The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health  
Bureau of Health Care Safety and Quality  
Division of Health Care Facility Licensure & Certification

67 Forest Street, Marlborough, MA 01752



MARYLOU SUDDERS

Secretary

MONICA BHAREL, MD, MPH Commissioner

**Tel: 617-624-6000**

**www.mass.gov/dph**

CHARLES D. BAKER

Governor

KARYN E. POLITO

Lieutenant Governor

February 1, 2021

Daria Niewenhous

Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

One Financial Center

Boston, MA 02111

[DNiewenhous@mintz.com](mailto:alevine@barretsingal.com)

BY EMAIL ONLY

**Re: Essential Services Finding**

**Facility:** Shriners Hospital for Children - Springfield

**Services:** 20 Bed Pediatric Inpatient Acute Rehabilitation Service

**Ref. #:** 2152-019

Dear Attorney Niewenhous:

On January 21, 2021, the Department of Public Health (the "Department") held a public hearing in response to the notification received from you on behalf of The Shriners’ Hospital for Children regarding their proposed plans to discontinue operation of its 20 bed Pediatric Inpatient Acute Rehabilitation Service at Shriners Hospital for Children - Springfield (the “Hospital) in Springfield, MA, effective March 2, 2021. As a result of its review, the Department has made a finding that the services provided by the Hospital are in fact necessary for preserving access and health status within the Hospital’s service area.

Accordingly, pursuant to 105 CMR 130.122(F), the Hospital is required to prepare a plan that details how access to pediatric inpatient acute rehabilitation services will be maintained for the residents of the service area. The plan must be submitted to the Department no later than 15 calendar days of receipt of this letter. The Hospital’s plan must include the elements specified in 105 CMR 130.122(F) as listed below:

1. Information on utilization of the services prior to proposed closure;
2. Information on the location and service capacity of alternative delivery sites. Include an explanation of the basis for the Hospital’s determination that the alternative delivery sites ***do*** or ***do*** ***not*** have the capacity (necessary space, resources, etc.) to handle the increased patient volume at the identified sites. To support that assertion, please provide the following specific details:
3. Current utilization at these alternative sites;
4. Type of services available at the alternative sites;
5. Type of medical diagnoses accepted; and
6. Adequacy of space and resources at the alternative sites.
7. Travel times to alternative service delivery sites, for both peak and non-peak travel times, and an explanation as to the source for this information or what these estimates are based on;
8. An assessment of transportation needs post discontinuance and a plan for meeting those needs;
9. A protocol that details mechanisms to maintain continuity of care for current patients of the discontinued service; and
10. A protocol that describes how patients in the Hospital’s service area will access the services at alternative delivery sites. The protocol should specifically address the following:
11. The process that will be employed to effectively refer patients to other facilities or providers;
12. The impact that this may have on the current occupancy rates at alternative delivery sites;
13. The ability of the alternative delivery sites to meet the needs of these patients; and
14. Other alternatives if medical needs cannot be accommodated at the proposed alternative sites.

In addition to the regulatory elements listed above, and in light of the Department’s review of comments on the proposed closure, your plan must also address the following:

1. **Inpatient Acute Rehabilitation Services:** Comments submitted to the Department raised concerns over the impact on patients who will need to look elsewhere to receive care currently available through the Hospital’s Inpatient Acute Rehabilitation Unit. The plan which you are required to submit must address the Hospital’s plan to assist patients in need of inpatient acute rehabilitative care subsequent to the closure of the service at Shriners Hospital for Children - Springfield.

1. **Geographical Information:** Comments submitted to the Department raised concerns over access to adequate healthcare in Springfield area. The plan which you are required to submit must include information on the populations served by the Hospital, and their ability to access comparable inpatient acute rehabilitative care elsewhere, subsequent to the closure of the service. Specifically, the plan must include information as to where patients receiving inpatient acute rehabilitative care were from during calendar years 2018, 2019 and 2020, by county for patients from Massachusetts, and by state for patients outside Massachusetts.
2. **Impact on Staff:** Comments submitted to the Department raised concerns over the proposed changes resulting in a reduction of staff. The Hospital’s plan must include information on the number of staff impacted by the proposed change and the Hospital’s plan to mitigate that impact on these current employees.

Under the provisions of 105 CMR 130.122(G), the plan the Hospital submits to the Department will be reviewed to determine if it appropriately assures access to the essential services in question following the plans to discontinue operation of Pediatric Inpatient Acute Rehabilitation services at Shriners Hospital for Children - Springfield.

Thank you for your continued cooperation in this process. If you have any questions, please contact Sherman Lohnes at [Sherman.Lohnes@Mass.Gov](mailto:Sherman.Lohnes@Mass.Gov).

Sincerely,

Sherman Lohnes

Division Director

cc: E. Kelley, DPH

R. Rodman, DPH

M. Callahan, DPH

W. Mackie, DPH