

# Tri-County Hospital/Astera Health Relocation of Services Public Hearing Transcript

JANUARY 11, 2023

## Meeting Information

The Minnesota Department of Health hosted a public hearing on January 11, 2023, at 6 p.m. (via Teams) for the relocation of all health services from Tri-County Hospital's current location at 415 Jefferson St N, Wadena to 421 11th St. NW, Wadena, effective March 24, 2023.

All healthcare services will remain the same and relocate to the new facility including inpatient, outpatient, surgery, emergency department, clinic, lab, radiology, pharmacy, physical therapy, occupational therapy, and speech therapy. Some administrative services will remain behind in the existing building. There will be no reduction of services.

The hearing was held on January 11, 2023. More information can be found on the [Tri-County Hospital/Astera Health Public Hearing page \(https://www.health.state.mn.us/about/org/hrd/hearing/tricounty.html\)](https://www.health.state.mn.us/about/org/hrd/hearing/tricounty.html) of the MDH website.

## Meeting Transcript

>> Stacy Sjogren (moderator): According to my clock it is 6:00 so if we can bring the music down. Excellent. Almost. There we go. Good evening, everyone. Welcome to the public meeting to hear about Tri-County hospitals plans to relocate to a new location beginning March 24, 2023.

My name is Stacy Sjogren, Management Analysis and Development Senior Consultant serving as the moderator for our meeting.

This evening's meeting is being hosted virtually through Microsoft Teams. If you're having any technical issues, please visit the Microsoft support page for Teams or email Siobhain Rivera and Siobhain will be putting both of those links in the chat in just a moment.

To view the captions for this event, please note that we are providing them. that you can view those captions in Teams by clicking the "More," that's the "... " button in the Teams window then choose "Turn on live captions." You can also view the captions on the web and we will put that link in the chat as well.

This hearing, participants will be muted until the public comment portion of the meeting. At that time, participants will be selected in order with a reminder to the person on deck in the next person scheduled to speak. If you don't wish to speak, that's fine, you can ask your question in the chat box and a Minnesota Department of Health staff person will ask your question on your behalf.

The chat feature will be used to provide information for the session and to ask questions during the meeting. To open the chat box, click on the icon that looks like a little speech bubble like what you would find in a cartoon. With the two little lines in it. If you're using Teams in a browser window, the icons are at the bottom of the screen. If you're using the Teams app, the chat icon is in the top right corner of your screen.

The Minnesota Department of Health, and sometimes I would just refer to them as MDH, is hosting tonight's public meeting, which is required by state law. The intention of the public meeting is to provide an

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opportunity for the public to express their opinions, comments, and ask questions about the relocation of Tri-County Hospital within Wadena, Minnesota. The Minnesota Department of Health announced this meeting through a statewide news release and notified area community leaders of the meeting.

What follows is your Tennessee warning. Sounds very serious. The Minnesota Department of Health is hosting this public hearing 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're not required to provide this data and there are no consequences for declining to do so. The virtual presentation may be accessible to anyone who has a business or legal right to access it. By participating tonight, you are authorizing the data collected during his presentation to be maintained by MDH. MDH will be posting a transcript of this meeting to the MDH website within ten days of the meeting. So if you'd like to opt out, please exit now.

Here is tonight's agenda. We will do some introductions, we will hear a welcome from MDH, we will do a quick overview, and then Tri-County Hospital will have an opportunity to provide a presentation. After that, we will do some public comments and questions and then Tri-County Hospital has an opportunity to provide some closing remarks, after which we will do a brief conclusion.

The following are today's speakers. Maria King, who is the MDH Health Regulation Director -- excuse me, Maria. Goodness. Maria King, who is the MDH Health Regulation Director, Joel Beiswenger, president and CEO of Tri-County Hospital, and Kim Aagard, the chief financial officer at Tri-County Hospital. Now I would like to welcome from the Minnesota Department of Health, Maria King, who serves as, as I said before, the Health Regulation Division Director. Maria.

>> Maria King (MDH) Great, thank you so much, Stacy, that was really nice. So, welcome to the greater Wadena community, we appreciate the time are taking to learn more about the changes at your community hospital. It's a pleasure for us to be here tonight and as Stacy indicated, this is a public hearing under the Minnesota law that offers the community an opportunity to learn about the hospital's plans for the community to share its comments and questions with the hospital.

In June of 2021, the Minnesota legislature passed legislation requiring a public notice and hearing before closure of a hospital or hospital campus, relocation of services, or cessation in offering certain services, and that is statute 144.555. It's an opportunity for the public to engage with hospital leadership to understand the reasons why the hospital leadership has made the decision to, in this case, relocate, and it gives the community an opportunity to learn from their health care providers about how the community can continue to access health care services after this change occurs.

MDH received notice of Tri-County Hospital's plans to relocate services to the new location, effective March 24th of 2023. The Health Regulation Division provides forum for hospital representatives to share information about the changes and for the public to engage with the hospital by asking questions and providing comments about those changes. As outlined by law, our role is to ensure the meeting occurs and that the community's views are heard and presented in the questions are answered.

The statute gives MDH the authority to host the meeting and to inform the public, but not to change, delay, or prevent the proposed changes, closures, or relocation. Again, this meeting provides us an opportunity as your state health department to offer a forum for transparency, listening, and understanding any differing opinions and perspectives surrounding these important decisions that may affect health care services in the

community. So, we welcome you to share your perspectives, comments, and questions with Tri-County's Hospital leadership and I look forward myself to listen to tonight's discussion.

First, we are going to hear from Tri-County leaders, who are going to provide information about what services they plan to modify and the reason for this. Actually, it's relocation. And a description of the actions they will take to ensure residents in the hospital campus and service area have continued access to health care services. Please note that the hospital's presentation, when that's being provided, the chat feature will be disabled, but you can still ask questions during the presentation by using the link to the comment forum. Chat box will then reopen again following the presentation. So we would like to welcome Tri-County Hospital's representatives, Joel Beiswenger, administrator, president, CEO, and Kim Aagard, chief financial officer. So welcome and thank you so much for joining us.

>> Joel Beiswenger (Tri-County/Astera): Maria, thank you for your efforts to put this together, we are happy to be participating tonight. So, Stacy, a technical issue, I will go ahead and take control to lead us through the presentation. And we will check to see if it works. Nope. Somehow I got well far ahead of my presentation. All right, here we go. Can you confirm, Stacy you are seeing the Astera Health page?

>> Stacy Sjogren (moderator): I am, you're in good shape, Joel.

>> Joel Beiswenger (Tri-County/Astera): Thank you very much. So again, as introduced, Joel Beiswenger, president and CEO of Tri-County Health Care. I've been at Tri-County Health Care for almost 25 years now, several of those years were as the chief financial officer and since 2008 as the Chief Executive Officer. So I have a great deal of background and history with the organization come as does Kim Aagard, our chief financial officer, who's been with the organization for approximately 37 years in various capacities in the last decade as the chief financial officer. So we are well-versed in the subject matter here tonight to understand our history and the rationale about what we are doing.

So as presented, we're relocating the Tri-County Health Care facility in your seeing Astera Health on here, also discussing a rebranding. Target opening date March 24th, 2023. A little background on Tri-County Health Care. We are a private, not-for-profit organization, an independent organization. We are not part of any of the larger regional health systems that are very common around the state and region here. Despite our name, we are not governmentally owned, that is a point of confusion at times and really part of the rebranding that I will talk about later. With that, we receive no tax subsidies from anybody. We must maintain our viability, financial viability, organizationally from the revenue we generate from services and philanthropy, donations, grants, and so forth.

We are governed by an 11-member volunteer board made up of community members around our region and multiple communities as well as three members of our active medical staff that are physicians in our group. Despite not having any owners, per se, we are again a community owned, not-for-profit organization, we do have plenty of stakeholders associated with the organization here and who care a great deal about what happens in the organization, a testament to the efforts that we have taken to participate with the community throughout this period. Certainly our patients and their families every day that we serve everyday, government organizations like MDH, like human services, Medicare program and many others that are payers, partners, regulators. The community. Communities plural and whole all around our region and the members of those communities, certainly our physicians and providers who are exclusive to us as well as many that visit us from other communities to bring specialty services to the community. Payers, so besides the typical governmental payers where we think of insurance companies, also employers and those private individuals

that pay for their own health care, and of course all of our staff and employees who are part of our stakeholder group, and we take great responsibility to stay engaged with all of our stakeholders.

A little more about who we are. By the numbers we have one hospital within our system that is on our flagship campus here in Wadena. We have two physical therapy rehab clinic sites within our settings, one here in Wadena is one as -- as well as one in Henning Minnesota. Six primary care clinics within our organization, one the flagship campus here in Wadena and of primary care, specialty services, behavioral health, chiropractic, so it's a many multispecialty campus here in Wadena. We also have five premier care clinics and satellite operations around our region. Those include settings in Bertha, Henning, Lauderdale, and Ferndale.

As part of our dedicated group of providers and physicians, we have 12 family practice physicians operating within organization who, again, really are exclusive to us. We have eight specialty physicians covering multiple areas, including our emergency department, orthopedics, general surgery, behavioral health, and other areas. We have 22 advanced practice providers, again, in multiple different arenas. Primary care and specialty services. We have 30 visiting physicians, I will say that's always a bit of a moving target because we are constantly looking for more services and more options and sometimes there's turnover, but approximately 30 visiting specialists from around our region and 16 different specialties. And because we are an independent organization, we are not bound to any one of the regional systems. We have folks coming to us from center care in Saint Cloud, from the Fargo area, Brainerd and other regions around us. We also have a great part of our mission to help train the future workforce, so we have medical and specialty and technical students from multiple areas around our whole region and around the state who are getting some of their training and mentoring right here at Tri-County Health Care. We have approximately 78 volunteers within our midst in multiple areas and roughly 460 employees that make up our workforce here at Tri-County.

From a financial perspective, as an independent organization, we have to maintain our viability based upon our own ability to be successful, so our payer mix is always something that is very important for us. Our area of the state is considered one of the older and poorer sets of counties within Minnesota that is represented care service mix, approximate half of our total services are provided to patients who are covered by the Medicare program and from a financial perspective, the design of the Medicare program, we lose approximately 7-8% on every dollar of care provided to those patients. Approximately 23% of our care is provided to patients who are covered through mixed state and federal programs of Medicaid or medical assistance here in Minnesota and Minnesota care. And again, based on the design of those programs we lose approximately 23% on all the services that we provide. We have a relatively low portion of our patients who are uninsured, less than 2% on any given year and have no payer sources. However, we do have I would say several of the balance of our folks both in the Medicare program and commercial insurances who could be classified as underinsured these days as we think about situations like high cost or high deductible plans that are now approaching \$10,000 or more every year.

For us, our long-term viability is based upon our ability to continue to grow our business, especially in the areas of commercial insurance payers. Our operation is -- it is certainly not large, but it is may be large by critical hospital standards, approximately \$93 million operating budget projected for 2023, approximately two-thirds of those costs are staffing costs, salaries and benefits and contracted services for the group of folks that I went through just a few minutes ago. So we are certainly far and away the largest employer in Wadena. In early in the top five of employers in maybe a 25-mile region only look at a 25-mile radius. Despite being a not-for-profit organization, we do have some of our services that are not tax-exempt from a property tax perspective. We happen to be the sixth-largest property taxpayer in Wadena County.

One of the questions that has been very common to us as we have been planning and rolling out our new building program is how will this impact the cost of health care for our patients. What I can tell you is with a heavy preponderance that we have a governmental payers, our reimbursement from them is based upon their formulas and contracts, so there is not an ability for us to negotiate with those rates are. Our commercial payers have some ability to negotiate, however, as a small organization we don't have a lot of leverage, and the expectation is that our insurers and their payments will not change based upon the fact that we are making this investment in the new facility.

We also have not made any projections that we will see anything other than ordinary inflation, however we define that in today's environment to the growth charges that we apply to patients, so the new building itself is something that is not anticipated to have any direct impact as it relates to the cost of health care here in our region.

So the next session -- section here in the presentation will start to talk about why do we need this new facility and why now, so as we look back at our past, the original iteration of our organization was Wesley Hospital. This was built as a mission of the fittest church and opened in January of 1925. This was -- the church turned this organization over to the community to form a not-for-profit in the 1950s. In the early 1970s, our board of leadership recognized that health care was being delivered in a different way and there were different needs and they had the foresight to then build what became Tri-County Hospital on a site immediately across U.S. Highway 71 from the Wesley Hospital and in fact there is a tunnel connection between the two campuses and we continue to use both campuses very fully.

The new Tri-County Hospital then opened in January of 1974. Note this time frame, that was honest exactly 49 years at the Wesley Hospital had served the community well, and of course the building continues to serve us in a support service capacity mostly. Over the course of the years, of course, as health care continued to adapt and evolve, we have made many alterations and additions and remodelings of the present facility. The photo that you see on the bottom middle here was a substantial addition made in 2002 that opened in 2005, which added approximately 35,000 square feet to our campus, created a new main entrance, remodeled also another 50,000 square feet and a great deal of our campus.

Over the course of then the next roughly ten years, we continued to be making alterations on an almost continuous basis and a standing joke around the community was one will Tri-County Health Care be done during building projects and the stock answer was probably never. However, after 2015, when we completed a couple of large remodelings, we actually did pause, step back, and take a look and say for all the work that we've done over the course of the past 15 years, you still have an integrated and unacceptable facility for our inpatient services, our surgical services and are primary care clinic.

So that leads us into why now. Look at the 1974 building, that was built at a time when actually 90% of the care that we delivered was to patients were classified as inpatients. You know, you will remember when it was not uncommon for patients to spend one to two weeks in the hospital for all sorts of different types of procedures, whether it was surgical, maternity, ammonia cases -- and ammonia cases, whatever that be.

As we have evolved forward now most 49 years, we are seeing almost a complete flip. This past year approximately 16% of our services were provided to patients classified as inpatients, so as we've seen that advancing technology, techniques, the innovation that comes with health care, we really now have to think of ourselves predominantly as an outpatient and an ambulatory facility versus an inpatient facility. Our 1974 building in addition to 1987 was actually at one time a 62-bed hospital. When we became critical access in the early

2000s, we were at 25 beds and today we are generally running a census of about eight patients, so again, substantial difference in how care is being delivered.

The other thing is that if we think back in time, you know, the old format of care, think about the hospital was very much institutionally driven, it was the work that patients have between the doctor and the nurses. In the clinic setting it was very much a single relationship with your physician and his or her nursing staff. Now of course we look at the interaction that patients have is very much a coordinated care effort.

We look at the patient and the involvement the family has today, especially in hospital settings that didn't happen back when you think we have visitors hours, now we want patients' families to be here all the time. The caregivers that come along with that. Physicians and physician extenders, providers and our advanced practice provide around. Think of a specialist in the pharmacy area today equipment providers, therapist, and we could go on and on and on.

The patient's expectations are also substantially different in the concept of the healing environment and the patient experience in the delivery of care is also much different than it was in our past and unfortunately, the present facility, it would take a substantial change in the facility to help make that happen. Within our service mix and campus today -- pardon me -- we have three different buildings that are helping to provide care to our patients, so our primary location where our hospital and clinics are located here in Wadena, we have our rehab services, physical therapy, occupational therapy, and speech therapy. Because we ran out of space in the present building, we moved them to an alternate building about a half a block away. It really still on our campus, so to speak, but an outside travel pattern to get between the two buildings. Under behavioral health services, which predominantly our professional and licensed clinical social work services are provided in our Wesley building read again, mostly because there just is not adequate space in the present building to serve those.

We also have some access challenges from time to time. In our three buildings we have or coat access points, so besides the rehab building and of course the Wesley building being unique, buildings on the campus, our main campus, has a South end, which is our main clinic entrance. Excuse me. And then on the north end of our building is our emergency entrance and it is not uncommon for patients to get confused about which entrance they should come to, and of course it is a difficult travel pattern to get from one to the other, or you may have to get in your car and actually drive around the block in some cases.

The other challenge with our present facility is that we are -- we were built in 1974 really in the commercial and somewhat mixed commercial and residential area in a community, so we have frontage on U.S. Highway 71 my you are seeing my cursor, that is this highway here. Of course a major north-south thoroughfare through Minnesota and in fact the entire U.S., so we are bound on the east side with that. You see to the right here, the Wesley building and then there is a tunnel connection between -- to the south of us on the bottom of the picture, a city street, that is the last city street for six blocks going north partly because Lode Dominic roads have been closed and other constructions in the past that traverse West U.S. Highway 71, so there's already some challenges here in the north end of Wadena about moving west. We are bound in the north by the National Guard Armory into the West is a city street. We actually have made some potential expansion possibilities to the West -- it would be possible maybe to close that road.

>> Stacy Sjogren (moderator): This is Stacy, I'm just going to interrupt for a second, your sound cut out so could you go back maybe a sentence or two so people could hear what you were trying to share?

>> Joel Beiswenger (Tri-County/Astera): Okay. Is that better now?

>> Stacy Sjogren (moderator): Yep, it's fine, you just cut out for like two sentences it looks like.

>> Joel Beiswenger (Tri-County/Astera): Okay, so I will back up. So we are bound to the north the National Guard Armory here in Wadena, so that is certainly a facility that is something that could not be relocated and moved easily and to the West is first Street to Northwestern Wadena, ready major north-south thoroughfare. If we needed to expand westward we could probably figure that out with the city but with all the other landlocked nature of our campus, it is a very difficult process to think about the additions and remodeling we would need to do.

We also have some of the similar landlocked nature to our present facility, so as we look at this drawing, three areas that need substantial work us are clinic, primary care clinic, in the upper right, the surgery in the middle left, and are inpatient rooms and obstetrics Apartment to the bottom and left of this page. There certainly are expansion possibilities as we look at the inpatient rooms in the obstetric area, but the expansion of surgery and clinic are almost impossible in the reality of it is, we really would almost need to build new spaces so that we don't disrupt the operations in these when we think about doing remodeling.

One of the challenges that we've had, and as we have done some focus groups and asking around the community, we are concerned that the present facility has a bit of a tired look, it certainly again was designed for a different time in health care. We believe it's not adequately representing the technology and the staff and the quality of care and patient experience that we are trying to deliver here at Tri-County. And when we can about health care these days, we have to think about it even though it is a mission-based service in many ways -- again, because we get no tax subsidies and are only sources of revenue are philanthropy or patient services, we have to think like a business, like any other business does and we are concerned that the present presentation of our facility is going to impact our long-term economic viability. We've also seen it as a potential challenge when we are recruiting staff and providers. So we have typically been able to overcome that, but what we don't know is the people we never get a change to even talk to because they may search our facility or drive by our facility and say, well, not even going to apply there based on how they look, so it sounds a little silly at times. August with the technology and the people in the building are much more important than the building but if the building is sending the wrong perception, it becomes a real issue.

So as we contemplated over the course of the last almost nine years of planning as we've been putting this together, came to realize, and several of these things already touched on, we have to develop really what is an outpatient focused facility. I've been using the phrase -- we are not building a new hospital or a new clinic, we have developed what we think is the rural health center of the future design for that outpatient focus, designed to centralize our patient care services providing flexibility in the space that we are doing. If we did a remodeling in addition, it would cause great disruption to our patient care, to our patients and families, to our staff, to our revenue stream possibly and in the end we became convinced that the new facility versus additions and remodeling's to the present was the right thing to do. Also, as we analyze this in our process, the cost differential between going new versus remodeling was something around only 20% differential and even if we did add to that remodel, 20% less than something new, we would still of a sizable portion of our building and in some cases are 50 years old, some cases almost 100 years old.

So as we made the decision that we were going to go to, we took a hard look at what were the parameters around where we would look to build new. As I mentioned, you know, thinking about health care as a

business, we have to think about how do we make ourselves more attractive and noticeable and visible in our community and for the broader community of folks who maybe don't know we exist.

Going to tell a brief story here. We had an individual that we hired, it was actually in one of Kim's departments, bright young guy, had grown up and his wife had grown up Minnesota just 23 miles to the west. Both went to college in St. Cloud, so you think about that, they drove through Wadena every week and probably for several years going to and from school to home. When he applied with us and eventually came to work with us his wife told him, "Well Matt, I didn't know there was a hospital in Wadena."

Now, if you're not looking for health care, you probably wouldn't notice and we are only three blocks off of Highway 10 and exposure on 71, so when we look at our community, Highway 10 is another major thoroughfare through the community beyond the screen here, the traffic cones that we analyze back now almost five years ago were substantially different on Highway 10. Made the decision that we needed I would 10 frontage and admittedly not different from what we've seen most new hospitals and health centers do around the state have typically moved from neighborhoods or more secluded areas to high-profile and high visibility areas. The other thing for us is again to get a piece of land that doesn't limit our future growth, so we ended up finding a piece of property, 76 acres, so we don't have those restrictions in the future.

At the time, we also were taking a hard look at some of the other regulations that we are governed by, critical access hospital status being one of the primary ones, so because of the potential mileage restrictions within the program that don't apply today but could in the future, we wanted to be cautious not to move any closer or within a 20-mile ring closer to other facilities, other hospitals within our region, so we didn't want to move any further east, that would put us within a 20-mile ring to Lakewood Health. We had room when we think about going to the West and in our reality we would have preferred to stay in Wadena County. Unfortunately we look at those parameters, there was only one piece of ground that was a possibility and that was the County Fairgrounds and as we worked with the County through that, it was not an affordable solution for us, nor one that was the County willing to compromise in terms of what they hadn't terms of the historic County fair so as it is we ended up with a piece of property that is now annexed into Wadena but is just across the county line.

The site is approximately 1 mile from our present location, and from a relocation perspective, we do not see any negative impact in terms of change of access challenges to our patients with the possible exception of folks that live within walking distance of us and do walk will probably have to find some other means. We do have public transportation here in the community, so that helps.

So as we make this move will we also are contemplating a name change, so as I mentioned to you at the front of the presentation, our Tri-County name, although that's been a 49 year legacy for us, we believe is not necessarily the right designation as we go forward. There's often confusion by folks in our communities that we are governmental-owned and therefore assumptions are made that we must get tax subsidies or that somehow folks are paying for this in ways other than their health care services. So with that we decide to adopt the name Astera Health. We believe that the brand change maintains our legacy and the history of character communities while recognizing the modernization of our organization both physically and literally -- figuratively.

So why Astera Health as the name? It is a derivative of the Greek word for star, so you can make the assumption that we believe we are a high-performing organization, a star performer, but maybe one of the more key factors is that is a predominantly -- stars in the heavens are generally a guiding light and a source of



navigational stability and that's what we want our patients in our community to see us as, that stable, guiding force in their health care lives. The five pointed star makes up the five primary areas of our organization, hospital, clinic, providers, staffs, and the communities that we serve.

The other challenge we had with the Tri-County name was the not a unique brand, we really had almost no protections on it from a trademark perspective. In fact, I can share that in our service area alone, there are two other well-known organizations that share the Tri-County name. One of them is a stockbroker over to our east and the other is an equipment dealer to the west. So we felt that it was necessary to change this up and again, in the end, we are proud, our local ownership, our independence and the strength of our system and we believe that our new name reflects that.

So here is the architectural plan for our new campus. If you're not going to be able to read all of the individual boxes and details, don't worry about that, that's not the point of this drawing. Again, with this just point out though is the concept of the rural health center of the future versus the hospital. So as we look at this building, the green shaded areas to the left represent our clinic services, primary care clinic on the specialty, behavioral health, rehab services and then our culinary services all in the green areas. The brighter yellow that you see, almost gold in the middle, is our laboratory. Of course in the laboratory. And to its right is the diagnostic imaging service because they serve both portions of the building so we place them in the center of the campus. The area to the north if you can see my cursor is our surgical area, so substantial improvements and changes in our surgery area from today, I mentioned that was an area of significant challenge for us today.

So we are truly enhancing our service opportunities here as we are increasing our space, increasing the size of the rooms, the safety of the rooms. To the right-hand side of the drawing, the blue portion, represents our inpatient services. Interesting to look, 130,000 square feet, the inpatient service represents really a pretty small portion of it we have built a facility that will actually downstairs are Medicare certified beds from 25 to 15 because that's what this community needs as we've done the analysis on it because again, care continues to shift into the outpatient setting, and the service area that we don't really have today, we do it in multiple different ways and very decentralized fashion is our outpatient room platform, so those are rooms that will be universally used by surgical services or pre and postoperative care spaces.

That's where you will go when you come in for surgical outpatient procedure. They can similarly be used by the imaging department if we're doing procedures and imaging as pre and post procedure space, their adjacent seat to the inpatient unit allows for observation care, which is very common these days, generally driven by the insurance payers wanting the patients to have several hours of observation. If it's unclear or the medical situation is not clearly identifying inpatient admission, that happens to us probably in about half of our cases, and there are other adjacency, which is it the bottom section here, our emergency department and urgent care clinic, so again, if there is need for several our extended stay from the E.R. for observation those spaces are adjacent there as well.

The big thing about this campus is you will notice the gray sections in the back of the building represent the building support space, the furnace room, the water room, electrical rooms, all of that, and a little bit of brown that we have here in this space and if you at the front represent the other nonclinical space within the department -- within the organization. So administrative spaces, staff support spaces, things like locker rooms and break rooms and so forth, kind of front patient financial counseling areas and some conference space for both internal and community-based uses. We also have space here for a retail pharmacy that will be at least based to a pharmaceutical provider here in the region. So a vast majority of this space is clinical in nature,

hospital and clinic patient care services, approximately 95% of it is that. We really have what our energy our focus on those patient care services.

A big part of this is attempting to enhance the patient experience. I mentioned that earlier, we are not sure that facility allows us to really demonstrate the great ability in our work and our people and their equipment, so a big concept around this is patient safety and staff safety.

So the concept that we have universal design of rooms in our clinic, the vast majority of our 45 clinic exam rooms are set up identically. Our four surgical suites are set up -- three of them are absolutely identical, the fourth is about 98%, there's a little nuance in that room. Of our inpatient rooms, the majority of them are identical in design, our outpatient rooms and so forth. The whole idea on that muscle memory kicks in, so if you're in operating room three verses one, you know exactly where to go for that piece of equipment that you need in the moment. Or the supplies or whatever the case may be. Similar thing in the inpatient rooms. So we can let that patient safety enhancer kick in here and also staff safety.

The other thing we've designed in this is a whole new level of privacy for the patients. So the pale yellow that you see that I'm highlighting here in kind of the main upfront traffic pattern, that is the only space in the building that the public and patients can traverse without being escorted further into the building. So again, much more private, there's very little chance that you are back here in the inpatient unit or in the outpatient platform that you're going to run into your neighbor or a friend or family member. That does not happen in our present building, we don't have that level of privacy available today just based on the design of the building. That concept also will enhance safety. Unfortunately we have -- excuse me -- we live in a world today where we have to think about things like bad behaviors who might be out to do harm. So again, that security perimeter basically will offer a much greater level of safety for the patients that are behind and for the staff and with little ability for those folks to move from these spaces deeper into the building, even if they happen to be here in the clinic, there are security perimeters here, there's more here. So we've really been conscious of that idea.

And the last thing in the design is we've really designed it to -- a great deal of Windows, skylights, and other ways to get natural light into the building because we know how much that enhances the patient experience. So here is a photo before we had snow obviously of our campus, and it sits on the western edge of Wadena, the 76-acre campus, so we own everything to the north that you see here. The drone is essentially flying above U.S. Highway 10, looking towards the Northeast. So a very compact campus for a large facility in a lot of ways. Not much space for growth as we look to our north especially. And very excited to be able to bring this to the community.

The transition to the new campus actually starts next week. So we expect to get a temporary certificate of occupancy from the contractor at the end of this week, our staff are ready to start with their building mobilization process, interdepartmental training sessions to help to build that muscle memory. That will take place for the next four weeks and from mid-February to mid-March we will be doing all of the interdepartmental training systems, so think of all of the drills that we have to do to make sure that we are proficient, tornado drills, active shooter drills, code blues, et cetera. Highest emphasis here is opening a safe, high-quality, and high service level organization for everybody. Staff and patients and family members included.

As we get ready for the week of our move, which is set for March 20th through the 24th, again, we expect our go live date is the 24th. That's Thursday in that week. We are artificially reducing some of our schedules, so

things like elective surgeries, those sorts of things will not be scheduled so we can focus on the move and make sure that we are doing it in the best, safest way possible.

We do have a public grand opening scheduled for Saturday, March 18th, so if you're around, would love to have you come for that. And just to wrap this up Stacy and Maria, we here at Astera Health, soon to be Astera Health, are very proud of the work that we've done historically. As I mentioned, the Wesley building served us well for 49 years, almost to the day. The Tri-County Hospital campus will have service for 49 years and two months as we get ready to move in.

A couple of key items to note as I wrap up. First, there is no service contraction happening because of this relocation. We know that's a part of the concept of the reason for the public hearing and the law that we are following. I will also say at this time as we move in, there really are no new services planned either, however with the enhanced flexibility of the spaces we will be able to add more services into the future we believe. The biggest part of this is about enhancing the care environment, patient and staff safety aspect, the patient experience, and of course a long-term viability. So with that, thank you very much for the opportunity to share what we are doing and I am going to again stop sharing and Stacy turn it back to you.

>> Stacy Sjogren (moderator): Very good, thank you, Joel. If you joined late, you've been listening to Joel Beiswenger, he is the president of Tri-County Hospital. He's joined today to answer any questions that you might have five -- excuse me -- Kim Aagard, who is the CFO for Tri-County, and now it's time for public comment portion of this meeting.

So your turn to participate by asking questions, providing comments, or sharing your perspective might end up going to give a little bit of like "how do we do this" information to you now, so hang on while I work through this.

Each person will be given up to 3 minutes to ask a question or to provide public comment. Please remember that the information you are sharing is being shared virtually for a public forum. Because it's a public forum, any information shared is averagely public so keep in mind that information and before you start sharing potentially private medical information.

Once you share your comment, Tri-County -- Joel and Kim will have an opportunity to respond for up to 3 minutes. All of the participants will be muted until it's their turn-- we got our fingers on the keys to do that. Remember that there are two ways to ask a question or to provide a comment.

You can raise your virtual hand and you'll be unmuted to ask a question or provide your comments. In both the mobile app and the browser version of Teams, click on that More button that is "..." button. In the mobile app, the icon is that little yellow hand. In the browser version, the raise hand option is the fifth item from the top of the list. If you're calling in on your phone, I see there are a couple people calling on their phone, you can raise your virtual hand if you will by pressing star 5 and that signals that you would like to ask a question.

If you'd rather just put your comment in the chat box, that's fine also. Go ahead and do so when it's activated, and then press enter or send it will send to us. To open up the chat box, if you haven't done so already, click on the icon that looks like the speech bubble with the two little lines in it. If you're using Teams in the browser window, the icons are at the bottom of the screen. If you are using the Teams app, the icon is in the upper right-hand corner of your screen, and I believe that Shellae Dietrich will be the voice of chat tonight so she will be helping out to field those questions and be your voice. I will select participants -- I will select participants in the order that their virtual hand pops up Shellae and we will occasionally add questions from the chat kind of

throughout this period, so we will go back and forth a bit. Just to make sense of it. Please come if you would, whether you are speaking verbally or putting in chat, include your name and the city where you live before asking your question or sharing your comments.

When participants are selected, a reminder will be given by me to whoever appears to be the next person on deck and then if we can, the who is next after that, so you've got some sense of cue as to when you will be able to pop up.

Finally, please be respectful. Abusive comments, comments meant to discredit or malign someone or vulgar language will not be tolerated. People who use that language that is threatening or make false accusation meant to damage people's reputations or offensive or inappropriate language that creates an intimidating environment will be muted, people who display these behaviors will be muted and then I will just call in the next person in line who will be given an opportunity to provide comment. Just a reminder. If you wish not to speak, you can ask your question in that chat box and Shellae will ask your question on your behalf. Just click the chat bubble to open the chat and ask the questions. And then again, written comments will be asked in order as the time allows during the public comment period.

So there we go. I think you got all the directions. I will first check in with Shellae to make sure the chat is open and I believe there was one question that came in already from the form, so if you want to pose that first question, Shellae, that will get the chance to get the wiggles out and get themselves situated.

>> Shellae (MDH): Was one comment prior: "I'm all for the name change since Tri-County has a hospital in Iowa that has led to some confusion in my work at Ucare."

>> Stacy Sjogren (moderator): So the comment is all about the name confusion. Joel, did you want to just reiterate them of what you've been hearing or follow up on that commented all?

>> Joel Beiswenger (Tri-County/Astera): Yeah, we are actually aware of that, either other Tri-County or Tri-City organizations around the country that once in a while have gotten confused with, so we are certainly hopeful that the name, at least in the tri-state region here will not ever be confused. We will be defending it vehemently.

>> Stacy Sjogren (moderator): All right, let's open it up to anybody else that would like to make a verbal comment. Or posing your comment or question in chat. And Shellae, I would just ask you because I'm toggling between the two, just go ahead and interrupt me or speak up if you see something.

>> Shellae: We just received another question in the chat.

>> Stacy Sjogren (moderator): Go ahead. We six have you accounted for greater patient access to doctors? Assuming the new locations provide more patients, you would need more docs to cover the growth. Has that been accounted for connect?

>> Stacy Sjogren (moderator): Go ahead, Joel, if you're ready.

>> Joel Beiswenger (Tri-County/Astera): That's a great question. As we have done the planning for this, we've done a great deal of projections on the volume and of course that's been tied up because we are financing to the long-term financial projections. So we've also tied that within our strategic planning to be -- it's called the provider demand analysis, so there are some very specific formulas utilized by the planning agency that we used to do this. Take a look at that, so yes, we have plans for that, we have the space to accommodate it and in the clinic setting especially, we are creating a much more flexible program or platform that will be able to

be more efficient in use of that space even though there's not a lot more space, we know it will be there. I can also indicate that already we are for some of that growth. If we have new family physicians set to join us in 2023. We are always contemplating other departures, retirements, whatever, but yes, so long answer to your question, we believe that we got that accounted for in the space to accommodate that. And beyond that, we also know what our next step is, so if we get three, five, seven years out, we know where that next remodeling and additional space will come from again with having a nonlandlocked nature to our north, we're prepared for that.

>> Stacy Sjogren (moderator): All right, we are ready for any more questions that will come up. We are just going to be in companionable silence for a while, give folks a chance to ask questions or formulate their thoughts. Or if you need Joel or Kim to go back over any areas of the presentation that they gave that just weren't quite connecting your brains, that's final also. I'm sure they'd be willing to go back through some of those.

>> Shellae: Nothing coming in chat.

>> Stacy Sjogren (moderator): Okay. As I said, we will just be in companionable silence for a while and make sure especially any folks that are joining late or just kind of processing information, there was a lot of good information shared by Joel before, but sometimes it takes a while to just kind of let that settle down and connect the dots. So we will wait for a while here. That's fine. And, Shellae, am I seeing another comment in chat or question?

>> Shellae: Yep, something came in. With increased mental health needs, you assessed how best to meet these increased needs or expand service delivery?

>> Stacy Sjogren (moderator): And, Joel, whenever you or Kim are ready.

>> Joel Beiswenger (Tri-County/Astera): So yes, another area we continually watch, monitor behavioral health service today is somewhat limited service. It's professional, clinical type of service. We have an advanced practice provider, nurse practitioner, and a licensed clinical social worker. We do also have a group of positions providing psychiatric care and pediatrics and adult through a telehealth connection. I'm also happy to report that we have a psychiatrist hired who will be starting with us in April.

Bigger than that, we do see the opportunity of the present facility, inpatient spaces especially as potential opportunity to look at other behavioral health services in the community. So we've actually commissioned a study to take a look at that and we are analyzing the results of that right now and always open to those conversations with other community or statewide partners to look at are there things that we could be doing.

Unfortunately, we still all suffer the concept that behavioral health services are, in our opinion, grossly undervalued and underpaid. That's part of what we know as the challenge and supply services around state and probably in the whole country. So we have to be contemplating that as we look at what those options are. So we are expanding on the professional side and looking at what those options may be but certainly want to open it up all of our community partners to collaboration efforts if we can find ways that we can do more things together to serve our patients.

The other thing that I will note in our plan, because again, we didn't go through any detail in terms of the design within our emergency department, presently we have one behavioral health bay from that is designed to be ligature free environment to allow those patients to be as safe as possible. In our new facility we are building three of those rooms. It is an unfortunate reality that the emergency department and our hospital at

other hospitals around the state have become a place to hold patients until such time that there are the right services available, so we are enhancing our capabilities there as well.

>> Stacy Sjogren (moderator): And this is Stacy moderating, so if there are any others that have just joined a call and would like an opportunity to oppose a question or a comment to the president or CFO of Tri-County, this is your opportunity, go ahead by doing either of the options you see on the screen right now. Just raising your virtual hand, and I will call on you, or opening up your chat and posting a question or comment in the chat and Shellae will go ahead and read that out for you. So ready for any other questions that might be on your minds. Shellae, you must've done a really good job of preparing all this information not only tonight but before this meeting because I'm not seeing any more questions coming through with hand raises, comments with hand raises either on my participant list, or in the chat. So I'm going to just slowly make sure that there is an opportunity here one last time before we consider closing this meeting. And by the 5 minutes remaining it will probably take us about 5 minutes to go ahead and wrap this whole presentation and opportunity together here, but I will just check in one last time the foregoing and turning it back over to you, Joel, if you would like to make some closing comments. We would appreciate you doing that. So go ahead, back over to you.

>> Joel Beiswenger (Tri-County/Astera): Okay, thank you, Stacy. Again, I want to offer thanks first to you and the whole MDH team for helping to put this together. Want to thank all those that did attend tonight and thank everybody that helped put this together, so my team to prepare our PowerPoint presentation, and everybody that was behind supporting me in it, I thank you all and appreciate that. And what I can say is we are extraordinarily excited here at Tri-County for the next iteration in the next generation of care in our region and communities and we can't wait to show it everybody March 18th, so if you're in the area please come join us for our grand opening ribbon-cutting. Take care, everybody, thanks again.

>> Stacy Sjogren (moderator): Thank you so much, Joel and Kim, and I'm going to turn it back over to Maria to provide a few closing remarks before wrapping up our session tonight. Maria.

>> Maria King (MDH): Great, thank you so much, and that was really a nicely done presentation, appreciated being able to be part of that. Would like to thank all of you for being able to participate in the Tri-County hospitals public hearing and we appreciate the time that you took to share your comments and to learn about the plans of this hospital.

As for next steps, under the statute 144.555, MDH has the authority to hold the meeting and to inform the public but we do not have the authority to change, delay, or prevent the proposed changes or relocation here. A transcript of the meeting will be available on the MDH website within ten days read again we would like to thank you for taking the time to share your concerns, your comments, and for asking the questions, those of you that did so.

A special thanks to Tri-County's hospital representatives, Joel Beiswenger and Kim Aagard, for sharing their time, information and insights with us tonight. Thank you all and have a good night.

>> Stacy Sjogren (moderator): Thank you, everyone, be safe, be well! Bye, now!

>> Joel Beiswenger (Tri-County/Astera): Thanks again, everybody, take care! thank you, Kim!

TRI-COUNTY HOSPITAL/ASTERA HEALTH RELOCATION OF SERVICES PUBLIC HEARING  
TRANSCRIPT

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