DEPARTMENT OF HEALTH

North Memorial Robbinsdale Hospital Lowering Newborn Nursery Level of Care Public Hearing Transcript

JUNE 27, 2024

Meeting Information

The Minnesota Department of Health (MDH) held a public hearing at 6 p.m. June 27, North Memorial Health lowering its newborn nursery level of care at North Memorial Robbinsdale Hospital from Level 2 (special care nursery) to level 1 (well newborn nursery).

According to the filed submission, this modification will allow North Memorial Robbinsdale Hospital to align labor and delivery resources to better match actual volume. Babies born at the hospital in need of a higher level of care will be transferred to an appropriate facility.

More information can be found on the North Memorial Health Public Hearing page (https://www.health.state.mn.us/about/org/hrd/hearing/northmemorial.html) of the MDH website.

Meeting Transcript

>> Catherine Lloyd (moderator): Good evening, everyone. We'll be starting shortly.

It is 6:00 so I will move ahead with this meeting. Good evening, everyone and welcome to the public meeting to hear from North Memorial Health on lowering its newborn nursery level care at North Memorial Robbinsdale Hospital from Level 2 (special care nursery) to a Level 1 (well newborn nursery), according to the submission filed by North Memorial. This modification allows Robbinsdale Hospital to align labor and delivery resources to match actual volume.

My name is Catherine Lloyd. I am with the Minnesota Department of Health, serving as moderator for this meeting. This evening's meeting is being hosted virtually through Microsoft Teams. If you have any technical issues, please visit the Microsoft Support page for Teams or email the HRD Communication Team. Captions are being provided for this event. You can view captions in Teams by clicking the more button in the Teams window and then choose "Turn on live captions". You can also view the captions online at the address posted in the chat. And you can find more information about today's hearing on the MDH website, also being posted in the chat.

For this hearing, participants will be muted until the public comment portion of the meeting. At that time, participants will be selected and allowed to speak. If you 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 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 are using teams in a browser window, the icon is at the bottom at the screen. If you are using the Teams app, the chat icon it is at the top right corner of your screen.

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 North Memorial health on lowering its

newborn nursery level care at North Memorial Robbinsdale Hospital from level two (specialty care nursery) to level one (well newborn nursery). The Minnesota Department of Health announced this meeting through a statewide news release and notified the community leaders of this meeting.

The following 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 the Minnesota Department of Health. The MDH will be posting a transcript of this meeting to the MDH website within ten business days of this meeting. With this in mind, to opt out of the presentation, please exit now.

And so, the agenda, today's agenda will include introductions, a welcome from the Department of Health's Health Regulation Division Director, an overview of this process, North Memorial Health's presentation. Then we will have public comments and questions, North Memorial will provide closing remarks and a conclusion by our MDH Division Director.

The following are speakers for today. We have Maria King, Health Regulation Division Director with the Minnesota Department of Health. Trevor Sawallish, CEO, North Memorial Health. Dr. Carolyn Ogland, President and Chief Medical Officer, North Memorial Health. Dr. Todd Stanhope, Vice president for Medical Affairs, Service Lines, North Memorial Health and Faith Zwirchitz, System Director, Patient Care, Women and Children's Services North Memorial Health.

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

>> Maria King (MDH): Thank you Catherine and welcome, everybody. Thank you for joining us this evening to learn more about the changes that are being made at North Memorial Health. It is a pleasure to be here this evening.

This public hearing is being held under the laws that offer a community an opportunity to learn about the hospital's plans for the community and to be able to share your feedback and comments with the hospital. The law became a law in June 2021 and the statute is at 144.555. This is a statute that identifies that a public notice and a public hearing have to be held before the closure of a hospital or hospital campus or relocation of services or cessation and offering services.

The opportunity for this evening is for the public to engage with hospital leadership and to hear the reasons why hospital leadership has made the decisions they have. It also gives the community an opportunity to learn from their health care providers about how the community will continue to be able to access health care services after the closure, change, or relocation. This particular hearing, North Memorial did provide notice to MDH on May 23rd, and we were able to have conversations with North Memorial twice to discuss the need for this hearing and whether or not it was required. The hospital initially felt the change was not going to require a hearing because they continued to offer care for newborns. Once we had our conversation, the hospital voluntarily agreed to have a hearing so they could describe for the community how the changes were being made and how the community would be able to seek care following this change.

So, on May 23rd, when their hearing notice came in, North Memorial described that they would be lowering its newborn nursery level of care at North Memorial Hospital from a Level 2, special care nursery, to a Level 1, well newborn nursery, according to the submission filed. The modification would allow North Memorial Robbinsdale Hospital to align labor delivery services to better match their actual volume.

The Health Regulation Division, that is the division I manage, is tasked with implementing this law. We are providing a forum for hospital representatives to share information about the change in services and for you, the public, to engage with the hospital by asking questions and providing comments about the changes. The statute gives MDH the authority to host this meeting and to ensure the public has an opportunity to hear about the hospital's decision and to have their feedback heard. MDH does not have the authority to change, delay, or prevent the proposed changes, closures, or relocations. So this meeting is offering an opportunity for us, as your state health department, to offer a forum for transparency, listening, and understanding of the differing of opinions and perspectives surrounding these important decisions and how this will affect your community.

I do want to add that there was a change to the state statutes which will be implemented on July 1st of this year, which will offer better clarification for hospitals and the health department and will offer additional enforcement action on the part of the Department of Health. I want that to be clear right up front.

We are really excited tonight to hear the comments from the North Memorial hospital who are going to provide the information for all of you and for us all the services that they curtail and explanation for the reason for that decision, a description of the actions that North Memorial Health will take to ensure that residents in the hospital service area will continue to have access to the services being modified.

I would like to welcome Trevor Sawallish, CEO of North Memorial Hospital to kick us off. Thank you so much and we look forward to hearing this conversation.

>> Trevor Sawallish (North Memorial Health): Thank you so much Maria. I appreciate the opportunity and thank you to everyone that is joining tonight. We welcome this opportunity to hear from you, hear what concerns you have, address any questions, and if nothing else, just hear the feedback.

I am absolutely humbled by the fact that when anything related to North is involved, we have a lot of people that care and that is a true partnership. I believe that is one of the strengths of what we do here at North Memorial and tonight is no exception to that. I also want to just say thank you for over the last several months, we have been clear out there that North is in a position where we are not sustainable "as is" and to a large degree, we've asked for help from the public, to share your thoughts about what North means to you, what North means to the community, and we have had just an incredible outpouring of support and help and helping to tell our story to. To our legislature and to our county partners, really sharing why North is important and what it means if North wasn't going to be here. So, I just want to take this opportunity in a public form, to thank everybody that participated with us in that it is humbling to see the support we have. Next Slide.

North has been doing what we do for 70 years now, and we are incredibly proud of the legacy that we have to provide care. But as we've talked about, we are not sustainable "as is" and there are a lot of factors for that and we're happy to talk about that tonight. But the net result is we have to do things differently and one of the things that we obviously are proposing to do different is to provide a different level of service for our nursery and our labor and delivery unit. But we ultimately want to make sure that we are delivering the right

services for our community, that we are delivering what the communities need from us, and that, I think, is absolutely the spirit of which we are having this public hearing tonight.

We do recognize that any time there are changes being made, it has an impact and there are many different perspectives on most changes that we make. So, we are eager to hear from those tonight. We do not make these changes lightly and I would say the key theme you will hear from us tonight is what we are trying to preserve is quality safe care for all that needed but doing that in a way that allows us to be sustainable well into the future. So, we have two goals tonight. One, is we are going to talk about the "why" behind the change that we made and the second is we want to have -- hear from you what that means. We gain insight and feedback that ultimately shape where we go from here and what we need to do into the future for our communities.

With that, we are going to jump right in. I don't know how much this is necessary because it sure seems like a lot of people know North well but we wanted to start with a look at what it is that we try to preserve every day. We not only have two fantastic hospitals, one here at Robbinsdale, one up in Maple Grove, but we have a broad array of health services that we provide all over Minnesota and beyond. We have a large primary care and specialty clinic network. We have urgent cares. We have one of the largest ambulance and air ambulance systems in the country, depending on how you categorize it, the largest one that is both air and ground. We have over 440 providers that call North home and over 6500 total team members. We have a Level 1 trauma center and most of the time we talked, we deliver the largest birth volumes in the state.

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Ultimately, that set of services is what we are working hard to preserve. We want to make sure that we can offer the broadest set of services as possible but do it in a way that is going to guarantee that we are around in five, ten, 15, 20 years.

So, I am going to talk about some of the financial views that we have as an organization and ultimately why some of the times that we are navigating right now are so incredibly challenging for us and why frankly, we have to start thinking differently and make different decisions than maybe we have in the past. Some of this is a little bit 101, but it's really important that we ground ourselves in who North is and how we ultimately are working to serve our communities.

So, first of all, North is an independent nonprofit organization and that doesn't mean we don't try to make money for our services, but I'm going to explain exactly what that money goes to when we do have the opportunity to make some. At the heart of everything we do is, is we are mission focused. And what that means is we want to be here for our communities, we want to deliver high quality, accessible care, wherever possible. There are a lot of services we provide that we are trying to maintain. When I talk about this long-term sustainability, but there is a financial component to everything that we do now, none of that is about generating profit for any of our members, any of our directors, any of our officers. That is what a nonprofit means. Nobody is profiting based on this organization. Our profits go back into the care that we provide and I'll talk about that in a little bit more detail, but every year, we come up with our financial plan and that financial plan is rooted in what do we need to do this year that allows us to be sustainable this year and next year and the year after that and sets us up to be able to offer these great services to the community. And every year we look at what are our supply costs going to be? What are our team member salaries and benefits going to be? What are our facility needs and our routine maintenance and all of those things have to be considered in our financial plan. I am going to talk a little bit about why that has been more challenging lately.

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At North, as I said, we have a lot of different services but one of the challenging areas that we have from a financial perspective is here at our Robbinsdale hospital. And we have been clear, we have been out in the community talking about the need for additional support for the Robbinsdale hospital and the reason for that, is because approximately 74% of the patients that we see at Robbinsdale are on some sort of government program. I want to be really, really, clear. Every single patient we have the privilege to take care, of we consider a gift. We don't care if they have no insurance. We don’t care if they have commercial insurance. We don’t care if they have government insurance, we take the same great care of every one of those patients. But for those who have government as payor, it is more challenging because we don't make money to cover our costs for those patients. If you have government as your payor, we spend more as a health system delivering their care than we ultimately get paid for commercial pay covered patients. We do get paid more than we spend and for years, a big part of how we dealt with the fact that we don't get paid for government patients enough to cover costs is we just grew in areas where we were able to make more than we spend. But, over time, the amount of costs that are not covered by the large number of commercially covered patients that we have continues to grow and this financial gap created by the difference where we do make money and we don't make money and how quickly our costs go up is why we have a crisis on our hands. And I will say it’s not just North in crisis. I think this is true for many health care systems, but it is absolutely true for North, especially here at our Robbinsdale campus.

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And again, this could be obvious, and forgive me, but I think it is really important we are all on the same page for this. This is what we do with excess money we have. If we make more than we spend, we do generate a profit, but that profit doesn't go to anybody in particular, it doesn’t get paid out to anybody. It goes right back into the care we provide. The profits we generate go back to our patients. We invest in things like our team members to make sure skills are as good as they can be. We replace equipment and buildings and purchase new equipment where necessary to improve the care and make sure our care is in safe facilities with state-of-the-art equipment. We have new programs and services where we can better meet the needs of the communities as we understand them. We put money away for unexpected events. And this year we talked about the change health care crisis and how, for several months, we weren't sure how much we were going to get paid, if anything, based on that huge crisis. So, having money set aside for unexpected events, and in some cases, we do add or expand our facilities, if we think we can better meet the community need or potentially grow in a way that helps us sustain our mission.

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The converse is, if we don't make money, we don't get to do those things. We can't replace aged and broken equipment. We can’t expand our facilities, repair our facilities if they’re aged. We have limited investment in our team members. We deplete our savings, and we pass on investment options that could be future growth for us and future sustainability options for us. For the last several years, this is the state we have been in. We have not made more than our expenses. We have lost several tens of millions of dollars and all of these things are true. And the longer we go without breaking even or generating a small profit, the greater the risk is that North, as a system, all of those services that I talked about, are not going to be here for the community.

All of these incredibly difficult decisions that we are thinking through and all of these changes that we are making are in service of trying to make sure that we can provide as many high-quality safe services as we can

to our community well into the future. We don't want to put our whole system and our future at risk based on choices we didn't make now when we are in a scenario where we aren't making money and are not able to do these things that are on the screen here.

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So, what we are facing, not only has Robbinsdale always had a higher number of government patients, each one of those patients is a gift, but we lose money on each and every one of them. But now, our costs are going up significantly higher than any reimbursement increases we are getting. So, the problem that we have always had, which is the government doesn't cover the costs that we spend caring for those patients is getting worse because the cost of labor and wages and supplies and our facilities aging. Those costs are going up faster than any increase.

Not only have we had a problem in the past, but the problem is getting worse in 2024. By the end of this year, we expect that our loss on government programs at Robbinsdale alone will exceed $100 million. And again, when that is true, our ability to make it up gets smaller and smaller. And if we lose money for too many years in a row, everything we do is at risk. And that’s really, I think, important context for everything that we are going to talk about from this point on. We are working hard to be transparent about our situation and share that context because it is so fundamental to everything that we do, and we have done this year. Everything that we’re talking about, everything that might come in the future. But that said, we also want to make sure that we are doing things that are in the best interest of the community and our long-term sustainability here.

Now we want to talk about the specific transition we started with, which is our newborn nursery. I am going to turn that over to Dr. Todd Stanhope to walk us through the details of that change.

>> Dr. Todd Stanhope (North Memorial Health): Thank you. I want to echo Trevor in thanking the Department of Health and everyone who is attending tonight for their interest.

I am Todd Stanhope. I am an OB-GYN by background, and I have been with North Memorial for ten years now and as a practicing OB-GYN and later as the Medical Director for Labor and Delivery Services. So, it is a privilege to be here, and I welcome any opportunity that we have to share the information about the amazing services that we provide on labor and delivery at North Memorial Heath. Next slide please.

My part of the presentation is to talk just a little bit more about the specifics of the services that we offer. And I think the important thing to convey here is that we are in a transition. A transition from what was a Level 2 newborn nursery to a Level 1 newborn nursery. And with this change comes steps that are taken to accomplish that and within those steps, we have a short-term plan that we feel very comfortable, and we continue to provide exceptional care and service to the patients who come to our door and we continue to work on what that long term plan looks like that is ongoing and active work.

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A little bit of background of really what led us to this place, it really has to do with the volumes we’ve been having over the last several years. This slide gives a picture of what those volumes have looked like in the first column. You’ll note that over the last five years, you’ve had about a 20% decrease in our birth volumes at Robbinsdale Hospital. When you extend that over a long time, that number grows larger. We have also seen within our newborn care, a decrease in the number of babies requiring a Level 2 or higher care. As you notice, it has been about an 82% drop in the last five years so, a pretty significant drop in the number of babies who required that level of care at our facility. Very importantly, the number of babies who have required that Level

2 or higher newborn care has averaged about 1.6 babies over the last year and to put that in numbers, that is anywhere from zero babies up to three.

As we look out two to four years with these declining trends with these types of volumes, it gives pause for concern on the sustainability of that surface and to be able to provide that exceptional care we expect of ourselves 24/7. We also note that there are increasing options for your care within the surrounding metro facility. We are fortunate to be resource rich with a number of facilities who provide that high level care with a short distance of our service area. Next slide please.

You know the numbers that we want to point out as part of this transition is that we had a dedicated team for the newborn care, for the Level 2 and higher nursery. 24 team members were impacted by that change and there was a thoughtful transition taken ensuring that there were options for the next steps for those individuals. I don't want to skip over this number because these are people that I have worked side-by-side with for nearly ten years now. These are the people who have provided great care, who I respect, and I will miss working with. This has been a challenging and difficult part of this transition as we say goodbye to those colleagues as we transition, the newborn care.

As we mentioned, at a Level 1, that is typically defined by baby born within a month of their due date. So, a gestational age of 36 weeks and above and typically a weight of 2.5 kilos, roughly 5 pounds. With this transition, we will be focusing on these lower risk pregnancies of 36 weeks and above and continue to offer those services. Importantly, while we will be doing deliveries of those with that focus population, we are still willing and able to care for anyone who walks through the door. And so that, if there is a need, we are still able to evaluate, triage, and stabilize those patients who may require emergent cares and again emphasizing that this is in the context of a number of facilities who offer that Level 3 care, which is going to be those higher-level cares, within our service area. You go to the next slide, please.

As we make this transition, one thing I want to call out as we dive into the slide, are just the numbers that we go with, king of tiering of the levels of care. So, for maternal care, for newborn care, Level 1 care is the lowest acuity and Level 4 is the highest acuity. Important to note for trauma level designations, that is the opposite. Level 1 trauma is the highest tier able to manage the greatest amount of acuity, and so, we continue to benefit from having the broad services of a Level 1 trauma center. As we talk about the transition from a Level 2 newborn care to a Level 1 newborn care, I think we can be really proud of the fact we have tremendous resource for a Level 1 newborn care facility.

Things that we have and continue to have are things like 24/7 OB-GYN presence, 24/7 anesthesiologist, and CRNA presence. We do immediate epidurals, immediate surgeries. Respond to those critical needs immediately. 24/7 respiratory therapy. Labor and Delivery nursing. We continue to have a neonatal nurse practitioner in our facility 24/7. And so to have this level of resource and a Level 1 newborn facility is very uncommon and something that I think we can be really proud of and that we can continue to address those high acuity needs at a moment's notice for those patients who come through our door.

As we know it here as well, we have the benefit of some of those additional services that a Level 1 trauma center brings. Multi-specialty care, ICU care, interventional radiology that can help with some of the most critical needs for birthing parents who have complications. We continue to have all those readily available at our fingertips as well as a tremendous EMS and transfer system as you see in the photographs on the right side.

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As we have made this transition, we have engaged our teams and have really taken the collaborative, team-based approach to ensuring that we think through every detail that matters in this transition. It's hard to emphasize this in a PowerPoint slide, but we have a very committed team to providing outstanding care. And when I reference the team, I mean all of those who participate in our labor and delivery services. This is our family medicine providers, our newborn providers, our OB-GYN providers, nursing staff, anesthesiology, and many others. Through this transition, all of those teams have been engaged and remain committed to ensuring we have the services we need at the moment we need it.

To start this transition, we started first by engaging all of these teams. Offering a survey to give everyone a chance to identify those needs that we would need to address during this transition. From that, created a blueprint that from which we would be able to navigate this transition and we created work groups around this. As a transition occurred last month, I can say that occurred very smoothly. We continue to provide outstanding care to the patients who come through our door. We continue to provide deliveries and newborn services at this phase.

Part of the function for having the forum today is to receive feedback. So, we welcome the feedback as part of the Q&A part of the discussion as we build towards the future. With that, I want to thank everyone again for the time and the attention and the interest in North Memorial health and our building services and welcome questions and feedback you might have.

>> Catherine Lloyd (moderator): Thank you to North Memorial Health Representatives for the important information. Now we will begin the public comment portion of this meeting. This is your turn to participate by asking questions, providing comments, or sharing your perspectives. Each person will have up to three minutes to ask a question or share their comment and I will stay on camera during this whole time I will give a time signal when you need to start wrapping up your comment. I'll also simply interrupt you verbally if you miss my queue.

Again, please remember the information you are sharing is being shared virtually for a public forum. This means that any information you share is public so keep this in mind before sharing private medical information.

North Memorial Health will have an opportunity to respond to the questions or comments. Participants will be muted until it is their time to share their comment or ask a question. There are two ways to ask a question. The first is to raise your virtual hand and you will be unmuted when it is your turn to ask a question or provide a comment. In both the mobile app and browser version, you click the “more” button. In the mobile app, the icon is a yellow hand, in the browser version the raise hand option is the fifth item from the top of the list. If you are calling from a phone, press *5 to raise your hand. Once it is your turn, press *6 to unmute.

The second is to type your question in the chat box and press enter or send so that MDH staff can see it to read it on your behalf. To open the chat box, click on the box that looks like a cartoon bubble with two lines in it. If you are using the Teams app, the chat icon is in the top right corner of your screen. We will select participants as hands are raised, read questions and comments received during the public comment period, as well as questions and comments in tonight's chats.

Please remember to share your name and city where you live before asking a question or sharing a comment. Please be respectful. Everyone participating in the 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. I ask that you help me make sure you can all be heard and treated with mutual respect. With this in mind, abusive comments, comments meant to discredit or malign someone, or vulgar language will not be tolerated in chat or during the 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 or environmental will be muted and the next person in line will be given the opportunity to provide comments.

North Memorial will have an opportunity to respond to the questions or comments and I will work with the MDH team when we near 7:15 to begin winding down the comment period as the session is scheduled to end at 7:30. Our time together can be adjusted to accommodate participants who have raised and not had a chance to have their question or comment responded to.

With that in mind, you will see me looking a few different ways. So, we will start with some questions and then again, I will be working back and forth between allowing folks to raise their hand and ask questions and also work withing with my team, who is monitoring the chat. It looks like we have a question from Mary T. so if you could unmute and provide your name and your city, that would be helpful and please proceed with your question.

>> Mary T. (Plymouth): Hi. My name is Mary. I live in Plymouth. I work at North. Just wondering how long you're planning on having the experience providers be available for these births that come in less than 36 weeks that need emergent care and not the flyer nurses we have recently created, but the other experiences and MVPs that have always been there at North. How long is that going to last for?

>> Catherine Lloyd (moderator): Thank you for your question. Is there someone from North Memorial that would like to take that question?

>> Dr. Carolyn Ogland (North Memorial Health): I would be happy to take that question. We are in the middle of a transition plan, and we continue to have that model in place through the fall while we develop our more permanent model, and we will be more than happy to share that when we confirm that plan.

>> Catherine Lloyd (moderator): Thank you. Do we have any other questions out there? It looks like we have a question from Ben Baglio. I am going to do my best on the pronunciation. We can unmute you and can you again provide your name and your city. Thank you.

>> Ben Baglio (Apple Valley): Yes. Thanks. Ben Baglio. I live in Apple Valley and with the Nurses Association. I guess I just wanted to ask, we have been asking for this public meeting so that we could get information on it since February. My question is, why did it take so long for this public meeting to happen since transparency is apparently a goal and also, when can we expect a public hearing on the inpatient and outpatient mental health services that are also being reduced at North Memorial since that is something health care workers and patients deserve to know about. Thanks.

>> Catherine Lloyd (moderator): Thank you for your question. It sounds like we have two questions, one regarding behavioral services and the other is the length of time for this. I don't know if we want to start with North Memorial - might be a good starting place. Maria King is also online. So North, do you have a response?

>> Trevor Sawallish (North Memorial Health): Yes, I can take the first part of that one for sure. And I think Maria King did a nice job at the beginning of talking about the process and we were under the impression that

the statute did not apply to this change because we were offering newborn care. When MDH pointed that out, we had a little back and forth and then started planning this session. We announced the changes in March and have been going back and forth in that process that Maria described and taking a little bit of time to get the logistics set up. That is the reason for the delay to this session.

The public hearing concept for the other two changes, and I'm just going to briefly talk about the outpatient mental health has changed. That isn't the statute is applicable for that. And really the change in service, there is no change in service for inpatient mental health. That was really a change in staffing related to the acuity that we have been seeing over the last several years, so those two didn't apply – the statute didn't apply for those two changes.

>> Catherine Lloyd (moderator): Thank you. For my team, do we have any questions in the chat?

>> Shellae Dietrich (MDH): We do not have questions in the chat, but we did get a question prior to the hearing that I can ask. The question is, "Did North Memorial upper management consider the health disparities of closing the NICU in low-income neighborhoods of Robbinsdale near North and expanding the NICU in the higher income suburb location of Maple Grove? If a baby is transported to Maple Grove and the mother has no way of getting there, financial issues, or in unable to secure transport, won't that negatively affect baby bonding?"

>> Catherine Lloyd (moderator): Do we have a representative who can answer that?

>> Trevor Sawallish (North Memorial Health): Yes. Thanks. Thanks so much for the question. I am going to turn that over to Dr. Stanhope.

>> Dr. Todd Stanhope (North Memorial Health): Great, thank you for the question. I think there are a couple of questions within that statement so I will break them down into a couple of different components. The first is that the health equity piece, and I can say personally, the health equity is what brought me to North, and I can say for both our labor and delivery, as well as our administrative team, health equity is something core to what we are doing. We know the health care system is inequitable and we continue to focus for ways that we can continue to improve ourselves as well as the system in which we operate, to improve that for the diverse community we serve.

From the standpoint of newborn services, I do want to clarify one thing, that there is not an expansion of newborn beds at Maple Grove Hospital as part of this change. What this change is specific to, the services we have experienced, that Robbinsdale has, due to the declining volumes. And as I shared in my presentation, one of the things that is core to us is to provide exceptional service to the patients that choose us. That remains a focus there.

In terms of the third part of that question, the parental unit, the birthing patient with their baby, and that is something that is critically important to all of us. With the administration, as well as our labor and delivery team, something we keep in mind as we make these changes. So, one component to that is, if there is a patient who comes to us that may require a higher level of newborn care, one decision is do we transfer the patient while still pregnant or is delivery safer first. Second component to that is if the birth occurs at our facility and the newborn requires transport, that transport is done in accordance with the parent's preferences first and foremost. I want to make sure those things are very clear - patient choice and the safety of our community are always first and foremost in the decisions we are taking.

>> Catherine Lloyd (moderator): Thank you. We have a hand raised so I am going to go to the person who has their hand raised and then we'll have some questions that came in the chat. So, we have the hand that was – I think the number that was up was 8699. If you can provide your name and your city, that would be greatly appreciated.

>> Tammy A. (Rogers): Hi. This is Tammy A. I live in Rogers, Minnesota. My understanding is that the purpose of the public hearing happening prior to any closures is that we get community input prior to the changes and maybe have community input as far as how it is going to affect them and my understanding is now, it is 180 days. I am just wondering, piggybacking off of the other gentleman that asked the question, why it didn't happen sooner, but also who is going to be responsible for implementing the fines to the hospital when this does not happen? Thank you.

>> Maria King (HRD): This is Maria from the Health Regulation Division. I am afraid of losing connectivity so I'm going to leave my camera off for this, but I just want to reiterate that. First of all, the 180 days is going to be in effect starting July 1st. The fines, there are some pretty distinct details in the new statute that help the department actually with how we can enforce assessment against a hospital if they comply with the requirements. So, I think that is going to be very helpful both for the hospitals and for the department.

One thing we have in process is worked to put an FAQ up on our web page, which we will get done in the next few days here or the next week or so and make sure that hospitals also have an understanding of what they can expect about the enforcement. So, I think it's a great question that you are raising, and we will be held accountable to make sure it is enforced. I think the changes in the statute will be helpful to hospitals and to the department.

I just want to say that I'd like to back up to the gentleman that was talking about mental health services. Two comments from me from the department is one, this hearing is intentionally about the newborn services and two, we do not have any information from North Memorial that they are making a modification to the inpatient services that they are able to provide. Those are the only comments I can make. I saw that in the chat and heard the comment and I just thought I would address both at the same time. I wanted to make sure that you know that we are reading your comments and we are hearing you. Thank you.

>> Catherine Lloyd (moderator): Thank you. And it looks like we have another hand raised. I'm going to go to Deb. I'm not sure how to pronounce your last name. Maybe you can verify that for me. If you could again provide your name again and pronunciation and then also, the city you come from.

>> Deb Krook (Maple Grove): It's Deb Krook. I live in Maple Grove. I am a former NICU nurse and what North Memorial has done, to me, is just devastating for our community. I don't feel the community is being served for premature babies. Some may be able to be stabilized and transferred to another hospital, but we all know from working there that often times, those types of babies cannot handle or survive a transport to another hospital. They need immediate, expert, skilled care. So, I don't see how this plan is serving our community how it is supposed to be. I just feel very, very underserved. And I guess I don't have a question so much as a comment how North went about this. I don't feel it was transparent to the staff or to the community. As someone already mentioned, this hearing is taking place after the fact, after these changes have been made. We had new employees hired as recently as a couple of weeks before it was announced we would be closing the NICU by only serving 36 weeks and above. I don't feel that was transparent, either. Obviously, changes had to be made based on the economy, the resources of the North, but we also heard at some point in time that senior leadership was not taking any pay cuts and in fact, had bonuses. So, those of us that had our jobs

terminated, as well as the community, I think has a right to know why that situation is that way. If North is in such dire straits economically, why have those things happening like that?

>> Catherine Lloyd (moderator): So, I think that you made quite a few comments. I didn’t hear a specific question in that, but North, did you have any feedback to the comments that were made?

>> Trevor Sawallish (North Memorial Health): Yes, well, there is a lot in that. So, first of all, I would love to be in a position where we are not making any of these changes. Where we are not having to do anything different, that we could keep building on the programs and the services we offer at that. That would be the ideal. But, as I mentioned at the beginning, we have this really tough balance of offering the services we believe are the best interest of the community but also doing things differently so we can be here in the long term.

I am not going to claim we have the perfect balance achieved yet, but I can tell you that every day, we are trying to figure out how we make sure all the services we offer will be around in five, ten, 15, 20 years. And right now, we’re not at the point that I’ve got that clear vision. I can only appreciate what you are saying and empathize, these are really tough. Any of these changes are tough. I don’t want to be making them.

Relative to the comment about executive pay, the way we look at that is everybody here who works at North, we pay in a way that they want to stay working here, right? We keep people paid to market and I don't know what time frame you are talking about, and it probably isn't going to be productive to go through the history of it but that is our philosophy. We don't pay any more than what it takes people to work here and do great here. Just like for every other role in the organization, we want to make sure we are paying people in a way that they can build a productive career here. I will leave it at that. It’s not a situation where when the organization gets into financial straits, we can cut pay across the board. That wouldn’t be productive, because then people would leave, and we again wouldn't be sustainable. But I really do appreciate the comments. I appreciate how difficult this is. I thank you for all the years you were here at North. I really do value that and I am sure that feels hollow, but I thank you for everything you have done for us.

>> Catherine Lloyd (moderator): Thank you for that response. I don't know if there was a comment about just the assurance with the transports, if that needed to be responded to or not, otherwise I can go to the next hand raised. That was also an issue of concern.

>> Trevor Sawallish (North Memorial Health): Yes. Todd, do you want to speak to that one? Dr. Stanhope.

>> Dr. Todd Stanhope (North Memorial Health): I'm not sure I know what the question is.

>> Catherine Lloyd (moderator): It wasn't a question; I think it was more of a comment. I just didn’t know if North wanted to respond to the comment about concerns about the transport for babies that needed to be transported to the other hospital.

>> Dr. Todd Stanhope (North Memorial Health): I think I can make a couple of comments. The resuscitation component, so if baby is born and unexpectedly needs help, I think that is the concept within those comments. That is something the entire team prioritizes, and we continue to make sure we have a long-term sustainable plan around that concept. That is our number one priority as we move forward. The elements of the change, as a facility, we are accustomed to having higher volumes, higher acuity and accustomed to taking anything that comes through our door, admitting any patient who comes through our door. With this transition, we are now doing a more detailed assessment at the time of admission to identify are there risk factors that this baby, when born will need those cares. And we’re making a determination at that time if we

can do that safely, yes, we continue to move forward with that admission. If not, we partner with the patient to find a location where that will be saved. Now there are those that come out unexpectedly and as I mentioned, that's why those who unexpectedly need that additional care. That remains your first priority as we continue to make the transition. As the first party for everyone who is involved in this work from the team doing the work groups to the leadership as we have been in this new model for just over a month, we have been able to take care well with good outcomes to those who have come to us for care and for service.

There has been one patient that has come that over the course of their stay has needed higher level of care and so transport was done in that scenario and in fact the care that was need is higher level than even what is offered within our system or historically at Robbinsdale. And so, staying focused on being able to do the initial care really well, including resuscitation, is critical and is our focus, as well as knowing when it is best to hand off to other care team members which again, we've needed to do that once over the last month.

>> Catherine Lloyd (moderator): Thank you for your responses. I am looking through for raised hands. I don't see any hands raised at this time and I don't know that we had anything coming through in the chat, but we certainly have a little time, so you think about a question, you can raise your hand or add it in the chat and our team of MDH staff can read them out loud. I don't want to close it too early, but there is some time for more questions. Again, either by raising your hand or adding it into the chat.

I see another hand raised here from Mary T. so Mary, could you also again, provide your name and the city that you are calling from. Thank you.

>> Mary T. (Plymouth): Yes. My name is Mary, from Plymouth. I work at North. I wanted to have a follow-up question for the original one I asked. So, I think everyone is resigned to the fact that we've kind of left North Minneapolis and Brooklyn Park and Brooklyn Center in the dust. But what are we planning to do after the fall, when these experienced care providers and MDs are no longer with us? Because my question was, how long are they going to stay, and someone said the fall and then I was cut off. So, what is the plan after that, when someone comes into the E.R. and drops a baby, like they do?

>> Trevor Sawallish (North Memorial Health): Yes. Mary, I can probably take that one. Sorry, I wasn't introduced to answer the question, but I jumped in. So, we are working right now with that group and other resources. We're committed to make sure that we've got neonatal resuscitation as part of our labor and delivery operations and the fall is when we kind of currently have contracts through. But we are working on that plan beyond the fall. We weren't intending to say that was the end of it, just that is the window where we currently have kind of the definitive plan and we're working on the next phase. Thank you for the question.

>> Catherine Lloyd (moderator): Thank you for the question. For Mary and for North for responding to that.

I am still monitoring this. I don't know if we have any questions that came through the chat.

>> Shellae, Dietrich (MDH): No, no questions in the chat. Wait. One just came in. OK, it's from Jen. She said she just recently joined. "Has there been any discussion on nursing staff that is trained in neonatal resuscitation? I have heard there will be one NICU nurse flyer, but there have been concerns expressed by nurses that one NICU nurse is not adequate when a newborn is in need of resuscitation or intubation."

>> Catherine Lloyd (moderator): North, can someone take that question?

>> Dr. Todd Stanhope (North Memorial Health): Yes, I'd be glad to start, and Faith, I'll look at your direction to add anything additional there and thanks for joining us.

Jen, we spent some time talking about the current state of that resuscitation plan and future state. So, I will emphasize that one component of those is evaluation at the time of presentation for those who are at risk for that higher level need and that is, you cannot predict every newborn who will have that need but we certainly can reduce and identify who may be at that need and find them a location who can best serve that need. So that is step one in the process.

In terms of the resuscitation plan, as Dr. Ogland and Trevor have outlined, we have a resuscitation team in place into this fall and we look for what that team looks like ongoing thereafter as a component of this. Our team has been fantastic in taking those next steps into increasing comfort with those cares and experience with those cares with the team we have. So, they've done a fantastic job with drills, simulations, experiential learning with some of our most experienced newborn providers. While there are myriad of situations that can occur, where a baby may need that, that additional support, we are very tactically looking at each of those situations and thinking through how we can maximize the resource we have available for that individual patient. And so, I will pause there, Faith and allow for additional detail there, if you have any.

>> Faith Zwirchitz (North Memorial Health): Yes, sure. I'll maybe just add Jen, I appreciate that you're highlighting the importance of being trained in that you needed resuscitation and there is a certification of NRP, neonatal resuscitation program, which many individuals of different disciplines within our team have had and continue to have. And then we have also added to that group over the course of the last few months as well. So, all of our labor and delivery nurses, as well as that flyer that you speak of, are NRP trained and actually have been. We have been able to refresh and work through simulations. As Todd, Dr. Stanhope had spoken of, there's also some additional training that the teams have gone through to be able to think through stabilization scenarios additionally so we appreciate you bringing up the training and the importance of that and certainly we have been partnering with the teams around that and taking the lead on going with what would continue to be helpful to them.

>> Catherine Lloyd (moderator): Thank you for all those responses. Do we have any more questions? I don't see any hands raised right now or anything in the chat that I can see from my team. But it looks like Deb has another question and Deb, could you again introduce yourself?

>> Deb Krook (Maple Grove): Sure. Deb Krook and I live in Maple Grove, worked at North in the NICU. I just want to clarify one thing that could be construed as misleading. As a NRP instructor, we are taught that you are not certified in NRP. You are merely trained in NRP, so it doesn't mean that a labor and delivery nurse or mother baby nurse or anybody else has the same level of skill as a neonatal nurse. I just wanted to clarify that.

>> Catherine Lloyd (moderator): North, did anyone want to respond to that comment, which was really about the difference between certification and training of neonatal there?

>> Faith Zwirchitz (North Memorial Health): Thank you Deb. I think my point of being certified is just a way of sharing that as an organization, it's a required training that is identified for this group of nurses. So, that's what I mean by that. And I very much hear what you are saying. Thank you for the clarification.

>> Catherine Lloyd (moderator): Thank you. OK, do we have any more questions in the chat for our team at MDH?

>> Shellae Dietrich (MDH): No, Catherine, nothing in the chat.

>> Catherine Lloyd (moderator): Are there any more questions? It looks like we have another hand raised. The phone number ending in 8699. If you could provide your name and city. Did we have another question?

>> Tammy A. (Rogers): Hi. Yes. Took me a minute to click through but this is Tammy from Rogers again. Is it true that labor and delivery nurses at North have asked for shadowing experiences with some of the NICU nurses over at Maple Grove that maybe were denied just so they could feel more comfortable delivering critical babies? Thank you.

>> Catherine Lloyd (moderator): North, did you have an answer for the question about shadowing nurses?

>> Faith Zwirchitz (North Memorial Health): Sure. The ability to do observations and shadowing in different facilities is really dependent on some various workforce realities and so, we have the heard the desire and the value of being able to shadow and learn. We're still looking for what kind of opportunities could occur in those ways. Currently, it is not an option to do the shadowing at the Maple Grove hospital campus.

>> Catherine Lloyd (moderator): Thank you. I don't see any hands raised. Any questions in the chat?

>> Shellae Dietrich (MDH): No, nothing new in chat.

>> Catherine Lloyd (moderator): Thank you. We can keep it open for a few minutes. We usually take our last comment or question about 7:15, but we're at 7:07. I can keep this open for a few minutes just in case we have another question. Well, if any of you on the call, so this would be a good time to ask your question, or you can type it in the chat and one of our MDH staff will read it out loud for you.

>> Shellae Dietrich (MDH): OK, it looks like we did receive something in chat. "One of my twin daughters has been in the NICU or PICU since she was born in September at a hospital in Minneapolis. We have seen so many babies being boarded in the hallways over our almost ten months there. How does this not exasperate the pediatric bed shortage that already exists across the metro?"

>> Catherine Lloyd (moderator): North, can you talk about the question?

>> Trevor Sawallish (North Memorial Health): I'll offer the first answer and certainly welcome others. I think a couple of things. One is we don't have direct insight as to the other NICU facilities. I think it goes up and down. I think one of the things that this was predicated on was we have an extremely low volume to start with. And it was the fact that we had such a low volume that really caused us to even look at this possibility. And again, it is only those babies that are in that category that have been served by a Level 2, which was at an even lower volume than overall nursery volume. So, while I appreciate the point and there may be times when there are bed shortages, the number of times when our beds are completely full is very limited within North. The number of times across the metro that it's very limited or across the metro is limited. And we aren't talking about a significant volume. So, that would be my first reaction to that question and would look at Dr. Stanhope and Faith if they have any other perspective on that.

>> Dr. Todd Stanhope (North Memorial Health): Sure. Thanks Trevor.

Congratulations on the twins and I hope you can be united as a family as soon as possible. As a NICU family myself, my heart certainly goes out to you and the journey you have been on since the birth of your children.

Within that statement, I think there's just on additional comment that I would like to highlight. The distinction between NICU, which is a neonatal or a newborn facility and those kind of next level PICUs, pediatric ICUs. Pediatric ICU is something that North does not have. We have never had that service for the newborn care. The Level 2, Level 3 newborn care. Those are specific to those newborns. With the exception of some babies who may present to the ED within a month or so of their due date. And so, I would not anticipate that this

change in service will have an impact on the volumes of family seeking that emergency care for their pediatric patients.

>> Catherine Lloyd (moderator): Thank you. We still have a little more time here, just so you know. As we mentioned in the early part of the meeting, the Department of Health convenes these public meetings. It looks like we do have a hand raised and the phone number -- I lost it there. I thought it was 3463. If you could provide your name and city, that would be wonderful and please provide your question or comment.

>> Irene (Rosemount): Hi. This is Irene from Rosemount. Can you hear me?

>> Catherine Lloyd (moderator): Yes, we can hear you.

>> Irene (Rosemount): OK, so, my question was, I know working in the NICU myself for many, many years, we have had many calls from Maple Grove NICU saying that they are full, and they are under worked and they have asked us at North if we can accept any babies. So, the fact that you said that you know that they are rarely at capacity is probably not the correct statement.

And my second part to this question is, I want to know at what point did North decide to close our unit and why was there not a specific plan in place if that was the case to close our unit because we had been promised or not promised. We had been told many times by upper management and that they were going to hire hospitals and laborers or other OB doctors to increase the census in our unit and that never seemed to happen. I want to know if you can address that.

>> Catherine Lloyd (moderator): It sounds like there are two question in there, one regarding maybe the number and the need for the NICU and then secondly about notice with employees.

>> Trevor Sawallish (North Memorial Health): Yes, I will take it as a starting point. I appreciate the point. I don't mean to imply that the Maple Grove NICU is never full and that there aren't NICU capacity concerns today across the metro. Never say never, right? I do get that that does happen so, point taken and appreciated.

The other point about when we decided, again this was announced in March when we announced other reductions in our staff. I do think it is fair that we have looked at, for years, how we could build up the labor and delivery service and make that volume more robust. But there were just a lot of challenges in doing that and at the end of the day, in March, we knew that we had to make some more immediate and substantial adjustments relative to our financial situation this year. And that’s why we went from we’re continuing to try and build that labor and delivery volume back up to recognizing we have to make adjustments and we have to make adjustments now. Otherwise, we are putting the whole North system and our sustainability at risk. So, I appreciate that point.

>> Catherine Lloyd (moderator): Thank you for your response.

It is 7:15, so we have only a few minutes left here. If there are any closing or final questions from those on the call, you can either raise your hand or add something into the chat before we convene and go to closing remarks by North.

It looks like we do have a hand raised. It’s Stephanie McCoy. If you could also provide your city. Stephanie, do you have a question?

>> Stephanie McCoy: Can you hear me?

>> Catherine Lloyd (moderator): Yes. Now we can.

>> Stephanie McCoy: OK. So, the first transfer we ever had was the other day and Maple Grove could not take them. That was very disappointing. I know that the whole health care is in crisis, and I think we need to look at that. Why that is. Do you have any questions for me? I guess it's hard because I have been at the hospital forever and it's hard. We don't have some of the supplies and things that we need to do our job as well as we could do it. It has just changed so much over 45 years. And I have gotten several phone calls from past patients. I know they say that people are choosing to go to Maple Grove, but that is not true. I have had several patients; I even have on my phone them saying how they cried when they went to OB. Groups have told them over the years that they can't deliver, that there isn't a NICU at North for at least 14 years and they can't, they won't deliver him at North. I have proof on my phone from patients that I have had in the past. But I realize that nationally, health care is in crisis, and I don't know what to do to fix that. I don't know if it is the health care system, the HMOs. I just know I have been around a long time, so I see how it has cost the care that we gave patients, the cost has gone up and the care has gone down. People at the top probably know more how maybe we can fix that than I do. I just like to do my job and do it well and it's just sad.

North Memorial when I started there 45 years ago, it was vibrant, very vibrant hospital and people wanted to work there and I am just being sentimental. I am sad to see it go, and I know it is not everybody's fault that has been there or been in administration because I think it is a nationwide thing. I just wish I knew the answer to it but I do see there are supplies and stuff we can't do the job we want to do because there are little minor things that aren't there anymore that we can't get any more. Just makes me sad.

>> Catherine Lloyd (moderator): Thank you, Stephanie. And Stephanie is our last question or comment for the evening before we go into our final closing remarks and, so, North, did you have any other feedback for that last question before we go into your final remarks?

>> Trevor Sawallish (North Memorial Health): No. Just thank you Stephanie. You know, it's the dedication of the people that work here that we are really trying to respect and preserve. And 45 years - you have absolutely seen changes. My hope is that North is still vibrant. My hope is that we get even stronger over the next several years, but I do know for a fact that we can't – we have no shot of getting stronger if we don't make some different choices than we've made in the past and we don't do things differently. We are in this kind of crisis situation and my hope is that we get out of it, and we stay strong, and we stay strong in every single community that we serve. Like I said, it's a really difficult balance right now. I would love to say that I have the solution of how we fix health care nationally, but I don't. What I can tell you is what we're really trying to do is make sure we are delivering the very best care that we can here, that we make potentially some tough choices we need to in order to weather this storm and then we get ourselves strong again. That's really what the goal is. I Appreciate everything that you have done for North over that period of time and that you continue to do so. Thanks for the feedback.

>> Catherine Lloyd (moderator): Thank you. I do want to say that there is another question that came up and we would like to offer that person an opportunity. Please identify your name again and also your city. It looks like you are unmuted now. You can ask your question or make your comment.

>> Unidentified Caller: OK. I just want to say, at the last comment, that many of us in the NICU, we have worked an average of 35 years or more and I think North did a great disservice in closing our unit due to all the experience that we have and not being able to serve the North Minneapolis area for these preemie babies that just walk in. Which was evident from just the last two weeks before you closed our unit, we had two 27

weeker's just walk in. If it wasn't for our great work and expertise, you know, not to toot our own horn, but we worked hard to get where we were, and you close our unit and you did a great disservice to us as nurse who have so much experience. If you ask many of the other neonatal nurse practitioners that have worked with us, they will say we are one of the greatest teams they have ever worked with. The amount of experience and that we have in serving these preemie babies, I think North did a great disservice in closing the neonatal intensive care unit at North.

>> Catherine Lloyd (moderator): North, did you have a representative that wanted to speak to that comment?

>> Trevor Sawallish (North Memorial Health): I don't know what I can say. Obviously, it wasn't closed because we felt we had anything but the best team. I mean, there was no concerns about that. And again, I just apologize for the impact that has had on you. I apologize to the fact that this is going to have some impact for the experiences of the patients around us. It is going to. You know, we would love to offer everything that we have always offered. That's just not the reality we are facing now. Again, the impact that it's had on you, I absolutely apologize for, but we are going to continue to fight to make sure – we're going to continue to fight and make changes to make sure we're here in the long term and that is the balance we are trying to strike here.

>> Catherine Lloyd (moderator): Thank you for everyone. For all of your questions, comments. You know it is heartfelt and I think that is the goal of these public meetings, to give you an opportunity and also an opportunity for North to respond to your comments and questions. With that, I would like to invite Trevor Sawallish of North Memorial Health to provide closing remarks.

>> Trevor Sawallish (North Memorial Health): Yes. And I will just wrap up by saying thank you again. I think we have said it so many times tonight. None of what -- this change, any of the other changes that were made back in March, those are not things that we want to be doing. If we had a clear path to our sustainability and keeping all these services, we would absolutely be doing just that. I absolutely appreciate all the feedback that we got. I appreciate the questions. For those of you that are with North, please reach out any time if you did not feel like we addressed all of your questions. I want to make sure first and foremost we hear what we need to hear and that we answer questions that you might have. For those from the community, always welcome hearing from you. Don't wait for a public forum, we're always happy to respond to concerns, questions you might have.

Thanks for being on tonight and thanks for everything that you do. If you are with North, thank you for partnering with us. If you are from the community, we appreciate you attending tonight and giving the feedback.

>> Catherine Lloyd (moderator): Thank you, North Memorial, for your closing remarks, as well as your responses this evening. Again, thank you and please welcome Maria King to provide remarks and wrap up our session tonight. Maria.

>> Maria King (MDH): OK. Thank you again, Catherine and thank you to everyone for the comments and the feedback. It is really important that your voice is heard.

As for the next steps, the statute at 144.555, it says that MDH has the authority to hold this meeting and to inform the public but that we cannot change, delay, or prevent the proposed change, closures, or relocation. U.S. citizens or anyone calling in tonight, you are welcome to provide feedback or comments on the hearing website until 11:59 tomorrow evening. Then in about ten days, ten business days there will be a transcript of

this meeting made to available on our website. I want to thank you all again for taking time to share your comments, your questions, your concerns, and I would again like to thank North Memorial representatives for sharing their time, information, insights with us as well.

Catherine, thank you for moderating for us. Have a good night.

>> Trevor Sawallish (North Memorial Health): Thank you all.

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