Baystate Health, Inc.

DoN # -20121611-

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%

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Response:

		FY22 Inpatient
Town/City		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:

2. 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				

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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:

- 3. 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:
 - a. What is the baseline data on the percentage of CDSM adhering to AUC for the existing CT service?
 - b. Does the Applicant project any change in CDSM outcomes with the addition of a second unit?
 - c. 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

Ouestion:

- 4. 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:
 - a. What is the membership makeup of each of these groups (total membership, number of staff versus patient membership)?
 - b. How many participants attended each presentation?
 - c. Please provide a brief summary of questions and feedback from each presentation.

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Response:

	BNH CBAC	BNH PFAC	BNH CAC	Virtual Community
	October 15, 2021	October 18, 2021	November 16, 2021	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	18 total	12 total	7 total	14 total
participants attended?	10 community8 hospital	4 patients8 hospital	5 community2 hospital	4 community10 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.