



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
Division of Health Care Facility Licensure and Certification  
67 Forest Street, Marlborough, MA 01752

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Governor

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Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

August 27, 2024

Octavio J. Diaz, MD, MPH  
President North Region &  
System Chief Medical Officer  
Steward Health Care System, LLC

BY EMAIL ONLY

Re: Review of Response to DPH Comments on Plan  
Facility: Carney Hospital  
Ref. #: 2003-695

Dear Dr. Diaz:

On August 22, 2024 the Department of Public Health (the "Department") received Carney Hospital's (the "Hospital") response to our August 19, 2024 comments requiring additional information related to the Hospital's plan that was submitted to the Department on August 13, 2024.

The Department has completed its review of the submitted response and has determined that many of the responses are substantively inadequate. As a result of this review, the Department has prepared the following comments:

- 1. Information on the location and service capacity of alternative delivery sites:** In your response received August 22, 2024, you listed outpatient services that will not be available in the Seton Medical Office Building (the "MOB"); however, they are noted as being available at one of the listed alternative sites. The Department notes that OBGYN services will not be available at two (2) of three (3) alternative sites until 2025. This is insufficient for patients requiring immediate attention for potential cancer diagnoses and immediate pregnancies. Additionally, OBGYN services were noted as available at SEMC on September 9, 2024; however, the phone number provided is for the Pain Management Center not OBGYN services. The Department requires additional information to include

how these patients will be expedited to get time sensitive appointments for non-routine services and confirmation that the phone number provided for OBGYN care is corrected immediately.

2. **An Assessment of Transportation needs post Hospital Closure:** While the Hospital provided limited information on how its patient's transportation needs were assessed, including results indicating that only 3.5% of the Hospital's patients identified transportation as a barrier to healthcare, the Department remains unclear how transportation needs will be addressed for low income patients (who are not seniors) requiring alternative care provider services and who are unable to be served by public transport alone. In your response received August 22, 2024 you noted the most recent data from patient medical records, January 1, 2024 – current, reveals very few (3.5%) of patients identified transportation as a barrier to healthcare. In January of 2024, patients who live in proximity to the Hospital would likely not have considered transportation a barrier prior to a closure announcement. Considering the testimony and comments provided during the closure hearings, the Department requires additional information on the Hospital's post closure plan for subsidy of or augmentation to post closure transportation to alternative sites.

Additionally, your response "Steward Health Care does not have the capacity as a company to provide any ongoing assistance with transportation needs other than the vouchers that will be made available once the hospital has ceased operations" is insufficient.

3. **A Protocol that Details Mechanisms to Maintain Continuity of Care for Current Patients:** In your response received August 22, 2024, you indicate that "Steward Health Care is does not have the capacity to provide any ongoing assistance and communication other than the Patient Assistance Line" which it indicates will be activated on August 26, 2024 and could end in as early as 30 days. This August 26, 2024 date is inconsistent with your response dated August 12, 2024, in which you indicated that the Patient Assistance Line would be operational on August 21, 2024. Please provide confirmation that the Patient Assistance Line will be activated on August 26, 2024. This supports the Department's continued concerns that delaying implementation of the support line will negatively impact patients' abilities to obtain support finding alternate service providers and/or locations. Additionally, the Department requires information on the Hospital's plan to meet the needs of patients requiring those services and how they will be assisted to ensure timely services are obtained and provided to these patients with no gaps in care.
4. **Additional Directive 2:** The Department has requested additional information regarding EMS run times after Hospital closure. In your response received August 22, 2024 you indicated that the Hospital must defer to local EMS providers for an assessment of their anticipated run time changes. While the Department understands that the Hospital is likely unable to review EMS

providers internal data, it does expect that the Hospital communicate with the EMS providers to understand the effects of closure on the EMS community. Based on that communication and understanding, the Department requires information, as previously requested, on peak travel times to include specific information related to the effect associated with the time required for an ambulance returning to its primary service area after service to alternative sites.

Additionally, the Hospital's response received August 12, 2024 places the burden completely on local EMS to mitigate the effect closure will have on ambulance system functioning, relocation of communications systems and stationing of a standby ambulance at the hospital post closure. As part of the Hospital's August 1, 2024 communication to the Department regarding its transition and closure, you noted that an ambulance will be stationed at the Emergency Department entrance for seven (7) days. Separately in your response received August 12, 2024 you note that the Hospital will have an ambulance on site effective August 31, 2024 at 7am for only 48-72 hours. Given the high likelihood of community members presenting to the Hospital post-closure, the Department expects the Hospital to station an ambulance as noted for seven (7) days and requires information on the transitional assistance the Hospital will provide to the EMS community.

5. **Additional Directive 3:** The Department requested timelines for the signing of agreements with other area providers for new or expanded services after the closure of the Hospital. Your response received August 22, 2024 indicated that many services would remain in their current location at the MOB and that services relocating to the MOB will complete lease documents prior to August 27, 2024 and relocate August 28-29, 2024. The Department requires confirmation that providers from the Hospital will be moving to the MOB and a list of those services confirmed to move.

Additionally, the Department requires confirmation that the Hospital and/or MOB will maintain utility services, e.g. electricity, until the transfer of the property to the property owner and confirmation that the property owner will continue to provide essential operational services post transfer of the property.

Further, the Department requires confirmation that utility services will continue post-closure such that Boston EMS continues to operate without interruption to both staff and vehicles at the Hospital.

6. **Additional Directive 7:** The Department requested an updated communication plan and telephone number for the Patient Assistance Telephone line. Your response received August 22, 2024 indicated that the Patient Assistance Telephone line will have re-defined hours and the number will be posted on the Hospital's website(s). The Department requires additional information detailing other ways, applications, and places the Hospital intends to make the Patient

Information Telephone line available, e.g., on closure signs, in letters, outreach to affected stakeholders (BPCH, CHCs).

7. **Additional Directive 10:** The Department requested information on what facility and clinical staff are being retained post closure, including number of staff, their titles, and anticipated employment end dates. The Department requires confirmation that listed staff have agreed to remain as outlined in your response.
8. **Additional Directive 13c:** The Department requested the name and contact information of the Medical Record Vendor that will contract with Steward to handle medical records. Your response received August 22, 2024 indicates that the Medical Record Vendor is Healthcare Data Management Solutions- MRO Corp., and that SEMC will be the custodian of records. The Department requires additional information on how patients will access X-Ray and Radiology PACS images. The Hospital's website currently directs patients to the Radiology Department. The Department requires additional information on when the website will be updated, how medical record requests will be processed, and for how long.
9. **Additional Directive 16:** The Department requested specific information including more detailed information about who the Hospital is working with as a designated storage vendor and point of contact for employee files. Your response received August 22, 2024 indicates that a storage vendor has not been identified and that until a vendor for employee file storage is secured, SEMC will be the custodian of all Hospital human resource files. The Department requires additional information on who is the current point of contact at SEMC for questions about and requests for employee file and HR record requests, plan on how this will be communicated, and the storage vendor contact information when secured.

Additionally, the Department requests to be updated to include name of storage vendor when secured.

The Hospital must submit a timely response to the comments of the Department. Please submit your comments within two (2) days of your receipt of this letter to my attention, in order that we may complete our review of the pending closure.

Thank you for your continued cooperation in this process. If you have any questions, please contact me at [Stephen.Davis@Mass.Gov](mailto:Stephen.Davis@Mass.Gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Davis". The signature is fluid and cursive, with the first name "Stephen" written in a larger, more prominent script than the last name "Davis".

Stephen Davis  
Division Director

cc: A Sousa, DPH  
J. Bernice, DPH  
K. Fillo, DPH  
R. Kaye, DPH  
J. Gagne, DPH  
J. O. Boeh-Ocansey, Jr., DPH  
M. Callahan, DPH  
R. Rodman, Husch Blackwell