



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 & Certification
67 Forest Street, Marlborough, MA 01752

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Andrew S. Levine, Esq.
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BY EMAIL ONLY

Re: **Essential Services Finding**
Facility: Falmouth Hospital
Services: Inpatient Pediatric Service,
Inpatient Obstetrics Service,
Well Infant Nursery Service
Ref. #: 2289-316

Dear Mr. Levine:

On May 28, 2020, the Department of Public Health (the "Department") held a public hearing in response to the notification received from you on behalf of Falmouth Hospital Association, Inc., a part of Cape Cod Healthcare, regarding the proposed plans to discontinue operation of its five bed inpatient Pediatric Service, nine bed inpatient Obstetrics Service and eight bassinet Well Infant Nursery Service at Falmouth Hospital (the "Hospital"), effective July 29, 2020. As a result of its review, including testimony presented during the hearing, 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 inpatient pediatric beds, obstetric beds and well infant nursery bassinets will be maintained for the residents of the service area. The plan must be submitted to the Department no later than 15 calendar days from 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 testimony on the proposed closure, your plan must also address the following:

- (1) **Transportation:** Based on testimony submitted to the Department and presented during the hearing, concern was expressed regarding the impact of traffic on the Cape on travel time for patients. Additionally, concern was raised over the impact on families who lack a car or are not able to drive. The plan which you are required to submit must address methods of transportation for patients who need access to inpatient care after the elimination of services, as well as family and friends who wish to visit and will now have to travel outside of Falmouth.

- (2) **Cultural and Linguistic Needs:** Your response must include information regarding the Hospital's plans to identify and meet the cultural and linguistic needs of patients from the community when referring these patients to alternate delivery sites outside of Falmouth Hospital's service area.
- (3) **Community Outreach and Education:** Testimony presented during the hearing included concern as to the availability of prenatal education, childbirth education and post-delivery resources such as breastfeeding education following the closure of the Hospital's Maternity Service, as well as continued access for nursing students to clinical rotations in a maternity unit. You must include in your response information on the Hospital's plan to ensure continued access for patients to educational services.
- (4) **Impact on Staff:** Testimony presented during the hearing raised concerns over the lack of a dialogue between the Hospital and nurses working in the units to be closed. You must include in your response the steps taken to communicate plans with staff regarding the closure of Pediatric, Obstetric and Well Infant Nursery services at Falmouth Hospital. Additionally, the Hospital's plan must include information on the number of staff impacted by the proposed closure and the Hospital's plan to mitigate that impact on these current employees.

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 identified in this letter.

Thank you for your continued cooperation in this process. If you have any questions, please contact me at Sherman.Lohnes@MassMail.State.MA.US

Sincerely,



Sherman Lohnes
Division Director

cc: E. Kelley, DPH-BHCSQ
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