



Mayo Clinic Health System-Fairmont Public Hearing

Closure of inpatient obstetrical care, inpatient pediatric care and surgical procedures units
Oct. 28, 2024

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Online Reception Room

- **Good evening!** The meeting will start shortly.
- **Participants are muted** on entry.
- **Check the chat box:** Information about the hearing, including information about how to access captions and view the slides, is available there.
- **To view captions for this event:** You can view captions in Teams by clicking the More (...) button in the Teams window, then “Language and Speech,” and choose "Turn on live captions." You can also view the captions on the web at: <https://www.streamtext.net/player?event=MNDOH&start=0>.
- **If you have any technical issues,** please visit the [Microsoft support page for Teams](#) or email Health.HRDCommunications@state.mn.us.



Your moderator for today's hearing:



Stacy Sjogren (Show-gren)
Management Analysis
and Development
Senior Consultant

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, may be visible during this event.** You are not required to provide this data, and there are no consequences for declining to do so.
- **The virtual presentation may be accessible to anyone** who has a business or legal right to access it. By participating, you are authorizing the data collected during this presentation to be maintained by MDH. MDH will be posting a transcript of this meeting to the website.
- **To opt out of the presentation, please exit now.**

6:05 p.m. – Introductions

6:10 p.m. – Welcome from MDH Health Regulation Division Director

6:15 p.m. – Overview

6:20 p.m. – Mayo Clinic Health System-Fairmont presentation

6:50 p.m. – Public comments and questions

7:20 p.m. – Mayo Clinic Health System-Fairmont closing remarks

7:25 p.m. – Conclusion

7:30 p.m. – Public hearing ends (subject to change)

Introductions



Maria King
Health
Regulation
Division Director
Minnesota
Department of
Health



**Prathibha Varkey,
M.D.**
President
Mayo Clinic
Health System



**Christopher
Hasse**
Chief
Administrative
Officer
Mayo Clinic
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James Hebl, M.D.
Regional Vice-
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Travis Paul
Regional Chair of
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**Lisa McConnell,
R.N.**
Regional Chief
Nursing Officer
Mayo Clinic
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**Gokhan Anil,
M.D.**
Regional Chair of
Clinical Practice
OB-GYN
Physician
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Public Hearing Overview

- **The Minnesota Department of Health serves as a neutral host** to ensure there is public discussion and engagement for any proposed closure, reduction of services or relocation of services for a hospital or hospital campus as outlined in [Minnesota Statutes Sec. 144.555](#).
- This statute gives MDH the authority to host the meeting 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.**
- The facilitator for this hearing is contracted from Minnesota Management and Budget and is **not** part of MDH.



Mayo Clinic Health System-Fairmont Presentation

Mayo Clinic Health System-Fairmont will provide information on its closure of inpatient obstetrical care, inpatient pediatric care and surgical procedures units.

- **An explanation by the hospital's representatives of the reasons for** closure of inpatient obstetrical care, inpatient pediatric care and surgical procedures units at Mayo Clinic Health System-Fairmont.
- **A description of the actions that Mayo Clinic Health System-Fairmont will take** to ensure that residents in the hospital's service area have continued access to the health services being modified.

MAYO CLINIC HEALTH SYSTEM IN FAIRMONT

RELOCATION OF INPATIENT OBSTETRIC, SURGICAL SERVICES AND INPATIENT PEDIATRICS

Minnesota Department of Health Public Forum
October 28, 2024

Leadership Team



Prathibha Varkey, M.D.
President
Mayo Clinic Health System



Christopher Hasse
Chief Administrative Officer
Mayo Clinic Health System



James Hebl, M.D.
Regional Vice-President
Mayo Clinic Health System



Travis Paul
Regional Chair of Administration
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Lisa McConnell, R.N.
Regional Chief Nursing Officer
Mayo Clinic Health System



Gokhan Anil, M.D.
Regional Chair of Clinical Practice
OB-GYN Physician
Mayo Clinic Health System

AGENDA

- **Overview of Mayo Clinic Health System (MCHS) in Fairmont**
- **Summary of upcoming clinical program changes**
 - ✓ Inpatient obstetrics
 - ✓ On-site surgeries and procedures
 - ✓ Inpatient pediatrics
- **Communication plan**
- **Support to patients, staff and community during the transition**
- **Future Plan for MCHS Fairmont**

MCHS Fairmont

- Prospective Payment Hospital (PPS)
- Inpatient beds (14 staffed)
- Emergency Department
- Lutz Cancer Center and Infusion Therapy
- Rehabilitation Services and Therapy
- Cardiac rehabilitation
- Addiction Treatment
- Behavioral Health
- Dialysis Services
- Mayo Medical Supply Store
- Optometry and Optical Store
- Lab and Radiology
 - ✓ CT, X-ray, MRI, Ultrasound, PET CT, Nuclear Medicine, Bone density, 3D Mammography



Anticoagulation
Cardiology
Family Medicine
General Surgery
Hospital Medicine

Internal Medicine
Medical Oncology
Nephrology
OB-GYN / Midwifery
Orthopedics

Podiatry
Sleep Medicine
Social Work
Urology

Fairmont Challenges

- Obstetrics / Labor & Delivery
- Ophthalmology
- Orthopedic Surgery
- General Surgery
- Inpatient Pediatrics



Fairmont Inpatient Obstetric Practice

- Declining birth volumes over the past several years
- Birth volumes
 - 2020: 161 deliveries
 - 2021: 170 deliveries
 - 2022: 167 deliveries
 - 2023: 135 deliveries
 - 2024: 80 deliveries (YTD)
- Vaginal births: 96 (2023)
- Approximately 1.8 vaginal births per week
- Volumes represent 35% of births within the service area

-21% ↓

Declining Volumes: External Factors



Declining Birth Rate

↓ 21% since 2007



Future Birth Rate Projections*

↓ 4% over next 10 years
(total births)

* *Impact of Change, 2023. Agency for Healthcare Research and Quality.*

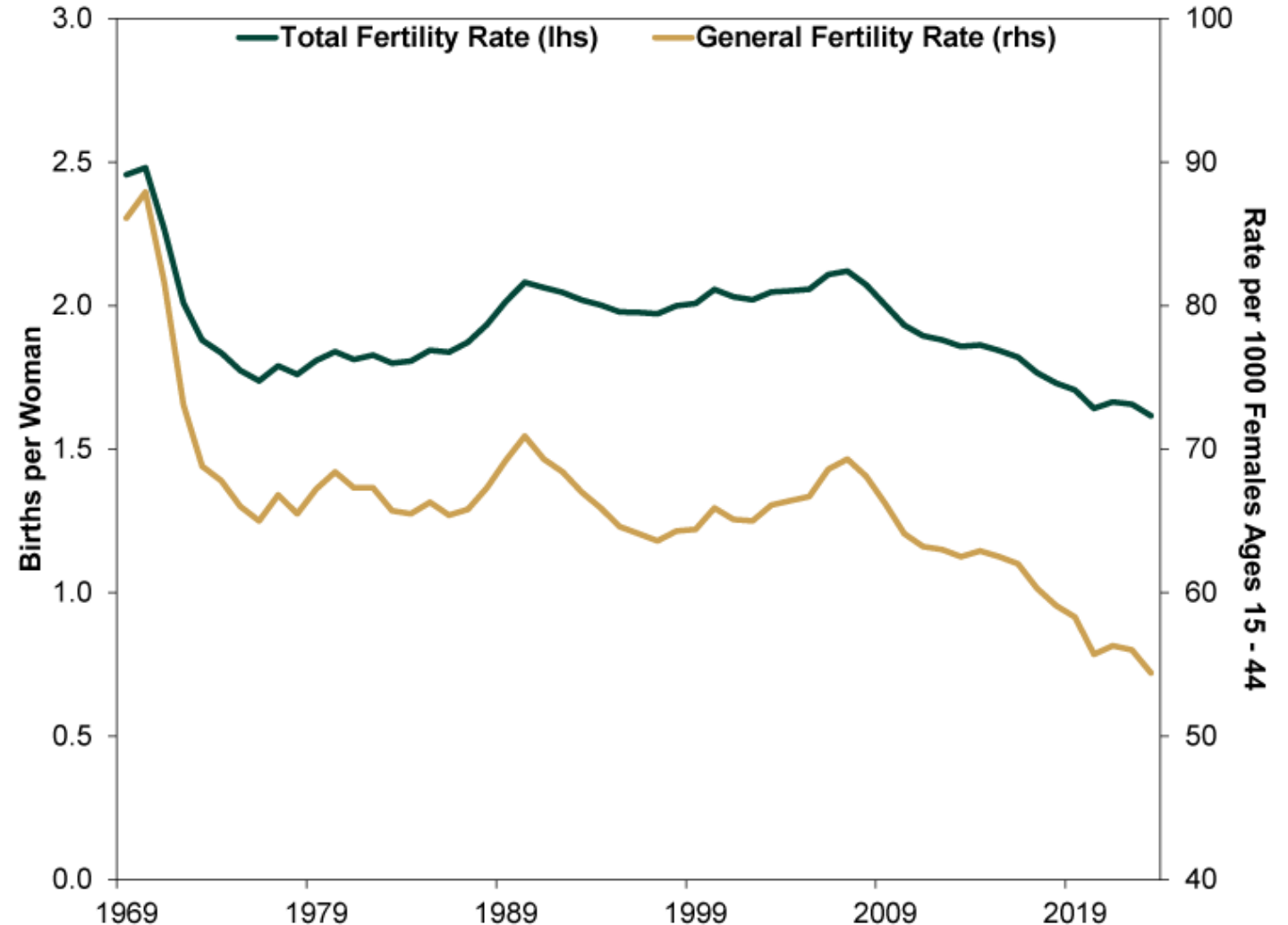
Declining Fertility Rates Across the U.S.

Total Fertility Rate:

- Number of children a woman would give birth to during her lifetime
- **Value:** 1.62 (Peak: 3.77 in 1957)
- Lowest value since recordings began (1930)

General Fertility Rate:

- Total number of live birth per 1000 women aged 15-44 yrs.
- **Value:** 54.2
- 38% decline since 1970



Source: National Center for Health Statistics, as of 4/30/2024. 2023 data are provisional.

Declining Volumes: External Factors



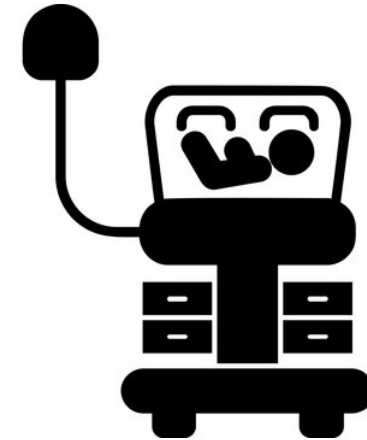
Declining Birth Rate

↓ 21% since 2007



Future Birth Rate Projections*

↓ 4% over next 10 years
(total births)



High-Risk Pregnancies*

↑ 7% over next 10 years

Current state: 35% of pregnancies are considered high-risk

* *Impact of Change, 2023. Agency for Healthcare Research and Quality.*

Impact of Low Birth Volumes

- 1. Challenges the ability of staff to maintain experience and skills**
 - Obstetricians and nursing staff concerned with maintaining skills in a low-volume practice
- 2. Difficulty recruiting and retaining staff**
 - Physician and nursing staff often prefer high-volume practices to ensure adequate exposure to clinical experiences





Original Investigation

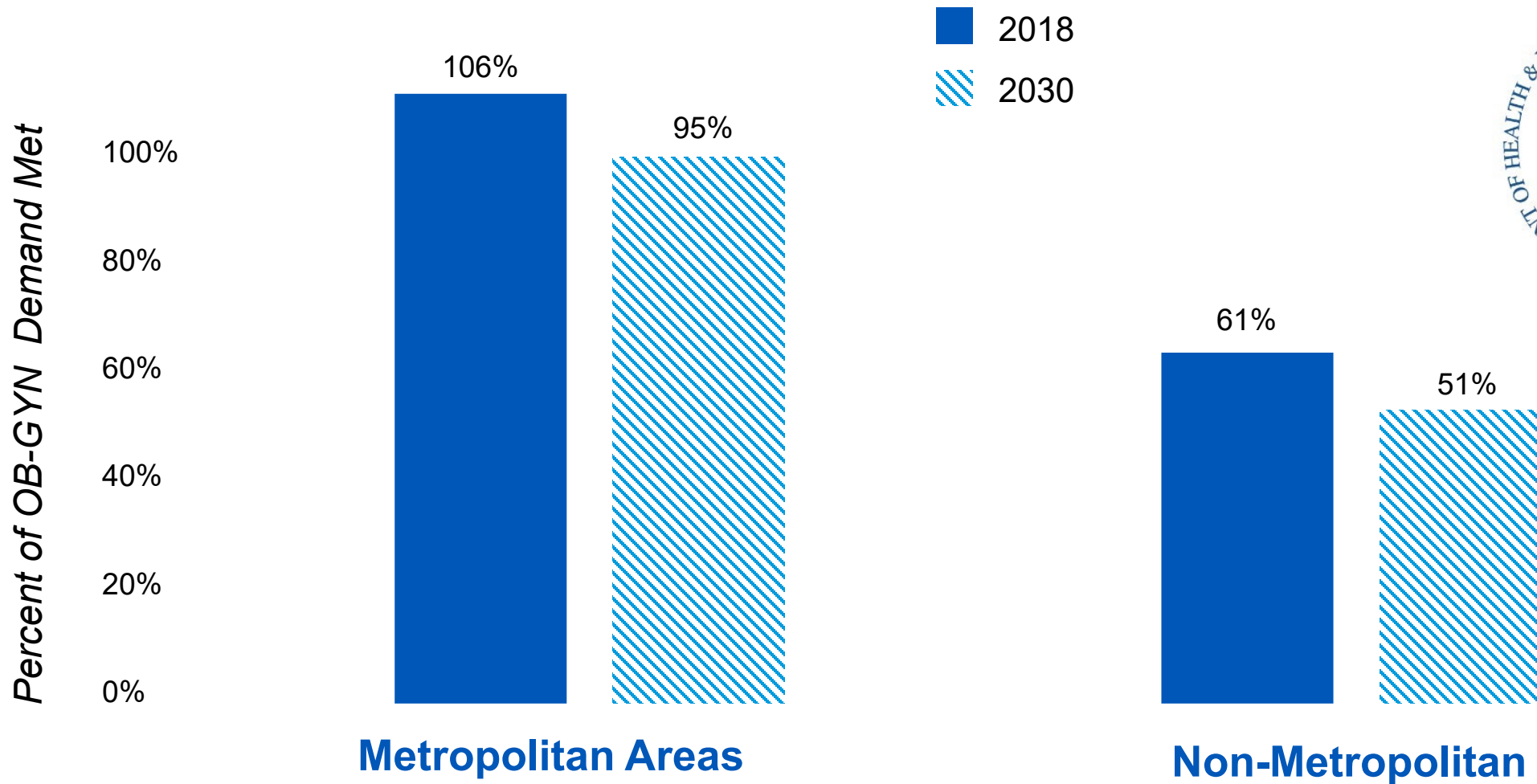
Obstetric Volume and Severe Maternal Morbidity Among Low-Risk and Higher-Risk Patients Giving Birth at Rural and Urban US Hospitals

Katy Backes Kozhimannil, PhD, MPA; Stephanie A. Leonard, PhD, MS; Sara C. Handley, MD, MSCE; Molly Passarella, MS; Elliott K. Main, MD; Scott A. Lorch, MD, MSCE; Ciaran S. Phibbs, PhD

- Compared the risk of severe maternal morbidity (complications) in “High volume” vs. “Low volume” hospitals
- High volume: >460 deliveries per year
- Low volume: ≤460 deliveries per year
 - Extremely low volume: 10-110 deliveries
 - Very low volume: 111-240 deliveries
 - Low volume: 241-460 deliveries
- **Result:**
 - Risk of complications was significantly higher when deliveries occurred in low-volume rural hospitals
 - Extremely low volume hospital: **65% higher risk**
 - Very low volume hospital: **37% higher risk**
 - Low volume: **26% higher risk**

“...low-risk patients who gave birth at rural facilities with 10-110 births annually have more than double the risk of complications.”

Nationwide Obstetrician Shortage



OB-GYN Recruitment Challenges

- Currently have a single OB-GYN physician in Fairmont
- Hiring challenges despite aggressive recruitment efforts for several years with both internal and external recruitment agencies
 - Recruitment challenges includes both OB-GYN physicians / Nurse Midwives
- Diversions have occurred in the practice due to limited staffing
- Current model is unsustainable given our own expectations for excellence in quality of care

Transition to a Shared Model of Care

- Recently implemented
- OB-GYN services maintained in Fairmont:
 - ✓ Prenatal care (OB, Midwifery, Family Medicine)
 - ✓ Postnatal care (OB, Midwifery, Family Medicine)
 - ✓ Well-baby care / Pediatrics
 - ✓ GYN medical care
- Share care with a multidisciplinary team of providers
- Inpatient obstetric care will transition seamlessly to MCHS Mankato hospital
- Patient choice of delivery site will remain a priority



MCHS-Mankato

- Regional MCHS hospital
- High-volume Labor & Delivery Unit
- Provide comprehensive obstetric care
 - ✓ OB-GYN physicians
 - ✓ Certified nurse midwives
 - ✓ Anesthesia care team
 - ✓ Inpatient pediatric hospitalists (24/7)
 - ✓ Level II nursery (intensive care for sick & premature infants)
 - ✓ Certified lactation counselors
 - ✓ Partner: Minnesota Milk Bank for Babies
- New state-of-the-art Family Birth Center opened in May 2024



Labor & Delivery Unit

Fairmont Challenges

- Obstetrics / Labor & Delivery
- **Ophthalmology**
- **Orthopedic Surgery**
- **General Surgery**
- Inpatient Pediatrics



Surgeon Departures

- Currently down to a single surgeon within the Fairmont surgical practice
 - **Podiatrist:** Departed May 2023
 - **Orthopedics:** Departed July 2024
 - **Ophthalmologist:** Departed August 2024
 - **General Surgeon:** One remaining surgeon
 - Unable to replace positions despite up to 4-years of aggressive recruitment efforts
-
- Surgical volumes **↓ 48%** since 2019
 - Average 1 surgical day per week
 - **58% of surgeries** from Fairmont are currently performed at MCHS-Mankato

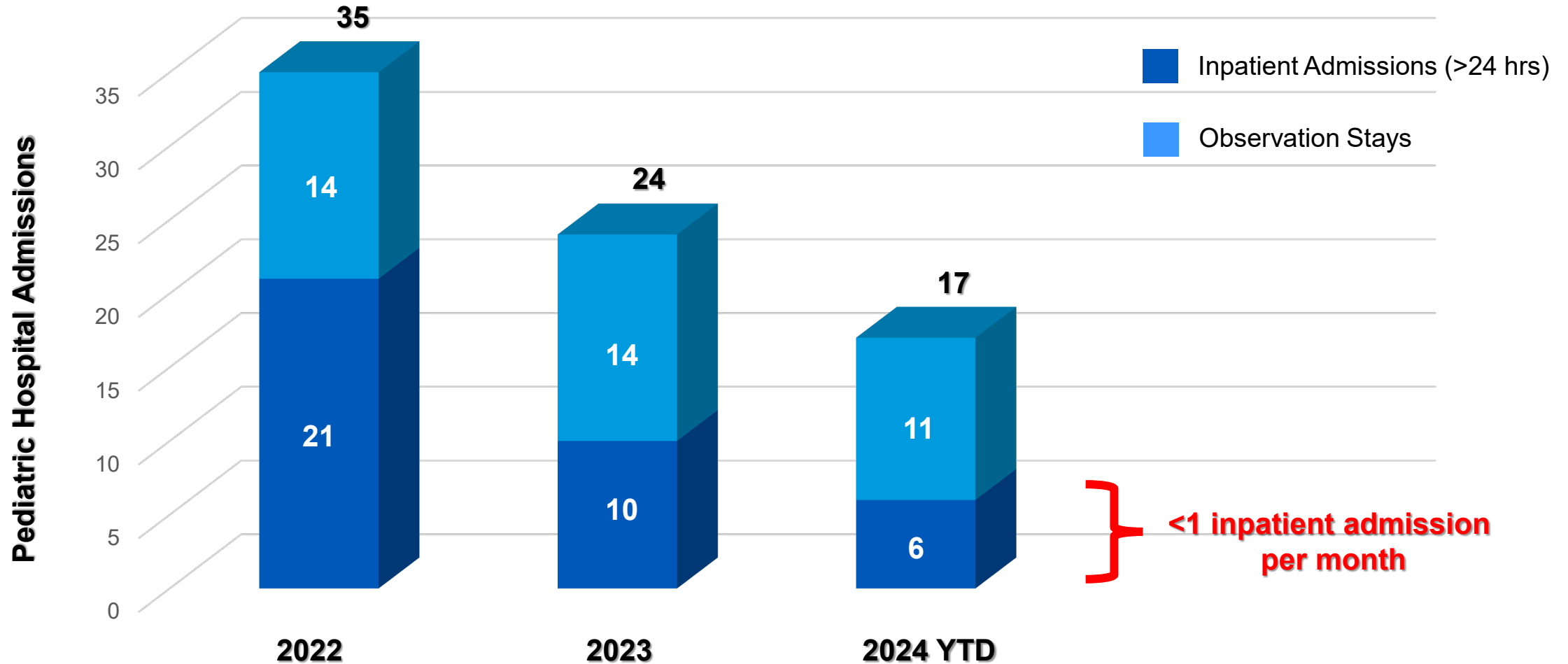


Fairmont Challenges

- Obstetrics / Labor & Delivery
- Ophthalmology
- Orthopedic Surgery
- General Surgery
- **Inpatient Pediatrics**



Pediatric Admissions



Risks Are High at Low-Volume Hospitals

Patients at thousands of hospitals face greater risks from common operations, simply because the surgical teams don't get enough practice.



“Large numbers of low-volume hospitals, continue to put patients at higher risk even after three decades of published research has demonstrated that patients are more likely to die or suffer complications when treated by doctors who only occasionally see similar patients rather than by experienced teams at hospitals with more patients and established protocols.”

The risk of death and complications within low-volume hospitals can be:

- **Up to 106% higher for select procedures**
- **Up to 26% higher for select medical conditions**

Communication Plan

- Comprehensive plan launched over the past several weeks
- Fairmont Hospital Board
- Staff Town Hall Meetings
- Fairmont Community Hospital Foundation Board
- Local and State Elected Officials
- Minnesota Department of Health (Public hearing)
- The Joint Commission
- Stakeholders already contacted:
 - ✓ Patients (1:1 personal phone calls)
 - ✓ Mayo Clinic Health System Staff
 - ✓ Community leaders
 - ✓ Local media
 - ✓ County Departments of Health / Public health
 - ✓ Community education resources
 - ✓ Area hospitals + Outpatient practices
 - ✓ Ambulance transport system



Transition Plans

Ongoing commitment to patients, staff and community during the transition

Patients:

- Actively working with patients on new birth plans
- Outreach education to expectant mothers
- Facilitating hand-offs to new OB-GYN providers

Staff:

- 55% of staff have already secured new positions
- Additional training for Emergency Department staff on obstetric scenarios

Community:

- Working with community education and public health



Commitment to the Community



Emergency Room Remodel



Lutz Cancer Center and Infusion Therapy



Advanced MRI Imaging



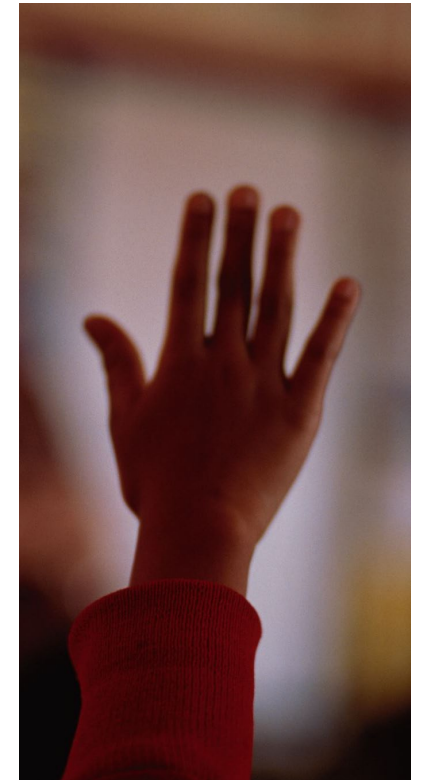
Pharmacy Remodel



Summary

- Discontinuation of inpatient obstetric care, on-site surgeries and procedures and inpatient pediatrics at MCHS-Fairmont
- Effective March 31, 2025
- Indefinite obstetric diversions will continue until that time unless conditions change
- Transition the OB practice to a Shared Model of Care within the region
- Relocate inpatient obstetric care, surgeries and procedures and inpatient pediatric care to the MCHS-Mankato campus
- MCHS-Fairmont will continue to provide:
 - ✓ Prenatal care (OB and Midwifery)
 - ✓ Postnatal care (OB and Midwifery)
 - ✓ Well-baby care / Pediatrics
 - ✓ GYN medical care
 - ✓ Outpatient surgical consults
 - ✓ Postoperative visits

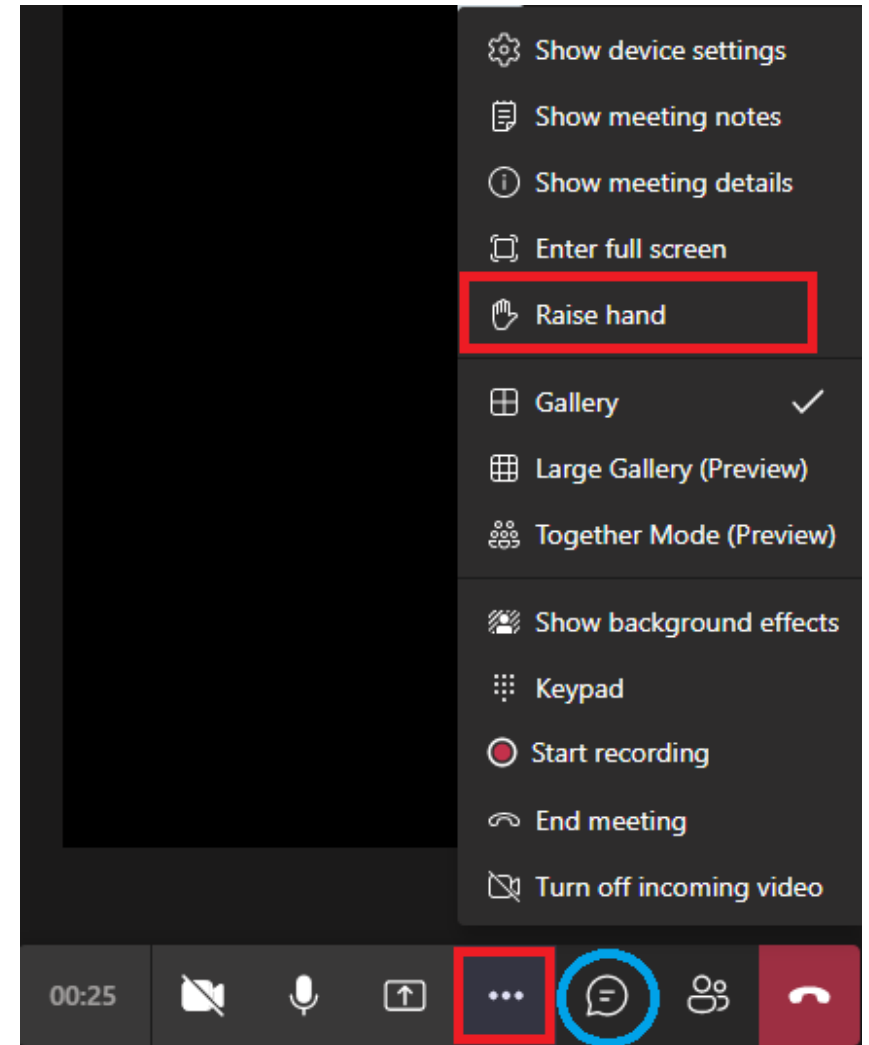
- **We welcome your comments and questions.**
- **Each person will have up to three minutes to ask a question or provide public comment.**
- **Please remember that the information you are sharing is being shared virtually for a public forum.**
- **Mayo Clinic Health System-Fairmont will have an opportunity to respond to the questions and/or comments.**



How to Comment

Two ways to ask a question or provide a comment:

1. Raise your hand (outlined in red).
 2. Click the Chat bubble (circled in blue) to open the chat.
- For phone attendees, press ***5** to raise your hand, and ***6** to unmute/mute yourself.
 - **We will select speakers** in order and add questions from the chat throughout the public comment period.
 - **Please be respectful.** Abusive, slanderous (comments meant to discredit or malign someone) and vulgar language will not be tolerated.



Mayo Clinic Health System-Fairmont Closing Remarks



Maria King
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**Prathibha Varkey,
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President
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Conclusion

- Thank you for participating in the Mayo Clinic Health System-Fairmont public hearing.
- Statute [Minnesota Statutes Sec. 144.555](#) gives MDH the authority to host the meeting 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.**
- You may provide comments or feedback on the [hearing website](#).
 - Comments for Mayo Clinic Health System-Fairmont will be accepted until 11:59 p.m. on Oct. 29, 2024.
- A transcript of the meeting will be available on the hearing website in 10 business days.



Maria King
Health Regulation Division
Director
Minnesota Department of
Health

Thank you!

Health Regulation Division Federal Licensing Team

Health.HRD-FedLCR@state.mn.us