

From: [Craft, Maria](#)
To: [DPH-DL - DoN Program](#)
Cc: [Meehan, Colleen](#)
Subject: DON Application - Berkshire Health Systems, Inc. #BHS23072710-OL
Date: Monday, November 6, 2023 3:30:47 PM
Attachments: [Outlook-p5z3ftqs.png](#)

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Mr. Dennis Renaud, Program Director
Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street
Marlborough, Massachusetts 01752

Dear Mr. Renaud,

Thank you for taking testimony on the DON for North Adams Regional Hospital. My name is Maria Craft and I am currently the administrator at Mt. Greylock Extended Care Facility in Pittsfield and have been since 2004. I started my career in health care in 1986 working in Long Term Care Facilities and the local hospital as a Respiratory Therapist. In 1999 I obtained my administrators license and proudly continued to work in Long Term Care. Throughout my career I have worked in Southern, Central and Northern Berkshire County with the Willowood Group and, since 1999, Integritus Health Care. I have dedicated almost 38 years to the care of the senior residents of Berkshire County by working with my team to give each resident a successful nursing home experience. I have worked through the many challenges that healthcare, specifically Long-Term Care, has been faced with over the years such as staffing, reimbursement and census.

I was excited to hear North Adams Regional Hospital was going to re-open. This excitement was short-lived when I also learned the DON application would allow for 18 swing beds. Berkshire County, especially Northern Berkshire County, does not need more skilled nursing beds. It is already a challenge to fill the beds throughout the county and maintain a Medicare Census necessary to survive, the swing beds would make it even tougher. We are already an underfunded industry, and taking away potential Medicare admissions would deplete revenue needed to reinvest in staff, environment and services necessary to continue as viable nursing facilities. I was working in South County when Fairview Hospital opened their swing beds. Although they had significantly less than 18 beds, the admissions lost to those beds directly affected the 3 nursing homes in that area. Still today, those beds affect the remaining nursing facilities by

decreasing the Medicare admissions and reducing reimbursement that is very needed to survive.

My other concern is with staffing. Berkshire County healthcare facilities (hospitals included) are already challenged to find enough staff, especially Licensed Nurses and Certified Nursing Assistants, to meet their staffing needs. The local hospitals already pay higher wages for nurses and CNAs and North Adams Hospital's critical access designation would allow them to pay wages long term care facilities cannot compete with. The bottom line, nursing homes will lose significant staff we can't afford to lose. Mt Greylock is a clinical sight for both Nursing and CNA programs. The majority of graduates, especially RNs, already are lost to the local hospital - the critical access designation will also lure away more graduate nurses and CNAs as well as existing staff.

I am very happy Northern Berkshire will once again have a community hospital. But, please not at the expense of the already struggling Skilled Nursing Facilities in that area and throughout the county. We need reimbursement and qualified staffing to care for our most vulnerable population. Thank you for listening.

Respectfully,

Maria

***Maria T. Craft BSRT LNHA
Administrator***

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From: [Moquin Marsha](#)
To: [DPH-DL - DoN Program](#)
Cc: [Smith Lauren](#)
Subject: Submitting Testimony for BHS's Determination of Need Public Hearing
Date: Monday, November 6, 2023 4:02:22 PM

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Good Afternoon,

My name is Marsha Moquin. I am the Director of Case Management and Social Services at Fairview Hospital, and I have worked for the organization for 29 years. In my role, I oversee the case managers at the hospital who are responsible for supporting patients in their discharge or post-acute care planning. I would like to share more about the nature of swing bed admissions at a critical access hospital and emphasize how beneficial they have been for our patients who may need more support than can be provided in a traditional skilled nursing facility (SNF) setting.

As part of an acute care hospital's discharge planning process, the care team, led by the physician, assesses whether or not the patient would benefit from post-acute or sub-acute care, which often takes the form of skilled nursing or skilled rehabilitation. My team of case managers counsels the patients and helps them to understand their options—whether it be discharge to an independent skilled nursing facility or transition to swing bed status right within Fairview Hospital.

At Fairview, we are proud to be able to offer patients the opportunity to take advantage of our swing bed option. Swing beds function like a bridge or transitional program. Patients usually stay two weeks or less and this post-acute stay helps them transition back to life at home. Sometimes, if a patient doesn't meet their goals or clearly needs additional help, they will be discharged to a skilled nursing facility.

The swing program has a strict set of admission criteria established by CMS that my department is responsible for assessing and following. Most commonly, swing bed patients are those who are deconditioned, and the team has identified that they would benefit from some concerted rehabilitation. Other times, the patient has received a new diagnosis during their acute stay and needs additional education and support in learning how to manage their condition—for example a person with diabetes, CHF, COPD, learning how to manage their post-surgical needs or managing a colostomy.

If a patient is deemed a good candidate for swing bed admission, we discuss the possibility with the care team and also inform them of other skilled nursing facilities in the area. If a patient would like to be discharged to a SNF, we ask them to choose at least two options, because it is often difficult to find a placement at a patient's first choice. However, if a patient chooses to become a swing patient, they physically

remain in the unit at Fairview Hospital and only their status changes.

Patients tell me that they appreciate the comfort and security offered by being in a hospital—the Emergency Department is always available, there is a hospitalist on-call 24/7, and diagnostic testing is available on-site, should it be needed. These types of services are not typically available at SNFs, and patients are often reassured by knowing that they are readily available to them when in swing status. Patients can also receive IV antibiotics, which must be administered under the direction of a registered nurse.

Thank you for your attention and your consideration of my comments.

Sincerely,
Marsha Moquin

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From: [Cadorette Brenda](#)
To: [DPH-DL - DoN Program](#)
Subject: Testimony
Date: Monday, November 6, 2023 4:05:56 PM

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Hello Members of the Department of Public Health,

My name is Brenda Cadorette, and I am the Chief Nursing Officer at Berkshire Medical Center. I have been deeply involved in identifying and developing the nursing roles that will be needed in order to provide inpatient care for up to 18 licensed beds in the new North Adams Regional Hospital. I wanted to submit these comments to address the claim, made by the Ten Taxpayer Group (TTG) during the October 25 public hearing, that BHS's staffing of the new inpatient unit would be detrimental to the area skilled nursing facilities (SNF).

I would like to highlight the fact that acute inpatient care is very different from skilled nursing care, and it requires a different set of skills and qualifications from its employees. For this reason, it would be unlikely that current Berkshire County SNF employees would be the best qualified candidates to make the transition out of work at a local SNF and into the new North Adams Regional Hospital (NARH). The TTG's stated concerns about recruitment and retention are wholly exaggerated.

A nurse, RN, or LPN, working in a critical access hospital, by necessity, will be part of a small core staffing team. These core nurses must be experienced and autonomous, as they will be key employees responsible for making decisions and providing high quality patient care in a small rural healthcare facility. In order to be hired for this position, BHS has established that the nurse should have previous experience working in an emergency department, or a critical care unit, or medical-surgical floor in an acute care hospital. These nurses must have a broad and deep skill set in acute care because they will need to be flexible in order to cover the staffing needs of a critical access hospital. We expect that they will float between work in the emergency department, the inpatient med-surg floor, and pre/post-surgical care. They will also provide post-acute care for any swing bed patients.

In general, the skills required for acute care diverge from those in the SNF environment. Acute care requires a higher level of critical thinking and technical skill to work-up a patient, deploy treatments, and stabilize a patient during a severe episode of illness or exacerbation from a chronic disease. Once the patient has been stabilized and begins to regain prior abilities, they may proceed to home or to a SNF for further recovery, with the goal of returning to baseline functioning prior to the acute care admission. Once a patient has reached stabilization, the acute care nurse can continue to provide a post-acute level of care for the patient in swing bed status. Care plans for swing patients typically include less-involved treatment and less regular monitoring.

Similarly, nursing assistants (NAs) working in acute care also are expected to maintain a higher level of skills and knowledge than in a SNF. Acute care NAs support the treatment of symptoms identified at admission. They perform clinical work like taking regular vital signs, performing blood draws, collecting lab specimens, conducting EKG tests, starting IVs, and monitoring blood glucose levels.

SNF care is focused on maintenance of a healthcare baseline. Typically, SNF staff assist with activities of daily living (ADLs) like eating, dressing, and bathing. They also administer medications and generally help residents to manage non-acute episodes of chronic illnesses. SNF staff must also have clinical assessment skills to identify abnormal conditions; however, rather than providing treatment in situations as acute care staff do, SNFs send patients to a hospital emergency department for a complete assessment and treatment.

Ultimately, acute care and skilled nursing care are complementary services, with acute care requiring a higher level of expertise. Though an acute care nurse can easily provide post-acute care to patients in swing bed status, it is less likely that a staff member of an independent SNF would have the requisite training needed to make a smooth transition to the higher level of care experience that will be required for all staff at the new NARH. For this reason, the TTG's claim that the new NARH will prompt SNF employees to leave local SNFs has little foundation in the reality of our region's healthcare landscape. In addition, BHS has had open acute-care nursing positions at all of its campuses since the beginning of the pandemic. Any SNF employee seeking to transition to an acute care facility has had ample opportunities to make a change. If the occasional local SNF employee were interested in transitioning to an acute care environment and qualified to do so, BHS should be free to give that individual an opportunity.

Thank you for your consideration of my testimony.

Sincerely,
Brenda Cadorette MSN RN NEA-BC

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From: [Smith Lauren](#)
To: [DPH-DL - DoN Program](#); [Clarke, Lucy \(DPH\)](#)
Cc: [REDACTED] [Smith Lauren](#)
Subject: Submitting Testimony for Berkshire Health Systems DON
Date: Monday, November 6, 2023 4:10:53 PM

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DPH.DON@MassMail.State.MA.US

My name is Stanley Monsky and I am a resident of Hillsdale, New York.

Earlier this year, I had an acute cardiac event and was transferred from Fairview Hospital's Emergency Department to Berkshire Medical Center and then to Albany Medical Center for an extended hospitalization. I have always been an active and healthy person, so this incident was both very serious and I had some very bad days.

When I was informed that I would be released, I was weak and could not stand up or even walk to the bathroom. I was scared, I couldn't get in and out of bed. I had no idea how sick I was. At the same time, my wife Ronni, who is my caregiver, was diagnosed with kidney failure. Adding her health challenges to mine was an overwhelming situation for us both.

I ultimately ended up being admitted to Fairview Hospital's Swing Bed Program where I was able to continue my recovery and we both received education on these new medical conditions--how to improve our diet, to understand cut out salt. When I heard "lower sodium" from a concerned, loving, and nice person at Fairview, it made an impression on me. I was more open to learn about renal disease and congestive heart failure and how I needed to go forward. Ronni immediately went out and bought new spices and herbs for a new way of cooking.

We both agree that our experience with Swing Bed care was a positive one. It has helped with the competency of living. We live in a rural area with a lot of elderly people and there is no downside to having this program at the local hospital, like Fairview. I feel a part of the community and it was a humanizing experience.

Thank you,

Stanley Monsky

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From: [Chawla Gaurav](#)
To: [DPH-DL - DoN Program](#)
Subject: Re: DON Application – Berkshire Health Systems, Inc. #BHS23072710-OL
Date: Monday, November 6, 2023 5:00:21 PM

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Dennis Renaud, Program Director
Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street
Marlborough, MA 01752

Re: DON Application – Berkshire Health Systems, Inc. #BHS23072710-OL

Dear Mr. Renaud:

My name is Gaurav Chawla, and I am currently the Chief Medical Officer at Integritus Healthcare f/k/a Berkshire Healthcare Systems.
We are a mission driven not for profit elder care service provider with a number of skilled nursing, housing, and hospice care among other offerings.

Two of our skilled nursing facilities are located in northern Berkshire county where the proposed Critical Access Hospital will be located.

While I support the re-opening of the hospital, I wish to emphasize that there are likely inadvertent effects on the healthcare access and employment in that region if the proposed hospital goes through as planned.

1. There may be a reduction or closure of long term care beds in the two Skilled Nursing Facilities because of the swing beds at the new hospital.
2. The currently existing vacancies at the two SNF's are a challenge to fill. This issue is very likely to worsen thereby further reducing long term care services at the two SNFs and potential job loss for the area if services were to close.

There will be inadvertent but likely effect of lower healthcare access and potential loss of employment opportunities.

Suggested solution:

Please limit the swing bed number to 1 or 2 for the next year so that we have a fair chance of advocacy to fund the SNF beds in the critical access area of northern Berkshire county at the same level as the swing beds at the new proposed hospital.

We, at Integritus Health, have long been a partner to Berkshire Health System and continue to support access to healthcare in this community.

Our only hope is that we can bring to your attention the unintended negative consequences

of a good initiative before it is too late for our elder care services and jobs in northern Berkshires.

Thanks for your consideration.

With regards,

Gaurav

Gaurav Chawla, MD, MBA, CPE

Chief Medical Officer

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