

Thank you for this opportunity to testify in support of the Certificate of Need (“CON”) Application for closure of Windham’s obstetric (“OB”) service. My testimony today will focus largely on the issues with staffing and coverage that led to the decision to suspend Windham’s OB service and seek approval from OHS to close this service. In my capacity as an attending obstetrician at Backus and Regional Medical Director of Women’s Health Services, I was consulted and participated in the decision to seek permission to close Windham’s OB services and to transition women to Backus and other area hospitals for their deliveries. As discussed in detail below, it was a difficult decision that was ultimately driven by quality and patient safety concerns arising from steadily declining births at Windham.

Professional Background

In addition to my role as Regional Medical Director of Women’s Health Services for HHC’s East Region, I am also an attending physician at Backus. I joined the Backus medical staff in 1987, after completing my residency training at the University of Connecticut. I served as Chief of the OB/GYN Department at Backus from 1995-1998, Medical Staff President from 2002-2004, and as a Backus Hospital Board Member from 2000-2004. I served as Chief of Surgery at Backus from 2007-2019, overseeing quality and credentialing of surgeons and related specialties. In this role, I served as a member of the hospital’s Medical Executive Committee, Infection Control Committee, Peer Review Oversight Committee, Trauma Committee, and Credentials Committee. I also served on the HHC Surgical Safety Council, Peri-Operative Council, Obstetrics Council, and GYN Oncology Disease Management Team.

In addition, I have been in private practice with OB-GYN Services out of Norwich since 1987, serving as the group’s President since 1997. As you will hear today, my practice played a

critical role in sustaining OB services at Windham for several years. However, with our coverage obligations at Backus, it has become too great a burden to cover deliveries for both hospitals.

Finally, I am Board-certified by the American Board of Obstetrics and Gynecology. I am also a fellow of the American College of Obstetricians and Gynecologists (“ACOG”) and a member of the American Medical Society, Connecticut State Medical Society, and New London County Medical Society. A copy of my Curriculum Vitae is attached as Exhibit A.

Windham’s OB Service and Decision to Close

Recently, fewer women have chosen to deliver their babies at Windham and as a result, patient volume has declined significantly, making it impossible for the Hospital to continue to provide these services in a safe manner. The number of deliveries at Windham has declined from 376 in 2014 to just 58 births from October 2019 to May 2020, which is the lowest number of births at any hospital in the State. Without sufficient patient volume, clinicians cannot develop or maintain their skill sets and build competencies. This is especially true for labor and delivery units. The declining birth trend at Windham, which is due primarily to the loss of our local obstetric group in 2015, negatively effects the Hospitals’ ability to recruit other obstetric groups to practice in the area; to secure OB coverage physicians, anesthesiologists, and neonatologists; and to recruit and retain the nurses and other clinicians that are needed to safely staff an OB unit.

The OB Care Team

To understand why the Windham OB unit cannot remain open, OHS needs to understand how women obtain prenatal and obstetric care and how labor and delivery units are staffed. These issues have been oversimplified by members of the public who have suggested that Windham simply needs to hire more obstetricians to staff the OB unit. This is far from reality.

Essential to the provision of safe, high-quality, coordinated OB care is the ability to maintain a stable, consistent physician/provider compliment to cover deliveries. This complement includes, of course, the obstetrician who will deliver the baby. Women in our community have historically obtained their prenatal care from obstetricians in private practice. For years, Mansfield Ob/Gyn Associates (“Mansfield OB”), now part of Women’s Health Connecticut, provided care to women from the Windham community delivering their babies at the Hospital. In 2015, Mansfield OB stopped delivering babies at Windham due to insufficient call coverage at the Hospital. The practice transitioned its deliveries to Manchester Memorial Hospital (“MMH”) where the doctors could share call coverage with other Women’s Health Connecticut obstetricians who deliver babies at MMH.

Women follow the lead of their obstetricians in terms of where they deliver their babies. A woman does not simply choose a hospital to deliver at, but instead delivers where her obstetrician has privileges. This means that women from the Windham community who are patients of Mansfield OB now deliver their babies at MMH as opposed to Windham. As you can see from the maps attached as Exhibit B, a significant percentage of Mansfield OB’s deliveries at MMH originate from Windham. As previously noted, this exodus of Mansfield OB deliveries was the primary cause of the precipitous decline in birth volume at Windham from 2014 to the present. Moreover, Exhibit B shows that a substantial number of women from Windham generally are giving birth at MMH. And as noted in the CON Application, from 2017 to 2020, 46.7% of deliveries originating from the Windham primary service area were taking place at MMH, with just 16.4% occurring at Windham and 12.0% of women traveling to Hartford Hospital to deliver.

Once Mansfield OB stopped delivering babies at Windham, the Hospital hired locum tenens physicians and ultimately a full-time staff obstetrician to deliver babies for those women obtaining their prenatal care at the WWHC, including many underserved women and Medicaid recipients living in our community. There is currently only one (1) obstetrician employed by the Hospital, Dr. Eugene Rozenshteyn. Dr. Rozenshteyn (along with a bilingual nurse midwife) sees pregnant women at the clinic for prenatal care and he has personally delivered many of their babies. The Hospital has attempted to recruit additional staff OBs without success.

Another key member of the OB team is the covering obstetrician. In private practices, physicians “cover” for each other on a rotating schedule. This means that for pregnant women under their care, whichever doctor is “on call” when they present in labor is the physician who delivers their baby. Private practices may also rely on physicians outside of the group for call coverage to ease the burden on the practice’s obstetricians.

Because the WWHC has only one obstetrician on staff providing primary OB delivery service coverage, the Hospital needed to secure supplemental call coverage from private obstetricians in the area for times that Dr. Rozenshteyn was not available. Babies can be born any time day or night, so an OB unit must have an obstetrician “on call” and available to deliver babies 24/7. Mansfield OB served in this role prior to 2015, followed by a series of locum tenens physicians until another practice could be secured for supplemental call coverage.

There are other clinical professionals that make up the team caring for pregnant women and their babies as well. These include, most notably, nurses. Without sufficient qualified nurses an OB unit simply cannot operate. In addition, the Hospital must have access to anesthesiologists and neonatologists, among others, to handle unanticipated issues that arise for both mothers and babies during childbirth.

Windham OB Staffing Issues

Since 2015, Windham has made substantial efforts to recruit and retain providers and clinical staff to avoid an interruption in obstetric services. It was only as a last resort, after the Hospital had exhausted all reasonable means of securing the appropriate level of resources required to safely continue to provide labor and delivery services, that obstetric services were suspended.

As previously noted, the Hospital has had only one (1) physician providing primary OB delivery service coverage since 2016. Windham contracted with my group, OB GYN Services in Norwich, to provide supplemental call coverage at the Hospital. This stretched my practice and partners very thin, as we were providing coverage at Backus and Windham. At one point, we had just five (5) obstetricians covering all deliveries at both hospitals. Due to this unsustainable call schedule, we notified Windham in late 2019 that OB GYN Services would be terminating its contract to provide call coverage for evenings and weekends effective December 31, 2019. Unfortunately, the termination of this contract left the Hospital without a consistent and sustainable option for providing call coverage for the OB service. The Hospital was able to contract individually with some of the providers in my group, however, this was not a long-term solution. These same providers continued to provide call coverage at Backus and the arrangement with Windham pushed our physicians beyond their capabilities.

Chronology of Efforts Made to Safely Staff the OB Unit

With the foregoing background, I thought it would be helpful to provide OHS with a detailed chronology of the events that occurred, and steps that were taken by the Hospital, that ultimately led to the decision to suspend the Windham OB service.

2015:

- Mansfield OB terminated its contract with the Hospital due to insufficient call coverage. The obstetricians moved their deliveries to MMH, taking their patients with them and creating a precipitous decline in volume. By transitioning their practice and deliveries out of Windham, the Mansfield OB physicians reduced their call coverage obligations from one-in-three days to one-in-eleven days.

2015-2016:

- The Hospital contracted with locum tenens physicians for deliveries and call coverage. Locums, by definition, are a short-term solution to fill a temporary gap in coverage. Locums are not a long-term solution because this type of staffing does not provide good continuity of care or a consistent team of providers. This leads to inconsistent and sometimes confusing care for patients. Particularly at a small institution like Windham that has limits to many of the supporting services that obstetricians are accustomed to, it is even less safe to have a changing roster of providers.

2016:

- The Hospital hired Eugene Rozenshteyn, MD for primary OB delivery service coverage. In addition, the Hospital contracted with a private physician group from Norwich, OB GYN Services, to provide supplemental call coverage. This arrangement taxed the OB GYN Services physicians, who were covering both Backus and Windham deliveries.

2019:

- The Hospital was notified by OB GYN Services that it would be terminating its contract to provide call coverage for evenings and weekends effective December 31, 2019.

2020:

- The Hospital contracted with individual physicians from OB GYN Services beginning in January 2020, but this coverage was never sufficient to cover the vacation and paid time off for Dr. Rozenshteyn, leaving the Hospital vulnerable and necessitating interruptions in OB services.
- Intermittently during FY 2020, it was necessary for the Hospital to temporarily interrupt labor and delivery services due to insufficient clinical resources to safely care for patients. The Hospital interrupted OB delivery services three times during the period January 1, 2020 through April 2020, for a total of 30 days, as follows:
 - February 15, 2020 to February 24, 2020
 - March 20, 2020 to April 1, 2020
 - April 10, 2020 to April 19, 2020
- The Hospital has exhausted all options for call coverage including reaching out to the other private obstetrics practices that services the Windham area, as well as Mansfield OB, none of whom are interested in providing call coverage at the Hospital. Since January 1, 2020, there has been insufficient obstetric call coverage to safely operate the OB unit and there are no viable alternatives for securing this coverage going forward.
- In addition, due to low and declining patient volume, the Hospital has not been able to recruit and maintain adequate nursing resources to staff the obstetrics unit. Despite efforts to recruit both employed and agency staff, the Hospital has been unsuccessful in recruiting additional staff because nurses, like their physician colleagues, prefer to work in busy obstetrics units where their skills can be developed and maintained.

- The retirement and resignation of several nurses in the Spring of 2020 resulted in the Hospital being unable to fill ten (10) open nursing shifts on the OB unit.¹ This, coupled with planned time off by Dr. Rozenshteyn during the Summer of 2020, forced Windham to make the difficult decision to suspend deliveries in June of 2020 and seek permission from OHS to terminate the obstetrics service.

Note, issues with fragile staffing and its impact on a hospital's ability to maintain a safe OB unit are not unique to Windham. In September, a hospital in upstate New York announced that it would stop delivering babies because too many maternity workers had resigned rather than get a mandated COVID-19 vaccine. As a result of these resignations, the OB unit could not safely be operated. See [Exhibit C](#).

Planning for a Safe and Seamless Transition for Patients

Since the OB unit was suspended in June of 2020, our focus has been on providing high-quality prenatal (and postpartum) care and preparing women for the safe delivery of their babies at the hospitals of their choosing. For most women who receive their care at the WWHC (which has been and will remain operational), planning for a safe and patient-focused delivery begins with the first visit. Delivery options are explained in detail to each and every patient. In addition to the continued dialog with their physician, each patient also receives information in writing about delivery options and transportation arrangements to take home and share with family and other community support. This information is provided in both English and Spanish to all patients and translation to other languages is available to meet the patient's needs. Early into the patient's pregnancy, the decision about where to deliver and how transportation will be arranged

¹ None of the nurses or allied health professionals who continued to work in the Windham OB unit were laid off when services were suspended. Instead, all were placed in other jobs.

has been made. In all cases, patient preference and any special needs that the patient has are considered by the physician in helping the patient make this important decision.

Once the patient has chosen where to deliver, the Hospital reaches out to the receiving hospital to coordinate the seamless process of facilitating delivery at the hospital of the patient's choice. The receiving hospital expects the patient on the anticipated delivery date, has all relevant patient medical records and prenatal history in advance, and reaches out to the patient to address questions and concerns prior to the delivery date. This is how the Hospital has handled patients delivering at other hospitals historically and how it will continue in the future with the proposed closure of labor and delivery services at Windham.

The Hospital has also carefully planned for and executed the safest and least disruptive transition for women in the community and their families and support networks. These plans include:

- Planning for Emergency Deliveries - The Hospital will continue to prepare for, accept and evaluate women presenting in the Windham ED. All patients will receive an emergency medical screening. Individuals will either be stabilized or arrangements will be made for an appropriate transfer. For individuals who require emergency deliveries, Emergency Department staff are trained and qualified to deliver babies in emergency situations and in the 15 months since the OB service was suspended, two (2) babies have been born in the Windham ED.²
- Transportation Planning – The Hospital coordinates and provides transportation to local hospitals for patients who would otherwise have chosen to deliver at Windham.

² In June of 2021, an unregistered patient arrived at the Windham ED with fetal parts presenting. Her baby safely delivered in the ED. She was then transferred to Backus for placenta delivery and follow-up care. The second patient was a Mansfield OBGYN patient who arrived at the Windham ED with crowning. Her baby was safely delivered in the ED. She was then transferred to Backus for placenta delivery and follow-up care.

Transportation services, if needed, are available via local ambulance service or medical taxi at no cost to the patient. Unless medically contraindicated, patients can deliver at the hospital of their choosing including Backus or another local hospital. As previously noted, transportation options are discussed with each patient well in advance of the anticipated delivery date to ensure that all patients have the information they need including phone numbers and contact information for each transportation service. The Hospital has arranged to cover all costs related to transportation to the receiving hospital for women and their families and other support persons. Contrary to public statements that have been made on this matter, patients are not being charged for ambulance or other transportation in connection with their deliveries. Instead, Windham Hospital is billed directly by the EMS provider.³

- Emergency Medical Services (EMS) Coordination – The Hospital has made arrangements that ensure the appropriate EMS response for mothers who require emergency transport. EMS providers have been informed about the changes in obstetrics services at Windham and are transporting women in labor to other area providers based on patient choice and medical necessity.

Since the OB service interruption in June 2020, ninety-one (91) women from the WWHC have delivered their babies at Backus. An additional five (5) women from the WWHC gave birth at Hartford Hospital, one (1) gave birth at the Hospital of Central Connecticut, one (1) at Manchester Memorial Hospital, and four (4) at other hospitals outside of the HHC network. This brings the total number of deliveries from the WWHC from July 2020 through September 9, 2021 to one hundred and two (102). Looking at the women who delivered (or received emergency care) at Backus, approximately 71% arrived by car, with less than 20% requesting

³ There was a single instance, early on, where a patient was inadvertently charged for an ambulance ride by the EMS provider. The situation was remedied, and the full cost was covered by Windham.

ambulance transport. All babies born to WWHC mothers were safely delivered at their destination hospital and there were no incidents involving babies being born to clinic patients outside of the hospital.⁴

Conclusion

As a practicing obstetrician, I would like to reiterate that patient safety is of the utmost importance and foundational to informed decisions regarding whether to continue an OB service. As you will hear from others today, the decision to terminate OB services at Windham was driven by patient safety and our inability to ensure that safety in a low-volume unit. In making the decision to terminate labor and delivery services, the Hospital engaged in thoughtful and deliberate planning to ensure that each patient's care is safely coordinated.

Thank you again for this opportunity to speak in support of the CON Application for closure of Windham Hospital's obstetric service. In my professional opinion, this is the right choice for patient safety.

⁴ Windham is aware of a single instance where a woman who was a patient of the Hartford Hospital prenatal service gave birth in an ambulance enroute to Backus. This woman lived in Willimantic and was seen at the WWHC once before her prenatal care was transferred to Hartford Hospital due to her medical status. She contacted 911 and because delivery was not imminent the responding EMS providers, at the direction of Medical Control, initiated transported to Backus. On the way, delivery become imminent, necessitating births of the baby in the ambulance. The baby was delivered 15 minutes after EMS departed the patient's home, meaning even had she been transported to Windham, and even if Windham had an active OB service, the baby likely would have been born in the ambulance or the ED. This is the only instance of which Windham is aware in more than 100 births of a baby being born in an ambulance.

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