



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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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: Nashoba Valley Medical Center
Ref. #: 2298-322

Dear Dr. Diaz:

On August 23, 2024 the Department of Public Health (the "Department") received Nashoba Valley Medical Center's (the "Hospital") response to our August 20, 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. **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 3.3% 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. In your response received August 23, 2024 you noted the most recent data from patient medical records, January 1, 2024 – current, reveals very few (3.3%) 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 once the hospital has ceased operations" is insufficient.

2. **A Protocol that Details Mechanisms to Maintain Continuity of Care for Current Patients:** In your response received August 23, 2024, you indicate that "Steward Health Care 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.
3. **Additional Directive 2:** The Department has requested additional information regarding EMS run times after Hospital closure. In your response received August 23, 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 dated 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 23, 2024 you note that the Hospital will have an ambulance on site effective August 31, 2024 at 7am for only 48 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.

4. **Additional Directive 5:** The Department requested additional information detailing what public transportation resources are available and what additional resources will be provided by Steward Health Care and for how long. Your response received August 23, 2024 noted that you have communicated with the owner of “Here to There” Transport LLC confirming that this service is available to transport patients to and from appointments 7 days per week. The Department requires additional information including how this service is being communicated to patients and community stakeholders, and the Hospital’s post closure plan for subsidy of this service or augmentation to services offered for post closure transportation to alternative sites.
5. **Additional Directive 7:** The Department requested an updated communication plan and telephone number for the Patient Assistance Telephone line. Your response received August 23, 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 (CHCs).
6. **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.
7. **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 23, 2024 indicates that the Medical Record Vendor is Healthcare Data Management Solutions- MRO Corp., and that Holy Family Hospital 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.
8. **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 23, 2024 indicates that a storage vendor has not been identified and that until a vendor for employee file storage is secured, Holy Family Hospital will be the custodian of all Hospital human resource files. The Department requires additional information on who is the current point of contact at Holy Family Hospital 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Step Davis", with a large, stylized "S" and "D".

Stephen Davis
Division Director

cc: A Sousa, DPH
J. Bernice, DPH
K. Fillo, DPH
R. Kaye, DPH
J. Gagne, DPH
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