**APPLICANT QUESTIONS**

*Responses should be sent to DoN staff at* [DPH.DON@State.MA.US](mailto:DPH.DON@State.MA.US)

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| While you may submit each answer as available, please   * List question number and question for each answer you provide * Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer * We accept answers on a rolling basis however, when providing the answer to the final question, submit all questions and answers in order in one final document. * Submit responses in WORD or EXCEL; only use PDF’s if absolutely necessary. **Whenever possible, include a table in data format (NOT pdf or picture) with the response.** |

In order for us to review this project in a timely manner, please provide the responses by November 13, 2023.

**Factor 1a.ii. – Patient Panel Need**

1. Pages 20-21 in the Narrative states that the additional 17 beds will allow timely admission to the IRF and facilitate the timely discharge of patients from general acute care hospitals. Please provide data on the average wait patients have been experiencing for admission to Encompass Western Mass from CY2020-CY2022.

Our current 53 beds are fully staffed.

1. Page 19 of the narrative states that “Absent a sufficient number of beds at Encompass Western Mass, patients will have to travel outside of their local community to receive care for the wide array of complex medical conditions treated at the Hospital.” Please provide details on how far patients would need to travel for IRF services if unable to gain admission to Encompass Western MA.

All of the beds will be staffed and available for use when construction of the Proposed Project is complete. Staff will primarily be direct patient caregivers such as Registered Nurses and additional therapy (PT/OT/ST) staff.  We’ve previously indicated that much of the existing ancillary and support staff such as dietary, lab, pharmacy, and housekeeping will be more efficiently utilized with the incremental patient volume and therefore will not require additional staffing.

**Factor 5: Relative Merit**

1. The Narrative (pages 37-38) details that only one alternative option to the Proposed Project was considered. Please provide information about any additional methods that may have been considered to manage the high rate of referrals to Encompass Western Mass and details on why those options were rejected.

When the Hospital experiences high occupancy, the most notable impact is to patient admissions and the Hospital’s inability to admit patients seeking to be discharged from a med/surg stay. In order to maintain the ability to timely admit patients, the Hospital must maintain occupancy levels below 90%. Research shows that relatively efficient IRFs, those with “lower (better) rates of hospitalization and higher (better) rates of successful discharge to the community”, maintain an average occupancy of 72.8% (MedPac, *Report to the Congress: Medicare Payment Policy, March 2023*). In addition to ensuring a bed is available, it further ensures beds are able to be turned over between patients without negatively impacting the timing of the patient’s discharge from the acute hospital. This in turn improves the acute hospital’s ability to admit patient’s from their emergency department. Occupancy levels below 90% ensure the hospital is able to maintain an ideal patient flow to best serve its patients through high quality care.