



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

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July 22, 2022

Crystal Bloom, Partner  
Husch Blackwell LLP  
One Beacon Street, Suite 1320  
Boston, MA 02108-3106

VIA electronic mail  
[Crystal.Bloom@huschblackwell.com](mailto:Crystal.Bloom@huschblackwell.com)

RE: Notice of Final Action DON Application # CCHC-22021416-HE

Dear Attorney Bloom,

At their meeting of July 13, 2022, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, §25(c) and the regulations adopted thereunder, to approve the Determination of Need application filed by Cape Cod Healthcare, Inc. (Applicant) located at 27 Park Street, Hyannis, MA 02601 for a Substantial Capital Expenditure to construct a new facility that will consist of the following: (1) relocated and expanded medical oncology department; (2) relocated radiation oncology department; (3) relocated medical/surgical unit consisting of 32 beds; and (4) shell space for future projects. This Notice of Final Action incorporates by reference the Staff Report, and the Public Health Council proceedings concerning this application, all of which are incorporated herein by reference.

This Determination of Need Application was reviewed pursuant to M.G.L. c. 111, § 25(c), and the regulatory provisions of 105 CMR 100.000 et seq. Based upon a review of the materials, the Department found that the Applicant has met each DoN factor with conditions and approves this Determination of Need application for a substantial capital expenditure for the Proposed Project of \$137,048,632.00. The total required Community Health Initiative (CHI) contribution is \$6,852,431.60.

In compliance with the provisions of 105 CMR 100.310 A (2) and (11) the Holder shall submit an acknowledgment of receipt to the Department (attached) and include a written attestation of participation or intent to participate in MassHealth.

In compliance with 105 CMR 100.310(A)(12), which requires a report to the Department, at a minimum on an annual basis, including the measures related to achievement of the DoN factors for a period of five years from completion of the Proposed Project, the Holder shall address its assertions with respect to all the factors.

## **Other Conditions to the DoN**

### **Condition 1 – CHI Contribution**

1. Of the total required CHI contribution of \$6,852,431.60
  - a. \$1,678,845.74 will be directed to the CHI Statewide Initiative
  - b. \$5,036,537.23 will be dedicated to local approaches to the DoN Health Priorities
  - c. \$137,048.63 will be designated as the administrative fee.
2. To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$1,678,845.74 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).
  - i. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
  - ii. The Holder must promptly notify DPH (CHI contact staff) when the payment has been made.

Payment should be sent to:  
Health Resources in Action, Inc., (HRiA)  
2 Boylston Street, 4th Floor  
Boston, MA 02116  
Attn: Ms. Bora Toro

**Condition 2** – The Holder shall provide, in its annual report to the Department, the following outcome measures. These metrics will become part of the annual reporting on the approved DoN, required pursuant to 105 CMR 100.310(A)(12). Reporting will include a description of numerators and denominators.

### **OUTPATIENT MEDICAL ONCOLOGY QUALITY MEASURES**

1. Patient Satisfaction: Patients that are satisfied with their care are more likely to seek additional treatment when necessary. CCH staff will review patient satisfaction scores from the Hospital Consumer Assessment of Healthcare Providers and Systems related to overall patient satisfaction
  - a. Measure: Staff will review responses pertaining to registration, wait times, changing room privacy, facility navigation, staff communication, and personal needs. Response options include Very Poor, Poor, Fair, Good, and Very Good.  
*Numerator:* # of responses with highest score; *Denominator:* Total # of responses
  - b. Baseline: 69.78% of patients responded with the highest score ("Top Box Score")
  - c. Projections: Year 1: 71%; Year 2: 73%; Year 3: 74%
  - d. Monitoring: Results will be reviewed annually by oncology leadership.

2. Hospital Readmissions: This measure will monitor the rate of patients who receive non-routine inpatient care at the Hospital within 30 days of chemotherapy.

a. Measure: The percent of Medical Oncology patients who are admitted within 30 days of receiving chemotherapy (number of patients admitted/number of chemotherapy patients within last 30 days). This is a rolling measure.

*Numerator:* # of patient admitted within 30 days of receiving chemotherapy; *Denominator:* # of patient receiving chemotherapy

b. Baseline: 5.6%

c. Projections: Year 1: ≤5.0%; Year 2: ≤4.5%; Year 3: ≤3.9%

d. Monitoring: Results will be reviewed annually by oncology leadership.

#### RADIATION ONCOLOGY QUALITY MEASURES

3. Patient Satisfaction: Patients that are satisfied with their care are more likely to seek additional treatment when necessary. CCH staff will review patient satisfaction scores from the Hospital Consumer Assessment of Healthcare Providers and Systems related to overall patient satisfaction

a. Measure: Staff will review responses pertaining to registration, wait times, changing room privacy, facility navigation, staff communication, and personal needs. Response options include Very Poor, Poor, Fair, Good, and Very Good.

*Numerator:* # of responses with highest score; *Denominator:* Total # of responses

b. Baseline: 81.12% of patients responded with the highest score ("Top Box Score")

c. Projections: Year 1: ≥82%; Year 2: ≥83.5%; Year 3: ≥85%

d. Monitoring: Results will be reviewed annually by oncology leadership.

#### INPATIENT CARDIAC MEDICAL-SURGICAL QUALITY MEASURES<sup>1</sup>

4. Patient Satisfaction: Patients that are satisfied with their care are more likely to seek additional treatment when necessary. CCH staff will review patient satisfaction scores from the Hospital Consumer Assessment of Healthcare Providers and Systems specific to the hospital environment.

a. Measure: Staff will review responses to "During this hospital stay, how often was the area around your room kept quiet at night?". Response options include: Never, Sometimes, Usually, and Always

*Numerator:* # of responses with highest score; *Denominator:* Total # of responses

b. Baseline: 60% of patients responded with the highest score ("Top Box Score").

c. Projections: Year 1: 62%; Year 2: 64%; Year 3: 65%

d. Monitoring: Scores are reviewed quarterly.

5. Fall Prevention: This measure will monitor the rate of patient falls resulting in injury.

a. Measure: The number of patient falls with injury per 1000 acute patient days.

*Numerator:* # of patient falls with injury; *Denominator:* patient days/1000

b. Baseline: 0.29

c. Projections: Year 1: 0; Year 2: 0; Year 3: 0

d. Monitoring: The Department of Nursing will review falls data on a monthly basis.

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<sup>1</sup> These projections are limited to the care to be provided in the proposed cardiac medical-surgical inpatient unit.

6. Hospital Readmissions: This measure will monitor the rate of patients who are re-admitted to the Hospital within 30 days of discharge.

a. Measure: The number of re-admissions/the number of discharges within a 30-day period.  
This is a rolling measure.

*Numerator:* # of patient admitted within 30 days; *Denominator:* # of patient discharges

b. Baseline: 0.7754

c. Projections: Year 1:  $\leq 1$ ; Year 2:  $\leq 1$ ; Year 3:  $\leq 1$

d. Monitoring: Scores are reviewed quarterly.

Ongoing compliance with the conditions and all terms of the DoN is, pursuant to the Regulation, a precondition to the filing of any future DoN by the Holder.

Sincerely,



Elizabeth Kelley

Director, Bureau of Health Care Safety and Quality

cc:

Stephen Davis, Division of Health Care Facility Licensure and Certification

Daniel Gent, Division of Health Care Facility Licensure and Certification

Rebecca Rodman, General Counsel's Office

Samuel Louis, Office of Health Equity

Jennica Allen, Division of Community Health Planning and Engagement

Elizabeth Maffei, Division of Community Health Planning and Engagement

Katelyn Teague, Division of Community Health Planning and Engagement

Elizabeth Almanzor, Center for Health Information Analysis

Katherine Mills, Health Policy Commission

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Priscilla Portis, Executive Office of Health and Human Services