

Lake Region Healthcare Fergus Falls Closure of Inpatient Mental Health Unit Public Hearing Transcript

FEBRUARY 20, 2024

Meeting Information

The Minnesota Department of Health (MDH) held a public hearing on February 20, 2024, at 6 p.m. on Lake Region Healthcare's closure of its voluntary admission mental health unit in Fergus Falls.

With the closing of its inpatient mental health unit, Lake Region Healthcare will partner with other regional inpatient units to provide these services, according to the submission it filed with MDH. Lake Region Healthcare plans to continue to offer out-patient mental health services and programming for continued access to mental health services at its Fergus Falls facility.

More information can be found on the [Lake Region Healthcare Public Hearing page](https://www.health.state.mn.us/about/org/hrd/hearing/lake.html) (<https://www.health.state.mn.us/about/org/hrd/hearing/lake.html>) of the MDH website.

Meeting Transcript

>> Stacy Sjogren (moderator): Welcome to the public meeting to discuss the closure of its voluntary admission inpatient mental health unit services at Lake Region Healthcare Fergus Falls. With the closing of its inpatient mental health unit, Lake Region Healthcare will partner with other regional inpatient units to provide these services, according to what it filed with MDH. Lake Region Healthcare continues offering outpatient mental health services and programs for continued access to mental health services at its Fergus Falls facility.

My name is Stacy Sjogren. I am with Management Analysis and Development and serving as the moderator for tonight. This meeting is being hosted virtually through Microsoft Teams. And with that, if you have any technical issues, please visit the Microsoft Teams support page, or email our Communications Team. All of that information is posted in the chat for you. Captions are being provided for this event. You can view captions in Teams by clicking the "More" button and then choose "Turn on live captions". You can also view the captions on the web at the address being presented in the chat and you can find more information about today's hearing at the MDH website also being posted in the chat.

For this meeting, participants will be muted until the public comment portion of the meeting. At that time, participants will be selected in order with the reminder to the person on deck and the person next scheduled to speak so you have some idea of who is coming up next. If you wish not to speak, you can ask a question in the chat box and a Minnesota Department of Health staff person will ask the question on your behalf.

The chat feature will be used to provide information, as we have already done for the session and to ask questions during the meeting. To open your chat box, click on that icon that looks like a cartoon speech bubble with two little lines in it. If you are using Teams in a browser window, that icon is at the bottom of your screen. If you are using the Teams app, it is in the top right-hand corner of your screen. Remember, it looks like a little cartoon speech bubble.

The Minnesota Department of Health -- I've been referring to them as MDH, is hosting this public meeting which is required by state law. The intention of this public meeting is to provide an opportunity for the public

to express their opinions, comments, and ask questions about the closure of the inpatient mental health services unit at Lake Region Healthcare. The Minnesota Department of Health announced this meeting through a statewide news release and notified the community leaders of the meeting.

The following is your Tennesen Warning. Again, the Minnesota Department of Health is hosting this 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 might be accessible to anyone who has a business or legal right to access it. By participating, you are authorizing the data collected during this presentation to be maintained by MDH. MDH will be posting a transcript of this meeting to the MDH website within ten days of this meeting, so to opt out of the presentation, please exit now.

Here is the agenda for our session tonight. We will start with some introductions, welcome the MDH Health Regulation Division Director, receive an overview, and hear a presentation by the Lake Region Healthcare group. Then we will create time for public comments and questions. And then Lake Region Healthcare has opted to provide some closing remarks and then a quick conclusion. We have several speakers today. Maria King is the Health Regulation Division Director from the Minnesota Department of Health. And from the Lake Region Healthcare, we have Kent Mattson, CEO. Patty Roth, RN, MSN, Chief Nursing Officer, and Deb Pelch, Assistant Vice President of Ambulatory, Professional & Cancer Center Services.

Now I would like to welcome Maria King who serves as the Division Director at the Minnesota Department of Health. Maria.

>> Maria King (MDH): Thank you, Stacy, and welcome everyone. We really appreciate the time you are taking to tune in tonight to learn more about the changes at Lake Region Healthcare. It's our pleasure to be here tonight and as a reminder, this public hearing is being held under the laws that offer the opportunity for a community to learn more about a hospital's plans and for the community to share their comments and questions with the hospital.

In June of 2021, the Minnesota Legislature passed legislation requiring a public notice and public hearing before closure of a hospital or hospital campus, relocation of services, or cessation of services and for awareness, you can find that in Minnesota Statutes 144.555. This is an opportunity for the public to engage with hospital leadership so that you can better understand the reasons why the hospital leadership made the decision to modify or relocate the services, and it gives an opportunity for you as a community to learn from the health care providers about how the community may be able to access health care services following the change.

MDH's Health Regulation Division received a notice from Lake Region Healthcare that they would be ceasing the admission of inpatient mental health services effective March 15th. According to the submission that they filed; Lake Region Healthcare is going to partner with other regional inpatient units to help provide the services that they will be discontinuing. Lake Region Healthcare plans to continue offering outpatient mental health services and programming so that there will be continued access to mental health services at their Fergus Falls facility.

The Health Regulation Division has been tasked with implementing this law. We are providing a forum for hospital representatives to share information about the changes in services and for you, the public, to engage with the hospital by asking questions and providing comments about the changes. We will facilitate this

meeting as outlined and you have met Stacy, our facilitator. Our role is to ensure that this meeting occurs and that the communities views can be heard and presented and that questions are answered. The statute gives MDH authority to hold the meeting and inform the public but does not give us any authority to change, delay, or prevent the proposed changes, closure, or relocation. This meeting provides an opportunity for us as your state health department to offer a forum for transparency, listening and understanding of differing opinions and perspectives that surround these important decisions that will affect health care in your community. I welcome you to share your perspectives, comments, and questions with Lake Region Healthcare leadership, and I look forward to listening to tonight's discussion.

First we are going to hear from the Lake Region Healthcare leaders who are going to provide information about the following...the services they plan to curtail and the explanation, the reasons that they have for curtailing these services. A description of the actions they are going to take to help ensure that you, members of the community, in the hospital or campus service area, have continued access to the services being curtailed. With that, I would like to welcome Kent Mattson, the CEO of Lake Region Healthcare. Patty Roth, Nursing Officer of Lake Region Healthcare, and Deb Pelch, the Assistant VP of Ambulatory, Professional & Cancer Center Services with Lake Region Healthcare.

>> Kent Mattson (Lake Region Healthcare): Good evening. I am Kent Mattson. I'm the CEO at Lake Region Healthcare and I'm joined with a couple of other leaders this afternoon from our organization who will contribute to the presentation and be available for questions at that portion of tonight's hearing.

The next slide talks about the primary topics we are going to cover during our presentation. But I did want to make sure it that we did open up with a note of thanks to the Minnesota Department of Health for hosting this hearing and for their partnership over these last weeks as we prepared.

We appreciate the opportunity to share some of the background here from those we serve and have an open dialogue this evening about what was a very difficult decision. I did want to share upfront and acknowledge that this decision has been hard for many people to process internally at Lake Region. There is a well-deserved pride and how well Bridgeway served our patients for decades. Externally, over these last weeks, we have heard from several community members sharing appreciation for Bridgeway and our staff and their own healing experiences as well. We are so very glad that our team was there to help people heal and get better. So, many, many people were helped to heal over the years at Bridgeway. Our doctors and staff made a very meaningful difference in many lives, and similarly, there is a sorrow over a long-standing unit closing. It's normal for a situation like this. There's very many real emotions that come along with change, so we respect, and we acknowledge these very real emotions, these genuine feelings. We empathize with the human element surrounding this change. Please trust us that the decision was not taken lightly, and while the outcome was not what everybody would have wanted, or community-based, values-based health care organization needed to make the tough call to close the unit. So, we are going to dig in a little bit on what happened and why. So, the next slide please.

To set the stage for describing how and why Lake Region made the decision, it's important to know that history just a little bit. We continue to be headquartered in Fergus Falls but we serve a large geographic region as you can see on this slide. Located in We Central Minnesota, we do that through a couple of hospitals, ten clinical locations, and numerous other health care facilities and have about 1100 staff members and 120 or so medical providers that help us carry out our mission. So, we continue to be headquartered in Fergus Falls. We're governed by a 15 member Board of Trustees, making decisions about health care by the people and for

the people that we serve. And as a non-profit, independent rural health system we're charged with providing care to our community, having the most impact to the greatest population we can and also ensuring that the care remains financially sustainable. Next slide, please.

This is our mission. This is our vision. And these are our values. This is the decision framework and to make the decisions about care and sustainability, opening services and closing services were a values driven to organization leaning on our mission and our vision with the foundation of our values as our guiding star and corporate consciousness, so to speak. So, while excellence and person centered care were hallmarks of the Bridgeway care experience over the decades, our values of stewardship and innovation were a necessary balance point as we weighed the challenges in front of us with Bridgeway. Next slide.

So, to truly steward the resources that we have in this environment and to make the greatest possible impact on mental health across the largest population possible, we have to make a difficult decision. And so, the decision as mentioned previously is effective March 5th of this year. Our voluntary admission inpatient mental health unit which we've called Bridgeway will be closing. We will continue to partner with other units at area facilities and you will hear a little bit more about that later on in the presentation, to place patients in need of inpatient services. At the same time, we are going to continue to offer and grow our outpatient mental health services and programming for continued access and increased access to mental health services. So, this is a very complex decision. It was multifaceted and we did want to share with you some of the main considerations that went into it. Next slide, please.

One of the main considerations was the professional staffing. Historically, we staffed the unit through board certified psychiatrists who are part of our internal and permanent medical staff. Prior to 2022, we had about four psychiatrists providing coverage for the unit. All of those providers now have either resigned from inpatient services, resigned from our medical staff overall, or retired. And that's been over the past couple years. As a result, we have been staffing the unit over these past couple of years primarily with locum or temporary physicians pending recruitment efforts that have been ongoing. In December though, we had to close the unit because we were unable to secure temporary coverage by physicians. Recently, Lake Region Medical Group, which is our primary physician staffing resource, gave notice to us that they would be no longer able in the future to provide professional staffing for the unit. So that professional staffing consideration became a challenge over the years and also became solidified when the Medical Group said they would not be able to staff the unit any further with physicians. Next slide.

Affordability and stewardship. So, professional service staffing was a primary driver in the timing of our closure in order to maintain a safe and fully supported care team for our patients. But at the same time, we've been wrestling with the financial implications of the unit that couldn't be ignored within our values framework being good stewards with the resources we have. Staffing with 100% locums (or those temporary physicians) cost over \$1 million in 2023. We were on track in 2024 to spend about \$1.3 million. At the same time, our inpatient days are the days that we have patients in the units, declined from about 2300 in 2019 to about 1200 in 2023 and that resulted in a revenue decline of over \$2 million in that time frame. We also are continuing to face challenges for reimbursement from insurance payers that continues to decline. And our average reimbursement coverage, according to our records, is about 40% of the cost per Bridgeway patients. So, in another day, keeping the unit open at a certain level of loss for the community benefit might have been an option or might have been feasible, but in this day and age with our financial circumstance, our industry circumstance, and other considerations, we just did not have the ability in this healthcare landscape of today to keep that unit open. And we're really not alone in that decision. Next slide.

If you've been reading the media, both locally, regionally, and nationally, hearing about the challenging healthcare landscape at all sizes from small, rural health organizations to large systems. We have plenty of company across Minnesota and across the nation that are challenged, and many are making tough decisions to close units or service lines. According to a 2023 Minnesota Hospital Association survey, an alarming 67% of Minnesota hospitals reported operating losses. And the median hospital operating margin declined to -2.7%. We also got information from the American Hospital Association that talked about the continuing decline in reimbursement as well as the continuing increase in costs. For instance, maintenance expenses jumped 90%, utility expenses rose 35%, professional fee expenses rose 33%, drug expenses rose 30%, total labor expense rose 24% and none of those challenges are going down. They continue to increase. Very recently, Chartis, which is a Center for Rural Health, I think shared that 55% of rural independent hospitals nationally are operating in the red. So just to give you kind of an idea of where our industry is at and the landscape against which we had to make this decision, we felt was important.

Next we want to talk to you a little bit about community need. Next slide. We study what our community needs for healthcare services across the spectrum. In our recent 2022 Community Health Needs assessment, it showed that there is a critical and growing need for mental health care services. So let me be extremely clear to everybody, there is not a decline in the need for mental health services. It is quite to the contrary. It was listed in the area of greatest need by the survey respondents in that recent community health needs assessment. The participants in that assessment clearly cited the lack of services for those who have severe mental illness, stating that due to lack of treatment facilities that can accept many of the patients with co-occurring mental illness and substance use disorders or appearance, people experiencing a mental health crisis with other issues around it, often end up boarding in our emergency department and boarding in emergency departments across the state. Or going to jail, both of which are not helpful and can be traumatic for the individuals. We are not serving enough of the patient population according to our community needs assessment and we just weren't meeting that critical demand in Bridgeway.

So, right now I want to hand it over to Patty Roth. She's our Chief Nurse Officer who recently joined us to lead inpatient services, and she's going to talk a little bit more about that care.

>> Patty Roth (Lake Region Healthcare): Thank you, Kent. On the next slide so as Kent said, mental health continues to be a significant challenge for our community despite the fact that our census within Bridgeway has seen a significant decline in the last five years. Today we are only seeing 3.3 patients on average per day where it had been 6.3 just in 2019. And there's many reasons for this decline in census but one of the biggest factors is the restrictive admission criteria that we have in the unit because of safety concerns and the configuration of the physical unit. We have not admitted patients that are on a 72 hour hold or have a history of violence. We know longer take anyone under the age of 18 years old, and this restrictive admissions criteria is the biggest reason that we transfer the majority of our mental health patients that require inpatient care to other facilities.

Now, in an effort to keep Bridgeway open, we've looked at some other alternatives. One of them is to change the provider coverage model from physicians to nurse practitioners. However, one of the challenges we have had is getting applicants that have experience. We know that new grads, nurse practitioners will need additional mentorship and training. This again will add additional cost and will take years to fully operationalize. Please, next slide.

So, the closure of Bridgeway will not leave the region without access to inpatient care. We want to reassure the community that we do have strong relationships with many of the mental health facilities in the state. These are some of the facilities that we have referred patients to in the last year from our E.R. Now I also want to be very clear. If you or your loved one is thinking about or considering suicide, please come to the E.R. We will care for you, and we will find you the help you need.

Now I am going to be turning it over to Deb Pelch, our VP of Mental Health Services.

>> Deb Pelch (Lake Region Healthcare): Thank you, Patty. I just want to speak for a moment about outpatient care. If you could go to the next slide, please.

I want to start off by just saying that we remain committed to and that we're focused on how we can best meet our community needs. We are actively involved with Otter Tail County and the Zero Suicide Framework to increase care management and follow-up care for those identified at risk for suicide. In addition, we partner with many other local resources, some of which are listed here. And we offer outpatient mental health care for all ages, both in person and virtually in an outpatient setting at Lake Region. We have two physicians and two nurse practitioners in our psychiatry department and a pediatrician who has special interest in behavioral health. If you could go to the next slide, please.

We're exploring future solutions to meet the demand. Some of those things are listed here. We are talking with partnership Senior Life Solutions, which offers an intensive outpatient therapy for patients over the age of 60. We are looking at adding intensive outpatient therapy to our clinic services offered in Fergus Falls. We are talking about integrating behavioral health into primary care services and then expanding technology to assist with assessment and placement in our emergency departments. Slide.

With the decision to close Bridgeway, we've had 14 positions impacted. Within Lake Region, we have 60+ open jobs within the organization, 20 of those are open RN positions and also several LPN openings. Our HR team and leadership team will be working with the Minnesota Nurses Association tomorrow to start looking at ways that we can offer employment for those nurses and support staff. Next slide.

>> Kent Mattson (Lake Region Healthcare): Thanks, Deborah, and Patty. I wanted to close with a couple of slides. As Patty mentioned, excuse me, as Deb mentioned about our team and supporting them, before I close, they wanted to express deep gratitude to the many people that have been instrumental in Bridgeway's development and success over the years. It was led by Dr. Bob Wasson, one of our long-term physicians who had the vision and leadership to launch the unit in 1988 and continue to serve as a medical director before he retired in 2002. The torch was picked up by Dr. Dan Traiser, one of our very valued physicians, who carried forward the medical directorship role after Dr. Wasson's departure. Until recently, he dedicated many, many years of his career to the development of the service. We also have to recognize Ken Swanson. He was the first nurse director leading the unit, launched the unit and had a lot of influence in Bridgeway being a success for many years. It was also handed off over a number of years to Julie Drews, who was our dedicated, passionate advocate for patients and for staff. And we thank her for her ongoing effort to destigmatize mental and brain illness and for serving us and our patients so well over the recent past. And of course, beyond those teams, we've got many other providers who have served the unit so well. Nurses, chaplains, OT/PT staff, pharmacists, dietitians, a plethora of hospital based Practitioners who gave their expertise, their heart and soul to ensure that we cared for the whole person during their stay.

So, while on the unit it also helped us earn very high patient satisfactory scores. High quality rankings in a Press Ganey Guardian of Excellence Award in 2020. So, that was just one of the many well deserved monuments of recognition that the staff attained over the years, but the staff really did serve the community well, and we were grateful for that. We cannot thank people enough for their dedication, and I assure everybody that we will not forget the legacy. We will be inspired by it as we look for new ways to deliver the best possible mental health care as we move forward and look into the future. We want to make sure as we oftentimes say at Lake Region Healthcare that the friends that we serve, our neighbors, and our families may be well taken care of. We just need to make sure that we are serving the greatest number of our population as possible with the resources that we have. Next slide.

We just kind of wanted to wrap up just closing comments. So, your understanding kind of where we sit overall, we recognize, and we do know that there is a need for mental health services. We recognize that and will continue to meet those needs as best we're able, balancing resource limitations, access considerations, and financial considerations. The Bridgeway model has not been meeting current needs. Operationally, it is not feasible to continue and not fiscally sustainable. We have regional partners, many of whom are online this evening, who have access for inpatient care. Many patients have been served by those facilities, and we will continue to collaborate with them into the future. We have a strong and growing outpatient mental health department, and we will continue to emphasize their growth and opportunities. We are committed to developing and implementing strategies to grow mental health services and again to make sure that we are making the most meaningful impact feasible across populations that we serve.

So, here is where the prepared comments that we had. We thank everybody for attending again. We thank the State for supporting this platform and we're happy to answer any questions that come up.

>> Stacy Sjogren (moderator): Thank you so much. You have been hearing from the Lake Region Healthcare team presenting including Patty Roth, Deb Pelch, and Kent Mattson.

We are going to begin our public comment portion of the meeting, which is then your turn to participate by asking questions and providing comments and sharing your perspective. Each person will have up to three minutes to ask their question or provide their comment. Again, please remember that the information you're sharing is shared virtually on this platform, so keep your confidential information confidential. Once you've done your -- presented your question or comment, then the Lake Region staff will have up to three minutes to respond to each of the questions or comments. I've got my trusty timer right here, and always stay on camera so when it is about time to wrap up your comments, you might see me doing this on camera or interrupting and asking you to close out your comments so you can get a response. Likewise with the Lake Region staff. Our team over at MDH will make sure that you are muted until it is your turn to share your public comment or ask your question.

Now, as I said earlier, there are a couple different ways of posing your question. The first is to use your voice. So, you can raise your virtual hand and you will be unmuted to ask your question or provide comment. In both the mobile and browser version of Teams, click "More" that's the "... " button to show the raise hand option. If you're working from a mobile app like on your telephone, the icon is a little yellow hand. The raised hand option is the fifth item from the top of the list. If you are calling in through your phone, press *5 to raise your hand. Once it's your turn, press *6 to unmute yourself. So, you still have to go in and unmute yourself now.

If that's just like a lot, a second type or way that you can pose your question is to put it in the chat and press enter or send so that others can see it. To open up the chat box, click on the icon that looks like a cartoon

speech bubble with two lines in it. If you are using Teams in a browser window the icons are at the bottom of the screen, and if you're using the Teams app, the chat icon is in the top right-hand corner of your screen. Once you've put it in there, one of the MDH staff will ask your question on your behalf. We will all be taking turns to make sure we've got a compliment of people who want to use their voice, post something in chat. Note that some people sent their questions in earlier. When you do post your comment, however you choose to do that, would you please share your name and the city where you are living before you ask the question or post your comments.

And, as important, please, be respectful. We know that this is a tough decision. It's tough to hear. It's tough to process. It's tough to live through. We understand. And that this is a place for us to hear each other. So, abusive comments or comments meant to discredit or malign someone, or vulgar language will not be tolerated in chat or through verbal comments. And people who use language that is threatening or make false accusations meant to damage reputations or use offensive or inappropriate language that creates an intimidating environment will be muted and the next person in line will be given the opportunity to provide comments. So, I welcome you into the space of moderating and facilitating this discussion so that everyone can be heard.

All right and with that, I know during the presentation Shellae, there were a whole bunch of comments. I think some of them were comments in the flow of the presentation, so I will trust that she will pick those that are questions that we can gather up and respond to afterwards. That might make more sense, so I know you've got a bunch of questions in the chat. I know we have some questions that were sent ahead of time, and I'm seeing 1-2-3-4-5 hands raised. So, shall I?

I am going to have Julie Drews be the first one to come onto the mic and ask her question, and then we will turn it over to something in chat or submit it ahead of time. Are we in good shape, team?

>> Shellae Dietrich (MDH): Yes. Sounds good.

>> Stacy Sjogren (moderator): Excellent.

>> Dr. Traiser (Fergus Falls): Sounds good.

>> Stacy Sjogren (moderator): Oh, and I've got some feedback. If you could check your line. Unless it's Julie. I don't know. Julie, why don't you go ahead and speak to us. Just test your mic phone here and see if we are getting feedback from you. Like say "hi." Julie? Julie Drews, are you there?

>> Siobhain Rivera (MDH): Still needs to unmute herself again. I think the feedback was coming from her so I muted her, but she can unmute herself again.

>> Stacy Sjogren (moderator): Ah, OK. Go ahead Julie. If you can unmute yourself, give it a try.

>> Dr. Traiser (Fergus Falls): Can you hear us now? I don't know.

>> Stacy Sjogren (moderator): We can, although it does not sound like Julie speaking. Maybe I am wrong.

>> Dr. Traiser (Fergus Falls): No, I mean this is Dr. Traiser. I'm in a room with Julie and several other staff from Bridgeway and you can hear me well now?

>> Stacy Sjogren (moderator): OK. We can and there's no feedback. So go ahead Doctor. If you'd like to pose your question or your comment.

>> Dr. Traiser (Fergus Falls): Yeah, we have several computers on so sorry about that.

>> Stacy Sjogren (moderator): No worries.

>> Dr. Traiser (Fergus Falls): So, I realized that three minutes is not a lot of time to kind of say some of the things I wanted to say, but I worked at Bridgeway for over 26 years. Bridgeway's a unit that's been around for over 30 years, providing incredible services to people who wanted a place to go voluntarily, a place to go without being exposed to patients that sometimes can be very frightening in other units. And we've served an incredible number of people. I know that it's difficult for a rural hospital in this day and age with some of the insurance issues, but to be fair to Bridgeway, I feel like there were a number of issues that need to be discussed tonight because there are people in the public that are listening to this and some of the reasons that Bridgeway is being closed I think has not been fairly presented. We have not changed our admission criteria since we started this unit over 30 years ago. And if anything, we have opened up the criteria. The problem came several years ago. Number one, COVID affected us but number two, is there were a number of decisions made by some previous administration, not anybody that is online currently, but that led to a lot of our nurses leaving this program. As we tried to get people to take their place, we were repeatedly turned down by some past staff. So, one of the reasons our unit has been at 3.3 patients per day for the last few years is because we have not been allowed to have enough staff to admit more people. I worked on-call up until about a year ago and repeatedly tried to ask for more staff so I could get more people into the unit and was repeatedly denied.

In the past, we used to admit over 30 patients per month. There were years where we would have 350 admissions and it's slowly faded away, in part because of lack of staffing and also because we have not really been marketed lately during the COVID years. A lot of our referral sites quit calling us because we weren't taking people anymore, so that led to a significant decline in our inpatient staffing. The need is clearly there. We have not been able to meet the needs of the way we would like to because of lack of staffing and resources to get back to the glory days that we used to have years ago when we really helped a lot of people.

I realized again that it's difficult for the rural hospitals because of the cost, but I feel it's a shame to lose the only unit I'm aware of in the state that has a safe place for voluntary patients to go and the statement about, you know, using nurse practitioners to run the unit, I realized some of the ones we're looking at are new grads, but obviously they have been through training, and we would have the psychiatric resources to help them. We have used mid-levels in this unit at least three or four times in the past, and they did just fine. So, it's very scary to me to know that I'm not going to have a place to send my patients easily if they need psychiatric care and I know a lot of my patients are very frightened by this.

We have actually received awards in our unit before because of our experience. Sometimes patients who have been to other programs throughout the area have said that we are the best unit. They don't want to go to other places, and we are losing that incredible experience for people, so it's very saddening to myself and the staff. A ton of my patients have been very frightened by this lately.

>> Stacy Sjogren (moderator): And Doctor, I'm going to interrupt because the three minutes, I'm sorry, is up. But thank you.

Lake Region team, what I was hearing in there, is a respect for what was referred to as "the glory days." Sadness to lose a local place, a place that was trusted and a sense that perhaps some changes that were made historically are impacting now that feed into the low numbers marketing a firm agreement on needs. There was a lot in all of those comments. You are hearing those too, so I just want to turn it over to the presentation

team to see what kind of responses that you'd like to make in there to open up a better understanding of the decisions that you made.

>> Kent Mattson (Lake Region Healthcare): Again, Kent Mattson, Lake Region Healthcare here. A sincere thank you to Dr. Traiser. He's been a leader in the unit. He's been a valued partner over this. We've definitely heard from him and many of the team members previously. We held a couple of internal forums last week where many of those pieces and more were shared. We look forward to continuing to work with Dr. Traiser and the other mental health care Practitioners as we move forward to find the best path forward to implement some new and innovative ways to meet the needs that are identified and to work through some of the questions that have come up. So, we hear you. We understand that they're out there, and were also looking forward, like every health care organization is. And I think we're the 15th hearing recently that's been hosted by the Department of Health where a service changes have happened in the very near past. Every organization is looking at the services, the providers, the locations, that distinct pieces of operations and making sure that with the resources that we have and that are dwindling or making the most impact across the broadest population base of patients we can. Making sure that we can achieve the greatest potential for a sustainable organization so that we can preserve access in rural Minnesota, so it's complicated. You heard much of the complicated past that Dr. Traiser shared. We just have to look at things in today's perspective, which is much different than years gone by. Again, you read the media. That's our reality.

>> Stacy Sjogren (moderator): Thank you. Shellae, let's go to your choice. Either a pre-submitted question or comment that you'd like to pull first from chat.

>> Shellae Dietrich (MDH): Yes, so this was a comment that was pre-submitted.

"When my sister had a mental health crisis, she was given the option of Prairie or Prairie. When I begged them to look into alternatives, they informed me that everywhere was full. According to Lake Region, their inpatient unit is unable to maintain a census but will not accept patients when they request to go there. As far as I'm concerned, this other facility did more damage than good. And what I have heard is that Bridgeway would have been a better fit for her. Please consider keeping this unit open to benefit others who need the mental health support and help."

>> Kent Mattson (Lake Region Healthcare): Yeah.

>> Stacy Sjogren (moderator): Yes, yes. Go ahead, Kent. If you're ready, that's just fine.

>> Kent Mattson (Lake Region Healthcare): I appreciate that. So, we appreciate the feedback. We've noodled over this question quite a bit. It really points back to the issue that we identified in the presentation that the criteria and the model of care really made it difficult to serve many of the people who needed placement in inpatient care. It's a recurring thing that we heard externally. It's a recurring theme that we heard internally from our own emergency departments, but the adjustments we would have had to make to the programming, the staffing, and the physical configuration of that unit, it's just a little bit -- it's not a little bit -- it's a lot of a deeper investment than it might appear at first glance. The unit was set up as a voluntary unit. The program was set up that way, so again, we are going to definitely continue to try to do what we can to help people, like this woman's sister to find mental health support and care at a place that can take folks like that. And again, our partners in the area, in the region which we have had a lot of connections with recently, do believe that they have the opportunity to serve. And that is from Thief River into Fargo. And again, we recognize that is a distance, but we do know that those units have had opportunities for admissions.

>> Stacy Sjogren (moderator): Thank you. Shellae, once you pull a question out of chat, and then we have gone full circle and I will then call on, let's see, Paige Carlson, you'll be up next, OK.

>> Shellae Dietrich (MDH): OK, here's a question from chat.

"They used to accept teens. When did that change?"

>> Stacy Sjogren (moderator): So, criteria about accepting teens into your program, when did that change? To any of you have the go ahead.

>> Patty Roth (Lake Region Healthcare): So, that changed – it was probably this summer that we or maybe actually before that. I'm sorry. I've only been here two months, but that's about the time that they decided having adults intermixed with adolescents was probably not a great idea, so that is when we stop taking adolescents.

>> Stacy Sjogren (moderator): Very good. Thank you. Paige, you are up next and then I am going to turn it back over to Siobhain to take another question from the pre-submitted or the chat. So, Paige, if you could come on your microphone.

>> Siobhain Rivera (MDH): Stacy, this is Siobhain. I think Amber Nelson had her hand up first. She's listed as number one on here.

>> Stacy Sjogren (moderator): Oh Amber, I'm so sorry. My cursor was hiding you. So, my apologies. Let's go to Amber first. Paige, hang tight, I'll get to you, I promise. Amber?

>> Amber Nelson: I guess I had a couple of questions for the Lake Region Admin team regarding this partnership that they're saying with other organizations. Is it an actual partnership, or is it the same process that has already been happening for patients that have not been appropriate for Bridgeway or accepted the Bridgeway? Because when I hear the words "partnership" and "collaboration," I think of that as we've partnered with them, and there is a process in place for admission, discharge, follow-up, and to ensure that there is that continuity of care. Is this the case, or is it just the words "collaboration/partnership"? Is it just lip service? Because I think the public and the community would like to know how are you partnering, and if it's any different than the current process of referrals and admissions. Thank you.

>> Stacy Sjogren (moderator): Thanks, Amber. So, the question is all about what's the meaning, the agreement if you will, behind partnership and collaboration. Kent, did you want to feed that or how would you like to handle that?

>> Kent Mattson (Lake Region Healthcare): Yeah, I can. I can just maybe make an introductory comment, and if there is anything else that Patty might want to add, I'd ask her to add. What I would say, in our mission, is we partner to enrich life through health, and we partner with many area facilities to deliver health care that we can't deliver and haven't ever delivered or have delivered in the past and curtailed it. Cardiac care. We provide a level of cardiac care, but we partner with the providers at Sanford Health to take care of advanced or acute cardiac patients. We've always done that. We continue to do that today. Over the years, for the patients that Bridgeway has not been able to serve, which statistically have been more than we have been able to serve from our own E.R., we've partnered with those outside facilities to find placements. So, from the perspective of like a business partnership, Amber, I would not say that's what it is. I think we can use our medical record. I think we can use our resources to better communicate with outside facilities. I know that we've had discussions with Prairie St. Johns, and Patty can maybe share some of that information but we're trying to

meaningfully create connections with these facilities to ensure a seamless transition of care. Patty, have you got anything to add?

>> Patty Roth (Lake Region Healthcare): So, Amber, it's a good question. And I think that, you know, when we talk about collaboration, we have reached out to the partners like Prairie St. Johns and asked them as we were trying to navigate what we should be doing here, if they have access, will our patients have someplace to go? And the assurance was "yes." Now as you talk about that follow-up care and that kind of thing, could we do that better? Yeah, probably. There is always opportunity to make that better in the future, and I look forward to doing that.

>> Stacy Sjogren (moderator): Thank you. All right. Shellae, what do you have?

>> Shellae Dietrich (MDH): Can you give examples of the ongoing recruitment of providers? I personally know of seven providers that were willing to be contacted or had contact with LRHC, but our physician recruiter did not reach out to them. If this had been done, LRHC would not have needed to go to a Locum model.

>> Stacy Sjogren (moderator): So, in your answer, Kent and team, can you unpack the acronyms or all of us, please?

>> Kent Mattson (Lake Region Healthcare): Yeah. So, LRHC would be something that Jill, who is one of our staff members, would refer to us as Lake Region Healthcare. And Locum model again, that's where somebody finds a contracted or a traveling provider that doesn't typically provide services but does it on a contract or temporary basis. During the times of COVID there were many traveler nurses, which is the same thing as a Locum service.

What I would say is through our recruitment efforts that have been going on for years to make sure we could find physicians we started to see a transition in physicians not wanting to practice in a hospital setting. Most folks were interested in practicing in the outpatient or clinic setting and we started to see that trend, so the model of trying to find physicians to practice in our clinics as well as our inpatient unit became difficult. A number of our internal providers chose to move to and only outpatient practice and no longer serve our hospital patients. So that trend externally began to be what we experienced internally. So, while there have been mental health physicians identified as potential recruits, not all of them or not enough of them wanted to practice in a hospital setting. So, we have an internal recruiter we think does a great job to find candidates but hadn't found any qualified physician candidates that wanted to have this type of either a single hospital practice or a mixed clinic and hospital practice.

>> Stacy Sjogren (moderator): I understand. Okay, thank you. Siobhain, did you have one more question? I can't remember how many questions were submitted ahead of time, so I'm operating a little in the dark. Help me out.

>> Shellae Dietrich (MDH): There was about four, so let me see here.

>> Stacy Sjogren (moderator): Four, OK.

>> Shellae Dietrich (MDH): We'll have another one, ah, question.

"Did LRHC leadership get feedback from their own Patient Advisory Council or local mental health groups before making the decision to close? If an individual is unsure about getting help, they may feel comfortable staying in their own community with supports nearby. Let's not forget the transportation barrier many people face in our rural communities. If we tell people their only option for health is an hour away, they may decline

the help only to have them continue to struggle with their mental health. Our community has suffered many tragic losses due to mental health struggles. LRHC, please get on board to being part of the community, not creating another challenge for people to get the care they deserve.”

>> Stacy Sjogren (moderator): So, lots of questions in there and comments about the local environment, the challenges of transportation. Wondering about the input on decision-making that you went through before reaching this point, etc. How would you like to approach some of those questions that were raised?

>> Kent Mattson (Lake Region Healthcare): Thanks. I can handle the question that came up on feedback from the Council and then I believe Patty could provide some feedback on the ... just somebody that is looking for help wanting to be in their own community.

So, we have a patient advisory council that we convene from time to time to talk about topics that are of interest to the organization where we want to get some public feedback. Because this decision was really directly related to our inability to staff the unit with providers, feedback from that council really would not have impacted it. We do intend to use that council to get input on ways to meet mental health needs in new models. Also look at how we can serve the community in different ways. Definitely local mental groups and providers are close partners of ours. We're in regular communication with Lakeland Mental Health, the Crisis Stabilization unit and some of the other community partners that Deb had mentioned. So, I'll continue to open, being open to dialogue with them, and again, we value the feedback of the Patient Advisory Council, which has been a great resource to us in the past and will be in the future.

I'll let Patty answer the question about the community-based care.

>> Patty Roth (Lake Region Healthcare): Thanks, Kent. So, you know, part of that question was, you know, receiving care close to home. We also agree that receiving care close to home is the best way to do it. However, you know there is sometimes that we don't have that service available, such as cardiac care or neurosurgery, that type of thing. I do want to let you know that we are trying to look at new models, new things that we can do in order to provide care close to home. One of those services is called Senior Solutions and we are looking at a partnership with them where we would be able to provide an intensive outpatient therapy for patients that are over 60 or Medicare age that would also provide transportation. Which we know that with mental health patients, transportation is a huge challenge, so this service seems like a really great solution. However, we need to do our due diligence and take a look at it deeply in order to make sure it's going to fit our culture and our model for where we want to go.

>> Stacy Sjogren (moderator): Very good. Thank you. All right. I am going to call on Paige Carlson and after we hear from Paige, Siobhain, I am going to have you pick out two from written comments. And then it'll be back to a telephone number. So, Paige, go ahead and share your comment or question.

>> Paige Carlson: Okay, thank you. So, I have actually a couple quick questions, but my first question kind of determines my second. So quick question. Who determines the admission criteria for the unit?

>> Stacy Sjogren (moderator): Do you have an answer to that? Who determines the admission criteria for the program?

>> Patty Roth (Lake Region Healthcare): So, that would have been through the medical director and the physician staff.

>> Paige Carlson: At Lake Region? OK. And so, I heard you say that one of the admission criteria is a history of violence. Do you have that criteria on other units in the hospital, throughout the hospital?

>> Patty Roth (Lake Region Healthcare): Not all units, like in the E.R. Somebody that comes in with a history of violence, we have to treat all patients that come into the ER. They need to receive a medical screening exam. So, no, not all units.

>> Paige Carlson: Okay. And then I just have a comment to follow up on that. You know the stigma behind folks with mental illness being violent is bothersome to me. I just want to say that I would have been more of a danger to your staff on the OB unit than I would have been on Bridgeway. So, thank you for your time tonight.

>> Patty Roth (Lake Region Healthcare): Thank you Paige.

>> Stacy Sjogren (moderator): Thank you. Thanks, Paige. Siobhain, two questions from you. Did I lose you, Siobhain?

>> Siobhain Rivera (MDH): No.

>> Shellae Dietrich (MDH): Sorry, I was on mute.

>> Stacy Sjogren (moderator): I thought you might be, try again.

>> Shellae Dietrich (MDH): "Please give more information on admittance rates over last year average stay and how many beds you had open at that given time."

>> Stacy Sjogren (moderator): So basically, year over year information. Pat, where you going to try that one?

>> Patty Roth (Lake Region Healthcare): Yeah, I can take that on. So, our average census, you know, like the slide showed in 2019, we had an average census of 6.3, now it's 3.3. Our average length of stay is 6.8 days. So, you know, when you look at, we have a 14 bed unit and we have an average census of 3.3, so most of the time we would have 10 beds, but that goes up and down, depending on the census.

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

>> Shellae Dietrich (MDH): Yes.

>> Stacy Sjogren (moderator): The next question and then it'll be our telephone number here.

>> Shellae Dietrich (MDH): OK. And this fall into, how is demand so high but the usage of beds going down?

>> Stacy Sjogren (moderator): And I think you attempted to answer some of that in your presentation, Kent, but do you want to do the highlights again on how does that work? What is the difference in beds?

>> Kent Mattson (Lake Region Healthcare): Patty, do you want to answer that? Or you've got the best perspective on that, I think.

>> Patty Roth (Lake Region Healthcare): I'm sorry. Can you repeat the question?

>> Stacy Sjogren (moderator): Absolutely. Go ahead Siobhain. Shellae, I'm sorry.

>> Shellae Dietrich (MDH): That's OK. How is the demand so high about the usage of beds going down?

>> Patty Roth (Lake Region Healthcare): So, I think some of that goes to our restricted admission criteria. So even if there is a high demand for patients that have high potential for violence, that have -- they are on a 72

hour hold, we don't take them. The other thing is, is that if the patient can receive care in an outpatient setting, that's what insurance will coverage most times. So that is one of the things that we struggle with a lot is trying to get our patients -- you know, the patients need to be sick enough to need inpatient care but not too sick that we have that restrictive criteria. So, I think that -- it is just that play.

>> Stacy Sjogren (moderator): All right. Shellae, is it my turn?

>> Shellae Dietrich (MDH): Yes.

>> Stacy Sjogren (moderator): I think it's my turn. OK, next stop, I see a telephone number, 320-2902. So, if that is you, please come on mic and tell us who you are and where you are calling from. Oh, did I lose the telephone number?

>> Siobhain Rivera (MDH): No, they're still there. Their hand just got lowered but they have the ability to unmute themselves. Now if you are on the phone, you need to press *6 to unmute yourself and you should be able to do that now.

>> Stacy Sjogren (moderator): Thank you.

>> Deb Forstner (Fergus Falls): Hello. Thank you. I am divorced.

>> Stacy Sjogren (moderator): Yes, go ahead and your name and where you are...

>> Deb Forstner (Fergus Falls): I'm trying.

>> Stacy Sjogren (moderator): Oh, I'll be quiet. Go ahead.

>> Deb Forstner (Fergus Falls): I'm Deb Forstner. I am from Fergus Falls. I used to work at Bridgeway as a chaplain. When I worked there it was a challenge, but we did, at that time, have open admissions from age 14. At times we'd have people from 14 up into their 80's at the same time. Like I mentioned it, it was a challenge, but I did think we were able to serve them, though I was not part of the decision or what wasn't working there and the decision to limit it to 18. We've clearly had some tragedies in our community of teenage suicide, and I can't say that that would make all the difference, but I'm sure it would make the difference for some.

My question more specifically was the unit was closed for remodeling, and I just recently was there to see how much significant remodeling was done. It made great improvements. I'm wondering about the stewardship of funds that was put into remodeling a unit and then so quickly after, closing a unit. And then I'm wondering what the use of that space is going to be.

>> Stacy Sjogren (moderator): Thanks, Deb. Deb was wondering about the recent remodeling to that area and the related stewardship of funds and when the decision was made to close the program. And what's the current plan for that space?

>> Kent Mattson (Lake Region Healthcare): Yes. Thank you. I think, I don't remember exactly when some slight renovations were done to the unit. There was some flooring that needed to be updated or replaced that was long overdue. And we did some things like reposition where the nurses station was. You know, at that time, those investments, relatively speaking, were modest. It shows I think, the commitment that we were making to try to do what we could to keep the unit open and operating and safe for patients. The decision to close eventually was made quite a bit after that, so that two were not necessarily related. But I think that if I'm remembering right, the facelift, so to speak, was something that was long overdue, and it was done I want to

say in July of this last year so, we didn't have the mind-set of closure. Then, it rapidly accelerated as we came to the conclusion that we needed to make a change.

What we're going to do with the space? Right now, we have been working on what is called a master facility plan. For a number of months, taking a look at all of our facilities across our entire region, including Fergus Falls hospital. We don't have a dedicated use for this space, but it will be put kind of into that inventory of space that we evaluate as we think about how to renovate some of our facilities for labor and delivery and some other areas that need remodeling.

>> Stacy Sjogren (moderator): Thank you. Shellae, over to you for two questions.

>> Shellae Dietrich (MDH): OK. Here's a question.

"Why didn't Bridgeway open up fully until 2023? After COVID, is the fact that only four beds were opened for several years cause the lack of profits?"

>> Stacy Sjogren (moderator): So, reopening fully after COVID, and then a question. Can you repeat the second question about – yeah, go ahead.

>> Shellae Dietrich (MDH): Yes. "Is the fact that only four beds were opened for several years cause the lack of profits?"

>> Stacy Sjogren (moderator): Ah, OK. Alright. And Kent?

>> Kent Mattson (Lake Region Healthcare): I think. Patty, I think somebody on the operation side might be able to answer it. Kind of the mechanics of that.

>> Patty Roth (Lake Region Healthcare): So, right, so we didn't necessarily close beds during COVID, but because it is a communal environment, you have to think back to COVID. You know we were really worried about that transmitting through populations because everybody's out and about, they're not in their own rooms and that kind of thing. So, I think we had to do some testing prior to admission and that kind of thing. So, that might have decreased the number of admissions during COVID. But other than that, was there another part of that question?

>> Stacy Sjogren (moderator): The profitability and number of beds.

>> Patty Roth (Lake Region Healthcare): Yes. So, if you have more patients, you are going to have more revenue, but you also need more staff, you know? So, there is that weighing factor and that kind of thing also. I don't know -- during COVID, nursing staff were very, very hard to come by. I do know that we had a fair amount of the Bridgeway staff that were out on medical leaves during that period of time, and we had nurses that were floating over to help out. Of course, there's only so many nurses to go around.

>> Stacy Sjogren (moderator): Thank you. All right, Shellae, where are we at? Is it my turn? No, it's your turn.

>> Shellae Dietrich (MDH): OK, I can. Yes, I have another comment here.

"This is Dr. Traiser", and I apologize if I did not say your name correctly. "You can't admit patients to a unit without nursing staff to care for them. The criteria has not changed from years ago when our census was much higher. For most of the last four years, we were told that we could not admit more patients and we had to turn away appropriate patients. We had twice as many nursing staff in the past as on the unit. When we ask for appropriate staffing, we were repeatedly turned down."

>> Stacy Sjogren (moderator): So, to me, that is sounding like a comment.

>> Shellae Dietrich (MDH): Yes.

>> Stacy Sjogren (moderator): So, I will check in with the team to see if there is a comment that you want to share back in response to that perspective.

>> Kent Mattson (Lake Region Healthcare): Yeah, I guess what I would say is again, we appreciate these comments that have come up at some of our internal forums. We will continue to work through those.

You know, the admission criteria, I think it did change where we went to an adult only unit sometime in 2023, so that criteria did change, and it was for the right reason. Administration does not determine the criteria. We rely on those who operate the unit and the physicians to determine what is a safe patient base to have in there. So that did change.

Staffing. Staffing has been a challenge across all of the services that we have. We've got 20 open nursing positions right now and the health care worker shortage continues to be real. In terms of the specifics of staffing ratios to patients, I cannot answer that. But I do know there are some challenges overall with staffing in the past.

>> Patty Roth (Lake Region Healthcare): And I'm sure many of you have heard about you know, the challenges that we have with our workforce, about getting enough nurses. It was no different than any other hospital during this time period where we were struggling to get staff. So, I think that is probably the reason.

>> Stacy Sjogren (moderator): Thank you. Shellae, I've got one eye on the time, and I also have an eye on the six people that I have queued up yet to ask their questions and comments because I am not looking at the comments. Where are you at?

>> Shellae Dietrich (MDH): I think we can go to the phones.

>> Stacy Sjogren (moderator): I just want to check in and see like how many you are juggling?

>> Shellae Dietrich (MDH): I have two people who sent a comment that are also waiting to speak. They're on the phone.

>> Stacy Sjogren (moderator): So, I am going to take a couple from hands up on my list and see where that leads us. Alright, so first up is Lori Bach followed by Ethan Johnson. Lori. And Siobhain, I think you can control the mic on your side, correct?

>> Siobhain Rivera (MDH): I have enabled Lori's mic, but I cannot unmute her. She'll have to do that for herself.

>> Stacy Sjogren (moderator): Lori, can you go ahead and turn on your microphone? Alright, Lori, I'm going to give you a little bit more time to look through your settings and I am going to go to Ethan, and then I will come back to you, OK? So, if you have to say hi just to check your microphone, that's fine. We will ignore you until we come back around to your turn. OK, Ethan go ahead.

>> Ethan Johnson: Alright. Are you able to hear me?

>> Stacy Sjogren (moderator): There we go. Ethan, go ahead.

>> Ethan Johnson: Couple of personal things. First, I am a teacher at the Fergus Falls Area Learning Center. We have students from high-risk areas. That's been a lot of time in our school, and I cannot begin to count the

number of times that we have had students who have had to go to Bridgeway. I've been teaching there for 14 years now, and Bridgeway has been a literal lifesaver for some of our students. I am distressed that it's going away. We talk about students falling through the cracks, and we just keep removing the nets that should be catching them. And we always have good reasons for doing it. But it doesn't matter you know when things go poorly.

So, the other thing I wanted to ask was when was this decision made? When was it kind of finalized that this was the direction that the hospital had to take?

>> Stacy Sjogren (moderator): Can you talk us through the timeline with a bit more specifics, perhaps?

>> Kent Mattson (Lake Region Healthcare): Yeah. You know, we've been studying this unit for years as we've been studying all of our service lines and units in particular since COVID started and the financial crisis in healthcare has become more and more rampant. The decision was made in the last week really of January. In that kind of culminated after we received confirmation that our internal medical group wouldn't be able to provide staffing for the unit moving into the future. And that made it clear that having to rely on the temporary providers, the Locum physicians, was going to be the norm of the future. So, I'd say the last week in January is when it all came to rest. We temporarily closed the unit in December because of a physician shortage. And that would be kind of an internal timing piece that was due to low provider coverage. But the decision to permanently closed was made the last week in January.

>> Stacy Sjogren (moderator): Thank you. Alright, thanks, Ethan.

>> Ethan Johnson: Thank you.

>> Stacy Sjogren (moderator): Let's see. I want to go back to Lori and see Lori. I've got people telling me behind the scenes that you should try pressing *6 to get your microphone to work. Can you give that a try, Lori? Oh, shoot. Lori, if you can hear us, try pressing *6 on what I think is probably your phone.

OK, I'm going to keep going down the list here. Next up would be Steve. Steve, why don't you come on the microphone and make your comment or ask your question. There you go. Go ahead, Steve.

>> Steve McElmurry: My name is Steve McElmurry. I am one of your Bridgeway Nurses. Since January of last year, it doesn't seem that there was a lot of collaboration, even though it's one of the values. Doesn't seem to be there was a lot of collaboration with people on the ground closest to the ground. So, us, what do we think? Is the staff that we can do to grow the unit. It got mandated in one of the meetings sometime last spring, maybe, that we need to grow to our census to eight people. Eight patients. It got mandated for that. I mean, we were directed to grow, but there was very little that we can do as staff to grow, and we weren't asked "what do you all see"? What ideas do you have about how we can grow the unit, how we can find more patients, that kind of thing. So that was disappointing. Instead, we just got kind of legislated too.

>> Stacy Sjogren (moderator): And Steve, did you have a question that you wanted to ask the group? Either way is fine.

>> Steve McElmurry: Question? No.

>> Stacy Sjogren (moderator): Okay. Thank you, Steve. So, what I'm hearing is a wish, a hope for collaboration with people on the ground as part of the process. What would you say in response to Steve's concern?

>> Kent Mattson (Lake Region Healthcare): This is Kent Mattson again. I – we’ve got leadership and we, Julie Drews, for instance, is on the line right now. I am not involved in operating things day-to-day, but I want to make sure people feel supported. You know, that call to action? We all saw the numbers; the operators of the department saw the numbers of where we were at and where we needed to be. There’s definitely a call to action from the senior leadership to let’s get those numbers up and I trust that staff put some effort into it. I trust that staff were trying to come up with ideas of what they could do. And again, yes, we went through a number of months where we saw, you know, admissions either stay the same or decline. And again, when we made some decisions on the unit that stopped adolescents from being served, again, for good reasons, the providers were involved in that decision. The operations folks were involved in that decision and so when it came to programmatic things, they were leading it. I trusted everybody was trying to get the number’s up. I trusted everybody knew our historical referral sites, that they were reaching out to them. I just -- I cannot answer what Julie and the crew, so to speak, were doing day-over-day, but we just wanted to support everybody. Again, I don't know that we call things "mandates" around here, but again I think it was pretty clear that the unit had low numbers in it. And again, we continue to have that experience where our emergency department, more people than not, were turned away and had to go elsewhere for inpatient services. We served many over the years that the unit, but not everybody that came to us was helped at Bridgeway so, trying to make more of an impact on the community.

>> Stacy Sjogren (moderator): Thank you. So, we've been trying to work with Lori to get her phone working right. We are not having any success. So Shellae, I am seeing Kristi and Morgen. I’m going to go ahead and go straight to those. How many more do you have that are written comments? And then we will perhaps check-in and see if we will be ready to wind up the session for this evening. How many more do you have?

>> Shellae Dietrich (MDH): Yes. I just have a couple written comments. I know Lori did leave a comment, and then Kristi did also but she has her hand up too.

>> Stacy Sjogren (moderator): So how about this? Why don’t you...we haven’t done one from the written ones. Why don’t you go ahead and do one and then Susan will be next, OK?

>> Shellae Dietrich (MDH): Ok. I could read Lori's comment. She’s having a hard time.

>> Stacy Sjogren (moderator): Correct.

>> Shellae Dietrich (MDH): So, she says "The growing need for access to emergent mental health IP care is essential. Emergency rooms are not the place for mental health patients to be held until a bed is available. Working with area partners is not realistic as they are full, and a three-month waiting list is not unrealistic. When mental health crises occur, holding and waiting for a bed is a traumatic experience and not addressing patient needs. The future solutions being discussed, all of those OP models make sense. Your restrictive admission criteria has kept your occupancy low and utilization at a minimum. It is a tragedy that this unit is closing, and the fundamental values of LRHC are not truly fulfilled. The staff from that area, which are being acknowledged, deserved to be recognized as they are true lifesavers. The partners in the area and some of the other locations you've mentioned are not solutions for a large population of patients that need mental health care. This is very disturbing to me as a consumer and a former health care leader with a passion for patients being served."

>> Stacy Sjogren (moderator): Thank you. And thanks, Lori. Certainly, we heard a lot of comments in there. The one thing that stood out to me that may be helpful with a response, related to that emergency bed use.

Can you talk a little bit more about how that is done? How that's done with care and gets at some of the concerns that Lori was sharing? So emergency bed use.

>> Patty Roth (Lake Region Healthcare): I could take that. So, when a patient comes in and they're actively suicidal, we have to put them on they hold for their safety. We have to make sure we can get them someplace that they can get that care. I know that my goal, and I think a lot of the team, is to create a structure really, and you'll have to forgive me, Amber, but really partner and collaborate with our other community health, mental health providers. We have a fair amount of counselors and that kind of thing. When I heard Ethan's comments about helping the students, that breaks my heart. I really want to create something so we can put our arms around them and support them before they get to a crisis. That's going to take some work, and that's going to take some vision. But I think we can get there if we were together as a community.

>> Stacy Sjogren (moderator): Thank you. Alright. So, next on my list I think here is Susan followed by...well, we've got Kristi and Morgen. Shellae, you said you had already tracked the written comments from Kristi and Morgen?

>> Shellae Dietrich (MDH): No, I have not said Kristi's yet.

>> Stacy Sjogren (moderator): Oh, you have not said Kristi's yet and Morgen?

>> Shellae Dietrich (MDH): No. She did not provide any.

>> Stacy Sjogren (moderator): So, Susan, Ok. Susan, Kristi, Morgen. There we go. Those are the next three and then I will check in with you again and see if there are any more written ones. Susan, do you want to come on the microphone? There you go. Oh no, you're now muted again. Try it one more time. There you go.

>> Susan Meland: Thank you.

>> Stacy Sjogren (moderator): Don't touch anything there. [Laughs] You got it. Don't touch anything. Go ahead.

>> Susan Meland: I am Dr. Susan Meland and I've been a psychiatrist at Bridgeway for the past 15 years, and I just want to say it's very painful for all us staff to say goodbye to Bridgeway. And on behalf of Bridgeway, I just want to say thank you to all the people who have entrusted their lives to us during some of the most painful chapters of their lives. I'm getting tearful now just thinking about it, but it's been our honor to be there for you when you needed us. And so, thank you for that and we will miss you.

>> Stacy Sjogren (moderator): Yeah, I'm getting teary eyed too. Okay.

>> Patty Roth (Lake Region Healthcare): Thank you, Susan.

>> Stacy Sjogren (moderator): Thank you Doctor. Alright. Next up is Kristi. Kristi, can you unmute yourself, please?

>> Michael Brott (MDH): Kristi wanted her comment to be read.

>> Stacy Sjogren (moderator): Oh?

>> Michael Brott (MDH): She had already submitted it as well. I think she just said that that's what she would like to have happen.

>> Stacy Sjogren (moderator): Absolutely happy to do that. Shellae, can you grab Kristi's comment and read it?

>> Shellae Dietrich (MDH): Yes, I will probably break it up a little because it's quite a large comment.

"I am writing to express my deep concern over the pending closure of the psychiatric unit at Lake Region Healthcare. I write not only as a resident of Fergus Falls but as someone with knowledge of just how important this resource is for the community. In fact, the examples provided below may seem generic, but are based on personal experience and stories shared by those I've met on the Bridgeway unit. I can honestly say that closing the Bridgeway unit is shortsighted and does such an incredible disservice to the Fergus Falls community on so many levels. For the patients struggling with depression, seeking help is the hardest thing to do, even with an existing mental health provider and medication. Enter Bridgeway. The nurses are exceptional at working with patients struggling with some pretty tough times in their lives. They won a national award for excellence last year that seems to have been glossed over and all of this. It may be true that there are exceptional nurses and other close by facilities, but stating the obvious, those facilities are not in Fergus Falls and here's why that's important. Family. Most Bridgeway patients are from Fergus Falls and the surrounding communities. So are their families. And then distance, time, and transportation are an obstacle to treatment. Besides, the "just go to Fargo" mentality is really getting bothersome. Getting a ride to the E.R. if you're alone may be fairly easy but knowing you won't end up in Fergus Falls will be a deterrent to those seeking help at an extremely critical time. It is a barrier that people who need mental health resources are often not able to overcome. Distance is also a barrier to visitors who can help bring a smile. From friends and spouses to children, even grandchildren. It's also important for the patient and their family that everyone knows what to expect after discharge. This is usually accomplished with meetings on site."

So, I will pause here because there is more.

>> Stacy Sjogren (moderator): Thank you. So, we are hearing the challenges that this poses. Things like not being able to be close to family. The distance that is involved in making the drive to be close to your loved one. I know in your presentation; you talked about the difficulty of this decision. Do you have anything else you want to share as you are recognizing the challenges that the community faces with this change?

>> Kent Mattson (Lake Region Healthcare): Yeah. I want to respond to that, but I was looking at the comments here and Kristi shared that Susan, Dr. Meland is one of the best and we universally agree, and we thank her for her years of dedicated service and making a difference in so many lives. She's an exceptional provider, as are all our providers. You know, I shared at the front end of this, it's a very difficult decision. We take care of our friends. We take care of our families. We take care of our relatives. We take care of our neighbors and we're not in an ivory tower in Chicago. We are amongst these people every day. So, everybody takes this decision personally. We take this decision personally. We are just made with tough choices in this day and age, and we need to use the resources that we have to make the most meaningful impact across the broadest set of population that we have, and times have changed. We strive to provide care close to home, but we can't always do that. But what we will do though is make the commitment to listen, be empathetic, to be innovative, to be person-centric, and work through all the changes associated with this decision. But we really did hope to educate on some of the why. We did want to listen again as we had a couple of times that it was average staff last week, but we also wanted to educate that our world has changed. And that's all over in the media. And we've got to make sure that we're making the right decisions for a sustainable care in rural health care in this environment. So, we appreciate everybody's passion tonight. We celebrate everybody that did great things over Bridgeway. Emotions can run strong and high, but we need to take an even keeled approach to this, and we appreciate the comments tonight.

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

>> Shellae Dietrich (MDH): I have a couple more of Kristi's, I just broke it down.

>> Stacy Sjogren (moderator): Oh, I'm sorry. Yes, that's right. Go ahead please.

>> Shellae Dietrich (MDH): And then Kristi goes on to say, "Continuity of care, all Bridgeway patients from Fergus Falls are likely to have their primary care providers right in Fergus Falls. This is significant. Many people struggling with depression are likely to have physical health issues that impact their mental health. In making the announcement that Bridgeway is closing, Kent Mattson, LRHC CEO, reminds us that there are still mental health services available in Fergus Falls. This is misleading. Foremost, there will be zero inpatient services in the community. Bridgeway patients usually do not fall into the CBHC criteria. The only resource for acute mental health needs is the emergency room, which is not truly equipped to manage psychiatric patients. Mattson stated that LRHC plans to continue to grow outpatient clinical services. All this means is a 20 to 30 minute appointment with a physician or a one hour appointment with a therapist and a "hang in there, see you next week." Fergus Falls has no outpatient day programs. Those are also at least an hour away. And again, time and distance are the enemy to the individual seeking help in a really dark time. According to the news release, one reason for the Bridgeway closure is that much of the 14 bed unit goes unused. I have been one of the few on the unit in the past. In fact, Bridgeway has saved my life more than once in the last 25 years since we moved to Fergus Falls. I use myself as an example, but the mental health pandemic is just getting started. As a gentle reminder, there have been two teen suicides in Fergus Falls in less than a year. For heaven's sake, don't take this resource away. Scale it in the interim and then work on reinventing it. And then here are some questions. By closing Bridgeway, Lake Region Healthcare is turning its back on Fergus Falls. I mean, is anyone naive enough to believe that once a resource like this is gone, it will come back? If saving three lives at a time is not enough, what is?"

>> Stacy Sjogren (moderator): So, I think the question in there is towards the end and it is -- help me with this, Shellae, could services like this come back? So, I know you don't have a crystal ball. [Laughs] I mean, I know you don't have a crystal ball and I know this was difficult and maybe you can't even answer that. But could something like this come back I think is the question being asked.

>> Kent Mattson (Lake Region Healthcare): Yeah. We have a saying around here. What is the pathway to "yes"? I cannot rule anything out about what the future holds. We try to find the pathway to "yes". Wrestling with the financial consequence of having an underutilized unit open, you just kind of called the question. So, we will study this, we will come up with innovation and try to meet some of the community demand that is out there. So yeah, I would not rule anything out into the future. I cannot say "no".

>> Stacy Sjogren (moderator): Ok, go ahead Patty.

>> Patty Roth (Lake Region Healthcare): This is Patty. But I also feel like we need to look to the future. What does an innovative approach to mental health care look like in Fergus Falls and how can we build that?

>> Deb Pelch (Lake Region Healthcare): And this is Deb. I would just add on to that by saying that you know, I think for our outpatient mental health services, we're really tasked right now as Patty mentioned, being forward thinking. But really, it is a continuous process of evaluating what the needs are, where the gaps are, and then how do we get creative and being able to meet those for the community.

>> Stacy Sjogren (moderator): Very good. Thank you. Alright, I'm with three hands left here, Shellae, and I am going to call it. With these last three hands, and then you and I are going to talk about – oh, no, two hands.

Then we will see where we are at because it is 7:33 now. So, it's Morgen and Jordan. Oh, and then Kristi popped back up again. Then I am going to have a stop there and just check in. So, Morgen, Jordan, Kristi. Then I will reserve the right to call for a closure if Shellae and I feel that the timing is right. Now it's down to two. OK, Jordan, you're on. Go ahead, go on.

>> Morgen: OK, my name's Morgen.

>> Siobhain Rivera (MDH): I think Morgen's had just got accidentally lowered.

>> Morgen: Martin and I just have a question. Minnesota statute 144.555 requires a 120 day notice on all unit closures? Was this timeline met by the hospital?

>> Stacy Sjogren (moderator): That's a question I think, Maria, are you able to answer that question, or maybe this is a group answer. I don't know.

>> Maria King (MDH): I want to go back and look at the statute Jordan. So, are you looking at the current statute or a statute that's being proposed?

>> Stacy Sjogren (moderator): Um, Do you know Jordan?

>> Maria King (MDH): OK, while she is asking her question, I'll verify that by looking what happens here is that when we get the notice from the hospital, we work with the hospital to try to get a public hearing scheduled as quickly as we can. So, what we will have to do is go back and look at the date that we received the notice from the hospital. We do this in good faith -- thanks, Ben. We do this in good faith, so we will verify that. That's a great question. Thank you.

>> Stacy Sjogren (moderator): Thanks, Jordan.

>> Morgen: If that timeline has not been met, would there be a corrective order issued by MDH against the hospital by failing to properly notify?

>> Maria King (MDH): There are a few exceptions in that statute and one of those exceptions, I believe, has to do with not being able to provide the people to care for the individuals. So, I will go back and look at that. If a statute is not met, then the department does have the right to -- there's a way that we can cite an order and then there's a penalty assessment that can be made and it's not a large sum, the penalty assessment. But there is a way that it can be addressed, so we will take a look at that. Which person am I speaking to?

>> Stacy Sjogren (moderator): It is Jordan.

>> Maria King (MDH): So, Jordan, I will be happy to look at that for you.

>> Kent Mattson (Lake Region Healthcare): Could I? I can answer what happened here.

>> Maria King (MDH): OK, great.

>> Kent Mattson (Lake Region Healthcare): When we filed the notice, which we did promptly after making the decision, we had dialogue with staff, and we shared that we would not be able to staff the unit with permanent staff after mid-March and there was some analysis done and it was shared that type of situation would qualify for that exception. And hence, we move forward with scheduling this hearing and we believe that we satisfy that. We wanted to respect the statute through open dialogue with the Department of Health, which I think we did, and I think we've checked that box, so to speak. We also have discussed the timing of this

internally, including with the Minnesota Nurses Association, so we've been very open and transparent about the timing of this with MMA.

>> Stacy Sjogren (moderator): That does remind me Kent, in the presentation you said that the service would be closing on March 5th, but the slide said March 15th. Which is the correct closing date?

>> Kent Mattson (Lake Region Healthcare): March 15th.

>> Stacy Sjogren (moderator): March 15th.

>> Kent Mattson (Lake Region Healthcare): I apologize if I misspoke.

>> Stacy Sjogren (moderator): Yep, no worries. I figured that might be the case, but I just wanted to make sure everybody had the correct information. OK. Thanks, Jordan for your question. Maria, did you have an answer or another thought?

>> Maria King (MDH): No, I just wanted to share. Thank you much for bringing that up, and I think it was Morgen.

>> Stacy Sjogren (moderator): Jordan is the one who asked the question.

>> Maria King (MDH): Okay. A lot of names on here. We've been listening here for a while, but I just wanted to want to share I did put in the chat the exceptions -- oh, it was Morgen. Thank you Morgen. I thought it was an M name but then I had both people on the docket there. So, the exception it says, notwithstanding the time period in subdivision 1a by which the notice must be provided, then there are these things. It says the campus must notify the Commissioner of Health and public as soon as practicable after deciding to take an action. And then if there is a natural disaster or emergency - and this was not that. An inability of the hospital to provide health services according to the applicable standards of care due to the hospital's inability to retain or secure essential staff after reasonable effort. And I think that's what we were just hearing from the hospital CEO. So that would be the exception that they would have met. So, thank you very much for asking. We've got this information pulled up for you, so if you need any additional, you are welcome to reach out to us so we can answer your questions.

>> Stacy Sjogren (moderator): Super. Shellae, how are you doing on your end? You're seeing the written comments and questions. Are we good from your end?

>> Shellae Dietrich (MDH): They do have a couple questions. Well, I think this is a comment.

"I was brought in as a nurse manager July 10th. There was five months prior where there was no nurse manager. Little more than a month after I started, five out of my eleven staff were out on medical leave for over six weeks, and then a provider left at the end of September. These were some of the difficulties we faced."

>> Stacy Sjogren (moderator): And I am seeing head nods from Kent and Patty. OK, Thank you.

>> Kent Mattson (Lake Region Healthcare): Yes. Very, very real.

>> Stacy Sjogren (moderator): OK. And Jordan, I see that your hand is up. Did you have another question? Go ahead, please. I'm sorry for making you wait.

>> Jordan (Smith) Schroeer: Yes. Thank you. The previous question was from Morgen. This is Jordan. I am with Senator Tina Smith's staff, a senator from Minnesota. I'm wondering, you've said that there were 3.3 patients

on average per day, and you gave an average inpatient bed count. Do you have a number of exactly how many patients you served this past year or up to this year or the number of patients that you've served annually, more specifically? Going back as far as your records do.

>> Stacy Sjogren (moderator): Do you have that information at your fingertips?

>> Kent Mattson (Lake Region Healthcare): Boy, we don't, but I would love to talk to the senator's office. And thank you for showing up tonight. We've done this for 30 years. Our data is deep, and we would welcome a conversation with the Senator's office over this. I can't give you the stats right now. Boy, I can't tell you how many over 30 years we have served. Lots.

>> Jordan (Smith) Schroeer: Or even just this past year. You know, in 2023. If you have the number of how many patients you served in 2023?

>> Patty Roth (Lake Region Healthcare): Jordan, I don't have a list of the unique patients that we saw. I only have it broken down by patient days. But if you like, I can reach out to you afterwards and get you that information.

>> Jordan (Smith) Schroeer: OK, thank you.

>> Stacy Sjogren (moderator): Thanks, Jordan. Sorry to make you wait too and get you confused with Morgen.

>> Jordan (Smith) Schroeer: It's okay, Stacy. Thank you for the work you do and that everyone at the Department of Health does. You've done a wonderful job with this meeting. Thank you.

>> Stacy Sjogren (moderator): Excellent. Thank you. I'm glad you're satisfied. And with that, Shellae, are we ready to call this meeting and turn it back over to the Lake Region team for closing comments?

>> Shellae Dietrich (MDH): I have one more comment and question that I would like to address here that is from Megan Hanson.

>> Stacy Sjogren (moderator): Absolutely. Go ahead.

>> Shellae Dietrich (MDH): This is from Megan Hansen.

"As a young individual who has consistently suffered from depression, anxiety, not only does it sadden me, but it also scares me for the future. As we have seen, three people in surrounding communities already commit suicide in a mental health crisis. I do not feel like closing will help anything. These voluntary patients coming in are no longer going to come in due to further placements, which may result in more deaths. This is severely inconvenient for Lake Region as we have many other specialties. Who gets to decide that another primary physician is more important than those in a mental health crisis that cannot wait three months to get into an outpatient psych provider?"

>> Stacy Sjogren (moderator): So, the comment is all about the waiting and just being in that vulnerable place. And Patty, I see your head nodding. Were you wanting to response to that?

>> Patty Roth (Lake Region Healthcare): So, we recently did hire another nurse practitioner that will be serving in the outpatient setting. So, we should be able to have access for that outpatient patient.

>> Stacy Sjogren (moderator): Kent, was there something you wanted to add too? I was just reading your body language. Not sure if you had something to add.

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>> Kent Mattson (Lake Region Healthcare): You know, I think Patty covered it. As we continue, we have recruited, we continue to recruit for more mental health practitioners in the outpatient side of things. We will continue.

>> Stacy Sjogren (moderator): Very good. Thank you. And with that, I would like to go ahead and pivot over to the Lake Region team for your closing comments. You can see those that have been responding to all of your questions tonight with their full titles on the screen in front of you, and I'll turn it over to you Kent if you wanted to lead the way on any final closing thoughts.

>> Kent Mattson (Lake Region Healthcare): We appreciate the partnership we've had with the Department of Health. We appreciate your time moderating this meeting this evening. Again, we wanted to make sure that we're sharing some of the why, some of the resources out there available for folks and just make sure the community knows the commitment that we have to continue mental health services focusing on the outpatient side of it. And we do appreciate everybody's investment and their time this evening and sharing the great community feedback with us.

>> Stacy Sjogren (moderator): Thank you very much. And with that, Maria, I think you are up next.

>> Maria King (MDH): Okay. Thank you, Stacy. Thank you, everybody and for our supporters here who put the draft language in the chat for me. You know you'd think that we have this memorized because we certainly have used it a lot of times, but I generally have it pulled up when someone asked the questions. I appreciate the help on that. So alright.

We just want to thank everybody for logging in tonight and we just want to remind you that the statute gives us the authority to hold this meeting and inform the public about the changes, but it does not give us the authority to stop the changes. So, I know that might not be satisfying to a lot of you, but that is what the statute does and does not allow us to do. You can continue to make comments or feedback on the hearing website, and the comments are going to be accepted until the 21st, which is tomorrow and then there will be a transcript available for all of you. And if you choose to reread this, you know, the conversation tonight and certainly some of the great information we got from the hospital tonight too is also included in that transcript. We think it might be helpful to relook at. So, I would like to thank you all for joining us tonight, and with that, we wish you a good night. Thank you very much for joining us.

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2/20/2024

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