APPLICANT RESPONSES #2

Responses should be sent to DoN staff at <u>DPH.DON@State.MA.US</u>

While you may submit each answer as available, please
- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- When providing the answer to the final question, submit all questions and answers in one final document
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. If "cutting and pasting" charts, provide them in a PDF so they can be clearly seen
- **Whenever possible, include a table with the response**

FACTOR 1

1. The application states that the Proposed Project includes "Other renovation projects to improve existing services and facilities at Memorial Campus" and the notice of intent states that the renovations will occur at University and Memorial Campuses. Please confirm where the renovations to improve existing facilities and services will occur.

    The other renovation projects to improve existing services and facilities will occur at Memorial Campus only. The two projects are the expansion of morgue services, as well as the replacement of a Nuclear Medicine machine that requires renovations to existing space to allow for a larger machine than currently exists in the space.

2. Some of the historical discharge data that was provided in the application and responses differed. (Table 6: UMass Memorial Medical Center Historical Medical/Surgical Utilization by Age, Table 5: UMass Memorial Medical Center Historical Medical/Surgical Utilization, and Response to DoN Question #5). Briefly explain the reason for the change, in general.

    Days, Discharges, ALOS, and Occupancy information provided in Table 5 of the application represents data from 403 Hospital Cost Report filings for FY19 through FY21. In response to the DoN Program's request to identify average case mix and age information, UMMHC utilized the EPSI decision support tool as this information is not available in the 403 Cost Report. Because the data used in each table is from different sources it is difficult to fully align EPSI results with how Med/Surg patients are defined under the 403 cost reporting requirements. Additionally, the data presented in the 403 Cost Report filing is a based on a static period of time, whereas the data from EPSI is based on real time data that accounts for any changes in a patient's billing record.

3. The responses to DoN Question #12, states that the Applicant actually needs 318 M/S beds to address current capacity constraints. How did you determine that 318 beds are needed? Explain the methodology, and data sources used.

    The Applicant reviewed UMass Donahue 2020 Population Estimates and CHIA 2020 Licensed Beds Data to determine the number of beds per 1,000 residents in each region of Massachusetts (Cape &

Islands, Eastern MA, Central MA, and Western MA). **Based on its analysis of licensed beds for each region by population, UMMH determined that Central MA has 236 fewer beds than the State on average, and 318 fewer beds when compared to Eastern MA.**

4. Confirm the existing number of M/S beds on University Campus and Memorial Campus.

   187 licensed M/S beds at Memorial Campus
   275 licensed M/S beds at University Campus

5. Confirm the number of patients screened for SDoH, provided in response to DoN Question #19. The response states, "In addition, 45,28 patients have been screened for SDoH needs through July 31, 2022, representing 21.3% of all UMMMG patients."

   45,285 patients were screened for SDoH need through July 31, 2022.

6. The Application states that as a tertiary hospital offering specialized care not available elsewhere in Central Massachusetts, sufficient inpatient capacity will ensure that the Hospital can accept transfers from area community hospitals for patients who require more complex care (pg.1). In addition, the Proposed Project seeks to ensure patients receive care in their community, in the right care setting, and in a timely manner (pg.9).
   a. How is UMMMC working with its community hospitals to ensure that patients who can remain in the local hospitals are?

      The UMMMC Transfer and Access Center (TRAC) facilitates two daily inpatient access calls (7:45am and 5:30pm) with representatives from each UMMH community hospital. During the calls, representatives from each hospital, including UMMMC, provide updates on their hospital's current capacity, available beds, and appropriate patients that may be able to be sent to the community hospitals from UMMMC.

      In addition to this call, the Hospital Medicine Admission Team ("HMAT") screens med/surg transfer requests to assess medical necessity prior to transfer to UMMMC. Given the frequent and ongoing capacity constraints at UMMMC, HMAT provides this oversight to assure only patients who require the appropriate level of care are transferred to UMMMC.

      Further, the UMass Memorial Medical Group provides coverage at most UMMH community hospitals for emergency medicine, e-ICU, Hospital Medicine, and Anesthesia. The same physician providers who provide coverage at UMMMC provide coverage at UMMH community entities. This allows a deep and vast knowledge on the appropriate levels of care for the community hospitals further assuring the care remains in the community when appropriate. Moreover, when a specialty consult is required with a provider at UMMMC, community hospital patients may be able to receive the service electronically allowing them to stay in the community.

      Lastly, UMMMC and the UMMH community hospitals also have a "round trip" program which allows community hospital inpatients requiring specialty procedures at UMMMC to come to UMMMC for the procedure and then return to their inpatient bed at the community hospital.

Each of these examples are interventions and standard work that are in place to keep care in the community.

b. How does UMMH demonstrate its ability to keep care local and in the appropriate setting?

UMMH continues to focus on keeping care local and in the appropriate setting through available capacity at the UMMH community hospitals. As was shared during DoN hearing, UMMH community hospitals have experienced significant growth year over year, demonstrating continued efforts to utilize available capacity within its community hospitals. In just the year since Harrington Hospital joined UMMH, strategies implemented to keep care in the appropriate setting have facilitated a 16% increase in med/surg occupancy at Harrington. Similarly, the other UMMH community hospitals have experienced significant growth in med/surg bed utilization since FY21, in part due to the efforts made by UMMH keep care in its community hospitals when appropriate.

	FY21 Occupancy	FY22 Occupancy[1]	Growth
Harrington	56.6%	65.6%	16%
HealthAlliance Clinton	75.5%	81.3%	7.7%
HealthAlliance Leominster	85.7%	92.5%	7.9%
Marlborough	66.8%	75.5%	13%

Patients in Central MA have a choice of where they receive their care and as such patients are choosing to present to the Medical Center's emergency department. While UMMH has implemented strategies to utilize capacity at its community hospitals, it can only transfer patients who are willing to be transferred.   Accordingly, capacity at the community hospitals or elsewhere is not a reliable solution to patient demand.

i. Provide data to demonstrate how UMMH has prioritized the expansion of capacity in its community hospitals.

Pending licensure approval from DPH, HealthAlliance Clinton – Leominster Campus will add 9 med/surg beds later this fall for patients that have a prolonged patient stay and require acute level of care, particularly for respiratory conditions. The purpose of this unit is to facilitate transfers back to the community for patients who may have been admitted to UMMMC for ICU level care and subsequently require longer lengths of stay in a med/surg bed for continued care.

Additionally, UMMMC has partnered with Health Alliance Clinton—Clinton campus to care for long term UMMMC patients. Due to the physical constraints and infrastructure available at Clinton, UMMH has strategically focused on using the facility in the most appropriate manner to care for a specific subset of patients. The focus of the Clinton campus is to care for patients that no longer require tertiary care but who may not have options available for post-acute care services. Often, these patients have either

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[1] FY22= October 1-June 30

exhausted their health insurance benefits or don't even have health insurance, which also makes it more difficult to find placement for them in a post-acute care setting. This utilization of the Clinton facility has been important most recently as all hospitals are facing difficulty in discharging patients to post-acute facilities due to the current staffing crisis. By utilizing Clinton for these patients, UMMH is able to effectively provide care for patients in a more appropriate setting.

7. The application states that in addition to the impact of high medical/surgical bed occupancy rates on ED boarding, the Hospital is also forced to decline a significant number of transfer requests due to increased demand for inpatient services and the corresponding lack of adequate medical/surgical capacity. In FY21, approximately 24.6% of eligible transfer requests for admission at UMMMC were declined because a bed was not available. For the first quarter of FY22, UMMMC declined an average of 43% of eligible transfers. This means that patients in need of tertiary care are sent out of the region (pg.8).

   a. How many transfer requests to UMMMC came from UMMH community hospitals in FY22? Provide number of requests separately for each community hospital.

      1,684 transfer requests came from UMMH community hospitals in FY22.[1] The following table details transfer request by UMMH hospital as well as transfer requests by non-UMMH hospitals in the Worcester area, as well as from facilities outside of the Worcester service area.

	Pt Count			% of Total			Declined Rate
By Hospital:	**Transfers**	**Declined**	**Total Requested**	**Transfers**	**Declined**	**Total Requested**	
Harrington	223	209	432	13.8%	10.7%	12.1%	48.4%
Marlborough	257	144	401	15.9%	7.4%	11.2%	35.9%
HealthAlliance	497	354	851	30.8%	18.1%	23.9%	41.6%
Subtotal UMMH Community Hospitals	**977**	**707**	**1,684**	**60.5%**	**36.2%**	**47.2%**	**42.0%**
Other Hospitals in UMMH Service Area	371	547	918	23.0%	28.0%	25.7%	59.6%
Hospitals Outside of UMMH Service Area	266	698	964	16.5%	35.8%	27.0%	72.4%
Grand Total	**1,614**	**1,952**	**3,566**	**100.0%**	**100.0%**	**100.0%**	**54.7%**
Annualized	*3,228*	*3,904*	*7,132*				

   b. Provide a list of facilities where denied requests were sent in FY22.

      UMMH's collection of transfer data is a manual process. There currently isn't a formal tracking process for identifying the facility of where a patient is transferred to from a UMMH facility

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[1] FY22 = Oct 21 – Mar 22

other than reading through a patient's chart to see if a note was included in their chart to identify the receiving facility.

8. To better understand how the Proposed Project will improve public health value for the Patient Panel, describe how the addition of M/S beds at UMMMC, an AMC, versus one of UMMH's community hospitals will improve health outcomes and quality of life for the Patient Panel.

As discussed in the application, based on current capacity constraints at UMMMC, including high medical/surgical bed occupancy and ED boarding, UMMH determined additional capacity at UMMMC would best serve the UMMH system and its Patient Panel. While UMMH and UMMMC continue to implement strategies to maximize utilization at its community hospitals, additional capacity is needed at UMMMC to serve Worcester and the surrounding towns to ensure access for patients requiring services not available elsewhere in the region (i.e., UMMMC is the only Level 1 trauma center, comprehensive cardiovascular center, and stroke center of excellence in Central MA). With respect to the Proposed Project, UMMMC anticipates that the majority of patients served by the new facility will be admitted through the Medical Center's Emergency Department. As noted in prior documentation submitted to DPH, ED boarding hours have increased by 91% since FY18, which have a direct impact on quality and patient safety. Moreover, UMMMC will have capacity to accept patients via transfer that require services not available elsewhere in the region. Based on FY22 YTD through March, about 84% of the transfers being requested are due to either high acuity of the patients (64%) or services not provided (20%) by the transferring hospital. Delay or inability to access the appropriate level of care can result in adverse or worse health outcomes and quality of life. By expanding capacity at UMMMC, all patients who choose to receive care at UMMMC will receive care in a timelier manner, thereby improving health outcomes and quality of life.