



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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May 13, 2022

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BY EMAIL ONLY

**Re:** **Essential Services Finding**  
**Facility:** Tufts Medical Center  
**Services:** 10 Pediatric Intensive Care Unit Beds  
57 Pediatric Medical Surgical Beds  
**Ref. #:** 2299-H25

Dear Zachary Redmond:

On April 28, 2022, the Department of Public Health ("Department") held a public hearing in response to the notification received from you on behalf of Tufts Medical Center, Inc. regarding their proposed closure of ten (10) Pediatric Intensive Care Unit ("PICU") beds and fifty-seven (57) Pediatric Medical Surgical ("Pediatric Unit") beds at Tufts Medical Center ("Hospital") in Boston, MA, effective July 1, 2022. Additionally, when the Pediatric Unit closes, the Hospital will no longer provide outpatient chemotherapy services to pediatric oncology patients. As a result of its review, the Department has made a finding that the services provided by the Hospital are necessary for preserving access and health status within the Hospital's service area.

Accordingly, pursuant to 105 CMR 130.122(F), the Hospital is required to prepare a plan that details how access to the PICU beds and Pediatric Unit beds will be maintained for the residents of the service area. The plan must be submitted to the Department no later than 15 calendar days of receipt of this letter. The Hospital's plan must include the elements specified in 105 CMR 130.122(F) as listed below:

(1) Information on utilization of the services prior to proposed closure;

- (2) Information on the location and service capacity of alternative delivery sites. Include an explanation of the basis for the Hospital's determination that the alternative delivery sites **do** or **do not** have the capacity (necessary space, resources, etc.) to handle the increased patient volume at the identified sites. To support that assertion, please provide the following specific details:
  - (a) Current utilization at these alternative sites;
  - (b) Type of services available at the alternative sites;
  - (c) Type of medical diagnoses accepted; and
  - (d) Adequacy of space and resources at the alternative sites.
- (3) Travel times to alternative service delivery sites, for both peak and non-peak travel times, and an explanation as to the source for this information or what these estimates are based on;
- (4) An assessment of transportation needs post discontinuance and a plan for meeting those needs;
- (5) A protocol that details mechanisms to maintain continuity of care for current patients of the discontinued service; and
- (6) A protocol that describes how patients in the Hospital's service area will access the services at alternative delivery sites. The protocol should specifically address the following:
  - (a) The process that will be employed to effectively refer patients to other facilities or providers;
  - (b) The impact that this may have on the current occupancy rates at alternative delivery sites;
  - (c) The ability of the alternative delivery sites to meet the needs of these patients; and
  - (d) Other alternatives if medical needs cannot be accommodated at the proposed alternative sites.

In addition to the regulatory elements listed above, and in light of the Department's review of comments on the proposed closures, your plan must also address the following:

- (1) **Continuity of Care:** Based on testimony submitted to the Department and presented at the hearing on April 28, 2022, concern was expressed regarding how patients currently at the Hospital will maintain a continuity of care after the closure of the PICU and Pediatric Unit. Specifically, individuals who testified stated concern for the fragmentation of services and the effect being separated from their doctors will have on patients with complex medical needs who often require multiple specialists. The plan which you are required to submit must address these issues and include details on what will be done to ensure transition plans are in place for affected patients.

- (2) **Increased Costs and Acceptance of Insurance Plans:** Based on testimony submitted to the Department and presented at the hearing on April 28, 2022, concern was expressed regarding the additional expenses associated with receiving care at providers which have historically been more expensive than Tufts Medical Center. Additionally, concern was raised over alternate care sites, specifically Boston Children’s Hospital, not accepting some types of insurance plans such as catastrophic or high deductible plans. The plan which you are required to submit must provide information on what will be done to ensure displaced patients receive services where the cost sharing required of them is at the same, or discounted rates, to what was received through the Hospital.
- (3) **Cultural and Linguistic Needs:** Based on testimony submitted to the Department and presented at the hearing on April 28, 2022, concern was expressed regarding the potential language barriers at other care sites. The plan which you are required to submit must include information regarding the Hospital’s plans to ensure the health needs of culturally and linguistically diverse patients and communities of color will be met when referring them to alternate facilities.
- (4) **Transportation:** Based on testimony submitted to the Department and presented at the hearing on April 28, 2022, concern was expressed regarding the ability of families who lack resources to reach alternative providers. The plan which you are required to submit must address how the Hospital will assist families and patients who need access to transportation once the PICU, Pediatric Unit and outpatient chemotherapy services are closed.
- (5) **Capacity of Alternative Care Sites:** Based on testimony submitted to the Department and presented at the hearing on April 28, 2022, concern was expressed regarding the lack of sufficient pediatric beds across the Commonwealth. Additionally, concern was expressed regarding the effect closing the PICU and Pediatric Unit will have on emergency department boarding at facilities which will see an increase in pediatric patients. The plan which you are required to submit must include information on the steps taken to ensure alternative care sites have the capacity to care for additional patients once the PICU and Pediatric Unit have been closed at the Hospital. Specifically, this information must include details on steps that will be taken to prevent an increase in emergency department boarding.
- (6) **Hospital Trauma Designation:** The Hospital has indicated the closure of the PICU and Pediatric Unit will make it impossible to maintain pediatric trauma designation and the Hospital will not be able to comply with the 90 day notice requirement for a change in trauma status. The plan which you are required to submit must provide detailed information on how trauma patients who present for care at the Hospital will be managed leading up to, and following, the closure of the PICU and Pediatric Unit.

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- (7) **Loss of teaching hospital and residency program:** Based on testimony submitted to the Department and presented at the hearing on April 28, 2022, concern was expressed regarding the loss of pediatric teaching programs including the Triple Board Program and pediatric Residency programs, and the transition of existing Residents to alternate facilities for completion. The plan which you are required to submit must provide detailed information as to how current pediatric residents will complete their training program in alignment with the requirements outlined by Accreditation Council for Graduate Medical Education.

Under the provisions of 105 CMR 130.122(G), the plan the Hospital submits to the Department will be reviewed to determine if it appropriately assures access to the essential services in question following the plans to discontinue operation of 10 PICU beds and 57 Pediatric Unit beds at Tufts Medical Center.

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: E. Kelley, DPH  
J. Bernice, DPH  
R. Rodman, DPH  
A. Mehlman, DPH  
M. Callahan, DPH  
K. Fillo, DPH