



Ascension

Ald. Jocasta Zamarripa, Chair
Ald. Mark A. Borkowski, Vice-Chair
Public Safety and Health Committee
City of Milwaukee
City Hall
200 East Wells Street
Milwaukee, WI 53202

March 30, 2023

Written Statement for the Record; March 31 Public Safety and Health Committee Meeting

Dear Aldermen Zamarripa, Borkowski, and members of the Public Safety and Health Committee:

We want to begin by thanking you for meeting with me and several of Ascension Wisconsin's hospital and clinical leaders earlier this month to discuss your questions related to the labor and delivery changes at Ascension St. Francis Hospital. As we discussed over the course of the more than two hours we spent meeting together, Ascension Wisconsin and its St. Francis Hospital deeply shares in the Common Council's commitment to supporting access to care for residents of Milwaukee. While we appreciate your invitation to testify publicly, we continue to believe that the detailed discussion that we had with you provided the most meaningful and substantive opportunity for us to discuss our decision to relocate labor and delivery services. Ascension Wisconsin has been and remains committed to providing compassionate, quality care to the community of Milwaukee's south side and we appreciate the opportunity to provide, in the context of this hearing, the following information as a follow up to our meeting.

As we discussed in our meeting, Ascension St. Francis Hospital is continuing to take care of moms and babies both leading up to and after childbirth. This includes the most frequently used prenatal and postpartum services, as well as high-risk care for moms, gynecologic and general health and wellness services for women in the south side community, and a robust set of community-based services such as Blanket of Love. Birth outcomes are impacted by not only clinical care, but by social supports and services made available through the duration of a pregnancy. Ascension Wisconsin's Blanket of Love provides support to expectant mothers and those with a newborn baby, by assisting moms with group prenatal and parenting education, linking patients to additional healthcare services as needed, and connecting them to other crucial resources. The program also gives participants a much-needed space to connect with other mothers in similar situations, sharing experiences and challenges. Ascension Wisconsin remains committed to the mothers in this community as we provide the services at St. Francis to address their needs and improve their health.

We know, however, that over time, the community has been choosing locations other than St. Francis for actual labor and delivery services, and the number of births in the state necessitating

delivery services also continues to decline. According to state data, birth rates have been falling in Wisconsin. From 2010 to 2020, the number of births per 1,000 in population dropped from 12 to 10.4. And, as the birth rate has decreased, we have seen patients in the community choose to use other hospitals for their delivery needs, with the number of births at St. Francis declining by roughly 48% since 2017 (by comparison, Ascension St. Columbia St. Mary's birth rate declined roughly 14% and St. Joseph's number declined roughly 33% in this same period). In 2022, St. Francis delivered less than one baby a day.

To compound the situation, St. Francis had only four providers employed or contracted to deliver babies at the start of 2022. Throughout the course of the past year, two retired from practice, one left to practice at another system, and the fourth stayed on through mid-March to help with the transition of patients' care—but has since retired as well. While we tried to recruit and made offers to numerous obstetricians to deliver at St. Francis, they all declined – largely citing the limited number of births occurring at St. Francis, which in turn impacts ongoing development, medical skill enhancement, service quality, and job satisfaction.

As part of our discernment concerning delivery services at St. Francis, we considered what was in the clinical best interest of the patients from a quality and patient safety perspective and the availability of other nearby labor and delivery services within the community. **The safest and highest quality option for patients is ensuring the care they receive occurs at facilities in which practitioners are seeing enough patients to continue to develop their expertise, improve quality of care and patient safety, and support increased job satisfaction.** Given the relative non-use of labor and delivery services at St. Francis and the ability to transition expectant mothers to other nearby Ascension Wisconsin hospitals for the deliveries of their babies, we determined the best and safest course was to relocate labor and delivery to our other sites of care in the community. This includes Columbia Saint Mary's (CSM) – Milwaukee, which delivered nearly 2,500 babies in 2022 and provides a higher level of infant and obstetrical care than was offered at St. Francis, including maternal-fetal medicine and neonatal specialty care, a Level III NICU, 24/7 obstetric emergency care, midwifery services, and more.

In the face of these combined factors, a decision to proceed with labor and delivery services to patients in Milwaukee's south side would not have been appropriate or aligned with our commitment to quality. Maternal health care is among the highest of priorities across Ascension, in large part because one out of every 50 babies born in the United States is born at an Ascension hospital. Today, 44% of those babies are born to mothers who rely on Medicaid or self-pay. As a result, we care for the most vulnerable mothers and babies. We do so proudly and we make decisions about services based on a combination of factors including what is in the clinical best interest of those mothers and babies. Our system-wide results reflect our commitment to quality. Ascension's rate of severe complications for newborns with birth weights in excess of 2,500 grams (about 5.5 pounds) is nearly 50% better than the national mean, with a rate of 1.17 per 100 births compared to a national benchmark of 2.2 per 100 births. We have also launched a priority initiative in Wisconsin and our other sites of care to reduce severe maternal morbidities and improve prenatal and postpartum care and outcomes—including improving depression screening rates, term deliveries, health birth weights, and to reduce missed appointments and neonatal intensive care unit (NICU) length of stay. Among other programs, we implemented the Maternal Health Social System Initiative in Wisconsin, which received state funding after achieving the following outcomes: increasing the rate of delivery at term, which is safer for both the mother and infant; increasing the percentage of babies born at healthy weight; reducing the number of missed appointments (a 50%

improvement), which ensures access to vital prenatal care; and successfully decreasing the average NICU length of stay (meaning better outcomes and healthier infants).

We are proud of these outcomes and the lives we are saving and improving as a result of our commitment to quality. They demonstrate a consistent, system-wide commitment to serving mothers and babies with high quality care, and this commitment is weighed heavily in any discernment about a change in services that impact them.

And while we believe that the decision to relocate labor and delivery services was in the best interest of our patients, we understand that this change may be distressing to those who have or will experience a change in their delivery location. For that reason, we intentionally approached the transition in a manner that ensured our expecting moms were well-supported. All patients were informed prior to the relocation of services, and providers worked with each mom to develop a plan for the birth of their child. We are offering assistance to any qualifying patient who identifies transportation barriers to their clinician, case manager, or support staff. Several transportation options are offered based on clinical needs, insurance benefits, and appointment type. For example, we assist Medicaid patients with access to non-emergency transportation for clinical visits. And if a patient does not have insurance or insurance-covered transportation, we work to identify the most appropriate Ascension Wisconsin-sponsored resources for transportation, including Lyft, bus tickets, carpool, etc. We assess each patient's needs individually, match them with the most appropriate resource, and provide free or discounted non-emergency transportation for patients meeting certain criteria.

To be clear, Ascension Wisconsin and St. Francis together remain deeply committed to ensuring moms and babies in Milwaukee's south side are continuing to receive access to safe, high quality care for the duration of their perinatal, labor and delivery, and postpartum experience. We hope that by offering a broader look at patients' needs, services offered, and the clinical requirements necessary to deliver quality care, we are able to help assure the Common Council and the Public Safety and Health Committee that we are not, in fact, reducing or eliminating needed services.

While Ascension St. Francis' decision has been criticized by the union which represents the staff at the former delivery unit, Ascension Wisconsin has worked to ensure continued employment of these employees. In total, approximately 16 employees, representing 8.4 full time equivalent (FTE) positions, were impacted by relocation of the labor and delivery service line. Because applicable bargaining agreements limited the extent to which these staff could simply be transferred to labor and delivery units at different facilities within the system, Ascension Wisconsin actively worked – and continues to work – with these individuals, to ensure continuity of employment that aligns with their desired roles. Today, of the impacted staff, five individuals accepted positions at other facilities within Ascension Wisconsin. The vast majority of the others have expressed their interest in returning to an Ascension facility at the end of their severance periods. We value the commitment and expertise of our clinical and support teams and we hope all former St. Francis associates continue their careers within Ascension Wisconsin.

We also appreciate the Committee's ongoing focus on stabilizing and sustaining the overall healthcare safety net for Milwaukee and the residents of the south side. Safety net providers, like our Milwaukee area hospitals, continue to rely on public sector partnership and support. The fact of the matter is the safety net in Milwaukee—like in many urban areas—is chronically

under-resourced. This presents significant challenges, especially for hospitals that are disproportionately dependent on government payors, whose payment rates do not cover the cost of care. We are increasingly concerned that without additional support, the safety net across the country and in Milwaukee is at risk. We appreciate Governor Evers including significant investment into healthcare and the workforce as part of his budget; our System is also actively advocating for Congress to support enhanced federal resources for urban safety net hospitals. As the Common Council looks to Ascension Wisconsin to continue providing quality care across Milwaukee, we look to you all as well to help champion those requests and any additional support available for the safety net.

We hope that this statement and our ongoing direct conversations continue to provide the Committee, the Common Council, other elected officials, our patients, and our communities with assurances that Ascension Wisconsin's decisions – and those of St. Francis – have and will continue to put the well-being of those we serve at the forefront of our discernments while necessarily balancing very real constraints and challenges facing the safety net and hospitals overall. If you have any questions, or if there is any additional information we can provide, please do not hesitate to contact me any time. We would be happy to continue meeting with you all and look forward to maintaining open and productive lines of communication with the Common Council, our associates, our patients, and the community.

Sincerely,



Reginald Newson
Chief Advocacy Officer