APPLICANT QUESTIONS

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 BID-N Service Area Map is blurry (pg.33). Please list the cities and towns in the Primary Service Area and Secondary Service Area.

RESPONSE: Please see below table for the cities and towns in the Primary and Secondary Service Areas.

Primary Service Area			
Dedham	02026		
Dedham	02027		
Dover	02030		
Medfield	02052		
Needham	02492		
Needham Heights	02494		
Westwood	02090		
Secondary Service Ar	ea		
Canton	02021		
Millis	02054		
Natick	01760		
Newton Center	02459		
Newton Highlands	02461		
Newton Upper Falls	02464		
Chestnut Hill	02467		
Waban	02458		
Norwood	02062		
Sharon	02067		

East Walpole	02082
South Walpole	02071
Walpole	02081
Wayland	01778
Wellesley	02481
Wellesley	02482
West Roxbury	02132

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2. The Application states that BID-N currently provides CT services, including CT-guided procedures ("procedures") and diagnostic exams (procedures and exams are sometimes referred to collectively in this Application as "CT services") at a single location in the main building (pg.2).

Between October 2017 and September 2020, the BID-N patient population generated a total of 37,078 inpatient, observation and outpatient (including emergency patient) CT exams and procedures (pg.11-12). Please complete the table below.

	October 2017 to September 2020			
	CT Exams CT-Guided			
		Procedures		
Inpatient				
Observation				
Outpatient (including ED)				

RESPONSE: Unfortunately, reliable data that can be broken down into the requested categories is not available prior to 10/1/2018. Below is the requested breakdown from 10/1/2018 to present.

	FY 2019		FY 2020		FY 2021			Y 2022 months)
	СТ	CT-Guided	СТ	CT-Guided	CT CT-Guided		СТ	CT-Guided
	Exams	Procedures	Exams	Procedures	Exams	Procedures	Exams	Procedures
Inpatient	2,909	6	3,290	4	4,575	2	2,492	0
Observation	231	0	201	0	496	0	362	0
ED	4,345	0	4,585	0	6,891	0	3,767	0
Outpatient	4,148	16	3,925	12	4,746	8	2,039	1

3. Average Wait times

The Application list several wait times for CT scans ranging from two to four weeks - scheduled studies is three weeks (pg.3), non-urgent appointment is approximately three weeks (pg.12), outpatients may currently need to wait as long as four weeks (pg.15), and approximately two weeks for non-urgent, CT-guided procedures and exams (pg.29).

In order to better understand wait times for CT services, please complete the table below as appropriate. Feel free to modify the table as needed to represent existing wait times more accurately.

	FY21 wait times			
	Diagnostic CT-Guided			
		Procedures		
Inpatient				
Outpatient				
Emergency patients				

RESPONSE: We are not currently performing any CT-guided procedures. Our last procedure was on 10/4/21, a virtual colonoscopy performed for a patient who underwent a colonoscopy but where the scope was unable to be advanced in the Endoscopy suite. However, this caused a great disruption to the ED, and we have not performed a CT-guided procedure since.

FY21 Current Wait Times	Exams	CT-Guided Procedures
Inpatient	Same day	N/A
ED	Under 90 minutes	N/A
OP STAT	1 add-on slot same day	N/A
OP Routine without contrast	1 weeks	N/A
OP Routine with contrast	5 weeks	N/A

- 4. The Application states that BID-Needham has experienced a 1-2% increase in the number of inpatients requiring CT scans during their inpatient stay (pg.13)
 - a. BID-Needham ED visits increased to 21,008 visits (34%) in FY20.
 - b. Inpatient discharges increased to 3,742 discharges (24%) in FY20.
 - c. CT-guided procedures increased to 14,093 procedures (40%) in FY20 over the prior year.

To better understand increasing need for CT services, please complete the table below.

Measures	FY19	FY20
BID-Needham Patient Population	70,183	63,840

BID-N ED visits	21,008
BID-Needham Inpatient Discharges	3,742
Average Daily Census	
BID-Needham CT Exam Volume	
BID-Needham CT-Guided Procedures	14,093

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RESPONSE: Please note this section discusses increases of volume in FY 2021 over volumes in FY 2020. We have completed the table below. In addition, "14,093" & "CT-guided procedures" in point c. above are typos and should instead refer to total exams. That sentence is rewritten below for clarity:

In FY 2021, the resultant combination of these factors increased CT exams and CT-guided procedures at BID-N to 16,708, a 39.4% increase over the prior year.

Measures	FY 2019	FY 2020	FY 2021
BID-Needham Patient Population	70,183	63,840	81,634
BID-Needham ED Visits	16,699	15,600	21,008
BID-Needham Inpatient Discharges	2,855	3,019	3,742
Average Daily Inpatient Census	29.1	30.9	40.3
Average Daily Observation Census	7	6	7
BID-Needham CT Exam Volume (No Procedures)	11,611	11,985	16,708
BID- Needham CT - Guided Procedures	22	16	10

5. The Application states that between October 2017 and September 2020 patient acuity increased alongside inpatient volume (pg.11). Please provide CMI overall for FY20.

BID-Needham Case Mix Index (CMI)	FY20	FY21
CMI (overall)		1.36
ICU CMI	1.67	1.72

RESPONSE: Please see below for a completed table.

BID-Needham Case Mix Index (CMI)	FY 2019	FY 2020	FY 2021
CMI (Overall)	1.34	1.36	1.35
ІСИ СМІ	1.55	1.67	1.72

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- 6. The Application states that BID-N has seen an increase in the number of Code Stroke cases coming into the ED and subsequently to CT service (pg.21). Provide a definition of Code Stroke Case.

RESPONSE: A Code Stroke case is a "patient presenting with symptoms of acute stroke, transient ischemic attack (TIA), or new neurological event." For more details, please see attached PDF "CPM700 Acute Stroke and TIA care guidelines"

- 7. The Application states that interruptions and delays occur when the single scanner is down for scheduled maintenance or when lengthy intervention procedures are being performed (pg.2).
 - a. What is the average downtime on the existing CT unit?

RESPONSE: For planned downtime, such as for planned maintenance, we typically schedule early in the morning (6am-10am) and look to complete the maintenance in under 4 hours. For an unplanned downtime, or "hard down," it is both more variable and usually lengthy if parts are needed. The last hard down of the unit lasted 9 hours, 8am-5pm.

8. The following table was provided in the application (pg. 44).

FY19	Count	FY20	Count	FY21	Count
ED		ED		ED	
N.ER	4,308	N.ER	4,556	N.ER	6,861
N.ERHOLD	37	N.ERHOLD	29	N.ERHOLD	30
N.EROBSV	231	N.EROBSV	201	N.EROBSV	496
Total	4,576	Total	4,786	Total	7,387
Inpatient		Inpatient		Inpatient	
N.S2	923	N.S2	1,121	N.S2	1,732
N.W2	1,762	N.W2	1,903	N.W2	2,636
N.ICU	224	N.ICU	266	N.ICU	207
Total	2,909	Total	3,290	Total	4,575
Outpatient		Outpatient		Outpatient	
N.CT	3,990	N.CT	3,746	N.CT	4,486
Other	158	 Other	179	Other	260
Total	4,148	 Total	3,925	Total	4,746
Total	11,633	Total	12,001	Total	16,708

(ED(red); Inpatient (blue); and Outpatient (green)

Table 1 – BID-N Total CT Scans by Location

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OUT	4,148	OUT	3,925	OUT	4,746
IN	2,909	IN	3,290	IN	4,575
ED	4,308	ED	4,556	ED	6,861

a. Why don't FY19, FY20, and FY21 ED totals include N.ERHOLD and N.EROBSV?

b. Does CT scan volume only include diagnostic exams?

RESPONSE: Please see attached for an updated Exhibit E.

A. The ED totals should have included N.ERHOLD and N.EROBSV. This is corrected in the updated Exhibit E.

B. CT scan volume had included both exams and procedures. The updated Exhibit E now shows them separately.

9. The following table appeared in the Application (pg. 45).

									FY
Fiscal Year	ER	%	IN	%	OBSV	%	OUT	%	Total
FY 2019	11.8	37%	7.97	25%	0.73	2%	11.36	36%	31.87
FY 2020	12.48	38%	9.01	27%	0.63	2%	10.75	33%	32.88
FY 2021	17.65	40%	12.11	27%	1.35	3%	12.94	29%	44.05
Overall Increase									
in CT use from									
FY19 - FY21	149.5%		151.9%		184.0%		113.9%		

Table 1 – BID-N CT Utilization By Daily Average Visits

a. How is Overall Increase in CT use from FY19-FY21 calculated?

RESPONSE: Please see attached for an updated Exhibit F.

A. The calculation divided the average daily visit in FY 2021 by the average daily visit in FY 2019, for each area. For example, for the ER column, 149.5% = 17.65/11.8.

The data in the original chart in the Application did not include final FY 2021 numbers. The table has been updated in Exhibit F and now also includes data for the first 6 months of FY 2022.

10. The Application states that at BID-N's BIDMC primary care practices, all patients receive an SDoH screener as part of their annual wellness exam. This is a modified PRAPARE screener which is filled out pre- visit, or on a tablet, or by paper just prior to the visits (pg. 28).

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a. List the domains screened for with the SDoH screening tool.

RESPONSE: The domains screened for with the SDoH screening tool are:

- Housing
- Transportation
- Isolation
- Safety
- Access to Resources
- Access to Healthcare
- 11. The Application states that BID-N maintains an Interpreter Services program to meet the needs of its non-English speaking patient population (pg.23)
 - a. Briefly describe access to interpretation services for visually impaired and deaf and hard of hearing patients.

RESPONSE: We use **AMN Healthcare (Stratus)** for our interpreter services.

- There are interpreter iPads on wheels (Sheldons) located throughout the hospital (Radiology owns one). With this iPad you have the choice to use Video Remote Services which does include ASL CDI (American Sign Language Deaf Team). If you do not see the language needed, you can choose the blue button at the bottom of the screen "Audio Languages" which will cover all languages.
- We also have the option to bring an ASL interpreter onsite through Mass.gov which can be scheduled when needed.
- 12. The Application described presentations to the Community Benefits Advisory Committee (CBAC) and the Patient and Family Advisory Council (PFAC) as part of fulfillment of the community engagement requirement.
 - a. How many people were in attendance at each of the meetings?
 - b. How many present were representative of the Patient Panel?

RESPONSE:

 CBAC: December 10, 2020: 18 people
December 8, 2021: 13 people

PFAC:

January 20, 2019: 17 people September 21, 2021: 11 people

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- B. After the fact, there is no way to determine if the attendees at these meetings have been patients of the Applicant during the last 36 months. However, generally, the individuals who attend these meetings are either patients or are representative of the Applicant's patients.
- 13. The application states that the 2009 CT unit currently exists in proximity to BID-N's new primary CT unit and is the most cost effective option available to BID-N to expand its CT services capacity promptly and seamlessly. The reactivation of the 2009 CT scanner requires no additional buildout or disruption to the existing services (pg. 18).
 - a. Where is the replacement unit currently located and where will it be housed if the Proposed Project is approved.

RESPONSE: The new primary CT and the 2009 CT control rooms share the same hallway. They are both accessed via the main hallway in the Radiology department.