Applicant’s Responses

Factor 1a - Patient Panel

**Question:**

1. The Narrative p. 5 notes that “BNH’s primary service area includes Westfield, Southwick, West Springfield, Agawam, Springfield, Chicopee, Granville, Russell, Holyoke, Huntington, Blandford, Southampton, Longmeadow, Chester, Ludlow, East Longmeadow, and Easthampton.” To better understand the percentage of patient volume from each of these towns/ cities, could you please complete the table below for inpatient discharges by town in FY22 (you may combine headings with significantly low percentages):

|  |  |
| --- | --- |
| **Patient Origin** |  |
| Westfield  Southwick  West Springfield  Agawam  Springfield  Chicopee  Granville  Russell  Holyoke  Huntington  Blandford  Southampton  Longmeadow  Chester  Ludlow  East Longmeadow  Easthampton  All Other  **Total** | **100%** |

**Response:**

| **Town/City** | **FY22 Inpatient Discharges** |
| --- | --- |
| Westfield | 47.37% |
| Southwick | 10.02% |
| Agawam | 9.03% |
| Springfield | 7.01% |
| West Springfield | 4.85% |
| Russell | 2.02% |
| Chicopee | 1.99% |
| Granville | 1.50% |
| Huntington | 1.47% |
| Holyoke | 1.44% |
| Chester | 1.29% |
| Blandford | 1.23% |
| Southampton | 0.63% |
| Easthampton | 0.57% |
| East Longmeadow | 0.48% |
| Ludlow | 0.30% |
| Longmeadow | 0.24% |
| All Other | 8.56% |
| **TOTAL** | **100.00%** |

**Question:**

1. Narrative p. 9 states that due to the limitation of having only one CT scanner, “patients requiring CT-guided procedures are transferred to BMC.” To demonstrate the impact of having only one CT unit, could the Applicant provide data on the number of transfers to BMC for a CT scan by filling out the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | FY2019 | FY2020 | FY2021 | FY2022 |
| Number of Transfers to BMC for CT Scan |  |  |  |  |

**Response:**

Baystate Noble Hospital (“BNH”) does not track this data. BNH attempted to retrieve this information from American Medical Response, Inc. (“AMR”) who serves as the medical transportation services provider for the hospital. However, AMR cannot supply the requested information. Although this data is not tracked, hospital staff facilitate transfers to Boston Medical Center and know transfers to BMC occur.

**Factor 1b – Public Health Value/ Outcome Oriented**

**Question:**

1. Narrative p.14 states “BNH has an appropriate use criteria program (“AUC”) using the clinical decision support mechanism (“CDSM”) ... CMS implemented this tool to ensure the most appropriate tests are ordered for Medicare patients, and to decrease the number of inappropriate and unnecessary orders for advanced diagnostic imaging.” To clarify the current and anticipated outcomes of this tool with BNH’s CT service:
   1. What is the baseline data on the percentage of CDSM adhering to AUC for the existing CT service?
   2. Does the Applicant project any change in CDSM outcomes with the addition of a second unit?
   3. Does the Applicant have a procedure in place to monitor and address outliers to the Acceptable Use determination?

**Response:**

BNH is working to provide a response.

**Factor 1e – Community Engagement**

**Question:**

1. Noted on Narrative p. 17-18, the Applicant presented the project to The Hospital’s Community Benefits Advisory Council (“CBAC”); The Hospital’s Patient Family Advisory Council (“PFAC”); The Community Advisory Council; and Virtual Community Meeting. To better understand the Applicant’s community engagement efforts, please answer the following questions:
   1. What is the membership makeup of each of these groups (total membership, number of staff versus patient membership)?
   2. How many participants attended each presentation?
   3. Please provide a brief summary of questions and feedback from each presentation.

**Response:**

|  | **BNH CBAC**  **October 15, 2021** | **BNH PFAC**  **October 18, 2021** | **BNH CAC**  **November 16, 2021** | **Virtual Community Event**  **November 30, 2022** |
| --- | --- | --- | --- | --- |
| **Membership Makeup** | Co-chairs: Ron Bryant, BNH President and Eliza Lake, President and CEO of Hilltown Community Health Center    Membership includes 15 individuals representing hospital departments (Emergency Department, Translation Services) and community stakeholders (City of Westfield, Senior Center, Youth Services, Westfield State University, and other social service agencies). | PFAC is a committee made up of patients, family members and health care professionals who meet regularly and work in mutually beneficial partnership to: Integrate patient/family voices in the development and shaping of programs, services and initiatives. Enhance focus on continuous improvement of care experiences | BNH CAC is composed of at least seven members and no more than fifteen, including the Hospital President/Chief Administrative Officer and at lease (1) elected trustee of the BH Board, whom will be designated as chair of the Advisory Board. The majority of members will be external, local community membership including community leaders | Virtual event that was promoted and open to the general public.  Attendees were mostly hospital staff and program speakers. There were a handful of community members to joined. |
| **How many participants attended?** | **18 total**   * 10 community * 8 hospital | **12 total**   * 4 patients * 8 hospital | **7 total**   * 5 community * 2 hospital | **14 total**   * 4 community * 10 hospital |
| **Brief summary of questions and feedback from each presentation.** | Discussion focused on the CHI process. | No questions were asked or feedback provided. | Discussion included with regard to:  whether the CHI funding can be used to help support BNH-specific initiatives, the likelihood that the CT scanner DoN application will be approved, the financial projections for the additional scanner, the long wait times to get a CT scan, and what is currently in the space that is planned for the new CT scanner. | No questions were asked or feedback provided. |