

MGB-NorthShore Medical Center Amendment #3
DoN Application # MGB-22080909-AM (6-3C46)

APPLICANT RESPONSES

Responses should be sent to DoN staff at DPH.DON@State.MA.US

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**

In order to remain on the timeline for this amendment please respond by 9/6.

1. Please provide a citation for what the Holder describes as the "industry standard" of 85% occupancy rate.

85% has been the target occupancy rate for large hospitals in the United States for close to 50 years.¹ More recently, 85% has been set by the British National Audit Office as the most efficient measure of occupancy.² Understanding that each hospital and each region is different, typically is it up to each hospital to establish an optimal occupancy benchmark. However, it has been established that risks to patient outcomes are discernible when occupancy exceeds 85%, as well as bed shortages and bed crises when occupancy exceeds 90%.³

2. Explain why all of the licensed beds are not in operation at this time.

The 11 beds not in service are located in double, triple, and quadruple occupancy rooms. The beds have been taken out of service except for times of surge due to issues of patient compatibility (age, gender, behavior) that prevent the beds from being used consistently. This project will allow the hospital to permanently remove those beds from its license by replacing them with the proposed single bed rooms.

¹ Green LV. How many hospital beds? INQUIRY. J Health Care Organization, Provision, and Financing. 2002;39(4):400–12

² "According to the National Audit Office, bed occupancy rates are deemed efficient if around 85%, while rates above this level might lead to periodic bed shortages and levels exceeding 90% may prompt regular bed crises."
<https://link.springer.com/article/10.1007/s10198-022-01464-8>

³ Bagust, A. Dynamics of bed use in accommodating emergency admissions: stochastic simulation model. York Health Economics Consortium. 1999;319:155-8

MGB-NorthShore Medical Center Amendment #3

DoN Application # MGB-22080909-AM (6-3C46)

3. After describing the M/S increase in boarding time you state “The average boarding time has more than doubled from 2.2 hours in FY20 to 5.6 hours for the first five months of 2022. “For these statistics are you referring to the overall average boarding time for all patients, including BH, M/S, any other?

The statistics only include ED patients who were admitted to a med/surg bed following their ED visit. Patients that were admitted from our ED to a psychiatric, obstetric, or nursery unit were excluded from the statistics.

4. The regulation requires that a Holder submit a description of the proposed change along with associated cost implications. Please provide more detail on the impact on all capital cost using the capital cost tables 4ai and 4aia for clarity.

See attached Excel attachment.

5. Please provide an accounting of the use of the originally approved shell space GSF. (Table 4ai)
- a) What has been already used and for what purposes. **In 2018, the Applicant obtained DoN approval to build out 18,626 GSF of the approved shell space for the construction of 30 inpatient psychiatric beds.**
 - b) What is the projected GSF to be used up with this Amendment? **19,665**
 - c) Does this Amendment complete the buildout of the approved shell space? **Yes.**