



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

Application Type:	Hospital/Clinic Substantial Capital Expenditure	Application Date:	07/16/2021 5:16 pm
Applicant Name:	Heywood Healthcare, Inc		
Mailing Address:	242 Green Street		
City:	Gardner	State:	Massachusetts
		Zip Code:	01440
Contact Person:	Rozanna Penney	Title:	Vice President of Perioperative Services
Mailing Address:	242 Green Street		
City:	Gardner	State:	Massachusetts
		Zip Code:	01440
Phone:	9786306825	Ext:	
E-mail:	Rozanna.Penney@heywood.org		

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:	Henry Heywood Memorial Hospital, Inc		
Facility Address:	242 Green Street		
City:	Gardner	State:	Massachusetts
		Zip Code:	01440
Facility type:	Hospital	CMS Number:	220095
Add additional Facility		Delete this Facility	

1. About the Applicant

1.1 Type of organization (of the Applicant):	nonprofit
1.2 Applicant's Business Type:	<input checked="" type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Partnership <input type="radio"/> Trust <input type="radio"/> LLC <input type="radio"/> Other
1.3 What is the acronym used by the Applicant's Organization?	HH
1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program?	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.5 Is Applicant or any affiliated entity an HPC-certified ACO?	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.7 Does the Proposed Project also require the filing of a MCN with the HPC?	<input type="radio"/> Yes <input checked="" type="radio"/> No

1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? ☐ Yes ☒ No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

Located in Gardner, Massachusetts, Heywood Hospital is a non-profit community hospital that has been providing full-service healthcare to the residents of north-central Massachusetts since 1907. While the hospital has undertaken numerous upgrades and expansion projects over the years, its surgical suite has remained largely unchanged since it was constructed in 1961. For six decades, the perioperative suite at Heywood Hospital has been home to a wide variety of invasive procedures that are essential to the health and well-being of the local citizenry. In recent years, however, as surgical service lines have expanded to better meet the needs of the community and case volume has grown significantly, it has become increasingly apparent that the existing surgical infrastructure is rapidly approaching the end of its useful life. Undersized and unable to easily accommodate new and emerging surgical technologies, modernization of the current surgical platform is essential to the healthcare system's ability to continually meet the surgical and procedural needs of the community it serves.

When it comes to clinical needs that can only be met in a healthcare facility, proximity is a crucial consideration for much of our patient population. This reality is driven by a wide array of social and economic disparities that characterize the north-central region of Massachusetts that is served by Heywood Hospital. For example:

Poverty rates in Gardner, Athol, Wendell, and Orange are higher than the overall rate for Massachusetts;
The number of persons aged 65 or older living alone in this area increased by 7% since 2010;
The median age of people living in our service area is nearly 7 years higher as compared to the rest of the state.

In light of these and other demographics, it is not difficult to appreciate that, for many of our patients, care that is not available locally is care that will be foregone. While some of Heywood's current care delivery system continues to transition toward a virtual, telemedicine-based model, procedural care of all types continues to require in-person, hands-on delivery. From screening colonoscopies to life-altering procedures, including total joint arthroplasty and weight-loss surgery, many patients would be unable to receive essential procedural care were it not available at Heywood Hospital.

In direct response to the needs of our community, the hospital has made multiple strategic investments related to procedural-based care in recent years:

2016: Local availability of procedural care identified as a strategic priority; Foundation for perioperative excellence established with recruitment of new perioperative leadership team and new anesthesia group;
2017: High prevalence of obesity spurs launch of Bariatric Surgery Program; Heywood Center for Weight Loss and Bariatric Surgery grows rapidly and achieves MBSQIP Center of Excellence accreditation;
2018: Orthopedic service launches minimally-invasive, anterior approach total hip replacement program;
2019: Gastroenterology service begins performing endoscopic retrograde cholangiopancreatography (ERCP).

These investments in the perioperative arena had yielded record high case volume and operating room utilization prior to the onset of the Covid-19 pandemic. Moreover, with average costs that are 38% less than those of the five other hospitals located within a 25-mile radius, the availability and growth of surgical procedures in Heywood's community hospital setting advances the Commonwealth's goal of making healthcare equitably available to every person at the lowest reasonable aggregate cost.

As the number of surgical cases has grown in recent years, so too have the logistical and operational challenges inherent in a sixty-year-old facility. With rooms as small as 300ft², Heywood's ORs offer substantially less space than is required by modern day standards. Their small footprint places limits on the amount and type of equipment that can be accommodated and this, in turn, limits the types of procedures that can be performed. For example, only one of the four operating rooms is large enough to accommodate the special type of OR table (Hana table) that is needed to perform minimally-invasive hip replacement surgery. This operational limitation leads to delayed cases which ultimately translates into increased costs. None of the existing ORs is large enough to accommodate a surgical robot, such as the Da Vinci Surgical System, commonly used to perform urological, gynecological and other minimally invasive surgical procedures. Patients seeking robotic surgery, a service we could otherwise offer, must either forego that care or pursue it in a tertiary setting where it will be available at a substantially greater cost.

Adjacent to the operating rooms, but still within the perioperative domain, infrastructural limitations in our Surgical Day Care Unit, Endoscopy Unit and Post Anesthesia Care Unit (PACU) also hinder efficient care delivery and preclude further case growth and service

expansion. With only twelve admission bays in the Surgical Day Care Unit and eight in the PACU, patient care bottlenecks are all too common, leading to case delays, added costs and a compromised patient experience.

To address these myriad challenges, all of which derive from an outdated and undersized surgical platform, Heywood is committed to the pursuit of a transformative solution that will ensure reliable and consistent access to high-quality, cost-effective, essential surgical care well into the future. Specifically, Heywood proposes the construction of a new, state-of-the-art perioperative pavilion that will remove barriers to surgical care for the 86,000 patients we serve. Core design features of our proposed 40,115 ft2 addition include the following:

- Six new operating rooms, each nearly 200 ft2 larger than our four existing ORs;
- Central core for storage of sterile instrumentation;
- Separate clean and dirty elevators for transport of instrumentation to the central sterile processing department (CSPD);
- 21 pre/post procedure rooms;
- Shell space on the second floor for future use to accommodate outpatient surgical specialists offices.

When construction of the new operating suite has been completed, the current operating room space will possibly be transitioned into an endoscopy and pain management suite which will accommodate further growth in these areas.

Additional patient care benefits that derive directly from this substantial capital expenditure proposal include the following:

- Larger ORs will accommodate new, specialized equipment;
- The new ORs will include laminar flow, considered best practice for surgical site infection prevention in orthopedic surgery;
- The increased number of ORs will improve patient access to procedural-based care.

In summary, replacement of Heywood Hospital's sixty-year-old ORs with a new, state-of-the-art perioperative pavilion is essential to ensuring that Heywood will be able to meet patients' need for high quality, cost-effective, locally-available, procedural-based care well into the future. This substantial facility improvement will also promote the long-term financial health of the health system and, by extension, its ability to maintain independence and local control.

2.2 and 2.3 Complete the Change in Service Form

3. Delegated Review

3.1 Do you assert that this Application is eligible for Delegated Review? ☐ Yes ☒ No

4. Conservation Project

4.1 Are you submitting this Application as a Conservation Project? ☐ Yes ☒ No

5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? ☐ Yes ☒ No

6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100.735? ☐ Yes ☒ No

7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? ☐ Yes ☒ No

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ☐ Yes ☒ No

9. Research Exemption

9.1 Is this an application for a Research Exemption? ☐ Yes ☒ No

10. Amendment

10.1 Is this an application for a Amendment?

☐ Yes

☒ No

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)?

☐ Yes

☒ No

12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: Hospital/Clinic Substantial Capital Expenditure

12.1 Total Value of this project:	<input type="text" value="\$37,960,521.00"/>
12.2 Total CHI commitment expressed in dollars: (calculated)	<input type="text" value="\$1,898,026.05"/>
12.3 Filing Fee: (calculated)	<input type="text" value="\$75,921.04"/>
12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:	<input type="text" value="\$3,000,000.00"/>
12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.	<input type="text"/>

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210

Some Factors will not appear depending upon the type of license you are applying for.

Text fields will expand to fit your response.

Factor 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i Patient Panel:

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

Heywood Healthcare's patient panel is attached.

The region's population (84,296) is predominately white (94.9%), but it is important to note the change in racial makeup over time and the Hispanic/Latino population's growth since 2000. The growing diversity is reflected in the public-school student population. The Hispanic student population in the Service Area has increased 45.1% vs. the 29.9% statewide. The Narragansett (Templeton, Royalston) School Districts had the most significant increase (200%). The Multi-Race Non-Hispanic students in the area increased an average of 53%, and the Gardner school district had the greatest increase (188.9%) vs. the State 50%. The increasing population numbers of non-white racial groups and the diverse mix of languages spoken by patients is reflected in the multicultural and language interpreter services at Heywood Hospital. Overall there were 2,680 language interpreter requests made at Heywood Hospital in 2020. There was a wide variety of different languages requested, with the top three language requests being Spanish (76%), Arabic (8.8%), and American Sign Language (2.9%).

Heywood Healthcare's communities' rural nature and the social isolation of older adults living alone make it more challenging for community residents to access basic daily needs. Lack of transportation options is a major issue in the Service Area. The lack of transportation options inhibits access to jobs, childcare, and healthcare. Some patients, particularly elderly, disabled, and mentally ill patients, are dependent on their caregivers' schedules to get to necessary appointments because public transportation is inadequate. In 2020, Heywood supported 515 patients with transportation to medical appointments. The Service Area has a notably higher percentage population with veteran status (9.2%) than the State (5.0%) and Nation (6.9%), with Templeton and New Salem having the highest population percentage with veteran status at 11.6%.

There are wide-ranging disparities in incomes and poverty rates across the Service Area. The average median household income for 2019 for the area, at \$69,149, is lower than the State's \$81,215. Westminster has the highest MHI (\$100,972 per yr), and Gardner and Athol have the lowest (\$49,679 and \$49,653) respectively per year. The poverty rates also vary significantly by town. Perhaps most disheartening is the incredibly higher rates of poverty of those less than five years of age in Athol (15.4%), Hubbardston (19.8%) and Winchendon (40.1%) when compared to the State (14.4%).

The health status and access problems present in the Heywood Hospital Service Area are greatly influenced by complex and interconnected social and economic factors, including lower income and educational attainment and the local environment. Based on data from its patient panel and Heywood Hospital 2018 Community Health Assessments, chronic diseases (i.e., obesity, diabetes, and heart disease) are among the region's top health issues. Gardner and Winchendon are high priority communities with disproportionate rates of morbidity and mortality. The same communities that rank in the top tier for chronic disease are also low income and lack adequate access to healthy food, highlighting the direct connection between poverty and health. In 2017, 3,743 patients treated at Heywood Hospital's Emergency Department (ED) had an obesity diagnosis on record, totaling 16.1% of all patients. 22.3 % of patients discharged from the ED had diabetes, with the largest percentage (35.7%) from the 65 to 74-year-old group. The CHD death rate in the service area, 206.8 per 100,000, was higher than the State rate of 137.5. per 100,000. Gardner (193.2), Hubbardston (295.6), and Winchendon (231.9) had the highest rates. An associated risk factor is that the smoking rates for all Service Area communities were 18.2%, three percent higher than the state average of 15.5%, with the highest rates seen in Gardner (24.2%) and Winchendon (23.7%). Mental health and substance use are of grave concern for the region. Of the 33,247 total ER visits for Heywood Hospital in 2019, 5.6% had a primary mental health diagnosis and 18.6% had a secondary mental health diagnosis, resulting in a combined rate of 24.2% of all emergency room visits (see appendix 2).

F1.a.ii Need by Patient Panel:

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

Under the direction of Heywood's Perioperative Leadership Team, the case volume of surgical procedures grew 20% from 2016 to 2018, bringing Perioperative Services to peak capacity and maximal utilization. Volume gains were sustained in 2019, with additional case growth precluded by infrastructural limitations. Over the most recent three-year period (2018-2020), 24,399 patients received

services:15,521 in the OR and 8,878 in the Endoscopy Unit. The breakdown of OR volume by specialty area was Pain 28%; Orthopedic Surgery 24%; General Surgery 17%; ENT 11%; OBGYN 9%; Urology 9%; Podiatry 2%; Gastroenterology 1%; Other 1%. The breakdown of Endoscopy Services by area was Gastroenterology 85%, General Surgery 6%, Urology 5%, Cardiology 4%, and other Specialties 1%. The current Operating Rooms at Heywood Hospital were built in 1961. The sizes of the current Operating Rooms range from 347sf to 429sf. This presents significant limitations to the type of equipment, and by extension procedures, that can be accommodated. The outdated and unreliable HVAC system precludes Heywood Hospital from taking advantage of the up-to-date infection control modalities available with modern technology, such as laminar flow and built in ultraviolet light disinfection, and has even resulted in case cancellations.

Renovation of the existing ORs and HVAC system is precluded by infrastructural limitations due to their location on the hospital campus. Unable to renovate, the hospital cannot meet the community's growing demand for surgical procedures. Moreover, after six decades of continuous service, it is only a matter of time until the existing operating suite is no longer able to satisfy regulatory standards, a situation that would be catastrophic for both the hospital and its patients.

By allowing the hospital to offer state-of-the-art surgical space and technology to local patients, the proposed addition will yield increases in both the variety and number of surgical cases performed at Heywood Hospital. As more patients are able to receive procedural care at Heywood Hospital, fewer referrals to higher-cost tertiary centers will need to be made. Moreover, with transportation serving as a barrier to healthcare for so many patients in Heywood's service area communities, procedural care (i.e., care that cannot be delivered remotely) must remain locally available whenever possible. Transportation also poses significant challenges for patients' families. When a procedure that requires inpatient admission includes travel to Worcester, Boston or elsewhere, our patients may be unable to enjoy the support of their loved ones while they are in the hospital. Finally, local availability of procedures promotes seamless care coordination among all caregivers, including PCPs, surgeons and other specialists.

The new operating room platform will also include a new HVAC system. This will help reduce the risk of surgical site infections for patients and improve the working environment for surgical staff.

F1.a.iii Competition:

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

Heywood Hospital's primary competitor for surgical care is UMass Memorial Medical Center (UMMMC), a tertiary-care facility where costs are significantly greater than Heywood's: for commercial plans, costs at UMMMC are approximately 33.3% higher than they are at Heywood. For CY18, the UMass commercial statewide relative price index was 1.09 vs. the Heywood relative price of 0.73.

In light of the lower costs associated with healthcare at Heywood Hospital versus tertiary referral centers, the proposed project aligns perfectly with the Commonwealth's goal of making healthcare equitably available to every person at the lowest reasonable aggregate cost. The construction of a new surgical platform will not only facilitate Heywood Hospital's ability to keep existing patients in a low-cost system, it will also allow for service line expansion and case volume growth. In 2019, Heywood Hospital's share of the inpatient surgical market was 23.1% vs. 32.4% for UMMMC. As more care is delivered in the community setting, the aggregate cost of care for the Commonwealth is reduced.

F1.b.i Public Health Value /Evidence-Based:

Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

Built in 1961, the four operating rooms at Heywood Hospital are both too small relative to current standards and too few in number relative to case volume. The outdated and unreliable HVAC system has resulted in case cancellations and needs to be updated. The current location on the hospital campus of the existing ORs and HVAC system precludes renovations because of infrastructural limitations. Unable to renovate, the hospital cannot meet the community's growing demand for surgical procedures. Moreover, after six decades of continuous service, it is only a matter of time until the existing operating suite is no longer able to meet regulatory standards, a situation that would be catastrophic for both the hospital and its patients.

The small footprint of the operating rooms severely curtails the amount and type of equipment that can be accommodated and this, in turn, places limits on the types of procedures that can be performed. For example, only one of the four operating rooms is large enough to accommodate the special table needed to perform minimally-invasive hip replacement surgery. This operational limitation results in case delays and therefore unnecessarily increased costs. Furthermore, none of the ORs is large enough to accommodate a surgical robot, such as the Da Vinci Surgical System, commonly used to perform urological, gynecological and other minimally invasive surgical procedures. As such, patients seeking robotic surgery have no choice but to pursue that care in a tertiary setting, a situation that also leads to increased aggregate healthcare costs.

Endoscopic retrograde cholangiopancreatography (ERCP) is an invasive gastrointestinal procedure that is frequently needed in advance of gallbladder removal surgery. Previously unavailable at Heywood Hospital, many patients who presented at Heywood Hospital with

biliary disease had to be transferred to a tertiary center in order to have this procedure. Because these patients almost always remained at the tertiary center for their subsequent gallbladder removal surgery, these transfers yielded two invasive procedures in a high cost setting. In December of 2019, Heywood Hospital launched an ERCP service. In 2020 sixty (60) patients had these procedures performed at Heywood Hospital, in a low-cost setting, rather than being transferred to the tertiary center. Unfortunately, because ERCPs necessitate a wide array of highly specialized equipment, they too can only be performed in two of Heywood Hospital's four ORs. Unsurprisingly, these two ORs are the same two that can accommodate the Hana table used for minimally-invasive hip replacement surgery. Again, this limitation causes scheduling conflicts which inevitably lead to case delays, added costs and a compromised patient experience.

Outside of the operating room, but still within the perioperative domain, infrastructural limitations in our Surgical Day Care Unit, Endoscopy Unit and Post Anesthesia Care Unit (PACU) also hinder further case growth and service line expansion. With only twelve admission bays in the Surgical Day Care Unit and eight in the PACU, patient care bottlenecks are all too common.

For all inpatient surgery, the UMassMemorial Health System has an overall 34.2% market share for Heywood's primary and secondary service area communities. For the UMMC campus, that market share is 19.3% and for the Memorial campus it is 14.9%. By retaining local surgery cases at Heywood Hospital, a significant reduction in cost can be realized.

F1.b.ii Public Health Value /Outcome-Oriented:

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

The Project is designed to meet industry-defined best practices for safety, quality, and efficiency. In 2020 Heywood completed the national improvement of surgical care and recovery collaborative program, conducted by the American College of Surgeons and John Hopkins Medicine Institute for Patient Safety and Quality. Heywood's multidisciplinary team developed and implemented Enhanced Recovery After Surgery (ERAS) protocols for inpatient GYN and orthopedic surgery, aimed to reduce preventable harms and enhance recovery. Measurable outcomes tracked include: mean length of stay, 30 day readmissions and surgical site infections. While significant progress was made by implementation of ERAS, completion of the state-of-the-art surgical pavilion would allow us to take advantage of additional infection control measures to further reduce surgical site infections and surgical readmissions.

The expectation is that patient satisfaction with the service will improve; the rate of surgical site infections and post-operative complications will decrease; patient access to surgical care will improve; and barriers that often lead to care avoidance, such as travel and proximity to home and family, will be addressed. The proposed project will enhance pre and post-surgical throughput, ensuring a patient-centered care experience.

The Project will provide patients with improved health outcomes and enhanced quality of life through access to high quality, lower-cost surgical services closer to home.

Measures to be tracked include:

1. Length of hospital stay
2. 30 day readmission after surgery
3. Surgical Site Infections
4. Patient satisfaction top box rating of >95% with surgical and anesthesia care

F1.b.iii Public Health Value /Health Equity-Focused:

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

Heywood Healthcare is committed to providing equitable access to healthcare. The new and expanded surgical platform will be designed to provide access to perioperative care equitably to all patients, regardless of their ethnic background, mental and physical abilities or their ability to pay. Heywood Hospital's strong multicultural program includes robust interpreter services, and written information and education in multiple languages.

This proposed new suite of operating rooms, will also provide improved perioperative patient space, allowing increased equitable access and privacy when onsite interpreter service is needed by the patient. Additionally, though the percentage of minorities that use Heywood Hospital continues to be relatively low, improved space will allow for increased patient satisfaction for those cultures which have as their core beliefs a greater emphasis on physical privacy. The increased space will also allow for more assistive devices to be readily available.

The Multicultural Service Department completes an annual Language Needs Assessment (LNA). Based on those findings, Heywood Hospital adjusts services to meet the needs of our patients and community at large.

FY 2020 Interpreter Services

Facility Patient Encounters

1-1. Total unduplicated patients served this fiscal year facility wide: 52,446

1-2. Total inpatient encounters this fiscal year facility wide: 1677

1-3. Total outpatient encounters this fiscal year facility wide: 50,769

Interpreter Service Sessions

1-4. Total Interpreter Service requests this fiscal year, including Face-to-Face, Telephonic, Video, ASL: 2807

1-5. Total completed Interpreter Service requests this fiscal year, including Face-to-Face, telephonic, video, ASL: 2807

1-6. Total non-ASL Face-to-Face interpretation sessions: 1217

1-7. Total ASL Face-to-Face sessions: 46

1-8. Total Video Remote sessions: 763

1-9. Total Telephonic interpretation sessions: 781

Calculated number of interpretation sessions: (Total must equal number reported in Question 2,807)

Emergency Department Summary

Total number of ED visits this fiscal year: 19,029

Total number of ED Interpreter Service requests this fiscal year: 537

Total number of completed ED interpretation sessions this fiscal year: 537

Total number of patients who have signed a waiver declining Interpreter Services: 3

Total number of patients who refused the use of a trained medical interpreter: 0

Top five Departments that utilize Interpreter Services

1. Emergency

2. Rehabilitation Center

3. Health Center for Women

4. Pediatric Office

5. Surgical Day Care

Top four Languages besides English identified:

1. Spanish

2. Arabic

3. American Sign Language

4. Hindi

Policies and procedures are consistent across all departments and refer to the following federal or state regulations: Title VI of the Civil Rights Act 1964, JCAHO Standards, Federal Law, Section 504 of the Rehabilitation Act of 1973, Executive Orders #74, as amended to the Commonwealth of Massachusetts, NCIHC Standards of Practice, MGL Chapter 66 of the Act of 2000 (ERIL), Americans with Disabilities Act, DMA regulations, Patient Bill of Rights, IMIA Standards of Practice and CLAS {Culturally, Linguistic, Appropriate Services} Our top languages besides English are: Spanish, Arabic, ASL followed by Brazilian Portuguese. Services are provided in-person whether by our MCS staff interpreters or through contract, VRI and Phone service. This allows us 24/7 access to services.

Heywood committed to diversity and inclusion efforts, including language access in the late 1990s, and in 2001 established a Department to manage these programs. This includes, but is not limited to, ongoing education of staff through Hospital Wide Orientation, which provides education on Heywood's Diversity Mission and Vision Statement, and an invitation to participate as a member of our Multicultural Task Force.

Initially, the Multicultural Task Force began as an internal Continuous Quality Improvement Program that included Management, Vice President, and diverse staff. Throughout the years, additional members of diverse and vulnerable populations have been invited to join. Membership now extends beyond hospital staff and includes representatives from the Gardner School Department, City of Gardner's Disabilities Commission, Gardner Athol Area Mental Health-Addiction & Recovery Services, Developmental Disabilities Provider and Employer and Transportation Service, Suicide Prevention Task Force, The Religious and Spiritual Services within the service area, Mental Health Provider, Domestic Violence Provider, Emergency Management Team, North Central Mass Minority Coalition which includes but not limited to the United Hmong of Massachusetts, Spanish American Center, Three Pyramids Inc; Short Term and Long Term Care providers, Interpreters, representatives of the GBLTQ community, Mental Health Services, Mt Wachusett Community College, Private Home Care Providers and Home Health Care Services.

Departments include, but are not limited to, Executive Team, Management, Staff, ADA hospital coordinator, Human Resources, Social Service, Multicultural Services, Nursing, Case Management, IT, Food Service and Quality.

During the COVID-19 Pandemic, Heywood is seeing and hearing of how other populations are becoming socially and physically isolated as racial and social justice issues are rising, Adult Day Health Centers are closing, staff are being challenged, telehealth services are increasing, access to WiFi is limited, and unemployment rates are increasing. In response, Heywood is focusing on the following areas in

2021:

1. Data for identifying and addressing health disparities
2. Equitable distribution of health care resources
3. Telehealth as a tool for expanding equitable access to care
4. Health care workforce diversity
5. Social determinants of health and root causes of health inequities.

Ongoing staff and provider education is provided at Safety Fairs, Skills Fairs, and additional education to departments and/or staff on a 1:1 basis throughout the year. Schwartz Center Rounds offer education, perspective and shared experiences regularly in the areas of diversity, inclusion, discriminatory practice, equity, health disparities and social determinants of health.

Staff are encouraged to participate in various community activities and committees such as North Central Mass Minority Coalition, Three Pyramids Board of Directors, LUK's Board of Directors, CHNA 9 Steering Committee, and Life Path's Board of Directors. Staff also lead the Gardner Area Inter-Agency Meetings, co-lead the Montachusett Suicide Prevention Task Force and participate on the Mass Suicide Prevention Coalition's Alliance for Racial Justice Team; and they are members of the Human Rights Commission, and the Mass Chapter of NASW's Racial & Social Justice Group which help to identify other opportunities to provide service and respond to needs in the region.

Performance Improvement-Quality

Statistical measures are kept monthly for language access, location, turnaround time, patient and staff satisfaction of Encounter Service; time of day, day of week –all designed to help assess utilization of resources and promote staffing according to need. The goal for Interpreter Services is to provide service by staff or vendor in 15 minutes or less, ensuring all patients have Interpreter Services readily available to them. Contracted services are assessed at least annually for timeliness of service and patient satisfaction.

Heywood collects REL Race, Ethnicity and Language data and uses it to examine opportunities for growth based on payer, age, sex, diagnosis, city/town. Information is shared with the Multicultural Task Force and has been integrated into our triennial Community Health Needs Assessment and annual LNA completed for the Mass Department of Public Health's Department of Health Equity (See attachment for the population and economic community characteristics).

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

Heywood Healthcare provides cost effective, quality and efficient Perioperative Services to its patient population. Without much needed renovations to the current infrastructure of the perioperative suite, the hospital will not be able to meet the community's growing demand for surgical procedures. Moreover, after six decades of continuous service, it is only a matter of time until the existing operating suite is no longer to satisfy regulatory standards, a situation that would present significant hardship for both the hospital and its patients, who will be forced to seek perioperative care in tertiary centers.

Core design features of our proposed 40,115 ft² addition include the following:

- Six new operating rooms, each nearly 200 ft² larger than our four existing ORs;
- Central core for storage of sterile instrumentation;
- Separate clean and dirty elevators for transport of instrumentation to the central; sterile processing department (CSPD);
- 21 pre/post procedure rooms;
- Shell space on the second floor for future use to accommodate outpatient surgical specialists offices.

This addition will provide increased flexibility of scheduling, which will improve access. Allowing more patients timely access to surgical care in our community hospital is expected to reduce the overall morbidity in patients whose conditions need time-sensitive attention. When these conditions are addressed early in their course it is expected that overall costs will also be less than if there was delay in treating those conditions. Also, as noted above, we expect further reductions in surgical site infections and other perioperative complications. Improved work space will help to facilitate communication and care coordination among surgeons and hospital staff. Patient satisfaction with services will also improve.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

The new surgical pavilion will create convenient and thoughtfully designed workspaces to enhance pre- and post-operative communication and coordination with the patients' PCPs, surgeons, and other providers resulting in greater efficiency and engagement. Providing ready access for workspaces between cases will also help facilitate communication with patients' families waiting for updates. Improved perioperative work spaces will also allow surgical staff to improve communication among themselves between cases that will

improve overall efficiency of the program. Addition of the central core area for storage of sterile instrumentation will enhance workflow efficiency as well as infection control measures.

Throughout the Project, Heywood Hospital providers will be engaged in the post-go live and optimization of Meditech's new electronic health record (EHR), which was launched on February 1, 2021. The new EHR provides improved functionality and access to amalgamated patient health information (such as medical history, allergies, medications) which is regularly reviewed by surgeons and anesthesiologists. The EHR functionality also provides a place for surgeons to share post-operative notes and instructions with primary care physicians as well as with patients through the hospital's patient portal in accordance with the Century Cures Act's Information Blocking Rule (CURES) which took effect on April 5, 2021. The rule requires immediate access for patients to provider notes through the patient portal. Patients will now have immediate access to provider notes and most diagnostic test results immediately after they are available.

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

An informal discussion was held on March 19th with Ben Wood, Director of the Division of Community Health Planning for the Massachusetts Department of Public Health, Jennica Allen, Community Health Planning and Engagement Specialist for the Bureau of Community Health and Prevention, and Kirby Lecy, Project Coordinator, Massachusetts State Office of Rural Health. Guidance was provided as related to the CBHI content and process. The discussion included an introduction of the proposed CBHI plan. The CHBI was submitted to MDPH on April 14, 2021.

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline*. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

Heywood Hospital's approach to addressing the critical health needs of its patient panel is rooted in leading and participating in cross-sector coalitions and collaborations with healthcare and behavioral health providers, community members and groups, faith-based organizations and businesses. Heywood Hospital provides structural support for the Gardner Area Interagency Team, Montachusett Suicide Prevention Taskforce, the Multicultural Task Force, and the Regional Behavioral Health Collaborative. These collaborations offer the opportunity to share resources and collectively work together for the benefit of community health.

Heywood Hospital monitors hospital data and actively collaborates with the hospital leadership team and its Community Benefits Advisory Committee (CBAC) to continuously monitor and assess any changing or emerging community and healthcare needs. The CBAC is a 13-member committee comprised of internal hospital leaders, community members, CHNA 9, and external stakeholders representing the minority community, schools, and local businesses. The CBAC is actively involved throughout the planning, implementation, and evaluation of the community health improvement process. This committee's essential role is to request proposals from community organizations and allocate community benefit funding toward activities that align with the hospital's community improvement plan.

Heywood Hospital's 2018 Community Health Needs Assessment (CHNA) helped determine the need for the Project. A priority of this health assessment was to understand the needs of under-resourced populations and identify and prioritize health issues and related socioeconomic determinants of health. Health disparities, health equity, and "communities within communities" received special attention during the assessment. Quantitative data for the 2018 CHA came from Heywood Hospital's emergency department patient profile data; MassCHIP data from the Massachusetts Department of Public Health (MassDPH); the Youth Risk Behavior Survey (YRBS) data; US Census data (including data from the American Community Survey); and other Commonwealth and Federal Government organizations and agencies. Supplemental qualitative data collected from 596 Surveys, 17 Focus Groups, and 12 Healthcare Professional Interviews provided information and perceptions from under-represented racial/ethnic, socioeconomic, and geographic groups.

Hospital staff presented the CHNA findings with community members, stakeholders, and partners and solicited input in response to the CHNA to help inform the development of a Community Health Improvement Plan (CHIP). Numerous community groups provided feedback on the assessment findings and helped to identify priority health focus areas and strategies. These groups included the Multicultural Task Force; Gardner Area Interagency Team; Substance Abuse Task Force; Greater Gardner Religious Council; Schwartz Center Rounds; Heywood Leadership Team; Regional Behavioral Health Collaborative; Athol and Heywood Hospital Medical Ethics; Athol and Heywood PFAC; Montachusett Suicide Prevention Task Force; North Quabbin Community Coalition; Heywood Charitable Foundation Community Investment Committee and CHNA-9. This representation ensured that Heywood Hospital's Community Health Improvement Plan (CHIP) has input from persons who represent the broad interests and specialized knowledge of our community's significant health needs. The CHIP prioritizes significant health focus areas (Social Determinants, Interpersonal Violence and Injuries, Mental Health and Substance Use, and Wellness and Chronic Disease). It identifies at-risk populations (racial and ethnic minorities, older adults, veterans, low socioeconomic, and youth/adolescents).

The process of organizing and crafting the Community Health Needs Assessment is a collaborative one. Throughout the process,

stakeholders across all communities that make up the Heywood Healthcare Service Area are engaged in focus group sessions, key stakeholder interviews, discussions and surveys that inform perceptions. This collaborative process and outcomes substantiate the need for surgical care to be delivered locally to help remove barriers to care, including surgical services which can improve outcomes for patients with chronic health conditions.

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the “Public Health Value” of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to “Patient Panel” need; and Linking the Proposed Project to “Public Health Value”.

Hospital Name: Heywood Hospital

Contact: Dawn Casavant, Vice President of External Affairs

DoN Project Name: Heywood Hospital Surgical Pavilion

Total CHI for local strategies: Original Total Obligation: \$1,857,916, State Obligation (25%): \$464,479, CHI Obligation (75%): \$1,393,437
Estimated cost to implement this strategy (total and yearly) and anticipated years of implementation: \$232,239.5 over 8 years or as directed by MDPH.

Strategy name: Community Advancement Partnerships (CAP) – Addressing SDOH

Brief strategy description:

Heywood Hospital proposes to meaningfully contribute to the Commonwealth’s and Department of Public Health’s Community Health Initiative goals through a community driven grant process, using DoN funds in support of programs addressing pressing needs as identified in the 2021 Community Health Needs Assessments.

Health Priorities:

Heywood Hospital and its community-based advisory committee (CBAC) propose to implement a grant process designed to address one or more of the identified DoN Health Priorities, including a strong SDOH component, to include: addressing the social environment, built environment, housing, violence and trauma, employment, and education.

Specifically, Heywood is proposing this work to be conducted through an engagement model, using community health data. The RFP process will be designed to address high needs and social determinants as identified in the 2021 Community Health Needs Assessment, and prioritized through a community engagement model to include engagement with the region’s CHNA 9, resulting in the development of the Community Health Improvement Plan (CHIP).

Because Heywood is proposing this work to be conducted through an engagement model, using the 2021 CHIP, expected to be completed by December 2021, the specific target population and activities have not been determined, however grant activities may include but are not limited to the following:

- The advancement of community health programs which address priority health concerns for vulnerable populations;
- The removal of barriers that prevent vulnerable populations from receiving health services, to include the social determinants of health;
- Health prevention and promotion programming;
- Strategies impact a “total population/community-wide prevention” strategy and/or an “innovative community-clinical linkage” intervention;
- Strategies are feasible and impactful as it relates to reach, population, and community support, with a focus on reducing health inequities;
- Strategies must include a strong SDOH component, if not entirely focused on addressing social determinants to include: Social Environment, Built Environment, Housing, Violence and Trauma, Employment and Education.

The Community Partnership Model will seek grant applications/proposals from community partners with a history of collaboration on community projects to address the region’s health and equity disparities and SDOH, with oversight provided by the health systems Community Based Advisory Committee.

CBAC members represent education, health care, social services, the CHNA 9, and businesses in addition to health system users to include patients and those who access Heywood’s ancillary services.

CBAC Funding Strategy Selection Criteria: Selection criteria will reflect full alignment with DoN Health Priorities.

o Evidence of impact on one or more of the six DoN Health Priorities:

The proposed Community Advancement Program (CAP), governed by the Community Based Advisory Committee will consider one, three, or five year evidence-based or evidence-informed projects aimed to address priority areas, provide an understanding of the upstream issues that create barriers and lack of opportunity, and include a strong sustainability impact plan.

Aligned with the Priority Health Areas and Social Determinants identified in the 2021 CHNA, funding considerations will be provided to the following Program Types: Direct Clinical Services; Community Clinical Linkages; Total Population or Community Wide Intervention; Access; and Infrastructure.

Target Populations will include: Disadvantaged populations as defined by race/ethnicity, socio-economic status, geography, gender, age, and veteran and disability status, among other populations identified as at-risk for health disparities.

Proposed programs must address the following:

- Evidence of impact on health outcomes;
- Justification for how strategy is a 'total population/community-wide prevention' strategy and/or an 'innovative community-clinical linkage' strategy;
- Strategy feasibility, impact and equity considerations:
 - Anticipated Reach;
 - Population and community (or neighborhood) to be impacted;
- Political will/community support to the implementation of the strategy;
- Inequity(ies) the strategy is meaning to address:
 - What is the inequity of interest? Where/What is the injustice (the source of the inequity) the strategy is trying to solve?
 - Are racial outcomes different? What other differential outcomes of interest are notable by other population groups?
 - Does this proposed strategy address racial or other inequities by helping to dismantle structural racism or other structural causes of inequity (either through policies or systems related change)? Is there opportunity to think how it could?
 - What might be the unintended (positive or negative) outcomes of this proposal for people of color or other population groups that the strategy is focusing on? What is being done to ensure negative unintended outcomes are addressed/mitigated?
 - Does the proposed strategy address the root causes of the inequities identified? If it does not address the root cause directly, how will the strategy be implemented to ensure that inequities are not perpetuated?

CBAC Overview

The Heywood CBAC also provides oversight to the Heywood Healthcare Charitable Foundation's activities, and as such the CBAC has undergone an annual RFP process dating back to 2011, by which more than \$800,000 has been granted to address pressing community needs, as determined by the 2015 and 2018 Heywood Healthcare Regional Community Health Needs Assessment in addition to oversight and guidance to Heywood Healthcare's active community-based programs, including: HEAL Winchendon, Expansive School Based Health Services including Care Coordination and Tele-behavioral Health, BSAS funded School Based ACRA & Project AMP, The establishment of two School Based Health Centers, The Backpack Food Program, providing on average 700 family food bags weekly, Handle With Care, Project LEAP, Establishment of a Regional Vaccine Clinic, Numerous sponsorships of community events, aligned with our Community Benefits Priorities as determined by the CBAC, Leadership of the Suicide Prevention Task Force, Leadership of the Regional Behavioral Health Collaborative, Engagement in CHNA 9, Leadership of the Gardner Area Interagency Team, and Leadership of the Community Multi-cultural Task Force.

Community Health Needs Assessment Framework and Methodology / Community Engagement

The Community Health Needs Assessment (CHNA) Advisory Committee members provide a diverse perspective and expertise to the Community Health Assessment and CHIP development, and facilitate connections with organizations and social service providers that are closest to the targeted populations.

The community health needs assessment framework is a collaborative one with stakeholder engagement across all communities that make up Heywood Healthcare's service area. Focus groups, stakeholder interviews, and discussions inform the qualitative survey results. Quantitative results are informed by surveys and data collected from the following sources: The US Census Bureau, the American Community Survey, the Mass Department of Public Health (PHIT), the CDC, World Health Organization, Mass Dept. of Labor and Workforce Development, Youth Risk Behavior Surveillance System, Behavioral Risk Factor Surveillance System, Mass Dept. of Mental Health, Mass Dept. of Corrections, Mass Dept. of Elementary and Secondary Education, FBI Crime Data, Heywood/Athol Hospital Patient Data, and Other Government, Nonprofit, and Private Data Sources.

The 2021 community health needs assessment is in process and is being conducted by the Montachusett Regional Planning Commission, which works closely with Heywood leadership and the CBAC and includes a broad scope of data from multiple sources including but not limited to primary and secondary data sources, input from stakeholder interviews, community member focus groups, and survey(s) in order to provide a status of health in our service area.

Focus Groups: 28 focus groups are scheduled and include the areas of Mental Health & Substance Use, Wellness and Chronic Disease, Interpersonal Violence and Trauma, Social Determinants – Economic Development, Housing and Homelessness, Transportation, General, Racial and Ethnic Minorities, Older Adults, Veterans, Low SEC, Youth Adolescents, and LGBTQ.

Participation is requested from the following organizations, committees, and coalitions as they intersect with the above listed health areas: NQCC Substance Abuse Task Force, Regional Behavioral Health Collaborative, Montachusett Suicide Prevention Task Force, CHNA9 BHMHSU, Montachusett Opioid Task Force, DA Early Opioid Task Force, North Quabbin Opioid Task Force, Heywood Internal Staff: QR, PHP, MHU, GPU, Health Alliance Internal Staff, Montachusett Recovery Club, NQCC Children's Health and Wellness, CHNA9 Healthy Eating Active Living, Greater Quabbin Food Alliance, Central Mass Grown/North Central MA Food System Partnership, Heywood internal staff- Nutrition/endocrinology, DTA Offices, United Way Monthly Forum and Service Coordination, Life Path CDSMP Evidence based program leaders, HealthAlliance internal staff, Parks and Rec, CHNA 9 Healthy and Safe Relationships, Handle with Care, Children's

Advocacy Center of Franklin and North Quabbin Family Child Services (DCF), Legal Aid, NQCC Jail to Community Task Force, Gardner Domestic Violence Task Force, Spanish American Center, YWCA, New England Learning Center for Women in Transition-Domestic Violence, Elder Protective Services- MHCC, Elder Protective Services- Life Path, Greater Gardner Chamber of Commerce, North Quabbin Chamber, North Central MA Chamber of Commerce, Wachusett Chamber, MassHire, North Quabbin Workforce Development Council, MRPC, FRCOG, CMRPC, Greater Gardner Rotary, Legislators, City and Town Officials, North County Homelessness TF, Gardner Housing Emergency Mission, North Star, Our Fathers House, DIAL (orange), TIL (LUK), School District McKinney Vento, Winchendon CAC, North Central Massachusetts Faith Based Community Coalition, CHNA9 Transportation Work Groups, Montachusett Joint Transportation (MRPC), MART, FRTA, Gardner Area Interagency Team, Greater Gardner Religious Council, NQ Community Coalition, Clinton Area Community Partners, Montachusett Public Health Network, Heywood Hospital/HA Schwartz Center Rounds, Gardner CAC, Athol Salvation Army, Heywood Senior Team, Community Health Connections Board and Staff, Community Health Center of Franklin County Board and Staff, Multicultural Task Force, Minority Health Coalition, CHNA9 RJWG, HA Minority Advisory Council, MLK Coalition, NewVue, GVNA, Senior Center/ Council on Aging, Life Path Age Friendly Steering Committee, MHC, Assisted Living SNF's, Care Transitions Group, Active Life, Genesis home care, Montachusett Veterans Outreach Center, Disabled American Veterans formerly Veterans Homestead, Veteran Agents from each of the towns, VA clinic Fitchburg, School Based Care Coordinators, GCAT, NQ Drug Free Community, Q-Drug/ Quaboag Hill Drug Prevention Alliance, LUK Prevention Group- NCCAT, Mission E4, Superintendents, MWCC, Leominster CAT, Healthy Families- Care Central VNA, Valuing Our Children Family Resource Center, Fitchburg Family Resource Center, PPAL, FSU, NQ Recovery Group, Alyssa's Place, Gardner MENDers Support Group, Mass Parents United, School PTO Groups, Education Equity Task Force, NQCC Parent Advisory Council, School Connect Eds Survey, Surveys from Homeless Individuals, Housing Authority, Winchendon Residents Action Group, HEAL Winchendon CIRCL group leaders, Clinton Community Steward Training, Fitchburg Health Stewards, Town websites / Churches/ NCMFBCM and several other community representatives.

Stakeholder Interview Schedule:

02/2021: Feedback on assessment tool and collection plan

06/2021: Review analyses of assessment data

08/2021: Input on CHA, Prioritize Health Needs, Identify Strategies for Improvement

12/2021: Input on CHIP

Community Survey – Community Health Survey. Launched at the end of January 2021 and disseminated through Heywood Medical Group Patient Texts and Email, Social Media, Partners/Networks, and available in English, Spanish, Hmong and Arabic. 1,085 responses have been received as of February 8th.

Quantitative Data Sources - The US Census Bureau, the American Community Survey, the Mass Department of Public Health (PHIT), the CDC, World Health Organization, Mass Dept. of Labor and Workforce Development, Youth Risk Behavior Surveillance System, Behavioral Risk Factor Surveillance System, Mass Dept. of Mental Health, Mass Dept. of Corrections, Mass Dept. of Elementary and Secondary Education, FBI Crime Data, Heywood/Athol Hospital Patient Data, and Other Government, Nonprofit, and Private Data Sources.

Additionally, public health professionals from Heywood Healthcare, the Massachusetts Department of Public Health, the Montachusett Regional Planning Commission, and the CHNA 9 collect and analyze quantitative data on key data points for all 15 communities.

Data will be presented and distinguished in the report for the service area in its entirety, the hospital service area, and the individual communities. The process of organizing and crafting the Community Health Needs Assessment is a collaborative one. Throughout the process, stakeholders across all communities that make up the Heywood Healthcare Service Area are engaged in focus group sessions, key stakeholder interviews, discussions and surveys that inform perceptions.

Heywood completed the 2018 (Year One) and 2019 (Years 2 and 3) Self-Assessment Surveys. The level of engagement is provided below; the full assessment can be viewed here: 2019 Self Assessment Survey.

Stakeholder Assessment

CBAC Stakeholder assessments represent strong community engagement, in addition to opportunities for growth. Stakeholder assessments may be viewed here: Stakeholder Assessments.

Community Benefits Advisory Committee Meetings: Formal Meetings of the CBAC are held quarterly. The VP of Community Relations provided an update on this Project at the CBAC meetings on 9/20/2019 and on March 26, 2021. The Project is now a standing item for this committee with feedback incorporated for program expansion and improvement. The CBAC committee will provide oversight for selecting community health improvement strategies to fund and implement following and in accordance with the DoN project's approval.

Patient and Family Advisory Councils: On March 30, 2021, Heywood Hospital hosted a combination Patient and Family Advisory Council and Multicultural Committee meeting that included an appropriate representation of Heywood's Primary and Secondary service areas.

Board Philanthropy Committee: The Community Relations and Philanthropy Committee of the Board of Trustees meets bi-monthly. The Surgical Pavilion project has been a long-standing agenda item with input provided regularly by members of this seven-member committee, representing communities within the Heywood Healthcare primary service area. Members provide input to the development process to include fundraising support and assistance. Committee members and donors are all made aware that philanthropic gifts may be returned to the donor if the project does not receive DoN approval.

Town Hall: In addition to the annual Town Hall events, communication to the community will be established on the hospital's website and social media platforms. The CEO provides weekly updates to the internal and external community. The establishment of a new surgical pavilion has been discussed multiple times, to include via video updates on the Heywood Youtube Channel and social media

outlets.

In addition, there were publicly televised Gardner City Council meetings which took place on October 19, 2020 and December 14, 2020, in which the project was fully presented, discussed and voted upon. Additionally, the signing of the land lease and land deed was conducted and shared with the public via the City of Gardner's website and Youtube Channel on January 14th. Additionally, an open public zoom meeting was hosted on April 14th, in which Rozanna Penney, Vice President of Perioperative Services, presented the Surgical Pavilion Project and responded to participants' questions. Eleven community members participated and overwhelmingly the response was positive. On June 15th Heywood Healthcare had a neighborhood information session.

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a **Cost Containment:**

Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

In the past three years, over 24,000 procedures have been performed by Heywood Healthcare Perioperative Services. Built in 1961, the four operating rooms at Heywood Hospital are both too small relative to current standards and too few in number relative to case volume. The outdated and unreliable HVAC system has resulted in case cancellations and needs to be updated. The current location on the hospital campus of the existing ORs and HVAC system precludes renovations because of infrastructural limitations. Unable to renovate, the hospital cannot meet the community's growing demand for surgical procedures. Moreover, without the necessary updates to the perioperative suite, Heywood Hospital will not be able to maintain the quality and efficiency patients and surgeons have come to expect and will be forced to seek procedural care in tertiary centers, which will increase the aggregate cost of care.

Our proposed project includes an increase of the ORs from 4 to 6, which we anticipate will reduce waiting times for procedures and increase the overall surgical volume. In light of the lower costs associated with healthcare at Heywood Hospital versus tertiary referral centers, our proposed project aligns perfectly with the Commonwealth's goal of making healthcare equitably available to every person at the lowest reasonable aggregate cost. The construction of a new surgical platform will not only facilitate Heywood Hospital's ability to keep existing patients in our low-cost system, it will also allow for service line expansion and case volume growth. By allowing for more (and more diverse and sophisticated) care to be delivered in the community setting, the project will enhance access to care for those who are restrained in their ability to travel for care (due to either financial or physical limitations), will reduce travel time and costs for those patients and their families, and will better enable patients' families to visit and support those patients.

In 2019, Heywood Hospital's share of the inpatient surgical market was 23.1% vs. 32.4% for UMMC. As more care is delivered in the community setting, the aggregate cost of care for the Commonwealth is reduced.

F2.b **Public Health Outcomes:**

Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

Heywood Healthcare provides cost effective, quality and efficient Perioperative Services to its patient population. Without the proposed, much needed renovations to the current infrastructure of the perioperative suite, the hospital will not be able to meet the community's growing demand for surgical procedures. Moreover, after six decades of continuous service, it is only a matter of time until the existing operating suite is no longer able to meet regulatory standards, a situation that would be catastrophic for both the hospital and its patients who will be forced to seek perioperative care in tertiary centers.

Core design features of our proposed 40,115 ft² addition include the following:

- Six new operating rooms, each nearly 200 ft² larger than our four existing ORs;
- 21 pre/post procedure rooms;
- Shell space on the second floor for future use to accommodate outpatient surgical specialists offices.

This addition will provide increased flexibility of scheduling, which will improve access. Allowing more patients timely access to surgical care in our community hospital is expected to reduce the overall morbidity in patients whose conditions need time-sensitive attention. Also, as noted above, we expect further reductions in surgical site infections and other perioperative complications.

Relocating surgical services to the new space will allow the existing endoscopy and interventional pain services to expand their footprint, thus improving access to preventative procedural care such as screening colonoscopies and interventional pain procedures. While substance misuse is a multifaceted problem prevalent in the region, chronic pain is undoubtedly a contributing factor. Provision of interventional modalities for chronic pain syndrome improves public health outcomes by providing non-pharmacological treatment alternatives.

Perioperative Services are a core service of Heywood Healthcare and a key service which accounts for over one third (42%) of the hospital's revenue, without which Heywood Healthcare would not be able to support many community initiatives. Currently, the Perioperative Services leadership at Heywood Hospital is leading a regional initiative to operate regular vaccination clinics. To date, these clinics have administered over 30,000 vaccines to local patients who were not able to travel outside of the region, and Heywood Hospital has partnered with the City of Gardner and Athol to provide vaccinations to local elderly housing complexes. Additional public health initiatives provided by Heywood Healthcare, which do not cover their costs, include:

- Weekend backpack program
- School-based health centers
- Suicide Prevention Program

F2.c Delivery System Transformation:

Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

With the creation of improved surgical services space, improved coordination of care is facilitated as well. Improved postoperative communication with PCPs and other providers will occur as the work environment for surgeons and hospital staff is designed to facilitate communication. This will help in the post-operative follow up and improve communication about the appropriate measures to reduce the risk of postoperative complications. Perioperative issues which are identified can be more quickly addressed by allowing a more private physical space for patients to have visits with social service as needed while still in the hospital. This will assist in post-operative arrangements for support care to help facilitate post-operative care compliance by engaging patients and addressing patient barriers and needed supports, prior to discharge. Patients will be provided with linkages to address identified social determinants, and assigned a community health worker to assist with unanticipated challenges.

Factor 3: Compliance

Applicant certifies, by virtue of submitting this Application that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein .

F3.a Please list all previously issued Notices of Determination of Need

Add/Del Rows	Project Number	Date Approved	Type of Notification	Facility Name
<input type="checkbox"/> + <input type="checkbox"/> -	2-3B53	08/14/2008	DoN-Required Service	Henry Heywood Memorial Hospital

F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.

	Category of Expenditure	New Construction	Renovation	Total (calculated)
Land Costs				
	Land Acquisition Cost			
	Site Survey and Soil Investigation			
	Other Non-Depreciable Land Development			
	Total Land Costs			
Construction Contract (including bonding cost)				
	Depreciable Land Development Cost			
	Building Acquisition Cost			
	Construction Contract (including bonding cost)	\$27255504.		\$27255504.
	Fixed Equipment Not in Contract	\$2000000.		\$2000000.
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost	\$1421500.		\$1421500.
	Pre-filing Planning and Development Costs			
	Post-filing Planning and Development Costs	\$837313.		\$837313.
Add/Del Rows	Other (specify)			
<input type="checkbox"/> <input type="checkbox"/>				
	Net Interest Expensed During Construction	\$1257204.		\$1257204.
	Major Movable Equipment	\$1460000.		\$1460000.
	Total Construction Costs	\$34231521.		\$34231521.
Financing Costs:				
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc	\$635000.		\$635000.
	Bond Discount			
Add/Del Rows	Other (specify)			
<input type="checkbox"/> <input type="checkbox"/>	Project Support (\$1,584,000) and Contingency (\$1,510,000)	\$3094000.		\$3094000.
	Total Financing Costs	\$3729000.		\$3729000.
	Estimated Total Capital Expenditure	\$37960521.		\$37960521.

Factor 5: Relative Merit

F5.a.i Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Proposal:

The process to evaluate our need and develop an action plan included many aspects of analysis. Some of which are listed below:

1. There was the analysis of current physical space which is both outdated and undersized, and limits the numbers and types of procedures that can be performed.
2. The HVAC system is decades old and improved ventilation and other environmental control is needed.
3. The projections showed a need for increased surgical services as our communities' population is rapidly aging.
4. The community lacks sufficient transportation services for our patients and their families to travel to Worcester or other cities for care.
5. The Heywood system is dependent on a strong surgical services line to maintain its fiscal viability and independence.
6. The 15 communities in the Heywood primary services area rely on the Heywood system for primary and specialty needs which are influenced by the financial viability of the system, which is heavily dependent on a strong surgical platform.

Quality:

This addition will provide increased flexibility of scheduling, which will improve access. Allowing more patients timely access to surgical care in our community hospital is expected to reduce the overall morbidity in patients whose conditions need time-sensitive attention. When these conditions are addressed early in their course it is expected that overall costs will also be less than if there was delay in treating those conditions. Also, as noted above, we expect further reductions in surgical site infections and other perioperative complications. Improved work space will help to facilitate communication and care coordination among surgeons and hospital staff. Patient satisfaction with services will also improve.

Efficiency:

The new surgical pavilion will create convenient and thoughtfully designed workspaces to enhance pre- and post-operative communication and coordination with the patients' PCPs, surgeons, and other providers resulting in greater efficiency and engagement. Providing ready access for workspaces between cases will also help facilitate communication with patients' families waiting for updates. Improved perioperative work spaces will also allow surgical staff to improve communication among themselves between cases that will improve overall efficiency of the program. Addition of the central core area for storage of sterile instrumentation will enhance workflow efficiency.

Capital Expense:

Refer to Factor 4

Operating Costs:

Refer to the feasibility study and appendix 6.

List alternative options for the Proposed Project:

Alternative Proposal:

A variety of renovation options have been considered, but high cost estimates and integration with legacy buildings and systems make them suboptimal. Alternatives considered included building a separate building for an ambulatory surgery center and upgrading current operating suites. These options are cost-prohibitive, shorter term solutions, which do not provide the needed physical and fiscal efficiencies or the best practices of care delivery and patient experience for the community served by Heywood Hospital. Ambulatory surgery center would not address the needs of inpatient and emergency room surgical patients. Upgrading the current surgical suites is not feasible due to insufficient square footage and lower ceiling heights. Upgrading current ORs would not allow the hospital to manage growing surgical volume. The current HVAC would need a complete overhaul and would cost an additional minimum of \$4.5M to complete. Internal workspace would not be able to be improved to allow for improved workflow due to severe space limitations. Patient privacy would continue to be suboptimal. In addition, continuing to provide surgical services during an upgrade would be extremely difficult and would pose an increased risk of surgical site infections.

Alternative Quality:

Insufficient square footage of the existing ORs and lower ceiling heights preclude Heywood Hospital from taking advantage of the modern day surgical site infection control modalities (such as laminar flow, central core for storage of the sterile instrumentation, separate clean and dirty transport elevators to the central sterile processing department). Furthermore, there is no opportunity for expansion of the size or quantity of the ORs, which means patient access and delay of care will not be improved.

Alternative Efficiency:

None

Alternative Capital Expense:

Refer to appendix 6

Alternative Operating Costs:

Refer to appendix 6

Add additional Alternative Project

Delete this Alternative Project

F5.a.ii Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Alternatives considered included building a separate building for an ambulatory surgery center and upgrading current operating suites. These options are cost-prohibitive, shorter term solutions, which do not provide the needed physical and fiscal efficiencies or the best practices of care delivery and patient experience for the community served by Heywood Hospital.

Upgrading the current surgical suites is not feasible due to insufficient square footage and lower ceiling heights. Furthermore, upgrading current ORs would not allow the hospital to manage growing surgical volume. The current HVAC would need a complete overhaul and would cost an additional \$4.5M to complete. Internal workspace would not be able to be improved to allow for improved workflow due to severe space limitations. Patient privacy would continue to be suboptimal. In addition, continuing to provide surgical services during an upgrade would be extremely difficult and would pose an increased risk of surgical site infections.

Factor 6: Community Based Health Initiatives

F6 Does your existing CHNA/CHIP meet the minimum standards outlined in the Community Engagement Standards for Community health Planning Guideline?

☒ Yes ☐ No

Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application. Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- ☒ Copy of Notice of Intent
- ☒ Affidavit of Truthfulness Form
- ☒ Scanned copy of Application Fee Check
- ☒ Affiliated Parties Table Question 1.9
- ☒ Change in Service Tables Questions 2.2 and 2.3
- ☒ Certification from an independent Certified Public Accountant
- ☒ Articles of Organization / Trust Agreement
- ☒ Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office
- ☒ Community Engagement Stakeholder Assessment form
- ☒ Community Engagement-Self Assessment form

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Date/time Stamp: 07/16/2021 5:16 pm

E-mail submission to
Determination of Need

Application Number: HH-21071315-HE

Use this number on all communications regarding this application.

☐ Community Engagement-Self Assessment form