Sanford Bemidji Medical Center Closure of Inpatient Rehabilitation Services Public Hearing Transcript

JANUARY 17, 2024

Meeting Information

The Minnesota Department of Health (MDH) held a public hearing on January 17, 2024, at 6 p.m. on Sanford Bemidji Medical Center's planned closure of its inpatient rehabilitation unit.

According to the submission filed by Sanford Health, the inpatient rehabilitation unit beds will be transferred to other units within the medical center facility beginning on April 1. Patients requiring inpatient rehabilitation will be referred to swing-beds, skilled nursing facilities (SNFs) or other facilities outside of the area.

More information can be found on the Sanford Bemidji Medical Center Public Hearing page (https://www.health.state.mn.us/about/org/hrd/hearing/sanford.html of the MDH website.

Meeting Transcript

>> Stacy Sjogren (moderator): Welcome. Welcome to everyone.

This is the public meeting to hear from the Sanford Bemidji Medical Center regarding the plans to transfer their inpatient rehabilitation beds to other units within the medical center facility beginning April 1st. Patients requiring inpatient rehabilitation will be referred to swing beds, skilled nursing facilities, and other facilities outside the area.

My name is Stacy Sjogren. I'm with Management Analysis and Development and serving as the moderator for the meeting. This evening's meeting is being hosted virtually through Microsoft Teams. If you have any technical issues, please visit Microsoft Support page for Teams or email the HRD Communications team. Both of those bits of information are in the chat for you.

Captions are being provided for this event. You can view captions in teams by clicking the more button. That is the "..." button, the three periods in a row in the Teams window. Then choose "turn on live captions". And I'm just pausing in case that pertains to you, so hang on. Look for the "more" or the "..." button. You can also view the captions on the web at the address being posted now in the chat.

You can find out more information about today's hearing on the MDH website. The link is being posted in the chat, so you have a lot of information in the chat. Go ahead and open that up. You should see the chat up on one of the icons, probably across the top of your screen. It looks like a thought bubble or a cartoon bubble.

For this hearing, participants will be muted until the public comment portion of the meeting. At that time, participants will be selected and in order, taking turns between the raised hand folks, comments in chat, and comments that were submitted prior to the meeting. I will give a reminder to the person on deck and the person next scheduled to speak so you know what to expect. As you may have figured out, if you wish not to speak, you can ask your question in that chat box and a Minnesota Department of Health staff person will ask the question on your behalf.

To open the chat box, as I said before, look for that icon that looks like a cartoon speech bubble with two little lines in it. If you're using Teams in a browser window, those icons are probably at the bottom of the screen. If you are using the Teams app, the chat icon is usually at the top right corner of your screen.

The Minnesota Department of Health also referred to as the MDH is hosting the public meeting which is required by state law. The intention of the public meeting is to provide an opportunity for the public to express their opinions and their comments and ask questions about the closure of the inpatient rehabilitation services at Bemidji Medical Center. The Minnesota Department of Health announced this meeting through a statewide news release and notified the community leaders of the meeting.

What follows is your Tennessen warning. The Minnesota Department of Health is hosting this public hearing to inform the public as required by law. Your comments and questions, your image which may be a private data, may be visible during this event. Excuse me. You're not required to provide this information and there are no consequences for declining to do so. The virtual presentation may be accessible to anyone who has 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 the meeting. So, to opt out of the presentation, please exit now.

Here's the agenda for this evening. We will do some introductions and then receive a welcome from MDH Health Regulation Division Director We'll do an overview and then the Bemidji Medical Center team will be doing a presentation Then we will have public comments and questions. Then Bemidji Medical Center will come back to give closing remarks and you will hear a brief conclusion.

The following are today's speakers. Maria King, Health Regulation Division Director from the Minnesota Department of Health is on the left side of the string of photos. Karla Eischens is the President and CEO of Sanford Bemidji. Dan Hoody is the Vice President --Vice President and Chief Medical Officer and Clinic Hospitalist at Stanford health. And Brad Neis is the Executive Director of Sanford Bemidji.

With that, I'd like to welcome Maria King, Health Regulation Division Director at the Minnesota Department of Health. Maria.

>> Maria King (MDH): Hi, thank you, Stacy. And welcome to everyone. We definitely appreciate the time you're taking to learn more about the changes that are taking place at the Sanford Bemidji Medical Center. It's a pleasure to be here this evening.

Remember this public hearing being held under the law that offers the community an opportunity to learn about the hospital's plans and for the community to share comments and questions with the hospital. In June of 2021, 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 of offering certain services and that full language can be found at Minnesota Statutes section 144.555. This is an opportunity for the public to engage with hospital leadership to understand the reasons why the leadership made the decisions to close, change, or relocate services. It also gives the community an opportunity to hear from health care providers about how the community will continue to access health care services after the change.

The Health Department and the Health Regulation Division received notice from Sanford Medical Center regarding their plans to transfer inpatient rehab units in Bemidji to other units of the Medical Center beginning April 1st. Patients requiring inpatient rehabilitation will be referred to swing beds, potentially skilled

nursing facilities or other nursing facilities outside the area and you will hear from the hospital staff regarding that.

The Health Regulation Division has been tasked with implementing this law. We provide a forum for hospital representatives to share information about the changes in services and for you, the public, to engage with hospital by asking questions and providing comments about the changes. We facilitate the meeting as outlined in the law. Our goal is to ensure this meeting occurs and 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 prevent the proposed changes or relocations.

This meeting is an opportunity for us as your state health department to offer a forum for transparency, listening, and understanding of the differing opinions and perspectives surrounding these important decisions that will affect health care services in your community. I welcome you to share your perspectives, your comments, questions, with the Sanford Bemidji Medical Center leadership. I look forward to tonight's discussion.

And first we're going to be able to hear from Sanford Bemidji Medical Center leaders who provide information about the following. What services they plan to curtail and an explanation for the reasons for this. A description of the actions they'll take to ensure the patients in the hospital -- how they're going to be able to access continued health care services.

And we welcome tonight Karla Eischens, President and CEO of Sanford Bemidji, Dan Hoody Vice President, Medical Officer of Sanford Bemidji. And Brad Neis, Executive Director of Sanford Bemidji.

>> Karla Eischens (Sanford Bemidji): Thank you. We are in one room here tonight so when we take turns speaking, we will introduce ourselves as I was just introduced. I'm Karla Eischens. I'm president and CEO here at Sanford Bemidji.

If we could get the first slide. Perfect, thank you.

I want to start out with thank you for being here and really this is an opportunity for us to explain changes in our services and more importantly how we take care of our community.

Next slide. I think we went the wrong way. Next slide. Okay. Thank you.

This slide has our mission and our vision. Sanford Bemidji is part of a larger health system, Sanford Health. Sanford Health is the number one largest rural health care system in the United States.

On the next slide you will see I want to give a little bit of a picture of Bemidji and the communities we serve. You can see there the blue is really northern Minnesota, a large, large area about 14,000 square miles. But Bemidji, which is our main campus, is in the middle there (#3), that is our hospital and clinic. Then to the left is #2 Bagley, that is a critical access hospital of ours. And then the other areas you see many other circles - there are Walker, Park Rapids, Clearbrook, Blackduck, Kelliher, those are all clinics we have. Those clinics can have one department up to many departments in them. In addition to that area that you see on the map there, we also have a lot of our clinicians that do what we call outreach where they go out to other clinics or hospitals to provide care, for example in a town, maybe there isn't a cardiologist. So, we visit a town. An example would be we have a cardiologist that goes to -- and we have an ophthalmologist that goes to Roseau.

We serve is a pretty big area. The population is about 176,000 people. We have close to 190 clinicians and 500 nurses, a little over 2,000 employees. We here at the Bemidji Medical Center, we have 118 licensed beds and

then at the Bagley Critical Access Hospital, we have 25 licensed beds. So that's a little bit of our area, our rural area that we serve. I'm not going to go through all of our stats there but pretty busy, we are the regional referral center. So, we have about close to 6,000 hospital admissions a year. That gives you an idea of our service area. Next slide.

So, the acute rehab unit we are here to talk about is located in our medical center. There is a picture there of the medical center. There's 118 licensed beds, five of the beds are acute rehab beds. In that unit, the five bed unit, our average daily census is about 2.6 patients per day.

>> Dan Hoody (Sanford Bemidji): This is Dan Hoody, Chief Medical Officer. I just want to give a little background on the type of care provided in the acute rehab unit. This unit provides inpatient rehabilitation services for patients with significant disabilities associated with specific conditions such as stroke, spinal cord injuries, acquired brain injuries, and major traumas are the specific services including medical management and then therapies such as physical therapy, occupational therapy, and speech therapy. The care team here consists of a physician and an admissions coordinator and then nursing and therapy staff.

I think it's important to note how the acute rehab units different from other transitional care options. The majority of patients transitioning out of our hospitals into transitional care right now, going to what we call subacute rehab is different than acute rehab. The main difference is the amount of therapies that occur daily. Acute rehab has higher intensity therapies, subacute rehab has lower intensity therapies. A patient specific medical condition determines which level rehab (acute or subacute) the patient would most benefit from. Next slide.

>> Brad Neis (Sanford Bemidji): This is Brad Neis, I'm the Executive Director and Operational Leader over the acute rehab unit. I just want to talk a little bit about the background of our acute rehab unit. Over the years, the number of licensed beds we've had in the unit have fluctuated based on the need and the census. Our unit originally opened in 1999 with 11 beds and it was very much needed at that time, and we quickly expanded to 14 to meet that need. Unfortunately, starting in the spring of 2017, we had that need and that census start to decline. So, in 2017, we made the decision to decrease from 14 beds to 12 beds.

We continued at 12 beds until the spring of 2020 when COVID impacted our hospital like it impacted hospitals worldwide. We did make the difficult decision to close our ARU for 14 months and use the unit for our COVID-19 unit, which was extremely beneficial to our region and to the patients and community members that live in our region to have that defined unit for COVID. During that time, many of the patients who had previously been admitted to the acute rehab unit were transferred to the swing beds in Sanford Bagley Medical Center, 25 miles away from Bemidji. And we continued to serve the post-acute need at Sanford Bagley along with nursing homes and other facilities during the course of COVID-19.

So, swing bed is a service that a critical access hospital with a Medicare provider agreement provides that allows the patient to transition from acute to post-acute care for continued nursing and therapy services. In the fall of 2022, we did make the decision to reopen the ARU as it was still a needed service and we wanted to continue to provide the service as much as we could. We opened the unit with seven beds instead of 14. Again, that was based on where we were running for our census at the time that it closed. And then in the summer of 2023, we continued obviously through COVID. But then after COVID, we continue to have a strong need for additional beds for inpatient acute services, not the rehab services, but actual acute patient admissions. So, our census was low, and we decided to decrease the unit from seven to five.

Through the years we've really tried to pivot and really maintain a focus on having the unit open but just some statistics as we look back to 2016, our average daily census really started to decline. At that point it was 7.6 average daily census and as we talked about previously today now it is 2.64.

>> Karla Eischens (Sanford Bemidji): Next slide. This is Karla Eischens speaking again. Thank you, Brad for that background.

So, the "why" we are closing our acute rehab unit, is as a nonprofit and our responsibility to provide health care in our community and the map you got to see earlier. We need to ensure that we can remain financially sustainable, that each service as we provide them, and we look at them continually, that they are the right service, and we can sustain them. Like Brad said, we have tried for the last few years to resize and restructure. We know this has been a great service for our community. We have patients and caregivers that have amazing stories.

But what has happened as we have tried to continue to resize it is whether you have a 20 bed unit or a five bed unit, you have some minimum requirements to have an acute rehab unit. Some examples would be a medical director and if a nurse is taking care of a patient in acute rehab, they have to be dedicated to the acute rehab. So, they can't take care of patients in another place in the hospital. So, as we try to maintain that and change and pivot, there comes a time when those baseline needs, when the census is 1.65, they don't equate anymore.

>> Dan Hoody (Sanford Bemidji): Over the last decade, health care has advanced quite a bit and we've also seen a lot of changes to the Center for Medicare Services and other payer qualifications for the unit like the acute rehab unit. And unfortunately, all of those things combined have led to a steady decrease in our admissions and our census. And I'll give you an example of that, really related to the advances in health care. About eight years or so ago, a total knee patient, a total knee arthroplasty, would spend about three days in the hospital after having surgery. And many of those patients needed a longer rehabilitation stay. Many of those patients qualified and needed the services so they were admitted to the acute rehab unit, and they would stay anywhere from a week to sometimes about a week and a half in the acute rehab unit. That was a large portion of her admissions. With advances in health care and changes again to qualifying payers such as CMS and others, we really saw a shift with that. So, fast-forward to today, today that total need patient, the majority of them actually go home the same day as surgery or spend one night in the hospital and go home the next morning and then receive the therapy they need either in an outpatient therapy setting or a home care setting. So, when those patients were no longer qualified and no longer needed to have the acute rehab unit, that had a really significant impact on the census and the number of admissions we saw coming into the rehab unit. And as we shared already, sitting here today with a census of 2.64 patients per day, it's no longer sustainable to provide this service.

>> Karla Eischens (Sanford Bemidji): And will speak more on the next slide, but closing the ARU, it will allow us to take some of those resources, staff, and the five beds that are currently being used in that department for other high need area -- other high need areas in our hospital. Next slide.

Next steps, the ARU will be accepting patients until early March. I believe Stacy shared earlier our official close date is April 1st. Following that closure, patients who need rehabilitation services will be transferred to other regional units, swing beds. We do have in the map we showed you earlier, there are a handful of critical access hospitals that have swing beds. Also still nursing facilities, we have two Sanford facilities. We have a senior

living center next door to us and then I mentioned before we have Bagley swing beds. There are other places with swing beds but that will be our way to help transition our patients the right place.

>> Dan Hoody (Sanford Bemidji): After the ARU officially closes, those five beds will be converted to inpatient medical surgical beds due to the current bed capacity constraints that we are experiencing here at Sanford Bemidji. These constraints are similar to the other health systems and hospitals throughout the region. We currently are unable to accommodate one to two requests for transfer to higher level of care into Bemidji Hospital here each day these requests come from facilities such as Bass Lake, Red Lake, Bagley, Park Rapids, Baudette. Once these five beds are repurposed as inpatient medical surgical beds and providing the opportunity for us to take additional capacity, we will have a much better chance and opportunity to accept most, if not all, of these transfer requests into Sanford Bemidji.

Our Sanford team members affected by this closure, which include a physician and an admissions coordinator, have been presented with opportunities here at Sanford to continue their work. Next slide.

>> Karla Eischens (Sanford Bemidji): So, to complete our presentation, we want to make sure everybody understands that this was not an easy decision. We have tried to keep the service for as long as possible. I think our teams, our staff have done a great job doing that. It's no decisions are all pros. There’s certainly a lot of and I mentioned this before, good stories of the care that was provided there.

There really isn't anybody in Bemidji that hasn't had a family or friend or a member of their group that has had care there. We want to acknowledge that those people and all of our employees that work there and gave that great care and really we just want to stress that we are committed to our patients and our community. Certainly, our patients that require rehab all you know so much of what we do every day is when we have patients in our hospital, it's getting them to the right place. It's a large part of the work and a larger part of their care so we will continue to work with families and their caregivers to provide and get them to the appropriate places where they can get care. So, thank you.

>> Stacy Sjogren (moderator): Thank you very much. So now it's time to begin the public comment portion of the meeting. This is your turn to participate by asking questions, providing comments, or just simply sharing your perspective. Each of you will have up to three minutes to ask a question or provide that public comment. Again, please remember that the information you are sharing is being shared publicly for a public forum. Any information you share is public. Keep in mind before you start sharing any private medical information. Once you've had an opportunity to comment the Bemidji Medical Center team will have up to three minutes to respond to each of the questions or comments. Note; participants that you will be muted until it is your turn to share your public comments or ask a question.

So, to remind you of what I shared at the beginning of the session, there's two ways to ask a question. The first is to simply raise your virtual hand and you will be unmuted. To ask your question or provide a comment in both the mobile app and in the browser version of teams you can find your "raise hand" by clicking on that more button. The "..." button in the mobile app, that icon is a little yellow hand. In the browser version if you're working off your computer through a search engine, the raise hand option is the fifth item from the top of the list.

If you're calling in on your phone, and I see a lot of phone numbers here so I assume there are quite a number of you that are tuning in via your phone, you can press *5 to raise your hand once it's your turn. If you're calling in on your phone, press *6 to unmute yourself. So *5 to get your hand up, *6 to unmute yourself.

Now, if you don't want to do that, the second type or second way you can ask your question is to simply put it into the chat and then the chat box - excuse me – and then press enter or send so others can see it. To open up the chat box, click on the icon that looks like the little cartoon speech bubble with the two lines in it. If you are using the teams in a browser window, the icons should be at the bottom of the screen. If you are using the teams app, the chat icon is at the top right corner of your screen. The little chat bubble looks like a cartoon bubble. And if you are putting your comment in chat, my colleague Jane Danner will be the person who will ask the question on your behalf.

So, Jane and I will work together. We will select participants in order - kind of going back and forth amongst the different ways of being able to share comments. And when you do come on, whether it's through a chat that you wrote down or verbally, would you share your name and the city where you live before you ask your question or share your comment?

And then next, please be respectful. Abusive comments, comments meant to discredit or malign someone, or vulgar language will not be tolerated in chat or through verbal comments. People who use language that is threatening or make false accusations to damage reputation or use offensive or inappropriate language that creates an intimidating environment will be muted and the next person in line will be given the opportunity to comment.

The chat moderator, that's me, and the MDH program administrative staff will be identifying comments as I said before, we will keep an eye on whose hand is up next and make sure we've got a good balance. As I said, the medical center team Karla and Dan and Brad, will have up to three minutes to respond to the questions.

And I think that is it. So, I'm going to go ahead and move things over on my screen and I'm looking at the list of attendees and I'm eager as I would assume the Sanford group is eager to hear from all of you. So please go ahead and raise your virtual hand and I will call on you. And you can actually speak to the group or pop your comment in chat and Jane will call those out and we'll work together to lift up your voices.

And I do see a hand up here, Jane first so I'm going to call on Jordan. Jordan, you should be unmuted in just a second here and go ahead.

>> Jordan Schroeer (Moorhead): Good evening, everyone, this is Jordan Schroeer with Senator -- yeah, that's okay, it's a confusing last name. I'm with Senator Tina Smith's office joining from Moorhead, Minnesota. I have a few questions here. How many individual patients did the ARU serve last year? I know you said on average it was 2.X per day but I'm looking for in total how many individual patients do you serve? And the second question is there anything that could have been done as far as more funding or different reimbursement rates that could have saved this unit from closing?

>> Stacy Sjogren (moderator): Thanks, Jordan, and I can see that the Sanford team is comparing thoughts and when you're ready, go ahead and please respond to the question.

>> Brad Neis (Sanford Bemidji): I do not -- we do not have at our fingertips here the number of patients overall that we served. I would tell you that we averaged about 4-5 admissions per month over the last year and the length of stay of all those patients differed. But yeah, I would say our admissions were around that 50 total patients were admitted to our acute rehab unit.

And the question about payor, that's a tough question to answer in. In 2016, as I mentioned, there were a lot of changes by the Center of Medicare and Services regarding the criteria for admission to an inpatient rehab

facility which is Medicare's designation of what our acute rehab unit is. And a lot of those orthopedic conditions, like the example I gave, were taken off of the that list of allowed criteria to admit that would

count as, as it's called presumptive eligibility. And I'll try not to get too technical, but a certain percentage of our admissions into the ARU need to meet this criteria. And there's a threshold that we have to maintain throughout the year of that criteria in order to be continued as designated as a rehab facility. So, with those orthopedic conditions taken off of that list, it made it much more stringent for a rural facility like ours to be able to maintain a higher census in our acute rehab unit. That was one of our big driving forces. Some of the other payer driving forces we have seen is that other third-party payers that are not Medicare have become more stringent on admitting a patient or approving admission of a patient to an inpatient rehab facility. That continued to progress over the years, and I would say it be almost all other payers that have continued to be more critical of the type of admission. I hope that answers your question.

>> Karla Eischens (Sanford Bemidji): So, I think -- this is Karla sorry. What Brad meant was we needed more admissions, that's really where the decision landed as we try to, you know, resize, and keep going. So, I'm not sure it's financial support outside of the fact that we can't get patients admitted to use those resources and to pay for just baseline what's needed to have a unit does that.

Anything you want to add, Dan?

>> Dan Hoody (Sanford Bemidji): I would just highlight the opportunity cost of those beds being used for med service as well. That's on the other side where we have we're often unable to accommodate the census, so we can convert these. This area of low census to flow need for all the reasons that Brad highlighted into a resource that the community can use tomorrow to keep patients still sort home for acute medical surgical needs.

>> Stacy Sjogren (moderator): Thank you. And Jane, I will turn to you and see if there are any questions you are finding in chat.

>> Jane Danner (MDH): At this time, there are no questions or comments in the chat, so we certainly welcome them. If people choose to use the chat instead of speaking or asking your question directly.

>> Stacy Sjogren (moderator): Thank you. And how about any questions that were submitted ahead of the meeting? Are there any of those questions? I suspect my team is checking. And while they are doing that, I'll encourage any of you that are listening in if you want to go ahead and ask your question verbally, we welcome you to raise your virtual hand. Or write your question in chat.

And back to you, Jane. Did you find that? I thought we had a question submitted ahead of time. But while you're checking on that, I see another one raising their hand here so I'm just going to take over again.

Rebecca, please come on. It looks like you are unmuted, so if you'd like to share your name and where you are calling from and your question.

>> Rebekah (Bemidji): Hi, my name is Rebekah. I'm calling from Bemidji. I'd like to thank you for this opportunity for sharing information and answering our questions. My question is twofold. Have the surrounding hospitals and healthcare entities been notified of this area closure and how it might affect them? If so, what were their responses? Thank you.

>> Stacy Sjogren (moderator): So, a question about surrounding hospitals and what were their responses and reaching out to them? Go ahead, Bemidji team when you're ready.

>> Karla Eischens (Sanford Bemidji): Sorry. You can.

>> Brad Neis (Sanford Bemidji): Yes, we have started to inform hospitals surrounding Bemidji and the first entities that we've reached out to are other inpatient rehab units. Our immediate call was to our sister facility within Sanford Health, which is Sanford Fargo, which does have a 20 bed inpatient rehab facility. And they are running right now on an average of about 17 average daily census patients. So, they do have capacity for those patients that would need the inpatient rehab facility at this point in time and you know, would be very welcoming in taking those patients as part of the same organization. Of course, the other local close hospital to us is Sanford Bagley, which we've identified that has a swing bed unit and if the patients are appropriate then for post-acute services, that will certainly be another location we will consider for those patients.

>> Stacy Sjogren (moderator): Thank you Rebekah. Thank you for your question.

Christie, I see your hand is up but before I call on you, I'm going to check in with Jane because I think you may have tracked down that question that came in beforehand.

>> Jane Danner (MDH): Yes, there is one comment that was submitted. It states "I am very concerned that with this closure people will need to recover far from their homes and loved ones/advocates. Transportation is a barrier for many in northern Minnesota and if patients are recovering far from home, family, friends, and advocates may be unable to visit. These visits are so important for mental health and recovery. Thank you."

>> Stacy Sjogren (moderator): Thanks, Jane. Sanford, you have a comment about that.

>> Karla Eischens (Sanford Bemidji): Yes, this is Karla, and thank you for that comment. That is definitely central to our decision. Our goal is to care for patients as close to home as we can because all those statements were correct. Patients need support while they are getting care, while they are ill, while they are recovering. So really, what this decision does is it allows us to, though we are not having and acute rehab unit, we're able to use those five beds and accept and additional one to two patients per day that would have to go to Fargo or the Twin Cities, or Duluth, or somewhere else. So, it's really, in the end, very similar care close to home as far as access for patients.

>> Stacy Sjogren (moderator): Thank you. And Kristi, I'm going to turn it to you, but I'm noticing the "last question with 5 minutes remaining" slide is up, and I want you to know that I am in no hurry to get to the five minute mark. So, we will stay here as long as we need to so that people have been heard. And now you've changed back, so very good.

Kristi, will you please come on microphone and ask your question? And it looks like we need to unmute you first so hang tight.

>> Siobhain Rivera (MDH) Kristi's mic is enabled. She will need to unmute herself. Kristi if you're having trouble finding the button, you can press control shift M on your keyboard and that should do it for you.

>> Kristi Miller (Bemidji): There, can you hear me?

>> Stacy Sjogren (moderator): We can hear you. Kristi, please state your full name and where you're calling from and your question.

>> Kristi Miller (Bemidji): OK. I'm Kristi Miller and I'm calling from Bemidji and my question was answered a couple minutes ago so I won't take up any more time.

>> Stacy Sjogren (moderator): Thank you. I'm glad to know you got an answer.

>> Kristi Miller (Bemidji): I did. Thanks.

>> Stacy Sjogren (moderator): Jane and I are looking for more people that have questions for our Sanford Bemidji group. So please go ahead and raise your virtual hand. If you don't feel like talking, that's just fine. Write your question in chat and one of the MDH staff will read it for you. We couldn't be more flexible here.

>> Stacy Sjogren (moderator): Go ahead, Jane.

>> Jane Danner (MDH): There is a comment and question I can read if that's a good time, Stacy?

>> Stacy Sjogren (moderator): Yeah, yeah.

>> Jane Danner (MDH): Alright, this is several sections so I will try to break it up for the Sanford team.

>> Stacy Sjogren (moderator): You want to just take it -- are you saying take it one chunk at a time and let them respond. Would that be easiest?

>> Jane Danner (MDH): Correct. Yes.

It says: "I'm Dana from Bemidji. I'm a certified rehab nurse and since 2006 I've worked on an inpatient rehab unit, rehab admissions, rehab care navigation, and an outpatient rehab clinic so I know quite a bit about the CMS requirement for admissions, etc. I'm also the daughter of a person of a spinal cord injury, so meaningful rehab means a lot to me. Question: What is the breakdown of inpatient rehab patients at Sanford Bemidji? Stroke complex, ortho, spinal cord injury, etc. Primarily stroke? You mention that most of your patients have required subacute rehab instead of acute. Are you saying that the acuity of stroke patients in our area is lower?"

I will let you respond before I go to the next question.

>> Stacy Sjogren (moderator): And Sanford group, if you want to collect your thoughts here because there was a request for a lot of numbers that you may not have at your fingers. So, let's give them a second to formulate their thoughts, everyone.

>> Brad Neis (Sanford Bemidji): So, I will take the second question first and go back to the first question. So, the second question around, I presume it's my introductory comments around subacute versus acute rehab. I want to clarify that the patients that qualify for acute rehab here are getting acute rehab. What I was referring to is the overall amount of patients that we discharge to a transitional care unit that aren't stroke patients, that aren't spinal cord patients. The vast majority of those go to subacute as opposed to acute rehab. With respect to the breakdown of patient conditions on our unit in particular, I can't quote the exact numbers, but I think you highlighted that. The majority of patients in the last year that we've admitted were neurological in nature, primarily stroke patients but also some trauma patients were where our big drivers of those admissions that we have.

>> Dan Hoody (Sanford Bemidji): And then to circle back on the last part of your question about the acuity, there's no indication here that the acuity of stroke patients within the Bemidji region is different of that of other regions. I just wanted to clarify that as well.

>> Stacy Sjogren (moderator): Thank you. Jane, are you ready for the second part of that question or next part of the question?

>> Jane Danner (MDH): Yes. And this is continuation from Dana in Bemidji.

“What services will patients in swing beds receive? Will there be coordinated interdisciplinary care or is it a holding unit until transferred TCU, ARU at another site or at home with a home care, or something else?”

>> Stacy Sjogren (moderator): So, a question about type of service for swing beds. And just a reminder, Sanford team, if you can help us with the acronyms for those that don't know them like the back of their hands, that would be helpful for everyone.

>> Brad Neis (Sanford Bemidji): Sure, thank you for the reminder, Stacy. This is Brad.

So, the first part of the answer that I want to state, is if a patient who is here in Bemidji, truly needs the services of the inpatient rehab facility, which would mean they need active medical management and intensive therapy, we will work with the patient, the family, and then an outside inpatient rehab facility such as Sanford Fargo to get them to that best location to the level of care they need.

As far as in a swing bed facility the care provided will depend on the patient's condition and the patient's needs based on their functional status. But all parts of therapy will be offered or all disciplines within therapy, occupational therapy, physical therapy, speech therapy, along with nursing care in that swing bed setting. And nursing care could be just that. Nursing, monitoring, and assistance with some of their ADLs -- excuse me, activities of daily living is what I mean by ADL’s. That would be, grooming, dressing, brushing teeth, putting on socks and shoes, and so forth. The nurses with the therapist direction will assist them with that. And it could be more intensive if that patient needs IV therapy or additional nursing care. Those services would be offered also as far as interdisciplinary in our swing bed setting. But I can speak for what we're doing at our assignment facility in Bagley, it's very interdisciplinary. The swing bed is a small unit and our nursing staff, and our therapy staff work very closely and also work with the admitting physician who was always a phone call away and rounding on a regular basis with that patient. So, we will involve the decision in that interdisciplinary care of the patient in the swing bed setting.

>> Stacy Sjogren (moderator): Thank you. Jane, were there any other parts to that question?

>> Jane Danner (MDH): Yes, there are a few more.

>> Stacy Sjogren (moderator): This is very interesting. Go ahead.

>> Jane Danner (MDH): Yes.

“Do Sanford transitional care units in Bemidji typically have better availability? What is the average wait for a bed at transitional care unit for rehab services? How much therapy do these patients receive? Are you requiring three hours per day and transitional care has a lot of variability of therapy hours provided in my experience.”

>> Stacy Sjogren (moderator): So, a question about a better availability, and again, out of courtesy give the Sanford team a chance to collect their thoughts and then they will come on and respond.

>> Karla Eischens (Sanford Bemidji): So, on the bed availability, that's very dependent and, yes, we’ve seen our length of stays change depending on nursing home and availability and swing bed availability. That's an IOU. We can get you our average length there to get somebody to a facility. Obviously, some of that is just so dependent on what your needs are and what facilities are available at that point in time to take the needs.

>> Dan Hoody (Sanford Bemidji): With respect to the question about the availability of therapies within the subacute rehabs, those again will be dependent on the patients specific clinical condition and needs to build

on what Brad said in the last question. So that there is no change in the availability of physical therapy, occupational therapy, speech therapy at our subacute nursing facilities. That be diagnosis dependent for each individual patient when they arrived at the unit.

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

>> Jane Danner (MDH): Yes. A comment and then a quick question.

“As you probably know, there is clear data that having an interdisciplinary team with coordinated care improves outcomes for patients, especially stroke patients. There is strong evidence that organized interprofessional stroke care not only reduced mortality rates and the likelihood of institutional care and long term disability, but also enhanced recovery, an increased independence in the activities of daily living.”

And then there is a question with more comments, so I'll ask the question first.

“What is the closest acute rehab unit to Bemidji?”

>> Stacy Sjogren (moderator): Sanford.

>> Brad Neis (Sanford Bemidji): Yeah, so the closest inpatient rehab facility to Bemidji would be Sanford Fargo and then there is also an inpatient rehab facility in Grand Forks, North Dakota. And sticking with the upper tier of Minnesota, then we would be looking at St. Cloud and then also Duluth. So, in our immediate general regional area, those would be the closest locations for an inpatient rehab facility.

>> Stacy Sjogren (moderator): Thank you. Jane?

>> Jane Danner (MDH): Yes, a comment.

“As you probably know, a large part of inpatient rehab does involve families and caregivers for a patient education to make the transition home successful. If the patient is transferred to an acute rehab unit in Fargo, that makes it much more difficult for a caregiver training and adds barriers to a smooth and successful discharge home which is always the goal. I am very sad to hear that the acute rehab unit has been underutilized and now closing as Bemidji is a regional hub and specialized services are hard to come by.”

So, thank you, Dana, for your comments and questions.

>> Stacy Sjogren (moderator): And Sanford team.

>> Karla Eischens (Sanford Bemidji): Question. I'm sorry. What we’re asking, Stacy, what was the question?

>> Stacy Sjogren (moderator): It was more of a comment, the last one. Did you want to respond to the comment?

>> Karla Eischens (Sanford Bemidji): Okay.

>> Brad Neis (Sanford Bemidji): Yeah, we, you know, we understand what the comment was about and that's why this was a really difficult decision. As Dr. Hoody commented, this was a difficult decision that patient's families will have to travel to inpatient rehab facilities but on the flip side we will be able to keep a lot more patients in Bemidji that need acute medical care. And I think the thing to point out there, those patients, if we didn't have room in our hospital setting for an acute inpatient, those decisions are made quickly without much advance to patients and families. If our beds are full, we need to ship somebody, it's usually because of a very urgent active medical condition that we need to send right away. Our patients that will need an inpatient rehab facility will have more time with their families. But it was a very difficult decision, and we wish that our

volume would have been high enough for us to continue this service. But we are really just having to weigh our resources with that and with staff to provide this care.

>> Jane Danner (MDH): And Dana thanks you, the panel, for addressing her questions.

>> Stacy Sjogren (moderator): So, I'm looking at the participant roster to see if there's anybody else that's listening to this presentation that would like to speak their question. So, let's give a chance for more people to raise their virtual hand. Directions for that are on the screen. Meanwhile, Jane is looking through chat to see if there are any other questions coming that way.

>> Jane Danner (MDH): No additional chats or comments at this time.

>> Stacy Sjogren (moderator): OK, so how about we just be together in companionable silence for about 30 seconds to a one minute or so to see if there's anybody else that wants to speak.

Again, I am not interested in rushing through this tonight. I know these can be difficult decisions, not can be, they are. Speaking as a "Ranger baby" myself. I want to make sure everybody has had their chance to ask their questions and think about the comments that have been shared and questions that have been answered to see if there's anything else on your minds that the team from Sanford can respond to.

All right, I'm not seeing any other hands raised here. Jane, anything else in the comments bar?

>> Jane Danner (MDH): No further questions or comments in the chat.

>> Stacy Sjogren (moderator): All right. Well then I'd like to turn it back over to the Sanford team to share your closing comments and then Maria will come back on to provide some wrap up for our session tonight. Sanford?

>> Karla Eischens (Sanford Bemidji): Thank you. I think Brad did a great job with his last comment explaining the difficult decision to close our acute rehab unit. I want to stress again just a thank you to our employees that have given care there. It feels like when we talk about this that it diminishes that care, and it doesn't. We want to lift that up. It's just been life changing for people, so we want to thank our employees and thank everybody. Again, just give a commitment to our community. These are tough decisions and our goal here is to make decisions so that we have a robust health care delivery system here for the next seven generations and unfortunately, this decision was part of that. We just want to thank everybody again for giving us this opportunity to go through our story.

>> Stacy Sjogren (moderator): Thank you. And I will turn it back over to Maria.

>> Maria King (MDH): Thank you so much, Stacy. And thank you everyone for participating in tonight's public hearing for the Sanford Bemidji Medical Center. We appreciate the time you've taken to share your comments and to learn about the hospitals plans. As for the next steps, remember under the statute Minnesota Statute 144.555, MDH has the authority to hold the meeting and inform the public, but we do not have the authority to change, delay, or prevent the proposed changes, closures, or relocations. You can provide comments or feedback on the hearing website until tomorrow, January 18th. A transcript of the meeting will become available on the MDH website within ten business days.

We'd like to again thank you for taking the time to share your concerns, your comments, and your questions. And I'd like to thank the Sanford Bemidji representatives for sharing their time, their information, and insights with us tonight. With that, I wish you a good night.

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