



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 20, 2024

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

BY EMAIL ONLY

Re: Review of Transition and Closure Plan
Facility: Nashoba Valley Medical Center
Ref. #: 2298-322

Dear Dr. Diaz:

On July 31, 2024, an Emergency Motion to approve the closure of Steward Nashoba Valley Medical Center ("the Hospital") was allowed in connection with the bankruptcy filing of the Steward hospital system in Massachusetts. As part of the Order, the Court waived the statutory and regulatory notice requirements for closure of an essential service.

Pursuant to the Order, on August 5, 2024, the Department of Public Health ("the Department" or "DPH") received the Hospital's notice of intent to close, effective August 31, 2024. On that same day, the Department directed Steward to file a comprehensive plan with the Department detailing how the Hospital would address specific directives from the Department, in addition to the requirements of 105 CMR 130.122(F). On August 13, 2024, the Department received your response.

On August 15, 2024 and August 19, 2024, the Department held hearings in response to the notification received from you regarding the closure of the Hospital.

105 CMR 130.020 includes within the definition of essential health service a "campus, or any of the services enumerated in the definition of service in 105 CMR 130.020 that is not included in the Excluded Services list." As a result of its review, including testimony presented at the hearing, and pursuant to M.G.L. c. 111, section 51G and 105 CMR 130.122(E), the Department has made a finding that the Hospital is in fact an essential service necessary for

preserving access and health status within the Hospital's service area. This determination does not give the Department the power to mandate that the Hospital remain open, but rather, mandates the Hospital to submit a plan for assuring access to such necessary service(s) following the closure, see 105 CMR 130.020(F).

The Department has completed its review of the submitted transition and closure plan. 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:** While the Hospital's response dated August 12, 2024 included limited information on the location of alternate locations for certain specific services, e.g. diagnostic radiology services, you failed to identify the location and specifically the service capacity of alternative delivery sites for the full complement of the Hospital's services during this transition period and following the Hospital's closure. The Department requests a comprehensive assessment of the location and service capacity of alternative delivery sites for each of the licensed services, including all ambulatory services, which may include transferring services to the Medical Office Building (MOB); this comprehensive assessment must include communication to date regarding capacity at the alternative delivery sites to provide services from patients who will be displaced by the Hospital's closure. The Department also expects the assessment to include how the Hospital intends on maintaining communication with the alternate sites to ensure capacity and plans for communicating information to patients and the community.
2. **An assessment of transportation needs post Hospital closure:** In your response dated August 12, 2024, you failed to include an assessment of transportation needs post Hospital closure. The Department requires information on how the Hospital assessed the transportation needs of its patients and the community, the results of that assessment, and how the Hospital intends to meet those assessed needs. The Department expects the Hospital to provide a detailed assessment of the travel needs of its current patients and the community post discontinuance and solutions to meet those needs.
3. **A protocol that details mechanisms to maintain continuity of care for current patients:** In your response dated August 12, 2024, you indicated that "all patients will receive options for care," including the opportunities to continue with the physicians providing their care, if able, and will have access to their medical records. Based on this and testimony received at the hearings held on August 15, 2024 and August 19, 2024, the Department is concerned that the plan lacks detail as to what, how, and when current patients will receive information about options for care available to them, what resources are and will be available to patients to ensure the patients are able to navigate the change and answer any care continuity questions. The Department requires the Hospital provide additional details on how it intends to meet these continuity of care needs for current patients both immediately prior to the hospital closing and once the Hospital has closed. Specifically, the Department requests information on how continuity of care will be maintained for each service

line and what resources will be available to patients who need assistance immediately and once the Hospital has closed.

4. **Obtaining Service at Alternative Delivery Sites:** Based on testimony presented at the hearings, community leaders, patients, and staff are concerned about how they will obtain services that are closing immediately, prior to the Hospital's closure and post closure. In your response dated August 12, 2024, you indicated that patients are being followed by case management and/or social work services to assure a safe and orderly discharge/transfer prior to the closure date and that all required in-home and outpatient services will be arranged prior to discharge. The Department is concerned that patients are not receiving the necessary support to arrange ongoing services elsewhere. The Department requests that the Hospital provide a service-by-service breakdown of how patients in the Hospital's service area will obtain the same services at alternative delivery sites. Additionally, the Department requests information on steps the Hospital has proactively taken to assist patients in obtaining services at alternative delivery sites, including how the hospital will immediately communicate support to their patients and the community.
5. **Additional Directive 2:** In its memo dated August 5, 2024, the Department required information of projected changes to ambulance run times resulting from the closure of the Hospital. In your response dated August 12, 2024, you indicated that the Hospital is "unable to provide insight on the impact on response times for emergency responders. Anecdotally, we know that local EMS crews are preparing for patient delivery to other area hospitals." The Department requires an assessment of specific run time changes resulting from the closure of the hospital including outreach to local EMS providers to gain insight into the impact of the closure on their services, and a plan to mitigate the increased run times due to the closure. Additionally, the Department notes the following:
 - a. With the cessation of primary stroke services on August 16, 2024, the Hospital must communicate this change through CMED as an unavailable service notification.
 - b. The Department requests information on plans to arrange for an ambulance to remain on standby at the hospital, after closure, and to be available to transport walk-in patients to an appropriate ED.
6. **Additional Directive 3:** In its memo dated August 5, 2024, the Department requested timelines for the signing of agreements with other area providers for new or expanded services after the closure of the Hospital. In your response dated August 12, 2024, you provided a list of services that will be provided nearby after the closure of the Hospital, but no timeline for the signing of agreements. The Department requires timelines for the signing of agreements as originally requested.
7. **Additional Directive 4:** In its memo dated August 5, 2024, the Department requested information concerning the transfer and monitoring of geriatric psychiatric patients and Steward's system-wide capacity to meet the needs of geriatric

psychiatric patients. In your response dated August 12, 2024, you indicated Steward is in the process of “re-licensing” Good Samaritan Medical Center’s 16-bed Geriatric Psychiatry Unit. The Department requires additional information, specifically, the Department requests formal notice of the conversion of the beds, a timeline, information on whether construction is needed, and current status of this change.

8. **Additional Directive 5:** In its memo dated August 5, 2024, the Department requested information detailing what public transportation resources are available and what additional resources will be provided by Steward Health Care and for how long. In your response dated August 12, 2024, you indicated there are limited public transportation resources in the Nashoba Valley. For those patients needing transport to and from medical appointments, it may be possible to restart a voucher program with *Here to There Transport, LLC*, located in Ayer, MA. The Department requires additional information on the voucher program, Steward’s communication with *Here to There Transport, LLC*, an assessment of the viability of instituting the program, if viable, a start and end date of the program, and if not viable, alternative solutions.
9. **Additional Directive 6:** In its memo dated August 5, 2024, the Department requested a plan for the preservation of cultural competencies in care. In your response dated August 12, 2024, you indicated that a plan for the preservation of cultural competencies in care, including the breadth of translation services currently provided will be available at the alternative service delivery sites identified by Steward Health Care. The Department requires that the Hospital provides additional detail on how the Hospital will ensure that the full breadth of translation services will be/is available at each alternative site identified by the Hospital. Additionally, The Department requires information on how language services will be handled in the event of outpatient referrals to private physician offices.
10. **Additional Directive 7:** In its memo dated August 5, 2024, the Department requested a communication plan to residents and impacted employees, including a timeline, on service availability and alternative delivery sites available after closure. Your response dated August 12, 2024 did not include a communication plan. To clarify, the Department requires that the Hospital provide a detailed communication plan for patients, including information detailing the patient assistance line referenced. This must include immediate implementation of the patient assistance telephone line.
11. **Additional Directive 9:** In its memo dated August 5, 2024, the Department requested data on Hospital employees that have been offered employment with other Steward facilities to date. In your response dated August 12, 2024, you provided information on positions available and the hospital workforce shortage. The Department requests specific data on Hospital employees that have been offered employment with other Steward facilities to date.
12. **Additional Directive 10:**

- a. In its response the Hospital noted that “Steward intends to retain ...staff... until the building is fully decommissioned.” Prior to closure, please provide DPH with information on all facility and clinical staff being retained post closure, including the number of staff, their titles and anticipated employment end date.
- c. In its memo dated August 5, 2024, the Department requested details on patient communication and transport post September 1, 2024. The Department requests additional information on what steps will be taken to provide transportation for patients who show up at the Hospital post closure.
- d. In its response, the Hospital noted the following concerning “safety and security:
 - i. Security personnel will remain on site until asset owner takes possession of building.
 - ii. Hourly rounding of the building will be conducted by Security staff.
 - iii. All perimeter entry and exit doors will be properly secured to ensure improper entry cannot result.
 - iv. All fire egress routes, and fire exits will be maintained free and clear to ensure safe exit in the event of fire.

Please provide additional information detailing safety and security inclusive of the full Hospital property including structures such as the parking garage.

13. **Additional Directive 12b:** In its memo dated August 5, 2024, the Department requested details of communication and assistance to be provided to patients with care scheduled to occur after closure. In your response dated August 12, 2024, you stated the patient assistance line will be available beginning on August 21, 2024, Monday – Friday, 7:00am – 5:00pm and will be available for 30-60 days depending on volume. Based on comments received at the hearings, the Department is concerned that the delayed implementation of this support line is having a negative impact on patients’ ability to obtain support finding alternate service providers and/or locations. The Department requests additional information on what will be done to accommodate patients who work during the day and cannot call within those hours and what volume of calls would justify discontinuing the Patient Assistance Line prior to 60 days after the closure.
14. **Additional Directive 13c:** The Department requests the name, contact information, and communication plan for the Medical Record Vendor that will contract with Steward to handle medical records.
15. **Special Directive 14d:** In your response dated August 12, 2024 you indicated the Hospital only provides chronic dialysis services to incarcerated patients from the Federal Medical Center (FMC) Devens. The Department requires the Hospital to provide the specific date that it will stop providing dialysis services to these patients and provide specific plan to meet the needs of these patient post closure.

16. **Special Directive 15a:** In your response dated August 12, 2024 you noted only that “Existing patient discharge transportation needs are assessed, and a plan developed as part of the discharge planning. Arrangements for ambulance or chair car services will be confirmed prior to discharge.” It is unclear what the mechanism is to fully assess each patient’s transportation needs, how the plan is developed and then how that is communicated/implemented for each specific patient. Please provide an updated plan that describes the assessment mechanism, including hospital point of contact and communication to each specific patient.
17. **Special Directive 16:** In your response dated August 12, 2024, you noted, “We are in the process of completing work on designated storage and points of contact for future access of files for those employees not transitioning to another Steward facility. Specific details will be finalized prior to the closure date.” Please provide the Department with specific information including more detailed information about who the Hospital is working with as a designated storage vendor and point of contact.
18. **Special Directive 17:** Please provide the Department with specific staffing information, including the number of staff, their titles and anticipated employment end date for the staff that will continue to work in the pharmacy post Hospital closure to ensure the safe and complete wrap up of all pharmacy operations. This must include specific end dates for employment to ensure all pharmacy activity is complete.

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 "Stephen Davis", with a stylized, cursive script.

Stephen Davis
Division Director

cc: A Sousa, DPH
J. Bernice, DPH
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