



Shriners Hospitals
for Children®

Boston
Pediatric Specialty Care

51 Blossom Street
Boston, MA 02114

July 1, 2020

By Email - sherman.lohnes@state.ma.us

Sherman Lohnes, JD, Director
Division of Health Care Facility
Licensure and Certification
Massachusetts Department of Public Health
67 Forest Street
Marlboro, MA 01752

Re: Shriners Hospital for Children-Boston
Essential Services Notification Letter

Dear Mr. Lohnes:

This 90 day notice is submitted pursuant to 105 CMR 130.122(B).

Shriners Hospital for Children—Boston (the “Hospital”) is a pediatric acute care specialty hospital that serves the needs of children up to age 18 for a range of severe burn injuries, complex skin conditions, and cleft lip and palate. The Shriners Hospital for Children’s (“Shriners”) charitable work serves patients from Massachusetts, greater New England and other states, as well as international patients, assuring local expertise for severely burned children. The Hospital is verified (Pediatrics) by a joint program of the American Burn Association (“ABA”) and the American College of Surgeons. The Hospital is a national and international pediatric burn destination, and serves as a research and teaching facility. Care is supported by the Shriners endowment, which is sustained by donations. All children receive care regardless of the families’ ability to pay.

Shriners has no plans to close or relocate the Hospital.

As part of Shriners’ ongoing Strategic Planning Process, we assess how we can plan to meet the current and future needs of the children we serve and reviews each Shriners location to assure that our health care facilities are well-positioned to meet these needs. Shriners has determined that the Hospital can meet the needs of our children within a smaller space in our current building at 51 Blossom Street, Boston, MA. The Hospital’s overarching goal is to align the square footage of the Hospital space with how the scope of our patient services are provided in today’s environment, with sufficient inpatient and outpatient capacity to reflect trending utilization.

Accordingly, we began preliminary consultations in October 2019 with representatives of the Massachusetts Department of Public Health (the “Department”) regarding this initiative. Following



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these discussions, we have made the strategic decision to reduce the Hospital's current bed complement from 30 licensed beds (12 Burn Unit beds and 18 Pediatric Service beds) to 9 licensed beds (4 Burn Unit beds and 5 Pediatric Service beds). As discussed in more detail, these bed counts reflect projected bed occupancy including extended inpatient stay, observation and extended outpatient surgery recovery. In addition, we will decommission one of the Hospital's three operating rooms, and refresh and upgrade the two remaining operating rooms. Throughout, the Hospital will continue to provide the same specialty pediatric hospital services at its current Blossom Street location, in a hospital with a smaller, smarter, space. During the transition period, the Hospital will remain open. The Hospital remains committed to serving the needs of children, particularly pediatric burn victims.

By way of background, the current building at 51 Blossom Street, Boston, opened in 1999. Some features, such as the expansive atrium, reflect a past esthetic and contribute little to patient care. The building was designed a time when almost all surgical procedures of the type provided at the Hospital required an inpatient stay, and those stays were much longer than today's length of stay. The severity of burns in the United States has gone down overall, resulting in shorter length of stay for inpatients and increased outpatient treatment options. According to the Annual Burn Report from the Massachusetts Burn Injury Reporting System ("MBIRS") over the period 2009 to 2018, the number of reported burns¹ was stable for the 5-9 year, 10-14 year, and 15-24 year age groups. The number of burns for children under age 5 shows a decline over this period. According to the 2019 National Burn Repository Annual Report, for acute burn admissions with known causes during the time period 2009-2018 (i) the two most common causes of burns were fire/flame, accounting for 72% of cases reported, (ii) scald injuries were most prevalent in children under 16 and (iii) 72.5% of the burn injuries with a known place of occurrence took place in the home.² The Report indicates that, for burn injuries with known causes, generally, fire/flame injuries represent 40.6%, scald injuries represent 31.4%, contact with a hot object injuries represent 9.1%, electrical injuries represent 3.6%, and chemical injuries represent 3.5% of cases with known causes.³

The Hospital's international patients often come from countries without robust fire codes. These children are more likely subject to electrical injuries, and may live in households where open fires are used for cooking, heating and household tasks. This results in a higher number of severe and full burns (up to 95% body surface area). Treating international patients' more severe burns, as well as

¹ Only burns that cover greater than 5% body surface area are reported to MBIRS. Less severe burns are not reported and are not part of this analysis.

² 2019 National Burn Repository Annual Report, Summary of Findings, page x.

³ Id., page i.



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United States patients, aligns with Shriners' mission and maintains staff competency to take care of severe burns which, although relatively less likely, may still occur. The Hospital continues to see a sufficient volume of high level burns requiring Burn Unit (ICU) level of care to maintain its ABA Verified (Pediatrics) status. The Hospital's outcomes are outstanding. Shriners is committed to continuing to meet our children's needs at the Hospital.

Bearing in mind these trends, our analysis has shown that the Hospital can continue to provide the full complement of its existing inpatient and outpatient specialty pediatric services in a hospital with a smaller, smarter, physical footprint. Accordingly, the Hospital plans to occupy floors 7, 8, and 9 of the 9-floor Blossom Street facility. These floors will accommodate 4 Burn Unit beds and 5 Pediatric Service Beds, as well as outpatient departments, pharmacy, rehabilitation, lab, dietary, and other services, and administrative space. As part of this effort, the Hospital will renovate and refresh these floors to provide an enhanced environment for families, staff, and, most importantly, our patients.

The Hospital's recent utilization figures support its plans to right size the current facility. For calendar year 2019, the Hospital provided care to more than 2,045 unique patients. The Hospital had 121 inpatient discharges with an average length of stay of 15.1 days. The Hospital had 1,796 patient days (740 Burn Unit, 1,056 Pediatric Service). For this period, the Hospital operated at a 16.4% inpatient occupancy rate. The Hospital operated at a 16.4% total inpatient occupancy rate (Burn Unit – 50.7%; Pediatric Service – 11.1%) The Hospital had 6,237 outpatient encounters, with 913 outpatient surgeries.

The Hospital serves patients from across the United States and around the world. For calendar year 2019, 75.2 % of the Hospital's inpatient discharges were from the United States, 37.2% were from Massachusetts, and 28% were international patients.⁴ 58.5% of the Hospital's outpatient surgeries were for United States patients, 25.6% were for Massachusetts patients, and 41.5% were for international patients. 76% of the Hospital's outpatient encounters were with patients from the United States, 55.4% were from Massachusetts, and 24% were international patients.

Based upon available data, including data referenced in this letter, the Hospital does not expect a material growth in the number of patients who will need our services over the next five years, although normal variation is expected and accounted for. Therefore, the Hospital anticipates that the expected occupancy rate of the planned 4-bed Burn Unit would be approximately 50% and the expected occupancy rate of the 5-bed inpatient Pediatric Service beds would be approximately 58%. While these projections represent averages, it is important that the Hospital maintain sufficient

⁴ For statistical purposes, the Hospital includes patients from U.S. Territories, including Puerto Rico, United States Virgin Islands, and Guam, in the international patient category.



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Pediatric Service and Burn Unit licensed bed capacity to meet the needs of our patients, as such admissions may be greater on some days than others. Our experience tells us the planned bed complement will give the Hospital sufficient capacity to meet current and projected acute inpatient admissions.

Similarly, assuming little to no growth over the next five years, two operating rooms will afford the Hospital sufficient capacity to meet current and projected operating room procedure needs.

The Department has determined that the planned reduction in the Hospital's licensed bed complement constitutes the discontinuation, in substantial part, of essential health services pursuant to the Department's Hospital Licensure Regulations. We will, of course, follow the regulatory process, including the filing of this notice 90 days in advance of discontinuation. As explained above, the Hospital will be able to continue to meet the current and projected future needs of our patients in a smaller, more efficient, state of the art hospital at our current location. There will be no change in the level of service, or access to services, for any of the existing inpatient or outpatient services that we offer, as a result of this project.

Working with the Department, we plan to begin the process to effectuate the bed complement adjustment on or about September 29, 2020. Projected commencement and completion dates for renovations are subject to receipt of all necessary approvals. During this transition period, the Hospital will remain open. The Hospital is working on a phased plan that will enable the Hospital to be operational and still attend to the safety and comfort of the patients through the construction period. For portions of the transition period, the Hospital may triage international patients and United States patients - particularly those from outside of Massachusetts and neighboring states, to other burn hospitals within the Shriners system. As always, the Hospital cooperates with other hospitals, including Massachusetts General Hospital ("MGH"), to provide services to pediatric burn patients, both at MGH and at the Hospital. The Hospital has communicated with MGH clinical and administrative leadership regarding this planned project. As always, MGH will work with Shriners during this period to assist with any necessary triage needs. The Hospital will keep the Department apprised of the transition plans and project progress. We will work to minimize any operational impact on our ability to deliver our services, without interruption.

In addition, we are communicating with hospitals, including Boston Children's Hospital, which refer patients to the Hospital to ensure they are aware of our plans and our commitment to remain open during the transition period.

The Hospital engages with a variety of Massachusetts health care coalitions and community groups whose purposes align with and support the Hospital's mission. These groups include the Boston



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Firefighters Burn Foundation, the Fire Chiefs Association of Massachusetts, The Phoenix Society for Burn Survivors, Regina Cleri, St. Joseph's Parish Church, and the New England Aquarium (Team Brave location). Some of these groups, such as the Boston Firefighters Burn Foundation, the Fire Chiefs Association of Massachusetts and The Phoenix Society for Burn Survivors, focus on issues such as burn injury prevention, education, treatment, research, and outreach and support for burn patients and their families. In addition to these important programmatic efforts, members of these groups frequently interact with our patients and staff. For example, members of the Boston Firefighters Burn Foundation are frequently in the Hospital for outreach including the "Christmas in July" program for our children. The Boston Firefighters Burn Foundation also works with the Hospital to run the Team Brave program, which contributes to treatment and child and family life through patient and family outings designed to reintroduce our children, many of whom have experienced disfiguring burn injuries, into society in a safe, supportive atmosphere. The New England Aquarium serves as a key outing location for the Team Brave program, and Aquarium staff are an invaluable resource for Team Brave. The Fire Chiefs Association of Massachusetts sponsors an annual burn prevention and education video contest and its members are often on hand to support our patients. While not burn-focused organizations, our neighbors at Regina Cleri and St. Joseph's Parish are supportive of the Hospital. St. Joseph's Parish has taken the Hospital under its wing and its parishioners provide comfort and support, including visiting our patients and even preparing meals for families who are spending so much time at the Hospital while their children receive treatment. The Hospital engaged with these groups to describe and discuss the planned transition. We look forward to continuing these long term relationships, which are so important to our patients, families and staff. These organizations have expressed their ongoing support for the Hospital, generally, and for this project.

Shriners Hospital for Children - Boston remains committed to our mission of serving the needs of children, particularly pediatric burn victims, within a compassionate, family-centered and collaborative environment, to provide for the education of physicians and other healthcare professionals, and to conduct research to discover new knowledge that improves quality of care and quality of life of children and families without regard to race, color, national origin, age, sex or disability, and regardless of the family's ability to pay.



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We welcome any questions you might have and will work with the Department of Public Health throughout the process.

Sincerely,

Handwritten signature of Robert L. Turner in black ink.

Robert L. Turner
Chairman, Board of Governors

Handwritten signature of Eileen F. Skinner in black ink.

Eileen F. Skinner, MHA FACHE
Hospital Administrator

cc: Health Policy Commission
Office of the Attorney General
Center for Health Information and Analysis
Executive Office of Labor and Workforce Development
Healthcare Coalitions and Community Groups:

Boston Firefighters Burn Foundation (Team Brave) steve@bostonburn.org
Fire Chiefs Association of MA (FCAM) mnewbury@saugus-ma.gov
New England Aquarium (Team Brave Location) vspruill@neaq.org
The Phoenix Society amy@phoenix-society.org
Regina Cleri sgust@reginacleri.org
St. Joseph's Parish Church frjoe@stjosephboston.org

