

**Appendix A:**

**The Evolution of Mayo’s Messages from “Keeping Services in Albert Lea” to “Having a Crisis in Albert Lea” (June 29, 2017 to Sept 12, 2017)**

Moving forward and on behalf of the 60,000 citizens that are affected by this plan, we respectfully ask journalists to analyze Mayo's statements critically and ask for further clarification before running them.

*(This appendix is an accompaniment to: Save Our Hospital Lauds City Council for Approving Forensic Health Care Accounting Expert; Citizens Lose Trust In Mayo Clinic. Media Contact: Jen Vogt-Erickson, 507-320-8700, jenvogt@gmail.com.)*

SERVICES		
Date	Topic	Discredited
June-July	At the <a href="#">Forum</a> and Mayo’s earliest message was: everything is going to be okay, we are keeping 95% of services in Albert Lea -- only losing 5% of services. We are committed to open information, honest dialogue, and solving the problems to come up with win-win solutions. No crisis mentioned.	<ul style="list-style-type: none"> <li>• The 5% of the hospital services encompasses the highest revenue-producing services.</li> <li>• This egregious statement was intentionally meant to confuse people, as the 5% embodies the heart of a hospital -- the most critical medical services that keep the elderly, babies, and very sick alive and well.</li> <li>• Have not held open, honest dialogue with citizens.</li> </ul>
June-July	<a href="#">Dr. Gostout</a> : We will provide a higher-level of care.	<ul style="list-style-type: none"> <li>• No backup to this point on what constitutes higher level of care and why weren’t they already providing it. That can’t be based on shortage.</li> </ul>
June/July/ August	<p><a href="#">Dr. Gostout</a>: We completed this plan in a patient-centric manner; If we hear a novel and new idea and there is a solution that would decrease the stress in the community, <a href="#">we want it</a>.</p> <p><a href="#">Dr. Sadosty</a>: We are listening.</p> <p>We see about 500 patients a day in Albert Lea, and while the shift of services will affect only about <a href="#">seven</a> of those patients.</p>	<ul style="list-style-type: none"> <li>• Every patient matters; those seven patients and their families matter.</li> <li>• Mayo did not and still has not conveyed what they have done to indicate that it was completed in a patient-centered manner.</li> <li>• The difference in dates between the shifting of the ICU unit and the labor and delivery services goes against Gostout’s statement that the hospital is conducting the transition in a patient-centered way.</li> <li>• Albert Lea hospital could lose half of its employees in the next three to four years.</li> <li>• Drs. Noseworthy, Gostout, Sadosty, Ciota, have yet to work openly with citizens/patients for an agreeable solution</li> <li>• Drs. Noseworthy, Gostout, Sadosty, Ciota have not operated in good faith or to find agreeable solutions. Nor have they provided the community with any type of patient impact or feasibility study.</li> </ul>

FINANCIAL		
Date	Topic	Discredited
End of June	One of the <a href="#">main drivers</a> for consolidation: Mayo Clinic-AL lost \$8 million last year; Albert Lea can't make money	<ul style="list-style-type: none"> <li>When pressed to answer questions on financials, Dr. Ciota, CEO of MC-AL, stated he didn't know patient revenue. Yet, Mayo's 2014-15 990s line 19: \$12.3 million in net profits over the past two years.</li> <li>Mayo Clinic has operated at least at a 4.3% operating margin, which equates to \$475 million. Spends \$1.5 billion on software and millions on sponsorships. Mayo has money for their patients in Albert Lea.</li> </ul>
July-Aug	Mayo Clinic-AL lost <a href="#">\$13 million</a> over two years	<ul style="list-style-type: none"> <li>Mayo revises messages as \$13 million sounds much larger than \$8 million.</li> </ul>
PHYSICIAN SHORTAGE		
Date	Topic	Discredited
June	<a href="#">Dr. Gostout</a> : Shortage across the nation. Graduate medical students make choices. Competing with offers.	<ul style="list-style-type: none"> <li>Provided generalizations. A corporation with ample funds (more than \$475million in operating income) has the ability to make attractive offers.</li> <li>Gostout Provided no details to how Mayo is competing with offers or what they do to make it attractive.</li> </ul>
June/July/ August	Shortage of physician due to the overall <a href="#">challenges</a> of rural healthcare; Mayo can't staff Albert Lea.	<ul style="list-style-type: none"> <li>It has come to light that the Albert Lea hospital is probably NOT losing the money Mayo claims; it's also evident that Mayo isn't seeking rural, community-health focused providers for the Albert Lea area.</li> <li>Mayo fails to provide any details regarding recruitment and retention, such as a recruiting plan, comparable data with other hospitals, etc.</li> <li>Employees state that Mayo isn't recruiting.</li> <li>Physicians state it is the culture not the city that caused problems. Cite culture as controlling and intimidating.</li> <li>For an institution that has claimed to be THE place for ANSWERS on health care delivery, Mayo is clearly telling the world that it can't meet the challenges of rural health.</li> </ul>

INVESTMENTS IN ALBERT LEA		
Date	Topic	Discredited
August 21	Mayo Clinic Health System <a href="#">announces</a> a multi-million-dollar series of investments to its Albert Lea campus. Improvements to the Cancer Center, campus cooling plant, building short stay observation beds near the Emergency Department, a new CT scanner, and a remodeling project for moving the Inpatient Psychiatric Unit from Austin to Albert Lea.	<ul style="list-style-type: none"> <li>• Mayo deceptively sends press release on the day that Attorney General opened investigation.</li> <li>• Tried to pass investments as new and confuse the public and deflect attention away from the AG's visit and the Governor and Lt. Governor's joint statement.</li> <li>• Cancer Center: Revenue doesn't stay in Albert Lea. A patient may receive cancer care at Albert Lea, but when their payment is made, the credit is applied to the overall Cancer Center in Rochester. Albert Lea does not get that revenue. It's another reason why Mayo Clinic doesn't show Albert Lea as financially successful.</li> <li>• \$2.75 million Cooling System: In business, this is part of a master facilities plan for infrastructure needs. This would have already been in the works for at least the last couple of years as part of a normal upgrade of its HVAC system. If we had to choose between an updated cooling system and life-saving ICU for vulnerable patients, we would prioritize the latter.</li> <li>• Short-stay rooms: This was mentioned in the June 29 forum-nothing new.</li> </ul>
CRISIS NARRATIVE		
Date	Topic	Discredited
September	<p>As stated to <a href="#">city manager</a> from Dr. Sadosty, "We are in a crisis situation, patients will die."</p> <p>Mayo spokeswoman <a href="#">Ginger Plumbo</a> stated on Aug 31, "To ensure highest quality health care, we are moving forward with the optimization plan."</p> <p>And September 12, she states, "Though the hospital system's financial situation was a factor in its decision, it "was not the major driver." Mayo Clinic Health System's struggle to recruit and retain health care professionals in a rural setting were factors in the decision, said Plumbo, who added the hospital system's staffing shortage creates <a href="#">a safety</a> concern for patients who are in the hospital for multiple days.</p>	<ul style="list-style-type: none"> <li>• Spokesperson moves from optimization to crisis.</li> <li>• Fabricating a crisis has serious implications and is morally wrong. Scaring patients is morally wrong. Breaking promises and harming your customers is morally wrong.</li> <li>• These types of messages in other industries would cost leadership their positions as we have recently seen with Wells Fargo and Uber.</li> <li>• \$475 million to well over \$834 million in net operating income in the last five years invalidates Mayo's claim that this is a crisis.</li> <li>• Mayo Clinic can afford to hire hospitalists and staff in Albert Lea at the very least in the short-term and high-probability in long-term</li> <li>• Per employees: Staffing crisis is self-inflicted.</li> <li>• Invest in your customer and they will reward you.</li> </ul>

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