



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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November 14, 2018

VIA EMAIL nedwards@barrettsingal.com

Nina Edwards, Esq.
One Beacon Street, Suite 1320
Boston, MA, 02108

RE: Notice of Determination of Need
Baystate Medical Center
Significant Change
Project Number 3B36.7

Dear Ms. Edwards:

At their meeting of November 14, 2018, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to 105 C.M.R. 100.635(A)(3) to approve the request by Baystate Medical Center (Baystate or Holder) in Springfield MA, for a Significant Change to its previously approved DoN Project; specifically with respect to consolidation of the Heart and Vascular Service through a build-out of shell space in Baystate's DoN approved seven-story addition (Addition) at 759 Chestnut Street, in Springfield. This approval incorporates the Memorandum to the Public Health Council (Memorandum) and the Public Health Council proceedings concerning this Request.

Based upon a review of the materials submitted the Department found that this Request falls within the definition of Significant Change that includes "... Any build out of shell space that was subject to a Notice of Determination of Need" and that the proposed change is both within the scope of the Notice of Determination of Need and is reasonable.

Under 100.635(a)(3)"... Final Actions may include additional terms and Conditions to be attached to the Notice of Determination of Need." This approval is conditioned as described in the Memorandum, a copy of which is attached hereto and made a part hereof.

Sincerely,

~S~

Nora J. Mann
Director, Determination of Need Program

cc: Sherman Lohnes, Director, Division of Health Care Facility Licensure and Certification
Rebecca Rodman, Deputy General Counsel
Samuel Louis, Office of Health Equity
Mary Byrnes, Center for Health Information and Analysis
Steven Sauter, MassHealth
Katherine Mills, Health Policy Commission
Ben Wood, Office of Community Health Planning

Memorandum to the Public Health Council

APPLICANT: Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

PROJECT NUMBER: 1-3B36.7 (Significant Change)
BH-18073108-AM

DATE OF APPLICATION: July 31, 2018

Introduction

This memorandum presents, for Public Health Council (PHC) action, the Determination of Need (DoN) Program's recommendation in connection with a request by Baystate Medical Center (Baystate or Holder) in Springfield MA, for a Significant Change to its previously approved DoN Project. As proposed, Baystate seeks approval to consolidate the Heart and Vascular Service (the Service) through a build-out of shell space in its DoN approved seven-story addition (Addition) at 759 Chestnut Street, in Springfield. The proposed project would generate an incremental increase in the maximum capital expenditure of \$37,605,439 (July 2018 dollars), and the community health initiatives (CHI) contribution will increase by \$1,880,271.95.

This request falls within the definition for Significant Change that includes "... Any build out of shell space that was subject to a Notice of Determination of Need" and will be reviewed pursuant to 105 C.M.R. 100.635(A)(3), which requires that the proposed change falls within the scope of the Notice of Determination of Need and is reasonable. The Department has received no public comment on this request for Significant Change.

Background

Baystate is a licensed 716-bed academic medical center that operates the only Level 1 Trauma Center and the only Pediatric Trauma Center in western Massachusetts. In November 2007, the Department approved a DoN at Baystate for construction of an Addition at 759 Chestnut Street in Springfield, MA - what they called the "Hospital of the Future". As part of Baystate's long-term strategic plan, the approved Addition included 295,800 gross square feet (GSF) of shell space to afford design flexibility for future patient panel needs over a period of 15 to 20 years. Since 2007, six amendments have been approved by the Department, each authorizing build-outs designed to meet identified service needs of the Baystate patient panel. The chart below provides the sequence of the previous amendments including the increases in MCE and build-out GSF with this Proposed Project at the bottom. A brief summary of each amendment is in Attachment 1. Approval of this project would leave the amount of remaining shell space at 133,913 GSF.

	Approval Date	Total GSF	Approved Gross Square Footage ("GSF")			Approved MCE
			New Const GSF (without shell)	Shell Space GSF	Renovation GSF	
DoN #1-3B36	11/2007	641,250	303,300	295,800	42,150	\$239,318,527
Amendment 1	08/2009	630,504	303,300	282,304	44,900	\$239,318,527
Amendment 2	11/2009	686,086	303,300	337,886	44,900	\$239,318,527
Amendment 3	02/2011	692,276	381,857	261,445	48,974	\$314,083,474
Amendment 4	09/2012	692,276	461,973	181,329	48,974	\$359,423,474
Amendment 5	08/2014	692,276	475,616	167,686	48,974	\$366,266,390
Amendment 6	01/2017	698,634	486,749	156,553	55,332	\$373,520,390
Proposed Project		703,560	509,389	133,913	60,258	\$411,125,829

Proposed Amendment: To relocate Heart and Vascular Services to existing Shell Space.

The Holder is seeking authorization to build-out 22,640 GSF of approved shell space to relocate, replace and consolidate the Heart and Vascular Service (the Service). The Service includes: a four-room cardiac catheterization laboratory; two-room electrophysiology laboratory (collectively, the Labs); one operating room (OR); 15 bays in pre/post operation rooms; and associated support space, including: rest rooms, storage, waiting, staff and mechanical areas (collectively, the Proposed Project). The Proposed Project also contemplates replacement of all of the aging equipment that needs to be replaced. Currently, some of the Service is located in the adjacent Daly Building and other parts of the Service are on two floors of 759 Chestnut Street. As proposed, and if approved, this amendment will result in a one-for-one replacement of these functional areas on a single floor of 759 Chestnut Street, without any increase in the number of procedure or operating rooms.

Baystate states that consolidation of the Heart and Vascular Service is included in its long-term Master Plan and in the original DoN application. Baystate asserts that existing specialized electrophysiology and cardiac catheterization equipment is at the end of its useful life; and that the replacement equipment is more efficient allowing more patients to be served within each diagnostic/treatment laboratory. Baystate asserts the existing areas are undersized; lack a sufficient number of pre- and post- operative bays and storage; and are inefficient to operate. The Proposed Project provides for more square footage to meet updated building requirements, and will provide a shared patient waiting room, support areas, an elevator and other mechanical elements.

Baystate asserts that co-locating the waiting room and the pre- and post-operative areas for the two Labs will enable greater flexibility and efficiency of space utilization and staffing. Baystate further argues that integrating all heart and vascular sub-specialties will facilitate the delivery of interdisciplinary care, improve communications among clinicians, and result in more timely transitions of patients to proximate ORs and other components of the Service. Baystate argues that consolidating all of the elements of the Service will improve convenience,

coordination and continuity of care for patients within its patient panel and patient service area.

As the only tertiary referral center within Western Massachusetts, approval of the Proposed Project will allow Baystate to accommodate what it describes as continued and steady demand for the Heart and Vascular Service. Baystate argues that the demand is a result of the increased incidence of cardio-vascular disease due to the aging population. Cardiovascular disease is the second leading cause of death after cancer in Massachusetts¹ and in 2015 the 65+ age cohort grew to 16% of the population in Massachusetts.

Impact on Costs

The regulation requires that a Holder submit a description of the proposed change along with any cost implications. In that context, with this Proposed Project, Baystate seeks to increase its capital expenditures to a total of \$411,125,829 (July 2018 dollars) for the construction necessary to facilitate the final implementation of the Service. The majority of this seventh Amendment is for build out of space used for complex infrastructure and procedure rooms. The technical infrastructure requirements² carry a higher cost per square foot than, for example, medical/surgical patient rooms. The holder states that the cost is less than for renovating the existing space to the same standards. Baystate estimates the additional depreciation expense related to this project is at \$4,950,963 annually, which it states has a minor incremental impact relative to the Holder's total depreciation and interest expenses. The consolidation of all functions related to the Service will be more cost effective to operate. Baystate asserts that any increase in operating costs will largely be a function of incremental supply costs related to the projected increase in procedure volume.

Impact on Community Health Initiative Funding

The Applicant applied for and received approval for DoN# BH-18010311-HS in May 2018. As part of that project the applicant completed all required CHI application components. For this reason, DPH determined that because the Applicant has within a year's time already receive a Notice of Determination of Need and there has been no intervening and new community health needs assessment since that initial application, the Department would not require submission of new Self-Assessment or Stakeholder Assessment forms. DPH did require the completion of a Community Engagement Plan describing the following major components (based on findings from the review of materials for DoN# BH-18010311-HS):

- How CHI related community engagement and decision making would fit with the 2019 Coalition of Western Massachusetts joint CHNA/CHIP.

¹ Page 250, <https://www.mass.gov/files/documents/2017/10/04/MDPH%202017%20SHA%20Chapter%208.pdf>

² Related to life/safety, electrical, plumbing, HVAC components. Additionally an elevator is being added.

- How CHI resources would be split across the (4 hospital) Baystate Health System and how advisory committees will be used for implementing community engagement activities and health priority strategies.

The Applicant did submit a Community Engagement Plan (Attachment 2) as well as a proposed budget and timeline of activities post project approval (Attachment3). As noted below, these shall become Conditions to the DoN. The Community Engagement Plan describes how CHI related community engagement and decision-making will be completed in concert with the implementation of the 2019 Coalition of Western Massachusetts joint CHNA/CHIP and that CHI resources will be made available for disbursement through all four (4) hospitals part of the Applicant's system and that are participating in the joint CHNA/CHIP process. Additionally, the Applicant has provided a thorough plan on how allowable administrative resources will be used to reduce barriers for community participation in the CHI process. DPH finds all plans acceptable.

Findings and Recommendation

Based upon the information submitted, the Department can find that the "the proposed change or modification falls within the scope of the Notice of Determination of Need as previously approved by the Department, and ... is reasonable". 105 C.M.R. 100.635(A)(3) which are the requirements for approval of an Amendment.

Under 100.635(a)(3)" ... Final Actions may include additional terms and Conditions to be attached to the Notice of Determination of Need." Staff recommends that the following Standard conditions set out in 105 CMR 100.310 apply to this DoN and all amendments thereto:

105 CMR 100.310(H) The Government Agency license of the Health Care Facility or Health Care Facilities for which, and on behalf of, the Holder possesses a valid Notice of Determination of Need, shall be conditioned with all Standard and Other Conditions attached to the Notice of Determination of Need.

105 CMR 100.310 (K) If the Health Care Facility or Heath Care Facilities for which the Notice of Determination of Need has been issued is eligible, the Holder shall provide written attestation on behalf of the Health Care Facility or Heath Care Facilities, under the pains and penalties of perjury, of participation, or their intent to participate, in MassHealth pursuant to 130 CMR 400.000 through 499.000.

105 CMR 100.310(L) The Holder shall report to the Department, at a minimum on an annual basis, and in a form, manner, and frequency as specified by the Commissioner. At a minimum, said reporting shall include, but not be limited to, the reporting of measures related to the project's achievement of the Determination of Need Factors, as directed by the Department pursuant to 105 CMR 100.210."

105 CMR 100.310(M) If it is determined by the Department that the Holder has failed to sufficiently demonstrate compliance with one or more Conditions, the Holder shall fund projects which address one or more of the Health Priorities set out in Department Guideline, as approved by the Department, which in total, shall equal up to 2.5% of the total Capital Expenditure of the approved project. Said projects shall address one or more of the Health Priorities set out in Department Guideline, and shall be in addition to those projects approved by the Department in fulfillment of 105 CMR 100.210(A)(6). In making such determination, the Department shall provide written notification to the Holder at least 30 days prior to requiring such funding, and shall provide the Holder the opportunity to appear before the Department. The Department shall consider circumstances external to the Holder that may impact the Holder's ability to demonstrate compliance.

105 CMR 100.310(N) The Holder shall provide to Department Staff a plan for approval by the Office of Health Equity for the development and improvement of language access and assistive services provided to individuals with disabilities, non-English speaking, Limited English Proficiency (LEP), and American Sign Language (ASL) patients.

105 CMR 100.310(O) The Holder shall provide for interpreter services to the Holder's Patient Panel. The Holder shall ensure that all medical and non-medical interpreters, inclusive of staff, contractors, and volunteers providing interpreter services to the Holder's Patient Panel maintain current multilingual proficiency and have sufficient relevant training. Training for non-medical interpreters should include, at a minimum:

- (1) The skills and ethics of interpretation; and
- (2) Cultural health beliefs systems and concepts relevant to non-clinical encounters.
- (3) Training for medical interpreters should include, at a minimum:
 - (a) the skills and ethics of interpretation; and
 - (b) multilingual knowledge of specialized terms, including medical terminology, competency in specialized settings, continuing education, and concepts relevant to clinical and non-clinical encounters.

105 CMR 100.310(P) The Holder shall require and arrange for ongoing education and training for administrative, clinical, and support staff in culturally and linguistically appropriate services (CLAS), including, but not limited to, patient cultural and health belief systems and effective utilization of available interpreter services.

105 CMR 100.310(Q) All Standard and Other Conditions attached to the Notice of Determination of Need shall remain in effect for a period of five years following completion of the project for which the Notice of Determination of Need was issued, unless otherwise expressly specified within one or more Condition.

Conditions relative to CHI

1. Of the total required CHI contribution of \$2,900,000, \$725,000 will be directed to the CHI Statewide Initiative and \$2,175,000 will be dedicated to local approaches to the current CHI initiative. The \$2,175,000 includes allowable administrative and evaluation costs per the project budget (Attachment X). The amount of CHI resources split between the Applicant's four (4) hospitals will be determined through the CHI planning process. To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$725,000 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative). The Holder must submit the funds to HRiA within one month from the date of the Notice of Approval. The Holder must promptly notify DPH (CHI contact staff) when the payment has been made.
2. The Holder will implement the CHI per the plans outlined in the Community Engagement Plan including using the 2019 Coalition of Western Massachusetts joint CHNA/CHIP as the basis for CHI strategy selection (Attachment 2).
3. The Holder will submit to DPH the Health Priority Strategy Selection Form and issue Request for Proposals through the Community Benefit Advisory Boards of the four (4) hospitals according to the timeline attached (Attachment 3).

All other conditions in DoN 1-3B36 and subsequent amendments remain in effect.

Attachment 1

Summary of the Six Previous Amendments

Amendment 1: August, 2009 - filed as a result of refinements to the original design for the Project eliminating two floors thereby changing the total GSF approved from 641,250 to 630,504 GSF and increasing the renovation GSF from 42,150 GSF to 44,900 GSF.

Amendment 2: November, 2009 - filed to restore the two (2) floors of shell space eliminated by the previous minor amendment as a result of further changes in planning. It brought the approval back to the plans contemplated in the original DoN. Amendment 2 increased the total GSF for the Project from 630,504 GSF to 686,086 GSF.

Amendment 3: February, 2011 - build-out 76,441 GSF of shell space to replace, inadequately sized ED; also 3 included construction of a connecting corridor and an increase of 6,190 GSF in the overall approved GSF to include renovation of the existing lobby/main entrance and add a covered walkway from the helipad.

Amendment 4: September, 2012 - build-out 80,116 GSF of shell space; included 70,383 GSF build-out of three (3) floors to replace 96 medical/surgical beds on the 5th, 6th, and 7th floors; 2,500 GSF for a construction management office; and 7,233 GSF for basement and roof infrastructure systems.

Amendment 5: August, 2014 - build-out of 13,643 GSF of shell space for a new pharmacy in proximity to patient care areas and renovation of the existing pharmacy areas for conversion to administrative and support space.

Amendment 6: January 26, 2017 - build-out 11,133 GSF of shell space, and renovation of an additional 6,358 GSF for the pediatric procedure and infusion suite, the intermediate care step-down unit, nurse training room, gift shop and emergency department storage areas.

Attachment 2

Baystate Health System Community Engagement Plan (2018-2019)

2. Name of CHI Engagement Process

Please indicate what community engagement process (e.g. the name DoN CHI Initiative associated with the CHI amount) the following form relates to. This will be use as a point of reference for the following questions. (Please limit the name to the following field length as this will be used throughout this form):

BMC EP/Cath Lab Project

3. CHI Engagement Process Overview and Synergies with Broader CHNA /CHIP

Please briefly describe your overall plans for the CHI engagement process and specific how this effort that will build off of the CHNA /CHIP community engagement process as is stated in the DoN Community-Based Health Initiative Planning Guideline.

Baystate Health, in partnership the Coalition of Western MA Hospitals/Insurer (Coalition) launched its 2019 Community Health Needs Assessment (CHNA) 10-month project in September 2018. The Coalition is a partnership between eight non-profit hospitals and insurer in western Massachusetts: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Noble Hospital, Baystate Wing Hospital, Cooley Dickinson Hospital, Mercy Medical Center (a member of Trinity Health – New England), Shriners Hospitals for Children – Springfield, and Health New England, a local health insurer whose service area covers the four counties of western Massachusetts. The Coalition formed in 2012 to share resources and work in partnership to conduct their community health needs assessments (CHNA) and address regional needs. Improving the health of western Massachusetts is a shared mission of the Coalition.

The Coalition, in partnership with the 2019 CHNA consultant team, the Public Health Institute of Western MA (PHIWM) (lead consultant), Franklin Regional Council of Governments (FRCOG), Community Health Solutions (CHS), a department of the Collaborative for Educational Service, and Pioneer Valley Planning Commission (PVPC) have convened a Regional Advisory Council (RAC) is a body of 40+ stakeholders made up of broad representation of the community. RAC membership is inclusive of hospital and insurer community benefits staff, local public health departments/boards of health, municipal staff, education, housing, social services, private/business sector, community health centers, and community-based organizations. The group meets monthly and provides guidance and input into the process and implementation of the CHNA, including research strategies, engagement, draft findings and recommendations, dissemination. The RAC members also serve on one of four workgroups: Data/Reports, Engagement, Dissemination, and Health Equity.

The 2019 CHNA is being conducted through a determinant of health and health equity framework as it is recognized that social and economic determinants of health contribute substantially to population health and a health equity framework allows for actions to eliminate health disparities by addressing the social and economic factors that impact health. The primary 2019 CHNA goals are to update the list of prioritized community health needs identified in the 2016 CHNA and to the extent possible, identify potential areas of action. The prioritized health needs identified in the 2016 CHNA included community level social and economic determinants that impact health, barriers to accessing quality health care, and specific health conditions and behaviors.

Assessment methods for the 2019 CHNA are to include an analysis of social, economic and health quantitative data from Massachusetts Department of Public Health, the U.S Census Bureau, the Centers

for Disease Control and Prevention [CDC] Behavioral Risk Factor Surveillance System [BRFSS], the County Health Ranking Reports, Community Commons (CC), and a variety of other data sources. In addition, qualitative data analysis of findings from eight (8) focus groups and thirty-two (32) key informant interviews will be included. Review of existing assessment reports published since 2016 that were completed by community and regional agencies serving western MA will also be done. The assessment will focus on county-level data and community-level data as available. To the extent possible given data and resource constraints, vulnerable sub-populations will be identified using information from focus groups and interviews as well as some of the quantitative data will be stratified by race, ethnicity, gender, etc.

Integral to the past and current CHNA are the participation and support of community stakeholders and representatives who provide input through regional advisory council participation, key informant interviews, focus groups, “community forums” (formerly called listening sessions), and new to the 2019 CHNA, “community conversations” and “community chats”.

Based on the findings of the 2019 CHNA, and in partnership with their Community Benefits Advisory Councils, Baystate Health’s hospitals will develop community benefit implementation strategies (Summer 2019) to address select prioritized needs. In addition, the CHNA findings will inform county-wide community health improvement plans in Hampden and Franklin counties (Summer 2019). PHIWM and PVPC are the lead agencies for the Hampden County Community Health Improvement Plan. Franklin Regional Council of Governments is the lead agency for the Franklin County / North Quabbin Community Health Improvement Plan.

4. CHI Advisory Committee

For Tier 2 DON CHI Applicants: The CHI Advisory Committee is tasked with helping select DoN Health Priorities based on the CHNA / CHIP unless the Applicant is directed by DPH to conduct additional community engagement. If so, the advisory committee's role is to guide that additional work.

CHI Advisory Committee = Baystate Health Community Benefits Advisory Councils. Baystate Health’s four hospital Community Benefits Advisory Councils (CBAC’s) will serve as the CHI Advisory Committee for their respective hospital and oversee the selection of DoN Health Priorities (June 2019), based on the findings from 2019 CHNA. To the extent possible the CBAC’s will also ensure alignment of the DoN health Priorities with the hospitals’ community benefits implementation strategy (Summer 2019).

Distribution of the CHI funding to Baystate’s four hospitals will be determined by a TBD formula (refer to Budget *Excel* Document) that will allocate a portion of the \$1,892,250 in CHI funding to Baystate Medical Center in Springfield, Baystate Franklin Medical Center in Greenfield, Baystate Noble Hospital in Westfield, and Baystate Wing Hospital in Palmer.

CHI Steering Committee = BH CBAC Co-Chairs AND/OR CHNA RAC Liaisons. For the 2019 CHNA project, two CBAC members from each Baystate CBAC are serving on the CHNA Regional Advisory Council. The CBAC liaisons to the CHNA project are responsible for bringing information to and from the CBAC’s, specific to the CHNA project. Baystate’s CBAC are co-chaired by a hospital leader and a community representative.

Baystate intends to engage the CBAC Co-Chairs and CBAC RAC liaisons to serve on an ad hoc CHI Steering Committee to oversee the implementation of the BMC EP/Cath Lab Project Community

Engagement Plan, as well as, propose a CHI funding allocation formula. The Steering Committee will serve as a thinking and planning partner with Baystate’s Office of Government and Community Relations, the department responsible for the BMC EP/Cath Lab Project Community Engagement Plan and CHI Funding Implementation.

5. Focus Communities for CHI Engagement

Municipality	If engagement occurs in specific neighborhoods, please list those specific neighborhoods:
Springfield	North End, Mason Square
Holyoke	South End
Westfield	
Greenfield	
Palmer	
Ware	

6. Reducing Barriers

Identify the resources needed to reduce participation barriers (e.g., translation, interpreters, child care, transportation, stipend). For more information on participation barriers that could exist, please see Appendix A from the Community Engagement Standards for Community Health Planning Guidelines <http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf>

Three key community engagement strategies that will be implemented as part of the 2019 CHNA project, and that will be leveraged for the **BMC EP/Cath Lab Project**, include five (5) Community Conversations (December 2018), eight (8) Community Forums (April/May 2019), and Community Chats (ongoing throughout the CHNA 10-month project). To ensure sufficient representation from all groups in a community, Baystate understands that essential accommodations will need to be made. The following potential barriers have been identified along with possible adaptations/solutions to mitigate barriers for participants. To ensure successful implementation of the three CHNA community engagement strategies, up to 25% of the CHI administrative budget (3% of total CHI funding) for the **BMC EP/Cath Lab Project** may be allocated for the following accommodations. By reducing barriers and making participation easy, comfortable, and safe demonstrates to the community participants we value them and their contributions to our process.

- **Hard to reach groups.** Baystate will be mindful of meeting times and venues to accommodate transportation needs and work schedules. Engagement of independent facilitators that are representative of the “hard to reach groups”. Bring CHNA information and “conversations” to

the people. Meet residents and groups of people where they already gather (informally and formally).

- **Childcare.** Partner with local child care agencies (Example: Square One, New North Citizens' Council Child Care Center, Head Start, YMCA) to provide complimentary child care services for participants.
- **Translation Services.** Baystate Interpreter and Translation Services may be engaged to provide needed translation services. CHNA RAC members have offered to host "conversations" in their native language (Spanish) with groups in their community. (Example: National Association of Hispanic Nurses – Western MA (NAHN).
- **Transportation.** Partner with PVRTA, Uber, and other transportation services to offer complimentary transportation to participants. Host events in physically accessible and safe venues.
- **Stipends.** Providing stipends is an effective and meaningful way to encourage broad and value community engagement. As appropriate, gift cards will be purchased (Target, Wal-Mart, Grocery, Gas – ensure gift cards are for stores that are accessible and utilized by the specific audience of participants.
- **Visually Impaired Residents.** Engage Valley Eye Radio to attend and record various community engagement activities so they can share with their 2,000+ listeners throughout the valley.
- **Radio.** Partnering with local Spanish radio stations, WTCC, and other regional media outlets to disseminate information about the CHNA and offer a Call to Action (email, phone, social media, promote upcoming community engagement events) to listeners. Engage CHNA RAC / CBAC members to co-present with hospital representative.
- **Food.** Providing food is another effective and meaningful way to encourage broad and valued community engagement. Supporting local food businesses while providing a menu that meets cultural and dietary needs.

7. Communication

Identify the communication channels that will be used to increase awareness of this project or activity:

Spoken Language: as needed and appropriate engage Baystate Interpreter and Translation Services to provide assistance and accommodate languages reflective of the participant diversity during community engagement meetings or interactions.

Written Communication: The RAC Dissemination Workgroup is designing an informational rack card that will provide general information about what is a CHNA. We will also include *Call to Action* (contact information) for participants and community to learn more, provide additional input. Communicate Health will review the rack card content to ensure it is in plain language. The goal is to create a simple, visually appealing, and easy to understanding handout.

Cultural Humility: Baystate, in partners with its CBAC's have committed to hosting cultural humility training in each hospital's service area (2018-2019). Community residents and stakeholders involved in the 2019 CHNA RAC, CHIP's, and CBAC's, in addition, to hospital staff and other community-based organizations are the target audience for these trainings.

To maintain transparency and promote ongoing communication with the general public regarding the 2019 CHNA project, the Coalition has created an email (westernmachna@gmail.com) and a google voice

number (413-376-5349). In addition, social media accounts for the CHNA have also been created (Facebook and Twitter).

CHNA RAC Members will be invited to be part of the Community Chats Speakers Bureau. RAC members who may not be comfortable presenting to groups or presenting CHNA content and facilitating conversations, may help connect and arrange Community Chats with “hard to reach groups” and other groups through their personal and professional networks.

Coalition and RAC members will be invited to speak on local radio and TV stations. Coalition members will be doing Community Chats with their Patient Family Advisory Councils (PFAC’s), community partners, neighborhood associations, and other similar groups. As awareness about the CHNA project and the Community Chats grows, groups may request a Community Chat at their organizations.

Below are examples of groups that Baystate intends to offer a Community Chat to; elected officials, PFAC’s, New North Citizens’ Council, Atwater Park Civic Association, other springfield neighbors associations, BeHealthy Partnership ACO PFAC, UMMS/Baystate Medical School Community Faculty, Springfield C3 meetings, Baystate Mason Square Health Center Community Advisory Board, CHIP groups, Westfield Drug Task Force, Regional Transportation Councils, Quaboag Hills Community Coalition, Communities that Care Coalition, UniTy of Pioneer Valley, Maternal Child Health Commission, Perinatal Support Coalitions, Western MA Black Nurses Association, Mason Square Health Task Force, National Association Hispanic Nurses – Western MA Chapter. The examples lists are not exhaustive.

As part of the new MA Attorney General Guidelines, hospitals are new required to host annual forums to share with the community updates on their community benefits program (and DoN Projects). FY 2019 will be the first year Baystate hospitals will host such a forum. At this time we anticipate a summer timeframe.

8. Build Leadership Capacity

Cultural Humility Training. The goal is to deepen ones understanding of unconscious bias, equity, social justice, privilege, and the various intersectionalities of diversity.

Facilitative Leadership Training. Offer to RAC, CHIP, and CBAC members so residents and leaders within the various communities served by our hospital can better facilitate conversations around health needs.

CHNA RAC Members will be invited to be part of the Community Chats Speakers Bureau. RAC members who may not be comfortable presenting to groups or presenting CHNA content and facilitating conversations, may help connect and arrange Community Chats with “hard to reach groups” and other groups through their personal and professional networks.

9. Evaluation

Identify the mechanisms that will be used to evaluate the planning process, engagement outcome, and partner perception and experience:

Community engagement provides opportunities for continuous quality and process improvement for our hospitals. Therefore it is very important that we evaluate our community engagement in a timely

manner so that we may deepen our understanding of areas for improvement and respond/change/upgrade appropriately. Specific to the **BMC EP/Cath Lab Project**, Baystate will leverage the 2019 CHNA/CHIP community engagement efforts (as previously described in Question 3). Following the CHNA/CHIP community engagement process (May 2019) and the selection of DoN Health Priorities strategies by Baystate CBAC's (June 2019), Baystate will complete and submit a Self-Assessment of Community Engagement form to DPH (July 2019). In addition, Baystate will invite various community stakeholders representative of all four Baystate hospital services areas, whom participated on the CHNA RAC, are involved with a CHIP, and/or serve on a Baystate CBAC, to complete and submit Stakeholder Assessment of Community Engagement Forms to DPH (July 2019). Baystate values DPH and PHC's thoughtful review and feedback on these evaluation forms.

10. Reporting

Identify the mechanisms that will be used for reporting the outcomes of this project or activity to different groups within the community:

Baystate will re-engage the various groups engaged through the CHNA Community Chats to provide information regarding outcomes of the BMC EP/Cath Lab Project, as well as, a summary of our community engagement process, and feedback provided via self and stakeholder assessments.

Below are examples of groups that Baystate may engage to report outcomes of BMC EP/Cath Lab Project; CHNA RAC members, elected officials, PFAC's, New North Citizens' Council, Atwater Park Civic Association, other Springfield neighbors associations, BeHealthy Partnership ACO PFAC, UMMS/Baystate Medical School Community Faculty, Springfield C3 meetings, Baystate Mason Square Health Center Community Advisory Board, CHIP groups, Westfield Drug Task Force, Regional Transportation Councils, Quaboag Hills Community Coalition, Communities that Care Coalition, UniTy of Pioneer Valley, Maternal Child Health Commission, Perinatal Support Coalitions, Western MA Black Nurses Association, Mason Square Health Task Force, National Association Hispanic Nurses – Western MA Chapter. The examples lists are not exhaustive. Many of the groups listed will provide us access to the following groups of people within the diverse communities served by Baystate.

- Residents of Color
- Residents who speak a primary language other than English Groups above
- Aging population
- Youth
- Residents Living with Disabilities
- GLBTQ Community
- Residents with Low Incomes
- Other Residents

11. Engaging the Community At Large

Which of the stages of a CHNA/CHIP process will the DoN CHI project focus on? Please describe specific activities within each stage and what level the community will be engaged during the. While the step(s) you focus on are dependent upon your specific community engagement needs as a result of your previous CHNA/CHIP work, for tier 3 applicants the CHI community engagement process must at a minimum include the "Focus on What's Important," "Choose Effective Policies and Programs" and "Act on What's Important" stages. (For definitions of each step, please see pages 12-14 in the Community

DoN	CHNA/CHIP	Inform	Consult	Involve	Collaborate	Delegate	Community – Driven/Led
<p>Identification of Proposed Project:</p> <ul style="list-style-type: none"> • Patient Panel Needs • DoN Project in Response to PPN • Link Project to Public Health Value 	<p>Assess Needs and Resources</p>		<p><i>X – minimum</i></p> <p><i>Present to and obtain feedback DoN Project from:</i></p> <ul style="list-style-type: none"> • BH four CBAC's • Franklin and Hampden County CHIP groups • New North Citizens' Council Board of Directors (North End neighbors to BMC) • Atwater Park Civic Association (North End neighbors to BMC) 				
<p>CHI Funding Planning Prioritization and Strategy Selection:</p> <ul style="list-style-type: none"> • CEP for CHI Funding • Select DoN Priorities and Related Strategies 	<p>Focus on What's Important</p>		<p><i>Leverage 2019 CHNA:</i></p> <ul style="list-style-type: none"> • Community Conversation's • Community Chats • Community Forums 	<p><i>Franklin/Hampden CHIP's</i></p>	<p><i>X – minimum</i></p> <p><i>Leverage 2019 CHNA:</i></p> <ul style="list-style-type: none"> • Regional Advisory Council <p><i>ad hoc CHI Steering Committee- funding allocation formula / CEP implementation</i></p> <p><i>CBAC's – Determine DoN Health Priorities (based on CHNA / CEP process)</i></p>		

<p>CHI Procurement Process:</p> <ul style="list-style-type: none"> Applicant and engaged community guide a transparent and public process to select and distribute funds 	<p>Choose Effective Policies and Programs</p>			<p><i>X – minimum</i></p> <p><i>Franklin/Hampden CHIP's</i></p>	<p><i>Concentrated Decision-making by CBAC's – Review and Allocation Sub-Committees (provide recommendations to full CBAC for endorsement, then approval by hospital leadership).</i></p>		
<p>CHI Implementation:</p> <ul style="list-style-type: none"> Applicant administers CHI funds Implement CHI Project(s) 	<p>Act on What's Important</p>		<p><i>X - minimum</i></p>	<p><i>Franklin/Hampden CHIP's</i></p> <p><i>CBAC's Oversight to Funded Projects</i></p>			
<p>Evaluation of CHI:</p> <ul style="list-style-type: none"> Monitor and evaluate funded partners/projects Report annually to DPH: strategies, process, data to date 	<p>Evaluate Actions</p>		<p><i>X - minimum</i></p>	<p><i>CBAC's Oversight to Funded Projects</i></p> <p><i>PHIWM – Evaluator for CHI Funding and associated projects</i></p>			

Attachment 3

Deliverable	18-Nov	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec
DoN Project Application to PHC / Decision	X													
DoN CHI Statewide Allocation		X												
CHNA	X	X	X	X	X	X	X	X	X	X	X			
RAC	X	X	X	X	X	X	X	X	Debr ief					
Community Conversations	X	X												
Community Chats		X	X	X	X	X	X							
Community Forums						X	X							
Coalition CEO/BOT Forum								X						
Cultural Humility Trainings		X			X			X			X			
Facilitative Leadership Training				X										
CEP Evaluation: Self-Assessment Community Engagement Form									X					
CEP Evaluation: Stakeholder Assessment Community Engagement Form									X					
CHNA Baystate BOT Vote									X					
CHIP Upgraded based on CHNA						X	X	X	X					
Ad Hoc CHI Steering Committee		X		X		X	X							
CBACs - CHI Advisory Committee						X	X	X	X	X	X	X	X	X
DoN Health Priority Selection								X						
Implementation Strategy Development								X						
Implementation Strategy Baystate BOT Vote											X			
BH CHI Funding Allocation												X		
CHI Funding Evaluation														
Hospital Annual Open Forum									X	X				

BMC EP/Cath Lab Project - CHI BUDGET

DoN Capital Project Total Expenditures	\$37,605,439
Community Health Initiative (CHI) Funding @ 5%	\$ 1,880,272
Statewide CHI Funding @ 25% (Tier 2)	<u>\$ 470,068</u>
Balance	<u>\$ 1,410,204</u>
Evaluation - not to exceed 10%	\$ 141,020
Administrative - not to exceed 3%	<u>\$ 42,306</u>
Balance	<u>\$ 1,226,877</u>

Administrative	\$42,306
Reducing Barriers (not to exceed 25%)	\$10,557
<i>Childcare</i>	
<i>Translation Services</i>	
<i>Transportation</i>	
<i>Food</i>	
<i>Stipends</i>	
Independent Facilitators (not to exceed 40%)	\$16,922
Leadership Capacity Building (not to exceed 20%)	<u>\$8,461</u>
Balance	<u>\$ 6,346</u>