

# Allina Health Faribault Medical Center Consolidation of Labor and Deliver Services, Cessation of Evening and Weekend Emergency Surgical Coverage, and Cessation of Pediatric Patient Admission Public Hearing Transcript

DECEMBER 2, 2025

## Meeting Information

The Minnesota Department of Health (MDH) held a public hearing at 6 p.m. December 2, covering several changes in services provided at Allina Health Faribault Medical Center.

According to the filed submission, Allina Health Faribault's birth center will close on Dec. 1 with all labor and delivery services consolidated to Owatonna Hospital. Additionally, Faribault Medical Center will no longer provide emergency surgical coverage during evenings and weekends starting on Dec. 1 and, effective May 7, 2026, will no longer admit pediatric patients.

More information can be found on the [Allin Health Faribault Medical Center Public Hearing page \(https://www.health.state.mn.us/about/org/hrd/hearing/allinafaribault.html\)](https://www.health.state.mn.us/about/org/hrd/hearing/allinafaribault.html) of the MDH website.

## Meeting Transcript

>> Catherine Lloyd (moderator): Good evening. Welcome to the public meeting to hear about Allina Faribault Medical Center's closure of their birth center, and other changes to emergency surgical coverage, and pediatric patient admittance.

According to the filed submission, Allina Health Faribault's birth center closed on Dec. 1 with all labor and delivery services consolidated to Owatonna Hospital. Additionally, Faribault Medical Center will no longer provide emergency surgical coverage during evenings and weekends starting on Dec. 1 and, effective May 7, 2026, will no longer admit pediatric patients.

My name is Catherine Lloyd. I am the Manager for Planning and Partnership with the Minnesota Department of Health's Health Regulation Division and am serving as the moderator for the meeting.

This evening's hearing, which includes both an in-person and virtual option, is hosted by MDH's Health Regulation Division. We are in the lower-level conference room at Allina Faribault Medical Center, 200 State Ave., Faribault, MN, to provide a forum for the community to discuss the change in services at Faribault Medical Center.

For this hearing, participants online will be muted until the public comment portion of the meeting. At that time, both in-person and online participants will be selected and allowed to speak. If you wish not 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. Excuse me, if you wish not to speak.

The chat feature is used to provide information for the session and to ask questions during the meeting comment period. To open the chat box, click on the icon that looks like a cartoon speech bubble with two lines

in it. If you're using Microsoft Teams in a browser window, the icons are at the bottom of the screen. If you're using the Teams app, the chat icon is in the top right corner of your screen.

Captions are being provided for this event. You can view captions in Teams by clicking the More (...) button in the Teams window, then choose "Turn on live captions." You can also view the captions online at the address now being posted in the chat. You can find more information about today's hearing on the MDH website, also being posted in the chat:

(<https://www.health.state.mn.us/about/org/hrd/hearing/allinafaribault.html>).

If you have any technical issues, please visit the Microsoft support page for Teams or email our HRD Communications Team ([Health.HRDCommunications@state.mn.us](mailto:Health.HRDCommunications@state.mn.us)). You can to the next slide. Thank you.

The Minnesota Department of Health, and I will sometimes refer to it as MDH, is hosting this public meeting, which is required by state law. The intention of this public meeting is to provide an opportunity for the public to express their opinions, share comments, and ask questions about Allina Faribault Medical Center's closure of their birth center, and other changes to emergency surgical coverage, and pediatric patient admittance. 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 Tennessean 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, which 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 the Department of Health. MDH will be posting a transcript of this meeting to the MDH website approximately within 10 business days of the meeting. With this in mind, to opt out of the presentation, please exit now.

For this evening, we will first start with introductions and then we will receive a welcome from the Minnesota Department of Health, Health Regulation Division Director who will provide an overview of the process. Then we will hear from Allina Health Faribault Medical Center presentation and after that, we will open it up for public comments and questions. We will have closing remarks followed by the division director for the Department of Health, Health Regulation Division.

The following are today's speakers. Maria King, Health Regulation Division Director, Minnesota Department of Health, Whitney Johnson, President, Faribault Medical Center and Owatonna Hospital, Amy Elliot, MD, Medical Director, Faribault Medical Center and Owatonna Hospital, Jennifer Brehmer, Director for Patient Care Services, Faribault Medical Center, Owatonna Hospital and New Ulm Medical Center and Indy Lane, MD, Vice President, Women's Health.

I would like to welcome Maria King, Health Regulation Division director at the Minnesota Department of Health.

>> Maria King (MDH): Thanks, Catherine. Welcome, everybody.

We appreciate the time you are taking to learn more about the changes here at Allina Faribault Medical Center. It is a pleasure to be here the evening. 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 your comments and questions with the hospital.

In June 2021, the Minnesota Legislature passed legislation requiring a public notice and a public hearing before closure of a hospital or hospital campus, relocation of services or cessation in offering certain services. You can find that at Minnesota Statutes Sec. 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 that they have regarding the change in 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.

Our division at the Minnesota Department of Health received notice on November 7<sup>th</sup> of the changes at Allina Faribault Medical Center. According to the file submission, Allina Health Faribault's birth center closed on December 1st with all labor and delivery services consolidated to Owatonna Hospital. Additionally, Faribault Medical Center will no longer provide emergency surgical coverage during evenings and weekends and, effective May 7, 2026, will no longer admit pediatric patients.

The Health Regulation Division is tasked with implementing the statute. 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 those changes. The statute gives the Minnesota Department of Health the authority to host the meeting to ensure the public has an opportunity to hear about the hospital's decision and to provide their feedback. MDH does not have the authority 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 such as these that will affect health care services in your community. We will limit discussion tonight to the topics specific to this hearing. I welcome you to share your perspectives, your comments and your questions with Allina Health leadership. I look forward to listening to this discussion also.

First, we will hear from Allina Faribault Medical Center leaders who will provide information about the following: The services that will be changed, an explanation for the reasons for the changes, and a description of the actions the Allina Faribault Medical Center will take to ensure that residents in the hospital's service area have continued access to the health services being modified.

I'd like to pass this now over to our Allina Health Medical Center Representatives. Take it away.

>> Whitney Johnson (Allina Health): Thank you, everybody. Is this loud enough? Do I need to have it closer? Closer, thank you. I'll try my best to speak up as well.

Thank you, again, for being here tonight and for your participation and in the forum and for your feedback on the changes that are implemented or on the horizon to be implemented. Next slide please.

Thank you for the introduction of the Department of Health and their leading this conversation tonight. We already provided the introduction, so I won't do that again. But we'll still do an overview of the changes and then our commitment to the community of Faribault. Next slide please. Next slide.

Our health care team provides extra care and experienced professionals that bring you state-of-the-art healthcare solutions all right here in your community. We have the Faribault Medical Center as well as the -- [inaudible comment]

>> This one is working.

>> Is that better?

>> Whitney Johnson (Allina Health): Okay. So let me just go back. Again, thank you for being here and your participation. We welcome your feedback in this discussion. We also want to thank the Minnesota Department of Health for hosting the forum to allow us to receive your important feedback.

The introductions have already occurred but along with me I have Dr. Amy Elliot, the Director of Medical Affairs for both Faribault Medical Center as well as Owatonna hospital. Jennifer Brehmer, our Patient Care Director for both campuses, as well as Dr. Indy Lane, our Vice President for women's health.

Allina Health Faribault Medical Center is committed to delivering expert care in the community with experienced professionals that bring you state-of-the-art health care solutions in your community and close to home. We have the Faribault Medical Center as well as the Allina Health Faribault clinic. We employ approximately 450 employees on this campus, and we have over 45,000 patient encounters a year.

I will be discussing what is changing, but when we finish with that, I will provide an overview of the services that will remain in the community. Next slide please.

So, the primary change that we're here to discuss tonight is the changes to on-call labor and delivery services. And by way of context, on September 9th, Mayo Clinic Health System notified Allina Health that they would end their on call labor and delivery coverage at Owatonna Hospital. This is important context because historically, Mayo Clinic Health System has provided the OB on-call coverage in both Faribault and Owatonna. The on-call coverage in Faribault ended in the summer of 2024, and then this fall we received a 30-day notice that the coverage would be ending in Owatonna Hospital. We worked with our Mayo Clinic Health System partners for a period of time trying to navigate a path forward, and on November 17th, we did have to do a transition of care where Allina Health assumed the responsibility for providing on-call labor and delivery coverage for Owatonna Hospital.

Throughout that process of working with our Mayo Clinic Health System partners as well as doing an internal and external assessment of our ability to continue supporting both campuses, it became very clear that providing ongoing coverage for two facilities in close relation to one another presented tremendous strain on scarce resources, both logistically and financially.

In addition to the labor and delivery changes, there are three other related, two other related changes, excuse me, one being the impact to after-hours surgical call, and the second being our ability to admit pediatric patients. So, moving forward, Allina Health will be delivering a regional obstetric care model that leverages the strengths of the Faribault Clinic specifically and the Owatonna Hospital in order to have access to prenatal, post-partum, newborn, and gynecologic care locally with the intent deliver then in the Owatonna Hospital. By integrating two small programs with limited provider availability, we are creating a more connected, comprehensive, and most importantly, financially sustainable approach to obstetric care for the region. Labor and delivery services, as mentioned in the introduction, were ended yesterday, December 1st, at Faribault Medical Center. However, outpatient services, as I mentioned, including prenatal, post-partum, gynecologic newborn, and pediatric care will continue in Faribault and Owatonna beginning in mid-December.

The primary driver of these changes is staffing and safety. There are shortages of staff both in nursing and in our OB-GYN colleagues that really does put us at risk of significant burnout and the end result of not being able to provide sound coverage at either center, let alone one of the two.

For background, in 2024 there were four OB-GYNs, plus a group of casual providers that were supporting both Owatonna campus and Faribault campus. Our general expectation for these providers is that they are taking 1 in 4 calls so that requires one OB to be on call 24/7 for the duration of the year. By 2025, with the changes in services between Mayo Clinic and Allina Health, we are down to one full-time OB/GYN to support both campuses and a pool of casual providers. In addition to that one OB/GYN, and again, the expectation of 24/7 call remains the same. Next slide please.

As mentioned, the changes will require some additional shifts in services including, effective May 7th, Faribault Medical Center will no longer admit pediatric patients due to low volumes. Pediatric patients will continue to be admitted at Owatonna Hospital. Part of the rationale around the change to pediatric admissions assigned to our newborn call coverage. Historically, the provider who was on call for the newborn was also on call for those pediatric admissions. And once they're no longer on call for newborns in Faribault, that would require just a pool of providers to be on call strictly for pediatric admissions.

For context, in the last year we had approximately 20 pediatric admissions in Faribault, so to staff that on call year-round for such a low volume presents a real challenge. Again, strain on our staffing and a real risk of burnout for those providers who provide that care.

Effective December 1st, Faribault Medical Center will no longer provide surgical services staff overnight and on weekends due to limited availability of anesthesia resources. Again, a birth program requires 24/7 anesthesia called, so to be staffing two separate programs requires two sets of anesthesia providers to be on call for both sites. While closing or consolidating the Faribault program to Owatonna, we made the decision to then consolidate our anesthesia staffing to cover the Owatonna Hospital campus.

Finally, to ensure patients do still receive timely and safe care, our surgeons will remain on call despite not having after hours, 24/7 access to surgical services staffing. They will remain on call to take consults from the emergency department and then individuals requiring emergency surgery overnight or on the weekends will be transferred to either Owatonna hospital or one of Allina Health's other metro locations based on their acuity. Next slide please.

In support of the care team members, this transition will impact various roles within our care teams. We are committed to working with impacted care team members through this process, as well as those who represent them. Our patients are also significant consideration in how we support them moving forward. As mentioned, prenatal and post-partum care will continue to be provided at Allina Health Faribault Clinic. Expectant mothers due after December 1<sup>st</sup> have been contacted and will work with their providers on an updated delivery plan. The three closest options birthing options to transition their care and are Owatonna Hospital, which is 14.5 miles away, Northfield hospital which is 16.5 miles away, and M Health Fairview Ridges Hospital, which is 34.7 miles away.

Staff and partner education is also crucial to this transition. We are working with our ED colleagues to ensure preparation of the staff and providers working in that department and have been working with our partner in North Memorial who provides EMS services to the Faribault campus. Next slide please. Next slide.

A high-level overview of what is changing has been provided. I want to just highlight what is going to continue to remain. I'm sorry. Excuse me.

Allina Health Faribault Medical Center is committed to delivering exceptional care for all who live and work in our community. We serve our community by putting forth collaborative efforts with all its healthcare challenges by creating a caring environment for our patients and one another. Next slide please.

The services that will remain on the Faribault Medical Center campus, whether in the hospital or in the clinic include prenatal, post-partum care, primary care, pediatric care including newborn care, oncology services through Allina Health Cancer Institute including chemo, as well as PET and CT and palliative care, cardiac rehab, diagnostic imaging, emergency care, nutrition services, occupational and physical therapy, sports medicine, pulmonary rehab, respiratory care, speech therapy, surgical care, laboratory services, tele-health specialty services, and adult inpatient care on the meds and specialty care units.

At this point we are ready to turn it over to questions and feedback from community members.

>> Catherine Lloyd (moderator): Okay. I will provide some instructions so thank you.

Thank you to Allina Faribault Medical Center representatives for that important information.

Now, we will begin the public comment portion of the meeting. This is your turn to participate by asking questions, providing comments, or sharing your perspectives. Each person will have time to ask a question or share their comment. I will give a "time" signal like a wave or something when you need to start wrapping up your comment. I'll also simply interrupt you verbally if you miss my cue. With the number of participants in here, we will probably keep it to one or two minutes, just so you know in advance.

Again, please remember that the information you are sharing is being shared virtually for a public forum. This means that any information you share is public so please keep this in mind before sharing private medical information. Allina Health will have an opportunity to respond to the questions and/or comments. Online participants will be muted until it is their turn to share their comment or ask a question.

For those of you who joined us in person, please raise your hand or there is a microphone in the corner of the room that Allina has set up for you to use to ask a question and provide a comment. And then we also, we kind of transfer back and forth just so you know between the people that are online or in person. And so -- excuse me, I am going to get back to where I was reading.

For Online participants, there are two ways to ask a question or provide a comment. The first is to raise your virtual hand and you will be unmuted when it is your turn to ask your question or provide a comment. In both the mobile app and the browser version of Teams, click the More (...) button to show the "Raise Hand" option. In the mobile app, the icon is a little yellow hand; in the browser version the Raise Hand option is the 5th item from the top of the list. If you are calling in through a phone, press \*5 to raise your hand and, once it's your turn, press \*6 to unmute yourself.

The second is to type your question in the chat box and press "Enter" or "Send" so that a 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 lines in it. If you're using Teams in a browser window, the icons are at the bottom of the screen. If you're using the Teams app, the chat icon is in the top right corner of your screen.

We will select participants as hands are raised, or folks at the microphone in the back. We also read questions and comments received during the public comment period, as well as questions and comments in tonight's chat.



Please remember to share your name and the city where you live before asking your question or sharing your comment.

Please 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 most vulnerable. Health care staff care about their patients, and hospital administrators care that their communities are well-served with the resources available. So, I ask that you help me make sure you can all be both heard and treated with mutual respect. With this in mind, abusive comments, comments meant to discredit or malign someone, or vulgar language won't be tolerated in chat or during verbal comments. People who use language that is threatening, 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 comment.

We'll start out with Allina Health who will have an opportunity to respond to the questions and comments and the time can be adjusted to accommodate participants who have their hands raised and not had a chance to speak.

So, with that in mind, we are going to start with someone at the microphone in the forum here this evening. So, We will start there. And then we're going to check periodically with our team at MDH who may have both that have asked questions in the chat function. Go ahead, please.

>> Linda Monroe (Faribault): My name is Linda Monroe.

>> Catherine Llyod (Moderator): Yes, we can hear you.

>> Linda Monroe (Faribault): I am in Faribault. I appreciate all of you here explaining in a little more detail about things that are happening. As a member of the community, and I think I can speak for others, our hospital is very important to us. It's very important to the community. And so, my question is, with the loss of the health care services that you mentioned, can you provide some assurances that the hospital will remain financially sustainable for our community? I know that's kind of a tough question but do your best.

>> Whitney Johnson (Allina Health): Linda, thanks for your question. I'm sure that is one that is on the top of a lot of people's minds, so I appreciate you asking that question. What you raised is really a big part of why this difficult decision has been made. Nobody wants to close a birth center. I can promise you that we don't want to do it. Other organizations across the state don't want to do it. It's not a pleasant exercise for anybody, but it is really about how do we make sure that we can sustainably provide care into the future, thinking about the bigger picture rather than individual programs on their own. That is unfortunate, I think, because then it does result in really difficult decisions to be made, but the financial sustainability was really a key piece of this. We have to think about how we use our serious resources in the most thoughtful way to serve the greater good. And so, I appreciate – I don't--I can't – you know the health care landscape is extremely dynamic right now. We are experiencing a lot of headwinds just like all of the other health care organizations in the state. So, it is impossible to provide long-term reassurances. But I can tell you in the short-term, part of the difficult decision around the birth center was to make the hospital more sustainable so that we can continue to providing all of the other services that I highlighted.

>> Catherine Llyod (Moderator): I don't have anybody at the microphone yet, but we have our MDH team in the background. Do you have any questions for us today Shellae?

>> Shellae Dietrich (MDH): Yes. We received a couple of questions. My computer is refreshing right now. Okay. Back on. One of them has five separate questions, so I'll break it down to ask one at a time just so it's easier.

The first comment. Thank you to the Minnesota Department of Health and to the leadership of Allina Health for creating space today for the Faribault community to listen, learn, and speak together. My name is Josh Higgins, and I serve in Faribault as a pastor and community advocate. The Dynamic Adventure Framework teaches us that healthy communities are built when we listen to the neighborhood, honor the stories of its people and discern together how to move forward, how to move forward a shared feature. With that posture in mind, I want to voice several concerns and questions on behalf of the households, families and vulnerable neighbors who will feel the impact of these proposed service reductions. And the first question is regarding the birth center closure. Faribault is a growing and increasingly diverse community. For many families, especially those with limited transportation, low income or language barriers, the local birth center has been a lifeline. How will Allina ensure that expectant mothers in Faribault are not placed in crisis due to transportation challenges or winter weather hazards when required to deliver in Owatonna? What specific supports, financial, logistical, and cultural, will be implemented to safeguard maternal and infant well-being?

>> Allina Health Team: So great question. This is something that is front of mind for all of us up here because our job and our passion and our commitment is to serve our communities and that includes everybody in our communities, regardless of primary language or country of origin or socioeconomic status.

So, there's a couple of parts to this. One is that we are very proud at Faribault Medical Center of our history of partnering with our non-English speaking and culturally diverse community. And that is not going to change. That commitment remains true in our clinic and will remain true in our Owatonna birth center. These patients are being counseled by their primary care doctors and by our prenatal care team, including physicians about their options for delivery, how to get to Owatonna, offered tours, and we really try to talk with patients to help them when they do run into socioeconomic barriers.

[audio disruption]

[no audio online]

>> Catherine Llyod (Moderator): Thank you, everybody, for your patience. We had a technical issue there, and we're back. I hope you can hear us fine now.

>> Maria King (MDH): Just verifying, Michael, if you can hear me?

>> Michael Brott (MDH): I can now. We did have a drop again. And there is no video feed either.

>> Maria King (MDH): We're not going to have a video because we had to use the mobile phone. If we can get reconnected, we'll do that. But I'm just going to pass my phone down to the speaker. I'm so sorry.

>> Michael Brott (MDH): Before we begin, I would like to acknowledge both Josh and Ashley for mentioning this in the chat. Let me know if you can hear things even though the video is down. Okay, continue, please. Thank you.

>> Dr. Amy Elliot (Allina Health): This is Dr. Amy Elliot, apologies to those in the room who are going to hear this for a second time. The question is about how we are going to keep our patients safe, especially in our culturally and linguistically diverse environment. And I will summarize that this has been something that we're really proud of at Faribault Medical Center and we have done successfully for a really long time and that doesn't change. Those services are moving to Owatonna, but the team is the same. The vast majority of



services that patients and their families need to access throughout the life course are going to be available on the outpatient basis and inpatient basis in Faribault for that brief period of time when families need a hospital for safe delivery of their baby, they will need to go to Owatonna, but we'll continue to have language interpreters, social services, and really highly skilled and committed physicians and nurses caring for those individuals.

>> Catherine Llyod (Moderator): Now we have a person standing at the microphone. Please go ahead for your question. And just for everybody in the room, we have a backup from Allina Faribault staff, so we'll get that connected.

>> Alyssa Stone (Janesville, MN): So, I don't so much have a question but a remark. Thank you, all, for coming tonight. My name is Alyssa Stone. I'm from Faribault. I live in Janesville, MN. Now I'm a registered nurse here at Faribault Medical Center and I have been employed here almost my entire adulthood, over 15 years, first as a tech in the emergency department, then as a registered nurse in the emergency department. When I first started, we were District One hospital, a family, a tight knit group of dedicated staff that provided exceptional care to the community. I was always proud to say I worked at District One hospital, but Allina took over. Many of us feared the changes and uncertainty that could follow. Although Allina initially brought with it some positive changes, our fears are now coming to fruition with the closure of the birth center and discontinuation of pediatric services and after-hours surgeries. At one point in time Allina asked staff to share and display to our patients, we were given the opportunity to place a photo of the loved one on the back of our badges next to the saying, I will care for you like I would care for my loved one. It seems Allina has lost sight of that purpose. By closing the birth center, we will be unable to give pregnant women and their babies the best care possible in a timely manner. They will no longer find a highly trained center staff that have dedicated their lives and memorable, loyal service for this hospital and unit specifically tailored for mothers and their babies.

[audio disruption]

We will also be requiring transfers to other facilities for surgery that is not during typical bankers' hours. I ask you, is this how you would care for your loved one? By making them wait for care and extend the travel times? It is simple. Delayed patient care means worse patient outcomes. And for this reason, many patients will choose to go elsewhere because they fear that, if their illness turns out to be something requiring surgical intervention, or if their child needs to be admitted, they will just be transferred anyway. No one wants to wait for the care they need because making someone wait can sometimes mean the difference between life and death. According to Allina Health, one of the four values is trust. They state the following, "We act in the best interest of our patients, physicians, communities, and one another." Allina strips this hospital and the community of vital services. They did not act in the best interest of the community, the people we serve here, or even the physicians. It's a sad day for my coworkers and I. Not only do we feel we won't be able to give the best care possible to our patients, caring for them as if they were loved ones, but we have also been forced to say goodbye to many of our own from the health center. It takes a special kind of nurse to be an OB nurse. I gave birth to two beautiful children here and received the absolute best care. It is tremendously -

[audio disruption]

The women in our community will not be given the same opportunity.

Nurses, I think of all the women you provided exceptional care for all these years. Thank you for pouring your hearts into your work or rocking babies to sleep in the nursery, for helping us get that first precious latch or

holding our hands while we labored and giving us the courage we needed to become mothers, your service will not be forgotten by your community or your coworkers. Thank you for your time.

>> Catherine Llyod (Moderator): Do you have a response at all? Or we can go to the next person. Michael, could you please unmute Dalton? That is how we're logged in now and it won't let us unmute.

>> Michael Brott (MDH): Looking for it.

>> Maria King (MDH): Thank you for your patience, everyone. We're still working with technical issues here to make sure everybody can equally participate both online and here. Let's let our next person ask questions. OK. Please go ahead with your question.

>> Dr. Julie Zachwieja (Faribault, MN): My name is Dr. Julie Zachwieja. I am a board-certified general surgeon and chief of staff at Allina Medical Center and most importantly, a Faribault resident. Thank you for the opportunity to speak. Health care systems must evolve and adapt. Sometimes service changes are necessary. And the purpose tonight is not to criticize those decisions but to express concerns what is the transition.

There's potential impact on patient's surgical and obstetric service lines that closed yesterday -

[audio disruption]

This accelerated timeline limited meaningful input from clinicians, nurses, and community, and reduced our ability to organize. Since the announcement there has been understandable uncertainty about emergency after hours surgical obstetrics coverage, transfer expectations and overall care coordination. For those us physicians and nurses providing emergency care, priority in these workflows is essential to act quickly. For our patients, this matter especially -- this matter is especially important for our most vulnerable patients. Already mentioned our expectant mothers and infants.

National data shows that when rural hospital teams, surgical and obstetric capacity stretches, risks of maternal complications, infant mortality, and delays in care increase. These risks are greatest in communities like ours, the socioeconomic, language and transportation barriers. Because of this, I believe MDH should closely monitor maternal and infant outcomes in the months ahead. Not because harm is expected, but because early monitoring, allows early intervention. I want to be clear. All of us clinicians in Faribault are fully committed to safe and high quality care. We all share the same goals. Protecting patients, preserving culturally competent access, and building the safest system possible. My request is that future service transitions, either reductions or improvements include robust clinical engagement with local position of leadership, clear communication and sufficient planning time to ensure safe pathways for our community. Faribault deserves a system that listens and plans before acting, one that protects people, not after harm occurs but by preventing it. Thank you for continuing to serve the people of Minnesota. And the greater Faribault community.

>> Allina Health Team: Thank you for your comment and to you, thank you, Dr. Z. I know that you and I have had many conversations about this and similar topics. Just for the group's awareness, we don't want to make this decision this quickly either. But we lost our obstetric services in two communities in 18 months with very little notice to us. As many of you know, it takes one to two years to recruit. We've got a position in the current market and obstetricians who are willing to work in a rural community are even rarer. So, the fact that we have the robust casual pool that we do, the fact that we have the committed physician we do is a huge benefit to our community and to our region. And we want to protect those physicians so that they can continue to serve Faribault and Owatonna. I would dearly love to have more time to plan for this, but that's not the cards we were dealt.

>> Catherine Llyod (Moderator): Thank you. And we have one more person at the mic, and then we'll check for our online audience from our MDH team. Go ahead, please.

>> Dr. Rose Marie Leslie (Faribault, MN): Hi. My name is Rose Marie Leslie. I am a family doctor here in town and I do deliveries. Well, did here at the hospital, hopefully transitions to Owatonna. We'll see. It is in the works so I'm one of the few people who's still going to be doing prenatal care here. And I'm wondering if I can actually ask MDH for more info if I could. As all of you in this room know, and hopefully online, this is not an isolated thing that's happening. This is happening all over the state, all over the country. Our current medical system is not set up in a way that makes rural birth centers financially sustainable for private companies to run, right? And you have to have emergency staff there all the time, even when there isn't somebody in labor, right? It's really expensive, and there's a lot more nuances to this that I'm not going to get into, but this is happening everywhere. It just happened in New Prague with Mayo. It happened with Ascension, with Essentia Fosston just closing and Grand Marais, it's all over the state and the country. Centers are closing and it's really hard, I think, for private companies to be able to, just the health care system that we're in, the model that we have, right, to sustain rural birth centers. Not saying that we shouldn't be trying and doing everything we can. We do need to, right?

And like Julie, my colleague had said, there's a lot of data out there that shows that closing birth centers harms our communities. It hurts our moms. It hurts our babies. It leads to poor birth outcomes and I hope that it doesn't happen here because I know we are working on a transition plan to get people down to Owatonna. I hope that it doesn't happen here, but it happens. And so, what I'm wondering is, I think, we deserve better than this. Faribault, Minnesota, our country, deserves better than having women and children in rural areas decrease access, increased harm, right?

But we deserve better than this. And so, whenever there are services that private organizations, even nonprofit organizations that are doing, trying to do well by their community, when we don't have access to those things, who should step in? Who steps in when public schools don't have enough funding? Who steps in to help support our police departments, our firefighters, right? It's the state. It's our tax dollars. What is MDH doing, right? The Rural Health Research Center at the University of Minnesota shows all of that data about these closures and about how much it's impacting our communities and affecting our moms and our babies. And if we need to be, like, what's our state doing? Where is our tax dollars going? We need, I think, personally, a drastic legislative change. There needs to be an initiative to keep these birth centers open, and I think it has to come from the state because every single system that, in our state, every single health care system is closing birth centers because it's just the way it's set up. We have to look elsewhere. We have to look to our elected officials, to our state officials, and our representatives and demand better and say what can we do to keep these birth centers open. What would we do?

>> Allina Health Team: I don't think we would have an answer for you tonight, but I completely agree with your assessment and those comments that you've made. There are people that are working on trying to look at recaps of these issues. I think that if you're interested, I could probably connect you with some people that might love to hear some of your perspectives and things we might be able to take in for legislative changes. So, thank you for your comments and your call to action to everybody here. We should be looking for people who can represent us, who will be supporting moms at the rural areas, because that's so important. Thank you.

>> Should we check for questions?

>> Catherine Llyod (Moderator): I will check with our MDH team. Shellae, do you have any questions or comments to share?

>> Yep. We still have a couple of questions from Pastor Josh Higgins that I mentioned earlier.

The second question is regarding reductions in emergency surgery availability. Evenings and weekends are the times when accidents and emergencies most often occur. Removing emergency surgery access during these hours significantly increases risk for residents. What data or community impact assessments were used to determine that this reduction would not jeopardize patient outcomes? And what is the plan for ensuring timely emergency surgical care, particularly for trauma, strokes and severe abdominal emergencies when minutes matter?

>> Allina Health Team: So, another good question, and another opportunity to clarify. Our ED is going to continue to provide the same fantastic service. We've got a couple of ED nurses here tonight. And really appreciate that that team is going to remain in their role caring for those kind of emergency events. It is uncommon for a patient in a small, rural hospital to be operated on overnight because patients who are critically ill and require immediate surgery typically benefit from tertiary hospital care service. So, it's really the daytime, on weekends that we're working through the system, but it will be something like the ED physician identifies the possible surgical issue in a patient, discusses with the general surgeon on call and they make a decision about the best clinical approach for that individual patient, whether that patient has moved to Owatonna where the surgery can be done on a Saturday or Sunday, or whether the patient is moved to another hospital where that service is available at that moment. The volume of patients who are going to be affected by this based on past experience is pretty minimal. And again, the strokes are not impacted by this change.

>> Catherine Llyod (Moderator): Thank you. Shellae, did you have another question for us?

>>Shellae Dietrich (MDH): Yep. I have a couple more and then it looks like someone raised their hand and somebody in the chat also has some questions. But I can go with the next question that we received prior.

Regarding the end of pediatric admissions, families in Faribault rely on local pediatric care during moments of anxiety and fear. How will Allina guarantee that children with acute health needs receive rapid and appropriate care? Especially when transportation limitations or child specific medical complexities are involved. And what partnerships or telehealth expansions are planned to support local pediatric care once admissions are discontinued?

>> Allina Health Team: So, in that opening comment, I did share a little bit of the data around this, but what we generally experienced with the pediatric patients that come into the Faribault Medical Center is the vast majority of them are able to be stabilized and discharged out of the ED or they are transferred to a metro children's hospital. As I mentioned, there are only 20 pediatric admissions in the last year, and across many regional hospitals, they no longer take pediatric admissions due to the very low volume that I described. They will have access to your pediatric admissions at Owatonna Hospital and we think that there's a benefit because then those nurses and providers will have a higher volume of patients and more experience in continuing to take care of those patients. We'll continue to have the tele-medicine services to support any pediatric or newborn care here in Faribault as we have in the past.

>> Allina Health Team: We have a really robust relationship with Children's Minnesota, and they are extremely supportive. They provide some telehealth services to our hospital, and they also do a really robust consult,

which is helpful to all of us who practice in this campus whether we're doing inpatient medicine, E.R. medicine, outpatient, because we need that specialty care, and we need it immediately when there's somebody who is ill who has come to us. So, that, again is not something that's going to change even with this service alteration. The kids that we have been taking care of over the last, you know, -- I have been here for almost 20 years. And during that entire time, the vast majority of kids require one or two days of I.V. fluids and oxygen for acute but mild illness. The really kids have always going to Children's. Sick kids with a new diabetes diagnosis or a new seizure or requiring intensive care, that is where they go. And I understand that it is, you know, a challenge for families to go to Owatonna, but if the patient is appropriate, if the child is appropriate to be cared for in Owatonna, I think that's something we'll still be able to do.

>> Catherine Llyod (Moderator): Okay. And then we have someone at the microphone. Did you have a question? And then we'll go back to our MDH online audience.

>> James Fisher: I feel for the longer trip. I have made the 21 mile drive with a pregnant wife, and I know what it's like to have aging parents, too, and stuff. And I guess -- with these things being shut down.

I spent the majority of my life as a facilities manager. And I'm a little concerned. We watched several buildings in the Faribault area and space doesn't get used. They deteriorate. My facilities management side of me kicks in here and I am concerned about the space and the equipment and the nuts and bolts it takes to run any type of facility. And what the short-term and long-term outlook is to take care, now that we're not using the birth center, are we sharing equipment with Owatonna then? And what will we do with the space in Faribault to preserve that in the event we ever need to use it for something else again? Thank you.

>> Allina Health Team: Thank you James for the question. At this point in time, we do not have any plans to backfill the vacated space on the second floor of the hospital where the birth center formerly operated. We do have an internal process to reallocate equipment to areas of need. There's both the, just logistical process of making sure we have the right equipment in the right location, whether it be now in the E.D. or on med-surg or in another facility, as well as an accounting process. That I'm not going to bore you with. As far as the rest of the infrastructure goes, when Allina purchased the District One hospital, it made a significant investment in the infrastructure. So, there was the investment in the E.D. that you are all aware of, but what a lot of people don't notice because it's behind the scenes is all the investment that went into air handling, our electrical, and other utility infrastructure to keep the rest of the building well cared for and in good repair. In addition, we have an amazing facilities and engineering team that does great work in taking care of the building. So, at this point in time, we do not have a plan for backfill in that space. We will continue to assess the needs of the community and if there is a future need, we will certainly consider that. There is nothing we are currently considering. We will continue to invest in the infrastructure whether it be the boring things like the parking lots, which are also important, so that our visitors don't fall on their way in, or the electrical or the air handlers or all the other pieces that help the building go so we can provide care on the rest of the campus.

>> Catherine Llyod (Moderator): Thank you. And do we have a question from our online folks?

>> Shellae Dietrich (MDH): Yep. Catherine, we have a couple questions from the chat.

Why did Allina Faribault not give the required by the state of 182 days closure notice? That is the first question.

>> Allina Health Team: I can take that question. So as eluded to now a couple of times in the presentation, we received a very short notice from Mayo Clinic Health System regarding our OB health coverage in Owatonna

specifically. As mentioned, we worked in good faith with them to provide coverage for as long as we possibly could, but it became clear that it was not sustainable, and we were really putting our OB/GYNs and other staff members at risk of significant burnout as a result.

We recognize the 182-day requirement, and we are very appreciative to the Department of Health for scheduling this meeting so promptly to get all your feedback and we are continuing to work with the Department of Health on that 182-day notification. There's nothing more I can comment on that at this point in time.

>> Catherine Llyod (Moderator): And then Shellae, do you want to ask the second question, and we will go over the speaker in the room.

>> Shellae Dietrich (MDH): Okay. After the events of the emergency surgical services closing and we see more how widely this can be impacted, do you see adding back the service?

>> Allina Health Team: Can you please clarify which of, after the events of the emergency surgical services closing, can you clarify what events you're referring to? Or if you just mean generally speaking?

>> Shellae Dietrich (MDH): That's what the question, after the events of the emergency surgical -- oh, adding back after-hours surgery.

>> Allina Health Team: Allina Health including the leadership at Faribault Medical Center, Owatonna Hospital, and all our facilities, continually assess the needs of the community and our ability to deliver patient care. We have had instances in the past where there has been service repositioning that has occurred and down the road changes have been made. At this point in time, we are not planning for any changes to the services and the consolidation that we have already announced here today and are discussing that plan.

>> Catherine Llyod (Moderator): Thank you. And now we'll go to the speaker in the room.

>> Keith Allen (MN House of Representatives): Thank you. My name is Keith Allen. I am the State Representative at the Minnesota Capital here for the community. And I just wanted to make a quick statement that it's been -- I appreciate everything Allina has been doing in order to be able to try to preserve what you can for services and communities. Hearing about the difficulties that happened in Dupre and the position that put Allina in along with what we're experiencing in Faribault is troubling and concerning but yet dealing with the hand you have been dealt. And the biggest concern I've been able to see and hear from constituents at this point in time is there's particular communities where you always look at a 30-minute drive window for women to be able to make it to a maternity ward on time. And there's several communities within this area that are going to be easily a 45-minute drive from several of the hospitals in the area whether that's Rochester, Mayo, you're looking at Northfield and now with Owatonna. So that's been a major concern that's been coming forward. But with that, thank you for putting something on like this and listening to the community because this is -- as being a father, too, and experiencing a situation where both my children were not born when conditions were ideal for weather. When my son was born during a tornado instead of taking 45 minutes, it could easily take an hour. And that is the experience that we're going to end up having to see here in our community is people in good conditions, 45 minutes away, its going to be an hour to get to the hospital on time. I'm sorry you are experiencing the situation where you've been losing the employees, and in this position, and I look forward to working with Allina and community members here to come up with common sense solutions to address the care provider, doctor, and clinician situation we're experiencing



throughout the entire state. Because this is a common thing we are hearing from Minnesota. We just don't have enough providers. So, thank you.

>> Allina Health Team: Thank you.

>> Catherine Llyod (Moderator): Thank you so much for your comment. We have a hand up in the chat. Michael, do you have a person online?

>> Michael Brott (MDH): Should be able to go ahead.

>> Catherine Llyod (Moderator): It is still showing that the microphone is off Michael.

>> Michael Brott (MDH): I see that as well. But it's enabled. So, Ann, if you could unmute yourself from your end. Thank you.

>> Anne Draeger: OK.

>> Michael Brott (MDH): Thanks, Ann.

>> Anne Draeger: Thank you. Good evening. My name is Anne Draeger. And I am a member of the Joint Community Advisory Board for Faribault Medical Center in Owatonna, Minnesota. I wanted to assure that many of the other board members are listening this evening. And it's so helpful that we can hear these comments live. As an advisory board, we became aware that consolidation of the birth programs was necessary given the low volumes and provider shortages. But we also questioned when Faribault was selected as the location to close as opposed to Owatonna. I think it would be beneficial for the community members if you could explain what went into that decision. Specifically, more about the actual volumes and the complications or the difficulties that we've historically experienced over the last two years acquiring OB providers.

>> Allina Health Team: Thank you for the question. As I have been out in the community, this is a question I've gotten quite frequently, and for those who maybe a little difficult time hearing, as I understood the question, we understand you did an assessment of both communities. What made you decide to close Faribault rather than if there was a need to consolidate, why one versus the other?

And I will say it was an extremely difficult decision to make, but it was driven by data and there's some other factors and I believe if we were to close Owatonna, a hospital, we would have created a birth desert for not just Steele County but also Waseca and part of Dodge County. Owatonna has a catchment area that is pretty broad with those patients having to travel a really significant distance if that birth center were to close. In addition, the birth volume in Owatonna is more than double the birth volume in Faribault. We know with a high degree of confidence that we can absorb the volume from Faribault in Owatonna. We did not have the same confidence that we could absorb the Owatonna volume in Faribault if the decision was reversed. In addition to that, we don't expect that all of the patients in Faribault will go to Owatonna. We've strongly believe in patient choice, and we know that the Faribault community is located approximately halfway between Northfield and Owatonna, so for those patients who want to deliver in Northfield, we will do everything we can to provide a smooth transition of care to a Northfield provider. We have been working closely with the Northfield Hospital leadership and their physician leadership to make sure we have a solid plan for patient communication, transfer of records, and ability for them to reestablish their care, so the birth plan is solid. The same is true for Owatonna. We have the providers who will be providing prenatal care here in Faribault are the same ones providing the deliveries in Owatonna. So, working with those patients to really

help them plan for where they're going to deliver, one or the other, or another location. But at the end of the day the two factors that really drove the decision are, one, not wanting to create a birth desert in the southern part of our state, in Steele County and the surrounding counties. And then to the birth volume being twice what it is in Owatonna versus in Faribault.

>> Catherine Llyod (Moderator): Thank you. Do we have any online questions?

>> Shellae Dietrich (MDH): Yes, we, yep, we have a couple in the chat.

What can you say about the limited space at Owatonna with the anticipation that Owatonna will serve a higher level of patients at the OB level, pediatric admissions and surgicals?

>> Allina Health Team: Based on all the volume modeling and the physical capacity of both the OB unit as well as the med-surg unit, we have a high degree of confidence that we can absorb these patients and if they choose to deliver in Owatonna. Historically Owatonna Hospital delivered in excess of 600 and 650 patients per year. Right now, they are delivering approximately 400. In Faribault we delivered 209 in the last year. So even if all of the patients at Faribault select to go to Owatonna, we still have a high degree of confidence we will be able to care for them. There are, of course, fluctuations in daily census and babies aren't born on a perfect schedule. We know that, so it's not as though it's always going to be perfect plan. But again, we are also working closely with our partners at Northfield Hospital to make sure the patients have a safe and smooth delivery.

As it relates to the med surg population, again, the volume is quite low, so you know, but oh, what about surgery? It has 24 beds between med surg and SCU and we are talking about absorbing 20 admissions per year. So, with the average daily census and then the prospect of adding 20 patients or even 40 for a year, we again have a high degree of confidence we'll be able to absorb those patients based on historical volumes and data.

>> Catherine Llyod (Moderator): Thank you. And we have a person in the room here that has a question at the mic. So go ahead please.

>> Lynn (Faribault, MN): Hi, my name is Lynn. I have been a nurse here for about 18 years. Of those 18 years, I've seen doctors, I have seen approximately six different CEOs, six different CMOs or COOs in this facility that do not have ties to Faribault. Do not live in the community. And I feel in the short time that they are here, do not know the hospital or the employees or the community at all. So, making these decisions have been extremely hard and difficult for staff to understand them. And the loss of these three significant services in regional community hospitals have been climbing. And again, like Dr. Leslie said, there needs to be some helpful -- something to keep the community hospitals, regional hospitals viable. I feel that there has not been a lot of transparency and limited information from management. Specifically, when asked about in October, rumors of the birth center closing. I got no response. My concern is I work in surgery center, and not having any anesthesia coverage, there is no anesthesia coverage. There is no plan for anesthesia coverage. I'm taking care of patients at 6:30 in the evening with no resources for anesthesia. No one on call. I look at the chart, told several times there is no funding. They're working on it. This was last evening, December 1st. Again, I sent emails to several people, talks to several physicians, and still not getting the safety necessary for patients or the staff for coverage of anesthesia when you still have post-surgical patients in the facility to staff members on our end, caring for those patients. So that's my concern. And what services are being taken away, additional services will come, if we do not keep the sustainability here at the facility. Thank you.

>> Allina Health Team: I'm sorry if it's not clear to me what that question was and then I appreciate your feedback regarding transitions over time.

As it relates to anesthesia staffing, our director of operations and our chief anesthetist continued to work via the operational plan. At this point we do not plan to put people on MI based on the fact they will not be on call, they will be working the extended shift but again, those operation details are still in process and for clarity, the changes to anesthesia staffing haven't gone into effect yet. I just want to be clear it is an ongoing process to work with our leaders. It is important that our chief anesthesiologist is part of that process.

>> Catherine Llyod (Moderator): And then we have another person in the room here with a question or comment. Please comment and question.

>> Nort Johnson (Faribault, MN): Couple of comments. First of all, Nort Johnson, Faribault kid. And I also run the Chamber of Commerce in town. First of all, I want to thank you as personally for coming to meet with Faribault leadership. Since this announcement was made, we made a request that state leadership here, community leadership and local government leadership and we appreciate you having that openness. And next, I wanted to make sure that everybody here in this room understands this is an outcome that could have been prevented a couple of decades ago if we had paid attention to the trends, as far as service providers, and the amount of service that was going to be needed at this point in time in history. Just short of providers, period. And that is nationwide. So, I feel for you on that.

And ask the question, so representing industry in Faribault, well over 10,000 employees who represent. And really like to get your commitment to continue to partner with us through these tough times. And specifically, partnering with us on work that we're doing in the South Central College and Provo Public Schools to increase the pipeline of providers for your industry and for our emergent and community needs.

>> Allina Health Team: Thanks. I've had the opportunity to continue to participate in the joint boards, which is a group that meets quarterly in Faribault and has representation from business, education, health care, our elected officials, hold at both the city and at the county level. And are really focused on solutions to meet the needs of the Faribault community, including education. We do some grass roots things here, as you all know. An important program that our leaders volunteer their time to support. And we are very interested in anything we can do to continue to build the pipeline for essential health care workers. So, help with that partnership look like we are very open to creative solutions that you can make the commitment over time and to support those efforts.

Just that I appreciate recognizing that we should have started this 20 or 30 years ago because it does take a long time to develop an obstetrician. And these kids in high school who are coming to our Scrub Club who are studying a various of health care careers, if they want to be RNs or physicians or PAs, or nurse practitioners, they still have a long road. To go from the time they make that decision and start their post high school education until they're ready to work in Faribault, we're trying to bring them through that pipeline as quickly and efficiently as we can, and also encourage the people who grew up in the community to come back and serve Faribault or someplace like it. If all the kids to go into health care end up in the cities, then we haven't solved the problem.

I wanted to point out the pathways that were started four years ago in the high school, we have 91 students taking health care paths last year and we increased that and helped show me what the process finished. I'll pick you up on your promise for the future partnerships and get some good things done. Thank you.

>> Catherine Llyod (Moderator): Thank you. Do we have any more questions or comments from the online folks Shellae?

>> Shellae Dietrich (MDH): Yep, we have another question in the chat. Besides holding these sessions required by law, what exactly does MDH do to help rural communities, knowing that they can't tell a provider how to operate. Can MDH provide the top five things they do to help communities that last maternity wards? It seems they create mandated programs with taxpayer dollars that don't improve access to care.

And I did provide...

>> Allina Health Team: Well, thank you Shellae. Shellae put the link for the Office of Rural and Health and Primary Care into the chat.

There are a lot of different areas within the Department of Health that help us to respond to questions like this. And Marty, I know that I have had calls from you in the past and happy to talk with you again.

Just want to make sure that everyone here understands that it's not one group of people that's doing this, and I would encourage those of you here who have ideas about how to eliminate the issue that we have right now, with the lack of caregivers, to let us know that and we can certainly connect you with our colleagues at the Office of Rural health. Thanks.

>> Catherine Llyod (Moderator): Okay. We'll go to the person in the room here at the mic. Go ahead, please.

>> Rich (Faribault, MN): Good evening. My name is Rich. I am a resident here in town for about 23 years. I have been with Allina the entire time. Both my kids were born upstairs as well. In fact, for the first one, we drove down from south Minneapolis in January. Went very well.

I have a question and a comment to make. My question being, to eliminate the transition of care and ease the transition for local resident, is Allina willing to provide free medical transportation from District One or Faribault Medical Center to Owatonna Hospital or other facilities for care that would have been provided here in Faribault? As recently as this weekend.

>> Allina Health Team: At this time, I can't commit to that. I actually, I believe that would create regulatory conflicts for us to do that. So, I would be happy to take the question and follow up with you on the restrictions around that, but we cannot commit to that at this time.

>> Rich (Faribault, MN): Thank you for being willing to take that back. Part of the reason why I am interested in Allina picking that up rather than the patient, you know, some of our pay, hometown and their socioeconomic status, and sending it back on the insurance companies to pay for an ambulance to go the 15 miles or what? Not live? Insurance isn't going to pay 100% of that and it becomes an additional financial burden for a new family. So, thanks for considering that.

My comment is more of a concern. Over the past couple of years I felt like the quality of care and opportunities here within Faribault have been on the decline. I've seen my medical providers, seeing that their hands have been tied more and more frequently by paying some policy and approaches from Allina coming down from Minneapolis. I have a personal concern that in due time our emergency department could turn into a triage unit where people walk in to be quickly assessed and then redraw it to another facility for something, perhaps as simple as whether it's to Urgent Care Unit to look at an x-ray for broken arm and a hospital location. Really hate to see things continue down a path where that the level of care in Faribault doesn't meet the standards that everyone deserves. Socially --

>> Catherine Llyod (Moderator): We have another person in the room that is going back to the microphone, and I will check with our MDH team.

>> Thomas O'Mara: Regarding anesthesia, there is no on-call starting December 1<sup>st</sup>.

[inaudible comment]

>> Thomas O'Mara: Then there's a policy in place that started yesterday.

>> Allina Health Team: There was nothing, Tom.

>> Just curious how that's going to be taken care of because we do have patients --

>> Allina Health Team: There will not be a policy. Policy is not typically what governs this type of situation. There will be a procedure that will outline who and when to call based on the time of the day and the patient's circumstances. There won't be a change in that. Our CNA's will continue to support based on recovery as they have in the past and our nursing staff will continue to support phase two recovery and beyond.

>> Thomas O'Mara: So just saying we have a question for anesthesia, who would we call? I just --

>> Allina Health Team: I appreciate the question. This is getting into some really operational details and nuanced pieces that I would like to be able to confirm with you and give you a more specific answer to you and your colleagues versus trying to answer this broadly in this public forum. But I am committed to bringing back a more specific answer to you and the AS nurses. Thank you.

>> Catherine Llyod (Moderator): MDH team, do we have any comments or questions coming through the chat?

>> Shellae Dietrich (MDH): We do still have a couple that came in prior to hearing that I can address here. A comment, this is still from that, the pastor, Josh Higgins.

Faribault is resilient, resourceful and committed to the well-being of its people. We recognize the financial and staffing pressures that healthcare systems face statewide. Still, these reductions touch the heart of community flourishing, birth, emergency care and health of our children.

And then the last question that he has is, as dynamic adventure emphasizes mission driven organizations thrive when they discern change with the community, not simply for the community. How were local stakeholders including family, medical staff, schools, faith communities and social service partners engaged in the decision making process? Will Allina commit to ongoing community listening sessions to ensure that Faribault voices remain part of the discernment process?

>> Allina Health Team: I think that there's a difference between having the opportunity to provide feedback, which is really welcomed and necessary, and being a decision maker. And I think that's difficult for some of our community members to maybe accept in all circumstances, and this is likely one of them. We value your feedback. We want to know from you all the impacts of decisions that are made, operational decisions, but at the end of the day, we cannot have all stakeholders also be decision makers. That wouldn't be practical, right? We have that responsibility to make the best decisions we can with our limited resources to care for the greater good and the greater number of patients. And when it gets boiled down to individual stakeholders and their individual interest, there is a risk of potentially not making that decision in support of the greater good. So, I want to reiterate that we are very interested in receiving feedback from our diverse community, from our residents, and from our surrounding areas as well. And we have leaders in a number of forums that are there

to listen. I mentioned already my participation, the joint boards. We have representation on health finders. We have other members of our leadership teams who are embedded in a number of community groups as far as the soliciting of that feedback and bringing it back to us as we consider our options and making assessments before making decisions.

>> Catherine Llyod (Moderator): Was that all the questions?

>> Shellae Dietrich (MDH): No. We received one more comment and this was prior to the public hearing.

>> Catherine Llyod (Moderator): Go ahead.

>> Shellae Dietrich (MDH): Okay. I am extremely disappointed in the reduction in services being offered at Allina Health Faribault clinic. Originally from the south metro area, I was glad to find a town that offered the same health care services, specifically women's health, so, I didn't have to drive an hour. I changed doctors to make care more convenient and gave birth to my first child in the birth center at Allina in Faribault this past year. The birth center and nurse staff were wonderful, and it pains me that I will never deliver another baby here in Faribault. There was a sense of community when you stepped into the birth center. It also worries me considering I will now have to drive 20-plus minutes for checkups and if something goes wrong with future pregnancies.

>> Allina Health Team: So, to reiterate, depending on where you live, you will still be able to come -- it shouldn't be a change in your drive distance because all the outpatient care is still available in Faribault if you choose to participate with that. If you get prenatal care here, your provider will direct you to deliver in Owatonna. If you choose to go to one of our colleagues in the region, then we could talk to you about where you would get your prenatal care. For example, at Northfield hospital or another hospital of your choice. So absolutely agree it is a loss to the community. And as Whitney started by saying nobody wanted to do this. So, you have my absolute sympathy with that. And we're going to continue to make -- to deliver the care on this campus that we always have with those few small exceptions.

>> Catherine Llyod (Moderator): Thank you. And we have some speakers in the room here at the mic. So please go ahead with your question or comments.

>> Stacey Hahn (Faribault): My name is Stacey Hahn. I work in the surgery center. And just hearing everything, thank you for explaining some things. I can understand based on the data; the birth center being closed and pediatric patients not being admitted. But for the surgery center, I am just having a hard time understanding why take away our after-hours services when, from my understanding, Faribault was the only regional hospital to fill a profit in surgeries last year. I'm sorry. To show a profit. And we were fully staffed in anesthesia up until last year. And then something happened where we lost a bunch of anesthesia. And I just feel that we always hear Owatonna, Owatonna, Owatonna. That we're robbing Peter to pay Paul. You're taking our surgeons and sending them down there. You're taking our anesthesia and sending them down there. They close part of -- because of the certainties that left and they're closing part of Mayo, doctors have left. So now you're taking the Allina providers and bringing them down there and the anesthesia and bringing them down there.

But when we were thriving, we have newer equipment. We have a robot. They don't have a robot. So how can you take away something that's so great in this community to try to make the city better and save that area? You're taking two major things from this one hospital to another hospital? I guess that is all -- sorry. So yeah, just why?



>> Allina Health Team: We'll continue to do elective surgery and therapy, which we have done in the past and we'll continue to do the vast majority, well over 95% of the cases that happen on this campus within our elective surgery hours. So, we're really not taking care away from Faribault to supplement Owatonna. What has changed is the after-hours surgery, and to be fair when the slide says evening, just to be clear right now, we are talking about a 7:00 p.m. time frame. It is not 3:00. There is a component of the latter part of the day where we still want to do as many outpatients as feasible. But when we look at the data, it is a very small number of patients who go in or come out of the OR after 7:00 p.m. and again, if the ambulatory surgery nurses would like to see that data, I am happy to provide it, but it is quite a bit more complicated than saying we're taking cases from Faribault to make Owatonna whole. That is really not the case because the electives here will remain here, and Owatonna will continue to have their elective surgery practice. And the efficiency gained is really around anesthesia and our on-call requirements to support one hospital versus two because we'll no longer have a birth program in Faribault. That is, really, again, I started this conversation by saying these decisions were difficult and they were in large part driven by the need to make Faribault Medical Center feasible financially into the future. So, if I thought that it would be financially beneficial to run both surgery programs at full steam, we wouldn't have made that change. But when you look at the whole and our desire to maintain as many services as possible for individuals, difficult decisions were made around both the birth program and how we staff anesthesia. Again, the bulk of the surgical care that happens in Faribault is elective in nature. It happens within the hours that will still continue to be staffed.

The other option that the hospitalist and surgeons are going to continue to work together on is when a patient does come in for emergency care, let's say, appendicitis, most of those patients in 2025 and I assume will be true in 2026, are admitted to the hospital of service and Dr. -- team cares for them with the surgical consult and that patient is treated with antibiotics, pain medicine, kept on PO and the surgery, when it happens on the schedule that is appropriate for the patient's clinical scenario. Yeah, you guys know this, right? So a lot of those patients are not going to need to be transferred in spite of the fact we don't have overnight anesthesia coverage anymore.

>> Catherine Llyod (Moderator): Do we have any more questions online or in the chat that you want to speak to MDH team?

>> Shellae Dietrich (MDH): Nope, we do not have any further chats or questions.

>> Catherine Llyod (Moderator): Do we have any other -- in the room? Go ahead. OK, go ahead, please.

>> Yeah, my name -- I worked for an association in Apple Valley, but I've gone to a lot of these unit closure hearings, especially Allina now, which has been closing a lot of units lately. So, it's been obvious, it's been eluded to, sort of, like we talked about it a little bit, right? Statute 144.555, requires big health change, like Allina to be transparent about the notices. So, workers, patients, the community, local elected officials, local media all should have been notified and at least 182 days before this closure happened. The fact we're just now having the hearing in here the meeting right now is evidence that that timeline wasn't followed through. You've alluded you guys didn't follow the requirements of the law, right? I'm just wondering if that unit closes in May, right, and if peds closes in May, if you guys will just acknowledge in this public setting, I'd love to hear it from both MDH and from Allina that once again, Allina will have failed to meet their requirements of that public transparency notice that requires 182 days.

>> Maria King (MDH): I'll take this one. Thanks for the comment. We are aware of your thoughts on this and appreciate that. We cannot speak to what is ongoing between the Department of Health and decisions about

any enforcement action with the hospital at this time. It's not -- we cannot do that. Once a decision has been made, it will become public. Okay, thanks.

>> Allina Health Team: And if when pediatric services are discontinued in Faribault, and those one to two patients will need to be cared for elsewhere, that will have met the 182-day requirement. That is why we're asking our physicians because we announced it 182 days before that May 7 date. That's the rule. We have asked and our physicians have kindly agreed to continue to take calls for the one or two patients a month. That means the team of roughly four FTEs and physicians are going to make themselves available 24/7 for the next six months so if one child comes in and is admitted for two to three days, which is typical, that they're going to be available. And that, I cannot say enough about how much respect that gains for me and from the people up here and I hope from all of you about the commitment of the physicians in this community. Would you stay home one day a week for six months in case somebody might need you? And they probably won't. That's a huge ask and they didn't blink. They said, of course we'll do that. And we cannot ask that group of docs to do that indefinitely. It's not fair to them. And it is not fair, as Whitney said, to the patients who are being seen by teams who as heartfelt and skilled as they are, are not seen high volumes of kids with those same diagnoses. So, we know that hospitals that do low volume care, whether it's in obstetrics, if your census drops below 300 a year or in peds when it drops below four or five a month, you do lose skills. We do the best we can, and we try really hard, but some of this is safety. We have not had bad patient outcomes and that's because we have an excellent team. We don't want to stop the services because the patient outcomes deteriorate.

>> Catherine Llyod (Moderator): Thank you. And we have someone in the room here with a question or comment. Please go ahead.

>> I'm a nurse here at Faribault Medical Center. And I just have a question or I'm curious, how will -- how has this been presented to those in the Somali community? Or in our community in their language for understanding? Have you had meetings with those groups?

>> Allina Health Team: Sure, so there have been and there will be an ongoing effort to educate our, as many have alluded to, diverse linguistic and culturally diverse community. All patients who are due in the next couple of months have been called with a language interpreter, if appropriate, and advised to this change and indicated they have a choice to continue with their care here and go to Owatonna for their delivery or to see k care elsewhere and that we will help them if that's their decision. All of them are being counseled at their regular appointments. Families with young kids are being told about this, and actually a lot of us are telling grandparents and everybody else, whether it's Somali ayeeyo or an abuelita or a family that comes in for well child checks. That has a lot of power to hear that from your regular provider. Our ER manager also went to the mosque and met with the Somali community. We have been partnering with our Somali language interpreters so that they can use the arguably robust grapevine to our benefit in this. We really want our patients to know what's happening so they can arrive at the right venue for care and keep the pressure off the ER. None of us want these patients in our ER and also make that safer for them and give them a choice that they won't have if they are not aware of it.

>> I just want to express --

[indiscernible comment]

>> It's working.

>> Did everybody hear her remark?

>> If someone –

>> What was said is there was a patient who came today, right? Non-English speaking patient who arrived today in Owatonna. She thought she was in labor. She was. And she rolled out for laboring and was sent home. But she knew what to do. What's actually perfect? She did –

Oh, okay. So never mind. She knew what to do. And I think that is to the really strong effort of our prenatal care team and nursing team to educate patients in this quick timeline.

>> Catherine Llyod (Moderator): Do we have any more questions in the room? Otherwise, I can move to our online community. MDH team, do you have a question or comment?

>> Shella Dietrich (MDH): Yep. There's a couple more questions in the chat.

It seems like the Mayo system has left Allina high and dry many times now, and this was very short notice. How can you trust Mayo going forward to help implement your plan?

>> MDH: I think that that comment goes against the rules of respectfulness that you walked through in the beginning, so we're going to not make a response to that. We're going to ask Allina not to respond to that at this time. Shellae.

>> Shella Dietrich (MDH): Yep. There's one more question here.

I do have another question regarding pediatric admissions. If we will no longer be taking admissions in May, why will we still be doing pediatric surgical cases? What happens if there is a pediatric surgical case that needs to be admitted? Or there is a need for further care for a pediatric patient? Seems to be a very hypocritical statement.

>> Allina Health Team: So, thank you for that. I really appreciate the concern for safety. I think all of us in health care are, or should be obsessed with our patient safety, so this is another example of that. The answer is that admissions from pediatric surgical cases in Faribault are vanishingly rare. Under the new rules starting May 7, we will not be able to admit a child who has, for example appendicitis. That child will have to be transferred to Owatonna or another appropriate facility. But if a child comes in for PE tubes or a tonsillectomy, that child is not admitted typically here. If they are, there is something really wrong. And typically, that kid would get transferred. Our surgeons, our primary care providers, our anesthesiologists are extremely careful to not do cases here for kids that aren't going to be appropriate. If that child has a high risk condition, and likely to have complications, we should be considering a different venue for their care because we don't have multi-specialty care. I don't anticipate a significant clinical change after the pediatric admission rule changes. I think that's done.

>> Can I just add to that? I am just curious, though, because as of recent, we haven't been doing T&Es younger patients because we haven't had an MDA here. It is my understanding that if you do have an MDA now and then we will be doing TNAs on these kids. I have worked here six years, and I think the past three maybe we haven't done them. So, I am just wondering now, like, if they come in with a bleed, I mean, we haven't had data showing that we've had many cases with pediatric admission, and they need to go back to surgery. If I lived in town and I would come right here.

>> Allina Health Team: And as you absolutely should. And our ENTs are not going to be on campus when they come back, and the child will have to be transferred as well for the lack of pediatric admissions.

>> But No one would even do a –

>> Allina Health Team: I don't think our ER is going to cauterize a kid's throat in the middle of the night. And if the ENT is in his bed in -- if the ENT is in his bedroom in Woodbury, he is not coming down here to do that either.

>> And that's really, isn't it skeptical? We have had a lot of certifiable review.

>> But it's -- Pediatric surgery is an extremely varied thing as our pediatric admissions are the vast difference between a kid with multiple medical conditions who needs even a tonsillectomy. He really deserves to be at a hospital like Children's, versus a kid getting tubes under anesthesia because they are two and can't sit still. One is pretty likely to result in a complication and we need to be prepared for that and advise the family appropriately and the other is very unlikely. And that discernment process, that careful selection of the appropriateness is going to continue.

>> And are we considering pediatric? What is the age? Under 18?

>> It is under 18.

>> Okay.

>> Again, safety first. If we're doing really low volume of this and not going to have an appropriate pediatric surgeon available overnight, I wouldn't want my child being in that position of being admitted here if there was not somebody to address that complication. I wouldn't want your child to be put in that position and that is true today even with a pediatric team available to do the admission. We don't have the other services that would be required for a surgical complication.

>> Catherine Llyod (Moderator): Do we have any more questions or comments in the room? Did you have a question or comment?

>> I just have one thing. As you can see, there are a lot of us here from surgical services and proud to serve our communities. A lot of my family members, I've had surgery here and have been to continue that service. One ask I have is we are hearing a lot of very conflicting information and that is why you have had to repeat yourselves multiple time this is evening. So, what I'm asking for is to try to something cohesive put together because as we come forward and try to care for our community, we feel very uncared for in this when we are getting very mixed. So even your timelines tonight have been very different than what we have been told. And so, I just think to take care of our staff if we could get something cohesive put together in the very near future, at least get everybody on the same page, that would be extremely helpful.

>> Allina Health Team: Thank you for your feedback from saying you, know, work to provide that clarity for you and the rest of the team.

>> Catherine Llyod (Moderator): Do we have any more comments or questions?

>> Are they absorbed into Allina with position or as many in our settings here? These jobs.

>> Allina Health Team: Yes, thank you. So, of the 10 that had the benefit eligible condition having completed, six were able to find a compliment within Allina in various roles. Some within other birth centers, Saint

Frances. Some stayed here in other roles in Faribault and some transitioned to Owatonna. We had two nurses that elected to go elsewhere and found employment with another organization. And two nurses that are still considered on layoff leave of absence and had other personal reasons.

>> Catherine Llyod (Moderator): Anymore comments or feedback? Either here or from our MDH team? If not, we will move to some closing feedback and comments from the Allina representatives. And then closing comments from Maria King, HRD Division Director. Please go ahead. I don't see any hands up or comments. Please go ahead with your closing comments.

>> Allina Health Team: So, I'll just close again with how we started, which is appreciation and gratitude for those who came tonight to provide their feedback, ask questions, and give us some opportunities for follow-up. I heard loud and clear the need for the follow-up with the surgical services team and we will certainly make that commitment. And then for the broader community, we appreciate your feedback, and we recognize very much this is a difficult transition, and we'll do everything we can to make it as smooth and safe as possible for our patients as we move forward.

>> Allina Health Team: I appreciate everybody's comments and concerns and thank you to our community. And I just want to acknowledge we do have some former birth center folks here tonight, I want to acknowledge this is a really important part of the community for a really long time. And it is a loss.

>> Catherine Llyod (Moderator): All right. Thank you. Maria King, do you have any final comments?

>> Maria King (MDH): This has been kind of an exciting one with our technical issues, etc., but a lot of really good remarks, so thank you all for that. We want to thank you, again, for participating with this Allina Faribault Medical Center public hearing. We appreciate the time you have taken to share your comments and to learn about the hospital's plans. As for the next steps, under the statute, 144.555, and Ben, you reiterated that, thank you. 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.

You can provide comments or feedback on the hearing website until 11:59 p.m. tomorrow, which is December 3rd. A transcript of the meeting will become available generally within 10 business days. I think in our last hearing it took a bit longer than that, but we try to get that without within 10 business days. And again, we'd like to thank you for sharing your concerns, your comments, your questions. And I'd like to thank the Allina Health representatives for sharing their time, information, and insights with all of us tonight. Thank you and have a safe trip home.

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