Allina Mercy Hospital Public Hearing Transcript

MARCH 26, 2024

Meeting Information

The Minnesota Department of Health (MDH) held a public hearing on March 26, 2024, at 6 p.m. on the relocation of Mercy Hospital Unity Campus (Fridley) intensive care services to the Mercy Campus (Coon Rapids), the relocation of Unity Campus surgical services to the Mercy Campus and the closure of the inpatient pediatric unit at Mercy Campus. All other Mercy pediatric services will remain in place.

More information can be found on the Allina Mercy Hospital Public Hearing page (https://www.health.state.mn.us/about/org/hrd/hearing/mercy.html) of the MDH website.

Meeting Transcript

>> Stacy Sjogren (moderator): Welcome, everyone. Welcome to the public meeting to hear from Allina Mercy Hospital. Allina Mercy Hospital will relocate Mercy Hospital Unity Campus intensive care services, which are now in Fridley, to the Mercy Campus in Coon Rapids. They will relocate Unity Campus surgical services to the Mercy Campus and close the inpatient pediatric unit.

My name is Stacy Sjogren. I am with Management Analysis and Development and serving as a moderator for this meeting. This evening's meeting is being hosted virtually through Microsoft Teams. If you're having any technical problems, please visit the Microsoft Support page for Teams or email the HRD Communication Team. Both of those bits of information are in the chat for you.

Captions are also being provided for this event. You can view captions in Teams by clicking the "more", the "..." button in the bottom of the Teams window and choose "Turn on live captions". You can also view the captions online at the address now being posted in chat. And you can find more information about today's hearing on 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 a reminder to the person on deck and the person next scheduled to speak. If you do not wish to speak, you can ask your 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 for the session and to ask questions during the meeting. To open the chat box, click on the icon that looks like a cartoon speech bubble with two lines in it. If you are using Teams in a browser window, the icons are at the bottom of the screen. If you are using the Teams app, that chat icon is in the top right corner of your screen.

The Minnesota Department of Health, also sometimes referred to as MDH, is hosting this public meeting, which is required by state law. The intention of this meeting is to provide an opportunity for the public to express their opinions, share comments, and ask questions about the relocation of the Unity Campus intensive care and surgical services to the Mercy Campus, and the closure of inpatient pediatric unit at Allina Mercy Hospital. The Minnesota Department of Health announced this meeting through a statewide news release and notified the community leaders of the meeting.

What follows now is your Tennessen warning. The Minnesota Department of Health is hosting this public hearing to inform the public as required by law. Your comments, questions, and image, which may be private data, may be visible during this event. You are not required to provide this data, and there are no consequences for declining to do so. The virtual presentation may be accessible to anyone who has a business or legal right to access it. By participating, 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, with that in mind, to opt out of the presentation, please exit now.

Our agenda for this evening includes introductions, a welcome by MDH's Health Regulation Assistant Division Director, an overview, a presentation by the Allina Mercy Hospital team, public comments and questions, some closing remarks by the Allina Mercy Hospital team, and a conclusion.

So here are today's speakers. Joining us are Susan Winkelmann, the Health Regulation Assistant Division Director with the Minnesota Department of Health; Michael Johnston, President of Mercy Hospital; Dave Slowinske, President of the Northeast Region; Dr. Jay MacGregor, Vice President of Medical Affairs; and Susan Long, President of the Emergency Medical Services. Now I would like to welcome Susan Winkelmann, who serves as the Health Regulation Assistant Division Director for the Minnesota Department of Health. Susan?

>> Susan Winkelmann (MDH): Thank you so much. Thank you, Stacy, and welcome to everyone. We appreciate the time you are taking today to learn more about the changes at Allina Mercy Hospital. This public hearing is being held under the law that offers the community an opportunity to learn about the hospital's plans, and for the community to share its comments and questions with the hospital. In June 2021, the Minnesota Legislature passed legislation requiring a public notice and a public hearing before the closure of a hospital or hospital campus, relocation of services, or cessation in offering certain services. That law is also cited as Minnesota Statutes section 144.555.

It is an opportunity for the public to engage with hospital leadership and to hear the reasons why hospital leadership made the decision to close, change, or relocate services. It also gives the community an opportunity to learn from their health care providers about how the community can continue to access health care services after the closure, change, or relocation occurs.

The Minnesota Department of Health, Health Regulation Division received notice on February 13th, 2024, that Allina Mercy Hospital will relocate the Fridley Unity Campus intensive care and surgical services to the Coon Rapids Mercy campus and close the inpatient pediatric unit at Mercy campus. According to the submission filed by Allina Mercy Hospital, these transitions will allow Allina Mercy Hospital to refocus resources to better serve patients and to create much-needed capacity for adult patients.

The Health Regulation Division is tasked with implementing this law. We are providing a forum for hospital representatives to share information about the changes in services and for the public to engage with the hospital by asking questions and providing comments about the changes. We will facilitate this meeting as outlined in law. Our role is to ensure this meeting occurs, that communities' views are heard and presented, and that people's questions are answered. This statute gives MDH the authority to hold the meeting and to inform the public, but not to change, delay, or prevent the proposed changes, closures, or relocations. This meeting provides an opportunity for us as your state health department to offer a forum for transparency, listening, and understanding of the differing opinions and perspectives surrounding such important decisions as this one that will affect health care services in your community. I welcome you to share your perspectives tonight, your comments, and your questions with Allina Mercy Hospital leadership. I look forward to hearing tonight's discussion. Next slide.

First, we will hear from Allina Mercy Hospital leaders who will provide information about the following: what services they plan to curtail and when, and explanation of the reasons for curtailing services, a description of the actions that Allina Mercy Hospital will take to ensure that residents in the hospital's service area have continued access to the health services being modified. Please welcome Allina Mercy Hospital representatives. They are Michael Johnston, President of Mercy Hospital, Dave Slowinske, President Northeast Market, Dr. Jay MacGregor, Vice President Medical Affairs, and Susan Long, President, Emergency Medical Services. With that, we'll go to the hospital's presentation, and I believe we are starting with Michael Johnston.

>> Michael Johnston (Mercy Hospital): All right. Thank you, Susan. Well, good evening, everybody. My name is Michael Johnston, President of Mercy Hospital, and I am joined by my colleagues, Dave Slowinske, President of the Northeast Market, Dr. Jay MacGregor, Vice President of Medical Affairs, and Susan Long, President of Emergency Medical Services.

I want you to know we appreciate the opportunity to share information about the service changes we are making at Mercy Hospital, Mercy Campus and Mercy Hospital, Unity Campus. These services are relocating ICU beds to the Mercy Campus, transitioning the ICU to a SCU at Unity Campus. We are locating surgery services to the Mercy campus and transitioning our two pediatric inpatient beds to adult inpatient beds. Several factors are driving the repositioning of services across both campuses. First and foremost, we are working hard to create a care model that will support our employees as well as support additional access to care in the region by ensuring care is delivered in the right place and sustainably.

So, for the agenda this evening, we plan to cover the following items during our presentation, and after we will answer any questions. First, who we are as Mercy Unity, the gratitude we have for our employees and team, why we are repositioning the services in our market, the continued excellence in surgical care that we have, the intensive care at Mercy Hospital, the access to pediatric care in our market, clarity for emergency medical services, and a commitment to our teams. Next slide, please.

So, I would like to start with some grounding in who we are. Mercy Hospital is a nonprofit hospital that is part of Allina Health. It’s an integrated health care system serving over 3 million patients every year. Our mission is to serve our communities providing excellent care as we prevent illness, restore health, and provide comfort to all who entrust us with their care. At Mercy Hospital we see about 28,000 inpatient and 222,000 outpatient patients each year, and we are extremely proud of our long-term commitment to delivering exceptional care in the Northwest region. Nothing about the repositioning of services changes that. Next slide, please.

Before we get into the details, I do want to pause for a moment of gratitude. You know, our team has had a rough couple of years, and we recognize these service changes are difficult and hard. I also know we will get through this transition, and our campuses are full of remarkable caregivers committed to make our communities healthier. We are profoundly grateful for all who make that possible every day. What I would like to do is turn it over to Dave Slowinske to share more about why we are making these changes.

>> Dave Slowinske (Mercy Hospital): Thank you, Michael. Good evening, everyone. As Michael mentioned, my name is Dave Slowinske, President of the Northeast Market of Allina Health, which includes Mercy Hospital, both campuses. Several factors are driving the repositioning of services across both campuses. But first and foremost, I just want to reiterate that we are creating additional access to care in the region. We are alleviating medical boarding in the emergency departments with these changes, all while ensuring care is delivered safely and in the right setting with the appropriate clinical support.

Also, you know over the last few years, the health care industry has faced some incredible turbulence. In the post-pandemic era of health care, it looks different. And that can be seen with recent service change announcements across the state and country, which I'm confident will continue for the foreseeable future in the state of Minnesota and nationally. And the challenges we face at Allina are no different and they are not unique. Some of those changes and challenges that we are navigating are patient demographic changes, inflation, workforce challenges, and lagging reimbursement for the services we provide. In the face of these challenges, we are required to continually assess how we maintain access to services and align with best practices in the most sustainable way, both in those best practices, both locally and nationally. I'm now going to turn it over to Dr. Jay MacGregor to share more details about the service changes themselves.

>> Dr. Jay McGregor (Mercy Hospital): Great. Thanks, Dave, and good evening, everyone. My name is Jay MacGregor, the Vice President of Medical Affairs at Mercy Hospital, which includes both campuses, and I have been fortunate having the privilege to work with clinicians at both campuses.

We are making service changes because of patient demographic changes, and we are working diligently to ensure that there is access to care. We are increasing the access for our surgical care in the region at Mercy, which is the complex care and surgical hub in this area, and we want to ensure that there is high quality care when patients need it. The low volume of ICU patients and the extensive and costly renovations needed to the operating rooms at our Unity Campus required us to think broadly and holistically about creating a strong ecosystem in the Northwest Metro. This includes both Mercy Hospital campuses, Mercy and Unity, and includes our clinics as well as ambulatory surgery centers. By moving ICU and surgical care to the Mercy Campus, we are creating the opportunity to increase access to certain services at Unity Campus. These are critically important and are part of our plan and solution for the persistent patient boarding issue that we have in our emergency departments. If you would advance the next slide, please.

As I mentioned, the demographics are changing, and what we are seeing is that about 20% of our patients at the Unity Campus truly need what we are currently calling ICU-level care and the other 80% need a slightly less acute level of care which we can provide in what we will be calling a specialty care unit in the same space also at Unity Campus. We will repurpose the space to establish a larger specialty care unit at Unity, creating more access to help alleviate the emergency department boarding concerns. Yes, I do want to clear up any confusion about transfers, and I know Susan will speak more to this shortly. But patients who do need an ICU level transfer between our campuses can do this at no cost. Next slide, please.

So, for pediatric care, we will be able to provide most of the pediatric care that we provide today at Mercy Hospital. We have experienced a declining inpatient volume of pediatric patients for our two dedicated pediatric beds and have been working closely with physician and operational leaders at Mercy Hospital to refine the model for pediatric care. The new model will continue to include daytime coverage by pediatric hospitalists in the newborn nursery and emergency department. We are dedicated to providing the same excellent overnight pediatric coverage that is present at our other metro hospitals to ensure the seamless delivery of care. The continued presence of pediatric hospitalists during daytime hours ensures that our newborn nursery, emergency department, and other general consultation are safely supported. Pediatric inpatient admissions -- sorry, I'm going too slow, I guess – pediatric inpatient admissions will be transferred to our community's pediatric-focused hospitals, where patients can receive the inpatient sub-specialty care that is not available at Mercy Hospital. Now I will turn it over to Susan Long. Thank you.

>> Susan Long (Mercy Hospital): Good evening. My name is Susan Long, and I am the President for Allina Health EMS, and we provide ambulance service in the Northwest Metro, including the Mercy Campuses and

surrounding communities. I want to acknowledge the strong partnerships we have with Anoka County, Coon Rapids, and Fridley police and fire teams. We are grateful for the support and collaboration we have with their teams every day. As we support the service changes, I want to start off by sharing that this work isn't necessarily new or unique. The fact is that our EMS teams every day do the work of prehospital triage to ensure that patients are getting to the right location for the care that they need for the conditions that they are experiencing. We are still in transition but as we move to the new model, these service changes will help us to reduce transfers between sites. Additionally, as Dr. McGregor mentions, because of the one hospital, 2 campus model, any transfers between those two campuses will be at no cost to the patient. I would like to turn it back over to Michael to help wrap up our presentation.

>> Michael Johnston (Mercy Hospital): Thank you, Susan. So, as I wrap up, you know, while some of our valuable employees are impacted by this repositioning of services, we are dedicated to working with them to find other positions throughout our care system and we do hope that most of them will remain Allina Health employees. There are open positions both at Mercy and across the system and we are working with teams and their union representatives per our collective bargaining agreement process to find job placement for anybody who wants a job. Allina Health is extremely proud of a long-term commitment to delivering exceptional care to the Northwest region. Nothing about this repositioning of services changes that. I want to thank you for the opportunity to share more information on these changes and we are available to take questions. Thank you.

>> Stacy Sjogren (moderator): Very good. Thank you so much. Now we will begin the public comment portion of this meeting. This is your chance to participate by asking questions, providing comments, or share your perspectives. Each person will have up to three minutes to ask a question or share their comment. I will stay on camera the whole time and give you a time signal when your time is wrapping up to help you not have to be looking at your clock. If need be, I will just simply interrupt you verbally if you miss my queue. I know we have a lot of people online tonight, so we want to give everybody a chance to be heard, at least as much as time allows.

Again, please remember that the information you are sharing here tonight virtually is public information. That means any information you share is public, so please keep this in mind before sharing private medical information. Once you are done with your comments, the Allina Mercy Hospital team will have up to three minutes to respond to each of the questions and/or comments.

We mentioned earlier that participants will be muted until it is their turn to share comment or ask a question. In reminder, there are two ways to ask a question or provide that comment, the first of which is to raise your virtual hand and you will be unmuted when it's your turn to ask your question or come provide your comment in both the mobile app and the browser version of teams. Click that "more" button, that “…” button to show the raised hand option in the mobile app. If you are working on your phone, the icon is a little yellow hand. In the browser version, the raise hand option is the fifth item from the top of the list.

Now if you are calling in on your phone -- and I see an awful lot of phone numbers here, so I suspect that's the case – you need to press *5 to raise your hand, and once it is your turn, you need to press *6 to unmute yourself. That has messed people up in the past, so *5 to raise your hand if you're on your phone, and *6 to unmute yourself.

Now the second way to ask your question is to simply put it in the chat box and press enter or send so that the MDH staff can see it to read on your behalf. To open the chat box, click on the icon that looks like a cartoon speech bubble with two little lines in it. If you are using Teams in the browser window, the icons are at the bottom of the screen. If you are using the Teams app, the chat icon is at the top right corner of your screen.

Now, we will select participants as hands are raised, and add questions from the chat throughout this public comment period. So, I will be working with Shellae to make sure we balance the two and do everything we can to get a balance of voices, no matter how they come in and are shared, and, as much as possible, perhaps a balance of perspectives, since we have got such a big group tonight. It would also be nice, when you do make your comment, to preface it by sharing your name and the city where you live, and then, probably the most important of all, please, everyone, be respectful. Everyone participating in this session tonight has an important perspective to share. Community members care that they will receive the services they need when they are feeling most vulnerable. Health care staff care about their patients, and hospital administrators care that their communities are well-served with the resources that are available. So, I humbly ask all of you to help me make sure all of you can be heard and treated with mutual respect.

So, with that in mind, abusive comments, comments that are meant to discredit or malign someone, or vulgar language won't be tolerated in the chat or during verbal comments. 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 their comment. I think I have covered everything -- oh, except, we know that Allina will be given an opportunity to make comments up to three minutes in response to a question that is posed to them. And then, everyone again because we have so many people on the call tonight, I am going to start looking at the clock at about 7:15 to begin winding down the comment period, as it was scheduled to end at 7:30. So help me with that if you have heard your question being asked somewhere along the line, maybe you don't need to ask it again. That way we will be able to hear from more people.

Again, I invite you into this space with me to help this be effective for everybody. And with that, I am going to check in with my team and see if Shellae, if you are set with questions that were either in chat or some that had the opportunity to submit their question ahead of time. So, we are pulling from all three of those areas. So, Shellae, before I call on the first people on my list, I'm just going to check with you and see if you are good to go.

>> Shellae Dietrich (MDH): Yes, I'm good, thank you.

>> Stacy Sjogren (moderator): All right, here we go. I see there were some early hands raised on the list of participants that I can see. I can't see the chat. My job is to look at the participant list. So, in this order is Lisa, and then Erin. So, Lisa Schweiger and Erin Koegel, and then probably I will turn it over to Shellae to see if we can pull a question from chat. So, Lisa we are going to unmute you, and go ahead and ask your question or make your comment. And you might have to do the unmuting on your end, too.

>> Lisa Schweiger, MD: Lisa Schweiger. Can you hear me?

>> Stacy Sjogren (moderator): Yes. Go ahead, Lisa.

>> Lisa Schweiger, MD: OK. A couple of quick things. So, I am a pediatrician at Cambridge Medical Center, which is an Allina facility. I've been there 20 years. We used to do plenty of pediatric admissions as well as newborn nursery services. However, a few years ago we were no longer able to do pediatric admissions, and then about two years ago Allina discontinued labor and delivery and nursery services for us, asking all our patients to go to Mercy. So now all our patients or many of them do, but some of them have left to go to Fairview. I do understand that you have added some services back that you were going to take away, so there will be hospitals seeing some of our newborns, but they won't be there 24/7 as they were before. More importantly, our pediatric admissions need to go there, too.

You have claimed that the number of pediatric admissions has been low, but Mercy has been holding that number artificially low by only allowing two beds to be saved for pediatrics. So sometimes, when we call, we are told there are no beds because those two beds are full. The rest of the beds are first-come first-served for all ages, and in many cases, during the pandemic and post-pandemic times, adults have taken those beds. There would be great interest in admitting more patients, but because you have limited it to only two, that's why the numbers are low. It is not because there is a lack of interest in admitting patients there. Short of going to Mercy, our patients would have to drive an additional, at minimum, 30 minutes, probably more if there's traffic, which is not only inconvenient but is also unsafe. Already, coming from Cambridge, it is 30 minutes if you live right in Cambridge or south of Cambridge. If you live anywhere outside of Cambridge, it's at least 45 minutes to an hour just to get to Mercy. Sometimes, also, beds at Children's are full, and then the only option is Mercy. By taking these beds away, it is detrimental to our community. It is not forward-thinking.

Also, if there were some sort of pandemic or something else that had a great increase in need for pediatric admissions, then where would we be if we didn't have anything? By only continuing 12-hour daytime services, that is not adequate. Some of the sickest patients present in the nighttime, often for pediatric admissions. It is respiratory illnesses which are always worse at nighttime. We need to have pediatricians there to provide ER consults as well as inpatient admissions 24/7. On one of your slides, it said that there would be 24-hour access. Pediatric physicians would be available in person over the phone consults 24/7. Who will be doing that if you only have hospitalists in house 12 hours a day? Those are my main questions and the things I would like you to comment on.

>> Stacy Sjogren (moderator): Thank you so much, Lisa. So, Dave and team, the things that I heard in this were, because there were a lot of questions Lisa had, things like maybe the story behind or understanding of the pediatric low admission, the beds reserved for pediatrics, concern about greater travel time, just how beds for pediatrics lay out across the greater region, and then a comment about access to nighttime pediatricians. So those are the things I captured, Dave. And then I'm already seeing Dr. Jay on there, so whoever wants to start answering some of those questions, that would be great. And I've got to start the timer for this, because I don't want to eat up any more of your time. Lots of questions to answer.

>> Michael Johnston (Mercy Hospital): Jay, you have this one?

>> Dr. Jay McGregor (Mercy Hospital): Yes. Sure thing. Thank you. Thank you for your comments and questions and thanks also for the outstanding care that you provide. And thank you for sending patients to Mercy Campus. That is greatly appreciated.

I do just want to start out by saying our award-winning Mother-Baby Center will be unchanged, our nursery will be unchanged. So, the important care will continue at Mercy Campus. I think you did highlight the idea, of well, the beds are full. You know, how can we get folks there if the beds are full? That's exactly the challenge that we're also working on. The fact that our ER is so full, our hospital's frequently full, and we often have boarding patients in the emergency department is exactly the challenge that we are trying to address with these repositioning steps.

And then, as far as the coverage, the 24/7 coverage, thanks for pointing that out. It is the standard they were using at other sites in the Metro, and we are continuing to work on how to make that the best care we can provide. So, thank you again, and I really appreciate the thoughtful comments and questions.

>> Stacy Sjogren (moderator): All right. Let me just get squared away here. Next up is Erin Koegel, and then I'm going to go over to you Shellae, to pull a question either from chat or the questions submitted ahead of time.

And just one quick note, Erin, as you are getting situated, I am seeing a lot of stray response comments in the chat. If you can use the chat to post specific questions as opposed to starting a dialogue, that would really help us be able to cull through and actually call out things the presenters can answer. I hope that makes sense. So, with that then, Erin, go ahead.

>>Erin Koegel: I am the state legislator who represents Unity Hospital and sat with my brother in the ER trying to get a detox bed about eight years ago. Just last week I sat with my grandmother for what will be her last days at Unity hospital here in my community. Just eight years ago, Unity Hospital celebrated its 50th anniversary. A part of this came from a quote…for us to celebrate that this is part of the community, that this is people's lives, to have a hospital office space for people to come and emergency rooms for people to come right in their community and is not going away and hasn't changed for 50 years. The Unity Hospital patient care director. That was a quote from her. Most importantly patients who receive the care are consistently getting better health care thanks to advancements. It's been all good for patients, though. All the changes we have made because we want to improve care and make it better for them. We want to make their experience a good one. No one wants to be in the hospital, so we want to make sure communities are communicating effectively.

The last quote is that none of the care will change, and that Unity has been here for 50 years, and we will still be servicing the community. So that was a little bit before the hospital board in my community so the hospital to Allina, I believe for what, a dollar? And so, I'm just kind of curious, how we are living up to that promise that was made a few years back? What are the vacancies at the Mercy Hospital or the children's clinics around us able to absorb all the additional folks that are going to be getting into those clinics? And then again, when you think about access, are you thinking about things like how people are going to get to the hospital? Because Unity happens to be one that's on a bus line, and people can get to their doctor's appointments and get to the hospital if they need to. And they are going to be upgrading the bus line to be on rapid transit.

So, I am just really kind of concerned that a lot of the things we talked about when the hospital board was dissolved and Unity was taken over by Allina, it seems the worries are coming to fruition. So, I'm really kind of disappointed in that, and I don't think it's a good idea to take the hospitals that we use in our community, to take the services we use in our community, you know from eight years ago to let you know until I was there on Sunday with my grandma. This is going to be a real big hit on the people in my community, who work at the hospitals and who use the hospitals. Just, it's very, very disappointing.

>> Stacy Sjogren (moderator): Thanks, Erin. So, there's a lot of comment in there, a lot of community pride expressed in there, and how integral hospitals are to the local fabric of the community. And some questions and wanting to hear more from the presenting teams about how you feel you are living up to promises that were made a few years ago when this larger transition happened, and a bit more. can you help unpack more about how you are weighing some of these big decisions? What factors are you really considering in those decisions that you have made? So again, Dave or Michael, I will turn it over to you, and you determine how you can best answer that with your team here tonight.

>> Michael Johnston (Mercy Hospital): Yes. Thank you, Stacy, and thank you for the question. Dave, this is probably one you would like to take.

>> Dave Slowinske (Mercy Hospital): Yes. First Representative, thank you for your comments. I just want you to know that we hear the emotion and passion that you have for your constituents and for Unity Hospital. I want to reiterate that we have that same pride in the Unity Campus that you do. Unity has been, to paraphrase your words, critical to the community, and it will continue to do so. While we are changing some

of the services that are provided at each, we will be serving and adding capacity at Unity to serve more adult medical patients. We are adding eight beds, so we will be serving more patients at Unity with these changes than previously, then we were previously.

We are also making changes to our detox. We continue to invest and grow our mental health and addiction services at the Unity Campus. But I just want to reiterate that we have that same incredible pride, and we will be adding capacity. For the intensive care patients, that is the one service that we will be transitioning to the Mercy Campus. As things are now, most of those patients receive care, ICU care, at Unity, are appropriate for specialty care unit care, which we will continue to provide at the Unity Campus.

I want to finish by saying we have the same pride, we have the same passion, and we are continuing to invest and support care at Unity and in the Fridley community. We are just ensuring the safest care possible by transitioning the ICU care to Mercy. But, otherwise, we plan to care for more people in the community after these changes than before. Thank you.

>> Stacy Sjogren (moderator): Thanks, Dave. Thanks for your question, Erin. I promised I would go over to Shellae now to check in with questions that were submitted ahead of time, and questions in the chat. Do you want to take the next two, maybe, Shellae?

>>Shellae Dietrich (MDH): I had to get off mute here. [Laughs] We have quite a lot of questions and comments in the chat, so I'm just going to pull a couple here.

How does reducing the number of available ICU beds affect ICU availability across the state, as occasionally there is a bed crisis across the state and every single bed is being used. Also, how does increasing ten ICU beds and 14 special services units help with the ER border situation? Please describe what that would look like.

>> Stacy Sjogren (moderator): Those were very straightforward questions. Michael, where would you like to go to answer those? Is that something you wanted to take on?

>> Michael Johnston (Mercy Hospital): Yes, I will take that. So, you know, I think Dave spoke to this. You know we are adding beds with the creation of our Specialty Care Unit on the Unity Campus, which that is going to alleviate the boarding in our emergency department. And so that's where you're going to get the extra capacity. Additionally, transitioning our two inpatient beds to adult inpatient beds supports that decompression of the boarding in the ED, as well. So that's how we are addressing the boarding and the capacity. Thank you.

>> Stacy Sjogren (moderator): But that does remind me. Could you – I noticed this during the presentation, and I am the one that's always watching for acronyms or terminology that we just maybe don't understand, and I am a great test of not understanding. Could you take a quick moment and explain what medical boarding is for the listeners? I think maybe not everybody is familiar with that term.

>> Michael Johnston (Mercy Hospital): Sure. It looks like Jay popped on and he wants to take it, I can tell.

>> Dr. Jay McGregor (Mercy Hospital): Thank you. That's a great call-out. When folks come to an emergency department and are seen and checked in, the expectation is that we can have them at a site of care hopefully within a very short time. But if there is more than eight hours where they are unable to find a place to go, we would call that boarding. At many facilities throughout the country, there are no boarding patients, or it is a very infrequent event, or if you do have a boarding patient, it would be something where maybe you have one or two. In the North Metro, this is something that happens with some frequency, and we may have ten boarding patients in our emergency department or more. So, the idea that we can create capacity of ten

additional beds is very impactful for those patients who might be waiting in an emergency hallway trying to find a place to go. Thank you.

>> Stacy Sjogren (moderator): Thank you so much. Shellae, back to you for the second question that you will either pull through previously submitted questions, or it might be a merging of several questions in the chat, trying to maximize. And then I'm going to go back to Zach. Zach, you will be after that.

>>Shellae Dietrich (MDH): Ok. Here is a question. Could someone speak to the long wait times regarding ambulances and transferring patients between the two hospitals? We often wait hours to get patients transferred, even the most critical ones. Without proper resources, patients could die.

>> Michael Johnston (Mercy Hospital): Susan, would you like to take that?

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

>> Susan Long (Mercy Hospital): Absolutely. With the repositioning of services to Mercy Hospital, we anticipate it will reduce the number of transfers that need to happen cross-campus, so that will help us be more available for those transfers that do need to happen as well as calls in the communities around the hospital. Thank you for your question.

>> Stacy Sjogren (moderator): Thank you. Alright. Shellae, it's my turn. I'm going to call on Zach, and then Chris, and then I will go back to you, Shellae. Zach, go ahead and come off mute. If you've got control on your end and ask your question. It would be nice to know where you are calling in from, too.

>> Zach Heidebrink (Isanti, MN): Hi. My name is Zach Heidebrink, calling from Isanti, Minnesota. My family was personally affected by your Mercy pediatrics inpatient. In October, my son had a respiratory bronchiolitis. We went into Cambridge ER, which pediatrics was already taken out of Cambridge years ago. They said we had two options, to go to Children's and go back through ER, which was a long wait, or we go to Mercy and get a bed for my son. We chose the latter and went to Mercy and got a bed right away. We got to Mercy and went straight to a room. When we got to Mercy, my son went limp in my wife's hands, and Dr. Bender and her staff were there immediately to do life-saving things and get him on high flow oxygen because his oxygen would not go above 70. If we would have chosen Children's, my son would be dead. His one-year birthday is on Saturday. We would not be celebrating in person with him. We would be at a cemetery.

My question is, you are allowing us to go to ER in Mercy, but what happens when Children's is full? What happens when U of M is full? Or is my son supposed to die in my wife's arms and not have the care? Children's is another 45 minutes from Mercy. If traffic is bad and then we must go back through ER? I just don't understand how we can go from, right to a bed, and now we are forced to go back through ER when we get to Children's or some other entity, because it is not Allina. It is scary for anybody north of Coon Rapids. My neighbors just had a baby who spent two weeks in the NICU. Where are they supposed to go? My main question is, what happens when those beds are full, and we can't transfer anywhere? Thank you.

>> Stacy Sjogren (moderator): Thank you, Zach. I appreciate you sharing your story. So, what I am hearing is concern and wanting to understand the impact regionally and particularly with our greater Minnesota areas in trying to get to the care they need, and the reality of just time, trying to get to where they need to go. With that, Michael, and team, who would like to share some thoughts about how you are weighing that in your decision-making process?

>> Michael Johnston (Mercy Hospital): Absolutely. Dr. McGregor, would you start on this one?

>> Dr. Jay McGregor (Mercy Hospital): Yes. Thank you. And Mr. Heidebrink, thank you for being here and thank you for sharing that very powerful story. I'm glad to hear your son is doing OK, and it sounds like the team that he saw at Mercy provided fantastic care. So that's a very powerful story and thank you for sharing it with all of us.

My response to how we should make sure that care is available? I would say that is exactly what we are trying to address through the repositioning is to have as many beds for our community and as many services for all the members of our community so that, when care is needed emergently and urgently, we can provide it. And the idea that patients would go directly to Children's, those are important discussions to make sure that is as seamless as possible. Thank you for sharing your powerful story, and I hope your son continues to do well.

>> Stacy Sjogren (moderator): Alright, next up is Chris -- is it Leavitt? I'm not entirely sure, but Chris please come on the microphone and give me the right pronunciation for your name if you would please.

>> Chris Leavitt (Andover, MN): I appreciate it. It was a very good attempt. It is Chris Leavitt. I appreciate it.

>> Stacy Sjogren (moderator): Ah, alright. Where are you calling in from, Chris?

>> Chris Leavitt (Andover, MN): I'm calling from Andover, Minnesota. I've been an employee at Unity Hospital since 2001. I was lucky enough to become an RN in the ICU as of 2011. I wanted to speak more from the perspective of where things have been and what we are trying to cope with now with the changes that are just going to back things up. Real quick in 2017 they decided to get rid of our intensive services. At the same time, we reduced or times reduced anesthesia coverage. With that change, we lost a lot services. We are no longer able to do CRT continuous dialysis. A lot of advanced things we were able to do before and help the public with before. I entered in -- I am a charge nurse, as well, and I can absolutely say that there is an absolute lack of beds to transfer to at any given time. People deteriorate all the time in our hospital. It is up to the critical resource nurses and the intensive care staff to stabilize those patients, and now, with reduced resources we have, yes, we must transfer. We can't keep them if we can't have those services. Which is the result of Allina's actions. Going forward, you are opening the special care unit with undefined care. We are still working through exactly what is going to be accepted there and what is not. So, when you say there's going to be 14 additional beds, that's not necessarily true. We will not be able to care for those same patients in the same manner.

As an ICU nurse, a week before we were told we are being laid off, Mercy was told they were laying off nurses and staff that included their intensive care unit. So, they are laying off nurses in their intensive care unit. They are not increasing the number of ICU beds. I know they are thinking that is going to be proportioned out with the SCU opening, but those are two different levels of care. And now, without Mercy having additional beds or open beds to transfer our critical patients two, which happens quite frequently -- I can speak to that as my perspective as a charge nurse. We are transferring a lot of our patients down to Abbott because of the lack of beds in the North Metro. Now you are forcing families to travel down to Abbott. I just see that happening more and more with the solution happening here. And the fact that there's not going to be -- they are already overstaffed at Mercy ICU means that the current ICU nurses at Unity have nowhere to go over there. We are going to have to seek other opportunities out throughout Allina, and it is a giant mess right now. It is extremely frustrating to see, as a member of the community growing up in the Spring Lake Park and Blaine, and now this. It is disheartening and very scary. Thank you for allowing me to speak. Thank you.

>> Stacy Sjogren (moderator): Absolutely. Thank you, Chris. In this, we are hearing from Chris who has got experience as a charge nurse. I think what I am hearing in his comments -- correct me if I'm wrong, Chris – he

and others are trying to get their heads wrapped around how beds are calculated. Really how does that play between the two hospitals and in the greater region? Now, if I didn't get that quite right, if you heard something else, please correct me. Again, I'm not an expert on this, but that's what I heard in what Chris was calling out. Michael, how would you like to get at what he is asking about here?

>> Michael Johnston (Mercy Hospital): I will start out with that. Chris, I really appreciate what you said there. It is something that we are looking at. One of the reasons, when you talk about the bed capacity, and beds being full, and patients having to go down to Abbott, that's why we are doing what we are doing. With the creation of SCU and the additional beds, that's going to help us have more capacity, and the same thing with the inpatient beds at Mercy. The idea is, how do we create more access and capacity within our system for patients just like you are talking about?

>> Stacy Sjogren (moderator): All right. Shellae, I think it is your turn to pull two questions from either what was submitted ahead of time, or comments from chat. Are you ready?

>>Shellae Dietrich (MDH): This question was submitted ahead of time.

With the recent benchmarking in the inpatient units, what are the plans for providing needed support for those nurses caring for up to seven patients at night? Who is going to take responsibility when the inevitable event happens?

>> Michael Johnston (Mercy Hospital): Is it okay if I take this question?

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

>> Michael Johnston (Mercy Hospital): Ok. This question is a little bit outside the scope of this project we are talking about, you know that we are here to discuss, so I really don't have a lot of information on that. But it is something we continue to look at as we go through. The question is appreciated, and something we will talk about as we address off-line with our frontline staff.

>> Stacy Sjogren (moderator): Fair enough. Fair enough. Shellae, next one.

>>Shellae Dietrich (MDH): OK. This is about the pediatric beds. I know we touched on this, but I'll just ask the question. And these are pre-submitted.

Can you please elaborate on the impact of closing your pediatrics and inpatient unit at Mercy? Specifically, how big was this unit? What was the average daily census, and what do you expect those patients to be cared after the unit closes?

>> Stacy Sjogren (moderator): Another straightforward one, Michael. Go ahead.

>> Michael Johnston (Mercy Hospital): I think that would be Jay, so I will let Jay.

>> Stacy Sjogren (moderator): Fair enough.

>> Dr. Jay McGregor (Mercy Hospital): Yes. And thank you for the question. Of the pediatric patient encounters that we had in 2023, over 99% of those, without repositioning, can still be addressed at the Mercy Campus. So, the number of admissions, inpatient admissions, the number of encounters, was less than 1%. And the census question, it is between two and three was the average daily census. I'm sorry, was there another part of that, Stacy?

>> Stacy Sjogren (moderator): Shellae?

>>Shellae Dietrich (MDH): The last part, what do you expect those patients to be cared for after the unit closes?

>> Dr. Jay McGregor (Mercy Hospital): Yes. So, of those 99% that did not require inpatient admission, we feel that Mercy will be able to provide a lot of the same care in our nursery and through our emergency department, and those that are in our neonatal intensive care unit, and those that require inpatient admission will be supported by our community partners.

>> Stacy Sjogren (moderator): Very good. Thank you. All right, Shellae, my turn. I am going to call next on Nick, and then Claudia will be after Nick. Go ahead, Nick, and if you would share where you are calling from and your question, that would be terrific. You had it. Try it again. I saw you unmute yourself. Go for it.

>> Nick VenOsdel, MD (Allina): I'm Nick VenOsdel, a pediatrician with Allina in Hastings. Pediatrics has often been so full in the metro area that Children's was full. I had a patient in Hastings, which is, by the way, on the other side of the metro. I've had a patient this winter who got admitted to Mercy because there was no availability. I think Zack's question, as a dad who had his son's life saved at Mercy Pediatric Hospitals program, deserves a better answer, so I'm going to reiterate his question. He essentially was asking, what are you going to do for these pediatric patients who need that immediate pediatric expertise? What are you going to do to maintain a community's need for pediatric access to care? When you answered Zack's question, you had pivoted and talked about increasing access to care of adults. So, I am asking specifically about pediatrics.

My other question is, when these changes were first announced, it seemed very unclear who had decided -- who had made the decisions. It also seemed there wasn't a full understanding about what the pediatric hospitalists provide with services, and what they bring to the table at Mercy. As evidenced by the fact that, a month later, the plan was partially walked back.

My second question is, what are the names and titles of the executives within Allina who made these decisions on Mercy and Unity, and did they fully understand the implications of eliminating a pediatric hospitalist program at the time they made the decision?

>> Stacy Sjogren (moderator): Thanks, Nick. I'm just getting those down. OK, so before we answer the second one, Jay, I would just like to go ahead and turn it back over to you. Maybe some more reflections on the specific pediatric questions that Nick brought up. Let's tackle that one first, could we?

>> Dr. Jay McGregor (Mercy Hospital): Yes, thank you, Dr. VenOsdel. I really appreciate you being here. I appreciate your questions and thanks for the passion you are bringing to this discussion. I know that your comment was that I pivoted away from a pediatric-only discussion, but I do think that is part of where the conversation -- it's an important part of the conversation for how we provide care to our community and our region. To take one service and say, "what about the wait for a single service?" we also need to look at the wait for other patients, and that's where that emergency room boarding is a consistent challenge and this really, the repositioning is to address the emergency room boarding and the needs of the entire community. So, respectfully, I have a very similar answer for that reason. Thank you.

>> Stacy Sjogren (moderator): And Nick's second question -- maybe this is something, Michael, that you can address. It's helping everybody here understand more about how, ultimately, decisions were made. Who is involved in that? What process do they go through to make those decisions? I will turn it over to you or pass it to whomever else on your team wants to address that.

>> Michael Johnston (Mercy Hospital): Dave, would you like that one, or would you like me to do that one?

>> Dave Slowinske (Mercy Hospital): Yeah. No, I can. I can start and thank you for the question. And maybe just following up on Dr. MacGregor's comment, we leaned in on what we know we can do well, which is care for adults in the inpatient setting. When we think about inpatient pediatrics, we don't have the same sub-specialty pediatric care that our Children's hospitals in our communities can provide. So, we took a very objective approach to our decisions on what will allow us to take care of the most community members, in the safest manner possible, which led to the decisions that we are discussing tonight. So, it was with the Allina Health leadership team, we had subject matter experts, and we had objective data on how we can care for the most community members in the safest fashion, and that led to the decisions that we have discussed this evening.

>> Stacy Sjogren (moderator): Thanks, Dave. All right. Claudia, you are going to be next, but I do want to just stop and ask, with all respect, if you are posting editorial comments in the chat, if you could refrain. What we really want is to be able to make sure that those that want to pose a chat question have the space to do it, and it's hard for the staff to read through all the other stuff to be able to get to the questions. And, while do I want to ever be able to maximize every minute we've got together, so if you could help me out with that, I would appreciate it. With that, Claudia, you are up next. If you want to come off mute, and then Shellae, I'm going to pass it over to you for two chat or previously submitted questions. Claudia? I think you must come off mute yourself.

>> Claudia (Community Junction): Okay, there it is. It just appeared. Thank you so much.

>> Stacy Sjogren (moderator): I understand. Go ahead, Claudia.

>> Claudia (Community Junction): Thank you. So, I have a lot of the same sentiment that a lot of folks have brought up this evening. So, my question is, if Mercy is a nonprofit, was there any community input on the decision that has been made? Was there a community needs assessment done? That is my first question.

Then, let's talk about demographics. What are the demographics of Fridley? And I think, is the other campus in Coon Rapids? I'm not quite sure where you are moving to. And then the bus line, the transportation piece. I feel like folks in that community may struggle a little bit with transportation. I could be wrong, but were those types of things, were they taken into consideration? And then folks coming from Isanti and Cambridge and all these other places when those decisions were made.

I'm assuming the building will still be there in Fridley. How will that space be used that is coming out? And where are the next closest facilities to the Mercy Campus? I think I heard Abbott, I heard Children's, but those all seem to be far away, and the people already struggling with transportation and funds, to be honest, may have difficulty getting the care they need. How will you add services? I was taking quick notes when people were talking. The services that will be added, how will they benefit the community there? So, a lot of my sentiment is around community, community needs, and the best use of -- you know, for the community. And Dave mentioned some demographic changes. What did that mean?

>> Stacy Sjogren (moderator): Got it.

>> Claudia (Community Junction): And I heard that there was a decision about -- that you made your decision based on where you could help the most people. Was that about funding or can you tell me a little bit more about that piece of it? Thank you.

>> Stacy Sjogren (moderator): Wowser, Claudia! Okay, here we go. What I think I heard was, how did you approach getting community input as you were making this decision. What did it look like? That's question

number two or, one. Question number two, is can you talk more about the demographic realities of the region you serve and how it impacted your decision-making? And one thing that Claudia cited was transportation realities. Let's take those first two and then I will queue at the next question. How's that?

>> Michael Johnston (Mercy Hospital): Sounds good because there's a lot in there. So, thank you Claudia. Dave, I will start, then maybe you can jump in on some of this, as well. When we look at the Unity Campus or Mercy, we will continue to be vibrant and important in serving the community. I think it's important to understand and I just feel what I'm hearing is that there's things going away, but the Unity Campus has been and will continue to be a key resource for our community with emergency department, mental health and addiction care, patient medical care, and rehabilitation services. We have the SCU we are talking about. The feeling that its closing is not there. All of these will continue to be there. I just wanted to make sure I got that across first. Stacy, what was the other part of the question?

>> Dave Slowinske (Mercy Hospital): Michael, maybe if I could chime in, too. When we perform our community needs assessment, which we do, inpatient, to tie it back to a few comments we've already made, inpatient medical care was not referenced in the community needs assessment. Mental health and addiction, as an example, was, which is why we continue to invest in and support mental health and addiction services in the North Metro specifically at the Unity Campus. I would like to reiterate that 99% of the touches of pediatric care will continue. It is only the inpatient pediatric medical beds.

I would also just comment, there is reference to my earlier comment about environmental factors that are changing. Our state and our country are going through a significant demographic shift with the aging of our population, which factors into the demand of adult beds that we do extremely well and extremely safe, which is why we are expanding adult inpatient medical care through this transitioning, in alignment with the aging of our population.

>> Stacy Sjogren (moderator): I think that one of the questions that hasn't been answered yet from Claudia's list was wanting to know more – and I think this was directed at you, Dave -- wanting to know more about that broader use of resources. What goes into thinking more broadly and making those decisions about what resources we have and how we make some decisions about those? I hope I got that right, Claudia. But, Dave, I will turn it over to you to see if you want to round out some of the information you have been sharing along those lines.

>> Dave Slowinske (Mercy Hospital): Yeah. Well, just to reiterate what I just shared, as we think about the aging population, but you think about we do what we do safely and extremely well, we are leaning into that. These changes will be adding the equivalent of about 6,500 more adult inpatient hospital days. That's a significant number of days that we are adding to the community for adult care that will continue at Unity. So, I think it is important that we continue to emphasize, we will be adding capacity at Unity. We are not -- we will not be reducing adult medical days or medical care.

>> Stacy Sjogren (moderator): Thanks, Dave. Okay, Shellae, it is your turn. Just a note, everyone, I'm looking at the time and we've got about 15 minutes left. So, when Shellae has finished asking her two questions on behalf of those that submitted, I'm going to come back to those that have their hands raised on the participant list and want to speak. I would just ask those of you that have your hands raised, if your question has already been asked, if you could put your hand down so we can hear more questions that may not have been fielded yet. So self-monitor that as best you can. I want to do everything I can to make sure we have heard from as many different people and questions as possible. With all that, Shellae, what do you have?

>>Shellae Dietrich (MDH): Okay, this question came in the chat. It is well known that in 2020 pediatric hospitalizations were low due to isolation and fewer pediatric illnesses overall. Did Allina look at the 2020 numbers to determine this reduced number of pediatric admissions or did they look at more recent data compared to historical data?

>> Stacy Sjogren (moderator): Yeah, so, where did the data come from? Who wants to field that?

>> Dr. Jay McGregor (Mercy Hospital): I can take the first go at that. The answer is yes, the recent data and historical data were both used. Thank you.

>> Stacy Sjogren (moderator): Both, okay. Shellae, next question.

>>Shellae Dietrich (MDH): Next question, how do you serve the other 20-30% of patients that need ICU-level care that is now provided, or the patients who, once in the hospital, have a critical medical event?

>> Stacy Sjogren (moderator): I want to restate that because I don't know if I understand it. So, you go ahead, Michael and if you can restate it, if that's helpful to everybody, please do so.

>> Michael Johnston (Mercy Hospital): Go ahead, if you want to restate it first, Shellae.

>>Shellae Dietrich (MDH): How do you serve the other 20-30% of patients that need ICU-level care that is now provided?

>> Michael Johnston (Mercy Hospital): I will start with this one and maybe Susan can come in. First, about 80% of the cases are patients that are seen currently at the Unity Campus, will continue to be seen at the Unity Campus. That other 20% or so, the true ICU patients, will be seen at Mercy. This gets a little bit into the transfers and what we said before. By identifying which should be SCU patients and which should be ICU patients, we think the transfers between the campuses will improve. It'll make it easier for our teams to get patients to the campus that best meets their needs. So, by repositioning these services, will probably decrease the transfers in both directions, so we'll get the patient to the right place at the right time. Susan, did I miss anything there?

>> Susan Long (Mercy Hospital): No, no. As I said earlier, our EMS crews, that's what they do. They look at the patient condition is, provide that treatment in their encounter, and work to get them to the hospital that best serves the needs that they have at that time. So, as Michael said, we do believe that will mean we will get the patient to the right place right off the bat and not have those transfers, and by not having as many transfers, that will help us with our system overall.

>> Stacy Sjogren (moderator): Shellae, that was two questions for you, right?

>>Shellae Dietrich (MDH): Correct.

>> Stacy Sjogren (moderator): So, it's my turn. Next up is Matt, and then Shelly. Both of you, if you could be straightforward with your question, that will be helpful because I will try to slide in a few more before we must stop and allow the hospital to share some closing remarks. And we've got some other comments and that sort of thing. Matt, go ahead.

>>Matt Hoffman, MD (Allina): This is Matt Hoffman. I am a family doctor with Allina. My understanding is that none of the doctors or nurses or other health care workers that work on the ground at these hospitals were consulted in these changes. I see a lot of concern about these changes, that this is not good for the community, this is not safe for our patients, particularly our pediatric patients. Everyone at this meeting,

except the four Allina executives I see here. My question is, why did you not consult the doctors and nurses that know these patients, that know what the community needs about the changes you are making?

>> Dr. Jay McGregor (Mercy Hospital): I can maybe start with that one. Thank you, Dr. Hoffman, for the question. There was a lot of discussion with leaders, physician leaders, and operational leaders, but the discussion with our frontline team, we had reporting obligations which of course we are following, and that is the notification that occurred on February 13th. Part of that obligation is, where appropriate, to notify our union partners first. And that's what we did. Thanks for the question.

>> Stacy Sjogren (moderator): Thank you. All right, Shelly, let's see if we can slide you in, and then maybe "2023." Let's see how it goes. So, Shelly, if you could get straight to your question, if it is a question as opposed to comment, go ahead. You just have to unmute yourself, Shelly. Keep trying. Now you are muted again. Do the opposite and start talking and I will tell you. Okay, go for it.

>> Shelly Crawford, RN (Mercy Pediatrics): Can you hear me now?

>> Stacy Sjogren (moderator): Yes, we can hear you now. Go ahead, Shelly.

>> Shelly Crawford, RN (Mercy Pediatrics): Hi, my name is Shelly Crawford. I'm a pediatric nurse at Mercy Hospital. This closure is affecting me personally and the rest of my colleagues and physicians. I have been a pediatric nurse at Mercy Hospital for the past 22 years. As far as everyone's questions about how many patients we can take, we can take up to 29 pediatric patients at one time, but we are not able to because of all the adult patients we have sitting on our floor. We have six observation beds. We can also take adult patients, and it does not allow us to take those pediatric patients. Most of the time we are full of adult patients, not allowing us to take pediatric patients that then get shipped out from the emergency department. My concern is what this is going to do to the emergency department and the ripple effect this will cause all the emergency staff downstairs, holding all these kids in our emergency department with nowhere to go when Children's and all the surrounding pediatric hospitals are at full capacity.

My other concern is, we serve a huge area of families with disparities. Families that don't have a way to get down to the cities with their children and they come to us. I am very concerned about what's going to happen to these kids, or the parents that don't make the drive down to Minneapolis. I'm worried they will keep their kids at home and not seek emergency care.

>> Stacy Sjogren (moderator): Thanks, Shelly. So, two questions, one related to ER, and I think what amounts to the medical boarding and the balance between pediatrics and adults. And the second concern -- boy, I'm just not going to repeat, because you all heard it, and I don't want to waste any time trying to restate the question. Can I turn it over to you, Michael? Is there somebody else that can answer that question on your team or those two questions?

>> Michael Johnston (Mercy Hospital): I will start with the peds question. I think that Jay and I didn’t understand the question. He said ED. Maybe I didn’t hear it. >> Stacy Sjogren (moderator):

>> Stacy Sjogren (moderator): I'm sorry, ER question. So why don’t you answer the first question, if we need to get Shelly quick back on the phone to just go straight to the point, we will do that.

>> Michael Johnston (Mercy Hospital): I will try. While she is trying to get on the phone. And I think Shelly did a good job of describing we have boarders, 20-30 boarders of adult patients in our ED at any time, and we need these beds for the adult patients, as well. When we look at it that way, it's one of the reasons we are

doing this repositioning. From the peds standpoint, I didn't catch the question, so Jay, I don't know if you caught that?

>> Dr. Jay McGregor (Mercy Hospital): I'm sorry, I didn't, but if she's able to jump back on --

>> Stacy Sjogren (moderator): I'm so sorry, Shelly. I might have screwed up your second question. I will own it. My apologies. Were you going to say something, Michael?

>> Michael Johnston (Mercy Hospital): OK, well, I was going to say if she gets back on, we can try to answer.

>> Stacy Sjogren (moderator): Well, and I do need to and I'm sorry, 2023, I know you are up next, but I think we need to pivot over to wrapping up this presentation. We promised to end at 7:30. I know some of the presenters have hard stops. We all have lots of business going on in our lives, too so if it's okay with my support team to pivot and wrap things up, I'm waiting to double check on that. Then I think we will go ahead and do that. We do have an opportunity for our presenting team to share some closing comments, so let's go ahead and do that. I think, Michael, you were going to provide those comments.

>> Michael Johnston (Mercy Hospital): Yes, please. First, I want to thank you, Stacy, and Dave's team, and everybody who provided their questions. It's important for us to hear, and we do appreciate it. We are extremely proud of our long-term commitment delivering care to the Northwest region. Nothing about this repositioning of services changing that. We are making these changes as we have assessed our services to ensure that both campuses are efficiently configured to deliver excellent care, increase access, and work to help alleviate boarding issues in the Northwest Metro. Again, I want to thank everyone for giving us this opportunity.

>> Stacy Sjogren (moderator): Thank you. Susan, I think you are up next to provide some closing comments, and so if you would like to come on camera.

>> Susan Winkelmann (MDH): Thank you so much. Thank you to everyone tonight for coming out and taking your time to provide your comments. I am so sorry that we were not able to get to all the hands raised. We do have a way for you to continue to communicate your concerns, your comments, your feedback, and your questions, so we ask that you provide comments or feedback on the hearing website until March 27th, 2024. That's tomorrow, at just before midnight. Also, I wanted to mention that we noted in the chat that there were some people who had difficulty using the comments website there. We do have another mailbox option for you to use at the close of this slide deck, which will be available for you. And I think hopefully one of the people on my team will add that email address to the chat, so you have it for your convenience.

As for the next steps here, under the statutes that we previously cited, Minnesota Statutes section 144.555, MDH has the authority to hold this meeting and to inform the public but not to change, delay, or prevent the proposed changes, closures, or relocations. I really, sincerely appreciate the amazing discussion that we had here tonight and thank you for taking the time out of your busy lives to share your concerns, your comments, your questions. I also want to thank Allina Mercy Hospital representatives for sharing their time, information, and insights with us, and I wish everyone a good night.

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

>> Susan Winkelmann (MDH): With my team putting up the last slide we'd make sure everyone gets that email, the new address for folks who are having challenges with the hearing website comment area. There we go. Thank you.

>> Stacy Sjogren (moderator): Thank you. Have a good evening.

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