

Unity Hospital and the North Suburban Hospital District



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Questions and answers

There are a lot of rumors going around with regard to the future of Unity Hospital due to misinformation being presented by several candidates of the "Save our Hospital" campaign in the north suburban community.

We would like to address these rumors with regard to the future of Unity Hospital and its relationship to the North Suburban Hospital District.

These questions and answers will clarify the facts.

The North Suburban Hospital District

What is the North Suburban Hospital District (NSHD)?

The North Suburban Hospital District (NSHD) is an independent body formed more than 50 years ago to create a hospital in the region.

It currently represents five communities: Blaine, Fridley, Hilltop, Mounds View and Spring Lake Park.

NSHD board members are elected in local elections from the cities represented, including one at-large member making six elected members to the board. The NSHD board recently made the decision to move forward with the dissolution process.

Does the NSHD board run Unity Hospital?

No. The NSHD board does not govern or run the hospital or decide what services it provides in the future. Unity Hospital's operations have been controlled solely by Allina Health for decades. The NSHD board has no decision-making authority over the hospital's operations.

What is the relationship between NSHD and Allina Health?

The North Suburban Hospital District (NSHD) Board was established when Unity Hospital opened in May of 1966. In 1978, the NSHD board leased Unity Hospital and its properties to Health One and turned over all responsibility of the operations of the hospital. In 1994, when Unity and Health One became part of what now is Allina Health, the governance and operations were turned over.

In the mid-1980s, bonds were issued for hospital improvements. Allina Health later took over the debt service for the bonds. In 2014, Allina paid off this debt service and now has the option to purchase the property from the NSHD.

Just as NSHD has no voice in operating the hospital, Allina Health has no vote or presence on the NSHD board.

What is the 'Save our Hospital' campaign?

This is essentially an election campaign for three community residents who ran for the open NSHD board positions. The campaign suggested that, if they are elected, they will be able to influence the future direction of Unity Hospital.

The NSHD board does not have authority or control over Unity's operations or future direction in any fashion, regardless of who is on the board.

Allina Health's vision for the Unity campus in conjunction with services at Mercy Hospital is based on the needs of the market and ensuring that we deliver on the Allina Health Promise. The NSHD board does not have influence over Unity's future direction.

What was the result of the Nov. 8 NSHD board election?

Of the three open board positions, two were won by 'Save Our Hospital' campaign candidates: Linda Hamilton and Bridget Lundquist.

Hamilton, of Spring Lake Park, a nurse at Children's Hospital and former president of the Minnesota Nurses Association, was elected to the at-large seat.

Lundquist, an Allina Health clinic nurse, won in Mounds View.

The remaining open seat, which was in Spring Lake Park, was won by incumbent Carol Anderson.

Is Mike Hatch suing Unity Hospital / Allina Health?

No. Mike Hatch is representing five citizens who filed a lawsuit against the NSHD to stop them from dissolving.

Material by 'Save our Hospital' candidates says that according to Minn. Stat. 447.33, 'the Hospital Board has expansive authority' over Unity Hospital, including the adoption of rules for operation and administration.' Doesn't this mean it runs the hospital?

The statute does provide a hospital district "expansive authority," including the right to sell or lease its facilities.

Nearly 40 years ago, the NSHD chose to lease its facilities and turn over operation of the hospital to Allina Health and its predecessors. Under the terms of the agreement, Allina Health leases the facility, operates the hospital, employs all staff, purchases the equipment and pays for capital upgrades.

The NSHD did not retain any right to operate or control the hospital. Its role, for a long time, has been to assist with funding of capital projects.

While the NSHD contributes about \$1.5 million per year toward capital improvements, this accounts for less than 6 percent of the approximate \$26 million needed for capital improvements in 2016 alone. Operational costs each year are about \$200 million to run Unity.

Why is the NSHD disbanding?

The independent NSHD board voted to dissolve itself in September 2016. It is our understanding that the NSHD board began dissolution discussions months ago, long before anyone filed for board positions.

The decision for dissolution is up to the board and only the board members. It was made for their own reasons and not due to any influence from Allina Health.

The future of Unity Hospital

Is Unity Hospital closing?

Unity Hospital is NOT closing.

What are the plans for Unity Hospital?

Last year, Allina Health made the decision to combine the operations of Mercy and Unity hospitals into one hospital with two campuses (One Hospital, Two Campuses strategy). In 2017, Unity will become Mercy Hospital – Unity Campus.

Over time, some specialty services have been consolidated, which has eliminated unnecessary duplication, reduced expenses for patients and strengthened specialty programs. Over the next few years, we will continue to assess needs of our communities and how we provide needed services to ensure the very best programs are available.

How will moving to one hospital license positively affect Unity and Mercy hospitals' patients?

Beginning January 1, 2017, the one hospital license will positively impact our patients in a few ways. Our patients will be able to move from one campus to the other without being discharged and admitted again. They will only be transferred, just like they were moving to another floor in the hospital.

There is a new one hospital Excellian medical record system that is being created for the combined hospitals. This will help make documentation easier and more streamlined and will create one bill for all services no matter what campus patients receive care on during their stay or visit.

Perhaps the greatest impact will be our ability to move patients from either emergency department to a bed or service at the other campus without a transportation charge to the patient.

Outside of a name change, what kind of changes does this 'One Hospital, Two Campus' model mean for Unity Hospital?

We will continue to make changes to both campuses as needed to reflect the needs of the communities we serve.

According to a recent community health needs study, one of the biggest needs in our communities today is mental health services. It is estimated that one in four adults experience a mental health illness each year. In addition, about 60 percent of mental health patients struggle with addiction.

It made sense to combine adult inpatient mental health and addiction services, currently located at both campuses, to a single campus to make it easier to patients to get the care they need.

Is Unity being turned into a mental health-only hospital?

No. Consolidation of adult inpatient mental health with the addiction services on the Unity campus does NOT mean that Unity Hospital will become a mental health hospital. A nursing unit (40 beds) at Unity Hospital is being renovated for the adult inpatient mental health unit currently located at Mercy Hospital. The other areas of the hospital remain available for patients who need medical treatment or surgery.

Where will the mental health patients come from?

Adult patients with mental health conditions are currently receiving inpatient treatment at Mercy Hospital and are from our surrounding community.

In the recent community health needs study, mental health was the top concern identified by local community leaders and residents. Mercy and Unity hospitals currently receive more than 3,000 new referrals for mental health services every year. These are our neighbors, friends and relatives.

How will this change help patients?

Because of the stigma surrounding mental illness, fewer than 60 percent seek help. Many who need help wait until they experience a crisis and end up in the emergency department. About 90 percent of all patients hospitalized for a mental health issue come through the emergency department.

Our goal is to help people recognize when they need help sooner, seek help sooner and avoid hospitalization. Patient needs are assessed and managed through clinic visits by a cadre of professionals representing all levels of providers—psychiatrists, advanced practice nurses, psychologists, therapists, counselors, nurses and other support staff. The new 24-hour mental health and addiction triage phone line scheduled to begin in late 2016 will help direct patients to the care they need most. A scheduled clinic visit will ultimately serve a patient better than a trip to an emergency department.

For our communities, a single robust, consolidated inpatient program located on one campus means that patients will have access to inpatient and outpatient services, which are key to maintaining and improving health. By bringing the capabilities together on the Unity campus, the hospital can provide an elevated level of comprehensive continuum of care for the community.

What services will remain at Unity Hospital when mental health moves in?

Emergency services, medical and surgical care and addiction services will continue to be available at the Unity Hospital campus in Fridley when mental health moves in early 2017.

Is it true that other services will be closed and moved to Mercy Hospital?

We are always adjusting services based on community need and use. For example, 25 years ago we consolidated where open heart surgery was done in the market.

Just a few years ago, we moved pediatrics to the Mercy campus because we had very few pediatric patients admitted to Unity. This is also true of our ambulatory care unit; the number of patients coming to ambulatory care for infusion services has created limitations on when we can provide that care.

By consolidating infusion services on the Mercy campus, our patients will have more access, including late evening and weekends, which is important to our patients who continue to work while recovering from their illness.

As we move to the one hospital, two campus model, we will continue to evaluate how best to meet our patients' needs and determine whether services need to be consolidated to one campus or made available at both campuses.

We heard you are reducing surgery services. Why?

At Unity, we have reduced the number of operating rooms from seven to five because our volume has declined and we have not used more than five operating rooms for more than a year. We are able to care for all the surgical patients who come to us in these operating rooms. These changes are due to changes in the types of patients being seen and in the way medicine is being practiced.

For example, over the past five years, the number of surgeries performed at Unity has dropped by about 30 percent because of changes in how surgeries are being done (a shift to outpatient surgery), changes in physician practices and increased competition from other area hospitals. We will continue to be flexible and make adjustments to meet the evolving needs of our patients.

I've heard that Unity is buying houses in the neighborhood and turning them in to halfway houses for the mental health patients.

No, this is not true. Unity is not doing this.

Mercy is being renovated. Does this mean when the construction is done, Unity will close?

No. The renovations at Mercy Hospital are much needed, overdue and designed to help Mercy support improved health of the region for the next 20 years and beyond.

While these renovations will help us meet future needs, we need both Mercy and Unity campuses to meet those needs. Mercy does not have the capacity to care for all the patients currently seen on

that campus, as well as all those being seen on the Unity campus, nor will they have that capacity after the construction.

For example, Mercy sees about 60,000 patients in the emergency department. Unity sees about 50,000 patients in the emergency department. The Mercy campus will not have the capacity to care for all those visits.

Are these the last of the changes?



There are always going to be changes. No hospital can stay the same but must adjust to the needs of the community.

Fifty years ago, when Unity opened, one of the most common surgical procedures was tonsillectomy. More than 1.2 million tonsillectomies were performed in the United States in 1965, each requiring a hospital stay of about one to three days. Today only about 500,000 tonsillectomies are performed and most are done as an outpatient procedure.

Fifty years ago, joint replacement surgery was just starting to be successful. Today, more than 7 million Americans are living with artificial knee and hip joints. Medicine evolves as technology improves, as breakthroughs in treatment, medicine and practice occur and as the needs of the community change.

Mental health was not widely recognized as an issue in the 1960s as it is today. Today it is a very pressing need. It was listed as the top concern of residents in our area in the recent community health needs study. Treating mental health patients through an integrated, coordinated and consolidated program will begin to address this concern. Both Mercy and Unity campuses will continue to evolve to meet the communities' needs.