

Essentia Health-Fosston Closure of Labor and Delivery Services Public Hearing Transcript

JANUARY 30, 2024

Meeting Information

The Minnesota Department of Health (MDH) held a public hearing on January 30, 2024, at 6 p.m. on Essentia Health-Fosston's closure of its labor and delivery unit.

According to the submission filed by Essentia Health, labor and delivery services have been diverted to St. Mary's Regional Health Center, an Essentia facility in Detroit Lakes. Essentia Health-Fosston will continue to provide prenatal and postpartum obstetrics services.

More information can be found on the [Essentia Health-Fosston Public Hearing page](https://www.health.state.mn.us/about/org/hrd/hearing/essentia.html) (<https://www.health.state.mn.us/about/org/hrd/hearing/essentia.html>) of the MDH website.

Meeting Transcript

>> Stacy Sjogren (moderator): All right. Unless one of my MDH team members comes in and says we have technical issues right now, we'll go ahead and get started. So, I will pause and check in with my team. And I am assuming silence is all systems go. And with that, I would like to welcome everyone.

This is the public hearing meeting to hear from Essentia Health-Fosston regarding their plans to close their labor and delivery service units within the medical center facility. Patients requiring delivery service will be diverted to St. Mary's Regional Health Center an Essentia facility in Detroit Lakes. Essentia Health-Fosston will continue to provide prenatal and postpartum obstetrics services.

My name is Stacy Sjogren. I'm a Senior Consultant with Management Analysis and Development, which is a consulting practice housed within MDH. I'm serving as a moderator for this meeting. My role as the moderator tonight is to manage the session so community comments and concerns can be heard, and hospital representatives can share the reasoning behind their recent decision and have an opportunity to respond thoughtfully to community questions. I want you to all know that I will do my best to create a space tonight where everyone, community, hospital administrators and MDH can be heard in a way that is respectful and creates better understanding. But I can't maintain that space alone. So, I'm inviting all of you to join me in a space of respect and better understanding. I know that this is not necessarily an easy task for any of us when emotions and stress levels are running hot. So, I would like to share a quick personal story and some observations.

I'm looking at an early 1900s picture on the wall right in front of my desk of my grandma Clara standing in a row with her sisters and brothers in front of her family's farm outside of Macintosh and Hurston, just down the road from where many of you are at right now. And myself, I learned about belonging, community pride and the good things that are possible when people combined hard work and solving a problem from my grandma Clara and from living in towns where I grew up. I've also had the good fortune to work with many hospitals and administrators and health care professionals in my consulting role with the state over the past several years. Without exception, these people care deeply about those whose health they provide or health care they provide them with the typical options they must make when managing the resources they have to

work with in order to best serve communities and whole regions. Finally, as someone called to a career in public service, I am surrounded daily with state and local employees who share this calling to put their considerable talents to work monitoring systems and developing equitable supports to continue making Minnesota the wonderful place it is and can be. The point of sharing these experiences and observations is that we all come to this place at this time with a desire to be understood and be heard because we have all been trying to do the right thing. By listening with open ears, to better understand, and by sharing your thoughts in a way that is informative and constructive tonight, we will all be in a better position tomorrow to contribute your hard work and creativity to resolve the problems that remain to be resolved so the greater Fosston area can thrive.

So, now I would like to share with you some technical information in order to have a good, logistic, and simple experience tonight. The meeting tonight is hosted virtually through Microsoft Teams. If you are having any technical issues at all, please visit the Microsoft support page for Teams. The link is in the chat, or you can email the communications team and again, that link is in the chat. Captions are being provided for this event. You can view captions in Teams by clicking More (...) and choose "Turn on Live Captions." You can also view the captions on the web at the address now being posted in the chat. You can find more information about today's hearing on the MDH website. The link, as you guessed it is being posted in the chat. Look there for more information.

For this hearing, participants will be muted until the public comment portion of the meeting. At that time, participants will be selected in order, taking turns probably between the raised hands for those who want to verbalize their comments, comments posted in the chat, and the comments submitted prior to the meeting. I will do my best to give a reminder to the person on deck and the next person scheduled to speak so you kind of know what to expect. Sometimes, that can be difficult when we are jumping back and forth between different ways of submitting your question. As you may have figured out, if you wish not to speak, you can post your questions in the chat box and a Minnesota Department of Health staff person will ask the question on your behalf. To open the chat box, click on the icon that looks like a little cartoon speech bubble with two horizontal lines in it. If you are using Teams in the browser window, the icon is probably going to be at the bottom of your screen. If you are using the Teams app, the chat icon is in the top right corner of your screen.

Next up, your Tennessee Warning. The Department of Health, who I sometimes I will refer to as MDH, is hosting this public meeting, which is required by state law. The intention of this public meeting is to provide an opportunity for the public to express their opinions, share their comments, and ask questions about the closure of the labor and delivery service unit at Essentia Health-Fosston. The Minnesota Department of Health announced this meeting through a state-wide news release and notified the community leaders of this meeting. So, here is your Tennessee warning specifically. The Minnesota Department of Health is hosting this public meeting to inform the public as required by law. Your comments, questions, and image, which may be private data, may be visible during this meeting. You are not required to provide this data, and there are no consequences for declining to do so. The virtual presentation is accessible to anyone as you know, who has a business or legal right to access it. By participating tonight, you are authorizing the data collected during this presentation to be maintained by MDH. MDH will be posting a transcript of this meeting within ten days of the meeting. If you don't want to share your information, watch what you say, but also consider opting out of this presentation. You can simply exit out now.

All right, next up is the agenda. Today's agenda will include some introductions. A formal welcome by MDH's Health Regulation Division director. An overview and a presentation by the Essentia Health-Fosston team.

Then there will be times for public questions and comments. Then Essentia Health-Fosston has some closing remarks that they will be sharing, and then a brief conclusion.

So, let's take a look at the following speakers for tonight's session, from left to right, Maria King who is the Health Regulation Director at MDH. Mark Thompson, MD, President from Essentia Health West Market. Stefanie Gefroh, - I practiced this one, my apologies, Dr. Gefroh - who is the Associate Chief Medical Officer for Essentia Health West Market division and Division Chair of Women's and Inpatient Children's Services. Tanner Goodrich, Senior Vice President of Operations for Essentia Health West Market. And Callen Weispfennig, who is the Administrator for Essentia Health-Fosston. Boy, oh, boy, I have to practice those names again. My apologies. I would like to welcome Maria King, the Health Regulation Director for the Minnesota Department of Health. Maria.

>> Maria King (MDH): Thank you so much. I appreciate that, Stacy. Welcome, everybody. We would like to thank you for the time you are spending to have this discussion about the changes for the Essentia Health-Fosston hospital. And it is our pleasure to be hosting this hearing tonight. The public hearing is being held under the law that offers the community an opportunity to learn about the hospital's plans for the community and to share comments and questions with the hospital. In June 2021, the legislature passed legislation in Minnesota requiring a public notice and a public hearing before closure of a hospital or campus or relocating services or cessation in offering certain services. You can see that in Minnesota Statutes Section 144.555. This is an opportunity for you to engage with hospital leadership to understand the reasons why hospital leadership has made the decision to close, change, or relocate services. It gives the opportunity to the community to learn from their health care providers about how the community can continue to access health care services following these changes.

So, the Minnesota Department of Health, Health Regulation Division received notice from Essentia Health-Fosston regarding plans to divert labor and delivery services to St. Mary's Regional Health Center, which is also an Essentia facility in Detroit Lakes. And Essentia Health-Fosston will continue to provide prenatal and postnatal services. The Health Regulation Division has been tasked with implementing this law in providing this forum for hospital representatives to share information about the changes and services and for the public to engage, again, just reiterating to ask questions and provide comments about these changes. Our role is to ensure this meeting occurs and that the community has an opportunity to have their views heard and presented and to have questions answered. The statute gives MDH the authority to hold the meeting and to inform the public of that not to change, delay, or prevent any proposed changes, closures, or relocations. So again, the meeting here offers us an opportunity as your health department to offer a forum for transparency, listening, and understanding of the different opinions and perspectives surrounding these important decisions which will affect the health care services in your community. I welcome you to share your perspectives, your comments, and your questions with Essentia Health-Fosston leadership, and I'm looking forward to tonight's discussion.

First, we will hear from Essentia Health-Fosston leaders who will provide information about what services are being curtailed and when; an explanation for the reason for the curtailment; and a description of the actions that they are taking to ensure patients within the hospital or campus area have continued access to those health care services that are being curtailed. We would like to welcome Essentia Health-Fosston representatives: Dr. Mark Thompson, President of Essentia Health West Market; Stefanie Gefroh, Associate Chief Medical Officer of Essentia Health West Market and Division Chair of Women's and Inpatient Children's

Services; Tanner Goodrich, Senior Vice President of Operations, Essentia Health West Market; and Callen Weispfennig, Administrator, Essentia Health-Fosston.

>> Dr. Mark Thompson (Essentia Health-Fosston): Good evening. I want to thank everyone for being here to have this important conversation with the intent to engage with the community and keep people informed of input into your health care. With that, we can move to the next slide, please.

And we will start with introductions. We did cover the agenda today. Certainly, we will be focusing on resources and have a conversation with you about what we need for state and high-quality care and delivering moms while we are making this change in your community. Hopefully, discussing some challenges that we see for delivery care in rural hospitals and really reviewing the complexity of maternity care and practice standards change. Nothing ever stays the same. And we really want to do some education and get some input on a shared care model to provide safer delivery services for the Fosston community.

So, you see my title there. I'm President of Essentia Health West Market and a little bit more on my background. I'm a family physician. I have grown up in family medicine. I did full scope care for quite some time. And actually, I was 1 of 6 students at the university that did rural training. So, the real training track. I went into academics, teaching and actively caring for patients. I worked in the military and at the University of Wisconsin, a very small community in Monroe. Leading rural training and teaching physician family residence to care for a rural community peer, that is my background. More will be added to that, but it is relevant to the conversation today. And I am going to ask my colleagues to introduce themselves; Stefanie Gefroh.

>> Dr. Stefanie Gefroh (Essentia Health-Fosston): Good evening, I am Stefanie Gefroh and I am a OB-GYN physician. I've been practicing in this community for the better part of my career. I have had the exceptional experience in practicing in rural communities as well, including Oaks, North Dakota. This topic is dear to me because I was working in those communities when they made the difficult decisions to close their labor and delivery centers. I am also the Associate Chief Medical Officer with Essentia Health West Market and Division Chair of Women's and Inpatient Children's Services as mentioned. I will turn it over to you, Tanner.

>> Tanner Goodrich (Essentia Health-Fosston): Thank you. I am Tanner Goodrich, Senior Vice President of Operations of Essentia Health West Market. And that includes western Minnesota locations as well as facilities for the entire West market. Callen Weispfennig.

>> Callen Weispfennig (Essentia Health-Fosston): Good evening, my name is Callen Weispfennig and I am the Hospital Administrator overseeing Essentia Health-Fosston and surrounding communities including Prairie Pines community assisted living facility, in addition to our rural health clinics.

>> Dr. Mark Thompson (Essentia Health-Fosston): We can go to the next slide, please. I really want to focus this evening on transitioning to a safer care model. Certainly, our goal is to lead with integrity as health care providers and when Essentia Health says we are here to make a difference in our communities, we take that seriously. That sometimes means we have to engage in crucial conversations, conversations that may be hard but absolutely necessary and our intent is to deliver on that this evening with you. We really want to hold ourselves to the highest priority and at first, do no harm. I think back to the beginning of my career coming out of family medicine there was a great book written "To Err Is Human" in 1999. It is a foundational piece that really focused on the harm that can occur in health care and health care systems. And it is our duty and obligation to continuously assess our systems to make them safer. And that there are no bad people in health care. We need to focus on systems and have thoughtful, respectful, crucial conversations on improving the

safety in their communities of health care. That is certainly our intent. It comes down to this commitment is about - moms and babies are our first consideration as we have this conversation around creating safer systems. We really want to put our best thinking and resources together in pursuit of safe, reliable mom and newborn care. We will have updates and resources to you today, so you are informed and have the ability to do some of your own research and make your own opinions. And most of all, we want to be respectful, compassionate, caring, and kind in our conversation with you today. And we will all work to be active listeners and also be able to address your questions today. And we will move to our next slide and presenter.

>> Dr. Stefanie Gefroh (Essentia Health-Fosston): I would like to take a moment to focus on why we need to talk about the standards for safe labor and delivery care. I'm going to share with you a patient story that happened in Israel. It could happen in any labor delivery unit across the country. And that is why having standards for safe delivery care are so essential. We can't prevent the unexpected, we can only be prepared for it. This was a patient that presented for a scheduled delivery with no expectations at risk for a complicated birth. She could have been seen in any delivery unit facility, including in Fosston. Her labor was expected until suddenly she lost consciousness and went into cardiac arrest. In other words, her heart stopped, a code blue, which in a hospital a critical emergency was called. Emergency staff were readily there, readily available, monitoring. They showed the fetal heart tones dropped quickly and the patient was taken for emergency C-section. Thankfully, all of the resources for an emergency C-section were readily available in the facility and the patient was taken directly to the operating room where a general surgical -- excuse me, the necessary surgical staff were ready. In a low-volume resource drain facility, mobilizing these kind of resources and staff quickly is challenging at best. The data consistently shows the abstract risk complications occur in a low-volume center; the morbidity are two times higher compared to higher volume facilities. When a mom experiences cardiac arrest, we have minutes to deliver the baby safely. Although these events, excuse me, are unimaginable with the pregnancy, these complications do happen and must be at the forefront of our planning as we consider acceptable labor and delivery practices. In this case, the mom did not survive, but they were able to save the baby due to the higher level of resources readily available in the facility. It is hard for people to fathom this happening, let alone the impact it has on communities, especially closer close-knit communities like Fosston. It is not just the family and the health care team, many who are involved, including clinicians and staff, never recover from these unimaginable events. That is why it is always our goal to meet the standards of safe labor and delivery care. Because, as I said before, you cannot anticipate or prevent these events. You can be prepared for when they happen. We will go to the next slide, please.

So, if we look back over the course of the last decade, we see that these unexpected events are only on the rise. Things like eclampsia, cardiomyopathy, which is in the lurching of the heart and strain on the heart during pregnancy, and embolism, which is something that travels from the baby to mom and causes a blockage in the airway. Sepsis, which is an infection all around the body, you know, blood transfusions. And of course, respiratory distress. These are complications among all women of childbearing age. And they are only on the rise. Next slide, please.

So, when you think about complications and some of the implications that can occur when these unexpected events happen, a lack of oxygen to the brain for newborns, this then can cause cerebral palsy. We cannot underestimate the emotional impact that this has on families, not to mention the financial impact. Paralysis, seizures, difficulty for newborns to grow and thrive as you would expect. As we talked about in the patient story of death, death of mom and/or baby. Next slide, please. Going to go ahead and turn it over to Tanner here.

>> Tanner Goodrich (Essentia Health-Fosston): Yeah, thanks, Doctor. Again, I am Tanner Goodrich. I want to touch on an article published in the JAMA Health Forum. Based on survey data, respondents to the survey were administrators of hospitals; 34% of administrators led critical access hospitals; 65% are located in rural counties; and 52% have experienced a decline in births at their facility. Again, I do want to point out this was survey data. I would say there was not a necessary consensus, but the median response from the leaders to maintain safe delivery of care was 200 deliveries per year. But again, just to take away, this was based on survey data. Next slide, please.

So, to define requirements for safe labor, I just wanted to point out that the elements of safe labor needed include credentialed caregivers. These are our physicians, OB emergency intervention capabilities to include surgical and OB. 20-minute response time to C-sections for emergencies. Emergency response training and experience for distressed newborns, and 24/7 coverage by a team of caregivers. Our caregivers include anesthesia, physicians, advanced practice providers, nursing, and ancillary services. I do want to call out many times and probably the majority of the time while offering labor and delivery services in Fosston, all of these elements were in place, but not every time. We did see ourselves needing to service divert at times due to the inability to have all of the services in place every time. Next slide, please.

Again, because volume is important for maintaining safe health care, we want to call out births by year in Fosston. So, I won't read these year by year, but you can see the defining trend and births from 2015-2021. The average birth from 2017-2021 was 72 births in Fosston. Next slide, please.

And I do want to call out the types of births to Cesarean versus vaginal delivery. It gets important to point these out because there was a significant range from 2015-2021 on the percentage of vaginal delivery versus C-section. C-section ranges around 17% in 2017 and 19% in 2021 and as high as 33% rate of C-section for delivery in 2015. Again, call out that we have fantastic providers in the Fosston community, Drs. Swanson and White are our labor and delivery services in the community. And you can see over a period of 2015-2021, we did see a shift in the providers or transition of the number of deliveries by provider. But you can see during the same time, the number of deliveries overall was declining. Next slide, please.

Again, there are a number of reasons it is multifactorial anytime you see a decline in the number of services. But we want to point out the Fosston population from the U.S. Census Bureau did decline from the year 2000 to 2020 by 9% during that time period. Next slide.

And we are well aware that Fosston area is much greater than the city of Fosston proper, but in that area, in that service area, if you look at some data and project over the next five years from 2023-2028, we continue to see decline in overall population but more significantly, there is a projected 4.9% decline in females of childbearing age. That is ages 15-44 compared to the state of Minnesota, which is 0.7%, and in the United States which is fairly flat, with an 0.2% increase. Next slide, please.

And I am going to reintroduce Stefanie Gefroh to present the slight appearance before is what Dr. Thompson alluded to.

>> Dr. Stefanie Gefroh (Essentia Health-Fosston): We want to provide additional resources to look at, maternal outcomes in rural hospitals, specifically in low-volume labor and delivery centers, calling out that there is an increased risk of severe maternal morbidity or sickness complications, to use different terms. It is definitely higher risk for OB patients to deliver at centers that are considered low birth volumes. They call this out to be

anywhere from 10-110 births annually. You know, to reiterate the studies have shown that the risks are more than double in these low-volume centers compared to higher volume facility cohorts. Next slide, please.

We want to talk a little bit about, you know, what we have been doing to continue to provide the best obstetric care that we can knowing a labor and delivery closure needed to happen. Next slide, please.

We have been doing a shared maternity care model, which has been increasingly more common in facilities across the United States. So, with a shared care model, a patient is able to get prenatal care in their local facility, but they share the care with another clinician that is located at the center where they intend to deliver. We continue to offer all of the basic essentials that you would expect with prenatal care locally. So, in Fosston, we have provided ultrasound, labs, again, prenatal checkups. There is this shared collaboration with an OB-GYN, in this case, at the hospital where delivery is planned. And really, the benefits include improved continuity of care, patients are happy that they are able to get the majority of their care close to home. Again, we can provide that assurance of more favorable outcomes. Here the feedback we have been getting from patients and the clinicians, both in this case in Detroit Lakes and Fosston are overwhelmingly positive. There are always stories to look into and antidotes on how we can do this better, but overwhelmingly, this has been very well received and working very well. Next slide, please.

So, just to reiterate what services continue to be available in Fosston. Preconception care and counseling; prenatal visits including labs, ultrasound, prenatal education, monitoring, management of prenatal complications including nausea and vomiting. Delivery care, newborn care at the labor facility, in this case Detroit Lakes. Patients are able to go back to Fosston for their postnatal checkups. Again, labs for newborns, education, managing any concerns in the postpartum time frame. Next slide, please.

>> Callen Weispfennig (Essentia Health-Fosston): I'm going to take the next couple of slides from Fosston. We essentially want to take a moment to recognize our partnership with shared care facilities. Detroit Lakes is the site for coordinating care with peers. They have a robust medical staff. The facility offers a 12 bed OB unit and is located just 75 minutes from Fosston. Recently, one of the staff members received an outstanding testimonial and award nomination; a Detroit Lakes nurse received a Daisy Award nomination from a Wilton family who delivered there recently. They felt their care and experience was exceptional and deserving of a "Daisy Award" recognition. Next slide.

So, as we shift gears with the last couple of slides here and transition to Q&A, these really are the key takeaways that Essentia wants to communicate to the local communities. These are the primary summit points, the "why" behind the change in service in Fosston. Those include those things have changed and evolved, even in recent years and with birthing population demographics. At the same time, the industry has changed from a health care delivery standpoint, operations, recruitment, resource management are all as complex as they have ever been. And the reality is that liability risks have changed. And actually, liability has grown both for the challenges just mentioned, but also the birth and continues to be one of the most litigious areas of health care. Not only has the bar been raised, but the stakes have been elevated as well. Saying all of that, the message that Essentia wants the community to hear loud and clear is the two points at the bottom of the slide. Essentia is committed to serving the Fosston community and quality care is the key focus of our values. Next slide.

>> Dr. Mark Thompson (Essentia Health-Fosston): I will cover the next couple of slides. Before I do so, I am hoping that you can visualize that picture that Stefanie Gefroh demonstrated around that emergency moment of patient safety. Because again, our focus is on safe mom and newborn care. And we quoted some studies

tonight. We have given you resources to do your own homework. And again, our goal is to be transparent. But I do want to open the hood of Fosston so you can look into it. I want to talk about our great physicians that we have there. Some of the challenges that I talk about, safe systems of care and how it is our duty and obligation and moral ethical principle to constantly assess our systems of care and create safer environments. And I want to go a little broader than the services. We are essentially at the current state of two physicians covering your emergency department, covering your hospital, and any emergency services, covering your nursing home. And when we are doing OB care, covering OB care. And when you think about one person, that is really stretching the resources. We talk about designing safer systems, no one person can be multiple places at one time. So, when we think about safer teams and systems, we have to think about broader teams and doing care differently than what we have done in the past. It can't always be done in the future. That is part of the reason we are here today. I want to make sure that this is applicable to Fosston when you think about the resources that are currently there. So, what is next? We don't believe labor and delivery care will be offered in a Fosston in a way that is safe and certainly Fosston will engage with the city and the community. This is an important issue. And not just for OB care and newborn care, Essentia is fully committed to remaining in the community of Fosston and thinking about all of the health and the health care needs and having the best partner with you with all of the resources to make it a healthy, safe community. Next slide.

We want to keep you at the center of this dialogue. We want to focus on fulfilling our obligations to new moms and designing safe and sustainable models of obstetrical care. We want to make sure that you get what you need from us as a health care and community leader. And we want to work with you to best proceed in the face of environmental conditions such as population decline, as we shared with you today. Workforce shortages and volumes needed to keep teams sharp and ready for obstetrical emergencies. Next slide. Open for discussion and questions.

>> Stacy Sjogren (moderator): All right, thank you so very much, Essentia team. We appreciate your presentation. We will now begin the public comment portion of this meeting. So, it is your turn to participate by asking questions, providing comments, or sharing your perspectives. Each person will be given up to three minutes to ask a question or provide public comment. I will stay on camera and give you, the speaker, a sign, maybe like the sign, to say nonverbally, at least, that your time is almost up. I will step in verbally if I need to. About three minutes is kind of something you should keep in the back of your head. Also, again, please remember the information that you are sharing is being shared virtually in a public forum. So, if you don't want to share private medical information, don't share it, please. Once you are finished with your comment, I will turn it over to Essentia Health-Fosston team who will have three minutes to respond to each of those questions and comments.

Now, how do you make a comment? They are two ways to provide a comment or ask a question. The first is to raise your virtual hand, and you will be unmuted. You still have to click your own unmute button. You can also use the chat to ask your question or write comment. In both the mobile app and in the browser version of Teams click that More button (...) to show the Raise Hand option. In the mobile app, and I see there are a lot of people calling in on their phones, the icon is a little yellow hand in the browser version, the raised hand feature is the fifth item from the top of the list. If you are calling in on your phone, press *5 to raise your hand. Once it is your turn, press *6 to unmute yourself. So *5 to raise your hand, *6 to unmute yourself.

The second way to share your thoughts is to type your question into the chat box and press enter or send so that others can see it. To open the chat box, click on the icon that looks like a cartoon speech bubble with two lines in it. If you are using the Teams browser window, the content is on the bottom of the screen. If you are

using the Teams app it is in the right corner of your screen. If you do post something in the chat, a MDH staff person will ask the question on your behalf and that is Jane. She is my co-organizer when it comes to this public comment period. You will hear us talking back and forth as we organize things. We will select participants in some sort of order and probably, as I mentioned earlier going back and forth so that we can get a balance of comments in here, whether it is verbal, written in chat, or sent and ahead of time. Please remember to share your name and the city where you live before asking your question verbally or include it in the chat. And then, and very importantly, please be respectful. Reflecting back on the personal comments that I shared at the beginning of our meeting of creating a space in which we all felt heard and understood and respected. Please note that Jane and I will be watchful for abusive comments, meant to discredit or malign someone or shared verbally on the chat. We will step in. People who do those things or use language that is threatening, make false accusations meant to damage reputations, or use offensive or inappropriate language, which that creates kind of an intimidating environment, we will mute you and the next person will be able to provide a comment. And with that, I think we are ready. Jane, are you ready? Let's make sure your microphone is working.

>> Jane Danner (MDH): Yes, I am ready. We have two raised hands in the chat if you would like to start there.

>> Stacy Sjogren (moderator): I see that. I will call on Fosston City Hall and Jane, get ready with a question either from the chat or from the list that we received ahead of time here, then we will go back, and it will be another turn. So, Fosston City Hall. Go ahead, we will unmute you and you have to unmute yourself so take time to figure out where all of your buttons are.

>> Joe (Fosston): Okay, can you hear me?

>> Stacy Sjogren (moderator): We can hear you. Please go ahead.

>> Joe (Fosston): I am from Fosston, and I am Joe Offerdahl, the mayor of Fosston. I have a question for Dr. Thompson. And that since moms are no longer allowed to deliver babies in Fosston about what other hospital services are currently being provided in Fosston?

>> Stacy Sjogren (moderator): Thank you very much. We appreciate your comment. If there is an answer I might think Dr. Thompson, was it not?

>> Dr. Mark Thompson (Essentia Health-Fosston): The last portion of the question, I'm sorry, I missed that.

>> Stacy Sjogren (moderator): Do you want to come back on, and make sure your question was heard correctly?

>> Joe (Fosston): I will repeat the question. Since moms are no longer allowed to deliver babies in Fosston, what other hospitals services are being provided in Fosston?

>> Dr. Mark Thompson (Essentia Health-Fosston): Whatever hospital services are being provided in Fosston, we will certainly invite Callen Weispfennig and Tanner to share in this response. So, ED services and one caveat here in Fosston, we certainly would be able to address OB services if presented to our ED. They are equipped to do that.

>> Stacy Sjogren (moderator): Want to interrupt for a second, what is an ED?

>> Dr. Mark Thompson (Essentia Health-Fosston): Emergency department or emergency medicine or emergency center. If I use acronyms, please call me out. And hospital-based services, we have some OB-GYN

outreach services as well as muscular skeletal care and orthopedic services and Fosston, primary care services. And Callen Weispfennig, I will let you fill in the rest.

>> Callen Weispfennig (Essentia Health-Fosston): Thanks. I would call out ultrasound-based services as something that is important that we would continue to offer. Those are performed in the hospital or clinic.

>> Stacy Sjogren (moderator): Well, I think there is a follow-up question from the mayor about whether those services are performed in the hospitals or clinics. So, I will let you answer that. I will move forward to Jane to ask a question from the chat or pre-submitted questions. So, Essentia team, do you want to answer that last question?

>> Callen Weispfennig (Essentia Health-Fosston): Ultrasound is provided in the hospital.

>> Stacy Sjogren (moderator): Good, thank you. Jane, what do you have?

>> Jane Danner (MDH): Yes, there are two comments that I will read that were submitted previously. Both were submitted anonymously.

“We have always had labor and delivery services in Fosston. It is ridiculous to have parents have to drive 45-65 miles for the services when we have well-trained staff and necessary equipment to have the services here. I vote to bring it back.”

And the second comment also submitted anonymously is, “The providers at Fosston have neither the resources nor the expertise to continue having an active OB unit. Visits to the clinic, ER, and inpatient setting has shown medical practice that is renegade at best and outright dangerous at worst. The providers; MDs, NP, PA fail to recognize their own limitations and not only jeopardize patients but also the licensed staff. Lives would be at greater risk if Essentia providers are allowed to deliver at Fosston. Please allow the facility to close.”

Those are two comments. We can go back to questions in the live chat.

>> Stacy Sjogren (moderator): Thanks. I will just pause here. Those were both comments from two different perspectives. I welcome an opportunity if the Essentia team would want to respond in any way to those comments, recognizing them or otherwise. I can keep moving on too. I just don't want to assume anything.

>> Dr. Mark Thompson (Essentia Health-Fosston): I would comment. I appreciate the discord and the ability to have varying opinions. I want to reiterate again; this is about systems and not about individuals or people. The continuous assessment and duty and obligation to create safer systems of care appear and that often means changes. And I want to reiterate, no physician can be in more than one place at a time. And that's it.

>> Stacy Sjogren (moderator): Thank you. Jane --I'm sorry, go ahead.

>> Tanner Goodrich (Essentia Health-Fosston): Related to the last comment I want to emphasize and make a point to say, I know that comment was anonymous, but our providers and clinicians are extremely talented and very capable and so, in Fosston and so I know that comment was made from a perspective and I can't speak to the person's perspective, but I do want to call out and support our providers and just how talented they are of taking care of patients in Fosston.

>> Stacy Sjogren (moderator): Thank you, Tanner. Jane, those were two comments from the pre-submitted questions. Did you want to pull a comment from chat? I don't have the chat open so I'm trusting you, Jane.

>> Jane Danner (MDH): Absolutely. So, we do have a chat that asks a discussion question.

“How will Essentia Health-Fosston serve those that require emergency delivery services that don't have the time to travel an additional 75 minutes to the nearest facility? In addition, wouldn't removing the current L&D services, labor and delivery services put the moms and babies in those emergency deliveries at higher risk for morbidity and mortality?”

>> Stacy Sjogren (moderator): So those emergency situations for labor and delivery. Is there a person from the Essentia team that want to take that on first?

>> Dr. Mark Thompson (Essentia Health-Fosston): I will let Dr. Gefroh as an OB-GYN respond to that.

>> Dr. Stefanie Gefroh (Essentia Health-Fosston): There are many different ways that we can support the emergency room staff in the event of an emergency. We have other facilities that we have worked with that have asked for resources and education and training to be prepared as best as possible. There are life-support related to obstetrics training that the emergency room clinicians can get certified in. Those are ways that we can support moms in the event of an emergency. And you know, with regard to travel, the data is not real specific about what is too far. But we know that anything less than two hours, you are not going to have an increased risk of morbidity and mortality. Not more than four hours, that may change. But the literature does not support that a 75-minute drive to the nearest labor and delivery facility would increase morbidity and mortality.

>> Stacy Sjogren (moderator): Thank you, doctor. So, Jane, I will go back. It is time for me to go back to my hand raised thing. It will be Chris, if you could come on the microphone and make sure your microphone is on and if I screw up your last name, I'm sorry. If you can tell us who you are and where you came from, that would be great.

>> Chris (RN): Yes, I think you had it right.

>> Stacy Sjogren (moderator): Did I?

>> Kristen (RN): My name is Chris. I'm a registered nurse and President of the Minnesota Nurses Association. As a registered nurse in Minnesota, it appears some of my colleagues are used to servicing many families from rural areas who never have OB services that come to our community. So, something that I just wanted to mention as a young person with a year and a half old, thank you to my wife right now who is in bed with PTO. One of the things that we looked at when choosing where to live, was whether or not we could have total medical services, services available for us in all stages of our life. And that meant we chose to not go to certain places. While the data is very compelling, I just think it is worth considering viable community service and nonprofit that there is also a responsibility to regardless of where they live to have access to the quality care that we know health care workers provide. So, I would just challenge you all as well as the other executives at Essentia in attendance tonight to join with us. Join with your communities, your employees, to work to fix a broken health care system rather than fighting against changes while working with a broken model. I heard that same assistance of care may need change. I hope we can all work together to do that. So, thank you.

>> Stacy Sjogren (moderator): Thank you, Chris. Most generally a comment also and ask in there attending to the larger broken system of health care, is there anything the Essentia team wants to comment on in that space?

>> Dr. Mark Thompson (Essentia Health-Fosston): I will just say extremely well said comment on the importance of creating safety-based, safe place to have ongoing dialogue. And thinking of the overall health of the community I think is so critical. And that is certainly our intent having these conversations. I think all of the community of Fosston in addition to our work and bring our best resources forward around a shared care model that Dr. Gefroh outlined.

>> Stacy Sjogren (moderator): Thank you. I do see Jane, that the Fosston City Hall has a hand up again but let's keep looping around here if we could. If you want to pull in a comment from pre-submitted list and one from chat. Then I will get back to Fosston City Hall.

>> Jane Danner (MDH): Back to another pre-submitted question is:

“At the last meeting we were shown that risks are more prevalent, and these risks in many cases, would lead to an expectant mother being referred to a larger clinic/hospital, how would these apply to a level 1 birthing center?”

>> Stacy Sjogren (moderator): So, Essentia, and a response? Can you explain what a level 1 is too?

>> Dr. Mark Thompson (Essentia Health-Fosston): Dr. Gefroh, do you want to start with level 1, and I can address straightforward terms after the question.

>> Dr. Stefanie Gefroh (Essentia Health-Fosston): Sure, when we talk about level 1 birthing center, we really talk about low-risk deliveries. And there is accuracy that if those conditions are identified prenatally, there can be a consultation, of course, with the collaborating OB-GYN physician about should there be increase surveillance in the pregnancy? And in those scenarios, if your labor and delivery is open, and oh, level 1 center, of course, low-risk patients would be delivering there. But those patients identified with higher risk and pregnancy do typically would get transferred to higher level of care prenatally for involvement in the prenatal care. And I think -- and I don't think I have anything more to add about that other than going back to the patient's story that I shared, there are complications that cannot be predicted. And that is really what we are talking about today, being prepared for the unexpected, which you don't always identify those risks prenatally and you can't always. And think Dr. Thompson, did you want to add anything else?

>> Dr. Mark Thompson (Essentia Health-Fosston): Just to reiterate when we think about that slide and that red box where we talk about the risks and complications that occur during labor, yes, some medical risk and conditions can be identified. We should have excellent prenatal care in our community. And Essentia Health is trying to focus on that with this change. Some things can't be determined. I want to keep this simple and straightforward, and babies don't come out with anoxic event with lack of oxygen, and you've heard this now, time is of the essence. When I go back to these small centers with low volumes where the positions are working extremely hard coming into the health care community and stretched, stretched on call, stretched with coverage. They do their absolute best within the Essentia system. When you look at the data Dr. Gefroh presented, why do we see some of these increased complications in the small communities and in these areas where there are low volumes? Usually resource issues. It is a resource issue. No one person can be in multiple places at all times. We have to have redundant systems to decrease harm. And you know, we have to think personally. If we can prevent one harm, one anoxic injury or one case of cerebral palsy to think about your child and what that can mean to you. And we look at designing a safer system. That is our intent today. It is an excellent question. And I thank you for the question and we are doing our absolute best to share with integrity.

>> Stacy Sjogren (moderator): Thank you, Dr. Thompson. Jane, back over to you. And I would like to also -- we lost the other ones but go ahead. You have two other questions if you are ready to go.

>> Jane Danner (MDH): Sure, this is a question from the live chat. I will just remind everyone that I am reading them verbatim to remain neutral but also to not alter words or comments from those who are submitting them. So, this question from the live chat is:

“Dr. Thompson mentioned stretched resources with 2 Drs. Why did Dr. Thieman call Dr Hacker to talk him out of coming to Fosston?”

>> Stacy Sjogren (moderator): Essentia team, if you want to answer that, you can. About that, drawing a line of what an appropriate question might be in this Essentia session as what we were talking about before. It is your call.

>> Dr. Mark Thompson (Essentia Health-Fosston): I will address that head on.

>> Stacy Sjogren (moderator): Okay.

>> Dr. Mark Thompson (Essentia Health-Fosston): Thank you for calling that a loaded question, right? I will open the curtains behind recruitment. You can all Google Fosston. You can look at press releases in Fosston. You can look at our website. And our candidates, to be completely honest, they ask us questions. What do you think about this practice? Is it viable? Will I get the numbers I need? This is my understanding, and a new graduate went back and talked to the program director and asked questions about this practice. We get back to numbers. Here is the reality, they are declining numbers like we shared. Questions. You ask us questions and how much volume is there? Is the population growing? Will there be challenges in growing OB and we have to have honest conversations with candidates. I don't know all the conversations that occurred. But I do know we are always transparent with the data and the analytics and the volume just like we are being with you today. And OB-GYN into the Fosston community with total numbers with a new grad cover they would have a very hard time getting numbers credentialed by their organization to be certified. They have to have a number of cases to present. Many, many physicians would not have adequate numbers to go and work somewhere else based on the current rate of decline in Fosston.

>> Stacy Sjogren (moderator): Thank you. Jane, back over to you if you want to pull a question from the pre-submitted list.

>> Jane Danner (MDH): Yes, one question.

“Have you tried hiring OB-GYN like you did at your Moose Lake Minnesota location?”

>> Stacy Sjogren (moderator): And is there somebody that wants to stand forward from the Essentia team. You are the man on the spot.

>> Dr. Stefanie Gefroh (Essentia Health-Fosston): I can take it too.

>> Dr. Mark Thompson (Essentia Health-Fosston): I want to give you a little bit of history because it is a comparison with this. Let me tell you little bit about Moose Lake. Since mid-1990s, Moose Lake population of Minnesota has doubled. This is all public information so go out and research. The population is growing by 600 over the last 20 years. 4.7% increase from 2021-2022. If you look at 2022, the population grew by 28.45%. We have physicians covering in Moose Lake. We have surgeons, general surgeons to provide backup on surgical complications and emergencies. We have OB-GYN. We have multiple resources able to work in the

community. A very different picture around population growth trajectory in the medical community. I think as an example of what Essentia can do in a rural community. I wish more people were moving to Fosston. I wish more people came when providing OB-GYN services. I wish we heard more about jobs and growth from Fosston to tell a different picture than what we see in the data and projections. And I will hand it over to Dr. Gefroh.

>> Dr. Stefanie Gefroh (Essentia Health-Fosston): I will comment briefly on the challenges of recruitment with OB-GYN physicians. So, at Essentia Health we have open positions that have been open in some cases more than two years. There are fewer and fewer physicians going into OB-GYN. And as you can imagine, life balance, work-life integration people sometimes call it, is becoming increasingly important, particularly to new grads. They want to be in a facility where they can share calls and not be on-call 24/7. As Dr. Thompson already mentioned, the challenges of having smaller volumes of both C-section deliveries and vaginal and a new one wanting to join and Fosston that wasn't OB-GYN, they would never have enough volume to sit for their boards. That is a huge factor that you have to consider when trying to recruit new talent.

>> Stacy Sjogren (moderator): Thank you. Jane, I lost my train of thought. Is it my turn for a question?

>> Jane: Well, I do have a question along those lines to add to Dr. Gefroh.

“Why haven't you tried hiring a general surgeon for C-section backup?”

>> Dr. Stefanie Gefroh (Essentia Health-Fosston): Again, going back to volume and training. So, if you look at general surgery training across the country, there are very few surgeons and programs that teach general surgeons how to do a C-section. And it gets harder and harder to find surgeons that want to live in a smaller community, again, speaking to the work-life integration, work-life balance, being on call 24/7 is not desirable. And that is just the reality. Again, we have general surgery openings across the system and in other communities. And finding somebody that is willing to do C-section backup is nearly impossible.

>> Stacy Sjogren (moderator): Thank you. Okay, Jane, I will go back to the Fosston City Hall. They have been patiently waiting for a question. So, I may come visit you again or if somebody else that would like to ask a question.

>> Cassie (Fosston): Hi, this is the administrator, Cassie. I would just like to mention, we have 40 plus people in this room so when our hand is raised, we have 40 people here.

>> Stacy Sjogren (moderator): Okay, good to know. Thank you, thank you.

>> Cassie (Fosston): Would like to start by calling out the May 15 Essentia Health memo where the executive team fully committed to resuming OB GYN services. I'm just wondering what will be the services fully committed to resuming? And obviously we know that you decided not to resume those services and when did that change and who decided it? And as we are talking about providers that you have there, and I look at their volumes. You talk so much about competency, what I see is that those providers are not getting the level of competency that you set is a gold standard for providers to get here and so for instance, if you have five providers delivering 80 babies and certainly not getting 50 babies that you would like our providers here to have come I would also ask you why your local providers are not doing this? Your local doctors and I would wonder if they supported your decision to discontinue their practice and to echo the comments about Dr. Hacker, something we found out to be true, that he was told not to come here prior to discontinuing what you call a pause. So, I just want to call that out to the community and 135 people on the call and 40 plus people here to know that.

>> Stacy Sjogren (moderator): There was a lot of questions in there. I'm not sure I got them all, but I will -- I will call out the May 15 memo, something about the OB commitment to resuming local providers. I'm sure all of you from the Essentia team heard and understood the questions in there. I would turn it over to you to respond to the Fosston administrator I think it was in specific or generalities. Your choice.

>> Dr. Mark Thompson (Essentia Health-Fosston): I can work to answer that question. And Cassie, I may have missed responses with additional questions because I know there were a few in there. Certainly, in my review of the work, there was good partnership and communication with the city public releases and announcements around the pause. And then the intent coming together with options moving forward. And so, I know there was announcements and intention to try to stand things up and design safer systems of care. There was work at recruitment and reconfiguring of things. Every -- and this has been a difficult time I note in Fosston and also Essentia how given what is at stake in the community. And I know the mayor spoke into that. And Cassie has spoken to that also. And you know, we came back and said, we need to work on a safer system. We may not be able to establish the same system that we had in place. We designed the shared care model and kept the community informed, a public hearing, with the Council. A public meeting is probably a better word for that. That is what the team did. And in that a healthy organization, healthy relationship. We may have good intentions of coming forward. At times we fail with our plans. And we fail forward to. I love that earlier segment how we come together and work on things if things don't go as planned where we haven't been able to meet our goals.

>> Stacy Sjogren (moderator): Thanks, doctor. Any other comments or responses from the Essentia group before I turn it back over to Jane? I just want to pause here because there were so many questions embedded in that area. Okay.

>> Cassie (Fosston): Could I clarify my question, please?

>> Stacy Sjogren (moderator): Clarify it but one specific element to the question instead of the whole bunch. I want to make sure we get around to the whole group. So go ahead, please.

>> Cassie (Fosston): This is in regard to the May 15 memo. We are fully committed, Essentia, in this memo on the heels of several meetings where Tanner was present. Dr. Gefroh was present. We were assured we would have those OB services resumed. The question really is, what changed? I also heard Dr. Gefroh talk about we knew it was going to happen. We knew it needed to happen. So, what changed and when, since this community was really under the impression that it was coming back?

>> Stacy Sjogren (moderator): So Essentia team, is there a way in which you would want to expand your response to the thinking? Doctor, I heard what you were saying about reserving the right to get smarter, looking at more information, really thinking about things with your team. But I will pause and see if there is anything you wanted to each add to your answer to get specific questions about what changed.

>> Dr. Mark Thompson (Essentia Health-Fosston): Go ahead, Callen.

>> Callen Weispfennig (Essentia Health-Fosston): I'm just going to interpret the advice we got from our counsel, and we are going to move on and decline to comment.

>> Stacy Sjogren (moderator): Okay, very good. Jane let's hear from you. Two rounds and if Fosston City Hall hand is still up, we will call on that group. Again, let's see if somebody else from that group wants to speak up and ask a question. Go ahead.

>> Jane Danner (MDH): Sure.

“I have several prismatic questions related to geography. Can you help us understand why Moose Lake continues to see support for their OB program despite seeing the same historical value of deliveries, low score enrollment and low population, compared to Fosston.”

Is there somebody in a position to take that question?

>> Dr. Mark Thompson (Essentia Health-Fosston): I will respond to that. I'm not sure based on previous answers that the population counted. I would encourage them to do their own homework with that. Again, when you talk about low-volume center, you have to look at growth in the population, right? In our systems are safer care. And so, there are ways to address some of those issues. We talked about the resources for the hospital. We talked about resources in the ED and general surgery. And also, OB-GYN staff and family physicians based on the overall population and early on in the community and trajectory of growth.

>> Stacy Sjogren (moderator): Thanks. Tanner I saw you come on the microphone. Did you want to add anything or did Dr. Thompson answer the question.

>> Tanner Goodrich (Essentia Health-Fosston): I think Dr. Thompson answered the question. Thank you.

>> Stacy Sjogren (moderator): All right, Jane, back to you for a question. I will go back to Fosston, and I also see Will queued up with his question.

>> Jane Danner (MDH): Sure.

“I would like to have two additional questions, both geographically related. The first one being, are you comfortable with the increase in preterm births that comes with ending labor and deliveries and there is a distance greater than 30 miles to the nearest hospital that does deliveries?”

>> Stacy Sjogren (moderator): Okay, increase in pre-terms births? Is there anyone from Essentia that wants to take that question on.

>> Dr. Stefanie Gefroh (Essentia Health-Fosston): I can respond. I don't know where that's coming from here. The pre-term birth rate across the nation's stagnant despite lots of efforts over the years to decrease preterm deliveries. And so, I'm not familiar with data that is driving a distance of 75 miles would increase a risk of preterm births. And particularly when we have access to prenatal care within the Fosston community. So, you may be able to take a leap and say, if we didn't have those other obstetric services in Fosston like we do that perhaps patients aren't getting prenatal care. But that is simply not the case in Fosston. We offer prenatal care in Fosston.

>> Stacy Sjogren (moderator): Thanks, Dr. Gefroh. Jane, back to you.

>> Jane Danner (MDH): “In reviewing the information shared, births will be sent to Detroit Lakes, which is 66 miles away. Why would women not be sent to Bemidji for delivery which is only 44 miles away?”

>> Stacy Sjogren (moderator): So, Detroit Lakes or the other place, what is the logic? What is the “why” there? Who is in a position to answer that one.

>> Dr. Mark Thompson (Essentia Health-Fosston): I think in all cases, we would leave that to the mother or family to determine where they would choose to receive care. In our particular system of care, the facility is not an Essentia facility. Through a shared care coordinated model, we would not be necessarily in a position to

provide coordinated care with common EMR shared providers and those types of things in OB-GYN. And ultimately if the family decided to go to another OB-GYN, we would support that. But as a part of a shared care model, the alignment is with the Detroit Lakes facility.

>> Stacy Sjogren (moderator): And it is Sanford? Am I remembering that right? A Sanford facility? Okay. All right, Jane, I think it is my turn. And so, observers who were late to join, note that the Fosston City Hall has their hand up and it's always up because I have 40 people in one spot. So, I will ask for the next person there to come to the microphone and ask their question. And I see you. I will catch you on the next round here as Jane and I worked through the system and try to rotate as much as possible. Thank you to everyone for bearing with us. Go ahead City Hall.

>> Farmer (Fosston): Can you see me here?

>> Stacy Sjogren (moderator): We can hear you just fine.

>> Farmer (Fosston): My name is [Indistinct] and I go to the Fosston hospital. I am a 52-year-old retired farmer, and I am also a bachelor. I've never been married, nor do I have any children or grandchildren. Essentia Hospital in Fosston has been my go-to place all of these years. And I have built up a good rapport with the doctors and staff over all of those years. What I do not understand is the fact that you would expect expecting mothers that have been going to Essentia and Fosston all of their lives much like I have that have built up the same rapport with the doctors and staff. Now that they are expecting, they must essentially suddenly go to Detroit Lakes. More than likely is the doctor that is new to them to does not know their history as well. Suddenly, they have to drive back and forth to Detroit Lakes where the medical staff here in Fosston is certified to deliver babies. You are adding the extra stress on an expecting mother. Not only is there extra stress driving back and forth, but what about those mothers that are working? Maybe the company that she works for does not offer much paid time off. And we do not know everyone's finances. It could be they cannot afford to take but just an hour off at work to go to Fosston for an appointment, at least let alone a half a day to go to Detroit Lakes. Forget about the finances. What about winter? What are they supposed to do if there is a winter blizzard and God forbid, the highways are closed. Even if the highways are not closed, what if it is slick and exposing them to the chance of an accident? Yes, it can happen, even if just driving to Fosston. But at least the chances is a lot smaller. Nowadays, with ultrasound and such as that, the doctors usually know ahead of time that if it is going to be problems with the delivery and if there is, they can send them on to Detroit Lakes. The doctors are smart enough to know when they can and cannot handle a case. If they cannot, they will send them [Indistinct]. Having a baby is always scary and a nervous time for a new mom. Now, you want to put the added worries and stress on them? The extra stress is not good for an expecting mom or an unborn baby. Thank you for your time.

>> Stacy Sjogren (moderator): Thank you so much for your comment. So, what I am hearing Essentia team, is a concern about a rapport with one's medical team. The extra stress layered on to making a change in how things have happened in the past. And maybe a bit of tradition and a sense of place. I know you addressed some of those concerns in your presentation. Is there anything you want to loop back to in response to this commenter?

>> Dr. Mark Thompson (Essentia Health-Fosston): I will say thank you, thank you to the comments. All important. We have done our best to take those comments under consideration with stress and anxiety, preventable harm with the current state. Thank you again for your comments.

>> Stacy Sjogren (moderator): Jane, let's do another round, one for you, two for me and then one for me. Should we touch base and see where we are? I have one eye on the clock. While I do not want to shut things down, I do want to be respectful of people's time. So, Jane, two for you.

>> Jane Danner (MDH): Yes, I do have a lengthy submission of comments from one individual submitted anonymously. I will save the question, one question for the end.

"When Essentia Health took over health services in Fosston, there was a contractual agreement that included Essentia committing to providing labor and delivery in Fosston as a required service that would always be provided. I understand that there were challenges in providing the service. But labor and delivery has been done in Fosston for decades, and they can and must continue to provide it. It is essential to make Essentia responsible to take the challenge with high quality services and to continue their contractual commitment rather than to shirk its responsibility by saying it is too hard to do. That is frankly not an option. Essentia, this is not something that is simply your option or choice to do this. You must provide the service. Fosston is an excellent geographical center between two large cities. It is the various small towns to be the one place in the area that delivers babies. If this option goes away permanently, the distance to travel to have babies becomes unreasonably far. There are so many statistics that can be looked at in order to see that this is true. From this article, and there is an NPR Maternity Care Deserts March of Dimes article that is referenced that states, "Mothers and babies and maternal care deserts face higher poor health outcomes including death. Roughly 900 women died of pregnancy-related causes in the U.S. In 2020, the report says adding, nearly two-thirds of such deaths are preventable." Another article referenced by NBC News, there is a quote from that article that states, "research has shown that women who do not have access to hospitals are more likely to face health consequences, including high risk of preterm birth, which is associated with asthma, hearing loss, intellectual disabilities and other lifelong effects for children and an analysis published in 2019 finds that rural residents have a 90% greater chance of maternal mortality compared to urban residents. In part because of limited access and longer travel times to obstetrics care." Women of color had 33% higher negative outcomes than white women regardless of where they lived according to the research. By shutting down labor and delivery and Fosston, realize you will be contributing directly to these dire statistics. You will be contributing to serious and potentially lifelong health consequences for babies. You will be contributing to mortality. It is particularly stunning to know that nearly two-thirds of pregnancy-related deaths are preventable. And I'm coming to the last paragraph here with one final question. If Fosston doesn't have labor and delivery services, this will cause additional stress on pregnant women. According to the NBC article cited above, chronic elevated stress and anxiety during pregnancy are associated with a higher risk of high blood pressure and heart disease for the pregnant women, preterm birth, and asthma and behavioral health problems in young children. Studies suggest women living in maternity care would be subject to additional stress from in the back of their mind they cannot easily seek care if they have an emergency and cannot deliver their baby in Fosston. And the lack of labor and delivery in Fosston is wrong. Please make the right decision. And do what is necessary to continue to deliver babies in Fosston. The final question of this omission is, have you tried to access federal funding for rural and underserved health care services?"

>> Stacy Sjogren (moderator): I will cut you off there even if there is more because there is so much in that one. And I want to honor the time for each question, okay, Jane? What I'm hearing in there, Fosston team, concerns about contractual agreement and I'm hearing citations from an NPR article that references health care deserts. Some of the things we have been hearing along in the comments tonight is about the stress that this brings into community members through the Fosston area. Is there anything in this whole area of

comment that you want to pull out and respond to in more detail? I know there was a lot of comment in there. And so, help me out and what do you think would be helpful for the whole group to be able to hear from you tonight?

>> Dr. Stefanie Gefroh (Essentia Health-Fosston): I can make some comments about maternity deserts. When we talk about maternity deserts, we are really talking about no access to prenatal care or labor and delivery services. We have already discussed tonight about the shared, you know, maternity care model and patients have access to prenatal care testing, education, ultrasound, laboratory services within Fosston. We do have other options for patients that are strained and can't get to even Fosston for a visit. We have telehealth visit so patients can access health care, you know, with My Chart applications. They can connect to their clinician that way. And I think that is the bulk of what I wanted to say is really, we are talking about two different things when we talk about maternity deserts and what is happening, what we are providing in the Fosston community. So, while I appreciate the comments, and has come across the country there is increased attention to prevent maternal deaths and bringing it back to what we are talking about today is safety and quality of care, then that is really at the heart of what our goals are for our patients.

>> Dr. Mark Thompson (Essentia Health-Fosston): I would add that I really appreciate the comments about anxiety and stress. You know, we want the community of Fosston to know that we are absolutely willing to work with moms and the Fosston community around their birthing plan based on the resources we have, whether with Essentia Health or not. Or you know, and really work with you to help plan and address anxiety or concerns with this moving forward.

>> Stacy Sjogren (moderator): I'm just making sure that the Essentia team is good to go. Okay. Jane, I'm going to call on Will because he's been ever so patient. And then Fosston, Abby Pearson, and live people in rooms wanting to ask their question. And then I will check in with you. And I will see where we should go in terms of timing and asking more questions. I know, Fosston, you have many people in the room, and I am trying to balance out the two. I just lost one of the hands up. There you are, Will. You were first in line so I will still call on you. And Abby, an opportunity to ask your question so to go ahead if your question is still relevant but may be got answered.

>> Will: Sounds good, thank you. First off I wanted to clarify regarding the comments to the Daisy Award recipient. That would be my wife and I who filled that out. That was directed to the nurse who individually we felt went above and beyond to support that care. That did not take into consideration any of the unfortunate circumstances with the timeliness of our delivery there. My wife was actually induced early during a routine checkup. So, we were forced to have risk or complications prior to being out. Furthermore, regarding geographic concerns, being a long-time Duluth resident, and other surrounding communities, it is easier and safer on I-35, U.S. Highway 33, 53, as well as State Highway 61. Rural communities here and Fosston to Detroit Lakes forced to travel on a two-lane highway. It puts greater risk to individuals and puts their traveling time in excess of two hours. My final question is particularly targeted to Essentia. Is there basically a forfeiture of competition in this area to other community hospitals and private businesses to shut down rural the low-volume OB services forcing them to Detroit Lakes versus easier access to Sanford or Grand Forks? Thank you for your time here.

>> Stacy Sjogren (moderator): Thanks, Will. What we heard is a clarification of the Daisy Award. Some comments about transportation and travel routes. I don't know if I got this exactly right, but the forfeiture of business. Does anybody on the Essentia team in a position to respond to that question from well?

>> Dr. Mark Thompson (Essentia Health-Fosston): We can't comment on competition, you know in health care in a situation like this. I appreciate his comments, but I really can't comment on it.

>> Stacy Sjogren (moderator): Okay, thanks doctor. Okay. I'm going to call on Jane. Where was I? Is it Fosston City Hall and then Abby? Thank you for keeping me organized. Fosston, I know you have folks standing up and waiting to speak. Who is next in line? If you can speak up and ask your question as distinctly as possible because I want to make sure we have time for people to be heard. So that would be really appreciated but go ahead.

>> Hilary (Fosston): My name is Hilary.

>> Stacy Sjogren (moderator): Can you start over again? It was hard to hear at the very beginning, please.

>> Hilary (Fosston): Hi, my name is Hilary and I live in Trail Minnesota, about 15 miles north of Fosston. [My baby] was delivered in Detroit Lakes in December. So, I just wanted to see if any of you guys had experienced delivery within two different hospital locations because I have. And it is not as smooth as you guys probably would think it would be. I can give examples, but I know you want to be kind of short. And kind of pretending you guys thinking that we can do our preop care. And then go deliver the baby and come back here for post. I know that I wouldn't want some -- I know they are all good doctors and know what they are doing, but I don't want some random person that I've never had ... with me in such an intimate time delivering a baby. So that is kind of what I have to say.

>> Stacy Sjogren (moderator): Thank you so much, Hilary. And welcome, I suspect that is your baby is being held up so welcome. Essentia team, what I think I hear in Hilary's comment is perhaps the challenges, she calls it delivering into two different locations. Perhaps in there wondering how you are planning to make that sharing work as seamless as possible? If I missed stated that, please correct me because I don't speak medicine.

>> Dr. Stefanie Gefroh (Essentia Health-Fosston): I think we are always finding ways to improve upon the care that we provide. So, I know there is an opportunity to mandate the different clinicians in Detroit Lakes. There was always an opportunity to have tours, so things look more familiar when you come in to have your baby. I think if you ask most women, you know, if they have an expectation that the person that they saw throughout their pregnancy was going to deliver them, I think, you know, there is a realization that again getting back to work-life balance, you know, many times we can't expect that our clinician is available 24/7 for us individually. And while that feels like a sense of loss, it is the world that we live in today. So, I think a lot of patients have evolved in their thinking and understand that it may be somebody that they haven't met previously. And I will say, you know, working at Essentia, you know, being involved with the different teams, that provide prenatal care, and offer labor and delivery services, we look for people that are going to provide care with the patient at the center with quality and patient experience in mind. There isn't a single member on the team that I wouldn't trust with my own care. It is a hard leap to make as a patient when you have an expectation that things are going to look differently for you. But this is the health care challenges that we have to navigate, and we have to adapt and be malleable to. I appreciate your comments, and I understand the sense of loss and what you experienced. Unfortunately, this is the situation that we have to navigate.

>> Dr. Mark Thompson (Essentia Health-Fosston): I very much appreciate the comments about working with the systems of care and continuous improvement. Comments like that, there is always opportunity to improve. When I think about how we interact and use our electronic health record, My Chart, we talk about

virtual visits and making sure we are doing a good job of socializing, comes an opportunity for you to meet our caregivers and have a sense of relationship, those are important comments. I think we can work to build a better model based on the comments we received. So, thank you for sharing that.

>> Stacy Sjogren (moderator): Thank you. All right, I'm going to go to Abby Pearson waiting patiently with her hand up. Abby, you can ask us a question or submit comment and then Jane and I will check in with you to see where you are at and how we should move forward because I see it is 7:40 and wow did the time ever fly tonight. Abby Pearson, if you are not already on the microphone, come into the conversation and share your thoughts, please. Abby?

>> Abby Pearson (Fosston): Sorry, there we go.

>> Stacy Sjogren (moderator): Go ahead.

>> Abby Pearson (Fosston): I am a member of the community living in Fosston. And I have birthed my three children in the hospital. And personally, I have had a wonderful experience. So, I wanted to put that out there. My question is, why did it take so long for Essentia to address these issues? Like I said, I've been going to all of these meetings. Seeing we are past that 120 day window for pulling OB from the Essentia community, it seems like it took a lot of steps for Essentia to communicate with us as community members and as patients of the hospital. And then, you know with the declining to speak about the May 15th memo, it just makes me as a community member does not feel like the lines of communication are open. And it also, I find it hard to feel like Essentia has my best interest in mind.

>> Stacy Sjogren (moderator): Thanks, Abby. So, a question for the Essentia team on what took so long in coming to address these issues? And then just an observation I think that Abby shared about how difficult it is to maintain trust related to that May 15th issue. I suspect that as before, something you choose not to comment on at this time, and that is fine. But I want to draw out and paraphrase, I suppose it is, what Abby's concern is there anything you want to spell out in more detail why it took so long to address the issues? Or at least took so long in this person's perspective? Maybe it was a blink in the eye in terms of everything. So, I don't mean to relive it in any way.

>> Dr. Mark Thompson (Essentia Health-Fosston): Certainly, it was our intent to keep the community informed of some of the challenges we were facing. Again, when I look back and I see an announcement, the communication with the city notifying version that was put in place with the intent to keep people informed and have enough conversation. And we worked with the city and recruitment and retention in addressing the concerns.

>> Stacy Sjogren (moderator): Thank you. I hear from a low voice in my ear that there are three people at Fosston City Hall standing in line wanting to ask their questions. So, I would like to offer those three people an opportunity to, ever so quickly, ask their question and get an answer from the Essentia team. Then we will be ready to draw this meeting to a close unless a different voice in my ear says no. So, let's go back to the Fosston City Hall and the first person in line quickly to ask their question and we will try to get an answer for you. So, Fosston City Hall.

>> Kate (Fosston): My name is Kate, and I am from Fosston born and raised with great-great-grandparents. We have all delivered children in Fosston. I'm 45 years old and I have just had a baby. So, I will be in the 44-year range but still had a baby less than three months old. I was told at my first prenatal visit with Dr. Swanson they would not be able to deliver the baby. And that is what everybody was told at the time. And that I would have

to deliver somewhere else. I did make the decision to deliver at Detroit Lakes. I regret that decision, and I will tell you why. First, my question is, you are forcing people to pick different hospitals. Detroit Lakes is the one you recommended to go to. Does Detroit Lakes offer the same services as Fosston does?

>> Stacy Sjogren (moderator): So, Kate, thank you. If we can go straight to that question, and answer to that question about is there any kind of -- I think Kate's word was forcing people to go to a specific hospital, one or the other. Is there a response that the Essentia team would want to provide there? And if you need a clarifying question to respond to--

>> Dr. Mark Thompson (Essentia Health-Fosston): I'm not sure what the question is. But I understand the question.

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

>> Callen Weispfennig (Essentia Health-Fosston): Callen is my name. We stand behind wherever the patient chooses to go to. We honor that we recommend Detroit Lakes, and they are in the organization and network and obviously we have that transferability of EMR. We collaborate throughout the region and so that is our recommendation, but we honor a patient choice.

>> Stacy Sjogren (moderator): Thank you. And Dr. Thompson, were you going to add something onto that, or can we move on to the next question?

>> Dr. Mark Thompson (Essentia Health-Fosston): Move on to the next question.

>> Stacy Sjogren (moderator): Thank you, thank you so much. The second of three people in the Fosston City Hall line.

>> Kate (Fosston): So again, 45 years old. I was told I had to go somewhere else to deliver. I'd chosen Detroit Lakes because it was essential to keep in contact with my doctor. I have a lot of health issues. I ended up having to have a C-section. Before the C-section I asked if I could be sterilized, and my tubes tied. I was told in Detroit Lakes that - nobody informed me of this before I chose Detroit Lakes - That we don't do that in Detroit Lakes. We don't tie tubes because we are Catholic-based hospital. So, there I am laying on the table wide open and I have to have another surgery now- in Fosston. How come I want to point that out, in Fosston, to not have that done because nobody informed me that Detroit Lakes won't do that.

>> Stacy Sjogren (moderator): So, this is Stacy. I'm assuming that was a comment and not a question. Kate, do I have that right? That was a comment and not a question? I think we might have lost the Fosston City Hall.

>> Kate (Fosston): Can you hear me?

>> Stacy Sjogren (moderator): Now we can.

>>???(Fosston): I have two questions and one is to Dr. Gefroh. She mentioned the need for NPR training or neonatal resuscitation. My question is why was the Fosston staff refused training when they asked for it repeatedly and they were refused over and over so I guess my question is why? And my second question is when the hospital celebrated in statewide move some time, some national news, the purchase of a \$55,000 mannequin that can simulate deliveries to augment competency or augment volume for competency's sake. My question is the First Care Foundation and Fosston purchased and gave to Essentia very similar equipment. And I guess my question, why is that not being utilized to offset the company volume or added volume of 70 plus deliveries per year? To address that competency issue?

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

>> Dr. Stefanie Gefroh (Essentia Health-Fosston): I can answer. I can't really comment on the neonatal resuscitation training. I apologize, I don't have enough information about your question to answer that. With regard to simulation, simulation does not take the place of real life volume but to be frank, we would need to supplement that experience with actual patients and going to other facilities to supplement volume. Simulation can help with education in preparation, but when we recorded volumes as clinicians, so when I logged the patients that I have taken care of, you cannot utilize a simulation.

>> Stacy Sjogren (moderator): Thanks, Doctor. Jane, this is Stacy. I'm checking in with you. I thought one point the side conversation I tracked you had one more question you wanted to ask that perhaps had not been asked before. Has that when been resolved now?

>> Jane Danner (MDH): It has been resolved and we just covered it. We are good on this Stacy.

>> Stacy Sjogren (moderator): Thank you so much. I want to check in with the Fosston City Hall group. I know we had three people waiting for a turn. Have all three had the opportunity to ask their questions? I can't see and so I just want to check in with you. Perhaps the mayor is there to help me help?

>> Mayor (Fosston): This is the mayor. And I think I have one more lady that would like to come up and ask a question. But as long as I am here, I have a question that needs to be addressed. It appears that the statute requires Essentia to notify MDH of discontinuing OB-GYN services 120 days prior to doing so. At the hearing to be held prior to the discontinuation. Why is this hearing being held at hundred and seven days after babies were last delivered in Fosston? Thank you. And we have one more to ask a question and that should be that.

>> Stacy Sjogren (moderator): If that question is the last question, I just want to check in. Maria, I don't want to put you on the spot, but I want to see if MDH is in a position to respond to the mayor's question.

>> Maria King (MDH): I thank the mayor for asking the question. Mayor, there is a statute in place that does give a time frame. In order for us to hold the provider to the time frame, we have to have knowledge in advance of the changes. So, that is what I can say to your question. I think there may have been a conversation with the hospital about that and the result is we are here with this hearing. So, thank you for asking the question.

>> Stacy Sjogren (moderator): Thanks, Maria. The very last question for the evening from Fosston City Hall if you could succinctly ask your question or state your comment. We will make sure that we have addressed that so go ahead.

>> [Indistinct] (Fosston): Pardon me because I have a voice condition. But it starts here today a frightening position to feel like you have to drive an hour and 15 minutes. You can't drive yourself when you are in labor. You have to call your husband and wait for him to get back from work 30 minutes away. As someone who has quick labors, one hour, two hours, that puts me in a little bit of a very frightening position. And I did not feel like my safety was really being prioritized when the doctor specifically said, "We hope you don't have your baby in the car." It doesn't seem to make sense that there is no concern for safety to take the small chance with a labor going wrong and then putting 100% of women in this town in the position to ride in a more dangerous position of having to travel in order to get to a hospital bed.

>> Stacy Sjogren (moderator): Thank you so very much for sharing your comments.

[Applause]

Thank you. This is the last comment for the evening. It underscores some of the emotions that our community members are feeling about this change and what it means in a vulnerable place in their lives. And I know that you have responded in different ways as you are hearing those concerns -- not different ways, but you responded to those questions as they have come up. Are there any final comments that you would want to underscore about that sense of concern, emotional concern?

>> Dr. Mark Thompson (Essentia Health-Fosston): I would love for Dr. Gefroh to share some of her personal experience with patients that are developing birthing plans and traveling a distance and how we need to take a unique approach to each unique patient's needs and concerns and their history.

>> Dr. Stefanie Gefroh (Essentia Health-Fosston): Sure. I welcome the opportunity to share some experiences that I have had with my patients over the years. As I mentioned previously, I did provide services in different communities, including Oaks, North Dakota. I will speak to that specific time. And I continue to see patients from that community because the relationships that I developed were very strong. I think that has been mentioned several times tonight about the relationship between patients and their clinicians. And so, when I have a patient specifically doing shared care from Oaks, as an example, we talk about it from the get-go appear the first visit. We talk about the challenges, particularly if it is wintertime, you know, what is going to be our plan? I ask them a lot of questions. I give them a chance to share their fears and concerns.

Sometimes we plan to have a scheduled induction of labor when it is safe, after 39 weeks, is generally the accepted time for, you know, a choice delivery or elective delivery. If they choose not to do that, we talk about signs and symptoms of labor. Sometimes, we try to, if they come for an appointment and I suspect something is happening, we might watch them on the labor and delivery side for an extended period of time as an example. But it is always about making a plan and walking through those fears together.

I will say that there have been times when patients were still delivering in Fosston. And they were planning to deliver there. We had to go on divert. You know, to me, that is a different scenario that has to be discussed in the context of our conversation tonight when we have strained resources and we can't reliably stay open 24/7 for women in the community. That is an issue. They don't have an opportunity to make a plan. We know it is the same kind of thing. A lot of anxiety in the moment. So, we can't underestimate the power of having open dialogue and making a plan around delivery and really educating patients around what to expect on what to look for. We take great care in labor and delivery when we have patients, especially coming from out of town. So, if that means we are not sure you are in labor, but we will keep you overnight to make sure that you are safe, then we do that. So, I think there is ways to try to lessen some of those stresses, concerns, fears. Of course, all of us that are parents know you can't take away fear completely. You don't need to be a parent but we can sure have open and honest dialogue about how to -- how to mitigate those concerns.

>> Stacy Sjogren (moderator): Thank you. All right. It is time to hear some concluding comments from the Essentia team. So, if I may turn it back over to all of you to do that, I would appreciate that.

>> Dr. Mark Thompson (Essentia Health-Fosston): I just want to thank everyone for spending your evening with us and the discord, the questions that have been asked. There is no question this is very personal. There were emotions involved in this meeting, there is data and analytics. And also with good intent by all parties involved. I will say Essentia Health wants to be in the community of Fosston. We want to provide care for our patients and Fosston and all patients. Our intent is to do what we can do to be there for you. We will always under circumstances that are difficult have those crucial conversations around reducing preventable harm. Essentia Health and encourage you to go do your homework is one of the top rated hospitals for quality and

value in the state of Minnesota. And just did a recent article on that. We have these conversations, even though they are tough and may be difficult because we do care about safety. And we do care about our community. I recognize there may be differing opinions around that. And that this is personal. But we are willing to work at it with you and stay in the conversation moving forward. We will do our absolute best to work with you. And openness to any of the Essentia team members bringing up additional closing comments.

>> Stacy Sjogren (moderator): All right, hearing none, I would like to turn it back over to Maria King. Again, Maria King is the Health Regulation Division Director at the Minnesota Department of Health. Maria, go ahead.

>> Maria King (MDH): Thank you so much. I want to thank all of you for participating in this public hearing tonight and acknowledge how passionate this conversation has been and how important it has been. I want to tell you how much we appreciate the time you have taken to share these comments and allow the hospital an opportunity to share their plans. Just reminding people that the Statute Section 144.555, the department has the authority to hold this meeting and to inform the public, but we do not have the authority to change, delay, or prevent the proposed changes, the closure or relocation of services. You can continue to provide comments or feedback on the hearing website until February 21st, excuse me, February 1st, 2024. A transcript of the meeting will be available on the MDH website in the next ten business days. And again, I want to thank you for your time that you have given us tonight and for the feedback and sharing your concerns and your comments and your questions. And I would also like to thank Essentia Health-Fosston for sharing of their time, information, and insights with us tonight. I wish you all a good night.

>> Stacy Sjogren (moderator): And I will add my thanks as we all sign off to the MDH team and for everybody's work. I hope everybody felt listened to. I hope everybody felt heard. With that, let's wrap up this call. Be well, everyone. Thank you.

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