Miss Kimberly Martone
Chief of Staff
Connecticut Office of Health Strategy
450 Capitol Avenue
Hartford, CT. 06134

February 9, 2022

RE: CON application: Vassar Health Connecticut d/b/a Sharon Hospital, dated 1/12/22

Dear Miss Martone,

My name is Kim Beres. I have worked as a labor and delivery nurse in the maternity department at Sharon Hospital for most of my nursing career, since 2010. I had expected to retire from Sharon at some point in the future, but that is no longer an option.

I am writing to you because I am concerned that there is quite a bit of misleading information in the documents submitted by Sharon Hospital to justify its application to close the labor and delivery services.

One of the major arguments used repeatedly in support of the closure, is the difficulty staffing the unit with OB/Gyn physicians and nurses.

The nursing staffing shortages and subsequent cost burdens are a direct result of Nuvance and Health Quest's very public announcements that they intend(ed) to close the unit (the first time in June 2018, the second time was September 2021). After the 2018 announcement, the corporation stopped the closure - but the general public was largely unaware that the closure had been stopped. The sharp decline in births in 2019 (noted in the "Sharon Births FY 2016 - FY 2021" graph) should surprise no one, since that was the year after the hospital announced its plans to close the unit, and many families who didn't know about the reversal or worried about the unit's stability chose other hospitals as a result.

In late June and early July of 2018, every nurse in our department, and other staff members as well, met with Human Resources. Each was told her job would be ending later that month, at the end of July. Two weeks later we were told there would be a delay, that the Corporation still wanted to close the unit, but the end date was unclear. Since that time, the stability of the unit has been in question. Many of the staff at that time sought more stable employment because of the ongoing questions about how long we would remain open. When nurses did leave for other reasons such as retirement, it was more difficult to replace them. As a result, the unit had to be staffed with numerous travel nurses. As the CON application correctly points out this was (and is) very expensive, but there is no mystery about the reason the nurses left. This was a self-inflicted wound.

The CON application mentions the corporation's "dedicated recruitment and retention efforts over the past several years, including the launching of an obstetric registered nurse residency." A later reference to the OB nurse residency states that only 2 of the 5 nurses remain, and only one in a full- time position, and gives the impression that it was a failure.

The Nurse residency program was, in my opinion, a resounding success. Over 2 -3 years, five new OB nurses were hired and trained, solving most of the staffing issues caused by the first announcement of our unit's closing. These new nurses were a great addition to our staff. They were (are) smart, hard-working and enthusiastic. Once again (in September 2021) the corporation announced its intention to close the unit, resulting in nurses (including 3 of the 5 new nurses) leaving their full-time positions. One of the five OB nurse residency trained nurses, who had left a few months prior, was considering returning to her full-time position until the

closure announcement. Once again, the cause of the departures was the announcement of the intention to close, not the other way around.

If the retention efforts have been so robust, why did so many of our nurses choose to leave prior to receiving the offered retention bonus or before receiving the entire amount?

I think what is more concerning than the misrepresentations of staffing issues, is the paragraph on page 28. It states, "In particular Emergency Room nurses have already received L&D training."

Being born "is probably the single most dangerous event that most of us will ever encounter in our lifetimes." Approximately 10% of all births require some sort of resuscitation. (Neonatal Resuscitation Textbook, 6th Edition). My training for Sharon Hospital L&D included a 4-month orientation, NRP (Neonatal Resuscitation Program) certification, STABLE (a certification that trains you to stabilize compromised infants for transport to a NICU) and demonstratable electronic fetal heart monitoring skills to name just a very few aspects. When I did complete orientation, I was paired with an experienced L&D nurse. My training didn't happen in a quick afternoon session with the hospital educator. **This amount of training is inadequate**.
To state that the ER nurses have had L&D training is either a misrepresentation of the facts or shows a complete lack of understanding of L&D nursing. This is no reflection on the ER nurses of Sharon Hospital, who are skilled nurses in their specialty and for whom I have a great deal of respect and admiration; but rather on the decision making that potentially puts those nurses and their patients in dangerous or compromising situations. If a laboring woman arrives at a hospital in active labor, she cannot be transported to another facility. She may still have hours of labor and a difficult delivery ahead. Hours of labor can require extensive fetal heart monitoring and interpretation, and this was not part of the ER training. Infants born early or after a stressful labor, are more likely to need resuscitation and would need to be stabilized and monitored until neonatal transport arrives, which can take hours. I urge you to please perform a thorough investigation of the ER staff delivery training and neonatal resuscitation and stabilization for **EVERY** hospital requesting to close its maternity services.

Throughout the state and the country administrations like the OHS are having to make decisions about whether to allow hospitals to close their maternity units. These decisions make fundamental changes to our healthcare system and not for the better. If only some hospitals offer the "basic" service of delivering babies, how will people know which is which? Which ones are the **real** hospitals? Every year we have some patients arrive unexpectedly who often have had no prenatal care. What will happen to the laboring women who don't know that not all hospitals deliver babies? Will the hospitals be putting up signs: "Don't Deliver Here! Next hospital with a delivery unit – 45 miles that way"? Probably not, since that could cost the corporations that run the hospitals money. As the CEO of Sharon Hospital told the maternity staff at a meeting last fall when he was discussing the closing, this has never been about quality, just cost. Corporations are concerned with profits, I understand that. But that is why we have government oversight: to protect our citizens, including our mothers and babies.

In closing, I recently submitted the resignation of my full-time position at Sharon Hospital. (I plan on staying on in a per diem role until the unit closes). It was not an easy decision. The original 2018 announcement and ongoing uncertainty have created a very stressful and uncertain work environment. There has been a lack of clear communication from hospital administration. Long periods of time go by between updates from leadership about the closing. We often receive more information from others who work in the hospital or from physicians than from the administrators themselves. In fact, I learned we were closing the first time from a pharmacy tech who heard it at Code Cart meeting. Another member of our department heard it when she was a patient in our ICU from one of her nurses who assumed she already knew. The constant rumors of impending closure, and frankly the feeling that the company you work for does not want you to be successful, (as evidenced by their lack of any meaningful advertising for the unit and their cancellation of the OB nurse

residency program) have all contributed to a dysfunctional situation. A situation that could be corrected with a common goal and strong leadership.

I have always heard that having a baby in the maternity department is generally the first time a new family needs a hospital and leads them to use that hospital in the future. While Nuvance is focused on the elderly population of Sharon I believe they are hurting their opportunities for long term growth and not supporting the younger population who will be here for decades to come. In other words, they are creating their next self-inflicted wound – let's hope this one doesn't kill the whole hospital.

Thank you for your attention. Should you have any questions or require any additional details, please let me know.

Best Regards,

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