

Appendix B

Please see revised Tables 10-14 and 16-17 below, which provide updated FY22 utilization data through July 2022. Please note the following regarding these data:

- BMC's fiscal year is from October 1 – September 30. Being that FY22 is not yet complete, the revised FY22 YTD data provided herein through July 2022 are preliminary and subject to change. Accordingly, caution should be exercised in utilizing these data for purposes of annual comparisons.
- BMC experienced a decrease in inpatient patients, visits, and discharges for several months in FY22 due to multiple factors. Specifically, in response to the COVID-19 Omicron surge, BMC, like many hospitals across the state, was subject to guidance mandating the reduction of non-essential, non-urgent surgical procedures and, therefore, experienced a decline in elective surgical inpatient care for a portion of FY22. Additionally, the Hospital experienced increases in COVID-19 patients requiring a higher level of inpatient care and longer lengths of stay as well as increases in acute non-COVID-19 patients during this time. These factors, as well as others (e.g., statewide staffing shortages, etc.), contribute to the data outlined in revised Tables 10-13 and 16-17 below, which generally show lower rates of patients, visits, and discharges, but nonetheless high rates of inpatient utilization for FY22.
- As requested by the Department, revised Table 12 has also been revised to include patient days for each fiscal year. Please note that for purposes of this DoN Application, patient days = census days. Please refer to endnotes 1, 3, 5, and 7 for further explanation.
- The ED metrics provided in revised Table 14 are for adult patients only, as this table was originally included in the DoN Narrative to show the impact of adult inpatient utilization on the ED. However, the ED metrics provided in response to the Department's questions #9 and #10 include all ED patients.

Table 10 REVISED: BMC Inpatient Bed Volume				
	Medical/Surgical		ICU	
Year	Unique Patients	Visits	Unique Patients	Visits
FY19	11,719	16,129	3,751	4,401
FY20	10,541	14,504	3,291	3,808
FY21	11,002	14,757	3,403	3,920
FY22 YTD	8,148	10,526	2,673	3,054

Table 11 REVISED: BMC Inpatient Bed Historical Utilization (COVID-19 and Non-COVID-19)								
	Medical/Surgical^{1,2}				ICU^{3,4}			
	FY19	FY20	FY21	FY22 YTD	FY19	FY20	FY21	FY22 YTD
Discharges	13,662	12,761	13,683	10,209	4,118	3,757	3,959	2,989
Case Weight	21,647	20,350	22,695	17,057	12,278	11,853	13,040	9,374
CMI	1.58	1.59	1.66	1.67	2.98	3.15	3.29	3.14
ALOS	4.70	4.94	5.15	5.96	10.11	11.31	12.26	13.29
Occupancy	90%	83%	90%	93%	83%	69%	83%	80%

Table 12 REVISED: BMC Inpatient Bed Historical Utilization (Non-COVID-19 ONLY)								
	Medical/Surgical ^{5,6}				ICU ⁷			
	FY19	FY20	FY21	FY22 YTD	FY19	FY20	FY21	FY22 YTD
Discharges	13,662	11,818	12,322	9,189	4,118	3,467	3,569	2,619
Case Weight	21,647	18,741	20,292	15,232	12,278	10,502	11,636	8,044
CMI	1.58	1.59	1.65	1.66	2.98	3.03	3.26	3.07
ALOS	4.70	4.83	5.02	5.72	10.11	10.66	11.85	12.57
Occupancy	90%	85%	91%	93%	83%	80%	83%	80%
Patient Days	96,983	94,170	101,218	86,892	19,060	18,406	19,133	15,350

Table 13 REVISED: BMC Inpatient Bed Historical Utilization by Age (COVID-19 and Non-COVID-19)												
	Discharges				ALOS				Average Case Weight			
	FY19	FY20	FY21	FY22 YTD	FY19	FY20	FY21	FY22 YTD	FY19	FY20	FY21	FY22 YTD
Medical/Surgical												
0-64	9,059	8,408	8,763	6,442	4.45	4.52	4.71	5.42	1.57	1.57	1.65	1.67
65+	4,603	4,353	4,920	3,767	5.19	5.75	5.92	6.89	1.61	1.64	1.67	1.67
Total	13,662	12,761	13,683	10,209	4.70	4.94	5.15	5.96	1.58	1.59	1.66	1.67
ICU												
0-64	2,519	2,365	2,403	1,787	9.91	10.99	12.03	12.71	2.88	3.03	3.19	3.08
65+	1,599	1,392	1,556	1,202	10.44	11.85	12.60	14.14	3.14	3.37	3.46	3.22
Total	4,118	3,757	3,959	2,989	10.11	11.31	12.26	13.29	2.98	3.15	3.29	3.14

Table 14 REVISED: BMC ED Metrics (Adult Only)				
	FY19	FY20	FY21	FY22 YTD
Total Visits	87,542	83,159	84,241	72,972
Boarders	16,805	17,162	18,905	17,029
Average Boarding Hours	4.9	4.8	5.7	10.3

Table 16 REVISED: BMC Inpatient Surgical Patients and Visits		
Year	Unique Patients	Visits
FY19	4,741	5,105
FY20	4,114	4,434
FY21	4,703	5,104
FY22 YTD	3,556	3,781

Table 17: BMC Inpatient Surgical Cases				
Service Line	FY19	FY20	FY21	FY22 YTD
Cardio ⁸	118	87	151	178
General ⁹	1,594	1,445	1,753	1,195
Genitourinary	256	193	185	164
Neurosurgery	385	379	371	257
OB/GYN	268	249	286	221
Ophthalmology	14	12	16	15
Oral ¹⁰	386	316	349	333
Orthopedics	1,686	1,296	1,508	1,232

Otolaryngology	271	223	264	163
Pediatrics	41	23	24	22
Plastics	57	91	90	70
Podiatry	308	319	251	279
Thoracic	217	182	185	59
Transplant	68	57	59	20
Vascular	316	284	342	247
Pulmonary ¹¹	28	30	31	28
Total	6,013	5,186	5,865	4,483

¹ The Applicant notes that the discharge, case weight, CMI, and ALOS metrics provided herein are based on medical/surgical discharges (i.e., based on discharge days). However, to provide the most accurate understanding of BMC's occupancy rates, the occupancy data provided herein are based on midnight census reporting (i.e., patient days), which also includes observation patients and bedded outpatients who occupy a medical/surgical bed but are not reflected as inpatient medical/surgical discharges.

² The Applicant highlights that BMC's existing number of operating medical/surgical beds is higher than its existing number of licensed medical/surgical beds. While the Hospital is currently licensed for 265 medical/surgical beds, it also currently utilizes alternate space (e.g., Code Yellow beds and other acute inpatient care COVID-19 surge spaces) to provide medical/surgical inpatient care to its patients pursuant to guidance from the Department. Given that patients receive medical/surgical care in these beds, the Applicant has included these beds and patients in its calculations to provide the most accurate understanding of BMC's medical/surgical inpatient utilization rates. Specifically, the calculations provided herein are based on a total of 294 operating medical/surgical beds in FY19, 323 in FY20, 328 in FY21, and 327 in FY22 YTD.

³ The Applicant notes that the discharge, case weight, CMI, and ALOS metrics provided herein are based on ICU discharges (i.e., based on discharge days). However, to provide the most accurate understanding of BMC's occupancy rates, the occupancy data provided herein are based on census days (i.e., patient days), which is lower as it accounts for time that patients spend in different levels of care (e.g., medical/surgical, step-down, ICU, etc.).

⁴ The Applicant highlights that BMC's number of operating ICU beds changed between FY19-FY21 and at times was higher than its number of licensed ICU beds. While the Hospital is currently licensed for 63 ICU beds, in FY20 and FY21, it also utilized alternate space (e.g., acute inpatient care COVID-19 surge spaces) to provide ICU care to its patients pursuant to guidance from the Department. Given that patients received ICU care in these beds, the Applicant has included these beds and patients in its calculations to provide the most accurate understanding of BMC's ICU utilization rates. Specifically, the calculations provided herein are based on a total of 63 operating ICU beds in FY19, 75 operating ICU beds in FY20, 63 operating ICU beds + a limited time operation of an additional 7 ICU beds in FY21, and 63 operating ICU beds in FY22 YTD. With regard to FY21, the Applicant notes that BMC operated its 7 additional COVID-19 surge beds for approximately 45 days. Given limitations in the Department's Change in Service Form, the Applicant is not able to include these 7 beds in its reporting without inaccurately skewing the Hospital's existing ICU occupancy rate (i.e., the Change in Service Form does not allow the Applicant to account for the limited time period that the 7 additional beds were in operation and inaccurately drives the Hospital's existing ICU occupancy rate down to 76%). Accordingly, the Applicant has not included these 7 beds in its Change in Service Form reporting. However, to provide the most accurate understanding of BMC's ICU utilization rates, the Applicant has included these 7 beds in its calculations herein; revised Table 12 properly accounts for the operation of these 7 beds for approximately 45 days in FY21 and accurately illustrates the Hospital's ICU occupancy rate of 83% in FY21.

⁵ The Applicant notes that the discharge, case weight, CMI, and ALOS metrics provided herein are based on medical/surgical discharges (i.e., based on discharge days). However, to provide the most accurate understanding of BMC's occupancy rates, the occupancy data provided herein are based on midnight census reporting (i.e., patient days), which also includes observation patients and bedded outpatients who occupy a medical/surgical bed but are not reflected as inpatient medical/surgical discharges.

⁶ As noted above, BMC's existing number of operating medical/surgical beds is higher than its existing number of licensed medical/surgical beds. Controlling for COVID-19 patient cases/utilization of COVID-19 surge spaces, the Non-COVID-19 ONLY medical/surgical calculations provided herein are based on the following numbers of operating medical/surgical beds: 294 in FY19, 302 in FY20, 306 in FY21, and 307 in FY22 YTD.

⁷ The Applicant notes that the discharge, case weight, CMI, and ALOS metrics provided herein are based on ICU discharges (i.e., based on discharge days). However, to provide the most accurate understanding of BMC's occupancy rates, the occupancy data provided herein are based on census days (i.e., patient days), which is lower as it accounts for time that patients spend in different levels of care (e.g., medical/surgical, step-down, ICU, etc.).

⁸ The Applicant has updated this to read “Cardio” rather than “Cardiothoracic”, as the service specialties included within this service line are: General – Cardiac and Cardiology. Thoracic is captured separately in the table as its own service line.

⁹ Please note, as an update from the DoN Narrative, that the service specialties included within General service line are: General – Bariatric, General – Breast, General – Gastrointestinal, General – Oncology, and General – Trauma. General – Cardiac, General – Pediatric, and Pulmonary, which were listed in the DoN Narrative as also being included within the General service line, are actually captured separately in the table as their own service lines.

¹⁰ Please note, as an update from the DoN Narrative, that the service specialty included within the Oral service line is: Oral and Maxillofacial Surgery. Otolaryngology, which was listed in the DoN Narrative as also being included within the Oral service line, is actually captured separately in the table as its own service line.

¹¹ Please note that the Applicant originally listed this service line in its DoN Narrative as “Cardiac Catheterization.” However, upon further review, this should more accurately be labeled “Pulmonary” and has been updated accordingly.