April 30, 2020

<u>Via Email</u>

Sherman Lohnes, Esq., Director Bureau of Health Care Safety and Quality Department of Public Health 67 Forest Street Marlborough, MA 01752

Re: <u>Falmouth Hospital – Formal 90-Day Essential Service Notice – Closure of</u> <u>Closure of Inpatient Pediatric Service, Inpatient Obstetrics Services, and Well</u> <u>Infant Nursery</u>

Dear Attorney Lohnes:

We write on behalf of Falmouth Hospital Association, Inc., a part of Cape Cod Healthcare, which operates Falmouth Hospital located at 100 Ter Heun Drive Falmouth, MA 02540 (the "Hospital"). Pursuant to 105 CMR 130.122(B), the Hospital hereby provides ninety (90) day notice to the Department of Public Health ("Department") of its decision to discontinue its operation of its five (5) bed Inpatient Pediatric Service, its nine (9) bed Inpatient Obstetrics Service, and its eight (8) bassinet Well Infant Nursery service (the "Services"). This letter is in follow-up to the required initial notices that were filed with the appropriate parties on March 31, 2020. We offer the following comments with respect to this matter.

The Hospital's Services have been underutilized for several years due to the continuing decline of births at the Hospital. This decline has had significant clinical and practical implications for the operation of the Services by the Hospital and its clinical staff. The decreasing and low patient volumes affect the maintenance, growth, and development of the Hospital's physicians and staff. The Hospital currently employs 28 full and part time staff including per diem staff. However, with less than one (1) birth per day, there is minimal opportunity for these clinicians to perform and maintain their skills and training. The problem is compounded by the difficultly of the Hospital to recruit new physicians to a low-volume program, and newborn physician coverage will not be available as of July 2020.

Accordingly, the Hospital has determined that the Services should be discontinued because of insufficient patient volume and the proximity of Cape Cod Hospital which offer similar services to the patient community in the geographic region. In addition, during the COVID-19 state of emergency, the Hospital has exercised its rights pursuant 105 CMR 130.70 to use the pediatric beds as needed for patients aged twenty-one (21) years or older. Such alternative use of the pediatric beds during this time demonstrates that going forward the Hospital can better serve its patient community and the public at large by transitioning these resources to treat patients with a higher demand for needed services rather than remain a low volume setting.

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In compliance with applicable requirements at 105 CMR 130.122(B), the Hospital provides this written notice of the planned discontinuance of the Services. The following information regarding the discontinuation is hereby provided for your review:

1. <u>Current Utilization Rates</u>. The utilization rates of each of the Services has been low since 2013, with occupancy rates as high as 13% with a low of 8%. There has also been in a sharp downward trend in utilization in that time. As set forth below, the Inpatient Pediatric Service volume as measured by discharges declined by twenty-six percent (26%) from FY2013 to FY2019. Total patient days in the unit dropped even further by thirty-five percent (35%) across the same period. In addition, the Average Daily Census ("ADC") dropped thirty-three percent (33%) from 0.63 to 0.42 between FY2016 and FY2019. Accordingly, as of last year the unit had an ADC of less than one half of a patient per day.

| FH Pediatric* IP and O | bservati | on Care | Trends | | |
|--|-------------|------------|--------|------|--------------|
| FY16 - FYTD March20 | | | | | |
| *Excludes Newborns and Matern | ity | | | | |
| * Pediatrics defined as Age <18 | | | | | |
| Table 1: Discharges | | | | | |
| | FY16 | FY17 | FY18 | FY19 | FYTD20 March |
| Discharges | 107 | 104 | 114 | 97 | 32 |
| Change From FY13 | -18% | -21% | -13% | -26% | |
| | | | | | |
| Table 2: Patient Days (inclue | des observa | tion days) | | | |
| | | | | | |
| | FY16 | FY17 | FY18 | FY19 | FYTD20 March |
| Total Days | 229 | 208 | 197 | 153 | 63 |
| Change From FY13 | -3% | -12% | -17% | -35% | |
| Table 3: Occupancy (includes Observation days) | | | | | |
| _ | FY16 | FY17 | FY18 | FY19 | FYTD20 March |
| Occupancy Rate | 13% | 11% | 11% | 8% | 7% |
| | | | | | |
| Table 4: Census (includes Observation days) | | | | | |
| | FY16 | FY17 | FY18 | FY19 | FYTD20 March |
| Average Daily Census | 0.63 | 0.57 | 0.54 | 0.42 | 0.34 |
| Table 4: Average Age | | | | | |
| une | FY16 | FY17 | FY18 | FY19 | FYTD20 March |
| Average of Patient Age | 6.32 | 6.10 | 4.93 | 5.36 | 7.47 |



The Inpatient Obstetrics Service utilization figures between FY2013 and FY2019 show a similar low volume usage at a declining rate. Volume as measured by discharges likewise declined by twenty-six percent (26%) from FY2013 to FY2019. Total patient days in the unit dropped twenty-seven percent (27%). In addition, the ADC dropped almost twenty percent (20%) from 3.51 to 2.88 between FY2016 and FY2019. As a result, last year the Hospital saw less than 3 patients per day in the unit on average. Total occupancy was at its highest at thirty-nine percent (39%) in FY2016 and only thirty-two percent (32%) in FY2019, which represents an occupancy of less than one third (<1/3) of total capacity in the unit.

| FH Obstetric IP | | | | | |
|---|--|-------|-------|-------|--------------|
| FY16 - FYTD March | 20 | | | | |
| | | | | | |
| Table 1: Discharges | | | | | |
| | | | | | |
| | FY16 | FY17 | FY18 | FY19 | FYTD20 March |
| Discharges | 461 | 411 | 362 | 366 | 192 |
| Change From FY13 | -7% | -17% | -27% | -26% | |
| | | | | | |
| Table 2: Patient Days (includes observation days) | | | | | |
| - | | | | | |
| | FY16 | FY17 | FY18 | FY19 | FYTD20 March |
| Total Days | 1,280 | 1,161 | 1,050 | 1,053 | 504 |
| Change From FY13 | -11% | -19% | -27% | -27% | |
| | | | | | |
| Table 3: Occupancy (in | Table 3: Occupancy (includes Observation days) | | | | |
| | FY16 | FY17 | FY18 | FY19 | FYTD20 March |
| Occupancy Rate | 39% | 35% | 32% | 32% | 31% |
| | | | | | |
| Table 4: Census (includes Observation days) | | | | | |
| | FY16 | FY17 | FY18 | FY19 | FYTD20 March |
| Average Daily Census | 3.51 | 3.18 | 2.88 | 2.88 | 2.75 |

The Well Infant Nursery utilization figures between FY2013 and FY2019 also correspond to the declining volume in the Inpatient Obstetrics Service. Volume as measured by discharges likewise declined by twenty-six percent (26%) from FY2013 to FY2019. Total patient days in the unit dropped thirty percent (30%) and the ADC also dropped almost thirty percent (30%) from 3.57 to 2.56 between FY2016 and FY2019. Like Inpatient Obstetrics, the Hospital saw less than 3 patients per day in the unit on average in FY2019. Total occupancy was at its



highest at forty-five percent (45%) in FY2016 and only thirty-two percent (32%) in FY2019, which means the unit reached less than one third (<1/3) of its total capacity.

| FH Newborn IP Care Trends | | | | | |
|---|---|--------------------|------------|------|--------------|
| FY13 - FYTD March20 | | | | | |
| | | | | | |
| Table 1: Discharges | | | | | |
| | | | | | |
| | FY16 | FY17 | FY18 | FY19 | FYTD20 March |
| Discharges | 409 | 376 | 321 | 328 | 171 |
| Change From FY13 | -7% | -15% | -27% | -26% | |
| | | | | | |
| Table 2: Patient Days | Table 2: Patient Days (includes observation days) | | | | |
| | | | | | |
| | FY16 | FY17 | FY18 | FY19 | FYTD20 March |
| Total Days | 1,304 | 1,088 | 905 | 936 | 420 |
| Change From FY13 | -2% | -18% | -32% | -30% | |
| | | | | | |
| Table 3: Occupancy (includes Observation days) | | | | | |
| | FY16 | FY17 | FY18 | FY19 | FYTD20 March |
| Occupancy Rate | 45% | 37% | 31% | 32% | 29% |
| | | | | | |
| Table 4: Average Daily Census (includes Observation days) | | | | | |
| Table 4: Average Dai | <u>iy censu</u> | <u>S (includes</u> | s Observat | | |
| Table 4: Average Dai | FY16 | FY17 | FY18 | | FYTD20 March |

2. <u>Impact of Discontinuance</u>. The Hospital does not anticipate any adverse impact on the service area or access to care as a result of the proposed closure of the Services. Children and infants will still have access to care at the Hospital on a full-time basis; importantly, Emergency Department ("ED") care. The Hospital is capable of providing significant and effective care for pediatric patients in its ED. For example, last year the Hospital had 3,000 pediatric outpatient ED visits. The Hospital is not changing how such patients will be treated in the ED as a result of the closure of the Inpatient Pediatric Service. The Hospital will also remain prepared to provide pediatric emergency and same-day surgeries.



Furthermore, the Hospital will continue to comply with its obligation under EMTALA concerning any transfers of patients at the Hospital, including pediatric and/or maternity patients who present at the facility. Emergent cases requiring inpatient care will be transferred to Cape Cod Hospital in Hyannis using a priority transfer process. In addition, the Hospital and Cape Cod Hospital will be continuing in its partnership with Tufts Medical Center to provide care to Cape Cod residents and access to higher levels of care as necessary.

Obstetric/Maternity ("OB") patients will also continue to have robust access to care following the closure of the Inpatient Obstetrics Service. OB offices will remain open in the Upper Cape geographic region for prenatal visits throughout pregnancy, including physician offices in Falmouth, Bourne, and Sandwich. Patients will also be able to access Cape Cod Hospital in Hyannis for its Family Birthplace obstetrical/maternity and infant care services, such as Well Infant Nursery services. Providers at the Family Birthplace include OB/GYN practitioners, Nurses, Tufts-affiliated Pediatric Hospitalists (available 24/7), Midwives, Social Workers, Childbirth Educators, and support staff. The Family Birthplace offers numerous programs for patients including, without limitation, childbirth and parenting education programs, clinical partnerships with Tufts Floating Children's Hospital, and breastfeeding support groups with Certified Lactation Consultants. Patients giving birth at the Family Birthplace also have access to greater options for anesthesia, such as nitrous oxide.

3. <u>Date Set of Discontinuation</u>. Ninety (90) day notice is hereby given for a target closure date of Wednesday, July 29, 2020.



4. <u>Health Care Coalitions and Community Groups</u>. The Hospital anticipates that the following groups may have an interest in the discontinuation of the Services:

| Community Groups | Contact Name | Contact Phone | Contact Email |
|--|-------------------|------------------------|-------------------------------|
| DCF visits established for home safety | Cheryl Hall | 508-760-0250 | cheryl.hall@state.ma.us |
| VNA-connections established | Meg Payne | 508-957-7737 | mpayne@capecodhealth.org |
| Cape Cod & Islands Early Intervention Program | Anne Colwell | 508-775-6240, x 450 | info@cccdp.org |
| Health Imperatives, Early Childbearing Program | Valerie Brown | | vpbrown@healthimperatives.org |
| Falmouth Fire Dept Paramedic Training Program | Scott Thrasher | 508-495-2500 | |
| Cape Cod Community College Nursing Program | Barbara Murphy | 508-3622-2131 | bmurphy@capecod.edu |
| Falmouth High School Career Days | Mary Gans | 508-540-2200 | mgans@falmouth.k12.ma.us |
| Falmouth Academy Career Days | Matt Green | 508-457-9696 | mgreen@falmouthacademy.org |
| Upper Cape Cod Tech Career Days | Roger Forget | 508-759-7711, x-203 | rforget@uppercapetech.org |



| Cape & Islands Perinatal Depression Task Force | Mary Wilson | 508-314-4776 | <u>marywilsonearlyedconsult@yahoo.c</u> om |
|---|---------------------|------------------------|---|
| Duffy Health Center Substance Use Disorder Services | Daniel Rodrigues | 508-771-9599, x-165 | drodrigues@duffyhealthcenter.org |
| Community Events: | | | |
| World Breastfeeding Celebration | Suzan Scharr | 508-524-3651 | <u>sdscharr@aol.com</u> |
| Big Latch Celebration | Suzan Scharr | 508-524-3651 | . <u>sdscharr@aol.com</u> |
| Community Baby Shower | Lauren Melillo | - | lmelillo@sandwich.k12.ma.us |
| Parent Resource Fair | Amy Leonardi | 774-273-3156 | amy@dellapostacpa.com |

5. <u>Community Engagement and Planning Activities Prior to the Notice of Closure</u>. The Hospital has undertaken the following community engagement and planning activities:

The Hospital has directly communicated with and/or provided written notice the following individuals and entities about the closure of the Services.

- All persons/entities listed in #4 above; and
- The following additional individuals and entities:

| Name | Organization | Email |
|----------------|--|-------------------------|
| Chris Kennedy | Cape Cod RTA | ckennedy@capecodrta.org |
| Alisa Magnotta | Housing Assistance Corporation - Cape Cod | alisa@haconcapecod.org |



| Kristy Senatori | Cape Cod Commission | kristy.senatori@capecodcommission.org |
|------------------|--|---------------------------------------|
| Jocelyn Howard | Veterans Association | jocelyn.howard@va.gov |
| Jodi Keegan | Housing Assistance Corporation - Cape Cod | jkeegan@haconcapecod.org |
| Kristina Dower | JTE Corporation | kdower@jteccorp.com |
| Mark Ells | Town of Barnstable | mark.ells@town.barnstable.ma.us |
| | | |
| Larry Capodilupo | ICL Imaging | larry@icl-imaging.com |
| Larry Lyford | Thirwood Place | llyford@thirwoodplace.com |
| Leo Blandford | Outer Cape | lblandford@outercape.org |
| Stacie Peugh | YMCA Cape Cod | speugh@ymcacapecod.org |
| Mike Maguire | Barnstable County | mmaguire@barnstablecounty.org |
| Sharon Kennedy | East Wing | sharon@eastwingpr.com |
| Terri Guarino | Town of Bourne | tguarino@townofbourne.com |
| Claus, Eleanor | Kinlin Grover | eclaus@kinlingrover.com |

Thank you for your attention to this matter. If you have any questions, please feel free to contact Andrew Ferrer, Esq. or me.

Sincerely,

Andrew S. Levine

cc: C. Bloom, Esq.
A. Ferrer, Esq.
K. Haynes, Esq., DPH
W. Mackie, Esq. DPH
A. Nardone, DPH
P. Niedzwiecki, CCHC
M. Jones, Esq., CCHC
Health Policy Commission
Office of the Attorney General (Massachusetts)
Center for Health Information and Analysis
Executive Office of Labor and Workforce Development

Cheryl Hall, DCF Meg Payne, VNA Anne Colwell, Cape Cod & Islands Early Intervention Program Valerie Brown, Health Imperatives, Early Childbearing Program Scott Thrasher, Falmouth Fire Dept Paramedic Training Program Barbara Murphy, Cape Cod Community College Nursing Program Mary Gans, Falmouth High School Career Days Matt Green, Falmouth Academy Career Days Roger Forget, Upper Cape Cod Tech Career Days Mary Wilson, Cape & Islands Perinatal Depression Task Force Daniel Rodrigues, Duffy Health Center Substance Use Disorder Services Suzan Scharr, World Breastfeeding Celebration Suzan Scharr, Big Latch Celebration Lauren Melillo, Community Baby Shower Amy Leonardi, Parent Resource Fair