

June 18, 2020



Via Email

Sherman Lohnes, Esq., Director
 Division of Health Care Facility Licensure and Certification
 Bureau of Health Care Safety and Quality
 Department of Public Health
 67 Forest Street
 Marlborough, MA 01752

Re: Falmouth Hospital – Closure of Pediatrics, Obstetrics, and Well Infant Nursery - DPH Hearing Response Plan

Dear Attorney Lohnes:

We write on behalf of Falmouth Hospital Association, Inc., a member of Cape Cod Healthcare, Inc., which operates Falmouth Hospital located at 100 Ter Heun Drive, in Falmouth, Massachusetts (the “Hospital”). In response to the Department of Public Health’s (the “Department”) Essential Services Finding letter dated June 5, 2020 and pursuant to 105 CMR 130.122(F), the Hospital presents the following plan that details the elements required by the Department, including how access to inpatient pediatric beds, obstetric beds and well infant nursery bassinets will be maintained for the residents of the Hospital’s service area, along with the additional information requested in the letter.

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

Last year, 328 babies were born at the Hospital – on average less than one per day; this represents a 39% decrease since 2009, which is consistent with regional and state trends. The following represents the Hospital’s newborn discharges over each fiscal year beginning FY2013:

FH Newborn								
FY13 - FYTD May20								
Table 1: Discharges								
	Fiscal Year							
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May
Discharges	442	440	430	409	376	321	328	177
Change From FY13	baseline	0%	-3%	-7%	-15%	-27%	-26%	
Table 2: Patient Days (includes observation days)								
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May
Total Days	1,331	1,403	1,227	1,304	1,088	905	936	436
Change From FY13	baseline	5%	-8%	-2%	-18%	-32%	-30%	
Table 3: Occupancy (includes Observation days)								
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May
Occupancy Rate	46%	48%	42%	45%	37%	31%	32%	22%

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Additionally, the pediatric unit at the Hospital has shown a seven year decrease of 35% in average census to 0.42 patients per day (97 discharges annually). The following represents the pediatric volume at the Hospital for each fiscal year beginning with FY2013:

FH Pediatric* IP and Observation Care Trends									
FY13 - FYTD May20									
*Excludes Newborns and Maternity									
* Pediatrics defined as Age <18									
Table 1: Discharges									
	Fiscal Year								
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May	
Discharges	131	115	90	107	104	114	97	32	
Change From FY13	baseline	-12%	-31%	-18%	-21%	-13%	-26%		
Table 2: Patient Days (includes observation days)									
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May	
Total Days	236	209	174	229	208	197	153	63	
Change From FY13	baseline	-11%	-26%	-3%	-12%	-17%	-35%		
Table 3: Occupancy (includes Observation days)									
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May	
Occupancy Rate	13%	11%	10%	13%	11%	11%	8%	5%	

Likewise, the utilization of the obstetrics service has been low and decreasing in the past several years. The following represents the volume of the Hospital's obstetrics service for each fiscal year beginning with FY2013:

CCH Obstetric IP and Observation Care Trends									
FY13 - FYTD May20									
Table 1: Discharges									
	Fiscal Year								
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May	
Discharges	801	813	777	867	888	878	802	585	
Change From FY13	baseline	1%	-3%	8%	11%	10%	0%		
Table 2: Patient Days (includes observation days)									
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May	
Total Days	2,275	2,276	2,138	2,279	2,381	2,367	2,144	1,584	
Change From FY13	baseline	0%	-6%	0%	5%	4%	-6%		
Table 3: Occupancy (includes Observation days)									
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May	
Occupancy Rate	45%	45%	42%	45%	47%	46%	42%	47%	



(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.

The Hospital does not anticipate a negative impact on obstetrical/maternal, newborn or pediatric care. Patients and families will be directed to facilities of their choice that have the capacity to provide care. It is anticipated that patients will primarily choose Cape Cod Hospital, which is approximately 20 miles away from the Hospital. In addition to Cape Cod Hospital, there are several other local area hospitals providing care for woman and children. These include Beth Israel Deaconess Hospital – Plymouth in Plymouth, MA, St. Luke’s Hospital in New Bedford MA, Charlton Memorial Hospital in Fall River, MA, Good Samaritan Medical Center in Brockton, MA, Signature Brockton Hospital in Brockton MA, Sturdy Memorial Hospital in Attleboro, MA, South Shore Hospital in Weymouth, MA, and Women and Infants Hospital in Providence, RI. Additionally, mothers and families have also chosen to utilize the services of Boston area hospitals for obstetrics and pediatric care. In FY2018, approximately 140 patients from Barnstable County chose Boston area hospitals for delivering their babies. Similarly, over 330 children from Barnstable County were cared for by Boston area hospitals.

Hospital		Distance Miles	Neonate Discharges	Pediatric Discharges			
Cape Cod Hospital	Hyannis	21.3	826	220			
BI Deaconess Plymouth	Plymouth	31.4	861	24			
St. Luke's Hospital	New Bedford	41.6	1,585	605			
Charlton Memorial Hospital	Fall River	61.9	1,470	74			
Good Samaritan Med Center	Brocton	54.5	1,301	76			
Brockton Hospital (Signature Healthcare)	Brockton	55.7	978	330			
Sturdy Memorial	Attleboro	58.5	657	23			
South Shore Hospital	S. Weymouth	57.5	3,323	651			
Women and Infants Hospital	Providence, RI	76	9,047	239			
Brigham and Womens Hospital	Boston	71.1	6,411	120			
Tufts Medical Center	Boston	70.2	1,530	1,775			
BI Deaconess Medical Center	Boston	74.9	5,371	128			
MHDC Inpatient Discharges FY18							
*As of January 1, 2020, Southcoast Health will no longer offer labor and delivery services at Tobey Hospital, except in cases of emergency. Tobey will continue to provide care in the emergency department to all – including pregnant patients in labor – 24 hours a day, seven days a week.							

Importantly, forty-two percent (42%) of newborns delivered at the Hospital are from towns closer to Cape Cod Hospital (Mashpee, Barnstable, Sandwich, Yarmouth, Harwich, and Dennis). The following represents newborn patient origin by town:



Newborn			
Town	FY17	FY18	FY19
Falmouth	39%	39%	39%
Mashpee	12%	15%	13%
Bourne	12%	12%	14%
Barnstable	13%	11%	13%
Sandwich	6%	8%	12%
Yarmouth	3%	2%	2%
Wareham	3%	4%	1%
Harwich	1%	1%	1%
Dennis	1%	1%	1%
Plymouth	3%	2%	1%
Edgartown	1%	0%	0%
Other	6%	5%	3%
Grand Total	100%	100%	100%

Additionally, twenty-six percent (26%) of the Hospital’s pediatric patients are from towns closer to Cape Cod Hospital (Mashpee, Barnstable, Sandwich, Yarmouth, Harwich, and Dennis). The following represents pediatric patient origin by town:

Pediatric			
Town	FY17	FY18	FY19
Falmouth	38%	43%	52%
Mashpee	16%	17%	18%
Bourne	15%	13%	14%
Barnstable	6%	4%	5%
Sandwich	10%	9%	3%
Yarmouth	0%	0%	0%
Wareham	3%	2%	1%
Harwich	0%	3%	0%
Dennis	0%	0%	0%
Plymouth	3%	1%	0%
Edgartown	0%	0%	0%
Other	9%	8%	7%
Grand Total	100%	100%	100%

Combined, Cape Cod Hospital and Falmouth Hospital historically have experienced a 68% Barnstable County market share for births. The greatest outmigration is from the Upper Cape (where the Hospital is located), 52% of 521 total discharges.



Inpatient Market Share					
BCTY Births by Hospital					
Discharges					
Hospital	FY15	FY16	FY17	FY18	FY18-FY17
Cape Cod Hospital	761	805	823	800	(23)
Falmouth Hospital	389	392	331	307	(61)
Subtotal CCH and FH	1,150	1,197	1,154	1,107	(43)
Beth Israel Deaconess Plymouth	123	208	260	265	5
Tufts Medical Center	38	52	64	61	(3)
Tobey Hospital	58	60	51	62	11
South Shore Hospital	21	45	50	29	(21)
Beth Israel Deaconess Medical Center	28	20	26	34	8
Brigham and Women's Hospital	18	21	8	24	16
Boston Children's Hospital	<i>Less than 11 Births Annually</i>				
Other	47	49	43	46	3
Subtotal	333	455	502	521	19
Grand Total	1,483	1,652	1,656	1,628	-28

Similarly, Cape Cod Hospital and the Hospital combined have historically experienced 41% of Barnstable County's market share for pediatrics. The greatest Barnstable County outmigration is from the Mid and Upper Cape, 43% and 40%, respectively, of 388 total discharges.

Inpatient Market Share					
Pediatrics - 18 and Under					
Excluded Neonates					
Discharges					
Hospital	FY15	FY16	FY17	FY18	FY18 - FY17
Cape Cod Hospital	128	170	183	197	14
Falmouth Hospital	48	49	59	57	-2
Subtotal CCH and FH	176	219	242	254	12
Boston Children's Hospital	285	255	222	195	-27
Tufts Medical Center	35	53	74	66	-8
Massachusetts General Hospital	43	17	27	26	-1
Other	54	65	65	81	16
Subtotal	417	390	388	368	-20
Grand Total	593	609	630	622	-8

The following represents the newborn volume at Cape Cod Hospital for each fiscal year beginning with FY2013:



CCH Newborn								
FY13 - FYTD May20								
Table 1: Discharges								
	Fiscal Year							
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May
Discharges	769	789	755	806	836	804	752	562
Change From FY13	baseline	3%	-2%	5%	9%	5%	-2%	
Table 2: Patient Days (includes observation days)								
	Fiscal Year							
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May
Total Days	2,499	2,524	2,399	2,484	2,465	2,182	2,019	1,403
Change From FY13	baseline	1%	-4%	-1%	-1%	-13%	-19%	
Table 3: Occupancy (includes Observation days)								
	Fiscal Year							
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May
Occupancy Rate	68%	69%	66%	68%	68%	60%	55%	58%

The following represents the pediatric volume at Cape Cod Hospital for each fiscal year beginning with FY2013:

CCH Pediatric* IP and Observation Care Trends								
FY13 - FYTD May20								
*Excludes Newborns, Psychiatric and Maternity								
* Pediatrics defined as Age <18 regardless of location								
Table 1: Discharges								
	Fiscal Year							
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May
Discharges	316	234	261	314	283	293	313	187
Change From FY13	baseline	-26%	-17%	-1%	-10%	-7%	-1%	
Table 2: Patient Days (includes observation days)								
	Fiscal Year							
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May
Total Days	637	492	543	554	526	571	521	403
Change From FY13	baseline	-23%	-15%	-13%	-17%	-10%	-18%	
Table 3: Occupancy (includes Observation days)								
	Fiscal Year							
	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FYTD20 May
Occupancy Rate	44%	34%	37%	38%	36%	39%	36%	41%



(b) Type of services available at the alternative sites.

Please refer to 6(d) below.

(c) Type of medical diagnoses accepted.

Please refer to 6(d) below.

(d) Adequacy of space and resources at the alternative sites.

Family Birthplace at Cape Cod Hospital

The principle alternative delivery site is located at the “Family Birthplace” at Cape Cod Hospital, 27 Park Street, in Hyannis MA, approximately 20 miles from the Hospital (the “Family Birthplace” or the “Unit”). The drive time there from the Hospital is approximately 45 minutes.

The Family Birthplace has 14 LDRP’s, 10 bassinets, 3 antenatal testing beds and 2 operating rooms. The average length of stay on the unit is 3.0 days. The capacity for this unit is 1,700 deliveries (14 rooms x 365d per year/3.0d per delivery). Current volume is 758 deliveries per year, with a downward trend. Proposed additional volume from the Hospital is 328 deliveries per year. As a result, combined volume would be approximately 1,086 deliveries per year if all patients from the Hospital ultimately decide to deliver at Cape Cod Hospital.

The American College of Obstetrics & Gynecology (ACOG) recommends 75% utilization of maternity beds to account for periodic surge in needed capacity. The combined volume of Cape Cod Hospital’s and the Hospital’s deliveries represents 63% utilization of the current facility, allowing ample reserve for possible periodic surges. If capacity is reached in the Family Birthplace, postpartum patients will be housed in the overflow unit on third floor.

The Family Birthplace is staffed by 10 full-time Obstetricians and 5 Certified Nurse Midwives who provide 24-hour in-house coverage of all deliveries, antenatal evaluation and comprehensive post-partum care. There are 24-hour lactation services. Pediatric Hospitalists are in-house 24 hours per day for all deliveries and neonatal care. Cape Cod Hospital has 24-hour anesthesia coverage for labor epidurals and emergency Cesarean delivery. Additionally, there is a child birth educator and designated social worker

The Unit provides antenatal evaluation for all pregnant patients after 20 weeks, including evaluation and treatment of all obstetrical problems and medical complications of pregnancy including hypertensive disorders, diabetes, preterm labor, term labor and delivery.



Accordingly, services at Cape Cod Hospital meet or exceed those which were available at the Hospital, both before the proposed closure and otherwise.

Pediatrics

The Pediatric Department at Cape Cod Hospital is staffed 24/7 by on-site Pediatric Hospitalists from the Tufts Floating Hospital for Children. In addition to their coverage at Cape Cod Hospital, these resources are available 24 hours per day to the physicians and providers of the Hospital's Emergency Center.

Cape Cod Hospital's partnership with the Floating Hospital for Children provides tertiary coverage for patients needing higher level of care. Cape Cod Hospital is also proud to partner with The Floating Hospital for Children for around-the-clock inpatient pediatric care for children on Cape Cod. At Cape Cod Hospital, faculty from The Floating Hospital serve as Pediatric Hospitalists, who are specially trained in the management of inpatient pediatric patients. The role of a Pediatric Hospitalist includes; providing specialized care for hospitalized infants, children, and adolescents; supervising and coordinating all areas of your child's treatment during his or her stay; consulting in the emergency centers on pediatric patients.

(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.

The following represents the distance and approximate peak and non-peak travel times (in minutes) to alternative delivery sites from the Hospital. However, if travel times were measured from the patient's residence, up to 42% of our patients would have a shorter travel time from their home to Cape Cod Hospital than they would have from their home to the Hospital.

Hospital	Address		Peak	Non-Peak
Cape Cod Hospital	27 Park St	Hyannis	53	40
BI Deaconess Plymouth	275 Sandwich St	Plymouth	37	40
Charlton Memorial Hospital	363 Highland Ave	Fall River	53	50
Good Samaritan Med Center	235 N. Pearl St	Brockton	55	50
Brockton Hospital (Signature Healthcare)	680 Centre St	Brockton	59	55
Sturdy Memorial	211 Park St	Attleboro	64	60
South Shore Hospital	55 Fogg Rd	S. Weymouth	95	55
Women and Infants Hospital	101 Dudley St	Providence, RI	68	65
Brigham and Womens Hospital	75 Francis St	Boston	115	70
Tufts Medical Center	800 Washington St	Boston	76	65
BI Deaconess Medical Center	330 Brookline Ave	Boston	117	75
Travel time for Cape Cod Hospital from independent traffic study 2016				
Remaining travel times from Google Maps 6/11/2020				



Ambulance travel times are significantly less than the patient travel times. Patients calling EMS from home or being transferred will face less travel time.

(4) An assessment of transportation needs post discontinuance and a plan for meeting those needs.

Any patient arriving at the Hospital's Emergency Center (EC) needing to access inpatient care will be evaluated promptly and thoroughly.

Maternity/Obstetric Patients

If a pregnant patient arrives at the EC for services after office hours or in active labor, she will undergo a medical screening exam by an appropriately trained and qualified clinician. If assessed to be actively contracting, but not near delivery, the patient will be transported by ambulance to Cape Cod Hospital or another appropriate hospital of her choice.

If a pregnant patient arrives for services in the EC in active labor and is determined to be near delivery, she will be delivered by trained EC Providers and Staff. After delivery, the patient and baby will be assessed and sent to a facility that will provide the necessary level of care to both baby and mom.

Post-delivery any family or friends lacking a car or unable to drive will be offered a travel voucher for the CCRTA or a ride service to Cape Cod Hospital.

Pediatric Patients

Emergent pediatric cases requiring inpatient care will be transferred to Cape Cod Hospital using a priority transfer process. Both Falmouth and Cape Cod Hospital will continue to leverage Cape Cod Healthcare's partnership with the Floating Hospital to access the highest levels of care for Cape Cod residents and visitors.

(5) A protocol that details mechanisms to maintain continuity of care for current patients of the discontinued service.

Maternity/Obstetric Patients

Cape Obstetrics and Gynecology's offices, which are located in Falmouth, Bourne and Sandwich, will remain open. Current obstetrical patients can continue their antenatal, pre- and postnatal care at these locations, as they have always done. The Board-Certified OB/GYNs practicing within Cape Obstetrics & Gynecology have joined the Medical Staff at Cape Cod Hospital and began



doing deliveries there commencing May 1, 2020. These OB/GYNs participate in 24-hour coverage agreements with OB/GYNs at Cape Cod Hospital to provide seamless coverage of all obstetrical cases at Cape Cod Hospital, including those involving Falmouth Hospital patients. Cape Obstetrics & Gynecology patients will be counseled during their pregnancy that they will be delivering at Cape Cod Hospital and will be provided with all Family Birthplace educational materials and other relevant information.

In addition, Cape Cod Hospital will continue to operate its OB/GYN practice at its current location in Hyannis. Cape Obstetrics & Gynecology patients will have the option to transfer care to the providers of this practice should they wish to do so.

Finally, the OB/GYN providers of Falmouth Women's Health will continue to see patients in their office in Mashpee and to deliver babies at Cape Cod Hospital.

Pediatric Patients

Outpatient pediatric physician practices will remain open. Children and babies will still have full access to all remaining Hospital services and facilities. The EC will continue to treat children and babies 24/7. Last year there were almost 3,000 pediatric outpatient EC visits. Pediatric emergency and same-day surgeries will continue to be performed at the Hospital. Emergent cases requiring inpatient care will be transferred to Cape Cod Hospital using a priority transfer process. We will continue to leverage our partnership with the Floating Hospital to provide access to the highest levels of pediatric specialty care when necessary.

(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.

For routine care, Cape Obstetrics and Gynecology and Falmouth Women's Health providers will continue to operate their practices in Falmouth, Bourne, Sandwich and Mashpee for outpatient antenatal, prenatal and postnatal care. In addition, the OB/GYN practice at Cape Cod Hospital will remain open and accepting new patients.

In the event of a patient presenting in the EC and requiring obstetrical care the following protocol is in place. A pregnant woman arriving at the Hospital for services will undergo a medical screening examination performed by an appropriately trained and qualified EC clinician. If that provider determines the patient to be actively contracting and delivery is not imminent, and there is adequate time for a safe transfer, the EC provider will facilitate an inter-facility transfer to Cape Cod Hospital (or another appropriate Hospital depending on the



patient's required level of care). The EC provider will contact the Cape Cod Hospital OB/GYN on call to determine the preferred transfer facility and method upon review of patient condition, patient preference and travel time to the accepting facility. Discussion will occur with the patient with the explanation of risks and benefits, to obtain consent to transfer and treatment, and to ascertain any patient preferences. The EC provider will then communicate with the accepting facility and provider there to ensure acceptance and to exchange the necessary transfer details and other related information. The EC provider will then complete all necessary discharge and EMTALA paperwork for the transfer.

Please note that, effective May 1, 2020, the OB/GYN on call at Cape Cod Hospital each day/night has also been providing Cape-wide call coverage for any patient presenting to Falmouth Hospital with obstetrical and/or gynecological issues. This coverage includes both a primary-designated physician as well as a back-up physician, both of whom are available to consult with the EC physicians (and all other physicians) at Falmouth Hospital. This coverage is in addition to the physician availability on-site at Falmouth Hospital during normal business hours of the Cape Obstetrics & Gynecology providers.

The Hospital has partnered with Coastal Ambulance as their first preference transfer service. Additionally, the Hospital has the ability to move to alternate medical transport services if there are delays anticipated with the primary service. Falmouth Hospital has access to Basic Life Support, Advanced Cardiac Life Support and Critical Care (Med Flight). Falmouth Hospital has informed local emergency service providers of the changes that will result from the proposed closure.

If a pregnant patient arrives for services in the EC in active labor and is determined to be near delivery, she will be delivered by trained EC Providers and Staff. Following delivery, the patient and baby will be assessed and sent to a facility that will provide the necessary level of care to both baby and mother. If the newborn requires transfer to a tertiary care center or NICU, the EC physician will contact an appropriate tertiary facility for transfer.

(b) The impact that this may have on the current occupancy rates at alternative delivery sites.

As noted above, the Family Birthplace at Cape Cod Hospital has the capacity to accept deliveries from the Hospital. During the sixty (60) days since the temporary closure of the Hospital's OB/Pedi unit, the Family Birthplace's occupancy rate at the Family Birthplace has averaged sixty-nine percent (69%).

Cape Cod Healthcare hopes and expects to retain approximately 70% of the Hospital's OB/Pedi volumes, if all such volume were to move to Cape Cod Hospital, the average



occupancy there will rise to 48% and 76% in the pediatric and newborn units, respectfully. Maternity/obstetrics occupancy will rise to 62%.

	FY18	FY19	FYTD20 May
Pediatrics			
CCH Days	571	521	403
FH Days	197	153	63
Total Days	768	674	466
CCH Current Occupancy	39%	36%	41%
Occupancy if All FH Volumes Moves to CCH	53%	46%	48%
Newborn			
CCH Days	2,182	2,019	1,403
FH Days	905	936	436
Total Days	3,087	2,955	1,839
CCH Current Occupancy	60%	55%	58%
Occupancy if All FH Volumes Moves to CCH	85%	81%	76%
Maternity days			
CCH Days	2,367	2,144	1,584
FH Days	1,050	1,053	526
Total Days	3,417	3,197	2,110
CCH Current Occupancy	46%	42%	47%
Occupancy if All FH Volumes Moves to CCH	67%	63%	62%

Cape Cod Healthcare’s analysis of historical daily volumes did indicate newborn volume could exceed capacity on perhaps 7-10 days per year. If such capacity is reached in the Family Birthplace, postpartum patients will be cared for in the overflow unit on the third floor.

(c) The ability of the alternative delivery sites to meet the needs of these patients.

Local hospitals including Cape Cod Hospital, St. Luke’s Hospital and Beth Israel Deaconess-Plymouth all provide full service pediatric and obstetrical care. See answer to question 2 above.

(d) Other alternatives if medical needs cannot be accommodated at the proposed alternative sites.

If a patient requires care that cannot be delivered at one of the local alternative sites, the EC providers will utilize their current processes for transfer to a tertiary facility, including to the Tufts Floating Hospital.



Additional Responses

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.**

Patients who need to access inpatient care will be assessed at the Hospital and if necessary transported by ambulance to Cape Cod Hospital. Family and friends who wish to visit but are unable to drive will be provided a voucher for the CCRTA or a ride service.

The Hospital’s plan considers the summer traffic caused by the influx of seasonal visitors which can more than double the 215,000 year-round population during summer months. The seasonal influx of second homeowners and visitors has remained stable evidenced by a review of the number of bridge crossings since 2010.

Bridge Counts -Summer			
	<u>Bourne Bridge</u>	<u>Sagamore Bridge</u>	<u>Combined</u>
2018	58,081	73,502	131,583
2017	56,081	74,736	130,817
2016	56,890	n/a	n/a
2015	58,384	73,041	131,425
2014	57,980	69,375	127,355
2013	56,896	71,020	127,916
2012	58,305	70,391	128,696
2011	58,467	70,674	129,141
2010	59,665	69,323	128,988

The transportation plan referenced above and described below is supported by two separate traffic studies by Vanasse Hangen Brustlin (VHB), in 2012 and 2016. Both studies used the following baseline information. Driving distance between Cape Cod Hospital and the Hospital is approximately 20 miles. While there are many route variations available, the shortest most direct route is to use Jones Road to access Route 28 from Falmouth to Hyannis. Peak season



time data and distance measurements between Falmouth Hospital and Cape Cod Hospital and traffic data were collected during peak summer conditions.

The 2012 study travel times between the Hospital and Cape Cod Hospital were measured on Wednesday, June 27, 2012, Friday, June 29, 2012, and Saturday, June 30, 2012 during peak summer conditions on Cape Cod. Table 1 below provides a summary of the duration of the travel time runs made in each direction for the Route 28 to Jones Road:

Table 1		
Travel Time Runs (Falmouth Hospital - Cape Cod Hospital)		
<u>Direction</u>	<u>Day</u>	<u>Average Run Time/Period</u>
CCH to Falmouth Hospital	Wednesday	51 minutes
	Friday	51 minutes
	Saturday	53 minutes
	Average of three days = 52 minutes	
Falmouth Hospital to CCH	Wednesday	57 minutes
	Friday	52 minutes
	Saturday	48 minutes
	Average of three days = 52 minutes	

These results were affirmed in the 2016 study. For the purpose of this analysis, all measurements from Falmouth originate from the Falmouth Public Library, which is centrally located in the village center of Falmouth at 300 Main Street. Table 2 below provides a summary of the duration of the travel time runs:

Table 2	
Travel Time Runs from Falmouth Hospital to CCH	
Distance	21 miles
Average Travel Time	50 minutes
Average Time Range	0:45-1:05



Methods of Transportation for Patients, Family and Friends

Cape Cod Regional Transit Authority

Cape Cod Regional Transit Authority (CCRTA) provides daily bus service on its Sealine route from Falmouth to Hyannis. There are 10 stops throughout the Town of Falmouth, including stops directly at the Hospital and Cape Cod Hospital. Within the past year, a regular stop was added at the Hospital. Within the last 6 months, the CCRTA has added a stop at Cape Cod Hospital.

The CCRTA has also announced an on-demand, app-based service (SmartDART) that will be launching soon and will provide an additional transportation option.

Transportation Vouchers

As needed, transportation vouchers for the CCRTA or a ride sharing service will be offered to the patient, and family members of the patient, who would have delivered at the Hospital, but now will deliver at Cape Cod Hospital.

Ambulance

The Hospital and Coastal Medical Transportation Services have an agreement in place that provides for an ambulance to be within 20 minutes of Falmouth Hospital at all times and the Town of Falmouth provides back up 911 services providing should a particular patient require emergency transport.

If a pregnant woman arrives for services at the EC in active labor and is assessed by a trained EC provider to be near delivery, she will be delivered by trained EC Providers and Staff. After delivery, the patient and baby will be transported to a hospital of the patient's choice, based on the level of care needed, via appropriate EMS transportation. If the newborn requires transfer to a tertiary center or NICU, the EC provider will work through the Transfer Center to notify the receiving hospital, so they can send a team to the Hospital to safely manage the transport process.

- (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.**

The Hospital's data collected from patients who self-attested to their race in FY19 indicates that ninety-percent (90%) of patients treated at Cape Cod Hospital and the Hospital identified as Caucasian, seven-percent (7%) identified as Hispanic or Asian, and three-percent (3%)



identified as Black or African American. Cape Cod has a large Brazilian community who do not fit into one of these specific categories. It is important to note that patients are grouped into a category based on how they self-attested. As such, the racial composition of Cape Cod Healthcare's total patient panel may be understated.

To address the needs of our Limited English-Speaking patients (LEPs), Cape Cod Healthcare employs certified medical interpreters who are available 24/7/365 and are further supported by vendors who provide video and telephone conferencing capabilities. These services are available across the health system, including at Cape Cod Hospital and the Hospital and will continue to be available for any/all patients who present to either facility or for any level of service.

- (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.**

Cape Cod Healthcare will continue to offer expectant parents' educational resources in person both in Hyannis and in the Hospital's service area (Falmouth/Mashpee) through certified lactation consultants and childbirth educators. Due to the national pandemic, most prenatal classes and postpartum support groups are currently being held virtually through the Family Birthplace (capecodhealth.org/classes-events -- select childbirth education to register on-line). Virtual classes will continue to be offered following the pandemic to maximize the access to education for Cape Cod Healthcare's community.

Current educational classes include:

The Early Bird Prenatal workshop is ideal for those patients who are 1-2 months pregnant and include education on fetal growth and development, nutrition, early concerns and warning signs. The Birth and Beyond Class is a series of 5 classes for those patients who are 6-8 months pregnant and include a hospital orientation, choices in labor and delivery, anesthesia options, breastfeeding, newborn needs and parenting. Labor Express is a one-time prenatal class, which is designed for those unable to attend the series of classes or desire a refresher class. Breathing and Relaxation offers practice relaxation techniques for labor, VBAC class is a discussion concerning current trends in vaginal birth after cesarean, infant CPR includes a film and practical discussion.

Cape Cod Healthcare's postpartum families are supported with a weekly Mom's Café - a drop-in support group for all moms and Baby Breakfast Club, and a weekly breastfeeding club. In



addition, Cape Cod Healthcare offers a Breastfeeding warm line and an Injoy app which allows registered users to access info on pregnancy, lactation, and parenting through the first year of life. The comprehensive app is available in English, Portuguese and Spanish.

Cape Cod Healthcare will continue to offer nursing student opportunities at the Family Birthplace, and collaboratively with the Cape Cod Community College to ensure opportunities for students requiring Obstetrical rotations.

- (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.**

The Hospital's administrators and department management met with the staff who were on duty March 31, 2020, to explain that prior to the COVID-19 pandemic, Cape Cod Healthcare had been forced to seriously consider the future of the Hospital's Obstetric & Pediatric units due to low patient volume and physician coverage issues. Now, due to the Hospital's need for additional inpatient, critical care beds in response to the forecasted surge by state and national experts in COVID-19 positive patients, the decision was made to begin an urgent transition of these units to adult care units capable of treating patients needing ICU level of care. Teleconference calls were held following the meeting for the staff of both units who were not working on site. Michael K. Lauf, Cape Cod Healthcare's President/CEO, participated in the teleconferencing. Mr. Lauf explained the significant implications of the continuing decline in births at the Hospital and low volume impact on an environment where clinicians can maintain their skills. Further, he confirmed the continuing access for babies and children, emergency services at the Hospital, and the extensive support services through the health system's Family Birthplace.

Mr. Lauf sent an announcement to all Falmouth Hospital employees and providers about the tireless work to keep the units open, but the necessity of making the difficult decision to close permanently and integrate the services within the Cape Cod Healthcare system to ensure the continuation of appropriate coverage and expertise, all the while recognizing the impact on physicians and employees. Mr. Lauf specifically addressed the impact of the closure on the Hospital's employees and physicians and the intent of a thoughtful transition plan.

Over the course of the week, department managers provided information to staff about scheduling during the transition. Staff positions and pay remained in place. The Human Resources team was a source of information and department management answered concerns



pertaining to the start of the process with the union leadership. The labor management team initiated immediate communications with the union representatives.

The Hospital and the Massachusetts Nurses Association (“MNA”) are parties to a collective bargaining agreement (“CBA”). The MNA is the bargaining agent for the registered nurses at the Hospital. On March 31, 2020, the Hospital notified the MNA of its intent to close the Maternity and Pediatrics units under the layoff provision of the CBA. The parties then engaged in numerous teleconferencing bargaining sessions from April 2, 2020 - May 4, 2020. On May 7, 2020, the Hospital and the MNA executed a written agreement to resolve any issues pertaining to the nurses in the Maternity and Pediatrics units impacted by the closure. This agreement provides the nurses with up to sixteen weeks of severance pay and the Hospital’s contribution for up to twelve months to the nurse’s premium cost under Cape Cod Healthcare’s health plan, far exceeding the layoff benefits provided for under the CBA.

On March 31, 2020, the Hospital also provided 1199SEIU United Healthcare Workers East (“SEIU”) with the ten-day written notification under the Reduction-in-Force provision of its collective bargaining agreement with the Hospital. SEIU represents three support staff working as Health Unit Coordinator or Personal Service Assistant in the Maternity unit. After providing such notification, the Hospital and SEIU held discussions and then agreed on the procedures for implementing the bumping process.

There were twenty-six (26) regular full-time or part-time nurses impacted by the transfer of services to Cape Cod Hospital. Eighteen (18) nurses elected to take a lay off and accept the enhanced severance and health plan package. On or before May 11, 2020 when the bumping process began, three of these nurses had secured employment as maternity nurses elsewhere. Six nurses bumped into other units in the Hospital, one nurse obtained a maternity position at Cape Cod Hospital, and the remaining nurse resigned to take other employment. The three support staff can bump into a position they are qualified for at Falmouth Hospital.

Finally, on March 17, 2020, Cape Cod Healthcare implemented a job and pay protection policy for all employees, including those at Falmouth Hospital impacted by the closure decision. The policy ensured that no employee’s pay was negatively impacted for the eight-week period ending May 9, 2020. Thus, laid off nurses due to the closure could receive up to twenty-four weeks of pay.

Sherman Lohnes, Esq., Director
Division of Health Care Facility Licensure and Certification
Bureau of Health Care Safety and Quality
Department of Public Health
June 18, 2020
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We thank you for your attention to this matter. Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "ASL".

Andrew S. Levine

cc: Andrew Ferrer, Esq.
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