Changes in Health Care Services Rumors / Misconceptions
Mayo Clinic Health System – Albert Lea and Austin

Are these changes just a way to get more patients closer to Rochester / Mayo Clinic?
No. In fact, our goal (and Mayo Clinic’s goal) is to keep more patients close to home and avoid unnecessary transfers to Rochester. Maintaining two hospitals in neighboring communities means we must have 24/7 staffing for two ICUs, two inpatient medical/surgical units, anesthesia and surgical teams at both locations, etc. With today’s national provider shortage, we are sometimes unable to keep both hospitals fully staffed, and we end up having to transfer patients to Rochester. That is not acceptable to our patients, or to us. By combining all our staff to support a single inpatient practice in Austin, we will avoid unnecessary transfers and keep patients closer to home.

Mayo Clinic Health System won’t protect nurses’ seniority if they transfer between campuses?
This can be a confusing issue. Any employee, union or non-union, who transfers between campuses will retain their length of service (which is determined by when they were hired), their vacation, and their other benefits. For union employees, there is a second issue of seniority. Seniority is determined within the union bargaining unit, and it guides things like accepting a position and scheduling PTO. When there are separate bargaining units at Albert Lea and Austin, as there are for our nurses, the union and their members will have to decide whether to recognize each other’s seniority if an employee transfers from one campus to another. So if a nurse with 20 years of seniority in Albert Lea transfers to Austin, will she retain that 20 years of seniority, or start at the bottom? That is not a decision that Mayo Clinic Health System leaders make, that will have to be negotiated by and with the unions. We hope they will choose to recognize each other’s seniority and we’ll work with the groups toward a resolution. But it’s incorrect to say that Mayo is not recognizing employees’ seniority – that is an issue for the unions to work out.

Will there be up to 500 jobs that could be lost in Albert Lea due to this transition?
There are many estimates of job loss that are floating around everywhere, and these estimates are not factual. We do not have an exact number yet of how many jobs will transfer to the Austin campus. We staff the hospital according to how many patients we are caring for, and it’s way too early to predict what the average census (the number of patients in the hospital at any given time) will be when everything is integrated on the Austin campus. And our staff has options – some may want to transfer when their unit moves. Some may want to look for a different position on their current campus. Some may choose to retire. We don’t know what our staff will choose, but we will do our best to support every individual to find the option that works for their situation.

Regarding the 500 jobs being lost rumor, it absolutely doesn’t have any merit. If you think about it, we currently have just over 1,000 employees on each campus. We are keeping 95% of our services unchanged on each campus. We are only moving 5% of our services from Albert Lea to Austin, and
then we’re moving the Austin Psychiatric Services Unit to Albert Lea. So does it make sense that half of our employees would lose their jobs when we consolidate less than 5% of services? We’ve been honest as we can be with our staff and our communities when we say we don’t have a final number of job transitions yet. But you can be sure it will be a fraction of what you’re hearing some people speculate.

These changes will include staff layoffs, right?
As we’ve already noted, we will continue to offer 95% of our services at both campuses, so many of our staff and patients will not see much change in their day-to-day experience. Flexibility will be needed as we transition our inpatient services to Austin, and some staff may have to consider changes in their primary location or roles to meet the needs of our patients. Our staff is our most precious resource, and we will do all we can to make the transitions as smooth as possible.

If I get my prenatal care in Albert Lea, I’ll end up with a stranger delivering my baby in Austin because only Austin obstetricians will deliver babies?
Albert Lea and Austin are a single practice with two campuses. The OBs and nurse practitioners will practice at both sites. Whether an OB is primarily based in Albert Lea or in Austin, he or she will deliver babies in Austin. You will receive superb prenatal and postnatal care in your own community, and your OB will be part of the team delivering babies in Austin.

Will patients end up paying hundreds of dollars for ambulance rides to Austin?
We understand that this is a big concern for patients. Here are the facts: insurance companies and government programs like Medicare and Medicaid cover ambulance transportation when it is medically necessary. So if you are at the Albert Lea campus and your provider determines that you need surgery, or ICU care, or to be admitted to the hospital and you need to go by ambulance – that ambulance ride is considered medically necessary by your insurance.

Were all inpatient (hospital) services moved to Austin because of Hormel?
No. The changes to move inpatient services to Austin were based on the layout of the Austin campus and its proximity to Rochester to ensure patients can receive specialized care as quickly as possible when time is critical during emergencies.

The state is giving Mayo Clinic more than $500 million in taxpayer money for Destination Medical Center (DMC). How can there be financial problems for Albert Lea if that’s the case?
We want to work with you to support and advance economic growth in Albert Lea and the region. We share in the goal of a vibrant and growing community and are committed to being part of the fabric of Albert Lea.

Specific to DMC, it is one strategy aimed at achieving economic growth in our region.

A couple of key points:
- No state dollars go to Mayo Clinic. State aid is directed to the City of Rochester to be invested in public infrastructure to support continued growth.
Rochester will receive its first state aid payment this year after reaching the required private investment threshold.

Background:
- $200 M private investment threshold before any state aid dollars are dedicated to DMC/Rochester
- The City of Rochester will receive a 2.75 percent state aid match for private investment dollars beyond the first $200 million.

Is Fountain Centers closing?
Fountain Centers offers both outpatient and residential addiction treatment services. We have made a lot of changes in our Fountain Centers program over the past couple of years as we deal with a severe staffing shortage and try to adapt our care model to best serve our patients and the community. We believe that addiction services and behavioral health services are incredibly important, not only to the patients who need them, but to the health of families and communities.

We are continuing to evaluate our Fountain Centers programs to see how we can strengthen them. At the same time, we have been in discussions with our colleagues in the Department of Psychiatry and Psychology in Rochester about some new and exciting possibilities for behavioral health care on our Albert Lea campus. These discussions literally began the week before we announced the Albert Lea decision, so it’s much too early to know what will come of this. But we are hopeful that over time, we can create something really extraordinary in terms of fully integrated addiction and behavioral health services on the Albert Lea campus.

Is the Cancer Center closing too? What about other specialty clinics?
The Cancer Center will remain right where it is in Albert Lea, nothing will change. We’re sorry we didn’t make that clearer in our initial communications. The Cancer Center is a very important part of the outpatient care we offer in Albert Lea, and it will continue to be there for everyone who needs it. The other specialty clinics will also remain unchanged. Your primary care provider, your specialists, therapists, pharmacists, lab staff – all the people you see for office visits, tests, outpatient procedures – will still be caring for you in Albert Lea.