virtual hands down, that would help us.

>> Christine (MDH staff): We can go to Siobhain in the chat section. Siobhain?

>> Siobhain (MDH staff): Hi. This is Siobhain. Kaycee asked, will the current nurses be offered any seniority at United or job availability. Will they have privileges or ability to deliver their patients at United? Will this be a partnership?

>> Helen Strike: I will take the first part. It's our desire of course at Allina to have every nurse who wants to stay at Allina either at Regina or United or any of our other facilities to be able to stay here. We are in the midst of a tremendous nursing shortage and as we are hearing every day. We are very right hopeful that there will be a position for everyone here at United. The issues of seniority at United and job availability are two different things. There is job availability at United and other Mother Baby centers are family birth centers. We also are working and had our first meeting with the union's recently to try to work to be able to have that seniority cross between our sites so that our nurses are cared for, and our other staff members are cared for as best as possible.

>> Dr. Melody McKenzie: The second question about the OB-GYNs, we have three providers, obstetrician gynecologists we're hoping they will all continue to stay in Hastings and continue to provide care. That's our intent. You want them to continue to deliver babies at United so they all will have privileges at United. And one of our family doctors, Dr. Megan, will provide prenatal care and do deliveries up there. Dr. Atwood, until she decides she's not going to deliver anymore will also probably go to United. She spoke earlier. We have a couple other providers were still undecided, and that's their journey. I'm hoping that they will decide to deliver at United. If not, then we will figure out how to transition their care to either one of the other family doctors that's going to be delivering or one of the obstetricians. They are going to provide everything here that they are already providing. The only thing we won't be able to provide any longer is the delivery.

>> Stacy Sjogren (moderator): Thank you. Christine, I'm not seeing more hands being raised. Would you like to go to more written questions or chat questions? What's your preference?

>> Christine (MDH staff): Let's have Siobhain ask a few more of the chapter questions. A few more of the chat questions. If there's anybody in the audience who would like to be unmuted and ask a question, all I need you to do is raise your hand. Siobhain and/or I will be included in the chat. Siobhain, next question.

>> Siobhain (MDH staff): Okay. The next comment is from Allyssa. When I became pregnant in 2018, my first was my deliver at United. I didn't even know the wonders of Regina Hospital until I met my OB and toured Regina. I never saw nor have I seen an advertisement for the birth center at Regina. Regina could have absolutely tried harder and given some warning to the community to try and get the women who can deliver here to deliver here.

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>> Stacy Sjogren (moderator): Thank you, Allyssa. Not a question, more of a comment. So, unless Helen or Dr. McKenzie sees something that they want to respond to, they can go ahead. We will go ahead to the next comment or question in the chat. Okay. Let's go ahead and see what's next.

>> Siobhain (MDH staff): Okay. This is a comment from Julie. She says this is devastating to our community. Why would we remove a life-giving center? Why aren't we utilizing the vacant building in the same parking lot for mental health services, therefore adding service to our growing community.

>> Stacy Sjogren (moderator): A couple questions embedded in there. Helen, Dr. McKenzie?

>> Helen Strike: It is difficult for our community and really appreciate that. It's very difficult to move the one place in a hospital where happy things happen. So, we feel that, and we understand that. I want to be clear about utilizing the vacant building in the same parking lot. We have been hearing this. Our mental health services are actually going to be in the specialty clinic building across the street. They are not taking place in our family birth center space at all. So, we appreciate the thoughts and the correlation of those programs, one closing and one opening that the space would be used but Regina has plenty of space in our Nininger building. We haven't determined will be in the space. We are needing to get through the change that's occurring and to have that happen and occur with as much grace as possible before we move farther into determining what that space will be.

>> Stacy Sjogren (moderator): Thank you. Christine, where would you like to go next?

>> Christine (MDH staff): Think we have more chat questions. I'm not seeing any hands at the moment.

>> Siobhain (MDH staff): Sure, okay. There is a question from Jenny in the chat. She says the birth center is also considered an OB emergency room. Often ED sending OB patients to the birth center that they are uncomfortable with caring for. Who is responsible for the cost of ambulance rides?

>> Helen Strike: A hospital that has an OB department is absolutely considered to transfer and move patients for triage or assessment into the birth centers on site. For hospitals that don't have a birth center and there are a number of them the country and some in our state, there's a tremendous amount of work that our emergency rooms and physicians and nurses have in their training and already looking after OB emergencies. We are looking forward to working closely with our emergency room and our birth center staff to ensure that we have a smooth transition of care and that we have the training and education and experience that our emergency rooms feel they need. We do have a couple hospitals without birth centers at Allied health and we've had some experience in creating the protocols and programs in place to support our emergency rooms and our moms who come in with obstetrical emergencies. We will have learned a lot to that, and we will transition that in training and education to our emergency department. Important to remember that an emergency room always has access to a higher level of care. At United. We do what we do for our patients today, we will transition and transfer them either urgently or emergently to United for care. Or the hospital of their choice, should they be from another provider group, which happens too, as you know. Who is responsible for the ambulance rides? That's always a common question. Any time a patient is moving from our hospital at Regina to a higher level of care, insurances and -- I don't know what the word is. There is acceptability from the insurance companies and Medicare and Medicaid to cover their portion of the ambulance ride.

>> Stacy Sjogren (moderator): Thank you. Christine.

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>> Christine (MDH staff): We have a question from the chat that came in privately. We can miss questions this way so we prefer that you select everyone so we can all see it. But the question is, will the delivering at United from OBs, only on an all-call basis or an on-call basis? Not following their own patients. I guess the question is, will they be delivering at United? Will they only be on an on-call basis and not have the ability to follow their patients?

>> Dr. Melody McKenzie: The majority of patients in Hastings, we have moved, a lot of them are being delivered by the group. To help support our OB-GYNs, so yes, they will be part of a group that will allow them to have a better work-life balance and preserve hopefully their careers longer. So yes, they will be in a call group. Sometimes they come in when they are not on-call but the majority of them are being done in the on-call group.

>> Christine (MDH staff): Not seeing any more hands so I will go back to the Siobhain who was a few more questions that she can ask.

>> Siobhain (MDH staff): Yes, this is Siobhain. Some of the questions that we wanted to ask or that we received from the community. Just one second. Our United and children St. Paul applying for authorizations for labor and delivery beds. Can they be transferred from Regina to United or Children's without legislative approval?

>> Dr. Melody McKenzie: I'll take the first part. Mother Baby right now has the ability to do 4200 deliveries a year and they are projected to be 3500 this year. We are looking at adding 200 additional deliveries. There will be times, like any OB delivery where there will be times where it's busier than others. They should have the capacity to increase the volume by 200 fairly easily. Helen, do you want to deal with the legislative question?

>> Helen Strike: Because there is the capacity at United. We are adding those 200 deliveries while on some days, as Melody said, it means about one baby a day that would be adding into United's volume now. So, we would not expect to need to do any work on increasing license beds or going to the legislature.

>> Stacy Sjogren (moderator): Thank you. Christine, back to you to figure out where we're going next?

>> Christine (MDH staff): Well, it looks like. Let's stay with Siobhain for the next few questions until we have a few more hands come up. I know she has a list of questions that seems to be growing.

>> Stacy Sjogren (moderator): Very good. Siobhain.

>> Siobhain (MDH staff): Yes. The third question that I had here was, knowing that Black mothers have some of the worst maternal health outcomes, what's the plan in place with MDH to ensure that these patients receive the care they need?

>> Dr. Melody McKenzie: I can take that. I'm not quite sure by what is the plan with MDH. I can tell you within Allina under the guidance of Penny Wheeler over the last two years health equity, whether it's racial, cultural, or even financial has been one of our big priorities and we are looking at that across, whether it's outpatient or inpatient. There's lots of health disparity for many reasons and I think that's one of the priorities under Penny Wheeler that we've been trying to address. I don't think it's necessarily just for Regina but throughout all of Allina.

>> Stacy Sjogren (moderator): And Siobhain, would you give us another one please.

>> Siobhain (MDH staff): Sure. The other questions, as health systems consolidate, what plans to Allina any other health systems have in place to ensure that people with lower incomes and limited transportation options are able to receive the care that they need, especially while they are in labor?

>> Dr. Melody McKenzie: One of the things that we try to do it every outpatient visit is ask questions regarding some concerns, regarding difficulty with transportation and including of the things in terms of housing stability. Those are questions that we have tried to address throughout the system on a fairly regular basis so we can identify those patients. Often those patients don't want to tell us or just don't feel it's important and it is something that we try and address at every visit and then we can address that, whether they are pregnant or not pregnant. Whether they are in Hastings or someone else to try to address those needs and then we have services, depending on which area that we can offer them or we can have them referred to a social worker to help work on some of those concerns.

>> Stacy Sjogren (moderator): Thank you. Siobhain, how about one more from you and then we will take a look and see if we have any more hands raised and deal with what we've got in chat.

>>Siobhain (MDH staff): Sure. One of the comments that we received was, how concerned is Allina considering they have put pregnant women at risk by eliminating the birth center from Regina which also serves as the emergency department. Now patients have a minimum of a drive to receive life-saving care.

>> Dr. Melody McKenzie: I think there's always a concern whenever someone has an emergency term of time. That doesn't matter if you're in Hastings or Cottage Grove or somewhere else. I think all we can do is do what we do best, and that's prepare. Our emergency room, having good triage abilities that when patients call, they know who to call to get the best direction of how to get the best care. Obviously, there's always concern when you have to drive farther. But that happens no matter where we are. We just always have to prepare for it. I don't have an easy answer for those people that have chosen to deliver here and now have to go further.

>> Stacy Sjogren (moderator): And Christine, let's go back to you and see where we are overall.

>> Christine (MDH staff): It looks like our group here prefers the chat. So, we are going to go back to Siobhain.

Siobhain (MDH staff): Sure, Allyssa wanted clarification on her last question. She says will going to United now make it less likely that my OB won't be able to deliver if she isn't on-call?

>> Dr. Melody McKenzie: Yes. I would say so. They will be part of a call group. It will be a larger call group. Our group right now, if you're talking about one of our OB-GYNs which also includes Dr. Atwood, that's a group of four. So, if you're just walking in, the chance would be one in four and there it will be a larger call group.

>> Helen Strike: Our provider groups are working through these details and issues, and we really appreciate you bringing up your concern. We certainly will be passing it on to our provider groups who are looking right now and how will our provider sit into the systems that are already at United?

>> Stacy Sjogren (moderator): Siobhain, what else has surfaced?

>> Siobhain (MDH staff): We have still got quite a few. One of the other questions that we received was, if Regina Hospital is unable to provide the care needed for birthing parents and babies, to what facilities does Regina transfer those patients?

>> Dr. Melody McKenzie: We have always had a strong relationship with Mother Baby and as long as I've been here in Hastings which is now decades, we've always used United, and we've always had that as our tertiary care for patients who need a higher level of care.

>> Stacy Sjogren (moderator): Siobhain, next question?

>> Siobhain (MDH staff): Sure. The next question is what is the plan in place for United Hospital and St. Paul Children's Hospital to handle the influx of new patients? How will these facilities and handle the increased needs for additional nurses and nurse hours and patient loads?

>> Dr. Melody McKenzie: I think we have already answered that, Helen.

>> Siobhain (MDH staff): I am sorry.

>> Helen Strike: Something similar.

>> Siobhain (MDH staff): Sorry. Knowing that the ACA mandates that health systems provide community health need assessments and work to better the help of the communities, what is Allina's assessment for how we are moving OB services from Hastings to impact the health of those who live in Hastings and surrounding communities while also increasing patient needs in other already overburdened hospitals.

>> Helen Strike: That's a wonderful question. I think what's been the greatest thing about community needs assessment is being able to every three years talk with our community members about what are our needs and what's most meaningful to our residents and community members, so we really appreciate the opportunity to do that. Our next community needs assessment is coming up next year. I think this will be good timing for us to hear how keeping services local with our outpatient services is impacted and how has that retained and remained services in the community in a way that's meaningful. Right now, for the last number of years, mental health and addiction services has been the number one request and need as identified in our community needs assessment. I am assuming that will continue for a time, even as we begin to deliver more mental health and addiction services to the community here on campus. I would expect that the needs that are continuing to grow around mental health and addiction will continue to make that one of the most important needs for our community.

>> Stacy Sjogren (moderator): Siobhain, next question that you are seeing?

>> Siobhain (MDH staff): Yes, there's a comment from Julie in the chat. Realistically patients won't have the opportunity to deliver with their provider. Depending on how quickly they go into labor. This would then draw patients out of our community even more, meaning they won't even have their prenatal services here. How unfortunate. I think that was just a comment rather than a question.

>> Dr. Melody McKenzie: I would add that I don't quite understand. We still can provide prenatal care here. I think the question is that they are choosing to deliver somewhere else. Again, patients have to do what they feel is right. We want to provide the best service and continue to be here in Hastings and at Regina and provide the best services we can. Some women may have to choose to do something us because they feel it's in their best interests and that's what they have to do. That's their health and we encourage them to do that, but we are here to do prenatal care. We are here to do postpartum care; we are here to take care of their babies. Here to do their GYN services. I hope it's helpful and I know some women will choose other options. That's what we are still going to we will -- we will still be here.

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>> Stacy Sjogren (moderator): Siobhain, back to you.

>> Siobhain (MDH staff): Sure. Allyssa says the only reason I would go to United is because that is where my OB is going to deliver, and I am most comfortable with her as this is my second child. Knowing that I am less likely to have her makes me wonder why I would even go to United. I gave birth at Regina in 2018 -- at Regina. It didn't seem about her being on call. She works in the clinic Monday through Friday and lives in Hastings. I do truly hope everyone is committed to figuring this out. February's coming soon. Thank you.

>> Stacy Sjogren (moderator): Thank you for that comment, Alyssa. Is there another question.

>> Siobhain (MDH staff): There's a question which is similar to some other things we've already answered. It might be slightly different. The question, who is going to care for pregnant women who present with complications when an already busy E.R. is taking on more because of COVID and staff issues. E.R. nurses and doctors are not trained for obstetrical emergencies and most of them have not had specialized training for neonates. The experts in the hospital or the nurses at the birth center. The birth center is also the E.R. for a surgical emergency care. After they leave that community, the risk for poor outcomes. The cost for women who presented the E.R. will most likely be transferred to United via ambulance. And then they ask about the cost of the ambulance ride. Who is going to absorb that? The taxpayer, the patient, or the hospital. Ambulance rides are not cheap.

>> Dr. Melody McKenzie: I hope we can address all of it. The first part of the question in terms of the emergency room, the emergency rooms actually are trained for obstetrical emergencies. They do have an RP training; they are trying to do that. Our plan moving forward, one of the things I am proud of in the OB department is the great job we have done with NRP training on resuscitation. What we are hoping to do is make sure that everything we've learned over the last several decades, that we can make sure that those nurses and the ED doctors have all of those tools that we have used to keep ourselves. We do not do high-volume resuscitation. There's lots of things we've learned and how to do that safely. As high-risk, low volume, and the ED doctors are trained to do things like that. This is something they are also trained for, but we are going to use things we've learned in the OB department to ensure we can do it as safely as possible so that if a baby does come in prematurely or a woman hasn't obstetrical emergency, we can give them the care they deserve. I don't know the rest of it.

>> Stacy Sjogren (moderator): I think you got it all.

>> Dr. Melody McKenzie: Okay.

>> Stacy Sjogren (moderator): Siobhain, what else?

>> Siobhain (MDH staff): These are mostly just comments. I will read them. As someone who's had children at both United and Regina, my choice if I had more children would be to come back to Regina. United is a good hospital but hands down more one-on-one care, continuity of care and close to home care. These things are not transferable to the cities. And no longer a choice for many families. It's too bad Allina has put profits first. The second one. In 1991, the sisters of Charity transferred Regina Medical Center. This was a gift to the community. In 1999, Sister Tabitha passed away. Sister Tab of whose vision and dedication not only helped building Regina into what it is today but also to ensure its mission longer to the future. Regina is a Catholic hospital open to all religions and cultures. The nuns love their babies and would be disappointed in Allina's decision to close the family birthing center.

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>> Dr. Melody McKenzie: I appreciate your comments and I think, again I have delivered in Hastings for 21 years and I live here. Yes, it is a loss.

>> Stacy Sjogren (moderator): We lost you.

>> Dr. Melody McKenzie: Sorry about that. It is a loss to the community but what we do know is women are already choosing to not deliver here. The numbers are continuing to decline. Both because there is lower volume of patients overall in Minnesota but also women choosing not to deliver here. I completely understand. I chose to deliver here. I never delivered at United because I loved deliver here. So, I share your loss.

>> Helen Strike: The catholicity is important. I know that the sister made very difficult decisions in her time, just as we are making some very difficult ones today about the sustainability of local care. We are trying to do the very best for her and our sisters of Charity, that we are maintaining and growing services in Hastings which is what mattered to them a tremendous amount. I would like to say too that it's important for us to remember that United isn't just for high-risk babies. Babies are born there every day in a very similar situation as to how we do at Regina with a natural birthing unit, and we are really -- we really do look at the birth plans of all of our moms and are able to tailor that at our Mother Baby centers as well. I totally understand that it will feel different. We have a lovely niche program here. However, it's just a decision that we've had to make in terms of sustainability.

>> Stacy Sjogren (moderator): Christine, I'm going to check in with you to see if there are any more hands raised and how we are doing overall with questions coming in.

>> Christine (MDH staff): I don't see any more hands at the moment. I want to take this time to encourage people. If you want to ask a question or if you have a comment, you have two ways to participate. You can either raise your hand and I will unmute you and you will have the opportunity to ask your question yourself. Or you can put more questions into the chat and Siobhain will read them to you. I believe our written questions, the chat questions, are starting to come to a close. I don't see any more hands. We'll give you a few more minutes to engage. Either raise your hands or put questions in the chat box. We do have another person who has another question. Dr. Atwood. I will be unmuting you in a moment.

>> Dr. Lesley Atwood: Listen, I just wanted to make clear a comment. People were worried about the loss of their provider delivering them. In family medicine, that's always been very important part of our practice and the larger family medicine group that United tries to deliver their own patients. They always have somebody in the group available and usually at the hospital for the call system. In fact, the call group will usually see the patients after the delivery, but they do try their hardest to take care of their personal patients. Since our Hastings providers, like Dr. Kinzel, probably fitting into that, that's something you would hopefully expect.

>> Stacy Sjogren (moderator): Thank you.

>> Dr Lesley Atwood: Thank you.

>> Christine (MDH staff): Any other questions? You can type them into the chat, raise your hand. You can have 3 minutes to ask her questions or make a comment. We'll give you a few more minutes to do so. If we have no more questions after a short period of time, we will move on and start to close the meeting. Siobhain, are you seeing any more questions coming into the chat?

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>> Siobhain (MDH staff): This is Siobhain. Yes. Kaycee says I just want to thank all of the nurses and doctors present in this meeting and all of Regina. What you do is so important and while you grieve the loss and transition of your job, please know the community supports you, wishes you could do more -- wishes we could do more, and wishes you the best in your career.

>> Helen Strike: We are very proud of them. We hope our nurses will stay. Either its Regina or going to Mother Baby. If we lose them to Mother Baby, that's their gain in our loss. We are hoping they will stay within Regina. We have a wonderful, dedicated group of nurses and a wonderful, dedicated group of providers. Thank you to whoever said that.

>> Stacy Sjogren (moderator): This is Stacy. Siobhain, if there are no questions left that have popped in, and Christine, if there are no hands raised, I will move us along.

>> Christine (MDH staff): Just one moment. Let's give people just one more minute to offer up questions or a hand. Check one more area.

>> Stacy Sjogren (moderator): There we go. Tell me when you are ready.

>> Siobhain (MDH staff): Okay, it appears there was a question of how many births are enough. So, I believe they are at 200 right now. Is there a number that would be enough? If so, what would that number be?

>> Stacy Sjogren (moderator): Dr. McKenzie, Helen? Do you have a response to that question?

>> Helen Strike: We follow the information in the research that's done across the nation and the world on the numbers of babies that would be the perfect number for what a birth center is sustainable at. There are so many different factors that go into a birth center and their sustainability, both in quality, safety, and of course as you pointed out, financial sustainability. What I care about most, and we all care about most is the fact that we have a program that is going to be now and in the future difficult to sustain. We probably have an opportunity to help United's program and to be able to continue to be sustainable because of adding deliveries there. I think we have a very sustainable outpatient program here that we are very excited to maintain, and as the birthrates continue to decrease, those outpatient services are going to be extremely important, and as our community's age and as we are bringing more outpatient services to the community. We are grateful to be able to do that. Thank you.

>> Christine (MDH staff): It looks as if we have a hand that came up. I will be unmuting Bobbi.

>> Bobbi: I wanted to come on this open forum. Some of you have heard me before. I am an OB nurse. I do lactation at this time. Since 2009. I wanted to tell in this open forum how disappointed I am in the closing of the family birthing center. We had a great little thing going. It flowed very well. Yes, are the deliveries declining? Yes, they sure were. I'm disappointed because I really thought we could do some better marketing. Just marketing to market ourselves to show everybody what a great place this is. I have had comments that people going to the clinic didn't even know Regina Hospital deliver babies. I mean, shocking. So, I just wanted to go out there and say I was born at Regina Hospital. I am 55 years old. All three of my children were born at that hospital. Boy, I was sure hoping I could have gotten some grandchildren born there but I guess that's just not going to happen. Just wanted y'all to know how disappointed I am in very sad, sad for us as the nurses, employees, and sad for the community for the loss of this birthing center. It's super important.

>> Stacy Sjogren (moderator): Thank you, Bobbi.

>> Helen: Thanks, Bobbi.

>> Bobbi: Thank you.

>> Stacy Sjogren (moderator): All right. Christine (MDH staff), I am ready to pivot.

>> Christine (MDH staff): I believe Siobhain has one more question.

>> Stacy Sjogren (moderator): Last question from you, Siobhain.

> > Siobhain (MDH staff): Oh, sorry. The other questions is how many staff does this closure affect exactly? What are the options that they have? Talked about it a little bit but are there more details about how many people this will affect and what their options are?

>> Helen Strike: It's enough staff in our birth center that it's meaningful for us to making sure that we are caring and able to provide the best transitions that we can for our staff members. I think about 21 total staff members and eight providers, Melody, that are working currently at the birth center. So, it's a good number of our staff here at Regina. We are a small hospital. So, it makes up a significant group that we are seeing in transition mode.

>> Stacy Sjogren (moderator): Very good, thank you. Thank you, everyone for your questions. Helen, we are going to invite you to provide your closing comments, if you would.

>> Helen Strike: This was a tough evening for all of us. Those of you who took the time to comment and ask us questions, give us your thought and your feedback. For the opportunity for us to hear your disappointment and for us to share that with you has been really important to all of us. It helps us to think about all our programs at Regina and how do we maintain and how do we improve things like marketing and ensuring that our community knows what's available here. Community hospitals are a huge asset to the community. We know that that's important to us. We also know that we can't be everything to everyone, and we've had to make the terrible, difficult decision about our birth center. What I can assure you is that Allina health is committed to Hastings and our community is committed to growth care that our communities need and to try to be who we can be to our community for 67 more years if that's possible. So, we have a committed group of leaders and staff and providers and patients who work and who get care here at Regina Hospital and that united, and we are grateful for each one of you. It is very, very important to us that you have taken your time tonight, that you have enabled us to hear how you're feeling. We will share your comments and thanks to our staff and providers and we will share your comments and disappointment about the many things that you have brought up today to our service line leaders who care so much about our programs here and so we are grateful for all of you and I am grateful to be in partnership with Melody and to be able to be able to move through this transition together and to provide what we need to for our patients and for our staff and providers as we move through this transition. So, thank you for the opportunity to share with you our reasons and our information and our appreciation to all of you. Thank you.

>> Stacy Sjogren (moderator): Helen, thank you. Dr. McKenzie, thank you. Martha, can you come back and provide us with some remarks to wrap up our session tonight? Your opportunity to wrap it up.

>> Martha Burton Santibáñez: I would like to thank everyone in attendance for participating. Helping to plan the Regina Hospital public hearing tonight. We deeply appreciate the time you took to share comments and emotions and experiences. I very much value how respectful the conversation was, and I think everyone in this hearing understands the emotional impact of this decision.

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As far as next steps, under the statute 144.555, MDH has the authority to hold the meeting and inform the public but not to change, delay, or prevent the proposed changes, closures, or relocation. As part of the informing process, you can provide written questions on the MDH website until November 28 of this year, 2021. A transcript of this meeting will be available on the MDH website within the next ten days.

And I want, again, to share my sincere thanks for taking the time to share your concerns and comments and ask very important questions. I would also like to extend my deep appreciation for Helen Strike and Dr. Melody McKenzie for sharing their time, information, and insights with us tonight. With that, I wish everyone a good night. Stay safe. Thank you very much.

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